Distress and demoralization of hospital nurses as a function of sources of stress and job seniority

POST-PRINT

Casu, G., & Giaquinto, F. (2018). Distress and demoralization of hospital nurses as a function of sources of stress and job seniority. Applied Nursing Research, 43, 61-63.

https://doi.org/10.1016/j.apnr.2018.07.001

ABSTRACT

Aim: To explore job-related factors associated with distress and demoralization among hospital nurses, using a cross-sectional mixed-method design.

Background: Sources of job stress for nurses are mainly organizational or emotional care-related and can result in adverse outcomes such as distress or demoralization, but factors associated with demoralization in nurses still need to be thoroughly explored.

Methods: A convenience sample of 150 nurses from three public hospitals completed an online survey on job stress, distress, demoralization, and feelings of entrapment in the caring profession.

Results: Emotional job stress was linked to higher distress and demoralization, compared to no job stress, and to higher feelings of entrapment, compared to both organizational and no job stress, among senior nurses.

Conclusions: This pilot study points to the study of demoralization as a promising line of research in hospital nursing, but further longitudinal studies with larger samples are needed.

Keywords: Distress; Demoralization; Hospital nurses; Job seniority; Nursing stress

HIGHLIGHTS

- Emotional job stress is linked to higher psychological distress and demoralization
- Emotional job stress is linked to greater sense of entrapment among senior nurses
- Job seniority moderates the relationship between sources of stress and entrapment
- The study of demoralization is a promising line of research in hospital nursing

1. Introduction

Nursing is recognized as a stressful profession (Martín-Del-Río, Solanes-Puchol, Martínez-Zaragoza, & Benavides-Gil, 2018) mainly due to organizational factors (e.g., work complexity and management style) or emotional cost of caring (Borteyrou, Truchot, & Rascle, 2014; Solomon et al., 2016). Adverse outcomes of nursing stress include psychological distress and a feeling of entrapment as a felt urgency to escape from an aversive situation, but feeling blocked or unable to (Gilbert & Allan, 1998), which both have been linked to burnout (Griffiths, Wood, & Tai, 2018; Sheppard, 2015). Stress in health professional practice can also lead to demoralization, defined as a sense of dejection, hopelessness, and personal incompetence that results from threats to professional values and may contribute to burnout (Gabel, 2013). However, research on demoralization in healthcare staff is in its early stages, and factors associated with demoralization in nurses still need to be thoroughly explored. For example, adverse emotional outcomes were found to vary depending on hospital unit or specialty, while the role of job seniority is still controversial (Gómez-Urquiza et al., 2017; Vargas, Cañadas, Aguayo, Fernández, & De la Fuente, 2014).

This study investigated the associations of job-related factors (i.e., sources of stress, healthcare unit, and job seniority) with levels of distress, demoralization, and feelings of entrapment in the caring profession among hospital nurses.

2. Methods

2.1. Design, sample, and procedures

After the University Ethics Committee approval, a cross-sectional online survey was conducted at three public general hospitals selected in different parts of Italy. Advertisements asking for volunteers to participate in a study on nurses' stress were displayed on the hospital notice boards, containing the link to the online survey. Inclusion criteria were being a member of the hospital nursing staff and working in direct care. A convenience sample of 150 out of the 800 nurses working at the hospitals (18.8% participation rate) provided informed consent

and filled in the survey with 1.9% item non-response rate. Multiple imputation was used for missing data.

2.2. Measures

Participants' characteristics included gender, age, sources of job stress, healthcare unit, and job seniority (years in the current job). Source of stress was based on an open-ended question: "Please describe what caused the most stress at work, if any, in the last month". Alternatively, a "No job stress in the last month" option could be selected. Answers were a posteriori classified based on content as organizational (e.g., workload, conflicts/lack of support from colleagues/supervisors) or emotional sources of stress (e.g., accusations from patients or their families, or death and dying). Three groups were thus formed based on organizational stress, emotional stress, or no job stress. Job seniority was coded as 1-10 vs. >10 years based on the median split. Global scores on the 10-item Kessler Psychological Distress Scale (K10; Kessler et al., 2002) and the 16-item Demoralization Scale (DS-II; Robinson et al., 2016) were used to measure, respectively, non-specific psychological distress and demoralization as reported symptoms of hopelessness, helplessness, and loss of life purpose and meaning. Cronbach's alphas of K10 (0.91) and DS-II (0.92) in this study were close to those in the original studies (0.93 and 0.89, respectively). A single item ("I feel trapped in my caring profession") rated on a 5-point scale (1 = very little to 5 = extremely) was selected from previous studies (e.g., Griffiths et al., 2018) on the basis of content validity to assess the sufficiently narrow construct of sense of entrapment in the caring profession (ECP).

2.3. Analysis

Using IBM SPSS 23, preliminary analyses tested if source of stress was associated with gender, healthcare unit, and job seniority (χ^2 tests) and if K10, DS-II, and ECP were intercorrelated and correlated with gender and age. A multivariate analysis of variance (MANOVA) followed by simple effects and Scheffé post-hoc tests was performed to test if

the mean scores of K10, DS-II, and ECP differed according to healthcare unit, job seniority, and source of job stress. Significance ($p \leq 0.05$), effect size (Cohen's d, η^2 and Cramer's V) and power were considered.

