Archives of Business Research – Vol.4, No.2
Publication Date: April. 25, 2016
DOI: 10.14738/abr.42.1945.
Fuqua, R. M., Stegall, M. H., Stegal, M. S., & Mcilwain, T. F. (2016). Perceptions on Communication, Teamwork and Stress among Nurses in Long-Term Care. *Archives of Business Research, 4*(2), 72-81.

Perceptions on Communication, Teamwork and Stress among Nurses in Long-term Care

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Abstract

The goals of this study were to identify how long-term care nursing employees perceive communication, teamwork and stress in their work environment and examine the relationships among these concepts. Data from long-term care nursing employees (RNs and LPNs) on their perceptions of receiving information and being asked for their input, giving help to others and receiving help in doing their jobs, as well as their perception of the level of stress in their jobs were collected through an online survey. Analysis provides an assessment of associations between nursing employees' demographic characteristics and their beliefs. Significant results from the Kendall's tau-b correlation analysis of the study variables include a negative relationship between increased stress and being told what they needed to know and being asked for their input (the communications factor) when higher values of stress were removed from the sample.

Key Words: Communication, Teamwork, Stress, Long-term care, Nursing

INTRODUCTION

With the aging of the population, long-term care is a significant and growing segment of health care delivery in the United States (Harris-Kojetin, Sengupta, Park-Lee, & Valverde. 2013). However, increases in reimbursement have not matched increased demands for care, placing long-term care nursing staff and managers at an increased risk for stress-related burnout as staffing lags with increasing care needs (Fuqua, 2012).

When workers and leaders in long-term care are asked about their work, it is common to hear that better communications and more teamwork would lower stress and lead to a better working environment.

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PURPOSE

This paper explores the opinions of long-term care workers who have nursing responsibilities regarding how they feel about major elements of communication, perspectives on teamwork, and stress in their jobs. Communication includes sending and receiving messages while teamwork typically includes helping others and being helped by others.

REVIEW OF THE LITERATURE

Fuqua (2012) surveyed administrative employees in skilled nursing facilities. On two measures of communication, he found that almost half were asked for their input on the job and over 71% said they were often told what they needed to know to do their work. Almost 89% of the respondents in this study said that they very often helped others do their jobs, while only 38% said they were very often helped by others in doing their jobs. More than 68% of those responding said they somewhat often or very often experienced excessive stress in their jobs.

According to Stefl (2008), today's health care executives and leaders must have talent sophisticated enough to match the increased complexity of the health care environment. She reports the number one competency is communication and relationship management. Garman, Fritz, & Fraser (2006) state that the competency of communication and relationship management leverages professionalism and allows health care leaders to develop, cultivate and maintain effective working relationships.

Firth-Cozens (2001) addresses teamwork when she describes organizations as a dynamic balance between the authority and autonomy of the individual, the control that exists in formal structures, and the cooperation that takes place within and between teams. Erikson, Tambs, & Knardahl (2006) studied psychological distress among nurses' aides, finding that nurses' aides, the main providers of practical patient care in many countries, do both emotional and heavy physical work, and are exposed to frequent social encounters in their job. Tournageau, Cranley, Laschinger & Pachis (2010) surveyed nursing and other staff in long-term care facilities in Ontario to examine the relationships among leadership practices, work environments, staff communication and the outcomes of job satisfaction and turnover intention. They concluded that stronger work group relationships, a stronger sense of personal accomplishment and lower emotional exhaustion have direct effects on increasing job satisfaction and lowering turnover intention.

According to Shirey (2006), implementation of authentic leadership can affect not only the nursing workforce and the profession but the healthcare delivery system and society as a whole. Creating a healthy work environment for nursing practice is crucial to maintaining an adequate nursing workforce as the stressful nature of the profession often leads to burnout, disability, and high absenteeism and, ultimately, contributes to the escalating shortage of nurses. Leaders play a pivotal role in retention of nurses by shaping the healthcare practice environment to produce quality outcomes for staff nurses and patients. Few guidelines are available, however, for creating and sustaining the critical elements of a healthy work environment. This study was undertaken to explore the relationships between communication, teamwork, and work related stress in the long term care work setting.

