Predictors of occupational stress and well-being in First-Line Nurse Managers: A cross-sectional survey study

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ABSTRACT

Background: First-line nurse managers have a pivotal role in the organization of health care but have to deal with significant job-related issues and problems in a changing and challenging health care environment. As their new roles are complex and often unclear, it might be expected that these professionals are at risk for occupational stress.

Objectives: The objective of this study is to analyze and describe relationships between job characteristics, and also interdisciplinary conflicts with physicians as potential predictors of occupational well-being (job satisfaction, psychosomatic distress, turnover intention, work engagement and burnout).

Design: this study had a cross-sectional design and used a web-based survey.

Methods: This study was conducted in 2015 in 11 Belgian (Flemish) hospitals. All First-line nurse managers were eligible (N = 481) and 318 respondents (66.1%) agreed to take part in the survey. A hierarchical regression analyses was applied to analyze relationships between predictors and outcomes.

Results: job demand and job control measures were predictive of all outcomes. Collaboration with doctors only predicted job satisfaction and turnover intention. Social support from management was predictive of turnover intention. Social support from colleague-first-line nurse managers was not predictive. Social support from the staff members (team) was however a strong predictor of all stress outcomes.

Conclusions: Job demands, job control and social support of the team and management were all important predictors of occupational well-being in first-line nurse managers. All of these variables can be influenced by hospital management to improve the work conditions of this professional group in order to retain their workforce.

What is already known about the topic?

• First-line nurse managers have a pivotal role in health care and have to deal with a broad range of professional and non-professional stakeholders.
• The role of the first-line nurse manager has changed tremendously in the last decades.
• The present role of the first-line nurse manager is complex and unclear, what might result in occupational stress and turnover.

What this paper adds

• Job demands was predictive of job satisfaction, psychosomatic distress and burnout and job control was a predictor of all occupational stress and well-being measures.
• Collaboration with doctors was only predictive of job satisfaction and turnover intention.
• Social support of team members (nursing staff) was found to be a strong predictor of occupational well-being in first-line nurse managers. This finding is a new and more research is needed.
• Social support from management is predictive of turnover intention.

1. Introduction

1.1. Background

First-line nurse managers, also called ward sister, ward manager, nursing unit manager or matron, have the role to oversee and direct the activities of nurses in a specific unit of a hospital or medical facility. They have a pivotal role in the organization of health care (Anthony...
et al., 2005) as they directly have to deal with a broad range of key players in the health care process, such as staff nurses, supporting staff, middle managers, top management, doctors, patients and family. Moreover, their performance, in terms of leadership and management, is found to have a significant influence on the quality and safety of care, and the well-being of their staff members (Al Maqbali, 2015; Fuller, 2015). A systematic review on occupational stress in first-line nurse managers revealed that the role of first-line nurse managers has expanded tremendously in the past decades (Shirey, 2006). Before 1990, the traditional ‘ward sisters’ had to manage activities for their team of nurses with limited responsibility for financial issues and quality assurance. In the following decades, there has been a strong worldwide restructuring of health care, resulting in more interdisciplinary and (transmural) integrative collaboration, more emphasis on operational performance, financial tenability and quality of care, and introduction of performance and outcome monitoring in nursing care. Moreover, health care organizations are confronted with significant nurse shortages as well as a policy of financial austerity, resulting in tight operational budgets. The FLNM’s role has also shifted from ‘a function within the team’, often part-time delivery of bedside care, to a more administrative and distant role as a manager of a micro-system with frequent external meetings (Shirey, 2006). These new roles have negatively led to overloaded, conflicting, and ambiguous roles of the first-line nurse managers (Miri et al., 2014). Due to the nature of their job, at the crossroad of collaborative care processes, first-line nurse managers have to deal with competing demands and values (Quinn and Rohrbaugh, 1983; Shirey, 2006; Udod and Care, 2011). This implies that the FLNM’s role became more complex and unclear (Fischer, 2016; Kath et al., 2013). Consequently, it might be expected that this altered work role will have an impact on occupational well-being in first-line nurse managers.

