

Registered Nurses' Experience of Perceived Stressors Based on Specialty – A
Comparison of Stressors' Frequency and Impact Across Hospital Units

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Abstract

While all nurses strive to provide the best nursing care to their patients regardless of unit or specialty, the overall experience of nurses can vary greatly depending on which patient population they are working with and the unique care of specific diagnoses. This study aimed to explore how nurses experience stressors differently depending on their specialty, specifically in terms of how frequently stressors are experienced and the impact these stressors have on them. A survey was created and electronically promoted to nurses through social media sources, such as Facebook. Demographic information was collected in addition to the frequency, impact, and duration of impact of various stressors that may be experienced in nursing practice were assessed. The results of this study suggest that nurses do report varying experiences with stressors relating to patient care and stressors relating to interactions with patients and their families. Additionally, there may be certain types of units that experience stressors at a greater frequency overall, such as the intensive care unit (ICU), or certain types that experience stressors at a lesser frequency overall, such as obstetrics and gynecology (OBGYN) and Maternity.

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A result of the coronavirus disease of 2019 (COVID-19) pandemic is the widespread recognition of the valuable role healthcare workers play in society. Ongoing media coverage of the pandemic meant that individuals were able to witness the impact that healthcare workers, specifically nurses, have in the healthcare system and overall patient experience. In addition to the increased awareness of the value of nursing staff is the recognition of the tremendous stress, fatigue, and burnout that nurses have experienced as a result of exposure to conditions that can negatively impact their well-being. Literature has indicated that in comparison to other health professionals, nurses report the highest levels of distress resulting from pandemic stressors (Sriharan et al., 2021). In an attempt to better understand the stressors that nurses experience in their work, we can look to conditions that may impact the frequency of a negative stressor, or alter the degree to which it affects a nurse. One condition that can be considered is the unit on which a nurse works, in terms of medical specialty.

The options that nurses have in deciding the specialty, population, and setting they would like to practice in seem endless, but all of these options create variety in how nurses experience the profession. While all nurses strive to provide the best nursing care to their patients regardless of unit or specialty, the overall experience of nurses can vary greatly depending on which patient population they are working with, and the unique care of specific diagnoses. Although there are overarching stressors that all nurses experience in their work, there are stressors that nurses may experience at varying frequencies or varying degrees as a result of the unit they work on. For example, it is expected that a

nurse working in an Intensive Care Unit (ICU) would experience the stressor of having a patient pass away more frequently than a nurse working in a community health setting, such as in a school district. In this thesis, the objective is to evaluate if nurses experience stressors differently based on their unit.

There are limited studies that examine the negative stressors that can be experienced by nurses working in hospitals and compare the results of different units. One study that did provide comparisons of stressors between units focused specifically on the specialties of neurology, anesthesiology, and intensive care (Obročníková et al., 2015). This study concluded that there was increased psychological strain for nurses that provided acute care, versus nurses that provided chronic care. This study, however, is limited in its generalizability due to utilizing a questionnaire on these specific units within two hospitals in Central Europe.

Other studies also researched aspects of stressors nurses face and how it can impact them. One study found a correlation between age and impact of stress in registered nurses in Alabama, finding that younger nurses reported experiencing more stress than nurses who were older (Ali et al., 2020). Additionally, many studies worked to identify the stressors nurses were actually experiencing. Many studies pointed to administrative stressors as having the most impact on nurses, including inadequate staffing, lack of adequate supplies, and work overload (Dewe, 1993; Esposito et al., 2020; Nukpezah et al., 2021).

There is a lack of research relevant to modern day United States (U.S.), with only two studies I found being in the United States in 2020. There is also a lack of research that serves to compare the experience of nurses based on the unit they practice on.

The purpose of this study is to evaluate the degree to which nurses experience stressors differently when comparing by the type of unit they work on. With a greater understanding of how nurses from different unit can experience the profession differently through experience certain stressors more or less frequently, we can learn the best way to support these nurses based on their own unique experience in the profession, as well as guide new nurses to units that may be best suited for their individual ability to cope with certain stressors. The specific research question of this study is: Does the type of unit on which a nurse works influence the experience of stressors by registered nurses working in hospitals?

