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**An Exploration into the Experiences of Stress among
Female General Nurses.**

**Submitted in partial fulfilment of the requirements of the Bachelor of Arts Degree
(Social Science Specialisation) at DBS School of Arts, Dublin.**

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Table of Contents:

Acknowledgements	4
Abstract	5
1. Literature Review	6
1.1 Introduction	6
1.2 Stress	6
1.3 Stresses in Nursing	8
1.4 Training and Education	9
1.5 Job Satisfaction	10
1.6 Debriefing	12
1.7 Summary	13
2. Methodology	14
2.1 Design	14
2.2 Participants	15
2.3 Procedure	15
2.4 Ethical Considerations	17
2.5 Data Analysis	17
3. Results	18
3.1 Training and Education	18

3.2 Stress	20
3.3 Debriefing	23
3.4 Job Satisfaction	25
4. Discussion	28
4.1 Summary of Results	29
4.2 Limitations	32
4.3 Recommendation for Future Research	33
4.4 Conclusion	35
Reference List	36
Appendices	38

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Abstract

Background: The nursing community are the stitches which mend society back together when torn. Although nurses are central to society, there has been a lack of acknowledgement by the public. Nurses are often portrayed as the smiling, happy individual who cares for an individual while in hospital. The goal of this research project was to explore the experiences of stress among the female general nursing population. It was important to target the causes and affects which such experiences can have on their wellbeing.

Methods: A qualitative research study was carried out consisting of six semi-structured interviews. All the female participants worked as a general nurse in an urban hospital setting for no more than five years. The data which was gathered from the interviews was evaluated by data led thematic analysis.

Results: The experience of stress among the nursing participants was more significant than previously thought. The main causes of stress included workload, time management and long working hours. The main contributor to stress found was the lack of debriefing services within the workplace.

Conclusion: Nurses feel both satisfied and unsatisfied with their job. Their job is extremely rewarding however it comes at a price. The research found that experiences of stress were common place in the role of a general nurse. It highlights the causes of stress and its effects on the individual in their personal life. Preventions such as debriefing services are not in place on a regular basis which could help the nursing community to better manage their stress.

1. Literature Review.

1.1 Introduction

The aim of this research project will be to explore the experiences of stress (if any) among female general nurses in a Dublin city centre hospital. The objective of the research will be to establish whether or not there is a connection between stress and the workplace, specifically in a hospital setting. The research will reflect on previous studies and hope to add to the existing body of literature.

Themes such as job satisfaction, training, debriefing will be explored to establish whether or not they have a role to play in contributing to stress. Although there is an expanse body of literature on the medical profession and stress, the topic of stress amongst nurses in Ireland is very limited. According to Dickenson (2007, p.741) “of all health professionals, nurses are in the most immediate position to provide care, comfort and counsel...” The emotional strain which nurses must endure on a daily basis must be acknowledged as many are faced with the death of a patient regularly. Switching between assertive responsiveness and emotional caring can lead to high levels of stress (McEvoy, 2005). As a result, this research is vital in the growth and expansion of knowledge on the subject of stress.

1.2 Stress

Stress is a major player in many occupations. It affects employees in numerous ways. Although stress is well documented in recent times it is not a new phenomenon. The origin of stress can be traced back to Claude Bernard and his work during the 1860's. Bernard established that stress naturally occurs in life and that everyone experiences some level of stress at some time during their life (Lo 2002, Gammon & Morgan Samuel, 2005). Stress can

be defined as “A force that pushes a psychological or physical factor beyond its range of stability, producing a strain within the individual” (Arnold, Cooper & Robertson, 1991, p.424). Stress can have many negative effects on an individual. A stressful environment within the workplace is the most common source of stress. As a result, this stress can cost an individual their health and happiness (Arnold et al., 1991, p.424). Stress also affects people indirectly, resulting in unhappy marriages, divorce and abuse (Cooper, 1992). Stress also has contributing factors to mental illness, job satisfaction and job performance. Many studies have been undertaken to reveal stress in a wide range of professions. However, the medical profession has come to the forefront time and time again. It has been documented that nursing in particular is a notoriously stressful occupation. Previous research has established that stress among nurses can have a prolonged affect among the nursing population. Burnard et al. (2007) state that stress can play a significant role in the educational process, including academic performance and general wellbeing. The influence which stress can have on a nursing professional will affect their job at some level. Evidence of this can be seen throughout the world. According to Healthforce (2008), an estimated one in four people throughout Europe are affected by work related stress and that up to half of workplace absence is a direct result of this stress. The Confederation of British Industry have reported that absenteeism has increased rapidly in recent years even though social and working conditions, income levels and family health have all improved (Arnold et al. 1998, p. 428). The average number of days, which a person affected by workplace stress will be absent is 28.5 days per year (Jones et al. 2003). This significant absenteeism is a major problem to a company (hospital), a client (patient), and most importantly the employee (nurse). Long working hours and shift work are linked to stress within the workplace. As medical professions work this type of schedule they are more susceptible to stress. According to Tasto et al. (1978), nurses in shift work are more likely to suffer from confusion, depression and

anxiety. Sparks and Cooper (1997) echo this by stating that some medics might not sleep for 36 hours or more, thus compromising their work, quality of life and can lead to ill health. This is just one aspect that may contribute to stress in nursing, thus resulting in this research project, to explore the experiences of stress amongst female general nurses.

