

Enhancing Nurses' Wellbeing for Improved Patient Care.

Research Report | DNB311 - ID Studio 7: Capstone | 2023



Authenticity & AI Statement.

Authenticity Statement

This is to certify that to the best of my knowledge, the content of this report is my own work. This report has not been submitted for any subject or for other purposes. I certify that the intellectual content of this report is the product of my own work and that all the assistance received in preparing this report and sources have been acknowledged.

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Date: 10/09/2023



AI Use Statement

I have utilised Generative AI in this report (ChapGPT, Dalle, Bard, or similar) to assist in various ways. The way I have used Generative AI includes the guidance in structuring the 'executive summary' as well as the assistance in creating the questions used to survey and interview the participants in th

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Executive Summary.

This report presents the findings of a detailed study that focuses on how nurses receive support for their mental well-being while working in hospitals. The conducted research study following the deep examination of literature, utilising surveys and interviews, allows a greater understanding of the challenges nurses face regarding their mental health during their shifts. The main conclusion drawn from this investigation is that there is not enough support for nurses' mental health and well-being while working.

Historically, concerns about mental health have been thought of as something to deal with outside of work, often ignored or not acknowledged. However, this research highlights the urgent need to address mental health challenges, especially during stressful and challenging situations. The study emphasises that consistently ignoring these challenges can lead to serious mental health issues and a decline in overall well-being.

The research was carried out using a thorough approach. A comprehensive review of existing literature was conducted to understand the current state of mental health support in the workplace.

This was supported by surveys and interviews with nurses, aiming to uncover the conditions they face and how their mental health is taken care of, both during and outside of their shifts. The interviews went deeper into individual experiences of stress and how nurses cope.

The data collected from the surveys were analysed carefully to uncover the difficulties that nurses encounter. The interviews were studied to find common themes and patterns. By comparing the results from both approaches, a well-rounded conclusion of the situation was obtained.

The culmination of these findings resulted in a design structure to create improvements. This structure outlines important guidelines for enhancing mental health support at work.

To address the identified problems and enhance the well-being of nurses, it is crucial to recognise the importance of mental health in the workplace. This study serves as a catalyst for change, prompting a more comprehensive approach to taking care of nurses' mental well-being.

Moving forward, the overall goal is to turn these insights into solutions that can be incorporated into the healthcare system.



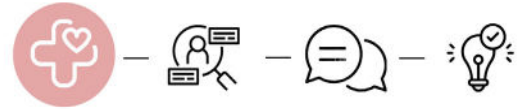
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ACRONYMS ☒	ABBREVIATIONS LIST ☒
CF	Compassion Fatigue
CS	Compassion Satisfaction
CMD	Common Mental Disorders

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1 | The Topic.



1.1 | Introduction

In hospital settings, the quality of patient care is closely tied to the well-being and performance of nursing staff. However, a critical issue obstructing the delivery of optimal care is the escalating stress and mental health challenges faced by nurses. The problem adversely affects their ability to perform at their best, consequently impacting the overall quality of patient care.

Typically, the nurse is the first and last point of contact for the patient and the relevant medical professionals. As expressed in the interviews, nurses are often the middlemen for most situations and take on the abuse from patients and co-workers with a smile on their faces. Nurses are the face of the medical industry. They are the ones that patients remember when they leave the hospital, despite the level of quality care and experience they may have encountered.

Even though nurses are the most crucial point of contact in the hospital, they are faced with challenges revolving around understaffing and work overload. How are nurses expected to keep an equal level of care across all patients if their patient workload has been doubled?

As a consequence of work overload and understaffing, nurses decrease the level of quality care they are expected to provide, limiting time with each patient and prioritising multiple patients due to the level of severity. This leaves the hard-working nurses burnt out, unable to take full breaks (or any at all) and shouldered with an immense amount of stress. Constant and frequent levels of stress can lead to anxiety and depression, among other

mental and physical health conditions. Known to nurses, there are very few if any easily available resources to assist in managing their mental health.

In hospital settings, the quality of patient care is closely tied to the well-being and performance of nursing staff. However, a critical issue obstructing the delivery of optimal care is the escalating stress and mental health challenges faced by nurses. The problem adversely affects their ability to perform at their best, consequently impacting the overall quality of patient care. This is an important area to study as not a lot of light is shed on the fact that nurses too, are impacted by mental health conditions and are not met with the courtesy amount of support. Nurses do not have anything to assist them in the hospital setting but themselves, and little to no support outside of work, other than their families and personal decompression strategies. This is an issue that not only impacts the nurses themselves but also their way of life and the people in it. This includes their families, their patients and the quality of care they provide as well as their work ethic in performing duties with caution and efficiency.

This research report aims to identify comprehensive and effective solutions that address nurses' stress and mental health issues. By enhancing nurses' well-being, I will seek to improve the quality of care provided to patients. The proposed solutions are practical, sustainable and tailored to the unique challenges faced by nurses in the hospital environment.



1.2 | Literature Review

This review explores and addresses the current issues that our nurses are facing in the workplace environment and its effects on their mental health and general well-being. It is important to unveil these issues and outcomes as nurses are the primary caregivers for all those who enter the hospital. They are not only the face of the hospital and medical industry but also the backbone. Nurses must be looked after for them to provide quality care to their patients and manage immense workloads.

This review will thoroughly discuss the issues nurses face in the workplace, nurses' mental health, their stress in the workplace and the suicide rates of nurses. Intervention points and strategies that can be addressed and used currently, will also be included within the review. The information will be derived from and corroborated with credible academic resources from late 2004 - 2023.

1.2.1 | Current Issues of Nurses in the Workplace

Understaffing

Nurses are constantly challenged and put under immense pressure to provide quality safe, efficient and cost-effective care while adhering to the high standards the hospital provides. When additional patients are assigned to nurses, the available resources to provide care usually remain the same (Beiboer et al., 2023). Consequently, nurses are not able to complete all of their assigned work during their shift, much less to the quality they desire and may feel guilt (Papastavrou et al., 2014, Beiboer et al., 2023). As the nursing unit is vastly understaffed, nurses need to prioritise their patients and tasks by a level of severity or importance. This can lead to negative patient experience and reduced quality of care. This is supported by Papastavrou et al. (2014), who

describes that due to the insufficiency of nursing resources (staffing levels and practice environments), nurses are forced to use clinical judgement in prioritising their assessments and observations (Papastavrou et al., 2014). Rationing of nursing care has been defined as the failure to carry out necessary nursing tasks and fulfil their duty of care due to inadequate resources (Papastavrou et al., 2014). Missed nursing care - otherwise known as rationing, is considered to be a global issue, as Jones et al. (2015) reported that 55-98% of nurses worldwide have at least one task incomplete during their shift (Jones et al., 2015).