Methods

Sample

There are various inclusion criteria participants must meet for inclusion in my study. Individuals must currently be working as a registered nurse in a hospital. The reason for this is that it will provide the most up-to-date data for this study. Healthcare is a constantly changing environment in response to intense external stressors being placed on its systems, and the perspective of a registered nurse who is not currently at the hospital may provide an inaccurate reflection of the stressors nurses experience in our current healthcare system. Individuals must also be working full-time, as opposed to part-time or per diem. The reason for this is it is expected that registered nurses in hospitals could experience stressors at different frequencies as a result of spending less hours on a hospital unit exposed to potential stressors than a full-time registered nurse. Lastly, individuals must possess a Bachelor's of Science in Nursing (BSN), but possess no advanced-practice nursing degrees. This criterion is to control for educational attainment

in participants. It is currently unclear if educational attainment in registered nurses (RNs) could be correlated with a different experience of stressors. For example, a registered nurse with a higher level of educational attainment may report feeling less impacted by a stressor when it occurs as a result of educational attainment. This criterion is controlling for educational attainment, and leaves opportunity for future research to study this potential correlation. Individuals must meet each of these criteria to be participate in this study.

Individuals excluded from this study are individuals who are not currently working as a registered nurse, individuals who are not working full-time in a hospital setting, individuals who do not possess a Bachelors of Science in Nursing, and individuals with advanced-practice nursing degrees. The rationales for each of the exclusion criteria are outlined in the previous paragraph. If an individual meets at least one of these exclusion criteria, they are unable to participate in this study.

Instrument

The survey used in this study was created by the primary investigator for this study's specific purpose. There is an initial section aimed to collect demographic information about the participants. Information collected in this section includes their age range, gender, years worked as a nurse, and the type of unit they work on. Following this section is screening portion, where participants are prompted to select if they meet the inclusion criteria, and instructs them to exit the survey if they do not meet the criteria, or meet one of the exclusion criteria. After this screening is the main section of the survey that aims to collect data related to the experience of nursing stressors. This section

contains a list of 25 total potential nursing stressors, with three questions accompanying each stressor:

1. On average, how frequently do you experience this stressor?
2. On average, how strongly does this stressor negatively impact you?
3. On average, how long does this stressor negatively impact you when it occurs?

This study aims to evaluate, along with frequency that stressors are experienced, the impact that stressors have on nurses. The aim of the second question listed is to evaluate if nurses who report experiencing a stressor more frequently would report that stressor as having less impact on them, due to exposure and desensitization to the effects of the stressor.

The stressors included in this survey were separated into the following categories: stressors related to patient care (8 stressors), stressors related to interactions with patients and their families (6 stressors), stressors related to multidisciplinary care (7 stressors), and miscellaneous stressors (4 stressors).

Stressors Related to Patient Care

This categories contains eight stressors that are related to the nursing care of the patient, and the patient's health condition. Examples of stressors in this category include: a patient falling, your patient dying during your shift, your patient experiencing a medical emergency, and your patient lacking appropriate privacy for care. The purpose of including this category of stressors is to see if nurses from different types of units report experiencing these patient care stressors differently, and may highlight potential

correlation between specific units experiencing these stressors more or less frequently than other units.

Stressors Related to Interactions with Patients and Their Families

This category contains six stressors that are related to the interactions that the nurse is having with both their patient, and the patient's family or other visiting loved ones. Examples of stressors in this category include: a patient is being verbally aggressive toward you, a patient is being physically aggressive toward you, a patient's family is encouraging you to act in a way that is different than the patient's expressed interest, and a patient's family does not want you to tell the patient about their health. The purpose of including this category of stressors is to see if nurses from different types of units report experiencing these patient care stressors differently, and may highlight potential correlation between specific units experiencing these stressors more or less frequently than other units.

