

The work setting of diabetes nursing specialists in the Netherlands: A questionnaire survey

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Abstract

Aim: The aim of this study is to explore whether the work organisation of diabetes specialist nurses (DSNs) differs significantly from nurses working in hospital and nursing home and if so, does this difference result in positive or negative consequences regarding work and health.

Background: In traditional health care settings, nurses exhibit a high level of environmental uncertainty and low decision-making authority, which has a negative effect on psychological reactions towards work. In professional nursing, specialisation, e.g. diabetic nursing, is a current trend in many countries. Therefore, insight into the determinants of the work situation of nursing specialists is becoming increasingly relevant.

Methods: Comparisons were made between 3 different samples: 1204 nurses employed by 15 hospitals, 1058 nurses employed by 14 nursing homes, and 350 diabetes nurses working in other health care settings throughout the Netherlands. Data concerning organisation, work aspects, and psychological reactions were measured via questionnaires. Variances between the groups were analysed with ANCOVA, besides hierarchical multiple regression analysis was applied.

Findings: Environmental uncertainty scored lower amongst diabetes nurses when compared to nurses working in the other two types of health care settings. Social support and role conflict scored low for diabetes nursing specialists who simultaneously perceived autonomy and role ambiguity highest. Diabetes nursing specialists also scored highest on intrinsic work motivation and job satisfaction and lowest for psychosomatic health.

Conclusion: Except for social support and role ambiguity, diabetic nurses rate their [work] organisation, [work] aspects and psychological [work] reactions more positively than nurses employed in other health care settings.

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Keywords: Diabetes nurse; Work organisation; Work pressure; Emotional exhaustion

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What is already known about the topic?

- The work organisation of nurses employed in hospitals differs from nurses employed in nursing homes, more specifically, environmental uncertainty.

- Relations between work organisation, aspects, and psychological attitude are for the most part in line with the Job Demand Control model regardless of the type of health care setting.

What this paper adds

- Diabetes specialist nurses rate their [work] organisation, [work] aspects and psychological [work] reactions more positively than nurses employed in other health care settings.
- The transition of work tasks and a high specialisation of nurses have a positive influence on the psychological reactions when compared to those nurses employed in more traditional health care settings.
- In the diabetes specialist nurses' workplace, there was no significant relation between environmental uncertainty and psychological reactions.

1. Introduction

Throughout the past 10 years, the diabetes specialist nurse (DSN) has developed into an indispensable professional, administering complex care to patients with diabetic. This nursing specialisation evolved as an answer to staff shortages in charge of providing care as well as to the necessity for improvement of the quality of care. Nowadays, the transfer of tasks between doctors and nurses and substitution of doctors by nursing specialists are well accepted in the care for patients with chronic diseases such as diabetes mellitus (Vrijhoef et al., 2001).

In the Netherlands the work tasks performed by the DSN can be summarised as follows: direct patient care (medical history, physical examination, interpretation of laboratory results, recording findings, and prevention of complications); co-ordination and organisation of care (identification of shortcomings, referral to and communicating with other health care-providers) and the advancement of expertise (educating patients, other health care-providers and the nurses themselves). Compared to general nurses, DSNs have one of the highest qualification levels for nursing care and are accepted nursing specialists who are focused on diabetes care and who possess distinctive skills in this area of practice (Vrijhoef et al., 2002).

In the Netherlands (Vrijhoef et al., 2002), USA (Valentine et al., 2003), the UK (Winocour et al., 2002), and New Zealand (Kenealy et al., 2004) the role of the DSN increases while they enhance their position within the diabetes team (Sigurdardóttir, 1999).

According to the DSN job profile, one can expect that the work setting of the DSN differ significantly, when compared with nurses working in a hospital or nursing home. Since the work organisation is of great importance to psychological attitude, it is relevant to explore what the differences in work organisation are and whether these differences result in

positive or negative outcomes, directly or mediated through work aspects on psychological work reactions.

2. Theoretical perspectives on organisations, work, and psychological work reactions

In this study, two theoretical perspectives are utilized for the selection of work organisation, work aspects, and psychological reactions, namely, the contingency approach of organisations (Child, 1977; Galbraith, 1977; Lawrence and Lorsch, 1967), and the Demand-Control-Support (DCS) model (Johnson and Hall, 1988; Karasek, 1979; Karasek and Theorell, 1990).

According to the contingency approach, design decisions depend on environmental conditions. In addition, organisational effectiveness is achieved by organisations whose structural characteristics, i.e. centralisation, formalisation, and standardisation (Child, 1977; Gutek, 1990; Pennings, 1998) best match the demands of the environment or context, i.e. environmental uncertainty (Fry and Slocum, 1984; Pennings, 1998; Perrow, 1970; Rundall and Hetherington, 1988).

The DCS model (Johnson and Hall, 1988; Karasek et al., 1981; Karasek and Theorell, 1990) is an extension of Karasek's Job Demand-Control (JD-C) model (Karasek, 1979). Both the JD-C and the DCS models are aimed at generating a more profound insight into psychosocial risk factors at work (Karasek, 1979). Following Tummers et al. (2002), role stressors, i.e. role conflict and role ambiguity, were added to the framework. Since these stressors may cause job dissatisfaction and feelings of job-related strain (Tummers et al., 2002). The relation between these theoretic perspectives was investigated in previous research (Tummers et al., 2006).

2.1. Organisational characteristics

Both structural (e.g. decision authority) and environmental characteristics (e.g. complexity and environmental uncertainty) can be used to represent the work organisation in nursing.

Complexity of care refers to such patient characteristics as changes in a patient's health and environmental characteristics. The patient mix on a unit encompasses the composition with regards to the specialities and patient diversity. Diversity implies that the differences amongst patients' are caused by the type of disease and the level of health problems. Diabetes management is characterised by its complex nature and the complex health care needs of the patients with diabetic (El Fakiri et al., 2003). Aside from the health status of patients with type 2 diabetes, it is even more complex with 60% of patients suffering from co-morbidity (Charman, 2000). Whether or not this complex health status leads to a complex work organisation is unknown.

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