STAFF NURSES' PERCEPTIONS OF SUPPORT IN AN ACUTE CARE WORKPLACE

Elizabeth Lindsey and Carolyn Attridge

People entering nursing have been described as "angels of mercy" (Pines & Kanner, 1982) and as "youthful, enthusiastic crusaders" (Cherniss, 1980). During their training, nurses are told they are unique among the health care professionals because they provide continuity of care and emotional support as integral components of their work skills: they are always there, and always care (Mabbett, 1987). The reality of nurses' work sometimes comes as a shock to new graduates (Kramer & Schmalenberg, 1988). The actual work of nursing is often associated with the witnessing of unpleasant sights and odours, of human pain, suffering and death, in an atmosphere that is often noisy, brightly lit and highly technical. Nurses work around the clock and against the clock, carrying heavy responsibilities and heavy caseloads. Such experiences generally give rise to feelings of anger and worry, fear, depression, shame, embarrassment and resentment. These emotions are often considered incongruent with the "Florence Nightingale-inspired fantasy of ministering angel" (Gaskin, 1986); as a result, occupational stress and burnout are common phenomena (Attridge & Callahan, 1987; Dolan, 1987).

Individual counselling and work-related support groups have been cited in the literature as two of the better coping strategies to help alleviate some of the problems associated with stress and burnout (Adey, 1987; Campbell, 1985; Hingley & Harris, 1987; Tschudin, 1987; Weiner & Caldwell, 1983). However, Weiner, Caldwell and Tyson (1983) suggested that support groups are often introduced into the workplace without first assessing the needs of the individual nurse and the group as a whole; as a consequence, they often fail. A clearer understanding of what nurses need in the way of support is required, therefore. The study reported here examined and described nurses' perceptions of support and lack of support in the workplace, and documented the impact of these experiences on them professionally. Research questions were: what were acute care staff nurses' perceptions of support and lack of support in the workplace, and how did nurses perceive support or lack of support to facilitate or hinder their work performance?

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Literature Review

Nurses working in a busy general hospital are required to function under considerable stress (Hingley & Harris, 1987) and they must cope with many conflicting stresses in the daily rounds of their activities. Often, nurses consider themselves treated like subordinates, rather than colleagues, and they perceive that they have little say in the decision making process. That is, they function under policies that others have created and are aware of holding professional responsibility and accountability without having the authority or support in exercising necessary initiatives (Fisher, 1985).

At the key point of contact in the network of patient care, nurses must deal with role conflicts among the attendant professions as well as among themselves. Also, nurses are at the prime point of contact with patients and are often required to try to reconcile conflicts between their patients' needs and the institutional policies.

In British Columbia, the limiting of government funding, in an effort to control health care costs, has contributed greatly to nurses' work-related stress. Attridge and Callahan (1987) cite the following stresses.

> Increasing nurse-patient ratios, shortages of, or ill-functioning equipment and materials, ward closures with resulting crowding of available space, reduction of inservice education opportunities at a time when the acuity and complexity of patient care is increasing (p. 7).

The conclusion or prolonged and chronic stress is burnout. This term has been labelled "the syndrome of the 1980's" (Maslach, 1982). It has been used to describe the decrease in quality and quantity of work performed by a person on the job (Paine, 1982). While every occupation carries with it the possibility of burnout, the service and helping professions are seen to be particularly susceptible (Farber, 1983). There appears to be a lack of consensus on the definition of burnout. However, Dolan (1987) accumulated the following essential elements of the burnout syndrome

> Decreased energy, shown by an inability to keep up with the work pace; decreased self esteem manifested in a sense of personal failure related to work; output exceeding input, whereby the individual perceives a greater expenditure of him/herself into a job for an even smaller profit or reward; a sense of helplessness/hopelessness and being unable to perceive alternate ways of functioning; cynicism, negativism in relation to self, others, the job, institutions, etc; and a feeling of self depletion (p. 3).

Maslach (1976) suggests that the occurrence of burnout is rooted, not in the relatively permanent traits of the individual, but in the specific social and

situational factors that can be changed. Much of the stress in hospital nursing is an inherent feature of the job. Nevertheless, creating a nursing environment that improves the staff's health is a salient goal which will benefit not only the practitioners and the organization, but the patients as well (Gentry & Parkes, 1982; Noroian & Yasko, 1982; Stillman & Sasser, 1980).

