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Organizational climate and interpersonal interactions among registered nurses in a neonatal intensive care unit: A qualitative study

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Abstract

Aim: The aim of this work is to describe the organizational climate and interpersonal interactions experienced by registered nurses in a level III neonatal intensive care unit.

Background: Neonatal nurses have a demanding task in caring for a varied, highly vulnerable patient population and supporting patients' families. Nurses' psychosocial work environment affects quality of care as well as nurses' job satisfaction and organizational commitment.

Method: Semistructured interviews with 13 nurses, covering numerous aspects of their psychosocial work environment, were analyzed using thematic analysis.

Results: High staff turnover and a preponderance of inexperienced nurses were described as stressful and detrimental to group cohesion. Work at the unit was considered overly demanding for newly qualified nurses, while senior nurses expressed frustration at the work of training new nurses who might not stay. While some were very satisfied with the group climate, others complained of a negative climate and incivilities from some experienced nurses toward new recruits.

Conclusions: High turnover and variable competence among staff present challenges for maintaining a positive organizational climate.

Implications for Nursing Management: Management should communicate a clear sense of the nature of neonatal intensive care when recruiting, foster group cohesion (e.g., by creating stable work teams) and reward commitment to working at the unit.

KEYWORDS
group cohesion, hospital personnel management, industrial psychology, job satisfaction, qualitative research

1 | BACKGROUND

Neonatal intensive care is a highly specialized area of health care, involving an extremely vulnerable patient group with a wide array of medical conditions. Advances in neonatology have led to increased survival and better outcomes for extremely premature infants and term infants with severe, life-threatening conditions (Patel, 2016). At the same time, the medical care of these infants has become significantly more complex. In addition to the exacting task of caring for patients, nurses in the neonatal intensive care unit (NICU) have to support

patients' parents in various ways. Nurses help parents gradually assume a parental role vis-à-vis their infant and have to be prepared to respond to parents' expressions of worry and distress. The implications of the complexity of modern neonatal care and of increased parental presence in the NICU for nurses' work have not been adequately studied and thus not necessarily addressed in a satisfactory way by health care organizations (Bry & Wigert, 2022; Coats et al., 2018).

The importance of the organizational context in which NICU staff work for the quality of care as well as for nurses' well-being is increasingly being recognized (Lake et al., 2016; Tawfik et al., 2017). A thorough understanding of both positive and negative aspects of nurses' psychosocial work environment is essential to efforts to improve their work conditions. Nevertheless, research on NICU nurses' work environment is sparse.

The concept of organizational climate refers to how employees collectively experience their work environment and the psychological meanings they attach to it (Schneider et al., 2013). In other words, organizational climate is not so much a specific factor contributing to the psychosocial work environment as a summation of how the work environment and its impact are perceived by employees. Organizational climate and job satisfaction are, by definition, closely linked concepts (Thumin & Thumin, 2011). Further, a number of empirical studies have shown a link between the quality of the organizational climate and organizations' turnover rates, though the precise relationship between climate and turnover remains insufficiently understood (Ehrhart & Kuenzi, 2017). In nursing, a positive organizational climate has been associated with better physical and psychological occupational health outcomes for nurses, including lower rates of burnout (Gershon et al., 2007; Ren et al., 2020) as well as a higher frequency of caring practices, that is, direct interaction with patients (Roch et al., 2014).

Organizational climate can be studied on several levels, from individuals' experiences to the climate of organizations as wholes (Baltes et al., 2009). In the present study we focused on an intermediate or group level, that is, the climate as perceived by nurses at the unit collectively rather than higher-level organizational considerations or individual experiences. In the NICU, good teamwork is particularly vital to delivering high-quality care. The organizational climate, in particular its interpersonal aspects such as the climate of communication and cooperation among team members, affects the quality of teamwork in the NICU (Tawfik et al., 2017). Hence, in this study, we focused particularly on interpersonal aspects of the climate at the unit. The qualitative approach we used is well suited to identifying what participants themselves see as particularly significant features of their organizational climate and possible heterogeneity in their perceptions and interpretations, as well as aspects that may not have received sufficient attention in previous studies.

