

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



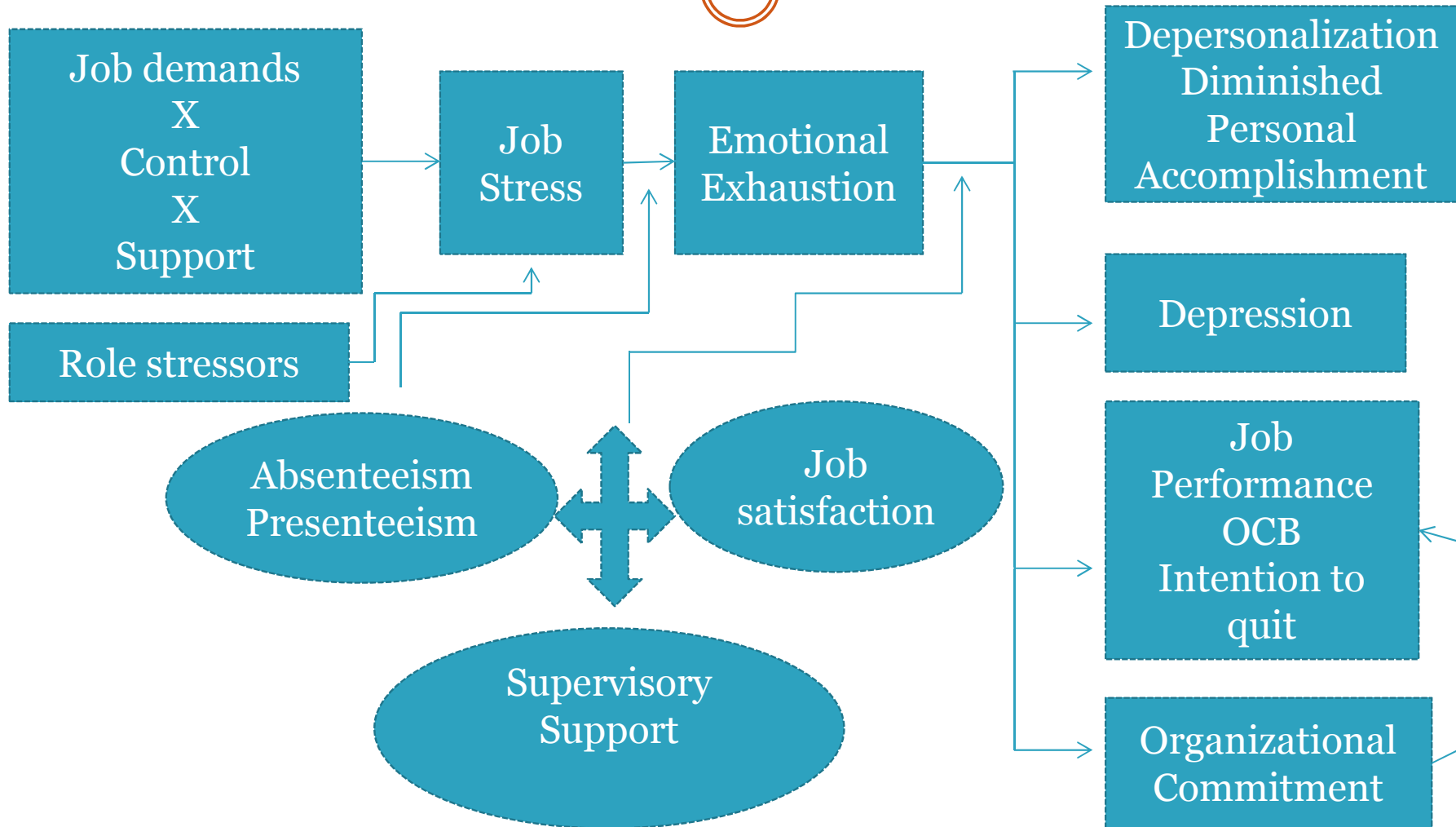
- Behavioral
 - In-role job performance
 - Organizational citizenship behavior
 - ✦ Individual
 - ✦ Hospital
- Attitudinal
 - Intention to quit
 - Organizational commitment (mediator)

