Staff Nurse Perceptions of Stressors and Support Needs in their Workplace

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Cette étude qualitative explore les tensions et le besoin de soutien que connaît le personnel infirmier travaillant dans les services de soins de courte durée. Vingt-huit infirmières se sont portées volontaires pour consigner ces deux variables au cours d'une journée de travail. Elles ont été interviewés le lendemain pour clarifier leurs impressions. L'analyse de contenu des entrevues a révélé que les infirmières ressentent des tensions liées à des facteurs d'organisation et d'environnement, au travail proprement dit et/ou aux relations interpersonnelles. Ces causes de tension, le moment de la journée et le tempérament de la personne peuvent avoir une incidence sur le besoin de soutien. Onze besoins de soutien ont été répertoriés. Ces résultats indiquent que les recherches ultérieures sur ce sujet devront utiliser une méthodologie permettant que l'on étudie le soutien en tant que processus dynamique.

This qualitative study explored the stresses and support needs of individual acute care staff nurses. Twenty-eight nurses volunteered to keep a log of these two variables during one specific work day and were interviewed on the following day to elicit their perceptions. Content analysis of the interviews revealed that at any given time staff nurses experienced stress related to organizational/environmental, job component, and/or intrapersonal factors. Stress factors, time of day, and character of the individual can all influence the need for support. Eleven support needs were described. These results indicate that future research on this subject should employ a methodology which allows support to be studied as a dynamic process.

The purpose of this article is to describe the unique and variant nature of stressors and support needs for individual nurses. The occupation of nursing has traditionally been one of nurturing the sick, providing for their physical, as well as emotional needs. In addition to this, nurses today are expected to fulfil a more contemporary role which includes everything from preventative interventions to high-tech intensive care of the critically ill patient. Recently researchers have begun to ask at what personal cost to nurses these services are provided and what, in turn, are nurses' needs. (Marshall, 1980).

There is an increasing level of burnout in the nursing profession, resulting in a high rate of staff turnover and poor job performance (Lobb & Reid, 1987). More nurses are leaving the profession, enrolments in nursing schools have declined, and

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hospital beds are closing due to current nursing shortages. Although hospital employers may be able to alter some of the existing demands and stresses that are present for nurses, many cannot be removed from the health care milieu. Because of this, researchers have begun to look at available resources that can be employed to enhance nurses' ability to deal with stress. One such resource is social support in the workplace (Mowiniski-Jennings, 1987).

Literature Review

Stress is defined as a relationship between an individual and his/her environment that is appraised by the person as taxing or exceeding his or her resources, and endangering well-being (Lazarus & Folkman, 1984). For the nurse, the stress process begins with potential stressors including intrapersonal, organizational/environmental, and job component stressors, which all interact in a reciprocal manner (Hartrick, 1989). These interactions can result in stress appraisal and in time lead to emotional exhaustion and burnout. There are three important characteristics of the stress-support process in this model: it is individual-specific, multifactorial, and dynamic, changing over time. Within this process, support may occur at any time and enhance the nurse's ability to deal with stressors.

Conceptual and operational definitions of support vary widely among researchers making it difficult to compare the various studies (LaRocco, House & French, 1980; Starker, 1986). Cobb (1976) defines support in terms of information leading the subjects to believe that they are cared for and loved, esteemed and valued, and belong to a network of communication and mutual obligation. In contrast, Kahn and Antonucci define support as "interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid" (as cited in House, 1981, p. 16). Gottlieb (1978) asked individuals to describe supportive relationships in which they were involved. Four major categories of support were revealed: emotionally sustaining behaviours, problem-solving behaviours, indirect personal influence, and environmental action.

One area of debate within the literature on this subject is the importance of the perception of support versus the behavioral manifestation of support. Many researchers believe that the former is more important than the latter. Gottlieb (1985) points out, however, that both the support needed and the support provided impact on the outcome.

Little existing research has explored the nurses' perception of their own support needs. Smith (1986) conducted one such study, but looked at nurses' support needs from a static perspective. The stress-support model, on the other hand, emphasizes the specific and dynamic nature of support. The support needs of individual staff

nurses are in fact both unique and constantly changing as a result of existing intrapersonal, organizational/environmental, and job component stressors. Needs must therefore be assessed on an ongoing basis. The current study is part of a larger one which was undertaken to address staff nurses' perceptions of their stresses and support needs in the workplace.

Method

This study was primarily qualitative in nature. Since the literature concerning the dynamic nature of staff nurses' support needs is virtually nonexistent, this type of study would allow these unknown data to be revealed. "In other, less well understood areas of stress and coping...the more open-minded, qualitative grounded theory participatory approach offers the more useful research approach because obscure or complex relationships can be described" (Bargagaliotti & Trygstad, 1987). Since the model from which this study stems views the stress-support process as unique to each individual, systematic (with multiple contributing factors), and dynamic, semi-structured interviews were conducted to gain insight into the experiences of the participating nurses.

