The experience of stress among new clinical nurses

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Background & Aim: Stress is a common phenomenon in nursing profession, but novice nurses usually experience more stress. This stress can result in job dissatisfaction and quitting the occupation. This study aimed to explore the novice nurses’ experience of stress at the beginning of their clinical practice.

Methods & Materials: This study was conducted using a qualitative content analysis. The study population consisted of 17 novice nurses working in hospitals affiliated to Tehran University of Medical Sciences in Iran, selected through purposive sampling. Data were collected through semi-structured interviews. Four themes and 7 categories emerged during data analysis. The extracted themes and categories consisted of (I) insufficient competency (inadequate knowledge, inadequate practical skills, inappropriate communication skills), (II) clinical workplace (workplace environment, workplace climate), (III) clients’ challenges (patient's physical and psychological status, family and relatives’ behavior), and (IV) colleagues’ behaviors.

Conclusion: Novice nurses expressed that they had high levels of stress in their first months of employment. The study showed various factors causing stress among participants which may result in quitting their work. Considering novice nurses’ experience of stress, and underlying factors, nursing managers can help to reduce novice nurses’ stress and increase their motivation to continue their work.

Key words: stress, novice nurses, clinical practice, content analysis, Iran

Introduction

Stress is a common phenomenon among nurses, though novice nurses experience more stress at the beginning of their clinical practice. Beginning the clinical work has been mentioned as the most stressful time for many novice nurses (1, 2). At the beginning of their work, novice nurses are encountered many problems. Many studies have mentioned their stress in dealing with complex situations of work (1-3).

Some researchers have indicated that in the first months of work, a novice nurse experiences anxiety, stress, feeling of inability, inefficiency, confusion, insecurity and helplessness (3, 4). At the beginning of clinical practice, most newly graduated nurses realize the difference between the expectations of workplace and their abilities (5). They would find that values and ideals in education are not completely compatible with those of workplace. They realize the differences between the university and the workplace (1). This could be shocking for the newly graduated nurse. Reality shock results in high levels of stress in novice nurse. This condition can impact their physical, emotional and mental status and even their health (6).

Some studies have shown that stress in novice nurses can cause job dissatisfaction, burnout, and leaving the profession (5,7). Considering the fact that nurse's education and training is costly, if any nurse leaves the profession, economic consequences for health...
Nurses’ experience of stress


care organizations is inevitable (4, 5, 8). Novice nurses are the next generation and successors of nursing and the continuity of their professional values depends on their active and valuable participation in clinical environments (4, 5). Mooney (2007) indicated that nursing managers’ unrealistic expectations of novice nurses cause a lot of stress (8).

In this regard, Rachel and Jill (2001) emphasized that novice nurses suffer ambiguities in their role and experience more stress as well as lack of power, lack of recognizing others' expectations, and lack of sufficient authority (9). Also, other studies have mentioned problems such as conflict with physicians, and decision making when physicians are not available (10-12). In addition, stress can lead to novice nurse's health risks, absenteeism, decrease in the quality of patient care, medical errors, aggressive behaviors, and changing career (3, 8).

Due to the considerable shortage of nurses in Iran, it is necessary to support novice nurses to provide human resources for the future of nursing. Considering that eliminating or reducing these stresses can improve their health, job satisfaction, and job retention, it is necessary to identify the causes of stress in this group of nurses and plan to reduce them. Although novice nurses’ stress has been mentioned in some previous studies (3, 4), but no study has investigated directly their stress sources especially with a qualitative method with participants and qualitative research experts; and their opinions were considered. A combination of data collecting methods was used (interviews and field notes). All accomplished activities were recorded precisely. On the other hand, all the obtained data were approved by 2 other novice nurses out of the study, having the same condition as the participants (15,18,19).

