

# Role stress amongst nurses at the workplace essay sample

[Health & Medicine](#), [Stress](#)



Using the framework of concept analysis, the purpose of this paper is to examine role stress amongst nurses at the workplace. Concept analysis, an approach developed by Walker and Avant in 1986, clarifies the meaning of terms to develop understanding so that writers and readers share a common language. (McEwen & Wills, 2014, p. 58). In order to gain better insight into the method of concept analysis and the steps of the process, this paper will provide a synopsis of a peer-reviewed nursing article titled, Role stress amongst nurses at the workplace: Concept analysis. Then, an example of how the concept applies to everyday nursing practice will be provided. At the end of the paper, the expectation is that the reader will have a clear understanding of job stress, a phenomenon that the United Nations and World Health Organization has deemed a “ worldwide epidemic” (Riahi, 2011, p. 721) and the process of concept analysis.

**Method of Analysis**  
The Walker and Avant method of concept analysis is meant for graduate students to formally examine a concept, clarify its meaning and apply it to nursing practice. The framework of this process involves an 8-step approach, as listed in Box 1. The article Role stress amongst nurses at the workplace: Concept analysis uses a modified version of the method by only providing a model case and excluding additional cases.

**Process and Results**  
The author, Riahi, follows the format that Walker and Avant established to analyze the concept of role stress. The article explains that the purpose of the study is to “ define a concept of role stress amongst nurses in the workplace, to raise awareness of this important professional

**Box 1 Steps in Concept Analysis**

1. Select a concept.
2. Determine the aims or purposes of analysis.
3. Identify all the possible uses of the concept.
4. Determine the defining attributes.
5. Identify a model case.
6. Identify additional cases (borderline, related, contrary, invented and illegitimate).
7. Identify antecedents and consequences.
8. Define empirical referents

Source: Walker & Avant (2011, p. 160)

issue and to support development of future research and education in this area” (Riahi, 2011, p. 722). Furthermore, the aim of the study is to clarify this concept in hopes of helping health care organizations create a supportive environment. Nurses can then continue to provide safe and quality care. If role stress is “ one of the most destructive problems facing the profession today” (Riahi, 2011, p. 722), then it needs to be clarified and fully understood. After the identification of the aims and purpose, all possible uses and definitions of the concept of role stress are explained using a 39-document literature review. There is no definition of the term “ role stress” in the dictionary, so first the article examines the concept of stress alone. Although it is a common term in modern-day vocabulary, its meaning is vague.

In the 1930's Hans Selye, an endocrinologist who was the first to demonstrate the existence of biological stress, describes stress as the phenomenon of any living organisms experiencing any form of strain (The Canadian Medical Hall of Fame, 2014). In 1966, another definition proposed the inclusion of stress' result on behavior. " Stress, as a universal human and animal phenomenon, results in an intense distressing experience and appears to be of tremendous influence in behavior" (Riahi, 2011, p. 722). Later in 2003, a definition more focused within the nursing profession transpired. The author of the description said that stress occurred when demands placed upon a person exceed the available resources the individual possesses in order to manage (Riahi, 2011). Still without a definition for role stress, a description for occupational stress was introduced.

It stated," any force that pushes a psychological or physical factor beyond its range of ability, producing strain within an individual" (Riahi, 2011, p. 723) is considered occupational stress. Eventually, the concept of role stress acquired a definition. Role stress is " the consequence of a discrepancy between the individual's perception of the traits within a specific function, and what in actuality is being accomplished by an individual currently functioning in that role" (Riahi, 2011, p. 723). Therefore, when the individual in a particular role perceives the situation being achieved, role stress transpires. After a thorough examination of all possible definitions of the concept, Riahi follows the framework of concept analysis to determine the

defining attributes of role stress. Attributes are qualities, characteristics, or features of a concept. The article identifies five characteristics of role stress.

These attributes are multidimensionality (psychological and physiological effects on a person), and interactional feedback (the acknowledgement/feedback communicated by colleagues and leadership), response pattern (coping mechanisms of the individual), hardiness (part of a positive coping style that contributes to an individual's resilience in a stressful situation), and burnout (a negative stress response that may be detrimental to the individual and their career) (Riahi, 2011). According to Walker and Avant (2005), a "model case" is a real world example using the concept. The case should incorporate every defining attribute of the concept. In the article, the author offers a model case comparing the coping mechanisms and stress responses between two nurses.

Both nurses have the same amount of experience and work on the same unit. The unit has been short-staffed for the past couple of months, which has increased the workload for the nursing staff. The model case shows how nurse Sarah experiences multidimensional symptoms including heart palpitations and dreading going to work. She feels as though she is not getting the interactional feedback that she needs as she "rarely sees her manager supporting nurses during busy times" (Riahi, 2011, p. 728). Her response pattern is avoidance, hoping her manager will hire new nurses as she focuses on other hobbies rather than brainstorming solutions for her troubles at work.

