'Training and Development and its impact on stress among Irish nurses'

Joke Oderinde

Master's In human resource management

Abstract

Training and development and its impact on Irish nurses by Joke Awosanya.

The issue of stress has been gaining attention in nursing literature over a long time. However, not much has been done in the area of how stress is shaped by regular training and development. Thus, this research is to identify and highlight the impact that training and development may have on stress among Irish nurses. There are three sub-objectives within the study; 1) to identify causes of common workplace stress in nursing profession, 2) to examine if there is an existing relationship between job training and development and work-related stress and 3) to recommend on what organisations, especially health care industry, can do to reduce workplace stress.

Methods: The research was conducted using a series of qualitative, semi-structured interviews with nurses from different categories, general and mental nurses in the Irish health sector. After interviews, the data collected were analysed using a thematic analytical method.

Results: Six important themes were identified and evaluated during the findings and analysis. These themes include excessive work demand, shift work, unsupported work environment, financial impact, the need to recruit and retain staffs, no relationship or support with HR/Upper level management, these themes were linked within the three sub-objectives of the research question.

Conclusion: Nursing is a stressful profession, considering that there are many things that cause stress among Irish nurses. This study can help Irish Health care sector see the important of training and development among Irish nurses. It can also help to assist in further research study. Further, it is hoped that the study would be useful for investigating issues within the health care sector in future.

ACKNOWLEDGEMENTS

Declaration

Name: _____Joke Awosanya_____

Student Number: _____X15001423_____

Degree for which thesis is submitted: _____MAHRM_____

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Chapter 1- Introduction

Research has shown that due to increased demands of nurses, not only are patients put at risk, but so are the nurses themselves, both physical and emotional (Wicks, 2005). With reference to Ireland, research suggests that stress is very common among nurses due to nurses shortage (Donnelly, 2014). The effect of nurses shortage leads to absenteeism, reduced efficiency, long-term health problems and a decrease in the quality of patient care delivered (Donnelly, 2014). The concept is broadly defined as the negative reaction people have to aspects of their environment as they perceive it (Health and Safety Authority, 2016). Cox, Griffiths, & Cox, (1996 as cited in Forbes) defined stress as any action or situation placing heavy or conflicting demands on the body which upsets the equilibrium or the normal flow of daily activities. Stress is therefore a response to a stimulus and involves a sense of

an inability to cope.

We each perceive, interpret, cope with and react to the world differently, but a stress reaction is an unpleasant state of anxiety (Health and Safety Authority, 2016).

Health and Safety Authority (2016) further notes that being stressed is a 'state' – and therefore not permanent. When we are stressed, or under the influence of stress, we are less likely to behave in the rational way we do when we are calm. As noted by Miller (2004), people are exposed to stress in different ways either at work, at home, in the society and environment. Thus, the development of appropriate stress management competences, it is argued will facilitate a healthier way of working, contributing to the nurse remaining healthy and capable of providing better quality caring (Xabier Zupiria Gorostidi a, et al., 2007).

Although, researchers note that stress is not an illness. Medical proves that if stress persists for a period of time, it can lead to chronic fatigue, burnout, musculoskeletal problems or cardiovascular diseases, which can reduce individual performances and a person ability to achieve their current task which can reduce productivity (FLOREA, R. and FLOREA, R., 2016). According to Padma et al (2015) Health Service Executive (HSE) should review nurses and their stress levels often and try to take appropriate measures.

1.2 The problem

Work stress in nursing was first assessed by Menzies 1960 as he identified four sources of anxiety among nurses which are patient care, decision making, taking responsibility, and change yet despite the increase awareness of the problem, nurses continue to experience stress daily (Jennings, 2008). The nurse's role has long been regarded as stress-filled based on the physical labour, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do which need to be addressed (Jennings, 2008). Since the mid-1980s, however, nurses' work stress may be escalating due to the increasing use of technology, continuing rises in health care costs, and turbulence within the work environment (Jennings, 2008).

The current research focuses on nurses in the health sector within the Republic of Ireland, as previous research has indicated that nurses working in Ireland are stressed due to many factors such as: excessive workload, long working hours, dealing with difficult patients (McGowan, 2001; Michie and Williams et., 2003;). From indications, when nurses are stressed, their performance may be affected which can affect the safety of their patients. Therefore, it is of value to investigate the phenomenon of stress within a nursing population, and to help create awareness of this problem (Jennings, 2008).

1.3 Importance of this research

Workplace stress has continued to interest researchers as it is one of the major causes of occupational health problems, which contribute to workers claiming compensations, health care costs, disability, absenteeism and productivity losses (Sauter, Murphy & Hurrell,1990; Townsend & Campbell, 2009). Caregiving is emotionally draining considering its concomitant challenges at work to colleagues, patients, families etc. Empirical supports have been drawn from studies (e.g. Patricia Bratianue 2015) suggesting that stress contribute to lots of difficult and tragic situation to patients and work colleagues. This brings to the fore the importance of nurses to be given the necessary training they need that will help them cope in any situation they may find themselves and to enhance their skills and abilities in their job. As argued by Higgin (1989), nurses should also be properly developed so that they can easily adapt effectivity to the change made by management. Further, it is also argued that the development of appropriate stress management competences will facilitate a healthier way of working, contributing to the nurse remaining healthy and capable of providing better quality caring (Xabier Zupiria Gorostidi a, et al., 2007).

When stress is prolonged and unmanaged, it can have a negative impact on nurse's personal or professional lives, which can cause physical and psychological changes such as job stress, anger, insecurity, dissatisfaction and frustration (Kawano 2008). The effects of mindfulness training programme on reducing stress and promoting well-being among nurses in critical care units 2014), therefore a cultural acceptable mental health programme needs to be developed to help nurses cope with excessive stress (Lan, et al., 2012).

Chapter 2- Literature review

2.1 Definition of work-related stress

The stress nurses go through worldwide, the growing awareness to invest in training and development, the complexity of today's health care and the necessity (and knowledge) of adequate participative, collaborative leadership have brought the pivotal role of nursing unit managers more to the forefront (Lee, Tzeng, & Chiang, 2019 as cited in Anthony et al. 2005, McSherry et al. 2012). The increase in health care demands with the shortage of nurses, in primary and secondary levels, can affect the establishment of a healthy working environment and the provision of holistic nursing care (Alenezi, 2018). As such, Nurse managers are in the middle of this work environment and influence organizational climate, patient safety and patients-, as well as, staff satisfaction-variables (Lee, et al., 2019).

To that effect, the concept of stress has become an important narrative in nursing profession. Stress is a natural physical and mental reaction to life experiences, everyone experience stress from time to time either through work, family, serious life events, or the death of a loved one (AIS 2018). Guo, et al (2018) define stress from the perspective of "demand-perception-response." According to them, it relates both to an individual's perception of the demands being made on them and to the perception of their capability to meet those demands. Sources of stress among nurses have been aggravated by constant changes in the work environment, resulting in nurses becoming more insecure about their jobs (AI-Rub, 2000). Therefore, assessment of the amount, nature, and sources of work-related stress is an important step in convincing employers to confront the stressors more seriously (AI-Rub, 2000).

Closely related to the concept is what is referred to as Work-related stress (WRS). The WRS is defined as when employee finds it too difficult to cope with work demand and pressures (The Health and Safety Authority, 2011). According to Cooper (2001), stress in the workplace is often linked to the fundamentals of change, lack of control, and higher workload levels. Work related stress has a different negative effect on people such as low performance, reduction in productivity, diminished level of customer service, increase in health problems, absenteeism, turnover, industry accidents, alcohol and drug abuse, destructive behaviour. (Happel, Pinikahana, Martin, 2003; Perrewé, 1991; Nelson & Hurrell, 1997; Wright & Smye, 1996).

