"Stress among nursing staff within an emergency department setting: The impact of service delivery to patients, recruitment practices and retention strategies in the Irish Health Sector"

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Submitted to the National College of Ireland, August, 2016

Abstract

Objectives: The overall aim of this research was to identify and highlight the impact that service delivery to patients, recruitment practices and retention strategies have on stress within the nursing profession in the Irish Health Sector, in an emergency department setting. There are three sub-objectives within the study; the effects of stress on standards of service delivery to patients, the importance of retention in reducing stress and the impact recruitment can have on the reduction of stress. The aim was to explore these sub-objectives in the Irish health sector and identify any possible changes or recommendations for improvement.

Methods: The research was conducted using a series of qualitative, semi-structured interviews with CNMs from an ED setting in the Irish health sector. Following on from interviews, the data provided would be transcribed and analysed using a thematic analytical method.

Results: Five major themes were produced and evaluated as a result of the findings and analysis. These themes include staffing levels, conditions within their environment, support mechanisms, financial impact and educational opportunities. These themes were subsequently present within the three sub-objectives of the research question.

Conclusion: There are many variants of stress within the ED in question, many of which are influenced by the organisation and the long-term effect of the government recruitment embargo. This study has the potential to assist further research and can also be useful for investigating issues within clinical practice.

Declaration

The work being submitted with this research project, along with various ideas and literature consulted has been correctly and properly acknowledged throughout the body of this paper. Any information and opinions drawn from other sources or literature are attributed by a means of reference to that source.

<u>Acknowledgements</u>

For any employee to open up and discuss the types of stress they are under on a daily basis and then return to the working environment moments after is something that should be admired and significantly appreciated.

Great thanks must go to all of the hard working clinical nurse managers who took the time to contribute to this research and provide more than enough information about their working environments.

To my dissertation supervisor Dr. Philip Hyland, who has provided me with exceptional advice and guidance over the course of the research process, answering and being available for any questions or queries I have had.

To Rebecca Dunne, thank you for your support over the last two years and especially over the past three months.

To my close family Gerry, Eithne and Seán thank you for the moral support throughout the entire process.

To my extended family members Ann and Emma who are nurses in the Irish health sector and have been a factor in my decision to carry out this study.

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List of Abbreviations

ADON	Assistant Director of Nursing
CNMIII	Clinical Nurse Manager 3
CNMII	Clinical Nurse Manager 2
CNMI	Clinical Nurse Manager 1
CSN	Clinical Support Nurse
CNS	Clinical Nurse Specialist
CF	Clinical Facilitator
HCA	Health Care Assistant
ED	Emergency Department
AMAU	Acute Medical Admissions Unit
ECG	Electrocardiogram
HRA	Haddington Road Agreement
LRA	Lansdowne Road Agreement
HR	Human Resources
DATH	Dublin Academic Teaching Hospital
INMO	Irish Nurses and Midwives Organisation
CIPD	Chartered Institute of Personnel and Development
HSE	Health Service Executive

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Appendix A

Participant 1 – Interview transcript

Interviewer: In this project I am looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Me personally, I think staffing levels are a huge stress, the past year especially. This ED, as with all EDs is extremely busy, and with full complement of staff people are run off their feet, literally ran off their feet. They don't get a minute. The past year or more we have been down nurses so instead of people working at that capacity with a full complement of staff they are now working with a lot less.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. To what extent are upper level management aware that stress in staff can impact patient care?

Participant: I would say they are very aware but cannot get nursing staff but I think a huge thing is prioritisation, for us now we have a big thing at the moment with audits. They have to be done, irrespective if you have half or a quarter of the staff so those audits nearly get priority over nursing care. But it is putting huge stress and pressure on nurses, so they have to do audits and nursing care. They are audits on quality care, but the care is being diminished because the audits are being carried out. I think management are aware but they cannot get nurses at the moment.

Interviewer: How would you combat stress on a daily basis so that patients aren't affected negatively?

Participant: Chow down and get on with it, just get on with it and do it. There's no point in

screaming because there is nothing you can do, just get on with it and do your best. On the floor on a general basis, looking after patients you just get on with it, I feel like nothing can be done. I have worked in this ED for sixteen years and I can honestly say that on a daily basis work has not got easier. Not that you want work to be easy, I like to be kept going but you want it to be manageable.

Interviewer: What changes could be made to produce a positive outcome for staff and service delivery?

Participant: I think to have more staff on the floor, more staff actually looking after the patients. I think we need more staff on the front line, on the ground in the wards.

Interviewer: What would you do if the care of patients was suffering as a result of stress within staff in your department?

Participant: If they are stressed I would go in and help to alleviate the stress if possible and do what needs to be done. There is no limit and patients never stop coming in, doesn't matter how many staff you have there's no stop, you need to prioritise. I would go in and help the staff member with their issue but that only helps one issue for a short time and then something else would come along.

Interviewer: Next sub-objective is the importance of retention in reducing stress. When turnover occurs how do you ensure the stress of remaining employees doesn't increase?

Participant: Well for us here we try and go down on the floor and ensure staff get their breaks, tell them we're doing our utmost to recruit staff and also look to them for opinions on ideas on what we could do, we are very inclusive here. We have a CSN who helps with new staff, we have people leaving who have ten years experience but then you have newly qualified nurses coming in who don't have the experience.

Interviewer: In terms of reducing turnover what would you do?

Participant: Put the CSN on the ground to support the staff and help make them feel valued in the department. Also, it is always good to keep staff informed, good communication is key.

Interviewer: When new employees commence in your department what mechanisms do you have in place so the turnover process doesn't commence?

Participant: Well much like what I've already mentioned before especially with the CSN who helps new employees settle and feel comfortable.

Interviewer: How do you manage stress of the new employees when the join so that they don't develop a desire to leave?

Participant: Suppose ask is there anything you can do, what do they need, let them know you are here to talk to at all times. Come to speak us or someone at least.

Interviewer: The final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: I think probably from a HR point of view if people knew who to contact in HR about different things, pensions, wages and HRA hours. The HRA hours should be transparent, everyone should have access to that and they shouldn't have to always come to a manager about it.

Interviewer: You briefly mentioned earlier about newly recruited nurses, what kind of impact do they have on stress levels on the department?

Participant: Of course you are very grateful to have them, but they need a huge amount of education though, particularly in the pace of the department, not like regular wards. Different pace, for a while they will be swamped and overwhelmed because it is so busy. Hard to get used to for them, biggest fear is education, they might not know something is wrong or might not do anything if something is wrong, i.e. say nothing and then the problem becomes worse.

Interviewer: From an external point of view what do you think would be more beneficial in attracting nurses to the hospital?

Participant: General working conditions need to be better, if you came in here and you were busy nobody minds that but when you feel unsafe then it becomes a problem. Nurses are liable, if we are down staff things aren't getting done then nurses feel responsible which is unfair. If people felt they could come in a do a good job and then go home without feeling like they missed things each day that would be more beneficial. Better conditions and more staff on the floor.

Interviewer: What kind of strategy would you recommend to help the hospital in recruiting staff in?

Participant: I supposed pay will always attract people initially, but that's not something that can be changed in the short term but it needs to be sorted out for people to stay. Also the location allowance should be implemented; there is London allowance so why isn't there a Dublin allowance? Thing is that with the HRA people are working those extra. They all work above thirty-nine hours so I don't know why the agreement is still in existence. I don't know why the HRA hours can't be just put against the time they already work.

Participant 2 – Interview transcript

Interviewer: In the project I am looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: The main thing is staff; we are pretty short nurses and HCAs. In terms of nursing we are five down today so it's trying to ensure there is adequate skill mix across the department to allow for the short fall. Our staff are very junior at present, in the last three years we have lost in excess of two hundred years of experience across several staff members, such as ANPs and dressing nurse specialists. Lost a lot of expertise, we are then gaining junior staff so making up the skills mixture across the department can be very stressful.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. To what extent are upper level management aware that stress in staff can impact patient care?

Participant: They are very aware and supportive. I think people are aware but being aware and doing something about shortfalls are different things and with the best intentions in the world if there is not staff there is a limit to what they can do with the staffing crisis at the moment but they are as helpful and supportive as they can be.

Interviewer: On a daily basis how would you combat stress so that patient care is not affected negatively?

Participant: Well everyone stresses in different ways, I thrive on chaos, every minute is different here and no two days are the same. Senior staff are supportive, we have a good team spirit in the sense that if someone is under pressure we are supportive of one another, bleeds across to patients in the sense if you have stress/burned out staff the quality of care is not

going to be as it should be.

Interviewer: If you could make any changes to produce positive outcomes for staff and patients what would you make?

Participant: The waiting times are awful, better here than other hospitals but still unacceptable. And this then puts pressure on our staff in terms of reassuring patients of how long they are going to be waiting. We have the AMAU but in other hospitals medical patients get triaged in the ED and are then transferred straight to the AMAU, but in this hospital our AMAU is so full with patients, the patients who come in through the ED have nowhere to go but sit on a trolley. If we had an AMAU like other hospitals a large amount of our patients wouldn't need to be in the ED, which would help more with patient flow and congestion and then reduce the pressure and stress on the staff. Non-life threatening patients are usually seen more quickly because the urgent patients are usually waiting on a doctor to arrive where as non-life threatening injuries can be dealt with quicker. So the triage nurse is stressed by trying to explain this to patients in the department in terms of patients who are here longer than others and so on, but in fairness patients wouldn't know so it can be difficult to get the balance.

Interviewer: What would you do if the care of patients is suffering because of stress in your department?

Participant: I suppose identify the cause of stress, at the moment we are over-worked and understaffed. We are actively recruiting and need to make current staff aware that recruitment is ongoing, make them aware that we are doing as much as we can. There is now a second CSN in the department, they work with junior staff to up skill and bring them up to speed. Act as role model for junior staff, have an open door policy where if staff are stressed they can come to you. Also our responsibility as managers that care is not suffering and if the patient is put a risk that has to be addressed with the nurse/nurses involved.

Interviewer: Second sub-objective is about retention in reducing stress, when turnover does occur what do you do to ensure stress of remaining employees doesn't increase?

Participant: It's very difficult because we are all hugely stressed at present and there was a time where people would be desperate for over time but now there is so much and people are burned out, they don't want overtime. We have a postgraduate diploma in emergency nursing available here which this year has been increased from three to six employees per year which is very beneficial for the department. We also send people on other medical courses to up their skills and to make them more settled in their environment. We are very flexible in terms of rosters so as someone who is responsible for off duty I would try to have rosters done six weeks ahead to give people time to plan their life which is something that is always attractive.

Interviewer: When new staff members join, what mechanisms are in place so that turnover doesn't happen?

Participant: Well we have two CSNs now to help new staff and we also have a CF who mainly looks after people on the emergency nursing foundation course but would actively be involved in education within the department such as in house education and other medical courses. Education is massive, we have started an emergency nursing foundation course for staff which has helped, more support compared to the support I got when I was junior which is a good thing I guess.

Interviewer: How do you manage the stress of new employees who commence so they don't immediately look elsewhere?

Participant: Creating network of support, in house education & having an open door policy here in the department.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: I think anything that can be done is being done, I know that managers are actively recruiting but it needs to be made more attractive for Irish nurses to come home in

terms of pay and other benefits that have been gradually taken off us since the recession. I think individually this hospital and other hospitals across Dublin can recruit all they want but it needs to be made attractive for Irish nurses to come home, international recruitment is great but it's a short term answer, we were here ten years ago in the Philippines and India and now we're back at the same point. We are losing good, qualified and experienced nurses to overseas, but the way things are at the moment you would be able to walk back into the hospital because we are just so short of staff.

