Support Mobilisation: Facilitators and Barriers in a Nursing Context

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ABSTRACT

Given that nurses experience high levels of work-related stress and social support is beneficial to relieving the effects of stress, nurses’ mobilisation of support is an important issue. This study investigated whether nurses perceived a multidimensional conceptualisation of support mobilisation. The study also explored whether nurses’ mobilisation of support was influenced by interpersonal-related factors. In-depth interviews were conducted with 20 nurses working in a large public hospital. Interview data confirmed a multidimensional conceptualisation of support mobilisation by nurse participants, as involving four supportive functions, which can be provided by three sources of support. Data also revealed that situational similarity, support provision as a job role, and closeness played distinctive roles in facilitating and inhibiting nurses’ mobilisation of particular supportive functions from various sources of support.

Keywords: support mobilisation, facilitators, barriers, nursing

INTRODUCTION

Over the last several decades, the literature has produced an inconsistent conceptualisation of support mobilisation (see reviews by Schwarzer & Leppin, 1991; Winemiller, Mitchell, Sutcliff & Cline, 1993). Whilst support mobilization can include both solicited and unsolicited support (e.g. Eckenrode & Wethington, 1990), the work stress literature has often adopted Lazarus and Folkman’s (1984) conceptualization of support mobilization as a coping strategy. In the current research, support mobilization is defined as a perception about the extent to which an individual seeks and utilizes supportive transactions (Lazarus & Folkman, 1984). These supportive transactions could come from a variety of sources within a person’s social network and could serve different functions (House, 1981).

Although an underlying assumption of much of the stress and coping literature (c.f. Wills & Shinar, 2000), only a small amount of research has demonstrated a link between perceptions of support availability and the mobilisation of support. Lawrence, Callan and Pisarski (2004) reported that increased perceptions of support availability from colleagues and non-work people predicted nurses’ mobilisation of emotional and informational support when dealing with work-related stress. Terry (1991) found that generalized perceived available support predicts the increased use of the support mobilization as a coping strategy in response to stress associated with exam preparation. Heaney, House, Israel and Mero (1995) found that perceived available emotional support from both supervisors and colleagues predicted the use of emotional support mobilization in response to workplace stressors.

Similarly, some research has been conducted examining other possible factors that may act to either facilitate and/or inhibit individuals’ mobilisation of support from various sources. Help seeking research conducted in the field typically finds that the majority of respondents actively seek informal help when
they experience personal problems (e.g. Wills & DePaulo, 1991), are much more likely to particularly seek help from partners and friends (e.g. Norcross & Prochaska, 1986; Tinsley, de St. Aubin, & Brown, 1982), and seek help for not only emotional problems, but for instrumental, achievement and work problems (DePaulo, 1982; Tinsley et al., 1982). Wills (1991; Wills & DePaulo, 1991) argues that these close relationships have a history of mutual self-disclosure and reciprocal help giving and receiving and thus minimize perceptions of self-esteem threat which can act as a barrier to help seeking attempts.

Source of support researchers (Cohen & McKay, 1984; Thoits, 1985) propose that the source of a supportive function is a critical factor when determining the effectiveness of the support in alleviating an individuals’ stress levels. Thoits (1986) argues that it is referents who have sociocultural and situational similarity to the individual that enhance the individual’s confidence in their comparative self-evaluations. Such persons are also more likely to be perceived as empathetic to the problems the individual faces. Therefore, individuals are more likely to actively seek support from people who are similar to them (Cohen & McKay, 1984; Thoits, 1986). Cohen and McKay (1984) specifically propose that some sources of support are more applicable for providing particular supportive functions than others, which as a consequence, effect individuals’ support mobilisation decisions.