Social support has the potential to mitigate stress and burnout and improve health (Cassel, 1976; Cobb, 1976; Dean & Lin, 1977; Gottleib, 1983). Although social support is not a panacea for occupational stress, evidence suggests that social support can ameliorate the effects of stress in nursing (Constable & Russell, 1986; Cronin-Stubbs & Rooks, 1985; Firth & McEntee, 1984).

The study of social support has been applied to the workplace and the advantages of work-related support have been reported by many nursing researchers. Gray-Toft and Anderson (1983) suggest that support groups will decrease staff turnover, while Fell and MacCarthy (1986) recommend support as a way of increasing staff effectiveness by teaching conflict management. It has been found that work-related support will increase job satisfaction (Carnevale, Annibale, Grenier, Guy & Ottini, 1987; Dolan, 1987) and that support groups provide an opportunity to consult with others about patient care and augment nursing knowledge (Teark, 1983; Webster, 1983).

Attridge and Callahan (1987), in researching a quality work environment for nurses, found the highest ranking item identified by the nurses to be "supportive, amiable, enthusiastic colleagues". In a similar study, concluded in 1989, Attridge and Callahan asked nurses what they needed to redesign their work environment; they identified positive work relationships as the second highest ranking need.

Although there is extensive coverage in the nursing literature on the subjects of stress, burnout and the beneficial effects of work-related support, what is less evident is what nurses perceive their support needs to be. In what work situations do nurses feel the need for support and what is the result of that need? Do they perceive themselves to be supported or unsupported? Who are the persons involved in supportive or unsupportive behaviour, and what is the impact of support or lack of support on nurses' work performance? If these factors were better understood, then more effective work-related support could be planned, implemented and evaluated.

Method

The sample consisted of acute care registered staff nurses who had returned to university to complete their Bachelor of Science in Nursing degrees. The volunteers were told that they would be required to give specific details

about significant supportive and unsupportive incidents in their work. A consent form was signed. Strict confidentiality was assured by the designation of a code number to identify the reported incidents and all other identifying characteristics were removed.

Thirty nurses participated in the study (29 female and one male). Their ages ranged from 24 years to 53 years (mode 26 years) and their experience in the nursing profession ranged from one year to 23 years (mode five years). Experience was in a variety of acute care settings ranging from medicine to intensive care and the provinces from which the incidents were reported included British Columbia, Ontario, Alberta, Manitoba, Yukon and the Northwest Territories.

Data were collected using the *Critical Incident Technique*, a qualitative research method developed by Flanagan (1954). This technique is a form of interview research designed to collect an extensive range of incidents from people who are in a position to report their experiences. The procedure for collecting data does not consist of a single rigid set of rules governing data collection; instead, it is a flexible set of principles which may be modified and adapted to meet specific research needs (Flanagan, 1954).

Evidence of reliability and validity of the *Critical Incident Technique* has been provided by Andersson and Nilsson (1964). Validity of the category titles and definitions was judged by two university professors with extensive experience in using and analyzing the technique. Categories were re-sorted, redefined and clarified until the two university professors and the researcher agreed that the categories were a true representation of the data. Reliability in the placing the incidents under the appropriate category headings was tested by three independent judges. Each judge was given 20 randomly selected incidents and the average percentage of agreement between the researcher and the judges was 86.6%, consistent with Andersson and Nilsson (1964) who suggested a level of agreement between 75% to 85%. According to Flanagan (1954), an incident was considered critical if it made a significant contribution, either positively or negatively to the general aim of the activity. In the present study, the criterion for significance of an incident was whether or not the event facilitated or hindered the nurses work performance. The actual questions used to elicit details of facilitating or hindering events were as follows.

1. Tell me about a time in your work as an acute care staff nurse when you felt significantly supported or unsupported. What were the circumstances surrounding the event?
2. Who else was involved? Who was the person (or persons) you found particularly supportive/unsupportive?
3. How did you feel as a result of this incident?

4. In what way did the event facilitate or hinder your work performance?

In this way, the interview was directed towards concrete events rather than opinions or speculations. This procedure was continued until the subject indicated that she had no further incidents to report.

