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Original Article

Factors influencing the occupational well-being of experienced nurses

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ABSTRACT

Objectives: To determine the factors influencing the occupational well-being of experienced nurses.

Methods: We interviewed eight experienced nurses using an exploratory, semi-structured interview.

Results: The interviews revealed five themes that influenced occupational well-being in experienced nurses: (1) external occupational recognition; (2) internal career expectation and occupational value; (3) work environment; (4) family support; and (5) occupational planning and payment. When the nurses were not recognized by patients or clients, their family, colleague and leaders, their well-being was negatively impacted. However, the harmonious work environments and friendly interpersonal relationships positively impacted their well-being.

Conclusion: By identifying the factors that contribute to a nurse's occupational well-being, the nursing management is better able to address the nurse's needs to maintain a positive well-being. This in turn will decrease the burnout and increase retention of experienced nurses, which will raise the quality of patient care.

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1. Introduction

Since the advent of positive psychology, the well-being of a person has been frequently studied. The well-being of nurses has become a point of interest due to many nurses feeling stressed and burnout by their work. This has led to a nursing shortage and high job turnover. Occupational well-being is affected by several factors, including job satisfaction, motivation, self efficacy, achievement, deindividuation, physical and

psychological fatigue, environment, and organization identification [1–6]. When these factors are negatively affected, nurses frequently resign from their positions at hospitals [4,5,7]. A high prevalence of occupational burnout and job turnover exists in the nursing field and has had a serious impact on the quality of patient care [4,8–10]. It has been strongly suggested that improving staff well-being could enhance the patient experience [11]. Although measures have been taken to reduce job burnout of nurses, shortage and turnover of nurses were still the hard issue in many hospitals [2,12,13].

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Due to the low level of occupational well-being in nurses, we are interested in understanding what factors contribute to well-being in Chinese nurses, particularly in experienced nurses. Experienced nurses are the backbone of the entire nursing team at a hospital. Currently, limited information about occupational well-being of experienced nurses is known. By understanding how to improve the occupational well-being in experienced nurses, the quality of patient care could increase and job turnover could decrease.

2. Methods

2.1. Design

Individual interviews were conducted during the spring of 2013. The interviews were exploratory and semi-structured.

2.2. Participants

Eight nurses were selected from General Hospital of Tianjin Medical University, an academic teaching hospital in northern China. The nurses were from several departments including respiratory medicine, general surgery, nursing, cardiac, emergency, and endocrine. To be included in this study, nurses were required to have more than 10 years of work experience in a primary professional position, or more than 5 years of work experience in a medium or senior professional position. Participant demographics are shown in [Table 1](#).

2.3. Procedures

All nurses were verbally informed prior to the interview that it was voluntary and confidential. Participants chose the time and place for the interview in order to make them feel comfortable. Immediately before the interview, each participant signed a written informed consent form. Each interview lasted between 20 min and 40 min. Approval to participate in the study was granted by the Tianjin University research ethics committee and the appropriate department and nursing ward managers.

Table 1 – Participant demographics (n = 8)

| Items | Classifications | n |
|--------------------------|-----------------|---|
| Gender | Female | 8 |
| Age (years) | 31–35 | 3 |
| | 36–40 | 1 |
| | >40 | 4 |
| Working years in nursing | 5–9 | 2 |
| | 10–14 | 2 |
| | 15–19 | 1 |
| | >20 | 3 |
| | | |
| Educational level | College degree | 2 |
| | Bachelor degree | 3 |
| | Graduate degree | 3 |
| Marriage status | Married | 8 |
| Professional title | Primary | 2 |
| | Medium | 5 |
| | Senior | 1 |

2.4. Data collection

Interviews were audio recorded. ZHAO also recorded pauses, tone, facial expression, and gestures during the interview. The list of questions asked in each interview is outlined in [Table 2](#). Interviews were conducted until data saturation (i.e. when no more new themes emerged from the interviews). Interviews were conducted in Mandarin and translated to English by ZHAO and CHEN.

2.5. Data analysis

ZHAO transcribed audio records verbatim within 24 h after the interview. The transcribed materials were checked for accuracy by each participant via e-mail. Using the Giorgi method with both manifest and latent analyses, the materials were read and reread to capture the essence of the text as a whole and identify the most prominent features (meaning units). The meaning units were sorted into categories. After finding patterns in the similarities and differences, subthemes emerged. Themes consolidated the subthemes with similar meanings. The interpretation of the interviews content and themes were reached by consensus.

3. Results

In this study eight female nurses from seven departments were interviewed on their occupational well-being. None of the participants were aware of this term before the interview. All of the participants were invested in their work and wanted to receive personal satisfaction through nursing. After analysis, the following five themes that affected their occupational well-being emerged: (1) external occupational recognition; (2) internal career expectation and occupational value; (3) work environment; (4) family support; and (5) occupational planning and payment.

3.1. External occupational recognition

“External occupational recognition represents recognition from other people except for nurse self. “Occupational recognition” was the most frequently used phrase from the transcribed interviews. The nurses felt satisfaction and happiness from their jobs when they received praise from family members, colleague, leaders, and especially patients. Likewise, when the nurses received disapproval from others, they were disappointed and discouraged. These short-term positive and negative feelings have a large impact on the nurse's long-term attitude towards their work. Hence, more recognition build a positive circle for occupational well-being, and more disapproval nurture a negative circle for job burnout. Some nurses stated that their job satisfaction has been hindered by the lack of respect they feel from their culture.

F1: I feel gladness from my heart when patients applaud me for my work effort and thank me for what I have done for him. How could I not be happy when I am recognized like that!

F7: They [the public] could understand that nursing work also has some hardships. Recognition, not only from patients, but also

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