

Self-tuning for job engagement: Ugandan nurses' self-care strategies in coping with work stress

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Abstract

This qualitative study explored self-care among fifteen Ugandan nurses with reputations for thriving despite having difficult working conditions. The analysis revealed that in the face of potential threats to the nurses' job engagement they engaged in 'self-tuning', a salutogenic process involving introspection, sensibility and reflection leading to coping in one or several of these ways: sharing of experiences, trusting in God's providence, engaging in other enjoyable activities, letting go, adapting based on experiences, guarding against workplace hazards, preserving quiet time, and or clearly separating work from personal life. This study supports previous research that self-tuning is a learnable skill, critical in helping nurses cope with work-related adversity; that should be emphasised both during nursing training and on the job.

Keywords: nurses; nursing adversity; self-care; self-tuning; job engagement; salutogenesis; Uganda

Introduction

Nursing is a stressful vocation, leading to diminished well-being for some nurses, some of whom burn out, or cope by leaving the profession. In the Global South, a too common coping

strategy is to migrate to countries with better working conditions (Matsiko, 2003; Hagopian, et al, 2009), draining health resources from places where they are already too scarce.

However, there are nurses who seem to thrive despite the adversities they encounter. One explanation for this comes from research showing that nurses who practice self-care have better well-being (Vinje & Mittelmark, 2006; Ablett & Jones, 2007; Rose & Glass, 2008).

Research has shown that nurses understand the importance of their holistic self-care, both in the maintaining and promoting personal well-being and in the care for others (Glass & Rose, 2008; Chang, 2009). Emotional balance, a result of self-care, fosters nurses' ability to meet patients' needs (Sandgren, et al., 2005). While self-care commonly refers to care that patients provide to themselves, it also refers to care that health professionals provide to themselves (Denyes, et al, 2001; Riley, 2003; Ablett & Jones, 2007; Wilkinson & Whitehead, 2009).

In a recently developed theory of the later type of self-care, 'self-tuning' is postulated to be a key self-care strategy (Vinje and Mittelmark, 2006, 2007, 2008). Self-tuning is the learned ability to adjust coping responses to avoid extremes such as burn out, and to regain/retain job engagement. This study is part of a research programme that is examining the phenomenon of self-tuning in the context of nursing in sub-Saharan Africa (SSA), and in Uganda in particular (Bakibinga, et al, submitted).

Work overload, role ambiguity and troublesome interpersonal relationships are common nursing occupational stressors and causes of burnout (Clegg, 2001; McVicar, 2003, Parikh, 2004). This is also the situation for many nurses in SSA, where nurses are the backbone of the health care system, and where the health care system is dramatically under-resourced (Munjanja, et al, 2005; Hagopian, et al, 2009). However, in SSA as everywhere, there are nurses who manage to hold onto their job engagement despite the stress of work.

Schaufeli, et al (2002), define job engagement as the “positive, fulfilling, work-related state of mind that is characterised by vigor, dedication, and absorption” (p.74). In a previous report on job engagement experiences of thriving nurses in Uganda, we described processes that enable one to thrive on the job despite work-related adversity (Bakibinga, et al, 2012). We reported that nurses’ job engagement is founded in a sense of calling to the nursing profession; the match between calling and vocation fosters the meaningfulness of one’s work. Through habitual introspection, sensibility and reflection, nurses are enabled to detect threats to their job engagement and make adjustments to their situation so as to avoid extreme responses (such as burn out) and retain job engagement.

This self-tuning process is a particular form of the general process of behavioural and cognitive efforts to cope with situations that are seen as exceeding the resources of a person (Lazarus & Folkman, 1984). Other forms of coping with the stress of nursing include transferring care to caregivers and relatives, and leaning on social support (Israr, et al, 2000; Harrowing & Mill, 2010). However, some forms of coping may actually exacerbate stress. For instance, transferring responsibility of care to relatives and caregivers has been reported to result in emotional anguish in practitioners providing HIV care in Uganda (Fournier, et al, 2007; Harrowing & Mill, 2010).

The present study builds on the previous Ugandan study (Bakibinga, et al, 2012) which focused on the experience of job engagement, by presenting an analysis of the specific coping strategies nurses use as part of the self-tuning process. The framework for both Ugandan studies is the Self-Tuning Model of Self-Care, founded on empirical work in Norway, and hereafter referred to as the Model (Vinje and Mittelmark, 2006, 2007, 2008; see Figure 1).

