

Background characteristics and exposure to violence predict well-being at work among psychiatric outpatient nurses

ABSTRACT

Aims: To investigate the well-being at work and analyze relevant predictors of it among nurses working in psychiatric outpatient settings including following specific objectives 1) describe the current state of well-being at work among psychiatric nurses; and 2) examine how background characteristics and exposure to violence predict well-being at work.

Design: A cross-sectional survey design.

Methods: Two-staged sampling was used to select participants from psychiatric outpatient units. Data were collected with printed Nordic Questionnaire for Monitoring the Age Diverse Workforce (QPSNordic- ADW) and Violence Incidence Assessment (VIA-Q) questionnaire from January 2019 to June 2019. Descriptive statistics were performed to summarize the collected data and binary logistic regression was used to identify predictors related to the well-being at work.

Results: The respondents (n=181) generally evaluated well-being at work quite positively but were more critical towards interaction with their immediate superior, organizational culture, interaction between work and private life, and organizational commitment. Working experience in psychiatric nursing and experiences of harassment were identified as strong predictors of workplace well-being.

Conclusion: The management of healthcare organizations should discuss nursing ethics and morale more, as well as pay attention to the ethical environment to prevent moral distress among nurses. Several weaknesses seem to exist especially in the management of psychiatric outpatient units which influence nurses' well-being at work. Identification of these can help organizations to develop management and implement interventions to increase nurses' well-being at work. Conversations about the managerial culture and collegial climate should also arise at the organizational and unit levels.

Key words: Nurses; psychiatric outpatient settings; violence; well-being at work

INTRODUCTION

There is a documented worldwide nursing shortage that can be attributed to an aging workforce, maldistribution, skewed gender distribution and unsatisfactory working conditions (WHO, 2015).

Unsatisfactory working conditions can significantly decrease well-being at work, which can subsequently harm employees' individual well-being in diverse ways (Buffet et al., 2013).

Unsatisfactory working conditions have led governments to act through legislation; for example, the European Mental Health Action Plan states that organizations should promote employee well-being at the workplace (WHO, 2013). Nevertheless, recent research has shown that dissatisfaction among nurses has only increased rather than abated (Van der Heijden et al., 2017; Wålinder et al., 2018) and psychological symptoms among psychiatric nurses have risen (López-López et al., 2019).

In general, well-being at work is related to several occupational stressors, e.g., stress, workload, fatigue, lack of control and the workplace environment (Buffet et al., 2013). Well-being at work can also be impaired by workplace violence (Choi & Lee, 2017; Zhao et al., 2018). According to the International Labour Office (ILO, 2002), workplace violence covers situations in which employees are assaulted, abused, or threatened in work-related circumstances. In the healthcare sector, workplace violence is considered a factor that can negatively affect workplace well-being (ILO, 2002), with estimations indicating that 8-38 % of nursing staff are exposed to violence at some point during their careers (WHO, 2019). Previous studies conducted in the psychiatric care context indicate that 40-65% of psychiatric nurses may have been exposed to workplace violence (Andersen et al., 2019; Fujimoto et al., 2017; Itzhaki et al., 2015; Pekurinen et al., 2017). Workplace violence is a stigma (ILO, 2002; Stevenson et al., 2015), with research by Stevenson et al. (2015) demonstrating that nurses working in psychiatric inpatient units consider violence as part of the job. Although violence has been reported in psychiatric inpatient settings (Stevenson et al., 2015), it can also occur in psychiatric outpatient settings (Konttila et al., 2018).

These several occupational stressors are related to negative emotions (Ten Hoeve et al., 2019) and life satisfaction (Buffet et al., 2013). Furthermore, previous research has demonstrated that a decrease in well-being at work directly influences the quality of care and an individual's quality of life (Sarafis et al., 2016). In the healthcare setting, nurses with decreased mental health and/or stress are at risk for adopting uncaring behavior, which may increase errors in clinical practice (Perry et al., 2015; Sarafis et al., 2016). Stress is also related to burn-out (López-López et al., 2019), which may lead to decreased job satisfaction (Tomietto et al., 2019) and commitment to the organization (Ten Hoeve et al., 2019). In addition, workload, insufficient resources, a lack of leadership and poor collaboration can cause moral distress among nurses, which may be enough of a reason for them to leave the nursing profession (Oh & Gastmans, 2015).

