

## ***PSYCHIATRIC NURSES STRESS, SATISFACTION AND ROLE DEFINITION.***

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### **Introduction**

In 1978 the law n°180 changed the conception of psychiatric care. Psychiatric hospitals closure and the shift of care on community highlighted mental health social aspect and hid the medical one. A great emphasis was put on concepts such as democracy and equality. This situation caused also a change in the staff hierarchic relationship. From a rigidly hierarchic organisation of hospitals, in which physicians were on the top and the nurse at the basis, just over the patient, they passed to a new democratic working group in which also the patient became

an important element. At the same time new social welfare workers as social workers and Professional Educators entered psychiatric field. Culturally and professionally, psychiatrists dominate the Italian scene in comparison with other social welfare workers (Ramon and Giannichedda, 1991). Working in multi-disciplinary equips has become usual, but a sense of loss of professional identity arose among nurses.

### **Framework**

This study, is a part of a larger study derived by nurses' perception of a persistent role uncertainty and ambiguity. we accept Giddens (1991) definition of role, defined as "the whole of socially defined expectations that people in a certain status respect". Thus we will define role conflict, the uncertainty and ambiguity of role, as "a lack of clear definition of duties and an inadequate delimitation of aims and objects of interventions": a confusion between other professional groups expectations about nurses' role inside the equip.

This study was promoted in a course of psychiatric epidemiology for mental health professionals, by the Regional Board of Health. In this study the aim is to investigate the perception of role conflict and ambiguity by nurses and their satisfaction degree. At the basis of this study there is the hypothesis that the satisfaction degree of nurses increases in a inversely proportional way to the increment of the role conflict and ambiguity. Finally the author would like to search into the probable differences in different kind of psychiatric services, in different groups of age and in different groups of seniorities on the role. The framework of the study was borne by the discussion among research team members.

## **Method**

### **The sample**

All the nurses working in the psychiatric area of the province of Trento (Italy) were involved. In only one case, a Psychiatric Hospital, because of an excessive number of nurses working in the service, it has been chosen a stratified casual sample, for each department of the hospital, of 36 participants in this study. The total number of questionnaires analysed has been of 117 nurses, 27 of them working in the ex psychiatric hospital. 41 nurses were males (35% of total) and 76 females ( 65%). The class of age more represented - 46 nurses (39,9% of total) - was that of 30-39 years. The majority of people examined has been less than 11 years in office (64,1%) and the 37.6% have not exceeded 5 years of seniority on the role. The analysed services are classified in 4 categories: Community Mental Health Centres (CMHC), in which 40 nurses (34,2%) work, Intermediate Structures (IS) in which 8 nurses (6,8%) work, Acute Diagnosis and Care Services (SPDC), and Psychiatric Hospital (PH) in which respectively 35 nurses (30%) and 24 nurses (20,5%) work. 10 nurses left (8,5%) work in more than one service at the same time; for this reason they are not considered in the department stratified analysis.

### **The instrument**

In order to collect the data, it has been used a questionnaire filled in by each single person, realised as a previous questionnaire utilised in a similar study

performed in a psychiatric hospital of a different Italian region. This instrument is formed of different selections in which not only general data concerning interviewed people, but also the role expectations, the requested capabilities and the competencies, the way of working in equip, the satisfaction state, nurses weight into decision making on multi-disciplinar therapeutic project and the formative needs are a considered. Specific likert scales were built by the research team to test role definition, satisfaction, and nurses' decision making weight degree, and the quote of time spent by nurses in different activities class. Research team identified four activities class: A) Executive, B) Basic Nursing activities, C) organizational, D) Relational (interpersonal skilled??). Each of them were measured with specific likert scale. It would be interesting to repeat the study using standardised check lists. A standardised stress check list has also been given.

The validation of the instrument as been obtained through the compilation of the questionnaire by all the members of the study group. The pilot study has been performed giving the questionnaire to a group of 5 psychiatric nurses with at least 5 years of seniority on the role. Before giving the questionnaire, one nurse of any operative unit, as been characterised and involved in order to oversee and help the other nurses in the compilation of the questionnaire and in order to collect the material. The questionnaire has been personally given to each nurse member of the group of study, at the end of meeting of sensibilization, organised by the members of the group of research, in any operative unit.

## **Results**

The analysis of data is divided in three section: role conflict, satisfaction degree and stress analysis, decision making weight and nurses activities. In each section a stratified analysis was held by sex, age, seniority on the role and place of work.

### **Multi-disciplinary Equips**

Mental Health Nurse has to work in a complex system of relationship with other professionals. These are different in different services. Authors measured the complexity in relationship asking the respondents how much time they spent in a month with a number of different professionals (1 was not at all and 4 more than half of the days).

As shows the fig. xx the complexity of system (and so the equip working) is higher in the community based setting then in the hospital one. Other nurse and psychiatrists are the most frequently contacted professionals in all settings. Nurse helpers (OTA) are most frequently contacted in hospital setting , while Professional Educators in community setting.