1.1 | Aim

The aim of this study was to describe the organizational climate experienced by registered nurses in a level III NICU, with particular reference to interpersonal interactions within the group.

2 | METHODS

2.1 | Setting

The study took place at a level III NICU at a university hospital in Sweden, Northern Europe's largest delivery hospital. The hospital is the referral hospital for three regional hospitals. The sickest and most immature infants from these hospitals are transferred to the university hospital NICU antenatally or soon after birth. Once patients are in sufficiently stable condition not to require intensive care any longer, they are transferred back to the regional hospitals or to the level II NICU in the same hospital (located on a different floor and with its own nursing staff). Thus, the level of patient acuity at the unit studied is high.

The unit has 15 beds in an open-bay layout. The staff includes about 50 registered nurses.

At the time of the study, the unit used a scheduling system where nurses plan their schedules on an individual basis, as opposed to stable teams of nursing staff regularly working together.

2.2 | Participants

With the permission of management at the unit, all registered nurses working there were informed orally (at a staff meeting) and in writing (by email) of the purpose and procedure of the study. It was emphasized that the researchers were interested in interviewing nurses with different degrees of experience. Nurses were invited to contact one of the researchers if they wanted to participate. Interviews continued until a number of nurses with work experience ranging from brief to very long had been interviewed, and further interviews no longer produced new information (i.e., until data saturation was reached).

Thirteen nurses with varying degrees of experience of neonatal nursing and of work at this particular NICU participated in the study. The participants had been registered nurses for between 6 months and 32 years (median 12 years, mean 13.9 years). Their experience as NICU nurses ranged from 6 months to 27 years (median 6 years, mean 9.3 years). All were female (as were all the nurses employed at the unit) and native Swedish speakers.

2.3 | Procedure

Individual semistructured interviews were conducted by an interviewer previously unknown to the participants (first author). Interviews took place between 2 May and 11 June 2019, in an undisturbed room at the participants' workplace. Each interview began in an open fashion with participants being invited to describe their perceptions of both positive and negative aspects of what it was like to work as a nurse at the unit. Using an interview guide, a number of specific aspects of nurses' psychosocial work environment at the unit were then covered, including but not limited to communication, workload, relationships with colleagues as well as with other professions and with management, scheduling, and sources of support and

appreciation. Care was taken to avoid leading questions (e.g., questions containing assumptions about the existence or nature of problems in the nurses' work environment).

The duration of the interviews ranged from 26 to 54 min (mean 39.9 min, median 40 min). Interviews were audio-recorded and transcribed verbatim.

2.4 | Analysis

Thematic analysis as described by Braun and Clarke (2006) was performed. The qualitative data analysis software NVivo 2020 was used to organize data. The interviews were first read several times to obtain a general sense of their content. Coding initially covered all aspects of the psychosocial work environment as described in the interviews, with an inductive approach. Codes were sorted according to content and themes were generated based on patterns found among the codes. During this process, reference was continually made to the interview transcripts to ensure that coded extracts were interpreted in a way appropriate to their context and that important viewpoints were not overlooked.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007) were consulted to ensure quality of reporting.

2.5 | Characteristics of the researchers

The first author, who performed the interviews, was a psychologist. She was previously unacquainted with the participants. The second author was a pediatric nurse with previous experience of working in neonatal intensive care. The two authors thus brought different pre-understandings to the research process, based on their respective professional backgrounds. The authors' different viewpoints were discussed as the analysis progressed and provided complementary ways of understanding the material.

2.6 | Ethical considerations

The study was deemed exempt from ethics review by the Swedish Ethical Review Authority (approval number 2019-02131). Participants gave their consent having been fully informed of the purpose and procedure of the study, the confidentiality of their answers and their right to discontinue their participation at any time and for any reason.