As to ethical issues, the study was approved by Ethics Committee of Tehran University of Medical Sciences. All participants received required information about the research goals and methods, and written consent was obtained from all of them. They were assured that their information will be kept confidential. Also, they could leave the study whenever they want. All the stages of the study, such as recording their voice, occurred after obtaining the participants’ permission. All the steps were confidentially performed.

Nursing education in Iran

Nursing education at BS level is a 4-year program in Iran (8 educational terms, each lasting 4 months). People are accepted for nursing education through a national entrance examination. Nursing educational courses consist of theoretical and practical training (13). It should be noted that no collaborative model of education, such as preceptorship program, is formally implemented in Iran and unfortunately there is a large gap between clinical nursing and education. Thus, nursing students will enter the clinical work without planned support and this can cause a lot of stress. Also, there are specific conditions in hospitals of Iran; for example, hospitals are mostly physician-centered and nurses are considered as the second-line workers and even are not seen as professionals. They are under a lot of pressure and have unfair payments (2, 3).

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Meaning units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient competency</td>
<td>Inadequate knowledge</td>
<td>Forgotten lessons, Inadequate knowledge about care</td>
</tr>
<tr>
<td></td>
<td>Inadequate practical skills</td>
<td>Inadequate skills in routine care, Inadequate skills in advanced care</td>
</tr>
<tr>
<td></td>
<td>Inappropriate communication skills</td>
<td>Communication problems with colleagues, Inadequate skills in communicating with patients</td>
</tr>
<tr>
<td>Clinical workplace</td>
<td>Workplace physical environment</td>
<td>Lack of resources, Inadequate equipment</td>
</tr>
<tr>
<td></td>
<td>Workplace climate</td>
<td>Large number of patients, Insufficient space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rigid rules, Long working hours, Physician-oriented work environment</td>
</tr>
<tr>
<td>Clients’ challenges</td>
<td>Patient’s physical and psychological status</td>
<td>Care for patients with serious conditions, Facing patients’ pain, suffering and death, Working with pediatric and elderly patients</td>
</tr>
<tr>
<td></td>
<td>Family and relatives’ behaviors</td>
<td>High expectations from nurses, Aggressive behaviors of patient's relatives</td>
</tr>
<tr>
<td>Colleagues’ behavior</td>
<td></td>
<td>Lack of support, Degrading, Blame</td>
</tr>
</tbody>
</table>
Methods

This study is a qualitative research with the conventional content analysis approach. Seventeen novice nurses participated in the study through purposeful sampling. Nurses were novice with utmost one year of clinical experience. Data were collected by deep semi-structured interviews. The interview started with a general question: "Tell me about the first days of your job" then it was gradually focused on more specific questions such as “What factors caused stress at the beginning of your work?”, “How experienced nurses behave with you in the ward?” and some explorative and probing questions such as "Can you explain it more?", "Then what happened?" in order to obtain deeper and richer data. Interviews were totally conducted face to face in the nurses' workplace. The interviews lasted about 35-115 minutes and continued to the point of data saturation (14,15). In addition, the participants’ nonverbal behaviors were recorded as field notes.

Content analysis was applied to analyze the data. In this method, the researcher plays the role of an interpreter, and reviews the data to find meaningful parts, and then codifies, classifies and organizes them. This process continues in order to connect the meaningful patterns and structures. In this way, each interview was considered as a unit of analysis. In each interview, meaningful units were selected, condensed and then coded. The codes were grouped based on their similarities. The categories were generated based on their underlying meanings, then themes were emerged (16, 17).

Trustworthiness of the findings was examined via the credibility, dependability, conformability and transferability. Constant involvement with research subject was considered. Interview scripts, extracted codes and some subgroups were discussed with participants and qualitative research experts; and their opinions were considered. A combination of data collecting methods was used (interviews and field notes). All accomplished activities were recorded precisely. On the other hand, all the obtained data were approved by 2 other novice nurses out of the study, having the same condition as the participants (15, 18, 19).