In today's modern working world, there is an increased level of occupational stress which can be attributed to growing globalisation, rapid technology advancements, and work processes

(Babatunde, 2013). According to Sparks and Coopers (2001) this has led employees to experience loss of control over their working lives as they believe that their job is not secure.

Most organisation often leave stress unchecked, which can have a serious negative impact on the company, as it can limit productivity and can often result in legal actions which can damage employer's reputation (The business case, 2008). Many researchers argue that there are many causes of work-related stress, but the main cause of work-related stress is work-load (Topper, 2007; Buchanan and Kaczynski, 2004). Buchanan and Huczynski (2004) suggested some causes of stress in an organization, such as inadequate physical working environment, job insecurity, lack of empowerment, role ambiguity and role conflict, perceived discrimination, poor management style, poor relationships, uncertain future and divided loyalties.

2.4 Overview of nursing industry in the world

With increased integration of services, constraints on society's financing of health care. A swelling of population moving into the advance age, and the increase of information processing technologies- Increased demand are falling on the backs of health care professional for increased spectrum productivity, documentation, vigilance, to prevent error, and mastery of expanding areas of knowledge and technology. (Wicks, 2005). Nurses often find themselves racing to keep up with all our tasks without having time to reflect on the deeper meaning of their vocation (Wicks, 2005).

Across the globe, there are about 57 countries are currently suffering with critical shortage nurses, especially the developing countries. (Tschudin and Davis, 2008). The World Health Organisation (WHO) reports show that in 2006 the nurses and midwife shortages was about 4.3 million (WHO, 2006). A large number of nurses both registered and non-registered has decided not to work in their profession due to lack of decent salaries, unacceptable working conditions, and most nurses also reports that they are often required to perform activities that are unrelated to their profession, such as administrative and cleaning task (Tschudin and Davis, 2008).

In United States about 20% registered nurses do not work in their profession due to poor working conditions. In Ireland about 15 thousand of qualified nurses do not work in their profession while in South Africa 35 thousand registered nurses are not active all for the same reason poor working conditions (Kingma, 2006).

Overview of nursing industry in Ireland

According to the Journal.ie, there are currently 65,000 nurses in Ireland. Out of this figure, 51,000 are Irish, 4,600 (India) 4,265 Philippines, and 270 are United States. The Budget in 2017 states that nursing in Ireland is still in crisis, Minister for health Simon Harris states that hospitals are spending about 4 million a month on agency workers because of the crisis in nursing staffing. According to the Irish sun, Irish nurses are emigrating for better wages, professional development, shorter working hours, and to avoid to the bad working condition in Ireland caused by lack of beds and staffs. As the population increases demand for health care increases too, the shortage of staffs is putting a lot of stress on healthcare provider especially female nurses.

2.5 Work related stress in nurses

Nursing is one of the growing sectors in health care industry with nursing role seeing as being very crucial for hospital to function effectively (Department of Health and Children, 2003). Nurses helps in promoting and maintaining health, caring for sick people, they tend to help improve well-being and quality of life. Nurses are faced with lots of responsibilities such as admitting and discharging patients, maintaining of personal hygiene, and to also maintain clean and safe environment of patients. They also have the responsibility to help doctors follow technical tasks e.g. is administration of medication, to assist doctor in various medical procedures (Rajan, D., 2015). Nurses do different tasks, and many of which are unrewarding, undegrading, frightening, even disgusting (Hingey, 1984). These factors contributed to the causes of stress among nurses, which deteriorate their job performance.

It was found that stress, along with a lack of fulfilment in employment and excessive workload were one of the various reasons why nurses seek employment outside the Irish health sector (Department of Health and Children, 2003). In terms of workload a shortage in nursing staff was identified as a direct cause with employees then taking on additional workload which often lead to lack of job satisfaction, stress and an overall burnout (Chan, et al., 2013). Previous researchers Forest and Kleiner (2011) discuss the effects and repercussions of turnover in nursing with relevance to nurses in the United States of America. However, unlike previous research which has looked at workloads, staff shortages and stress as intentions to leave, the paper focuses on how training and development can impact stress among nurses. It also outlines high turnover rates in the nursing profession developing as a result of stress.

2.6 Causes of work-related Stress on Nurses

Time Stressor

Karasek (2009) and Whetten and Cameron (2002) define time stressor as too much workload with lack of control which are normally experienced if there is too much to do with little time. Nurses are often stressed as they are expected to complete a given task within the time given to them (Kassar and Tattersall 1998). Nurses are normally time conscious, as they are normally given a lot of tasks to do. When work is not properly done, the negative impact of such performance can be passed to the patients (Mustafa 2012).

2-Work overload

When there is too much work to do, it becomes difficult to manage such overload (Perrewe and Ganster 2010). The implication of this can be enormous as it can affect employees negatively resulting in emotional reactions from nurses (Searle 2006) and on nurses and patient safety Wicks (2005). Also related to that is the issue of shortage of nurses which also contribute to their workloads. The nurse and patient ratio do not match which causes high turnover rate for nurses overload (Perrewe and Ganster 2010).

3- Type of hospital unit

The types of hospital unit also determine the stress a nurse would face. For instance, a nurse working in Intensive Care Unit, Critical Care Unit, and terminally ill unit tend to experience much stress than nurses working in other units on the basis that high tech nurses are more intrinsic stressors than traditional nurses (Perrewe and Ganster 2010).

4-Role and Ambiguity

Employees who experience role ambiguity often feel uncertainty about which behaviour is acceptable or not. They often wonder if they are behaving in the right behaviour or not. This often result in distressful behaviour, dissatisfied and this may hinder their performances. Nurses usually combine different roles with their jobs with their nursing and administrative role (The Irish Nurses Organisation 2019).

They are also expected to act as counsellors to their patients' families and friends (The Irish Nurses Organisation 2019).

5-Shift Work

Shift work is any work that is not the usual 9am to 5pm schedule, it can be either in the evening or night shift, early morning or rotating shift (National Sleep Foundation 2019). Shift work usually effect an individual sleep, well-being and their performances (Gordon et al., 1986; Labyak, 2002; Lee, 1992 cited in Nurses' Health and Patients' Safety).

Nurses job usually involve shift work, which has both positive and negative part, the positive part include longer period off, financial rewards, and negative part includes interference with physiological, psychological, social and family life of the individual. In Ireland, it is important that nurses do shift work to provide adequate care to patients. Working shift work has been proven to have a major health effect as it can lead to fatigue, loss of appetite and sleep disorder (The Irish Nurses Organisation 2019).

There are so many related problems associated with shift worker and nurses' managers such as increased accidents rates and decreased productivity. Nurses work more hours to provide continuous patient care instead of a normal 8 hours shift ((America Association of Occupational Health Nurses, 2009). Nurses who work more than 8 hours shift often report more medication errors, difficulty staying awake, and falling asleep during work hours. (Lockley et al., 2007; Scott et al., 2007).

The number of hours nurses must work are much more than any other professions, especially with night shift being compulsory. Night shift are often reported to have less staff compared to day shift, this means that less help and more work must be do which can often lead to staff burn out and anxiety among nurses (Reed 2013).

Work environment

The work environment in which nurses provide care to patients is a key element in nursing profession because it can determine the quality and safety of patient care (Institute of Medicine, 2004). A large part of the demands of patient care is centred on the work of nurses and when care falls short of standards, whether because of resource allocation or lack of appropriate policies and standards. Understanding the complexity of the work environment and engaging in strategies to improve its effects is therefore paramount to higher-quality, safer care (Hughes, 2008). High-reliability organizations that have cultures of safety and capitalize on evidence-based practice offer favourable working conditions to nurses and are dedicated to improving the safety and quality of care (ibid).