DESIGN, DATA, AND METHODS

An online survey, using a commercially available software application, was made available to all nursing employees in 52 skilled nursing centers. Based on IP addresses, 23 centers participated in the study. Participation was anonymous and voluntary. The survey was designed to assess employees' perceptions of aspects of teamwork and communication. All perception variables were measured using a four-point Likert-type scale. Two variables were

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used to measure perception of teamwork: how often the respondent helped others and how often the respondent was helped. Two variables were used to measure communication: how often the respondent's opinion was asked and how often the respondent was told what he/she needed to know, a measure of the sufficiency of communication. One question was asked to measure perceived frequency of excessive stress. Additional questions gathered information on level of education, type of nursing position, length of time worked in long-term care, race, and gender. Three additional variables were created as summated scores. The first was a "communications score" produced by adding the scores of the two communications questions (Questions 6 and 7). The range of the "communications score" is 2 to 8. The second score, with the same final range, was a "help score" produced by adding scores on Questions 8 and 9. The final variable was a "team combined score" created by adding the communications and help scores which thus has a possible range of 4 to 16.

For the correlation analysis, the variable gender was dropped due to only two males participating in the study, but both observations were retained in the analysis. The nominal variable of "minority status" (Question 5) was converted to a dichotomous variable with "white" equal to 1 and all other categories combined to an "other" equal to 0. The job category is also dichotomous, with LPNs=6 and RNs=7. All other variables were ordinal with the lower levels equated with lower scale values as follow: For the two communications questions (Table 2), "never=1" and "often=4," and for the "help" and "excessive stress" questions (Tables 3 and 4), "never=1" and "very often=4."

All analyses were conducted using IBM SPSS Statistics version 20.0. Kendall's tau-b correlations were calculated because of the use of ordinal variables and the prevalence of many ties in the rankings (Lewis-Beck, 1995). Kendall's tau-b ranges from -1.0 to 1.0 when each of the correlated variables has the same number of categories, but not when they differ. Significance and directionality are the foci when the number of categories differs across the pair (i.e., job with two categories and excessive stress with four).

FINDINGS

The average nursing center within this system employs approximately 5 RNs and 13 LPNs. Therefore, within the 23 centers participating, there are an estimated 414 nursing staff members. Specifically, it is estimated that overall 115 RNs and 299 LPNs work in these 23 centers. Included in the final sample of 80 are 51 RNs (63.7%) and 29 LPNs (36.3%). Therefore, the estimated response rate for the survey of participating centers was 19.3%. The specific questions and their related descriptive statistics are found in Tables 1-4.

Descriptive statistics for the sample indicate over 56% had more than ten years of employment service, over 73% had a college degree, 75% were white, and 78 out of 80 were female with one male RN and LPN each. More than 66% responded that they were often asked for their input on the job and only 8% said it was never or not enough. Over 78% indicated that they were often told what they needed to know to do their work while just over 1% said they were not told what they needed to know. While 85% of the respondents said that they very often helped others do their jobs, only 51% said they were very often helped by another in doing their jobs. More than 81% of those responding said they somewhat or very often experienced excessive stress in their jobs.

Table 5 contains the results of the correlation analysis of the original survey questions, minus the previously discussed gender variable. Fourteen statistically significant correlations are identified.

LPNs participating in the study worked more years in long-term care than the participating RNs (r=-0.172, p<0.10), corresponding with the negative relationship between years of education and years in long-term care (r=-0.235, p<0.05). As would be expected, RNs reported more years of education than LPNs (r=0.526, p<0.05). There are more white RNs and more non-white LPNs in the study (r=0.186, p<0.10).

Minority status is also positively correlated with opinion being asked by leaders (r=0.212, p<0.10), sufficient communications from leaders (told what he/she needed to know) (r=0.333, p<0.05), and excess stress (r=0.210, p<0.10). The strongest statistically significant positive correlation among the non-demographic variables is found between the two variables measuring communication: being told what he/she needed to know and being asked for his/her opinion (r=0.470, p< 0.01). The variables of being helped by others and helping others are also positively correlated (r= 0.317, p< 0.01).

