



Family nursing hospital training and the outcome on job demands, control and support



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SUMMARY

The purpose of this study was to evaluate the impact of a family systems nursing hospital training educational program (ETI program) on nurses' and midwives' perception of job demands, control, and/or support. Of the nurses and midwives who were working in the Women's and Children's Services Division at The National University Hospital in Iceland, 479 participated in the study on three time periods from 2009 to 2011. Scores for the characteristics of job demands and job control were created to categorize participants into four job types (Karasek and Theorell, 1990). These four job types are *high strain* (high demand, low control), *passive* (low demand, low control), *low strain* (low demand, high control), and *active* (high demand, high control). However, when the data were evaluated based on the proportion of job characteristics as reported by the nurses and the midwives, no significant difference was found over time (2009 to 2011) ($\chi^2 = 5.203, p = .518$). However, based on the results from the independent *t*-tests at time 1, a significant difference was found amongst the *high strain* job group regarding perceived support from administrators and colleagues among the nurses and midwives who had taken the ETI program compared to those who had not taken the program ($\chi^2 = 2.218, p = .034$). This indicates that the health care professionals who characterized their job to be of high demand but with low control evaluated the support from their administrators and colleagues to be significantly higher if they had taken the ETI program than did the nurses and midwives who did not take the ETI program. These findings are promising because they might, in the long run, increase the nurses' and midwives' autonomy and control over their own work.

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Introduction

Nurses are expected in today's health care settings to offer families support, education, and/or facilitating, when needed, a change in health behavior. Such complex health care services require nurses in clinical settings to sustain their knowledge in family nursing and to maintain a certain level of confidence in clinical practice when offering families health care services. In addition, more evidence than ever is now available on the importance of involving families in health care services when caring for patients with chronic or acute illnesses (Moules et al., 2012; Svavarsdóttir and Sigurdardóttir, 2013). Nurses and midwives practicing in health care settings, therefore, need to be up to date in family-centered care, by enhancing their knowledge on research evidence and by knowing how to apply research findings regarding family care into their clinical practice. It is therefore vital for nurses to receive continuing education in family systems nursing in order to be able to offer evidence-based

practice to families in a clinical setting. Nevertheless, too little is known about how nurses are educated about families in hospital settings. No study was found that evaluated how family nursing continuing education programs in a hospital setting might impact nurses' job satisfaction or their experiences of job demands, control, and/or support at their workplace.

Background

The job demand, control, and support model

Within the nursing profession, several factors that contribute to job satisfaction have been reported in the literature, such as the nurses' autonomy, nurse-physician collaboration, reduced job stress, and decreased workload (Aiken et al., 2013; Finn, 2001; Gunnarsdóttir et al., 2009; Mrayyan, 2004; Sveinsdóttir and Blöndal, 2014; Utriainen and Kyngas, 2009; Zangaro and Soeken, 2007). In the job demand/control model, which was originally developed by Karasek (1979), job strains or demands are defined as a workload and time pressure, and job control is defined as the workers' autonomy to make decisions where the employees' skills are applied over their tasks. Support at work was

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later added to the model as a dimension that could buffer the effect of high strain and low control on stress-related illness (Johnson and Hall, 1988; Theorell et al., 1988). Research on nurses' working environment is increasingly based on the Demand–Control–Support (DCS) model where, according to Karasek and Theorell (1990), the combination of job demands and job control defines four types of jobs: *high strain* (high demand, low control), *passive* (low demand, low control), *low strain* (low demand, high control), and *active* (high demand, high control). The DCS model has been related to important concepts, such as clinical autonomy (e.g., decision latitude), job demands, and support in the work environment (Chiu et al., 2013; Chungkham et al., 2013; Griep et al., 2009; Hochwälder, 2007; Hökerberg et al., 2010; Sundin et al., 2007). Furthermore, the authors of the DCS model have proposed that having decision latitude such as autonomy over work processes will reduce a worker's stress and increase learning. When high job control occurs in combination with high job demands that are not overwhelming, learning and development are the predicted behavioral outcomes (Karasek and Theorell, 1990).

Job satisfaction and continuing nursing educational training within hospital settings

Since health care services are becoming more complicated, the relationship between nurses' education, continuing education courses offered in hospital settings, and healthy work environments has received increased attention. Thus, the health care services now offered to oftentimes sicker patients and their families need to be professional, evidence based, and up to date. Kramer et al. (2011) found, in a study of 12,233 experienced nurses from 717 clinical units at 34 Magnet hospitals, that the clinical practice at these units was skewed towards being excellent. Most of the nurses with a BSc in nursing worked on units that were considered to have very healthy or healthy work environments. What identified the units and supported the development and maintenance of healthy work environment was that the units had visionary leaders who emphasized empowerment and collaboration (Kramer et al., 2011).