2.7 Training and development and work-related stress.

According to Daniels (2018) businesses invest in training to addresses the gap between their goals and what their staffs can achieve. Organisations need training and development to help staff improve their performance and help them to achieve the company goals. Organisations will need to monitor and respond to their training. Boadu et all (2014) states that training and development is one of the most practices in human resources that helps to improve employees' performances. Companies determine the types of training needed by their employees that will help them improve their performance and to help motivate them, giving them satisfaction by allowing them to acquire new skills and knowledge within their working field.

The more training given to employees the more they will be satisfied with their duties which will increase the productivity and profit of the company (Elnaga, Imran 2013). There are different training practices an organisation can use which can help increase employee motivation and organisational commitment both direct and indirectly (Meyer and Allen 1991). Organisation need to equip their employees with the necessary skills they need to do their job, companies need to train their employees according to what they are expecting from them. Companies planning for the long-term usually train and develop their employee with new skills to enable them handle issue that might arise in the future. Employees often get high level of motivation and commitment from organisation that invest in them, as they often appreciate the investment invested in them and in return they commit to the organisation and put in their best in their work (Sahinidis, A.G. and Bouris, J., 2008).

2.8 Training and development to reduce stress among nurses.

Within the ever-changing healthcare system, health care professionals have always been encouraged to update their knowledge and maintain clinical competence (Ma, et al., 2018). Without a programme of active learning no health care professional can hope to remain competent for more than a few years after graduation, which increases the pressure of nursing professionals to engage in continuous training and education. Successful training in health systems results in professionals' enhanced knowledge and skills, improved staff satisfaction and retention, reduced patients' mortality and quality patient care (Ma, et al., 2018).

Nurses are often stressed when they feel that they have no control over what is going on in the organisations. This might include changes of policy in health care sector. Nurses are often faced with different types of ethical and moral issues which to their jobs, for example them not having enough knowledge, skills and resources to deal with situations that might arise in the job. This

often leads them to moral distress, which is one of the reasons that causes burnout among nurses (Thomas, 2009, 18-19 cited in the Irish Nurses Organisation, 2019).

The issues of training have implications for nurses and the amount of stress they suffer. If nurses feel that they are not properly prepared and equipped with necessary trainings and skills needed for the demand that is being placed on them, they tend to experience what is called qualitative work overload. This is a significant predictor of stress and has lots of negative associated with it. Nurses often feel stagnation when they feel that they are lacking personal and professional development in their workplace (The Irish Nurses Organisation; 2019).

Nurses need to maintain competence and keep pace with the latest development in their clients care and in order to meet their needs, the population expect a high standard of health care services from health care givers (Yfantis, Tiniakou & Yfanti, 2010), This is a good way of preventing stress as it can help nurses maximize their impact on patient care and clinician satisfaction and can also make their job faster. The increasing demand of nurses needs a supported, structured and efficient improvement of continuous professional development (CPD), nurses need to equip themselves in order to stay ahead of the changing practices and systems (Traeger, et al. 2013).

Abebe, Bender and Pittini (2018), CPD is defined as a formal learning activity that help nurses to stay up to date with advance knowledge, skills, technology and practices that can assist them in developing and maintaining their continuing competences.
According to them, CPD also helps nurses to improve their personal growth and job satisfaction if nurses are satisfied with their job it motivates them and reduces stressors that can that affect them negatively.
 Training and development help to improve nurses health generally Lee (1994). Training programmes can stop nurses from leaving their work as they will consider the staff development and the benefit and opportunities they will be getting from the training (Bartlett, KR 2001).
According to Bartlett (2001), previous researchers have found out that employee training help to improve feelings of job satisfaction among nurses, which can also increase their commitment to continue working in that specific hospital. Some training programmes like Mindful Based Stress Reduction programme (MBSR) can help nurses cope with stress in the workplace (Lu, H, Alison, E, While K, Barriball L 2005).

According to Cohen-katz, et al (2005), nurses need at least 8 weeks MSBR program that will help improve their ability to think properly and help them to be focus and calm when in stressful situations. Research has shown that MSBR training help improves nurses clinical performances (zeller, 2010). MSBR training also help nurses to be more alert and attentive to their patient, while at the same time try to control negative. MSBR let nurses to regain the caring and compassionate attitude that may be lost when work or personal stress isn't properly managed by letting them attend to their inner thoughts and emotions, achieve and maintain self-control (Lippincott Solutions, 2015)**.**

The major challenge implementing MSBR training for nurses is to try and develop a training that can fit in nurses busy schedule, as many of them didn't finish the training because of lack of time. MSBR training was then revised to short mindfulness activities that didn't take more than 5 minutes, and was carried out during shift changes, the exercises focus on one technique a week over a period of 8 weeks as this will ensure that staff can participate without being off the unit or taking time away from their personal lives (Lippincott Solutions, 2015).

2.9 Conclusion to literature review

Nursing is seen to be the most stressful sector to work in, and there are different factors that contribute to nurses being stressed. The literature reviews have discussed the definition of work-related stress and its' causes, it has also discussed the causes of stress generally. such as job insecurity, lack of empowerment, role ambiguity, too much of workload, and perceive discrimination. It also looks at work related stress among nurses in Ireland, the literature review discusses the role of training and development and the effect it has on stress among nurses. By doing this research it is evidence that employers need to understand the nature of stress and the major sources of work-related stress, it is very important to know the effect of stress on an individual, both the physical and physiological effect. The research question chapter will discuss the overall aim and the relative sub-objectives of the research. It will also include a rational section that discuss the various gaps within the current literature and signifies the relevance and importance of this study.

Chapter 3 Methodology

Introduction

According to (Myers 2009) 'research methodology is a strategy of enquiry, which moves from the underlying assumption to research design and data collection'. Research methodology also help to solve the research problem, it is usually seen as a way of studying how research is done scientifically, it allows us to look at the various steps that the researcher used in studying his research problem together with the logic behind it. It is important that the researcher shouldn't only know about the research method, techniques but also the methodology which was selected based on the nature of the research topic, the time available, the extent of risk and the research audience (C.R. Kothari 2004).

When the researcher are considering the amount of participant needed to conduct the interview, the researcher looked at other researchers and how many participants are advised to interview, but according to Morse 2002 researchers need to avoid the topic of 'how many' interviewees 'are enough' as there is no minimum, and it all depends in the field of research. Moorse 2000 recommend between 5 to 50 participants depending on your field or research, therefore the researcher chooses 6 participants to conduct this research which will normally take place over 2 mornings between 10 to 1pm.

Research Question and Objectives

Research question tends to help in addressing the research problem. Research objectives helps in answering all the research questions. This proposer entails one research question that is supported by three objectives. The aims of this study are to investigate the impact of training and development on stress among Irish Nurses.

Objective 1- To identify the causes of common workplace stress in nursing profession

Objective 2- To examine if there is an existing relationship between job training and development and work-related stress

Objective 3- To investigate what organisations especially health care industry can do in terms or reducing stress.

Rational for study

Stress in the nursing workplace has significant consequences for the person, the patient and the organisation, such as psychological and physical health deterioration and impaired professional practice. Within the literature on stress, the impact of training and development on nurses appear to have received little attention in Ireland. Furthermore, there is little attention given to how this shapes nurses job in the country. Therefore, the main purpose of this study is to investigate how nurses' working stress is shaped when training and development are

considered in the assessment of working stress of nurses in Ireland. Given the intensity of stress in nursing profession, it becomes imperative for the need of nurse managers to be informed of both its magnitude and its possible impact upon clinical practice.

