Editorial/Uvodnik

Rebuilding nursing post pandemic with wellbeing as the foundation

Dobro počutje kot temelj za obnovo zdravstvene nege po pandemiji

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Decades of research by Gallup in wellbeing reveals among the five types of wellbeing, it is wellbeing at work that is the most important, and this importance is highlighted post covid (Clifton & Harter, 2021). That is because we spend so much of our time at work and wellbeing at work influences all other four types of wellbeing. The most important predictor of wellbeing at work is the interaction the worker has with their immediate manager (Clifton & Harter, 2021). This finding is also pronounced post covid (Clifton & Harter, 2021).

The Caring Science International Collaborative (CSIC), an international collaborative, is helping to examine latent constructs like caring and satisfaction in models that provide insight into more complex constructs like wellbeing at work. Understanding how different constructs relate to outcomes like turnover intent, within rigorous and collaborative research-based organization like this will help nurses move to a more self-directed position in healthcare. CSIC has been studying constructs aligned with wellbeing at work for nurses to develop and scientifically test a model of wellbeing at work that can be used globally to rebuild nursing post pandemic with wellbeing as the foundation. This model of wellbeing at work can be used to add to models that study outcomes, to specify measurement models that not only measure system and patient variables, but importantly include nurses' wellbeing at work as a central predictor of outcomes. Concepts the CSIC has been studying within this 35-item model of wellbeing at work include assessment of job satisfaction, clarity of role and system, nurse's report of caring for self, and if the nurse perceives their direct manager acts in a caring way toward them. This brief article is about the research of a group of nurses from 18 countries and the findings they are discovering in their collaborative work about wellbeing at work, and how this relates to nurse outcomes, including intent for turnover.

Job satisfaction, according to CSIC, is based on sociotechnical systems theory (Trist & Bamforth, 1951). According to this theory, workers report job satisfaction when they have the social and technical resources to perform their work. A recent study of the CSIC reveals there are six factors of job satisfaction, including three social and three technical (Nelson et al., 2022b). Social factors include satisfaction with relationships with coworkers, communication with their direct manager, and being able to care and plan for patients throughout their stay on their respective unit of care. Technical variables include satisfaction with professional growth, autonomy to perform their work using their education and experience, and how the organization rewards them for the effort and good work put forth.

Clarity within this international study is based on the work by Felgen (Nelson & Felgen, 2021). According to this writing, clarity includes understanding not only what their tasks are but also how to manage their time in relationship to these tasks. Possibly most importantly, is clarity on how the system works so they can successfully navigate the resources within the organization so they can fully realize how to enact the role and provide continuous oversight of the patients they care for, to ensure the plan of care is followed through and carried out. This not only helps the patient speed toward recovery, but it helps build trust with the patient which ultimately adds to the

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wellbeing of the nurse by feeling their job is making a difference in a relationship that is important to them.

Caring is not only an emotion, but an action, and this model focuses on the actions of caring derived from Watson's 10 processes of caring (Watson, 2008). These processes are referred to as processes of Caritas by Watson (2008). Five of the 10 processes proposed by Watson relate to both intentional caring for self, and caring by their nurse manager (Nelson, 2022). These five behaviors include Caritas process 2 (Instill faith and hope), Caritas process 9 (meeting basic needs), Caritas process 4 (helping and trusting relationships), Caritas process 8 (creation of a healing environment), and Caritas process 5, (promote expression of all feelings). What was unique to caring for self was inclusion of caritas process 10 (support belief in miracles or what seems impossible). What was unique to caring of manager was caritas process 7 (teaching in a way to ensure learning) (Nelson, 2021).

