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RESEARCH ARTICLE

ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNIT, CORRELATION OF TEAM CLIMATE WITH JOB SATISFACTION OF THE NURSES IN THE ICU

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Abstract

Background: The correlation between team climate and job satisfaction has been studied by researchers worldwide, but only a handful of them have dealt with the reality of Intensive Care Units (ICU). Team climate can contribute to nurses' job satisfaction, thus increasing their efficiency and effectiveness. Especially during a pandemic, such as Covid-19, the investigation of team climate and job satisfaction is of great importance.

Purpose: The purpose of this study was to investigate the correlation between team climate and job satisfaction of nurses in ICU and among the fear of Covid-19.

Methodology: This is a contemporary study. The sample of the study is consisted of nurses and nurses' assistants of a Greek public hospital ICU and special units. The Anderson & West Team Climate Inventory (TCI), the Paul E. Spector Job Satisfaction and the Fear of COVID-19 Scale were used for data collection. The statistical analysis of the data was done with the statistical program SPSS for Windows (version 21).

Results: Out of the 212 nurses, 170 responded to the questionnaire (response rate 80.2%). The team climate was generally described as moderate. Especially, the dimensions of communication-innovation, team goals and the way they work assessed as moderate. Job satisfaction was described as moderate. Relationships with the manager, the nature of the work and communication, characteristics of job satisfaction, were evaluated with a high score, while payment, benefits and promotion were evaluated with low score. The fear of Covid-19 scale had low score, indicating that the feeling of fear was at low levels.

Conclusions: The team climate and job satisfaction of ICUs nurses of the hospital was characterized as moderate, while the fear levels due to Covid-19 were low. Furthermore, the team climate was positively correlated with job satisfaction. In contrast, neither team climate nor job satisfaction were associated with fear of Covid-19.

Keywords: ICU, nurses, team climate, job satisfaction, Covid-19.

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INTRODUCTION

The Intensive Care Unit (ICU) is a very special and demanding unit of the hospital, both for patient and family members, as well as the nursing staff. The ICU offers continuous monitoring and holistic care for the patients, dealing with emergencies on a daily basis. The increased workload, high patient mortality, ethical dilemmas that often arise and interpersonal conflicts among healthcare professionals create a stressful work environment. Nurses have the highest rate of occupational burnout among all healthcare professionals.^{1,2}

The purpose of the ICU is the continuous monitoring of patients, including all vital functions, and the treatment for serious diseases. The care that is provided to patients must be comprehensive and holistic, in order to ensure that the quality of life of patients is high.³ A characteristic of ICU is the collaboration of many healthcare professionals, aiming for the best possible outcome of patients' health. ICU team climate has a very important role and is influenced by leadership style, organization, task definition and interpersonal relationships.⁴

The team climate is divided into two categories: organizational culture and interprofessional teamwork. Organizational culture is determined by the management of an organization and the factors that shape it are the strategy, the structure, the work plan, the leadership, team connection, the adequacy of human and material resources and the structure of the communication of the employees with the management. Organizational culture can result in better organization, improve work quality, increase efficiency, and ensure greater patient safety.^{5,6} A study found that 32% of medication errors in ICU are related to the team climate and to bad communication among nurses.⁷

A study conducted in Greece concluded that staff need respect and mutual understanding in the team, as well as effective communication, defined the roles and responsibilities of each. According to the research, in order to improve team climate and communication, nurses need continuous training.⁸

The nurses job satisfaction determines the productivity, the efficiency and the quality of provided healthcare in a hospital. Nurses are bedside of patients and plays multiple roles.⁹ According to Hayes et al.,¹⁰ the factors that affect job satisfaction is divided into three categories: intrapersonal factors, which relate to

all the characteristics of the nurse as an individual (i.e. personality), interpersonal factors, which are affected by the relationships between colleagues and the patients and the political factors related to the changes of the government in a country.

A study conducted in Finland correlated job satisfaction and community sense in the workplace. The results of the study showed that nurses, in order to feel satisfied with their work, should feel safe, have enough information about their work goals and should have effective and open communication with their colleagues and managers.¹¹ Bader et al.,¹² focused on the relationship between educational level and job satisfaction and supported that people with a higher level of education had lower levels of job satisfaction due to the higher expectations they have.