There have been different researches on stress in nurses and its impact but only few talks about how training and development can impact stress on nurses especially Irish nurses. Trainings is very important for nurses especially with the amount of stress they suffer. Nurses often feel inadequately prepared for the demands placed upon them, which can exposed them to what is termed qualitative work overload. This study looks at the link between training and development and stress on Irish nurses.

There is a growing shortage in health care profession especially nurses. And it is not only about the quality but also the cost involves in trainings and development which places patient's health in jeopardy (Aiken, Sochalski, & Anderson, 1996). Many aspects of nursing job maybe stressful and lack job satisfaction, this require urgent attention in order to recruit and retain nurses. Health care leaders need to be aware that implementing a variety of training programmes E.g. mentoring programmes can help nurses feel secured and can enhance both retention and job satisfaction.

According to INMO (2018) to address nurses shortage the government must be committed to increasing number of nurses training, however 2018 was one of second year in which nurses rate fell from 39,006 December 2007 to 36,777 In December 2017 this a deficit of -2,229 nursing and midwifery WTE in the Irish public health sector.

The HSE seems to neglect their responsibility in recruiting and supporting new nurses' graduates by providing them adequate training and development they need. The Irish public health sector needs to compete to retain nursing staffs therefore incentives are also required. This must be an essential component for any strategy that wishes to address the current hospital overcrowding crisis, expand services and support any future development of the health service.

4.2 Research Approach

This research was carried out using a qualitative research method, using a series of semi-structure interview with different nurses within 2 different hospitals in Ireland. The data was collected through semi structure interview, this give the researcher a depth understanding of the participant respond to the questions that is being asked. Marshall and Rossman 2006. A Qualitative research is all about researching specific meanings, emotions and practices that

comes out from the communication and interdependencies between people (Gubrium & Holstein, 1997). It pays more attention to the qualities of experience and aspect of life (ibid). Denzin & Lincoln 2005 argue that qualitative suggests qualities, processes and meaning that cannot be examined through experiment, or measured in terms of quality, qualitative research approach has different steps when analysing the finding and it uses a range of strategies of inquiry.

According to Saunders et al (2008) there are different types of qualitative method a researcher can use based on their own assumption and their topic, but in order to be more accurate with the findings, it is important for the researcher to use multiple sources to generate the data to avoid any been bias. In qualitative research, the researcher tends to study and understand the behaviour of the participant by getting to know them more, in terms of their value, belief, emotions, and rituals (Frankfort-Nachmias & Nachmias 1996).This shows that qualitative research tend to understand how some certain event came about, and how important something can be (ibid).

Thus, choice of this research work is premised on argument that quantitative approach offers the researcher to engage participants and for them to speak for themselves in their words and in actions instead of relying on survey and questionnaire. Qualitative method is best suited for this research as it focuses more on the subtleties of what can be found in the information, this allows the data to have more details to it and has direct quote from participants.

4.3 Reasons for choice of qualitative approach

Qualitative research has a lot of benefits, it allows the researcher to gain an insider's view of the field. It also allows the researcher to find any issues that are missed (Christina Hughes 2019). Many qualitative research projects can be completed very quickly with a limited budget as it uses smaller sample sizes. Further, it also allows faster results so that project can be done quickly and the data that is collected will be reliable and direct source from the participants (Hughes, 2019).

4.4 Measure

The main aim of the research is to explore this topic from two thematic perspectives; (1) to identify the causes of common workplace stress in nursing profession and (2) to examine if there is an existing relationship between job training and development and work-related stress. Participant are therefore advised to talk about the different stress that they might experience

during their shift and how they think it can be delegated. As there are two sections this study, questions will be divided into two topic of discussions, one topic will be link between stress and training and development, the next topic will be the causes of stress in nursing profession. Recommendation will be drawn based on findings to address to eliminate or reduce impacts of stress in nursing profession.

Four question was asked under the first sub objective-

- what impact can trainings and development have on nurses well-being? This question was further expanded depending on the individual

- What do you think Human Resource manager can do in relation to trainings that can help nurses cope with stress?

- How often do you think nurses should be trained in order to stay ahead of the changing practices and systems?

- What types of trainings would you recommend for nurses?

Five question was asked under the second sub objective.

- What do you think are the causes of stress in nursing profession?

- How do u cope with stress daily, and are your patient affected negatively?

- To what extent are upper level management aware that stress in staff can impact patient care

- How would you combat stress daily so that patients care is not affected negatively?

- What do you think can be done if patient care was being affected as a result of stress within your department?

Three Question was asked under the third sub objective-

- What do you think HSE can do that will create a positive outcome for nurses?

- What do you think the Human Resource manager can do in terms of reducing stress?

- From an external point of view what do you think would be more beneficial in attracting nurses to take part in the development and training programmes? These questions were part of the literature review,

3.5 procedure

The researcher contacted the head of the hospitals department by writing at letter to them asking if they can permit the researcher to conduct an interviews about the subject matter with dfew of their nurses staff.. The researcher explained to the head of the department the type of study that is being carried out, the purpose of the

interview, aspects and ethical concerns that might want to arise before the interview was granted. The assistant director in the hospital gave the approval to go ahead with the interview and assigned a staff nurse to assist in organising the interview.

These questions were loosely asked to the candidate, and a phone was used to record the interview. As the interview was semi-structured the participants elaborated on the questions depending on how they felt, as this helped to get more information from them.

The interview was taken within a week with two days interval, the first interview was held on Monday at about 10.30am and the second was held on Thursday around 11.05 and both usually lasted between 25 to 30 minutes and was held in one of the emergency department room. Before the interview commenced, participants were quickly briefed about the ethical consent form, and the ethical issues that might arises during the interview.

At the beginning of the interview, participant was feeling reluctant to provide answers to the question that was being asked. However, this changed as they later got comfortable and answered questions posed to them enthusiastically and freely. Questions being asked led to more ideas and more questions surfacing. All the six interview transcripts were typed into a report format, with the questions and responses separated.

After the interview answers were transcript and typed into a report format, the researcher then coded the data line by line to enable researcher to explore and analyse data properly. The researcher categorised the answers separately into groups as recommended by Borgatti (2007) and Bryman and Bell (2007).

4.6 Participants

The researcher interviewed seven participants, three of which were in general nurses. Two of these were within the ages of 30 to 40 and worked in the hospital environments with more than 5 years experiences. There was one with less than a year experience between the age of 25 to 30. The other three were psychiatric nurses with more than 4 years experiences between the

age of 30 to 35. Finally, the last participant was a staff nurse with more than 15 years' experience as she is close to a retire age and aged between 40 to 50. All participants were females, these participants were chosen because the researcher wanted a broad answer, the researcher focus was the participant experiences so other demographic details such as ethnicity, race, age and marital status was not a concern.

4.7 Ethical consideration and confidentiality

Confidentiality was highlighted before the interview as this is a major issue. The researcher explained to participants that their names, names of hospitals and names of their patients would be anonymized in the study. A copy of consent form was given to each participant prior to the interview of which a signed copy was returned to researcher as a proof of consent from them. These copies will be securely stored and can only be made accessible upon request. It was explained to participants that their answers to the interview questions will not be shared with their colleague as their answers will be highly confidential. According to Saunders, et al (2007), it is very important for the researcher to ensure that the research remains ethical by avoiding being bias in any form or way either in the design, data analysis and data interpretation. According to them, to ensure confidentiality, researchers need to remain open in terms of sharing data, protect the human subjects, practise non-discrimination and should in no way try to influence the participants answers.

The researcher explained to the participants that they might withdraw from the interview at any stages if they wish to. They were informed of their right to feel free not to answer any question they were not comfortable with. Before the interview began the participant where also told that the interview would be recorded using a phone. According to Hancock (2002), this will allow researchers to focus more on the participants as the researcher do not have to worry if they don't get to write everything.

