The Role of Social Support in Helping Female Shiftworking Nurses Cope with Shiftwork and General Work Stress

Dr. Anne Pisarski
School of Business, The University of Queensland, Brisbane, Australia
Email: a.pisarski@uq.edu.au

Ms. Christine Brook
School of Business, The University of Queensland, Brisbane, Australia
Email: c.brook@business.uq.edu.au
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ABSTRACT

The aim of this interpretive study was to build on previous research through an in-depth exploration of shiftworking nurses’ experience of social support at work. A qualitative, interpretive approach was used. Five themes emerged that described participants’ experience of social support at work, including: the importance of a supportive organisational climate; the role of tangible, informational and emotional support from supervisors; supervisors as leaders and managers; characteristics of supportive coworkers; and factors that can hinder the provision and mobilisation of coworker support. The knowledge gained from this study extends understanding of the interrelatedness of various sources and types of social support in facilitating or hindering shiftworking nurses’ coping efforts.

Keywords: Nursing; shiftwork; social support; support mobilization

INTRODUCTION

Nursing worldwide has been identified as a discipline with high rates of absenteeism and voluntary turnover, with many nurses leaving the profession due to diminished health and dissatisfaction with their working environment. A lack of support from nurse managers or coworkers, rotating shiftwork, inadequate autonomy, safety, recognition of skills and knowledge, and control over rosters and workload have been identified as some of the contributing factors (National Review of Nursing Education 2001; Pisarski & Loudoun, 2005; Tri-Council of American Nurses 2001).

The combination of shiftwork and a stressful work environment places considerable strain on nurses. The negative effects of shiftwork have been shown to be greater for women than men (Robson & Wedderburn 1990), which is of particular relevance to the predominantly female workforce of nursing. Although some shiftworkers adapt to their work schedules (Ogus 1990), many develop physical and psychological symptoms (Pisarski, Bohle & Callan 1998; 2002). An examination of the role of psychosocial and organisational factors in shiftwork tolerance in health care workers found that social support from various sources have complex, interrelated effects on the psychological wellbeing and physical health of shiftworking nurses and emergency workers (Pisarski & Bohle, 2001). Closer examination of the social support variables showed that positive support from coworkers facilitated the use of shiftworkers’ coping strategies, which, in turn, improved psychological wellbeing. A supportive
coworker milieu was, however, found to be at least partly dependent on support from supervisors (Pisarski et al. 1998, 2001, 2002).

Social support is conceptualised more broadly in the literature in terms of the psychological sense of support a person feels (perceived support), the support actually received or enacted (who helped and what they did), and the number of social connections a person has (social networks). Support is related to the type (tangible, informational or emotional) and source (work, family or friends) of support, and similarity and geographic proximity to the source of stress (Cohen, Gottlieb & Underwood, 2000; Terry, Tonge & Callan, 1995; Thoits 1986).

Regardless of occupation, social support enables a person to cope better with stressful life events, mediating the detrimental effect that stress has on health and well being (Snow et al. 2003; Thoits 1986). Shiftworkers’ need for support varies according to their circumstances but they are generally considered to be a high risk group in terms of the detrimental effects of shiftwork and general work stress on health. (see Pisarski & Loudoun, 2005).

Research examining the relationship between social support and shiftwork has focussed mainly on establishing a link between social support and psychological wellbeing. Bohle and Tilley (1989) found that as social support from supervisors increased psychological symptoms decreased. Nurses working shifts, who have supportive interactions with a spouse, best friend or supervisor, have also been found to experience fewer psychological health effects (Ogus, 1990, Singh, 1990). Ogus (1990) reported that, regardless of their level of occupational stress, nurses with high social support, who were satisfied with that support, showed less emotional exhaustion, less depersonalisation, and greater feelings of personal accomplishment than nurses with few supports. Singh (1990) found that nurses with high social support reported lower levels of perceived occupational stress. Social support from nurse managers and co-workers has been shown to mediate the effect of work stressors on physical health, psychological wellbeing, job satisfaction, absenteeism and voluntary turnover (AbuAlRub, 2004, Bartram, Joiner & Stanton, 2004, Jenkins & Elliott 2004).

