Long-term stress, burnout and patient–nurse relations: qualitative interview study about nurses' experiences

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The purpose of this study was to obtain a deeper understanding of how nurses experience long lasting stress and burnout. Of central interest were professionalism and especially patient–nurse relations. Open interviews were analysed according to the Grounded Theory methodology. Participants were 10 nurses (age 30–61) from different care institutions. They had experienced long lasting stress and burnout, which led to absence from work for two or more months.

The main core emerging from the data was *the powerlessness in influencing the valuation of the work of nurses*. It reflects the process of decision-making, in particular in the context of reorganizations that often occur without considering the knowledge and experience of nurses, although decisions are affecting their daily work in a significant way.

The patient–nurse relationship was experienced by the participants as an important part of care. The importance given by nurses to their relationship with patients was not diminished by tiredness, but they did not to have the power to meet patients and secure quality of care. The solution to this situation was to go off sick and leave the work place.

Keywords: burnout, care relation, exhaustion depression, patient–nurse relationship, stress.

Introduction

Many theories describe nursing with the goal to increase its quality. They often include expectations on nurses. For instance, Patricia Benner (1) lists the following character qualifications. *Courage*: A nurse has to realize the situation of a patient using her background knowledge, and to relate it to ongoing changes. She has to insist on her judgment even if it conflicts with the opinion of others. *Sympathy*: It is important for a nurse to know the right distance and/or nearness in a nursing relationship. *Competence*: The professional competence of a nurse is developing with time, which she describes as five different stages from novice to expert. To this professional competence Benner adds *self-competence, competence of perception* and *competence of communications*.

Communication is a part of every nursing situation. A nurse according to Rogers and Stevens (2) is expected to possess the abilities of *empathy, congruence* and *acceptance* in a patient-oriented conversation. Communication goals can be such as building up a good relationship, exchanging information, giving explanations or showing empathy (3). Ida Orlando wrote already in 1958 (first publication 1961) that the relationship between a patient and a nurse in a meeting is a dynamic 'whole' and each time unique (4). Such situations have to be used to help the patient. This has to be seen as a very important ground for professional behaviour.

Unusual or pathologic tiredness is not new. Already about 100 years ago such symptoms have been called *neurasthenia*. They were considered cultural diseases because of quick changes in society: industrialization, urbanization, new technologies and disrupted social structures (5). Hans Selye developed the concept of stress in 1946 following the introduction of the concept by W. B. Cannon 11 years earlier (6). Since then stress has been the theme for many different kinds of research studies. Acute stress raises the level of stress hormones (7). The level of stress hormones remains on a high level if the person has no possibility to react to the stress-causing situation. A high level of cortisol is affecting the day–night variations and is leading to tiredness and sleeping difficulties. Frankenhauser (8) presented ideas of stress and

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adaptation. When change takes place slowly adaptation is possible. Today demands are mostly psychological rather than physical in nature. They still affect the same bodily stress responses. It is this mismatch between the old biology and the new socio-technical world that made stress an important issue of our time. Stress means biochemical, physiological and behavioural changes. Stress can be either harmful and damaging (distress), or positive and beneficial (eustress) (9). Distress is typically reported as anxiety, depression, anger, guilt or fear, and symptoms can be sleeplessness, sexual and eating problems, nausea, tiredness or headaches.

Long lasting stress depending on hard demands can be a reason for burnout. Burnout can be defined as a long-lasting, work related mental condition, which is characterized by exhaustion, dissatisfaction and low capacity (10). Stress, heavy workload and permanent organizational changes are experienced in many work places. Roots to the burnout phenomenon can be found in the economic development, in the increasing influence of technology and in modern management philosophy (11). Social support is an important element of health, but not even high levels of support do sufficiently buffer the effect of overload to prevent burnout among nurses (12).

According to WHO stress had become a 'World Wide Epidemic' in the1990s (13). Stress related symptoms are increasing in European countries. In 2003 over 5000 of 77 000 nurses in Sweden were long-term (over 30 days) sick-listed and about 40% of these have the diagnosis burnout (exhaustion depression); this number has been growing by more than 20% during the previous year (14).