Stressors Related to Multidisciplinary Care

This category contains seven stressors that are related to the collaboration between the nurse and other members of the healthcare team in providing care to patients. Examples of stressors in this category include: A provider being unavailable when you need to discuss a patient with them, multiple providers giving you conflicting instructions regarding patient care, inadequate presence of certified nursing assistants/patient care technicians, and the pharmacy not having the medication required by the patient in a timely manner. The purpose of including this category of stressors is to see if nurses from different types of units report experiencing these patient care stressors differently, and

may highlight potential correlation between specific units experiencing these stressors more or less frequently than other units.

Miscellaneous Stressors

This category includes four stressors that may be experienced by nurses working in hospitals, but do not fall into the previous three categories. The four stressors included in this category are: there is inadequate nursing staff for appropriate shift assignments, there is a lack of adequate supplies/equipment, you float to a unit or specialty different than your own, and you are exposed to an infectious disease. The purpose of including this category of stressors is to see if nurses from different types of units report experiencing these patient care stressors differently, and may highlight potential correlation between specific units experiencing these stressors more or less frequently than other units.

Data Collection

Participants will be recruited to participate in this study through posting on the social media website, Facebook. Posts recruiting participants will be made in Facebook groups tailored for registered nurses in the United States. These posts describe the purpose of this research, inclusion and exclusion criteria, and a link to complete the survey. The recruitment period lasted 15 days long, starting on the day of the first social media post, with the ability to response disabled after the recruitment period had ended. In each group, recruitment posts were made twice – once at the beginning of the recruitment period, and once halfway through the recruitment period. This is a voluntary response survey.

Ethical Considerations

All participants were informed before participation in this survey that participation was voluntary. There were minimal risks found with this study. These risks include the minimal risk of time spent completing the survey, which was estimated to be 10-15 minutes by the primary investigator, as well as the risk to their mental health through discussing stressors participants may have experienced. These risks were managed through emphasizing the voluntary nature of this survey, and the inclusion of mental health resources at the conclusion of the survey for participants to utilize if they feel it would be beneficial.

This study was approved by SUNY Brockport's Institutional Review Board (IRB). Participants reviewed an informed consent document prior to beginning the survey, and clicked to consent to participate in this study.

Data Analysis

The data analysis was carried out using Microsoft Excel. The narrative responses for the survey questions were assigned a numeric value, for easier comparison of the average frequencies and impacts that a stressor has on nurses from different types of units. Lower numbers for frequency represent lower frequencies at which a stressor is experienced (0 = I have not experienced this stressor), and higher numbers represent greater frequencies (6 = I experience this stressor multiple times per shift). Lower numbers for impact represent a stressor as having lesser impact on the nurse (0 = This stressor does not impact me), and higher numbers represent a stressor as having a greater impact (4 = This stressor greatly impacts me).

The average frequency for each stressor on the questionnaire was calculated for each of the five types of units represented: ICU, Pediatric units, Medical-Surgical units

(Med-Surg), OBGYN/Maternity units, and Emergency units. Additionally, the mean/average frequency for each overall category of stressors defined previously was calculated for each of these types of units. This allows us to compare not only how each type of unit may differ in their experience of each category of stressors, but also which category of stressor each type of unit may experience more or less frequently than other categories.

The mean will identify a central point for each of the data, and it can be used to identify overall trends of the data in a concise and simplistic way that is easy to comprehend.

Result

Sample

After the recruitment period, there were 30 participants who met the inclusion criteria and completed the survey. All of the participants were female, and therefore it is important in the discussion of the findings to emphasize that this study lacks the perspective of male nurses. The majority of participants reported being in the 20-25 age range (63%), followed by 26-30 (13%) and 31-40 (13%), 41-50 (7%), and 50+ (3%). A majority of participants reported working on their unit for 1-3 years (73%), followed by less than one year (23%), and 10+ years (3%). No participants reported working on their unit for 4-5 years, or 5-10 years.

Five types of units were represented by the participants in this study. The majority of participants reported working in an Intensive Care Unit (ICU) setting (33%). The next largest group is nurses from Medical-Surgical units (30%). Nurses from pediatric units

and emergency units were equally represented (13%). Lastly, there were responses from OGBYN/Maternity nurses as well (10%).

