Working conditions and intent to leave the profession among nursing staff in Europe

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A research project initiated by SALTSA and funded by the European Commission (QLK6-CT-2001-00475)
www.next-study.net

coordinated by
UNIVERSITY OF WUPPERTAL

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Printed at Elanders Gotab
ISSN: 1404-790X
6  Meaning of work in the European nursing profession

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Introduction

History has treated medical doctors more generously than nurses. Although the first physician known to history, Imhotep, lived nearly thirty centuries before Christ, nursing appeared with Christianity with its idea of charity and Christian love. The role of deaconesses, virgins and widows in nursing was prominent at the time and several of them became saints. Male and female hospital/nursing orders as well as military nursing orders were introduced due to crusades. These achievements vanished with the Renaissance period, which could be said to be the ‘Dark Ages of Nursing’. Changes occurred late in the XIXth Century. The influence of Florence Nightingale was radical, who advanced nursing as a profession.

Nowadays, we cannot imagine contemporary medical care without nursing staff. Advances in intensive care techniques have shown it is necessary to provide nurses with higher decisive competencies and stresses the role of teamwork (Reis Miranda et al., 1998). Nurses are main suppliers of long-term care. They fulfill many unofficial roles such as being a source of information, counsellors, and mediating between patients and doctors. In spite of their multidirectional versatile tasks, nurses still work in the shadow of doctors.

Meaning of work is understood as a neutral term, indicating the value of important work aspects. Its relationship with job satisfaction and motivation is obvious, but indirect (Van Dijk et al., 2002). The manner in which nurses value their profession seems to be of significance in regard to their intention to leave the profession (Pool et al., 1992; Van der Schoot, 2001; Van Dijk et al., 2002).

It seems that especially the content and the organisation of work is of importance. Furthermore, a relationship between meaning of work and physical and psychological health exists (Van Dijk et al., 2002).

What keeps nurses going? According to Florence Nightingale, nurses appear to be motivated by a deep concern for patients and families. This, however, creates tremendous stress due to poor staffing, excessive demands on registered nurses, and unexpected crises. The task orientation of nurses also appears to be based on their fundamental concern for patient welfare (Cohen and Sarter, 1992; Borghans and De Steur, 1999; Van der Schoot, 2001).

In this chapter, nurses’ perception of the importance of their mission will be approached.
Methods

**COPSOQ instrument**
The meaning of work concept is one of the psychosocial factors at work measured in the NEXT-Study by the 3 item COPSOQ scale. The items are: “Is your work meaningful?”; “Do you feel that the work you do is important?”; “Do you feel motivated and involved in your work?”. COPSOQ stands for the Copenhagen Psychosocial Questionnaire. Until now, the questionnaire seems to provide valid assessments (Kristensen, 2000).

**Data collection**
Data collection and participation is described in the respective chapters in this book.

**Data analysis**
Data analysis has been conducted with SPSS 10.0 and 11.0. Differences of means were calculated by ANOVA and T-Test. Differences in prevalence was calculated by Chi² test. Due to the large size of the sample, the limit for significance was set by alpha <.01.

**Table 1. Overview of participants by country and the COPSOQ scale meaning of work.**

<table>
<thead>
<tr>
<th>country</th>
<th>abbreviation</th>
<th>number of participants</th>
<th>n meaning of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>BE</td>
<td>4,257</td>
<td>4,136</td>
</tr>
<tr>
<td>Germany</td>
<td>D</td>
<td>3,565</td>
<td>3,526</td>
</tr>
<tr>
<td>Finland</td>
<td>FIN</td>
<td>3,970</td>
<td>3,929</td>
</tr>
<tr>
<td>France</td>
<td>FR</td>
<td>5,376</td>
<td>5,345</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>GB</td>
<td>2,578</td>
<td>2,548</td>
</tr>
<tr>
<td>Italy</td>
<td>IT</td>
<td>5,645</td>
<td>5,397</td>
</tr>
<tr>
<td>Norway</td>
<td>N</td>
<td>2,733</td>
<td>2,676</td>
</tr>
<tr>
<td>Netherlands</td>
<td>NL</td>
<td>4,019</td>
<td>3,960</td>
</tr>
<tr>
<td>Poland</td>
<td>PL</td>
<td>3,263</td>
<td>3,106</td>
</tr>
<tr>
<td>Slovakia</td>
<td>SLK</td>
<td>3,396</td>
<td>3,249</td>
</tr>
<tr>
<td>all</td>
<td></td>
<td>38,802</td>
<td>37,872</td>
</tr>
</tbody>
</table>

