

## Work Stress, Coping and Expectations of Nurses

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### **Abstract:**

**Work stress, coping and expectations of nurses:** A preliminary explorative study to identify stressors, coping and expectations of nurses.

**Objective:** This study provided a qualitative description of stress, coping and expectations of nurses working in tertiary and referral hospital in state of Goa, India

**Background:** The work environments of nurses are changing considerably over the period of time, which has resulted in emergence of new stressors at the workplace. Even though nursing is known to be stressful profession, there is need to identify emerging stressors and the way nurses cope up with these stressors. The outcome of stress factor will basically depend on the coping ability of a nurse.

**Methods:** This explorative descriptive study determined what situations contribute to nurses' stress, what are the coping strategies used and what expectations nurses are having from concerned higher authorities. A Convenience sample of 51 nurses working in hospitals participated in the study. Participants completed an open ended questionnaire consisting of seven questions. Content analysis was done and themes were identified.

**Results:** Majority of nurses reported that their work is stressful. The factors that contribute to stress at workplace were classified in six categories for instance issues were related to staffing & workload, supplies/equipments, problems among nurses themselves, doctors and co-workers, patients and their families and administrative issues. Sixty two percent of respondents reported "staff shortage" as a main stressor. Apart from stressors different situations contributing to stress were identified. Forty six percent of respondents reported that mutual understanding among nurses and others health team helps in reducing stress. The coping strategies used were problem avoidance (22%), Mental Disengagement (16%), Problem solving/planning (12%), religious coping (12%) and social support (10%). Majority of the respondents felt that concerned authorities are not doing anything regarding stressors at workplace. Nurses had plenty of expectations from concerned authorities, they felt need to have regular staff meetings and in-service training programs for nurses.

**Suggestions:** Need to improve nurse patient ratio, Interpersonal relationship with doctors and co-workers, non interference of other authorities in administrative work and also to build cohesiveness among nurses.

**Key words:** Nurses, Stress, Coping, Expectations

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### **I. Introduction**

Stress in nursing is well known phenomenon. Demands placed on individual and its perception response usually defines stress (Bartlett, 1998). The stress experience will depend on individual's perception of the demands being made and capability to meet those demands. When there is mismatch between demands made and capability to meet those demands this indicate increase in stress threshold resulting in stress response (Clancy & Mc Vicar 2002). According to Wagner and Hollenbeck (2005), Occupational Stress is an unpleasant emotional state, arises from the perceived uncertainty that a person can meet the demands of the job.

Coping is considered as a process wherein the individual attempts to minimize the negative emotions arising from the experience of negative event (Lowe, R. and Bennett, P., 2003). Coping is usually two type's problem focused and emotion. The problem focused coping is external, in which attempts are made by an individual to manage or change the problem causing the stress. In emotion focused activities may be internally directed and involve attempts to alleviate emotional distress. (Lambert V.A, Lambert C., E. 2008).

#### **Stress and coping in nursing**

Nurses are involved in meeting physical as well as emotional demands of patients; this nature of job makes nurses susceptible to burnout (Raman, 2008). The increase level of emotional exhaustion is also due to stress emanating from the physical and social environment, role ambiguity, and active management-by-exception (Stordeur, D'Hoore & Vandenberghe, 2001). Nurses have stressors not only in professional life but also in private lives (McGrath, Reid, & Boore, 2003). The evidence indicates that those health professionals working as part of community teams are experiencing increasing levels of stress and burnout as a result of increasing workloads, increasing administration and lack of resources. (Edwards, Burnard, Coyle, Fothergill & Hannigan, 2000). A large number of factors affect occupational stress, from workplace issues such as

institutional policies and residents' disabilities to the personal lives of the nursing staff. The stress in turn causes work dissatisfaction, followed by staff intent to leave, resulting in increased turnover (Mansfield, 1995),

The major changes are occurring in the psychiatric arena for groups of nurses, stress is reaping its toll on mental health nurses, in terms of higher absence rates, lower self-esteem and personal un-fulfilment This could not only affect the quality of patient care but also future career prospects for nurses (Fagin, Brown, Leary, & Carson, 1995). Nurses caring for mentally disturbed patients, who may be a danger to themselves or to others. Such an environment would appear to be dangerous and stressful and of nurses do indeed report relatively high levels of stress when compared to some other employed samples. (Janman, Payne & Rick, 1987). Five types of stressors are faced by the head nurses relating to their administrative role, type of patients, task ambiguity, staffing problems and physician contact. Head nurses from different specialties perceived these types of stress to occur with differing frequency. (Leatt, & Schneck, 1980).The job strain (job dissatisfaction, depression, psychosomatic symptoms) and burnout is significantly higher in jobs that combine high workload demands with low decision latitude. Other job characteristics (job insecurity, physical exertion, social support, hazard exposure) are also associated with strain and burnout. (Landsbergis, 1988).