Subjects

A written request for volunteers was distributed to the head nurses and staff nurses at two urban hospitals. Twenty-eight acute care staff nurses, (two nurses from each of the 14 nursing units) participated in the study including 27 females and 1 male. Their ages ranged from 24 to 50 years, with a mean of 34.3 years. Total years of nursing experience ranged from 2 to 29 years, with a mean of 7.6 years. Four participants had a Baccalaureate degree in Nursing, nine had a three-year diploma, and 15 had a two-year diploma.

Procedure

All volunteers were asked to keep a log of their experiences during the work day preceding their interview. The purpose of the log was to help them recall instances of workplace stressors and support needs during the subsequent semi-structured interview with the researcher (Cormier & Cormier, 1985). In order to ensure that the individual nurse's perspectives were obtained, subjects were not given specific instructions regarding the kind of experiences they should record. Rather, they were instructed to think of the log as a patient chart (of themselves) reflecting what happened to them during their work day with entries recorded as for a patient flow sheet, but in a form that was meaningful to them. Since nurses are trained to keep

accurate and complete records in patients' charts and flow charts, it was thought that this approach would be effective in obtaining the desired information, without requiring a lot of time for log completion. The researchers formulated interview questions which were judged independently by three psychologists, to establish content validity. They agreed that the questions were congruent with the objectives of the study.

The interview guide provided topics within which the interviewer was free to explore (Patton, 1980). It also helped to ensure the best use of limited time by keeping interaction focused, while allowing individual perspectives and experiences to emerge (Patton, 1980).

After completion of the log, volunteers related their experiences during the semi-structured interview. Volunteers had their logs to refer to, which ensured accurate recall of the previous day. For purposes of the interview, Greenley's (1981) definition of need as something one wants, requires or desires was used. All interviews were conducted by one researcher and tape recorded for later analysis. They were held at the hospital at times mutually agreed upon by the subjects, hospital administration, and the researcher.

Data Analysis

The data were analyzed using the technique of content analysis as outlined by Woolsey (1986). First, the raw data were categorized or classified by relevant content characteristics (Guba & Lincoln, 1982). Categories were formulated inductively by sorting the responses into clusters that were judged to group together (Woolsey, 1986). In this study previously established classifications of types of support were not used; instead, the thoughts and feelings of the participants were used to generate the categories.

The interview tapes were reviewed and the subject responses to the questions transferred to index cards. These cards were then sorted into piles to form the initial categorizations (Woolsey, 1986). In most instances one of the volunteer's phrases was selected to represent the category.

The data categorization was validated by three independent judges. The average percentage of agreement between the researcher and the three judges was 87.5%, consistent with Andersson and Nilsson (1964) who suggest that a level of agreement above 75% is acceptable. It is unlikely that two people reviewing qualitative data would develop exactly the same categories (Guba & Lincoln, 1982). Having the categorization of the data validated by the judges, however, is in keeping with the expectations of replication (Miles & Huberman, 1984).

After categorization of the data, frequency counts were obtained for each theme by counting the number of nurses who mentioned the theme. These figures were expressed as a percentage of the maximum value of nurses that participated, 28.

Data categories were then ranked according to the highest frequency. If two categories occurred within the same percentage of the group, the two rank numbers were divided and each assigned the same ranking.

Results

Staff nurses experienced numerous organizational/environmental, job component, and intrapersonal stressors at any given time during their workday (Table 1).

Table I. Frequency Distribution of Staff Nurses' Perceptions of Stressors

Staff Nurse Stressor	Staff Nurses % of Group	Rank
I Organizational/Environmental Stressors		
Workload		
Too many demands	71.4	1.5
Extra duties	39.3	8.0
Nurse covers for everyone	42.9	6.5
No time for emotional/teaching	32.1	10.0
Unexpected factors	28.6	11.5
Relating to other Members of Health Team		
Interpersonal relations	71.4	1.5
Poor communication/conflicts	42.9	6.5
Doctor's lack of understanding	46.4	5.0
Lack of positive recognition	25.0	14.5
Lack of input	25.0	14.5
Physical/environment/supplies/equipment	21.4	17.5
II Job Component Stressors		
Time Pressures/Deadlines	35.7	9.0
Patients and Patients' Families		
Patient expectations	28.6	11.5
Demanding/difficult patients	53.6	4.0
Patients' families needs	25.0	14.5
III Intrapersonal Stressors		
Personal Expectations	67.9	3.0
Personal Threat Vulnerability	21.4	17.5
Lack Knowledge/Skill	25.0	14.5