Interviewer: From an external point of view, what kind of strategy would be more beneficial in terms of attracting nurses to the hospital?

Participant: Well I suppose education is a big thing, offering courses, facilitating in house education so people can work on their own professional development.

Interviewer: When you have recruited staff into the department, what kind of impact do they have on the department as a whole?

Participant: We need extra hands of course but we need experienced staff and that takes time to build them up and train them up. The foundation course is run over six months so it takes time and they don't just have the knowledge over night. Getting the balance is very hard but very important too. We try to rotate them around to get them the experience on each area. Point of contact on a daily basis is so important for new staff.

Interviewer: What kind of strategy for recruitment would you recommend to the hospital?

Participant: I suppose a permanent job, flexibility in terms of hours for work, that it's not a rolling roster and that there's a degree of flexibility for people with children. We also tailor people doing various courses who need certain days off so flexibility in terms of rosters and arrangements for additional education here is great and it would be attractive for me if I was due to join this department. People couldn't move for so long and now they can look elsewhere and the recruitment embargo didn't help at all, it was a short term solution and now the 'flood gates' are open.

Appendix C

Participant 3 – Interview transcript

Interviewer: In the project I'm looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Stress can be intermittent, changing all the time even per hour or per minute. For example, this morning we are regularly short of staff which is stressful and as the CNMII you are in charge of arranging staff including the skills mix in terms of experience so this is very challenging. Mornings can be stressful arranging breaks so that the floor is covered. In triage we had a junior member there this morning so need to support them but also get the patients through triage as soon as possible while training is tough. It can be daunting teaching people because you're supporting and taking patient load so it can be very stressful doing this. The team here works very well in comparison to other ED who have issues like trolleys, waiting times and beds. We are constantly process people through the department but when you don't have the resources it can be difficult and very stressful.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. So to what extent are upper level management aware that stress in staff can impact patient care?

Participant: Well from my point of view, they are extremely supportive and aware. They listen, any time we come to them about an issue on the floor they are supportive. At the end of the day we're all working towards the same goal which is ensuring patients to get highest possible level of support. Nursing is very much part of the team ethic here.

Interviewer: How would you combat stress on a daily basis so that patient care is not negatively impacted?

Participant: Management of colleagues on the floor and ensure each area has a senior

member of staff; therefore they should be able to manage their own areas independently. Big stress reliever knowing you have senior members of staff in each area because you then know that your department will be ok and you'll be able to run the department and areas without too many problems.

Interviewer: What changes would be made to produce a positive outcome for both staff and service delivery of patients?

Participant: I definitely think a portering service would help the department and would relieve the HCAs leaving the department, and would help with the basics of nursing care in terms performing their duties. Basics need to be looked at; we manage well in terms of technicalities but not the basics of nursing like feeding, cleaning & dressing.

Interviewer: What would you do if the care of patients is suffering because there is stress within the department?

Participant: Staff are stressed but there is an element of personal stress management and that's normal and probably won't change, I like to call it organised chaos! Very reliant on simple things, communication is massive here, very important to prioritise patients to help relieve stress.

Interviewer: Next objective is the importance of retention in reducing stress, when turnover happens in the department how do you ensure stress of existing employees doesn't increase?

Participant: We are facing this at present, huge turnover of staff and only getting junior staff in. There are opportunities there for staff here and it's the role of the CF & CSN to highlight those staff of this. Have a career pathway for employees to develop is very important.

Interviewer: What would you recommend in reducing turnover in your department?

Participant: We have three extra places on the postgraduate diploma course in emergency nursing, used to have just three so now we have six. There has been such a large drive this

year and has become so popular that we have had to interview our staff to decide who gets to go on it. We also have certain drives each year in line with national programmes such as advanced trauma life support and it's advertised and two people are picked to go on it. We have this foundation course for all new staff in the ED and it lasts around three to four months, it looks at all aspects of care and gives them grounding for what we do here and the best types of practice.

Interviewer: When new people come in what mechanisms do you have in place so that turnover doesn't happen straight away?

Participant: The mechanisms in this department are fantastic for new and junior staff. Since last year we have a CF and CSN and now a second CSN who primarily works on the floor with the nurses. It makes them feel reassured that someone is working with them, the department can be daunting at the start so it's nice to have that support there for them so that they don't feel overwhelmed and stressed at the beginning.

Interviewer: How do you manage the stress of new employees so that they don't look to leave the department as soon as they arrive?

Participant: There are mandatory requirements for staff before they work here, core principles of nursing before they can work here. I think that causes them stress because they have to ask people to do medications for them as they wouldn't have the full training requirements but if that could be done on hospital induction first it would be more helpful and less stressful.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, so what do you think the HR department can do in terms of reducing stress?

Participant: Get staff! Publicise the hospital, the department and get the word out there. Increase the pay for nurses.

Interviewer: What kind of strategies do you think would be more beneficial in terms of

attracting staff to the hospital?

Participant: Trying to get people in the hospital is so hard. The national recruitment campaigns need to be run more through social media, the international nurses take so long coming here I think the registration section could be far quicker. Perhaps looking at a better package for nurses, you see private hospitals offering bonus packages to come to their hospitals and that is something this hospital needs to be able to match. Also the current fourth year students, they should be guaranteed jobs without question, they trained here it shouldn't be an issue, permanent contract immediately.

Appendix D

Participant 4 – Interview transcript

Interviewer: In the project I'm looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Stress is around time management and you rely on other people to meet deadlines. I'm also involved in ED committee meetings, involved in interviewing staff, so it's about squeezing that into your day and jumping from one mindset to another.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. So to what extent are upper level management aware that stress in staff can impact patient care?

Participant: Very aware of the stress and pressure on the floor, only when you step away from something and see it from a different angle you see how people are affected in terms of mood and interactions. We are lucky in the department we have great team work. From my point of view I would always step on the floor and let people know you are there for them. We also have study days to help people, such as a plaster course to up skill people which is something they want and we give them time back for it too.

Interviewer: How would you combat stress on a daily basis so that the care to patients is not affected?

Participant: If something happens people will come together and talk about it and it's very informal but people go through it and link in with who is involved to talk through and help each other. Breaks and lunches are very important here, managers always prioritise getting staff their breaks to get them out of the situation, get some food and recover before you go back onto the floor. As the CF you are on the floor keeping an eye out, if you see practice that is not standard you address as soon as possible. It is just as quick to do it properly as not to do

it. There's an ongoing need to be aware of professionalism with patients in mind as you need to respect them, especially in the waiting room with patients sitting there watching with nothing else to do. Patients need to be able to trust you, they think you might just want to get them in and get them out as soon as possible, but a difference comes in you are professional and you get the information from the patient, it makes everything far less stressful.

Interviewer: What changes could you think of making that will produce a positive outcome for staff and delivery of service to patients?

Participant: Very important that staff feel valued, they need to know that their work is valued. Sometimes they may feel all they get is negative feedback but it's important to give positive feedback as well because it re-enforces what they are doing. We are trying to retain staff as much as we can and trying to make this place enticing to work in. When our staff are happy, we notice a positive impact on the patient. We carried out a patient satisfaction survey so that has helped us get an idea as to what patients want when they are here in the department. Waiting times were a big issue on that, we are looking at how we can improve the flow of patients through the department looking at different avenues and approaching it differently so that we're not having a process with no outcomes.

Interviewer: What do you do to combat stress so that patient care is not impacted negatively?

Participant: Let your intentions known, that your priority is that the patient is out and find out what's going on. Ensure the patient feels valued as they are vulnerable in hospitals when they are not well, so we have to show we are going to take on board what they are saying.

Interviewer: The next objective is the importance of retention in reducing stress, when you have staff who leave how do you ensure the stress of existing staff does not increase?

Participant: We have gone through that as we have had a large amount of staff leave the department who held significant experience, which has obviously left with them, and there is a void in the department as we replaced them with junior staff and the pressure was placed on

both existing senior and junior staff. We have now brought on an additional CSN into the department who is available to junior staff to help up skill them because people need to learn and also be given the chance. Investing time & education into the junior staff is so important but also feedback to senior staff about how they are doing. But communication is massive as well we need to know from experienced staff that the junior staff are ready or not ready and also important to be open for concerns.

Interviewer: What would you recommend in terms of reducing turnover of staff?

Participant: I think career prospects would be helpful, diversifying the roles especially nursing. Something like a CNS role, which means you up skill nurses you have and create a pathway for new nurses. So at the moment we are trying to create some new roles for people so they stay interested and to keep the knowledge increasing which also helps people stay in the department, a lot want to stay clinical instead of becoming managers. Education and diversifying roles is the main way to show people there are options here and even when people come for interview they know there are opportunities here so it's about getting a good name out there and a reputation that's positive.

Interviewer: When new employees commence in the hospital what kind of mechanisms do you have in place so turnover doesn't happen immediately?

Participant: Initially they get clinical support and then after six months they have to go and do the foundation programme. Once this is completed we would expect them to look to apply for the postgraduate programme in emergency nursing. So I suppose we are setting a clear standard that we want and also to keep them interested is what we try to do because what most people want when they come is experience and to progress so we try to give them the chance and make them aware that we want that as well.

Interviewer: When the new employees come in and are stressed, how do you manage their stress so that they don't look to leave straight away?

Participant: Find out the main areas of stress, obviously certain triggers for each staff. So I

would set a plan in motion of how I'm going to relieve it, whether it is volume of patients so you just have to assess it and use your clinical knowledge.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: Well I think it's really important to have an open recruitment policy, the government embargo was just awful and the department really suffered as a result so that's one thing. I don't think the HR department can do much more the advertisements are being put out and it is then up to people to go and apply themselves so from that sense what else can you do. I thought the recent Facebook campaign was good and should be used more often.

Interviewer: From an outside point of view what do you think could be done in terms of attracting nurses to come to the hospital?

Participant: Well I think the private hospitals are way ahead of the public hospitals at the moment, one of my friends has returned from New Zealand and was offered a massive incentive package to work in a private hospital and couldn't turn it down. So I suppose for our department is to highlight the education, job prospects and the opportunities here.

Appendix E

Participant 5 – Interview transcript

Interviewer: In the project I am looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Time is critical in terms of taking breaks getting patients to the ward and it seems there is never enough time. Staff shortages bring about stressful times, not just for me but everyone including senior and experienced staff because they need support. I think stress can depend on the amount of patients and how much help they need. Our levels of stress are high because we deal with very sick patients and function on a high level, but could still take a lot to trigger. I think other training can also be stressful as they take up time like mandatory training.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. To what extent are upper level management aware that stress in staff can impact patient care?

Participant: I think they would be very aware, they are constantly on a recruitment drive to get staff in and cover the floor, they're acutely aware of how busy it is on the floor and the level of work we maintain in the department.

Interviewer: How would you combat stress so that patient care is delivered effectively?

Participant: I suppose you have to prioritise your patient care to their levels of acuity which is an ongoing process. The Triage methods are ongoing in your head and you're always watching patients to assess if they improve or get worse, a constant triage.

Interviewer: What changes would you make to ensure a positive outcome for both staff and delivery of patient care?