Nursing is an inherently demanding profession and occurs in a high stress work environment with relatively low levels of job autonomy (Boey, 1999; De Jonge & Schaufeli, 1998; Kahn, 1993; Munro, Rodwell & Harding, 1998). In this context, workplace social support is a characteristic feature and plays an important role in the daily work of nurses. Nurses regularly work closely together in teams (de Jonge & Schaufeli, 1998), but despite the team-based nature of their work, nurses often mention a lack of supervisor support, reduced levels of social integration and interpersonal conflict as prevailing factors in their work environment (Boey, 1999; Folkard, Minors & Waterhouse, 1985; Hillhouse & Adler, 1997). Although virtually no research has examined support mobilisation in the context of nursing, Pisarski & Brook (2005) reported in their qualitative study that chronic work overload was a major factor in preventing nurse participants from being able to mobilise support from their colleagues. The feedback seeking research suggests that over time, new employees decrease the amount of information and feedback they seek from their supervisors and colleagues with regards to their work role effectiveness (Callister, Krame & Turban, 1999; Morrison, 1993) and ability to integrate into the organisational culture (Morrison, 1993). Information and feedback seeking in this literature is conceptually similar to the mobilisation of informational and appraisal support.
From the discussion above, it is not clear what factors may or may not be relevant in explaining nurses’ mobilisation of support in the face of work-related problems. Research has shown that social support helps individuals to cope with and actually alleviate the negative effects of work stressors (for a review see Cohen & Wills, 1985; Kahn & Byosiere, 1992). Given that nurses experience high levels of work-related stress and social support is beneficial to relieving the effects of stress, nurses’ mobilisation of support is an important issue. Qualitative research, therefore, is needed to explore whether interpersonal-related factors exist that act as facilitators and/or barriers to nurses’ mobilisation of support when dealing with work-related stress. However, to investigate this issue and discuss the mobilisation of different supportive functions, it is first necessary to establish the validity of a multidimensional conceptualisation of support mobilisation. The first aim of the study, therefore, was to confirm that nurses do perceive support mobilisation in a multidimensional conceptualisation way, involving four supportive functions (House, 1981), which can be provided by three sources of support (Terry, Nielsen & Perchard, 1993). Specifically, the first research question is:

What supportive functions do nurses perceive that they mobilise from their sources of support?

Building on this answer, the second aim of the study can be explored, relating to the factors effecting nurses’ patterns of support mobilisation. Specifically this leads to the second research question:

What are the factors that influence nurses’ mobilisation of support when they are experiencing work-related stress?

METHOD

Sample

The interviewees were 20 (17 females, 3 males) permanently employed nurses working in a large public hospital, who voluntarily agreed to participate in the research. Five participants were each interviewed from four departments: Emergency, Intensive Care, Operating Theatre and Orthopaedics. Interviewees’ tenure in their department averaged 7½ years. Twelve were employed full-time and 8 part-time. Eight participants were level 1 nurses, 8 were level 2 nurses and 4 were level 3 nurses. Level 1 nurses had a clinical nursing role, whereas Level 2 nurses combined their clinical nursing duties with some basic supervisory management tasks. The Level 3 nurses interviewed were all Nurse Practitioner Coordinators, and were responsible for the management and coordination of nursing staff within their departments. They very rarely performed clinical duties.
**Procedure**

One interviewer conducted 20 in-depth semi-structured interviews using the in-depth interviewing methodology described by researchers such as Minichiello, Aroni, Timewell & Alexander (1995). Probe questions were asked that enabled participants to describe the social support they mobilised from others when they were experiencing work-related stress. The series of questions were cycled through for each source of support, supervisor, colleagues and non-work people (partner, family, friends). Particularly, questions asked participants to discuss whether they actively mobilise support from a source when they are stressed, and if so, what kind of support are they looking for. Interviews took a maximum of 1½ hours to conduct and took place at the hospital during the participant’s work-shift.

**Interview Analysis**

The interview data was analysed using the content analysis technique (Webber, 1990). NVivo 2.0 was used as an aid in analysing the data. In reporting the findings, participants’ quotes are included to provide evidence and credibility of the interpretation. The theoretical framework developed in the current research was used to identify potential groups of responses in terms of support mobilisation and factors that may facilitate or inhibit the mobilisation of support. Initial categories defined in this manner were adjusted and supplemented by categories emerging from the qualitative data during the analytic process. The validity of the final coding scheme was established by inter-rater coding and analysis (kappa = .85).

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<th>TABLE 1</th>
<th>Categories And Examples Used In The Content Analysis And Coding Of The Interviews</th>
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Table 1 outlines the final coding scheme used in the coding and analysis of interview data. Two meta-categories were identified: support mobilisation, and factors that facilitated and created barriers to support mobilisation. Under these meta-categories, various categories and sub-categories were developed. Definitions used to guide data coding are incorporated into the results section.

