Degree Project in Nursing Science, 15 ECTS

Registered nurses’ experiences of work-related stress in nursing situations at a somatic ward

- An empirical study

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Karlskrona January 2014
Abstract

**Background:** Nursing is considered a stressful occupation. Stress is described as a pressure the individual feel because of life or job demands and work-related stress is a factor that influences the employee when the working demands increase. Studies’ regarding work-related stress in the nursing profession has been conducted in many countries and is of great concern. The issue has not attracted that much attention in Sweden within the Swedish health care.

**Aim:** The aim was to illuminate registered nurses’ experiences of work-related stress in nursing situations at a somatic ward.

**Method:** The study is based on an empirical interview study with a qualitative approach. Four registered nurses were interviewed. The material was analysed after Krippendorff’s content analysis.

**Result:** The findings of the study resulted in nurses experiencing work-related stress in nursing situations when factors such as relatives, disturbing phone calls, time consuming documenting, impact of colleagues, amount of work load and increased demands influenced the level of work-related stress. However, teamwork and cooperation had an adverse effect on stress. Non-plannable tasks which made the nursing profession unpredictable were an additional factor influencing the work-related stress. According to the nurses it was important to keep up a professional appearance no matter the time pressure, when dealing with patients in nursing situations so that their stress would not have an influence on the patients.

**Conclusion:** The result showed that work-related stress in nursing situations among the registered nurses that worked in Sweden at this ward existed. Factors mentioned by the nurses that had an influence on the experience of stress in nursing situations, were often related to demands of documenting, relatives, colleagues, the load of work and a lack of time. All the nurses’ reported similar factors that contributed to work-related stress in nursing situations.

**Key words:** Nursing situations, Registered nurses, Somatic ward, Stress, Sweden and Work-related stress
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Introduction

A 1998-1999 survey conducted with 43,000 nurses from five countries participating found that 17 to 39 percent planned to leave their job within a year because of job demands (Aiken et al., 2001). Furthermore, a decrease in compassion and caring among nurses as a result of stress at work has also been found (Firth-Cozens & Cornwell, 2009). It has been shown that a stressful working environment could affect the safety of the patients (The Committee of Senior Labour Inspectors, 2012). A survey regarding work-related stress showed that nursing is considered a stressful occupation, as nurses, together with managers and teachers, reported the highest level of stress (Smith, Brice, Collins, Matthews & McNamara, 2000). Work-related stress has been found to result in an increase in illness among nurses (The Committee of Senior Labour Inspectors, 2012). Between the surveys and research that has been done on the field, there is sufficient evidence to claim that work stress is a factor among staff within health care. However, further studies are still needed to better understand the issues of stress at work within nursing (Jennings, 2008).

Studies have been done regarding work-related stress within the nursing profession in many countries (Jennings, 2008). However, most of the studies in our search for relevant articles were related to stress, burnout and job satisfaction among nurses and not the impact of work-related stress in nursing situations. Furthermore, in the search for articles, it was found that the issue did not seem to attract much attention in Sweden, as few articles were related to Swedish health care. Considering the poor knowledge and not finding records of registered nurses’ experience of work-related stress in nursing situations in Sweden, it was considered important to conduct an empirical interview study with a qualitative approach, and of great interest to look into the experiences of work-related stress among registered nurses at a somatic ward in Sweden. People working within the somatic health care are often exposed to frequent stress and strain as well as high psychological and physical demands (Laubach, Brown & Lenard, 1996). From past experiences of practical placement during the education, both authors considered the somatic health care particularly stressful and therefore interesting to gain knowledge about with further studies.
Background

Stress
Stress has been considered an occupational hazard since the mid-1950s and a cause of significant health problems (Jennings, 2008). Stress is what people experience when feeling pressure caused by life demands, so called “stressors”. According to Antonovsky (1979) a stressor can be identified as a response that is affected by people’s surroundings or environment, whether internal or external (Antonovsky, 1979). These stressors can be caused by factors in the personal life or demands and pressure of the workplace. Stress does not necessarily have to be unhealthy; however, it can become unhealthy if people lack the capability to cope with the demands and stressors that affect them (Brooker & Waugh, 2013). According to Jennings (2008) being a nurse has been considered stressful for a long time, based on these central factors of the nurses’ work: physical labour, human suffering, work hours, human resources and interpersonal relationships. Every day nurses deal with conflicting demands from supervisors, physicians and administrative staff, and this can cause role conflict and an overload of work, resulting in stress (Jennings, 2008). According to Cooper and Marshall (1976), there are two central factors of stress at work: the interaction between people with different personalities and characteristics, and their working environment (Cooper & Marshall, 1976).

Work-related stress
According to Jennings (2008) work-related stress has seen an increase in the nursing profession since the mid-1980s, because of a higher dependency on ever-evolving technology (Jennings, 1980). The importance of social support from co-workers is mentioned by Berlanda, Natvig and Gundersen (2008) their research indicates that lacking support from co-workers could be a contributing factor in work related stress (Berlanda, Natvig & Gundersen, 2008). AbuAlRub (2004) found that care and support between co-workers resulted in nurses having a high level of job performance as well as reporting less stress (AbuAlRub, 2004). Happell et al. (2013) suggests that the major sources of work-related stress are: work load, not having access to physicians, lack of supportive management, handling the patient’s family, handing over procedures, working in shifts, human resource issues, lack of opportunities for promotions and finally, treating patients with mental illnesses (Happell et al., 2013). Nurses experience an
exponential increase in workload, related to four main reasons: increased demands, inadequate supplies, reduced staffing, increased overtime work and reduction in average length of stay for patients (Carayon & Gurses, 2008). Brooker and Waugh (2013) points out that the nurses are in constant contact with people on a daily basis, and a majority of this contact is with strangers. The situations nurses are exposed to in their occupation can be stressful and these situations are related to encounters that can be emotionally challenging, such as frequently anxious, angry and distressed patients and/or patient families. Nursing is considered a stressful occupation where work-related stress can easily have negative effects (Brooker & Waugh, 2013).