3. Results

Respondents ($n = 150$) were 71% women, and aged 24-62 years ($M = 43.7$, $SD = 9.9$). Most reported organizational problems as the main source of stress, and 36% reported no job stress in the last month (Table 1). The proportions of organizational, emotional or no job stress within genders ($\chi^2_2 = 1.55$, $p = 0.46$, $V = 0.10$), units ($\chi^2_8 = 10.73$, $p = 0.22$, $V = 0.19$), or job seniority groups ($\chi^2_2 = 3.49$, $p = 0.18$, $V = 0.15$) did not differ from those in the total sample. Significant ($p < 0.001$) correlations were found for K10 with DS-II ($r = 0.73$) and for ECP with K10 ($r = 0.54$) and DS-II ($r = 0.60$). Demographics were not used in the MANOVA due to their nonsignificant correlations with K10, DS-II, and ECP ($r = 0.05$-0.16 for gender, and $r = 0.01$-0.15 for age).

K10, DS-II, and ECP did not vary across units. Source of stress had a significant effect on K10 ($F_{2,144} = 6.18$, $p = 0.003$, $\eta^2 = 0.08$, power = 0.89) and DS-II ($F_{2,144} = 4.58$, $p = 0.01$, $\eta^2 = 0.06$, power = 0.77). Post-hocs showed that emotional stress was linked to significantly higher K10 and DS-II scores than no job stress (Table 1) with medium effect sizes (ds 0.75 and 0.70, respectively), while K10 and DS-II did not vary according to job seniority. There was a significant interaction between source of stress and job seniority on ECP ($F_{2,144} = 6.79$, $p = 0.002$, $\eta^2 = 0.09$, power = 0.91). Post-hoc tests showed that among nurses with seniority > 10 years ($n = 69$), ECP was significantly higher ($F_{2,144} = 10.69$, $p < 0.001$, $\eta^2 = 0.13$, power = 0.99) for emotional stress ($n = 17$, $M = 2.82$, $SD = 1.43$) compared to organizational ($n = 23$, $M = 1.61$, $SD = 1.08$) and no job stress ($n = 29$, $M = 1.55$, $SD = 1.02$) with strong effect sizes (ds ≥ 1.00), while in nurses with seniority < 10 years ($n = 81$), ECP did not vary according to source of stress.

Table 1

Proportion of nurses by groups based on job-related factors, and mean scores (SD) in distress (K10), demoralization (DS-II), and entrapment in the caring profession (ECP)

Job-related factor	*n* (%)	K10	DS-II	ECP
Healthcare unit				
Ambulatory care	45 (30)	21.56 (8.34)	6.84 (6.03)	1.69 (1.06)
Emergency care	40 (26.7)	20.63 (7.75)	7.35 (7.26)	1.78 (1.10)
Oncology/Surgery	30 (20)	20.60 (7.68)	6.70 (6.56)	1.43 (0,86)
Psychiatry	21 (14)	22.19 (9.95)	8.38 (6.90)	1.57 (1.03)
Geriatrics	14 (9.3)	24.79 (7.44)	7.21 (4.42)	1.93 (1.21)
Job seniority				
1-10 years	81 (54)	21.63 (8.00)	7.11 (6.19)	1.48 (0.78)
> 10 years	69 (46)	21.36 (8.50)	7.30 (6.74)	1.88 (1.26)
Source of job stress				
Organizational	62 (41.3)	22.98 (8.87)	7.06 (6.57)	1.60 (0.97)
Emotional	34 (22.7)	23.74 (7.07)	9.88 (6.00)	2.09 (1.29)
No job stress	54 (36)	18.41 (7.22)	5.67 (6.08)	1.48 (0.89)
Total	150 (100)	21.52 (8.21)	7.20 (6.43)	1.67 (1.04)

Note. Total score range was 10-50 for K10, 0-32 for DS-II, and 1-5 for ECP. Clinically relevant scores are ≥ 22 for K10 (Kessler et al., 2002) and ≥ 11 for DS-II (Robinson et al., 2016).

4. Conclusions

More than one third of nurses reported no job stress in the last month. Among those who reported some stress, the predominant source was organizational, consistent with previous evidence (Borteyrou et al., 2014). However, emotional job stress was linked to

higher psychological distress and demoralization, compared to no job stress. Among senior nurses, it was also linked to higher feelings of entrapment in the caring profession, compared to both organizational and no job stress, different from previous evidence that organizational stressors have a greater adverse impact on nurses (Borteyrou et al., 2014; Gómez-Urquiza et al., 2017). Distress, demoralization, and sense of entrapment did not differ across units, while previous studies suggested that more demanding services involve a greater risk of adverse emotional outcomes (Gómez-Urquiza et al., 2017; Vargas et al., 2014). Finally, the moderating role of job seniority in the relationship between source of stress and feelings of entrapment outlines the importance of this job-related variable (Vargas et al., 2014). However, evidence of validity and reliability for the single-item measure of entrapment should be collected in future studies. Altogether, our findings point to the study of demoralization as a promising line of research in hospital nursing, although further longitudinal studies with larger samples are needed to better understand how individual and contextual variables may affect demoralization in nurses and develop evidence-based interventions to reduce it (Gabel, 2013).

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