RESULTS AND DISCUSSION

The Multi-Dimensional Nature of Support Mobilisation

Sources of support

Interviews revealed that supervisors, colleagues and non-work people (partner, family, friends) were all valid sources of support, who were actively mobilised by most participants to provide support when dealing with work-related stress. Sources of support are typically defined by these three categories in the work stress literature (Terry et al., 1993). Virtually all participants perceived a clear distinction between the supportive relationships they had with supervisors as opposed to colleagues in the workplace, and also perceived a clear distinction between work relationships and non-work supportive relationships. Within the category of colleagues, perceptions of supportive functions mobilised differed to some degree. Participants talked about their perceptions of support mobilisation with regards to their work colleagues generally, but also with specific reference to a small set of colleagues they regarded as friends. Similarly, within the category of non-work people, perceptions of supportive functions mobilised differed to some degree. Participants talked about their perceptions of support mobilisation with regards to their partners, family and friends generally, but also with specific reference if their partner, family or friend/s were also employed in the nursing profession. Further discussion of these distinctions within and between source categories, and the implications of this for theory, will be outlined in the subsequent sections.

Supportive functions

Interviews revealed that the majority of participants identified a variety of distinct types of support that they actively mobilised from others. The identified functions of this support are in line with House’s (1981) taxonomy of four distinct supportive functions: emotional (the provision of affect, in the form of empathy, caring, love and trust by, for example, showing concern or listening to the individual’s problems), informational (the provision of information, advice, suggestions and directives that an individual can use to help themselves to cope with their problem), instrumental (the provision of active help with regards to aid in kind, money, labour, time, modifying the environment) and appraisal
(for example, the provision of information relevant to self-evaluation, in the form of affirmation, feedback and social comparison, that an individual can use to evaluate their perceptions about, or behavioural responses to, stressors).

Participants actively sought emotional support from sources, from simply listening to them, making jokes about things that stressed participants so that they would laugh, actively listening to their problems and thereby giving them a sense of acknowledgement, allowing participants to emotionally vent and whine about issues, showing concern about their problems, being a source in which participants could confide in about more sensitive issues, providing a sense of “closeness and fuzzy stuff” (Participant 3) and providing them with hugs. The closer the relationship with the source of support, the more the source was perceived to be able to provide more substantive forms of emotional support.

Participants also actively sought informational support from sources, from being able to provide advice, sharing similar experiences and telling participants what they did to resolve the problem in their situation, telling participants information that that they needed to resolve a problem (e.g. telling them how to do something) and telling participants who they should seek out for help with their problem. Sources that provided good informational support needed to have a good understanding of the situation. If there was no real understanding of the problem and the work context, the informational support provided was perceived to be worthless to some degree. Participant 2 describes mobilising informational support from her colleagues when she is trying to deal with a new patient admission but not enough staff:

“Often, in some situations, it might be a case of you sort of say, oh, we're getting a new admission, it makes it really hard because we haven't got enough staff and they might be able to offer a solution such as, for example, well what if you double these patients over the other side or you put these two beds together, then it will make it easier for tea release and things like that. So, yeah, they sometimes give you another slant on how you can actually manage the resources that you have to make it a little bit easier.”

Participants actively sought instrumental support from work-based sources, from being able to provide physical help with a patient, giving the participant a break from patient care, contacting or speaking to someone for the participant and joining the participant to go and speak with someone. Participants also perceived that when they were stressed by work-related problems, non-work sources provided support by giving them massages, cooking dinner for them and participating in house cleaning.
Participants also actively sought appraisal support from sources, from being able to provide agreement with the participants understanding of the situation, validating how the participant handled the situation was correct, getting a different perspective on the situation, feedback as to what could have been done in the situation, getting other people’s versions of the stressful situation, help you to see the other person’s point of view, helping you to clarify your thoughts. Participant 1 described mobilising appraisal support from his colleagues when trying to deal with the changes arising from the role redesign process:

“Yeah, just knowing other people, knowing other people's ideas and whether they be the same or different but just getting other people's perceptions of it and trying to clarify your thoughts and have them try to clarify theirs to you. Because they can, you can change someone else's ideas, they'll even change your ideas too.”

