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The Psychosocial Workplace Atmosphere Experienced by Nurses in General Practice: Lithuanian Nurses Cases

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ABSTRACT

Introduction: In the current era, evading heightened job demands has become nearly impracticable. The impact of these elevated expectations on mental health can vary for each individual; they may yield positive effects, fostering alertness and motivation. However, when these demands surpass manageable limits, they can lead to stress, posing risks to an individual's well-being. Furthermore, nurses are not exempt from this phenomenon. Nurses constitute approximately half of the workforce in healthcare facilities globally (HCF). Looking back, it's a recurring pattern for nurses to be at the forefront in addressing global health crises. Moreover, the COVID-19 pandemic has served as a stark reminder to everyone regarding the pivotal role nurses play in society.

Methods: A quantitative research method was chosen. The analysis of scientific literature aims to uncover the concept and significance of the psychosocial work climate while exploring the specifics of psychosocial risks and nurse relationships. Through a quantitative study employing a questionnaire, the objective is to evaluate the psychosocial work environment. This quantitative research, utilizing a questionnaire survey, employs descriptive statistical calculations to scrutinize the study's findings. There were 300 nurses involved in the study.

Results: The study findings indicated that the psychosocial work climate for nurses exhibits both positive and negative facets. While most nurses enjoy positive relationships with their supervisors and colleagues, challenges arise due to certain team members who may not consistently offer the needed social support, sometimes fostering gossip or conflicts. Instances of verbal aggression were noted, while physical aggression cases were absent. Occasional reports of sexual harassment and mobbing were isolated. Identified predominant psychosocial risks for nurses encompass physical strain, ergonomic deficiencies, exposure to biological materials, as well as adverse effects from protective latex gloves and disinfectants.

Conclusion: High work demands, heavy workloads, rapid pace, and a prevailing lack of time were observed. Nurses expressed discontent with their salaries and reported minimal influence on work decisions despite a positive perception of work control. Concerns regarding an uncertain future and fear of medical errors were prevalent. However, nurses felt adept at balancing work and personal life.

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Introduction

Nurses comprise approximately half of the workforce in global healthcare facilities, historically being consistently at the forefront during global health crises, as highlighted during the recent COVID-19 pandemic [1].

Amid the challenges posed by the pandemic, nurses encounter various psychosocial issues at work, including psychological or physical aggression, inadequate staffing, overwhelming patient numbers, challenging patient interactions, confronting mortality, infection risks, interpersonal conflicts, and receiving feedback primarily for unsatisfactory performance [2,3]. The demanding expectation for nurses to make critical decisions impacting patient health through round-the-clock intensive workplaces tremendous psychological and physical strain on HCF staff, surpassing the

commonly acknowledged challenges. This underscores the imperative of prioritizing health in crafting supportive working conditions for healthcare specialists within HCF [4].

Stress significantly influences health behaviors among nurses, leading to compromised sleep quality, reduced physical activity, altered eating patterns (with inadequate nutrition and reliance on processed foods), and sometimes resorting to alcohol as a coping mechanism [5]. Persistent pressure can result in psychological exhaustion, depersonalization, diminished happiness, and ultimately, occupational burnout [6]. General practice nurses (GPN) face an escalated risk of occupational burnout, with over half of nurses in various studies across Lithuania and other countries reporting experiencing burnout symptoms [7].

While unethical behavior in HCF is a global issue, each country's distinct culture, values, and moral beliefs significantly shape the manifestation and tolerance of this problem among healthcare

staff. Considering the substantial impact of psychosocial work conditions experienced by HCF employees in Lithuania, measures were implemented to enhance the psychosocial climate and psychological well-being within healthcare institutions. The Order of the Minister of Health of the Republic of Lithuania (No. V-332), dated March 10th, 2020, ratified the Action Plan for the Improvement of Psychosocial Climate and Psychological (Emotional) Well-being in the Health Care System for 2020 – 2022. This plan aims to "cultivate a conducive culture for psycho-emotional well-being in national healthcare and fortify the mental health of healthcare professionals."

To understand the problematic of the theme, there were presented the aim of the study, which is about revealing the psychosocial workplace atmosphere experienced by nurses in general practice.