Participant: I would have a full complement of staff on the floor every single day as we don't have that at the moment. For patients there needs to be more space but no matter how much space you have there will always be more patients waiting to come in and make it full again so that's a battle you are always going to lose.

Interviewer: What would you do if the delivery of care to patients is affected as a result of stress in your staff?

Participant: I have acknowledged we are overworked and understaffed, but the bottom line is that patients are priority and we need to realise and remind our staff that they deserve the best care we can possibly give.

Interviewer: The next objective is around retention and the effects of stress, when turnover occurs in your department how do you ensure the stress of existing employees doesn't increase?

Participant: That's a really difficult one for us! Everyone else has to take the burden when turnover happens especially when there isn't a full complement of staff as we are already carrying our own workload and burdens.

Interviewer: What would you recommend in terms of reducing turnover?

Participant: Well I think the fact we offer the postgraduate course is massive, we have six people starting on the postgraduate course in emergency nursing. But to get that is huge and gives the staff opportunities, a very well recognised course. So I think that'll help people come here. This may seem a bit over the top but I think Ireland as a country has never monetarily recognised its nurses and know that's not this hospital but as a country the wages for nursing are not exactly amazing. People will leave Ireland and this department because lifestyle, wages and conditions are far better in other places and countries. Again I do think as a nation Ireland needs to look properly at the wages of nurses, at the end of the day we are saving human lives.

Interviewer: When new people come into the department what mechanism do you have in place so that these new employees don't look to leave?

Participant: We have a foundation course here in emergency nursing run by our CF which lasts up to six months. There are lots of teaching days here to up skill our staff that are relevant to our jobs, some other hospitals don't provide these so that's one plus to working here. We always have new staff buddy up with senior staff, also the CSN works side by side on our new staff on every shift because it means they don't feel on their own or under pressure on a daily basis.

Interviewer: When these people come in, how do you manage their stress so turnover doesn't happen straight away?

Participant: There is a team approach in the department, always leave yourself open to be questioned or take on concerns from junior staff. Very important to provide support and guidance and inform them that there needs to be an open channel of communication so that any issues that arise can be addressed.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: I suppose a lot of the time it comes back to money, people here are supported in terms of education and that is absolutely massive in terms of incentivising staff to come here. I think if people have full staff it's always easier to attract people to a less pressured area.

Interviewer: In terms of recruitment what do you think could help the hospital attract more nurses?

Participant: Our campaigns need to highlight the education we offer in the department a bit more. But again, it will come back to salary as the education and opportunities are there so it's always money that will hit people first. I'm not sure what kind of packages the hospital

offers but I do know that private hospitals are currently offering several thousand to get people back from abroad and that's something the public sector will never be able to beat. It's about money more so because the country doesn't properly recognise the actual career itself and the work is immense, tiring & so stressful sometimes so it's a shame the salary is not matched to the duties of the role.

Appendix F

Participant 6 – Interview transcript

Interviewer: In the project I'm looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Well I suppose staff shortages are large at the moment so it can be stressful knowing that you are going to be understaffed before your shift even starts. We are also struggling with overcrowding of patients at the moment and it is becoming stressful as well. We also have a lot of junior staff as a lot of our senior and experienced staff have left over the last few years so even if we have a full complement of staff we might have a really unbalanced skill mix so it is very difficult and stressful.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. To what extent are upper level management aware that stress in staff can impact patient care?

Participant: I would say they are very aware. We are quite lucky in the sense that our CNMIII and ADON are actively on the floor which wouldn't happen in other areas of the hospital. They are both very approachable as well; very aware and appreciative of the conditions we are working in and have offered as much help as possible.

Interviewer: How would you combat stress on a daily basis so that patient care is not negatively affected?

Participant: I am regularly on the floor to help relieve the stress of my colleagues on the floor and work closely with people who are over loaded at certain times. I would also try to take a patient load, give the best care I can and then ensure staff get the breaks. I would often stay back and do longer days if they are stuck for staff to help with relieving stress. I always try organising skill mix, so that junior and senior are together for an equal workload across

the board. I would take patient load or ensure people are getting breaks because if they don't get breaks and become tired or burned out the patients will be negatively impacted.

Interviewer: What changes would you make to produce a positive outcome for both staff and delivery of care to patients?

Participant: A lot of our time is taken up by ECG duties so if we have an ECG technician it would be more than beneficial for the department as a whole. We have HCAs here but unfortunately they end up doing portering duties as we don't have a porter service for the department so the small basics of care is not being provided by them such as caring, feeding and cleaning and now those duties fall to the nurses. Most of the issues go straight back to lack of nursing staff, about a year ago we had steady numbers and these issues were done steadily but now it's becoming challenging and stressful.

Interviewer: What would you do if the delivery of care to patients is affected as a result of stress in your staff?

Participant: If a staff member was burned out you would take them out of that situation and then jump in yourself to reassure the patient things will be ok. Encourage the staff they should come to me or other managers to inform them about how they are getting on especially if they are feeling overwhelmed so we can help them. Communication is massive; once you know what the issue at hand is you can go and counteract it.

Interviewer: The next objective involves retention in terms of reducing stress, when turnover occurs in your department how do you ensure the stress of existing staff doesn't increase?

Participant: Well I suppose my role as CSN is to help the adoption of new staff into the department and then to support the staff who are still there as well, so it's not all left on their shoulders to be educators so it's about taking work load off them too. We now have another CSN in the department to continue helping stress levels as we have two CSNs assisting the junior staff now so hopefully it combats the staff's stress levels on the floor. We are lucky in the sense that we have the foundation course here for all new staff and then we have the

postgraduate course in emergency nursing available for staff, we encourage staff to apply for this course within two years of joining the department. We have a lot of career progression opportunities for staff.

Interviewer: What would you recommend in terms of reducing turnover within the department?

Participant: We have doubled the amount of postgraduate course in emergency nursing places from three to six this year so that's great and that type of thinking needs to be implemented across other courses in the department. At the moment staff levels are poor and people are beginning to get burned out so if we had a full quota of staff people would be under less pressure and won't begin to think about looking elsewhere.

Interviewer: What kind of effect would the conditions have in terms of retention?

Participant: We don't have the massive trolley crisis that many other Dublin hospitals have, now of course we have massive trolley capacities and large waiting lists for beds; we also lack other resources out of our control but still not as bad as other hospitals. We need more trolleys, beds and more staff. The patients need to be moved out of the department to beds in wards but the problem is that the hospital is already full to the brim with patients so it can be very difficult to cope and it increases the pressure on staff across the department.

Interviewer: What kind of mechanisms do you have in place so that when new employees commence in the hospital turnover doesn't happen?

Participant: We have a buddy system for new employees so that each new staff member gets a staff nurse, CNMI and CNMII to help them when I'm not there over the weekends or nights or other shifts. We also offer other basic courses like Manchester triage and plastering courses to get them up to speed promptly then get them onto the foundation course and up from there onto the postgraduate course.

Interviewer: When these new people come into the department how do you manage their

stress so they don't look to leave the department?

Participant: A massive thing is to tell them what's expected of them you know, people assume they need to be at the top of their game from the outset and look to be at the same level as you even though that just isn't possible. We also encourage them to be part of the team as soon as possible so that they feel included and valued from the beginning.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: I think there is a big gap with recruiting staff, the process seems delayed and people come to work here a lot later than I would have thought but that might be other issues.

Interviewer: From an external point of view what kind of strategies would you implement so that the hospital is more attractive to work in?

Participant: Well I think we did a Facebook campaign last year and that helped quite a bit, our large recruitment drive also helped last year with a hospital open day we had. Get rid of the HRA; that would help people come back from abroad, which would help with staffing our department and then help reduce the stress we are under.

Appendix G

Participant 7 – Interview transcript

Interviewer: In the project I'm looking to investigate the types of stress and the impact it has on you and your staff here in the department. If you could outline the stress you encounter on a daily basis that would be great.

Participant: Well, one of our biggest stresses at present is the skills mix, we have a huge out flux of very experienced senior nursing staff who have been replaced by a lot of newly qualified staff or staff with limited ED experience, which obviously puts me under stress as you have an overall duty of care and responsibility to patients in terms of the level of care they receive in the department. It's a stress that won't be alleviated in the short term.

Interviewer: Within my project I'm looking to tackle three sub objectives, first one is the standard of care delivered to patients. To what extent are upper level management aware that stress in staff can impact patient care?

Participant: I would say they are more than aware of that and they are making attempts to aggressively recruit but it's a nationwide problem recruiting experienced staff at the moment. I think we're not really giving staff the incentives to stay in the public sector in Ireland. Nurses are given far more incentives financially elsewhere and work life conditions are better too so until these kind of things change, and that staff are appreciated with regard to remuneration, training and work environments the shortages will continue. The ED departments nationwide are under huge pressure in terms of the huge influx of patients so there are multiple factors that need to be change in order to change the situation we find ourselves in and then turn help reduce the stress we are under.

Interviewer: With this in mind how would you combat stress so that the delivery of care is not affected?

Participant: I think the way you deal with stress, depends on the person. Our staffing levels

are awful at the moment, our optimal levels are around fourteen or fifteen nurses on duty each day, but now we are working up to nine staff at most so we may not even have enough nurses to staff all areas of the department. That's one of our biggest stresses at the moment, at least if you had the numbers and a reasonable skills mix it would massively alleviate the stress we are under at the moment. I would say at the moment this is one of the most difficult times we have faced since I have started here, we have had obviously difficult times through the embargo in the past but the biggest problem at the moment is the numbers and the mixture of skills and experience.

Interviewer: What kind of changes would you make to provide a positive outcome for both staff and patients?

Participant: Well I suppose they made it more attractive to nursing staff to remain in the country and to engage in proper educational incentives for them and if they felt more valued. A good example is the HRA cutting the wages for new entrants which is unfair as they aren't on the same pay scale as their colleagues and that is a total disrespect to them, it doesn't make them feel valued. So you have the education, financial side of it and also the working conditions are far superior elsewhere, nurses have a massive staff patient ratio here and in other places and countries the conditions are much better. For the patients, if you had bigger areas of monitoring patients that would help, would bring about a better flow of patients through the department.

Interviewer: What would you do if patient care was affected due to stress within your staff?

Participant: Staff are under pressure and are stressed so I guess positive re-enforcement is the immediate thing we can give them, given them assurance that plans are in place and that we are trying to improve the conditions by recruitment. It's about being open and approachable to your colleagues and patients, if they have concerns you can reassure them you are trying to do something. If you explain to patients where they are on the pathway it reassures them and alleviates stress to them and the experience becomes more positive for them.

Interviewer: Second objective is about the importance of retention in reducing stress, how do you ensure that when turnover occurs the stress of existing employees doesn't increase?

Participant: When there is an out flux of staff the remaining staff will be more stressed unfortunately, due to the very nature of the issue especially when its experienced staff members who leave. Again that if they have any stresses there is always someone to come to for assistance or guidance.

Interviewer: When a new employee commences in the department what kind of mechanisms are in place so they don't look to leave straight away?

Participant: We have a foundation course to help staff when they join which skills them on the basics of emergency nursing, and then after a few years they will be strongly encouraged to progress onto the postgraduate course in emergency nursing. There is a wide range of scope for specialising in ED department that you could develop towards.

Interviewer: What would you recommend in reducing turnover?

