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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. They “love their work and hate their jobs.” (Berliner & Ginzberg, 2002).

Every nurse has stories to tell of times when they have provided care to patients. The patient will tell you that our 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” because they were the ones that nurses worked 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 far more 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 build up 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 recovery. 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 drained, 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 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 (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.

Mary Gunther is an Assistant Professor at the University of Tennessee College of Nursing in Knoxville. She is the Coordinator of the graduate Nursing Administration concentration and teaches Leadership of Complex Systems at the doctoral level. She is ANCC certified in basic Nursing Administration. Currently, she is President-elect of TNA District 2. Her research interests include empathy development and hospital work environments. She can be contacted at mgunther@utk.edu.

References


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