



ELSEVIER

Contents lists available at ScienceDirect

Mental Health & Prevention

journal homepage: www.elsevier.com/locate/mhp

Healthy aging at work – Development of a preventive group intervention to promote quality of life of nursing staff aged 45 years and older

I. Maatouk^{a,*}, A. Mueller^b, R. Schmook^b, P. Angerer^b, K. Herbst^a, A. Cranz^a, E. Voss^d, H.J. Salize^d, M. Gantner^c, W. Herzog^a, Harald Gündel^c

^a Department of General Internal and Psychosomatic Medicine, University of Heidelberg, Germany

^b Institute for Occupational Medicine and Social Medicine, Medical Faculty, University of Düsseldorf, Germany

^c Department of Psychosomatic Medicine and Psychotherapy, University of Ulm, Germany

^d Mental Health Services Research Unit, Central Institute of Mental Health, Mannheim, Germany

ARTICLE INFO

Article history:

Received 13 November 2015

Received in revised form

11 January 2016

Accepted 19 January 2016

Available online 26 January 2016

Keywords:

Prevention

Stress prevention

Older workers

Qualitative research methods

SOC

ABSTRACT

Background: Demographic change is challenging health care. In Europe, shortfalls in nursing numbers already exist due to low retention rates. The development of prevention programs addressing nursing staff aged 45 and older and aiming to enable older nursing staff to remain healthy until retirement age is needed.

Objective: The development and evaluation of a complex prevention program for the target group of nursing staff aged 45 and older incorporating key elements of occupational health interventions.

Methods: We focused on nursing staff aged 45 and older and used a framework that is proposed by the Medical Research Council (MRC) for the design and evaluation of complex interventions. Prior to the definitive RCT regarding effectiveness, we aimed to explore the main sources of workplace distress and possible prevention. Additionally, a qualitative study with nursing managers and the ward management and experiences of a pilot study informed about barriers and enablers of the intervention implementation. **Results:** In this article, we provide a detailed description of the developmental process and the final intervention manual that will be evaluated in a RCT.

Conclusion: A complex intervention program can be implemented for nursing staff aged 45, reach the targeted population, and gains high acceptance. Further research on feasibility and effectiveness is indicated.

© 2016 Elsevier GmbH. All rights reserved.

1. Introduction

In most European countries, shortfalls in nursing numbers already exist due to low retention rates. However, demographic change has led to profound consequences for health care. According to current projections the number of long-term care patients in Germany may increase from currently 2.25 million to 2.9 to 3.3 million patients by the year 2030. Over the last years, working conditions have changed (e.g. increased need for care, patients with multimorbidity, time pressure, and documentation obligations) leading to an increase of work strain, work related stress, and job dissatisfaction (Isfort et al., 2010). Job dissatisfaction is a strong predictor for the intent to leave nursing (Coomber & Barriball, 2007). According to statistics by the German Federal

* Correspondence to: Department of General Internal and Psychosomatic Medicine, University of Heidelberg Medical Hospital, Thibautstrasse 2, 69115 Heidelberg, Germany.

E-mail address: imad.maatouk@med.uni-heidelberg.de (I. Maatouk).

<http://dx.doi.org/10.1016/j.mhp.2016.01.002>

2212-6570/© 2016 Elsevier GmbH. All rights reserved.

Statistical Office, these changes will entail a shortage of more than 112,000 full time nursing staff within the next 10 years (Afentakis & Maier, 2010). Hence, to cope with these problems, there is a need to develop prevention programs addressing nursing staff aged 45 and older and aiming to enable older nursing staff to remain healthy until retirement age. There is strong evidence that nurses in Germany that are 45 years and older report meaningfully reduced physical and psychological capabilities to perform their job (Camerino et al., 2006). Thus, nurses at this age seem to be highly sensitive to age-related changes and an exemplary professional group to address questions prevention programs that aim to improve healthy aging at work.

In the last decades the effectiveness of general preventive strategies for dealing with work related stress has been examined in randomized controlled designs. Most strategies, such as cognitive-behavioral or relaxation techniques, focus on individual coping. In addition, organizational interventions focus on the development of the individuals' working environment (Richardson & Rothstein, 2008). However, to our knowledge, only few studies

have focused on the special needs nursing staff aged 45 and older have and the challenges they face.

Müller et al. introduced one of the most prominent models of successful ageing: selection, optimization, and compensation (SOC) (Baltes & Baltes, 1990) in nursing. As a model of long-term individual life management, (S) selection involves the prioritization of goals or activities to maintain or improve abilities, with (O) optimization strategies helping to identify and utilize resources in a goal-directed manner and compensation, similarly, involving the modification of activities or the use of adaptive aids with the aim of minimizing the impact of depleted goal-related means (Baltes & Baltes, 1990). In general, the SOC model proposes that individuals manage potential age-related losses in resources more efficiently by virtue of those three interrelated action strategies, i.e. focussing on fewer, but important goals, pursue these goals in an optimized manner, and, in doing so flexibly apply adequate compensatory means to address goal-relevant barriers (Baltes, 1997). In a large cross-sectional study, researchers have shown a significant association between the use of SOC-strategies and high work ability of nurses (Muller, Weigl, Heiden, Glaser, & Angerer, 2012; Müller et al., 2013). Thus, SOC strategies in nursing seem to be associated with criteria of successful aging at work (Zacher & Frese, 2011). Against this background, Müller et al. developed a training program on the basis of the SOC theory with the aim of enabling nurses to develop more effective work-related stress coping strategies as well as changing working conditions in a personal SOC-project. However, the considerable number of participants who discontinuing the program because of overburdening personal projects, which were difficult to implement, proved to be a critical issue of this SOC-training program (Müller, Heiden, Herbig, Poppe, & Angerer, 2015). The authors concluded, that future SOC-trainings should also entail other established components of occupational health interventions (e.g. relaxation techniques) to enable more flexible stress management that better fits the specific needs of participants.