This frustration and avoidance pattern demonstrates a lack of hardiness and sets nurse Sarah up for eventual burnout. Conversely, Nurse Joe feels overwhelmed during the shift at times too but his hardiness is solid as he sees the increased workload as an opportunity to gain more experience. His response pattern is to improve his time management skills and prioritization. During times of extreme stress at work, nurse Joe will take a time out to take deep breaths and calm himself. (Riahi, 2011). Both individuals are in the same role subject to the same stressors, but they perceive their roles differently. Nurse Sarah's negative attributes in response to an increased workload will eventually lead her down the path of burnout, requiring tertiary prevention.

Nurse Joe's positive response and hardiness allow him to grow and develop as a nurse even with significant workplace stress. Antecedents and consequences are incidents that should occur preceding the occurrence of the concept and the outcome of the occurrence of the concept, respectively (Walker & Avant 2011). Nursing literature regarding role stress focuses on the antecedents from a preventative methods perspective. That is, primary, secondary, and tertiary prevention (Riahi, 2011). Nurse practitioners can appreciate this approach as these are the preventative methods used in nursing. Primary prevention eliminates or modifies the source of stress to lessen the negative impact of stress at the workplace.

For example, nursing curriculum should focus more on theory and nurses should be educated at a more holistic level so that they will be prepared aptly to fit the needs of sick clients with greater nursing turnover. This

suggestion claims that if there were less emphasis on the pathophysiology and the science of nursing, nurses would be more equipped with coping mechanisms that they absorbed from education (Riahi, 2011). Secondary prevention occurs when stress already affects the person, otherwise known as 'limiting the damage.' A strategy for secondary prevention is to either decrease the stressors or increase the mechanism for coping. Hiring more staff would reduce the workload for nurses and would be an ideal secondary prevention. Tertiary prevention is focused on treatment, rehabilitation and recovery for those who are experiencing health issues or burnout secondary to job stress (Riahi, 2011).

The goal of tertiary prevention is to prepare an individual with the resources and skills to gradually return to work with increased support and concern for well-being. The concept of role stress amongst nurses at the workplace has numerous effects. The literature shows that absenteeism, ill health, high staff turnover, poor nursing retention rates, increases in costs of health care, decreases in quality and quantity of care, and decreased job satisfaction as the most common outcomes (Riahi, 2011). Nurses indicated that stress at the workplace is the number one reason they do not perform at their maximum level of effectiveness (Riahi, 2011). Consequences for the healthcare organization would influence their nursing recruitment, retention, and subsequently the overall operating cost.

How is the effect of job stress amongst nurses at the workplace measured? “ Empirical referents are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept

itself" (Riahi, 2011, p. 727). The most common tool used in the literature to assess the concept of role stress is the Nursing Stress Scale (NSS). The NSS is a 34-question questionnaire that scored. The highest score correlates with the greatest level of perceived stress (Riahi, 2011). Overall, an improved assessment tools for perceived stress must be developed because the current tool is retrospective and can only detect those already experiencing symptoms. A predictive tool that can facilitate primary prevention is necessary. Application of Concept to Practice

The following scenario is an example of the concept of role stress as it applies to nursing practice. Amanda has been a nurse on a progressive care unit for ten years. Recently, a few of her work friends quit, and the organization is currently on a hiring freeze. These changes increased Amanda's workload and decreased her social network support at the workplace. She is late to work every day and rushes through report stating that she only wants to hear about the abnormal assessment and a plan for discharge. She is always exhausted and has gained ten pounds over the last few months. She states that she is frustrated that she doesn't see management helping the floor nurses on busy days but doesn't mention any of her feelings during her annual review meeting with her senior manager.

When she gets home, she tells her husband that she is too tired to talk and goes straight to bed. This application of role stress to clinical practice shows a nurse who is experiencing adverse multidimensional effects, no interactional feedback, a negative response pattern, lack of hardiness and burnout. In order to predict this course and intervene with a primary



prevention, there will need to be a prognostic to anticipate the effect of job stress at the workplace. Furthermore, primary prevention techniques could have taken effect if more response pattern theory were integrated into the example nurses curriculum. Finally, Amanda had the opportunity to gain interactional feedback during her annual review. During the one-on-one time with her manager, she should have voiced her concerns about feeling overworked and that she needs more resources to be successful in her role.

### Conclusion

Role stress is an unavoidable and potentially detrimental phenomenon of nursing, but its effects are modifiable by positive response patterns, hardiness, and interactive feedback. By applying the framework of concept analysis, this paper examined the vague concept of role stress as it applies to clinical practice. Research shows, the primary factor contributing to role stress for nurses at work is increased workload. Role stress has a physical and mental effect on nurses, clients, and the community. Likewise, role stress not only affects the health of those experiencing role stress but also affects the quality of care provided to the clients. Nursing is, by its very nature, a career subject to high levels of stress but through primary and secondary prevention methods, it is preventable, manageable and increases the hardiness of nurses.

### References

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