Somatic health care

The somatic health care includes many different wards and the focus of this study within the somatic health care was the medical and surgical wards. According to Verhaeghe, Vlerick, Backer, Maele and Gemmel’s (2006) study, job stress among nurses showed that experienced challenges were related to changes in the work environment. Furthermore, support from supervisor also indicated that low support increased the stress level. The study was conducted within intensive care, medical and surgical wards (Verhaeghe, Vlerick, Backer, Maele & Gemmel, 2006). Other challenges within the somatic health care are the issue of role conflict and that organizational attributes of work environments settings influence work-related stress among nurses (Nabirye, Brown, Pryor and Maples (2011). Nurses working within the somatic health care must be able to tolerate dealing with mostly ill patients, situations with colleagues that can lead to conflicts, challenges of relatives and cooperation with other physicians and departments (Laubach, Brown & Lenard, 1996). According to a study of Sawatzky (1996) frequent challenges experienced by nurses within the somatic health care are related to patient care, especially within the intensive care and medical-surgical wards. These challenges were emergencies, transfer, admissions, critical or unstable patients, routine procedures, unnecessarily prolongation of life and responsibility-decision making. There were also the challenges of working with indifferent and incompetent nursing staff, communication difficulties as well as an inability to meet the needs of patients and relatives, which was ranked as a significant work stressor (Sawatzky, 1996).
Nursing situations

Boykin and Schoenhofer (2001) states that in professional nursing, a nursing situation develops when the professional nurse offers service of nursing which the patient seeks and accepts (Boykin & Schoenhofer, 2001). In nursing situations the nurse focuses on caring for the patient. Each situation is unique, as the way in which the nurse and patient interact differs from previous nursing situations. This kind of nursing situation requires a personal investment from both the nurse and the patient, because the nurse must be willing to see, understand and be part of the world of the patient, and the patient must be willing to open up about their lives and trust the nurse not to break that trust (Smith, 2013). Nursing situations involves not only medical care but also puts the individual and the social element in focus (Jakobsson & Lützén, 2009). Nursing situations have a close connection with the identification of the patient's individual needs to provide as good care as possible. Handling of information is also an important part of nursing for documentation and record-keeping (Florin, 2009). Measures also performed are tasks that directly affect patients and are instructed by others, such as a physiotherapist or medical treatment according to doctor's orders. The medical work is also an important part of nursing situations such as medical examinations. The patient care and nursing tasks involves helping patients with their personal hygiene, feeding, bed making and so on. However, now the nursing profession has advanced to a more medical-technical development and today therefore largely consists of administrative performances, pharmaceuticals and teamwork (Jakobsson & Lützén, 2009).

Experiences

Each of us have our own personal experiences and these cannot be interpreted or completely understood by any other individual. These personal experiences are unique for every human being and are a meeting with oneself and one's deepest feelings (Eriksson, 1991). They differ because of the way that our psyche creates experiences using many factors, for example by the processing of information from our sensory organs (Slovic, Finucane, Peters & MacGregor, 2004). The processing could result in the creation of a feeling, which may last for a moment or be permanently stored in our memory. When people react to meaningful circumstances our
psychological processes are triggered, meaning that a previous experience that has been stored in our memory can be recalled and related to the new circumstance, a common example would be when a smell reminds you of a previous experience. Depending on whether or not the feelings involved in the experience are positive it can motivate thoughts and actions in order to recreate the feelings or even avoid the feelings if they are negative (Slovic, Finucane, Peters & MacGregor, 2004). Meleis (2011) describe experiences in the nursing field as a way to learn, find purpose and grow from the experience in a situation where patients are in need of assistance. In order to achieve this, the nurse must find meaning in each nursing situation. As an example, a nurse may have personal experiences of suffering, and could use those experiences to better understand the suffering of the patient (Meleis, 2011).

Registered nurses
The definition of registered nurses various among countries and in Sweden a registered nurse must have a Bachelor Degree of Science in nursing. The bachelor degree consists of three years of studies in a Swedish university. There are three scientific areas and core subjects in the Bachelor Degree of Science in nursing. The areas and subjects are Social Science, Nursing and Medical science. All of them together results in 180 ECTS credit points and a nursing license (Råholm, Hedegaard, Löfmark & Slettebø, 2010). In the Social Board of Competence Description (2005) it is explained what skills, experience and approach that are required of a Swedish registered nurse. The three main areas of expertise mentioned in the competence description are: nursing theory and practice; research and development; training and leadership, all imbued with a holistic and ethical approach (Socialstyrelsen, 2005).

The six core competencies
There are six core competencies for nursing: patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety and informatics (Cronenwett et al., 2007). Since no theoretical frame was being used, the six core competencies are instead being discussed in conjunction with the findings of the result of this study. All six core competencies are essential aspects in order to become a competent nurse and of importance for the improved quality and safety of health care and essential in the nursing profession, when working as a registered nurse.
Aim

The aim of the study was to illuminate registered nurses' experiences of work-related stress in nursing situations at a somatic ward.

Method

An empirical study with a qualitative approach was chosen and the data collection was based on semi-structured interviews. According to Henricson and Billhult (2012) a qualitative design has its origin in the holistic tradition and its intention is to study peoples lived experience of a phenomenon (Henricson & Billhult, 2012). An empirical study collects data through information about reality, which can be obtained through descriptions from participants (Priebe & Landström, 2012). Considering the aim of the study, it seemed appropriate to do interviews as a way of obtaining knowledge. According to Olsson and Sörensen (2010) interviews is a way of collecting data, to find the characteristic of a phenomenon (Olsson & Sörensen, 2010). The characteristic in this study was to illuminate registered nurses’ experiences of work-related stress in nursing situations at a somatic ward.

Participants

There are different kinds of sampling and the one used in qualitative research is the nonprobability sampling, which is more appropriate as it solves qualitative problems such as discovering what occurs and the relationship linking occurrences. Therefore the selection of participants must be carefully chosen, from which the most information can be obtained (Merriam, 2009). The inclusion criteria involved registered nurses, with at least one year of employment at a somatic ward and in total five years of working experience as registered nurses. All the participants had to understand and speak the Swedish language.

In order to collect participants, contact was established with two operations manager responsible for three somatic wards. The wards were chosen from a governmental hospital in southern Sweden. The operations managers were separately given written and verbal information regarding the aim and procedure of the study and asked to sign the written consent (see annex 1).
After obtaining verbal and written approval from the operations managers, contact and cooperation was established with the heads of division. Three heads of division, one responsible for one medical ward and the other two for two surgical wards were contacted. All three heads of division were given same information as the operations manager, both written and verbally, and asked to sign the written consent (see annex 2). A selection of participants were conducted in cooperation with the heads of division, that fitted in to the inclusion criteria, which led to a distribution of written consent to participants working at the wards. The written consents from one medical ward were collected after a week. Thereafter contact was made with four potential participants who agreed to voluntarily participate from this medical ward. These interviews were conducted the same week. After all four interviews from one medical ward were transcribed, the volume of interview materials were considered significant enough and therefore agreed to not conduct anymore interviews, despite having uninterviewed participants from the two other surgical wards.

Data collection

Interviews as a method are about discovering the thoughts, feelings, perceptions and the essential experience of the participants (Holloway & Wheeler, 2002). The essential experience of the participants is more likely to be expressed in a relatively open interview, compared to a standardized interview. Therefore semi-structured interviews are to be recommended (Flick, 2002). The chosen method of data collection was semi-structured interviews as it permits participants to describe in own words the experiences of work-related stress. According to Granskär and Höglund-Nielsen (2008) it is of importance to test the questions for the interview in advance, to find if any further adjustment is needed (Granskär & Höglund-Nielsen, 2008). To test the questions a sample interview was conducted, to get an idea of the outcome of the interview. This sample interview was conducted with a registered nurse and recorded. The outcome of the interview resulted in adding a few changes to the interview guide (see annex 4) to obtain more detailed and information-rich descriptions.