3 | RESULTS

The analysis resulted in four themes describing the organizational climate and interpersonal interactions among nurses at the unit:

- High staff turnover as a source of stress and unease
- Seeking camaraderie in subgroups within the group

- Atmosphere in the group: the good and the bad
- Incivilities experienced by new nurses.

3.1 | High staff turnover as a source of stress and unease

Participants described a sense of insecurity and strain among staff because of turnover and the high proportion of recently hired nurses and nursing assistants at the unit. Some commented that this not only decreased the sense of cohesion in the group but also made work more difficult, because having many colleagues one was unfamiliar with meant one could not be certain of their abilities in various areas. Turnover thus made mutual trust among colleagues more difficult and communication more demanding.

A number of participants commented that work at the unit was excessively challenging and stressful for newly graduated nurses. The view was expressed that high turnover both led to and was maintained by the hiring of nurses who were poorly prepared for work at the unit because of lack of experience of intensive care. Many newly hired nurses were also considered to have unrealistic expectations of what work in a NICU entailed.

> I think a lot of people don't really know what kind of unit they are starting [to work] at. It feels like a lot of them think you sit and feed a baby from a bottle in your lap, and that it's a really … cute environment so to speak. And do not understand about intensive care in the first place, what it's like. (Interview 9)

The high level of turnover resulted in an increased workload for the more experienced nurses who were required to supervise and train the new nurses who had no previous NICU experience. Some experienced nurses said their awareness that new colleagues might soon leave was discouraging and made it less rewarding to train the new nurses and get to know them. Meanwhile, the preponderance of recently hired nurses was also said to make it harder for the new arrivals to find their place.

> It's enjoyable to teach people, but it's also a strain, because you have to have time for your own work and also to supervise the person you are teaching. So it's often stressful, also psychologically, because you feel inadequate on both fronts […] and a fairly high percentage [of the nurses you train] leave quite soon. So sometimes it feels like a bit of a thankless task. (Interview 10)

3.2 | Seeking camaraderie in subgroups within the group

Participants described a tendency among nurses at the unit to seek a sense of belonging by forming subgroups within the large and

changing group of coworkers. Some nurses had worked together for a long time and were socially close. On the other hand, nurses who had come to the unit recently tended to interact with each other. This type of group formation was described in both positive and negative terms. Having a particular social group that one knew well and trusted was described as an important source of satisfaction, making work more enjoyable, and as counteracting the sense of anonymity caused by working at a large unit without stable work teams.

> When you find someone in the work group that you form a relationship to, […] that person becomes important to you at work, and you feel they … it makes work more pleasant to have some people you become closer with. That can be a reason for staying, I think. (Interview 11)

In other words, feeling connected to a subgroup could be seen as enhancing team continuity. On the other hand, the tendency to identify with a specific subset of staff and prefer working and socializing with them was seen by some as disadvantageous to the group cohesion or sense of "being a team" of the unit as a whole, and as making it more difficult for newcomers to find their place.

> I think those who are completely new talk a lot to each other. And those who have been here for a long time, you can hear them talk [to each other] about things […] I feel it's more divided here than at other workplaces I've been at. (Interview 2)

Some participants wished for team building activities to enhance cohesion in the group and help nurses get to know each other more broadly.

3.3 | Atmosphere in the group: The good and the bad

Some participants spoke of a climate of grumbling and habitual diffuse negativity regarding the workplace.

> It's so easy to complain […] people can focus the whole time on what a work at the unit instead of being like, 'but wait, things went great today, how come?' […] when you are so new it's hard when it feels like … [the negativity] is sort of pervasive. It feels like more of a work climate at this particular unit. (Interview 4)

In the view of some, the negativity resulted from stress and high workload. Others, however, associated negativity with periods when there was relatively little to do and felt that shared challenges tended to improve the group's atmosphere and morale.