These studies provide useful findings about the relationship between source of social support (supervisor, coworkers or family & friends) and psychological symptoms. Shiftworking nurses’ experience of social support, however, has not been well documented. The aim of this interpretive
study was to explore shiftworking nurses’ experience of perceived and received social support at work. This study examined the meaning ascribed to social support, the process by which social support is mobilized, and the impact of social support from individuals and social networks on psychological and physical symptoms, job satisfaction, and coping with shiftwork.

**METHODOLOGY**

An interpretive approach was used as the aim of this study was to elicit a richer understanding of participants’ experience of the role of social support in helping them cope with shiftwork and working in a stressful work environment by exploring participants’ thoughts, perceptions, experiences and feelings. Investigation of phenomena in this manner enables explication of the meanings people bring to them which, as Denzin & Lincoln (2000) point out, is the strength of using an interpretive approach.

**Sample**

Sampling was purposive. Survey participants were asked to indicate on a previously administered questionnaire whether they would be prepared to be interviewed. Of the 192 who indicated they were, 25 who had a variety of experiences on the constructs of age, type of employment (full-time, part time, or casual), relationship status (married or single), number of dependent children, and experience of working shiftwork were selected, in order to achieve variability in the data. The participants selected were telephoned and their willingness to participate and demographic information were confirmed. Through this telephone discussion participants were categorised as coping with shiftwork or not, and receiving adequate social support or not. Nineteen were willing and available to be interviewed. The first ten were interviewed and saturation was achieved after analysis of these data, so the other nine were advised they would not be required for interview.

The age range of the ten participants was 30 to 42 years, with an average age of 39 years. Six worked full-time and four part-time. Four were married with dependent children, two were single with dependent children and four were single with no children. Four felt they coped with shiftwork and six had difficulty coping. Nine worked rotating shiftwork including night shifts, the other was a nurse manager who worked morning and afternoon shifts and had previously worked rotating shifts. Apart from the nurse manager all worked as clinical nurses, providing direct patient care. Participants’
average length of shiftwork experience was 12 years (range 6-14 years). Participants claimed various levels of support from a variety of sources.

**Data Collection and Analysis**

Individual, in-depth interviews lasting 1½ to 2 hours were conducted in participants’ workplace or home according to their preference. The interviews explored situations in which participants felt most in need of support and coping strategies, the support available, or needed but not available, and coping strategies used. The interviews were audiotaped with permission and transcribed.

The constant comparative method of data collection and analysis was used to the point of thematic analysis, which provides an interpretation of the data rather than the development of theory (Strauss & Corbin 1990). Comparison of each piece of data with other data enabled emerging themes to be identified and tested by comparing for similarities and differences. The process of coding and analysing enabled immersion in the data and the ability to see data from different angles, thus enabling examination of concurring and confirming data (Morse 1994) and the development of thematic constructs that explained the data (Janesick 1994). The emerging themes were explored further in subsequent interviews, so the developing theory could be constantly compared with new data for consistencies and inconsistencies. This iterative process was continued until no new themes emerged.

**FINDINGS**

The findings outline the social support needed and obtained by these shiftworkers that facilitated coping with their work environment. Given the subjective nature of personal experience, it was difficult at times for participants to separate the impact of working shifts from the impact of their work environment more generally, particularly with respect to the need for and provision of social support in the workplace.

**The Importance of a Supportive Organisational Climate**

The organisational climate was critical in enabling participants to cope with shiftwork and their working environment. Participants perceived a supportive organisational climate as being one which fostered participative management, used positive feedback mechanisms and provided career development and control over working environment. All participants expressed a need for tangible support from the organisation in terms of self-rostering, provision of childcare, appropriate
staff/patient ratios and patient turnover, and the provision of adequate resources to perform their job.