1.3 Stresses in Nursing

“It is better to prevent stress than suffer from it” (Montes-Berges & Augusto, 2007, p. 169). This statement has a huge significance in the nursing profession as this review has demonstrated. However, at this moment and time stress is a norm among the nursing population. The Irish Nurses and Midwives Organisation (INMO) “stress is part of everyday life, necessary to motivate individuals” (INMO, 2014). Tully (2004) carried out research on levels of distress, sources and effects of stress, and effective ways of coping with stress. The sample consisted of 35 psychiatric nursing students in a college in Ireland. The findings of this research were incredibly alarming with all participants found to be significantly distressed. Although working with patients with mental illnesses is stressful, Adali & Priami (2002) reported that emergency department employees (E.D. Nurses) have the highest level of burnout compared to any other medical department. Burnout is a key symptom of stress (Gammon & Morgan-Samuel, 2005). Burnout can be described as a manifest of low energy, lack of control, helplessness and negative attitudes to self, work and colleagues (Brown & Edelman 2000). According to Pines & Aronson (1981), burnout is most commonly evident in individuals who work in emotionally demanding situations. Nurses are a group of professionals most likely to suffer from burnout (Berry, 1998, p. 441). Rhodes & Jinks (2005) believe it is unethical to send newly qualified nurses into the field of work without proper stress coping mechanisms and support services. Work overload has a direct link to stress and is prevalent in careers such as air traffic controllers, managers and hospital nurses

(Ivancevich et al., 1982; Motowidlo, Packard & Manning, 1986; Shouksmith & Burrough, 1988). The demand which is put on nurses can have a negative outcome, stress.

1.4 Training and Education

Training and education is of extreme importance in any career. Many academics suggest that the right training and education results in a competent worker. This is especially true in the healthcare sector. Proper and relevant training and education is essential in this profession as it is this group within society which help vulnerable, sick and injured people reintegrate back into society. Nursing education and training has evolved considerably since the turn of the century. Reports such as 'The Future of Nurse Education in Ireland' (1994) and 'Nurse Education and Training Evaluation in Ireland' (1998) focused in on the need for improved training and education for future nurses (Simmons et al., 1998). Such reports helped the nursing community by establishing a proper framework in which nurses could follow and adopt to give the proper care to patients. 'A Blueprint for the Future' (1998) was a subsequent report established by the Irish Government which reinforced the framework in which the nursing community could draw knowledge and practices from (Fealy, 2002). Although such frameworks were in place, there was still a lack in basic but essential skills among newly qualified nurses. An Board Altranais (2005) have amended the 'Requirements and Standards for Nurse Registration Education Programmes' to remedy the gap of skilled and unskilled nursing professionals. This amendment introduced an extra year of 'internship' for nursing students to become more familiar with their surroundings and practices. However, there is still concern as there is a greater emphasis on academic ability rather than practical ability (Lambert & Glacken, 2005). This amendment should in theory, help newly qualified nurses cope with stressful situations more affectively, however, through research this is not always the case.

It can be argued that this stress suffered by nurses begins in the training process of becoming a nurse. According to a study carried out by Ross in (2002), newly qualified nurses felt under prepared for the role as a staff nurse. The study highlights the lack of clinical competence among newly qualified nurses. Jasper (1996) echoes these findings by stating that in the immediate post qualification stage, nurse's experienced high levels of anxiety and a lack of confidence. The transition period from a student to becoming a qualified nurse can be a stressful time. The role and responsibility which nurses have can be overwhelming, especially when a nurse feels under prepared (Walker 1986). The new roles and responsibilities for young newly qualified nurses can be stressful as they are subjected to illness and death from the offset. Baldwin (1999) reports the inestimable consequences and impact which stress can have on nurses. He documents that the risk of stress and mental health is higher in students, with an estimated one third of all student nurses suffer from mental health problems. As stated already, stress can have a prolonged effect on all people. However, it is suggested that stress has a more dominant affect among the nursing population for a number of reasons; many nurses feel unprepared upon qualification, nurses must deal with extremely sick and dying people on a daily basis, and many nurses feel underappreciated which results in job dissatisfaction. The stem of stress can be found in the transition of student becoming a qualified nurse. It can be suggested that if these initial stressful experiences are not addressed, the stress can build up and last throughout one's nursing career.

1.5 Job Satisfaction

Job satisfaction is paramount in every career. It is associated with both positive and negative behaviours. If one is satisfied in their job, then that individual will be productive, however, if one is dissatisfied with their job this could lead to absenteeism and lack of interest in the job (Furnham, 2005, p.329). Work is an inevitable part of life for the vast majority of people in society. Work is the most important activity in contemporary industrial society according to

(Jamrozik, 1991, p.84). As a result it is vital that people are content with the career which they have chosen to pursue. Positive and negative behaviours towards the work in which one does, has lasting knock-on-effects. According to Furnham (2005) job satisfaction can impact on your life satisfaction. Heller et al. (2002) document that “personality factors predicted satisfaction with both work and life”. This reinforces the significance of job satisfaction. However, due to circumstances, there are groups within society which are collectively dissatisfied in their work. It has been documented that job dissatisfaction is much higher among the nursing population compared to other occupations. Aiken et al. (2001) found that over 40% of registered nurses, which took part in a study in the United States of America, were dissatisfied with their jobs. This alarming rate has encouraged more research to be carried out regarding this topic. The dissatisfaction of an employee will result in negative work patterns. The empowerment of nurses is another problem which is linked to mental health issues according to Laschinger & Finegan (2005). Klein (1998) reports that not enough nurses are leaders. This suggests that although nurses are empowered to use initiative and imagination to deal with certain situations, many cannot due to stress and mental health issues caused by this empowerment. Manojlovich & Laschinger (2002) have stated that satisfied nurses will rise to any challenge which may occur in the workplace. Thus it is imperative to have satisfied nurses as these are the professionals whom look after society when it is at its most vulnerable. Newly qualified nurses described low points in the workplace using words such as 'distressing', 'frightening' and 'absolute hell' in a study carried out by Jackson in (2005). There is a common trend and pattern which is evident among the nursing workforce, their occupation is one of great stress. Therefore, why do people want to become a nurse? There is many answers to such a question, however the simplest and most common answers are the sense of achievement, the good relationship one has with a patient and doing something well (Jackson, 2005). These answers must outweigh the negatives such

as stress. Although stress cannot be irradiated completely from a hospital environment, stress is a problem which can be 'operated on' and removed to a degree from the workplace of a general nurse.

