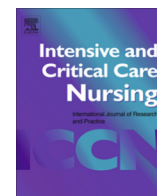




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Research article

Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave: A questionnaire study

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ABSTRACT

Objectives: To investigate the relationship between communication and job satisfaction and their association with intention to leave and burnout among intensive care unit nurses.**Research methodology/design:** A multicentre questionnaire study.**Setting/participants:** Intensive care nurses (n = 303) from three Flemish hospitals.**Main outcome measures:** Communication satisfaction assessed by the Communication Satisfaction Questionnaire, intention to leave through the Turnover Intention Scale (from the Questionnaire for the Perception and Assessment of Labour) and burnout by the Maslach Burnout Inventory. Job satisfaction was measured by a visual analogue scale.**Results:** Average job satisfaction was $7.66 \pm 1.34/10$. Nurses were most satisfied about 'Communication with supervisor' (68.46%), and most dissatisfied about 'Organisational perspectives' (34.12%). Turnover intention was low among 49.5% (150/290) and high among 6.6% (20/290). Three percent (9/299) of intensive care nurses were at risk for burnout. All dimensions of communication satisfaction were moderately associated with job satisfaction, intention to leave and burnout.**Conclusion:** This study demonstrated high levels of communication and job satisfaction in a sample of nurses in Flanders. Intention to leave and burnout prevalence were low. To a certain extent, communication satisfaction might be associated with job satisfaction, intention to leave and burnout.

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Implications for Clinical Practice

- Job satisfaction can easily and quickly be measured by means of a visual analogue scale. We advise to monitor and measure it periodically among nurses, as this is associated with health outcomes of hospitalised patients.
- As communication satisfaction is moderately but significantly associated with job satisfaction, intention to leave and burnout among intensive care nurses, it is worthwhile for the management of the department to invest in and to optimise their internal communication.
- The communication satisfaction questionnaire provides a tool for the management to prioritise the dimensions of internal communication which are most related to job satisfaction, intention to leave and burnout among intensive care nurses or which have the most potential to improve.
- Overall, there is room for improvement regarding communication satisfaction among intensive care nurses. The intensive care unit is part of a bigger organisation, the hospital, which should invest in a hospital-wide communication plan or procedure. Current internal communication processes should be improved and similar strategies can be used for the different departments.

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Introduction

Nurses fulfill an essential role within the intensive care unit (ICU) team. They contribute to improved clinical outcomes, fewer complications as well as errors and hence to reduced morbidity and mortality. ICU nurses co-operate closely with physicians as well as with colleagues and interact with the family of the patient (Blot et al., 2011, 2014; Brock et al., 2013; Coburn and Gage-Croll, 2011; Courtenay et al., 2013; Liu et al., 2015). These collaborations can lead to ethical conflicts, in particular when nurses feel insufficiently involved in medical decisions (Falco-Pegueroles et al., 2016).

ICU nurses have unique working conditions, characterised by a high technical environment and the continuous handling of seriously ill patients requiring highly specialised training and education (Endacott et al., 2015). In this regard, the ICU differs from many other departments (Cartledge, 2001; van Dam et al., 2013).

The specific working conditions of ICU nurses render them vulnerable for burnout. Similar to nurses in other departments, night shifts, work-related stress, the number of days off, conflicts with colleagues or patients, the relationship with their supervisors and the organisation influence the risk on burnout among ICU nurses. For nursing staff, poorly organised services are associated with higher stress levels. Stress triggers burnout, moderated by the way nurses cope with stressors (Cartledge, 2001; Embriaco et al., 2007; Ntantana et al., 2017; Ramirez et al., 1996; Vifladt et al., 2016). Besides overall stress, anxiety and depressive symptoms seems to play a role as well. In a survey among 370 ICU nurses and 121 general ward nurses, Mealer et al. (2007) found anxiety and depressive symptoms to be common in both groups. ICU nurses, however, had an increased prevalence of post-traumatic stress disorder (PTSD) symptoms as compared with general ward nurses (Mealer et al., 2007).