When considering more closely, occupational stressors have been widely investigated in psychiatric inpatient settings (Hasan et al., 2017; Itzhaki et al., 2015; Stevenson et al., 2015; Zhou et al., 2019) and several other healthcare settings (Pekurinen et al., 2017; Rees et al., 2018; Shea et al., 2017; Zhao et al., 2018). The results of these studies showed that workplace violence influences job satisfaction (Itzhaki et al., 2015; Zhao et al., 2018), nurses at psychiatric hospitals suffer from stress (Hasan et al., 2017) and there are differences between organizations in exposure to violence (Pekurinen et al., 2017; Shea et al., 2017). Based on the results reported by Pekurinen et al. (2017),

Finnish nurses working in psychiatric inpatient settings also experience violence and exhibit poor self-related health. At present, psychiatric outpatient-based care is increasing in various European countries – including Finland – due the deinstitutionalization of psychiatric services (WHO, 2013). Nevertheless, there is an apparent lack of research concerning the well-being at work of nurses working in psychiatric outpatient settings and predictors of it. Especially, the relationship between exposure to violence and well-being at work has got limited attention in context of psychiatric outpatient settings, although the violence also appears in this context (Konttila et al. 2018).

Hence, this study aims to investigate the well-being at work and analyze relevant predictors of it among nurses working in psychiatric outpatient settings including following specific objectives 1) describe the current state of well-being at work among psychiatric nurses; and 2) examine how background characteristics and exposure to violence predict well-being at work.

METHODS

Design

This study employed a cross-sectional survey design.

Sample/Participants

Primary healthcare and specialized medical care constitute public health services in Finland. Municipalities provide primary healthcare services, while specialized medical care is organized by twenty hospital districts. Every municipality belongs to one of these hospital districts (Ministry of Social Affairs and Health, 2019). In addition, psychiatric specialized medical care consists of inpatient and outpatient services – and based on the legislation – psychiatric services must primarily be provided as outpatient services (Mental Health Act, 1116/1990).

The study population included all of the Finnish psychiatric nurses working in outpatient settings of adult psychiatric specialized medical care. The sample size calculation with the significance level of 0.05 and a confidence level of 0.95 and expected proportion of 0.40 based on previous evaluations (Andersen et al., 2019; Fujimoto et al., 2017; Itzhaki et al., 2015; Pekurinen et al., 2017; WHO, 2019) indicated the sample size of 368. A goal of 600 respondents was established to ensure broad national sample including 20% compensate for possible attrition. Two-staged sampling was used during the selection of participants (Polit & Beck, 2011). To get a representative sample, purposive sampling (Polit & Beck, 2011) was used when selecting five hospital districts and two independent municipalities under these hospital districts which had the most psychiatric outpatients. Then random sampling (Grove et al., 2013) was used to select adult psychiatric outpatient units (N=22) from these organizations. All the psychiatric nurses (N=606) currently working in these units were invited to participate.

Instruments

This study implemented the Violence Incidence Assessment (VIA) questionnaire and Nordic Questionnaire for Monitoring the Age Diverse Workforce (QPSNordic-ADW). VIA-Q is a recently developed instrument that assesses the prevalence of violence in psychiatric nursing (Konttila et al., 2019). VIA-Q is pre-tested and validated in Finnish and it consists of eight factors, which include both Likert-scale items and open-ended questions that focus on exposure to physical violence, psychological violence, and harassment during the past 12 months. The questionnaire also covers previous exposure to violence, the perpetrator, family and relatives, the respondent's own competence and resources, and workplace procedures. In this study dichotomous (yes/no) data concerning the exposure to physical and psychological violence and harassment during the past 12 months were used.