1.6 Debriefing

Debriefing is a preventative mental health technique use after a traumatic incident conducted by trained welfare professionals (Department of Human Services, 1997). According to (HSE, 2013) the purpose of debriefing is to evaluate the emotional and physical impact of all individuals involved, provide support and reduce the isolation of staff and relieve stress at an early stage. Berman et al. (2000), state that debriefing is an essential part in relieving stress. There is a clear lack of research to suggest that debriefing will alleviate all work stress however, it is suggested by many to contribute to reducing stress levels among the nursing community. Most unofficial debriefing sessions take place in a nurse's home, confining in colleagues and friends. Stress levels increase in the workplace for nurses who do not receive support from colleagues (Chapman, 1993). According to (Jackson et al., 1987; Leiter, 1988) a lack of social support is associated with job burnout. Debriefing can act as an emotional outlet for anger, sadness and guilt for the nursing community (Irving & Long, 2001). According to Kriz et al. (2010) it is unethical and ineffective to nurses and nursing students to conduct a procedure without debriefing afterwards.

Previous studies have highlighted the lack of debriefing for medical staff. Ross-Adjie (2007) highlights this in his study which took place in Australia. A comprehensive 60% of the sample declared that there was no routine debriefing in their E.D.'s. In Ireland, the situation is more drastic. In Ross-Adjie (2008) studied he found that 72% of participants stated that there was no formal policy in carrying out debriefing. Along with this 76% of participants stated that they had never been involved in a debriefing session. The (HSE, 2013) state that

debriefing services are available from managers, colleagues or general practitioners. However, this highlights the fact that debriefing is not mandatory. A nurse must seek out support rather than support being provided. This illustrates a significant flaw in the protection of employees by the Irish Health system.

As previously stated, debriefing is doubtful to rid all work related stress, however, it can reduce negative emotions which nurses are prone to suffering. A nurse is not just a nurse, he or she is also a mother or father, brother or sister, daughter or son, husband or wife. The levels of stress, which could be reduced by debriefing, can lead to mental health issues. Arnold et al. (1991, p. 426) states that the breakdown of an individual's mental health is directly linked with the stress he or she experiences. This lack of debriefing has direct and indirect effects on society. This extra stress, which established professional debriefing could reduce, can rob a child of their mother or father.

1.7 Summary

The themes which are highlighted above are just some of the various factors which may be illustrated in this research project. Although all the participants are female general nurses, aged between 20-25 years old with no more than five years post-qualification experience (PQE), it is impossible to predict the results which will be obtained, as experiences of stress is a personal interpretation and will likely differ from person to person. This research should benefit the existing body of literature as personal accounts and experiences will add depth and new material. A qualitative research design will be in place to carry out this research as it allows the researcher to gain a greater insight and knowledge on the experiences of stress among female general nurses which are qualified no more than five years. This research will help to confirm or deny previous research and contribute in one way or the other to the existing body of literature.

Research in Ireland relating to experiences of stress among nurses is limited. Therefore, there are many gaps found in the research available. The researcher will focus on the personal experiences of the participants, thus resulting in a primary source of in-riched data. This will result in relevant and meaningful data. The key to making this research project a success and achievable is the use of an applicable general research question- exploring the experiences of stress among female general nurses.

2. Methodology.

2.1 Design

A qualitative research design was adopted in carrying out this research. This design was most appropriate for the research as it was personal experiences of the nursing community which was being studied. A qualitative research design, analysing primary sources using data led thematic analysis was chosen as it produces in-depth, rich material. According to Lewis (2003) the data received through qualitative methods is detailed, in-depth, rich information.

“Qualitative researchers study spoken and written representations and records of human experience, using multiple methods and multiple sources of data”
(Punch, 2007, p.168).

A qualitative design was chosen by the researcher as this design allowed in-depth information on people's experiences, emotions and feelings towards the research question, the experiences of stress among female general nurses. Quantitative research is considered by many as “reducing personal experience to mere numbers” (Oakley, 2004, p. 511). As a result, the researcher adopted a qualitative design in order to achieve a greater scope and accurate findings of personal experiences working in a hospital setting.

Often within qualitative research interviews are employed in order to extract appropriate information from participants. Semi-structured interviews were adopted for this research.

This allowed the researcher to vary the sequence of the questions during the interview in order to obtain in-depth, accurate and rich material. The interviewer is a fundamental part of the investigation (Jacob, 1988). Semi-structured interviews allowed for a free flowing discussion with the participants, while still providing structure and focus on the research topic. It allowed flexibility for the participants to expand on certain questions which they felt appropriate. The qualitative design using semi-structured interviews allowed the researcher achieve better results than prior expectation.

2.2 Participants

The sampling strategy which the researcher adopted was purposive sampling. This technique was adopted as all the participant had to fit a specific criteria, female general nurses aged between 20-25, working as a qualified general nurse no more than five years, working in an urban hospital setting. This research study consisted of six participants who fitted the criteria. Snowball sampling, the method of gathering participants by word of mouth, was used to gain access to five out of the six participants. One participant was a personal contact of the researcher. This was welcomed by the researcher as it helped gain quick and easy access to the participants.

