Workplace Stress and Work/Life Balance

Issues for Adult ICU Nurses

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**Executive Summary**

The purpose of this study was to identify the workplace stressors that are common among adult ICU nurses and the strategies used to cope with the stressors. Additionally, the study examined the challenges nurses experience when trying to balance work and home responsibilities and the strategies used to manage these two responsibilities

Four major findings were revealed in the data. First, ICU nurses experience eight major stressors in the workplace: low pay, workload, administration, scheduling, patient’s families, unexpected situations, coworker drama, and EICU’s. Second, nurses use six major strategies when attempting to manage workplace stressors: coworker relations, confronting problems, organization, ignoring the stressor, taking personal time, and changing their environment. Third, nurses identified two major work/life balance challenges including mandatory overtime and scheduling. Finally, the data indicates ICU nurses attempt to manage work/life balance challenges using three major strategies: Compartmentalization of responsibility and changing attitudes, routines, and lack of knowledge.

From these findings, the study concluded that first, inadequate staffing, Mandatory overtime, and workload are stressors for nurses in the adult ICU units at Mercy, and that through those stressors, nurses are experiencing work overload and burnout. Our second conclusion is that nurses attempt to separate work from home as a means of coping and that they seek support from family, coworkers and to a small extend the management.

**Study Objectives**

**Purpose of Study**

The purpose of this study is to find the common workplace stressors that adult ICU nurses typically experience. This study also addresses why they have these stressors, what creates them, and how they deal with them on a daily basis. As a second part of the study, we examined the challenges that nurses face in balancing work and home responsibilities and how they deal with those challenges.

**Research Questions**

RQ1: What workplace stressors do frontline nurses experience in the adult ICU units at Mercy?  
 RQ2: What strategies do frontline nurses use to cope with workplace stressors?  
 RQ3: What makes it challenging for ICU nurses to balance work and home responsibilities?   
 RQ4: What strategies do ICU frontline nurses use to balance work and home responsibilities?

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**Organizational Concepts**

**Workplace Stress**

Definitions of Workplace Stress

• “The difference between worker satisfaction – as represented by individual need

fulfillment – and the realities of the work situation as experienced by the individual”

(Kahn, Wolfe, Wuinn, Snoek, & Rosenthal, 1964.)

Implications of Workplace Stress

• “Health care workers have to deal with life and death issues, making their jobs

inherently stressful” (Wright, Banas, Bessarabove, & Bernard, 2010.)

As cited by Tracy (2009), according to Kahn, Wolfe, Wuinn, Snoek, & Rosenthal (1964) stress is “the difference between worker satisfaction – as represented by individual need fulfillment – and the realities of the work situation as experienced by the individual.” In this study, we apply this definition of stress to the stress that ICU nurses at Mercy Hospital face in the workplace. According to Wright, Banas, Bessarabove, & Bernard (2010), As nurses in the adult ICU at Mercy hospital, the participants in this study each faced common and individual stressors on a regular basis in the workplace.

**Work-Life Balance**

As found through the interviews conducted for this study, participants define “work” as their time at Mercy Hospital acting as a front-line nurse in one of three ICUs. During this time they complete what they most often refer to as “total patient care”. “Life” refers to employees’ personal life outside of their time at Mercy Hospital ICUs. Participants noted time with significant others, time with children, and time completing tasks at home as life situations. In this study, work-life balance can most accurately be defined as one’s ability to separate responsibilities from work in a Mercy Hospital ICU, and responsibilities found in one’s personal life.

**Methodology**

**Participants**

Twelve participants, 8 female and 4 male with varying levels of work experiences and backgrounds were interviewed over a three-week period.

All participants were of Caucasian ethnicity. Five participants were married, two divorced, and five were single. Ages ranged from 24 – 39 years old (*M* =27.9). Five participants worked primarily in the surgery ICU unit, five in the medical, and two primarily work in the cardiac ICU In addition, participants have worked at Mercy anywhere from one to eight years.

**Research Process**

In-depth, semi-structured face-to-face interviews were used for data collection. Participants were asked for specific demographic information (age, marital status, ethnicity, years worked at Mercy) before conducting the interviews. Interviews began with a general question asking participants to describe their responsibilities as a frontline nurse in the ICU unit at Mercy hospital. Nurses were then asked a series of questions examining workplace stress and work/life balance. They proceeded with structured guidance and narrated their experiences in a conversational manner. On average, interviews lasted 36 minutes and ranged from 21 to 53 minutes.

