

Study on The Mental Health Problems and Their Causative Factors of Hospital Nurses

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Abstract

We investigated the mental health problem (MHP) through the analyses of various responses on the questionnaires asked to 307 hospital nurses in Tokai-Hokuriku district to attain a deeper insight into the causative factors underlying onto MHPs. The main findings obtained from the responded 304 nurses are summarized as follows :

- 1) Among responded nurses, as much as 245 nurses (81%) complained of certain types of MHPs which were mostly born from job-related issues (a total of 77%) such as coping strategy, job performance and interpersonal relationship, but in part from family-related issues such as education of children and marriage (14%) . Accompanied with the MHD, one-fifth of these nurses also complained of either sign of physical or mental health dysfunction such as sleeplessness (25%) , lack of appetite (20%) and feeling of depression (20%) .
- 2) Although five views of personality (being optimistic , pessimistic, serious minded, sociable and unsociable) were cited with almost the same rates (25% to 16%) , optimistic nurses reported less frequently MHPs than pessimistic ones.
- 3) Comparing the causative factors of MHPs based on the ages and length of nursing experience, a tendency was shown that younger nurses with insufficient experiences find them in a process of job performance, whereas older ones with adequate experiences find in family-related issues.
- 4) To improve physical and mental dysfunctions, sleeping, talking, listening to music and traveling were cited as major measures. However, it was shown that consultation with certain persons or specialty books is essential for nurses with MHPs to improve their situations.

In light of these findings, it is suggested that the most important and effective measure is the establishment of consultation systems in the hospitals to provide more timely and easily the chances of consultation to nurses facing to these situations.

Key words

hospital nurse, mental health problem, coping strategy,

Introduction

Under the complicated situations of Nursing, most of nurses are exposed to many kinds of stressors such as difficult judgments in a job performance, confronting death of patients, mastering newer nursing skills, personal relationship with fellow members in addition to family-related issues^{1) 2)}. It is well known that these stressors frequently act as causative factors affecting on nursing performances³⁾. Nevertheless, the mental health problem (MHP) of hospital nurses has not yet been studied in detail in Japan. Therefore, this study was designed to obtain a deeper insight into the causative factors underlying onto MHP and discuss how the hospital nurses cope with MHP focusing on their age, length of nursing experience (referred as to LNE in this study) and personality.

Subjects and Methods

A total of 307 hospital nurses in Tokai-hokuriku district attending seminars and in-service education programs held in summer 1998, were asked to respond to a self-administrated questionnaire regarding MHPs. The nurses were asked to describe (1) the type of MHP (by selection from a list of items in this case), (2) the causative factors for MHP, (3) the types of mental dysfunctions felt in correlation with MHP, and (4) the strategies used to cope with MHP. The number of responders was 304 consisting of 292 female and 12 male nurses with an age structure of 20 to more than 50 years old and LNE distribution of less than 10 to more than 30 years. Data were analyzed statistically by the chi-square test to examine the significant differences.

Results

Among the responders, as much as 245 nurses (80.6%) cited certain kinds of MHPs, but 55 nurses (18.1%) answered to be free of this problem. Four nurses (1.3%) somehow did not answer (Table 1). These values were significantly different in either age group or LNE group. Accompanied with this problem, 245 nurses also complained of certain physical and mental dysfunctions such as sleeplessness (25%), loss of appetite (20%), being unsociable (20%), general feeling of unhealthiness (19%) and obscure thinking (16%). As for self-estimated personality, five views were cited; being optimistic (25%), pessimistic (22%), serious minded (20%), unsociable (17%) and sociable (16%) as shown in Table 2. It has been clearly demonstrated that MHP occurs more frequently in nurses with either pessimistic or serious minded view than ones with either optimistic or sociable view.

The cardinal causes for MHP are summarized in Table 3. In order of cited rate, these were coping strategy (31%), process of job performance (24%), interpersonal relationship at the working places (22%) and family-related issues (14%). These responses showed significant differences based on age and LNE. A tendency was shown that younger nurses find their causes in the coping strategy and process of job performance, whereas older ones find them in family-related issues.