Participant: It is incentivising staff to stay here, there are career opportunities available, looking at making working conditions more attractive and of course looking at patient nurse ratio. So again education opportunities are here so that will help, better working conditions proper remuneration that's on a par with some of the other countries. Even bringing nurses in from abroad we need to ensure we are giving a more attractive package than other places because it's not just Irish hospitals we are in competition with its places like the UK and Australia we are competing against. So ours needs to at least match the competition so if it doesn't why bother coming here to a hospital with leaking staff, poor conditions and slow progress in terms of education and career pathways.

Interviewer: How do you manage the stress of new employees so that turnover doesn't happen immediately?

Participant: Have proper positions and orientation in place that will bring their stress down.

The orientation is done before they even enter the department, there is a period of time where they aren't counted in the quota of staff on the floor and they work shorter days to give them the chance to get an understanding of the department.

Interviewer: Final objective is the impact recruitment can have on the reduction of stress, what do you think the HR department can do in terms of reducing stress?

Participant: Well for a start newly qualified staff shouldn't be sent to the ED as it's a critical care area. It can be very daunting environment to commence in work for newly qualified, due to lack of staff we are left with no choice but to take a batch every year and this then puts us all under stress to get them up to speed on basics of nursing never mind the specifics of the ED. I suppose a brand new department with better conditions would be great.

Interviewer: From an external point of view what strategies would you put in place to make the hospital an attractive place to work?

Participant: Again it's all about the incentives you offer to people; bringing staff in from abroad you need to give them relocation allowances like other countries and the private hospitals here do. We need to be in a par with them because nurses are short all over the world so it is to have ourselves at least on the same level as competition. We offer education and career progression here in the ED, people will always want that and this is our way of incentivising staff to stay or join.

Interviewer: From a recruitment point of view what kind of strategy do you think would help in attracting nurses?

Participant: Well I think the HRA is not attractive for people to work here or stay in the nursing profession. It makes them feel undervalued, working days for free essentially. Morale among nurses is generally poor at the minute as they feel overworked, understaffed and deal with massive stress in their environments, including a lack of efficient space, poor equipment and poor conditions all round.

Chapter 1 – Introduction

The term 'occupational stress' is widely used across a range of various literature and research, with Purkait (2016) describing it as "a widespread construction where job related issues interact with the operator to either enhance or disrupt the physiological or psychological conditions" (Purkait, 2016, p. 1216). Occupational stress can arise in majority of organisations with the Chartered Institute of Personnel and Development (2015), or CIPD, maintaining a view that it can come about as a result of intensive workloads or significant pressure within the working environment. They also hold the opinion that pressure within a working environment should not always be linked to negative connotations, as pressure can assist with driving performance on occasion. In contrast however, they also state that significant pressure may produce a detrimental effect to staff with the aforementioned advantage of pressure failing to occur (CIPD, 2015).

Nursing is widely regarded as a stressful profession which has seen employees faced with excessive workloads, regular change within working environments and also encounter physical and emotional aspects of their duties, all of which can impact the standard of care delivered to patients (Haslinda & Lim Tsuey Tyng, 2016). Research suggests that stress can also be found amongst student nurses throughout their clinical training and education. A study carried out by Alzayyat and Al-Gamal (2014) identified substantial workloads, delivering care to patients and a lack of sufficient knowledge in the field of nursing as common sources of stress for nursing students (Alzayyat & Al-Gamal, 2014). Along with students in training and already qualified professionals within the public sector, Lokke and Madsen (2014) outlined that managerial staff also experience excessive levels of stress. This study was carried out in the Danish public sector where it was found that increased perceptions of stress on managerial staff can occur as a result of significant workload (Lokke & Madsen, 2014).

Background to the Irish Health Sector

Ireland as a nation has been suffering with shortages in the nursing profession going back to the austerity measures introduced by the Irish Government in 2009. This involved the

establishment of a recruitment embargo across the country which halted hospitals and other public sector bodies replacing staff after they have left. Early retirement schemes were also introduced along with a reduction of five thousand full time equivalent nursing staff over a period of five years from 2009 onwards. These actions have since brought about a loss of experienced and senior nursing staff that have availed of the early retirement options introduced (Wells & White, 2014). However newly qualified graduates were impacted in a more severe manner in 2009 with one thousand two hundred graduates left in a position with no employment prospects in Ireland as a result of the introduction of the recruitment embargo (Almeddine, et al., 2012). The repercussions of extensive staff reductions have caught up with the health sector further down the line with increased patient ratios, especially in EDs. A report published by the INMO (2015) highlighted that June 2015 saw a record number of patients waiting on trolleys since counting commenced twelve years ago.

It also stated that overcrowding of EDs had increased for the twelfth consecutive month based on previous years' figures. Finally the report expressed concerns about available bed capacities across the health sector and placed additional focus on the importance of recruiting staff to help with the volume of patients and the subsequent workload they bring to the EDs (Irish Nurses and Midwives Organisation, 2015). A mirrored report released by the INMO (2016) twelve months later shows that an overcrowding crisis is still ever present across the health sector with patient numbers 95% higher when compared to ten years ago. In general, the report is of the view that overcrowding and poor working conditions are a direct cause of poor staffing levels across the health sector in Ireland. It can also be seen that the health sector is still short of three 3,500 staff following the mass staff reduction in 2009 as mentioned previously (Irish Nurses and Midwives Organisation, 2016).

<u>Conclusion</u>

The outstanding objective of this paper is to explore and study, the relationship between stress and the following three areas of interest; the impact of service delivery to patients, recruitment practices and retention strategies have on stress within the nursing profession in an emergency department setting, confined to the boundaries of the Irish health sector. In the following literature review chapter the basis and foundation for the study are outlined with

reference to literature of the subject matter and comparative studies that are deemed relevant. Thereafter, is the research question chapter which also highlights the rationale for the study itself, which then leads into the following methodology chapter which outlines the relevant methods, steps and procedures taken to move forward with the research. The findings and results of the methodology section are then outlined in the following chapter, with a discussion of these findings found in a separate chapter afterwards. The paper draws to a close with a conclusion section followed by a recommendations section which involves implications for future research and practice in similar fields to this study.

Chapter 2 – Literature Review

Introduction to Literature

Organisational stress, or commonly known as work stress, can be defined as "the process by which workplace psychological experiences and demands (stressors) produce both short-term (strains) and long-term changes in mental and physical health" (Ganster & Rosen, 2013). Occupational stress is a significant issue in terms of the well being for organisations and their employees as it can lead to turnover of staff, absence due to illness or actual burnout of employees (Nowrouzi, et al., 2015). The impact of stress on employees and organisations was also highlighted by Mosadeghrad (2014) with particular mention to the range of different illnesses that stress can produce, such as mental and physical well-being (Mosadeghrad, 2014).

On the other hand Lokke and Madsen (2014) argue that stress can be felt throughout an organisation at all hierarchical levels, with issues like lack of progression opportunities, strenuous workloads and conflict within work being key factors to stress (Lokke & Madsen, 2014). In general, stress can be identified in a negative aspect with the effects of stress impacting individuals both physically and mentally over a course of time. The impact of stress on organisations can be financially straining, however the subsequent effect on the individual employees can be significantly higher and far more damaging (Boren & Veksler, 2015).

Stress and retention within the nursing profession

As a profession nursing is regularly mentioned in the context of stress throughout various literature, with Peters et al (2012) claiming job satisfaction is heavily influenced by stress occurred at work and may also dictate an individual's desire to remain in the job or seek employment elsewhere. With their primary focus on palliative care nurses in the United Kingdom, they also stated the overall environments nurses carry out their duties are heavily linked to the perception of stress, with the general pressures within the profession known to be sources of stress (Peters, et al., 2012). This was also the case for Parul et al (2014), who

found that nursing in India can be categorised into a group of professions that bring about stress. They subsequently found that regardless of the nursing discipline the staff work in; job satisfaction, turnover of employees and the well being of employees are detrimentally affected by stress, which in turn can lead to staff being unable to perform their duties at maximum capacity, which impacts the delivery of care to patients (Parul, et al., 2014). Similar to the United Kingdom and India, turnover of nursing employees as a result of stress can also be found in a study carried out by Chan et al (2013) with reference to nurses based in Hong Kong.

It was found that stress, along with a lack of fulfilment in employment and excessive workloads were among various reasons for nurses to seek employment outside the Irish health sector. In terms workload, a shortage in nursing staff was identified as a direct cause with employees then taking on additional workload leading resulting in low rates of job satisfaction, stress and an overall burnout (Chan, et al., 2013). Similar to previous literature, the effects and repercussions of turnover in nursing has been discussed by Forest and Kleiner (2011) with relevance to nurses in the United States of America. However unlike previous journals that have looked at workloads, staff shortages and stress as intentions to leave, the paper focuses on the range of leadership approaches to take and their subsequent impact on employees. It outlines high turnover rates in the nursing profession developing as a result of transactional leadership within organisations.

The article suggests that hospitals will be better equipped to retain nurses provided a transformational leadership style is implemented, as it will allow nurses to complete duties or tasks without added pressure, and hence assist in obtaining a satisfied workforce (Forest & Kleiner, 2011). Linking back to the government embargo rolled out in the Irish public sector as previously mentioned, the nursing profession was also faced with an additional deduction in average salary with a pension related payment introduced in March of 2009. Further down the line in 2013 nurses were faced with the prospect of an increase of weekly working hours, 37 to 39 with no extra financial reward. Taking this information into account it can be seen that Ireland's retention methods with regards to salary leaves a lot to be desired, as significant numbers in the nursing profession have since sought employment abroad, with salaries far more beneficial in countries such as Canada and Australia (Wells & White, 2014). A study

carried out by Hart and Warren (2015) on Canadian nurses found that as important as financial and salary implications are for a satisfied workforce, they emphasised that favourable working conditions is a more compelling reason to remain in employment.

They also identified a potential solution in the struggle to retain nurses, with a suggestion of hospitals recruiting a large amount of health care assistants to relieve additional duties from nursing staff, and hence reduce the stress and pressure they are under (Hart & Warren, 2015). As can be seen in literature mentioned throughout this section, Gaugler (2014) makes reference to stress within nursing staff based in a geriatric setting in Minnesota, USA, being directly affected as a result of high patient ratios. Within the paper it highlights that the standard of care delivered to patients is negatively impacted as a result of staff turnover (Gaugler, 2014). Within this section it can be seen that retention of employees within the nursing profession can be significantly influenced by stress within working environments. Numerous studies were discussed and evaluated however current literature on the topic within an emergency department setting, particularly in the Irish health sector, is limited in availability.

The importance of recruitment within nursing

Retention has been highlighted as an overarching issue within the nursing profession, particularly with regard to stress, however it can be seen that recruitment can also be associated with stress. As aforementioned, a recruitment embargo was introduced to the Irish public sector in 2009 with a restriction placed on hospitals and other public sector bodies on hiring staff, including replacing staff that have left the service. Prior to this the health sector experience numerous issues in relation to recruitment and subsequently commenced an international recruitment campaign, which then brought about factors like extended training programmes, adaptation of different cultures and an overall increased cost in recruitment. Following on from the embargo, the Health Service Executive introduced a scheme, in line with the Haddington Road Agreement to attempt to reduce the number of newly qualified graduates leaving the country for employment elsewhere. The offer entailed a significant percentage of the staff nurse salary at the beginning of their employment with the option of further education included, however less than ten percent of the 2013 graduates availed of

this offer, further highlighting the struggling recruitment campaigns of the Irish Health sector (Wells & White, 2014).