As to ethical issues, the study was approved by ethics committee of Tehran University of Medical Sciences and also by the hospitals. After the selected participants were provided with the required information about the research goal and methods to, a written consent form was filled out by all of them. They were assured that their information will be kept confidential. Also, they were told that they can leave the study whenever they want. All the stages of the study, such as recording their voice, occurred after the participants’ permission. All the steps were performed confidentially.

Results

The mean age of participants was 24±1.5, most of them were female (83.33%) and single (91.67%), and their mean work duration was 6.76±4 months. Results showed that novice nurses experience a lot of stress in their first months of clinical experience. Data analysis revealed sources of stress experienced by novice nurses. Findings showed 4 themes and 7 subthemes (Table 1). Hearing novice nurses’ experiences of their stress at the beginning of their work can be valuable in identifying areas and causes of their stress. Accordingly, the present study aimed to explore and describe factors causing stress in novice nurses at the beginning of their work.

1. Insufficient competency

All participants mentioned their insufficient scientific and practical competency at the beginning of their work to deal with the complex situations of practice as the most important source of stress. This theme had a wide range and includes inadequate knowledge, inadequate practical skills and, inappropriate communication skills.

1.1. Inadequate knowledge

Forgetting theoretical knowledge caused this problem and they felt they could not remember anything of all the contents taught during the 4 years of training period. These scientific limitations were different in various fields from routine nursing care to specialized cases. They encountered a lack of proper knowledge about pre- and post-operative care, laboratory and x-ray interpretation, identifying abnormal cases requiring reporting, equipment and machines in the ward, pharmacological issues (drug use, dose, mode of administration, side effects etc), and Glasgow Coma Scale, etc. Besides, in some points such as emergency situations, the stress increased and thus prevented the appropriate
and timely action by the novice nurse. Faced with a lack of proper knowledge, one of the participants stated:

"One of the patients was operated on "total thyroidectomy". I knew that one of its important side effects is thyroid storm, but I didn’t know what its symptoms are and how to care for it (participant 4)."

In this case, another novice nurse said:

"At the beginning of my work, I had totally forgotten medications. I couldn’t remember the mode of administration, side effects, cares, and interferences (participant 10)."

1.2. Inadequate practical skills

Participants frequently stated their practical limitations at the beginning of clinical work in many situations which led to stress in them. They believed that the less clinically skillful a nurse is the more stress s/he will have. Sometimes, stress obviously prevented them from performing their work. In this regard, a novice nurse said:

"When I wanted to insert a venous cannula, my hands were shaking because I didn’t do the procedure enough before (participant 11)."

Another participant who was working in the emergency ward said:

"...we had a patient in the ward that was on ventilator. The head nurse told me: check the status of that patient; I didn’t know how to work with the ventilator (participant 6)."

1.3. Inappropriate communication skills

Another cause of stress in novice nurses was their problem in communicating effectively. Many newly graduated nurses mentioned their inappropriate communication skills and its consequences. This problem led to low self-confidence, feelings of isolation and loneliness, and increased stress. A participant stated:

"I wasn’t able to communicate effectively with patients. .... I didn’t know how to talk to them. It was so difficult and caused a lot of stress for me (participant 14)."

Another nurse said:

"It was difficult for me to communicate, even patients’ condition, to the head nurse. I really didn’t know the right way (participant 2)."

2. Clinical workplace

Novice nurses' stress in the workplace includes a wide range of experiences of daily work. This theme consists of two categories, workplace physical environment and workplace climate.

2.1. Workplace environment

Poor physical conditions, lack of equipment and inadequate resources change the workplace to a stressful environment for a novice nurse. They stated that intensive work, the large number of patients and lack of facilities placed a lot of pressure on them. Sometimes, these situations created a feeling of helplessness, fatigue and loss of control in work in a way that the novice nurse was thinking about quitting the occupation. In this regard, one of them stated:

“I was in a hurry to finish my work at the end of the shift. I couldn’t find a venous cannula to get an open vein for the newly admitted patient which was dehydrated and needed fluids immediately. At last I had to borrow a cannula from the other ward. I wondered whether to do my work or get ready to leave the ward (participant 16)."

