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Effects of shadowing and supervised on-the-job inductions on mental health nurses

Caroline Kamau

Birkbeck, University of London, Department of Organizational Psychology

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Abstract

Supervised on-the-job inductions or inductions through shadowing can help new nurses gain realistic information about the job role, the organization and procedures within it. This study investigated whether the induction of new mental health nurses is a key predictor of job performance, attitudes towards the organization and work-related stress. Data from 5337 mental health nurses who took part in the NHS Staff Survey of 2011 were analysed. Results showed that the more the work-related stress, the worse the nurses' job performance, and the less positive the attitude towards the organization; in addition, the better the job performance, the more positive the attitude towards the organization. Multivariate analysis of variance showed significant multivariate and betweengroup main effects of each induction method (supervised on-the-job inductions and inductions via shadowing). In both cases, inducted nurses rated the organization more positively, had lower work-related stress and better job performance than non-inducted nurses. There were no significant interactions between the two induction methods, showing that their impact is orthogonal. Inductions help mental health nurses gain realistic views of the job, and this benefits the quality of their work, their attitudes towards the organization and experiences of stress.

Keywords: Nursing education; Professional development; Workforce issues

Lay summary

- 1. Inductions help mental health nurses gain realistic information about how to do the job, as well as helping them learn about the organization.
- There are different induction methods; this study focused on investigating the impact of supervised on-the-job training, and also inductions which use job shadowing methods.
- The results showed that the higher the nurse's work-related stress, the
 worse their job performance and the less positive the nurse's attitude
 towards the organization.
- 4. Inducted nurses rate the organization more positively, experience lower levels of work-related stress and present better job performance than non-inducted nurses. This applies to both induction methods.

Introduction

Globally, there is a serious shortage of mental health professionals (Kakuma, Minas, van Ginneken, Dal Poz, Desiraju, Morris, Saxena and Scheffler, 2011). Working conditions such as job stress are, in part, to blame. Across different fields of nursing, the average rate of nurse absenteeism is up to 58% higher than that of the rest of the working population because of work load, work-related stress and burnout (Rajbhandary & Basu, 2010). The process through which new mental health nurses are socialised in the workplace could be a key method of forestalling work-related stress as well as helping nurses' job performance and their experiences of the organization they work for. This study investigates the impact of inductions in mental health nursing.

Previous research shows that the more realistic the information workplace newcomers have at the beginning, the more involved or engaged they become (Bauer and Green, 1994). This research has been further corroborated by a large meta-analytic study showing the benefit of realistic job previews for commitment to the organization (Earnest, Allen and Landis, 2011) and another meta-analytic study showing the benefits of an unambiguous job role for job performance (Gilboa, Shirom, Fried & Cooper, 2008). Inductions which take the form of supervised on-the-job training or job shadowing can thus help nurses' subsequent job performance and their attitudes towards organization.

Shadowing and supervised on-the-job inductions also have the potential to reduce work-related stress because of their benefits for job performance and experiences of the organization.

The first hypothesis was that inductions predict mental health nurses' job performance in terms of the quality of their appraisal scores. Inducted nurses should present better job performance than non-inducted nurses. The second hypothesis was that inductions predict mental health nurses' attitudes towards an organization as a place in which to work or receive treatment. Inducted nurses should rate the organization more positively than non-inducted nurses. The third hypothesis was that inductions predict mental health nurses' experiences of work-related stress. Inducted nurses should report lower work-related stress than non-inducted nurses. A specific hypothesis about the effects of each induction method (supervised on-the-job training versus shadowing) was not possible because of the lack of previous research about this; therefore, the aim was to explore their differing effects.

Methods

The data came from the 2011 National Health Service (NHS) Staff Survey (Care Quality Commission and Picker Institute Europe, 2011). This was a nationwide survey in which all NHS employees were invited to take part, by completing a lengthy questionnaire about several different aspects of their job and their workplace experiences. Of the 134,967 employees who took part, data were extracted, leaving the responses of the 5337 nurses who work in mental health. Their responses to questions about completion of supervised-on-the job training, and job shadowing, were each coded as 1 = inducted and 0 = not inducted.

Results

The Pearson's 2-tailed correlation results are reported in Table 1. They show that the more the work-related stress experienced, the worse the job performance, and the less positive is the attitude towards the organization. The better the mental health nurse's job performance, the more positive is their attitude towards the organization. The presence of a supervised on-the-job induction corresponded with lower work-related stress, better job performance and a more positive attitude about the organization. The correlations with induction by shadowing were similar. The presence of job shadowing corresponded with lower work-related stress, better job performance and a more positive attitude about the organization.