2.3 Procedure

Once the participants chose to take part in the study, contact through email was made by the researcher to establish an appropriate time and venue for the interviews to take place. All participants opted for the interviews to be held at their individual homes at various times. This was welcomed by the research as it was felt that the participant would be more relaxed in their home, thus resulting in a more desirable interview for the outcome of the research findings. The kitchen was chosen to conduct the interview of each participant as it was a neutral, quiet space with no distraction. It was suggested by the researcher to conduct the

interviews between 12p.m and 3p.m as this was the most common time that other residents of the house would not be at home. This was successful in each case, as the researcher and the participant were the only occupants of the house during the interview. Thus leading to no distraction and/or compromised results.

Before the interview began, the researcher presented an information sheet and a consent form to each participant. The participant was required to read the information sheet thoroughly and then sign the consent form if they were happy to continue in the study. The researcher explains step by step the purpose of the study and how the data would be treated. Every interview lasted no more than forty minutes, varying slightly in length depending on the contribution of each participant. All interviews were recorded, as was stated in the information sheet, with the consent of the participants. Each interview consisted of 12-15 questions, varying due to participant's answers. The researcher used open ended questions while adopting a conversational atmosphere. This encouraged open, natural, honest answers from the participant. The interviews schedule (see Appendix C) constructed, consisted of many aspects of daily life, from a typical day at work to job satisfaction. This gave the researcher a broad spectrum of each participant working experiences. The researcher ensured to objectively ask the questions in order not to compromise any data collected.

Each interview was recorded using the voice memo application on an iPhone 4s. This allowed the researcher to process and analyse the information at a later time. The iPhone was very suitable as it had excellent recording quality and was a password secure device. It also served well as all interviews were contained in the one location until being transferred to a password secure personal computer for analysing. Each interview was then transcribed verbatim on the researcher's personal computer using the software Microsoft Word 2010. The researcher used pseudonyms in keeping with confidentiality procedure outlined in the information sheet. The gathered information was then analysed using the software NVivo10.

This allowed the researcher to explore common themes and patterns which became prevalent throughout the interviews.

2.4 Ethics

As this data was collected through face-to-face interviews, all ethical issues were addressed prior to any interviews being conducted. An information sheet (see Appendix A) was provided stating what the research involved and its purpose. As the research was on the topic of stress, contact details for organisations such as Samaritans, Aware and Grow were included. The researchers contact details was also available on the information sheet if the participants had any questions or concerns at a later date of the interview. The researcher allowed the participant to read the information sheet thoroughly, and upon finishing reading, invited any immediate questions and concerns which they may have. After agreeing to participate in the study, a written consent form (see Appendix B) was produced by the researcher. It outlined that the study was voluntary and that they could pull out of the study at any time (until it had been published), or for any reason which did not have to be disclosed to the researcher. The consent form also highlighted that the research was confidential; pseudonyms would be in place to keep their anonymity. The participants' physical well-being was not a concern for the researcher as every interview was conducted in the participants own home. All participants who took part in the study fitted the criterion which was stated. As a result no vulnerable groups were approached for this research.

2.5 Data Analysis

Analysing the data involved a number of steps. It was deemed that qualitative data-led analysis was the most appropriate for this research as it allowed for results to evolve. The

researcher first transcribed all interviews verbatim on a password secured personal computer. This information was then duplicated into Nvivo10 software where each interview was explored and examined. Bazeley (2007) states that NVivo provide the researcher with a set of tools that help and assist in the analysis of qualitative data (Bazeley, 2007, p. 2). This allowed the researcher to gather all transcribed material in one software programme whilst examining the data. Each interview was then grouped into themes. This process is referred to as coding. Coding is the procedure of classifying text with codes for later recovery (Coffey & Atkinson, 1996; Miles & Huberman, 1994; Ryan & Bernard, 2000). The codes were then examined by the researcher and allowed the researcher to focus in on relevant data required for this research project.

As the data collected in the interviews was inconsistent and unpredictable, emerging themes and patterns were interpreted by the researcher to make the data understandable and comprehensible. This allowed the researcher to selected relevant material and data to address the general research question. This encouraged accurate results and findings for this research project. The use of thematic analysis was essential the build cohesive and presentable results for this study.

3. Results.

As number of themes emerged from this research project. As it is impossible to view a qualitative small scale study such as this completely objectively, the researcher accomplished this best of their ability. It is important to note that this is one interpretation of the results. The researcher has avoided presenting the findings subjectively. After extensive examination, themes which were common throughout the six interviews and deemed the most suitable to be presented in this research project were chosen. These themes are as follows; training and education, stress, job satisfaction and debriefing.

3.1 Training/Education

The theme of training and education was one which came to the forefront throughout the research process. The theme of training and education was presented first as the researcher found it to be the root of stress among the nursing population. All participants stated that there was a lack of proper, relevant training and education for newly qualified nurses:

We just have to learn from experience, like, okay, you can learn figures and facts about biology and stuff, but I think that dealing with situations..., you're not going to be able to experience that until you're working in the area (Alice).

This is echoed by Dianne stating that:

When you're at the situation you don't automatically think back to what you've learned, you really have to fend for yourself and kind of feel the best way to do something and your best way to handle the situation.

The consensus of participants felt that experience was more beneficial to them in succeeding in their career rather than “trying to put textbook into practice” (Mary).

A subtheme which arose from this was the lack of people skills that nurses are equipped with from their time at University:

today a relative (of a patient) came up to me and shouted in my face, and we're taught how to deal with people but when you're dealing with a non-sick person in a situation like that it's very hard... we're not really prepared for it at all (Ciara).

Orlagh demonstrates this by stating:

The nurse gets the brunt of everything. Why didn't you get me my butter this morning?