The most frequently reported of these, in terms of helping them cope with shiftwork, was self-rostering. The interrelatedness of coping with both shiftwork and a work environment that was perceived as stressful is illustrated in the following quote:

> You need to be able to have a rostering system and a request system whereby if you put in a request, you know you're going to get it. If they [staff] don't have a life outside, you're in deep trouble. They will not cope with the stress in a unit. They will not BE there and you will have massive sickness. (Sarah)

Inadequate organisational support was seen as compromising participants’ capacity to attain the standard of patient care they felt happy with, leading to intense frustration. The provision of a supportive environment and adequate resources enabled managers and clinical consultants to perform their role more effectively and support their staff appropriately, which in turn, enabled them to do their own job well. Participants reported, however, that supervisors often did not have the time to provide adequate support:

> So, better staffing, you know more resources …but resources dry up and people become busier and more stressed. They're not having the time and just leaving you to cope on your own and not giving you the support that they were giving you… (Penny)

**Supervisor Support**

**The Role of Tangible, Informational and Emotional Support from Supervisors**

Tangible support from supervisors was highly valued as helping participants to cope with the demands of their job and with the conflict experienced between their work and personal lives. Control of rosters, budgets, workload and resourcing and effective management of conflict were important forms of tangible support from supervisors. The provision of tangible support increased participants’ commitment to the unit, making them feel more a part of a team, enabling them to work more effectively, and fostering a sense of wellbeing.

Informational support from supervisors was most valued when it gave participants either a sense of ‘the larger picture’ to enable them to develop or maintain perspective, or a new strategy or technique for doing their job more efficiently or effectively. Emotional support from supervisors was important in fostering a sense of respect and psychological wellbeing. Nurses felt emotionally
supported when supervisors demonstrated active listening, gave positive feedback and acknowledged their contribution to the unit or team.

The quality of their supervisory relationships affected participants’ appraisal of social support, coping efforts, job satisfaction, psychological wellbeing, conflict between work and home, individual performance and their performance and commitment to their team or unit. A high quality supervisory relationship with staff appeared to depend on the supervisor’s ability to consistently provide all three forms of social support. When supervisors provided tangible, informational and emotional support together, participants’ appraisal of their working environment and their supervisors was more positive, as demonstrated in the following quotes:

Our new boss, he's never come into work in any other frame of mind than a cheery one. He said we're going to bring in self-rostering, very positive. He's very much a hands-on person. If the staffing numbers are down, he'll roll up the sleeves and get in. Like at the end of every day, ‘Thanks for a great day! You've all done really well…He expects a high standard but he's getting a high standard because people want to put in for him. (Jane)

Supervisors as leaders and managers

Participants saw the supervisory role as critical in enabling them to function more effectively and to cope better with the pressures and constraints under which they work. A variety of leadership, management and communication skills were reported that enable supervisors to provide the various types of support necessary for staff to cope effectively with their working environment. Leadership and management skills included: using an appropriate leadership style; developing clear goals and objectives; giving staff a vision for the unit; building effective teams; using power and influence appropriately; fair and equitable distribution of workload and resources; and giving staff control over their work environment. Communication skills included helping resolve conflict and using supportive communication. Again, effective leadership and communication skills were interrelated:

I really respect and admire [the nurse manager]…she's very fair and you know she tries to get us all together as a team. It's always ‘Hello, how are you?’ And ‘How's everything going?’ …she shows a genuine concern for you as a person. You can predict what she's going to be like. She runs a very organised ward, you know where everything is and you know it will be stocked. And also delegation of patient load is done fairly. If there is a problem [you know you can] discuss it. (Margaret)

Ineffective supervision, on the other hand, was reported as being quite detrimental, even able to damage an otherwise well functioning team. Ineffective supervision was reported as being the use of
an autocratic leadership style, failure to generate respect and failure to espouse a vision for the unit that enabled staff to set clear goals and objectives.