Three interviews were conducted at the participants’ workplace at the hospital, in a single room at the ward of the participants. The fourth interview however, was conducted in a private room at a different part of the hospital and not at the ward of the participant. Before starting the
interview, the participants were verbally informed about the aim and procedure of the study. All
the interviews were recorded with a Dictaphone and later transcribed verbatim. All four
interviews were transcribed by both authors to ensure higher accuracy. Wibeck (2012) explains
how, in order to conduct an accurate analysis of the material, the whole interview should be
transcribed verbatim (Wibeck, 2012). The transcription of the material is a necessarily step for
the interpretation later on (Flick, 2002). With a finished verbatim transcription the material is
considered more manageable and in quotation ensures more accuracy (Shopes, 2011). Four
interviews were conducted and during all interviews both authors were present. One was
responsible for the interview guide and the other for the recording, both authors added follow-up
questions when necessarily.

Data analysis
The content analysis is a technic often used in qualitative research, when analysing the text
material (Danielson, 2012). It is a scientific tool that provides new insights and understanding of
particular phenomenon. There are many variations to the content analysis and Krippendorff’s is
the foundation for the classic content analysis chosen for this study (Danielson, 2012). The
interviews resulted in comprehensive descriptions and were transcribed verbatim in continuous
text, and the transcriptions were read repeatedly to get a better understanding of the main content
of the transcriptions. The transcribed material and the content analysis were conducted in
Swedish and then translated into English.

The content analysis is done in several steps. The first step is selection of meaning units of the
text material, followed by condensation, coding, sub categorization and categorization. The
content analysis went as followed: Meaning units related to the aim of the study were marked.
The text was then read several times to avoid that anything related to the aim was left out.
Meaning units that were selected were then condensed, without losing their significance. This
was done according to Krippendorff’s (2004) method of first identifying meaning units in the
text and thereafter selecting them. The meaning units might be single words or longer text
consisting of a distinct meaning. After this a condensation is conducted, which means shortening
of the meaning units while still keeping the significance (Krippendorff, 2004). In the progress
and selection of meaning units and condensation a manifest content analysis was being used. A
manifest approach means that visible and obvious elements in the text are studied and that the researchers do not involve their own interpretations, for the data to be more reliable (Krippendorff, 2004). In the continuing progress of the content analysis a latent approach was used, meaning that a certain interpretation is involved for a deeper understanding of the text (Danielson, 2012). This latent interpretation was partially used when the condensed meaning units were coded with simpler words, which still reflected the significance of the meaning units and compatible with the aim. The codes were then studied thoroughly and were then sub categorized according to their common characteristics. This is in accordance to what Krippendorff (2004) says about how the manual coding of meaning units are fitted into categories. The categorization is intended to define the meaning units by membership, which means that the meaning units would be categorized according to their common characteristics (Krippendorff, 2004). Which resulted in nine sub categories: Overburdening; Procedures; Availability to the patients; Interruptions and extra work; Colleagues; Situational and environmental; Keeping up appearances; Changes in the occupation; Scheduling and prioritization. The sub categories were then combined into broader categories according to their characteristics and ended up with the following four categories: Work load; Time pressure; External factors in the nursing situation; Planning. Examples of the content analyses are presented in table 1 (see annex 5).

Ethical consideration

During selection of participants it was always important to inform about the anonymity and the possibility to discontinue participation at any time without any given reason. This is in accordance to what Olsson and Sörensen (2011) says about taking in to considerations the voluntariness of participation, as well as participants’ integrity and values (Olsson & Sörensen, 2011). Verbal and written information given to the participants was comprehensible. All information/written consent letters (see annex 1, 2 and 3) was approved by the ethical committee as well as the approval of the study according to the Etikprövningslagen (SFS 2003:460). The information/written consents were given to all potential participants; those who wished to participate gave their consent by signing it. The information/written consent (see annex 3) contained details regarding the purpose and approach of the study. Other necessarily details of importance for the participants to be informed about were also included. Contact details given by
the participants were treated with confidentiality and personal details were handled according to the Personuppgiftslagen (1998:204). Participants that fitted into the inclusion criteria at the chosen wards were all given the possibility to voluntarily participate. Therefore all the participants that took place in this study were equally treated according to the principle of justice (Olsson & Sörensen, 2011).

Since only four registered nurses participated, there is the difficulty of confidentiality. This because the selected quotes from the interviews represented in the result could jeopardise participants’ anonymity. To combat this and ensure higher confidentiality and minimizing the risk of revealing participants and theirs quotes, only neutral quotes where chosen. Furthermore the amount of quotes were limited and instead described in continuous text, to improve the anonymity which can never be fully ensured. According to Parahoo (2006) the researcher has an ethical responsibility to handle the interview in such a way that no emotional pain or distress is caused (Parahoo, 2006). During all interviews participants were allowed to talk freely and only follow-up questions were asked to deepen responses. The authors did not try to induce certain responses that could be emotionally challenging for the participants’. Each interview was conducted with both authors being present this might have been experienced as having a superior advantage towards the participant which was not the intention.

The researcher has an obligation to keep participants anonymous from others, and the data collection must stay confidential (Parahoo, 2006). All the personal data that was gathered from the participants will only be used for the aim of the study. The collected data from the transcribed interview material was stored on USB flash drivers in a locker in the authors’ private home, only accessible to the authors of the study and the supervisor if requested.

Result

The content analysis from the interviews resulted in four categories and nine sub categories. The results are presented in continuous text with direct quotes from the participants in the study. The participants are titled in the result as nurses. The total working experience within nursing varied among the participants, from seven to thirty-seven years. Three participants had all their working
experience from a somatic ward, except for one who had been working there for thirty-two out of thirty-seven years within the profession. Only one of the participants had specialized training, within intensive care. The participants consisted of three women and one man. The length of the interviews varied between 10-20 minutes and in total 65 minutes.

**Figure 1.** Categories and sub categories from the content analysis

**Work load**

*Overburdening*

According to the nurses morning routines with patients in nursing situations, were considered a stressful part of the work. Nurses expressed that the work load during this time of the day was very high. According to the nurses, morning routines involved making sure all patients got helped with getting prepared for breakfast. The nurses had to make sure patients got their medications and necessary injections were given. The work load during the morning routines was described as high since the nurses expressed that all tasks scheduled for the morning was
expected to be done before the doctors came in the forenoon and the nurses needed to be involved in the rounds regarding the patients.

