Nurses’ perceptions of co-worker support in the workplace: Qualitative research

Roghieh Sodeify a,*, Zeinab Habibpour b

a Assistant Professor of Nursing, Khoy University of Medical Sciences, Khoy, Iran
b Ph. D of Nursing, Khoy University of Medical Sciences, Khoy, Iran

Received 14 December 2018; accepted 22 April 2020

Abstract

Objective: Although the psychological factors of the work environment affect the quality of employees’ performance more than physical factors, they have not been broadly explained yet. This study is conducted to explore nurses’ perceptions of the co-worker support as psychological resource in the workplace.

Method: The present study is a qualitative research. Fourteen staff nurses who were working in hospitals affiliated to the Khoy University of Medical Sciences, Iran were selected based on purposeful sampling and interviewed using un-structured in-depth interviews. All interviews were recorded, transcribed, and analyzed using conventional content analysis approach through constant comparative method.

Results: Data analysis revealed four major themes with 11 sub themes. The four major themes include ‘emotional support’, ‘effective working relationship and collaboration’, ‘suitable social relationships’, and ‘guidance and teaching’.

Conclusion: The results showed that, nurses had a positive perception of their colleagues’ support in the workplace. Co-worker Support is a multidimensional phenomenon and is influenced by various factors. Perceiving support from the colleague and having a sense of support can promote the quality of care and increase dealing with stressful situations in nursing. Therefore, communication and flexibility skills should be taught to both staff and managers in this regard.

© 2020 The Authors. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Percepciones de las enfermeras sobre el apoyo de los compañeros de trabajo en el lugar de trabajo: investigación cualitativa

Resumen

Objetivo: Aunque los factores psicológicos del entorno laboral afectan la calidad del desempeño de los empleados más que los físicos, estos aún no han sido explicados ampliamente. El objetivo de este estudio es explorar las percepciones de las enfermeras sobre el apoyo del compañero de trabajo como recurso psicológico en el lugar de trabajo.

* Corresponding author.
E-mail address: sodeify@yahoo.com (R. Sodeify).

https://doi.org/10.1016/j.enfcli.2020.04.005
1130-8621/© 2020 The Authors. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

Nurses are the largest professional group in health care organizations and provide eighty percent of direct care.1–4 They are usually expected to provide high-quality care by identifying and treating human reactions to health and disease and empowering clients to gain autonomy, self-regulation, and healthy life. In this regard, nurses need to be empowered before being able to empower others.5

Several factors have identified nursing as a stressful job. Some of the stressful factors in this discipline include high workload, nature of the job, job shifts, exposing to unpleasant scenes, caring role of nurses, lack of support from nursing managers, job conflicts, physical factors, expectations of self and colleagues, interpersonal relations, conflict among colleagues, sleeplessness and so on.6–11 Moreover, nurses’ performances are influenced by their capabilities and are affected by stresses and social/psychological conditions in the workplace.12–14

Social and psychological conditions of the work environment in nursing can affect job outcome such as the efficiency and the speed of doing the work,15–17 and there are appropriate psychological conditions, the work is taken to be meaningful and valuable.17–19

One psychological factor is the supportive environment in nursing occupation that makes the staff have the necessary autonomy and use the facilities and resources appropriately. While in an unsupportive work environment, a person faces serious problems and has unsatisfactory feelings. If the nurses believe that they can trust their coworkers, they can then focus their energy on self-protection and organizational performance. In such a situation, organizational problems are reduced.18

In this regard, Piko stated that the support provided by the colleagues can be effective in reducing job stress.19 In a quantitative study, Hayhurst, et al. concluded that nurses who have a better perception of peer support, supervisor support and autonomy are more resilient and stay longer in the workplace and experience less job stress.20 The supportive work environment increases the quality of patient care, self-esteem, and ultimately cost savings. Such environments enhance retention of skilled, caring, knowledgeable, and experienced nurses who provide better patient care with fewer complications, and reduce the economic and social costs of healthcare for both providers and consumers.21

The results of a systematic review study (2020) showed that support received by nurses in the workplace from colleagues and supervisors plays a fundamental role in preventing burnout.22 A cross-sectional study has shown that social support has a protective effect on occupational stress and depression symptoms.23 In this regard, support from colleagues had more privileges than superior support. In fact, the perceptions of organizational climate are related to the type of communication among colleagues.24,25

Although many studies have been done on the importance of coworker support in the workplace in nurses, the concept of coworker support has not been broadly explained from the perspective of nurses themselves yet. Since the concept of support is a multi-dimensional and subjective concept and can be influenced by the experiences of individuals in different cultures, therefore, this study uses a qualitative approach to explore nurses’ perceptions of the co-worker ‘support in the workplace.