The view of all participants is summed up in a description by Dianne “we do deal with a lot of aggressive people, a lot of impatient people, so it's quite hard to deal with”. It seems that the education and training which the participants received was limited. The education was academically focused while the training was limited to practical procedures. Basic communication skills for nurses to interact appropriately towards difficult patients and their families have been absent from their education. All participants suggested that proper education and training was essential. Although there is a clear lack of adequate training and education the participants regarded themselves as the fortunate ones:

“I'm still junior, so we always update our stuff, but there are nurses that have been in the business for ten, twenty years and I wonder if they update as often as we do”. (Mary)

Although the participants are under prepared for all situations that may occur in a hospital setting, there is a collective feeling that longer practicing nurses may have less training and knowledge of proper protocol than them. This highlights that 'experience' is the driving force behind an individual succeeding or failing in their career as a general nurse.

3.2 Stress:

It is clear from the interviews that participants experienced stress on a daily basis. It can be suggested that the stress which is experienced by the participants stems from the improper training and education which they received in University. This stress evidently builds as their career continues as Alice demonstrates “every minute of my day is stressful”. Many causes of stress are identified such as understaffing, responsibility and difficult interactions with

patients. All participants mentioned workload and time management as the main sources of stress:

It's quite fast paced in there because there is such a high turnover with patients coming in, the waiting times would be quite long so you have the pressures of people coming up to you wondering why they haven't been seen yet, that they're waiting so many hours (pause) you ensure them that they will be seen at some stage but that there is so few doctors on it holds up everything then (Louise).

This is backed up by Orlagh:

It's really frustrating at times that you know what you want to do and know what would benefit the patient and you're just trying to divide yourself into six different places, so you've six different patients and everyone wants a piece of you (pause) needs your time, your care and attention and just trying to balance that (Orlagh).

As it is evident, the nursing population do have experiences of stress and it is important to examine the effect which this stress has on other aspects of their life. One reoccurring piece of evidence throughout all the participants' interviews was that it was extremely difficult to switch off from work beyond working hours. This resulted in the participants bringing their stress obtained at work, home and into their personal life:

If something bad happens at work, like if I had a bad day in work, I'd come home and cry, I'd cry to the girls (Ciara).

As suggested, the participants agreed that experience played a vital role in dealing with stress. It came to light that if the participants were able to manage their time and workload affectively, then stress would be less intense. "It's a lot of time management which is a big

issue in our job” (Orlagh). This knowledge has come with experience. The nurses now know after years of experience that time management and planning their workload can have a positive effect on their experiences of stress. It can be seen that hobbies outside of work have a positive effect on their mental health also:

Then on your days off, you just try and forget about work, go for a walk and meet other people that aren't nurses is a good thing as well because you're not always thinking about nursing (Dianne).

This highlights both the severity of the problem, and one possible solution to the problem of stress. All participants noted the importance of trying to forget about work whilst off duty. However, some suggested that it was easier said than done:

Well you can't really have a hobby at the end of your day shift, you can't really go for a run or walk at 9 o'clock at night...but on your days off it's nice to just get out and see daylight and just do things with friends and just go socialising (Mary).

It is also important to note that the participants were in a constant working atmosphere without realising:

I'm always planning ahead and luckily most of my friends are nurses as well so weekdays I could be working Friday, Saturday, Sunday while normal nine

to five people be out and about and enjoying themselves and I could be off Monday Tuesday Wednesday, and who would I only hang out with and organise my time with, only more nurses (Orlagh).

This suggests that the nursing population are putting themselves under added stress by having the majority of friends as nurses also. The participants did not acknowledge this as they saw it as the norm. However, once one friend and colleague mentions work, all the other friends/colleagues are placed back in a hospital setting and stress is inevitable:

On my days off I don't want to think about work. If the girls mention work I tell them to stop because I'd only be thinking about it for the day (Louise).

3.3 Debriefing

The act of debriefing is one of great importance. It provides a service to alleviate extra stress caused by working in a high intense atmosphere. In the medical profession, some suggest that this service should be mandatory and provided by your employer. However, throughout all the participants' interviews, it came to light that this service was all but extinct. All participants stated that "there probably is but it has never been shown to us, it's never been offered" (Ciara). The lack of these services is another major component which adds unnecessary stress to the nursing community:

If there was a particular stressful occasion, I know if someone dies or something like that, the managers on the ward, if they noticed that you were upset they might pull you aside and talk to you about it and reflect on the

situation, but in the (Name of Hospital) I know that there is no actual body that you can turn to if you do have concerns or problems (Dianne).

The service of debriefing which does not exist on a regular basis, forces the nursing population to seek alternative ways to vent their problems and concerns. Many feel isolated and can only confide in friends or colleagues:

Friends that are co-workers, like people that understand it, like I can't go home and talk to my mom and dad about it because it's just not appropriate and they don't understand (Ciara).

This unofficial debriefing may be more harmful than good if the improper facilitator is conducting the service. If the facilitator is a friend or colleague, the stress could be transferred onto that person who results in a never ending cycle of stress:

It's great coming home and any stress from the day, you unload it onto your friends and they're so understanding because they have the same day as well (Dianne).

Although it is important to have social support from colleagues and friends, if a person is not trained or qualified in the service of debriefing, that person should not attempt to facilitate a debriefing session. As debriefing deals with vulnerable people, trained officials are essential. It is also imperative that such trained individuals are approachable by members of staff “you can talk to occupational health, but they're just trained nurses... I don't know what they'd do

for you” Alice. It is apparent that the participants cannot distinguish between trained representatives and their friends and colleagues. It can be suggested that the participants do not see the importance of sourcing the proper service as it has never been offered to them and collectively label their debriefing session as “the chats with the girls” (Mary).

