

CHAPTER 1

INTRODUCTION

Background and Significance of the Research Problem

Today, the health care system has changed dramatically. Health care organizations have to be adjusted to market forces, political pressures, and consumer demands. The medical changes in the health care system are still evolving. No one knows yet exactly how the system of the future will look. These changes have affected health care organizations and nursing service systems. Therefore, health care organizations need to respond to those changes. But regardless of how the health care system evolves, staff nurses and nurse managers are the key to its success (Warden & Griffith, 2001).

From the literature review, the original functions of management include planning, organizing, staffing, directing, and controlling as defined by Fayol (1984) and others, and these have been accepted as principal functions of management. Management can be described as how to accomplish goals of organizations through effective and efficient use of resources (Swansburg & Swansburg, 2002). The manager's ability to lead others affects the staff ability to achieve stated visions and goals (Bass, 1985; Yukl, 2002). Good management will result in good performance

outcomes in an organization. Managers are very essential to organizational success. They are generally responsible for leading people in their organizations.

Additionally, MacNeil and Weisz (1987) stated that an organization manager's role today is seen more as a coach, considering relations to staff, high quality in nursing and efficiency (Collins, 2001, Zimmerman et al. 2001). In addition, Khandwalla (1995) defined management style as the distinctive way in which an organization makes decisions and discharges various functions, including goal setting, formulation and implementation of strategy, all basic management activities, cooperate image building, and dealing with key stakeholders depending on an organization's operating conditions. Moreover, management style can be described as functions of behaviors and is linked to personality, and further classified into six styles, namely: charismatic, persuasive, consultative, transactional, transformational, and delegating (McGuire, 2005). However, Likert (1967) has identified four main systems: 1) exploitive-authoritative system, 2) benevolent-authoritative system, 3) consultative system, and 4) participative group system. Each system is characterized by management style differences in six major categories: leadership, motivation, communication, decision making, goals, and control. Particularly, the participative system is favorable. This system is described as the ideal system for human-concern organizations. In this system, leadership has confidence in their staff; personnel at all levels feel real responsibility for organizational goals; there is strong communication; and a substantial amount of cooperative teamwork (Likert, 1967).

In nursing management literature in Western countries, most researchers have been interested in conducting studies to examine the management style of head

nurses. They found that head nurse's management style perceived by staff nurses were exploitive-authoritative system and benevolent-authoritative system (Volk & Lucas, 1991; Nakata & Saylor, 1994; Moss & Rowles, 1997). Exploitive-authoritative system means decisions are made by top management. The subordinates do not participate in decision making at all, whereas the benevolent-authoritative system is characterized by information flow upward and managers use rewards. In Asian countries, there have some studies conducted in Thailand. Kaewnak (1998), studied and compared management styles of head nurses as perceived by their nursing staff in Northern regional central hospitals. The results showed the management style as perceived by the head nurse was participative group system, whereas consultative system was perceived by staff nurses. The results of this study have been found similar to Winyaratana's study, which was also conducted in Northern Thailand (Winyaratana, 2000). On the other hand, Jamsomboon (1996) also explored management style of head nurses. The results revealed that head nurse's management style as perceived by staff nurses was the benevolent-authoritative system. However, there has been no study conducted regarding the management style in Lao People's Democratic Republic (Lao PDR)

From the review of literature, it indicates that there has been no participative group system of head nurses as perceived by staff nurse. Most were benevolent-authoritative and exploitive-authoritative systems. Only the results of a few studies revealed a consultative system. Managers are very essential to organizational success. They are generally responsible for leading people in their organizations. Thus, it is essential to develop behaviors of head nurses to use the

participative group system. The participative group system will help increase productivity, customer satisfaction, and quality of care. Eventually, it will lead to corporate objectives (Yohe & Hartfield, 2003). On the other hand, the management styles that are characterized by controlling from the top management, poor communication, and lack of participation will impact subordinates' feelings, such as satisfaction, and finally, it will affect burnout (Yohe & Hartfield, 2003).

Maslach and Jackson (1986, cited in Alexander & Hegarty, 2000) described burnout as emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals. Emotional exhaustion refers to a feeling of being overextended and exhausted by work; depersonalization is about impersonal response to recipients; while reduced personal accomplishment means feelings of incompetence and unsuccessful achievement (Vahey, Aiken, Sloane, Clarke, & Vargus, 2004).

