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Impact of Role Stressors on the Health of Nurse Managers

A Western Canadian Context

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OBJECTIVE: A qualitative exploratory inquiry was used to understand nurse managers' (NMs') perceptions of their role stressors, coping strategies, and self-health related outcomes as a result of frequent exposure to stressful situations in their role.
BACKGROUND: Strong nursing leadership is required for desirable staff, patient, and organizational outcomes. A stressed NM will negatively influence staff nurse satisfaction and retention, patient outcomes, and organizational performance. Stress can affect NMs' mental and physical heath, leading to job dissatisfaction and turnover.
METHODS: A qualitative exploratory inquiry was conducted using semistructured interviews with 23 NMs and 1 focus group interview.
RESULTS: Findings suggest that coping strategies may be inadequate, given the intensity and demands of the manager role, and could negatively impact NMs' long-term health.
CONCLUSIONS: Senior nurse leaders can significantly impact the health and productivity of NMs by minimizing the adverse effects of role stress and foster a positive work environment.

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Nurse managers (NMs) play a pivotal role in today's healthcare environment, with emphasis on reducing costs and increasing productivity. These factors increase tension in management decisions, which can have unanticipated consequences on NMs' stress and performance. According to the most current data from the 2003 Canadian Community Health Survey, 67% of head nurses and nurse supervisors report the highest level of job stress among healthcare providers.[1] The cost of replacing an NM is estimated to be 4 to 5 times higher than what hospitals typically calculate.[2] The cost is exacerbated by aging demographics and younger nurses who view the NM role as demanding, making it an unattractive option.[3] Evidence suggests that NMs' stress level and performance have direct effects on nurse satisfaction and turnover, influence the quality of the work environment, and can affect their mental and physical health.[4,5]

Review of the Literature

The NM role is critical for ensuring a quality workplace that influences organizational performance, nurse satisfaction, empowerment, staff turnover, and patient outcomes.[6-8] A complex workplace has increased workload and span of control, increased demand for efficiency, and increased regulatory requirements for safe, quality patient care.[9,10]

Nurse managers report a variety of health-related outcomes resulting from frequent exposure to stressful situations, such as adverse psychological outcomes (feeling overwhelmed, heightened sense of awareness) and adverse physiological outcomes (physical exhaustion, sleep pattern disturbances).[5,11] Two Canadian studies examined NM stressors and suggest the need to better support NMs for the changing roles.[12,13]

These authors concur that healthcare organizations cannot simply implement stress management training to cope; they must address the underlying organizational factors that influence the NM role.

The Mental Health Commission of Canada[14] highlighted the importance of reducing factors that increase the risk of mental health illnesses in the workplace. The manager's inability to successfully manage work stress has contributed to shorter tenure in their role and created greater potential for lower job satisfaction and burnout.[4,15] In a systematic review, researchers found that the manager's intent to leave or stay is multifactorial as the manager contends with financial constraints and a high turnover of nurses.[16,17] This has resulted in increased role stress for the NM and reduced organizational leadership capacity.[18,19] Not surprisingly, managers are highly susceptible to workplace stressors, making this crucial segment of the nursing workforce vulnerable to negative health outcomes.[11,20]

Theoretical Framework

The conceptual basis of this study is Lazarus and Folkman's[21] Stress and Coping Theory involving the dynamic relationship between a person and the environment that are interdependent in nature. Stress is a multidimensional phenomenon determined by a person's perceptions and may be assessed as harm, loss, threat, or challenge. During a stressful encounter, the person is appraising the situation to determine what is happening and what can be done. This appraisal alters a person's emotions by constructing a new meaning of the encounter. Stress manifests as a biopsychosocial response when the individual's perceptions of the work environment are seen as taxing his/her resources and endangering well-being. Coping refers to the way in which an individual thinks and acts within a specific context and is a continuous appraisal of the shifting person-environment relationship that has implications for whether the outcome can be evaluated favorably or unfavorably.