QPSNordic-ADW is a generic and validated Likert-scale questionnaire designed to assess psychological, social, and organizational working conditions (Pahkin et al., 2008). As such, this questionnaire includes factors concerning job demands, role expectations, control at work, predictability at work, social interactions, leadership, organizational culture and climate, bullying and harassment, interactions between work and private life, organizational commitment, work motivation, job and life satisfaction, along with health and wellbeing, as well as specific questions

for those 55 years old and above (Pahkin et al., 2008). In this study, well-being at work is considered from perspectives of social interactions, organizational culture and climate, interaction between work and private life, organizational commitment, work motivation, job and life satisfaction and health and wellbeing. These perspectives were chosen because previous studies have identified them as areas of well-being that are commonly violated (Chen et al., 2019; Giorgi et al., 2016; Oh & Gastmans, 2015; Van der Heijden et al., 2017; Wälinder et al., 2018).

Data collection

Printed questionnaires were used to collect data. The different speeds at which the participating organizations processed the research permission requests influenced the data collection period, which began in January 2019 and ended in June 2019. Pre-determined contact persons (head nurses or assistant head nurses) received paper questionnaires via post and were then asked to distribute these questionnaires to the selected units. Each nurse employed at the selected units received a form. Questionnaires were sent back anonymously in prepaid envelopes via post. During the data collection period, the contact persons were reminded once to ask nurses to respond to the survey.

Ethical considerations

The study was carried out according to guidelines for ethical research conduct (RCR, 2012). Research permission was obtained according each selected organization's research approval protocol. Since all of the participants were employed at the organizations and were not exposed to any psychological and/or physical harm, formal ethics committee approval was not required for this cross-sectional survey (Medical Research Act, 2010/794). Each selected nurse received a letter with information about the study objectives and methodology, as well as a statement clarifying the anonymous and voluntary nature of participation (Polit & Beck, 2011). Permission to use the QPSNordic-ADW was requested from the first author of development report (Pahkin et al., 2008).

Data analysis

Statistical analyses were performed using the SPSS 25.0 software (IBM Corporation, Armonk, NY). Missing values were not replaced by any values. Descriptive statistics were performed to summarize the collected data, with categorical variables described through frequencies and numerical variables described through means or standard deviations. Binary logistic regression with the ENTER-method was used to identify predictors related to the well-being at work. Items from several factors (social interactions, organizational culture and climate, interaction between work and private life, organizational commitment, work motivation, job life and satisfaction, and health and well-being) were transformed into dichotomous outcome variables. Hence, the response choices were assigned either to a negative (0) or positive (1) category, e.g., very seldom or never and rather seldom were assigned to the negative category (0), while sometimes, rather often and very often and always were assigned to the positive category (1). Educational level was transformed into a dichotomous variable by merging Master's and Bachelor's degrees as academic degree (value=0) and vocational and other education as non-academic degree (value=1). Responses from males were compared to responses from females. The age groups '41-60 years old' and 'over 61 years old' were compared to age group 'under 40 years old', while the working experience groups '11-20 years' and '21 years or more' were compared to '10 years or less' group. The results were

calculated as odds ratios (ORs), including 95% confidence intervals, and statistical significance was assessed using p-values, with the threshold for significance set at $p < 0.05$ (Polit & Beck, 2011). Only statistically significant ($p < 0.05$) results are presented in following text.

RESULTS

Sample characteristics

The response rate was 29.8%, as 181 psychiatric nurses or psychiatric practical nurses with equivalent job descriptions returned completed questionnaires. The mean age of respondents was 47.8 years (range 24-67 years, SD 9.9), while 84.5% of the respondents were female and 92.0% of them held a Bachelor's degree. The participating nurses had, on average, worked in the field of psychiatric nursing for 18.5 years (range 0.5-44.0, SD 10.9). Responses to a question concerning exposure to violence during the last 12 months indicated that the nurses were most likely to experience psychological violence (see Table 1).