“...So you need to prepare things, take care of the patients and get them out of bed if they're getting up for breakfast - it easily becomes a stressful situation” (Participant 2).

When all preparations that is necessary to do for the patients regarding scanning in radiology, surgery and retrieving patients from surgeries to be given postoperative care, along with other similar tasks, were performed during the shifts, nurses experienced that it became a huge pile of tasks left to deal with and solve. This in itself was perceived as stressful. The nurses described a form of double workload, consisted of both verbal communication and paperwork. An example of this was given, by explaining when sending a container and even though it said on the container what was being sent, the nurses still had to verbally report its contents. It becomes a double reporting. The nurses experienced the double workload in their profession as more and unnecessarily work, and overburdening. Furthermore it was explained that the nurses feared falling short of expectations in the work due to overburdening. The nurses described work tasks like the need of being available to the patients, being available at the ward, take care of the medical equipment, going rounds with the doctors, documenting, keeping in touch with paramedics and doctors as well as relatives of the patients as overburdening, which resulted in increased work load. The nurses also expressed feelings of being inadequate, because they felt that they wanted to do so much for the patients but they could not because of the huge amount of tasks that needed to be done during a shift.

Procedures

Procedures that did not make sense to the nurses were reported as not only stressful when working, but also most of the time unnecessary regarding treatment of the patient. One of the nurses said that when treating patients in nursing situations, treatment should be based on the needs of the patient and not just for the sake of testing. When this occurred the feeling of anger armoured since the nurses felt that doing tests just for the sake of testing is unnecessary. The
nurses explained that this sometimes occurred and were described as a stress factor related to their work in nursing situations.

Another stressful factor in the working environment expressed by the nurses as stressful, were when new procedures emerged at their workplace. These new procedures were not always experienced as beneficial, in the sense that they often gave the nurses more work to do and that these procedures caused stress for nurses in their workplace effecting nursing situations negatively in the sense that it consumed more time, time that could have been spend on the patients and nursing situations. An example was given regarding this; the nurses explained using a card that identified the user entering the computers or the medical room at their workplace. The card is given to the registered nurses so that they can have access to both the computer- and medical rooms in order to treat the patients. This card was explained as a new procedure causing stress, because every time the nurses needed access to the computers or the medical room the card had to be put in the computer and taken out as well every time leaving the computer. This on-going procedure is demanding and time consuming.

Time Pressure

*Availability to the patients*

The nurses mentioned that there is not much time left over for them to stay with the patient in direct nursing situations. The nurses also described nursing situations where nursing care for the patient was considered stressful, because the tasks had to be performed regardless of how much time they required. For example nursing situations such as assisting a patient with feeding, were by the nurses expressed as a situation or a task that needed to be performed regardless of how much time it would take or how much time the nurse’s hade available. It was described by the nurses as one of those tasks that could not be rushed and needed to be done right away. While the work task is being done the nurses expressed themselves as not being able to sit still, give the patient adequate time and not think about upcoming tasks that need to be performed. The fact that certain tasks take more time than what the nurses had available for the nursing situation, was expressed as stress inducing because of time pressure. Nursing situation could be experienced as stressful when thinking of all the tasks waiting to be done. The nurses expressed their experience
of this as not being able to take their time and chat with the patients or relatives as the nurses would have liked to, because they knew they had other tasks waiting for them. Circumstances like these were expressed as stressful according to the nurses.

The nurses also mentioned that when several patients called for help at the same time at the ward, they felt that time was crucial. They found it frustrating that they could not help all the patients at the same time due to lack of time. One nurse explained feeling the need to complete all nursing situation properly before moving on to the next one and this was stressful according to the nurse, especially knowing that somebody else was in need of help but not being able to care for them immediately.

“When you get called in to another room while you're with another patient... you don't know what's happening in there but at the same time I know I can't just leave the patient I'm with because they have a right to my time and presence as well; I'd break my responsibility to them by leaving” (Participant 4).

One of the participants explained that it was important for the nurses that worked on the ward that they could give the patients time to, for example, take care of their own hygiene, and only be available for them with assistance if needed. To let the patients do the things they are still capable of themselves. This opportunity were given to the patients, even though the nurses felt that they could have done that for the patients and saved time. However it was described as important for the nurses to not stress the patients. Nurses described the morning routines as one of the most stressful times during a shift. According to the nurses it did not make that much of a differences if there was more personnel on call during the morning routines since it was of importance to allow the patients to perform as much tasks on their own as possible and the nurses only being present and supporting them when needed.

*Interruptions and extra work*

When unexpected work occurred during the shift it was according to the nurses considered an added stress factor in their work, because all forms of sudden workload was more time
consuming. Furthermore the nurses explained, regarding the sudden occurrence of extra work, that when this occurred in their shift, they knew that other tasks would be delayed and because of this the nurses felt even more pressured. When situations or tasks that were not planned occurred, the nurses related them to negative stress because these tasks interrupted their work flow. An example given by one of the nurses was when emergency patients arrived at their ward. This situation was experienced as stress caused by a sudden increase in work tasks. Phone calls were considered by the participants as additional stress in an already pressed work day. When relatives were visiting, the nurse experienced that they often wanted to talk. When the nurses had many ill patients that were at final stages of life, the relatives of the patients took up much of the nurses’ time and other tasks then suffered from that.

“...the phone keeps ringing regardless of what you do, relatives call, we've got phone hours but the schedule isn't always kept, but regardless of when the phone rings it's inconvenient, really” (Participant 2).

External factors in the nursing situation

*Colleagues*

According to the nurses it is of importance who you are working with. This was related to the colleagues’ tendency to increase the already pressing stress level even more, due to how they would react in given situations. Nurses expressed that the stress decreased when the teamwork was functional. The nurses mentioned that they needed good collaboration among colleagues, not only in order to prevent stress, but also to be able to distribute the work among them. One nurse mentioned an experience during a shift that involved work load, time pressure and good collaboration with colleagues. The nurse mentioned a night shift that started out well, tasks and procedures that needed to be performed were carried out without any stress. As the morning approached some of the patients took a turn for the worse, which resulted in focusing on these patients and leaving out others. The pressure then occurred since the procedure of working was not followed anymore, due to the unexpected upcoming tasks. The nurse expressed that the cooperation and communication with colleagues was good, which led to tasks being divided so
all patients got treatment and required medication. A good collaboration was therefore considered of importance to reduce the stress, when the situation took a turn for the worse.

“Sometimes, some people may increase the stress volume simply by acting in certain ways... It doesn't matter how awfully stressful things are, you don't always need to experience the stress because you... you may have... a certain calm with your colleagues... In other words who you work with has a big impact on the stress levels” (Participant 1).