Results of Data Analysis

Analysis of the data shows that for certain categories of stressors, there seems to be variety in how nurses from different types of units are reporting the frequency at which they experience these stressors. The categories with the greatest variety in reported frequency were Stressors Relating to Patient Care, with the averages from each type of unit ranging from 1.43 to 4.09 (on the previously stated 0-6 scale) for a range of 2.66, and Stressors Relating to Interactions with Patients and Families, with averages from each type of unit ranging from 0.61 to 2.5, for a range of 1.89. Miscellaneous Stressors had less variety between the types of units for reported stressor frequency, with a range of 1.09, ranging from 2.5 to 3.59. The category with the least variety was Stressors Relating to Multidisciplinary Care, who had a range of 0.63, ranging from 2.02 to 2.65.

Stressors Relating to Patient Care

This category of stressors had the greatest variety of average reported frequencies from nurses from each type of unit. The range of average frequency on the 0-6 scale is 2.66, ranging from 1.43 to 4.09. OBGYN/Maternity had the lowest average reported frequency of these stressors for an average of 1.43. It is followed by Pediatrics at 1.97, ICU at 2.48, and Med-Surg at 2.88. Emergency had the greatest average reported frequency of these stressors, for an average reported frequency of 4.09. See Table 1 for a visual spread of this data.

There is a very clear variety in the average frequency that different units experience patient care stressors. Emergency nurses reported experiencing these stressors

over twice as frequently as both pediatric nurses and OBGYN/Maternity nurses, and even almost twice the frequency of ICU nurses.

Stressors Relating to Interactions with Patients and their Families

This category of stressors had the second greatest variety of average reported frequencies from nurses from each type of unit. The range of average frequency on the 0-6 scale is 1.89, ranging from 0.61 to 2.5. Once again, OBGYN/Maternity had the lowest average reported frequency of these stressors for an average of 0.61. It is followed by Pediatrics at 0.89, Med-Surg at 1.46, and ICU at 1.98. Again, Emergency had the greatest average reported frequency of these stressors, for an average reported frequency of 2.5. See Table 2 for a visual spread of this data.

Overall, nurses from each type of unit reported experiencing stressors from this category less frequently than they reported stressors relating to patient care. However, there is still a clear variety in the frequency that nurses from different units are reporting these stressors. Again, nurses from emergency units reported these stressors most frequently compared to other units, at over three times the average reported frequency of nurses from pediatric units, as well as nurses from OBGYN/Maternity units. Emergency nurses overall reported the highest frequency for almost every stressor in this category, except for "A patient's family encouraging you to act in a way that is different than the patient's expressed interest" which was most frequently reported by ICU nurses.

Stressors Relating to Multi-disciplinary Care

This category of stressors had the least variety of average reported frequencies from nurses from each type of unit. The range of average frequency on the 0-6 scale is 0.63, ranging from 2.02 to 2.65. Med-Surg had the lowest average reported frequency of

these stressors for an average of 2.02. It is followed by OBGYN/Maternity at 2.05, Emergency at 2.29, and Pediatrics at 2.46. ICU had the greatest average reported frequency of these stressors, for an average reported frequency of 2.65. See Table 3 for a visual spread of this data.

Overall, there is much less variety in this category of stressors compared to the other categories. Each type of unit reported experiencing these multidisciplinary stressors at similar frequencies.

Miscellaneous Stressors

This category of stressors had the least variety of average reported frequencies from nurses from each type of unit. The range of average frequency on the 0-6 scale is 1.09, ranging from 2.5 to 3.59. OBGYN/Maternity had the lowest average reported frequency of these stressors for an average of 2.5. It is followed by Emergency and Pediatrics, both at 2.75, and ICU at 3.18. Med-Surg had the greatest average reported frequency of these stressors, for an average reported frequency of 3.59. See Table 4 for a visual spread of this data.

