Research progress on influencing factors of clinical nurses' sense of job security

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Abstract: Understand the content of job security in different theories, and sort out the related researches on the influencing factors of nurses' job security at home and abroad. Combining with the reality of our country, put forward suggestions on applicable intervention measures, and provide help to improve nurses' sense of job security, so as to reduce nurses' pressure, improve nurses' job happiness and reduce nurses' turnover rate.

Keywords: clinical nurses; job security; influence factors

Nurses are one of the keys to providing medical services directly. They are also the largest labor force in the health service sector and an indispensable role in the health field[1,2]. In recent years, surveys have shown that the number of nurses is expanding year by year, but there is still a gap of 5.9 million nurses worldwide. Under this gap, existing nurses need to bear more pressure from all parties, and a higher workload may occur in the work. At work, they may also be affected by adverse factors such as patients' bad emotions, toxic and harmful occupational environment, and insufficient career development, resulting in clinical nurses showing low work efficiency, negative emotions, the lack of professional identity and the lack of professional security will eventually have a negative impact on the quality of medical care in hospitals[3,4].Therefore, it is necessary to attach great importance to the status quo of nurses' job security. The influencing factors of nurses' job security are analyzed and sorted out in order to provide more interventions for hospital administrators to improve the status quo of nurses 'job security.

1. Concept of job security

The literal m eaning of security is safety and no worries. It also expresses a psychological need for peace, stability and security, which belongs to the inner spiritual needs of the individual[5]. Different genres have different opinions on security. The widely used and highly recognized is the hierarchy of needs mentioned by the humanistic psychologist Maslow, who believes that security needs are one that needs to be met after basic physiology demand. Maslow defines it as a feeling of confidence, security and freedom that is separated from panic and anxiety, can satisfy a person's current and future needs[6]. The sense of job security refers to the confidence, security and freedom gained from the occupation to meet the needs of the present and future[7]. The research on job security appeared early, but the first definition was given by Greenhalgh and Rosenblat on the basis of Caplan's research. They believed that job insecurity is the possibility of being in a threatened environment during work and In the situation, there is a feeling of powerlessness for job stability and continued work[8,9]. According to the past research, Chinese scholars put forward the definition of job security in line with China's national conditions[10]. The theory of job security is that when individuals are affected in the continuation of their careers, individuals can not worry too much in this situation, and not retreating is a manifestation of job security, Cai Wenjun[11]believes that the sense of job security is mainly based on long-term development and personal gain and loss, but also includes the sense of security, happiness and burnout that nurses obtain in their work.

With the overall development of the nursing discipline, nurses have received a lot of attention, and the survey related to job safety has been increasing in recent years. Job security includes job loss

insecurity, job execution insecurity, salary promotion insecurity, well-being and burnout, as well as specific doctor-patient relationships and exposure to special medical environments and clinical work.[10,12].

2. Measurement of job security

The measurement of job security, like its definition, has not yet reached an agreement, so there is no uniform requirement for what kind of method should be taken when doing related research. Most of the relevant research in China is based on the job insecurity scale compiled by Hellgren et al. in 1999 and the sense of security scale compiled by Cong Zhong and An Lijuan[13,14]. Many domestic scholars have developed more detailed scales that are in line with China's actual situation under the pre-study of foreign security and job security, such as Hu Sanzhen[10]and other scholars, including job loss insecurity, job execution insecurity and salary promotion insecurity of the five dimensions of the scale, because of the overall complexity of the scale so generally choose a small number of dimensions for investigation.

In the specific implementation process, the survey of special groups will not be targeted due to the limitations of measurement tools. On this basis, scholar Bao Hailan compiled an applicable questionnaire with good reliability and validity for medical staff. This questionnaire includes nine dimensions, including the specific doctor-patient relationship and exposure to a special occupational environment and occupational specificity may cause physical health risks[12].

3. The influencing factors of job security of clinical nurses

In the process of literature review, we can see that many scholars pay attention to its influencing factors when defining job security. The existing research shows that the main influencing factors of job security are individual, organization and society, including age, gender, marital status, organizational change and social culture; The research of job security in China focuses on nurses, teachers and employees, and the results also include individual, organizational and social aspects.

3.1 Physical health risk

3.1.1 occupational exposure

Occupational exposure refers to the potential risk of infection or disease caused by occupational exposure to certain risk factors. Because of the special environment of professional nurses, the occupational exposure encountered by clinical nurses has a large degree of damage to the body. Domestic and foreign surveys have shown that nurses are high risk of occupational exposure[15,16]. This is one of the factors that reduce the sense of job security caused by the special occupational environment in the nurse group, so we need to pay attention to the specific phenomenon and the current situation.

