



Resilience and Work-life Balance in First-line Nurse Manager



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SUMMARY

Purpose: The aim of this study was to explore how first-line nurse managers constructed the meaning of resilience and its relationship to work-life balance for nurses in Korea.

Methods: Participants were 20 first-line nurse managers working in six university hospitals. Data were collected through in-depth interviews from December 2011 to August 2012, and analyzed using Strauss and Corbin's grounded theory method.

Results: Analysis revealed that participants perceived work-life balance and resilience to be shaped by dynamic, reflective processes. The features consisting resilience included "positive thinking", "flexibility", "assuming responsibility", and "separating work and life". This perception of resilience has the potential to facilitate a shift in focus from negative to positive experiences, from rigidity to flexibility, from task-centered to person-centered thinking, and from the organization to life.

Conclusions: Recognizing the importance of work-life balance in producing and sustaining resilience in first-line nurse managers could increase retention in the Korean nursing workforce.

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Introduction

A survey of nationwide medical institutions showed that turnover rates of Korean registered nurses in 2010, 2011, and 2012 were 18.5%, 17.0%, and 16.8%, respectively [1]. The majority of nurses in Korea are in their 20s, which accounts for 47.2% of all nurses. Nurses in their 30s and 40s constitute 31.6% and 15.7% of the workforce respectively, indicating that nurses in these age groups have been leaving the workforce. In contrast, the average age of working nurses in Japan and the United States is late 30s to early-to-mid 40s [2]. Married nurses account for approximately 70% of the nursing workforce in the United States and Canada [3].

Key reasons reported for the turnover of Korean nurses include marriage and childbirth [1]. Married nurses may find it difficult to achieve work-life balance by having shift duties as well as the responsibilities of housework and childcare [4]. An inverse relationship between quality of work-life among nurses and their intention to leave the workforce, has been reported [5,6]. A law has been passed in Korea to help double-income families to balance work and family, however, it has not yet been enacted [7]. It is therefore

critical to consolidate the organizational culture in applying the policy on work-life balance [8].

The Organization for Economic Cooperation and Development [9] defines work-life balance as a state of equilibrium between an individual's work and personal life. Regarding personal life, this current study focuses on family. Greater understanding of nurses who have family responsibilities is important in developing policies to retain experienced nurses in the workforce [10]. Retaining staff has been shown to enhance the quality of patient care [11]. It is therefore important to retain experienced married nurses.

Recent research has focused on the relationship between organisations and its impact on the well-being of registered nurses [12,13]. There has also been a focus on the role of organisational practices in health care institutions in developing and sustaining individual resilience [14,15]. Gittel et al. [14,15] argued that relational coordination, or the capacity to collectively communicate effectively, indicates a resilient response to an external threat. These studies in particular suggest the importance of managerial and organizational relations in engendering resilience in nurses. In this sense, nurse managers are in a key position to foster a supportive environment, wherein work-life balance might be achieved [16].

To date, the study of resilience in the nursing context has been conducted in the areas of peri-operative care [17], hospice care [18], aged care [19], and in new graduates [20]. The results generally

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show that resilience is perceived as a strategy to overcome challenging situations in nursing. Work-life balance has been found to be a decisive factor underpinning resilience in aged care nurses [19] and in circumstances of workplace adversity [17,21].

Resilience is generally defined as the capacity of an individual or organisation to survive and to adapt to adversity [22]. It allows individuals to establish supportive relationships with family and friends during stressful periods [23]. Considering the inherently stressful nature of the nursing environment, resilience is arguably an important factor as an attribute of a nurse [19]. Thus, it is meaningful to explore the ways in which first-line nurse managers perceive work-life balance, and how resilience is relevant to this issue.

The aim of this research was to explore how first-line nurse managers constructed the meaning of resilience and its relationship to work-life balance for nurses. The intention was to generate a strategic framework for developing the competence of first-line nurse managers in ensuring work-life balance for staff nurses.