Factors that Facilitate and Create Barriers to Support Mobilisation

Situational similarity

The first factor that emerged from the interview data concerned the degree to which sources possessed situational similarity with respondents. Situational similarity, in this research context, refers to those who work in the same environment as the individual and have faced or are facing the same work-related stressors (Thoits, 1986). Researchers such as Cohen and McKay (1984) argue that individuals are more likely to actively seek informational and appraisal support from people who are situationally similar to them. The interview data revealed that generally, colleagues and supervisors were perceived by participants as possessing the most understanding of their work stressors, followed by non-work sources. As a result, they mobilised informational and appraisal support most from their colleagues and supervisors when they experienced workplace stress, rather than from their non-work sources. The majority of participants who mobilised informational and appraisal support from their supervisors were level 2 or level 3 nurses. These participants would, as a function of their managerial responsibilities, also be experiencing similar work-related stressors as their supervisors and in particular, those arising from dealing with staff matters. For example, Participant 6 describes her mobilisation of appraisal support from her supervisor when dealing with her new managerial role:

“Just verbal that I have done the right thing. And process. You know, just validating what I've done is right. And then I return the favour and he often comes up here and debriefs because he's obviously in a new role as well.”
Participants described mobilising informational and appraisal support principally from non-work sources who were also nurses, as compared to those non-work sources who were not, as they possess relevant understanding of nurse-specific organisational stressors. For example, Participant 14 describes:

“If I had an issue, I would speak to X [nurse friend] before I spoke to my partner or my parents or anyone, I’d speak to X because, as I said, she knows what it’s like to be a nurse and she’s the same, because she’ll say to me, these people where I work don’t know what real work is because she’s come from orthopaedics.”

Participant 2 describes not being able to mobilise support from her husband because of his lack of understanding of her work, in stark comparison to her mobilisation experiences with her work colleagues:

“My partner doesn’t, no. I go home and I try and talk about work and you see this shutter come down over my husband’s brain, because he really has no comprehension of what I do or what’s involved and I’ve just learnt over the years that often you, it’s better to discuss it with people here, at work because they know where you're coming from.”

In line with Thoits (1985) and Cohen and MacKay (1984), the findings revealed that the more a source shared situational similarity with a participant, the more likely the participant was to mobilise relevant and appropriate informational and appraisal support from them. On the flip side, a source’s lack of situational similarity was a barrier to the mobilisation of these supportive functions. The source that was perceived by participants to share the most similar stressor environment was colleagues, followed by supervisors, who although they weren’t often physically present in the department, were still very aware of the nature of participants work life. Whilst most non-work sources of support were not perceived to have situational similarity with participants, those who were perceived to have some degree of real understanding of participants’ work lives, although not as detailed as those of colleagues and supervisors, were also in the nursing profession.

**Support provision as a job role**

The second factor that emerged from the data concerned the notion of support provision being a component of nurses’ job role requirements. Participants reported mobilising instrumental support from their colleagues and supervisors when dealing with workplace stressors. Importantly, participants associated the provision of instrumental support as a basic requirement of nurses’ job roles. For example, Participant 18 describes reciprocally mobilising and providing instrumental support to her colleagues as a function of the job:

“Um, we are supporting each other physically constantly. If you’re not, if you are not doing your job, you are not supporting your colleague. So we are doing it constantly.”
However, participants described that they did not mobilise instrumental support from their colleagues and supervisors when these sources were experiencing increased workloads. When participants see that their supervisor and fellow colleagues are extremely busy, they were reluctant to seek instrumental support and would only do so if they perceived their work problem to be important enough. This is because they did not wish to disturb them and add to the burden of their sources’ already overloaded role requirements, no matter how much they perceived that they could rely on those sources for support.

For example, Participant 15 describes the difficulty in accessing instrumental support when her colleagues are also experiencing work overload:

“Usually, but again, often when you need heaps of help, they need heaps of help as well. So nobody’s able to help anybody because you’re too busy to help each other.”

Cohen and MacKay (1984) argue that instrumental support is potentially provided by any source viewed as appropriate by the individual. The findings revealed that both workplace sources, colleagues and supervisors, were mobilised when participants needed instrumental help with specific work-related problems. Participants also discussed mobilising instrumental support from non-work sources. After work hours, non-work sources are perceived to be most helpful and appropriate in providing instrumental support when participants come home stressed from work, for example, by helping with household chores or making dinner. The mobilisation of these types of instrumental support eased the emotional distress of participants regardless of the work-related problem that had affected them.