The Canadian health service has also experience similar staffing difficulties within the nursing profession, with Nowrouzi et al (2015) highlighting a reduced funding allocation to the health service in the 1990s as a route cause of shortages (Nowrouzi, et al., 2015). In relation to international recruitment of nursing staff, the United Kingdom has also been compelled to use this option. Primarily nurses from Ireland and Spain were recruited as hospitals have encountered difficulties with recruiting qualified nurses from the UK (Nursing Standard, 2013). A study carried about by Mullenbach (2010) sought to identify potential factors in recruitment of nurses by seeking out recommendations from nursing students based in medical and surgical inpatient wards in the USA. It was found that relocation allowances, repayment of college loans and financial incentives for joining firms were amount suggested recruitment incentives for nurses.

Similar to the option provided to nurses by the Irish government in 2013, as previously mentioned, several participants in this study felt that an academic scholarship in return for three years of employment would be attractive for nurses to join a firm (Mullenbach, 2010). Returning to an Irish setting, international recruitment is a challenging issue for the Irish health sector and has been for some time. Stepping back prior to the recruitment embargo, concerns had been raised in connection with the rates of international recruitment across the country with Troy et al (2007) highlighting alternatives to the health sector. Within the study interviews were carried out with numerous directors of nursing from several of the DATHs hospitals in Dublin, who all held the opinion that international recruitment would continue across the health sector. They also highlighted a mixture of skills across their hospitals as something that could aid in preventing mass recruitment.

However the most prominent issue produced was a recommendation to establish a stronger focus on the importance of retaining existing nurses to reduce the over reliance on international recruitment (Troy, et al., 2007). As a nation, Ireland has utilised international recruitment in an attempt to fill vacancies quickly but this type of approach is not suited to retaining migrated nurses on a long term basis according to Humphries et al. (2009). They

highlighted discrepancies between the health service and policies surrounding migration as a potential push factor for international nurses to leave Ireland. In conclusion, the article establishes that the recruitment of international nurses will need to be aligned with retention strategies to avoid an over-reliance on international recruitment campaigns (Humphries, et al., 2009).

Various research and studies have been produced on the effects of recruitment of nursing staff and the types of incentives that can attract nurses to various organisations. Numerous publications above have highlighted international recruitment as a source of long terms stress within the profession. However few of the research papers analysed in this study have focused on stress as a result of recruitment directly within an emergency department setting.

The impact on service delivery

Recruitment and retention have proved to be common sources of stress within the nursing profession, however it can also be seen that the care of patients is a further source of stress for nurses. A paper published by Alzayyat and Al-Gamal (2014), which focused on nursing students in English speaking countries, carried out a quantitative study using a range of various databases. One of the key findings was that providing care to patients, and their families, was a source of stress for undergraduate nursing students (Alzayyat & Al-Gamal, 2014). As outlined previously, the responsibility of caring for patients has arisen as a potential source of stress for nursing students. However Mosadeghrad (2014) found that stress within the working environment, or within employees, can have a detrimental effect on the standard of care provided to patients as opposed to staff feeling stressed about their basic responsibilities (Mosadeghrad, 2014).

Similar consequences can be noticed within the Irish health sector with certain factors having long term impacts on the standard of care provided to patients. Well and White (2014) highlighted that the workload for nursing staff was heavily increased due to staff shortages following on from the issues of the recruitment embargo mentioned earlier. This was then seen to impact the working conditions and the capabilities of staff to provide adequate care to patients, as they are left with significant workloads but far less resources and staff than

required (Wells & White, 2014). From a slightly different outlook, the quality of care given to patients can also be impacted by the time and pressure it places on nursing staff. A study conducted by Scott et al. (2014) found that patient care is negatively impacted as a result of nursing staff unable to perform basic duties, including physical and psychological care, due to the increased time pressure in their work environments (Scott, et al., 2014).

The issue of pressurised time within the profession can be seen throughout various literature with Haslinda and Lim Tsuey Tyng (2016) identifying significant time constraints as a factor in stress among nursing staff. Increased duties, workloads and lengthy hours of work were also cited as stressors in this paper. It was also found that the quality of care provided to patients can suffer as a result of stress, as nurses tend to experience a wider range of stress than other healthcare professionals. Within the research paper it was found, throughout various studies that stress can also arise to staff as a result of poor working conditions. Following on from this, it was seen that the overall performance of nursing staff in terms of carrying out basic duties would be of a far lower standard than optimal performance (Haslinda & Lim Tsuey Tyng, 2016). The conditions within working environments are a commonly spoken of across various literature and are correlative to the quality of care available to patients.

Research by Ko and Kiser-Larson (2016), who targeted nurses in an oncology setting, have established that poor working conditions and also a lack of support and effort to improve conditions by the relevant organisation has produced stressful outcomes for nursing staff. This can then lead to an occurrence of mistakes in practice, which ultimately impacts the type of care given to patients (Ko & Kiser-Larson, 2016). Similar results have been drawn for nurses in Canadian settings, where staff found themselves providing care to a standard below what they desired due to the type of conditions they are working in (Hart & Warren, 2015). The standard of care delivered to patients has been highlighted across various research papers as susceptible to stress, with the subsequent results affecting the individual patients. Overall, the literature analysed haw outlined the impact stress can have on the quality of patient care in a number of different settings and medical disciplines, but studies surrounding an emergency department setting, particularly within the Irish health sector, are limited in this area.

Conclusion of Literature Review

As mentioned throughout the literature review chapter, stress can be seen across a multitude of research to effect and impact patient care, recruitment of nurses and retention of staff in a number of alternative ways. All three sub-headings have been explored and analysed in detail through a collection of different research studies carried out in a range of various settings. Papers from countries such as USA, Hong Kong and the UK were identified and discussed; along with other publications that spoke about the subject matter in various settings such as geriatric care, oncology nursing and medical and surgical inpatient wards.

However research on stress, and the three areas of concern within an emergency department setting, is particularly narrow in scope, most notably within the Irish healthcare sector. Hence, the following research question chapter outlines the overall aim and relative sub-objectives of the study. It also incorporates a rationale section that highlights various gaps within the current literature and signifies the relevance and importance of this study.

Chapter 3 – Research Question

The overall aim of this study is to explore the impact of service delivery to patients, recruitment practices and retention strategies have on stress within the nursing profession in the Irish Health Sector, in an emergency department setting. Within the project and the primary aim lie three sub-objectives; the effects of stress on standards of service delivery to patients, the importance of retention in reducing stress and the impact recruitment can have on the reduction of stress.

Rationale for Study

As mentioned in previous sections, nursing as a profession is generally regarded as stressful and highly pressurised, with staff regularly exposed to intensive working conditions and substantial workloads (Haslinda & Lim Tsuey Tyng, 2016). Stress within the profession has been largely explored across various outlooks and under a range of different subject matters, but studies centralised on the Irish health sector, and particularly within EDs, are relatively limited. Looking back on the Irish health sector over the past twelve months it can be seen that pressure with the hospitals, most notably in EDs, is consistently on the rise. In May of 2015, Beaumont Hospital in Dublin fell under immense pressure in terms of patient overcrowding in the ED, with numerous patients left waiting on trolleys. The INMO (2015) recorded figures of a twenty six percent increase in the number of patients waiting on trolleys in the first four months of the year when compared to the same time period the previous year (Irish Nurses and Midwives Organisation, 2015).

Various literature and research on retention is available, however a qualitative study by Humphries et al. (2009), who investigated intentions of nursing staff to leave Ireland, found that migrating elsewhere was factor regarding retention. The paper highlighted that a lack of entitlements to citizenship in Ireland for international nurses, and their families, was significant in their desire to exit the state, but made no mention of stress within the working environments influencing their decisions (Humphries, et al., 2009). From an alternative perspective, a study by Mullenbach (2010) on nurses based in medical and surgical wards found that retention can bring about higher staff satisfaction, fewer vacancies and less errors

in patient care (Mullenbach, 2010). However the paper fails to mention a reduction in stress in line with retention and is also limited to medical and surgical clinical areas as opposed to an ED setting. The quality of patient care provided is another regularly occurring aspect among literature and has been mentioned in line with retention of staff.

A quantitative study by Ko and Kiser-Larsen (2016), which focused on nurses based in an oncology outpatient setting in Dakota, found that retention of staff and the quality of care given to patients will improve on the basis that staff can control their stress, alongside adequate support being provided (Ko & Kiser-Larson, 2016). Similar to previous literature, this study outlines a potential connection between retention and stress, however is limited to an oncology setting and similar results may not occur in an Irish or ED setting. A more relevant study to this research was conducted by Suresh et al. (2012), who looked at current fourth year nursing students and newly qualified nursing staff in a Dublin North-East region, using both quantitative and qualitative methods. Workload placed on staff was signalled as one of the most significant stressors to both sets of participants. They felt patient care would be negatively impacted as a result of the workload and also highlighted a lack of sufficient time that could be allocated to providing care to patients (Suresh, et al., 2012).

This report has produced a relevance to the current research as it has shown a correlation between stress, intensive workloads and the quality of care delivered to patients. However the study was restricted to student nurses and newly qualified nurses and also made little mention of the impact recruitment can have on stress within the profession or of an ED setting. A range of studies and research papers surrounding recruitment, retention and stress have been thoroughly discussed. However it can be seen that there is a gap within the literature to undertake a more focused study and explore the impact of staff shortages, recruitment practices and retention strategies on the nursing profession in the Irish health sector, most notably within an ED setting. The following methodology chapter outlines the type of method used for research and explores the overall aim of the project along with the three sub-objectives.

Chapter 4 – Methodology

The nature of this study is to investigate the impact of service delivery to patients, recruitment practices and retention strategies have on nursing staff across the Irish health sector within an ED setting. It also attempts to identify how these issues bring about stress within the nursing profession. The investigation was carried out using a qualitative based research method, which involved a series of semi-structured interviews with several participants from an ED within a hospital from the DATHs group. This chapter entails information about the participants, the types of procedures chosen to undertake the study, the proceedings of the individual interviews, the range of measures/materials used throughout the research and also to highlight any ethical concerns and issues present.

A confirmed list of participants was unavailable prior to commencement of interviews due to current staff shortages in the ED, with the CF sourcing participants on the day depending on who could be released. When looking at the amount of participants to conduct this research, it can be seen across various literature that the appropriate number can depend on the study itself. Baker and Edwards (2012) explore this issue of the quantity needed for carrying out qualitative interviews, by seeking advice from a range of experts in the field of research. It was recommended to identify a sample size between six and twelve participants, especially for relatively specialised topics with the number of available participants limited (Baker & Edwards, 2012). Hence seven was the number of participants chosen to conduct this particular research which would take place over two afternoons.

The participants were a combination of CNMIIs, CSNs and CFs, all of whom are front line staff, have vast experience in the ED and also hold managerial responsibilities. In total, there were five CNMIIs interviewed, one CSN interviewed and one CF interviewed. Again due to current staffing levels in the department these were the only participants available on the days of interviews. Other junior staff members may have been available on the selected days however the selected participants were identified and chosen due to their seniority and the extensive knowledge they hold with regards to the ED. All participants were female, but other demographic details such as age, race and ethnicity were not collected as part of this research as the study is focusing on the experiences of participants as opposed to a

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compilation of various statistics.