Methods

Study design

We applied grounded theory within a symbolic interactionist framework, in which individuals align their actions to the actions of others to guide data collection and analysis [24,25]. In other words, we act and react to how we think others see us. The research constituted a combination of inductive and deductive approaches in exploring the ways in which the participants interpreted and therefore acted in their social worlds. Inductive reasoning was applied in the coding and analytical interpretation of semi-structured, open-ended interview data. Deductive reasoning was employed to assimilate the analytical findings with existing knowledge and in generating new understandings of the research phenomena.

Participants

Participants were first-line nurse managers (head nurses or unit managers) from six university hospitals in a major city in Korea. All of whom were married and had children as inclusion criteria. Twenty participants were recruited through purposive sampling,

and data was collected until data saturation was reached. Theoretical sampling methods were employed as data collection and analysis progressed. For example, participants were selected to investigate differences between coping methods and strategies based on the experience of the first-line nurse managers. To explore this issue further, we interviewed participants with over 10 years' working experience.

Mean age of participants was 45 years (with a range of 41–51 years), and all were female. Twelve participants (60%) had a master's degree. On average, the participants had 19.8 years of nursing experience and 10.2 years' experience as first-line nurse managers. The majority of participants had two children. Eleven received support from maternal parents and six from paternal parents. The six hospitals included in the study were large (with an average of 800–1,500 beds). However, they provided restricted support for work-family balance, for example, nursery facilities and flexible work schedules (Table 1).

Data collection

Data was collected via in-depth interviews carried out between December 1, 2011 and August 20, 2012. Guiding questions were developed from a review of the relevant literature. Interviews began with an open-ended question ("What are the advantages in maintaining work-life balance?"). More focused questions aiming at a clearer understanding of the data included the following: "How do you overcome difficult situations?" and "What strategies do you use in dealing with difficult situations?" Initially, guiding questions were used. Thereafter, interviews proceeded in accordance with relevant topics raised by participants.

In the first phase, all 20 participants were interviewed individually and for an average of 60 minutes. In the second phase, seven participants were interviewed face-to-face and three were interviewed over the phone. The duration of these interviews averaged 20 minutes. Five participants were interviewed a third time, for the purpose of member checking. The time and place for interviews were selected on the basis of convenience for participants. Most interviews were held in meeting rooms at the respective hospitals with one conducted in a university laboratory. A reflective diary was completed following each interview and later transcribed. The recorded interviews were transcribed verbatim in Korean.

Table 1 Characteristics of Participants.

PN	Age	Education	NE	NEM	NC/Age	Caregivers of participants' children	UH
1	41	Bachelor's degree	18	6	2/13,11	Neighbor, relative	A
2	42	Master's degree	19	7	2/17,13	Mother, day care center	A
3	42	Master's degree	20	11	2/13,10	Mother, sister, baby-sitter	A
4	47	Master's degree	21	13	2/23,21	Mother	B
5	44	Master's degree	21	10	2/18,16	Parents in law	B
6	46	Bachelor's degree	14	4	2/19,12	Mother, Baby-sitter	A
7	41	Bachelor's degree	16	7	2/15,12	Mother in law, relatives	C
8	47	Master's degree	23	10	3/21,19,13	Parents in law, parents	C
9	48	Bachelor's degree	26	19	3/22,21,18	Participant, childcare center	C
10	45	Master's degree	22	12	2/16, 14	Mother	D
11	43	Bachelor's degree	19	8	1/8	Aunt	D
12	51	Doctor's degree	29	20	2/25,17	Mother in law	D
13	44	Bachelor's degree	17	9	2/13,11	Mother	D
14	46	Bachelor's degree	23	12	2/14,11	Mother	E
15	40	Master's degree	15	7	2/10, 8	Mother in law	E
16	44	Master's degree	21	10	1/15	Mother	B
17	45	Master's degree	17	9	2/16,13	Mother	E
18	43	Master's degree	15	7	2/16,14	Baby-sitter	F
19	48	Master's degree	21	12	2/17,14	Mother in law, childcare center	E
20	49	Bachelor's degree	20	10	2/19,17	Mother, sister, baby-sitter	F

Note. PN = participant number; NE = nursing experience (year); NEM = nursing experience in first-line nurse managers (year); NC = number of children; UH = university hospital.

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