At the same time, a highly positive view of the atmosphere at the unit was expressed in some interviews, by nurses with varying degrees of experience. These participants described kind and supportive colleagues and a cheerful, welcoming atmosphere where nurses felt united by shared satisfactions and challenges.

> There's a lot of joy, a lot of laughter, a lot … we have a good time together and we struggle together. (Interview 11)

Some praised a climate of mutual helpfulness among coworkers and a style of communication that was usually open and uncomplicated, notably in high-stress situations.

> Since I started I've felt welcome here, you feel seen as a person. […] There's a good atmosphere in the group mostly and we can talk to each other in a good way and cooperate and so on. (Interview 3)

Nurses' collaboration with other professions, for example, physicians and nursing assistants, was described as unhierarchical and generally functioning well. Finally, many participants said their work in itself was interesting and rewarding, productive of positive feelings of hope and engagement.

> I rarely leave for work feeling any Monday anxiety, rather I come to work and sort of feel at home. So it's a nice workplace [because] there's a pleasure in our work. We feel that what we do is important. (Interview 10)

3.4 | Incivilities experienced by new nurses

Participants described a pattern of incidents where nurses who were new to the unit felt belittled or socially excluded, or their efforts or questions were met with impatience and harshness by experienced nurses. These behaviors were said to be initiated by a limited number of nurses who had worked at the unit for many years and who were described as overly critical of some recently hired nurses. Open conflicts among the nurses were viewed as rare; rather, the incivilities were comments whose intent to hurt could be disclaimed by the person responsible.

> I feel there's quite a harsh climate sometimes […] Most people are really, really nice and good colleagues and helpful and so on, but there are people who are really tough, especially to new [nurses] but also in general […] and like to tell you what you do wrong and … There are some people who I have not heard say anything positive to me at all since I started. I think it's an awful shame, because I think it scares away a lot of new [nurses], so before they have even really had time to get started many quit. (Interview 6)

Perceptions of the seriousness of the problem varied. Some participants described the incivilities as highly distressing and a major contributing factor to recently hired nurses' lack of satisfaction and decision to leave. In their view, being exposed to incivilities from colleagues risked outweighing efforts on the part of the organization to support recently hired nurses. Also, the incivilities made less experienced nurses hesitant to communicate with certain colleagues, which was viewed as potentially detrimental to patient safety.

On the other hand, some participants were of the opinion that the negative comments were part of a direct, brusque style of communication that tended to arise in the task-oriented, stressful environment of the intensive care unit and should not be taken personally. The unstable staffing and heterogeneity of the group were sometimes mentioned as a contributing factor. There were also participants who were aware that others complained of incivilities but said they personally had not witnessed such incidents.

Some participants perceived a generational shift in attitudes concerning senior nurses' communication with recently graduated colleagues. According to this view, comments that the senior nurses had been exposed to during their own training and saw as more or less innocuous could be interpreted as unacceptable incivilities by today's new nurses.

> If you haven't worked with this type of care there's such a lot to learn and you have to tolerate being corrected, 'we don't do it that way, we do it like this'. A lot of the younger [nurses] have a really hard time taking that. One has to choose one's words in a really special way compared with when I was new. I think it has to do with the times we live in, that they take it so personally. (Interview 12)

The view was also expressed that some of the most experienced nurses at the unit felt frustrated and slighted by the emphasis placed by management on retaining recently hired nurses, and in a sense took their frustration out on the latter.

> We invest a lot of effort in the new nurses and nursing assistants […] those who make the [uncivil] comments are the ones who have worked for a long time, so I think they feel a certain exhaustion at constantly having to train new [colleagues] … it's not okay to make these [uncivil] comments but it's also a symptom of something, of not feeling good […] I think when you have worked for a long time you don't really feel seen. You feel taken for granted. And I think they need to be reinforced as well in the feeling that they are actually the pillars that the unit stands and falls by, in a way. So they need encouragement and support, [a sense] that they're important. (Interview 11)

Participants said that management was aware of the incivilities and had tried to address the problem mainly by individual conversations with people involved, by modeling kindness in their role as supervisors and by reminding the staff collectively of the importance of mutually respectful behavior. However, management was seen as having limited influence in this regard.