For miscellaneous stressors, there is again less variety than stressors relating to patient care and stressors relating to interactions with patients and their families, however more variety than seen in multidisciplinary care.

Impact of Stressors

This study aimed to evaluate, along with frequency that stressors are experienced, the impact that stressors have on nurses. The goal was to examine if there is a possible correlation between a stressor's frequency and impact on a nurse, such as a stressor being

reported more frequently and having less impact on a nurse than perhaps a nurse from a different type of unit.

There are multiple examples in the data set where a nurse from a specific type of unit both reported experiencing a stressor more frequently, as well as that stressor having less of an impact on them. One example in the data set where this occurred was with the patient care stressor, "Your patient experiencing a medical emergency." Emergency nurses reported experiencing that stressor much more frequently compared to OBGYN/Maternity nurses, with Emergency nurses reporting that stressor an average of 5.75 (based on the 0-6 scale), and OBGYN/Maternity nurses reporting that stressor an average of 1.43. When reporting the impact that stressor has on them, Emergency nurses reported it as having less of an impact on them (2 on the 0-4 scale) than OBGYN/Maternity nurses did (2.33). Other examples where this same instance occurred are the patient care stressor "A patient falling", with ICU nurses reporting that stressor as both occurring more frequently and having a lesser impact than Emergency nurses reported, as well as the miscellaneous stressor "Exposure to infectious disease" with Med-Surg nurses reporting that stressor as both occurring more frequently and having a lesser impact than Emergency nurses reported.

However, this phenomenon is not consistent through the entirety of the data. There are several examples where it does not occur, such as for the multidisciplinary care stressor "There is an inadequate presence of certified nursing assistants/patient care technicians" where ICU nurses reporting that stressor as occurring more frequently than pediatric nurses reported it, while also reporting that it impacts them more than pediatric nurses reported.

Discussion

This study is one of the first to compare how nurses report experiencing certain stressors by the type of unit they work on. In this study, the frequency and impact of various potential nursing stressors were examined through survey responses from nurses from five different types of hospital units. The results of these surveys allow us to see if nurses from various types of units experience potential nursing stressors differently. Our findings from these surveys did show variety in how frequently nurses from different types of units experienced certain types of stressors, and point to certain types of units as experiencing more nursing stressors overall than other types of units.

There were four categories of stressors present in this survey: stressors relating to patient care, stressors relating to interactions with patients and their families, stressors relating to multidisciplinary care, and miscellaneous stressors. When breaking down the responses from the five types of units into these categories, we are able to see that there is more variety in the frequency at which nurses from different types of nurses are reporting experiencing stressors from certain categories, and less variety in other categories. This may point to certain categories of stressors being the more likely to be experienced differently by different types of units, whereas stressors in other categories do not vary as much between units.

Stressors relating to patient care and stressors relating to interactions with patients and their families were the two categories with the most variety in how frequently nurses from different units reported experiencing these stressors. This is not surprising, as these are the most patient-centered categories, and the main difference between different types of units in the hospitals is the patient population. Characteristics of the patient population

of the unit and the complex care for specialized diagnoses may contribute greatly to the underlying reason there appears to be greater variety in these categories when compared to the other two categories this study looked at. There is an opportunity for future studies to examine underlying reasons why nurses from each type of unit are reporting these stressors at various frequencies.

The category with the least variety out of those included in this study was stressors relating to multi-disciplinary care. Nurses from the five different types of units represented in this study reported experiencing these stressors at similar frequencies. Again, this is not surprising. Multidisciplinary teams are present on all types of units in hospitals, and these teams include similar healthcare professionals. Therefore, it makes sense that stressors that are related to working with this team would be similar across hospital units. Again, there is an opportunity for future studies to examine underlying reasons why nurses from each type of unit are reporting these stressors at similar frequencies.

The results of this survey may point to specific types of units as being more or less likely to experience stressors overall, as opposed to in stressors from a certain category. For example, the results of this survey point to nurses from OBGYN/Maternity units as experiencing stressors less frequently overall, versus stressors from one category. In three out of four categories of stressors, OBGYN/Maternity nurses had the lowest average reported frequency of stressors, and in the remaining category (stressors relating to multidisciplinary care) they had the second lowest average reported frequency. This may mean that overall, OBGYN/Maternity nurses seem to experience stressors less frequently than other types of hospital units.