**Analysis**

All interviews were recorded and transcribed verbatim. The constant comparative analysis, which is an inductive process of reducing the data through constant recoding (Glaser and Strauss, 1967) was used to analyze the interviews. Transcripts were coded by initially developing categories and assigning provisional labels. Steps included: identifying parts of the transcripts relevant to the research questions, analyzing data minutely, interrupting coding with memo writing, and naming categories related to what the data represents. The transcripts were then continually analyzed until reoccurring experiences were identified, coded into and then formed into concepts and themes. Redundancies were then consolidated into similar codes, eventually becoming conceptually saturated and exhaustive. Responses that were not mentioned by a majority of participants were not included in the research findings.

Select Comments:

“Umm...but honestly if we could get a lunch break that would be great, because we work 12 hours, we run down to the cafeteria, sit at our desk and watch our patients when we eat. Sometimes you just want to take a break.”

“I think that if they [administration] considered us more as people and um, thought about how they would feel if somebody just said to them, ‘I know you work 8 hours a day, and five days a week, but now you’re going to have to come in an extra 8 hours on your Saturday.” How would they like that? Really? The people that are making theses policies, they wouldn’t like it. But yet, they do it to us.”

“A lot of times if you are going to have a stressful situation here it will usually revolving around a doctor who is yelling and screaming and treating you like you are dumb...”

**Research Findings**

**RQ 1**

What workplace stressors do frontline nurses experience in the adult ICU units at Mercy?

**Themes**

Workload

* Amount of charting
* Inadequate bathroom breaks
* Inadequate lunch breaks
* Having two ICU patients at once

Patients

* Emergency situations such as coding or crashing patients
* Confused patients
* Violent/aggressive patients (Psychiatric patients)

Administration/Upper-Management

* Create policies, protocols, and procedures without concern for nurses needs/desires
* Do not understand the daily tasks required of nurses
* Perceived lack of support for needs and concerns of nurses
* Issues with malfunctioning or interfering technology not being address

Coworkers

* Physicians and doctors
* Attitudes and actions of other ICU nurses
* Lack of support from other nurses

Education

* Amount of required educational seminars/classes
* Young/inexperienced nurses or feeling inexperienced themselves

Patients’ Families

* Patients’ families do not understand situation
* Families stressed because of family members condition
* Families reacting in unexpected ways

**RQ 2**What strategies do frontline nurses use to cope with workplace stressors?

Select Comments:

“I mean, we probably shouldn’t talk about…ya know, but we do, we have to vent. And I think some people look at that thinking we’re complaining, but we’re, we just need to get it out.”

“… you joke a lot, and sometimes it’s not appropriate, but you have to do it.”

“…you just have to ask for help and go.”

“…I wrote an email as well, to Bill, my boss, and um, my assistant director and told them what was going on…”

**Research Findings**

**Themes**

Social Support

* Common interests in the goals and obstacles
* Feeling comfortable asking each other for help
* Shared experiences
* Shared jokes
* Office potlucks

Confronting Problems

* Identifying sources of stress
* Willing to ask for help
* Identifying emergency situations
* Talking to administrators/upper management about issues

Select Comments:

“…sometimes when I leave work I have used up all the good and my family doesn’t get any more of it…”

“Coming in for services and classes and things like that, that we have to have to keep our jobs, on your days off, and you’re just like “My God. I feel like I live here, and now you’re having me come back for this and this and this all the time.”

“You know, trying to take time off work is very, very hard to do.”

“…many times when you’re off you’re called to come in if you can because you’re so short [staffed] because the unit is so short [staffed]. And I’m not a type of person likes to sit, not necessarily sit at home, but I’m not a type of person that feels good about knowing that my friends and my coworkers are at work, working short ... So yeah, sometimes I will short being with my family and come in to make someone else’s life a little less stressful at work”

**Research Findings**

**RQ 3**What makes it challenging for ICU nurses to balance work and home responsibilities?   
  
**Themes**

Time Commitment

* Overtime
* Long hours
* Working every other weekend
* Imbalance between work and personal life, in favor of work

Emotions

* Emotional spillover
* Emotional exhaustion

Scheduling

* Coordinating shifts with personal life responsibilities
* Planning vacations
* Trying to further education
* Attending professional conferences/seminars
* Having managers scheduling educational courses without consideration for personal schedule

Select Comments:

“I just try to separate as best I can, I mean, when I’m here I’m here, it’s hard ya know especially if I know like my kids are sick or they’re home with my husband. I’m thinking about them all day but I gotta do my job so I can get home to ‘em and umm, but I just I mean it’s mental. I just try to, kind of get through the day and then get home and try not to think about here and so. “

“…just trying to leave work at work and umm, not let stress carry onto the fun stories and the not stressful things that happen during the day.”