The participant interviews were tape recorded and the incidents were then transcribed onto individual index cards. The categorization was organized according to: who was supportive or unsupportive (the reported responsible agent); in what situation or circumstance the support need arose; and what outcomes occurred, (that is, was there a facilitating or hindering effect on the nurse's work performance?).

Results

One hundred and eighty-four incidents were identified, 95 were of a supportive nature and 89 were considered unsupportive. These are discussed according to the agent, the action and the outcome.

Table 1

Agent Categories

Agent	Supportive	Unsupportive	Total
Head Nurse	30	14	44
Staff Nurse	25	19	44
Doctors	13	22	35
Nursing Administrators	3	13	17
Supervisors	7	12	19
Medical Team	8	5	13
Patients' Relatives	7	0	7
Hospital Administrator	1	3	4
Para Nursing Personnel	1	1	2
TOTAL	95	89	184

Agents

Table 1 identifies the influential agents. Head nurses and staff nurses were the agents most frequently involved: in the majority of the reports, they were supportive in their actions. Physicians were the third most often cited agents and their actions were reported to be predominantly unsupportive. Higher nursing administrators (i.e. nurse administrators and supervisors) were reported to be two and a half times more unsupportive in their actions, whereas patients' relatives were reported to be entirely supportive. The medical team, hospital administration and paranursing personnel had a fairly equal mix of both supportive and unsupportive actions.

Actions

Eight action categories were developed. They described the situations the nurses were in when their support needs arose. Table 2 displays the category title and definitions, the number of incidents reported in each category as well as the numbers that were considered to be either supportive or unsupportive in nature.

An overall examination of the findings shows that nurses reported feeling most supported when the need for acknowledgement of their value and expertise was the issue. One nurse remarked on this experience of support when she told of a time when a grateful relative wrote to the Director of Nursing about her kindness and expertise: "This is what keeps us coming back, it's what makes it all worthwhile, it's when I know I am in the right profession." Support was also evident in situations of work-related emotional stress and in collegial work relationships and in these two categories, the support came from other staff nurses.

Nurses reported feeling predominantly unsupported in issues concerning their control over work, and physicians were most often cited as the unsupportive agents. One nurse commented on her feelings of frustration in this regard when she said, "It's awful when you know what should be done, but you feel compelled to follow orders that you know are not right for the patient." Similarly, nurses reported feeling unsupported when the availability of resources was the issue, and in this category, nursing administrators were reported to be the unsupportive agents. There were almost an equal number of supportive and unsupportive incidents reported in the categories of vulnerable or humiliating work circumstances, in work and career advancement and in the conflicts concerning nurses' work and personal life needs.

Outcome

The outcome for nurses varied considerably, depending on whether they considered themselves to be supported or unsupported. For the supportive

Table 2

Situation Categories and Incident Frequencies

Value/Respect for Nursing Expertise and Quality Patient Care
Situations where recognition of work and the quality of the nurse and/or her work are the issue.
Total: 38 Supportive: 28 Unsupportive: 10

Control Over Work
Situations in which the nurse's ability to control her own work (i.e., apply her knowledge, implement decisions, pursue a particular role, or work in her best judgement) is at issue or is challenged.
Total: 31 Supportive: 4 Unsupportive: 27

Work-Related Emotional Stress
Situations in which the work-related emotional needs of the nurse are paramount.
Total: 16 Supportive: 17 Unsupportive: 9

Vulnerable/Humiliating Work Circumstances
Situations in which the nurse's professional self is threatened (i.e., she is vulnerable or humiliated and needs to be protected or defended) as in perceived error circumstances.
Total: 24 Supportive: 13 Unsupportive: 11

Collegial Work Relationships
Situations where the issue is the need for competent, committed and trustworthy colleagues, working cooperatively together as a cohesive unit, recognising the work-related needs of one another.
Total: 23 Supportive: 16 Unsupportive: 7

Resource Availability
Situations where the adequacy of the human resources support (i.e., adequate staff/patient ratio) and the safety of the nurse or her work environment are in question.
Total: 19 Supportive: 6 Unsupportive: 13