Workload

When doing their job, nurses encounter various situations and patients that are determinants of the situation and patient-level workloads (Carayon & Gürses, 2005). "Nursing workload is largely a function of the composite of the patient's health status, particularly concerning functioning status, individual need for nursing care, and severity of symptoms" (Meuller et al., 2010). A majority of the studies on nursing workload use a nurse-patient ratio as a measurement of nursing workload, however, according to Carayon and Gürses (2005), the workload is a complex construct; more complex than the measure of nurse-patient ratio. This suggests that patient care itself is not the largest factor in terms of nurse workload, but rather the 'bridging factors'. This includes factors such as the movement of patients, increased patient turnover and the admission/discharge of patients as this includes additional documentation, general nursing and organisational duties that increase nurse workload (Hellerawa Shammika & Adambarage Alwis, 2016). As patients' needs vary, staffing is more difficult to prepare for and can result in an increased workload for nurses because of inadequate resources.



Compassion Fatigue

Nursing is a compassionate profession. Nurses become healthcare providers to support patients empathetically, aligning with their physical, mental, emotional and spiritual needs (Lombardo & Eyre, 2011, Zhang et al., 2018). Compassion satisfaction (CS) is a positive feeling that entails self-appreciation while caring for and helping others (Zhang et al., 2018). The workplace environment primarily determines CS and patient demands and characteristics. Long-term patient engagements, however, can lead to nurses experiencing distress from frequent contact. This leads to compassion fatigue (CF) and burnout if the occupational stress is directly related to job demands and available resources (Weintraub et al., 2016). CF is the psycho-emotional distress that originates from long-term self-sacrifice alongside exposure to difficult situations (Zhang et al., 2018). CF can leave nurses with reduced feelings of compassion towards another person's suffering. Coetzee and Klopper (2010), after completing a literature survey, described CF as 'the final result of a progressive and cumulative process that is caused by prolonged, continuous, and intense contact with patients, the use of self, and exposure to stress. It evolves from a state of compassion discomfort, which if not effaced through adequate rest, leads to compassion stress that exceeds nurses' endurance levels and ultimately results in CF. CF is a state of mind where compassionate energy is expended by nurses and has surpassed their restorative processes, with all recovery power being lost (Coetzee & Klopper, 2010).

1.2.2 | Nurses' Mental Health

Nurses comprise the largest professional group in the health workforce, however, the average age in developed countries increasing to 50, with 70% of nurses over the age of 40 (TEDx

Talks, 2018). Nursing is an emotionally and physically demanding occupation with research indicating that the nursing profession includes that high risk of experiencing stress, anxiety and depression. With the lack of mental health support provided to nurses, over 50% of new nursing graduates leave the bedside within 2 years of practice - the largest exodus from any profession, thus increasing the nursing average age (TEDx Talks, 2018). Anxiety and depressive disorders are known as common mental disorders (CMD). CMD, substance abuse, workplace aggression, stress and burnout have all been reported and experienced by nurses (Perry et al., 2015). Perry et al. (2015) conducted a survey that resulted in 13.9% of nurses reporting a history of diagnosed mental health disorders with 12.9% listing anxiety/depression and 5.8% currently taking a psychoactive medication. Though the numbers for severe disorders were quite low, the statistics indicated that many nurses experienced a mental health condition or symptom within the past 12 months is 65.1% (Perry et al., 2015). Nurses are a vital component for the health of the public, however, it is clear that nurses experience vast variables of mental health disorders and little to no support is offered.

1.2.3 | Stress in the Workplace

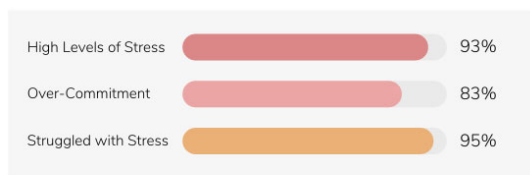
In Australia, there is growing evidence aligning with the effect of stress among workplace nurses. Occupational stress in nursing is omnipresent. According to Lim ba et al. (2010), numerous studies have identified work-related stressors as work overload, shift work and uncertainty about providing correct treatment. The stress experienced by nurses not only impacts the nurse's individual health and well-being but also the functionality of the nursing profession, directly affecting the quality of care provided (Lim ba et al., 2010). The stressors may be caused by factors including organisational and individual factors (Badu et al., 2020). As the nurses' typical



organisational environment includes stressors that may contribute to psychological distress, resilience is an important factor (Badu et al., 2020). Resilience is a term to describe the process or outcome of successfully adapting to difficult or challenging life experiences, this includes mental, emotional, and behavioural flexibility and adaptability to meet external and internal demands (American Psychological Association, 2022). Both resilience and its associated coping strategies adopted by nurses are used to mitigate workplace stress and confrontational experiences (Badu et al., 2020).

1.2.4 | Suicide Rates of Nurses

Confrontingly, nurses die by suicide at a higher rate than the general population Barnes et al. (2022). According to Barnes et al. (2022), previous studies have observed mental health issues as a prominent contributor before death. Previously explored by Lim ba et al. (2010), the workplace stressors for nurses are closely related to the mental health and general well-being of nurses.



Nurses above the normal stress average -



Figure 1: Infographic displaying Lim ba et al. (2010) results.

Bardhan et al. (2019) recorded that 93% of surveyed nurses reported high levels of stress and 83% reported over-commitment (Barnes et al., 2022). Maharaj et al. (2019) also reported that 95% of nurses surveyed had struggled with some level of workplace stress, with 41.2% being above the normal stress average (Figure 1). Unsurprisingly, treatment of depression is considered to be the most effective means of suicide prevention. However, it is relevant to

understand that nurses who die by suicide, statistically have a higher rate of current or previous mental health treatment than people who died by suicide in other occupations (Bardhan et al., 2019).