4.8 Analysing the data

The thematic analysis approach is used to present findings in this study. Braun and Clark (2006) define thematic analysis as the process that is used in identifying patterns or themes within qualitative data. The goal of a thematic analysis is to identify themes, i.e. patterns in the data that are important or interesting and use them to address the research or say something about the issue. This is an easier way to summarise the data. The researcher prefers thematic analysis method as to other method because thematic analysis is flexible, and it identify,

analysis and report the data that is collected into themes, it also organises and describe the data in much more detail (Boyatzis, 1998). Thematic analysis is a 6-step framework and most popular approach in the social sciences because it offers a clear and useable framework for doing thematic analysis. (Maguire & Delahun, 2017).

Step 1: Become familiar with the data- the researcher familiarise herself with the interview data, by transcribing it and reading it repeatedly to get an insight of it.

Step 2: Generate initial codes- the researcher organises the interview into a meaningful and systematic way using coding, this helps to reduces the data into small chunks of meaning.

Step 3: Search for themes- the researcher starts to organise the codes into themes that relate to the research question.

Step 4: Review themes- at the stage the researcher gathers all the data that is relevant to each theme, and then review, modify and develop to see if the data make sense, and if they support the theme.

Step 5: Define themes- the researcher defines and identify the important of the theme, I.E what the themes is trying to say, if there are subthemes, how do they interact and relate to the main theme? How do the themes relate to each other?

Step 6: Write-up. This is the final steps as it involves the write up of the analysis

Chapter 4 – RESULTS/FINDING

With the data and information that were collected through the seven interviews as mentioned previously, six main themes were presented throughout the interview. These are excessive work demand, shift work, unsupported work environment, financial impact, the need to recruit and retain staffs, no relationship or support with HR/Upper level management. These six themes emerged from the data that was collected as a result of using a thematic analysis approach following the series of interviews. As highlighted in the previous methodology chapter, this chapter provides a detailed explanation and analysis of the seven themes.

Excessive work Demands

This is the most prevalent theme from the interview, as majority of the participants kept talking about the excessive work demand. While conducting the interview, all the participants mentioned the high workload they experienced daily, they mentioned that the workload was so heavy that it often led to distress, anger and emotional exhaustion. This could often affect them performing efficiently and effectively. And these demands often results in negative outcomes including reducing quality of life during off work hours, in addition to long workdays, some of the participants reported having long stretches of workdays without a day off and long night shift usually like 7 night in a row. This can prevent some nurses from addressing their own health needs, particularly the need for rest, exercise, and other stress reduction and preventive activities. Some questioned their long-term ability to survive in their current job. Some participants made the following comments:

'Under staff, being under staff is a major factor that contribute to nurses stress, as a lot of people are getting sicker and sicker, for example you can have 4 nurses on the ward and 15 patients, you can't really manage your time with that'.

'I suppose if you are having a terrible day, and if you are stress, especially with staffing issues and short staff, if you are with one patient the other patients are suffering because you can't split yourself into two. and I suppose sometimes when you are stress, they are bound to be some mistakes as well'.

Some participants also mentioned that they do a lot of different task and responsibilities, as their responsibility demand the same things as doctor job do. Most of the participant mentioned

that a shortage of staff was one of the major problems within their department, with more front staff manager required to help with the service demand

Some of the participants report poor staffing ratios compromise the quality of care they can deliver. The participant talks about managers trying to save cost by employing ancillary or unlicensed staff or interns that doesn't have much experience, however this is often a source of conflict for the nurse as they can't work more than 8pm. Nurses made the following comments:

'Nurses are often expected to care for a large number of patients, furthermore the nursing shortage make the issue more complicated. As this makes nurses schedule busier which decreases their ability to manage and provide proper care to patients. The workload and staff shortages often increase the emotional/mental pressure nurses faces. Too many patients, with few staff to cater for them, too many late-night shift and changes in policies and practices are among the main stressors'.

'you know from the moment you come in it is very busy, especially when you are looking after a certain number of patients. or it doesn't necessary mean, or I suppose it depend on how the other person look after themselves. most of the time it fine, you will be able to manage the shift, and you get used to it that you don't even realise how bad it is'.

Majority of the participants mentioned that because of the high workload, they were allocated too many patients for them to care of, as they aren't enough staff available so the ones available have to care for all the patients in the ward.

'workload, if the workload is too much, like presently we are very short staff, like if you are supposed to have 4 patients to care for and your given 10 patients it going to have a lot of effect as you won't be able to carry out you job as you suppose to'.

'A lot of it is low staff and low pay; you are not paying us enough to do the work of 3 people at the same time. if I knew that I am doing the work of three people at the same time and I am getting paid for 3 people. if you look at the pay and you at the amount of job you are doing it doesn't add up.

As stated by participants, the nurses staffing level determines whether patient wishes, and needs are met. According to participants, an insufficient deployment of nursing staff has a direct negative impact on patient experiences'

'they can do more in terms of staff shortage if they want. Like getting an agency to cover up when staff are low, and sometimes they count student as staffs which they shouldn't cos they are not staffs. ON paper it looks like we have 10 staff where 4 of them are student and only 6 is a staff, and 2 of them are managers so they don't deal with patients. So out of 10 we only have 4 that is taking care of patients but on paper it will look like we have 10'.

Shift work

Most participants state that variable working shifts which include long hours, and night shifts are linked to problems that nurses faced today such as stress and depression, weight gain, sleeping problems, etc. Night shift staffs feel more stressed compared to day shifts. This means that there is less help available to perform some demanding tasks such as moving or receiving new patients. This leads to additional stress and anxiety for nurses. Though for some people, night shifts do not create any problems. Better pay is the main motivating factor to prefer night shifts or longer hours.

' yea like if you're doing night, e.g. people usually do 3 or 4 night in a row, in the middle of the night like 4 or 5am you will get really tired, head ache, and that can affect your work as you're not felling your best but it must be done'.

The long hours commuting to and from work was a topic that arises throughout the interview as participants talks about the traffic they faced when going home from work after 12 to 13 hours shift, leaving them less hours to sleep and getting ready for their next shift.

'I think sleep is very important, especially your travel time as well, and the time it take you to unwind. as for me personally it's kind of take me 3 hrs to unwind after my shift. if I was lucky to get to home at 9am, by the time I will have my shower, have something to eat and just try and sit down to put my feet up, it like already coming into 12pm and you have to be out by 5pm for your next shift., It's just crazy'.

'Many nights nurses don't even get their breaks, working a full 13 hour shift without break, and When they leave work, they face a long journeys home, having to commute a long distance is matter of concern as by the time you get home you won't have that much time to sleep before your next shift and as a result, staff are burning out and patient care is endangered'.

'The long hours, 12 hours, 14 hours, and most people are commuting to work for about 2 hours, an hour on top of the 13, 14 hours shift you have done, in some corporate places they are introducing travel scheme which nurses don't have'.

Unsupported work environment

Most of the nurses in the present study stated that they did not find the work environment physically adequate, and the environment was unsuitable for providing safe patient care. The reason may be that the physical conditions in hospitals may not have been organised according to the needs and work requirements of nurses. Furthermore, the work environment can influence the quality of care. Its characteristics affect organizational functionality, individual satisfaction, the balance between work and family life, continuous development, and the organizational culture. Poor work environments contribute to medical errors, stress and "burn-out", absenteeism and high levels of staff turnover, which, in turn, compromise the quality of care.

'the environment is not conducive, and not positive it affects your job, and you can make a mistake, which can make you lose your pin'.