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

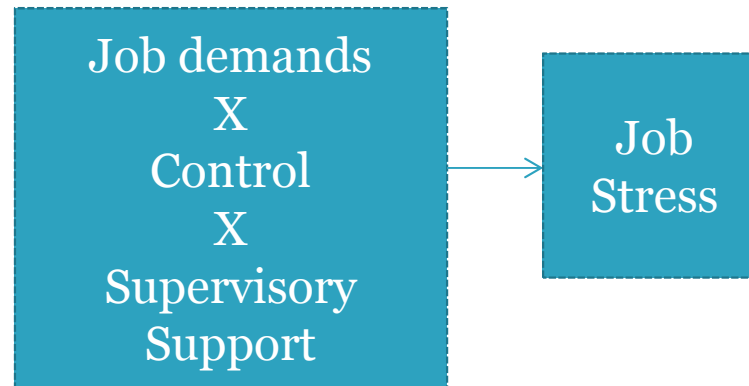


Extended Karasek Model



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

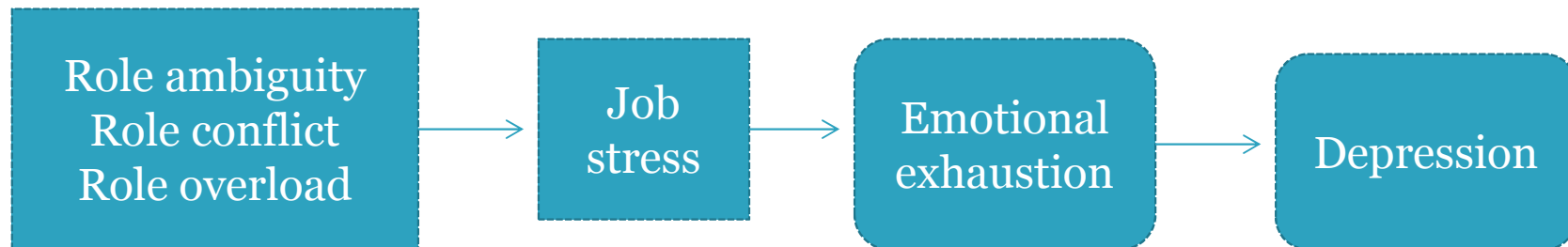
The interactionist model fits China, Argentina and Japan

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

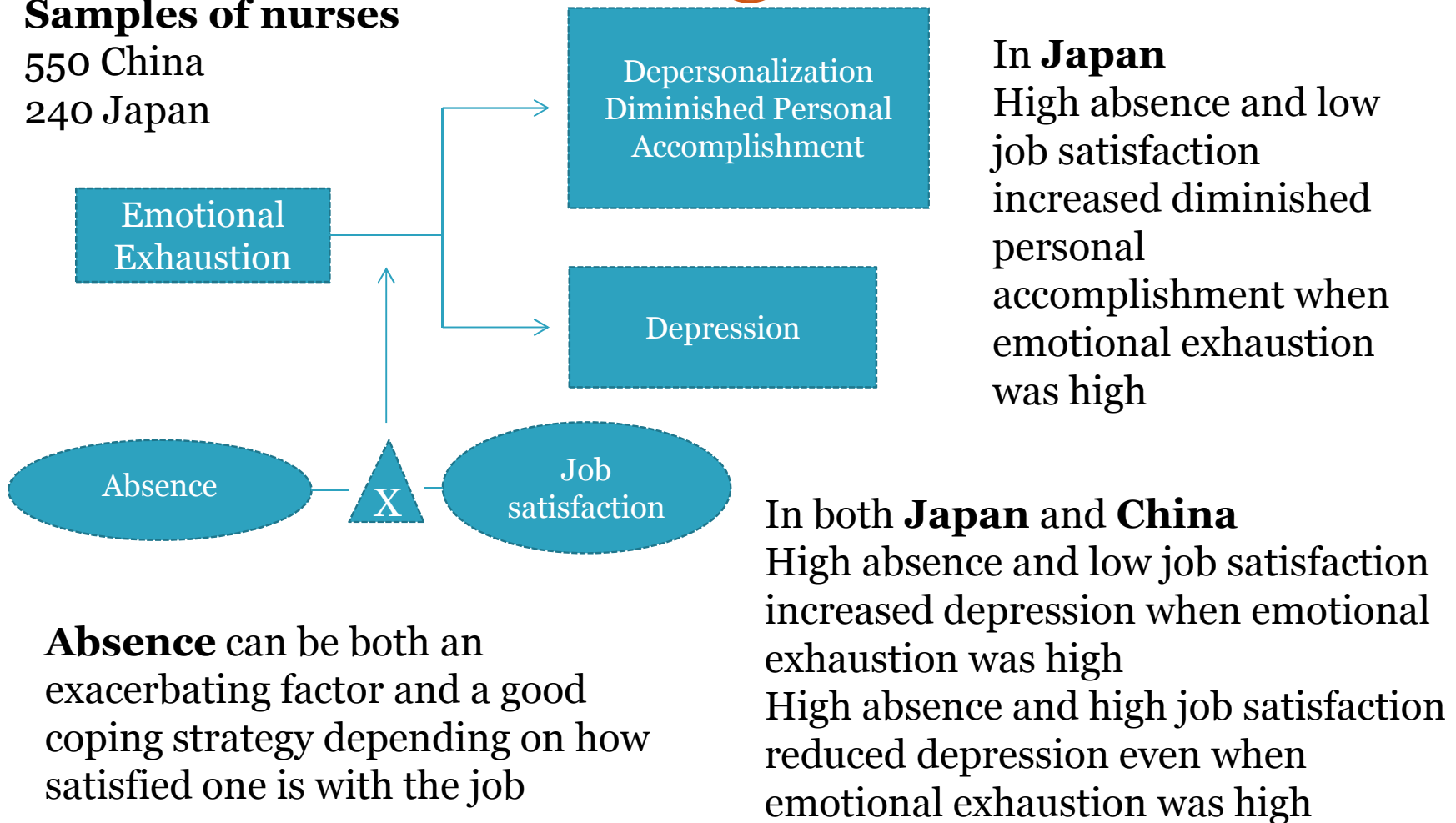
Step 2: Role overload and job stress are significant predictors of emotional exhaustion