1.2.5 | Intervention Points and Strategies Meditation

Forms of meditation can be used to support and treat nurses of stress and burnout in nurses as this provides a perspective of ‘promotion of well-being during difficult life situations’ (Smith & Liehr, 2018, p. 119). The practice of mindfulness meditation is aimed at maintaining non-judgemental views of experience through internal thought and emotion, sight and sound. Green and Kinchen (2020) further explain that through repeated acceptance of unpleasant situations and sensations, and non-judgemental observation of the present, individuals will become better equipped to find a balance between environmental demands and the ability to cope with stress. Gundel et al. (2016) conducted a study that compared the average human mind to meditation practitioners. According to Gundel et al. (2016), the results show brain areas that are specifically active in meditation-trained people while being mindful of an auditory stimulus. This indicates that when trained appropriately in meditation, the brain can activate different neurological pathways that allow an individual to accept difficult situations and analyse them from a non-judgemental standpoint.

Breathing

DeCock et al. (2018) explain that ‘deep slow breathing can increase vagal nerve activity, indexed by heart rate variability (HRV) as well as create better decision-making’. The vagus nerve is defined to be the main branch of the parasympathetic nervous system, known for its modulation of stress responses Weber et al. (2010). This nervous system affects brain regions including physiological, emotional



regulation and decision-making DeCouck et al. (2018). DeCouck et al. (2018) further explain that within recent years, there has been substantial growth in the effectiveness of HRV Biofeedback across different disorders such as asthma, depression, irritable bowel syndrome and performance enhancement. The best scientifically supported explanation for the effects of deep breathing on vagal activity is the strengthening of homeostasis in the baroreceptors (Vaschillo et al., 2002)

Sound

Loud/obnoxious sound in the hospital space traditionally, has been seen in a negative light, displaying itself as intrusive and unwanted. However, the sound is only one aspect of the soundscape (Onosahwo lyendo, 2016). Onosahwo lyendo (2016) suggests that there is strong evidence pointing to the positive aspect of sound in the hospital context in both patients and nurses through music. The use of music is a means of inducing positive emotions and relaxation that has been studied extensively by researchers (Salamon et al., 2002). According to Salamon et al. (2002), music greatly reduces feelings of anxiety and stress as well as provides relief to numerous pathologies. Salamon et al. (2002) further explain that there have been studies

that contrasted music to verbal distraction, this allowed researchers to relate music to the reduction of stress, and blood pressure. In further studies, it was found that 'adult patients that listened to music during analysis had significantly lower blood pressure before and after treatment' (Salamon et al., 2002). Results in a study conducted by Alvarsson et al. (2010) show that nature sounds were perceived by their subjects as more pleasant sounds than other noises. Low and ambient noises were similar in pleasantness, where high noise was rated as the least pleasant sound (Alvarsson et al., 2010). Largo-Wight et al. (2016) also conducted a study that found music intervention that lasted between 5-7 minutes had a significant impact on the tested individuals in stress reduction and health. This proves that mini-interventions, or a nature contact 'booster break' (Hartig, 2006), or 'micro-break' (Bratman et al., 2015, Lee et al., 2015), promote stress reduction quickly and efficiently. Conceptualising the sound of nature in the hospital can create a calmer environment that can lead to improving the experience for both patients and nurses (Onosahwo lyendo, 2016).



2 | The Research.



2.1 | Research

The study conducted in this report seeks to identify nurses' experiences with stress, occupational-related mental health disorders and triggers that may manifest in the challenging healthcare workplace. Two separate methods of data collection have been used to ensure the retention of relevant in-depth and important insights.

2.1.1 | Method

Interview

The interview resembled a qualitative study that was used to explore the small pool of participants' views and experiences of bedside nursing. The qualitative data has been elicited via individual one-on-one interviews aiming to capitalise on vulnerable and insightful responses in expressing their views of the topic without conflicting and influential decisions. Nursing care and mental health is a sensitive topic, as well as admitting to human error, that nurses do not easily adhere to. Qualitative data was collected through the use of 10 open-ended discussion questions, each varying from minor alteration in accordance with the interviewee.

Survey

The survey conducted as part of the data collection was both a qualitative and quantitative study design that was used to explore vast perspectives and participants' views and experiences of bedside nursing care. The data was collected through a survey on 'GoogleForms' via anonymous identification to ensure unbiased and unidentifiable responses that

could not otherwise be obtained through interviews. This survey consisted of 9 open-ended questions and 9 scale-based questions - 18 questions in total.

2.1.2 | Participants and Data Collection

Interview

A total of 4 nurses participated in the individual interviews, lasting between 30-70 min (refer to the appendix for more information). All 4 participants were registered nurses (RN) and assistant nurses (AIN), female, within the age bracket of 30 to 56 years, and their experience ranged from 6 to 40 years. Each nurse varied in job position as 2 participants were RNs and the other 2 participants were AINs. While in the working environment, 2 participants worked in public hospitals, 1 participant worked in private hospitals/practices and the other 1 participant worked in an aged-care home. The data collection ended after the completion of all questions and further discussion of informational input.

Survey

A total of 24 anonymous participants completed the survey. The only requirement of the survey included the participants to be a nurse of any role or nursing student with experience in the workplace. This was done to ensure the collection of varying responses. As this survey was anonymous there was no means of collection of the participants' age, gender, experience or role. The anonymity aspect of the survey allowed the participants to respond without judgement and express themselves, free from consequence or fear.



2.1.3 | Ethical Considerations

The study was done as an industrial design student university assessment under the supervision and knowledge of the Queensland University of Technology (QUT). All participants interviewed signed a consent form, giving permission to the interviews that were recorded, for research purposes only and asserting their identity will be protected. All participants of the survey were provided with a consent form stating the completion and submission of the survey are grounds for consenting to the form provided and the study. Thus, making all recorded results and feedback viable and usable for the study.

2.2 | Analysis & Findings

The findings gathered in the results below indicate the association between stress and mental health with a nurse occupation in the workplace. This report finds relevance in demonstrating the frequent experiences of nurses in a workplace environment and occupational-related stressors.