Method

Study design

A qualitative content analysis was considered as a suitable with purposive sampling, using maximum variation in order to look for those who have a rich experience in the phenomena and have the ability and tendency to express them.26

Participants

Participants in this study were selected from among clinical nurses who were working in hospitals affiliated to the Khoy University of Medical Sciences, Iran. Recruitment involved purposive sampling, with nurses getting B.S degree or higher in nursing, having clinical work experience of at least one year, and willingness to express their own experiences.
Fourteen staff nurses aged 26–45 years (mean 33.6 years) participated in the study. The average work experience of nurses was 6.9 years. Eight participants had a bachelor’s degree and the rest had a master’s degree (see Table 1). Finally, 17 interviews with 14 nurses with 5 field notes were applied in the present study.

Data collection

The data collection method was interviewing and field notes. The researcher initially referred to the participants, explained the purpose of the study, and if they wished to participate in the research, an interview was scheduled. The time and place of the interviews were selected by agreement and permission from the participants. Interviews with nurses were conducted in a private room at the hospital by the first author. Un structured interview were used. During the interview more in-depth questions were asked. The main question asked from participants was: Express your experiences from your colleague or co-worker during a work shift. Are you being supported by a colleague? If the response is positive, how are you supported and under what circumstances? All interviews took 30–50 min (40 min on average), and some participants were interviewed twice as needed (To complete interview). The sampling continued until the data arrived at the saturation, so that all code levels were completed and no new conceptual information requiring a new code or extension of the existing code was obtained. Field note was another technique of data gathering which was conducted with the presence of the researcher and in different work shifts. The recording of the notes in the field was carried out in an appropriate position and immediately after its completion in detail. In this study, the researcher used several field notes to further engage with the data and validate the data from the interviews. When registering these notes, she records what she sees, hears or thinks and uses the derived codes to analyze the data.

Data analysis

Content analysis is a systematic data classification process through which codes and themes appear. First, the entire text was carefully read to understand the overall sense of the text. After reading the text for several times and immersing in the data, the units of the analysis were characterized, the key meanings were extracted, and the initial codes were formed. Then, these codes were organized based on similarities and differences found in sub-categories and categories. Interviews recorded on the tape were transcribed. Since the qualitative research requires fully immersing in the data, the interviewer listened to the interviews and reviewed the manuscripts several times. Subsequently meaning units from the statements of the participants were extracted in the form of initial codes. Then, the codes were categorized according to the semantic and conceptual similarities and compressed as little as possible. The declining trend in data reduction in all analysis units and in all categories and subcategories was going on. The data were placed on the main categories that were more conceptual, and eventually the themes became abstracted. The information was analyzed by MAXQDA 10 Software.

Rigor

During the study, certain methods were used to ensure the accuracy of data strength. Data credibility was achieved through reviewing the handwritten documents by the participants and using their complementary comments as well as the prolonged engagement of the researcher with the data. In addition, two experts in charge of quality research monitored and audited the whole process of research. Using a combination method, namely interviewing and field notes, as well as sampling with the maximum variation sampling, provided data transferability.

Ethical consideration

All ethical considerations in this study, such as the approval of the research proposal at the research council of the Khoy University of Medical Sciences and the permissions taken from the ethical considerations committee (IR.KHOY.REC.1397.012). The first author introduced herself to the participants and explained the research objectives, the process of studying, and interviewing process to them.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Demographic characteristics of participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 2</td>
<td>Male</td>
</tr>
<tr>
<td>Participant 3</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 5</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 6</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 7</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 8</td>
<td>Male</td>
</tr>
<tr>
<td>Participant 9</td>
<td>Male</td>
</tr>
<tr>
<td>Participant 10</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 11</td>
<td>Male</td>
</tr>
<tr>
<td>Participant 12</td>
<td>Female</td>
</tr>
<tr>
<td>Participant 13</td>
<td>Male</td>
</tr>
<tr>
<td>Participant 14</td>
<td>Female</td>
</tr>
</tbody>
</table>
Table 2  Themes and sub themes obtained from the interview.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emotional support</td>
<td>1.1 Active listening to co-worker’s concerns</td>
</tr>
<tr>
<td></td>
<td>1.2 Use of humor in the workplace</td>
</tr>
<tr>
<td></td>
<td>1.3 Creating a sense of acceptance</td>
</tr>
<tr>
<td></td>
<td>1.4 Empathy and Mutual Understanding</td>
</tr>
<tr>
<td>2. Effective working relationship and collaboration</td>
<td>2.1 Sharing Knowledge for nursing care plan</td>
</tr>
<tr>
<td>3. Suitable social relationships</td>
<td>2.2 Participation in doing things despite work division</td>
</tr>
<tr>
<td>4. Guidance and teaching</td>
<td>3.1 Maintaining dignity and respect</td>
</tr>
<tr>
<td></td>
<td>3.2 Maintaining interactions outside the work environment</td>
</tr>
<tr>
<td></td>
<td>4.1 Tips for using legal opportunities</td>
</tr>
<tr>
<td></td>
<td>4.2 Teaching the necessary skills to novice colleagues</td>
</tr>
<tr>
<td></td>
<td>4.3 Providing positive feedback</td>
</tr>
</tbody>
</table>