Method

Interviews

The material has been collected through tape-recorded qualitative interviews. The interview situation resembled a conversation with a theme and can be characterized as semi-structured (15). They lasted about 1 hour. The main themes were: burnout experience, effects on the work, the working situation, and support. According to the Grounded Theory the analysis is affecting the themes in order to get more in-depth information on emerging categories and theories (16). The interview guide was adapted to include the topics leadership and professionalism. After 10 interviews the saturation of the categories was controlled with three additional interviews.

Participants

Participants were nurses, who had experienced long-term stress or burnout and had been 2 months or longer away from their work. They were women between 30 and 61 years of age, working in the profession varied between 5 and 40 years, and at the same place between 1 and 31 years. All but one had further education as special nurses and about half of them had leadership tasks beside their work as a nurse. At the beginning, the participants were older, experienced nurses. Further persons were recruited to the study in order to obtain as many differences as possible and to maximize the opportunity to elicit data regarding variations in the dimensions of the categories. The participants finally included younger nurses working in hospitals on various wards as well as in community care.

Grounded Theory

The Grounded Theory was used as follows. In a qualitative study the informants use their own formulations and, because the data represents this reality, it should also be comprehensible and make sense both to the persons who were studied and to those who are practicing in that area (17). The goal of a qualitative research is to gain more understanding of social phenomena. The sociologists Anselm Strauss and Barney Glaser formed a methodology to study human behaviour and the social world (given in the book of Strauss and Corbin). Glaser identified two types of social processes, namely: (a) basic social processes happening to individuals and/or groups and (b) changes in social structural environments.

Strauss and Corbin (17) described the terms open coding, axial coding and selective coding as help tools to systematically work through the data. Charmaz (reviewed in 18) stresses that the power of the Grounded Theory is that it provides tools for understanding the subjects' empirical worlds and can be used as flexible, heuristic strategies rather than as static procedures and rigid prescriptions.

Analyses

The verbatim-transcribed text of the interviews was read through and open coding was made. All substantive codes were numbered in order to get back to the original text in presenting the categories. According to Strauss and Corbin even the references to the original text should include the code number of the interview (17). The coding numbers demonstrate that the quotations came from every participant. These numbers were removed in the last version of the paper to ensure confidentiality. During the axial coding, dimensions and subcategories in categories emerged. It was important after axial- and selective coding to go back to the original text in order to find out what was really said. Throughout the selective coding, the categories and their subcategories were compared in order to find out the core category and its relationship between the categories and the subcategories.

The collecting and analysing of the data were made in parallel as the Grounded Theory describes. Interviews took place until no new content emerged and categories were saturated.

Ethical considerations

Ethical guidelines secure the rights of participants.

All the interviewed persons gave a written consent for participation. They had the possibility to withdraw or interrupt their participation at any time.

Subjects expressed the feeling that the interview had been of personal benefit by enabling them to put their experience into words.

Results

Figure 1 visualizes the core category, its relation to categories and to subcategories. The subcategories build up a category and all the categories form the core category. This short version is summarizing the results of constant comparison about lived experience of the participants and presented with help of some quotations, which were chosen as being representative of similar quotations. Steps were taken to ensure that quotations from every participant appeared. More details can be found in reference (19).

Many faces of professionalism

Most of the stories started with 'I love my work. I wanted to work with people. Our working environment was good and it was a joy to come to work'. The patients were in the centre. The nurses had a good relationship and normal contact to the patients. The professional work differs strongly depending on what kind of hospital ward or in what primary care setting the nurses are working. There is a need for different persons to take care of these different duties. The profession of nursing includes visible and countable tasks but most of the nurse's work is a social awareness of changes of the physical or psychological capacity of the patient. Documenting these observations, planning further and informing the other care givers about changes are important daily tasks. They try to take the responsibility for the quality of care.

> I feel stress when I think of how things might be done, with no time and no respect to meet a person. I then prefer to do the tasks by myself.

The nurses realize that it is important to know their own limits and still stay sensitive to information and react to it. Professionalism is described as a way of how to meet, to see a person as a whole, to have the possibility to listen to what the others are saying and to create a balanced view. These important parts of professionalism all appeared in the rich data of the study and are presented in subcategories.

Novice – expert. Like other professions, nurses develop through their work, which is dealing with health and sickness, birth and dying. Using the acquired understanding is helpful in managing problem solving work and meeting people in their specific situation as patients.

> To have experience is important. It makes everything easier. One can concentrate on the tasks involving the patients if one knows how everything around one is working.