[Insert Table 1 here]

Reported well-being at work

Results regarding seven factors of the QPSNordic-ADW instrument, which measures well-being at work, are presented in this section, with precise percentages shown in Table 2. The respondents generally evaluated social interactions between co-workers quite positively. Respondents were more critical about social interactions with immediate superiors, as 18.8% of the respondents stated that their immediate superior seldom gave them support, was willing to listen to work-related problems or appreciated their work achievements. Furthermore, 3.9% of the nurses responded that they very seldom or never received support from their immediate superior, while 5.0% felt that their work achievements were very seldom or never appreciated by their immediate superior. Most of the nurses evaluated the aspect of interaction between work and home as satisfactory, although 22.6% felt that the demands of work sometimes interfere with family life and 7.2% assessed that work and private life interact rather often. The participating nurses also evaluated the aspect of organizational climate positively. When asked about the organizational climate, the strongest criticism focused on an organization's stance on employee health and well-being. Most of the respondents provided a neutral assessment of their commitment to the organization, with the most common criticism being that the organization's values do not match their own values.

Most of the participating nurses reported high work motivation, with a majority responding that they had a strong willingness to work 15-20 days per month. Almost one-third of the nurses reported a strong willingness to work 10-14 days per month. Over half were willing to work fewer hours per week if it was economically possible. Two-thirds of the nurses were rather satisfied with their present work situation, while over half were satisfied with their current life situation. Furthermore, two-fifths expressed positive feelings towards future work development. Most of the nurses assessed their own health and well-being positively, while 36.5% and 35.9% of the nurses reported experiencing some and a little work-related stress, respectively, during previous days. Approximately 40% of the nurses reported 1-7 days during past 12 months when absent from work because own sickness.

[Insert Table 2 here]

Predictors of well-being at work

A binary logistic regression analysis predicted that age, working experience in psychiatric nursing, gender and educational level affect seven outcome variables (Table 3). Belonging to the ‘over 60 years old’ age group predicted significantly more critical evaluations – relative to other age groups - of how often work achievements are appreciated by immediate superiors and how an organization inspires employees to give their best job performance. Male respondents were more likely to give negative evaluations of the interactions between work and home life and they reported significantly less working days when they had a strong willingness to work than female nurses. Vocational education predicted increased feelings of work-related stress. Respondents in the ‘11-20 years’ working experience group had a more negative stance towards the reward system, lower satisfaction with present work and more reported experiences of work-related stress than respondents in other working experience groups yet showed less willingness to work fewer hours per week. Belonging to the ‘21 years or more’ working experience group predicted negative evaluations about how an organization inspires employees to give their very best job performance. Respondents in the ‘10 years or less’ working experience group (reference group) were more likely to provide negative evaluations of the reward system and how well an organization cares for employees than other groups.

[Insert Table 3 here]

Binary logistic regression analysis predicted that exposure to violence influences four outcome variables (Table 4). Exposure to physical violence predicted negative evaluations of the reward system at an organization. Experiences of psychological violence were associated with negative evaluations of the interaction between work and private life. Exposure to harassment predicted a negative stance on support from an immediate superior, interaction between work and home life, current mental working ability, and feelings of work-related stress, and was positively correlated with the number of sick leave days.

[Insert Table 4 here]

DISCUSSION

Based on our knowledge, there are no previous studies about this research topic. Hence, the results of this study are novel and provide important knowledge about nurses' well-being at work in psychiatric outpatient settings. The gained information is especially important to be exploited in countries where the number of psychiatric outpatient services are increasing or going through the deinstitutionalization process. On the other hand, results may offer an opening for a wider discussion related to nurses' well-being at work and challenges of it. In the context of this study, few results should be emphasized. Firstly, the results of the present study force to question why senior nurses are more critical of how their achievements are recognized than younger counterparts, and how organizations can support the well-being at work of older nurses. The presented results also revealed that exposure to harassment predicts negative evaluations of receiving support from immediate superiors. This finding agrees with previous research, more specifically, poor (Rees et al., 2018) and unsupportive (Giorgi et al., 2016) leadership can increase internal violence. On the other hand, López-López et al. (2019) recently indicated that a lack of social support and professional seniority are risks for emotional exhaustion. Mirroring these findings and results of our study, we suggest that internal violence and current leadership at psychiatric outpatient units should be studied more closely, with emphasis on the immediate superior-employee relationship.