2.2.1 | Analysis of Data

These interviews and surveys aimed to continuously analyse and synthesise categories into themes that link directly to the data. This process led to the development of 4 themes: (a) work challenges and stressors, (b) personal coping strategies, (c) emotional connections and reflections, (d) support systems and professional growth. The 4 themes are presented in the table below (Figure 2), alongside the relevant questions.

Interview

The participants of the interviews had their feedback transcribed by the browser software 'Otter.ai' and reviewed by the research conductor. The data were analysed based on inductive thematic analysis based on the personal experiences of the nurse and perspective on frequent situations within the workplace. Each interview was read and coded through 'Otter.ai' and by hand by the research conductor to cross-reference.

Survey

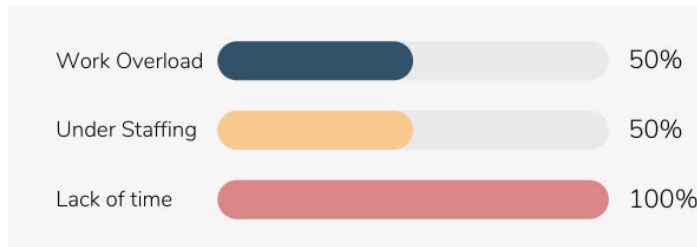
The occupational-focused anonymous surveys were analysed by the research conductor. The data was analysed and coded by hand, also by the research conductor.

CATEGORY <input type="checkbox"/>	DESCRIPTION <input type="checkbox"/>	INTERVIEW QUESTION NO. <input type="checkbox"/>	SURVEY QUESTION NO. <input type="checkbox"/>
1.	Work Challenges and Stressors.	1, 3	1, 10, 11, 13, 15
2.	Personal Coping Strategies.	2, 7, 8	2, 4, 8, 14, 18
3.	Emotional Refelctions and Connections.	4, 5, 6	5, 7, 9, 12, 15, 16, 17
4.	Support Systems and Professional Growth.	9, 10	3, 6, 17, 19

Figure 2: Table displaying data themes



📍 MAIN STRESSORS OF A NURSE IN THE HOSPITAL



Work Overload

50% of the nurses interviewed expressed work-overload due to under-staffing.

Lack of Time

100% of nurses interviewed express lack-of-time as a major stressor, as a consequence of work-overload and under-staffing.

Under Staffing

50% of nurses mentioned under/short-staffing from patient medical demand.



Figure 3: Main stressors of a nurse in the hospital

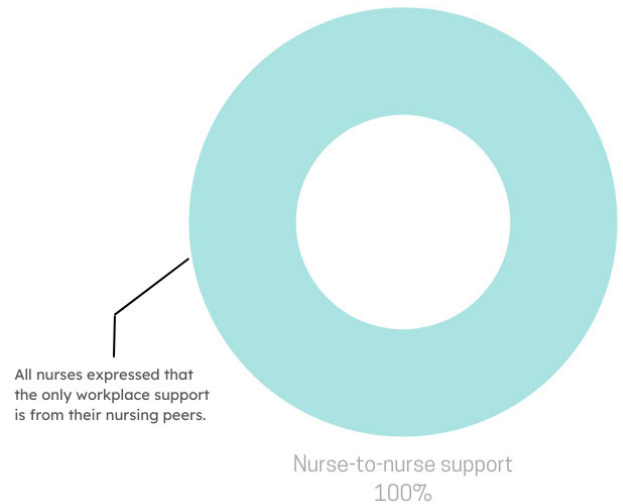


Figure 4: Statistic of nurse-to-nurse support

2.2.2 | Results

a. Interviews

Work Challenges & Stressors

The participants interviewed had no trouble identifying what major stressors they encounter as nurses on a daily basis. Similarly, 50% of the interviewees expressed that ‘work overload’ and ‘under-staffing’ played significant roles in their occupation, as these were contributors to stress and ‘lack of time’ (Figure 3).

For instance:

Nurse 1: *“The biggest stress we face in the workplace is work overload. We seem to have so many things to do in such little time and in a hurry, a task that has been piled from yesterday’s work, unable to be completed by the previous staff. Sometimes it gets overwhelming, and then staff get sick and take time off which leads to short staffing, which adds more workload to the next staff”.*

‘Lack of time’ was expressed by 100% of the interviewed nurses and was found to be the

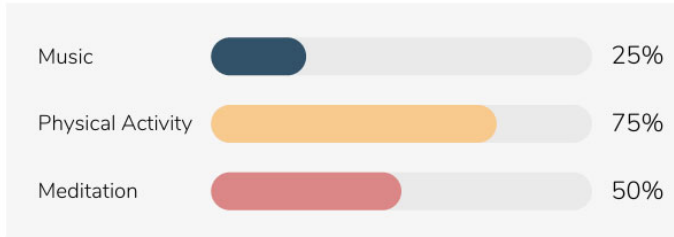
most contributing factor to stress. The quality of care that nurses are expected to perform is just met with a time constraint (Figure 3).

Nurse 4: *“Time constraints are the biggest issue. There is a push for patient-centred care, but it means treating people equally, which means no equity”.*

Through the participants expressing their concerns, it was also made known that the only support that is offered within the hospital is the nurses’ own ‘support system’. As shown in Figure 4, 100% of nurses interviewed stated that nurse-to-nurse interaction was their only means of support. This means no organisational or structured guidance in stressful situations.



⚡ RECHARGING AFTER A DEMANDING SHIFT



Music

25% of nurses interviewed used music as a method of decompressing after a long shift.

Meditation

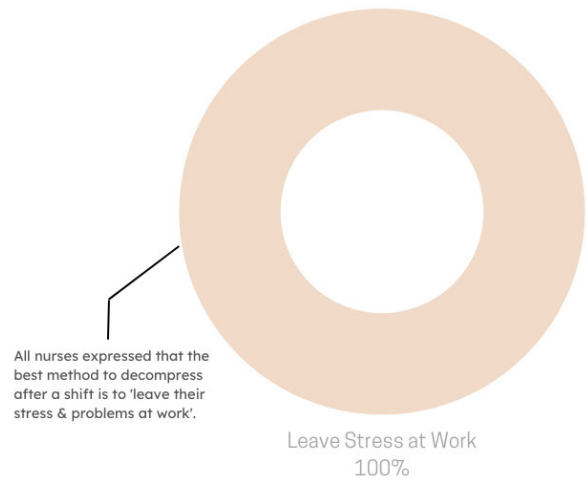
50% of nurses interviewed used a form of meditation to relax after a long shift.