Patient–nurse relationship. Contact and relations are important and natural parts of nursing work. Knowing an
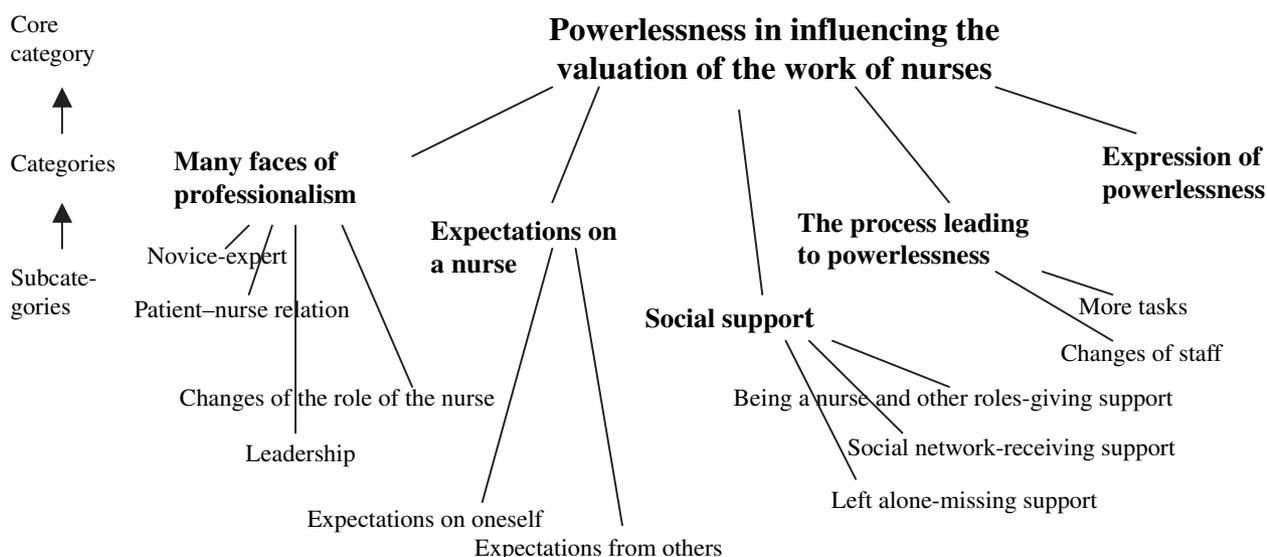

Figure 1 Visualization of the core category and its relation to categories and subcategories. Subcategories build up categories, which together form the core category. The core category and the categories are in bold.

individual gives a nurse the basis for successful care planning and the possibility to follow up treatments. The work of a nurse is social work where meeting of people is elementary.

> I learn to know a person little by little and I know how stressed I become if I cannot give elderly persons the time they really need.

Changes of the role of a nurse. The nursing profession is currently going through several changes. The organizational and educational changes are happening faster, and are affecting the working environment.

> To become something else than a nurse. To be a consultant, just the word is making me shiver. I chose to work as a nurse. I wanted to have contact with patients – but this is taken away.

> Important for a nurse are the patients, but today's nurses are office workers.

The nurses feel that many things are happening and that they have to be flexible and accept the new situation. It raises both moral and ethical questions, and doubts whether one can keep on doing it. 'I feel that today we are just storing our elderly who once built up our society'.

Leadership. The leader is expected to be a support to the nurses, a person for professional reflections and someone who understands their work.

> The leader has to stand at my side. I should be able to discuss professional questions. It has to be a nurse, because many things are difficult to explain if the other does not understand.

The leaders have power to make plans for social events, to organize projects. But mostly they have the task of middle manager to hold and control the budget, without the possibility to be part of the planning of how to use economic resources. When the workload is heavy, the wish for more staff is very pronounced.

> This staffing problem became very heavy. It was the biggest part of all the organizational changes. Although one could not feel it doing any good, everything had to go on in the same way.

Expectations on a nurse

Expectations on oneself. The nurses accept that the work requires a lot of energy. They want to develop in their work. Nurses spoke about their own experiences to solve difficult situations without support. One simply had to keep going. They had tried to compensate the hard work situation by coming a bit earlier in the morning, with skipping lunch and other breaks and working longer in the evenings.

> To start earlier, not to take breaks, going home long afterwards thinking about what I did, what I forgot, why I said it, what I ought to say.