The Model depicts three processes; a salutogenic one leading to well-being, a pathogenic one

leading to breakdown, and a mediating process stimulating coping to protect well-being and avoid breakdown. All the nurses in the Norwegian studies professed a sense of calling to the profession, and analysis reveals that the match between call and vocation fuels the salutogenic and pathogenic processes. On one hand the calling/vocation match promotes and maintains job engagement. Job engagement is experienced as the meaning in life that nursing offers, and is expressed as zest for and vitality on the job. On the other hand, the nurses' strong sense of duty and responsibility results in moral distress, overload, fatigue, and the threat of burnout. The mediating self-care process entails habitual introspection, sensibility to, and reflection about the state of the other two processes, and enables adaptive coping.

The salutogenic process in the Model is in concert with the main thrust of Antonovsky's Salutogenic Model, in which coping resources are brought to bear on stressors in a movement towards the ease end of an ease/dis-ease continuum (in the present case ease in the form of job engagement) (Antonovsky, 1979 & 1987). However, the Model does not specify either Generalized Resistance Resources (GRRs) or the Sense of Coherence (SOC). While the salutogenic model and the self-tuning model have complementary aspects, they are fundamentally different in their utility. The Salutogenic Model is offered as a general model of health, while the self-tuning model is an analytical model for the study job engagement. Yet the Self-tuning Model suggests a process – introspection and reflection -- whereby GRR's might be connected to SOC (Lutz, 2009).

This study addressed two questions: What are the coping strategies used by Ugandan nurses known to thrive on the job? Is there evidence for self-tuning in the self-care practices of Ugandan nurses?

Methods

Sample

A methodology combining phenomenology and hermeneutics examined the self-care and coping strategies of nurses known to thrive on the job. In-depth interviews were carried out to obtain data from 15 female nurses and midwives working in two districts in Uganda.

Participants were nominated by colleagues using these selection criteria: known to thrive despite working in difficult working conditions; expressing enthusiasm on the job; seen to be vigorous and highly committed to work; having worked for over three years at their present workplace. In district A, four nurses were sampled from different units of a health centre. In district B, three nurses were sampled from different units of a health centre. By snowball sampling, eight more nurses were sampled from district B. The ages of the participants ranged from 28 to 49 years, and years of working experience ranged from three to 29 years. Each participant received verbal and written information on the purpose and design of the study and signed consent forms. Ethical approval was granted by the Norwegian Social Science Data Services and the Uganda National Council for Science and Technology.

Data collection

Data were collected in nineteen in-depth, individual interviews, which were audio-recorded. The interview sessions, conducted between March and May 2010, lasted from approximately 60 to 135 minutes; an interview guide was used. The interviews took place in the interviewees' workplaces and at home, with venues chosen by the participants. In all interviews, the opening question was 'Can you please tell me your work life story?' The interviews were transcribed by the first author.

Qualitative content analysis

Data were analysed using qualitative content analysis (Graneheim & Lundman, 2004). The analytical process involved a reading and re-reading of all the transcripts to gain an overall impression of the data. Thereafter transcripts were divided into meaning units, which were later condensed and interpreted for the underlying meaning. Lastly, sub-themes and themes

were generated. This process was done for each participant and the emergent themes compared with those of the other participants.

Validity

The study's validity was enhanced by checking with participants during and after the interviews. Discussions amongst the research team, about the data and interpretation of emergent themes were undertaken. Feedback was obtained from participants, other professionals, and colleagues on emergent conclusions. By providing vivid details, we hope to enable readers to make their own judgements about the validity of the data.

Findings

The analysis identified a range of coping strategies that spanned a range from the spiritual to the practical. Virtually all the respondents credited their faith in God as a source of sustenance when faced with challenges, and several were called by God to provide care to others: *'Above all, I look at my job as a ministry. God put me here for a reason so He is the one who takes me through my daily work. I do what I can and leave everything else to Him. I try to be careful when handling patients and I pray that I never acquire infections from my job. God is still keeping me safe. He is always in charge of every situation'*. The respondents also emphasised the importance of meditation and prayer: *'I begin each day with a special prayer to God asking Him for guidance-that sees me through the day. Without that daily dose of spiritual nourishment, I would not be able to work here. These conditions can deplete your energy for work. (...) At the end of the day I thank God for seeing me through that phase.*

The respondents related how social support and involvement helped them cope, in the form of sharing experiences with workmates, friends, and family: *'...In addition, as staffs, we share stories of our annoying moments. (...)We all benefit from that support system. I utilise it routinely so that I do not go home with all my frustration. I make sure I leave it at the source'*.

