

Occupational Stress Among Nurses Supervising Junior Nurses: Focusing on Stressors and Empathetic Coping

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ABSTRACT

Objective: Although supervising junior nurses in a clinical setting places significant stress on supervising nurses, the support systems for them are often inadequate. The purpose of this study was to identify the job stressors experienced by senior nurses who supervise junior nurses and to examine their relationship with overall occupational stress and empathetic coping behaviors.

Methods: An anonymous, self-administered questionnaire survey was conducted with 200 nurses (excluding head nurses) with five or more years of experience at Hospital A. The survey utilized several scales, including the "Job Stressor Scale for Clinical Nurses," the Ministry of Health, Labour and Welfare's "Brief Job Stress Questionnaire," and the "Empathetic Coping Scale". Data were analyzed using descriptive statistics, correlation analysis (Pearson's r), and t-tests. This study received approval from the Research Ethics Committee of Hospital A (Approval No: 27-3).

Results: Valid responses were obtained from 67 nurses (response rate: 33.5%). The highest-rated stressor was "Human Environment at the Workplace" (mean=2.8), followed by "Quantitative Workload" (mean=2.7). The group with high occupational stress showed significantly higher scores for overall stressors, human environment, and quantitative workload. Furthermore, nurses who practiced empathetic coping behaviors (e.g., "tried to accept the other person as they are") reported significantly lower stress related to "Interpersonal Relationships with Junior Nurses".

Conclusion: The study revealed that supervising nurses face significant stress related to their workplace's human environment and workload. Empathetic coping toward junior nurses was suggested as a potential factor in reducing stress, particularly in the context of interpersonal relationships.

Introduction

Supervising new and junior nurses in the clinical setting is essential for passing on nursing skills and ensuring the quality of medical care. However, it is said that supervising nurses face various stresses related to the work environment, interpersonal relationships, and the quantitative and qualitative burden of their duties. While support systems for new and mid-career nurses are being established, support

for nurses in supervisory roles is often insufficient [1-5]. Against this backdrop, it is urgent to accurately grasp the reality of the stress faced by supervising nurses and to clarify its underlying factors. Therefore, this study aimed to investigate the job stressors experienced by senior nurses at Hospital A who are responsible for supervising junior nurses. Furthermore, it sought to clarify how these stressors are related to overall occupational stress and to coping behaviors, specifically empathetic coping, in their interactions with junior nurses.

Methods

Study Design

Anonymous, self-administered questionnaire survey.

Participants

200 nurses with five or more years of nursing experience (excluding head nurses) at Hospital A.

Measures

The questionnaire assessed participant attributes and stress stimuli and coping during the supervision of junior nurses, using the following scales:

1. Participant Attributes (age, gender, final education, years of nursing experience, child-rearing experience).
2. Job Stressor Scale for Clinical Nurses (7 factors, 33 items) [6].
3. Brief Job Stress Questionnaire from the Ministry of Health, Labour and Welfare (3 factors, 57 items) [7].
4. Scale of Stress Characteristics and Causes for Nurses (3 factors, 11 items) [8].
5. Empathetic Coping Scale (10 items) [9,10].

Analysis

1. Descriptive statistics (mean, standard deviation) were used to describe participant attributes and the scores for each stressor factor.
2. The relationship between the scores of each job stressor factor and the stress score from nursing job characteristics was analyzed using Pearson's product-moment correlation coefficient.
3. Participants were divided into high and low occupational stress groups, and their stressor scores were compared using a t-test.
4. For each of the 10 empathetic coping items, participants were divided into two groups (yes/no), and their stressor scores were compared using a t-test.

Ethical Considerations

This study was approved by the Research Ethics Committee of Hospital A (Approval No: 27-3).

Results

1. Participant Demographics Valid responses were collected from 67 nurses (response rate: 33.5%). By age, the 40s group was the largest at 49.3%. Females constituted 94% of the sample. The most common final education was vocational/professional school (83.6%), and the majority had 10 or more years of nursing experience (Table 1).
2. Job Stressors for Supervising Nurses Among the seven job stressor factors, "Human Environment at the Workplace" had the highest mean score (2.8), followed by "Quantitative Workload" (2.7) and "Qualitative Workload" (2.4).
3. Relationship between Job Stressors and Occupational Stress The group identified as having high occupational stress via the Brief Job Stress Questionnaire had significantly higher scores for overall stressors, human environment at the workplace, and quantitative workload compared to the low-stress group. Furthermore, the total stress score from nursing job characteristics showed a significant positive correlation with the overall stressor score ($r=0.36$, $p<0.01$). This correlation was particularly strong with stressors related to "Dealing with Junior Nurses" ($r=0.40$, $p<0.01$), "Quantitative Workload" ($r=0.40$, $p<0.01$), and "Qualitative Workload" ($r=0.35$, $p<0.01$).
4. Relationship between Job Stressors and Empathetic Coping The analysis revealed that practicing specific empathetic coping behaviors was associated with lower stress. Notably, nurses who answered "yes" to six items, including "I tried to accept the other person as they are," "I tried to make the other person feel better," and "I tried to understand how the other person was feeling," had significantly lower stressor scores related to "Interpersonal Relationships with Junior Nurses". Additionally, those who practiced "I tried to consider the other person's standpoint" and "I tried to be helpful by listening to what the other person had to say" had significantly lower scores for the "Qualitative Workload" stressor (Tables 2-4).