To extract underlying elements onto each cause described above, further analyses were carried out. Nurses suffering from coping strategy (Table 4) attributed its cause either to lack of thoughtful consideration (23%), hesitation to offer other's help (23%), lack of compliance (23%), hesitation

Table 1 Experience of Mental Health problem (MHP) and psysical and mental dysfunction

| Category | N=304 Number(%) of nurses with or without MHP and kinds of physical and mental dysfunctions | | |
|---|---|--------------|---|
| | With MHP | Without MHP | |
| Age(year) | | | |
| 20~ | 70 | 28 | |
| 30~ | 77 | 13 | * |
| 40~ | 98 | 30 | |
| Length of nursing experience(year) | | | |
| ≤9 | 89 | 30 | |
| 10~19 | 86 | 15 | * |
| 20~ | 70 | 14 | |
| Total | 245(80.6) | 59(18.1) | |
| Sign | | | |
| Sleeplessness | 109(25) | not analyzed | |
| Loss of appetite | 84(20) | | |
| Being unsociable | 84(20) | | |
| General feeling of unhealthiness | 82(19) | | |
| Obscure thinking | 73(16) | | |
| Total answer | 432 | | |

significant diffrent(p<0.05) between groups with and without MHP

Table 2 Relation of self-estimated personality with the mental health problem

| Personality | N=304 | % | Experience of Mental Health Problems | | |
|----------------|-------|----|--------------------------------------|----|---|
| | | | Yes | No | |
| | | | Optimistic | 98 | |
| Pessimistic | 88 | 22 | 71 | 17 | |
| Serious minded | 82 | 20 | 54 | 28 | * |
| Unsociable | 68 | 17 | 59 | 9 | |
| Sociable | 66 | 16 | 55 | 11 | |
| Total answers | 402 | | | | |

* Significant different(p<0.02) between groups with and without MHP

Table 3 Cardinal of the mental health problems

| Cause | N=245 | % | Age(years) | | | LNE※ | | | | |
|-------------------------------|-------|----|------------|-----|-----|------|-------|-----|----|---|
| | | | 20~ | 30~ | 40~ | ≤9 | 10~19 | 20~ | | |
| Job-related coping strategies | 107 | 31 | 32 | 28 | 47 | 36 | 37 | 34 | | |
| Incomplete job performance | 81 | 24 | 32 | 22 | 27 | 33 | 19 | 19 | | |
| Interpersonal relationships | 76 | 22 | 16 | 25 | 35 | * | 20 | 31 | 25 | * |
| Family-related issues | 49 | 14 | 5 | 24 | 20 | 14 | 21 | 25 | | |
| Total answers | 313 | | | | | | | | | |

※length of nursing experience(year)

* Significant different(p<0.05) between the indicated groups and other groups

Table 4 Causative elements found in Coping Strategies

| Element | N=107 | % |
|---|-------|----|
| Lack of thoughtful consideration | 25 | 23 |
| Hesitation to offer other's help | 24 | 23 |
| Lack of compliance | 24 | 23 |
| Hesitation to discuss those in charge of Nurses | 20 | 19 |
| Inadequate circumstances for studying | 13 | 12 |
| Total answers | 106 | |

Table 5 Causative elements found in a process of job performance

| Element | N=81 | % | Age(years) | | | LNE※ | | | | |
|---------------------------|------|----|------------|-----|-----|------|-------|-----|---|---|
| | | | 20~ | 30~ | 40~ | ≤9 | 10~19 | 20~ | | |
| Immature nursing skill | 56 | 44 | 27 | 12 | 17 | 28 | 16 | 12 | | |
| Insufficient experience | 26 | 21 | 10 | 6 | 10 | 10 | 9 | 7 | | |
| Poor team work | 20 | 16 | 3 | 6 | 11 | * | 2 | 10 | 8 | * |
| Complicated job procedure | 17 | 13 | 6 | 2 | 9 | 6 | 4 | 7 | | |
| Lack of job orientation | 8 | 6 | 2 | 1 | 5 | 2 | 3 | 3 | | |
| Total answer | 127 | | | | | | | | | |

※length of nursing experience(year)

* Significant different between each age groups(p<0.05) and between each LNE groups(p<0.02)

to discuss those in charge of Nurses (19%) or inadequate circumstances for studying (12%). In the case of job performance shown in Table 5, immature nursing skills (44%), insufficient experiences (21%), poor team

work (16%), complicated job procedures (13%) and lack of job orientation (6%) were cited. There were significant differences in their responses based on LNE. Especially, nurses with LNE of less than 9 years took