On the other hand, ICU nurses can be identified in the opposite light. In one category (stressors relating to multidisciplinary care), ICU nurses had the greatest average reported frequency, and in the remaining categories they had the second greatest average reported frequency. We may look to ICU nurses as experiencing stressors overall at a greater frequency than other units. Again, future studies may aim to examine underlying reasons why ICU nurses report experiencing stressors at a greater frequency than other types of units.

Limitations

There are several limitations of this study that are important to consider in the discussion of this study's findings. One limitation of this study is the small sample size of 30 nurses. As registered nurse is one of the largest professions in the United States with several million individuals in the career, this sample size nowhere near can act as an accurate reflection of this large community. Although this study may begin to highlight potential differences between the experience of nurses from different types of units, a future study with a much larger sample would be better able to generalize its findings to the profession as a whole.

Additionally, this study is vulnerable to voluntary response bias. Voluntary response bias is a type of bias where since participants volunteer to respond, they may have stronger opinions about the issue that are motivating them to respond and may not be an accurate reflection of the average individual. In this study, this may look like participants feeling as though they experience stressors much more frequently or intensely than their peers, which is motivating them to participate in the study. Future

studies can utilize different sampling methods such as random sampling to eliminate the study's vulnerability to this type of bias.

Conclusion

The purpose of this study was to evaluate the degree to which nurses experience stressors differently when compared by unit. If we attain a greater understanding of how nurses from different unit can experience stressors differently, we can learn the best way to support these nurses based on their own unique experience in the profession.

Additionally, we can guide new nurses to units that may be best suited for their individual ability to cope with certain stressors, which may decrease levels of nurse burnout prominent in the profession currently. The results of this study suggest that nurses do report varying experiences with stressors relating to patient care and stressors relating to interactions with patients and their families. Additionally, there may be certain types of units that experience stressors at a greater frequency overall, such as ICU, or certain types that experience stressors at a lesser frequency overall, such as OBGYN/Maternity.