The nurses made it clear that when they felt that there was a gap in the collaboration, then stress emerged from that. One of the nurses expressed feeling stressed by the long rounds that sometimes occurred, due to the fact that doctors gladly shared their knowledge. According to the nurse, the extra time these long round would take was experienced as a stress factor, even though they appreciated the opportunity to learn. One of the nurses expressed stress occurring when not being taken seriously by colleagues. It could become an extreme stress situation, when reaching out for help when handling an ill patient and not getting support from for instance doctors. The nurse expressed that when reaching out for help the nurse ought to be taken seriously, because there is the responsibility for the patients. Lack of support increase the stress when the nurse stands alone in a difficult situation with a patient and have no one to turn to.

_Situational and environmental_

According to the nurses the environment and patients had an influence on whether a nursing situation would be perceived as stressful or not. The nurses mentioned that the environment in the occupation never could be expected to be the same, due to different types of interruptions and situations that occurred. The nurses expressed that as long as the ward has a functional teamwork between colleagues the job performance was not influenced as much from stress as it would be if the teamwork did not function. The differences in nursing situations involves treating different patients with different personalities and backgrounds, therefore each nursing situation is unique even though the procedures or methods of treatment are the same. According to the nurses what occurred in the environment at the ward was of great concern for the nursing situation. If the
environment and surroundings was not stressful at that moment, the nursing situation could be
carried out with a good presence with the patient, without feeling stressed.

“This is important: A given situation doesn't necessarily feel as stressful....
With another patient... What happens around you makes a difference”
( Participant 1).

**Keeping up appearances**
The participants described how it was important to conceal the level of stress they were
experiencing from the patients in nursing situations in order to appear professional. Keeping up
appearances actually added to the stress factors already experienced by the nurses, because it
takes energy and focus to modify behaviour around people, especially when already tired and
stressed. The nurses explained how it was important to think about the signals the body
communicates to the patients in nursing situations. It was explained as important to keep this in
mind, because even though the nurses’ work was stressful, it should never affect the patients. The
nurses also expressed feelings of stress while doing various tasks, because it was important to
remember to speak in a professional tone when they were treating patients and appear calm and
present in the nursing situation. The nurses knew that when feeling stressed the patients could be
affected, since they work in a somatic ward were some rooms are shared by four patients and not
being necessarily single rooms. The patient should never be stressed by the staff working at the
ward according to the nurses. When talking about keeping up appearance the nurses meant
everything from the way you walk, talk, treat and present themself as a nurse no matter work
load or stress level.

“When you enter a patient’s room to get basic nursing tasks done, you can't
appear stressed or rushed, and that's what you need to learn” ( Participant 1).
Planning

Changes in the occupation
Regarding changes, all of the nurses made comments about computer systems and the way that the nurses nowadays are required to document their work. The nurses expressed a difference in how much time it takes documenting. According to the nurses the use of computers is time consuming. Even though this part of the work has developed remarkably, the nurses thought that this change was more time consuming then the routines used back in the days, regarding documents like patients journals. With that being mentioned by the nurses, it was however being expressed that the changes were considered an improvement and did not wish to go back to the old form of documenting. Other stressful changes that the nurses expressed were tasks that had been added to the job, the ones that were new to the nurses in their profession.

“It's always been stressful, really, but what's new, these last few years, is the standard care plan for instance... it's quite stressing. You need to consult with the care plan, use care plans and then there's the whole printing thing”
(Participant 3).

Scheduling and prioritisation
When working at the somatic ward, the nurses pointed out the importance of scheduling the work and prioritizing tasks while working. These two factors were according to the nurses expressed as of great importance. All of the nurses mentioned that not only the somatic ward, but the occupation itself is considered highly stressful because of the multi-tasking demands that are brought upon the nurses. The nursing profession is unpredictable because of external factors like constant changes and developments. The nurses explained that when they had to perform tasks and be responsible for ten patients during a shift as well as informing relatives, they would feel worn out at times. When this occurred the nurses felt that planning and prioritisation was necessary in order to cope with all the tasks. The nurses explained that when their work was non-plannable versus plannable the stress at the work increased. The nurses expressed that prioritisation had a direct occurrence to stress in the sense that if the nurses did not prioritize during the shift the work load would be too much to handle, which then would result in work-
related stress. The nurses explained that prioritizing is a part of the work in order to be able to make sure that the most important tasks gets done, unfortunately that meant that some of the tasks had to get abandoned.

“You learn to prioritize. I can see that this I need to get done right away but that I can leave...for the next shift, that sort of thing is really important to avoid stress. Regardless of whether it's about what happens on rounds or...while nursing and helping patients” (Participant 3).

During some periods of the weekend one nurse felt that the work load and stress was lessened, and the stress decreased despite the minor amount of staff. This was probably the result of the fact that, as the nurse pointed out, during these times, the amount of tasks and routines to perform was smaller than usual. The rounds during the weekends were for example shorter and therefore less time consuming, during the weekends only the most critical things gets done. There was for example no running down to radiology, not as many phone calls and more time for relatives. According to the nurses it was harder to plan the forenoon as these were expressed as more stressful compared to the afternoons. The nurses described most of the forenoons as impossible to plan since they were always interrupted in their work and this increased the stress. The nurses also mentioned that since the afternoons were easier to plan, they could actually spend time documenting in patient journals, which there was never time to do in the forenoons.

**Discussion**

**Discussion of method**

The chosen method was an interview study with a qualitative approach, in order to gain information regarding nurses lived experience of the phenomenon work-related stress in nursing situations. According to Creswell (2007) quantitative research overlooks the uniqueness of the individuals, and therefore excluded as quantitative measures and statistical analysis did not fit the aim of this study (Creswell, 2007). Parahoo (2006) says that qualitative research has the last two
decades become more recognised as a useful and appropriate method of in-depth understanding of health phenomenons and more appropriate to obtain understanding of the participants’ perspective and experiences (Parahoo, 2006). The main criticism of qualitative research is that it is unscientific and the findings are not generalizable. Another opposition is that the researcher gets involved and can therefore not be considered objective, since there is an interaction between the researcher and participant such as in the interview situation (Parahoo, 2006). The fact that this study involves so much focus on the individual and personal experiences means that if another researcher would try to recreate the study, there is a greater chance that the results would not be the same.

According to Ryen (2004) semi-structured interviews are an appropriate method when being concerned whether a high degree of structuring leads to participants less able to give a personal and elaborated respond. Whereas low structuring can lead to interview conducted away from the aim of the research as new subjects are detected. Semi-structured interviews are therefore considered as an appropriate middle ground (Ryen, 2004). Semi-structured interviews were selected as the means of data collection because of two main considerations. First, they allow participants to share experiences of the phenomenon being studied. Also it gives more information and clarification of responses. Second, semi-structured interviews have a combination of close and open-ended questions, which allows participants to elaborate responses and the researcher to constrain the interaction with additional close-ended questions to prevent debauchery (Parahoo, 2006).