Methods

Study Design, and Collection of Data

The study took place within the largest hospitals during the months of July and August. Employing direct questionnaires, respondents were tasked with personally completing written questionnaires. Prior to answering, participants were briefed on the study's objectives and willingly participated. It was emphasized that the questionnaire was anonymous, ensuring confidentiality. A total of 335 questionnaires were distributed, with 313 returned; however, 13 were considered invalid due to unanswered questions. Consequently, 300 valid responses were included for analysis, resulting in a response rate of 93.4 percent.

The quantitative study utilized a non-probabilistic random sampling method for selecting its sample. Participants were chosen based on specific criteria: voluntary agreement by signing the consent form, possession of a valid general practice nurse's license, and employment at X Kaunas hospitals during the study duration. The study's sample comprises 300 subjects, chosen because the study population (general practice nurses) displays heterogeneity in the traits being tested. Thus, the sample size exceeds the minimum of 30 cases required for statistical processing but remains below a few thousand cases, a scale challenging to achieve to represent the broader population accurately.

Authorization from the relevant authorities included obtaining permission from Hospitals, where the research took place, and securing approval from the Lithuania University of Health Sciences Bioethics Center (Approval No. BEC-KK(B)-06).

Subject notification involved providing written information about the study. The subject information form delineated the study's purpose, participant selection methods, potential inconveniences related to participation, contact details for queries, assurance of confidentiality, and clarification about voluntary participation.

Confidentiality for participants was ensured through anonymity in the questionnaire; no personal identifiers like names or addresses were requested. Additionally, study results are solely disseminated in summary form to preserve anonymity.

Assessment of potential risks and harm to patients involved utilizing a questionnaire survey method, which poses minimal to no risk or harm to participants and is justified as it causes only minor inconveniences, primarily related to time.

Participants

There were 300 nurses involved in the assessment. The primary sociodemographic attributes of the study's participants are outlined,

including their distribution based on gender, age, marital status, place of residence, educational background, duration of service as a nurse, and work schedule. (Table 1 place can be here)

Table 1: Social and Demographic Data of Nurses Participated in Research Between July and August 2022 (N=330)

Indicator	Percentage of respondents
Gender	
Female	97.33
Male	2.67
Age	
From 20 to 30 years	13.0
From 31 to 40 years	17.33
From 41 to 50 years	29.0
From 51 to 60 years	29.0
From 61 to 70 years	10.33
More than 71 years	1.33
Marital status	
Married	46.0
Single	20.0
Divorced	14.0
Widowed	9.0
Living in partnership	11.0
Residence	
City	84.33
Town	15.67
Length of service as a nurse	
Up to 5 years	13.33
From 5 to 10 years	8.67
From 11 to 20 years	22.0
From 21 to 30 years	26.67
From 31 to 40 years	18.67
From 41 to 50 years	9.33
More than 50 years	1.33
Work schedule	
Days	47.67
Nights	17.67
Different shift (days, nights)	34.67

Results and Discussion

The initial phase involved assessing the work conditions of nurses. Within the survey questionnaire, participants were asked, "Do you work overtime?" The responses indicated that 78.0 percent of nurses do not work overtime, while 22.0 percent do, dedicating between 2 to 10 extra hours per month. Those working overtime reported experiencing slightly higher levels of physical stress (8.51 percent) compared to those not working overtime. Literature analysis revealed that increased work hours could correlate with reduced job productivity, musculoskeletal injuries, and various illnesses [8].

The investigation aimed to ascertain if nurses were encountering muscle and bone strain leading to potential physical health issues. Participants were asked, "Do you experience physical stress at work?" Results indicated that more than half of the nurses

(57.0 percent) answered "yes," while the remaining 43.0 percent responded "no." Existing literature highlights that tasks involving patient care could significantly contribute to nurses experiencing discomfort in different body areas [9].

An aspect of the study focused on determining the prevalence of adverse effects experienced by nurses while using protective (latex) gloves. The query asked, "Have you experienced any side effects from wearing protective (latex) gloves?" A majority of nurses (66.33 percent) reported no side effects, while 33.67 percent mentioned experiencing issues. Commonly reported side effects included hand skin rashes, itching, dryness, and cracking. Although there are no official studies demonstrating the prevalence of latex allergies among Lithuanian nurses, the overall incidence of allergic diseases has been on the rise in Lithuania potentially indicating an accurate reflection of nurses affected by latex allergies [10].