Methods

Research Design and Purpose

The goal of this qualitative exploratory inquiry is to understand NMs' perceptions of their role stressors, coping strategies, and self-health–related outcomes as a result of frequent exposure to stressful situations in their role. This study was conducted in urban and rural acute care settings in western Canada. Qualitative methods provided opportunities for deeper insight into the phenomenon.[22] Individual interviews and focus group interviews are a way to triangulate data

collection by providing an audit trail and a rigorous understanding of participants' reality rather than using a single method.

Lazarus and Folkman's[21] Stress and Coping Theory guided data collection and analysis. The concepts of stress, coping, and organizational systems closely align with the framework and extend Shirey's[20] suggestion of using various theoretical and methodological approaches to improve understanding of stress and coping.

Sample and Setting

Nurse managers were defined as frontline supervisors of clinical nurses who have 24-hour/7-day-a-week responsibility for their unit(s). Participants were recruited through purposeful sampling and completed demographic questionnaires, individual interviews (n = 23), and a focus group interview (n = 5). Participants came from 8 care facilities within 2 regions representing both rural sites (39%) and urban sites (61%). They were mostly women (91%) and ranged in age from the category 26 to 61+ years, with the majority (43%) falling into the 41- to 50-year category. Nursing experience ranged from 0 years to 20 to 35 years, with the majority (57%) having 20 to 35 years of experience. The number of staff supervised varied from 26 to 500 people, with 52% of managers having more than 100 individuals to supervise. The average number of years as an NM on their current unit was 5.0 years.

Data Collection Procedures

Once the project received approval from the university research ethics board and participating healthcare agencies, contact was made with senior nurse administrators in each health region. To ensure confidentiality, a facility administrative assistant sent an introductory e-mail, providing details about the study. Participants interested in participating in the individual interviews responded to the research assistant. Five of the 23 participants who agreed to an individual interview volunteered to participate in the focus group. The focus group interview was facilitated by the nurse researcher, and field notes taken by the research assistant. Participants were asked to maintain the confidentiality of the session.

Data Analysis Procedures

Transcripts were stored and managed using NVivo 10 qualitative software (QSR International, Burlington, Massachusetts) to code data segments relevant to emerging phenomena. Transcripts were coded using the procedures of thematic analysis based on Braun and Clarke's[23] 6-phase approach to enhance rigor. The interview transcripts were read, and participant phrases and sentences indicating the role stressors and coping

strategies of the managerial role and self-health related outcomes were noted. Then, initial codes were generated in a systematic fashion. Operational definitions were written in a codebook gathered from the interviews and analyzed in a consistent and rigorous process. Analytic processes from grounded theory such as concurrent data generation and analysis and constant comparison of data were used to identify and analyze patterns of meaning (themes). Finally, refining the themes and subthemes into a thematic map produced a conceptualization of the data patterns and relationships. Table 1 summarizes the themes and subthemes of the role stressors and coping strategies affecting NMs' self-health–related outcomes.

Findings

Role Stressors

Subtheme 1: Working With Limited Resources. All participants described their roles as working with limited resources (budget and staff) in the day-to-day operation of managing a patient care unit(s). "The budget" was part of the manager's everyday language and was a cost-conscious activity driven by economic efficiency and organizational productivity. All participants reported that budget and staffing shortages dictated how many nurses could be scheduled and if overtime could be provided. As 1 participant noted, "There is always a challenge for adequate resources and that we're providing safe care" and is at the "very forefront in our minds."

Subtheme 2: Responding to Continuous Change Within Organizational Work Complexities. All participants referred to organizational processes that are cumbersome and inefficient, while simultaneously responding to a continual flow of new initiatives that included the Lean management system, models to enhance patient flow, and improving the delivery of care. One participant commented, "…right now we're

in the Kaizen Lean journey… the pressures from that are very overwhelming."

Significant energies were invested in redirecting the organization through new initiatives to improve quality of care, move patients through the system, and improve financial outcomes. Participants worked diligently with staff to cultivate practices to realize the desired cultural change despite their own escalating workloads. At times, participants had difficulty articulating the pressures, as explained by 1 participant:

> There's a real disconnect toward doing Lean that is a real priority, but it's [Lean] completely adverse to how we function…. You need to be on the gemba [the unit], but it's impossible.