In this study, nurses provided negative evaluations of an organization's interest in employees' health and well-being and how employees are taken care of by an organization. It is well-known that no tangible reward system exists in Finnish public healthcare, as the healthcare system is largely funded by the public (Ensio et al., 2019). As such, rewards for psychiatric nurses are intangible, e.g., personal satisfaction as well as pleasure derived from interaction, co-operation, and ethical issues (Roviralta-Vilella et al., 2019). However, neither of these two points explains why respondents negatively evaluated an organization's attitude towards employee well-being and recognition. It is most likely that these negative evaluations stem from leadership and managerial style. According to Chen et al. (2019), one of a manager's most important responsibilities is creating a supportive work environment that maximizes the welfare of nurses. It is also important to note that working experience in psychiatric nursing was associated with negative evaluations of organizational culture, because we found that nurses with working experience of 10 years or less (28.8%) were more critical about how an organization cares for employees than nurses with more experience. From this perspective, it would be worthwhile to investigate how new nurses are introduced into an organization, e.g., how the familiarization process works, and what factors may explain why new employees are critical of an organization's stance towards employees. Previous research from Tomietto et al. (2015) reported that familiarization is crucial to novice nurses' careers and integration into an organization.

Our results found that male nurses were more likely to state that the demands of work interfere with home life than their female counterparts. Similarly, a meta-analysis performed by López-López et al. (2019) found that male nurses show higher levels of emotional exhaustion and are at greater risk for developing burn-out. Furthermore, Li et al. (2019) found that males are more vulnerable to experiencing workplace violence. In contrast, Perry et al. (2015) reported that male nurses show increased vitality (i.e., better general well-being and optimism) when compared to female nurses. It would be interesting to compare how gender affects coping abilities, as previous research indicates

that the ability to handle stress is individual (Hasan et al., 2018). Furthermore, our study revealed that exposure to psychological violence and harassment is predictive of a negative stance towards the interaction between work and private life. This encourages to develop interventions that target a nurse's ability to handle occupational stress, as the consequences of psychological violence and harassment can strongly affect a nurses' personal lives (Itzhaki et al., 2015). The psychological violence or harassment that nurses experience could also be internal (Giorgi et al., 2016), which creates insecurity among employees and harms working environment quality (Giorgi et al., 2016; Van der Heijden et al., 2017). From this perspective, Finnish healthcare organizations should have steps for recognizing internal violence and disrupting the negative pattern.

The results of our study raise a question about whether or not employees are aware of the organizational values because only a minority of the respondents fully agreed that the organization's values matched their own values. It is proposed that organizational values are related to organizational culture (Giorgi et al., 2016), but the roots of these values lay in ethics and morale (Oh & Gastmans, 2015). Oh & Gastmans (2015) previously reported that a negative ethical climate increases moral distress among nurses because moral actions requires a critical assessment of an organization's culture, values and practices. At worst, moral distress can cause psychological symptoms and emotional exhaustion, as well as force nurses to leave the profession (Oh & Gastmans, 2015). For this reason, it would be important to evaluate the organizational values of psychiatric outpatient settings and investigate whether the nurses are able to work according their own ethics and moral values. Moral distress can also harm the patient-nurse relationship (Oh & Gastmans, 2015), which lies at the core of psychiatric nursing. Investigation of leadership and nurse management cannot be ignored because leadership largely influences moral distress (Oh & Gastmans, 2015) as well as the quality of care (Roviralta-Vilella et al., 2019). For this reason, future research should investigate whether nurse management values match with the values of their employees.

The presented findings showed that two-thirds of psychiatric nurses were rather satisfied with their present work and that three-quarters were motivated to work, but that over half were absolutely willing to work fewer hours if it was economically possible. Based on the binary logistic regression analysis results, respondents in the '11-20 years' working experience group were more likely to be unsatisfied with their present work and willing to work fewer hours. A recent review indicated that experienced nurses encounter work-related limits and over-load more often than novice nurses (López-López et al., 2019). This may explain the current finding and highlights that it is important to support nurses during their careers. Surprisingly, in our study males were more likely to have less days with a strong willingness to work than females. Based on earlier result of our study, this finding forces us to question whether males are less adept than females at handling work-related stress and emotional exhaustion. Previous studies have indicated that dissatisfaction with work is related to work-based strain (Itzhaki et al., 2015; Wålinder et al., 2018), and López-López et al. (2019) covered males' capabilities to cope with work-related stress. Apart from this review, gender-based differences in managing stress among psychiatric nurses have rarely been studied.