From 2019 to 2021, the CSIC collaborated to study a model that included 19 items for job satisfaction, four items for clarity or role and system, six items for caring for self, and six items for caring of direct manager. It was found Watson's theory (2008) was not valid in Western Scotland, so they used a 7-item assessment that was derived from a 2010 National Health Service (NHS) report that included concept of caring advocated for within the NHS Scotland. This 7-item scale from the NHS was found to be psychometrically sound (Williamson, Smith, Brown, & Nelson, 2021b). Structural equation modeling was used to assess this model among 4,022 nurses from 10 countries and was found to have good model fit in all countries (Nelson et al., 2022a; Nelson et al., 2022b). Countries studied included Brazil, Canada, China, Israel, Russian Federation, Scotland, Serbia, Slovenia, Turkey, and United States of America (USA). Invariance testing was used to ensure bias did not occur between participating countries (Nelson et al., 2022b).

Follow up research to the 2019-2021 research, using the newly tested model of wellbeing at work is testing how the model relates to nurse's intent for turnover, sick days, difficulty in working during the pandemic, and if nurses report residual trauma from the pandemic. Preliminary findings of the data from the countries of Jordan, Israel, Scotland, Poland, and the USA reveals 42% of the 80% explained variance of wellbeing at work is explained by the caring of the manager. These findings are consistent with the recent research by Gallop (Clifton & Harter, 2021). It was the caring of the manager that had the highest factor loadings in every factor analysis in the countries Jordan, Israel, Poland, and Scotland. It was second in the USA. Organizational rewards was first for the USA and second for the other four countries. These preliminary findings also reveal that wellbeing at work predicts about 36% of nurses actively looking for a new job. Nurses who report wellbeing at work are likely not to leave.

Results from each of the participating hospitals/facilities descriptive statistics, such as the mean scores and standard deviations, and analyses have helped participating countries and facilities understand the strengths and challenges of the constructs and dimensions of each hospital/facility to work on improving wellbeing of nurses, post pandemic. It is helpful to know that the 35-item assessment does not represent bias between countries so the results can be discussed globally, and programs to improve wellbeing and assess it more deeply as it relates to outcomes, beginning with the outcome of retention of nurses.

Scotland and some facilities in the US have stepped forward to analyze and present the data at the unit level, gathering the staff and leaders from each unit to have a conversation about the results. Scotland has completed unit level presentations and about 30 of the facilities, from three health systems, in the state of Tennessee within the US have decided to do the same, and study and present wellbeing at work at the unit level. It is expected that what occurred in Scotland in May of 2023 will occur in the US hospitals as well. The hospital in Scotland has been integrally involved in this international research on wellbeing for about 10 years and working at the unit level to improve operations of care and associated outcomes (Williamson, Smith, Brown, & Nelson, 2021a; Williamson et al., 2021b).

In May of 2023, there were 18-unit level presentations in the participating hospital in Scotland. Each unit had the opportunity to respond to three questions presented by the nurse researcher, including 1) what in the data was surprising, 2) what in the results was most useful, and 3) based on the discussion what actions should be taken. Attendees of the session were also asked why they stay on the unit, seeking to build a model of measurement for retention that is specified for the context. Higher scores of post-pandemic residual trauma were an indicator of the intensity of the discussion before the discussion began. Most of the 18 units did not want to share about the results before they revealed the trauma they were still feeling from working through the pandemic. The results were presented for 20 minutes, and the discussion lasted for 25 minutes, with each unit being allotted 45 minutes total for a unit-level presentation and discussion. The 25 minutes of discussion were filled with, often passionately, emotional review of the difficulty working in the pandemic. These stories of trauma that nurses shared, along with the responses to the three questions and content of why they stay in their current job were used to develop meaningful action plans. Developed actions plans will be used to build nursing back after the pandemic but with wellbeing at work as the foundation.

