

Report

## A case study of the nursing staff on the neuropsychiatric ward in Osaka Medical College

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### Abstract

A study was conducted at the Department of Neuropsychiatry, Osaka Medical College between June 1 and October 31, 1991. The study evaluated the stress level of the nursing staff in the department using a questionnaire, and intervention was taken in improving problem areas in order to alleviate the stress level.

The department has 56 beds and an outpatient unit. The nursing staff comprises of 16 state registered nurses and 4 assistant nurses with prefectural registration. The nurses play multiple roles and some areas of their work are not clearly defined. They have a heavy workload with high demand, yet their control over their work is limited. This problem is inherent in medical school hospitals as the nurses, in addition to their clinical work, take an active part in teaching student nurses as well as in assisting junior physicians with limited experience.

The results of the questionnaire showed that the key problem areas were poor interpersonal communication, lack of influence in decision-making, and an inefficient hierarchal system. These factors gave the staff a feeling of helplessness, contributing to the high stress level.

In order to reduce the stress, informal meetings were held to encourage staff members to share their ideas regardless of their position. Ward physicians were encouraged to be more precise in their instructions and to provide opportunities for the nursing staff to discuss problems. As a result, the overall atmosphere at the workplace improved.

A seemingly well-functioning team of professionals, when investigated, reveals that there are many problematic issues. In a hierarchal system, there inherently is some resentment within the team. However, better intradepartmental communication reduces such resentment and contribute to the reduction of stress.

**Key words :** stress at work, interpersonal communication, nursing staff, work environment, hierarchy

### Introduction

In Japan, there are 80 medical schools and each school has one or more affiliated hospitals to facilitate clinical training of students in the various fields of medicine. Among hospitals, the medical school hospitals have the greatest variety of functions, being

educational institutions and research centers, as well as serving the local people with advanced diagnostic technique and specialized treatment.

Medical school hospitals are usually affiliated to nursing schools. Many of these nursing schools are incorporated in the hospitals to meet the need for a constant supply of nurses to the hospitals. The senior

members of the nursing staff function as teachers on their wards, in addition to carrying out their daily clinical duties.

Osaka Medical College Hospital is a general hospital with 983 beds, annexed to the medical college. The hospital provides clinical training for student nurses in training to become state registered nurses.

We examined the problem issues at work, presented by the nursing staff on the ward of the neuropsychiatry department. There were 56 beds on the ward, which consisted of open and closed sections. There were 20 beds in the open section where patients could go in and out of the ward as they pleased, and 36 beds were in the closed section, where patients were confined. About 90% of the 56 beds were constantly occupied. At the time of investigation there were 10 patients with schizophrenia, 9 with neuroses, 5 with manic depressive psychosis, 4 with dementia, 2 with mental retardation, 1 with epilepsy, 1 with toxic psychosis and 17 patients with diverse mental disorders. Of these patients, 2 were also suffering from severe somatic diseases such as terminal cancer.

The nursing staff comprised 16 state registered nurses (5 males and 11 females) and 4 assistant nurses with prefectural registration (3 males and 1 female.) The mean age was 33.6 years for male state registered nurses and 26.2 for females; 30.5 for male assistant nurses and 25.0 for females. They worked in 3 shifts; 08:00-16:00, 16:00-23:00 and 23:00-08:00. The hours of work were 40 hours per week with 6 holidays every 4 weeks.

During the daytime shift, state registered nurses took turns in assuming responsibility for general administration of the ward, distribution of medication and somatic care of the patients. Each nurse was assigned a certain number of patients. Open and closed sections of the ward were attended to by the same staff, but a state registered nurse was assigned to each ward on a daily rotation basis for administration.

The starting salary of an assistant nurse with prefectural registration was approximately 190,000 yen a month and of a state registered nurse was 210,000 yen after the deduction of income tax. This figure increased depending upon the number of night and extra duties. A nurse also received approximately

850,000 yen as a yearly bonus. With over 20 years of service, the basic salary doubled.

A group of 8 student nurses were stationed on the ward and they rotated every 2 weeks. Bed-side teaching of these student nurses was also a duty of the nursing staff, which claimed considerable time and effort.

There were 23 physicians assigned to the ward: 12 senior physicians (1 professor, 4 lecturers and 7 assistant lectures) and 11 junior physicians. The junior physicians assumed primary clinical responsibilities under the supervision of the senior physicians.