Positive, statistically significant associations exist between how often individuals helped others and three other variables: years of education (r=0.210, p< 0.05), how often they were asked their opinion by leaders (r=0.215, p< 0.05), and how often they were told what they needed to know to do their work (r= 0.378, p< 0.01). Being helped by others is also positively associated with being asked their opinion by leaders (r=0.319, p<0.01) and being told what they needed to know (r=0.234, p<0.05).

The results of creating a communication score, help score, and a team combined score are reported in Table 6. Over 61% reported the highest possible communication score of 8 while 50% of the participants reported the highest help score. When these two scores were added to create a team combined score, 38.8% of the participants reported the highest score (16) with no one obtaining a score lower than 10. Table 7 contains the correlations of these three new variables with excessive stress (Question 10, Table 4). The correlation between the help score and communication score is statistically significant and positive (r=0.347, p<0.01).

Respondents in this study are pooled from 23 facilities. Other factors beyond those measured in this study (teamwork and communication) are related to stress in the work environment. If the amount of stress associated with a facility is excessive, then one should consider the potential of this environment nullifying any measurable positive impact of helping, communications, and teamwork. In order to mitigate the effect of other potential stressful factors in the work environment that may be overwhelming the positive aspects of teamwork and communication, the 35 respondents to the survey who reported feeling excessive stress "very often" were dropped from this final analysis. The correlations reported in Table 8 are of the remaining 45 respondents (see last three rows of Table 4). With this sample, increases in both the communications (r=-0.378, p<0.01) and the team (r=-0.329, p<0.05) scores were significantly associated with a decrease in excessive stress.

PRACTICAL APPLICATIONS

Providing long-term care is demanding work. The high dependency level of patients in the long-term care setting creates high demands on staff. This research indicates that social factors may have an association with nursing staff perceptions of how well they are able to perform their jobs. The interrelatedness of being helped by others in a teamwork fashion that benefits the one receiving help, along with both aspects of communication, sending messages to others and receiving information needed to do the job, correlate with a lower perception of excessive stress in the work. Another potential benefit of these positive aspects of the work environment, better teamwork and better two-way communication, may be increased length of service in the field of long-term care.

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ADMINISTRATION IN LONG-TERM CARE

Nurses in long-term care constantly face challenges to better communicate, to work as a team, and to manage stress reduction for themselves and their teams. Developing positive, two-way communication is important in the pursuit of a teamwork-oriented staff. The more nursing staff feel that they are asked for their input in doing their jobs and are told what they need to know to do their jobs, the more likely nurses will be inclined to help others to do their jobs as well as receive help from others. When these qualities of work are realized, less excessive stress may be felt in the work environment.

ORIGINALITY, VALUE AND CONTRIBUTION

Long-term care nurses are responsible for the quality of health care their teams deliver to their patients. It has long been understood that the more satisfied the long-term care workforce, the higher the quality of care that is delivered to the patients. It is also widely recognized that some of the most commonly cited reasons for lower employee satisfaction are poor communication, low levels of teamwork and high levels of stress. This research supports the ideas that better communication, both in sending and receiving information, as well as higher levels of teamwork contribute to a reduced level of stress, at least in what was seen as excessive stress. It has been suggested that healthcare management programs develop educational outcomes related to competencies in the domain of teamwork and communication skills (Leggat, 2007). The results of this study suggest significant benefits of health care management education programs emphasizing effective communications and team building in order to reduce employee stress.

