



Characteristics of the nurse manager's recognition behavior and its relation to sense of coherence of staff nurses in Japan



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Summary The recognition behaviors strongly influence the job satisfaction of staff nurses and an extremely important factor for the prevention of burnout and the promotion of retention. Additionally, among internal factors that may affect worker's mental health, a sense of coherence (SOC) is an important concept from the view of the salutogenic theory and stress recognition style. Individual's SOC increases in relation to recognition behavior. However, in Japan, few studies have examined the effect of recognition behaviors on the SOC of staff nurses. The purpose of this study was to investigate how staff nurses perceive recognition behaviors of the nurse manager and to determine the relationship between recognition behaviors and the staff nurses' SOC. This quantitative, cross-sectional study involved 10 hospitals in Japan. A total of 1425 nurses completed the questionnaire. As a result, the perceptions of nurse manager's recognition behaviors by staff nurses were evaluated by presentation and report, individual value and the transfer of responsibility, and professional development. The median score of staff nurse SOC-13 was 50 (IQR; 45–55). Significant differences in SOC scores were found in marital status, age, years of experience, and mental and physical health condition. In conclusion, recognition behaviors by the nurse manager can improve staff nurse's SOC and effectively support the mental health of the staff nurse.

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Introduction

At present, many member countries of the Organization for Economic Cooperation and Development (OECD) are facing a severe shortage of nurses, and Japan is no exception. The rate of nurses leaving their profession in Japan remains high ([Japanese Nursing Association Non-Profit Organization, 2012](#)). Whilst 1,404,300 nurses are needed in Japan; only 1,348,300 nurses are currently in service. This leaves a

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shortage of approximately 56,000 nurses. Furthermore, the shortage of nurses will grow to more than one million by 2050 (Ministry of Health Labor and Welfare, 2010). To provide high-quality medical care to meet the needs of an aging society, a key factor will be keeping nurses in their profession. Accordingly, many studies have recently been conducted that focus on preventing nurses from leaving their profession. These studies revealed that the leadership of nurse managers affects the job satisfaction and retention of staff nurses, as well as the quality of patient care (Duffield, Roche, Blay, & Stasa, 2011; Manojlovich, 2007; Trus, Razbadauskas, Doran, & Suominen, 2012).

The prevailing leadership of the nurse manager defines the existing work relationship, punishment, motivation, feedback and rewards of those in their working unit (Swansburg & Swansburg, 2002). In particular, the use of feedback and reward as the recognition behavior of nurse managers affect job satisfaction (Blegen, 1993). In addition, appropriate recognition behavior by the nurse manager is reported to be an extremely important factor for increasing the nursing staff's motivation (Eneh, Vehviläinen-Julkunen, & Kvist, 2012) and the prevention of burnout and the promotion of retention (Bennett, Lowe, Matthews, Dourali, & Tattersall, 2001; Boudrias, Morin, & Brodeur, 2012; Lambert, Hogan, & Griffin, 2007). Therefore, recognition behaviors such as psychological rewards are effective methods to provide psychological support and to prevent nurses from leaving their profession.

The recognition behavior of nurse managers was defined as explaining evaluations regarding performance and ability of nurses, which was presented in a 38-items scale for recognition behavior by nurse managers (Blegen et al., 1992). Goode and Blegen (1993) conducted a survey on the perceptions of staff nurses, focusing on recognition behavior of nurse managers and reported that behaviors to recognize performance, consisting of 27 items, and behaviors to recognize achievements, consisting of eight items, improved job satisfaction and prevented nurses from leaving their profession.

However, little research has been conducted to identify recognition behavior most valued by nurses themselves in Japan. Related to the study by Blegen et al. (1992), Ozaki (2003) translated the scale into Japanese and modified it to correspond to nursing staff scenarios in Japan. As a result of the factor analysis, the five factors of reporting/announcing results, supervising and supporting staff nurses, assigning jobs with responsibility, reporting evaluations from patients, and respect of desired working hours correlated with job satisfaction. Ogimoto (2010) created a 64-item questionnaire based on the analysis of interviews with a focus group and conducted a survey of 555 nurses. They extracted four nurse manager recognition behaviors: close communication, pleasant remarks, affirmative job evaluation, and consultation and advice. They claimed that delegating duties with responsibility was more often recognized as recognition behavior than transferring results of the nursing manager onto a notice board or to other people. Muya, Katsuyama, and Aoyama (2009) reported that the primary component of job satisfaction for staff nurses was the recognition of their behaviors received from the job itself and from other people, in particular respecting individual staff members and support from superiors and being given responsibility

and transfer of authority. Based on these findings, staff nurses think that they are accepted as professionals by being entrusted with work or by being given responsibilities.

On the other hand, work-related mental health is primarily obtained through the increase of workplace satisfaction and the mitigation of work-related stress. Among nurses, specific environmental stressors have been identified. These include unpredictable staffing and scheduling, lack of role clarity, low involvement in decision-making, poor status, and poor support (Williams, Michie, & Pattani, 1988). Previous studies on stress management were highly oriented toward preventive problem solving, stress recognition and factors of individual coping, the amount of work discretion given, and the usefulness of stress buffers such as mentoring (Andrews & Dziegielewska, 2005). These studies are usually conducted to develop measures to reduce quantity and quality of work stress or to improve accomplishment by work, although there are usually limitations to adopt the suggested corrective measures in the work place. Future macro studies are needed that go beyond issue of job-related stress and pursue a salutogenic model from the perspective of health psychology. Therefore, it is also important to focus on internal factors of workers, such as recognizing one's style of dealing with occupational stress (Dewe, 1993). Among internal factors that may affect worker's mental health, a sense of coherence (SOC) is an important concept from the view of the salutogenic theory and stress recognition style. Antonovsky (1987) gave the following definition of SOC: the sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (i) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (ii) the resources are available to one to meet the demands posed by these stimuli; and (iii) these demands are challenges, worthy of investment and engagement (p. 23).

In addition, according to Antonovsky (1987), the stress buffering effects of SOC may be due to its influence on the choice of coping strategies. Whilst SOC is not a coping strategy by itself, individuals with a high SOC may be more likely to flexibly adopt adaptive strategies, appropriate to the needs of the specific situation. SOC consists of three components: comprehensibility, manageability and meaningfulness. Antonovsky (1987) reported that individuals with a strong SOC have the ability to define life events as being less stressful (comprehensibility), to mobilize resources to deal with encountered stressors (manageability), and to possess the motivation, desire, and commitment to cope (meaningfulness). Antonovsky (1987) developed two kinds of SOC scales; a 29-item version (SOC-29) and a 13-item shorter version (SOC-13). The 13 items in SOC-13 are selected from SOC-29 (Table 1).

The comprehensibility consists of four items, the manageability also consists of four items and the meaningfulness consists of three items. Items were randomly ordered in the questionnaire. Scores in each item were ranged from one (weak SOC) to seven (strong SOC). A scale score was calculated by summing the raw scores. In a systematic review, the SOC questionnaire has been used in at least 33 languages in 32 countries with at least 15 different versions of the questionnaire. In 124 studies using SOC-29 the Cronbach's α ranged from 0.70 to 0.95. The values in 127

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