Subsequently, it became crucial to evaluate the efficiency and comfort level regarding the nursing work environment's ergonomics. When queried, "Is your work environment ergonomic?" the responses revealed that the majority of nurses (69.67 percent) answered "yes," while a smaller segment (30.33 percent) responded "no." Literature review findings echoed these sentiments, highlighting issues such as cramped wards, inadequate or outdated chairs leading to discomfort a concern reinforced by nurses in this study who also expressed dissatisfaction with antiquated, non-functional beds [9]. To comprehensively identify psychosocial risks in nurses' workplaces, an evaluation of their workplace requirements was essential.

Regarding work demands, a significant majority either agreed (55.67 percent) or strongly agreed (16.33 percent) that "work requirements are high," with a minimal proportion disagreeing (6.33 percent) or strongly disagreeing (2.67 percent). Additionally, when assessing workload, more than two-thirds of respondents (70.0 percent) expressed agreement or total agreement with the statement "workload is high." These responses suggest that nurses perceive a necessity to work beyond their preferences. The pace of work also emerged as a concern, with 69.66 percent of nurses feeling the pace was too fast, leading to a hurried working style. Literature analysis indicated that rapid work pace could contribute to feelings of sadness, depression, and exhaustion [11]. Similarly, this study found that respondents feeling compelled to work quickly were significantly more likely (52.27 percent) to report frequently feeling sad compared to those who perceived the pace as manageable.

Regarding time allocation for tasks, the majority of respondents (54.33 percent) disagreed or strongly disagreed that "there is enough time given to complete tasks." Conversely, about a quarter (24.67 percent) agreed or strongly agreed. Notably, a higher percentage of nurses working overtime (9.99 percent more than those not working overtime) indicated inadequate time allocation. This implies that some nurses extend their work hours due to insufficient time allotted for tasks. Furthermore, literature review findings in Lithuania revealed that due to time constraints, nurses refrain from utilizing support measures to assist in lifting patients, which can negatively impact their health [12].

Due to the continuous restructuring in healthcare facilities, this study aimed to investigate whether workplace changes instill feelings of insecurity or uncertainty about the future.

Participants were asked, "Do constant changes and reforms at work create uncertainty about the future?" The majority of respondents

fully agreed (14.67 percent) or agreed (43.67 percent) that these constant changes induce a sense of uncertainty about the future. In the literature review, this uncertainty was linked to increased usage of sedatives and hypnotic medications [13]. A smaller percentage of respondents disagreed (9.67 percent) or strongly disagreed (3.0 percent), while 29.0 percent remained neutral with a "neither agree nor disagree" response.

Considering that only 17.0 percent of Lithuanian employees across various professions successfully balance work and family responsibilities the study aimed to determine if nurses encountered similar challenges reconciling their private lives with work [11].

Regarding the statement "Reconciling personal life and work is successful," the majority of nurses (39.33 percent) agreed. Other responses were distributed as follows: 22.67 percent chose "neither agree nor disagree," 21.67 percent disagreed, 12.33 percent strongly agreed, and 4.0 percent strongly disagreed. Literature indicated that longer work hours are associated with poorer work-life balance [14]. This study also observed that those not working overtime were more likely (9.83 percent) to claim successful reconciliation of personal and work life compared to those working overtime.

Another critical aspect was evaluating nurses' opinions about their remuneration. When asked if their salary was appropriate, the results depicted that 48.67 percent disagreed, 27.0 percent completely disagreed, 5.0 percent agreed, 2.33 percent completely agreed, and 17.0 percent neither agreed nor disagreed. Literature analysis suggested that nurses' remuneration lacks consistent growth compared to other professions potentially contributing to nurses' negative perception of their earnings [15].

In assessing the specifics of nurses' work content, the study aimed to gauge their communication with patients, an integral part of their profession. Respondents who agreed (32.67 percent) or fully agreed (11.67 percent) with the statement "There are difficulties in communicating with patients" were noted. A smaller percentage disagreed (17.33 percent) or strongly disagreed (2.33 percent), while 36.0 percent chose "neither agree nor disagree." Though literature linked communication difficulties with dissatisfaction in the profession this study did not observe such a correlation [16]. Nurses cited several challenges in patient communication, including difficulties with children, patients with mental illnesses or dementia, those experiencing pain, hearing-impaired patients, and those with undisclosed wishes due to their consciousness level. Notably, communication with patients with mental illnesses was identified as particularly challenging in Lithuania [17].

Examining the dynamics among nurses holds significant importance as it forms a foundational aspect of the work environment. Therefore, delving into the quality of relationships was essential. The primary focus was on assessing how nurses perceive their rapport with their direct supervisor.