In the organizational/environmental category, *workload* was identified as a major cause of stress. *Too many demands at once* was cited by 71.4% of the nurses. As an example of this, one subject volunteered "I was on second supper so I have six patients, have to give out meds and feed patients. I come back at 7:00, I give out the rest of my meds, look after my tube feeds and IVs and wash six people and do all of my charting." *Assuming extra duties* and *nurse covers for everyone* were reported by 39% and 43% of the nurses, respectively. One nurse stated, "The housekeepers can't mop up bodily fluids so the nurses have to." *No time for meeting patients, emotional*, or *teaching needs* was another workload stress: "We have a lot of dying patients and sometimes you don't even have a chance to say 'are you scared?'" The last workload stressor, which was cited by 28.6% of the staff nurses was *unexpected factors*. As described by one nurse, "...so my schedule got all messed up and I had to interrupt my patient's lunch to give insulin."

Relating to other members of the health care team included another major group of organizational stressors. *Interpersonal relations* and *team co-operation* was reported by 71.4% of the nurses. "It was my first day back and it was really stressful 'cause if we're really busy, you pick it up like osmosis, if everybody is uptight, you get uptight." *Physician's lack of understanding* and *acknowledgement* was cited by 46.4% of the nurses: "Doctors expecting me to stop what I'm doing and come now to make rounds, just drop everything." *Lack of positive recognition* and *lack of input* were reported by 25% of the nurses: "We're the ones that are here 24 hours a day and there's no acknowledgement that we're important, that we're needed, you know, that the place would fall apart if we weren't here, don't feel very valued." *Physical environment* was seen as a stressor by 21.4% of the nurses: "When I don't have any linen, sometimes I have to go and steal some from another floor, it's crazy when you have to sneak around to get some towels."

The second major category was job component stressors. *Time pressures and deadlines* were reported by 35.7% of the nurses. *Patients and patient families* and *patient expectations the nurse is unable to fulfil* were additional job component stressors for nurses. As one nurse stated, "Patients wanting to know why aren't you here for me, that was a long coffee break—-and I've been busy with other patients." In other cases they noted the *demanding/difficult patient problems or conditions* and *patient families demands and needs* as stressful.

Intrapersonal stressors were the third major category that impacted on the nurses. Many nurses (67.9%) cited *personal expectations* as a stressor: "Biggest frustration is that I can't give the kind of care I want to give..." Others reported *personal threat and vulnerability*: "You get to know your patients and they die, all you want is life around you, you begin to think you're going to get cancer." Lastly, 25% of the nurses stated they found *lack of knowledge/skill/procedures* to be stressful: "'Should I do this?' or 'Is this right?' and 'Don't really know'."

The support needs reported by the staff nurses are grouped into eleven categories (Table 2).

The most frequently reported support need was *help with physical tasks*. Other nurses cited *listening and understanding* as a support need: "People listening to me rant and rave and agreeing that, yea, it should have been done differently."

Consultation/problem solving was mentioned by 42.9% of the nurses: "A chance for consultation, you know, like, what should I do and two or three people give input." *Positive recognition/acknowledgement* such as "...someone to take me seriously, common courtesy, respect, being acknowledged..." was also expressed as a support need. A need for *extra support services* was reported by 42.9% of the nurses: "More support staff like porter, kitchen help so I have more time with my patients." Thirty-six percent of nurses cited a need for a *clinical coordinator*: "someone like a clinical leader to fall back on so if I've got somebody whose bleeding they can come and give you a hand and take care of your other patients so they aren't just sort of left." *Clear roles, procedures and policies* and *input into changes* (i.e., "listening to our concerns" and "following through with them") were other support needs that were identified. Finally, *support group for staff nurses* (14.3%) and *physical changes* (7.1%) were also seen as support needs by some of the nurse participants.

Table 2. Frequency of Distribution of Staff Nurses Perceptions of Support Needs (N = 28)

Staff Nurse Need	Staff Nurses % of Group	Rank
Help with Physical Tasks	71.4	1
Listening/Understanding	57.1	2
Consult/Problem Solve	42.9	4
Positive Recognition/Acknowledgement	42.9	4
Support Services	42.9	4
Clinical Coordinator	35.7	6
Communication	32.1	7
Input into Changes	25.0	8
Clear Roles/Policies	21.4	9
Support Group	14.3	10
Physical Changes	7.1	11

Discussion

In this study, nurses identified different sources of stress and needs for support during their workday. This indicates that stressors and support needs may be unique for each staff nurse. These findings are consistent with results from studies on job satisfaction. Landeweerd and Boumans (1988) found that there was a higher level of satisfaction among psychiatric nurses who worked on a unit where frequent contact between nurses provided ample opportunity to exchange opinions and feelings. In contrast, poor work satisfaction occurred when nurses were not able to meet their expectations for patient care. Factors that seemed to decrease work satisfaction included uncertainty and ambiguity about the treatment of patients, lack of an open and democratic structure to enhance problem-solving and communication, and lack of attention paid to the changing situation (Landeweerd & Boumans, 1988). Studies also have looked at job satisfaction in an attempt to find ways of attracting and retaining nurses. Positive influences included adequate nurse-patient ratios to assure quality care, a strong supportive nursing administration, open communication in all directions, and good nurse-physician professional relationships (Helmer & McKnight, 1989).