Occupational exposure includes many types of sharp injuries, skin mucosal exposure and radiation. The most common type of nurse in the work is the needle injury in sharp injuries, which is caused by sharp instruments such as needles, puncture needles and suture needles. An accidental injury to the skin that causes damage and bleeding. Some surveys have pointed out that more than 90% of in-service nurses have experienced needle stab injuries, and even the incidence of needle stab injuries in hospital blood collection room nurses is 100%[17]. The number of nurses with needle-stick injury in clinical work investigated by Yang Congyan et al. was 1364, accounting for 88.74%[18]. In addition, nurses inevitably had to carry out a large number of injections, infusion and other frequent contact with the needle treatment work, the incidence of needle stick injury was higher than other medical staff[19]. At the same time, a number of studies have shown that the occurrence of needle stick injuries can also cause blood-borne infections,Leading to the spread and spread of a variety of infectious diseases, the most common of which are AIDS, hepatitis C and hepatitis B infection[20,21].

According to the requirements of diagnosis, treatment, and hospital infection management, clinical nurses need to frequently complete diagnostic and therapeutic disinfection, instrument disinfection, ward environment disinfection, and other tasks, and inevitably come into contact with a large number of disinfection chemicals in their work.Among them, hydrogen peroxide, ethylene oxide and chlorine-containing disinfectants are more exposed. These disinfectants are irritating and corrosive, which will cause great harm to respiratory tract. After skin contact, they will also cause burning, blisters, dermatitis and other symptoms[22,23].

Radiation is also one of the common types of occupational exposure. Nurses are inevitably exposed to radiation when participating in the diagnosis and treatment of cancer patients. Regardless of the dose, it may cause damage to the nurse's body. For example, when the nurse came into contact with the patient examined by ECT, the physical examination found different degrees of leukopenia, irregular ecchymosis in the limbs, bleeding gums, and weakness of both lower limbs[24]; contact patients after ^{121}I seed implantation will have neurasthenia, blood cell reduction, germ cell apoptosis, and fetal development[25]. In addition to radiation, nurses are also exposed to a large number of anti-tumor drugs, which are clinically used for carcinogenicity, genotoxicity, teratogenicity, reproductive toxicity and organ toxicity[26,27],Xiao Hong[28]and Lawson[29] are looked at the same problem and did research and found the exposure of chemotherapy drugs can cause lymphocyte chromosome changes, DNA breakage, increase the risk of cancer in the contact, and may cause primary ovarian dysfunction or failure and amenorrhea. The possibility of abortion after exposure to antineoplastic drugs is twice as high as before. In the process of preparation, administration and treatment of medical waste,Nurses are exposed to potential risks, and it has been reported that cytotoxic drugs exposed to clinical nurses increase the incidence of leukemia by 10 times and the incidence of cancer by 3.27 times[30]. According to the related studies of Hao Menglin[31] and Huang Yunyan[32], the oncology department and the hematology department are the departments with the most concentrated anti-tumor drugs and the most frequent contact with nursing staff. These departments with more frequent exposure to chemotherapy drugs are due to Drug-induced physical harm is also more likely to occur than other departments, so we need to pay more attention to it and find effective measures to intervene.

During the COVID-19 pandemic, nurses as first-line anti-epidemic personnel, need to carry out nursing and nucleic acid testing for the confirmed personnel and the public. The COVID-19 pandemic is highly contagious, and nurses are inevitably in a dangerous occupational environment. At the beginning of the epidemic, more than 2000 medical staff had confirmed theCOVID-19 pandemic as of February 20,2020[33]In addition, protective equipment with poor breathability can cause skin damage such as skin allergies and fungal infections after being worn for a long time[34]After the epidemic gradually normalized nurses will continue to be in such a professional environment, while reducing the COVID-19 pandemic infection, but also to find a more effective and less harmful way for protection.

3.1.2 high workload and physical labor

The work-related musculoskeletal disorders (OMSI) among nurses was found to be as high as 92.05% after a survey by Bao Jingwen et al[35]. The main manifestations are lumbar muscle injury, lumbar disc herniation caused by low back pain. Nurses are at high risk of low back pain, according to a study by academics, which found that they are four times more likely to suffer from low back pain than other professions such as sales and factory workers[36]. Frequent working hours of more than 8 hours, long standing and walking time, and the height of the treatment room workbench and the height of the bed may be the cause of OMSI. When encountering patients who cannot take care of themselves, they need to carry and move the patient and turn over the bed. Heavy physical operation, studies have confirmed that the reason for the high incidence of OMSI is closely related to this series of long-term heavy physical labor, These phenomena will cause permanent damage to nurses, so it is necessary to reduce such physical injuries to nurses.