The expectation that one should be professionally efficient and effective can be a reason why to experience tiredness and being sick is considered unprofessional.

> I did not want to see the reason for the pain. I had to keep myself in shape. I was training four times per week.

Expectations from others. The interviewed nurses told how they ought to solve the stressful working situation. The patients, their relatives, the medical tasks, the documentation for securing the continuity, the contacts with other institutions and the acute situations with patients, all have to be dealt with. This is often done during overtime. Feelings of not being adequate were expressed by all participants. Not to be allowed to be social is hurtful to the nurse. The expectation to go home on time when one is replacing two nurses stresses as much as when nurses feel that they have to blame themselves for burnout. Over the last years savings have been more often a theme than the developing of security and quality of care. The nurses have to take more responsibility without extra payment when the work is reorganized into bigger departments.

> To do more work (to take responsibility for 26 additional patients) without extra payment: these are the expectations from above. These are not my expectations, I just have to fulfil them.

Social support

Social support is known as an important part of mental well-being. The imbalance between giving, receiving and especially missing support could be realized.

Being a nurse and other roles – giving support. The contact and care relation with the patient is giving a positive experience of professionalism, giving a feeling of doing something good. At the work place are colleagues and other staff, who all need support but also give support. 'We try to help each other to be nice to one another'.

Social network – receiving support. The work place and the working environment are seen to be a psychosocial environment and not just a physical. The normal meeting of staff during the day has to be seen as an important part of the social working environment. 'It is not the coffee, but meeting others. One has to get energy. One is working much better'. The most important thing has been talking to someone, reflecting the feelings or the ethical questions, or just to notice that one is not alone in a difficult situation. Persons, who experienced the sick-listing said that the support from family, friends and good colleagues was most important on the way to recovery.

Left alone – missing support. Colleagues in the same kind of stress situation have difficulties in giving the support

needed. 'She said to me: come back and take care of your patients. You are not more forgetful than we are. It is pure imagination'. The participants had the feeling of lacking support from society and from other professionals as well. 'Pressure is coming from outside. It is shameful to be sick-listed'. Two of the persons got professional, long lasting help during the sick-listing period. They are working in the care profession and are expected to master the situation.

> I have never taken medicine before. I was asking: do I have to accept a pulse of 130. I am not feeling so bad. Do I have to take a tablet then? I never got an answer.

The process leading to powerlessness

In this category one could see two different trends. One trend could be referred to as new and unclear tasks, and the other as tasks depending on changes in staff, both were combined with increasing work-loads.

More tasks. Time for professional work with patients, what nurses once learned, is reduced. The imbalance of wishes and reality supports the feeling of being inadequate although nurses know that they are working hard. 'It is hard to move localities, and simultaneously discussions on personal development are introduced as a new task'. New working tools such as computers are accentuating the change. The computer is placed near the nurses and expectations are that a nurse is doing all the documentation. The use of computers is experienced as taking so much time because of all the other things around, new routines and difficulties to get support. 'I was trained to look after people. I cannot use 75% to 90% of my time on computers'.

Changes of staff. It was good to have a colleague and divide the extra tasks like meetings, ordering medicines and other supplies and delegating tasks. It was good to reflect on professional problems. When one nurse was missing, it became automatically the job for the other nurse to take care of those tasks. The amount of work is doubled. To have the same person as substitute during long-term sick-listings could reduce the work-load. 'I sat down and wrote all the names with whom I had been working during the last 3–4 months. I got 15 names and I was sure I could not remember five additional names'.

Problems in the daytime, like lack of continuity because of absent staff can be one of the reasons for the change in the working atmosphere.

> One never knew who was working. Work became very careless, and we had to work very long before getting some rest. Patients were restless. It was stress.

The work of the nurses has to be done with a smaller number of professional staff and the pace of the work is increasing. There are no more natural meetings among staff. At the same time the nurse's work is turning into just 'doing tasks'. The way of thinking about patients as 'objects' instead of human beings brings daily work into conflict with the philosophy of care. Experience of stress and burnout among nurses are signs of that conflict.