**Research Findings**

**RQ 4**What strategies do ICU frontline nurses use to balance work and home responsibilities?

**Theme**

Separation

* Separation of work responsibility and personal responsibilities
* Compartmentalizing responsibilities

**Summary of Key Findings**

Through our interviews with the ICU nurses at Mercy hospital we were able to discover common themes of workplace stress and work/life balance issues that the nurses face. Based on these interviews, one of the major causes of both forms of stress is inadequate staffing in the ICUs at Mercy. All 12 of the nurses interviewed mentioned understaffing, workload, or mandatory overtime as a major workplace stressor and difficulty for balancing work and home responsibilities. Understaffing is obviously a root cause for many of the stressors that the nurses are experiencing on a regular basis.

Due to understaffing, nurses are experiencing work overload. Most nurses face the problem of having two critically ill patients at once, never knowing when one, or both, of the patients will crash or code. Nurses often mentioned being unable to take breaks because there is no resource nurse or other available work relief. The increased stress levels of the nurses makes them more prone to emotional exhaustion and negative attitudes, another stressor for some of the nurses. Nurses feel on edge and more easily get annoyed with each other.

When asked about how they cope with the workplace stressors and challenges with work/life balancing, nurses most often mentioned support from other nurses, and creating a separation between work and home. Nurses obviously rely heavily on each other for support and assistance. Most ICU nurses interviewed seemed comfortable with asking their coworkers for assistance when needed. However, it is important to note that only two of the 12 interviewed nurses mentioned support from administration or upper-management as a coping strategy. Besides separation of work and home life, nurses seem to not know how to adequately cope with work/life balance challenges. At least one nurse directly stated that she “does not know” how to balance the two.

**Recommendations**

**Increase support from administration**

Moen and Yu, as cited by Krouse and Afifi, “working conditions, particularly having a supportive supervisor, were key predictors of life quality for men and women who worked outside the home.” Many of the nurses in the study mentioned venting with other nurses as a coping strategy. Increasing communication of stressors and issues to administration and upper management could provide additional assistance for nurses.

**Increase communication in workplace**

Perceived communication competence not only appears to influence people’s satisfaction with their support networks but also buffers stress (Canary & Lakey, 2006; as cited by Wright, Banas, Bessarabova, and Bernard).

**Increased time flexibility**

As defined by Cowan and Hoffman, “flexibility is the degree to which the physical and temporal markers between borders [between work and personal life] are movable.” (2007). In a study conducted by Schloarios and Marks, it was found that there is a positive correlation between employer’s flexibility with employee’s time, and employee’s “trust in the organization, organizational commitment, and extrinsic satisfaction.” (Cowan & Hoffman, 2007). It may be beneficial for the ICU nurses at Mercy Hospital if there was more flexibility to their schedule, particularly in regard to educational classes and seminars.

**Guide for Implementation**

**Short-Term Implementation**

* Hold informal, group meetings between the nurses and administration/managers
  + Increase face-to-face communication
  + Increase specificity in messages to nurses
  + Refrain from changing messages before they are relayed to nurses
* Increase nurses’ awareness of what resources are available to them for coping with stress
  + Encourage stress counseling
  + Information about who to contact different situations
* Increase the overall appreciation and recognition of ICU nurses
  + Increase positivity in emails/include positive comments with criticisms
    - Ex: “You are doing a wonderful job \_\_\_, but you need to \_\_\_ better.”
  + Implement an employee of the week or month recognition program based on specific qualities
    - Ex: Positive attitudes, assisting coworkers, etc.
  + Create an anonymous “comment jar” where nurses can submit both positive feedback and criticisms. Read the comments out loud to everyone and discuss each comment and how to best address any issues.

**Long-Term Implementation**

* Organize policy & procedure informational and training workshops
  + Help better the communication between administration and nurses
  + Help nurses better understand reasons for policies and procedures
  + Increase social support from administration and upper-management
* Increase staffing and/or decrease workload for ICU nurses
  + Increase resource nurses
  + Hire nurses that only work during break periods [11-2] so full-time nurses can take breaks
  + Decrease role ambiguity
    - Charge nurses often have their own patients to take care of currently
* Increase ICU nurses’ time flexibility in regard to scheduling
  + Easier vacation planning
  + Give nurses more control over when they work
  + Give nurses more control over when they attend educational workshops
  + More rigidly set and structured schedules

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