Stress related work environment factors: nurses survey results

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ABSTRACT

Introduction: The nursing profession is one of the most stressful occupations today, due to the quantity and diversity of risk factors associated with the work environment. The common contributory factors include higher nurse workloads and characteristics of the work environment such as administrative support, nurse-physician relationships, and support services. Clinical supervision enables nurses to discuss patient care in a safe, supportive environment and may lead to lower levels of burnout for emotional exhaustion and depersonalization.

Objective: The aim of the present study was to explore stress related work environment factors in practicing nurses in Latvia, and to find out nurses opinions about clinical supervision.

Method: Demographic questionnaire and survey about environmental factors in nurses, as well as nurses opinions about clinical supervision necessity for nurses, were the instruments used for data collection. The nurses were asked to choose 10 factors from 20 and rank them from 1 to 10, where the most significant was 10.

Results: The participants of the study were 241 nurses from several hospitals and outpatient care institutions in Latvia. All participants were women, age range - from 21 till 59 years. The most frequently marked factor in nurses' surveys was "risk of infection", 220 nurses in total chose this factor and 101 (41,9%) ranked it like the most important of all proposed. Frequently marked factors also were "Inadequate remuneration for work" (217 marked, 22,4% ranked with 10), "Emotionally intensive work with people" (179 marked, 7,9% ranked with 10). More than a half (59,8%) of participating nurses never heard about supervisions, 95,5% did not attend supervisions for nurses in past 5 years.

Conclusion: During a study the main stress-related factors were indentified. The most frequently marked factors in nurses' surveys were "risk of infection", "inadequate remuneration for work" and "emotionally intensive work with people". Most of nurses participating in this study considered that the practicing nurses need the supervisions.

Keywords: Nurses, stress, working conditions.

Introduction

The nursing profession is one of the most stressful occupations today, due to the quantity and diversity of risk factors associated with the work environment. The list of stressors in nursing is very long.[1] Nurses represent the largest professional group providing care to individuals in general hospital settings and outpatient departments. Nursing staff doing more physical tasks are exposed to higher frequency of violent acts from patients, since most of time this implies higher contact occasions with the others.[2] For example, in a study by Elliot (1997), the risk of violence from patients and/or from clients was 16 times higher among healthcare workers than among other service employees.[2]

Nurses are also heavily exposed to various kinds of intense interpersonal relationships which can cause state of distress.[1]

During a typical work day, nurses may be exposed to a wide range of psychological stressors, including: conflicts with patients and relatives of patients, disagreements with management, differences of opinion with physicians, and contact with suffering and possible death on a daily basis.[1]

Stress-related psychological disorders like burn out syndrome, anxiety, depression and compassion fatigue are common among health care professionals, especially nurses.[3] The most widely accepted definition of burnout was formulated by Maslach, who described it as a mental syndrome (along with bodily exhaustion) that develops in people who have a professional relationship with other persons: the worker loses the interest and positive sentiments that he/she had for patients or customers and develops a negative self-image.[4]

Maslach's Burnout Inventory (MBI) is the most well-studied measurement of burnout in the literature, the 3 subscales designed for assessing emotional exhaustion, depersonalization and the lack of personal achievement.

Joinson (1992) first coined the term compassion fatigue (CF) while studying burnout in nurses who worked in emergency departments. She suggested that nurses who are empathetic, caring individuals, may absorb the traumatic stress of those they help.[5]

Previous research has identified high levels of burnout and compassion fatigue among surgical care nurses in Latvia.[3]

Factors associated with nurse burnout and job dissatisfaction are widely discussed in literature. The common factors include higher nurse workloads and characteristics of the work environment such as administrative support, nurse-physician relationships, and support services.[6]

A number of factors contributing to burnout syndrome have been identified in previous studies, e.g. inadequate salary, psychological pressure working with patients and the professional achievement of nurses, which are often underestimated.[7] For example - as a result of relations analysis between factors and Maslach Burnout Inventory subscales can be shown correlation between lack of personal accomplishment subscale and unclear distribution of duties, and constant high anxiety situations at work.[7] Some other research findings shows correlations among burnout and contributory factors at working place, for example - working longer hours, lower job satisfaction, and shorter time in the current job independently increased the risk of high emotional exhaustion, working longer hours and lower job satisfaction independently increased the risk of high depersonalization, longer time in the same job increased the risk of low Personal Accomplishment.[8]

Considerable evidence for clinical supervision in nursing exists in the literature and there is sufficient empirical argument for clinical supervision to be implemented in nursing.[9] Evidence

exists around the three core domains of Proctors model of clinical supervision, providing peer support and stress relief for nurses (restorative function), as well as a means of promoting professional accountability (normative function), and skill and knowledge development (formative function). The nursing literature dominates with speciality groups such as mental health nurses and aged care nurses. Clinical supervision enables nurses to discuss patient care in a safe, supportive environment.[9]

Being able to discuss sensitive and confidential issues with supervisors may lead to lower levels of burnout for emotional exhaustion and depersonalization. In addition, feeling supported by the supervisor and having a positive attitude towards clinical supervision may lead to lower levels of burnout for depersonalization.[10]

Objective

The aim of the present study was to explore stress related work environment factors in practicing nurses in Latvia, and to find out nurses opinions about clinical supervision.