Table 1: Attributes of the Participants.

Attribute	Category	n	%
Age	20s	6	9
	30s	16	23.9
	40s	33	49.3
	50s and over	12	17.9
Gender	Male	4	6
	Female	63	94
Final Education	High School (Advanced Course)	1	1.5
	Vocational/Professional School	56	83.6
	Junior College	8	11.3
	University	2	3
Years of Nursing Experience	3 to <5 years	4	6
	5 to <10 years	8	11.3
	10 to <15 years	12	17.9
	15 to <20 years	16	23.9
	20 to <25 years	18	26.9
	25 years or more	9	13.4
Child-rearing Experience	Yes	43	64.2
	No	21	31.3
Total sample size (n) = 6712			

Table 2: Distribution of the 7 Stressor Factors.

Stressor Factor	Mean	Standard Deviation
Overall Stressors	2.5	0.6
1. Human Environment at the Workplace	2.8	0.9
2. Role as a Nursing Professional	2.3	1
3. Interpersonal Relationships with Other Professions and Independence as a Nurse	2.4	1.2
4. Dealing with Junior Nurses	2.3	0.7
5. Quantitative Workload	2.7	0.6
6. Qualitative Workload	2.4	0.6

Table 3: Correlation Analysis between Stressors and Stress from Nursing Job Characteristics (Pearson's r).

Stressor Factor (Rows) & Stress by Job Characteristics (Columns)	Total Score of Stress from Job Characteristics	Stress Score by Job Type	Stress Score from the Hospital Environment	Stress Score from Communication/ Interpersonal Relationships
Overall Stressors	0.36**	0.36**	0.18	0.32**
Human Environment	0.19	0.22	0.05	0.21
Role	0.17	0.21	0.05	0.12
Independence	0.25*	0.27*	0.07	0.26*
Dealing with Junior Nurses	0.40**	0.34**	0.33**	0.29*
Quantitative Workload	0.40**	0.36**	0.26*	0.32**
Qualitative Workload	0.35**	0.35**	0.21	0.27*
Interpersonal Relationships	0.19	0.24	-0.02	0.31*

Note: **p<0.01, p<0.05

Table 4: Relationship between 10 Empathetic Coping Behaviors and Stressor Factors.

Ten Empathetic Coping Actions for New Nurse	Significant Finding (based on t-test)
1. I tried to understand the other person.	(No significant relationship reported in sources)
2. I tried to accept the other person as they are.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' stressor.
3. I tried to make the other person feel better.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' stressor.
4. I tried to do something useful for the other person.	(No significant relationship reported in sources)
5. I tried to consider the other person's standpoint.	Those who answered 'Yes' had significantly lower scores for the 'Qualitative Workload' stressor.
6. I tried to understand how the other person was feeling.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' stressor.
7. I tried to see things from the other person's perspective.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' stressor.
8. I tried to feel the other person's emotions myself.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' stressor.
9. I conveyed positive feelings to soothe the other person's emotions.	Those who answered 'Yes' had significantly lower scores for the 'Interpersonal Relationships' and 'Dealing with Junior Nurses' stressors.
10. I tried to be helpful by listening to what the other person had to say.	Those who answered 'Yes' had significantly lower scores for the 'Qualitative Workload' stressor.

Discussion

This study revealed that nurses supervising junior staff experience strong stress related to the human environment of the workplace as well as the quantitative and qualitative workload. This suggests that workplace factors such as time constraints, differences in ways of thinking, and staff shortages significantly impact the stress levels of supervising nurses. It was also shown that nurses with high overall occupational stress tend to feel these specific stressors more intensely, with the burdens of dealing with junior nurses and managing workload being deeply linked to the unique stresses of the nursing profession. A key finding of this research, however, is that empathetic coping with junior nurses may mitigate the stress associated with supervision. Specifically, an empathetic attitude-trying to understand a junior nurse's situation and accept them as they are-appears to be effective in alleviating stress related to interpersonal relationships during supervision. This indicates that under stressful conditions, individual nurses utilize a variety of coping characteristics to manage the situation. These results suggest that to reduce the stress on supervising nurses, a dual approach may be effective: organizational interventions to improve the work environment, combined with training and support to enhance individual empathetic coping skills.

Conclusion

1. The primary job stressors for nurses supervising junior staff were "Human Environment at the Workplace," followed by "Quantitative Workload" and "Qualitative Workload".
2. Supervising nurses with high levels of occupational stress were more significantly affected by stressors related to the "Human Environment at the Workplace" and "Quantitative Workload".

3. Engaging in empathetic coping behaviors toward junior nurses was associated with a reduction in stress related to "Interpersonal Relationships with Junior Nurses" and "Qualitative Workload". To alleviate the stress on supervising nurses, a comprehensive approach that includes both individual coping support and organizational improvements to the work environment is crucial.

Conflict of Interest (COI) Disclosure

The authors have no conflicts of interest to disclose in relation to this presentation.

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