Table 6 Causative elements found in interpersonal relationships

| Element | N=81 | % | LNE※ | | |
|------------------------------|------|----|------|-------|-----|
| | | | ≤9 | 10~19 | 20~ |
| Lack of cooperation | 28 | 33 | 8 | 10 | 10 |
| Difference in nursing skills | 20 | 24 | 3 | 8 | 9 |
| Pressing duty | 18 | 22 | 3 | 9 | 6 * |
| Lack of leadership | 11 | 13 | 3 | 5 | 3 |
| Morale-deficient behavior | 7 | 8 | 1 | 0 | 6 |
| Total answer | 84 | | | | |

※length of nursing experience(year)

* Significant different(p<0.01) between elements and each LNE groups

up the immature nursing skills as a major element. In contrast, nurses with LNE of more than 10 years took up the complicated job procedures and poor team work. Regarding the elements underlying onto the interpersonal relationship (Table 6), lack of cooperation (33%), difference in nursing skills (24%), pressing duty (22%), lack of leadership (13%) and morale-deficient behaviors were extracted. These responses showed significant differences based on age. Nurses with a shorter LNE cited the lack of cocoperation as a major element, whereas nurses with a longer LNE cited low morality and lack of leadership. As for the elements for family-related issues (Table 7), education of children (43%), marriage (27%) and

Table 7 Causative elements found in family-related issues

| Element | N=49 | % |
|---|------|----|
| Education children | 23 | 43 |
| Marrige | 14 | 27 |
| Financial problem | 6 | 11 |
| Lack of time with family and and careof ill parents | 4 | 8 |
| Total answers | 47 | |

addition, lack of times with families and for cares of ill parents (8%) was also indicated.

To improve physical and mental dysfunctions, measures used by nurses were sleeping (19%), talking with friends (19%), reading books and/or listening to music (18%), eating (12%), traveling (9%), playing sports (8%), drinking (7%), relaxation (4%), smoking (3%) and meditation (1%) as shown in Table 8. There were no significant differences based on personality

Table 8 Measures used by nurses to improve physical and mental signs

| Measure | N=304 | % |
|---|-------|----|
| Sleeping | 167 | 19 |
| Talking with friends | 163 | 19 |
| Reading books and/or listening to music | 153 | 18 |
| Eating | 106 | 12 |
| Traveling | 76 | 9 |
| Playing sports | 65 | 8 |
| Drinking | 61 | 7 |
| Relaxation | 32 | 4 |
| Smoking | 25 | 3 |
| Meditation | 9 | 1 |
| Total answers | 857 | |

tion of children (43%), marriage (27%) and

significant differences based on personality and age.

Table 9 Consultation as major strategies taken by nurse cope with mental health problems

| Strategy | N=81 | % | Age(years) | | | |
|--|------|----|------------|-----|-----|---|
| | | | 20~ | 30~ | 40~ | |
| Consulting with families and/or friends | 170 | 49 | 59 | 52 | 59 | |
| Consulting with professionals including speciality books | 72 | 21 | 13 | 26 | 33 | * |
| Not consulting | 103 | 30 | 27 | 27 | 49 | |
| Total answer | 345 | | | | | |

* Significant different($p<0.05$) between strategies each age groups

certain types of MHPs recieved consultation with families, friends or both (49%), or with professionals (counselor, psychologist and doctor) and specialty books (21%) (Table 9). However, the remaining 30% of nurses did not. Although the selection rates of families and friends as partners of consultations were almost similar among the age groups, it is noteworthy that chances for receiving consultation with professionals increase from 13% in a younger group to 33% in a older one in proportion to ages of nurses.

Discussion

Among the responded hospital nurses, as much as 81% of them complained of certain kinds of MHPs accompanied with various physical and mental dysfunctions such as sleeplessness, lack of appetite and depression. It is certain that a strong sense of responsibility is taken as a cardinal force to produce these situations, but the force exhibited its influence in various ways depending on the places (hospitals and homes), ages, LNE and personality of nurses. As for personality, almost two-third of the participated nurses estimated thier

personalities to be desirable as nurses such as being optimistic, serious minded and sociable. At the same time, this study has demonstrated clearly that these situations are closely related with nurses's personalities, that is, nurses with an optimistic view have less MHPs compared with pessimistic nurses.