'maybe your scared that you won't be able to manage the patient on your own or they could do a run out on you. And then you told the managers that you need someone else to go with you, but they said you must go on your own because you're a staff nurse, it depends which way we look at it. So different things could cause stress especially if the management team are not listening to staff nurses.'

Participants talk about having positive environments, as it can help them provide proper adequate care for patients. Patients need to feel safe care which is directly related to the quality of work environments of nurses. Effective healthcare services require individuals providing such services to be physically and mentally healthy, which is only possible in healthy positive work environments. A positive work environment involves the "creation of a business

environment where policies, procedures and systems are designed for the employees to fulfil institutional goals and achieve personal satisfaction in the workplace, In other words, a healthy work environment involves practices carried out to increase the health and well-being of nurses.

Hospitals that have a suitable environment for providing safe care to patients are places where high job satisfaction, adequate physical work environment, systems for patient care and quality initiatives prevail.

Healthy Work Environments (HWEs) are important for the overall health of nurses, for successful nurse recruitment and retention, and for the quality and safety of patient care. Healthy work environments are healing, empowering environments that have been correlated with employee engagement and organizational commitment. These environments are characterized by a high level of trust between management and employees. Employees who treat each other in a respectful manner, an organizational culture that supports skilled communication and collaboration, and by a climate in which employees feel emotionally and physically safe.

'the working environment is not always positive, it's always stressful. it's always like nurses do not have enough autonomy in the job. with the job satisfaction is good as your making a difference in somebody life'

Financial impact

The general issue of salary nurses receive was regularly mentioned throughout the interviews, with several participants noting that a regular wage increase needs to be introduced, especially in terms of attracting nurses back to the health service in Ireland.

'there is very little investment in nurses and at the same time there is a lot of pressure put to them. they are looking after patients, more task is always added to their role,
with very little support given. And they are cutting down their incentives'.

'They should create awareness or put incentives in place. For instance, carear is being paid more than young graduates, and that can make them migrate to abroad as abroad pays more. So they need increase the wages'.

'low pay, you are not paying us enough to do the work of 3 people at the same time. if I knew that I am doing the work of three people at the same time and I am getting paid for 3 people, if you look at the pay and you at the amount of job you are doing it doesn't add up.'

Participants find that managers critically examine the deployment of personnel. According to them, the nursing staff mix has drifted towards a model whereby higher-educated nurses are being replaced with lower-educated ones. They noted that management is tied to a system that is dominated by controlling costs. Thus, in their view, nurses may want to provide a patient with a specific form of care, while management limits care to a maximum number of minutes based on budgetary considerations. According to participants, nurses regularly experience a tension with management in shaping care that doesn't meets patient expectations.

'The HR should always support the workers as their well-being should be more important to them, the HR cannot work independently as they can't do anything without the management supports'

'I could say partly; they are trying to save cost. Because where I work there is an embargo in recruiting CNMS, we short of CNM and it really affecting the place, I don't why there is embargo but I think with the HSE they are just trying to save cost maybe they have misuse cost in the past'.

'certain client wants to go see physiotherapy, but they can't afford to go privately so it's all about saving cost. and it affect both the patient and staff'

'they are not doing anything about it, it all about cost savings. I went to work as a relief shift and one of the nurse staff was saying they are cutting down on the nursing twilight. so they will be using twilight instead of nurses. obviously because with nurses you will have to pay nurses more.'.

'yea if anything they are looking for ways to save money and cut the cost. with nurses already over worked and the twilight is what is going to get work'

'But they already knew that the ward will be short so they should have organised for an agency staff. But because they want save money they don't. and then we the staff pay the price for it. They are trying to save cost at the expenses of we the workers'

'Yea they can do more in terms of staff shortage if they want. Like getting an agency to cover up when staff are low, and sometimes they count student as staffs which they shouldn't cos they are not staffs'.

The need to recruit and retain staff
Most of the participant mentioned the need to supply more nurses staff into the Irish health services, as they talk about the ratios of patients between a nurse is often high. And this often affect the care given to the patients.

'if the ratio is 4 patients to 1 nurse, they are having 10 patients to a nurse which will definitely increase stress, you will want to provide optimal care for your patient, but you will be so much over worked'

'staffing, I think staffing is the answer to everything. If they put you in charge of ten children is harder to manage them, compared to where you have 2 children to 1 adult, that child will have more care, but where you have to split yourself in ten different directions you can't give that much care as you wanted'.

'Under staff, being under staff is a major stress, as a lot of people are getting sicker and sicker, e.g. you can have 4 nurses on the ward and 15 patients, you can't really manage your time with that. Whereas You can about 4 or 5 people, and they are sick people and you can't cut you into 4, that is the major stress, the workload'

'HSE should recruit more nurses and retain them, they should come up with a strategy to retain nurses. they need to also send nurses to do more training to help them increase their skills and knowledge'.

'As it is, they have a lot of job to do in regarding to recruitment, when you are being under staff it is going affect the staff, first instance you as a wife, mother you have a stress at home already and your coming to work and you are understaff maybe you have like 10 patients and

only one nurse to look after them, that can make you lose it, so I think in the area of recruitment we need help'.

No relationship or support with HR/Upper level management

Most of the participant mentioned how important it is to have a culture that support the staff within the departments. Majority of the participants mentioned spoke about they get little or no support from their higher-level management. They also mentioned that they know the management are aware of the stress that is ongoing within the sector and how it can impact patient care.

'well in my experience of HR, unless you specifically go to HR with the particular issues e.g. if you are out sick, or they are looking for your sick cert, I have never seen HR checking on their staffs, they are very mechanical and task orientated, they are not people oriented, or care about the staff wellbeing'.

'I think it will be important that HR link with nurses in their day to day. in my experience anyway, there is not much link between HR and nurses' staff. as I had only had that experience once in London in private hospital, where the director will come in and find out how every1 was doing, and people will burst out in tears telling him how their day had Being'.

Nurse managers must be clear about expected supportive role behaviours but also need to possess the necessary competencies to enact such role behaviours, Nurse manager support is a critical factor in maintaining healthy work environments. We cannot afford to have nurses leaving the unit and the hospital because their nurse manager was not as supportive as needed or expected. Nurse managers must be clear about expected supportive role behaviours but also need to possess the necessary competencies to enact such role behaviours.

'creating a conducive environment, support that they give member of staffs, through training and induction programmes'.

'The management style can cause stress as well, E.g. if you are not getting support from the management then it causes so much stress of the employee, the managerial style should support the staffs, and try to relieve stress'

'they should have an open-door policy so that whenever any staff encounter problem at work, they can just come in to talk to them. They should also increase the wages as everything is getting high now. They should give nurse control over their job'.

'But upper management doesn't care about what is going on in the ward they just want to see how it look like on paper. Then we are the ones suffering for it'.
Nurse managers need to try to understand their staff nurses' feelings and respected their experience and pride in nursing care through the whole change process. Nurse managers needs to recognize that empathy for staff nurses was needed for successful change.

Chapter 6 Discussion

The overall study has found six main themes associated with the information provided by the interview participants. These are, excessive work demand, shift work, unsupported work environment, financial impact, need to recruit and retain staffs, and no relationship or support with HR/Upper level management. These themes are all associated with the three sub-objectives of the study and linked to the main aim of the study. This study talked about how training and development can impact stress on Irish nurses. The literature review describes how stressful nurses' job are and how training and development can help to reduce the stress nurses faces.

From participants, and analysis of data, training and development has been identified as one way to lessen stress among nurses in their profession. They identify specific training tailored towards stress management as being crucial to performance in any working environment. Although findings indicate that this will not be the only factor that engender positive change in the sector, it however shows that work stress can better be managed if top management of working organisations can regularly leveraged training and development for workers on best work practices.