The purpose of this descriptive study was to illuminate an idiographic body of knowledge that describes support in relation to the needs of individual staff nurses (Guba & Lincoln, 1982). In idiographic interpretation, realities are multiple and different, with the findings to some extent dependent upon the particular interaction between the researcher and the participants (Guba & Lincoln, 1982). Caution, therefore, should be exercised in applying these findings to other settings. This study does, however, enhance the existing knowledge about staff nurse support needs and could act as a guide for future research. The fact that staff nurses have different needs for support means that nurse administrators should plan carefully when making support available. Future research on the subject should employ a methodology which allows support to be viewed or measured from a unique and dynamic perspective.

References

Andersson, B., & Nilsson S. (1964). Studies in the reliability and validity of the critical incident technique. *Journal of Applied Psychology, 48*, 398-403.

Bargagaliotti, L.A., & Trygstad, L.N. (1987). Differences in stress and coping findings: A reflection of social realities or methodologies? *Nursing Research, 36*, (3), 170-172.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 35*(5), 300-314.

Cormier, W.H., & Cormier, L.S. (1985). *Interviewing Strategies for Helpers.* Monterey, Ca.: Brooks/Cole Publishing Company.

Gottlieb, B.H. (1985). Social support and the study of personal relationships. *Journal of Social and Personal Relationships, 2*, 351-375.

Gottlieb, B.H. (1978). The development and application of a classification scheme of informal and helping behaviors. *Canadian Journal of Behavior Science, 10*(2), 105-115.

Greenley, N. (1981, October). *Dying in Hospital and at Home: Perceived needs of the terminally ill and their significant others.* Unpublished thesis, University of Calgary, Calgary, Alberta.

Guba, E.G., & Lincoln, Y.S. (1982). *Effective evaluation.* San Francisco: Jossey-Bass Publishers.

Hartrick, G.A. (1989). *Supervisory support of acute care staff nurses' perceptions and behaviour.* Unpublished Masters's Thesis, University of Victoria, Victoria, B.C.

Helmer & McKnight (1989). Management strategies to minimize nursing turnover. *Health Care Management Review, 14* (1), 73-80.

House, J.S. (1981). *Work stress and social support.* Reading, MA.: Addison-Wesley Publishing Company.

Landeweerd & Boumans (1988). Nurse's work satisfaction and feelings of health and stress in three psychiatric departments. *International Journal of Nursing Studies, 25* (3), 225-234.

LaRocco, J.M., House, J.S., & French, J.R. (1980). Social support, occupational stress and health. *Journal of Health and Social Behavior, 21*, 202-128.

Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.

Lincoln, Y.S., & Guba, E.G. (1985). Postpositivism and the naturalist paradigm. *Naturalistic Inquiry*, 14-46. Beverly Hills, Ca: Sage Publications Inc.

Lobb, M., & Reid, M. (1987). Cost-effectiveness at what price? An investigation of staff stress and burnout. *Nursing Administration Quarterly, 12*(1), 59-66.

Marshall, J. (1980). Stress amongst nurses. In C.L. Cooper, & J. Marshall (Eds.), *White collar and professional stress* (pp. 19-59). New York: John Wiley & Sons, Ltd.

Miles, M.B., & Huberman, A.M. (1984). *Qualitative data analysis: A source book of new materials.* Beverly Hills, Ca.: Sage Publications.

Mowiniski-Jennings, B. (1987). Social support: A way to a climate of caring. *Nursing Administration Quarterly, 11*(4), 63-71.

Patton, M.Q. (1980). *Qualitative evaluation methods*. Beverly Hills: Sage Publications.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37.

Smith, S. (1986). *Support for nurses working in extended care.* Unpublished Master's thesis, University of Victoria, Victoria, B.C.

Starker, J. (1986). Methodological and conceptual issues in research on social support. *Hospitals and Community Psychiatry, 37*, 485-490.

Woolsey, L.K. (1986). The critical incident technique: AN innovative qualitative method of research. *Canadian Journal of Counselling, 20*(4), 242-254.