In order to provide a broad field of clinical training for physicians and nurses, patients with a variety of disorders requiring special attention and treatment were admitted to the ward. Most patients were referred from local clinics and the affiliated hospitals for diagnostic evaluation and specialized treatment. Psychiatric patients with complicating somatic diseases were treated in cooperation with physicians from other specialties and cared for on the neuropsychiatric ward. Non-psychiatric treatments were given on a consultation basis. Medical and surgical patients who were in need of psychiatric evaluation were also attended on this ward. As a result, the nurses were also required to provide specialized somatic care for which they had little experience or confidence in their skills.

In addition to their routine clinical work, state registered nurses took an active part in teaching student nurses as well as in assisting junior ward physicians who had limited clinical experience. Of the 11 junior physicians, 10 had passed the state examination in May, and were assigned to the ward in June. It was the senior nurses who looked after these young physicians, who were taking their first wavering steps into the field of clinical psychiatry. Obviously this task was an extra burden on the nurses.

Thus, the nurses play many roles on the ward, and some areas of their work are not clearly defined. They have a heavy workload with high demand, yet their control over the work is limited. Nurses' salaries at medical school hospitals are considered to be less in comparison to those of non-teaching hospitals. Such a situation would undoubtedly cause considerable frus-

tration.

Psychiatric nursing is not popular among young nurses. There still is a certain stigma against psychiatric patients, who are often considered to be violent and dangerous. According to a report of the Japanese Association of Psychiatric Hospitals, 11 nurses and 6 physicians died due to injuries inflicted upon them by patients at the workplace between July 1961 and July 1991; there were some 200 incidents of injuries inflicted upon the staff of public psychiatric hospitals between 1980 and 1989. Another reason that psychiatric nursing is avoided by young nurses is that the effects of treatment are usually not as obvious as in the cases of surgery or internal medicine. The majority of junior nurses wish to specialize in fields other than psychiatry. Recruiting young nurses is not an easy task. Overt or latent, there is generally a constant shortage of nurses on a psychiatric ward.

The primary causes of the aforementioned problems are inherent to medical school hospitals, and in particular in psychiatric wards. It is not possible to eliminate the primary causes without drastic intervention based on a better understanding of the hospital administration. We did not attempt such fundamental intervention; instead, we selected problem issues, which we could approach within the time frame of this study.

### Description and Analysis of the Program

#### Method

All the members of the nursing staff on the psychiatric ward in Osaka Medical College participated in this study. The problem issue checklist was used to examine the problems at the workplace. The staff consisted of 20 nurses. Each nurse evaluated the problem issues and assigned them one of 4 grades, i.e. "nil", "limited", "significant" or "important". Each nurse also presented individual problems that were not listed on the checklist. Of the 20 nurses, 19 responded to the questionnaire, and one partially answered the questions.

The results of the questionnaire were discussed with the nursing staff and ward physicians. Problem issues that could be ameliorated were selected and 2

intervention methods were chosen from the 9 types of intervention suggested by the International Labour Organization (ILO). Finally, one type of intervention was chosen from the two.

#### Results of the questionnaire

The numbers given below signify the number of subjects who responded with the corresponding responses.

- absence from work and postponement of duties ;  
nil : 12    limited : 6    significant : 0    important : 0
- lowered work performance ;  
nil : 5    limited : 8    significant : 5    important : 1
- increased number of accidents ;  
nil : 12    limited : 5    significant : 0    important : 1
- increased psycho-somatic disorders ;  
nil : 8    limited : 8    significant : 2    important : 1
- increased workplace complaints ;  
nil : 2    limited : 6    significant : 7    important : 4
- interpersonal conflicts ;  
nil : 2    limited : 8    significant : 5    important : 4
- risk-taking behavior ;  
nil : 12    limited : 6    significant : 0    important : 0
- increased turnover ;  
nil : 4    limited : 7    significant : 4    important : 4
- lower motivation and morale ;  
nil : 6    limited : 10    significant : 2    important : 1
- production not meeting expectation ;  
nil : 5    limited : 5    significant : 6    important : 2
- Overall ;  
nil : 5    limited : 8    significant : 4    important : 2

The majority of the nurses considered "increased workplace complaints" and "interpersonal conflicts" to be the most problematic issues. Eleven subjects considered "increased workplace complaints" as "significant" or "important" problems; 9 "interpersonal conflicts"; 8 "increased turnover"; 8 "production not meeting expectation" and 6 "lowered work performance."

Eight nurses stated that, overall, the problems were "limited" problems, 4 "significant", and 2 "important". Five stated there were no problems.

The individual problems not listed on the checklist were divided into 3 categories, i.e. "problems concerning their work", "interpersonal problems" and

"complaints against the doctors."