Participants’ oral consent to be in the study, maintaining anonymity of the participants, and the freedom to withdraw at each stage of the study without any adverse consequences were all taken into account respecting the bioethical principles of the declaration of Helsinki.

Results

Data analysis revealed 4 themes and 11 sub themes that showed nurses’ perceptions of co-workers’ support that indicates nurses had experienced support from colleagues in a variety of ways. Emotional support, effective working relationship and collaboration, suitable social relationships, guidance and teaching were four main themes extracted from data (see Table 2).

Theme 1: Emotional support

During the interviews, the nurses tried to express the main theme with different statements that colleagues tried to provide the necessary emotional support during work. This increased their energy and motivation to work.

Active listening to co-worker’s concerns

Based on nurses ’experiences, sharing work environment concerns and problems with colleagues and active listening from them led to a positive understanding of the supportive role of a colleague in the workplace. They stated that sometimes they have some concerns such as internal problems in the hospital or some family problems. These concerns are diminished whenever they share them with colleagues.

”‘Job strain is high, when you are struggling with your patients, their companions, and nursing directors, you are stressed too much, but when you feel your colleague is good with you and she can understand you and tells you from her own experiences, then you feel comfortable and relaxed’’”. (Participant 3)

”‘When you trust a colleague and talk to him, you feel comfortable and relaxed, although he can do nothing’’. (Participant 4)

Use of humor in the workplace

They also had a good sense of humor to reduce their workplace stress and fatigue. Participants remarked as follows:

”‘I have created a friendly environment, an atmosphere that makes me comfortable. I often try to be good and intimate with my colleagues. I always have fun with my friends and laugh’’. (Participant 6)

Creating a sense of acceptance

Nurses expressed that when their colleagues accept their ideas and duty, positive energy is created in the workplace and they feel happy

”‘When you hand over the shift, you first look at the names of your colleagues. When you see there are staff members who have mutual acceptance then you will be sure to make a good shift’’. (Participant 9)

Empathy and mutual understanding

The majority of nurses in this study acknowledged that peer compassion and sharing experiences of workplace stress and problems contributed to keeping them in the profession and continuing to work in the task.

”‘I do not have trouble with my colleagues. I can get along with them easily. We all consider each other’s physical and mental conditions. For example, my co-worker says I have not slept until the morning, my child had a fever. I try to help her. This kind of support has kept me in the nursing profession’’”. (Participant 10)

Theme 2: Effective working relationship and collaboration

The present theme is further explained as two more sub-themes of “’sharing knowledge for nursing care plan’” and “’participation in doing things despite work division’”.

Sharing knowledge for nursing care plan

The working relationship was another aspect of understanding support from colleague. Participants expressed that the
Nurses’ perceptions of co-worker support

support they received from their colleagues in assisting them to organize the nursing care plan and sharing knowledge, played an important role in reducing their concerns and holding morale values.

‘‘That atmosphere of cooperation is also important. Many times I ask my colleague for help in planning a good nursing process, they share their knowledge with me.’’ (Participant 8)

**Participation in doing things despite work division**

Based on nurses’ experiences, in spite of the work divided by the shift manager or the head nurse, staff helped each other whenever necessary.

‘‘The spirit of cooperation in our ward is high. True, there is a division of work, but we are helping each other. I had been ill for a while, I had a surgery, and my colleagues helped me a lot. Although there is a division of labor in our ward, I saw that my co-worker also prepared my medications. You know it is called case method, but we help each other (Participant 14).