Burnout has a significant impact on work such as bad labor relations, absenteeism, errors on works, and low quality of care (Malliarou, Moustaka, & Konstantonidis, 2008). Yu, Mansfield, Packard, Vicary and McCool, (1989) stated that the impact of burnout on the nurse and the organization may directly or indirectly affect the quality of nursing care provided to patients and their families. Moreover, Amarjit, Alan, and Mickey (2006) mentioned that the consequence of burnout is potentially very serious. It can lead to somatic complaints, staff conflict, rapid staff turnover, leaving the profession, and even attempted suicide. Beaver, Sharp and Cotsonis (1986) investigated burnout among nurse midwives using Maslach's

Burnout Inventory (MBI). The findings revealed that the majority of the respondents reported high levels of burnout.

Later on, Malliarou, et al (2008) examined the burnout levels of nurses employed in a major regional university hospital using MBI. The results showed that generally occupational burnout was at moderate levels. Recently, Lin, John, and McVeigh (2009) found moderate levels of emotional exhaustion and personal accomplishment, and low levels of depersonalization.

Since nurses are confronted with managers on their daily work basis, this may contribute to their burnout. Moreover, nurses also are regularly confronted with client's demands, concern about relationships with other coworkers, and concern about quality of care. These make nurses a high risk group for developing burnout. Burnout and management style have been correlated to some extent. One study found that 39 percent of the faculty members experienced moderate to high level of burnout. The results also showed that there was significant negative relationship between burnout and a participative group system. Multiple regressions indicated that management style was the strongest predictor of burnout (Dick, 1992). Therefore, management style must fit with staff nurse's expectation and interactions. Huprich (2007), found that degree of perceived burnout is related to degree of perceived stress and degree of perceive stress is related to type of leadership employed by manager.

In the Lao, PDR, health care administration has been centralized. All health care services have been provided by the government. Health care services are mainly provided by nurses but these health care services have not been adequate for all Lao people. In Vientiane, there are three central hospitals, Mahosot Hospital, Mittaphap

Hospital and Sathatilath Hospital. In reality, head nurses have had a hard time to effectively manage health services according to the mentioned duties and responsibilities as well as their ability, level of education, knowledge, and skills. Furthermore, the head nurses receive daily report from nurses and weekly conferences within their wards. Nevertheless, the nurses are always busy due to many patients. Mostly it is one-way communication from the top administrator to staff nurses and other health personnel (Manual of Orientation, Nursing Department, Mahosot Hospital, 2004). This characteristic of communication appears in all three hospitals. Organizational structure is more hierarchical. The top management informs or gives information to staff in the unit level without asking for staff's participation. Head nurses usually notify doctors for any news or reports to the hospital presidents. One head nurse mentioned that the problem from communication resulting in delayed services (Personal interview No. 1 on 28 December, 2009). She stated that patients received delayed x-ray because the head nurse usually called x-ray department by herself. Some head nurses did not delegate work to staff nurses and sometimes, it resulted in delayed services. Moreover, decision making of head nurses and staff rarely happened. Management in organization is based on rules and regulations. Head nurses normally have little chance to make decision by themselves. Even though some units have high workload such as ICU or ER, some head nurse cannot call for more nurses for these units. They need to have order from the doctors, who are in the top management of hospital level. Staff nurses have rarely participated with head nurses in decision making, planning, or evaluating processes.

However, reward system has been also provided by the government. This reward help motivate hospital staff to remain working , although, there has been high workload.

Furthermore, participation is required from all levels of staff as a policy of the Ministry of Health (Policy of Ministry of Health, 2008). According to the World Health Organization (WHO, 2005), hospital outpatient units should have patient-nurse-ratio of 15:1 and 3:1 for inpatient unit. For the countries near Lao, PDR such as Thailand, it has been found that the patient-nurse-ratio is 20:1 and 5:1 for inpatient unit. Comparing the patient-nurse ratios for all three hospitals, they are different according to number of nurse and patients in each hospital. In Mahosot hospital, the patient-nurse-ratio in OPD was 29:1 and 8:1 for IPD in the year of 2007. For Mittaphap Hospital, the patient-nurse-ratios in OPD were 20:1 and 12:1. Finally, the patient-nurse-ratios in OPD was 15:1 and 8:1 for IPD in Sathatilath Hospital. This indicates a high workload for staff nurses. Moreover, staff nurses have to work 24 hour-shifts. All staff nurses work 64 hours/week; this results in a high nurse workload. The staff nurse burnout is affected by long periods of providing care. Sometimes, they are absent from work and finally, they move and change their jobs. According statistics of Central Hospitals, in 2007-2009, 46 nurses resigned from the nursing profession. Furthermore, 19 nurses leaved from nursing profession (Nursing Department report to Ministry of health, 2009).

