Professional Flourishing: The Job Demands–Resources Model and Emergency Nursing

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Can we craft the perfect job for the next generation of emergency nurses? Ideally, emergency nursing work is engaging, motivating, and meaningful while leading to the nurse's personal flourishing, well-being, optimal health, and performance excellence. Attaining this occupational ideal requires overcoming many contemporary challenges and barriers that emergency nurses face every day. The Job Demands–Resources, or JD–R, model[1] (Figure) is an interdisciplinary theory developed to predict organizational outcomes such as employee well-being, burnout, and work performance. The theory has been tested around the globe for a variety of occupations. In this model, 2 processes occur concurrently, creating a tug-of-war between positive and negative organizational outcomes. On the one hand, job demands, which lead to strain, are the mental and physical requirements that drain employees, increase the risk of health problems, and contribute to worsened work outcomes. On the other hand, job resources are the factors that nurture motivation, leading to improved health and engagement and better work activity. The theory assumes that every occupation or specialty has unique job demands and requires unique resources, which means that the factors leading to an ideal emergency nursing job are distinct and apply only to the specialty.

Commonly measured job demands and resources include job autonomy and control, social support from co-workers and supervisors, interpersonal injustice, job insecurity, interruption and time pressure, physical demands, meaning, psychological demands, ability to express creativity and innovation in work, and skill-task fit.[1-3] Common interdisciplinary questionnaires used to measure concepts of the JD–R model include the World Health Organization's Health and Work Performance Questionnaire,[4] the Centers for Disease Control and Prevention's National Healthy Worksite Program Health INPUTS Survey,[5] the Job Content Questionnaire,[2] and the Quality of Working Life module from the General Social Surveys.[6,7] The concepts can also be mapped through nursing informatics systems.[8] Briefly, recent evidence on general nursing work illustrates the unique strains and motivators of the occupation. Lui et al[9] conducted a systematic review of functioning poorly while at work (labeled as presenteeism) among hospital physicians and nurses. The authors collate numerous hospital-specific, personal, and organizational job demand and resource factors. These factors, predicting hospital-specific outcomes of patient falls, medication errors, and overall quality of care, range from work–life conflict to time pressure and organizational care. As expected, emotional demands increase strain and fatigue among nursing students as they learn the emotional labor inherent to the work involved in the nursing discipline.[10] For those later in their nursing careers, cumulative psychological job demands are also linked to chronic fatigue.[11] Unsurprisingly, patient verbal aggression increases burnout in nurses.[12] Although supervisor support and fairness can buffer the negative impact of patient verbal aggression, other social support and organizational resources may have little impact.[12] Furthermore, there are limited and inconclusive results on the impact of harassment and workplace social support on occupational health outcomes among nurses, such as long-term leave for mental health reasons.[13] At an individual level, self-efficacy, hope, resilience, and optimism are associated with increased engagement.[14] At an organizational level, nurses in organizational cultures that are either family-like or goal-focused, compared with entrepreneurial
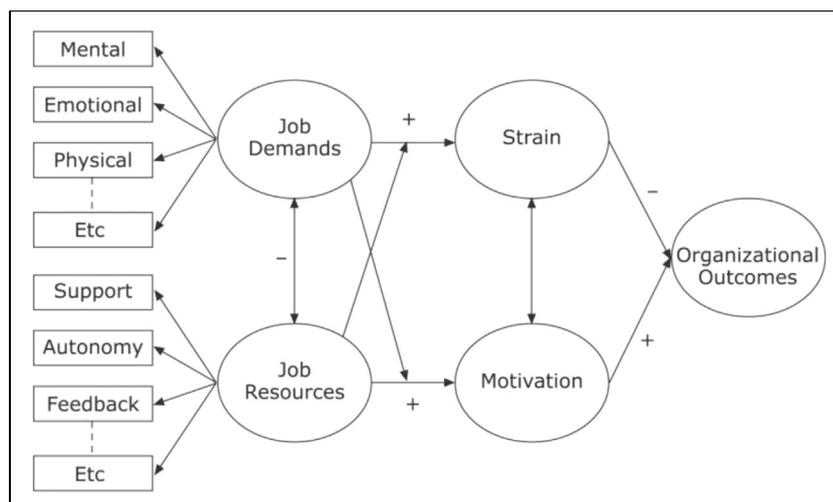
FIGURE

The Job Demands-Resources model. Reprinted with permission from "The Job Demands-Resource model: State of the art" by Arnold B. Bakker and Evangelia Demerouti, *Journal of Managerial Psychology*, Vol. 22 No. 3, 2007, pp. 309-328, Emerald Group Publishing Limited 0268-3946. https://doi.org/10.1108/02683940710733115.

or hierarchical, have demonstrated improved work engagement and less burnout.[15] Effective teamwork can enhance engagement, but it may not affect burnout.[16] Continuous improvement programs have a small impact on decreasing job demands and burnout, with little impact on engagement or job resources.[17] Overall, there continues to be a need to increase the quality and rigor of nursing workforce studies.[18] Furthermore, although these research results apply to the nursing profession in general, as well as to other specialties, there is little evidence on how aspects of JD–R model (Figure) concepts and relationships are unique and different in the emergency nursing specialty.