A study by Li and Lambert on 102 intensive care nurses in china by a self-report questionnaire indicated that most workplace stressors was overload and most commonly used coping strategy was planning. In another study by Burgess et al they found that certain personality trait such as openness and extraversion were associated with less perceived stress from the patient and relative in Intensive care unit nurses.

### **Purpose**

The main purpose of present study was to provide a qualitative description of work place stressors and situations which increases and decreases the stress, type of coping strategies used by nurses and their expectations from concerned authorities related to workplace stressors. Most of the nursing studies related to stress are quantitative in nature, so the need was identified through literature review for qualitative exploration and description of stress and related factors for better understanding the concept of stress and emerging stressors at workplace..

### **Objectives**

The objectives of this study were to identify the work place stressors, the situations which increases and decreases stress and to determine coping strategies used by nurses. The study also explored the actions taken by authorities in relation to stress and expectation of nurses from authorities in relation to stress management.

## **II. Methodology**

### **Design, Setting and Sample**

An explorative survey method was used to explore work place stressors, the situations which increases and decreases stress and coping strategies used by nurses. The study was conducted on nurses working in government tertiary and district hospitals in Goa. A questionnaire was administered to a convenience sample of nurses. The total fifty nurses completed an anonymous self-administered questionnaire. The questionnaire covered seven open ended questions. Which are the factors that contribute to stress at workplace, Which situations contribute to stress, Which situation increases your stress, Which situation decreases your stress, How do you cope up with this stress, Any measures are taken by authorities in relation to stress, and What are your expectations from authorities in relation to your work stress.

The questionnaire used in the study was administered in classrooms under the guidance of the researchers. The nurses were briefed about the study, encouraged to participate and motivated to express their experiences. The nurses gave fully informed verbal consent to participate in the study. It was emphasized that all data collected was strictly confidential. Efforts were made to minimize under-reporting, strongly emphasizing to the nurses that the questionnaire was anonymous and that the data would be used for scientific purposes only. The questionnaires were distributed and recollected in the same setting. Participants took on average 30 minutes to complete the questionnaire.

### **Data analysis**

Data obtained through questionnaire was coded. The significant statements were extracted, categorized and analysed for content and themes.

### III. Results

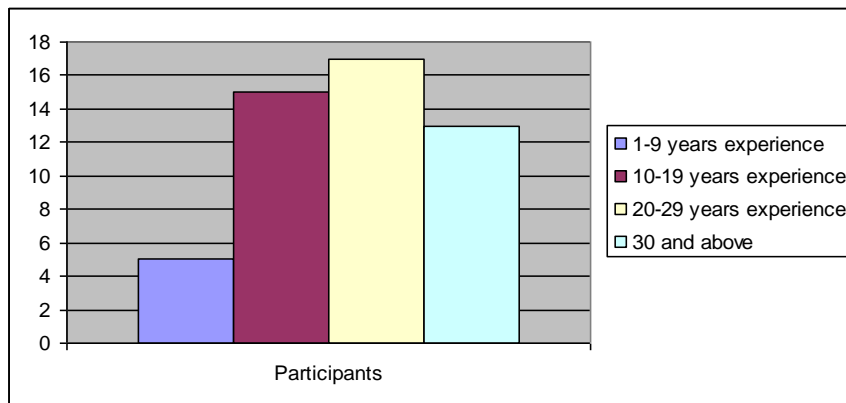


Fig.1: Distribution of nurses according to work experience

It is observed that the sample composed of women nurses in the age group 25- 60 years. Majority of nurses had more than 20 years of working experience and holding positions as staff nurses and ward in-charges in tertiary and district hospitals.

#### Factors that contribute to stress at workplace

Not surprisingly, majority of nurses reported their work was stressful, the factors that contribute to stress at workplace were classified in six categories which were issues related to staffing & workload, supplies/ equipments, problems among other nurses', doctors, patient and their relatives and administrative issues.