This experience of nurses sharing these stories and subsequent action planning is not conveyed adequately with text, because the emotion of the discussion is difficult to replicate adequately in text. What did result,

and can be explained here, is the nurses were grateful to tell their story, and why they remain within their current job. The plan is to build from the richness of nurses' passion for care, and building the aspects of wellbeing that were identified in the conversation. The model of wellbeing at work used by the CSIC mirrored the spontaneous and passionate conversation with nurses and leaders at the unit level. On a psychometric level, it provided a powerful predictive validation of the instrument itself, that the measure of wellbeing behaved in a way one would expect in a conversation about wellbeing at work.

Building nursing back, from the pandemic, will not occur by measurement of the construct alone. The results must be presented in a way to provide time for the nurses to vent about their experience. If this is not done, floating to units other than their home unit will always be an emotional trigger as the trauma of floating will create another day of stress within work, not because of the work itself, but the trauma associated with the pandemic experience. Losing a coworker brings on a deeper sense of loss for those who have not addressed the trauma bond that developed for many who worked through the pandemic together. We have much to learn about healing and retaining nurses, but measurement alone is not enough. It must be the stories, told by the nurses, that are used to identify the strengths and weaknesses to do more of what the nurses now cherish, and do less of those things that created trauma. This is how we will build nursing back than ever before, with wellbeing at work being the foundation built from.

Slovenian translation/Prevod v slovenščino

Desetletja raziskav raziskovalne agencije Gallup kažejo, da je izmed petih vrst dobrega počutja najpomembnejše prav dobro počutje na delovnem mestu, po pandemiji covida-19 pa je njegov pomen še opaznejši (Clifton & Harter, 2021). Zaradi časa, ki ga na delovnem mestu preživljamo, ta vrsta dobrega počutja pomembno vpliva tudi na ostale štiri. Zato ugotovitev, da je najpomembnejši napovedni dejavnik dobrega počutja na delovnem mestu interakcija med zaposlenim in njegovim neposrednim nadrejenim, ostaja aktualna tudi po pandemiji covida-19 (Clifton & Harter, 2021).

Mednarodno združenje *Caring Science International Collaborative* (CSIC) se posveča preučevanju latentnih konstruktov, kot sta skrb in zadovoljstvo, znotraj modelov, ki omogočajo vpogled v kompleksnejše konstrukte, kot je dobro počutje na delovnem mestu. Razumevanje povezav med različnimi konstrukti in dejanskimi izidi (npr. namero po menjavi zaposlitve), ki jih tovrstne rigorozne sodelovalne raziskave omogočajo, lahko medicinskim sestram utre pot do bolj suverenega položaja v zdravstvenem sistemu. Pri preučevanju konstruktov, povezanih z dobrim počutjem medicinskih sester, sta poglavitni vodili združenja CSIC razvoj in znanstvena utemeljitev modela dobrega počutja na delovnem mestu, katerega osrednji namen je globalna obnova zdravstvene nege po pandemiji. Model dobrega počutja na delovnem mestu se namreč lahko uporabi za nadgradnjo modelov, ki se osredotočajo na preučevanje posameznih izidov, kakor tudi za oblikovanje modelov, ki ne bodo merili le spremenljivk, povezanih s sistemom in pacientom, ampak bodo vključevali tudi dobro počutje medicinskih sester na delovnem mestu kot osrednji napovednik teh izidov. Koncepti, ki se jim CSIC znotraj modela dobrega počutja na delovnem mestu raziskovalno posveča, so združeni v 35 postavk, ki med drugim ocenjujejo zadovoljstvo medicinskih sester pri delu, jasnost vloge in sistema, dojemanje skrbi zase in skrbi neposredno nadrejenega. Pričujoči uvodnik se posveča ugotovitvam raziskave o dobrem počutju na delovnem mestu, ki jo izvajajo medicinske sestre iz 18 držav, ter povezavam med slednjim in izidi zdravstvene nege ter namero zaposlenih po menjavi zaposlitve.