Staffing level is one of the most common issues discussed by participants with majority of them noting that the current low level of pay in the sector is stress-inducing in terms of manpower and wages. They note that there is a need for more staffs and good wage system to assuage the drift currently being experienced in Irish health sector. Also majority talks about how the government is trying to save cost by using intern and twilight as a substitute to staff nurse.

The findings bring about a direct link between staff shortage and stress as a result of recruitment embargo. These findings support similar studies (e.g. Niamh Humphries, Ruairi Brugha, Hannah McGee (2012) noting that the Irish government's recruitment embargo as a yardstick to save money led to a massive reduction of close to 2000 Irish nurses, between 2008 and 2010). Most participants highlighted that if Government can take away the embargo and recruit more staff it will reduce the workload which can reduce the stress nurses face.

Majority of the participant talks about the conditions within the working environment, with it not being conducive enough to care for patients. They explained how the working environment is not positive and encouraging and the impact it can on patients care. These comments go in

line with the literature that talk about the stressor of stress among nurses. According to (Hughes, 2008) states that organisation that Understand the complexity of the work environment and engage in strategies to improve its effects is therefore paramount to higher-quality, safer care. This can be linked to one of the sub-objectives of the study, these finding are similar to that of Institute of medicine (2004). Participant talk about how the working conditions can be improved by Having adequate compensation, control over the work environment and scheduling, and the respect of management can all improve the working conditions. This can be supported by a study that found that improved salaries, participative management approaches at work, and scheduling flexibility also improve staff recruitment and retention (American Organization of Nurse Executives, 2002).

Financial impact was constantly brought up by participants throughout the interviews. With issues relating to basic pay, incentives and its impact in retention. Various participants show concern about the current salary and the potential to attract new nurses back to the health sector with a starting salary starting of between 25,000 and 29,000 euro for staff nurse is not enough to attract and retain nurses into the health sector. Bray (2001) talks about how nurses compensation levels should be reviewed periodically as it will determine if nurse wages are market-based (Bray, 2001).

Participants that were interviewed talked about how learning could be achieved through training and development. As such, performance contributes to the growth of the organization specifically since they can implement in combination competences and expertise acquired through training and development (Tahir, et al., 2014). Further, training and development and how it impacts the performance of the employees in the business setting have received a significant attention from the researchers (Tahir, et al., 2014). This can be linked to one of the sub objectives of the study which; what impact can trainings and development have on nurses well-being? Thus, this aligns with literatures across the globe, that the concept of stress is indeed a global phenomenon. It also implies that control over work plays an important role in reducing the workload, which helps to minimize the stress (Lund and Conte, 2010, 469-470).

Nurses work shift and how it increases stress level is also a major issue, According to findings, this has the tendency to affect them psychologically given lack of enough sleep and work rest. This findings relate to recent study by McEwen & Lasley, (2003) noting that nurses get many physical and psychological health problems due to stress caused by shift work. This, according to

a number of them, argue that this can lead to high blood pressure, acute coronary disease, digestive problem, weight gain and many physical pains and psychological challenges like sleeping disorder, depression, anxiety, mood swing, irritability, isolation, short memory, several cognitive disorders and burnout (McEwen & Lasley, 2003). Findings of this study also support this school of thought with respondents noting that nurses who did lots of night shifts were more prone to suffer from physical and psychological health problems than those who did regular shifts.

Some of the participants link their stress they face to not being satisfied in their job. Previously, a study by Elovainio (2002) note that relationship with managers can engender trust and respect in the workplace. These finding can also be linked to one of the unplanned questions that kept coming up during the interview; Do you think Upper level manager/HR have a relationship with their staff and do they have an open-door policy? As participant believes that their managers do not care about their feelings as they are only interested in them performing their job.

Nurses' job satisfaction also is influenced by interpersonal and structural variables, even more than by salary (Miller, 1993). Ootim (1999) found that perceived high levels of control at work are linked to high levels of commitment, involvement, performance, motivation, and job satisfaction. Recent studies found a positive correlation between nurse empowerment, trust in management, and commitment to the organization (Laschinger, 2000, 2001). A just work environment has policies and procedures developed in conjunction with workers and administered with fairness (Elovainio, 2002), and fair rewards considering the responsibility and effort of the job (Moorman, 1991).

Limitation of the study

This study research has been restricted by the amount of time required to collect data, analyse it and interpret it. The topic of the study itself was threatening in nature as it is an employee/employer relationship. This was considered as the interviews proceeded. A second limitation was the organisation itself. The healthcare system is one of the largest employers in the county which limits the job opportunities for registered nurses who wish to stay in that field. This may have influenced honesty during the interview process.

One of the delimitations of this study was the small sample size of participants. As the researcher find it a bit difficult to get nurses to take part in the interview. Six nurses volunteered to take part at first. But during the interview two of the nurses refused being recorded so the researcher had to recruit three more nurses to be interviewed. Also the presence the researcher

when collecting data can be a problem for some researchers (Christina Hughes 2019). The study method which is qualitative takes a lot of time especially when collecting data, gathering data, and sorting it out, every data must be evaluated carefully and subjectively to avoid misleading conclusions and wrong result (Brandon Gaille 2018).

In conclusion it is seen that six themes that was emerged from the findings can be associated with different literatures, together with the three sub-objectives of the overall study. Staffing levels which was linked to over-load were seen to be related to the impact recruitment can have on the reduction of stress. In relation to the causes of stress among Irish nurses, working conditions and shift work were mentioned continuously. Finally, the financial impact was seen to be linked to the importance of recruitment and retention in reducing stress.

RECOMMENDATIONS FOR FURTHER RESEARCH

In essence of the limitation and findings of the research, the following are recommended for future research topics.

I.   How trainings techniques would benefits nursing practices.
II. A model for recruitment and retention of staff among Irish nurses.
III. The Attitude of management on staff nurses.
IV. Formal training versus on the job training among Irish nursing.

Chapter 7 Conclusion /CIPD Recommendation

This study reinforces empirical support for the existence of stress experienced in the nursing profession. This is underpinned by argument suggesting that any developments in professional practice need to be considered in the context of the well-being of the health professionals who implement, and are affected by, the changes (McCann, et al., 2009). This is premised on argument that the main object of every organization is to improve its performance. However, this may not be possible without the efficient performance of employees. This study provides some insights on job satisfaction as it relates to job stress, as well as impacts of training and development towards shaping stress in work practice.

During the interview, participants discussed how stress could impact the care they give to clients, their daily experiences and pressure they faced with which are all linked to the shortage of nursing staff. with several stating they encounter stress just by knowing they will be short staffed prior to commencing their shift. The study has uncovered numerous sources of stress that usually occur within the hospital's environments. It describes how trainings are not taken seriously, how professional development is lacking, how negative the working environment is with little or no support from upper level management and inappropriate forms of shift work. It also includes how large numbers are leaving the profession entirely and that many will leave in the future for health reasons, all these suggest that a state of crisis exists in the nursing professions.

As highlighted throughout the study, there are several causes of stress among Irish nurses, which cause a massive reduction of nurse's staff in the health sector. According to INMO (2017), the nursing staff and midwifery fell from 39,006 to 36,777 in December 2017. This show that there is a deficit of -2,229 nursing and midwifery WTE in the Irish public health sector INMO (2017). Thus, this indicates a potential crisis in future if something is not put in place now to remedy it.

During this study the researcher emphases that nurses who tends to choose their working hours have little work distress as it will be easier for them to work synchronise their personal life but nurses who are unable to choose their own working shift will often feel more constraint in the work-place. Although this study has highlighted that even with training and development nurses profession is still a stressful one, but with regular trainings it can be reduced.