According to Trost (2005) it is of importance that participants should feel comfortable and the conducted interview should therefore take place at a location where participants feel at home and where the interview can be undisturbed (Trost, 2005). The location for all interviews was conducted at the hospital where the participants worked and in their familiar surroundings. Out of the four interviews three of them were conducted at the wards where the participants worked. The room that was used was not ideal. People could look through the window and observe, also sounds could be heard from outside during the interviews. Only one of the interviews was conducted in a separate room, according to personal preference of the participant. This room was placed in a quiet location in the hospital, with no disturbance or interruption from
outside the room. The participants did not receive questions for the interview in advance, because it was important to get answers that were spontaneous and not prepared. If the responses were prepared, a genuine response could have been missed and the responses would instead have been well thought out.

Since the terms nursing situations and work-related stress were used in the aim, an explanation was given to the patients. The term “nursing situation” was described as tasks and performances conducted by the nurse, in order to nurture the patient. This included everything from the daily care of patients such as feeding, assistance with personal hygiene etc., check-ups, like checking blood pressure and EKG, distribution of medicines and documenting. Work-related stress was explained as stress emerging in their working environment during nurses' shifts in nursing situations.

The inclusions criteria consisted of registered nurses with one year of work experience in a somatic ward and in total five years’ work experiences as registered nurses. Being able to speak and handle the Swedish language was another criterion. The Swedish language criterion was chosen in order to prevent misconceptions. The criterion of one year of work experience in a somatic ward was chosen because it was considered enough to form a personal opinion of the subject in matter. Five years of work experience was selected to avoid newly graduated registered nurses and also by then should have had time to get into the profession. According to Polit and Beck (2004) the inclusion criteria can have an impact on the result as it influences the interpretation of the findings, because it decides whether an individual gets to participate or not (Polit & Beck, 2004). If other inclusion criteria were chosen, other participants could have been selected, which might have resulted in other findings. In the study four participants meeting the inclusion criteria were selected and according to Parahoo (2006) the focus in a qualitative research is not to generalize while interpreting the sample. The number of participants is therefore of lesser importance to the outcome (Parahoo, 2006).

A difficulty encountered during the data analyse was the fact that the participants, in their responses, consistently used the word stress and not work-related stress. This occurred even though the term work-related stress was used by the authors during all interviews. On a later
stage it influenced the content analysis, since the term “stress” was referred to, even though their responds were directly related to work-related stress in nursing situations. However the meaning units selected reflected the aim of the study as the participants talked about their experiences of work-related stress in nursing situations; they simply used the word stress instead, as is to be expected in verbal language. The word stress being used by the participants should not affect the findings or result since, since before starting the interviews, all participants were given information and an explanation of the aim of the study and what the authors meant by nursing situations and work-related stress. When analysing and selecting meaning units of the transcribed interview material, it was done separately in order to not be influenced by each other's opinions, and then jointly discussed afterwards into a relevant result.

The content analysis was conducted in Swedish and was translated in to English afterwards. According to Strauss and Corbin (1998) the issue of translation is one of accuracy and if not native in the English language it can be hard to overcome these difficulties. Also there is not always an equivalent English word or idiom suitable to capture the meaning of the phrases used in the original language and because of that the essence of the participant’s answer can get lost in translation (Strauss & Corbin, 1998). In order to prevent losses in translation and ensure higher quality and a more accurate translation of selected meaning units, sub categories and categories, the English language were looked through several times by the authors. The study was written in English, the justification for this is plans of working abroad after completing education and being able to present the study in its original form.

Discussion of result
The aim of this study was to illuminate registered nurses' experience of work-related stress in nursing situations at a somatic ward.

The category work load was described and experienced by the nurses as stressful due to overburdening and procedures. Overburdening was experienced as a result when to many tasks that could not be planned for was added to the shifts. According to Happell et al. (2013) one of the sources of work-related stress is the amount of work load and increase in demands, which can be related to the findings of this study (Happell et al., 2013). The nurses also considered
double work load as stressful and as an overburden, as the nurses felt they became worn out. This is in accordance with what Gelsema et al. (2006) says about nurses having feelings of exhaustion and is strongly influenced by the increase in job demands (Gelsema et al., 2006). The nurses’ related procedures unnecessarily for the patient as an additional stressful work load, as well as the increase of stress when having new procedures emerging at the ward. The nurses’ experienced new procedures not always being beneficial and for that reason causing more work load and work-related stress.

The category time pressure resulted in findings of not being available nor have time for patients caused by interruptions and extra work occurring at the ward. The nurses’ feelings of inadequacy was linked to the lack of involvement with patients, and how the nurses wanted to do more for the patients than there was time for. This is in accordance with how Grønkjær (2013) describes how nurses experienced feelings of inadequacy because nurses were not present in certain situations with patients and lacked the opportunity to provide the time they deserved (Grønkjær, 2013). According to the nurses in this study time pressure was expressed as the strongest contributing factor to stress in their work. This is not in accordance to what Sawatzky (1996) says about the inability to meet the needs of the patient and their relatives as a significant work stressor and challenge within the somatic health care (Sawatzky, 1996). Interruptions and extra work were by the nurses’ experienced as constant interrupting phone calls. The phone calls were considered time consuming and a stressful part that interrupted their work. Most of the time the nurses expressed that the phone calls came from relatives. Happell et al. (2013) says that a cause to work-related stress can be linked to the need for nurses to handle relatives of patients (Happell et al., 2013).

The category external factors in the nursing situations brought up the impact of colleagues, situational and environmental factors as well as the necessity of keeping up an appearance. Heavy work loads were described frequently occurring according to the nurses. When this happened a functional teamwork between colleagues made a great difference. According to Laubach, Brown and Lenard (1996) nurses within the somatic health care can face situations and conflicts with colleagues and poor cooperation with other physicians as well as communication difficulties (Laubach, Brown & Lenard, 1996). According to the nurses a functional cooperation
between colleagues was therefore considered important for many aspects of their work day, such as planning, saving time, being available to the patients and as a result decreasing the stress. Berlanda, Natvig and Gundersen (2008) mention how a lack of support from colleagues is a factor that can increase work-related stress (Berlanda, Natvig & Gundersen, 2008). This is also in accordance with the findings of AbuAlrub (2004) and how supportive colleagues increased nurses’ job performance as well as decreasing the stress (AbuAlRub, 2004). The nurses expressed that when the environment around them in their work was less stressful it was an optimal nursing situation as there was time to care for patients. The environment and patients mentioned by the nurses as factors influencing the stress in nursing situations are in accordance with what Cooper and Marshall (1976) says about the interaction between people with different personalities and characteristics and their working environment, as central factors of stress (Cooper & Marshall, 1976). Keeping up appearance was considered as another external factor in the nursing situations that could be stressful. The nurses described the need of keeping up appearance regardless of stress, as a part of being professional. The nurses did however express that the need of having to do this, added even more stress. Showing no signs of stress was in itself tough and actually adding even more stress, but the patients should never be affected by the stress that the nurses felt. They had to think about behaving professionally mild mannered and optimistic, as the occupation required, even though they at times felt the opposite.