64% of respondents reported staff shortage as the major stressor for them at workplace. They felt that patient care could be managed better if adequate number of staff were available. The workload was reported as second stressor by 54% respondents and this could be the resultant effect of staff shortage. The respondents described workload in terms of "too many admissions", "when many patients are put on floor and with no relatives to attend patient's needs", "unnecessary paper work" and "excessive documentation and improper break time", "shifting of patients for investigations, X-rays, OT etc". Nurses reported that single nurse handling emergencies, absenteeism and long leave are also factors which contribute to their occupational stress.

Adequate supplies and proper equipments in working condition help nurses to accomplish their tasks. 40 % of the respondents pointed out that lack of supplies and non-working equipments contribute to stress. "No proper articles to carry out routine procedures and in emergencies too". "Shortage of drugs, substandard supply of medicines", "non replacement of broken items", "equipments not in working condition when doctors requires", and "delay in attending faulty gadgets". Many a times nurses become a target in such situations for doctors to vent their anger on or to prove that they are not doing their job properly despite the fact that they are not at fault.

It was found that communication gap, poor rapport and uncooperativeness between nurses, doctors and co-workers causes stress. Communication between health team members plays an important role in continuity of care. They reported "improper communication of important information", "lack of communication between staff and no understanding with certain ward supervisors", "inefficient planning of duties by seniors (ward sisters)" as stress factors related to nurses. Whereas stressors related to doctors were "no doctors around to handle situation" "uncooperative doctors", "Poor IPR with doctors". Co-workers such as ward attendants and patient's attendants contributed to nurse's stress by "non caring attitude of subordinates and no cooperation from co-workers," "ward attendants don't do work what they are suppose to do, because of political pressure and they say they are appointed by minister".

The patient and their families act as source of stress when unrealistic expectations and demands are placed on nurses. For many nurses, how nursing administration functions was stressful. They described administration as "poor administration", "favouritism", "inequality in postings/transfers/duty schedules", "no promotion, poor work management", "need to take care of assignment other than designation and clerical work," "when ward things are misplaced", "non availability of transport facility", "no job satisfaction", "absence of extracurricular activities", "extra documentation and no organisational support", "rotating staff from one ward to another even when staff shortage", "attending call duties and joining duties at any odd hours", "continuous working on our feet during surgeries", "continuous admission, no safety for patients and when many critical patients require care" together were some of the factors which cause stress among nurses. They felt that nothing is being done by nurse administrators to avert these stressors.

**Table 1: Types of workplace stressors reported by nurses'**

Stressors	Percentage (%)
Staff shortage	64 %
Work overload	54%
Shortage of drugs/equipments	36%
Lack of cooperation	16%
Public demands	16%
Administrative problems	16%
Communication gap	6%
Night duties	8%
Personal problems	4%
<b>Others</b> (No promotion, Favouritism, Lack of in-service training)	2%

**Stressful situations as experienced by nurses'**

Many situations within the health care setting contribute to nurses' stress. Nurses are the only health providers who take care of the patients' round the clock; they have to handle situations in absence of other health care providers. It was found that many situations contribute to stress especially when the patient care is affected. "Very busy duties i.e. many admissions and less beds and patients have to keep on trolleys", "when patient census more than bed strength", "when less staff on duty to handle patients" and "hurry worry in emergencies". The respondents also felt that many situations like "phone call after working hours, that work is not done properly", "absenteeism i.e. double duties", "no time to plan work i.e. night duty scheduled too early", "when we have to work with relievers" further adds to their stress experience.

Some of the stressful situations reported by the respondents were .....

"Inability to explain things satisfactorily to patients, due to non-availability of time as other work remain pending"

"When I am very busy and I can't finish work"

"When I can't go to each patient and give my valuable time"

Besides workplace stressors respondents also pointed out that "Interference by politicians in nursing administration", "granting child care leave without Matron's consent", "rotating staff from one ward to another even when staff shortage", "attending call duties and joining duties at any odd hours", "continuous working on our feet during surgeries", "continuous admission, no safety for patients and when many critical patients require care together" were some of the situations which increase stress level of the nurses. This shows that nurses working at administrative positions are working under pressure to the extent that they are helpless.

Many a time's stressful situations are created due to doctor's absence in hospital. Respondents described situations which put them to experience stress such as....

"When nurses are blamed and held responsible for any thing that is done wrong by doctors"

"Patient starts gasping and a duty doctor is busy in other ward"

"During emergencies when doctor is not available or doctor don't attend serious patient"

"When doctors don't attend patient and take routine rounds in wards."