3.2 Mental health risk

3.2.1 The influence of patients 'negative emotion in work

The disease can cause the patient's physical and psychological changes at the same time. The economic problems caused by illness are common practical problems. Patients will have some psychological problems due to serious changes in the condition and real problems, so that they will have a negative attitude when they contact the nurse during hospitalization.

Therefore, patients will have some psychological problems due to serious and changeable conditions and practical problems, so that they will be negative when they contact nurses during hospitalization. The attitude does not even cooperate with the treatment, and frequent occurrences will affect the mood of the nurses, leading to negative mental states such as lack of patience, irritability, and irritability in the nurses[37]. Each person has different degrees of acceptance, so some patients are still in a negative state after psychological care. Nurses need to worry about whether patients will always pay attention to patients due to irrational behaviors such as suicide after despair, and maintain this height for a long time. The state of vigilance, for the nurse to increase the workload while also increasing their psychological burden[38]. The occurrence of this series of mental health impact on

nurses at the same time will make nurses have a sense of powerlessness, and because of the work of powerlessness is a very clear lack of job security phenomenon, is a phenomenon we need to pay close attention to.

The study of Hooper C[39] shows that nurses are at high risk of sympathy fatigue, because at the professional level, nurses are more aware of the severity of the patient's condition than patients, and they can also have a deeper understanding of the patient's inner vulnerability and fear of the disease in the process of psychological counseling. Nurses in the ward can not only see the patient's painful appearance of the disease, but also see the patient's death and the process of losing their loved ones, which will make the nurse aware of their future death and various challenges, which will have a great impact on the nurse's psychology[40]. Ay and Öz[41] have the same conclusion, pointing out that some nurses had negative emotions about death, such as fear and anxiety, and these feelings will be directly causes nurses to have the job burnout and the compassion fatigue, this kind of job burnout will affect the professional development and the nurse psychology question will affect nurse's own survival, this is because the job security lacks the possible consequence which will cause.

3.2.2 Influence of Nurses 'Negative Emotion in Work

With the improvement of the environment, the lifestyle and material and cultural needs have undergone profound changes. People have begun to pay attention to their own health problems, and at the same time have higher requirements for the services they enjoy. Therefore, they will begin to ask for higher quality when they seek medical treatment. And transparent medical services, and due to the development of science and technology in the medical profession, there have been miracles, so patients have high expectations for medical treatment[42]. The high expectations caused by this development have brought some adverse effects. The increase in expectations is directly proportional to the occurrence of medical disputes. Medical disputes are a social phenomenon with high attention, so scholars in many fields will conduct relevant research. In some areas of the three hospitals after the Zhang Di's survey[43] from 2015 to 2018 medical disputes occurred at an annual growth rate of 10%. Medical incidents have also increased rapidly in the past few years. When patients and their families are dissatisfied with the diagnosis and treatment process, they will express dissatisfaction with the medical staff. Since nurses provide direct care for most patients in clinical practice, they have more contact time, so there is more likely to conflict.

In addition, when clinical nurses encounter emergencies and work environments that require closed management, most nurses will have fear. The COVID-19 pandemic has brought unprecedented pressure to the health care system all over the world. The National Health Commissi of the People's Republic of China put forward the intervention points for six groups of people in the"Guiding Principles for Emergency Psychological Crisis Intervention of Pneumonia Epidemic Situation with the COVID-19 pandemic Infection" issued on January 27, 2020. The third group of people is medical care and related personnel, who are prone to excessive fatigue and nervousness in the process of anti-epidemic disease. Insomnia, anxiety, helplessness and depression are also prone to occur. In the face of patient death, there will be negative attitudes such as frustration or self-blame[44]. Bao Yanqiao[45] and others obtained similar results after investigating the psychological symptoms of front-line nurses in the fight against the epidemic. Among the surveyed nurses, 82% of the nurses had anxiety, and 71% of the nurses had symptoms of fear. Foreign surveys have also shown that front-line medical workers have more psychological distress than before the epidemic. Depression and depressive symptoms have continued to increase with the development of the epidemic, and most medical staff have varying degrees of anxiety[46]. This series of effects will cause nurses to be unable to escape from panic and anxiety, and mental health problems will occur during work so that they cannot obtain the most basic sense of security from their profession.

3.3 Impact on work and social environment

3.3.1 Hospital Internal Impact

Hospitals have their own specific system to restrict the work of nurses, with the development of nursing, the requirements for nurses are not only to have a qualification certificate, but to improve the development of nurses in all aspects. However, in the process of training, some practical problems are often ignored, resulting in unreasonable training content, time and frequency. What is brought to the nurses is not a promotion but a negative learning state and training load. The nurse's intention to leave is closely related to the training load. On this basis, nurses cannot achieve professional development[47].