The final category was planning, involving changes in the occupation and scheduling and prioritization. When changes occurred in the occupation affecting the nurses’ work and routines, it was experienced as an increase in stress. This could especially be related to new routines for documenting. According to Gelsema et al. (2006) the nurses experience considerable changes in all job conditions and outcomes over time, which can be related to the findings in this study regarding changes in routines and job conditions (Gelsema et al., 2006). One change in particular, according to the nurses was the need of documenting and technical development. This according to the nurses lead to more time spent in front of the computer, and was considered a time consuming and stressful change. According to Verhaeghe, Vlerick, Backer, Maele and Gemmel (2006) the changes within somatic health care are contributions to increased stress, especially within the intensive care, medical and surgical wards (Verhaeghe, Vlerick, Backer, Maele & Gemmel, 2006). Scheduling and prioritisation was a skilled of importance to learn, in
order to be able to complete working task and prevent the nurse from feeling worn out and avoid stress. Scheduling is also another important element of the nursing profession to reduce the stress. That even though some nursing situations are not plannable, still some tasks and procedures can be planed and thereby minimize the stress in unplanned situations. Brooker and Waugh (2013) brings up the time factor as influencing the professional work with patients, and the importance for the nurses to learn prioritizing their time during time pressure (Brooker & Waugh, 2013).

In the nursing profession there are six core competencies; patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety and informatics (Cronenwett et al., 2007). Three of these core competencies were relevant to the findings of the result in this study. The relevant core competencies were; patient-centered care; teamwork and collaboration; informatics. Cronenwett et al. (2007) describes involvement with patients and relatives, engaging the patient in the nursing care and respect for patients and their values as important elements in the core competence patient-centered care (Cronenwett et al., 2007). Despite the time pressure and demands of unfinished tasks, nurses mentioned that in the morning’s time were given to patients, by letting patients for example comb their own hair. This could easily have been done by the nurse and saved time. Even so the nurses provided patient-centered care and let the patient take their time. This shows that the need of patients were valued and respected, despite that the work load and demands on the nurses were high and under time pressure. Teamwork and collaboration is another core competence explained as the importance of functioning as a member of a team, team members role, the communication between team members and how the function of the team influence the quality of care (Cronenwett et al., 2007). According to the nurses a functional teamwork made it easier to work, as there was a straightforward communication and therefore misconceptions were avoided. Other factors related to teamwork mentioned were good distribution of work. The core competence informatics describes the importance of information and technology as essential for safe patient care (Cronenwett et al., 2007). The nurses mentioned developed technology as something not necessarily negative as it creates new and better documentation systems, compared with before. However, it was mentioned by the nurses that nowadays a lot of time is spent in front of the computer documenting and takes valuable time away from patients.

The core competences that are mentioned are of relevance for the aim of the study. The study
was to illuminated nurses’ experiences of work-related stress in nursing situations at a somatic ward. The core competencies are all to be followed when working as a nurse, in this study three of them had a significant role.

**Conclusion**

It was of interest to illuminate the experience of nurses regarding work-related stress and in search of articles a lot of studies were found. Since not much was related to Swedish health care, it only enhanced the interest of studying this topic further in a Swedish context. The result of the study revealed that the nurses did experience work-related stress in nursing situations. Several nursing situations were mentioned as stressful and especially related to the amount of work load and time pressure. Also the nurses mentioned factors increasing the experience of stress in nursing situations and there were often related to demands of documenting, relatives, colleagues, the load of work and a lack of time.

The nurses in this study expressed work load as one of the most important reasons behind work-related stress in the occupation. The work load was according to the nurses something that could to some extend be controlled, by planning and prioritizing. Another factor the nurses expressed as a main reason to the experience of work-related stress at the somatic ward was time pressure. Time pressure was a constant factor making the nurses less available for patients, against the nurses will. External factors in the nursing were brought up, especially regarding colleagues. According to the nurses, nursing situations at the somatic ward was performed more easily when there was a good collaboration. Since the occupation were considered unpredictable a good teamwork between colleagues made interruptions and extra work easier to handle. The issue of changes in the nursing profession was another factor leading to work-related stress, mainly because of the development of technology and computer systems leading to more documenting. The nurses felt that the change contributed to an increased lack in time that preferable should be spent on patients. Even new changes of procedures were expressed as more work load and stress.

The study contributed to a need for further studies within work-related stress and the nurses’ experiences of this within the Swedish health care. It brings up the question of how this relates to other nurses within the somatic wards, in other parts of Sweden. This is in accordance to what
Jennings (2008) mentions about the need for further studies of work related stress in the nursing profession.

Independence

Mimoza I. was responsible for all the contacts and involvement with operations manager and head of divisions. All meetings were conducted by Mimoza I. where verbal and written information was given, explaining the aim of the study. Furthermore Mimoza I. contacted the participants and was responsible for scheduling of interviews and handed out information/written consent letters directed to potential participants at the ward to the head of divisions. Mimoza I. was responsible for the information letters, since Nanna W. during this time was in South Africa. All written information letters was sent to Nanna W. and was looked through and approved by both authors before handed out to the operations manager, head of divisions and participants. Meanwhile both authors wrote the interview guide and the application for ethical approval. Nanna W. was responsible for the background and in search of articles for the background, further changes were made by both authors. The introduction was written in collaboration and both authors looked for suitable articles.

All four interviews were conducted by both authors, meaning that they were not divided instead both authors were presence during all interviews. The transcription of the interviews was divided, so that both authors had two interviews each to transcribe. The authors then read through all the transcribed material together several times. The content analysis of the transcribed material was conducted by both authors in collaboration. The method was written in collaboration as well, both authors contributed with relevant text and references. Nanna W. was responsible of finding sources to the discussion of the method. However the discussion of method was written by both authors as well as the result and discussion of result. The conclusion and the independence were also written by both authors, and even though some of the work was divided everything was conducted in collaboration and both authors took turns on writing.
References


Råholm, M., Hedegaard, B.L., Löfmark, A., & Slettebø, Å. (2010). Nursing education in Denmark, Finland, Norway and Sweden - from Bachelor’s Degree to PhD. *Journal of Advanced Nursing*, 66 (9), 2126-2137.


behörighetsfrågor: Some an identification and eligibility issues.


