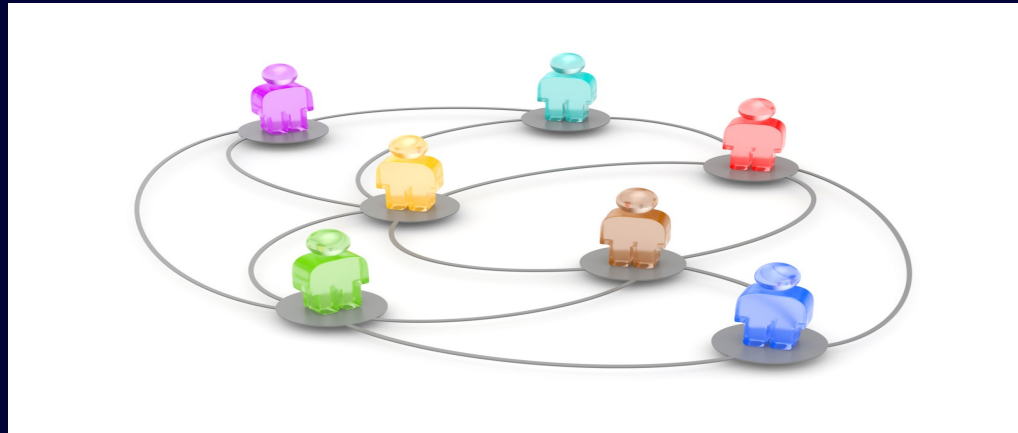


HEALTH, WORKPLACE, AND ENVIRONMENT: CULTIVATING CONNECTIONS

October 17, 2013



Featured Speakers



Dr. John Howard, Director,
National Institute for
Occupational Safety and
Health



Ms. Rosalyn Cama,
President, Cama Inc.



Dr. Michele Gelfand,
Professor, University of
Maryland



Martin Cherniack,
Professor, UConn Health
Center

The afternoon speakers are grantees of the CPH-NEW Pilot Grant Program. The RFA for the request for applications can be found on the [CPH-NEW website](#). Deadlines for letters of intent is October 15, 2013.

The background is a deep blue with intricate, glowing patterns. On the left, there are vertical, wavy lines resembling a DNA helix or a fiber optic cable. On the right, there are horizontal, wavy lines that look like a signal or a data stream. The overall effect is a complex, interconnected network of light and shadow.

**Work-Family Conflict and Workplace Support in
Hospital Nurses: A Pilot Study of Barriers to
Service Access**

Mira Grice Sheff, PhD, MS

Overview

- ❖ Discuss workforce trends and the nature of nurses' work
- ❖ Research aims and goals
- ❖ Study Design
- ❖ Results

Background

- Labor force participation rates of women have increased dramatically
 - In 1975, 39% of women with children under six were employed outside of the home compared to ~ 64% today (BLS, 2012)
 - 9-33% women aged 45-56 years old are caring for both parents and children (Pierret, 2006)

Potential for Work-family Conflict (WFC)

Employees struggle to balance work demands with family obligations.

- Role Stress Theory explains this
- Work under constraints –finite resources
- Additional roles may increase burden

Generally women are at higher risk for experiencing conflict. (Mathews & Hamilton, 2009; Gjerdingen, et al 2000)

Nurses are at risk

- At high risk for WFC
 - Long physically & emotionally demanding shifts
 - Rotating shifts
 - Nighttime work
 - Limited decision authority
- Some proposed solutions for WFC may not apply to nurses
 - Telecommuting not possible

(Gottlieb et al, 1996; Cortese et al, 2010; Boxall & Purcell, 2003; Webster, Flint & Courtney, 2009 Grzywacz et al, 2006)

Why care about WFC?

WFC associated w/

- ✓ Distress
- ✓ Depression
- ✓ Increased alcohol & cigarette use
- ✓ Hypertension
- ✓ Increased fatigue
- ✓ Poor physical health

(Frone, Russell & Barnes, 1996; Grice et al., 2007)

Why care about WFC?

Employers should care

- ✓ absenteeism
- ✓ increased turnover
- ✓ low career involvement
- ✓ potential increased risk of medical errors

(Clays, et al, 2009; Greenhaus, et al 2001; Netemeyer et al , 1996)

Employers can help

- Use Worksite Health Promotion (WHP) programs
 - Educational, organizational and environmental activities
- Potentially offset negative outcomes in employees and for employers

BUT....

