Occupational Mental Health among Nurses: A Global Framework

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Why a global framework?

- **Nursing**
  - Global shortage of nurses
  - Increasing demands for healthcare globally
- **HR**
  - Adaptive function
  - Retention of nurses
- **Burnout and Depression**
  - Costly to nurses
  - Costly to hospitals
- **Mental health**
  - Patient safety and satisfaction
  - Well-being of nurses
Occupational mental health

- **Job stress (Karasek)**
  - Job Demands-Control-Support Model
    - High job demands, low job control and low social support
    - High job demands, high job control and high social support
  - Predictors of job stress
    - Role stressors: Role conflict, role ambiguity and role overload

- **Burnout (Maslach)**
  - Emotional exhaustion: Depletion of physical and emotional resources
  - Depersonalization: Cynicism and psychological withdrawal
  - Diminished personal accomplishment: Inadequacy

- **Depression (Radloff)**
  - Negative self-conception that pervades all aspects of life
Outcomes of occupational mental health

- **Behavioral**
  - In-role job performance
  - Organizational citizenship behavior
    - Individual
    - Hospital

- **Attitudinal**
  - Intention to quit
  - Organizational commitment (mediator)
Moderators of occupational mental health

- **Behavioral**
  - Absence
    - Withdrawal and counterproductive
    - Effective coping mechanism or exacerbating
  - Presenteeism
    - Engagement (volitional)
    - Constrained behavior (organizational policies, group pressure)

- **Attitudinal**
  - Job satisfaction
    - Extrinsic
    - Intrinsic

- **Organizational factor**
  - Supervisory support
An integrative framework

Job demands
- X
  - Control
  - X
  - Support

Job stress

Emotional exhaustion

Role stressors

Absenteism

Presenteeism

Job satisfaction

Supervisory support

Depersonalization

Diminished personal accomplishment

Depression

Job performance

OCB

Intention to quit

Organizational commitment
Samples of hospital nurses
550 China
240 Japan
304 Argentina
252 Caribbean

In both China and Argentina the interaction of high job control and high supervisory support attenuated the effect of high job demands on job stress. In Japan, high supervisory support had a stronger attenuating effect when job control was low. In the Caribbean, there was an additive effect: high demands increased job stress whereas high control and high supervisory support lowered it, respectively. The interactionist model fits China, Argentina and Japan. The additive model fits the Caribbean.
Role stressors

Sample
Hospital nurses
683 India

Results of the path analysis
Step 1: Role conflict and role overload are significant predictors of job stress
Step 2: Role overload and job stress are significant predictors of emotional exhaustion
Step 3: Job stress and emotional exhaustion are significant predictors of depression
An integrative framework

**Samples of nurses**
550 China
240 Japan

**Absence** can be both an exacerbating factor and a good coping strategy depending on how satisfied one is with the job.

In **Japan**
High absence and low job satisfaction increased diminished personal accomplishment when emotional exhaustion was high.

In both **Japan** and **China**
High absence and low job satisfaction increased depression when emotional exhaustion was high.

High absence and high job satisfaction reduced depression even when emotional exhaustion was high.
An integrative framework

Sample: 197 Chinese hospital nurses and their matched physician supervisors (evaluated job performance and OCB-Individual and OCB-Hospital)

Organizational Commitment mediates the impact of Emotional Exhaustion on both OCB-I and OCB-H and Intention to Quit

Emotional Exhaustion does not impact Job Performance either directly or indirectly
Sample: 402 hospital nurses in Turkey
Test: Yerkes-Dodson Law

Less than 5% used 5 or more days of medical absences.
About 7% used 1 to 5 days.
88% did not use any day of medical absences.
73% indicated being at work while ill at least once during the year prior to the survey.
Conclusions

- Job stress is impacted by high job demands, and role overload
- Job stress and emotional exhaustion predict depression
- Supervisory support significantly reduces job stress
- Job control shows mixed results
- Job satisfaction is an important moderator
- Absence can be restorative and used as an effective coping strategy
- Absence can also be a negative withdrawal mechanism
- Whether absence is a withdrawal or coping mechanism depends on how satisfied one is with the job
- Presenteeism is associated with higher job performance when stress is either low or high
- Organizational commitment is a mediator of the impact of emotional exhaustion on OCB and intention to quit
Discussion

- HR
  - Intrinsic and extrinsic facets of job satisfaction
  - Training and development of supervisors
  - Job design (balance job demands and control; reduce role overload and role conflict)

- Absence policy has its limitations
  - The meaning of absence depends on important attitudinal factors
    - Nurses who are satisfied and use absence report lower symptoms of depression even when emotional exhaustion is high
    - The impact of the behavior depends on the extent of job satisfaction
  - Presenteeism is prevalent among high performers
    - Is it constrained behavior?
    - Is it associated with high engagement?
  - The inverted U-shape job stress-job performance relationship applies to nurses who do not report presenteeism
    - Job design should address the inverted U-shape job stress-job performance relationship (avoid under or over activation)
References