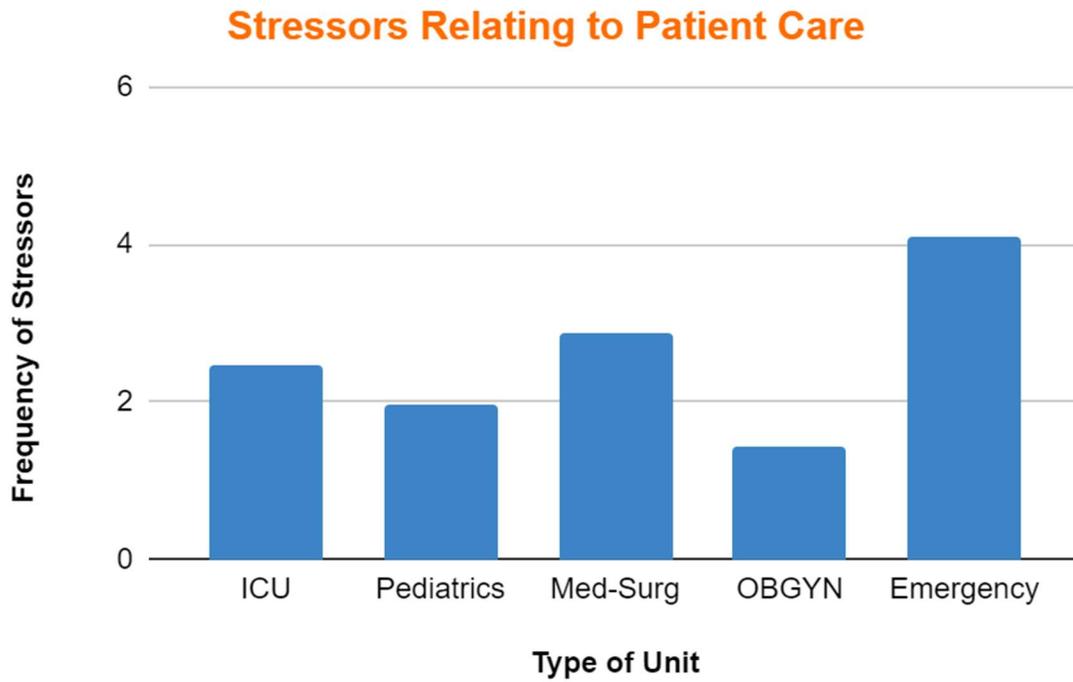


Table 1

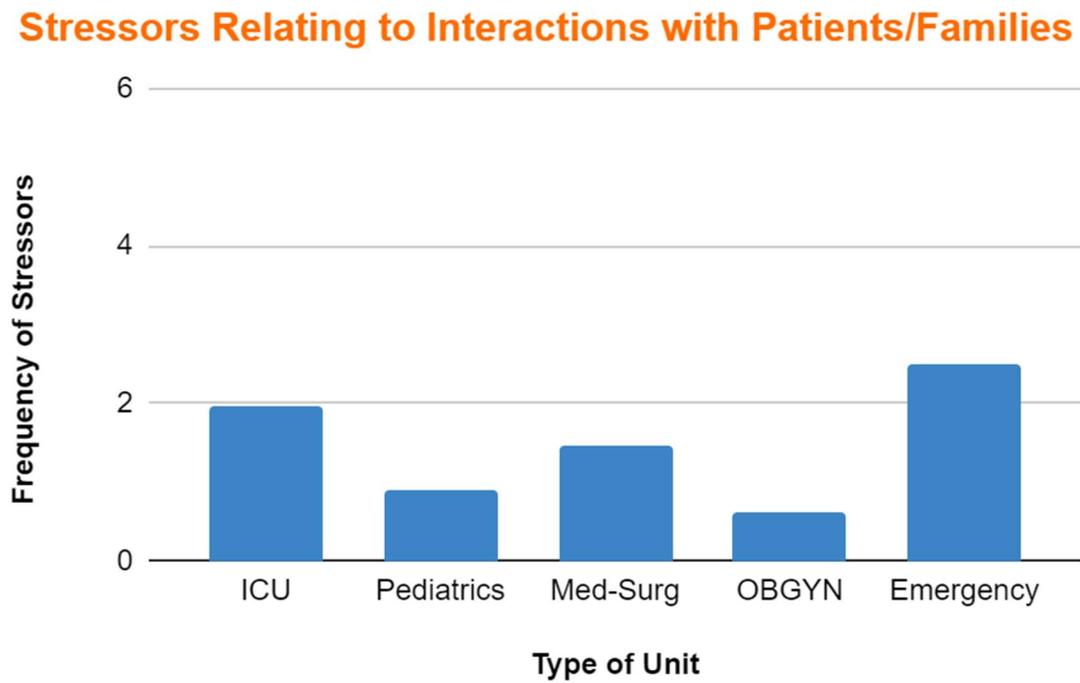


Table 2

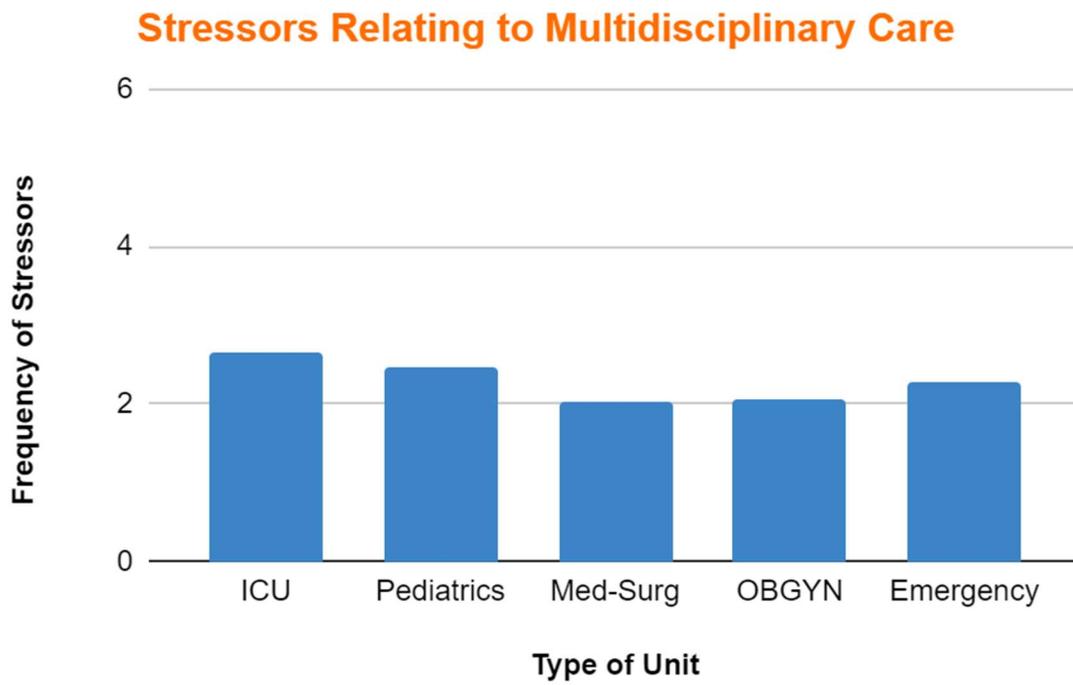