3.4 Job Satisfaction

All the participants regard job satisfaction as an important part of their life and general wellbeing. However, as stated previously, job satisfaction is not always present in a career as a general nurse. All participants voiced the view that they “would be satisfied but you can have off days as well where you just don't want to be a nurse anymore” (Alice). Such as all careers, nursing can be both satisfying and dissatisfying. There was a collective view throughout each interview that the role of the nurse can be very rewarding:

I'm interested in working with people, love being able to help people, especially in hospital people can be quite vulnerable, and I like being the person who can give an extra bit of a hand to someone and just be a person that could help them through that hard time... if I can be there to make that journey a little bit easier for them, I'm delighted to be able to do that... I can say my job is very rewarding (Orlagh).

Similarly Dianne states

I find it very satisfying when patients are sick and you're doing the best you can for this person, you get a lot of thanks for your job, and you know a lot of people are grateful for nurses, so I suppose it's great being appreciated.

The belief among participants was that their job was personally rewarding. The achievement of witnessing patients overcoming illnesses and playing a part in their recuperation was the highlight of the participants' job satisfaction. However, all the participants were more readily to share what they found dissatisfying about their career as a nurse. As Orlagh states "there's times that you're like why did I pick this job? Surely there was an easier way to earn a bit of money than having to be stressed". The experiences of stress have again come to the forefront in this research project. Although stress is seen by the participants as a major dissatisfaction about their job, it was not the only one present. The subtheme of under appreciation came to light. All the participants felt under appreciated by other members of staff, the majority of whom were doctors:

Doctors and other physicians can be quite rude and arrogant about some of the things they get you to do or if you make a mistake or if you get something mixed up, they can be quite rude about it (Alice).

This is echoed in a statement by Louise

Some of the doctors can be quite rude...they would be ordering you to get different things and wouldn't be grateful for your help.

Another concern which was voiced throughout the interviews was the working hours. The participants demonstrated that the long hours which they must work is a downfall in their job:

A typical day starts at 7 o'clock in the morning, that means I have to get up at six to travel to work...and you don't finish until 8 o'clock at night so it's like a thirteen hour shift which is quite long (Alice).

These long hours were reiterated throughout each interview as these shift hours are the standard working hours of a general nurse. However, the participants noted that they also had to work night duty every four weeks:

It's compulsory. You have to do a week of nights every month. It's very annoying 'cause your body clock is all over the place (Louise).

The night duty every four weeks is compulsory and must be worked by all staff nurses. The participants felt great dissatisfaction towards working night duty as they collectively felt that "it's long and boring" (Louise). Along with these long hours worked by nurses, the total break time for a nurse working a thirteen hour shift was one hour and forty-five minutes, broken up into three breaks throughout the day. However, as Ciara states "we're supposed to get three but it's mostly two". This was a major frustration among the participants.

The main objective of the interviews was to gain an insight into the experiences of stress among the female nursing community. It was clear that stress is a major factor in the role of a

nurse. The research established the sources of stress and its effects on the participants' personal lives. It was clear that everyone involved understood that stress was evident in their lives due to their career. The participants also acknowledged that it had a knock-on-effect on their life outside of work. However, it also came to light that the participants did not realise the importance of proper debriefing sessions. They have become numb to the feeling of life without stress, thus believing that stress is part of their job. This is accurate to a degree however, with the implication of debriefing sessions the nursing population may become less stressed; more satisfied with work and use the limited skills they have received through University to better enable society:

If debriefing was mandatory I think that I'd be happier in my personal life and working life. It would help me get rid of my frustrations and problems that build up from work (Ciara).

We have to tell ourselves ok we can't be talking about it anymore cause it's too much stress really and you want a break from being inside in work and you end up talking about it... you only spoil your own time (Louise).

I know stress comes with working with sick people, you have a responsibility to the patient, but when you take it home with you it just takes over your life (Orlagh).

4. Discussion

The aim of this research project was to explore the experiences of stress among female general nurses, between the ages of 20-25 years old, working in an urban hospital for no more than five years. The research aimed to inquire into the participant's personal experiences and their thoughts on how stress affected their lives. It was clear that the participants welcomed this study as it gave them an opportunity to voice their views on this topic. The study focused on this small group in society as there was limited previous research carried out on this topic regarding female general nurses. Although, previous studies addressed the topic of stress among the medical professions, there was a lack of research on general nurses in Ireland. The limited research that has been carried out on the nursing population has often taken a quantitative approach rather than a qualitative approach. This research aimed to explore and analyse the experiences of stress among the general nursing community and obtain their views on the topic of stress among this group in Irish society. The researcher focused on extracting relevant information provided by the participants. It was important for this research project to have stress as a focal point throughout the study. Therefore, this research project has shone new light on the experiences of stress among female general nurses.

4.1 Summary of Results

This research project has highlighted similarities with previous research, however, it also discovered differences. It is important to draw on previous literature and studies to establish accurate and factual results on the topic of experiences of stress among the female nursing profession. Firstly, this research project supported the findings in a study carried out by Aiken et al. (2001). This research project found that all the participants experience great levels of dissatisfaction with their job. Some may argue that this is inevitable in every career, however, there were common patterns and themes of dissatisfaction with this study and

Aiken et al. (2001). The dissatisfactions voiced by the participants included; burnout, long working hours, being underappreciated and the experiences of stress that is connected to such aspects of their working life. These results highlight that these disaffections are a universal trend as this research was carried out in Ireland, whereas the study by Aiken et al. (2001) was carried out in the United States of America. Similarly to common job dissatisfaction, there was common job satisfaction between this study and previous research.