Physical Activity

75% of nurses use a form of physical activity to recharge after a shift. The highest 'recharging' method.



Figure 5: Main stressors of a nurse in the hospital



All nurses expressed that the best method to decompress after a shift is to 'leave their stress & problems at work'.

Figure 6: Statistic of 'leave stress at work'

Personal Coping Strategies

The interviewed participants identified 3 key personal coping strategies for recharging after a demanding shift. As shown in Figure 5, the identified strategies included music, physical activity and meditation. Physical activity had been consistently mentioned by 75% of participants to be an effective method of destressing, whereas 50% of participants also used meditation in correlation with physical activity for further decompression. Music had only been selected by 25% of the participants interviewed, however, a further 50% of participants briefly mentioned the method as a 'silent' mechanism and 'too obvious' to take note of - an everyday use.

In further discussion with the interviewed participants, 100% of the nurses had expressed that one of the most effective methods for allowing decompression to happen outside of work is to 'leave all their stress and problems at work' (Figure 6).

Nurse 2: "I try to mentally leave my shift behind once I walk out of the door, otherwise I'll bring it home with me".

Through another question in the interview about personal coping mechanisms, it was identified that the best way for nurses to contribute to each other's well-being and maintain a positive atmosphere in the workplace is to have someone to talk to. All nurses interviewed expressed that it is important to have at least one nursing friend who will support you in any circumstance.

Nurse 1: "Being kind to each other and helping one another can make a massive difference. When we see our colleague struggling, offer to help".



💡 IDEAS FOR IMPROVEMENT IN THE HOSPITAL

Floaters

A nurse to fill in the gaps. Their whole roster revolves around supporting other nurses. Filling in and helping in tasks where necessary.

Mini Breaks

Mini 2-5 minute breaks to allows nurses to gather their thoughts after a tough or intense situation/experience. Most nurses don't have time to take their full breaks. Little breaks every so often may help in allowing nurses to decompress.

Nurses Lounge

A quiet and isolated place for nurses to retreat to when stress levels are high. A place where nurses can decompress and just take a break without distractions.

Questioned Becoming a Nurse?



Figure 7: Ideas for improvement in the hospital

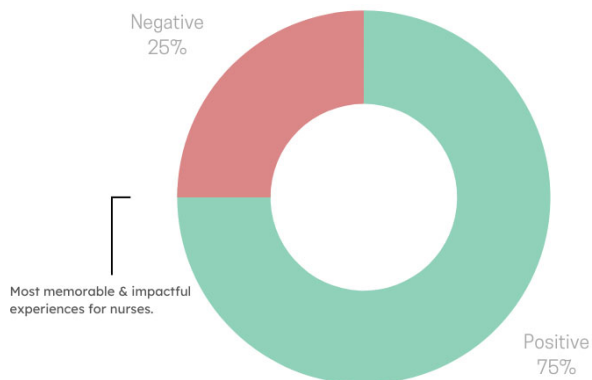


Figure 8: Impactful experiences of nurses

Emotional Reflections & Connections

During the interviews, 3 of the 4 participants each identified an idea for improvement in the hospital. As shown in Figure 7, these ideas included 'floaters', 'mini breaks', and a 'nurses' lounge'. These ideas were proposed in order to improve the work ethic and overall well-being of the nurses.

Nurse 4 proposed the idea of the 'floaters' as they describe them: 'nurses that fill in the gaps, their whole roster revolves around supporting other nurses. Filling in and helping in tasks where necessary'. According to **Nurse 4**, 'floaters' used to be the position of a nurse in the hospital, but has, however, been abandoned with no reasoning as to why.

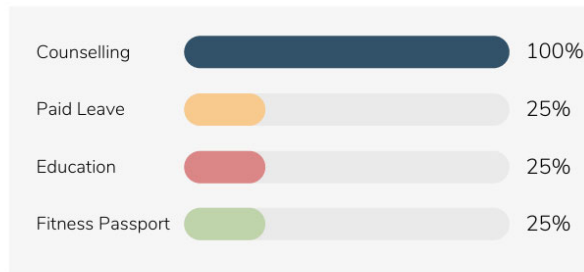
In the interviews, 'Have you ever questioned becoming a nurse?' was raised with each participant. Surprisingly, 100% of the nurses interviewed answered in agreement to question their occupation.

Nurse 2 responded: 'As all nurses, we question what we do weighing up the benefits with the negative aspects of our lives. Long hours and double shifts are not family-friendly and colleagues will drop back to a part-time basis, directly affecting already low income. Nursing however for me, remains rewarding 90% of the time. I have colleagues that support me and help me get through the difficulties encountered'.

Figure 8 displays the percentage of significance their most memorable and impactful experience was, negative or positive. 75% of the nurses indicated that their most memorable experience was positive in that they could learn or be a part of a humbling experience.



SUPPORT SERVICES OFFERED BY QUEENSLAND HOSPITALS



Counselling

Free session of counselling for nurses to talk about personal or work-related problems.

Education

1 of 4 nurses identified education as a means of support services provided online.

Paid Leave

1 of 4 nurses identified a short term of paid leave as an option for severe or family-oriented problems.

Fitness Passport

1 of 4 nurses interviewed identified fitness passports in being provided with a gym membership, paid for by the government.

Figure 9: Support service offered by hospitals

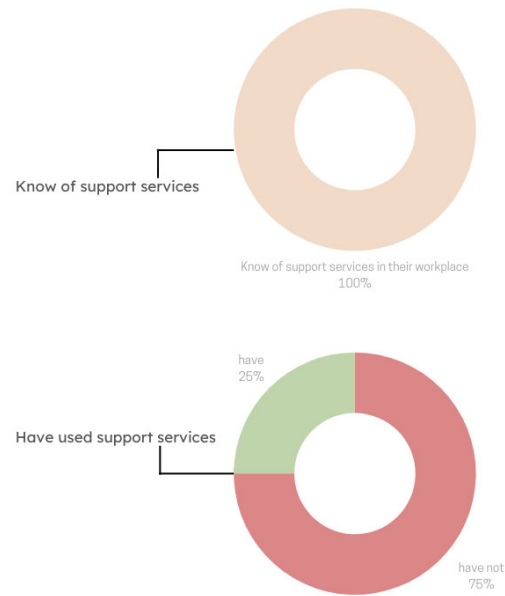


Figure 10: Nurses that know of and use services

Support Systems & Professional Growth

The support systems identified by the participants included counselling, paid leave, education and a fitness passport (Figure 9). 100% of interviewed nurses touched on the counselling support system as a recommended source to reach out to, however, 75% of the nurses did not know who it was run by or how to receive help. Each of the participants also had their own variation of what support systems were offered in Queensland. This suggests that support systems are not well-known in the nursing community. They have not been adequately informed of accurate information.