**Results**
Figure 1 shows the mean scores on the COPSOQ scale *meaning of work* by country. The results for Poland are preliminary since not all of the questionnaires have been collected in this country yet.
Figure 1. Mean values for ‘meaning of work’ by country. All differences significant at \( p < .01 \) except between Belgium and Finland, Belgium and Great Britain, Italy and the Netherlands, and Germany and Slovakia. Possible range 1 to 5; 5 indicates: ‘very high meaning of work’.

Generally high values for all groups are common for medical professions. Noteworthy are the comparatively low values for the Netherlands, Poland and Italy. The Dutch result is surprising since many aspects of the nurses working conditions seem to be substantially better in the Netherlands than in most other countries.

Figure 2. Mean values for ‘meaning of work’ by country and type of institution.

Meaning of work seems to be very diversified. In the total sample the scores for *meaning of work* are significantly higher than in hospitals (\( p < .001 \)).
Figure 3. Mean values for ‘meaning of work’ by country and age.
Note: possible range from 1 (low meaning) to 5 (very high meaning)

Figure 3 displays a clear u-shaped association of meaning of work with age in most of the participating countries: younger and older people value work higher. This is very pronounced in Italy and France.

In general women view the nursing profession to higher degree as a ‘call’ compared to men. This reflects the low participation of males in this profession. In Italy far more men (25%) are employed in this profession than in other countries, especially in Southern Italy where ‘better’ jobs are lacking.

Figure 4. Mean values for ‘meaning of work’ by occupational seniority.
Note: possible range from 1 (low meaning) to 5 (very high meaning)

With the exception of Poland, Slovakia, Italy and the Netherlands, there is a constant decline in meaning of work, already after one year of employment.
The association between intent to leave the profession and meaning of work is very pronounced and clear cut. This is more or less the case for all countries.

**Discussion**

Generally, the scores for meaning of work were high in the investigated sample. This is a typical picture in comparison with other professions. Medical professions are usually chosen by highly motivated people. The low scores in Poland correspond with the supplementary comments of respondents pointing to their bitter feelings caused by the discrepancy between their devotion to the job and the low recognition from the decision makers at all levels of administration, direct and superior management and physicians, and very low wages. On the other hand, unexpectedly low scores were found in the Dutch data, where the working conditions seem to be substantially better than in most other countries.

When analysing scores for various types of institutions separately, the high values for home care are characteristic. For the majority of countries, they are significantly higher than those given by hospital nurses. The reason may be the satisfaction with the work done on one’s own account without permanent interrogation from physicians and superiors.

Accounting for why younger and older nurses have higher scores in meaning of work is difficult. In former socialist countries the possible explanation could be that, due to child raising and many other domestic duties, middle-aged nurses suffer most from the combination of the poor economy and high occupational and extraprofessional demands. The other factor is that older nurses were used to higher prestige from society when they were younger. The younger feed some hope for the future. Middle-aged people in former socialist countries are now “the lost generation“ having great difficulties in adapting to the new market economy and poor chances for keeping in pace with newcomers.

In general, the male nurses perceived their job to be less meaningful than the female nurses. One possible explanation may be that the common opinion in society is that nursing is a female job, and that female nurses perceive their
profession to a larger extent as a call. The relatively large proportion of male nurses in Italy (25%) probably changed this stereotype resulting in the equal ratings of meaning of work for both sexes.

It is difficult to interpret the relationship of the perception of ‘the meaning of work’ and work seniority. In general, the decline after the first year of employment, may be accounted for by the conflict of idealistic expectations with reality.

The relationship between the perception of the meaning of work and the intent to leave the nursing profession is clearly visible in the total population studied here, and in particular participating countries. As such it seems to be an important factor to be addressed in future intervention programmes.

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