

What it is Like to be a Hospital Nurse

by Mary Gunther, PhD, RN

Current nursing research literature focuses on the work environment of registered nurses (RNs) and its impact on patient safety and patient outcomes. Quantitative work environment surveys measure nurses' perceptions of elements such as professionalism, extent of support services, autonomy in practice, organizational characteristics, and collegial relationships. In addition, the National Database of Nursing Quality Indicators (NDNQI) used to assess quality care quantifies nurses' job satisfaction. However, in an attempt to achieve an objective assessment, these studies all use instruments that rank responses and force answers to questions that assume what issues are priorities for RNs. Few studies report the actual experiences that RNs undergo every day while employed in acute care hospitals. In reality, nurses often state that they "love their work and hate their jobs." (Berliner & Ginzberg, 2002).

University of Tennessee Knoxville College of Nursing faculty and graduate students conducted a phenomenological study of the lived experience of RNs employed in acute care hospitals. Non-directive interviews of 46 RNs in southeast Tennessee were transcribed verbatim and taken to the interdisciplinary interpretive research group for analysis. Common themes emerging from these interviews included (1) extraordinary events; (2) incomprehensibility; (3) questioning choices of action; and (4) being alone vs. working together (Gunther & Thomas, 2006).

Every nurse has stories to tell of times when they have provided care to patients. Nurses will tell you that one day is very much like the next—it is all routine with a "stuck in a rut" nature, but every once in awhile, extraordinary events occur. These are the patients that "stick in your mind." Some of the stories were of recent events and some were of care given 20 or more years ago. Some nurses cried or laughed during the telling; and some were strictly

factual as if giving a change of shift report including vital signs and lab results. Many of the narratives ended with the patient's death, although a few told of a patient's miraculous recovery. As one nurse stated, "I'm not always crying." The patients are remembered in such vivid detail because the nurse still speculates on what exactly happened and why. "I've always wondered why that happened... I guess we'll never know" was a common refrain. Trying to make meaning of the incidents appears to be a coping mechanism for nurses. Even if the "what and why" were known nurses continued to question whether they could have done more or done something different to change the outcomes.

Nurses talked about feeling alone even when working alongside others. They spoke of co-workers who were too busy or too burned out to help them "because they were just tired of it, they were tired of it all." On the other hand, there were moving stories of a team of nurses working together to accomplish what one person could not do alone. Although some nurses spoke of being respected by physicians, others talked of how doctors "just blew me off" when they offered their opinions. Trying to get the doctors to listen to what they had to say about the patient's condition was just as hard as trying to coordinate communication between multiple physicians. One nurse called it a "balancing act." Patients and families were by far the most important people in these nurses' stories. They became involved with their patients and the families at an emotional level that still can bring them to tears whether describing a death or a recovery.

Many times there is a buildup of empathic fatigue that accompanies the chronic physical fatigue felt by so many RNs. It was not uncommon for the nurses to begin their narratives with the equivalent of "I came in already tired." This fatigue is a result of what Trinkoff et al. (2006) call "extended work schedules": 12 or more hours per shift, irregular or rotating schedules, on-call requirements, mandatory or voluntary overtime with little time off to deal with other aspects of their lives, much less rest and recover.

What do hospital nurses want? They want people (patients, families, physicians, managers, and administrators) to recognize that they are giving 110% every time they are on duty. They want to be appreciated for the emotionally and physically intense work that they do. They want to spend more time with their patients and

less time trying to obtain equipment and supplies. They want to be able to go to the bathroom more than once a shift and take more than 15 minutes to eat their meal. Nurses would like their physician colleagues to be less abrasive and their managers more visible. Staffing needs to be increased without scheduling either mandatory or voluntary overtime. They don't find "debriefing" or counseling sessions held immediately after a crisis to be helpful. They are too emotionally stunned, physically tired, and busy with other patients to either attend or participate. However, nurses do want to tell their stories wherein lies the practical wisdom of the profession.

Amazingly, members of the profession have the ability to heal these wounds and prevent further distress. For example, the American Nurses Association (ANA) released *Principles for Nurse Staffing* in 1999, followed by a utilization guide published in 2005. In addition to the American Nurses' Credentialing Center's (ANCC) Magnet Program, the American Association of Critical-Care Nurses (AACN, 2005) strongly advocates for the establishment and maintenance of healthy work environments. This is accomplished through implementation of six standards: (1) skilled communication; (2) true collaboration; (3) effective decision-making; (4) appropriate staffing; (5) meaningful recognition; and (6) authentic leadership. Strong leadership at all levels of the organization is necessary to achieve the vision of excellence set forth in these documents.

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References

- American Association of Critical-Care Nurses. (2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care*, 14(3), 187-197.
- Berliner, H.S. & Ginzberg, E. (2002). Why this hospital nursing shortage is different. *JAMA*, 288(21), 2742-2744.
- Gunther, M. & Thomas, S.P. (2006). Nurses' narratives of unforgettable patient care events. *Journal of Nursing Scholarship*, 38(4), 370-376.
- Trinkoff, A., Geiger-Brown, J., Brady, B., Lipscomb, J., & Muntaner, C. (2006). How long and how much are nurses now working? *American Journal of Nursing*, 106(4), 60-71.

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