When obtaining participants to take part in the study, contact was made via email with their department head ADON about the possibility of undertaking interviews about the subject matter, with relevance to their discipline of work. The type of study being carried out, along with general themes, aspects and ethical concerns that could arise were all highlighted before receiving approval. The ADON was then happy for the research to take place and allocated one of the CFs to assist in organising the proposed dates of interviews and arranging available staff to take part in the study. The study itself took place over two consecutive midweek afternoons with interviews held in a seminar room within the ED as it was more convenient for the participants taking part. All participants were briefed prior to interview with an ethical consent form, outlining various ethical issues that would arise throughout the series of interviews.

It was also outlined to participants before commencement that if they wished to withdraw from proceedings they may do so at any stage, and that if there were questions they felt they could not, or preferred not to, answer this would be acceptable. Confidentiality was highlighted as a high importance issue to consider when going through the interview process, with names of staff, colleagues, patients and patients' families, and also the organisation itself potentially being mentioned at any stage in the interview. The consent form was generated to outline the significance of answering questions with confidentiality in mind, and also about not sharing the types of questions or topics asked throughout the process with other colleagues who may be due to take part in interviews. Participants were also informed that any of the material produced as a result of their contributions was available to access at any time if they so wished. They were also notified that the information and content provided would be transcribed, typed up and included in the final report of the research, and then subsequently published in the college library thereafter.

The participants were then informed that anonymity would be used in each section of the study and that the signed ethical consent forms would be securely stored and also accessible upon request. Finally, before the beginning of each interview the individuals were made aware that the entirety of the interview would be electronically recorded using a laptop, with

the purpose of assisting the transcribing in the analysis section of the study. They were also informed that notes would be taken throughout the interview, notes that would be highlighting key points or comments mentioned, and also are used in the transcribing process to assist the researcher. For each individual interview, the fundamental aim of the research was to explore and investigate the three sub-objectives within the primary research question; the effects of stress on standards of service delivery to patients, the importance of retention in reducing stress and the impact recruitment can have on the reduction of stress. Participants would also be requested, prior to the three main topics, to speak briefly about the types of stress they would encounter on a daily basis. Hence the interviews would be segregated into three topics of discussion, one sub-objective per topic, with numerous questions on each topic at hand.

The interviews lasted between forty-five minutes and an hour in duration, depending on each individual participant. Interviews were semi-structured in nature with a set list of questions for each sub-objective, however throughout the process certain questions were not asked as a result of the participants unintentionally answering two or more questions at once. The following questions were used for the first sub-objective, the effects of stress on standards of service delivery to patients;

- To what extent are upper level management aware that stress in staff can impact patient care?
- How would you combat stress on a daily basis so that patients aren't affected negatively?
- What changes could be made to produce a positive outcome for staff and service delivery?
- What would you do if the care of patients was suffering as a result of stress within staff in your department?

In relation to the second sub-objective, the importance of retention in reducing stress, the following set of questions was used;

- When turnover occurs how do you ensure the stress of remaining employees doesn't increase?

- In terms of reducing turnover what would you do?
- When new employees commence in your department what mechanisms do you have in place so the turnover process doesn't commence?
- How do you manage stress of the new employees when the join so that they don't develop a desire to leave?

The final sub-objective discussed was the impact recruitment can have on the reduction of stress and the below list of questions were used;

- What do you think the HR department can do in terms of reducing stress?
- What kind of impact do newly recruited staff have on stress levels on the department?
- From an external point of view what do you think would be more beneficial in attracting nurses to the hospital?
- What kind of strategy would you recommend to help the hospital in recruiting staff in?

As the interviews were conducted in a semi-structured style, the above questions for each sub-objective were loosely asked to all participants, with small variations existing among the transcriptions in terms of phrasing and the vocabulary used. A Dictaphone or tape recording device was considered prior to interviews; however after consulting various literature and textbooks, particularly a publication by Howitt & Cramer (2014), a recording function on a laptop was used instead as it was better positioned to record the interviews, with the clarity of audio significant and more beneficial for future use. Throughout the questioning of participants, an element of probing was involved for certain answers in order to extract the maximum amount of information. Again, this method of questioning was discovered having referenced the publication by Howitt & Cramer (2014), who suggest that the ideal style of qualitative research requires taking this step in the process into account (Howitt & Cramer, 2014).

The research was designed with the intentions of undertaking a qualitative based study, comprising of a series of semi structured interviews with participants from an ED setting in a Dublin based public sector hospital. Following interviews and the compilation of

transcriptions, notes and other information provided by participants, a method of analysis was required. Having identified various options in terms of analysis the information obtained, thematic analysis was the chosen method. Clarke and Braun (2013) identified thematic analysis as an effective form of analysing data in qualitative research, as it can be applied to a range of different data-sets, regardless of size, and also assist in exploring the participant's experiences of the subject matter. They also determined six primary steps in successful completing undertaking thematic analysis; familiarisation with the data, coding relevant sections of the data, identifying themes, reviewing the emerged themes, defining these themes and writing up the data (Clarke & Braun, 2013). At the beginning stage of the analysis process, the information provided at interview was absorbed and ideas and certain themes began to develop and become apparent.

The transcriptions of individual interviews were then typed up into a report styled document, with the questions of the interviewer and the responses of the interviewee carefully separated and easily identifiable. As there were seven transcriptions to analyse, considerable time was taken to complete this process. This involved reading over each individual transcription multiple times until familiarisation with each one was obtained. Following on from this the process of coding relevant information throughout the data began, and Braun and Clarke (2006) highlight the use of a theory led approach in this section of thematic analysis (Braun & Clarke, 2006). This approach involved working through the information and highlighting relevant sections within the text when they arose. Recurring genres of information were marked, or coded, to assist further down the line in the process.

The coding of the data was used to identify and highlight any essential issues that come about throughout the information, and are naturally withdrawn from the data as the process continues. The third step in the process is searching for themes while using the initial codes, which involves joining several codes to generate relevant themes. Overall this step entails interpreting the present themes and relating them back to the original information provided. Reviewing the revealed themes is the fourth step, where certain themes were discarded, and the most frequently occurring themes were tested against the data provided. From there onwards, the themes were careful named and defined in the fifth step, which also included identifying further subthemes and aspects within each theme. The final stage of the process is

completing a report on the findings and various themes present, of which can be found in the following results chapter.

Chapter 5 – Results

Within the data and information collected throughout the seven interviews mentioned previously, five main themes were evident and present amongst the each participant's comments; staffing levels, conditions within their environment, support mechanisms, financial impact and educational opportunities. These five themes emerged from the collected data as a result of using a thematic analysis approach following the series of interviews, as highlighted in the previous methodology chapter. This chapter will provide a detailed explanation and analysis of the five present themes.

Theme 1 – Staffing Levels

Throughout the interviews each participant in one way or another mentioned a shortage of staff as an ongoing problem within their department, with more front line nursing staff required to help with the current service demands. In particular, several of the participants highlighted an obvious lack of numbers on a daily basis within the department and the stress that it can bring about;

"I think staffing levels are a huge stress, the past year especially. This ED, as will all EDs, is extremely busy and with a full complement of staff people are ran off their feet, literally ran off their feet they don't get a minute"

"Our staffing levels are awful at the moment, our optimal levels are around fourteen or fifteen nurses on duty each day, but now we are working up to nine staff at most so we may not even have enough nurses to staff all areas of the department"

"At the moment staffing levels are poor and people are beginning to get burned out, so if we had a full quota of staff people would be under less pressure, less stress and won't begin to think about looking elsewhere"

"It can be a very daunting environment to commence in work for newly qualified nurses but due to lack of staff we are left with no choice but to take a batch every year and this then puts

us all under stress to get them up to speed on the basics of nursing never mind the specifics of the ED"

All but one participant talked about out-fluxes of senior and experienced staff members in recent years, also citing that their subsequent vacancies have been partly filled by nurses who are either newly qualified or nurses who hold little or no ED experience. This has been described by the participants as a skills mixture difficulty which in turn is producing stress across the department and its employees;

"We have had a large amount of staff leave the department who held significant experience, which has obviously left with them, and there is a void in the department as we replaced them with junior staff and the pressure was placed on both existing senior and junior staff"

"Well one of our biggest stresses at present is the skills mix, we have a huge out flux of very experienced senior nursing staff who have been replaced by a lot of newly qualified staff or staff with limited ED experience, which obviously puts me under stress as you have an overall duty of care and responsibility to patients in terms of the level of care they receive in the department"

The loss of experienced nurses was an issue that regularly occurred throughout the set of interviews, particularly the range of specialist areas covered across the department as outlined by two of the participants below;

"Our staff are very junior at present, in the last three years we have lost in excess of two hundred years of experience across several staff members, such as ANPs and dressing nurse specialists. A lot of expertise has been lost; we are then gaining junior staff so making up the skills mixture across the department can be very stressful".

"We also have a lot of junior staff as a lot of our senior and experienced staff members have left over the last few years so even if we have a full complement of staff we might have a really unbalanced skill mix so it is very difficult and stressful".

Another issue mentioned in terms of staffing levels was the current struggles in terms of recruiting nurses into the department. Several different theories were brought about such as the consequence of international recruitment campaigns in India and The Philippines, running recruitment campaigns heavily through social media platforms, the negative impact of the government recruitment embargo and how important it is to highlight the attractiveness of the department in advertisements.

"Trying to get people in the hospital is so hard, the national recruitment campaigns need to be run more through social media"

"Well I think we did a Facebook campaign last year and that helped quite a bit, our large recruitment drive also helped last year with a hospital open day we had"

"People couldn't move for so long and now they can look elsewhere, the recruitment embargo didn't help at all, it was a short term solution and now the 'flood gates' are open"

"I think individually this hospital and other hospitals across Dublin can recruit all they want but it needs to be made attractive for Irish nurses to come home, international recruitment is great but it's a short term answer, we were here ten years ago in the Philippines and India and now we're back at the same point"

Several participants also spoke about nurses and other multidisciplinary health care workers within the department carrying out duties outside their job descriptions, and the subsequent impact it is having on the stress levels within the department;

"I definitely think a portering service would help the department and would relieve the HCAs leaving the department, and would help with the basics of nursing care in terms performing their duties"

"We have HCAs here but unfortunately they end up doing portering duties as we don't have a porter service for the department so the small basics of care is not being provided by them such as caring, feeding and cleaning, and now those duties fall to the nurses"

"A lot of our time is taken up by ECG duties so if we have an ECG technician it would be more than beneficial for the department as a whole"

Staffing levels in the department have been mentioned as a regularly occurring problem, ranging from a general lack of numbers on duty each day to a gap in the range of skills in the department. Numerous participants cited the skills mixture of employees as stressful along with stating the struggling recruitment campaigns are only adding to the pressure. The government recruitment embargo during the recession was criticised due to the long term impact it has since had on the department. Staff members carrying out additional duties like portering services were also mentioned as a problem for the department.