The results of our study revealed that a minority of the nurses reported work-related stress, with 11% and 5% of the nurses reporting that they experienced stress rather and very often, respectively. Previous studies have found that 21.5% (Itzhaki et al., 2015) and 19% (Pekurinen et al., 2017) of

healthcare professionals in mental healthcare settings experience work-related stress. Nevertheless, the work-related stress is also an important aspect of psychiatric nurses' work in psychiatric outpatient settings, as the work-related stress has been reported to have long-term consequences. In addition, the performed binary logistic regression analysis revealed that nurses with lower educational levels were more likely to experience work-related stress than nurses with either a Bachelor's or Master's degree, which indicates that managers should take into account educational level when supporting their subordinates. Remarkably, our results also found that exposure to harassment was associated with negative evaluations of mental health and stress; and found to cause nurses to take more sick days. Previous studies have found that different forms of workplace violence have multiple serious consequences at both individual and organizational levels (Hasan et al., 2018; Itzhaki et al., 2015; Zhao et al., 2018). Therefore, any form of workplace violence cannot be underestimated or ignored.

Limitations

Even though this study produced new knowledge about well-being at work and exposure to violence, as well as certain predictors of well-being at work, it has few limitations. First, due the cross-sectional study design, causal relationships cannot be established. Therefore, the causality should be investigated through longitudinal research. Second, the results cannot be generalized. Nevertheless, the results are important from a national perspective and offer valuable insights for the international nursing community, as the progressive deinstitutionalization of mental health services is a global phenomenon with more and more psychiatric nurses transferring to psychiatric outpatient settings. Third, the response rate was low, yet it was in line with usual response rates on survey studies (Polit & Beck 2011). However, it is important to state that it was impossible to determine exactly how many nurses received a questionnaire. Nevertheless, most of the contact persons confirmed via email that they had received questionnaires via post and delivered them to their nurses. The gender, age, and educational level of the study participants all correlated with what has been reported for the nursing workforce in Finland (Ensio et al., 2019); as such, it is justifiable to assume that the study sample was representative of the psychiatric nurse population. In future, it may be worthwhile to conduct an email survey and directly reach the participants. Finally, four results showed wide confidence intervals, yet still had significant p-values. This indicates that research with more participants is necessary to make reliable conclusions about how exposure to violence affects psychiatric nurses' wellbeing. Other findings were statistically significant and had narrow confidence intervals, so these findings should not be discounted at the expense of four cases with wide confidence intervals.

CONCLUSION

To conclude, the current study provides novel knowledge concerning well-being at work and predictors of it among nurses working in psychiatric outpatient settings. The results demonstrated that nurses evaluated some aspects of well-being at work positively, but were more critical of other aspects, more specifically, interaction with their immediate superior, organizational culture, interaction between work and private life, and organizational commitment. Furthermore, working experience in psychiatric nursing and experiences of harassment were identified as strong predictors of workplace well-being. The presented results suggest that the management of healthcare organizations should discuss nursing ethics and morale more, as well as pay attention to the ethical environment to prevent moral distress among nurses. Conversations about the managerial culture and collegial climate could also improve well-being at work at the organizational and unit levels. Moreover, the presented research revealed that interventions aimed at improving nurses' abilities to handle work-related stress could be beneficial, while organizations should monitor whether employees' work is intruding into their private lives. The findings also indicate that the need for support varies based on gender, age and working experience. Based on the nurses' responses, several weaknesses seem to exist in the management of Finnish healthcare organizations, and future research should focus on clarifying how satisfied employees are with their managers, and whether internal violence is present in the workplace. Another research trajectory could be investigating whether gender significantly affects a nurses' coping and resilience.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

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