Združenje CSIC koncept zadovoljstva na delovnem mestu utemeljuje s teorijo sociotehničnih sistemov (Trist & Bamforth, 1951), v skladu s katero zaposleni poročajo o zadovoljstvu na delovnem mestu, kadar pri delu razpolagajo s potrebnimi socialnimi in tehničnimi viri. Nedavna raziskava CSIC opredeljuje šest dejavnikov zadovoljstva pri delu, med katerimi so trije socialni in trije tehnični (Nelson et al., 2022b). Socialni dejavniki vključujejo zadovoljstvo z odnosi s sodelavci, komunikacijo z neposrednim nadrejenim ter možnostjo načrtovanja in izvajanja zdravstvene nege v obdobju pacientovega bivanja na oddelku. Tehnične spremenljivke obsegajo zadovoljstvo s poklicnim razvojem, avtonomijo pri opravljanju dela z uporabo strokovnega znanja in izkušenj ter nagrajevanje vloženega truga in pozitivnih delovnih rezultatov s strani delovne organizacije.

Koncept jasnosti je opredeljen po avtorici Jayne Felgen (Nelson & Felgen, 2021). Jasnost obsega razumevanje ne le lastnih delovnih nalog, temveč tudi sposobnost upravljanja s časom v povezavi s temi nalogami. Pri tem je bržkone najpomembnejše dobro razumevanje delovanja sistema, saj to zaposlenim omogoča uporabo virov, ki so jim v organizaciji na razpolago. Le tako se lahko medicinske sestre jasno zavedajo lastne vloge pri zagotavljanju stalnega nadzora nad pacienti, s čimer omogočajo dosledno upoštevanje in izvajanje načrta zdravstvene nege. To po drugi strani pripomore k hitrejšemu okrevanju pacienta ter vzpostavlja zaupanje med medicinsko sestro in pacientom, kar nenazadnje prispeva k dobremu počutju medicinske sestre, saj se ta zaveda, da njeno delo pomembno prispeva k izboljšanju zanjo pomembnega odnosa.

Skrb ni le čustvo, temveč tudi dejanje, zato se omenjeni model osredotoča na dejanja skrbi, ki temeljijo na

desetih dejavnikih skrbi po Jean Watson (2008). Ista avtorica te dejavnike imenuje karitativni procesi. Pet dejavnikov se nanaša tako na namerno skrb zase kot tudi na skrb, izkazano s strani vodje zdravstvene nege (Nelson, 2021). Teh pet vedenj obsega karitativni proces 2 (Spodbujanje vere in upanja), karitativni proces 9 (Zadovoljevanje osnovnih potreb), karitativni proces 4 (Razvijanje odnosa pomoč – zaupanje), karitativni proces 8 (Ustvarjanje zdravilnega okolja) in karitativni proces 5 (Spodbujanje izražanja vseh čustev). Kar je edinstveno pri skrbi zase, je vključitev karitativnega procesa 10 (Odprtost za vero v čudeže ali tisto, kar se zdi nemogoče). Kar je edinstveno pri skrbi s strani nadrejenega, je karitativni proces 7 (Poučevanje na način, ki zagotavlja učenje) (Nelson, 2021).

Med letoma 2019 in 2021 se je združenje CSIC posvetilo preučitvi modela, sestavljenega iz 19 postavk, povezanih z zadovoljstvom na delovnem mestu, štirih postavk, povezanih z jasnostjo vloge in sistema, šestih postavk, povezanih s skrbjo zase, in šestih postavk, povezanih s skrbjo s strani neposrednega nadrejenega. Izkazalo se je, da teorija Jean Watson (2008) ni bila veljavna za zahodni del Škotske, zato je bila uporabljena lestvica s sedmimi postavkami, izpeljana iz poročila *National Health Service* (NHS) iz leta 2010, ki vključuje koncept skrbi po priporočilih NHS Škotske. Rezultati so potrdili psihometrično ustreznost 7-stopenjske lestvice NHS (Williamson, Smith, Brown, & Nelson, 2021b). Za oceno modela se je uporabilo modeliranje strukturnih enačb na vzorcu 4.022 medicinskih sester iz desetih držav, s čimer je bila potrjena veljavnost modela za vse države (Nelson et al., 2022a; Nelson et al., 2022b). Preučevane države so bile Brazilija, Kanada, Kitajska, Izrael, Ruska federacija, Škotska, Srbija, Slovenija, Turčija in Združene države Amerike (ZDA). Za preprečevanje pristranskosti med sodelujočimi državami se je uporabilo testiranje merske invariantnosti (Nelson et al., 2022b).