Most head nurses have earned a diploma degree. Many of them got auxiliary and diploma degrees, whereas only few head nurses got a bachelor degree. Interestingly, it has been found that the education level is different among head nurses

themselves. Moreover, there is no training program in management for head nurses. There is no guideline book concerning of the unit work management. The managerial plan in the unit level is not established yet. All plans are centralized in the Nursing Department (Nursing Department of Mahosot Hospital, 2004). From the interview of 3 head nurses, it has been found that the job-description of the officials is not specified clearly. This results in role ambiguity among staff nurse. Some staff nurses do other jobs besides nursing jobs such as prescribing drugs. There are no manuals for nursing practice. Head nurses cannot supervise staff nurses after assigning jobs, due to limited time as well as insufficient knowledge and skills. Also, assistance from doctors is needed to manage jobs (Personal interviews No. 2-3 on 28 December 2009).

The researcher conducted interviews with 20 staff nurses. Most of staff nurse mentioned that they involved in nursing care, but not really involved in decision making in managerial work. In the meeting, they attended the meeting, but did not express their ideas in the meeting. There is no patient care team. Each profession works separately and depends upon doctors' orders (Staff nurse interview, on 28 December 2009).

Furthermore, staff nurses noticed that some of head nurses usually come to work late. Some head nurses are more aggressive and make the working climate worse. Thus, some staff nurses are stressed and want to leave the job (Personal interviews of staff nurse on 28 December 2009). Japan International Cooperation Agency (JICA) has recommended head nurses in central hospitals to cooperate horizontally with every organization. They are expected to follow standards of nursing services by providing safe, clean, and comfortable nursing care. Their duties

should include promoting an environment for patient care, supervising, and monitoring staff's proficiency (JICA project to human resource development of nursing and midwifery, 2008). Education is a vital basis of management of head nurses leading to improve patient and nursing outcomes.

As a deputy of head nurse in cardio vascular surgery department at Mahosot Hospital, the researcher would like to examine management style and burnout among staff nurses in central hospitals. In addition, the researcher also would like to determine the relationship between management style of head nurses and burnout in order to provide information and evidence for hospital administrators and nurse administrators for efficient plans and strategies to promote a participative group system. It is also expected that burnout among staff nurses would be diminished in the future.

Research Objectives

The research objectives of the study were as follows:

1. To determine head nurses' management style as perceived by staff nurses in central hospitals, Lao People's Democratic Republic.
2. To determine the level of staff nurse burnout as perceived by staff nurses in central hospitals, Lao People's Democratic Republic.
3. To examine the relationship between head nurse management style and staff nurse burnout in central hospitals, Lao People's Democratic Republic.

Research Questions

The research questions of the studies were as follows:

1. What is the head nurse management style as perceived by staff nurse in central hospitals, Lao People's Democratic Republic?
2. What is the level of staff nurse burnout as perceived by staff nurse in central hospitals, Lao's People Democratic Republic?
3. What is relationship between head nurse management style and the staff nurse burnout in central hospitals, Lao People's Democratic Republic?

Definition of Terms

Management style refers to behaviors expressed by confidence and trust in the employees, and recognition of the value of shared leadership, motivation, communication, decision making, goal setting, and control of results following Likert (Likert, 1961, 1967.). It consists of four main systems: 1) exploitive-authoritative system, 2) benevolent-authoritative system, 3) consultative system, and 4) participative group system. Each system is characterized by management style differences in six major categories: leadership, motivation, communication, decision making, goals, and control. They are measured by the Profile of Organizational Characteristic developed by Likert (1967) modified by Winyaratana (2000)

Burnout refers to a syndrome including three components: 1) emotional exhaustion, which leads to loss of concern for others and eventually progresses to feelings of inadequacy and failure; 2) depersonalization, which occurs when nurses treat patients as objects and develop unfavorable attitudes towards them; and 3)

reduced personal accomplishment with regards to helping others (Maslach, Jackson, and Leiter, 1996). They were measured by the Maslach Burnout Inventory, developed by Maslach, Jackson, and Leiter (1996).

Staff nurse refers to individual persons who graduated from bachelor, diploma, or auxillary programs and work in central hospitals, Lao PDR.

Central hospitals refer to governmental institutions providing a high level of medical services, prevention, health promotion, education, and medical research. The institutions are Mahosot Hospital, Mittapab Hospital, and Sethatilath Hospital, Lao PDR.