Wu Yuqing[48] conducted a survey of 215 nurses in 5 hospitals, and the research showed that nurses

with different working years scored lower in terms of rights and protection. Salary is the report that nurses deserve after giving. To a large extent, salary determines whether a profession has minimum guarantees. Nurses are a group with a high incidence of resignation because their salary does not match their efforts[49,50].Because of the traditional concept, some people still think that nursing is an accessory to medical treatment. Wang Xin[51] and others conducted a correlation study on the nursing environment and nursing professional benefits, not only the public, but also many hospital administrators still think that nurses are the auxiliary doctors, nurses are difficult to participate in the department management, and have no say in the important decisions of the department. The promotion of nurses in the hospital is hindered by such hidden factors.

When it comes to nurses 'interpersonal relationships, they often only focus on the relationship between health care and nurse-patient and ignore the relationship between nurses. Some surveys clearly indicate that malicious competition between nurses and disharmony within the nurse team will result in a decline in job execution and turnover. The rate of increase is a typical lack of job security[52].

3.3.2 Impact of social environment

Social support is an important factor in the development of any profession. Social support includes both family members and citizens. The majority of clinical nurses are female, and the majority of them take into account the three identities of wife, mother and nurse. Nurses 'working hours are fraught with uncertainty. After the change of life rules, you can't have normal work and rest, and you can't deal with your family affairs in time. The balance between work and family is difficult to grasp. It is prone to conflicts between work and family. The lack of family support caused by conflicts will promote nurses. Burnout and its uncertainty about career development[53]. With the overall development of the nursing discipline and the important role of nurses in the special period of fighting the epidemic, we gradually have a further understanding and understanding of the profession of nurses, but this phenomenon is difficult to improve in a short time, so nurses in this not very friendly social environment is difficult to obtain a high standard of benefit, is a great obstacle on the road of nurse career development.

4. Intervention measures for lack of job security of clinical nurses

While paying attention to the status quo and influencing factors of nurses 'job security, we should also find effective measures to improve the status quo of clinical nurses, so as to enhance nurses' job security, the stable construction of nursing team and the overall development of nursing discipline. Whether it is from reducing or eliminating the influencing factors of job security as the entry point for intervention, targeted measures should be taken.

4.1 Improve physical health

The nurse job safety system is an important basis for reducing the health risk of nurses. Under the existing system, the rules and regulations are improved after the job safety norms and the real working environment and conditions of nurses are understood. On this basis, the correct protection training and ergonomics knowledge and posture training are carried out for nurses with different types of occupational exposure and physical injuries caused by different reasons, and effective protective devices are provided for nurses as auxiliary tools for self-protection. Enable nurses to have available protective devices while understanding job safety regulations[54].

4.2 Improve mental health

Pay attention to the psychological problems caused by nurses 'work content, nurse-patient relationship and emergencies, give nurses enough understanding and respect from the basic care, create a working environment that guarantees and promotes mental health for nurses, and adopt various forms of psychological counseling strategies such as decompression training and psychological knowledge lectures to intervene nurses, establish a process of intervention and disposal, and solve the psychological problems of nurses in time after discovering them. To ensure correct and targeted measures and appropriate timing and cycle, in addition to providing preventive measures for some possible psychological injuries, fundamentally reduce mental health risks[55].

4.3 Social aspects

With the development of society and the construction of healthy China, a series of reforms on the

medical and health system have led to constant changes in the working environment of nurses. The protection of medical-related occupations will inevitably require official support from the state[56].

We should call on citizens to recognize nurses, and at the same time, the organization itself should also pay attention to the efforts and contributions of nurses to the hospital, and recognize the important role of nurses in the medical industry. At the same time, managers should meet the reasonable needs of nurses to improve nurses' work commitment, thereby improving the health of nurses. Nurses themselves and the development of nursing disciplines have a positive impact.

5. Conclusion

The research on job security in China appeared later than abroad, and there was no research on nurses in the early stage. When using limited measurement tools, we can only see the common phenomenon of occupation and cannot get the unique problems of nurses, which played a very small role in improving the job security of nurses. At present, the attention on job security of nurses in China has been slightly improved, and there are special tools for scholars in the field of nursing to choose, but there are still a lot of academic gaps and research faults. In the future, we need to continue to expand the existing research to obtain more reasonable measurement tools to help scholars seek effective intervention measures, so as to improve the level of job security of nurses, and make nurses and nursing disciplines develop simultaneously.

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