The statement posed was "The relationship with the supervisor (chief nurse) is good." The survey findings indicated that a majority of nurses believed their relationship with their line manager was positive. Specifically, 61.67 percent of nurses agreed, with an additional 14.0 percent strongly agreeing. A small proportion disagreed (2.0 percent) or strongly disagreed (1.33 percent), while 21.0 percent remained neutral. Literature supports the idea that a favorable relationship with a manager positively impacts professional satisfaction [14]. However, this study couldn't confirm

this directly due to the significantly smaller number of respondents reporting poor relationships with their managers compared to those reporting positive ones.

Subsequently, the examination expanded to different aspects of the supervisor-subordinate relationship. When assessing the occurrence of problems with supervisors, the majority (81.0 percent) reported no difficulties in their relationship with their manager. However, a notable proportion (19.0 percent) indicated otherwise, suggesting a relatively minor occurrence of problematic relationships between nurses and supervisors.

Another crucial aspect was evaluating nurses' trust in their chief nurse when facing work-related issues. While literature highlighted limited support from managers in Lithuanian organizations this study yielded different results within healthcare facilities [11]. A significant majority (85.67 percent) felt they could discuss problems with their supervisor, and an even higher percentage (88.67 percent) believed they could expect help from them if issues arose. Insufficient support from a direct supervisor has been associated with higher stress rates and work dissatisfaction. This study partially confirmed this, with those unable to expect help from their supervisor slightly more likely (12.16 percent) to frequently experience stress. However, no direct link between job dissatisfaction and supervisor support was observed.

The appreciation of nurses' efforts by the chief nurse was also evaluated, with a majority (76.33 percent) indicating that their contributions were typically acknowledged, while about a quarter (23.67 percent) disagreed. Literature indicates a connection between work appreciation, enthusiasm, and professional satisfaction [14]. Similarly, this study revealed that those recognized for their efforts were significantly more satisfied with their profession (21.78 percent) and slightly more likely (6.24 percent) to consistently feel enthusiastic about their work compared to those receiving less recognition.

The study also probed into the chief nurse's receptiveness to differing opinions among nurses, finding that the majority (92.0 percent) affirmed their varying viewpoints were accepted. Recent research discussed in literature supports that an environment allowing employee expression of opinions fosters improved relationships with authorities, and a lack of voice may lead to employee turnover [14].

In summary, while the relationship between most nurses and their chief nurse is positive, a notable fraction encountered difficulties at work due to this relationship. Despite this, most nurses receive adequate support and help from their supervisors, with those lacking support facing higher stress levels. Although most nurses feel valued in their work, a significant minority feels their efforts are underappreciated. Additionally, a vast majority of chief nurses seem to accept different opinions from their nursing staff.

Strengths and Limitations

This is the first study of its kind in Lithuania to explore nurse's psychosocial workplace atmosphere in general practice. However, the limitations of the study are due to different perceptions of what constitutes a psychosocial workplace. It is also due to the low involvement of nurses in the study.

Conclusion

The primary identified psychosocial risks encompass physical strain, ergonomic deficiencies, exposure to hazardous biological

materials, adverse effects from protective (latex) gloves, and disinfectants. The study revealed high work demands, substantial workload, a rapid pace, and prevalent time constraints. Nurses expressed highly negative sentiments regarding their salaries and perceived limited influence over work decisions. Furthermore, prevalent concerns included uncertainty about the future and apprehension regarding medical errors. Most nurses reported challenges in communication with patients and acknowledged the emotional difficulty of caring for terminally ill patients.

While most nurses maintain positive relationships with their supervisor (chief nurse) and colleagues, challenges arise occasionally due to team members who may not consistently offer necessary social support, fostering gossip or conflicts. Instances of physical aggression were absent, but verbal aggression was reported. Isolated cases of sexual harassment and mobbing were also noted.

Conflict of Interests

There were no interests conflict during the research.

Funding

There was no resource of funding for this research.

Ethical Approval and Informed Consent

Permission to conduct the study was obtained from the Bioethics Centre of the Lithuanian University of Health Sciences. The study-maintained privacy, confidentiality, anonymity, and the participants participated voluntarily and were free to discontinue participation at any time.

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Authors Contributions

VJ, MG initiated research, wrote the research paper and manuscript, supervised data collection and analysis. VJ, MG participated in study design, conducted the field work and helped with the data analysis. AL supervised data analysis and interpreted the data. All the authors have read and approved the final manuscript paper.

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