### **Role conflict and ambiguity perception**

To investigate the role conflict and ambiguity perceived by nurses, researchers built a *role conflict perception likert scale*. It has 100 degree, where 20 means high role conflict, and 100 absence of role conflict. Single questions were utilised to investigate nurses perception of their role flexibility and definition.

79 (69.9%) nurses declared their role clearly defined (Tab 1). The stratified analysis on sex, age and work place did not show important differences. Seniority on the role seems to be important to identify nurses' role in psychiatry: nurses with low seniority on the role declared a lower degree of role definition (Tab.1).

91 (81.3%) nurses asserted their role so flexible to allow changes and innovations. The stratified analysis shows differences between work places. Working in Community Mental Health Centres (CMHC) and Intermediate Structures (IS) appears more flexible than in Psychiatric Hospitals (PH) and in Acute Diagnosis and Care Services (SPDC) as shown in Tab.2.

A question explored nurses' perception of their professional training, they had to mark, in a 5 score scale, how many times they have felt untrained to cope in a professional situation. (tab. 3)

Most of interviewed nurses (62, 53.9%) declared they were sometime untrained to cope professional situations. Answer distribution draws a gauss line distribution, as shown in the fig. 1.

Stratified analysis shows a decreased untraining feeling with an increased experience (fig.2).

The analysis of the *role conflict perception likert scale* (fig. 3) shows a range of 43-98, a mean score of 69.85 (sd = 11.61). The result means that meanly there is a certain degree of role conflict perception, but it is low.

The stratified analysis of the role conflict likert scale shows an high concentration of CMHC group in conflict class 70-79 (48.8%). Results are similar between CMHC and IS, even if in IS the peak is the same in the class of 60-69 and 70-79 (37.5%). Psychiatric Hospital and Acute Ward (SPDC) results show a lower peak in the intermediate classes compensated by an higher level in the tails classes . Other stratifications did not show significant results.

### **The satisfaction degree**

The satisfaction degree was investigated using single closed and 4 score graduate questions and a likert satisfaction degree scale. The scale has 100 degrees, 20 means the lowest satisfaction and 100 the highest.

59 (50.9%) Nurses declare that in some periods they have some regrets to have chosen psychiatric nursing as their job, and 47 (40.5%) have no regrets at all (tab.3). The stratified analysis shows no significant differences from the general result.

In a question nurses were asked to mark their comprehensive satisfaction degree on a ten points line where 1 meant no satisfaction and 10 very satisfied. General mean score results to be 7.31 (sd = 1.32), the range is 3-10, and the most represented score is 8 (44 nurses = 38.6%). No significant differences are shown by the stratified analysis.

The likert scale of satisfaction gets a mean score of 74.64 (sd = 11.27) with 105 valid respondents. The range is 43-98. The result is similar to the comprehensive declared satisfaction degree score. They reveal a fairly good perceived and declared satisfaction degree (fig. 5).

Stratified analysis shows that Community Mental Health Centres are the workplaces with higher satisfaction degree (class 80-89 is the most represented). Intermediate Structures and Psychiatric Hospital have a peak in the class 70-79. Acute Ward (SPDC) has the lower level of satisfaction (classes 60-69 and 70-79

at the same level). Fig. 6 shows a comparison of satisfaction degree among different workplaces (frequencies are expressed by percentage).

### **Standardised Stress Checklist**

To analyse nurses' stress level, the authors used a standardised stress checklist. The minimum stress level of the scale was 20 and the maximum 100.

The mean score resulted 41.1 (sd = 8.4 ). Range was 21-62.

Stratified analysis of stress by places of work, showed the highest degree among CPNs (authors consider CPNs nurses working in Community Mental Health Centres and Intermediate Structures) and the lowest among hospital based nurses (Fig 8).

### **Weight in Decision Making**

Authors used a likert scale to tests nurses weight in decision making about the multi-disciplinary therapeutic project. In a 100 points scale the absence of weigh was set at 25 and the maximum weight at 100.

The mean score resulted 60.1 (sd 13.8) and the range 28-90.

Stratified analysis showed the highest level of influence in decision making in Community based centres and the lowest in the hospital based as shown in the table xx.

### **Nurses Activities**

Nurses activities were classified in four typologies.

- A) Executive, in this class were considered activities like keeping appointment, or redirect telephone calls, etc.;



- B) Basic Nursing, in this class were considered activities like giving drugs therapy, personal hygiene with non self caring clients etc.;
- C) Organizational, in this class were considered activities like guaranteeing ward's routine, coordinating staff work etc.;
- D) Relational in this class were considered activities like home visits, clients interviews, equip meetings, etc.;

For each typologies were built a specific 100 points likert scale. The lower score (25 points) means no time spent at all, and the maximum (100 points) means the highest part of time spent in that kind of activity.

As shows the table xx there is an high rate of relational activities (Class D) among all settings, but the highest level is in the CMHC and the lowest in the ex Psychiatric Hospital. On the other side executive activities are not so high represented, the highest rate was found in Acute setting.