In a study by Kourakos et al.,¹³ using questionnaires on public hospital nurses, it was found that most nurses with low levels of job satisfaction could not meet the demands of their personal life, due to increased workload and exhausting working hours/shifts. The job satisfaction can be increased, by improving working conditions in combination with financial incentives.

In many studies, the team climate has been associated with nurse's job satisfaction. The encouragement of work is enhanced by the existence of cooperation and communication, thus reducing work stress and increasing job satisfaction.¹⁴ In order to improve the team climate, nurses need support from the team leader-coordinator. Also, nurses have to will to change and have to be positive for the change.¹⁵ A study to 3675 nurses in 5 hospitals concluded that teamwork can increase nurses' job satisfaction by offering safer and higher quality care to inpatients. In particular, the study concluded that confidence among colleagues, job safety, leadership, job orientation, the variety of skills as well as autonomy and job position, creates the suitable conditions for increasing job satisfaction.¹⁶ Similar results were found in a Canadian study, where the most important elements for improving team climate, thus job satisfaction, are confidence, information exchange, leadership, good case management as well as goal setting.⁶ The team climate is one of the most important factors in increasing job satisfaction. Also, the more variety the employees have in their duties, the more satisfied they felt with their job.¹⁷

The purpose of the study was to investigate the team climate and the level of job satisfaction of the ICU nurses, as well as the way they are related to each other.

METHODOLOGY

Design, sampling and data collection

This is a cross-sectional study, which was carried out using a questionnaire on nurses and nursing assistants of a public Greek hospital in the region of Attica. Totally, 170 nurses were participated in the study (response rate 80.2%).

Three questionnaires were used for data collection. The questionnaire that was used to investigate the team climate is the Team Climate Inventory (TCI) by Anderson and West that consists of 40 questions.¹⁸ The questionnaire that was used to investigate job satisfaction is the Job Satisfaction of Paul E. Spector, which was created in 1985 and consists of 36 questions.¹⁹ Finally, we used the Fear of COVID-19 Scale which consist of 7 questions, in order to correlate the team climate and job satisfaction with the level of nurse's fear to COVID-19.²⁰ Also, the questionnaire included questions about the demographic characteristics of the respondents (i.e. gender, age, job, level of education, and working years).

Ethics

The questionnaires were distributed anonymously. The answers were used exclusively for research purposes and specifically for quantitative processing. Prior to the distribution of the questionnaires, permission was requested from the Scientific and Administrative Board of the Hospital. Complete anonymity was maintained and for this reason participants would not have to write their name or any other information anywhere, i.e. registration number, which could be used to identify them.

Statistical analysis

For the statistical analysis of the data the statistical program SPSS for Windows (version 21) statistical software (SPSS Inc., Chicago, IL) was used. Descriptive statistics were initially developed. In the qualitative variables the frequencies and percentages were calculated, while in the quantitative ones the means and the standard deviations (mean \pm standard deviation) were calculated. T-test was performed between the two sexes be-

cause the specific variable followed a normal distribution. Because the other variables followed a normal distribution and consist of three and four sub-variables (more than two), the comparison between them was done with one way ANOVA analysis. The significance level (P) was set at 0.05. Thus, all values less than or equal to 0.05 ($P < 0.05$) were considered statistically significant. The Kolmogorov-Smirnov statistical test was performed to check for normality of the data.

RESULTS

The sample of the study consisted of 170 nurses aged 32.6 ± 6.5 years, of which 39 (22.9%) were men aged 32.4 ± 6.3 years and 131 (77.1%) women aged $32, 7 \pm 6.5$ years. Regarding the level of education, 86 (50.6%) nurses were graduates of higher education, 59 (34.7%) had postgraduate degree and 25 (14.7%) were nursing assistants. The work experience of the nurses was 5.9 ± 5.7 years with a minimum of 1 year and a maximum of 26 years. The work experience of the nurses in ICU/ACC (advanced critical care) was 3.6 ± 4.6 years with a minimum of 1 year and a maximum of 23 years of service. Out of the total number of participants, 72 (42.4%) nurses worked in COVID ICU, 48 (28.2%) nurses worked in ICU, 25 (14.7%) nurses worked in ACC and 25 (14.7%) nurses were working in coronary care unit. Also, 48 (28.8%) participants were permanent staff and 19 (11.2%) participants were trainees (Table 1).