**Coworker Support**

**Characteristics of supportive coworkers**

All participants also recognised the importance of tangible, informational and emotional support from coworkers as important determinants of their personal wellbeing and ability to cope with their work environment. Coworker support enabled participants to resolve conflicts and deal with issues at work. It improved their sense of self worth and confidence; they felt more like going to work and had an increased sense of wellbeing. When some coworkers failed to give support, the attitude and tolerance of other coworkers became negative and unsupportive. Carla describes the effect of genuine coworker support:

> You want to go to work for a start … Because when you get there, people are nice to you. Things are organised. They're not stressed. They flow. There’s not arguments, undercurrents of… hostility. It's pleasant…and [coworkers] saying to you ‘Gee, you did a great job today’… meaning it, not just, you know, lip service. (Carla)

The sense of shared experience among coworkers in similar circumstances and of a similar age contributed greatly to the provision of important social support. Those participants who had developed friendships among their coworkers, or who had friends who were nurses, received considerable support from them:

> A couple of people that I work with, I get on really well with…you know they'll listen to what you say to them… They're not just a sounding board. They'll actually give you some advice as well. And another girl's married with a small child they at least can empathise with what I have been through in the past. So they're people that can support you at work and we do things socially outside of work time. (Anna)

**Factors that hinder the provision and mobilisation of coworker support**

Participants identified a number of personal, organisational and shiftwork factors that make it difficult to provide support to coworkers or to ask for support themselves, thus undermining both personal coping and the cohesiveness and effectiveness of the team as a whole. Ongoing, excessive workload was a major factor in preventing participants from being able to give and ask for social support from coworkers. Despite the positive effects of shared experience previously mentioned, organisational factors pertaining to ward or hospital management, such as over-booking beds or
inadequate resource provision, placed a strain on participants that sometimes could not be overcome by the provision of social support within the team.

Six participants found it difficult to offer support to coworkers who were not coping, reporting that it was easier to offer support to those who were generally happy and coping. All participants who were not coping, and some who were, felt constrained in asking for help by a perceived stigma attached to asking coworkers for support. In addition, participants identified personal trauma such as divorce or financial concerns as constraining their ability to offer support to coworkers.

The effects of shiftwork, such as excessive tiredness or not being involved in planning their rosters, also made it difficult for some participants to offer support to coworkers. The more tired and unhappy participants were at work, the less support they gave to one another. The unsocial hours worked also made it more difficult to access support. The demands and perceived needs of a family exacerbate the guilt participants feel if they allow time for gaining social support from coworkers. Jenny’s comments highlight some aspects of these issues:

… but we [coworkers] don’t get time to talk. I’d rather get support at work but there isn’t time and I need to be home with my kids. At work I don’t get much [support] because everybody’s tired and not happy with the situation. (Jenny)

DISCUSSION AND CONCLUSION

Participants in this study experienced support as a complex interaction of source (coworker, organisational and supervisor) and type (tangible, informational and emotional). Inadequate mobilisation of social support contributed to psychological symptoms, work/life conflict, job dissatisfaction and absenteeism. The provision of emotional support was most valuable when offered in tandem with tangible or informational support, that is, when emotional support led to some action being performed that was perceived as helpful. Similarly, the provision of tangible and informational support needed to be delivered in an emotionally supportive manner, resulting in participants developing a sense of belonging, psychological wellbeing and feeling valued and respected. This is consistent with Thoits’s (1986) findings, that the provision of social support enables the development of appropriate coping strategies and fosters self-worth by encouraging discussion about issues or
emotional responses to issues, and the provision of tangible support, information and advice increases people’s ability to confront and solve problems.

Nurses in this study needed a supportive organisational climate. A supportive organisational climate has been demonstrated to affect employees’ attitude to work, work effectiveness, perceived level of stress, burnout, and ability to use coping mechanisms and to cope with change (Hart & Wearing 1997).