Therefore, our aim was to develop and to evaluate a complex prevention program combining key elements of occupational health interventions guided by theory and evidence. In the present paper, we aim to describe the development process of a complex occupational health intervention for nursing staff aged 45 and older. The intervention's focus lies on enabling nurses to remain healthy until retirement age. A framework proposed by the Medical Research Council (MRC) for the design and evaluation of complex interventions (Campbell et al., 2000) was used for the development.

2. Material and methods

First, we adopted the theory and modeling phase recommended by the U.K. Medical Research Council (MRC) for the investigation of complex interventions (see Fig. 1).

After a literature review (Phase 0), we developed an interview questionnaire and implemented a needs assessment to gain an inside view of the problems and difficulties encountered by older nursing staff (Phase 1). Based on theory as well as our experience from interviews on causes for increasing stress levels in nursing, we developed a small group prevention program for older employees in nursing (Phase 2). In a next step, we ran a pilot group to gain practical knowledge of our intervention (Phase 3). The process and results of the development are described below.

2.1. Phase 0, theory: research of literature, existing programs, and topics

First, in order to identify the main difficulties of aging and work ability in hospital nursing, we conducted a literature review concerning job stress components, changes in nursing environments, increasing job requirements and useful theories of aging. Research on workplace stressors in nursing is extensive. In a comprehensive review, McVicar identified six main sources of workplace distress in nursing (McVicar, 2003): (1) high workload with insufficient staff cover and time pressure, (2) poor staff relationships (3) poor leadership and management style including the lack of supervisory support, (4) occupational nursing requirements including coping with emotional needs of patients and their families and poor patient outcomes, including death, (6) shift work considered to be a risk factor for many health-related problems, such as diabetes (Gan et al., 2014), and finally (6) a lack of effort reward, such as adequate income, possibilities for personal development, recognition and respect within a hierarchical system (Hasselhorn, Tackenberg, & Peter, 2004). Accordingly, these factors result in an ample amount of difficult work-life experiences over time.

Second, we compared different existing stress prevention strategies reported to have had an empirically measurable impact on mental and physical health. During research, we aimed at answering the following questions: (1) is there evidence for the effectiveness of stress prevention at work place? Which interventions are already known to be effective in stress prevention? (2) Are there specific interventions for healthcare workers? Which concept seems to be useful in the healthcare sector? (3) Is there evidence regarding interventions in older workers?

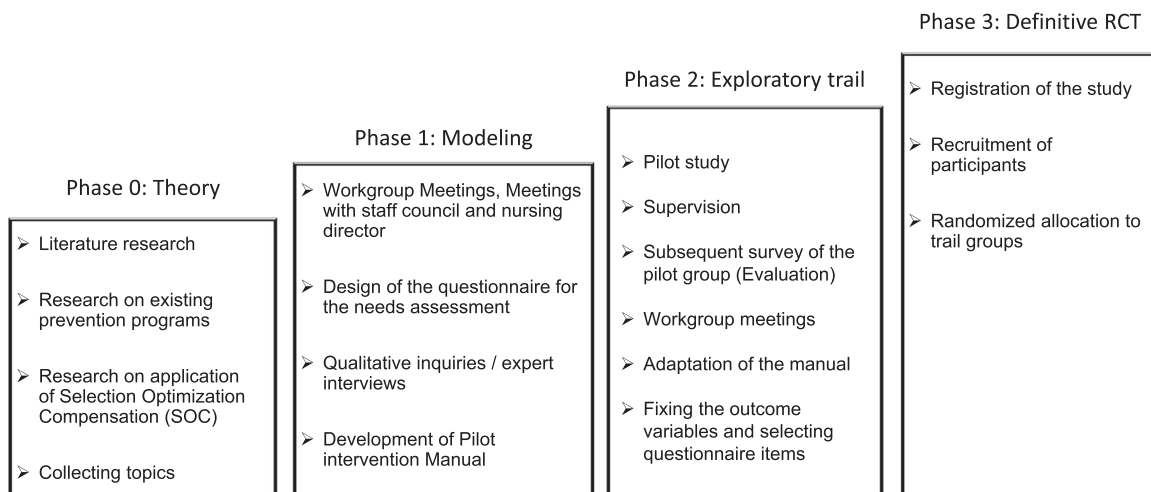


Fig. 1. Phases of intervention and study development corresponding to the framework proposed by the medical research council (MRC).

Download English Version:

<https://daneshyari.com/en/article/330162>

Download Persian Version:

<https://daneshyari.com/article/330162>

[Daneshyari.com](https://daneshyari.com)