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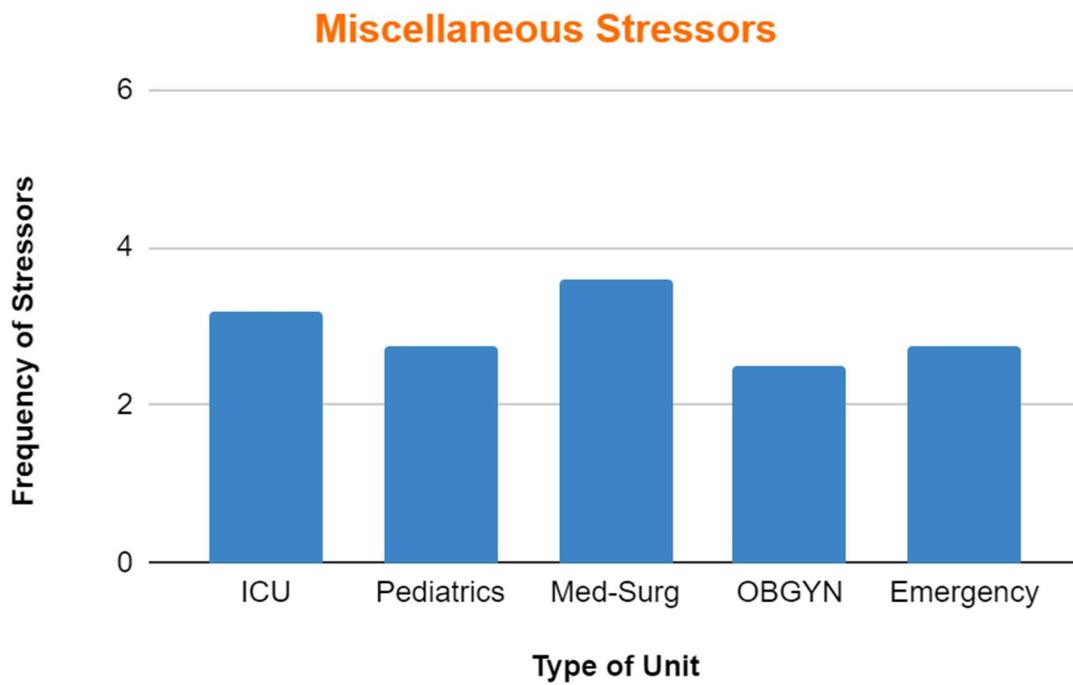


Table 4

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