Unpredictable workloads and patient crowding, diagnostic uncertainty, tremendous variety in work tasks and problems, emergency holds for psychiatric patients awaiting access to appropriate care, workplace violence, autonomy in nurse-initiated protocols and triage, specialty-specific physical strains (eg, transferring an unconscious patient from a vehicle to a gurney) all uniquely characterize the work involved in emergency nursing. Shared governance,[19] teamwork training,[20] adjusted staffing levels,[21] and tailored psychosocial support[22] are all promising interventions in need of additional study. The JD–R model (Figure) can provide an overarching umbrella to contextualize several of the new research reports published in this issue of the *Journal of Emergency Nursing* (*JEN*). Frankenberger et al[23] studied the priorities of Pediatric Emergency Care Applied Research Network nurses. Directly related to the JD–R model, the top workforce research priority was the nurse-to-patient ratio, a key component of workload and job demands.

Each of the workforce and clinical priority results of this study could be considered an organizational outcome in the JD–R model. JD–R model planning could guide future studies on how unique job resources and demands for emergency nurses affect patient outcomes, such as sepsis or asthma, as a result of ED care. Wilson et al[24] quantifies how daily job strains, measured as emotional stress reactions, were increased for emergency nurses who experience more traumatizing events during their work shifts. The study by Saban et al[25] focused on personal and collective mindfulness, which could be characterized as a personal and job resource in the JD–R model. As expected, the authors found that mindfulness is positively associated with patient satisfaction and triage accuracy in the busy ED work environment. The authors also found that mindfulness has limited or no impact when the workload in the emergency department becomes extreme. Although recommendations by Saban, Dagan, and Drach-Zahavy[25] focused on the job resource of mindfulness interventions, when contextualized in the JD–R model, it is clear that appropriate workload and other strenuous job demands must also be adequately balanced to achieve triage accuracy and patient satisfaction measures. Focusing solely on individual characteristics or coping skills can have dire negative consequences if system problems, such as unrealistic workload, are allowed to perpetuate unaddressed.

Three studies in this issue of *JEN* focus on a patient population that is commonly seen in the emergency department and may not seek care at other hospital settings. These special population studies shed additional light on the

unique job demands of emergency nurses. The study by Cullen et al[26] focused on leadership perceptions of patients presenting to the emergency department with suicidal behavior, where these patients are often held and monitored for several days while awaiting an appropriate level of psychiatric care. According to the JD–R model, patients with suicidal behavior and a lack of access to appropriate and timely hospital and community psychiatric care present an important and unique job demand and strain for emergency nurses. This job strain is a particularly important illustration of the extra role performance, ambiguity, and lack of role clarity[27] placed on emergency nurses, who must fill the gaps and make up for flaws in access to care for the entire health care system, far beyond what the emergency department and specialty was best designed to focus on and address. Dols et al[28] direct readers' attention to another important and emerging job demand for emergency nursing, namely, the need to assess, identify and intervene for victims of human trafficking. The authors' descriptive study relays how infrequently ED leaders report that their settings have been successfully identifying human trafficking victims. The authors also provided an extensive list of human trafficking screening tools as a job resource to consider implementing in other ED settings. A qualitative study by Larivière-Bastien, deMontigny, and Verdon[29] reveals the need for refined nursing interventions and resources to provide emotional support and education to women who are having, or about to have, a miscarriage in the ED setting. Further studies to better understand the needs and experiences of special and vulnerable populations to continue to identify, refine, and improve job resources for emergency nurses are an important part of the knowledge *JEN* disseminates.

In a performance improvement project, Heslin et al[30] tested the intervention to add a licensed practical nurse to a team triage model. This added personnel is a job resource, aimed at increasing the rates of human immunodeficiency virus (a job demand). Because human immunodeficiency virus screening is not immediately relevant to the purpose of triage or emergency clinical priorities, this study reveals an important and potentially fruitful avenue of scholarly dialogue to craft the ideal emergency nursing job of the future. Because of the dire problems associated with access to care in other areas of our health care system, the emergency department has pragmatically served as the public health safety net for decades. The emergency department serves as an attractive access point in the health care system, where much of the general population can be reached, often tempting public health officials to encourage or mandate nonemergency screening and activities associated with population health. These population health–related tasks risk further diluting

the focus, emergency specialty skills, and ability to rapidly respond to life and limb–threatening presentations. As leaders in emergency care structure the evidence foundation for the ideal job of the future, the importance of becoming armed with findings such as those from Heslin et al[30] and communicating in a shared mental model such as the JD–R model is evident. Research and a shared mental model enable the specialty to proactively address if, how, and when preventative and population health–related initiatives belong in the overall balance of the ED workflow.

Overall, the studies mentioned above in this editorial provide important corroborating evidence on the unique job demands, resources, and outcomes relevant to the emergency nursing specialty. Job crafting is the proactive design of work to optimize the person–job fit through important activities, such as increasing relevant job resources.[31] The JD–R model allows us to pull together the body of work that can affect organizational outcomes and the nursing workforce to craft the ideal emergency nursing job of the future. We at *JEN* look forward to continuing to publish research on factors that affect the emergency nursing workforce and resulting work performance and their impact on patient outcomes. To that end, we encourage the use of an overarching framework, such as the JD–R model, to gain knowledge and focus the knowledge gained into meaningful, collective directions and actions that improve the emergency nursing profession.

The editorial team at *JEN* is honored and privileged by the tremendous responsibility of being a key job resource for you by disseminating new knowledge, innovations, and best-evidence practices for the emergency nursing specialty. How will you use this information? What will you do next from your position of influence to innovate job resources, cultivate job motivation, protect realistic job demands, and reduce job strain for optimal emergency nursing work performance? How will we collectively continue to research, educate, practice, advocate, and lead in order to craft a specialty where future emergency nurses can flourish?

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