TABLES

Table 1: Demographic Questions: Responses of Participating RNs and LPNs

Question 1: How long have you worked in long-term care?			
	Frequency	**Percent**	**Cumulative Percent**
More than 10 years	45	56.3	56.3
5-10 years	13	16.3	72.5
3-5 years	14	17.5	90.0
1-2 years	7	8.8	98.8
Less than 1 year	1	1.3	100.0
Total	80	100.0	
Question 2: What do you do in long-term care?			
	Frequency	**Percent**	**Cumulative Percent**
Registered Nurse	51	63.7	63.7
Licensed Practical Nurse	29	36.3	100.0
Total	80	100.0	
Question 3: What is the highest level of school you have completed or the highest degree you have received?			
	Frequency	**Percent**	**Cumulative Percent**
Associate degree	35	43.8	43.8
Some college but no degree	19	23.8	67.5
Bachelor degree	12	15.0	82.5
Graduate degree	12	15.0	97.5
High school degree or equivalent (e.g., GED)	1	1.3	98.8

Less than high school degree	0	0	98.8
Missing	1	1.3	100.0
Total	80	100.0	
Question 4: What is your gender?			
	Frequency	**Percent**	**Cumulative Percent**
Female	78	97.5	97.5
Male	2	2.5	100.0
Total	80	100.0	
Question 5: What is your minority status?			
	Frequency	**Percent**	**Cumulative Percent**
White	60	75.0	75.0
Black	17	21.3	96.3
Hispanic	1	1.3	97.5
Other	1	1.3	98.8
Missing	1	1.3	100.0
Total	80	100.0	

Table 2: Communication Questions: Responses of Participating RNs and LPNs

Question 6: How often are you asked your opinion by your leadership?			
	Frequency	**Percent**	**Cumulative Percent**
Often	53	66.3	66.3
Some	20	25.0	91.3
Not enough	5	6.3	97.5
Never	2	2.5	100.0
Total	80	100.0	
Question 7: How often are you told what you need to know by your leadership?			
	Frequency	**Percent**	**Cumulative Percent**
Often	63	78.8	78.8
Some	15	18.8	97.5
Not enough	1	1.3	98.8
Never	1	1.3	100.0
Total	80	100.0	

Table 3: Help Questions: Responses of Participating RNs and LPNs

Question 8: How often in your job do you help others?			
	Frequency	**Percent**	**Cumulative Percent**
Very often	68	85.0	85.0
Somewhat often	12	15.0	100.0
Not very often	0	0	100.0
Never	0	0	100.0
Total	80	100.0	
Question 9: How often in your job do others help you?			
	Frequency	**Percent**	**Cumulative Percent**

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Very often	41	51.2	51.2
Somewhat often	27	33.8	85.0
Not very often	12	15.0	100.0
Never	0	0	100.0
Total	80	100.0	

Table 4: Stress Question: Responses of Participating RNs and LPNs

Question 10: How often do you feel excessive stress in the work you do?			
	Frequency	**Percent**	**Cumulative Percent**
Very often	35	43.8	43.8
Somewhat often	30	37.5	81.3
Not very often	14	17.5	98.8
Never	1	1.3	100.0
Total	80	100.0	

Table 5: Correlations of Ordinal Variables (N=79 to 80)

Kendall's tau-b	**Years in LTC**	**Job**	**Years of Education**	**Minority Status**	**Opinion Asked by Leader**	**Sufficient Communi-cations from Leaders**	**Help Others**	**Others Help**	**Excessive Stress**
Years In LTC 1= < 1 year to 5=>10 Years	1.000								
Job RN=7 LPN=6	-.172+	1.000							
Years of Education 12, 13,14,16,18	-.235*	.526**	1.000						
Minority Status White=1 Other=0	-.144	.186+	.116	1.000					
Communication Opinion Asked by Leaders 1=Never to 4=Often	-.088	.131	.137	.212+	1.000				

Sufficient Communication from Leaders 1=Never to 4=Often	.032	.042	.084	.333**	.470**	1.000			
Help Others 1=Never to 4=Very Often	-.105	.120	.210*	-.073	.215*	.378**	1.000		
Others Help 1=Never to 4=Very Often	.025	.125	.125	-.087	.319**	.234*	.317**	1.000	
Excessive Stress 1=Never to 4=Very Often	-.036	-.014	.060	.210+	-.026	-.061	.087	-.128	1.000