During work hours, work sources are perceived to be the most helpful and appropriate in providing instrumental support when dealing with specific and salient workplace stressors. The finding in relation to work sources of support is not surprising considering the teamwork-based nature of nurses’ work environment (de Jonge & Schaufeli, 1998). Support provision that is part of one’s job role facilitates the mobilisation of instrumental support from colleagues and supervisors. However, if nurses in a department are experiencing increased workloads, their ability to provide this support, or indeed all forms of support, is diminished. In effect, increased workloads places a strain on nurses fulfilling all of their role responsibilities, thereby creating a perceived barrier to mobilising instrumental support from work sources when these sources are overburdened with other tasks. This finding is supported by Pisarski & Brook (2005), who found that nurses’ excessive workload was a major factor in preventing support mobilisation from colleagues.
Closeness

The third factor that emerged concerned the degree to which participants’ perceived a sense of
closeness to various sources of support. Closeness embodies the extent to which people are
interdependently involved with each other, behaviorally and subjectively, such that in closer
relationships, each party’s behavior has more influence upon the other’s (Reis & Collins, 2000). The
interview data revealed that the closer a participant was to a source, the more they mobilised substantive
forms of emotional support. As a reflection of this, participants were more likely to mobilise these
forms of emotional support from non-work sources compared to work sources. Again, whilst
participants mobilised basic forms of emotional support from their colleagues when they were stressed
from work-related problems, they mobilised more substantive forms of emotional support from
colleagues they perceived that they were close to. For example, Participant 8 describes having a good
vent with close colleagues when she is frustrated with work-related problems:

“Um, but, if I was just going to have a whinge, then yeah, there's just a support group, there's a
few of us who, probably the three of the girls as I count as friends who I'd go and have a
whinge to.”

Additionally, a sense of closeness of the participant to sources who also possessed situational similarity
with the participant, colleagues and supervisors, played an important role in participants’ decision to
mobilise more self-esteem threatening aspects of appraisal support. Whilst participants mobilised basic
forms of appraisal support when stressed by organisational stressors, they only mobilised more self-
esteeom threatening forms of appraisal support from colleagues participants perceived that they were
close to. Participant 9 describes only mobilising appraisal support from colleagues she could trust and
confide in, when she is experiencing interpersonal conflict:

“I might talk to one or two. Probably just to tell someone what's happened, because you're
upset. Maybe to see what they've heard so that you get one side into it, not just the way that
you're feeling but see how these other people see it. Yeah, I probably would talk about it but I'd
be really picky who with.”

Cohen and Mackay (1984) argue that emotional support are optimally provided by similar others
who provide positive comparison regardless of whether relationship is based on situational or socio-
cultural similarity. The findings in the current study support this view at a basic level. Supervisors,
colleagues and non-work sources were all mobilised by participants to provide them with emotional
support when participants were coping with work-related stress. However, seeking emotional and
appraisal support can be an ego-threatening experience and therefore individuals limit this behaviour to
those they feel close to and can trust (Reis & Collins, 2000; Wills, 1991). Individuals, on average, experience closer relationships with non-work people and colleagues, respectively, than they do with their supervisors. The interview findings suggest that the sense of closeness of the participant to various sources also played an important role in their mobilisation of more substantive forms of emotional support from these sources. Additionally, a sense of closeness of the participant to sources who also possessed situational similarity with the participant, colleagues and supervisors, played an important role in participants’ mobilisation of more self-esteem threatening aspects of appraisal support from these sources.

CONCLUSIONS

Data collected from these interviews has expanded upon and clarified aspects of the support mobilisation literature in a number of ways. Firstly, interview data provided support for the multi-dimensional conceptualisation of support mobilisation, using House’s (1981) functional categories and Terry and colleagues’ (1993) categorization of source of support. Most nurses mobilised specific supportive functions from their supervisors, colleagues and non-work sources. Secondly, three interpersonally relevant factors, situational similarity, support provision as a job role and closeness, facilitated and inhibited nurses’ mobilisation of specific supportive functions when faced with workplace stressors. Further empirical research is therefore needed to explore the relevancy of these factors in shaping all workers’ patterns of support mobilisation, by sampling participants from a range of organisational settings.

REFERENCES