4 | DISCUSSION

The present study aimed at describing the organizational climate experienced by registered nurses in a level III NICU, with particular reference to interpersonal interactions within the group. We studied the perceptions of nurses with levels of experience of NICU work ranging from a few months to several decades. Generally, participants saw the high level of staff turnover as leading to a problematic sense of instability and a lack of group cohesion. The fact that many nurses came to the unit with little or no previous experience was described as stressful. This was the case not only for these inexperienced nurses themselves but also for the more experienced ones who were responsible for training and supervising them in the high-intensity environment of the NICU, where the infants cared for are often critically ill and in an unstable condition. Some nurses reported a high degree of satisfaction with their work and the climate within the group, whereas others complained of an at times negative atmosphere and of incivilities experienced by some inexperienced nurses.

Despite the problems reported at the unit, some participants found their work highly rewarding and enjoyed camaraderie with their colleagues. Participants recognized that the specialized job of NICU nursing demands competence and tolerance for the stressors of intensive care, but that nurses considering working at the NICU do not necessarily have a clear idea of the intensity and technically advanced nature of the work. A question for management to address is how to communicate the nature of NICU work in a realistic way, so as to appeal to nurses who might be attracted to and a good fit for this setting and avoid giving a misleading impression of what work with critically ill newborns is like.

The existing research has usually focused on the impact of organizational climate on turnover rather than on how turnover may affect morale and job satisfaction among those without intent to leave (Ehrhart & Kuenzi, 2017), a topic deserving further study. In our study participants described frustration and stress caused by colleagues' leaving after only briefly working at the unit, despite diligent efforts by senior colleagues and management to train and support them. In a situation like this one, a vicious cycle may arise whereby turnover negatively affects the climate in the group, which in turn leads to more nurses leaving. Efforts by the organization to prevent or counteract such a negative cycle are therefore called for.

Participants varied widely in their evaluations of the organizational climate at the unit, some depicting it in largely negative terms while others expressed a high degree of satisfaction. A low degree of within-group consensus regarding organizational climate is termed a weak climate (Schneider et al., 2013). A weak organizational climate is associated with a lower degree of group cohesion (Luria, 2008), something that participants in the present study found to be the case at

their unit. This aspect of the psychosocial work environment would be important to address, since group cohesion can protect nurses against burnout and promote job satisfaction (Li et al., 2014). There is also evidence that efforts to improve work group cohesion can decrease turnover among nurses (Halter et al., 2017). Efforts to foster group cohesion and positive collegial relationships among nurses would also be important for ensuring good teamwork, communication and patient safety. Teamwork requires mutual trust among group members. For this it is necessary that members have sufficient knowledge of each other's abilities, and that they feel they feel free to express their thoughts and questions (Salih & Draucker, 2019; Tawfik et al., 2017). At the unit we studied, subsequent to this study, plans have been made to test a scheduling model based on stable teams regularly working together as opposed to individual nurses constructing their schedules independently of one another. Despite its disadvantages with respect to nurses' control over their individual schedules, this model may potentially afford greater cohesion and stronger relationships within teams.

Nurse–nurse incivilities like those found at the unit we studied are a well-known and prevalent problem, with consequences that can include intention to leave, burnout and compromised patient safety (Sanner-Stiehr & Ward-Smith, 2017; Spence Laschinger et al., 2009). Nurses who are new to the profession are at particular risk of being targeted, as also found in the present study. Incivilities directed at inexperienced nurses are especially problematic in a situation where recently hired nurses are dependent on senior nurses' support for on-the-job learning. Empirical evidence as to the causes of incivility in this context and ways to counteract it remains limited (Keller et al., 2020). In particular, not many studies have examined situational and organizational influences on incivilities (as opposed to individual-level factors such as personality). High patient acuity and high workload, staffing shortages and low group cohesion are among the factors that have been found to contribute to experiences of incivility among nurses (Keller et al., 2018).