V nadaljevanju raziskave v letih 2019-2021 se uporablja na novo preizkušen model dobrega počutja na delovnem mestu, ki se posveča povezavam med tem modelom in namero medicinskih sester po menjavi zaposlitve, bolniško odsotnostjo, težavami pri delu med pandemijo in poročanjem medicinskih sester o travmah, ki so jih doživele med pandemijo. Preliminarni rezultati iz Jordanije, Izraela, Škotske, Poljske in ZDA kažejo, da je 42 % od 80 % pojasnjene variance dobrega počutja na delovnem mestu pojasnjeno z skrbjo, izraženo s strani nadrejenega. Te ugotovitve so skladne z nedavno raziskavo Gallopa (Clifton & Harter, 2021). Prav skrb nadrejenega kaže najvišje faktorske uteži v vseh faktorskih analizah za Jordanijo, Izrael, Poljsko in Škotsko, medtem ko je za ZDA na drugem mestu. Organizacijsko nagrajevanje je v ZDA na prvem mestu, v preostalih štirih državah pa na drugem mestu. Iz preliminarnih rezultatov je razvidno tudi, da dobro počutje na delovnem mestu napoveduje 36 % primerov aktivnega iskanja druge zaposlitve med medicinskimi sestrami. Medicinske sestre, ki poročajo o dobrem počutju na delovnem mestu, po vsej verjetnosti ne bodo zapustile delovne organizacije.

Rezultati opisne statistike (npr. povprečnih vrednosti in standardnih odklonov) in drugih analiz sodelujočim državam in ustanovam omogočajo vpogled v prednosti in slabosti po posameznih konstruktih in dimenzijah, kar jim lahko služi za podlago pri načrtovanju ukrepov za izboljšanje počutja medicinskih sester po pandemiji. Koristen je tudi podatek, da pri merjenju s pomočjo merskega instrumenta s 35 postavkami med vključenimi državami ni tveganja za pristranskost, zato rezultati omogočajo tako razpravo na globalni ravni kakor tudi oblikovanje ustreznih programov za izboljšanje dobrega počutja. Ravno tako pa ga je mogoče bolj natančno oceniti v smislu povezav med postavkami in posameznimi izidi, prvenstveno z zadržanjem medicinskih sester v poklicu oz. organizaciji.

V nekaterih ustanovah na Škotskem so podatke analizirali in predstavili na ravni posameznih oddelkov, pri čemer je razprava potekala med zaposlenimi in predstojniki oddelkov. Za tak način predstavitve se je odločilo še približno 30 ustanov iz treh zdravstvenih sistemov v zvezni državi Tennessee v ZDA. Pričakovati je, da se bodo dogodki, podobni tistemu na Škotskem leta 2023, odvili tudi v bolnišnicah v ZDA. Bolnišnica na Škotskem v tej mednarodni raziskavi sodeluje že približno deset let, pri čemer na ravni posameznih oddelkov tudi uvaja ukrepe za izboljšanje zagotavljanja zdravstvene nege in z njimi povezanih izidov (Williamson, Smith, Brown, & Nelson, 2021a; Williamson et al., 2021b).