Following their knowledge of support services, the nurses were then asked if they had used any of these support services (Figure 10). Alarming, only 1 of the 4 nurses (25%) interviewed had used any of the services provided.

Nurse 3, who had attended one of the support services responded: *"I personally have been to a counselling service, but they only offer one session and then refer you to a GP or psychologist/counselling service for further practice - that needs to be paid for. I found that it helped me in the current state I was in, and allowed me to debrief and clear my head"*.

On the contrary, **Nurse 4** - who had not attended any of the support services answered: *"I don't believe anyone's ever accessed it. Well, I can't even imagine accessing that at times when I forget it. But I don't think we like to be encouraged by each other. There's a real taboo with any nurses who were meant to be superhuman, and maybe that's where that aggression comes from"*.



STRESS EXPERIENCED DURING WORKSHIFT

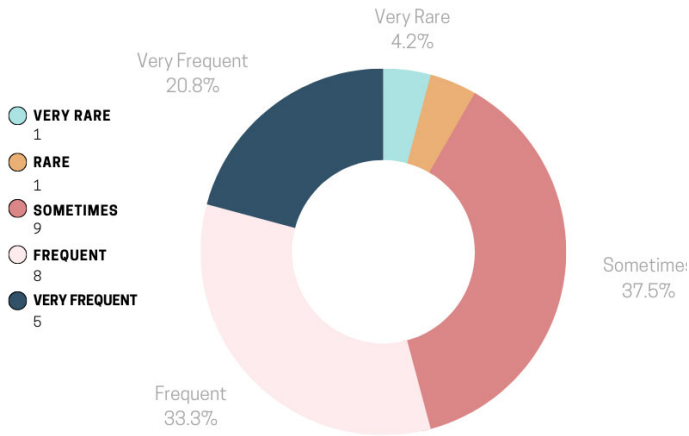


Figure 11: Stress experienced during shift

IMPACT OF WORKLOAD ON MENTAL HEALTH

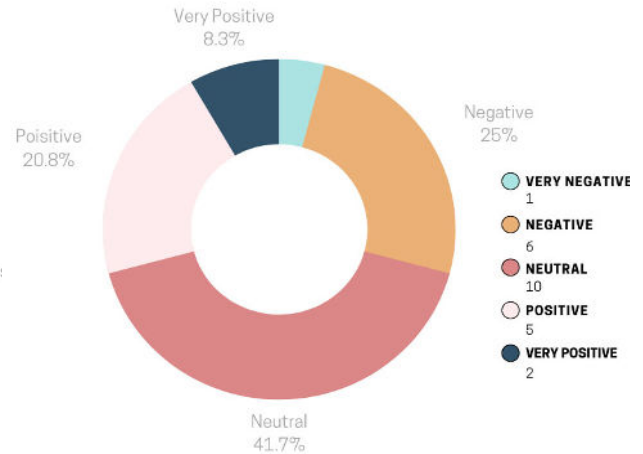


Figure 12: Impact of workload on mental health

b. Surveys

Work Challenges & Stressors

As visualised in Figure 11, a clear trend is that nurses experience stress frequently throughout their shifts. From the question 'How frequently do you experience stress during your shift?', 20.8% of participants selected 'very frequent' and a further 33.3% selected 'frequent'. This reveals that 54.1% of participants experience frequent stress when at work. Furthermore, 37.6% of participants selected the 'sometimes' option, indicating that their stress levels vary and may be based on situational environments and experiences - emergency or increased workload.

Participant 11 further explains the most common stresses encountered during a shift: "Many procedures booked on a day which often run overtime. This causes rushing between appointments and trying to be thorough. Often being needed in more than one location at a time causes stress. Communication does help with this. However,

generally, the whole team is very busy and they are experiencing similar things".

The impact of workload on the nurses' mental health had also been surveyed on a 'very positive' to 'very negative' scale (Figure 12). Drawn from the chart in Figure 12, 29.1% of participants indicated that work had a positive impact on their mental health. However, 29.1% also have negative impacts of work on their mental health. This breaks even as the remaining 41.7% are neutral and situational. This indicates that at least 30% of nurses experience occupational-induced stress and negative mental health conditions.

Participant 18's response to 'What work-related factors have a positive effect on your mental health?': "Team. Positive culture. Acknowledging staff for loyalty and value to the team. Time off granted when tired. Family circumstances considered during rostering".



PERSONAL STRESS MITIGATING EFFECTIVENESS

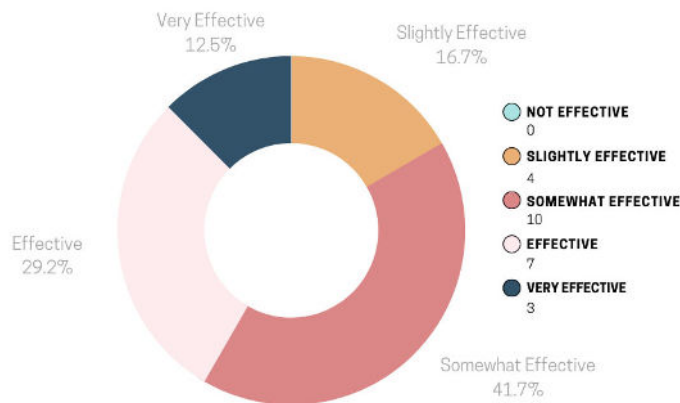


Figure 13: Personal stress mitigation effectiveness

"I FEEL ADEQUATELY PREPARED TO HANDLE EMOTIONALLY CHALLENGING SITUATIONS AT WORK."

