

- 1. Essa Turqi Ghunaim Aldhafeeri, Nurse
- 2. Sadoun Tarqi Ghanem Aldhafeeri, Nurse
- 3. Mutar Awaid Asaim Aldhafeeri, Nurse
- 4. Ghanem Turki Ghanem Aldhafeeri, Nurse
 - 5. Hani Tarqi Ghanem Aldhafeeri, Nurse
- 6. Huda Salman Jamaan Aldhafeeri, Nurse
- 7. Mohammad Affat Raja Alshammari, Nurse

ABSTRACT

Purpose: This study aims to evaluate the challenges encountered by nursing staff as perceived by their supervisors and subsequently propose effective strategies for nurse managers to address these challenges.

Methods: A descriptive research design was employed for this study. The participants consisted of two groups: Group 1 included a convenience sample of 150 first-line supervisors from three hospitals, while Group 2 comprised a panel of experts selected using the Snowball sampling technique for the Delphi technique. Data collection tools included: Tool 1—a questionnaire assessing nursing staff challenges; Tool 2—the Delphi technique for strategy development; and Tool 3—an opinionnaire format.

Results: First-line supervisors identified job stress, work overload, interpersonal conflicts, workplace violence, performance issues, high turnover rates, demotivation, lack of empowerment, and absenteeism as common challenges faced by nursing staff.

Conclusion: The strategies developed through the Delphi technique were deemed valid by expert panelists. The study recommends implementing these strategies universally across healthcare settings to guide nurse managers in addressing staff challenges effectively.

Keywords: Delphi technique, nurse managers, nursing staff, workplace challenges

INTRODUCTION

The nursing profession is inherently demanding, encompassing responsibilities beyond traditional tasks like vital sign monitoring and medication administration. Nurses play vital roles in patient care, procedure assistance, documentation, and leadership within healthcare settings. However, various challenges at organizational, regional, and national levels pose significant hurdles, impeding nurses' effectiveness. Understanding and addressing these challenges are crucial to enhancing nursing performance and patient outcomes. (Kanwal et al., 2017)

Work-related issues are pervasive across healthcare systems globally. Absenteeism, characterized by unexpected work absences, is a notable personnel problem impacting healthcare delivery, especially in institutions grappling with staff shortages. Work stress is a prevalent concern among nurses, stemming from workload pressures, job insecurity, low job satisfaction, internal conflicts, and limited autonomy. (Gormley et al., 2011)

Interpersonal conflicts within nursing teams compound these challenges, adversely affecting patient care quality, increasing adverse events, and escalating staff burnout. Empowerment deficits among nurses further exacerbate discontent and burnout, necessitating a nuanced approach to fostering empowerment

through organizational structures, psychological beliefs, and acknowledging nurses' impactful roles in care provision. (Olayinka et al., 2013)

The nursing shortage is a multifaceted issue requiring collaborative interventions from healthcare stakeholders. Nurses operate in high-risk environments, facing occupational hazards that jeopardize their well-being, productivity, and work efficacy. Workplace violence poses additional threats, resulting in the loss of skilled nurses, reduced productivity, tarnished organizational reputation, and legal ramifications. (Fassier & Azoulay, 2010)

In Egypt, nursing confronts unique dilemmas encompassing media portrayal, societal perceptions, role model scarcity, strained physician-nurse interactions, inadequate learning environments, violence risks, and exposure to health hazards and infections. These challenges intertwine with institutional shortcomings, ministerial turnovers, resource inadequacies, and negative public perceptions, shaping a challenging work landscape for nurses. (Smith, 2014)

Nurse managers shoulder immense responsibilities, balancing care quality, patient satisfaction, productivity goals, and staff welfare. Their role demands continuous learning, problem analysis, and effective decision-making to navigate complex healthcare environments successfully. Recognizing the importance of problem-solving skills, nurse manager training initiatives are recommended to equip them adequately for managerial roles. (Roche et al., 2010)

METHODS

Study Design

This study employed a descriptive research design.

Setting and Samples

The study was conducted across three hospitals, all offering secondary healthcare services.

- 1. Hospital (1): Affiliated with the Ministry of Higher Education, comprising four buildings with a total bed capacity of 1200 beds.
- 2. Hospital (2): Affiliated with the higher authority of educational hospitals and institutions, with a bed capacity of 863 beds spread across four buildings.
- 3. Hospital (3): Affiliated with the Ministry of Health, including the health services sector and a research center, with a bed capacity of 945 beds.

Participants

The study included two groups:

- 1. Group 1: First-line nurse managers selected using nonprobability convenience sampling, comprising 150 managers from hospitals (1), (2), and (3) (n = 50 each). Inclusion criteria encompassed various demographics, educational qualifications, genders, marital statuses, work units, departments, and a minimum of six months' experience in their current positions.
- 2. Group 2: Experts in nursing management selected using the snowball sampling technique for the Delphi technique. Inclusion criteria required either a professorship in nursing management at an nursing faculty or a nursing director position in hospitals with at least one year of experience and specific interest in the research topic.