The respondents related how undertaking other activities alongside nursing provided relaxation: *'With stress-everyone gets stress but how you deal with it matters. I normally set a day when I am off-duty. This I call my stress management day. I simply do what pleases me. So I engage in my hobbies-listen to music, swimming.'*

Several respondents made comments about the importance of letting go of situations that were beyond their control. *'Sometimes workmates, bosses, or clients act in ways that make me want to leave but I always rationalise-this is one person, out of maybe twenty people, so I continue with my work. There are no straight roads in life ...'* The respondents also commented about the importance of learning from past experiences: *'From my earlier experience with a patient, I learned to ignore and not respond in the same way a patients acts towards me, especially if they seem not to be happy with the system'*. In the same vein, many respondents indicated the importance of separating work issues from their personal lives as a way of dealing with work stress: *'(...) I make sure I take care of myself first then I take care of others. That is why I never deal with work related issues when I am off duty. That is the only gift I have given to myself. I spend time with my family'*

Finally, from a purely practical perspective, the nurses in the public sector reported the need to have extra supplies such as gloves when the unit's stock runs out, for example to ensure protection from infections: *'I have learned to do my best and avoid getting so emotionally involved. If something is not available, I simply ask the patients to buy. I do not want to carry extra burdens of worrying whether I picked up an infection or not'*.

Aside from the data on coping strategies, the analysis revealed evidence for the utility of the Model as a framework for understanding self-care. Consistently throughout the interviews, the

respondents' statements revealed them to be highly committed and driven individuals with enthusiasm for their work despite the adversity they have to contend with daily. This process characterised by meaning is expressed as vitality and zest for their work. *'When I experience zest for work I feel good-so alive and energetic. It is a rich feeling of being in the right place despite the stressors or other work pressures. Someone might wonder why we practice under these conditions. If you like what you do, you never have to think about it'*

The respondents also spoke spontaneously about the dark side of their work situation, relating that in addition to poor pay, other serious stressors were trying to make do without vital equipment and supplies, having too heavy workloads, struggling to deal with rude or otherwise difficult patients, coping with uncooperative workmates, and being distressed by overly demanding and unfair bosses. One nurse from a public health unit said: *'Knowing you cannot give your very best under certain circumstances has a negative effect on me. Most of the time we lack the resources we need to look after our patients and that stresses me. We are also exposed unnecessarily. In addition, having to work with colleagues who are not equally committed to work like I am, also stress me'*. A nurse from one private health unit had this to say: *'One day the matron sent over a person she wanted a doctor to see but in my professional assessment, there were patients in more need then. When I asked her to wait, she told the matron who threatened to discipline me with threats of dismissal.... I almost resigned but I could not... It is easier to survive here when you ignore certain things. Finding a job is not easy'*.

Besides evidence such as just presented for the salutogenic and pathogenic elements of self-care that the Model posits, the respondents' stories also revealed evidence for the model's mediating process. In a dynamic process centred on awareness of their internal and external

environments, they told how they reflect on their circumstances, enabling them to adopt coping strategies that enhance their job engagement when it is threatened: *'I make sure that before I am home; all work issues are 'forgotten' for the day. I pray and meditate about things that stress me daily. I avoid carrying things on to the next day because I know that affects my work. Some issues are so huge for me to handle alone so I share about them with my workmates. (...) My family is always available. My friends too are willing to help me out whenever I am in need'*. Another said: *'I have learned not to let such experiences get to me because if I let them, then it would be my family and I to suffer.(...) The only difference is that the experiences make you stronger. In a similar situation in future I imagine I will be wiser and in a better position to cope'*.

Interpretation and Discussion

The results of this study provide new evidence for Vinje & Mittelmark's (2006) proposition that self-tuning is a process that one thoughtfully manages, in order to cope with stress sufficiently to maintain job engagement. The concept of self-tuning is borrowed from system theory, wherein the self-adaptive system has the means to monitor and alter its functioning vis-à-vis its operating boundaries, such that its functioning remains within its operating boundaries. As the concept has been applied to humans, in the case of the Self-tuning Model of Self-care, self-tuning is the talent of monitoring one's actual situation compared to one's preferred situation, and engaging in behaviour to move towards, or retain one's preferred situation. Specifically, the preferred situation is to experience job engagement. The essential element of self-tuning is a steady self-awareness of threats to job engagement, which triggers coping in a way that is timely and sufficient to avoid loss of job engagement.