Multivariate analysis of variance tested hypotheses 1, 2 and 3 by entering the two induction methods as independent variables. The dependent variables were work-related stress, attitudes towards the organization, and job performance. There was a significant multivariate main effect of supervised inductions with a Pillai's Trace of 27.35, p = .000, $\eta^2 = .016$. There was likewise a significant multivariate main effect of shadowing: Pillai's Trace = 38.04, p = .000, $\eta^2 = .022$. There was no significant multivariate interaction between these two induction methods, p = .77. The between-group main effects of each induction method on all three dependent variables were significant at p < .05. The main effect of supervised inductions meant that inducted nurses rated the organization more positively, had lower work-related stress and better job performance than non-inducted nurses: respectively, F(1, 4982) = 44.57, p = .000, $\eta^2 = .009$; F(1, 4982) = 44.57, p = .000, $\eta^2 = .009$; F(1, 4982) = .000, $\eta^2 = .000$, $\eta^2 = .009$; F(1, 4982) = .000, $\eta^2 = .000$, $\eta^2 = .009$; f(1, 4982) = .000, f(1, 4982) = .0

4982) = 5.79, p = .016, η^2 = .001; F (1, 4982) = 69.97, p = .000, η^2 = .014. Likewise, the effect of job shadowing meant more positive ratings of the organization, lower work-related stress and better job performance among inducted nurses compared to non-inducted nurses; respectively: F (1, 4982) = 97.76, p = .000, η^2 = .019; F (1, 4982) = 5.93, p = .015, η^2 = .001; F (1, 4982) = 58.41, p = .000, η^2 = .012. There was no significant interaction effect of job shadowing and supervised on-the-job training, p > .05 on all three dependent variables. Figure 1 shows the mean scores for each dependent variable in each condition, noting that the two induction methods have main effects but not interactions.

Discussion

The results supported the three hypotheses and also shed light on the different, independent effects of the two induction methods. The first hypothesis was that inductions predict mental health nurses' job performance; this was supported, with inducted nurses presenting better job appraisal scores than non-inducted nurses. The second hypothesis was that inductions predict mental health nurses' attitudes towards an organization as a place in which to work or receive treatment; this was supported, with inducted nurses rating the organization more positively than non-inducted nurses. The third hypothesis was that inductions predict mental health nurses' experiences of work-related stress; this was supported, with inducted nurses reporting lower work stress levels than non-inducted nurses. These hypotheses were supported in analyses of

supervised on-the-job inductions as well as analyses of the effects of job shadowing inductions.

This study has shown that inductions which take the form of supervised on-the-job training or job shadowing help mental health nurses' subsequent job performance and their attitudes towards their organization, as well as leading to lower levels of work-related stress. The psychological explanations for these findings lie with previous research which showed the value of newcomer socialisation, particularly with regards to helping them gain realistic information about the job and organization (Bauer and Green, 1994; Earnest, Allen and Landis, 2011; Gilboa, Shirom, Fried & Cooper, 2008). This study has shown that the benefits extend beyond job performance and perceptions of the organization: they also apply to work-related stress.

In terms of practical implications, the first is that organizations should ensure that new nurses are inducted effectively. This study has revealed that inductions through job shadowing, and supervised on-the-job inductions, have independent effects: they do not need to be presented in joint form in order to be effective. Each has a slightly different impact on work-related stress, job performance and attitudes about the organization. The second practical implication is that organizations should audit the induction history of existing staff and analyse the correspondence with performance appraisal scores. If an induction via either of the two formats did not take place, and the appraisal score is low, a remedial induction should be recommended.

A future area of research is to unearth the specific ways in which each induction format improves job role clarity. Further research is needed to reveal the role of job specialism and context (community versus hospital).

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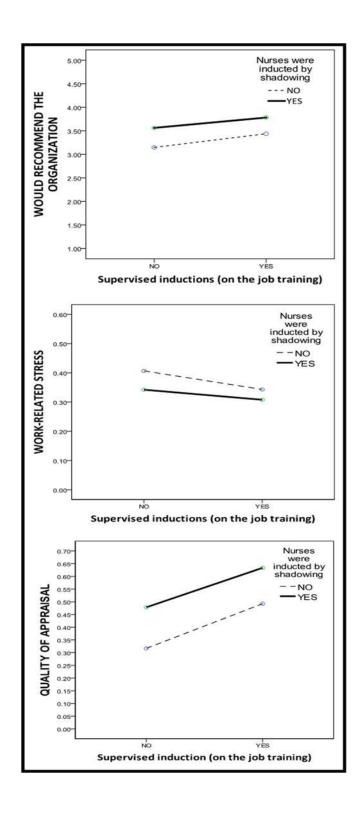
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Table 1: Correlation coefficients (Pearson's 2-tailed)

		1	2	3	4	5
1.	Nurses suffered work- related stress in last 12 months	1.00				
2.	Nurses had a good quality appraisal in last 12 months	23**	1.00			
3.	Nurses would recommend the organization as a place to work or receive treatment	35**	.45**	1.00		
4.	Nurses had a supervised induction (on the job training)	06 ^{**}	.19**	.17**	1.00	
5.	Nurses had an induction by shadowing	05**	.16**	.18**	.28**	1.00

Figure 1

Figure 1 caption: The two forms of inductions had significant independent main effects. Compared to nurses who have not been inducted, nurses who have been inducted evaluate the organization more positively, have suffered lower work-related stress and have had a better quality work appraisal.



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