Material and Method

A total of 241 nurses participated voluntarily in the present study. The participants were recruited from several hospitals and primary health-care centres in the Latvia. Research was performed using quantitative method.

The instruments which used for data collection: demographic questionnaire, and survey about contributory factors in the working environment of nurses, as well as nurses opinions about clinical supervision necessity for nurses. The survey consists of 2 parts (contributory factors and supervision necessity), questions developed by authors of the article. Surveyed nurses were asked to choose 10 factors from 20 and rank them from 1 till 10, where the most significant is 10.

Descriptive statistics and Spearman's correlation were used for the evaluation of data. Two-tailed statistical significance was set at $p \leq 0.01$. The computations were carried out with SPSS for Windows, version 17.0, statistical software.

Results

The participants of the study were 241 nurses from several hospitals and outpatient care institutions in Latvia. All participants were women, age range - from 21 till 59 years (Mean value 41,2; Standard deviation 8,1). The age range distribution is shown in the Figure 1.

The most part of participants were nursing school graduates - 78%. College education obtained 18,7%, but Bachelor or Masters' degree in Nursing - just 3,3%. 23,2% of participants also got other higher education, not related with a health care. The health care departments of the participants are included in Table 1. Nurses working in outpatient care facilities were 27%, in surgical care units - 16,6%, in psychiatric units - 10,8%. Most part of respondents (81,7%) were working as nurses, 9,1% of participants occupied in manager positions (head nurse or matron). Table 2 shows job positions of participants of the study.

More than a half (59,8%) of participating nurses never heard about supervisions, 95,5% did not attend supervisions for nurses in past 5 years. Most of the respondents (93,4%) considered that practicing nurses need supervisions. Nurses opinions about clinical supervision usefulness are shown in Table 3. Spearman's correlation revealed that nurses informed about supervision had higher education (0,310; p ≤ 0.01).

The most frequently marked factor in nurses' surveys is "risk of infection". A total of 220 nurses have chosen this factor and 101 (41,9%) ranked it as the most important of all proposed. Only 21 (8,7%) nurses did not rank this factor at all. Frequently marked factors also were "Inadequate remuneration for work" (217 marked, 22,4% ranked with 10), "Emotionally intensive work with people" (179 marked, 7,9% ranked with 10), "Large (inadequate) amount of work" (168 marked, 5,0% ranked with 10) and "Intensive work" (164 marked and 1,2% ranked with 10). The descriptive statistical parameters of participants' answers about stress related and contributory work environment factors are shown in Table 4.

The lowest marked factor was "Conflicts with patients' relatives" (55 marked, Mean value 1,02). Low scores nurses also gave to "Conflicts, disagreements with patients" (72 marked, Mean value 1,16) and "Social role ambiguity" (76 marked, Mean value 1,24).

Discussion

The present study revealed stress related work environment factors for practicing nurses in Latvia, as well as nurses opinions about clinical supervision.

The nurses' knowledge and experience about clinical supervision was very low - 59,8% of participating nurses never heard about supervisions, 95,5% did not attend supervisions for nurses in past 5 years. For example in a study performed in Wales, UK, where community mental health nurses were surveyed - one hundred and eighty-nine (73%) had experience of clinical supervision in their present posts and 105 (40%) in their previous posts.[10]

Previous research has identified that organizational stressors, such as the workplace, role ambiguity, and workload, contribute to nursing burnout.[11] Prolonged exposures to stressful environments that consist of low staffing and a lack of administrative and colleague support keep nurses in a constant state of alertness and isolation that eventually create physical and mental exhaustion.[11]

Better relationships amongst members of the professional team (e.g. doctors and other nurses, including supervisors) may also relieve stress.[12] In the present study stress factors as "Problems in interaction with the administration" or "Problems in interaction with colleagues, conflicts with colleagues" were identified as low scored.

Registered nurses experience the following stressors related to lack of organisational support as relatively important: staff shortage, inadequate salary, insufficient personnel to handle the workload, fellow workers not doing their jobs and poorly motivated coworkers.[12] In our study "Inadequate remuneration for work" is the second highest ranked factor (22,4% of nurses ranked it with "10"). It is also related with an economical crisis in a country.