+. Correlation is significant at the 0.10 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Table 6: Communications, Help, and Combined Team Scores

Communication Score (Combining Questions 6-7).			
Score	**Frequency**	**Percent**	**Cumulative Percent**
2	0	0	0
3	0	0	0
4	2	2.5	2.5
5	6	7.5	10.0
6	7	8.8	18.8
7	16	20.0	38.8
8	49	61.3	100.0
Total	80	100.0	
Help Score (Combining Questions 8-9).			
Score	**Frequency**	**Percent**	**Cumulative Percent**
2	0	0	0
3	0	0	0
4	0	0	0
5	3	3.8	3.8
6	17	21.3	25.0
7	20	25.0	50.0
8	40	50.0	100.0
Total	80	100.0	
Team Combined Score (Communication Score + Help Score)			
Score	**Frequency**	**Percent**	**Cumulative Percent**
4-9	0	0	0
10	2	2.5	2.5
11	4	5.0	7.5
12	6	7.5	15.0
13	5	6.3	21.3
14	16	20.0	41.3
15	16	20.0	61.3
16	31	38.8	100.0
Total	80	100.0	

Table 7: Correlations: All Stress Levels (N=80)

Kendall's tau-b	Help	Communication	Team	Excessive Stress
Help Score (2-8)	1.000			
Communication Score (2-8)	.347**	1.000		
Team-Combined Score (4-16)	.762**	.739**	1.000	
Excessive Stress (1-4)	-.083	-.040	-.095	1.000
**. Correlation is significant at the 0.01 level (2-tailed).				

Table 8: Correlations: All Stress Levels except "Very Often" (N=45)

Kendall's tau-b	Help	Communication	Team	Excessive Stress
Help Score (2-8)	1.000			
Communication Score (2-8)	.388**	1.000		
Team-Combined Score (4-16)	.780**	.755**	1.000	
Excessive Stress (1-3)	-.176	-.378**	-.329*	1.000
**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level				

References

Batalden, P., Leach, D., Swing, S., Dreyfus, H. & Dreyfus, S. (2002). General competencies and education in graduate medical education. Health Affairs. 21 (5), 103-111.

Bradley, E. (2003). Use of evidence in implementing competency-based healthcare management training. Journal of Health Administration Education. 20 (4), 287-304.

Erikson, W., Tambs, K., Knardahl, S. (2006). Work factors and psychological distress in nurses' aides: a prospective cohort study. BMC Public Health. 6 (290).

Firth-Cozens, J. (2001). Cultures for improving patient safety through learning: the role of teamwork. Quality in Healthcare. 10 (Suppl II) ii26-ii31.

Fuqua, R. (2012). Communication, teamwork and stress in long term care administration. Journal of Sociological Research. 3 (1), 8-17.

Harris-Kojetin L, Sengupta M, Park-Lee E, & Valverde R. Long-term care services in the United States: 2013 overview. Hyattsville, MD: National Center for Health Statistics. 2013.

Garman, A., Fritz, K., & Fraser, M. (2006). Communication and relationship management. Journal of Healthcare Management. 51 (5), 201-294.

Leggat, S. G. (2007). Teaching and learning teamwork: Competency requirements for healthcare managers. Journal of Health Administration Education, 24(2) 135-149.

Lewis-Beck, M. (1995). Data Analysis: An Introduction. Sage University Paper series on Quantitative Applications in the Social Sciences, 07-103. Thousand Oaks, CA: Sage.

Shirey, M. (2006). Authentic leaders creating healthy work environments for nursing practice. Journal of Critical Care. 15 (3), 256-267.

Stefl, M. (2008). Common competencies for all healthcare managers: The Healthcare Leadership Alliance model. Journal of Healthcare Management. November-December, 360-373.

Tourangeau, A., Cranley, L., Laschinger, H., & Pachis, J. (2010). Relationships among leadership practices, work environments, staff communication and outcomes in long-term care. Journal of Nursing Management, 18(8), 1060-1072.