There were many situations among nurses themselves which lead to stress. These situations were not related to patient care or workplace but were focused more on individual needs, issues or conflicts. The situations were like "leave not granted on request", "even during break time we need to work in spite of reporting our problems", "long working hours without proper meal breaks", "differences in opinions of colleagues and subordinates", "injustice by superiors and authorities", "when staffs are either late or absent and have to go off after night duty", "when staff back answers at work", "when things are not found in place", "when staff don't work properly and doesn't cooperate" , "when there are differences among staffs", "when

other colleagues gossip”, “partiality by managers, working with uncooperative staff and no recognition of work”. This shows that there is lack of cooperation and cohesiveness among nurses which leads to stress.

Table 2: Situations that increases stress

Situations that increases stress	Percentage (%)
Workload	25
Shortage	18
Quality of care, Emergencies	12
Night duties, Lack of co-operation	8
Public demands/behaviour	6

**The situations increasing workplace stress among nurses**

When nurses are not able to provide nursing care to the patient under their care, it results in experience of stress related to poor quality of care. The respondents reported that “too many admissions and no beds”, “patients argue to sleep on the floor”, “more work to be completed in less time and with less staff”, “lack of time to complete the work due to lack of staff”, “when too many critical patients and all requires care”, “patients with no relatives”, “when patient complains of chest pain and ECG machine is in not working condition”, “unable to give proper attention to patient care”, “patient’s condition worsens and patient dies due to negligence of medical staff”, “when quick decision has to be made and there is no solution” were some of the situations made them to suffer from workplace stress.

Lack of leadership among nurses contributes to workplace stress. Especially when there is no one to voice out or solve issues related to workplace. Respondents reported that “When Ward sister or HOD don’t support,” “ nobody is ready to listen to your problems”, “Disobedience, breaking rules, influence from higher authorities,” they also felt “minimal opportunities for in-service/continuing education” is given to nurses. Nurses have poor representation at higher level.

**The Situations decreasing workplace stress among nurses’**

46 % of the respondents reported that mutual understanding between nurses, doctors and co-workers reduces workplace stress. Only 10% of respondents admitted that proper staffing reduces stress, though “staffing” was reported as the major stressor. It can be concluded from this that even with lesser staff and better mutual understanding workplace stress experience can be minimized. The mutual understanding was revealed in terms of “work is equally distributed among all staff,” “when duty doctor is traceable on time,” “group cohesiveness, division of work, friendly working attitude,” “When there is team work, when your colleagues are punctual”, “interpersonal relationship is good between all the different categories of hospital staff,” “Good IPR and team work” and “When doctors are cool, when ward in- charges do not interfere in our work.” These factors were identified as factors which contribute to mutual understanding thus decreasing stress experience among nurses.

When patients get well, this situation also helps nurses to reduce stress. This was reported by 12 % of the respondents. They pointed that “when the duty is without any complications and when all patients are safe and happy”, “When patient settles, recovers and discharged”, “when I am able to perform, when patient improves/recovers”, “no complications at work and patients goes home happily” this shows that recovery of patient primarily decreases stress, irrespective of any other situations.

Work recognition was also pointed out by respondents as important aspect for nurses; they felt that a situation in which their work is recognised contributes to decrease in workplace stress. Respondents reported that “When work is recognised by the higher authorities, patients and their relatives”, “when everything in ward is well and smooth” were some of the situations that decreases stress. Less workload and availability of proper equipments for patient care decreases workplace stress, this was reported by 4% of the respondents.

Table 3: Situations decreasing workplace stress of nurses’

Factors that decreases stress	Percentage
Mutual understanding	46
Proper staffing	10
Recovery of patients	12
Work recognition	10
Equipments, Less workload	4

#### IV. Coping Strategies Used By Nurses

Table 4: coping strategies used by nurses'

Coping Strategies	Way of coping reported	Percentage (%)
Problem avoidance	Doing what I can do, Manipulating Smile, do easy work, Keeping silence/cool	22
Mental disengagement	Sleep/listening to music/take a off	16
Problem solving, planning	Preparing self	12
Religious coping	Prayer.	12
Social Support	Sharing views	10

The coping statements reported by respondents were grouped in order to find out type of coping strategies used by nurses. The respondents used mainly four types of strategies of coping. The strategies used were problem avoidance (22%), Mental Disengagement (16%), Problem solving/planning (12%), religious coping (12%) and social support (10%). It can be concluded that nurses' perceive the stressful situations as beyond their control as a result most of coping strategies adopted were to avoid situation. Problem solving and social support type of coping strategies were used only to provide continuity of care to patients and in any situation that patient care should not be suffered.