Expression of powerlessness

The participants spoke about common physical symptoms like headache, stomachache, vomiting, sleeping problems, tiredness, pain in muscles, neck, bones and joints. Crying easily and changes of personality like lack of positive feelings are results of being tired. More serious signs are when the person suddenly forgets common words. Physical symptoms like palpitations, breathing difficulties, high blood pressure, high blood sugar values, or fever presented reasons to look for professional help. 'I was crying and had no energy'. 'It is like being alone in the whole world'. 'My soul was empty'. Trying to compensate the tiredness can be done in a way to live in the future. One will say, 'Not today, I am tired, but tomorrow – or next week' about things that ought to be done or things which could be fun, not really doing things anymore or just wishing to do them. 'Burnout was a mental coma. I could do nothing'. For some it could take over half a year to build up energy to start doing something regularly.

Powerlessness in influencing the valuation of the work of nurses

The patient–nurse relationship is experienced as one of the central parts of a nurse's work. Stress, burnout and the process to become burned-out is not changing the valuation of meeting an individual as a patient and building up a professional relationship, but it is affecting the ability to meet. Knowing the pressure at work, the nurses are aware that they have to make the institution function somehow. So they try to manage the work for that day. But they realize that their capacity to remember and to learn is reduced.

> I had no energy to listen. No energy to arrange anything or progress with a problem. I could not deal with any new problems than those I already had.

The valuation of professional knowledge and experience is negated if the people who have been working for a long time start feeling worthless and can be replaced by anybody.

> The last years no one worried about or asked for quality. It was just as though someone took 'a head' there. That the head is sitting on a body or has feelings, it did not matter.

To be powerless is the feeling that one cannot change ones own situation. Stress is a daily reality for ones colleagues as well.

> When I am ringing to a ward to give a report on a patient, the nurse at the other end is answering while crying. She has no energy to take care of one more

person. It is the same everywhere. I do not know where to turn for help.

Discussion and conclusions

The Grounded Theory proved to be an adequate method for the analysis of this rich material. It provided an appropriate tool to structure the data. Because the interest areas can be seen as processes, the chosen method supported the analysis. Analysing data itself was a process and offered a possibility to deepen information over the emerging categories. Categories were developed from the data not from hypotheses. In a qualitative study the informants represent the reality how they experience it. The reality described has to be comprehensible and make sense both to the persons who were studied and to those who are working in the same kind of area. The validity of the qualitative study can be described through richness of contents and through the inner logic of the work (20), as well as how the data collection and analysis has been described and that all of these steps are in accordance with the purpose of the study (17). The Analysis tells a story about people, social processes and situations. The Analysis can be refined and updated from other researchers and the studies made by help of The Grounded Theory have potential for greater generalizability than other qualitative works according Strauss and Glaser (17). However the reader decides on the generalizability of any qualitative study to the situations and places. This study was held as near as possible to the empirical material by going back to the original text after the steps of analyses.

The participants spoke about changes and reorganizations. At the same time they felt that their expert knowledge was not acknowledged and considered when changes were planned. Their task became to simply accept and try to realize the changes. The model of Karazek, the Job Strain Model, presents as its main aspect, how work overload combined with low decision possibilities is the reason for somatic illnesses (21).

The nurses interviewed for this study loved their work and yet they felt themselves powerless and could not avoid burnout. Antonovsky (22) in his theory of Sense of Coherence, listed three important elements for staying healthy: *Meaningfulness* – life makes sense emotionally; people are committed; they invest energy in worthwhile goals. The nurses experienced their work without the possibilities to do things they themselves felt were important.

Manageability – individuals believe that they have the kind of resources at their disposal, which will help them to manage their lives. Because of lack of staff and increased number of tasks the nurses never reached the satisfaction of managing the complete expected amount of work. Antonovsky adds to these two the *comprehensibility*, which means, that the world is ordered, consistent, structured and clear, and the future predictable rather than noisy, chaotic, disordered, accidental and unpredictable. The interviewed nurses were describing an accidental and unpredictable working environment.

The participants felt that they had neither time nor energy to meet patients; yet the very central part of care is communication. Also according to Bruzelius and Skärvad (23) care organization is an organization of knowledge and professionalism where 'products' or 'services' are none-standardized, creative and strongly dependent on the person who is involved in the situation. Often they are combined with problem solving and the production and consumption of the 'product/service', which happens when the professional and the patient meet in the care. Professional competence is the essence and the workers are vitally important for the effectiveness and development of an organization. Bruzelius and Skärvad add that it is important to secure the right competence, and the will and motivation to use this competence. This is a requirement if an organization is to carry out good work. The competence has to grow and develop and organizations have to be not only effective but also educative. The participants found that the development of care was not secured because there was a lack of continuity and competent staff.