### 1) Problems concerning their work

"Our work is not effective", "I cannot feel satisfaction in the work", "The work is complicated and the workload is heavy", "One has heavy responsibility in the work", "One has to deal with non-psychiatric problems such as surgical and gynecological", "Dissatisfaction with the working system", "Lack of information", "Lack of working initiative", "Lack of responsibility of each individual on the ward" and "No way out other than resigning." The aforementioned problems were related to the multiplicity of the nurse's role on a psychiatric ward in a teaching hospital and also represented lack of opportunity for decision-making, which lead to the low working morale of the nurses.

### 2) Interpersonal problems

"Arrogant behavior of the senior staff", "Lack of leadership", "No clear policy", "Poor interpersonal communication", "No trust between co-workers", "No chance to complain", "Many complaints in the workplace" and "Senior staff are obedient to their superiors and strict towards subordinates."

There was distrust towards the administrative staff of the ward. Interpersonal relationships among co-workers were not based on trust.

### 3) Complaints against the physicians

"Nurses are carrying out tasks which should be done by doctors", "Doctors are not cooperative", "Doctors' orders are not clear" and "The training of junior physicians is not satisfactory and the nurses are training junior physicians." Junior physicians with limited clinical experience were taking the major clinical responsibilities on the ward and creating problems which should properly be covered by the senior physicians.

### Analysis of the results

Although a nurse had to play multiple roles with excessive responsibility, he/she was not given enough opportunities to make decisions in the workplace. In such conditions, their work performance and morale

were to inevitably suffer. The nurses attributed the origin of these conditions to the multiplicity of their functions in a medical school hospital and thought that it was difficult to improve the work environment with their own efforts. In addition to having a feeling of helplessness, they had no trust in their co-workers and had given up hope in solving their problems.

The checklist answers showed that "increased workplace complaints", "interpersonal conflicts", "increased turnover", "production not meeting expectation" and "lowered work performance" were the major problem areas. These results showed the same tendency as the nurses' individual statements that were not listed on the checklist. Poor working conditions seemed to be the cause of "lowered work performance" and "production not meeting expectation." The difficulty in solving problems produced "increased workplace complaints" and "interpersonal conflicts" which were a reflection of the hostility against co-workers, arising from the feeling of dissatisfaction and helplessness. "Increased turnover" was a great concern for the staff. In the last 4 years, 16 nurses had resigned. Many of the young nurses had come from the countryside to gain clinical experience. They eventually returned to their hometowns. We did not have enough time to follow up with all the resigned nurses, but at least 6 of them resigned for reasons other than personal conflicts or workplace complaints.

In the overall evaluation, 6 nurses stated that the problems were "significant" or "important". The number of staff members who stated that the problems were "limited" was 8. Five denied there were any problems. The low morale and the feeling of helplessness presumably made the nurses indifferent to the problems.

A nurse's vocation is highly regarded and society places a high demand on nurses, both physically and morally. Despite that, they have limited control of their working situation. The support given to them at work is insufficient and they must cope with stress on their own. No systematic stress prevention program has been attempted previously.

### Selection of problem issues

Among the problem issues on the checklist, the

nurses pointed out 5 issues, i. e. "increased workplace complaints", "interpersonal conflicts", "increased turnover", "production not meeting expectation" and "lowered work performance." We discussed these with the nurses and selected the problems against which we could plan an anti-stress program.

If the main cause of these problems was the functional nature of a teaching hospital, a fundamental intervention needed to be taken on a large scale with a better understanding of hospital administration. However, this was not feasible within the time frame of this study. We could only attempt small-scale intervention on selected problems which could be tackled on the ward.

The nurses had given up hope of improving the working environment. This attitude was another cause of work stress. The aim of this study was to rebuild hope and encourage the nurses to improve the work environment by intervention. Towards this aim we selected problem issues, which the nurses could solve with their own efforts. Solving the selected issues, the nurses would regain confidence in themselves and would eventually work on other difficult problems in the near future.

We selected two problem issues, i. e. "increased workplace complaints" and "interpersonal conflicts." Those two problems were given as "significant" or "important" obstacles in the workplace by the majority of nurses.

#### **Anti-stress program**

The primary aim of this project was to rebuild hope of improving their working environment. We were cautious not to be too ambitious in selecting a type of intervention, because some of the nurses were so despairing that they might believe all their efforts would be in vain. An unsuccessful attempt would worsen the feeling of helplessness and indifference.

Consideration was given to each type of intervention suggested by the ILO as follows :

- Improved interface man-machine

In the psychiatric ward there were not many machines, and the majority of complaints were not related to man-machine interface. This type of intervention was excluded.