Ethical Considerations

The study received approval from the Menoufia University Institutional Review Board (Approval no. 86) and written approval from the medical and nursing authorities at the study settings. Informed consent was obtained from participants, ensuring voluntary participation and confidentiality of data.

Measurements/Instruments

- 1. Questionnaire about Nursing Staff Problems: A self-administered questionnaire assessing common nursing staff problems and strategies for managing them, validated by a panel of five nursing management experts.
- 2. Delphi Technique: Used to develop strategies, involving three rounds of expert opinions and consensus-building.
- 3. Opinionnaire Format: Designed to validate the new strategy format, evaluating clarity, comprehensiveness, applicability, and feasibility.

Data Collection/Procedures

- The preliminary study ran from September 15, 2018, to November 17, 2018, collecting data on nursing staff problems.
- The Delphi process occurred over three months, from December 1 to February's end in 2019, involving three rounds to develop and refine strategies.
- An opinionnaire validated the newly developed strategies with expert panelists.

DATA ANALYSIS

Descriptive statistics, including numbers and percentages, were used to analyze common nursing staff problems, Delphi rounds, and expert panelists' opinions on the strategies' validity using SPSS 22.0.

RESULTS

Table 1 displays the sociodemographic characteristics of the nurse managers under study. The majority of first-line managers fell within the age range of 30–40 years (43.3%), all of whom were female due to recent male inclusion in the nursing faculty. In terms of experience, a significant portion had 5–10 years of experience (37.4%). More than half were married (55.4%), and the vast majority held a bachelor's degree in nursing (91.4%). Over half of them worked in critical and emergency care units (51.3%), and a majority had attended workshops on human resource management (56.6%).

Regarding staff nurses' work-related problems, Table 2 outlines the perceptions of nurse managers. The most common issues included job stress, work overload, staff absenteeism, demotivation, lack of empowerment, staff turnover, workplace violence, staff conflict, and poor staff performance (\geq 60%). On the other hand, issues like lack of organizational justice, limited resources, nursing shortage, and unclear job descriptions were moderately common (40–<60%).

The experts' opinions on items to be included in a strategy to address nursing staff's work-related problems. Following the second Delphi round with a 100% response rate, most experts (95.2%) agreed on the proposed items after they were summarized by the researchers post the first round. A small percentage of items were modified (3.9%), and a few were disagreed upon (1.9%). One item, "decrease the threat to worker safety," was excluded from the strategy in the third round due to disagreement by 73.4% of the panel. Two items were modified significantly, representing 66.0% and 54.0% agreement, respectively: (1) develop group goals and projects to build team spirit, and (2) establish and disseminate a clear policy against violence, threats, and related actions.

The final experts' opinions on the strategy to address nursing staff's work-related problems following the third round, with a 100% response rate. The total agreement on the developed strategy was 98.9%, with minimal modifications (1.1%).

The panel of experts' views on the face and content validity of the developed strategy. All experts (100%) agreed that the strategy was comprehensive, clear, simple, understandable, applicable, and feasible.

Table 1: Distribution of Sociodemographic Characteristics of Studied Nurse Managers (N = 150).

Distribution of Sociodemographic Characteristics of Studied Nurse Managers (N = 150)	N	%
Age (yrs)		
20 to younger than 30	36	24.0
30 to younger than 40	65	43.3
40 or older	49	32.7
Gender		
Men	0	0
Women	150	100
Years of experience		
1-<5	49	32.6
5-<10	56	37.4

10 or more	45	30.0
Marital status		
Married	83	55.4
Single	7	4.6
Widow	44	29.3
Divorced	16	10.7
Educational level		
Technical institute	13	8.6
Bachelor degree	137	91.4
Others	-	-
Department of work		
Critical and emergency care units	77	51.3
Inpatient departments	43	28.7
Outpatient clinics	30	20.0
Attending workshops regarding human resource management		
Yes	85	56.6
No	65	43.4

Table 2: Staff Nurses' Work-related Problems as Perceived by Nurse Managers at the Study Setting (N = 150).

