

NURSING CARE IN PSYCHIATRY:

Nurse participation in Multidisciplinary equips and their satisfaction degree

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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)¹. Working in multidisciplinary equips has become usual, but a sense of loss of professional identity arised among nurses.

Framework

This study, is a part of a larger study derived by nurses' perception of a persistent role uncertainty and ambiguity, better defined 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 (role conflict).

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

¹Ramon S. and Giannichedda M.G. (1991)"Psychiatry in transition, the British and Italian experiences" II ed., Pluto press, London

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 and the formative needs are considered. Satisfaction and role conflict degree were tested with specific likert scales built by the research team. It would be interesting to repeat the study using standardised satisfaction and role conflict 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. In each section a stratified analysis was held by sex, age, seniority on the role and place of work.

Role conflict and ambiguity perception

To investigate the role conflict and ambiguity precepted 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 then 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 time 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 (Fig.3 bis). Other stratifications did not show significant results.

The satisfaction degree

The satisfaction degree was investigate 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 choose 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) whit 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 78.92 (sd = 8.41). Range was 58-99.

Stratified analysis of stress by places of work, shows the lowest degree in IS nurses

And other workplaces are homogeneously set at an higher level (fig 7bis).

Comparative analysis

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.

The coefficient of correlation is:

Correlation coefficient: $r = 0.68$,
 $r^2 = 0.46$,

95% Confidence limits: $0.55 < R < 0.77$.

B coefficient = 0.727 (95% Confidences 0.567 lower, 0.887 upper)

Standard Error = 0.081

F-test = 79.51

Y- intercept = 16.055

The comparative analysis between Role conflict and Stress (Fig. 9) shows a low degree of correlation.

Correlation coefficient: $r = 0.30$
 $r^2 = 0.09$

95% confidence limits: $0.10 < R < 0.47$

F-Statistic = 8.99

B coefficient = 0.417 (95% conf. lim. 0.145 lower, 0.689 upper)

Standard Error = 0.139

Y-intercept = 36.143

Conclusions:

The data show a very diversified role conflictuality (Range 43-98), even if the comprehensive average shows a moderately controlled conflictuality (average 69.85, ds 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 (CMHC and IS), in which nurses work prevalently by themselves, the kind of relationship with the

consumer is dual, equip meetings are frequent, the conflictuality degree is centred in the range 70-79, which means it is relatively low and usually hospitals services (PH and SPDC) where the nurses has 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 (Fig. 3bis). From these results it derives the hypothesis, that has to be confirmed by further studies, that the independence in the work and 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 motivated 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. Finally, the psychiatric nurses had turned out to be, in the average, very stressed by their job (average 78.2, sd = 8.41). Anyway the stratified analysis shows that nurses working in the Intermediate Structures are less stressed, on the contrary the other ones are distributed in a homogeneous way at an high stress level. The explanation of this phenomenon is connected to the kind of consumers attending the different structures; as a matter of fact from many points of view, consumers of the Intermediate Structures are less problematic and in a balance state.

The comparative analysis shows a moderate correlation ($r=0.68$) between variable elements: role conflict and satisfaction; it means that less is the conflict, the more it is the satisfaction. Nevertheless, these data seems to show that lower is the role conflict, greater is the stress, even if the correlation is less evident ($r=0.30$). This could be motivated by the hypothesis that stress is correlated with the way of working, the responsibility of decision making and the kind of consumers cared. Further studies are needed to investigate these hypothesis.