Another participant claimed:

"There were even no clean sheets and she imperiously told me let the patient lie on the dirty bed. It is routine here to do such things, don’t bother yourself (participant 17)."

The other participant expressed:

"Here is a crowded situation that we cannot handle. Work pressure is too much. There is no proper equipment to use. Everything is messed up. I am under a lot of pressure. Sometimes I just want to leave and go home (participant 9)."

2.2. Workplace climate

The atmosphere in the workplace and factors such as rigid and inflexible law, long working hours, working at night or holiday shifts, heavy and compact work shifts, inappropriate relationships, and especially physician-centered workplace were the factors that also caused stress in the novice nurses. By referring to his/her annoying experience in the workplace, one of the novice nurses said:

“I was on duty on Friday evening and night. In the morning I was getting ready to go home; meanwhile, the head nurse entered and asked me to stay on Saturday morning instead of another nurse. She even did not ask me if I could do that (participant 8)."
Another participant complained:
“I was changing the patients’ dressing. The surgeon came in and shouted: What are you doing? Don’t touch it. Then he started to do dressing in such an unsterile way. The worst thing was that the other nurses were looking at me as the guilty one (participant 16).”

3. Clients’ challenges
The participants considered patients status and their families’ behavior as another important source of stress. These factors included the patient's physical and psychological status, and family and relatives' behaviors.

3.1. Patient’s physical and psychological status
Participants considered the patient's status and behavior as the causes of their stress. Nurses are affected by their patients' status since they have a close and continuous relationship with patients. Caring for patients with malignant, chronic and incurable diseases, observing pathology results, informing the patients of their diagnosis, and patients' pain, suffering and death were mentioned as the sources of stress for novice nurses. Also, the patient's age, such as a child patient, emotionally hurts the newly graduated nurse. In this regard, one of the novice nurses said:
“When I first participated in a patient’s CPR, I was frozen and despite my knowledge I couldn’t do anything and even think because I was terrified. I still think of the situation and my potential role in the patient’s death (participant 17).”

Another nurse told:
“The child was in pain and crying more and more. He was given enough analgesics, but he was still crying. I tried to talk to him …. No way. I was terrified and thinking of my little brother (participant 9).”

3.2. Family and relatives' behaviors
Families’ anxiety due to their patient's condition, their high level of tension, and insufficient information affected their behavior, thus they might not have appropriate behavior with nurses. This causes a lot of stress for novice nurses. One of the participants claimed:
“Some relatives are very angry and behave badly towards us. Sometimes they even beat us; we do not have safety here.”

A novice nurse surprisingly explained:
“... I could see the severe anxiety in their eyes and movements, but when I approach to talk and calm them down, his wife said: Go away ... leave us alone (participant 1).”

Another one complained:
“We were writing nursing reports when his mother came towards the nursing station and shouted; instead of sitting here and talk and talk, do something. Although we did all we could and her son was stable, she expected us to stand by the patient all the time (participant 3).”

4. Colleagues' behavior
Colleagues’ behaviors were described as one of the most important stressors by the participants. Mainly, these behaviors were seen in the experienced nurses. Confrontation with such unfriendly behaviors, lack of proper communication, lack of support, not allowing him/her to participate in discussions, humiliation, bullying and exploiting were some of the novice nurses’ complains. One of them complained:
“When I wanted to spend some more time with the patient and his/her family, some of my colleagues laughed at me and said come on, did they (managers) pay you more money?.. (Participant 11).

Another one complained of not being supported by others:
“Sometimes for example at the end of the shift, I’m still working hard to finish my job and no one offers any help, they just look at me and leave (Participant 9).