Theme 2 – Conditions within Their Environment

Working conditions, and their subsequent impact, were regularly mentioned throughout interviews with all participants highlighting several issues such as; waiting times for patients, overcrowding of patients in the department, lack of available space and the flow of patients through the ED. With regarding waiting times two participants were prompt in mentioning the difficulties that can be brought about in the department;

"The waiting times are awful, better here than in other hospitals but still unacceptable and this then puts pressure on our staff in terms of reassuring patients of how long they are going to be waiting"

"We carried a patient satisfaction survey so that helped us get an idea as to what patients want when they are here in the department. Waiting times were a big issues on that, we are looking at how we can improve the flow of patients through the department, looking at different avenues and approaching it different so that we're not having a process with no outcomes"

One participant also mentioned the responsibility of the staff towards patients who are waiting and the impact professional behaviour can have;

"There's an ongoing need to be aware of professionalism with patients in mind as you need to respect them, especially in the waiting room with patients sitting there watching with nothing else to do. Patients need to be able to trust you, they think you might just want to get them in and get them out as soon as possible, but a difference comes in you are professional and you get the information from the patient, it makes everything far less stressful"

A further two participants touched on the flow of patients through the department and the negative impact it is having on staff;

"We need more trolleys, beds and more staff. The patients need to be moved out of the department to beds in wards but the problem is that the hospital is already full to the brim with patients so it can be very difficult to cope and it increases the pressure on staff across the department"

"We have the AMAU but in other hospitals medical patients get triaged in the ED and are then transferred straight to the AMAU, but in this hospital our AMAU is so full with patients, the patients who come in through the ED have nowhere to go but sit on a trolley"

This particular participant then went on to state;

"If we had an AMAU like other hospitals a large amount of our patients wouldn't need to be in the ED, that would help more with patient flow and congestion and then reduce the pressure and stress on the staff"

Another issue that was mentioned throughout the series of interviews when talking about conditions was the space available to staff and patients and the consequential impact it had in the department, which has been outlined by the following participants;

"Morale among nurses is generally poor at the minute as they feel overworked, understaffed and deal with massive stress in their environments, including a lack of efficient space, poor equipment and poor conditions all round"

"For the patients, if you had bigger areas of monitoring patients that would help, would bring about a better flow of patients through the department"

"For patients there needs to be more space but no matter how much space you have there will always be more patients waiting to come in and make it full again so that's a battle you are always going to lose"

"The working conditions are far superior elsewhere, nurse have a massive patient ratio here and in other places and countries the conditions are much better"

Overcrowding was also an ever present issue throughout the interviews and has been described as a growing issue in the emergency department, and also across the country;

"This ED, along with the EDs nationwide are under huge pressure in terms of the mass influx of patients so there are multiple factors that need to change in order to change the situation we find ourselves in and then in turn help reduce the stress we are under"

"We are also struggling with overcrowding of patients at the moment it is becoming stressful as well"

One participant then went on to highlight an element of positivity within the current ED in terms of patient overcrowding;

"We don't have the massive trolley crisis that many other Dublin hospitals have, now of course we have massive trolley capacities and large waiting lists for beds, we also lack other resources out of our control but still not as bad as other hospitals"

The working conditions staff are in were frequently brought up throughout interviews with waiting times for patients being one of the primary issues discussed. The flow of patients from the ED to inpatient wards was also highlighted as an ongoing issue, which is subsequently causing overcrowding with the department. With this in mind the participants

were then prompted to flag the lack of sufficient space available to them and to the patients who come into the department each day.

Theme 3 – Support Mechanisms

Each participant expressed how important they feel it is to have a culture of support in place for staff within the department. All seven participants spoke positively about the types of support they receive from higher management within the department, and also about how aware management would be of the stress ongoing and the potential impact it could have for patients. This has been highlighted in the following statements from several of the participants;

"I think people are aware but being aware and doing something about shortfalls are different things and with the best intentions in the world if there is not staff there is a limit to what they can do with the staffing crisis at the moment but they are as helpful and supportive as they can be"

"I think they would be very aware, they are constantly on a recruitment drive to get staff in and cover the floor, they are acutely aware of how busy it is on the floor and the level of work we maintain in the department"

"I would say they are very aware, we are quite lucky in the sense that our CNMIII and ADON are actively on the floor which wouldn't happen in other areas of the hospital. They are both very approachable as well; very aware and appreciative of the conditions we are working in and have offered as much help as possible"

"Well from my point of view they are extremely supportive and aware. They listen and anytime we come to them about an issue on the floor they are supportive. At the end of the day we are all working towards the same goal which is ensuring patients get the highest possible level of support"

Similarly, all participants cited the role of the CSN within the department and the alternative

service that's subsequently brought to the department; guidance, support and training of newly qualified and junior nurses. In particular, numerous participants spoke of the stress relief that the CSN offers to the staff in the department;

"The mechanisms in this department are fantastic for new and junior staff. Since last year we have a CF and CSN and now a second CSN who primarily works on the floor with the nurses. It makes them feel reassured that someone is working with them, the department can be daunting at the start so it's nice to have that support there for the so that they don't feel overwhelmed and stressed at the beginning"

"We now have another CSN in the department to continue helping stress levels as we have two CSNs assisting the junior staff now, so hopefully it combats the staff's stress levels on the floor"

"We always have new staff buddy up with senior staff, also the CSN works side by side our new staff on every shift because it means they don't feel on their own or under severe pressure on a daily basis"

A clear channel of communication and leaving yourself open to be questioned were two additional topics that were discussed by some of the participants, highlighting how important it is for staff to come to them about issues causing stress as the patients can be retrospectively affected;

"We have a good team spirit in the sense that if someone is under pressure we are supportive of one another, this bleeds across to the patients in the sense if you have stressed or burned out staff the quality of care is not going to be as it should be"

"There is a team approach in the department, always leave yourself open to be questioned or take on concerns from junior staff. Very important to provide support and guidance and inform them that there needs to be a open channel of communication so that any issues that arise can be addressed"

"Encourage the staff they should come to me or other managers to inform them about how they are getting on especially if they are feeling overwhelmed so we can help them. Communication is massive, once you know what the issue at hand is you can go and counteract it"

"I'm working here so long we go through phases of having less staff or less experienced staff so it is about being open and approachable to your colleagues and patients, if they have concerns you can reassure them you are trying to do something"

With regards to alleviating stress in the department, several of the participants touched on an issue of staffing being able to take their breaks whilst on duty. They also mentioned how management hold the opinion of staff having breaks is essential;

"Well for us here we try and go down on the floor and ensure staff get their breaks, tell them we're doing our utmost to recruit staff and also look to them for opinions or ideas on what we could do, we are very inclusive here"

"Breaks and lunches are very important here, managers always prioritise getting staff their breaks to get them out of the situation, get some and recover before you go back onto the floor"

The impact of having a CSN on duty and offering guidance and support to junior staff was frequently mentioned by the participants, with some stating the introduction of a second CSN has improved the department further. The support and awareness of stress offered by higher management in the department was also brought up, with all participants stating that management have continued to be support and attempted to alleviate the stress within the department.

Theme 4 – Financial Impact

The wages of nurses in Ireland were brought up by all participants across a range of different aspects that impact nurses coming to the hospital and also leaving the country to work

elsewhere. Underlying issues such as the HRA, the basic salary scale applied to nurses in Ireland, relocation packages for international nurses, or Irish nurses returning to the hospital, and the stronger remuneration packages being offered by private hospitals in Ireland, have all been touched on by the participants. With regard to the HRA, several of the participants expressed their discontent with the impact the agreement has had on the public sector and also stated how they feel it should come to an end;

"Thing is that with the HRA, people are working those extra hours, they all work above thirty-nine hours so I don't know why the agreement is still in existence. I don't know why the HRA hours can't be just put against the time they already work"

"Get rid of the HRA, that would help people come back from abroad, which would help with staffing our department and then help reduce the stress we are under"

The participants also mentioned the agreement with regards to the value and morale it places upon the nursing profession;

"A good example is the HRA cutting the wages for new entrants which is unfair as they aren't on the same pay scale as their colleagues and that is a total disrespect to them, it doesn't make them feel valued"

"Well I think the HRA is not attractive for people to work here or stay in the nursing profession. It makes them feel undervalued, working days for free essentially"

With regard to the salary nurses are paid across Ireland, the participants comments ranged from calls for increases across the board, to the introduction of a special allowance for staff employed in Dublin;

"I suppose pay will always attract people initially, but that is not something that can be changed in the short term. But it needs to be sorted out for people to stay. Also the location allowance should be implemented; there is a London allowance so why isn't there a Dublin allowance?"

The general issue of the salary nurses receive was regularly mentioned throughout interviews, with several participants citing that an increase needs to be introduced, especially in terms of attracting nurses back to the health service in Ireland;

"I think anything that can be done is being done, I know managers are actively recruiting but it needs to be made more attractive for Irish nurses to come home in terms of pay and other benefits that have been gradually taken off us since the recession"

One participant in particular expressed significant concern about the type of remuneration offered to nurses in Ireland;

"Well this may seem a bit over the top but I think Ireland as a country has never monetarily recognised it's nurses and know that's not this hospital but as a country the wages for nursing are not exactly amazing"

"Again I do think as a nation Ireland needs to look properly at the wages of nurses, at the end of the day we are saving human lives"

"It's about money more so because the country doesn't properly recognise the actual career itself and the work is immense, tiring and so stressful sometimes so it's a shame the salary is not matched to the duties of the role"

Relocation packages for nurses returning to Ireland or international nurses coming to Ireland was another topic that regularly occurred throughout the findings. Numerous participants highlighted the strength held by private hospitals in terms of attracting nurses when compared with hospitals in the public sector;

"Perhaps looking at a better package for nurses, you see private hospitals offering bonus packages to come to their hospitals and that is something this hospital needs to be able to match"

"Well I think the private hospitals are way ahead of the public hospitals at the moment, one of my friends has returned from New Zealand and was offered a massive incentive package to work in a private hospital and couldn't turn it down"

"I'm not sure what kind of packages the hospital offers but I do know that private hospitals are currently offering several thousand to get people back from abroad and that's something the public sector will never be able to beat"

"Again it's all about the incentives you offer to people, bringing staff in from abroad you need to give them relocation allowances like other countries and the private hospitals here do. We need to be in par with them because nurses are short all over the world"

In general, the salary offered to the nursing profession was widely criticised throughout the participant's comments, with the HRA regularly being mentioned in a negative aspect, with many stating it should be discontinued altogether. Numerous participants spoke of the financial incentive packages being offered by the private sector hospitals and called on the public sector hospitals to at least match these packages, or face a continued shortage of nurses.

