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Role clarity and role conflict among Swedish diabetes specialist nurses☆

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ABSTRACT

Aim: To explore diabetes specialist nurses (DSNs)' perceptions of their role in terms of clarity, conflict and other psychosocial work aspects.
Methods: A cross-sectional study was conducted among DSNs in a county in northern Sweden. The DSNs answered the Nordic Questionnaire of Psychological and Social Factors at Work (QPS Nordic) about psychosocial aspects of their work. Statistical analysis compared DSNs with a reference group of different health professionals. Correlations between role clarity, role conflict, and other variables were analysed.
Results: The DSNs perceived more, and higher, job demands, including quantitative, decision-making and learning demands, but also more positive challenges at work compared with the reference group. Role clarity correlated with experiences of health promotion, perception of mastery, co-worker support, and empowering leadership, while role conflict correlated with quantitative and learning demands.
Conclusions: The DSNs perceived high demands but also positive challenges in their work. Their role expectations correlated with several psychosocial work aspects. It is important that DSNs should be presented with positive challenges as meaningful incentives for further role development and enhanced mastery of their work.

1. Introduction

The diabetes specialist nurse (DSN) in primary care has an important role in providing self-management support and diabetes education to patients and their families. Swedish DSNs are registered nurses whose duties are consistent with international, national and regional guidelines for diabetes care [1–4]. In some countries, DSNs have the authority to prescribe medication for patients with diabetes [5]. In Swedish primary health care, DSNs are often educated as primary health care nurses (PHNs) and as such are entitled to prescribe devices such as insulin pens and recommend insulin dose adjustments, but none are independent prescribers of diabetes medications [6,7]. Diabetes specialist nurses have become more specialised and autonomous in some countries; for example, there are diabetes nurse consultants in the UK [8] and certificated diabetes educators in the USA [9]. In the Netherlands, DSNs run diabetes clinics [10].

The various roles expected of DSNs, on their own and in collaboration with others, have been described in a study from the UK as educator, interpreter, monitor, modulator,

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and referrer roles [11]. In a previous Swedish study [12], we described the DSN as expert, fosterer, executor, leader, and role model. A 'role' is the sum of norms related to a specific task or position. In health care, when role expectations are consistent with a particular performance or outcome, health care professionals (HCPs) will be evaluated positively by patients, colleagues and themselves. Consequently, clarifying role expectations has been argued to prepare HCPs for professional development [13]. The roles and priorities of clinical specialist nurses vary and shift depending on work tasks and patients' various health needs, and such shifting in clinical priorities can result in lack of role clarity [14]. Role clarity requires not only a job description and clear goals, but also an understanding of what to deliver, how to prioritise, and what is expected of a professional in that role. Health care professionals who lack role clarity are unlikely to be fully productive and effective [14]. Role conflict (or role ambiguity) can co-occur with lack of role clarity when different role demands are in opposition [15]. Role ambiguity due to lack of clarity may decrease job satisfaction and negatively influence patient care. A study from the Netherlands [16] found higher job satisfaction, higher autonomy, and higher role ambiguity among DSNs than among general nurses. Job satisfaction, an overall positive attitude of HCPs towards their work [17], has been argued to positively influence HCPs' quality of care [18].

Diabetes specialist nurses in primary health care are vital in supporting patients to self-manage their disease. Little research has been conducted on role expectations and psychosocial aspects of DSNs' work. The aim of this study was to explore diabetes specialist nurses' perceptions of their role in terms of clarity, conflict, and other psychosocial work aspects.

2. Methods

2.1. Design and sampling

We conducted a cross-sectional descriptive study in a county in northern Sweden during 2010. The inclusion criteria for this study were being a DSN and being responsible for a diabetes specialist clinic at a primary health care centre (PHC). Study information was mailed to managers of all PHCs ($n = 32$) in the county, who were asked to submit names of PHNs and DSNs employed. Information, an informed consent form, a questionnaire, and a business reply envelope were sent to 231 PHNs, 45 of whom were also DSNs. Two reminders followed the first dispatch. The inclusion and exclusion process is shown in Fig. 1.

2.2. Participants

Of 45 DSNs invited, 31 (69%) agreed to participate. Diabetes specialist nurses in Sweden normally combine their duties with other PHN duties, such as telephone counselling, home care and clinical nursing at the PHC. The time the participating DSNs spend on DSNs work range from 20 to 100% of their total working time. A description of the participants is presented in Table 1. A group of various Swedish HCPs ($n = 102$) who had previously answered the Nordic Questionnaire of Psychological and Social Factors at Work (QPS Nordic) [19] were included as a reference group for comparison with the study sample.

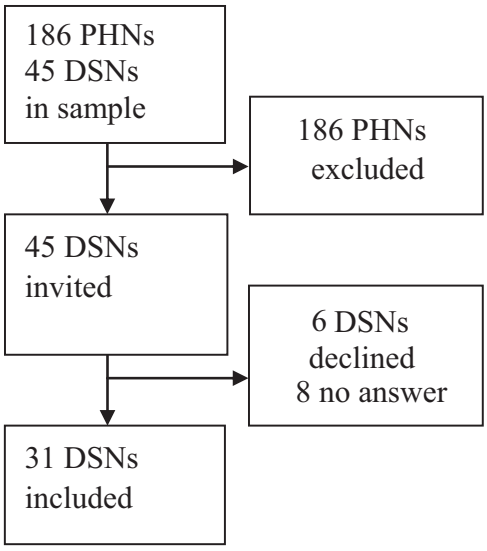

Fig. 1 – Flow chart of participant recruitment and enrolment. DSN = diabetes specialist nurse; PHN = primary health care nurse.

2.3. Measures

2.3.1. Descriptive data

Descriptive data were collected on gender, age, education, employment, working hours, work experience, and experience of health promotion.

2.3.2. Nordic Questionnaire of psychological and social factors at work

The QPS Nordic was developed in 1999 to assess various aspects of the work environment [19,20]. It was inspired by various theories of organisational behaviour, work motivation,

Table 1 – Descriptive data on participating diabetes specialist nurses (DSNs) ($n = 31$).

	n (%)	Mean (SD)
Women	30 (96.8)	
Age (years)		53.3 (8.71)
Education		
University/college degree	26 (83.9)	
Higher university degree	5 (16.1)	
Employment		
Permanent	30 (96.8)	
Temporary	1 (3.2)	
Working time/week (h)		
11–30	5 (16.2)	
31–40	26 (83.8)	
Work experience (years)		
Current workplace		16.0 (12.91)
Diabetes care		13.0 (7.43)
Health promotion		18.8 (9.71)

SD = standard deviation.