Dealing with organizational change became integrated into manager's daily work challenging their ability to prioritize managerial responsibilities and feel successful in their role.

Subtheme 3: Senior Management's Disconnection From Practice. Participants referred to a perceived lack of understanding and support by middle (director) and senior healthcare management regarding the reality of practice environments and the extent to which NMs could facilitate change and how staff believed things should be done. Participants indicated directors did not always have the experience and education to appreciate the complexity of care on the unit and that "how they manage throughout the organization needs a complete overhaul."

When the participants were comfortable enough with their directors to voice another viewpoint, they described it as "swimming upstream, always against the current." One participant went as far as to say, "You just feel like you're beating your head against the wall; you feel no one's listening."

Coping Strategies

Subtheme 1: Planful Problem Solving. In order to minimize stress and/or prevent issues from arising, participants assumed a proactive approach to solving problems in their tasks and encounters with staff by being visible on the unit, building relationships, and supporting staff. One participant begins the workday by "a loop around the facility" to determine what needs immediate managerial attention to ensure smooth care delivery. Another participant referred to coordinating a physician's schedule to ensure smooth delivery of care:

> You are trying to arrange things, but it's dependent on several different factors. For example, I have to book a C-section within a 1-week timeframe. Sounds easy, so which room is slightly booked to capacity but not overbooked? Out of the 5 days, I narrow it down to 1 day.

Table 1. *Role Stressors and Coping Strategy Themes*

Theme	Subtheme
Role stressors	Working with limited resources
	Responding to continuous change within organizational work complexities
	Senior management's disconnection from practice
Coping strategies	Planful problem solving
	Reframing situations
	Having social support
Health outcomes	Psychological and physical effects and family and personal strain

Another participant stated she collaborates with staff to prevent issues from arising, as she explained:

> I meet staff at 7 o'clock… we do our huddle, and we talk about the day, then we'll troubleshoot… if we have sick calls or whatever the staff are self-directed to call people in, or if they have trouble, they let me know…

Subtheme 2: Reframing Situations. All participants referred to a psychological process that involved reflecting, reorienting, and reconciling situations as a way to decrease anxiety and fear. Participants understood coworkers' pressures and attempted to cope with the situation in varying ways such as taking the initiative in "doing it my way" and "letting it roll off my back" in developing resilience in the role. Participants made deliberate choices on how and under what circumstances to respond to work demands. As 1 participant explained:

> I will sometimes get into hot water with not attending as many meetings. I believe my job is there [on the unit]. I like to see meetings that have value, if it's something that I need to move forward, and it's going to benefit our facility… So if it's not, then my place is at work [unit].

Subtheme 3: Having Social Support. The majority of participants addressed the importance of psychosocial support and nurturing they received from superiors, colleagues, family, and friends. One participant stated that her family "like to camp and get out… we certainly get away, and you need to do that." All levels of management were a significant support to participants in various ways as they provided a sounding board to vent, shared ideas, and provided guidance to navigate the intricacies of the role. One participant shared her experience:

> The previous manager of emergency… coached me into this job. I have a tremendous amount of respect for my director. It's probably one of the reasons that I stay in this job is because I do have a profound respect for her….

Health Outcomes. Participants described a variety of health-related outcomes as a result of frequent exposure to stressful situations in their role that included psychological effects, family and personal strain, and physical effects. From a psychological perspective, participants frequently reported they had difficulty doing a job they believed valuable for staff that included coaching staff and conducting performance appraisals, as they were often called to resolve crises. As a consequence, a prevalent theme across interviews suggests that managers experienced cues that made them feel so acutely stressed out they could "not turn it off at the end of the day" and were unable to convey in words the emotional exhaustion they felt. Some reported experiencing depression and seeing a counselor as they navigated challenging work environments. Some managers referred to having bad days and taking it out on their spouse and family.

From a physical perspective, several NMs indicated they knew the value of exercising regularly but often "don't nearly have the time or the energy… to exercise," leading to weight gain and sometimes weight loss, and often had "sleepless nights thinking of all the things that you have open in your brain that you need to do."

Discussion

Results support the application of Lazarus and Folkman's[21] Stress and Coping Theory as a method of understanding the relationships among the NMs' work environment, their stressful encounters, coping strategies, and perceptions on their health.