Blekinge Tekniska Högskola
Institutionen för hälsa
Sjuksköterskeprogrammet

Förfrågan om tillstånd att genomföra intervjustudien: ”Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer”

Till verksamhetschef

Bakgrund och syfte

Genomförande av studien

Utifrån gällande krav på information, informerat samtycke och konfidentialitet kommer de forskningsetiska principerna att följas. Ansökan om etiskt tillstånd kommer att skickas till

**Ansvarig och ytterligare information**

Om Du har ytterligare frågor om studien är Du varmt välkommen att ta kontakt med Mimoza Ilazi eller vår handledare Ann-Christin Karlsson.

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Tillstånd att genomföra intervjustudien: ”Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer”

Jag har tagit del av skriftlig och muntlig information om intervjustudien. Jag har även haft möjlighet att ställa kompletterande frågor och fått svar på dessa.

Härmed intygas att studien får genomföras

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Förfrågan om tillstånd att genomföra intervjustudien: ”Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer”

Till avdelningschef

Bakgrund och syfte


Genomförande av studien

Studien kommer att genomföras som en intervjustudie på medicin- och kirurgavdelningar i Karlskrona samt Karlshamn vid Blekingesjukhusen. Sammanlagt kommer 4-6 sjuksköterskor som har arbetat inom somatisk vård i minst ett år och som har minst fem års yrkeserfarenhet att intervjuas. Med detta informationsblad vill vi informera Dig som avdelningschef kring studiens syfte och dess tillvägagångssätt, samt be om hjälp med att komma i kontakt med sjuksköterskor som uppfyller inklusionskriterierna. Därefter kommer Mimoza att ta kontakt med de sjuksköterskor som är intresserade av att delta i studien för att avtala lämplig tid och plats för intervju. Sjuksköterskorna har även möjlighet att direkt kontakta Mimoza för att anmäla sitt intresse. Sjuksköterskorna har möjlighet att välja var intervjuerna ska utföras och intervjuerna kommer att planeras så att det inte påverkar ert dagliga arbete. Sjuksköterskornas medverkan är frivillig och kräver informerat samtycke. Deltagandet får när som helst avbrytas utan att orsak behöver ges.

Ansvarig och ytterligare information

Om Du har ytterligare frågor om studien är Du varmt välkommen att ta kontakt med Mimoza Ilazi eller vår handledare Ann-Christin Karlsson.

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Institutionen för hälsa
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Härmed intygas att studien får genomföras.

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Adress/Verksamhetsområde       Telefonnummer

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Information till sjuksköterskor om intervjus studien: ”Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer”

Bakgrund och Syfte

Denna studie utgör grunden för Mimoza Ilazi och Nanna Winbergs kandidatexamen i omvårdnad vid Blekinge Tekniska Högskola. Studien riktar sig till Dig som sjuksköterska och som arbetar på en somatisk avdelning. Syftet med studien är att belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer.

Förfrågan om deltagande

Vi skulle vilja bjuda in Dig att delta i studien då det är av stort värde att få ta del av Dina upplevelser kring arbetsrelaterad stress i omvårdnadssituationer. Studien baseras på intervjuer med sjuksköterskor som har arbetat på somatisk avdelning i minst ett år och har mins 5 års yrkeserfarenhet.

Studiens utförande

Din avdelningschef kommer att överräcka detta informationsbrev till Dig och samtidigt fråga om Ditt intresse av att delta i studien. Om så är fallet ombeds Du att anmäla Ditt intresse till din avdelningschef och lämna Dina kontaktuppgifter. Därefter kommer Du att kontakta Mimoza Ilazi för att avtala tid och plats för intervjun som passar Dig bäst. Skulle Du själv vilja anmäla Ditt intresse direkt går det bra att kontakta Mimoza på nedangivna kontaktuppgifter. Innan intervjun startar har Du möjlighet att ställa frågor angående studien och vi kommer att be Dig att skriva under ett samtycke till att delta i studien. Intervjun kommer att gå till så att vi ställer frågor och att Du berättar för oss om Dina upplevelser av arbetsrelaterad stress i omvårdnadssituationer. Intervjun kommer att spelas in med uppdaterad teknik som spelar in ljud.

Frivillighet

Ditt deltagande är frivilligt och kan när som helst avbrytas utan att någon förklaring behöver ges.
Hantering av materialet


Ansvariga och ytterligare information

Om Du har ytterligare frågor om studien är Du varmt välkommen att ta kontakt med Mimoza Ilazi eller vår handledare Ann-Christin Karlsson.

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Tillstånd att genomföra intervjustudien: "Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer"

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Härmed intygas att studien får genomföras

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Intervjuguide

Syfte

Syftet med denna studie är: Belysa sjuksköterskors upplevelser av arbetsrelaterad stress i omvårdnadssituationer.

☐ Kvinna

☐ Man

☐ Yrkeserfarenhet i år inom professionen ________

☐ Arbetserfarenhet i år eller månader på avdelningen

☐ Har deltagaren specialistutbildning ja ☐ nej ☐. Om svaret är ja, vilken specialistutbildning gäller det: _____________________________
Intervjufrågor:

1. Berätta om hur du upplever arbetsrelaterad stress i omvårdnadssituationer?

2. I vilka omvårdnadssituationer upplever duarbetsrelaterad stress?

Kontrollfrågor:

– Upplevelsen av arbetsrelaterad stress, positiv/negativ?

– När upplevs stressen minska/öka?

Följdfrågor:

– Kan du utveckla/förklara detta?

– Kan du ge fler exempel på detta?
Table 1. Example of the content analysis

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<tr>
<th>Meaning units</th>
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<td>If you subject a patient to tests for the sake of testing, instead of when needed... Everyone knows it's really difficult to draw blood from those we've already stabbed sunder, that's another stressful situation</td>
<td>Stressful to take samples for the sake of testing and not the patient's needs</td>
<td>Unnecessary work</td>
<td>Procedures</td>
<td>Work load</td>
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<tr>
<td>So you're putting this card in the computer and then suddenly you need to run to the... medical room and then when you get back later you need to log back in again and then run back and forth. That's an extremely stressful situation</td>
<td>Extremely stressful is the login cards used for medicine room</td>
<td>The login cards creates stress</td>
<td></td>
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<tr>
<td>If I'm feeding a patient I need to be able to take the time to do it right. I can't just rush elderly patients with multiple illnesses for</td>
<td>Hard to try and give the patient the time that you want</td>
<td>Lack of sufficient time with patients</td>
<td>Availability to the patients</td>
<td>Time pressure</td>
</tr>
</tbody>
</table>
instance... But you can't take your mind off of upcoming tasks you know you need to get started on, it makes it difficult to sit still and try to give the patient adequate time

| When you get called in to another room while you're with another patient... you don't know what's happening in there but at the same time I know I can't just leave the patient I'm with because they have a right to my time and presence as well; I'd break my responsibility to them by leaving |
|---|---|---|
| Being totally present in all nursing situations with patients irrespective of what is happening in the surrounding |
| Total presence in nursing situations |