Enriching the Work Experiences of Nursing Staff

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Opinion
The first research project I undertook involving nursing staff occurred about 20 years ago [1]. Working with the Ontario Nurses Association, we undertook a longitudinal study of the effects of a Conservative 'government cutback and restructuring of the health care system in Ontario. These initiatives generally had negative consequences for nursing staff job satisfactions and psychological well-being.

More recently I have undertaken research on the experiences of nursing staff, their satisfactions and well-being in Turkey. This note summarizes some of our findings from two studies with implications for enriching the jobs of nursing staff. All measures used in both studies had been used previously and found to have desirable psychometric properties.

Study 1
Data were collected from 212 nurses, an 84% response rate, using anonymously completed questionnaires. Most were female (95%), had a mean age of 37, currently worked an average of 46 hours per week, had been working for 15 years, worked in their present units/jobs for 12 years and in their present hospitals for 7 years, and worked in a number of different units.

This study examined relations of a personal resource—optimism—and an organizational resource—levels of hospital support, on various work and well-being outcomes. These included job satisfaction, work engagement, affective hospital commitment, work-family conflict, family-work conflict, and intent to quit. The sample indicated generally moderate levels on all study variables.

Hierarchical regression analyses controlling for personal demographic and work situation characteristics showed that levels of hospital support was associated with more favorable responses on most work and well-being outcomes; levels of optimism was significantly and positively related with four of these outcomes.

The following practical implications were drawn. First, optimism is an attitude variable that can be learned, used and strengthened. Optimism can be increased by training and spending more time with positive colleagues, focusing on one’s strengths, looking for positives in all situations, using positive words, and creating a workplace culture of optimism in which nursing staff are expected to be successful. Balci [2], using both a treatment and control group of nurses, found that a 10 week Emotional Strengths Training Program increased levels of optimism.

Hospital support can also be increased by having workplace values that care for and invest in nursing staff, develop nursing staffs to reciprocate feelings of care and investment, and express positive feelings of attachment to their hospitals.

Study 2
Data were collected form 224 nursing staff working in 15 research hospitals, a 37% response rate. Most were female (88%), most were between 26 and 3 years of age (59%), worked between 41 and 45 hours per week (69%), and worked in a number of different units. Again surveys were completed anonymously. Measures had also been used previously and found to be acceptable in terms of psychometric properties.

A number of work experiences were examined such as Workload, Hospital culture, Flow, Work engagement, and Burnout. Work outcomes included job satisfaction, absenteeism and intent to quit. Well-being outcomes included positive affect, negative affect, psychosomatic symptoms, medication use, physical fitness and life satisfaction. Hierarchical regression analyses, controlling for both person and work situation demographic characteristics were used to examine the relationship of work experiences and the various outcomes. Here are a same of our findings; they were not surprising

Workload
Four indicators of workload were used: length of work shift, times worked more than 8 hours, times worked double shift, and patient-to-nurse ration. Most of these measures were significantly and positively inter-correlated. Workload was significantly negative related with the work and well-being outcomes.
Hospital culture and functioning

Measures of hospital culture and functioning included perceptions of patient care quality, health and safety climate, and incidence of errors. Measures of hospital culture and functioning were generally associated with more positive work and well-being outcomes, particularly the case for work outcomes. Flow is the subjective experience of being fully involved in one’s job and one’s work. Flow was positively associated with most work outcomes but less so with indicators of personal well-being.

Work engagement

Work engagement had three dimensions: Vigor, Dedication and Absorption, all being significantly and positively inter-correlated. Work engagement, particularly Dedication predicted all work outcomes, Work engagement, particularly vigor predicted most psychological well-being outcomes, but less strongly than their prediction of work outcomes. Nursing staff scoring higher on Work engagement also indicated higher levels of patient care in their hospitals.

Burnout

Burnout also had three dimensions: Emotional exhaustion, Cynicism, and Lack of personal accomplishment, Emotional exhaustion being positively and significantly correlated with Cynicism. Levels of nursing staff burnout were significantly associated with lower levels on all measures of psychological well-being and perceptions of hospital culture and functioning and most of the work outcomes.

The bottom line

These results are not surprising and are consistent with other reports on the critical role of the nursing experience on quality of nursing care and organizational performance more generally (Quinn, 2015).

The responsibility now is on hospital executive leadership, nursing supervisors, and physicians to examine their own hospital cultures and the experiences of their nursing staffs. This will not be ease undertaking but the technologies for doing so are readily available. There is also an educational role for university and college nursing programs here as well. Improving the quality of work experiences of nursing staff is an investment that will pay dividends to several actors [9,10].

References