



Quality of nursing care: The influence of work conditions, nurse characteristics and burnout



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1. Introduction

Providing quality health care is one of the most challenging issues for health care systems all over the world. Increasing demand on health care services associated with shortage of health care professionals and massive advances in health sciences and technology has created an overload of work and job stress, which lead to an increase in errors and a decrease in work quality (The Institute of Medicine [IOM], 1999, 2001, 2013).

Prompt changes in the health care system, a work overload, consistent interaction with suffering patients and continuously unmet psychological needs will lead to burnout; which is a state of emotional, intellectual and physical exhaustion (Azeem, Nazir, Zaidi, & Akhtar, 2014; Maslach, Schaufeli, & Leiter, 2001; Patrick & Lavery, 2007). Severe burnout is manifested by fatigue, job dissatisfaction, low self esteem, poor concentration and reasoning, as a result, this may lead to emotional depletion, uncaring perception of the clients, negative self evaluation and quitting job (Maslach & Jackson, 1981; Maslach et al., 2001). Nurses burnout reduces their work productivity, increases the potential of health related errors (Montgomery, Panagopoulou, Kehoe, & Valkanos, 2011), rises turnover rate and directly affects the quality of nursing care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Leiter & Maslach, 2009). In a study that aimed to investigate the influence of burnout on some work related variables, researchers found that emotional exhaustion was associated with absenteeism, intention to leave profession, personal and family deterioration, also, depersonalization was linked to the perception of having made errors (Sunder-Soler et al., 2014). Therefore, it is a key to recognize the factors in nurse burnout that may affect the quality of nursing care.

Quality is a health care services level that is consistent with updated professional knowledge and allows desired outcomes to be obtained (IOM, 1990). Several studies explored and examined the different environmental factors that are related to the quality of nursing care and required improvement at health care systems. Laschinger, Shamian, and Thomson (2001) studied the effects of magnet hospital characteristics on nurses' job satisfaction, trust, perceived quality of care, and burnout among nurses. Authors reported the organizational traits of autonomy, control, and collaboration were negatively correlated with burnout, which in turn is associated negatively with the perceived quality of care, although trust in management was positively correlated with nurses' perceived quality of care. In a recent study, Van Bogaert, Van Heusden, Timmermans, and Franck (2014) suggested that nurse work environment such as "nurse-physician collaboration" and "nurse management" at both unit and hospital levels are influential to nurse-assessed quality of care as mediated by nurse-work characteristics. In addition, effective leadership styles have an influential role in providing quality nursing care, nurses in departments with effective leadership styles reported lower rates of medication errors, patient falls, pneumonia, urinary tract infections, brain hemorrhage and patient mortality (Houser, 2003). Similarly, in Jordan, factors related to work environment, competent management, and nurses' job satisfaction; specifically satisfaction with psychological rewards, rotating work shifts and daily census, were reported as significant indicators of quality of nursing care (Mudallal, 2013). Furthermore, quality of nursing care in Jordanian hospitals was significantly dependent on nature (type) of the hospital (Mrayyan, 2008; Mudallal, 2013).

In addition, nurse burnout reflected a unique role in the quality of nursing care provided through different studies. Vahey, Aiken, Sloane, Clarke, and Vargas (2004)-study revealed that quality of nursing care indicator "patient satisfaction" was negatively associated with nurse burnout. A substantial relationship between

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burnout and quality of nursing care was evident in a secondary analysis of a cross-national data from six countries in which the investigators found that high level of nurse burnout was significantly associated with low or fair level of quality nursing care (Poghosya, Clarke, Finlayson, & Aiken, 2010). On the same extreme of understanding, a Belgian study included 546 registered nurses from 42 units demonstrated that emotional exhaustion is a significant predictor of job satisfaction, turnover and quality of nursing care (Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010). Similarly, a recent cross-sectional survey, using a multilevel modelling technique to analyze data of 709 nurses from different levels and were working in 25 residential aged care services demonstrated that emotional exhaustion and depersonalization were substantial indicators of the quality of nursing care (Van Bogaert, Dilles, Wouters, & Van Rompaey, 2014).

Although a limited number of studies highlighted the influence of burnout on the quality of nursing care, burnout has been found a mediator of the pathway between some organizational traits or interventions and the quality of nursing care. For example, burnout played a mediator role in the relationship between nursing work environment and patient's safety (Laschinger & Leiter, 2006), influenced nursing work environment on job outcomes (Van Bogaert, Meulemans, Clarke, Vermeyen, & Van de Heyning, 2009) and quality of nursing care (Spanu, Baban, Bria, Lucacel, & Dumitrascu, 2013). Of the aspects of burnout, emotional exhaustion besides workload have mediated the relationship between work environment in terms of "nurse-physician relationship", "hospital and nurse management" and "organisational support" and the quality of nursing care; all of which were found to have predictive performance of the quality of nursing care (Van Bogaert, Kowalski, Weeks, Van Heusden, & Clarke, 2013).