- *Only when workers have access to services provided*

Specific Aims

- **Aim 1:** Explore worker experiences balancing caregiving duties with work-related demands
- **Aim 2:** Assess awareness of existing worksite health promotion programs and barriers to participation

Specific Aims (continued)

- **Aim 3:** Identify areas where worksite health promotion programs can be developed or enhanced to support work/family balance
- **Aim 4:** Develop and analyze pilot data from a questionnaire, informed by aims 1-3.

Mixed Methods

Setting: Large 376-bed hospital in Central Brooklyn, NYC

Qualitative Component

- Three focus groups
 - 1.5 – 2 hours in length
 - Group 1 = 4 participants
 - Group 2 = 3 participants
 - Group 3 = 2 participants
- Individual Interviews
 - 12 Participants
 - Interview length ranged from 45 – 90 minutes

Quantitative component

- Online Survey
 - Survey Monkey
 - 50 questions
 - Demographics
 - WFC & WHP programs
 - OLBI 18 questions (exhaustion x disengagement)
 - Link posted on flyers and sent by email
 - 45 participants

Data Analysis

- Two researchers analyzed qualitative data
- Grounded theory was used to develop a codebook
- Salient themes identified using thematic analysis
- SPSS used to analyze data from questionnaires.

Participant Characteristics

- **Focus Groups/
Interviews (n=21)**
 - All female
 - Place of birth
 - 2 US-borne
 - 16 Caribbean
 - 3 Philippines
 - Marital Status
 - 19 married
 - 2 single
 - All were caregivers
- **Survey (n=45)**
 - 36 females, 4 males
 - Place of birth
 - 15 US-borne
 - 12 Caribbean
 - 5 Other
 - Marital Status
 - 26 married or living with domestic partner
 - 8 divorced, separated or widowed
 - 7 single

Survey Participant Characteristics

- 44% (19) are currently caregivers
 - 68% (13) live in the same residence as the recipient
- Most respondents reported **more work spillover into home** than home spillover into work.

Theme 1

Work-Family Conflict Leads to Neglect (Aim 1)

- Neglect of self
- Neglect of family
- Neglect of patients

“Wanted to stay home with my sick child but I couldn’t..Already had too many absences. No choice but go to work.”

WFC

“...because you give so much, you’ve seen so much throughout the day that you have to let go of all of that before you get home. So, when you get home, you’re like mentally drained. And then you have to put on a whole ‘nother hat, a whole ‘nother you to present to your children and your family. So that, in itself, is draining.”

Burnout

45% (n=19) of survey respondents reported burnout.

*“Everybody have their personal lives, things that happen at home, but then you come into work and you have to give of yourself. And that’s a hard thing to do. **We have to give more**, I mean, so much of ourselves than anybody else. **And that’s what break us down.**”*

Theme 2

- Need more scheduling flexibility
 - In start/end shift times
 - In schedule choice
- Part-time option (for new moms) would be helpful

Theme 3

Barriers to Using WHP programs (Aim 2)

- **Lack of knowledge**
 - 42% could name one WHP program
 - Remaining 58% were unaware of programs
- **No Time to attend/not accessible**
 - Exercise programs scheduled during work hours
 - Childcare not an option for workers on 12-hour shift
- **Perceived lack of administrative support**
 - Insufficient staffing levels
 - No support for professional development

WHP Programs Needed (Aim 3)

- Need support groups/ counselor

“Nurses are depressed, but they don’t even know it. They’re not even aware... You come in here every day, taking care of people and all these things, and you don’t even know that it’s affecting you in some way. You don’t even know that you’re being affected.”

Other WHP Programs Needed

- Childcare/ After school programs
 - More flexible than 7:30 am – 5:30 pm
- Diet and nutrition
- Professional development

Limitations

- Small number of participants
 - Was saturation achieved?
- Used most conservative OLBI cut-offs
 - May underestimate extent of burnout
 - ‘Normative’ data for US, occupation-specific ranges not available
- Hospital in transition

Possible Next Steps...

- Design an intervention for this group
- Explore the relationship between WFC and medical error

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 - Tenya Steele, MPH

Questions ???



*“We need to support each other more...
We need to be there for each other as
women and as nurses in the field.”*