**Theme 3: Suitable social relationships**

Establishing suitable social relationships in the workplace, maintaining respect and dignity, and even establishing and communicating with colleagues beyond the work environment, were some characteristics that the participants expressed. These interactions helped improve interpersonal relationships, reduce stress and restore mental health due to problems and stress.

**Maintaining dignity and respect**

Participants stated that when they feel respected by their colleagues in the workplace, they feel comfortable and relaxed, and that respect also affects their interactions with patients and even the provision of professional care.

‘‘I have given friendly atmosphere to my work environment. I try to treat my colleague with respect. I have created an environment that I feel comfortable with. The colleague with whom we have the same shift patterns will affect our mood’’ (Participation 6).

**Maintaining interactions outside the work environment**

The nurses stated that they sometimes formed a social network outside the workplace and supported each other when needed. They participated in NGOs, camps, or leisure activities, and this helped to maintain communication and develop friendships.

‘‘I get support from my colleagues, establish friendly relations with them, have scientific deal with them, or communicate with them beyond the working environment, but not with the authorities. We get together and make appointments with colleagues, go to the swimming class together, we also attend all happy and unhappy ceremonies, so you do not feel lonely’’ (Participant 7).

**Theme 4: Guidance and teaching**

This important theme emerged from the interviews reflects another dimension of nurses’ perceptions of peer support in the workplace that was repeatedly experienced by the participants and included ‘‘tips for using legal opportunities’, ‘teaching the necessary skills to novice colleagues’, and ‘providing positive feedback’.

Sharing the necessary knowledge and skills to assist the colleague, providing information and guidance to new staff about the rights of the nurses and how to use the law in case of work problems, and providing feedback to the colleagues were among the issues that have been repeatedly expressed.

**Tips for using legal opportunities**

Nurses with a long working experience stated that they always strive to provide guidance and facilitation for their colleagues, especially in relation to newcomers who have job or administrative problems and lack legal knowledge of how to deal with the problem.

‘‘I have MS. Disease. According to the rules, I have to take daily medical leave. Managers didn’t say that. I didn’t know that. An experienced colleague told me. I just acted after that’’ (Participant 10).

‘‘I have 18 years of work experience; I know nursing principles and laws completely. I know it inside out, I advise the staffs that if they have ever a problem, use the appropriate legal material’’ (Participant 9).

**Teaching the necessary skills to novice colleagues**

Another aspect of support received from colleague was to provide and train new staff and help them develop professionally.

‘‘For example, there is a new staff. She has just employed, we can’t blame her for being novice. She has to learn the job finally, but as long as she wants to learn, the co-worker should help her. For example, there is a child patient and a novice nurse cannot take an IV line. Although we have divided the work, I stop my own work and do her job’’ (Participant 6).

**Providing positive feedback**

Nurses reported that their energy and motivation increased when they received positive and supportive feedback from their colleagues.

‘‘In the surgical ward, the complex dressings are exces- sive. When you do your job well and your partner gives you positive feedback, it will encourage you to do it more carefully and energetically’’. (Participant 11)

**Discussion**

Results of this study showed that nurses perceived the interpersonal relationships between themselves and their co-workers as supportive and the various dimensions of this
support included emotional support, effective working relationship and collaboration, suitable social relationships, and guidance and teaching. The results of this study have differences and similarities with some of the previous studies to which some of them are addressed.

The results of this study showed that nurses made emotional support perceived by their partners as active listening to co-worker’s concerns, use of humor in the workplace, creating a sense of acceptance, and empathy and mutual understanding. Zander and Hutton (2013) carried out a qualitative content analysis on resilience and ability to cope among pediatric oncology nurses. The obtained themes included social support, team support, and organizational support. In that research, they expressed the need for social support in trusting each other. Nurses felt that their colleagues probably understood their experiences more and shared their events and concerns. The researchers concluded that in a supportive clinical team, members feel secure and express their emotions and confidence easily. Indeed, access to close and confident communication in the workplace and the ability to express personal concerns and problems to others without fear of judgment can lead to emotional protection and reduce burnout. Dehghan Nayeri, Negarandeh, Bährani, and Sadoghi (2010) studied the relationships between components of conflict control model in Iranian context and concluded that lack of appropriate and efficient communication was the main contributing factor among nurses and their managers. In fact, in health care organizations, health care providers are more vulnerable to conflicts and tensions due to the complexity of the organization and the variety of interactions, specializations, roles and nature of the hierarchy, which can lead to poor quality of care. In this condition, mutual understanding among nurses can significantly reduce the amount of tensions and improve the quality of care.