In turn, tangible, informational and emotional support from supervisors enabled participants to cope more effectively with their work environment. The consistent provision of these forms of support increased perceptions of wellbeing and led to positive, tangible outcomes for both individuals and teams. The leadership, management and communication skills of supervisors were critical to subordinates’ appraisal of support from supervisors and satisfaction with their work environment. The management literature supports this finding in suggesting that clarifying goals and expectations, encouraging autonomy, participation in decision making, setting standards of excellence and using supportive communication are characteristics of effective team leadership leading to greater team member satisfaction (Foels et al. 2000, Carlopio et al. 2005).

Coworker support facilitated participants’ coping efforts and helped them deal with issues at work. Networks of coworkers who were also friends, the similarity of coworkers in terms of age and circumstances, and friends’ proximity to the source of stress aided the provision of coworker support. This finding is consistent with research that has found that individuals who are integrated into a social network that is sufficiently large and dense (Holtzman & Gilbert 1987) and readily accessible (Terry et al. 1995) are more likely to experience a more supportive milieu. When coworkers used appropriate coping strategies other coworkers found it was easier to offer support. According to Dunkel-Schetter et al. (1987), the coping strategies adopted by people in times of stress communicate that support is needed, however, the coping strategies used can also make it difficult for people to provide support. Active coping protects against the effect of stress (Snow et al. 2003). For example, Coates and Wortmann (1980) found that when the person needing support used positive reappraisal it was easier for others to offer support. Conversely, confrontive coping styles have been found to deter people from offering support (Wortmann & Dunkel-Schetter 1987). Similarly, Jenkins and Elliott (2004) found that
co-worker support was associated with less emotional exhaustion in mental health nurses; however, they also found a reverse buffering effect and noted that social support was useful when it minimised negative communication and focused on constructive discussion of concerns.

Participants found it difficult at times to ask for support from coworkers because of personal, organisational and shiftwork factors and a perception of a nursing culture that stigmatises needing support. Nadler (1983) noted that help-seeking can be associated with perceptions of failure, weakness, and vulnerability. Indirect help-seeking behaviours are sometimes used as protection from public admissions of inadequacy (Rosen 1983). The nature of the stressor, whether visible or not, stigmatising or non-stigmatising, affects whether support is likely to be solicited or unsolicited. For example, stressors visible to a social network, and seen as less stigmatising, are more likely to result in offers of unsolicited support than are stressors which are less visible or stigmatising (Fisher et al. 1988).

Supportive behaviour at the individual level depended on the presence of a supportive organisational climate that facilitated the activation of supportive skill sets. An unsupportive organisational climate or factors such as excessive workload, poor staff/patient ratios, poor rostering, and inadequate resources did not facilitate the use of participants’ skills. Some supervisors were reported as not using the leadership, management and communication skills required for their role, which exacerbated work-life conflict, hindered individual and team performance, inhibited psychological wellbeing and led to inappropriate ways of coping, a lack of job satisfaction, and absenteeism. These findings are consistent with empirical evidence and a number of nursing reports that suggest this problem is widespread in the nursing sector (see Pisarski et al. 1998, Information & Business Management Branch, National Review of Nursing Education 2001, Tri-Council of American Nurses 2001).

This study supports previous research and aids the development of theory by shedding light on the meaning and experience of social support for nurse shiftworkers. Social support was found to play an important role in helping nurses feel they were coping with shiftwork and their hospital working environment. Nurses have skills in supportive communication; however, these are not always activated to help one another. A limitation of this study is its limited sample size, however, the results suggest a
need for larger quantitative and qualitative research to determine the generalisability of the findings, for nurses in Australia and more globally. If generalisable, strategies need to be developed to actively facilitate the provision of social support in the workplace. Intervention studies are needed to determine how leadership, management and supportive communication skills sets can be acquired and activated in order to facilitate the coping efforts of shift-working nurses, and increase their well-being, job satisfaction and minimise absenteeism.
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