Based on the findings in this study, NMs have severely high levels of role stressors. While there is evidence of coping strategies, the available psychosocial resources may be inadequate for the short- and long-term health outcomes of NMs. The most common source of role stressors was related to workload in the context of increasingly stretched resources situated within a context of an evolving and growing unrealistic expectations of the NM role. Pressures related to responding to organizational initiatives, cumbersome and complex bureaucracies, and senior administrators' perceived lack of understanding of patient care demands are consistent with manager role stressors found by other researchers.[4,5]

Because health services are publicly funded and administered on a provincial or territorial basis in Canada within guidelines set by the federal government, each organization within a health region needs to deliver care within a set budget. Faced with mounting pressure to address spiraling costs and inefficiencies, the Ministry of Health in a western Canadian province made a multimillion dollar investment in the Lean management system to enhance quality and safety of patient care while reducing costs.[24] As with any large-scale change, NMs were pivotal to this effort.

Proactive, planned problem solving, social support, and reflecting, reorienting, and reconciling situations are some of the ways NMs countered the role stressors. Managers who participated in problem-focused coping strategies such as focused and deliberate problem solving suggest they were able to influence and control the work situations.[21] Managers knew what needed to be done and developed a plan of action to respond to a problem. Other studies have found that social support is a common way of

Table 2. Stressor Subthemes and Interventions

Stressor Subtheme	Interventions
Working with limited resources	Risk taking, proactivity, and innovativeness focusing on organizational and unit structural changes
	Identifying and mentoring talented staff nurses for succession planning
Responding to continuous change within organizational work complexities	Comanager model employing 2 full-time managers
	Leadership development program that customizes manager's educational needs to solve unique unit and organizational challenges that include coaching, mentoring, managing change, accessing personality tools for self-reflective purposes and professional growth, and stress management and resiliency training programs
Senior management's disconnection from practice	Leadership forums among senior leaders, middle managers, and first-line managers that include the following:
	• Sharing knowledge regarding factors and practices at the unit level
	• Sharing knowledge of external environmental influences on organizational direction
	• Developing proactive and strategic interventions to create change in the organization and its relationship with the external environment

coping.[5,13] This could suggest that NMs often use planned problem solving and social support in staying ahead in their role.

In this study, negative health outcomes could be associated with severely high workloads. These findings could suggest that coping strategies may be inadequate, given the intensity and demands of the role. Mental health issues may manifest as depression, anxiety, or somatic illness. The coping strategies may temporarily "take the edge off" and give a sense of relief from stressors but fail to address the fundamental cause of the stressor and may be insufficient for the manager's long-term health. Laschinger et al[18] found that although NMs reported high levels of burnout, they reportedly experienced good mental and physical health; however, middle managers were more empowered than NMs. Managers may be internalizing the stress leading to maladaptive coping strategies, decreased mental and physical well-being, and/or leaving the role entirely.

Implications for Nurse Leaders

Senior administrators can impact the health and productivity of NMs through focused interventions that reduce the negative effects of mental and psychological stress in managers. Table 2 reflects suggested interventions for stress subthemes. The findings clearly support the need for leadership development to decrease NM stress and improve their sense of self-efficacy.[19] Evidence suggests that learning on the job without the benefit of formal educational programs and lacking feedback on performance causes managers' stress and job dissatisfaction.[25] Creating a social support system and work climate that improves role expectations and promotes feeling of belonging in a community of like-minded individuals with shared concerns provides managers with time and opportunity to build their social support networks.[25]

Second, managers need to be involved in redesigning their role that could include implementing a comanager model. This model is a managerial intervention that employs 2 full-time managers for 1 unit.[26] This change has been suggested elsewhere in the literature that could decrease employee turnover and make the role more appealing to potential recruits.[5,13,26] Nurse managers may be better able to divert more energy to coaching, mentoring, and strengthening relationships with staff that could lead to improved staff and patient outcomes and sow the seeds for succession planning. Because NMs bear a major responsibility for 24/7 hospital unit care, the findings from this study should inform decision making by senior nurse leaders.

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