A key assumption of the model is that for people who feel called to their vocation, the motivation to retain job engagement is intrinsic, and that the process of self-tuning is similar in all contexts, even if the details of self-tuning differ. Even though we found that four of the nurses joined nursing for practical reasons; these nurses did not differ, in their job engagement and self-care experiences, from their colleagues who had wanted to join health care professions right from childhood. The four nurses seem to have found a balance between personal and professional values enabling the self-tuning process to proceed.

This study is the first we know of that has examined the utility of the Model outside Norway, and in a context that differs greatly from the Norwegian context. This is important because an important aspect of self-care is that it is contextual (Denyes, et al, 2001). Norway and Uganda differ in cultural, socio- economic, demographic and political aspects (UNDP, 2010), and these differences are reflected in the details of self-tuning, while the process of self-tuning is similar in both study settings.

A particularly obvious difference in the details of self-tuning has to do with the nature of stressors. Whereas the excessive demands experienced by the Ugandan respondents emanated from difficult working conditions, the Norwegian respondents placed the excessive demands on themselves, in response to feeling a sense of duty that they could not meet well enough. For the Norwegian respondents, this led to moral distress, overload, fatigue and risk of burnout (Vinje & Mittelmark, 2006). It is important to add that within the Western context, moral and ethical challenges arise partly as a result of standards of care (Sørliie, et al, 2004; Sørliie, et al, 2005). For instance, acute care nurses in Sweden have experienced ethical dilemmas when they had to discharge patients as per the demands of the system, despite being convinced that the patients needed continued care (Sørliie, et al, 2004).

Another striking difference in the details of self-tuning in the Norwegian and Ugandan studies has to do with coping resources; every single Ugandan respondent referred to God as central in their self-care processes, a finding completely absent in the data from Norway, but consistent with other findings from Uganda (Nderitu ,2010). However aside from the striking importance of God in the lives of these respondents, their accounts of other coping resources such as social support, improvising and problem solving are in concert with a number of other studies (Parikh, et al, 2004; Lambert & Lambert, 2008; Denz-Penhey & Murdoch (2008).

In our analysis of the self-care and coping strategies of the nurses, we found a connection with aspects of the Salutogenic model. At the centre of salutogenesis is the concept of the Sense of Coherence (SOC); *‘a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement’* (Antonovsky, 1979, p.19). Antonovsky further defined health on a continuum; health-ease-dis-ease, with people located somewhere between the imaginary poles of total health and ill-health (Antonovsky, 1979). From the salutogenic model, no matter where an individual is located along the continuum, the stronger their SOC, the greater their chances of either maintaining their position or improving it. Antonovsky also suggested that an individual’s ability to deal with stressors is related to previous life experiences, their capacity to deal with new demands and their participation in decision-making (Antonovsky, 1979).

The nurses in this study possessed the sense of calling and all felt prepared for the nursing profession, as such, they are able to perceive the adversities in nursing practice as comprehensible, the cognitive component of the construct. From their upbringing and the theory and practical sessions in nursing training, the nurses felt that they were adequately prepared to deal with the demands of the profession and as such regard challenges as 'ordered, consistent, structured and clear'. Upbringing and training are some of the factors that support development of the SOC throughout one's life course, as suggested by Antonovsky (1987). Furthermore, from the nurses' experiences, work challenges are regarded as meaningful since work enables them to make a difference in their lives and in the lives of others.

Antonovsky defined generalised resistance resources (GRRs) as the coping variables that facilitate the movement towards health or ill health (Antonovsky, 1987). GRRs enhance the development and maintenance of a strong SOC, in effect mitigating the harmful effects of stressful events (Antonovsky, 1987). In the self-care and coping strategies, the nurses utilise a range of physical, social, spiritual, and mental resources. By sharing with friends about experiences, spending time with significant others, keeping active and turning to God for sustenance, these nurses are able to remain holistically well. We related these resources to GRRs. Antonovsky added that GRRs are not useful if not accessible and these nurses reported that they could easily access the resources they needed thus finding challenges manageable; the third component of the SOC.