The experience of stress has been repeatedly demonstrated as a major determinant for burnout (Embriaco et al., 2007; McHugh et al., 2011). Burnout has a negative impact on mental health, especially when resilience is low (Arrogante and Aparicio-Zaldivar, 2017). Burnout reduces the quality of ICU team communication, leading to lower quality of care (Galletta et al., 2016). In addition, staff rotation and absenteeism become significantly more common inflicting higher costs to health care organisations (Cartledge, 2001; Embriaco et al., 2007).

Besides the risk for burnout, stress and poor job satisfaction also contribute to increased turnover intention among ICU nurses. Factors associated with the intention to leave the ICU include high workload, stress-related health problems and night shifts (Cartledge, 2001; Courtenay et al., 2013; Embriaco et al., 2007; van Dam et al., 2013). The issues of burnout, absenteeism and turnover intention also have important socio-economic consequences as it threatens the availability of ICU nurses (Dessy, 2009; Embriaco et al., 2007).

The key issue in these challenges is job satisfaction. High levels of job satisfaction are associated with lower intention to leave, burnout, and absenteeism among health care staff (Castle et al., 2007; Gardulf et al., 2008). An increasing number of studies have also found associations between job satisfaction and patient outcomes in ICUs (Boev et al., 2015).

Job satisfaction is associated with nurse autonomy and the availability of sufficient technical skills to meet the required level of care (Cartledge, 2001; van Dam et al., 2013). Also, communication appears to have a link with job satisfaction among nurses (Gardulf et al., 2008; Hayes et al., 2010). This is not surprising, since internal communication influences the employees' performance, satisfaction and involvement, which in turn, are among the key success factors of an organisation (Hamilton,

1987). Contrary to what many think, everyone in the organisation actively participates to the continuous process of internal communication. Indeed, internal communication is more than informing or deploying resources to transmit messages. It includes all interaction in an organization where meaning arises (van Ravenstein and Reijnders, 2014). It remains, however, uncertain to which extent satisfaction about internal communication is related with the overall job satisfaction on one hand and burnout and turnover intention on the other hand. The objective of this study is to explore these particular relationships among ICU nurses.

Methods

Objective

The aim of this quantitative questionnaire study is to assess the relationship between communication and job satisfaction and their association with burnout and intention to leave among ICU nurses in Flemish hospitals.

Setting and participants

ICU nurses were invited to participate to a multicentre questionnaire study. Three Flemish hospitals took part: one university hospital and two general hospitals.

The main investigator contacted the heads of the nursing departments of the three hospitals. They informed the head nurses of the ICU departments and motivated them to support the study. The head nurses informed the ICU nurses by mail in January 2015. Questionnaires were distributed and completed between February 1, 2015 and March 15, 2015. Participation in the study was on voluntary basis (voluntary response sampling). The study on ICU nurses was part of a larger questionnaire survey among hospital nurses (Vermeir et al., 2017).

Ethical approval

The study was approved by the ethics committee at Ghent University Hospital (Central Ethics Committee, EC No. 2015/0052) and by the local ethics committees of the two other hospitals. All potential respondents were informed about this study through a newsletter.

Data collection

Data were collected through three instruments: the Communication Satisfaction Questionnaire (CSQ) (Downs and Hazen, 1977), the Turnover Intention Scale (from the Questionnaire for the Perception and Assessment of Labor (van Veldhoven and Meijman, 1994) and the Maslach Burnout Inventory (MBI) (Maslach et al., 1996). Job satisfaction was assessed by a visual analogue scale (VAS-scale) ranging from 0 (very poor) to 10 (excellent). A score of ≤ 5 was considered to reflect "dissatisfaction".

The CSQ consists of eight dimensions, each consisting of five items with Likert scale score of 1 (very dissatisfied) to 7 (very satisfied). Scores on the dimensions can range from 5 to 35. The eight dimensions included in the CSQ questionnaire are reported in Table 1 (Downs and Hazen, 1977).

The CSQ was submitted to a panel of experts consisting of nurse managers (n = 4), communication experts (n = 4), care managers (n = 6) and head nurses (n = 6), who adapted this questionnaire to the healthcare setting. The questionnaire was pilot-tested by 15 randomly selected nurses, resulting in minimal adjustments. The expert panel approved the final adaptations. This study was part of a larger study, in which an exploratory factor analysis

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