Work/Career Advancement
Situations where the professional development, advancement of nursing practice, and educational needs (i.e. adequate orientation and inservice, continuing education and special grooming) of the nurses are the issue.
Total: 17 Supportive: 8 Unsupportive: 9

Work and Personal Life
Situations where the nurse's personal life and needs and the demands of her work are in conflict.
Total: 6 Supportive: 3 Unsupportive: 3

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incidents, nurses talked mostly of a heightened self-esteem, greater self-confidence and a motivation to work to the best of their ability. Whereas, if they perceived themselves to be unsupported, they felt anger, frustration, disinterest and a lack of motivation to give optimal patient care. Seventeen of the 89 unsupportive incidents produced surprising results. That is, although the nurses perceived themselves to be unsupported in their work, they reacted by becoming more assertive, behaving as a patient advocate and being determined to work harder to improve their work conditions. Conversely, three nurses, although they perceived themselves to be supported at work, reacted negatively by feeling inadequate that they should need such assistance and support.

Nurses reported the unsupportive incidents to have the greatest impact on their work performance. Eighteen nurses reported leaving their jobs as a result of a specific unsupportive incident. That is, 60% of the nurses interviewed changed their place of employment because they experienced a lack of support at work. This supports the importance or work related support found in the literature.

Discussion

The high incidence of job turnover is a critical finding. In 1987, the nurse vacancies in British Columbia reached a seven-year high (RNABC, 1988) with a vacancy rate of 38% in general acute care and 30% in critical care (RNABC, 1987). Messages from the media and professional organizations clearly indicate that this nursing shortage is nationwide at this time. What can be done about this problem? Nurses need support at work and strategies must be initiated to create a more supportive atmosphere. Inservice education on assertiveness training and on relaxation and stress management techniques could be implemented. As well, strategies could be devised to help nurses deal with their emotions and, when appropriate, express their feelings more freely. Cognitive restructuring could be taught to help nurses alter their negative thoughts and responses and to think more clearly in relation to themselves and their health care setting. Peer support training could be introduced into the workplace and the formation of support groups encouraged. Finally, individual counselling should be introduced into the workplace and, where necessary, a referral service available through the occupational health departments.

Professions such as nursing, which attracts individuals with high ideals, are particularly vulnerable to the dangers of employee burnout (Pines & Kanner, 1982). The costs of preparing competent nurses are high - too high to loose them through high turnover rates resulting from job stress. Support groups, assertiveness training, relaxation and stress management, cognitive restruc-

turing and individual counselling are all strategies to help reduce the impact of job stress and support nurses in their work.

> We must learn that nurses are people, not machines. Machines don't need support. People do, and they give it best when they get it for themselves, P.R.N." (Jones, cited in Shendell-Falik, 1985, p. 15)

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RÉSUMÉ

Sentiment que les infirmières des unités de soins intensifs ont d'être aidées

Cette étude a pour objet d'élaborer et d'examiner un ensemble complet de catégories décrivant le point de vue des infirmières affectées aux unités de soins intensifs au chapitre de l'aide qu'elles reçoivent dans le cadre de leurs fonctions. La technique des incidents critiques a été utilisée en vue d'obtenir des renseignements sur 184 incidents survenus à 30 infirmières; 8 grandes catégories ont été établies qui décrivent les situations spécifiques vécues par les infirmières au moment où celles-ci ont eu besoin d'aide. Les infirmières reçoivent de l'aide lorsque le besoin de reconnaître leur valeur et leurs compétences se fait sentir, dans le cadre de leurs relations de travail ou de situations émotives stressantes liées au travail. Les infirmières déclarent ne recevoir aucune aide lorsqu'elles ont l'impression de n'exercer aucun contrôle sur leur travail ou lorsque l'enjeu a trait à la disponibilité des ressources. Les incidents qui n'ont débouché sur aucune forme d'aide sont ceux qui exercent la plus grande influence sur leur rendement et 60 % des infirmières interrogées indiquent avoir quitté leur emploi pour cette même raison. Des recommandations ont été formulées afin d'aider les infirmières à exploiter des stratégies leur permettant de surmonter leurs problèmes et la création de groupes d'aide professionnelle et de services de counseling a été suggérée.

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