The research carried out by Jackson (2005) stating that the sense of achievement and reward is the driving force behind individuals perusing a career in nursing was also evident in this research project. Throughout all of the interviews, the participants referred to the rewarding satisfaction which they got from helping ill, vulnerable people in society. The participants mentioned the pride which is associated with their job. This is the main aspect which highlighted the participants passion and drive in pursuing a career as a general nurse. These findings illustrate the fact that the nursing community do not choose a career in nursing for financial gain or status within society. The participants viewed their job as a vocation and that the sense of reward was worth all the stress and pressure they must deal with on a daily basis.

Drawing comparisons with previous research by, Ross (2002), Jasper (1996), Baldwin (1999) and Walker (1986), this research project illustrated that newly qualified nurses found it stressful to cope in a hospital setting due to the lack of training and education received at University. All the participants were relatively new to the role as a qualified general nurse. As this research has previously illustrated, all participants felt under prepared for this role. Previous studies found that nurses have high levels of stress, anxiety and confidence. This was a common trend found in this research project. All participants explained their personal struggles with stress due to their career. The participants highlighted the fact that experience was a necessity in surviving as a general nurse and coping with stress. The participants suggested that they are better equipped to deal with stress as time goes on compared to their

first year after qualification. They emphasised that experience was the tool which assisted them in reducing their stress levels to a degree. However, all participants still featured intense experiences of stress which they try and cope with on a daily basis. This research project reinforces the findings by Ross (2002), Jasper (1996), Baldwin (1999) and Walker (1986).

Therefore, there was a significant similarity between the findings from this research project and the study carried out by Ross-Adjie (2008). This research found that there was no knowledge by participants of any established debriefing service available to them. Ross-Adjie (2008) had similar results however not as drastic as the results found in this research. The two research studies also had similar results regarding participation in debriefing services on a regular basis. This study found that no service was provided by their employer on a regular basis and that a debriefing session only took part if a traumatic incident happened. This research project found the importance of a debriefing session to the welfare of nurses. It established that such a service could dramatically reduce stress. Again, similar to improper training and education, the lack of a debriefing service seems to be a universal trend. Ross-Adjie (2008) carried out their study in Australia, with similar results in this research study carried out in Ireland. As stated, debriefing sessions can reduce experiences of stress among the nursing community. As all participants interviewed mentioned that stress experienced at work often follows them home, it can be suggested that such debriefing services can result in stress experienced at work, remaining in the workplace, rather than integrating into the personal life of a nurse.

Although all participants in this study had regular experiences of stress, the research did not find any absenteeism relating to stress. Jones et al. (2003) suggests that stress is directly linked to absenteeism and according to Ivancevich et al. (1982), Motowidlo, Packard & Manning, (1986) and Shouksmith & Burrough (1988), nursing is one of the most stressful careers which an individual can have. This study found no absenteeism directly linked to

stress among participants. The participants mentioned that they would never call in for sick leave due to stress. Although there was no direct link found in this study between stress and absenteeism, it cannot be discredited as recent research suggests that stress can cause physical illness such as vomiting. Evidently, the researcher can suggest that the findings in this research do not coincide with the findings provided by Jones et al. (2003).

It was suggested, based on previous research by Adali & Priami (2002), that experiences of stress would be present among female general nurses. However, the altitude of stress among this group was not expected. The researcher found that experiences of stress were constantly present among participants. The research highlighted that the stress experienced at work is brought home with the participant. The public perception of the nursing community is one of admiration for caring for the sick. It is evident that the participants take great care and enjoy the rewarding aspect of their job, yet, the underlying issue of stress is not acknowledged. It can be suggested that the experiences of stress may compromise the work, attitude and longevity of a general nursing professional. Throughout this research, it appears the welfare of the patient is more important than the welfare of the nursing community.

4.2 Limitations

The main concern with this research project was the limited amount of previous research carried out on the topic of stress among general nurses in Ireland. Much of previous research carried out in Ireland, which focused on nurses, primarily focused on the psychiatric nursing population and their experiences of stress. The general nursing population had limited studies carried out on them in Ireland with the topic of stress not being addressed. Although there was previous research carried out on stress experienced by general nurses, most studies were carried out in the United States of America and Australia. The researcher chose to explore this gap in literature and research in Ireland and to examine if there were parallels with the

limited previous research.

As this was a small scale qualitative study, there was a limitation which occurred. It proved difficult to limit the experiences of stress to one particular factor. This is due to a wide range of causes and sources of stress. Although all participants expressed and voiced their personal experiences of stress, the experiences of stress are subjective. However, the researcher attempted to make links between certain experiences of stress in work and its effects on the participant's wellbeing.

As this research focused on a particular group within the nursing community, female general nurses aged between 20-25 working no more than five years, there was a limitation of results. This group may have differences of opinion and different experiences regarding stress compared to longer qualify general nurses. Therefore, this research project only explored a narrow range of people within an extensive group within society. This research focused on general nurses rather than other nursing professions. As a result, the researcher has established a snapshot of the experiences of stress among this subsection of nurses. Also, the researcher concentrated on six participants which again reinforce the limitations of a small scale study such as this.

Although the results of this research project was processed through analysis, bias can prove challenging to avoid. The results of this study are the researcher's interpretation of data. It is important to note that the findings of this research project cannot be understood as a representative of the general nursing population. Even though the depth of the participant's interviews was limited due to time constraints, the researcher obtained in-depth, rich material on the participant's experiences of stress. As the amount of data provided by the participants was so extensive, the researcher used initiative to select material most suitable to the general research question. As a result many aspects and concepts could not be addressed in this research project.