There are lots of question that came up during the interview that the researcher did not plan on asking. Looking back at this study the researcher would have used a structured interview instead of a semi-structured. A structured interview, as the researcher later realises, are easy to replicate as fixed question are used which are easy to quantify and easy to test for reliability. Also if it was a structured interview the researcher won't have spent much time interviewing participants, transcribing and coding as it would be a quick to conduct which means that a researcher can conduct several interviews at once, making the transcribing a bit lesser.

During the time of this study it was found that there is no or little relationship between staff nurse and their manager. The participant describes the relationship that exist between them and their managers as 'just get the job done relationship' well that was a bit surprising to the research and would worth researching about in the future.

CIPD Recommendation

Recommendation based on the findings the researcher will give 3 recommendation for the Health Service providers.

1)   ways to enhanced Continuous Development Programme (CPD) and career development. They can do this by partnering with educational institutions for in cases of career development, and by providing a proper Induction periods for new graduates entering the field. These can help prepare the new staffs for the responsibility that they were expected to take once they become staff nurse. And with the budget allocated for health services which is a total of €17bn, HSE can allocate €4m yearly for a period of four years which will amount to 16m to invest in Continuous Development Programme.

2)   Another recommendation is to increase nurses pay as this can help recruit and retain more nurses. According to NMO (2018) nurses were the lowest-paid graduate professionals in the health service and that they earned thousands of euro less than other qualified health professionals, despite that they are working longer hours. The Government – based on the commission's recommendations to put forward a €20 million package aimed at dealing with the issues including increased allowances and faster access to promotion, the governments believes that 18,000 to 20,000 nurses could benefit from the proposals. (Irish nurses and midwives organisation 2018).

With the €20 million packages offered by the government a recommendation to increase nurses staff hourly pay rate to at least 46% increase for a fresh graduate which is equivalent to 13,000 increase per annum, and 20% increase for a senior staff it would mean they are earning close to €10,000 extra (20%) for a period of 5 years. This would mean nurses will earn more or same wage as other countries in the EU and can help stop nurses from migrating to other countries. Figures from the INMO (2018) show there is a shortage of 216 nurses of what is needed to care for all admitted patients compared to 2009 when reductions were introduced, also there are about 159 unfilled nursing vacancies. HSE also estimates that an additional 57 nurses are required within emergency departments to care for admitted patients for whom there are no available beds. With this level of staff shortage patient care can be affected in the long run. Therefore, the researcher will recommend.

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of staff shortage patient care can be affected in the long run. Therefore, the researcher will recommend.

HSE to look for a strategy to source new staff internationally. HSE Long Term Plan acknowledges that there is a need to achieving the overall staffing numbers needed but can be constrained by broader migration policies. At present there is no coherent government approach to international recruitment in HSE. HSE can do this by introducing the 'joined-up' approach this will involve government health departments, the national immigration services, regulators and health care employers.

If HSE can get about 850 nursing staff into the health sector each year for a period of four years, that will amount to 3400 staff being recruited, this can with the staff shortage. And considering the budget allocated for health services which is a total of €17bn, they can allocate €5bn to implement the 'joined-up' approach strategy, leaving them with a balance of €8bn excluding the 4bn invested in Continuous Development Programme. HSE can use the €8bn to invest in other strategies and plans.

Personal learning

When the researcher was about to start this study, she was scared, anxious and terrified considering that she hasn't done such before. This study has broadened the researcher knowledge about qualitative research study. And she has also learned about coding and how to conduct interview. It gives the researcher insight of Irish health sector and nursing profession globally. During the research, the researcher found out that stress has both negative and positive impact on the individual, and if not addressed it can cost the organisation loss of productivity and disgruntled workers.

The researcher chooses this sector and topic because she has lots of friend who are nurses, and they seem to always complain about how stressed they are and how stressed their professional are. the researcher then decided to research if 'Training and development can have any impact on the stress nurses profession faces'.

The researcher also found out that training and development play vital roles to motivate workers and enhance their performance. I was surprise of the budget that was allocated to the health care sector in 2018, and still no incentive was put in place. I find this study interesting and challenging as it involves being practical and at the same inspiring

This study has help the researcher especially in my professional career in Human Resource management in particular and other sectors in general as it involves me interviewing participant and the interview was then transcribe then coded, all these was very challenging and time consuming, but the researcher learned a lot from it.

Throughout research there were several mistakes encountered but the help of my super visor, the mistakes were corrected. As the study was done using a qualitative analysis the researcher spent a lot of time transcribing all the interview from all the seven participant which left her with little time, or no time left to complete the study.

One of the mistakes the researcher made was not having a backup nurse in case an of the nurses refused to be interview or refused to be recorded., but the interview still went ahead. The researcher has to get 4 more nurses to be interviewed as two of the nurses refused being recorded during the interview, and this was also time consuming.

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Submission of Thesis to Norma Smurfit Library, National College of Ireland

Student name: Joke Awosanya   Student number X15001423

School: National College of Ireland Course: MAHRM

Degree to be awarded: Masters of art in Human Resource Management

Title of Thesis: Training and Development and its impact on stress among Irish nurses

One hard bound copy of your thesis will be lodged in the Norma Smurfit Library and will be available for consultation. The electronic copy will be accessible in TRAP (http://trap.ncirl.ie/), the National College of Ireland's Institutional Repository. In accordance with normal academic library practice all these lodged in the National College of Ireland Institutional Repository (TRAP) are made available on open access. I agree to a hard bound copy of my thesis being available for consultation in the library. I also agree to an electronic copy of my thesis being made publicly available on the National College of Ireland's Institutional Repository TRAP.

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This signed form must be appended to all hard bound and electronic copies of your thesis submitted to your school.

Appendix 1-Title of project

Consent to take part in research

- I……………………………………… voluntarily agree to participate in this research study. • I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.

- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.

- I understand that participation involves outline briefly in simple terms what participation in your research will involve.

- I understand that I will not benefit directly from participating in this research.

- I agree to my interview being audio-recorded.

- I understand that all information I provide for this study will be treated confidentially.

- I understand that in any report on the results of this research my identity will remain anonymous.

- This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

- I understand that disguised extracts from my interview may be quoted in list all forum in which you plan to use the data from the interview: dissertation, conference presentation, published papers etc.]. I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

- I understand that signed consent forms and original audio recordings will be retained in specify location, security arrangements and who has access to data] until [specific relevant period – for students this will be until the exam board confirms the results of their dissertation

- I understand that a transcript of my interview in which all identifying information has been removed will be retained for [specific relevant period – for students this will be two years from the date of the exam board.

- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.

- I understand that I am free to contact any of the people involved in the research to seek further clarification and information. Names, degrees, affiliations and contact details of researchers (and academic supervisors when relevant).

Appendix 2-Interview questions

- what impact can trainings and development have on nurses well-being? This question was further expanded depending on the individual

- What do you think Human Resource manager can do in relation to trainings that can help nurses cope with stress?

- How often do you think nurses should be trained in order to stay ahead of the changing practices and systems?

- What types of trainings would you recommend for nurses?

Five question was asked under the second sub objective.

- What do you think are the causes of stress in nursing profession?

- How do u cope with stress daily, and are your patient affected negatively?

- To what extent are upper level management aware that stress in staff can impact patient care

- How would you combat stress daily so that patients care is not affected negatively?

- What do you think can be done if patient care was being affected as a result of stress within your department?

Three Question was asked under the third sub objective-

- What do you think HSE can do that will create a positive outcome for nurses?

- What do you think the Human Resource manager can do in terms of reducing stress?

- From an external point of view what do you think would be more beneficial in attracting nurses to take part in the development and training programmes? These questions were part of the literature review,