Theme 5 – Educational Opportunities

The final theme that emerged from the series of interviews was the range of educational opportunities available in the ED and the subsequent effect they can have on the employees' levels of satisfaction. The participants spoke of the numerous incentives available in the department such as the postgraduate diploma in emergency nursing, a foundation course in emergency nursing for newly qualified nurses and junior staff, and how important education can be in terms of incentivising staff to remain in the department. With the postgraduate diploma in mind, all but one participant mentioned the benefits of the course being offered, with three of the participants highlighting how it can encourage staff to continue to work in the department;

"We have a postgraduate diploma in emergency nursing available here which this year, has

been increased from three to six employees per year, which is very beneficial for the department"

"We have three extra places on the postgraduate diploma in emergency nursing this year, it used to have just three so now we have six. There has been such a large drive this year and is has become so popular that we have had to interview our own staff to decide who gets to go on it"

"We have doubled the amount of postgraduate course in emergency nursing places from three to six this year so that's great and that type of thinking needs to be implemented across other courses in the department"

The participants also spoke of a foundation course in emergency nursing that is available in the department in terms of up skilling staff to the required standard. This programme is run within the department and is designed primarily to provide support to newly qualified nurses and nurses new to the ED. The importance of this course and the educational support it offers was predominantly mentioned by several participants;

"Education is massive, we have started an emergency nursing foundation course for staff which has helped, more support compared to the support I got when I was junior which is a good thing I guess"

"We have this foundation course for all new staff in the emergency department and it lasts around three to four months, it looks at all aspects of care and gives them grounding for what we do here and the best types of practice"

"We have a foundation course in emergency nursing run by our CF which lasts up to six months. It is a support mechanism but also a teaching mechanism, a very in-depth course"

The participants also cited an importance of setting a standard of progression for nurses who commence in the department. The foundation course is mentioned as an introductory course to the department with the staff then strongly encouraged to progress onto the postgraduate

diploma in emergency nursing, as noted by several participants;

"Initially they get clinical support and then after six months they have to go and do the foundation programme. Once this is completed we would expect them to look to apply for the postgraduate programme in emergency nursing"

"We are lucky in the sense that we have the foundation course here for all new staff and then we have the postgraduate course in emergency nursing available for staff, we encourage staff to apply for this course within two years of joining the department"

"We have a foundation course to help staff when they join which skills them on the basics of emergency nursing, and then after a few years they will be strongly encouraged to progress onto the postgraduate course in emergency nursing"

With regards to attracting and retaining staff in mind, some of the participants spoke of the importance educational opportunities as a motive to stay in or move to the department;

"We also tailor people doing various courses who need certain days off so flexibility in terms of rosters and arrangements for additional education here is great and it would be attractive for me if I was due to join this department"

"We offer education and career progression here in the department, people will always want that and this is our way of incentivising staff to stay or join"

Overall, the foundation course in emergency nursing and the option of progressing the postgraduate course in emergency nursing were the two most commonly mentioned aspects of the educational opportunities available in the department. As mentioned previously, several participants linked these options for staff with the attractiveness of the department for current or potential employees.

Across the five themes that emerged from the series of interviews, there were numerous issues present, both positive statements and negative aspects of working in the department.

As previously mentioned, all participants spoke of staff shortages on a daily basis, along with struggling recruitment campaigns and an ever present skills mixture across staff members. Overcrowding of patients within the department was touched on by several participants, who also expressed concerns about the flow of patients out of the ED. However on a more positive note, all participants spoke of the support they receive from higher management and recognised how aware they are of the pressure the department is currently under.

On the financial side of things, all participants expressed disappointment with the salary offered to nurses, with one participant claiming Ireland has not recognised the career itself. The Incentive packages being stronger in the private hospitals were regularly mentioned, with participants concerned about the potential of public sector hospitals competing powers. All but one participant spoke of the education available in the department and how it can act as an incentive to stay in or join the department. The department offers a foundation course for new staff and then a postgraduate course for existing staff to aid with developing staff. Overall there has been a mixture of positive and negative comments about the department, with staff mainly expressing various concerns about ongoing issues related to the five themes present.

Chapter 6 – Discussion

Leading on from the series of interviews and analysing the information provided, five major themes emerged; staffing levels, conditions within their environment, support mechanisms, financial impact and educational opportunities. Staffing levels appeared as a prominent issue across the findings of the research, with several participants highlighting international recruitment and the government recruitment embargo as detrimental in the long term. The findings bring about a direct link between shortage of staff and stress as a result of recruitment practices. These are similar findings to that of Wells and White (2014), who outlined the devastating consequences of the Irish government's recruitment embargo, which saw a reduction of several thousand nursing staff from 2009 to 2013 (Wells & White, 2014). The participants also spoke of an over reliance on recruiting staff internationally along with it being a short term solution, which Humphries et al. (2009) have also outlined, further highlighting that this form of recruitment will not be sustainable in years to come (Humphries, et al., 2009). Within this theme there is a comprehensive connection between the contributions of the participants in line with the one of the sub-objectives of the study; the impact recruitment can have on the reduction of stress.

The general conditions within the working environment was consistently brought up by the participants, with waiting times and the impact conditions can have on patient care the most prominent. These comments are in line with literature surrounding patient care, with Scott et al. (2014) highlighting the issue of time pressure within nurses working environments and how it can negatively impact the standard of care provided to patients (Scott, et al., 2014). Within the Irish health sector, a combination of reduction in staff and therefore a natural increase in workload for staff has been seen to impact the working conditions for staff. This in turn, as highlighted by Wells and White (2014), leads to nursing staff not having the required resources to provide adequate care to patients (Wells & White, 2014). Working conditions can hence be associated with one of the sub-objectives of the study; the effects of stress on standards of service delivery to patients.

The range of support mechanisms within the working environment was a surprising theme to come about from the series of interviews, yet it can be linked to one of the sub-objectives of

the study. Although literature around support mechanisms within the health sector in Ireland can vary, a study by Forest and Kleiner (2011) highlights a transformational leadership style proving beneficial for organisations. The study then suggests that it will give staff the opportunity to fulfil their daily work, such as caring for patients, without encountering additional pressure and, from a management perspective, can also reduce retention of staff in organisations (Forest & Kleiner, 2011). With all participants speaking positively of the support mechanisms available within the ED and acknowledging that management are on a constant drive to improve conditions for staff and patients, this theme can be categorised within one of the sub-objectives of the study; the effects of stress on standards of service delivery to patients.

Financial concerns were regularly expressed by the participants throughout interviews, with various issues such as basic pay, the HRA and the impact this will have on future graduates remaining in the public service. As highlighted throughout the research, a government embargo in the health sector has brought about numerous deductions of wages, with the starting point for newly qualified nurses reduced by approximately €4,500 over a period of five years. Various participants expressed concerns about the current salary offerings and the potential to attract nurses back to the health sector. Nurses working abroad as a result of remuneration in Ireland has also been outlined by Wells and White (2014), with significant numbers of nurses seeking employment in countries like Canada, the UK and Australia, as salary packages are far more advantageous (Wells & White, 2014). Most notably, the importance of retention in reducing stress is the sub-objective with a direct connection to this theme.

In relation to educational opportunities, this was somewhat a surprising in the context of the expected themes to occur. Majority of participants spoke of a postgraduate diploma course in ED nursing available to staff, along with a foundation course in ED nursing new staff and a wide range of other medical and clinical courses available. Looking back at the original aim of the study, particularly in relation to recruitment practices, a link between education and recruitment can be seen in research by Mullenbach (2010). It was found in the paper that student nurses would be more inclined to work for an organisation if a contribution to educational fees or loans was made (Mullenbach, 2010). In general the impact recruitment

can have on the reduction of stress is one of the sub-objectives related to this theme.

One of the limitations of the research was that it was conducted solely with participants of an ED setting within the Irish health sector. Other clinical areas such as inpatient wards or intensive care units were not involved in the study, so there could be further scope to investigate stress and its subsequent effects in these disciplines of nursing. However as the study was confined to the ED, extensive results and findings have come from the research which could prove beneficial for other clinical practices within the nursing profession in the Irish health sector. The research was also limited to participants from only one Dublin hospital, so a study involving other hospitals may produce additional information. However as the research is set within one hospital alone, it has provided significant findings about the types of stress present, which this hospital and other hospitals could take into account in the future.

The study was also restricted in terms of the number of participants as within the ED involved there was a limited number of staff who could be released for the series of interviews. A larger quota of participants may have added further information and content to the findings in the study. However the information collected from the interviews was of substantial quality and could prove beneficial for future research or clinical practice. Due to its nature the qualitative method if interviewing was highly time consuming, however it was beneficial in the sense that more content was extracted from the process. A further limit of the study is the sample selected with only CNM2's taking part; lower and higher grade nursing staff weren't chosen in the study. However the findings produced by the participants still hold significant value and could be applied to further studies and clinical practice.

Overall it can be seen that the five themes emerged from the research can be precisely associated with various literature, along with the three sub-objectives of the overall study. Staffing levels and educational opportunities were seen to be related to the impact recruitment can have on the reduction of stress. In relation to the effects of stress on standards of service delivery to patients, support mechanisms and conditions within their environment were apparent. Finally, the financial impact was seen to be linked to the importance of retention in reducing stress. The following chapter outlines a brief conclusion of the study,

along with various recommendations and implications based on the findings from the research.

Chapter 7 – Conclusion & Recommendations

Overall the study has found five major themes present within the information provided by the interview participants; staffing levels, conditions within their environment, support mechanisms, financial impact and educational opportunities. These themes are all affiliated with the three sub-objectives of the study, which all are linked to the primary aim of the study itself. The study has provided a detailed and descriptive set of experiences and themes occurring throughout an ED setting in the Irish health sector. Across the five themes found in the analysis stage of the process, various sub-themes emerged highlight a range of issues that are currently impacting the department and have the potential to continue impacted the ED. The daily experiences and pressures the participants are faced with were exposed in the results section, 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 pressure within one of DATHs hospitals, which will give the other DATHs hospitals, along with various other public hospitals outside of Dublin an opportunity to look inward for similar occurrences.

As highlighted throughout the research, a recruitment embargo within the Irish health sector saw mass reduction of staff across a five year period. Figures from the INMO (2016) show there is a still a discrepancy of approximately 3,500 nursing vacancies in comparison to 2009 when reductions were introduced (Irish Nurses and Midwives Organisation, 2016). With the levels of vacancies at this rate, it can be seen that a reduced quota of frontline staff will impact patient care in the long run. Based on findings by Wells and White (2014), a recommendation would be to address the issue of filling these vacancies (Wells & White, 2014). According to the Health Service Executive (2016), or HSE, the starting salary for a qualified staff nurse is currently €27,483 per annum, with the maximum point of the scale at €43,800 (Health Service Executive, 2016). This volume of available candidates will take significant time to be recruited and integrated into the health sector. Hence, a reasonable recommendation to the department of health and the HSE would be to introduce 700 nursing staff into the health sector each year for a period of five years, with the aim of reducing the current 3,500 staff shortage. The limitation with this recommendation is that the cost in terms of wages for nurses overall would increase across the health sector, which may not be

financially feasible.

Education and the range of opportunities available in the ED were consistently spoken of throughout the research, with several participants highlighting the attractiveness of a postgraduate diploma course in ED nursing. It was also mentioned that the availability of places on this course had been increased from three to six this year. The importance of education for staff was found by Mullenbach (2010), who outlined student nurses would be more likely to join an organisation if they were assisted with educational grants (Mullenbach, 2010). With this in mind, another recommendation would be to increase the number of places on the ED course by two additional staff each year, due to current expansion and popularity within the ED. However as the hospital, as outlined by the participants, provides funding for employees taking part in the course, this would lead to higher costs for the hospital in terms of educational support.

Looking back over the research and the various steps taken throughout the process, a significant deal of learning has come about. Conducting a research project has proved extensive in terms of time constraints, most notably with the series of interviews. The interviews and the analysis of findings proved to be a lengthy process, with weeks of reading and transcribing involved, holding the interviews at an earlier stage may prove more effective in a future research project. It was also found that the method of analysing the data took up a considerable amount of time, a less time-consuming method of data analysis, if available, may prove more beneficial in future studies. The study was confined to nursing staff within an ED setting, which is also the entry point for patients into the health service. Hence, this resulted in a development of understanding the pathway of patients in hospitals and the role of healthcare professional staff throughout, which would not have been uncovered if the study was conducted in a different clinical setting.

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