The following stressors related to job demands were found by Van der Colff et al.: excessive administrative duties, demands from clients/patients and health risks posed by contact with patients.[12] The highest marked factor in our study was "risk of infection" (41,9% of nurses ranked it with score "10").

This article shows a part of a research which is started in Riga Stradiņš University and will be performed in the next years. During a study the main stress-related factors were indentified.
Study limitations: This study has such limitations as relatively small number of participants and use of not standardized survey.

Conclusion

The most frequently marked factor in nurses' surveys was "risk of infection". Frequently marked factors also were "Inadequate remuneration for work", "Emotionally intensive work with people", "Large (inadequate) amount of work" and "Intensive work".
The lowest marked factor was "Conflicts with patients' relatives". Low scores nurses also gave to "Conflicts, disagreements with patients" and "Social role ambiguity".
Support services like supervision and counseling should be helpful to prevent health problems of nurses. Most of nurses participating in this study considered that the practicing nurses need the supervisions.
Further data will be collected in different health providing services in order to enable the development of a clinical supervision program in Latvia.
Conflict of Interest: None declared.

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Table 1: The health care departments of the participants (N=241)

Profile	Frequency	%
Surgical	40	16,6
Medical	11	4,6
Children	16	6,6
Operating room	19	7,9
Outpatient care	65	27,0
Psychiatric	26	10,8
Intensive care	6	2,5
Other field	58	24,1

Table 2: Job positions of participants (N=241)

Position at work	Frequency	%
Nurse	197	81,7
Nurse manager	16	6,6
Matron	6	2,5
Other	22	9,1

Table 3: Nurses' opinions about clinical supervision necessity for nurses (N=241)

Question	Yes	No
Have you ever heard about supervision?	40,2%	59,8%
Have you attended supervision meant for nurses in the last 5 years?	4,1%	95,5%
Do the practicing nurses need the supervisions?	93,4%	6,6%

Table 4: Stress related work environment factors for practicing nurses (N=241)

Factors	Frequency of marking	Rank "10" frequency	Rank "10" %	Mean	Standard Deviation
Risk of infection	220	101	41,9	6,78	3,64
Inadequate remuneration for work	217	54	22,4	6,74	3,33
Emotionally intensive work with people	179	19	7,9	4,41	3,58
Large (inadequate) amount of work	168	12	5	3,98	3,47
Intensive work	164	3	1,2	3,96	3,26
Lack of time,	163	5	2,1	3,60	3,29

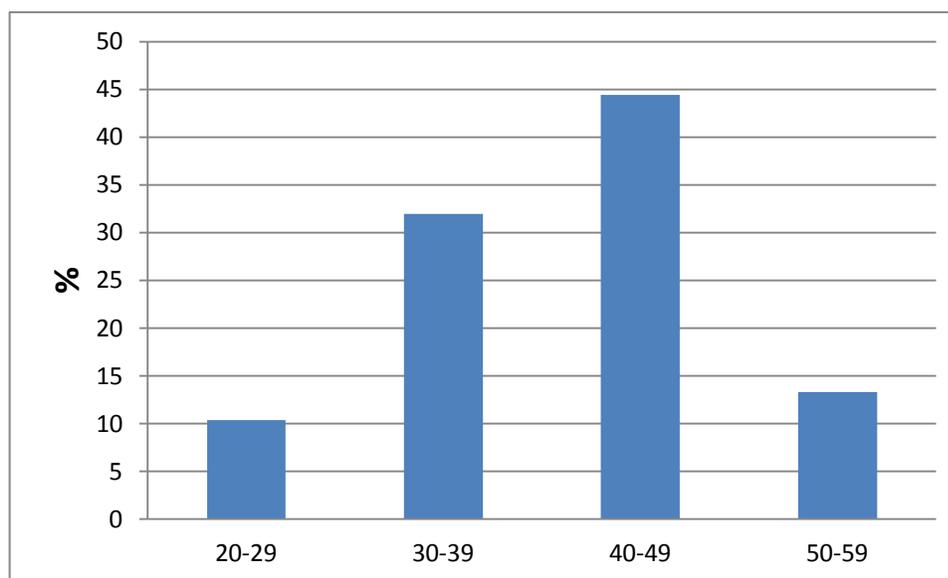| overload					
Low job prestige	140	7	2,9	3,07	3,38
Ergonomically unsuitable environment	122	6	2,5	2,83	3,44
Working on holidays	97	4	1,7	2,07	3,04
Lack of professional empowerment	100	2	0,8	2,05	2,91

Figure 1: Age range distribution of respondents (N=241)