A broad range of studies on occupational stress and well-being in nurses in a myriad of work environments, such as general wards, emergency care, mental health care, showed that the FLNM was involved as a potential source of work stress or work engagement (Adriaenssens et al., 2015; Nowrouzi et al., 2013). Indeed, adequate participative nursing leadership, provided by a FLNM is a strong predictor of occupational well-being and performance of the staff members (Adriaenssens et al., 2015). On the other hand, research revealed that the role and specialty of a nurse implies specific stressors and is as such predictive of occupational stress and burnout (Browning et al., 2007). Studies on occupational stress in first-line nurse managers are however sparse. Literature searches on Medline and CINAHL (February 2017) for studies over the last 10 years on burnout and occupational stress in first-line nurse managers, including synonyms such as head nurse, ward sister, matron and nurse leader, resulted in 10 relevant primary studies and no systematic review. Nevertheless, a recent study shows that one out of six first-line nurse managers reported high to very high feelings of emotional exhaustion, with work/time pressure, job control, social support, role conflict and role meaningfulness as significant predictors (Van Bogaert et al., 2014). Hewko et al. (2015) revealed that high workload, inability to ensure quality of care, insufficient resources and lack of empowerment, respect and recognition are predictive of job dissatisfaction and turnover intention. Qualitative research by Shirey et al. (2010) showed that personnel and material resources, tasks and workload, and performance expectations influence nurse managers’ perceptions of stress. And Warszawsky and Havens (2014) found a positive relationship between job satisfaction and job retention in first-line nurse managers. Taking into account the central important role of the FLNM in hospitals, specific attention on occupational well-being in this group is important to preserve the workforce.

1.2. Theoretical framework

Occupational stress can be described as a multi-factorial interaction between personal and personality variables of the employee on the one hand and work content and organizational characteristics on the other hand (Hart and Cooper, 2001). The result of this interaction, in terms of occupational well-being, is provoked by the perception of the employees of their own strengths and weaknesses versus their work environment. This perception is colored by the employee through the appraisal of the environment and to what extent he can cope with it (Folkman and Lazarus, 1988). This complex interactional process, called ‘the person-environment fit’ determines how the employee perceives his work environment (e.g. stimulating, challenging, threatening or toxic) and results in a number of psychological and physiologic reactions (Caplan, 1987).

Occupational stress and occupational well-being are closely related. Based on the Job Demand Resources model, working conditions can be categorized in two distinct groups: job demands and job resources. Job demands (stressors) are the features of the job that require sustained mental or physical effort, while job resources are the aspects of the job that are functional in achieving work goals, reduce the consequences of high job demands and stimulate personal growth and development (Demerouti et al., 2001). Job control and social support are both considered to be important job resources. Job control is the individual’s potential control over his task and his conduct during the working day and his opportunities to grow. Research shows that jobs can be categorized in terms of job demands and job control, resulting in 4 subgroups: low demand/low control (passive jobs, decrease in motivation, lack of problem solving skills), low demand/high control (low strain job), high demand/high control (active job, might improve learning and motivation to develop new skills) and high demand/low control (high strain job, risk for psychological and physical distress and illness). In addition, job control can act as a buffer for the negative consequences of high job demands (Ibrahim and Ohtsuka, 2014; Karasek and Theorell, 1990; Van Der Doef and Maes, 1998, 1999a). Social support, in terms of trust between colleagues, social team cohesion, recognition and respect by the direct supervisor, acts as a moderator in high strain jobs (high demands/low control) and alleviates stress responses.

Research shows that long-lasting high levels of job demands or chronic depletion of resources, in terms of low control and low social support, are both related to occupational stress (psychosomatic distress) and burnout, while increases in job resources were found to predict job satisfaction, work engagement and occupational well-being (Schaufeli et al., 2009). From that viewpoint, predictors and outcomes of occupational stress and well-being have to be taken into account in job related research.

Work engagement describes the way workers experience their work and can be defined as “…a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Schaufeli and Bakker, 2010). Burnout can be defined as a psychological state of depletion of social and personal resources, resulting from prolonged emotional or psychological stress on the job. (Maslach and Jackson, 1981). Psychosomatic distress is a composite measure of occupational stress and consists of the sub-dimensions anxiety, depression and somatization. The latter is defined as the amount of somatic complaints, related to psychological distress (Adriaenssens et al., 2012, 2015, 2011). As a summary, occupational well-being can be defined as having high levels of job satisfaction and work engagement, resulting in learning, increase in skills and positive health outcomes, while occupational stress can be seen as having high levels of psychosomatic distress and burnout, resulting in negative health outcomes and turnover.

Occupational stress can ultimately lead to a variety of health related problems, with important consequences for the employee (e.g. coronary heart disease, hypertension, musculoskeletal problems), the organization he works in (e.g. sickness absence, turnover, loss of human capital) as for the entire society (e.g. increasing health cost, decrease in productivity) (Richardson and Rothstein, 2008). Fig. 1 clarifies the above mentioned relationships.
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