Staff Nurses' Work-related Problems as Perceived by Nurse Managers at the Study Setting (N = 150)	Hospital 1 (n = 50)	Hospital 2 (n = 50)	Hospital 3 (n = 50)	Total (n = 150)
Job stress	50	100	50	150 (100%)
Work overload	50	47 (94.0%)	50	147 (98.0%)
Staff absenteeism	48 (96.0%)	44 (88.0%)	47 (94.0%)	139 (92.6%)
Nursing shortage	25 (50.0%)	25 (50.0%)	19 (38.0%)	69 (46.0%)
Demotivation	50	39 (78.0%)	21 (42.0%)	110 (73.3%)
Lack of empowerment	45 (90.0%)	38 (76.0%)	30 (60.0%)	113 (75.3%)
Staff turnover	50	20 (40.0%)	22 (44.0%)	92 (61.3%)
Workplace violence	41 (82.0%)	38 (76.0%)	30 (60.0%)	109 (72.6%)
Staff conflict	46 (92.0%)	43 (86.0%)	39 (78.0%)	128 (85.3%)
Staff poor performance	33 (66.0%)	39 (78.0%)	23 (46.0%)	95 (63.3%)
Lack of organizational justice	25 (50.0%)	22 (44.0%)	19 (38.0%)	66 (44.0%)
Unclear job description	21 (42.0%)	27 (54.0%)	15 (30.0%)	63 (42.0%)
Limited resources	26 (52.0%)	20 (40.0%)	15 (30.0%)	61 (40.6%)

DISCUSSION

The challenges faced by nurses in their workplace significantly impact their ability to provide high-quality care. Creating a conducive work environment is crucial, with responsibility shared among employers, management, and staff. While staff nurses play a key role, nurse managers also have a significant impact on the work environment and thus were the focus of this study, aiming to assess work-related problems as perceived by managers and develop strategies to address them. (Shukri et al., 2013)

In examining common work-related problems perceived by nurse managers, this study identified several key issues including job stress, work overload, staff absenteeism, demotivation, lack of empowerment, staff turnover, workplace violence, staff conflict, and poor staff performance. These problems are common in large public hospitals with high patient volumes, aligning with findings from related studies. (Jerng et al., 2017)

For example, previous research by Mahran et al. highlighted challenges such as work overload and tension-filled atmospheres in critical care settings, echoing the current study's findings. Similarly, studies by Rani and Thyagarajan, Godwin et al., and Vernekar and Shah emphasized the prevalence of work-related stress among nurses, often linked to heavy workloads and lack of empowerment. (Vernekar & Shah, 2018)

Absenteeism emerged as a significant problem, aligning with global trends highlighted by Kurcgant et al., which can impact patient care, especially in healthcare settings facing staff shortages. Staff conflict was another notable issue, echoing findings from Jerng et al., emphasizing the challenges of interprofessional dynamics within healthcare teams. (Kurcgant et al., 2015)

Lack of empowerment and demotivation were common themes, with implications for job satisfaction and burnout. Strategies to address these issues were developed based on HWE standards, emphasizing the importance of skilled communication, collaboration, recognition, and authentic leadership. (Madadzadeh et al., 2018)

Strategies for managing work-related stress and workload focused on identifying stressors, time management, adjusting attitudes, and expressing feelings, aligning with recommendations from previous studies. Absenteeism strategies emphasized policy interventions, resource allocation, and building trust between managers and staff. (Abdellah & Salama, 2017)

Conflict management strategies emphasized effective communication and collaboration to reduce tension and focus on task-oriented approaches. Empowerment strategies aimed to create a positive work environment through leadership and recognition, aligning with research emphasizing the role of nursing leaders in empowering their teams. (Sim et al., 2018)

Addressing demotivation involved clear expectations, fairness, participation in decision-making, recognition, and teamwork, consistent with strategies recommended by Adjei et al. for enhancing nurses' performance and motivation.

Violence management strategies prioritized safety measures, prevention programs, reporting mechanisms, and disciplinary policies, in line with recommendations for creating a safe workplace environment. (Munro & Hope, 2020)

Lastly, turnover management strategies focused on improving salary and allowances, career advancement opportunities, recognition, training, and support, aligning with recommendations for retaining skilled nursing staff.

Overall, these strategies are designed to improve the work environment, enhance job satisfaction, and ultimately support nurses in delivering high-quality care.

CONCLUSION

The findings of this study highlight the significant challenges faced by staff nurses as perceived by nurse managers. Job stress, work overload, conflict, workplace violence, poor performance, staff turnover, demotivation, lack of empowerment, and staff absenteeism emerged as the most common issues. Conversely, problems such as lack of organizational justice, unclear job descriptions, nursing shortages, and limited resources were relatively less common.

The strategy developed to address these work-related problems was validated by experts, who found it to be comprehensive, clear, simple, understandable, applicable, and feasible. This suggests that the strategy holds promise for effectively managing and mitigating the identified challenges in nursing practice.

In conclusion, this study contributes valuable insights into the realities faced by nurses in their daily work and provides a practical framework for nurse managers to improve the work environment and support their teams effectively. Continued research and implementation of evidence-based strategies are essential for fostering a positive and sustainable nursing workforce.

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