Maja 2023 so v omenjeni bolnišnici na Škotskem opravili predstavitve na 18 oddelkih. Na vsakem oddelku so zaposleni imeli priložnost odgovoriti na tri vprašanja, ki jih je predstavila medicinska sestra raziskovalka, in sicer: 1) kateri podatki so presenetljivi, 2) kateri rezultati so najbolj koristni ter 3) katere ukrepe je potrebno sprejeti (na podlagi razprave). Udeležence posveta so vprašali tudi, zakaj ostajajo na oddelku, s čimer so želeli oblikovati model merjenja za zadržanje zaposlenih, ki bi bil specifičen za posamezni kontekst. Pred pričetkom razprave so se višje ocene postpandemične travme izkazale za kazalnik intenzivnosti razprave. Na večini oddelkov se zaposleni niso želeli opredeliti do rezultatov, dokler se niso imeli možnosti pogovoriti o travmatičnih izkušnjah med delom v času pandemije. Na vsakem oddelku je bilo predstavitvi in razpravi skupaj namenjenih 45 minut, pri čemer je predstavitev rezultatov trajala 20 minut, razprava pa 25 minut. V 25 minutah razprave so medicinske sestre (pogosto zelo čustveno) opisovale težave pri delu v času pandemije. Njihove travmatične izkušnje, podani odgovori na zastavljena vprašanja in razlogi za ostajanje na trenutnem delovnem mestu zdaj predstavljajo podlago za razvoj ustreznih

akcijskih načrtov. Cilj teh akcijskih načrtov je obnova zdravstvene nege po pandemiji, ki pa bo temeljila na dobrem počutju na delovnem mestu.

Izkušnje medicinskih sester in iz njih izhajajoči akcijski načrti v prispevku niso podrobno predstavljeni, saj je izražena čustva težko ustrezno ubesediti. Rezultat, ki pa ga je na tem mestu vendarle moč izpostaviti, je hvaležnost medicinskih sester, da so imele priložnost povedati svojo zgodbo in pojasniti razloge, zakaj ostajajo na sedanjem delovnem mestu. Akcijski načrt temelji zlasti na globoki ljubezni medicinskih sester do opravljanja zdravstvene nege, prav tako pa tudi na vidikih dobrega počutja, ki jih je razkrila oddelčna razprava. Model dobrega počutja na delovnem mestu CSIC je osnovan na spontanem in intenzivnem pogovoru z medicinskimi sestrami in predstojniki oddelkov. S psihometričnega vidika ima instrument veliko napovedno moč, saj je bilo merilo dobrega počutja v skladu s siceršnjimi pričakovanji o razpravi na temo dobrega počutja na delovnem mestu.

Obnova zdravstvene nege po pandemiji vendarle ne bo možna le z merjenjem določenega konstrukta. Rezultate je potrebno predstaviti na način, ki bo medicinskim sestram omogočil, da se izpovedo o svojih izkušnjah. V nasprotnem primeru jim bo napotitev v oddelke, ki niso njihovi matični oddelki, vedno predstavljala čustveni sprožilec in pomenila dodaten stres na delovnem mestu, ne zaradi dela samega, temveč zaradi travme, povezane z izkušnjo pandemije. Podobno lahko pri tistih, ki niso predelali travmatičnih vezi, ki so se pri mnogih razvile med pandemijo, izguba sodelavca sproži še globlji občutek izgube. Še veliko se moramo naučiti o zdravljenju in zadržanju medicinskih sester, pri čemer same meritve ne bodo zadostovale. Da bi lahko medicinskim sestram ponudili več tistega, kar zdaj cenijo, in preprečili to, kar je povzročilo travmo, moramo prednosti in slabosti opredeliti na podlagi njihovih lastnih pripovedi. Le tako bomo zdravstveno nego lahko obnovili in nadgradili na najvišjo raven kakovosti, ki bo temeljila na dobrem počutju na delovnem mestu.

Conflict of interest/Nasprotje interesov

The author confirms that there are no conflict of interest./Avtor izjavlja, da ni nasprotja interestov.

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