Sometimes discrimination and injustice employed by the head nurse were experienced; for example, the novice nurse was given difficult and laded work shifts with patients who needed more complicated care. These experiences result in loss of motivation and unwillingness to continue the work. One of the participants complained:
"Her (the head nurse) manners are odd. She doesn’t respect me. She blames me for everything, even when the event is not my fault (participant 13)."

Discussion
This study revealed novice nurses’ stress sources during their first year of clinical
experience and showed that it could influence their quality of patient care and also their quality life. Most studies have shown that the first six months of work in a new occupation is stressful (2,10,12,20). In one study, it was found that most novice nurses had individualized stressful experiences (6). In this study, the causes of stress in novice nurses were insufficient competency, clinical workplace, clients’ challenges, and colleagues’ behavior.

Competency is one of the most important and basic qualifications necessary for working in clinical environments. Lack of competency can produce a lot of stress for novice nurses. Results in this study showed that participants experienced a high level of stress related to their insufficient scientific and practical competency, and poor communication skills. Many studies have mentioned insufficient competency in compliance with our study (1-4,6). This problem can cause feelings such as low self-confidence and low motivation in novice nurses (4,5). In one study it was found that the need to acquire new skills, defects in technical skills and inability to make decisions; were among important stressful experiences in novice nurses (21). Watt and Pascoe (2013) mentioned that “expectation to perform as a competent nurse causes stress, high anxiety, role adjustment issues and feeling unprepared for the realities of the clinical setting in newly graduate nurses” (22).

Participants experienced workplace environment and climate as an important cause of stress. In recent years, several studies have shown that nurses had a high level of emotional exhaustion resulting from the factors related to work such as work load and a lot of expectations (21-26). Corley et al (2005) stated that institutional constraints such as the shortage of personnel and increased working hours are among the factors that play a role in increasing stress on nurses (23). A qualitative study showed that nurses are working in an unsuitable and hostile environment and these pressures create feelings such as hopelessness and despair in them (9). Exposure to stressful situations and new environments and behaviors are among important stressful experiences in novice nurses (21). The study conducted by Suzuki et al (2006) showed that novice nurses who had no social support from peers were more likely to quit (27).

Our findings also showed that patients and their relatives can cause stress in novice nurses in different ways. Incurable medical conditions, chronic diseases and painful procedures, and also patients and their families’ reactions and behaviors were mentioned as sources of stress. A study showed that some occupational expectations are not compatible with the individualized values and abilities of the novice nurses and cause a lot of stress which brings a lot of adverse effects for them (6).

One of the causes of stress in our study was the colleagues' behavior. Many studies have mentioned the phenomenon of horizontal violence in the hospital setting and especially among the experienced and novice nurses (7, 26,28,29). McKenna (2003) recognized the horizontal violence as a major problem which novice nurses are encountered (26). Constant analysis of undesirable thoughts associated with feelings of hostility and anger forces people to evince many fatigue symptoms (28). In some studies, the novice nurses reported experiences such as loneliness, isolation, and lack of support at the beginning of their work (2).

Some novice nurses may leave the occupation due to high levels of stress in clinics and search for work in other lines. This problem can cause many challenges for nursing occupation and increase the shortage of nurses. Nursing students need to be taught regarding the required skills. Also, they should be helped by holding some educational programs on the methods of controlling and managing stress. They should be protected against the side effects of these stresses. Identifying causes of stress in novice nurses is the first step to solve this problem. Nursing managers and experienced nurses should support the novice with good communication and appropriate interaction to help them adapt to the work situation.

Conclusion

Findings of this study showed high levels of stress in novice nurses and its causes. These findings can be useful for future planning in nursing education and management of clinics. Knowing the causes of stress can help the policymakers and nursing managers to devise programs to help novice nurses and reduce their stress. Further studies on stress and its causes in other nursing contexts are recommended. This study suffers from qualitative research limitations; its generalization is limited and depends on the contextual features of the study.


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Conflict of interest statement

The authors declare that they have no conflict of interest.

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