- Supportive management style
- Improved systems of work planning, control and evaluation

We thought these two forms of intervention would be effective in solving the problems of "increased workplace complaints." However, management style and systems of work planning, control and evaluation cannot be altered in a short period of time and the rapid change would cause more confusion in a short perspective. These forms of intervention were therefore excluded.

- Management training

There was not sufficient time to train the staff during this study. We excluded this form of action.

- Establishing better channels of information and communication

This would solve some of the workplace complaints. We selected this intervention for further consideration.

- Creation of autonomous working groups

Judging from the passive attitude of the staff, we considered that they could not form working groups spontaneously. The existing interpersonal conflicts would make this intervention not feasible. This was excluded.

- Improved cohesion among co-workers

This was considered to be possible.

- Improved physical work environment

This was impossible because intervention had to be carried out on a large scale and needed the support of the entire hospital administration. This was excluded.

- Improved individual capacity to cope with stress

Some of the nursing staff showed interest in this form of intervention, but this was excluded. Our aim was not the improvement of individual capacity.

There were two types of intervention considered to be suitable, i. e. "establishing better channels of information and communication" and "improved cohesion among co-workers." The existing interpersonal conflicts would hinder intervention to improve cohesion among co-workers; therefore, the expected effect would not appear in the short period of time allocated for the study. For this reason we selected "establishing better channels of information and communication" to

act upon.

By providing precise and sufficient information, the ambiguity of the staff's role and workplace complaints would diminish. Better communication would decrease interpersonal conflicts and some workplace complaints that were related to interpersonal problems.

Three senior physicians were chosen to act as key persons for implementing the intervention. They helped to improve the channels of interpersonal communication among the nurses. The physicians were neutral concerning the interpersonal conflicts of the nurses and could provide moral support to the staff. All the ward physicians cooperated with the study.

As background, it is necessary to explain some aspects of Japanese group behavior, which may somewhat differ from that of Europeans.

However, we firmly believe that individual Japanese are basically no different from people of any other cultural background.

Most Japanese rarely reveal their inner thoughts openly, but only confide in the persons with whom they have informal and close relationships. A Japanese individual is afraid of his/her opinion being openly rejected by others and would do his/her utmost to avoid such a situation. Thus, an informal relationship is an important factor in understanding group mentality based on a delicate mutual dependence. An individual should always be seen as an integral part of his/her group, with which he/she shares his/her destiny.

A person who intends to implement a new project involving an entire group should avoid an open debate. First, he/she should make an effort to gain informal agreement to his/her project from many members of the group, particularly influential and vocal ones. Only after informal agreement has been obtained, should he/she present his/her project and seek formal acceptance. Keeping order in a workplace is of primary importance. One is not blessed here with the pleasure of a lively open debate, which may disturb the harmony of the group.

It was once considered to be a virtue to bear the unbearable in life, and in work in particular. Older generations of Japanese were taught to consider life as a mountain to be climbed with a heavy load on the

back. If one accepts constant hardship and suffering as a part of living, one has nothing to complain of. As an individual, a Japanese worker may resent hardship in his/her work, but he/she does his/her utmost to perform his/her part in his/her work-team. The work-team constitutes a mutual support system, which sometimes fails to provide sufficient support; nonetheless, he/she can only find a meaningful existence within the system. A Japanese team of workers will venture a most challenging task when this system is functioning well. He/she accepts the hardship as a part of his/her living, just as work is a very important part of his/her life. This work ethic is a legacy of older generations, which is slowly fading away in modern Japanese society.

Stability is another factor that should be observed. A typical Japanese is basically against any big changes. He/she accepts a sudden and drastic change only when forced to by inevitable circumstances. He/she prefers evolution to revolution; he/she is continuously adapting himself/herself to the constantly changing milieu, only to avoid a sudden and drastic change.

Before this study began, the chain of command was good, and the staff functioned well as a highly qualified nursing team. However, the atmosphere on the ward was tense. Everyone was aware of the situation, but no one dared to rock the boat.

The intervention was introduced in the period from September 1 to October 31, 1991 to improve channels of informal communication, which we thought would make the workplace atmosphere more comfortable.

First, a number of small social gatherings were organized with physicians' initiatives where the nurses could express their thoughts and opinions freely. On October 17, 1991, we arranged a party for the nursing staff and ward physicians at a local restaurant where everyone except the ones on night duty participated and socialized. They communicated over the borders of hierarchical ranks in a relaxed and friendly atmosphere. This was the only meeting involving the majority of the staff, but similar meetings in smaller groups were organized after work and nurses exchanged their opinions and views.