Based on previous evidences, environmental factors and nurse characteristics have influenced both burnout and the quality of nursing care (Aiken et al., 2002; Houser, 2003; Laschinger et al., 2001; Mrayyan, 2008; Mudallal, 2013; Van Bogaert, Van Heusden, Timmermans, & Franck, 2014) and substantiate the mediation role of burnout in relation to the quality of nursing care (Laschinger & Leiter, 2006; Spanu et al., 2013; Van Bogaert et al., 2009; Van Bogaert et al., 2013). Limited number of studies demonstrated the influence of burnout on the quality of nursing care (Poghosya et al., 2010; Van Bogaert et al., 2010; Van Bogaert, Dilles et al., 2014), although the influence of workers' stress level on productivity has been addressed. Therefore, the aim of this study is to investigate the influence of nurse burnout, general work conditions, nurse and patient characteristics on the quality of nursing care.

2. Methods

2.1. Design

Cross-sectional, correlational designs were employed to explore the influence of nurse burnout on the quality of nursing care.

2.2. Sample and setting

The data of this study was collected from both: nurses and patients. The sample size was estimated using statistical power procedures. the estimated sample size was 178 participants for each group (nurses and patients).

A convenience sample of 270 registered nurses and 270 hospitalized patients from 24 units of eight hospitals in Jordan was recruited. Only registered nurses with a minimum experience of at least one year in a clinical area and adult patients who were

conscious, oriented, free of pain and able to speak and communicate were included in the study.

The selected hospitals for this study were from three major Jordanian governorates. The health care system in Jordan has three major sectors: Public (Ministry of Health (MOH), Royal Medical Services (RMS) and educational hospitals), private and donors. For this study, the data were collected from nurses in (MOH), private and educational hospitals.

2.3. Ethical considerations

The human rights and ethical considerations were protected all over the study. The researchers obtained the ethical approval to use the study instruments. Institute Review Board (IRB) approval for each hospital was also guaranteed. Participants were informed of the purpose of the study, and their right to withdraw without penalty at any time. To keep anonymity, the questionnaires did not include any information regarding the participant identity. Return of completed questionnaires by nurses and patients was considered as a signed agreement to participate in this study. After filling the questionnaire by the participant it was coded by a number and kept in secure place; no one has an access to the data except the researcher.

2.4. Measurement

The data in this study was collected through the following tools:

2.4.1. Service quality scale (SERVQUAL)

This instrument was originally developed by Zeithaml, Parasuraman and Berryin 1985 to measure service quality. It is a reliable and valid scale that can be used by researchers, managers and professionals to assess service quality (Clark & Clark, 2007; Parasuraman, Zeithaml, & Berry, 1988; Scardina, 1994). Service quality is the difference between what the consumer expects from the service and what he or she perceives the service to be in the experienced situation. According to this instrument, service quality has the following five dimensions: tangibility, reliability, responsiveness, assurance and empathy (Parasuraman et al., 1988; Scardina, 1994). The scale was completed by adult patients in different hospital departments. The Arabic version of the instrument was used by the researchers to facilitate the understanding of items by Jordanian patients. The arabic version of SERVQUAL has been used and studied in different research through which it was valid, and demonstrated high reliability-Cronbach alpha was more than 0.90 for the total scale (Al-Borie & Damanhour, 2013). In this study, Cronbach alpha for the total SERVQUAL is 0.93.

The SERVQUAL consists of 22-Likert-type items with five points (1 = very much below my expectations, 2 = below my expectations, 3 = meet my expectations, 4 = above my expectations, 5 = very much above my expectations). The responses for the whole scale were summed into 110. Higher scores reflect higher levels of quality of nursing care services.

2.4.2. Maslach burnout inventory (MBI)

The MBI-human services survey instrument consists of 22-items designed to address three dimensions of burnout for professionals in human services. Nine items measure Emotional Exhaustion (EE); the feeling of being overstressed in addition to emotional and physical resources depletion. Five items measure depersonalization (DP) which is unfeeling and negative attitude about clients. Eight items measure personal accomplishment (PA) the feelings of competence, achievement and productive at work (Maslach et al., 2001).

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