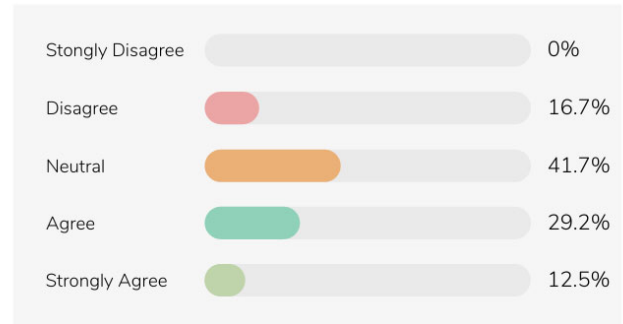


Figure 14: Adequacy of nurses in challenges

Personal Coping Strategies

The effectiveness of personal stress-mitigating strategies of the surveyed nurses has been recorded in Figure 13. These results show that 41.7% of participants find that their current methods are successful in providing effective stress relief. However, the remaining 58.3% of participants feel that their methods are not effective enough and are still experiencing levels of stress outside of the work environment.

Participant 19 expresses their method includes multiple practices of stress-mitigating strategies; *"Speaking with colleagues and communicating issues with the clinical team. Reaching out to colleagues over a coffee. Exercising and spending time with my family. I switch off once my shift is over and leave work at work"*.

Figure 14 addresses the statement *'I feel adequately prepared to handle challenging situations at work'*. Participants responded to this statement via scale and open-ended questions. The scale-based questions displayed a variance in results ranging from disagree to strongly disagree. None of the

participants selected the 'strongly disagree' option. 41.7% of participants were in agreement with the statement as adequately prepared, however, 16.7% of participants disagreed, indicating that they were not adequately prepared or trained/experienced to handle challenging situations. A further 41.7% of participants were also not sure whether or not they were prepared enough to handle these situations, indicating that 58.4% of the nurses surveyed may not be adequately prepared to handle challenging situations in the workplace.

Participant 8: *"Difficult conversations not particularly. I have had many and they are often very difficult. I don't think staff receives adequate training on this or de-escalating situations"*.

This confirms that there is a problem surrounding poor training for difficult workplace situations.



COMMUNICATION & TEAMWORK CONTRIBUTION TO STRESS REDUCTION

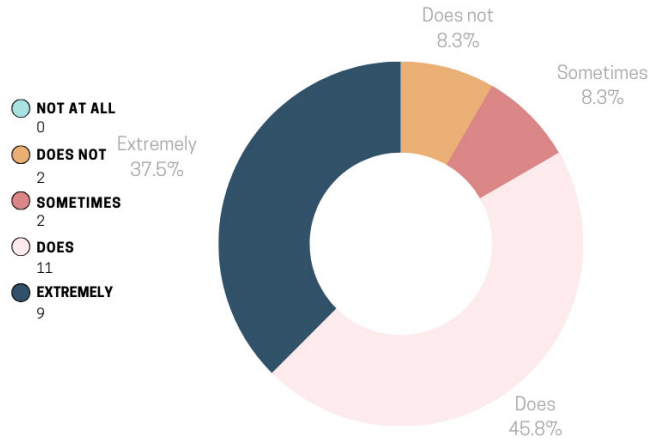


Figure 15: Communication & teamwork contribution

SUPPORTED BY COLLEAGUES WHEN EXPERIENCING STRESS

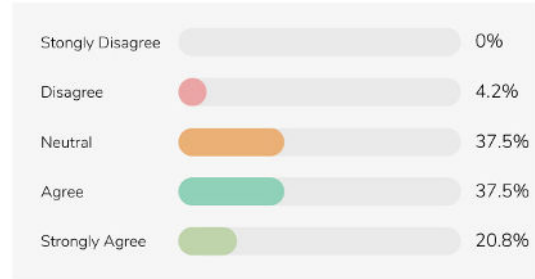


Figure 16: Supporting colleagues

Emotional Reflections & Connections

Emotional reflections and connections were established through the question 'Does communication & teamwork contribute to stress reduction in the workplace?'. The participants responded through a scale ranging from 'not at all' to 'extremely' (Figure 15). A large number of participants - 83.3%, expressed that communication & teamwork either do or extremely contribute to stress reduction in the workplace. This suggests that positive perspectives and nursing colleagues may contribute to an enhanced workplace environment, as opposed to nursing teams that do not communicate and are tasked individually.

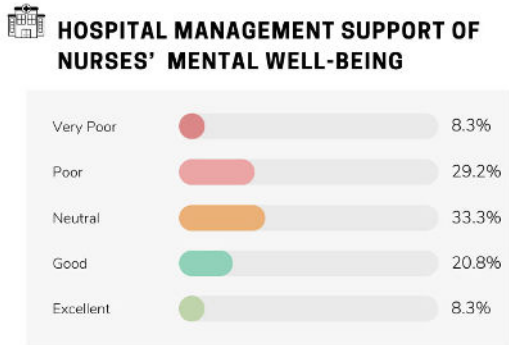
The scale-based question 'Do you feel supported by colleagues when experiencing stress?' was also asked following the prior question. The results indicate a positively favourable outcome with 58.3% of participants selecting 'agree' or 'strongly agree' in response to the question (Figure 11). However, 37.5% of participants responded as neutral, indicating that their work

environment may be situational and dependent on what nurses are rostered on for the day. A further 4.2% of participants also feel that they are not supported by colleagues when experiencing stress, selecting the 'disagree' option. These results show that 41.7% of the participants may not feel supported in their work environment.

The nurses' contentment with their occupation had also been addressed through their feeling of accomplishment & fulfilment of their position (Figure 16). These questions resulted in 62.5% agreeing that they feel frequent fulfilment in their occupational position. In contrast, 37.5% of the participants feel that they do not feel accomplished in their occupations. This could be a contributing factor to heightened levels of stress, staffing and work overload.

These nurses also voiced why they may have mood changes in the workplace, including responses such as, 'uncomfortability', 'anxiety', 'discontentment' and 'being overwhelmed'.





Have used support services?