We previously reported that nursing practice supported by a positive outlook on life is vital for wellness and job engagement, especially in the midst of adversity (Bakibinga, et al, 2012). The findings in this study highlight the role of a coherent view of life in dealing with difficult

circumstances. We speculate that amidst challenging life experiences, the self-tuning process enhances sense of coherence that in turn enables thriving. Self-care in this context involves using resources at one's disposal to mitigate the effects of potential threats to one's well-being.

Since stressors are always present (Antonovsky, 1987), practitioners need to be empowered to deal with them. Jackson, et al (2007) suggested that by nurturing nurses' personal strengths through such strategies as developing emotional insight, building positive and nurturing professional relationships, and becoming more reflective, nurses can become more resilient and more likely to thrive in the face of challenging working circumstances. In this paper we suggest that self-tuning for self-care is one strategy to build nurses' resilience. To summarise, self-tuning is a process involving introspection, sensibility and reflection that enabled nurses in this study to cope with stress, and retain their work engagement. Self-tuning was observed to be a conscious, habitual practice; an on-going assessment of one's wellbeing, and how to preserve and enhance it.

Limitations

This study has several limitations. Only female nurses were recruited, and these only from urban areas. It is also important to note that some of the interviews were conducted in the Luganda language and translated into English by the first author who is fluent in both languages. Nevertheless, some degree of meaning is always lost in translation, with a resulting decrement in validity of unknown magnitude.

Conclusions

Active coping is a valuable asset especially in very demanding situations and resilient professionals are vital to the proper functioning of the health system. A healthy workforce is

critical to the functioning of the health system therefore caring for the caregivers ought to be a priority. Whereas self-tuning for self-care-a holistic mental process; as illuminated in this study is an individual strategy, individuals in similar situations can benefit from these experiences. The Self-Tuning Model of Self-Care suggests a way of building and maintaining resilience on the job. In a bid to build health professionals' strengths to cope with adversity, the self-care experiences of these nurses might be of use to other nurses in similar situations. However, future research will be valuable in exploring applicability of the model within other caring and equally demanding professions.

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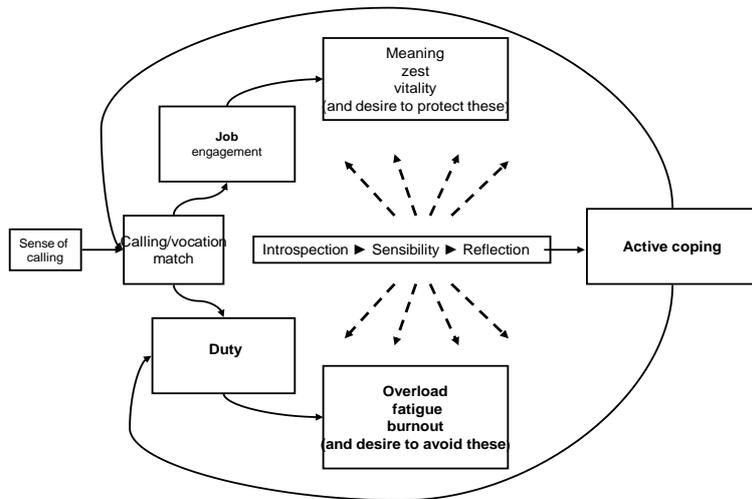
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Figure 1-The Self-Tuning Model of Self-Care



The Self-Tuning Model of Self-Care (Vinje, 2008)

Table 1- Summary of findings on Job Engagement and Self-care experiences of Ugandan Nurses

SEARCH FOR MEANING	SALUTOGENIC PROCESS	PATHOGENIC PROCESS	MEDIATING PROCESS	COPING STRATEGIES

<p>Calling- Calling/Vocation match</p> <p>1.Called to serve 2.Need to be in the right place 3.Need to make a difference</p>	<p>Job engagement- meaning, zest and vitality</p> <p>1.Being in the right place 2.Dedication 3.Energy</p>	<p>Work stress- moral distress, fatigue</p> <p>1.Interpersonal relationships 2.Systemic challenges: lack of resources, heavy workload, poor pay</p>	<p>Introspection</p> <p>Sensibility</p> <p>Reflection</p>	<p>Positive:</p> <p>1.Sharing experiences and acting professionally 2.Trusting in God’s providence 3.Engaging in other enjoyable activities 4.Letting go 5.Guarding against workplace hazards 6.Preserving quiet time 7.Adapting based on experiences 8. Clearly separating work from personal life</p> <p>Negative:</p> <p>9.Resignation</p>
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