Step 3: Job stress and emotional exhaustion are significant predictors of depression

An integrative framework

Samples of nurses

550 China
240 Japan



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

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

An integrative framework



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



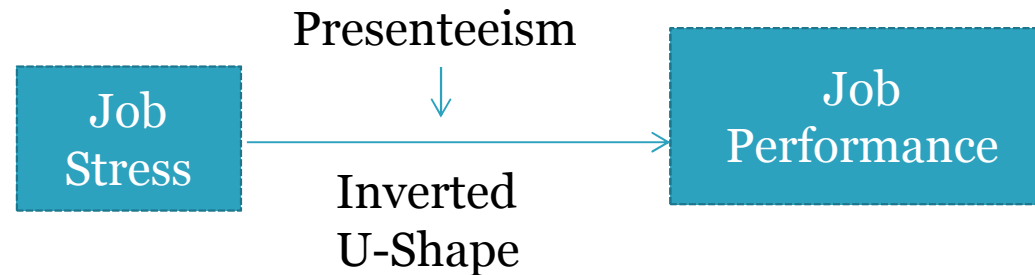
Organizational Commitment mediates the impact of Emotional Exhaustion on both OCB-I and OCB-H and Intention to Quit

Emotional Exhaustion does not impact Job Performance either directly or indirectly

An integrative framework



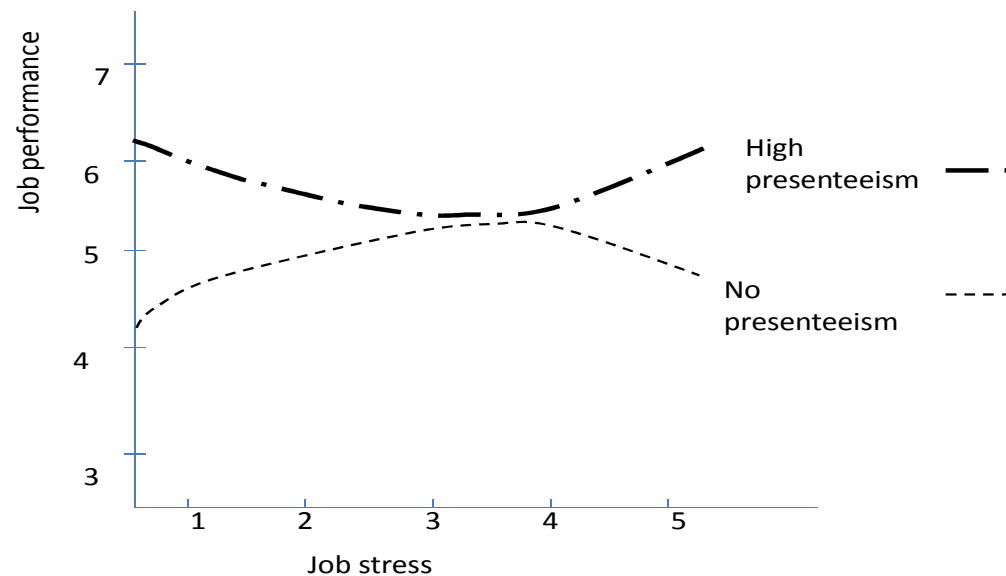
**Sample: 402
hospital
nurses in
Turkey**
Test: Yerkes-
Dodson Law



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



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