Another finding of the present study was supportive perceptions in the form of appropriate social relationships. Establishing appropriate social interactions in the workplace, mutual respect and even establishing and communicating with colleagues beyond the work environment were characteristics of good social relationships. Tsang et al. (2012) carried out a survey in a dialysis department at a medical center located in Taipei City, Taiwan. They reported that personnel with strong friendship network connections may provide appropriate psychological resources and they act as a strong support to colleagues. Indeed, the quality of human communication within an organization is one of the most important components in maintaining an individual’s attachment to the organization. In studies conducted in hospitals and clinical settings inside and outside Iran, it was concluded that the support received from colleagues was more than the support received from head nurses and supervisors. These findings can indicate a strong relationship among the personnel and the absence of nurse-head nurse and nurse-supervisors relationships which leads to the formation of an informal organization and its separation from the formal organization. While, there are positive relationships between social support from supervisor and coworker with burnout. Therefore, by creating strong support systems in and out of the work place, the work tensions can be reduced. Getting support in the form of guidance and teaching was another finding of research, which meant that nurses with higher experience or skill would support nurses who were new to work. Nurses face difficulties in providing care at the start of their careers and, in some cases, experience a reality shock. Leaving novice nurses without an appropriate source of support and lack of familiarization programs for them is one of the major problems in clinical settings. Novice nurses in clinical settings often withdraw professional standards and commit mistakes and negligence and eventually maltreatment. Therefore, support provided for novices can increase their capabilities, skills, and solve their clinical problems. Cooperation is critical to health care organizations. Good cooperation in nursing encourages evidence based practice and helps prevent medical errors. By addressing this issues, health care systems have an opportunity to greatly enhance their clinical outcomes and patient safety. In this research, nurses had positive perceptions of support from their colleagues and received training and guidance from them. This factor can have a positive psychological impact on them and increase their work engagement and enhance the quality of nursing care.

Effective work support and collaboration is another theme that was extracted from the present study. Nurses acknowledged that although the division of work was done through Case Method, they were also mutually helping each other. In another study conducted by Reaee and Ghajeh (2013), more than 80 percent of the research samples (participants) have found themselves more or less a good friend to their colleagues, and they said they help each other when needed. That is, colleagues’ friendship in the workplace is one of the most important sources of social support. Thus, employees who have a sense of support in the work environment will be more committed to the organization and will be better cope with job stresses were more likely to be engaged in their work.

In general, participants in this study had positive psychological perceptions of their colleagues. Using the results of this research, nursing managers can pay attention to the importance of communication, create a sense of support for the work place, and plan and organize work activities. Therefore, it is suggested that further research be done on the impact of peer support on job satisfaction, organizational commitment, quality of care, and psychological empowerment.

Caution in generalizability is one of the limitations of the results of all qualitative studies. The results of the present study may be applied in a setting similar to our context. Our participants were all nurses working in Khy, Iran hospitals who were highly influenced by organizational culture and structure. Thus it is suggested that similar studies be conducted in other regions with different organizational and individual characteristics.

In conclusion, based on the results of the study, nurses had a positive perception of their colleagues’ support in the workplace. The various dimensions of this support included emotional support, effective working relationship and collaboration, suitable social relationships, and guidance and teaching. Nurses believed that perceiving support from the colleague and having a sense of support promote the quality of care and increase dealing with stressful situations in nursing. Also, communication and flexibility skills should be
taught to both staff and managers in this regard. The results of this study may not be generalized to other cultural contexts and disciplines. Therefore, some further studies are suggested.

Funding

The study was funded by Khoy University of Medical Sciences, vice chancellery for research affairs.

Conflict of interest

None declared.

Acknowledgements

First, the researchers express thanks to the University of Medical Sciences, Khoy, Iran, for its funding support in carrying out this study.

Our special thanks go to the nurses who were voluntarily interviewed. Without them this study would not have been possible. Their honesty and commitment were essential in carrying out this study.

I am grateful to the nursing management and coordinators of hospitals affiliated to the Faculty of Medical Science, Khoy, Iran, for giving me the time and opportunity to arrange interview sessions.

My special thanks go to the nurses who were voluntarily interviewed. Without them this study would not have been possible. Their honesty and commitment were essential in carrying out this study.

References