4.3 Recommendations for Future Research

Despite the fact that this was a small scale research project, it provided a detailed insight into the stresses experienced by female general nurses. It highlighted that the lack of debriefing services was a major contributor to the participant's experience of stress. Future research could focus on participants which receive debriefing session and compare the results to previous studies such as this. This would highlight if there was a need for change in the Irish health service and to include mandatory debriefing sessions for staff.

As this research project was a small scale study, it would be beneficial to carry out research with a larger sample for future studies. This would again enable researchers to compare and contrast findings with previous literature. It would also be valuable to include a sample from the male nursing population to receive a demographic of results. This would ensure the reliability of the findings in this research project. It would also give a greater insight into the general nursing population as it would not be gender divided. As this research consisted of female participants working in a general hospital in an urban setting, it would be profitable to carry out future research on experiences of stress in rural hospitals among the nursing population. The future findings may support this research project if similar experiences of stress were found. This would ensure that geographical setting is not a factor in this study.

This research project explores the experiences of stress among female general nurses. It has established that stress was present among all the participants due to different aspects in their work. This research mentioned briefly the effects which this stress can have on an individual's life. However, future research could focus and explore primarily on the effects

and consequences which stress can have on one's personal life. It could examine direct and indirect effects which stress has on the samples life and wellbeing. This current research has provided an appropriate sample for future research on stress as it was found that female general nurses suffer from intense levels of stress.

4.4 Conclusion

This research project attempted to build on previous studies and literature on the topic of stress among general nurses in Ireland. The researcher chose this topic as there was limited research carried out on this concept and viewed it as an opportunity to explore and examine the topic of stress. Even though this study was a small scale study, it aimed to obtain new, in-depth, rich data with an insight into the experiences of stress among female general nurses. As it was imperative to receive opinions and views on this topic, a qualitative approach ensured open, honest feedback by the participants through semi-structured interviews. This ensured that relevant material came to the forefront and was then interpreted by the researcher, making it accessible and understandable to all. The finished research provided an insight into the stress which is experienced by female general nurses on a daily basis. It highlighted the motivation in choosing a career in nursing, the factors which contribute to stress, the aspects of work the participants find satisfying and dissatisfying and how they cope with stress in work and at home. An overall feeling of strain and frustration was evident among all the participants, suggesting that stress and the experiences of stress is normal in their career as a general nurse.

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Appendix A. – Information Sheet.



Information Letter for Participants

'Experiences of Stress among Female General Nurses'

Dear Madam,

My name is Nicholas Howe, I am a Social Science student in my third year in Dublin Business School. I would like to invite you to take part in my research. The research will explore the experiences of stress working in an urban general hospital setting among female nurses working in the area no more than five years.

Before you decide to take part in my study I would like to give you some information on what the purpose of the study is and some of the areas that will be covered.

The purpose of this research is to discover whether nurses experience stress working in a hospital setting. Some of the areas that will be covered in the interviews include;

- Support services available to general nurses
- Workplace issues such as stress etc.

- Employment in a hospital setting

Each interview will last approximately forty minutes. Interviews will be recorded using an iPhone4s providing your consent and will then be transcribed onto a word document that will be analysed using a software programme, NVivo10. All of the data will be stored on a password protected USB key and will be kept fully confidential.

It is important to note that you do not have to take part in this study. Should you wish to take part, you will be asked to sign a consent form provided. All of the information you provide will be kept fully confidential and will not be identifiable in the research. You have the right to withdraw from the research at any stage of the process and you do not have to answer you are not fully comfortable with. Any data that you provide will be kept in a password secure laptop for one year to aid the research and then will be destroyed by incineration.

Following the study if you need someone to talk to, you can contact me directly or contact any of these registered organisations;

- Samaritans- 1850 60 90 90
- Grow- 1890 47 44 47
- Shine- 1890 62 16 31

Should you have any further problems or concerns do not hesitate to contact me on (087) 7695787 or email me at howenick6@gmail.com. You can also contact my research supervisor by email annette.jorgensen@dbs.ie.

Thanking you in anticipation,

Nicholas Howe.

Appendix B. – Consent Form.



Experiences of Stress among Female General Nurses.

My name is Nicholas Howe and I am conducting research that explores the experiences of stress among female general nurses.

You are invited to take part in this study and participation involves an interview that will take approximately 40 minutes.

Participation is completely voluntary and you are not obliged to take part. If you choose to take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the study.

Participation is confidential. All participants will be issued pseudonyms to keep their anonymity. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research is published, 17th of April 2014.

The interview and all associated documentation will be securely stored using a password protect computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participation in this study.

Should you have any further problems or concerns do not hesitate to contact me on (087) 7695787 or email me at howenick6@gmail.com. You can also contact my research supervisor by email at annette.jorgensen@dbs.ie.

Participants Signature _____ Date _____

Appendix C. - Interview Schedule

Job Satisfaction:

1. Tell me about a typical day in work?
2. Why did you choose a career in nursing?
3. What do you find satisfying/dissatisfying about your work?
4. With regards to job satisfaction, how happy would you consider yourself in work?

Stress:

1. What levels of stress, if any, are related to your work? Explain.
2. As your years of professional experience have increased, do you feel that you are better equipped to deal with stress and pressure that may or may not arise in your work?
3. What is your perspective on the belief that problems experienced at work affect your home life more than problems experienced at home affect your working life?

Debriefing:

1. How do you “switch off” from work when you get home? Do you have a way to unwind?
2. Do you discuss any stressful work experiences with friends/family/colleagues/professionals? If so, do you feel less stressed after doing so?
3. Is there any debriefing services provided by your employer available to nurses?

Training:

1. Do you believe that you have acquired relevant training to deal with problems which occur on a regular basis?

2. Do you feel confident in your skill levels that you have obtained prior than working in a hospital setting?
3. Do you believe that refreshers courses should be available to nurses? Why?