Regarding the factors that influence the team climate, the communication – innovation of the participants was found to be at a moderate level (3.1 ± 0.6), the team goals at a moderate level (3.3 ± 0.6), the way nurses work at a moderate level (3.2 ± 0.7) and the overall team climate was found to be moderate (3.1 ± 0.6) (Table 2). Concerning the factors that affect job satisfaction, the relationships with the supervisor/manager (17.7 ± 3.4), the nature of work (15.6 ± 3.6) and communication (14.01 ± 3.01) had the highest score, while the payment (10.4 ± 4.1), benefits (10.4 ± 3.4) and promotion (10.6 ± 3.7) had the lower score (Table 3). The Covid-19 fear scale had low score (15.2 ± 5.4) with a minimum of 7 and a maximum of 35.

Regarding the correlations according to the different characteristics of the sample, no statistically significant differences were found between the two sexes in terms of the dimensions of the

team climate, job satisfaction and the feeling of fear due to COVID-19. In relation to the level of education, the nurses with higher education had a significantly higher score than the others in the subscales of communication-innovation ($p < 0.05$), way of working ($p < 0.05$), team climate ($p < 0.05$), achievement-recognition ($p < 0.05$) and overall satisfaction ($p < 0.05$) (Table 4).

Participants who worked in ICU compared to the others had significantly higher scores in the sub-scale of group goals ($p < 0.05$), team climate ($p < 0.05$) and relationships with the supervisor ($p < 0.05$). Participants who worked in COVID ICUs compared to the others had a significantly lower score in the benefits sub-scale ($p < 0.05$). Participants who worked in CCU had a significantly higher score in the sub-scale of relationships with the supervisor ($p < 0.05$), benefits ($p < 0.05$) and the nature of the job ($p < 0.05$) compared to the others. Participants who worked in cardiac care unit compared to the others had a significantly lower score in the sub-scale of team goals ($p < 0.05$), team climate ($p < 0.05$), relationships with the supervisor ($p < 0.05$) and the nature of the work ($p < 0.05$) (Table 5).

In relation to service status, participants who were permanent staff compared to the others had significantly lower scores in the communication-innovation sub-scale ($p < 0.05$), team goal ($p < 0.05$), and way of working ($p < 0.05$), team climate ($p < 0.05$), payment ($p < 0.05$), promotion ($p < 0.05$), benefits ($p < 0.05$), achievement; recognition ($p < 0.05$), the organization's operating procedures ($p < 0.05$), relationships with colleagues ($p < 0.05$) and overall satisfaction ($p < 0.05$) (Table 6).

Team climate was found to have a strong positive correlation with overall job satisfaction ($r = 0.497$, $p = 0.001$), while fear due to Covid-19 does not seem to be associated with either team climate or job satisfaction (Table 7).

DISCUSSION

The present study was conducted in order to investigate the relationship between the team climate and job satisfaction in ICU nurses and special units, during the Covid-19 pandemic in a large hospital in South Attica. The team climate was generally characterized as moderate regarding communication-innovation, team goals and the way of working. Job satisfaction was

described as moderate, with its characteristics such as relationships with the supervisor, the nature of work and communication being evaluated with a high score, while payment, benefits and promotion with a low score. On the scale of fear due to Covid-19, a low score was observed, indicating that the feeling of fear is at low levels.

It was not found correlation between team climate, job satisfaction, and Covid-19 fear and gender in nurses. Similar results were presented in the study of Myhren et al.,²¹ which conducted in Oslo, Norway, with the participation of 196 nurses, of which 84% were women and no differences were observed in relation to job satisfaction in the ICU. In a similar study in Australia by Harris et al.,¹⁷ individual characteristics, such as gender, were not correlated with job satisfaction and work environment.

The level of education differed significantly, with higher education nurses scoring higher in terms of communication-innovation, work style, team climate, achievement-recognition and overall satisfaction. As shown in the research of Kalisch et al.,¹⁶ the level of education affects both the team climate and the job satisfaction. Similarly, we found that nurses with advanced level of education had higher levels of job satisfaction and better team and collaborative climate.