Enhancing nursing professionalism has been recommended as a common strategy to improve nurses' job retention across different health care systems. Career advancement programs have been found to enhance professional development and to heighten nurses' motivation in their work. In a study among 541 nurses at four hospitals in Norway, internal motivational factors were found to be the most important reasons for joining a career advancement program Bjørk et al. (2007). Additionally, Hwang et al. (2009) found professionalism to be positively related to job satisfaction and recommended enhancing nursing professionalism as a common strategy to improve nurse's job retention (Hwang et al., 2009).

Fostering confidence in applying family systems nursing into clinical practices among nurses practicing within hospitals settings might increase professionalism and enhance nurses' job maintenance and satisfaction. Nevertheless, no study was found that evaluated the impact of a continuing education course, within a hospital setting, focusing on family systems nursing on nurses' perception of job demands, control, and/or support at their workplace. The main focus of family systems nursing models, such as the Calgary family assessment and intervention models (Wright and Leahey, 2013), are to assess structural, developmental, and functional categories of family life. In the Calgary family intervention model, the main emphasis is on maintaining and/or facilitating change in family functioning through family nursing interventions. Based on the review of the literature and the DCS model that guided the study (Karasek, 1979), the following research questions were asked: (a) What are the demographic characteristics of the nurses and the midwives in the Women's and Children's Services Division at Landspítali—the National University Hospital (LUH) in 2009–2011? (b) Is there a significant difference in perception depending on job types according to the DCS model (*high strain*, *passive*, *low strain*, *active*)

in the years 2009–2011 by the nurses and midwives in the Women's and Children's Services Division at LUH? (c) Is there a significant difference in perception of administrative support by the nurses and midwives in the Women's and Children's Division at LUH by the DCS model's four job types (*high strain*, *passive*, *low strain*, *active*), based on whether or not these health care professionals had taken the ETI program at time 1?

Methods

Design and sample

A longitudinal quasi-experimental research design was used. At time 1 (T1), 162 participated in the study. Twelve months later, at time 2 (T2), 161 participated, and twenty-four months later, at time 3 (T3), 156 participated. The total response rate was around 75% at all three time periods ($N = 479$).

Data collection

Data were collected from years 2009 to 2011 at three time periods. The eligibility criteria for participation were being a registered nurse and/or a midwife who was employed at LUH in the Women's and Children's Services Division at the time of the study and being able to read and write Icelandic. Both web and paper surveys were used; an informed consent letter was sent through the staff e-mail system with the link to the web survey. The follow-up reminders were sent twice by e-mail.

Family systems nursing course—ETI program

Family systems nursing (FSN) education and training intervention program (ETI program) was developed by a family nursing steering committee at LUH. The main focus was to increase the nurses' knowledge and skills in FSN. The FSN implementation team in the Women's and Children's Services Division was trained to participate in the program and to sustain it. All the teachers were clinical nurse specialists and advanced nurses with an MSc degree in nursing who had taken a graduate course in FSN.

The nurses and midwives in the Women's and Children's Services Division participated in the ETI program, which consists of lectures and clinical training in applying FSN in practice by participating in skills lab training and workshops. The ETI program included, first, a 1-day seminar on the Calgary family nursing assessment and the intervention models (Wright and Leahey, 2013). Second, family skills lab training and workshops where the main focus was on offering short-term family nursing interventions, e.g., conducting family trees or genograms, and an ecomap mapping relationships among family members, friends, schools, and society, as well as training the nurses and midwives in offering therapeutic questions, drawing forward family strengths, and offering commendations. In the clinical lab sessions, the participants practiced FSN skills on each other and discussed clinical cases regarding their patients.

Measures

The Swedish *Demand–Control Support Questionnaire (DCSQ)* was based on the Demand Control Support model by Karasek and Theorell and is a 17-item questionnaire, with three subscales: psychological demand (five items), decision latitude (six items), and social support (six items). For the demand and control subscale, the respondents chose among four options (1–4): “often, sometimes, seldom, or never”; for the social support subscale, the choices were “completely true, true to some extent, slightly untrue, and completely untrue.” Subscale scores equal the sum of the scores of the relevant items. The scores are reverse scored for the items in psychological demand subscale item number 4,

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