The coping statements used by the respondents under different coping strategies were

**Problem avoidance:** "manipulating ourselves", "do easy work first", "by taking leave", "by keeping myself cool", "Sit quietly and relax", "I don't argue, without minding we need to do class IV work", , "not to land up in arguments, but to go on as nothing will change only me", "I do what I can do", "try to manage with whatever things are available", "I keep myself silent", "asking In- charge for off, when things get really stressful",

**Mental disengagement:** Sleep, proper sleep, shopping, movies and hanging out on off days and sleep late hours on off days, daily walk and exercises, meet friends, dance, close eyes and meditate, "I do pranayana", "listening to music", "watching TV for some time", "when I go home and try to sit outside for fresh air for sometime", "going for walk", "take leave for few days".

**Problem solving, planning:** "distributing work equally", "organizing things systematically", "do the best possible by giving priority to needs", "coordinating with staff and doctors on duty", "preparing the time/duty schedule well in advance", "adjusting proper duty", "for short supply of medication informs HOD and do local purchase/Give prescription" ;"preparing myself for emergencies", "working towards effective work management", "accountability to work, maintaining records", "understanding good and bad of others", " get the work done amicably by my co-workers", "solving the problem by explaining to staff".

**Religious coping:** "attending Mass everyday, pray to God", "At time we find tough to find means, but pray to God to give courage and enlighten to cope up", "love and understanding", "ask holy spirit to guide", "praying to God", "by strengthening myself and doing justice to my profession and believing in God," "I work with spiritual support thinks that what I do it is almighty Gods wish", "I pray to god to help me and with this I do everything"

**Social Support:** "shares views with colleagues", "take help of relatives of patients", "Trying to keep myself cool", "expression of feelings ideas", "getting together and discussing problems with colleagues", "tell my relations to take care of my children in case of double duties".

#### Measures taken by authorities according to respondents

Majority of the respondents felt that concerned authorities are not taking the cognizance of stress and stressors affecting the nurses at their workplace. Twenty eight (56%) respondents reported that no measures are taken by authorities, other respondents reported that the measures are been taken by the authorities such as trying to provide more staff, sometimes if possible extra staff is provided for help. Respondents also reported that regular meetings are held with higher ups to resolve issues related to staffing but without any permanent solution or outcome, only temporary arrangement is done, sometimes nurses have to continue double duty to provide continuity of care to their patients. Some respondents said the authorities only gives assurances that problems will be solved, but it take long time to take action from their side. There is no systemic intervention for stress prevention or risk assessment for stress at workplace.

## V. Respondents' expectations from concerned authorities

The respondents had plenty of expectations from concerned authorities in relation to stress management or stress prevention at the workplace. The expectations were basically focused on individual needs or personal experience rather than on common thinking.

**Retirement age:** one of the respondents with less than 5 years working experience felt that the retirement age to be reduced from 60 years to 55 years.

**Recreational facilities:** More weekly off's, recreation facilities and yoga (relaxation) classes.

**In-Service Education:** regular in-service nursing education and training programme for nurses.

**Policies:** Written policies for recruitment, selection, postings, transfer and Continuing Nursing Education.

**Management Support:** Regular visits by concerned authorities to take note of actual working conditions. Ward In-charges to represent their problems to higher authorities and find suitable solution. Concerned authorities to appreciate and support nursing staff for good cause.

**Adequate Staff:** Maintain proper nurse patient ratio. To overcome major stress factor of the staff shortage they expected the concerned authorities to provide adequate staff for quality care.

## VI. Discussion

With regard to the factors that contribute to stress at workplace were stressors related to staffing, supplies/ equipments, problems among other nurses, doctors and co-workers, patients/their families, administrative issues. The nurse patient ratio, communications problems, poor supply of equipments, over and unrealistic expectations of patients and their relatives were the stressors that contributed to stress.

## VII. Conclusions

It can be concludes that nurses are working under extreme stress, the stressors faced are in relation to staffing, coordination of care, team work , equipments and supplies and behaviour of doctors, patients , relatives and nurses themselves

## VIII. Suggestions

- Maintain nurse patient ratio as per MCI or INC norms.
- Taking note of stress faced by nurses in workplace by concern authorities.
- Stressing on building positive coping for better health outcomes for nurses themselves and patients under their care.
- Organizing joint session of health team members to build up IPR
- Organizing In-service training programs

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