The work department seems to influence the team climate and job satisfaction, as the results of our study showed that nurses who work in general ICU have higher scores in relation to group goals, the team climate and the relations with the supervisor. Similarly, nurses working in COVID ICUs had low rates of benefits. Nurses working in High Dependency Units showed high percentages in benefits, in relationships with the supervisor and in the nature of the work. In the Cardiac Care Unit there was a fairly low score on the team's goals, the team climate, the relationship with the supervisor and the nature of the job. Different departments have different requirements, different responsibilities, and often different working status. Nurses in ICUs compared to other departments, according to Kalisch et al.,¹⁶ show high rates of satisfaction due to the autonomy offered to them, the variety of skills they develop, the importance of their work, since nurses' interventions can be critical to the patient's life, as well as the supportive environment between the colleagues that develops. According to the research of Mousazadeh et al.,⁹ there may be

significant differences between ICUs in terms of team climate and job satisfaction, as the number of beds, the adequacy of staff and the organizational and administrative characteristics of each department plays a decisive role.

Status has been found to affect staff in relation to their image of team climate and job satisfaction. Permanent nurses showed quite low percentages in the areas of communication-innovation, team goals, work style, team spirit, promotion, benefits, achievement-recognition, organizational processes, relationships with colleagues and overall satisfaction. On the contrary, no permanent nurses showed a lower score in the relations with the supervisor, in the nature of the work and in the communication. In a relevant study by Mäkinen et al.,²² there were found differences between the permanent and no permanent staff, with the permanent nurses having lower levels of job satisfaction, influencing the team climate. Usually, no permanent nurses have less experience and no family commitments; they try to create a pleasant and positive team climate with very good collaboration. These are the reasons that no permanent nurses have high levels of job satisfaction. No permanent nurses lack in communication due to the short period they work, and have increased work stress either because of the new working environment or due to the insecurity they feel about the future.²³

We also found positive correlation between team climate and job satisfaction, as has been found in other studies.^{9,16,17} In contrast, no correlation was observed between the Covid-19 fear scale and the team climate and job satisfaction. It seems, therefore, that the changes due to the pandemic in the healthcare system and in the lifestyle in general, have not yet managed to affect the team climate and the job satisfaction of the nurses in the ICU.

Limitations

The sample of the present study consist of ICU nurses of a public Greek hospital in Attica and while the response rate was satisfactory (80.2%), the results of the research cannot be generalized for all ICU nurses in Athens or Greece. Another limitation is the insecurity and doubts of many participants about the anonymity of the questionnaire, which, although strictly adhered to, may have prevent some participants from responding freely. Finally,

due to the pandemic COVID-19, with increased workload, exhaustion and tensions, in some cases the hasty and careless completion of the questionnaires was observed.

CONCLUSIONS

In conclusion, nurses working in the ICU do a very important and difficult task, and the impact of their actions is inevitably linked to the lives of patients. Conducting additional research in this area is considered necessary, with larger sample of participants. As shown in the present study, the team climate is correlated to nurses' job satisfaction. In the hospital where the research took place, the team climate and job satisfaction levels of nurses need improvement. Firstly, the factors that cause dissatisfaction in the nursing staff have to modify and then improve the other factors. The results will strengthen the psychology of nurses, improve their way of working, as well as their efficiency and effectiveness, increasing the quality of health care and reducing the cost of hospitalization of patients in ICUs.

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ANNEX

Table 1. Demographic characteristics of the sample.

<i>Demographic characteristics</i>	<i>Variable</i>	<i>Percent %</i>
Gender	Male	22,9%
	Female	77,1%
Average age	Male	32,4±6,3 years
	Female	32,7±6,5 years
Education level	Higher Education	50,6%
	Postgraduate education	34,7%
	Secondary education	14,7%
Average work experience	Maximum: 26 YEARS	5,9±5,7 years
	Minimum:1 YEAR	
Work department	ICU	28,2%
	ICU COVID	42,4%
	High Dependency Unitl	14,7%
	Cardiac Intensive Care Unit	14,7%
Status	Pernament Staff	28,8%
	Temporary Staff	60%
	Interns	11,2%

Table 2. Dimensions of the team climate questionnaire.