An inherent feature of incivility as conceptualized in the literature is the ambiguity of the intent to harm (Andersson & Pearson, 1999). In the present study, a style of communication that was deemed beyond the pale by certain participants was perceived by others as fairly innocuous. Curbing incivilities within a work group evidently becomes a harder task if no consensus exists as to what constitutes acceptable and unacceptable communication. Communication training for nurses might encourage the development of more civil and effective communication among NICU staff and greater awareness of the importance of communication as an integral part of teamwork in the NICU.

A situation where group cohesion is low and working relationships among colleagues are superficial may exacerbate tendencies to incivility and harsh communication (Keller et al., 2020). Some participants in our study commented that turnover decreased their motivation to train and get to know new arrivals, who might soon leave anyway. Not knowing one's colleagues of different degrees of seniority well can perpetuate stereotypical views of one's own as well as other generations and polarization within the group (Van Rossem, 2021).

In our study, the opinion was expressed that some senior nurses might feel slighted by the contrast between the efforts of management to support new nurses and the relative lack of attention they themselves, with their history of commitment to the unit and proven competence, received from management. These types of comparisons, it was argued, might cause frustration and resentment and consequently provoke incivilities toward recently hired colleagues. Possible relationships between uncivil behaviors by nurses, or poor morale, and the sense of being inadequately rewarded or recognized for one's work would merit further investigation. The fact that, in Sweden, there is no generally applicable career structure for nurses whereby experience and competence guarantee an improved salary or formal status (Alenius et al., 2019) possibly plays a role in this context. Our previous study of the work environment of a level II NICU unit also showed a need of greater support and appreciation for experienced nurses (Bry & Wigert, 2022). Efforts to affirm and reward the contributions of experienced nurses would be called for, while at the same time providing a supportive and welcoming environment for new nurses.

A limitation of the present study is its focus on a single NICU in the specific context of a Swedish university hospital. Care should be taken when applying the results to NICUs whose organizational and cultural conditions may differ in various ways from those in the present study.

5 | CONCLUSIONS

Because of the demanding nature of neonatal nursing together with organizational factors like the difficulty of recruiting competent staff, maintaining a positive and supportive organizational climate in the NICU presents challenges. Nevertheless, as seen in the present study, NICU nursing can be highly rewarding for nurses who feel competent to deal with the complex requirements of their job and enjoy a sense of camaraderie at work.

The development of group cohesion among NICU nurses tends to be hampered by factors including the size of the workplace, high staff turnover and nurses' varying degrees of competence. Our results point to a need for active efforts to counteract the tendency to polarization and negative interactions among nurses and foster group cohesion. There is also a need to address the effect of challenging organizational conditions on the level of stress and demands that nurses are exposed to. Nurses with little experience of NICU work face a steep learning curve, while training new colleagues represents a significant addition to senior nurses' workload.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

In recruiting nurses to work in the NICU, it would be important for management to communicate a clear idea of the demands of the job while also bringing out its positive aspects. This could help to avoid

having new nurses begin work in the NICU with unrealistic expectations about the care of sick and premature newborns, and at the same time attract those who might be stimulated by the variety and acuity of NICU nursing.

An effort to encourage group cohesion should be made for the sake of both nurses' job satisfaction and quality of care. A scheduling system that is team-based rather than individual-based is one possible avenue to improved group cohesion and teamwork.

While continuing to support nurses who are new to the job, management should show that they value the contributions of nurses who have demonstrated a high degree of competence and commitment to work at the NICU. This should include positive feedback and appreciation but also concrete rewards in terms of salary and career advancement.

ETHICS STATEMENT

The study was deemed exempt from ethics review by the Swedish Ethical Review Authority (approval number 2019-02131).

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None.

CONFLICT OF INTEREST
The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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