Ward physicians made special efforts to : talk to

nurses more frequently on the ward, listen to their suggestions, be precise in instructions to nurses, explain the rationale behind their instructions, provide relevant information, give the nurses opportunities to ask questions and discuss their problems and pay more attention to non-verbal communication.

The senior physicians spent more time in helping junior physicians, so that the junior physicians could be more specific in their instructions to the nurses and were able to explain the reasons behind their orders.

### Evaluation and assessment

The effects of the intervention were assessed on November 1, 1991 using the checklist.

#### Before the intervention

- increased workplace complaints ;  
     nil : 2    limited : 6    significant : 7    important : 4
- interpersonal conflicts ;  
     nil : 2    limited : 8    significant : 5    important : 4
- Overall ;  
     nil : 5    limited : 8    significant : 4    important : 2

#### After the intervention

- increased workplace complaints ;  
     nil : 4    limited : 8    significant : 5    important : 3
- interpersonal conflicts ;  
     nil : 5    limited : 8    significant : 4    important : 3
- Overall ;  
     nil : 8    limited : 8    significant : 2    important : 2

The number of nurses, who considered the grade of "increased workplace complaints" to be "important" or "significant" changed from 11 to 8; "limited", from 6 to 8; "nil", from 2 to 4. Concerning the grade of "interpersonal conflicts", the number of nurses who considered its grade to be "important" or "significant" changed from 9 to 7; and "nil", from 2 to 5; and "limited", unchanged from 8. The number of nurses who checked "important" or "significant" for "Overall" changed from 6 to 4; and "nil", from 5 to 8. The nurses who considered the problems to be "important" or "significant" decreased. The nurses who considered there were no problems increased. The number of

nurses who considered the problems "limited" was unchanged. There was therefore a tendency for the problems to be seen as having decreased.

The high turnover rate of nurses deserves a comment in a society where an employee tends to stay with one employer until the time of his/her retirement. However, I (Asaba) consider that the turnover rate should not be too low in a teaching hospital. Ambitious young nurses should come to work at a medical school hospital to learn and broaden their clinical experience within the framework of the professional tradition. When they have accomplished this, they should move on to make room for younger colleagues. To keep a medical school hospital as an active and stimulating place of higher learning, a certain rate of turnover is necessary. Fortunately, the psychiatric ward of Osaka Medical College suffers a shortage of neither nurses nor qualified applicants.

Wages are one of the most important factors that we should not overlook. Wages are a reward for work by which both quantity and quality of work are evaluated. It is not only the absolute amount, but the status it implies which is just as important. When the distribution of wages is perceived to be unfair, interpersonal conflicts and indignation will increase.

No one made remarks on the salary in this study. But we should have looked into the wage scale to rule out a hidden cause of resentment, if time had permitted.

Many members of the staff evaluated the intervention positively and made the following remarks; "Now instructions and orders were easy to understand", "The seniors and the doctors have changed and teach me kindly when I ask", "Hostile slanders and childish grumbles have diminished" and "I had hated and avoided meeting a certain nurse, but it has become possible to talk with her." Some evaluated the intervention negatively with the following remarks: "Nothing has changed", "The workloads are still heavy and there is no support", "I cannot trust the senior staff" and "Lack of leadership was the most important problem."

The tangible effect of the intervention was meager, but there was a definite improvement in the atmosphere of the ward. The favorable effect may be

attributed to the fact that the nurses were given opportunities to express their resentment by participating in the study and that attention was paid to their well being. The nurses regained hope of changing the frustrating situation in the workplace by actively taking part in the process of improvement. This was reflected in the following remark of one nurse ; "I thought there were few concrete effects. But the atmosphere of the workplace has improved. Now I work more pleasantly than before. I realize now the importance of our own attitude to work stress." We reconfirmed the importance of well-functioning communication channels and we hope that this project will be a first step towards further trials of anti-stress intervention programs in the near future.

Last but not the least, I (Asaba) was appalled by the fact that there was so much latent resentment in a seemingly harmonious professional team which was yet able to function well. In the process of translation, subtle expressions of the nurses' statements may have been oversimplified ; nonetheless, their message is clear. Some resentment is inherent in the hierarchical system ; the resentment that I have also felt on my way up the hierarchy. Now I have a better view of the system,

realizing that it is not possible to keep everyone pleased. But everyone should at least have his/her fair chance to share workload, reward and responsibilities with consideration given to the socially less privileged. Resentment ultimately arises from a perceived sense of unfairness.

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