Variable	Mean±SD	Minimum	Maximum
Communication-Innovation	3,1±0,6	1,42	4,81
Work objectives	3,3±0,6	1,43	4,86
Work style	3,2±0,7	1,14	5,00
Team climate	3,1±0,6	1,48	4,85

Table 3. Dimensions of the job satisfaction questionnaire.

Variable	Mean±SD	Minimum	Maximum
Payment	10,4±4,1	4	22
Promotion	10,6±3,7	4	22
Relationship with supervisor	17,7±3,4	5	24
Benefits	10,4±3,4	4	20
Accomplishment - Accrediation	12,4±3,8	4	22
Operating procedures of the organization	12,9±2,7	7	20
Relationship with colleagues	14,9±3,2	4	24
Nature of work	15,6±3,6	5	24
Communication	14,01±3,01	4	23
Total job satisfaction	119,1±19,9	68	181

Table 4. Results of correlations between the different categories of education.

<i>Variable</i>	<i>Postgraduate education</i>	<i>Higher education</i>	<i>Secondary education</i>	<i>p-value</i>
Communication-Innovation	2,9±0,5	3,1±0,6	2,8±0,4	0,037
Work style	3,2±0,7	3,3±0,8	2,8±0,5	0,007
Team climate	3,1±0,5	3,2±0,6	2,9±0,4	0,031
Accomplishment - Accreditation	11,7±3,4	13,2±4,1	11,3±3,6	0,022
Total job satisfaction	115±17,5	123,6±21,9	113,4±14,6	0,011

Table 5. Results of correlations between the different sections of work.

<i>Variable</i>	<i>ICU</i>	<i>ICU COVID</i>	<i>High-dependency unit</i>	<i>Cardiac care unit</i>	<i>p-value</i>
Job goals	3,5±0,4	3,2±0,6	3,3±0,7	2,9±0,8	0,001
Team climate	3,3±0,5	3±0,5	3,2±0,7	2,9±0,6	0,019
Relationship with supervisor	19±2,9	17,5±3,9	17,6±2,6	16,1±2,5	0,004
Benefits	8,9±3,4	10,4±3,2	13±3,2	10,9±2,2	0,001
Nature of work	16,5±3,5	15±3,2	16,7±4,7	14,2±2,5	0,009

Table 6. Results of correlations between the different categories of service status.

Variable	Permanent staff	Temporary staff	Interns	p-value
Communication-Innovation	2,8±0,6	3±0,5	3,6±0,8	0,001
Job goals	3,1±0,7	3,3±0,5	3,7±0,8	0,002
Work style	2,9±0,7	3,1±0,6	3,8±0,9	0,001
Team climate	2,9±0,6	3,1±0,5	3,7±0,8	0,001
Payment	9,1±4,1	10,5±3,9	13,5±4,1	0,001
Promotion	10±3,4	10,4±3,6	13,1±3,7	0,006
Relationship with supervisor	17,8±3,5	17,3±3,1	19,9±3,6	0,008
Benefits	9,7±3,6	10,5±3,2	12,1±2,9	0,025
Accomplishment - Accreditation	11,4±3,9	12,3±3,4	15,6±4,3	0,001
Operating procedures of the organization	12,4±2,7	12,9±2,6	14,6±2,9	0,011
Relationship with colleagues	14,5±3,1	14,6±2,8	18,2±4,2	0,001
Nature of work	15,3±3,1	15,1±3,5	19±3,8	0,001
Communication	13,8±3,1	13,7±2,6	16,1±3,9	0,005
Total job satisfaction	114,1±18,2	117,3±16,8	142,1±25,1	0,001

Table 7. Questionnaires correlations by Pearson.

		Team climate	Total job satisfaction	Total fear of COVID-19
Team climate	Pearson	1	0,497	-0,003
	P-value		0,001	0,972
	N	170	170	170
Total job satisfaction	Pearson	0,497	1	-0,020
	P-value	0,001		0,799
	N	170	170	170
Total fear of COVID-19	Pearson	-0,003	-0,020	1
	P-value	0,972	0,799	
	N	170	170	170