Quality of nursing care: The influence of work conditions, nurse characteristics and burnout

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Highlights

• Nurses’ burnout do not affect quality of nursing care when controlling other factors.
• Nurses’ burnout and nurses’ characteristics have indirect influence on the quality of nursing care.
• Improving nursing work conditions enhances the quality of nursing care.
• Different nursing care models and leadership styles did not have significant influence on the quality of nursing care.
• Young and male nurses provide better quality of nursing care.

1. Introduction

Providing quality health care is one of the most challenging issues for health care systems all over the world. Increasing demand on health care services associated with shortage of health care professionals and massive advances in health sciences and technology has created an overload of work and job stress, which lead to an increase in errors and a decrease in work quality (The Institute of Medicine [IOM], 1999, 2001, 2013).

Prompt changes in the health care system, a work overload, consistent interaction with suffering patients and continuously unmet psychological needs will lead to burnout; which is a state of emotional, intellectual and physical exhaustion (Azeem, Nazir, Zaidi, & Akhtar, 2014; Maslach, Schaufeli, & Leiter, 2001; Patrick & Lavery, 2007). Sever burnout is manifested by fatigue, job dissatisfaction, low self esteem, poor concentration and reasoning, as a result, this may lead to emotional depletion, uncaring perception of the clients, negative self evaluation and quitting job (Maslach & Jackson, 1981; Maslach et al., 2001). Nurses burnout reduces their work productivity, increases the potential of health related errors (Montgomery, Panagopoulou, Kehoe, & Valkanos, 2011), rises turnover rate and directly affects the quality of nursing care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Leiter & Maslach, 2009). In a study that aimed to investigate the influence of burnout on some work related variables, researchers found that emotional exhaustion was associated with absenteeism, intention to leave profession, personal and family deterioration, also, depersonalization was linked to the perception of having made errors (Süner-Soler et al., 2014). Therefore, it is a key to recognize the factors in nurse burnout that may affect the quality of nursing care.

Quality is a health care services level that is consistent with updated professional knowledge and allows desired outcomes to be obtained (IOM, 1990). Several studies
explored and examined the different environmental factors that are related to the quality of nursing care and required improvement at health care systems. Laschinger, Shamian, and Thomson (2001) studied the effects of magnet hospital characteristics on nurses’ job satisfaction, trust, perceived quality of care, and burnout among nurses. Authors reported the organizational traits of autonomy, control, and collaboration were negatively correlated with burnout, which in turn is associated negatively with the perceived quality of care, although trust in management was positively correlated with nurses’ perceived quality of care. In a recent study, Van Bogaert, Van Heusden, Timmermans, and Franck (2014) suggested that nurse work environment such as “nurse-physician collaboration” and “nurse management” at both unit and hospital levels are influential to nurse-assessed quality of care as mediated by nurse-work characteristics. In addition, effective leadership styles have an influential role in providing quality nursing care, nurses in departments with effective leadership styles reported lower rates of medication errors, patient falls, pneumonia, urinary tract infections, brain hemorrhage and patient mortality (Houser, 2003). Similarly, in Jordan, factors related to work environment, competent management, and nurses’ job satisfaction; specifically satisfaction with psychological rewards, rotating work shifts and daily census, were reported as significant indicators of quality of nursing care (Mudallal, 2013). Furthermore, quality of nursing care in Jordanian hospitals was significantly dependent on nature (type) of the hospital (Mrayyan, 2008; Mudallal, 2013).

In addition, nurse burnout reflected a unique role in the quality of nursing care provided through different studies. Vahey, Aiken, Sloane, Clarke, and Vargas (2004)-study revealed that quality of nursing care indicator “patient satisfaction” was negatively associated with nurse burnout. A substantial relationship between burnout and quality of nursing care was evident in a secondary analysis of a cross-national data from six countries in which the investigators found that high level of nurse burnout was significantly associated with low or fair level of quality nursing care (Poghosya, Clarke, Finlayson, & Aiken, 2010). On the same extreme of understanding, a Belgian study included 546 registered nurses from 42 units demonstrated that emotional exhaustion is a significant predictor of job satisfaction, turnover and quality of nursing care (Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010). Similarly, a recent cross-sectional survey, using a multilevel modelling technique to analyze data of 709 nurses from different levels and were working in 25 residential aged care services demonstrated that emotional exhaustion and depersonalization were substantial indicators of the quality of nursing care (Van Bogaert, Dilles, Wouters, & Van Rompaey, 2014).

Although a limited number of studies highlighted the influence of burnout on the quality of nursing care, burnout has been found a mediator of the pathway between some organizational traits or interventions and the quality of nursing care. For example, burnout played a mediator role in the relationship between nursing work environment and patient’s safety (Laschinger & Leiter, 2006), influenced nursing work environment on job outcomes (Van Bogaert, Meulemans, Clarke, Vermeyen, & Van de Heyning, 2009) and quality of nursing care (Spanu, Baban, Bria, Lucacel, & Dumitrascu, 2013). Of the aspects of burnout, emotional exhaustion besides workload have mediated the relationship between work environment in terms of “nurse-physician relationship”, “hospital and nurse management” and “organisational support” and the quality of nursing care; all of which were found to have predictive

Based on previous evidences, environmental factors and nurse characteristics have influenced both burnout and the quality of nursing care (Aiken et al., 2002; Houser, 2003; Laschinger et al., 2001; Mrayyan, 2008; Mudallal, 2013; Van Bogaert, Van Heusden, Timmermans, & Franck, 2014) and substantiate the mediation role of burnout in relation to the quality of nursing care (Laschinger & Leiter, 2006; Spanu et al., 2013; Van Bogaert et al., 2009; Van Bogaert et al., 2013). Limited number of studies demonstrated the influence of burnout on the quality of nursing care (Poghosya et al., 2010; Van Bogaert et al., 2010; Van Bogaert, Dilles et al., 2014), although the influence of workers’ stress level on productivity has been addressed. Therefore, the aim of this study is to investigate the influence of nurse burnout, general work conditions, nurse and patient characteristics on the quality of nursing care.