The interviewed nurses, competent or experts in their profession according to Benner (1), and some of them novices at new work places, knew of the importance of understanding and supporting a patient. On the contrary the capacity to do this was lacking, which confirmed their feelings of inadequacy. According to Eriksson (24) the picture of a human being in nursing science is based on seeing the person as a whole. Professionalism is developing continually in nursing care through deeper understanding of a unique person. Every human is met as a person in relation to other persons – in care it is a patient and a nurse. The ability to provide care is based on trust in ones own ability to grow and develop as a person. People are influenced by the world and themselves influence the world in which they live. The basics for a care process are the patient and the carer. The essence is formed by the care relationship. Jane Watson (25) writes that care has an important task in the modern society to save the dignity of the individual and protect humanity. The individual is a person, who is worth feelings of understanding, support, respect and care. In situations of communication the participants of the study felt as though they were not present. They could not handle more problems. The problem solving, which is one goal for communication, was not possible. Instead the participants talked of fears of making mistakes in a situation where they were responsible for many patients (from 20 to over 50). They felt that securing quality of care was no longer possible. Just two of the participants returned to the same work place after the sick-listing period. In a recent quantitative study similar results were obtained. Aiken et al. (26) have conducted research

into hospital nurse staffing, patient mortality, nurse burnout and job satisfaction. This cross-sectional study includes data of 10 184 nurses surveyed, and 232 342 general, orthopaedic and vascular patients in 168 hospitals during April 1998 to November 1999. The result presents a significant association between the number of patients, job satisfaction, burnout and mortality rates. Fifty per cent of hospitals had a patient-to-nurse ratio of 5 : 1 or higher. Ninety-four per cent of the nurses were women with an average work experience of 13.8 years of nursing. Forty-three per cent of nurses had high burnout scores (Maslach Burnout Inventory), and a similar proportion was dissatisfied with their jobs. High emotional exhaustion and increased job dissatisfaction were significantly associated with patient-to-nurse ratios. Increase of the patient-to-nurse ratio by one patient per nurse increased burnout and job dissatisfaction by 23 and 15%, respectively. Forty-three per cent of nurses who report high burnout and are dissatisfied with their jobs intend to leave their job within 12 months. Patient mortality increased by 7% for every additional patient in the average nurse's workload (four to six patients) in the hospital. There are detectable differences in risk-adjusted mortality and failure-to-rescue rates across hospitals with different registered nurse staffing ratios. Nurses in work units with the highest patient-to-nurse ratios are more than twice as likely to experience job-related burnout compared with nurses in hospitals with the lowest ratios.

The nurses are working with individuals who experience a special situation as patients. That is why professionals who can support these human beings on their way to getting as healthy as possible are needed. It must be considered important to create a working environment that promotes the health of professionals, so that they can do good work. Improving the staffing may not only save patient lives and decrease nurse turnover but also reduce hospital costs. The participants tried to solve difficult situations affected through organizational changes and economical savings. They tried to be flexible and secure the care until they felt that leaving the job was the only 'solution'. Loss of professional experience and knowledge are followed by decreasing continuity on the wards in the most cases.

Both care process and relations building have to support each other and give meaningful content to the nursing work. Making this part of the work visible, the importance of the social part of the work becomes apparent. The interviewed nurses expressed that earlier they had the possibility to build up a professional care relationship and the work was enjoyable. Through the addition of more and unclear tasks the possibility to get to know the patients disappeared. The professional nurse–patient relationship is not a learned technique but develops through experience. The main point of the study was that the interviewed nurses experienced powerlessness in affecting their work situation. They could not fulfil the central part of the profession. Empowerment studies highlight that persons have to be empowered in order to empower others. Nurses, who feel themselves powerless, cannot use their health supportive ability in their daily work. This presents the contrast to the definition of a nurse, presented by Henderson,

> the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible' (27).

That is why further areas of study could be, how new management philosophy and working instruments reflect the nursing theories and support the daily work of nurses.

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Author contribution

Sirkka Billeter-Koponen was the author of this paper, with supervision from Lars Fredén.

Ethical approval

All participants gave informed, written consent for participation in the study.

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