### **Comparative analysis**

Comparative analysis was held considering activities and weight in decision making as independent variables and Role conflict, while satisfaction and stress as dependent variables.

Analysis of role conflict and activities seems to show a weak correlation between role conflict and class B activities ( $r = -.22$ ;  $r^2 = .05$ ;  $f = 5.2$ ,  $p < .05$ ). It also seems to show a weak correlation with Class D activities ( $r = .28$ ;  $r^2 = .08$ ;  $f = 8.5$ ;  $p < .01$ ). This should mean that higher time is spent in relational activities and lower is the role conflict. No statistical significance was found in correlation with other typologies of activities.

Comparative analysis of role conflict with weight in decision making seems show an high correlation ( $r = .60$ ;  $r^2 = .37$ ;  $f = 50.8$ ;  $p < .001$ ). This should mean that role conflict would decrease when weight in decision making increases.

Comparative analysis between satisfaction and activities did not show any statistical significance. On the other side an high correlation was found between weight in decision making and satisfaction ( $r = .57$ ;  $r^2 = .33$ ;  $f = 43.0$ ;  $p < .001$ ) that should show a direct link between decision making and satisfaction. No statistical significance was found in correlation between decision making and stress.

The comparative analysis of Role Conflict Score and Satisfaction degree Score seems to show a correlation between two factors. It means as lower perceived conflict as higher satisfaction ( $r = .68$ ;  $r^2 = .46$ ;  $f = 79.5$ ;  $p < .001$ ).

The comparative analysis between Role conflict and Stress shows a low degree of correlation ( $r = -.30$ ;  $r^2 = .09$ ;  $f = 8.9$ ;  $p < .01$ ) that should mean an high level of stress with an high level of role conflict.

### **Discussion:**

Data show a very diversified role conflictuality (Range 43-98), even if the comprehensive average shows a moderately controlled conflictuality (average 69.85, sd 11,61). The nurses asserts their role is sufficiently defined from this point of view. Anyway analysing the data in the different contexts, it is possible to notice that in the services offering a larger autonomy and where nurses have an high weight in decision making (CMHC and IS), in which nurses work prevalently by themselves but in a high complexity network system, the kind of relationship with the consumer is dual, the conflictuality degree is centred in the range 70-79, which means it is relatively low. On the other side Hospital based

(PH and SPDC) where nurses have to operate according to severely organised and repetitive schemes of work, in an almost ritual way, the conflictuality level has a more homogeneous distribution among different conflictuality areas. The correlation existing between role conflict and the weight in decision making, and the relational activities allows to form the hypothesis, that has to be confirmed by further studies, that the independence in the work, the continuous comparison with other professional figures are directly involved in the process of identification in the professional role. Finally, the role definition seems to be directly proportional to the seniority on the role, this confirming the above mentioned hypothesis.

As regards the satisfaction degree, it has been possible to notice a moderate rate of satisfaction expressed either directly by the nurses themselves (average 7.31), or indirectly by the analysis of the likert scale (average 74.64). Also in this situation the differences observed are referred exclusively to the operative contexts. The service having workers with the highest rate of satisfaction has resulted to be the CMHC (most represented class is 80-89), the service with the lowest satisfaction rate seems to be the SPDC (most represented classes are 60-69 and 70-79). This results can be justified in part by the hypothesis that in SPDC, differently from other services, nurses work exclusively in contact with patients with acute diseases and improbably with patients in phase of compensation. Other hypothesis is that nurses has a low weight in decision making.

Finally, the psychiatric nurses had turned out to be, in the average, low stressed by their job. Anyway the stratified analysis shows that nurses working in the Intermediate Structures are more stressed, on the contrary the other ones are distributed in a homogeneous way at a lower stress level. The explanation of this

phenomenon, according with Carson's study (1995), is that working in the community setting is most stressful than in the hospital one.

The comparative analysis allows to built the hypothesis of a complex system of relationships between more variable elements, as shown in fig. xx. Role conflict is the throughput point of the system where activities and weight in decision making are inputs and satisfaction and stress are the outputs. Basic Nursing activities increase role conflict degree; relational activities and weight in decision decrease it. Role conflict, then, increases stress and decreases satisfaction.

These hypothesis needs validation in further studies utilising standardised and more validated instruments that those used in this study. A limit of it, in fact, is in the validation of the instrument that was prepared by the research team.

## **Conclusions**

Results of this study could be useful to reconsider the multi-disciplinary equip way of working in Italy. It seems that nurses perception of a persistent role ambiguity and uncertainty, on which the study was born, is to refer to the real low consideration that other professionals, and especially physicians, have of nurses. Superficially it seems they consider nurses as an important part of the equip; in the reality of facts they let nurses out of the decision making system.

Nurses feel themself more competent then other professionals think they are. This means they have to demonstrate their competence and knowledge to conquer their own and right space inside the equip, and lead up their influence in to decision making about multi-disciplinary therapeutic project.

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