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Do hospital shift charge nurses from different cultures experience similar stress? An international cross sectional study

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ABSTRACT

Background: There is a need to improve understanding of role stress and how it affects nurses' wellbeing, burnout and health; and hence the quality and safety of patients' care, organizational outcomes and costs. The focus is on shift charge nurses in hospitals who are accountable during a specific shift for the patients' care and staff functioning in accordance with hospital and unit policy.
Objective: To compare perceptions of stress and its intensity among hospital shift charge nurses amongst three countries: Israel, USA (state of Ohio) and Thailand.
Design: A cross-sectional study was performed across three countries, focusing on a convenience sample of 2616 hospital shift charge nurses recruited from 23 general hospitals.
Methods: A validated shift Charge Nurse Stress Questionnaire was used to assess impacts of four factors: patient & family complaints, lack of resources, responsibility burden and professional conflict. Descriptive statistics were used to describe demographic and professional characteristics of the participants. Chi square and the Fisher Exact Test were performed to test for demographic differences amongst the three samples. Parametric and non-parametric tests were used to compare mean stress levels amongst the study samples.
Results: The mean stress level for the total sample was 2.84 (±0.71) on a Likert scale of 1–5, implying moderate stress levels. Significant differences in stress levels were found among countries, with Thai nurses scoring the highest and Israeli nurses the lowest. Similar perceptions of stress intensity were found for all countries, with the factors "responsibility burden" and "lack of resources" considered the most stressful. Israeli and American nurses perceived similar situations as stressful and different from those perceived by Thai nurses. The findings can be partially explained by demographic, professional and cultural differences.
Conclusions: Similarities along with differences were found in the nature and levels of stress experienced across the studied countries. A prerequisite educational program should be mandatory for nurses prior to their nomination as shift charge nurses. Programs should be tailored to address the stress experienced by shift charge nurses. Ongoing mentorship and workshops are recommended to develop and maintain leadership abilities to cope with role stress. Future research should explore internationally the unique nature and stress of the shift charge nurse's role and replicate this study by using the Charge Nurse Stress Questionnaire in other countries. Further international comparative studies are recommended to evaluate stress perceptions of nurses in other roles and in different practice areas.

What is already known about the topic?

- Shift charge nurses' stress affects their health, wellbeing and burnout; and can impact quality and safety of patient care, organizational outcomes and costs.
- The role of shift charge nurses is complex and crucial for effective management of wards/units in hospitals.
- Most studies of nurses' stress use standardized general stress instruments not tailored to specific nurses' roles and not always congruent with stress theories.

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What does this paper add

- An instrument to measure perceptions of specific stress situations typical to the role of hospital charge nurses was implemented in this study.
- The study revealed similarities and differences in the types and intensity of stresses among shift charge nurses, across three countries: Israel, USA and Thailand.
- Shift charge nurses in hospitals perceive managerial responsibility as the leading most stressful situations compared to clinical related stress situations.

1. Introduction

In light of the worldwide shortage of nurses, growing demand for high standards of safety and quality of care, and rising public expectations and economic constraints; it is important to examine stress in the nursing profession. A better understanding of work-related stress amongst nurses is an essential step in reducing the adverse consequences to patients, nurses and health care organizations (Adecco Group, 2013; Brown et al., 2013; Johansson et al., 2013).

Over the past three decades, awareness of the importance of reducing nurses' stress in the work place has increased. Researchers found that nurses' overload (i.e., nurse-to-patient ratio) impacts patients safety, quality of care, mortality and satisfaction (Aiken et al., 2012; Aiken et al., 2014). Many studies document the adverse effects of nurses' work-related stress on various aspects of their health and well-being; including emotional exhaustion, job dissatisfaction, burnout, tendency to leave the workplace, fatigue and sleep difficulties (Van Bogaert et al., 2014; Garrosa et al., 2011; Jones et al., 2015; Judkins, 2004; Lee and Cummings, 2008). The cost of stress to organizations is enormous in terms of absenteeism, medical care expenses and turnover (Atencio et al., 2003).

The literature includes multiple review articles and empirical studies (mostly cross-sectional), examining stress and related concepts among nurses in a variety of roles and occupational fields. However, the many theoretical and methodological problems in nursing stress research makes it difficult to compare studies and draw conclusions. Researchers use different conceptual theories of stress and some do not use any explicit theories. Frequently there is a lack of congruency between theory, concepts definition and instrument use. For example, stress can be conceptualized as a stimulus or demand (i.e. stressor), resource or lack of resource, response (i.e. stress reaction, distress) or as an interaction between a demand and a resource (Hayes et al., 2015; Jones et al., 2015; Kath et al., 2013; McVicar, 2003).

Lazarus and Folkman (1984) theory of stress was chosen as the theoretical framework for the current study. The assumptions underlying this theory are that stress is a subjective dynamic phenomenon related to a specific interaction between a person and his or her environment. In other words, people may perceive differently the same stressful situation, or even the same person can experience stress differently in similar situations. For example, a patient needs resuscitation during a nurse's shift. The stress experienced by the nurse depends on personal characteristics (e.g. coping abilities, knowledge and clinical experience), the environment (e.g. other team members, access to necessary equipment) and the nurse's subjective interpretation of the specific interaction.

Therefore, nurses' work stress must take into account the different practice areas and varying roles of nurses. Namely, a community health nurse is likely to be exposed to different situations than a nurse in a hospital emergency room, and staff nurses are likely to perceive situations differently than their nurse manager in the same practice area. Accordingly, in this study we chose to examine the phenomenon of work-related stress among shift charge nurses in hospitals, by using a stress tool tailored specifically for this nurse population (Admi and Moshe-Eilon, 2010; Admi et al., 2015).

1.1. The role of a shift charge nurse

Ambiguity and lack of explicit definitions characterize the field of managerial nursing roles at the unit level internationally. The same terms are used for different roles, similar roles are given different titles, and terms are frequently used interchangeably with no universal consistency or standardization (Table 1). The tendency is to confuse the roles at the unit/ward level between the unit manager, the shift charge nurse and the clinical staff nurse. They are all considered front line roles with different degrees of authority and responsibilities. Whereas the unit nurse manager is accountable for all patient care and nursing staff on the unit over 24 h, the shift charge nurse is accountable only for a particular shift. The nurse manager has the responsibility to translate the

Table 1
Titles frequently used for front line managerial nursing roles in hospitals.

Level	Role Title	Country	Reference
Department/	Head nurse	US	Falex Medical dictionary, 2012
Ward/	Nurse manager	Canada	Brown et al., 2013
Unit		US	Kath et al., 2012
	Nurse unit manager	Belgium	Van Bogaert et al., 2014
		Ghana	Adatara et al., 2016
	Front line nurse leader	US	Schwarzkopf et al., 2012
	Front line nurse manager	Canada	Lee and Cummings, 2008
	First line nurse manager	Sweden	Johansson et al., 2013
	Ward sister	UK	Royal College of Nursing, 2009
	Charge nurse	UK	Royal College of Nursing, 2009
	Ward manager	UK	Pegram et al., 2014
	Clinical nurse manager	UK	Gould et al., 2001
	Assistant nurse manager	US	Schwarzkopf et al., 2012
Evening/night	Shift charge nurse	US	Krugman and Smith, 2003
Shifts		Israel	Admi and Moshe-Eilon., 2010
		Thailand	Admi et al., 2015
		Finland, Greece	Lundgrén-Laine et al., 2013
	Team leader	Australia	Williams et al., 2009
	Shift leader	Israel	Goldblatt et al., 2008
		Finland, Greece	Lundgrén-Laine et al., 2013