The causative factors for this problem were mostly job-born such as coping strategy, job performance and interpersonal relationship, and in part home-born. However, it was considered that home-born factors could not be negligible judging from relatively higher answer rates concentrated in middle-aged nurses who might face actually to various family-related issues such as education of children and marriage, and more importantly play a central role in the nursing team. Taking into account the fact that studied nurses considerably vary in their ages and LNEs, a tendency was shown that younger nurses with a shorter LNE find the major causes in immature nursing skills and insufficient experiences, whereas older ones with a longer LNE attribute them to poor team work. These results were consistent in part with those in a previous

report⁴⁾. Moreover, several younger nurses pointed out in this study that lack of supporting systems from other nurses is a further affecting factor on the interpersonal relationship. Conversely, older nurses also pointed out the ineffective nursing circumstances due to continuously pressing works and lack of leadership in the teams.

To improve the physical and mental dysfunctions, nurses adopted ordinary measures rather than specific ones such as sleeping, talking with, reading books, listening to music and travelling. In addition, positive measures such as relaxation and meditation are cited with a low but recognizable level of response rates. These measures cited in this study were almost similar with those in a previous paper except relaxation and meditation⁵⁾. On the other hand, to overcome MHP, major strategy used by nurses were consultations. As partners of consultations, many kinds of persons including the close members (families and friends), professionals (counselor, psychologist and doctor) and specialty books in some cases were cited. Younger nurses tended to select mainly the close members as partners. However, it should be noted that selection rates of professionals increase in a group of older nurses with a longer LNE, suggesting that the structures of MHP became too complex to solve without helps and advices of professionals in proportion to age and LNE of nurses.

Conclusion

In this study, we reviewed the various responses appeared on the questionnaires to obtain a deeper insight into the causative factors underlying onto MHPs experienced by hospital nurses in Tokai-Hokuriku district. It is true that these problems never born in

the minds of nurses without a strong sense of responsibility for the fulfilment of obligation. Through this study, we could realize that MHPs lay on a balance between the responsibility and stressors as the causative factors. In addition, we could also realize that MHPs take their roots both in job- and family-born causes. Fortunately, it was expected that certain, but not all, job-born causes might be reduced through nurses' efforts to improve their nursing skills and develop positive interpersonal relationship, as pointed out by others⁶⁾. In this case, adequate training programs provided by the hospital organization might facilitate to make this situation⁷⁾. However, it is considered that the most important and effective measure is present in the establishment of consultation systems in the hospitals to provide the chances of consultation more timely and easily to nurses just facing to these situations⁸⁾.

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看護婦の精神保健問題に関する研究

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要 旨

病院に働く看護婦は様々なストレスに曝され、様々な精神保健問題に悩まされていることはよく知られている。しかし、これらの問題を扱った研究はわが国ではあまり見られない。そこで我々はこの問題を明らかにするためにこの研究を計画し、307名の看護婦を対象にかれらが経験している精神保健問題を調べ、以下のような結果を得た。

- 1) 調査した対象者の81%は何らかの精神保健問題を経験し、そのうち5人に1人は精神的問題を持ち、不眠や食欲不振、抑うつなどの精神的・身体的不調を感じていた。
- 2) また、殆どの看護婦は精神保健問題の原因は彼等の対処方法、仕事の能力、職場の対人関係、および家族の問題にあると思っていた。
- 3) 若く経験の浅い看護婦はその原因を仕事にあると考え、年配の経験のある看護婦はその原因を子供の養育にあると考えていた。
- 4) 対象者の3人に2人は看護婦として大らか、生真面目、社交的などの望ましい性格傾向を持っていた。そして大らかな人ほど精神保健問題の経験も少なかった。
- 5) 対象者のとっている、精神保健問題の主な対処方法は寝る、おしゃべりをする、本を読む、音楽を聞く、旅行をするであった。
- 6) これらのことを考えると、看護婦の仕事に影響する様々な精神保健問題の解決に当たっては、看護婦自身の努力もさることながら、病院が看護婦が気軽に利用できる効果的なカウンセリング機構を創り、そのニーズに応えることが重要である。

Key words

看護婦, 精神保健問題, 対処法.