Figure 17: Hospital management nurse support

SATISFIED WITH MENTAL HEALTH SUPPORT AVAILABILITY PROVIDED BY WORKPLACE

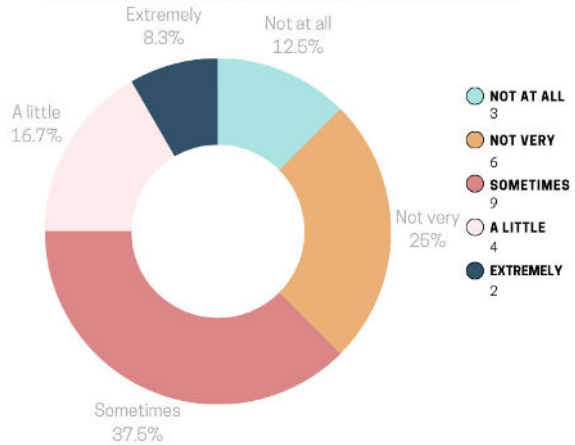


Figure 18: Nurses' satisfaction with workplace services

Support Systems & Professional Growth

The effectiveness of the hospital's support system has also been reviewed in the survey. The participants were asked through a scale-based question 'How well does the hospital's management support the mental well-being of nurses?'. The results displayed a widespread amount of data collected with an equal 8.3% of participants selecting 'very poor' and 'excellent'. However, 'poor' with 29.2% outweighs 'good' with 20.8%. Neutral was the largest group with the selection of 33.3% of participants. Though the perception of the hospital's support system is widespread, the amount of participants that use these support systems was not. As shown in Figure 17, 0.17% of 4 nurses had used these support services. This indicates that only 1 of all 24 participants had used any of the support services provided by the hospital. The remaining 23 participants have either been briefed about the available support services- either through word of mouth and online education or are unaware of the service completely.

Following, questions surrounding satisfaction of availability in mental health support provided by the hospital were asked. As shown in Figure 18, only 25% of participants

were somewhat satisfied with the available supporting resources. Unsurprisingly, 37.5% of participants surveyed reported that they were either 'not at all' or 'not very' satisfied with the workplace mental health availability. A further 37.5% of participants were only 'sometimes' satisfied, again being situational. However, as 95.9% of participants have never accessed any of the support systems, most of the results should be recorded as 'not at all'.

Participant 11 responded to an open-ended question in relation to the availability of workplace mental health support: *"The hospital offers a free external counselling service but I think there could be more support for staff mental health. Especially after every difficult situation. I think because we see horrible things so often it's expected that we just deal with it but some things are very confronting. These things are not normal and I believe many nurses and health care workers suffer from unrecognised trauma."*

This indicates that nurses may not feel they are not in enough distress to seek professional help, thus they choose to suffer in silence.



3 | Discussion



3.1 | Discussion

The literature in the previous section aligned with the research collected during the interview and surveying process. These findings provided rich insight into the mental health services provided by Queensland Hospitals and how the nurses of those hospitals perceive the effectiveness of those services, alongside the management of their own state of mental health. The survey sought to understand nurses' experiences within the hospital and the management of stress both in and out of the workplace, as well as their perception of available mental health services. The interview - similar to the survey, sought to gain more in-depth responses to high-stress and impactful instances as well as their current coping methods used to mitigate these stress levels. Although workplace stress is rich in academic literature, the coping methods of nurses and the effectiveness of healthcare-provided mental health services seem to be lacking.

Both the literature and the research conducted show that the largest problems in nursing are 'work overload' and 'understaffing'. Major contributors to these problems are stress and anxiety, due to the lack of time these nurses have to complete their increased workload, due to the lack of staff and a large fluctuation of patients. This is an ongoing loop that these nurses face daily, and a problem that had emerged over 20 years ago. Although nurses face high levels of stress throughout their shifts, there are very few mental health services available to nurses. According to the nurses surveyed and interviewed, there is a free counselling session

where nurses can seek professional help, however, it is only one session before they are referred to another GP to undergo treatment they will need to pay for. Otherwise, the only other mental health support these nurses receive is education on the matter through online courses. Many nurses don't even know these services exist or have never used them. Only 2 of the 28 nurses researched had sought to seek help through counselling sessions and stopped after learning they would have to pay for further counselling.

There are no services within the hospital that provide support throughout or outside of a nurse's shift. These nurses don't have a break room, nor do they consistently get to have their breaks. Nurses have been conditioned to constantly absorb and deal with high-stress situations without the opportunity to decompress or release. As a result of constant work-related stress and issues, severe mental health conditions can emerge and affect the nurses' work-life in lack of patient quality care, errors and personal well-being.

The research conducted for the purpose of this report highlighted issues that are consistent throughout the gathered data. These issues include the lack of mental health support within the workplace, work overload and understaffing, lack of mental health services outside of the working environment and lack of knowledge of the provided mental-health services of nurses.



3.2 | Design Implications & Initial Concept Sketches

3.2.1 | Ethical Considerations

This report has identified insights that will provide a structure for the design shown below in the MoSCoW framework. MoSCoW provides a structure for design based on the managing requirements and key deliverables: must-have, should-have, could-have and won't-have.

These requirements will assist in highlighting design intervention opportunities and problems that must, should and could be addressed to ensure the design quality and effectiveness.

MUST

- > Be appropriate for:
 - Adult male & female
 - Pregnant
 - Elderly
 - Nurses
- > Be appropriate for use in the environment:
 - Medical ward
 - Emergency
 - Bathroom
- > Provide immediate stress relief
 - Reduce stress levels
- > Be an appropriate size
 - Relatively small if hand-held/wearable
 - Not too large if environment

SHOULD

- > Create a comfortable atmosphere
 - Calming product
- > Allow for short, needed breaks
 - Following a high-stress situation
 - 'Taking a breather', 2-5mins
- > Improve work ethic
 - Reduce error occurrences
 - Improve patient quality of care
 - Task prioritisation
- > Allow for disassociation for a short period of time
 - Reduce stress levels

COULD

- > Be appropriate for all high-stress occupancies
- > Be appropriate for teenagers & young adults
- > Boost user mood levels
- > Require instructions for initial usage

WONT

- > Take a large amount of time to use
 - More than 10mins
- > Replace the need for mental health services
- > Require invasive information
 - Age, gender, weight, etc.
- > Require advanced technological experience/knowledge
 - Simple to use

3.2.2 | Initial Concepts



CONCEPT ONE

HEAT + PULSATION

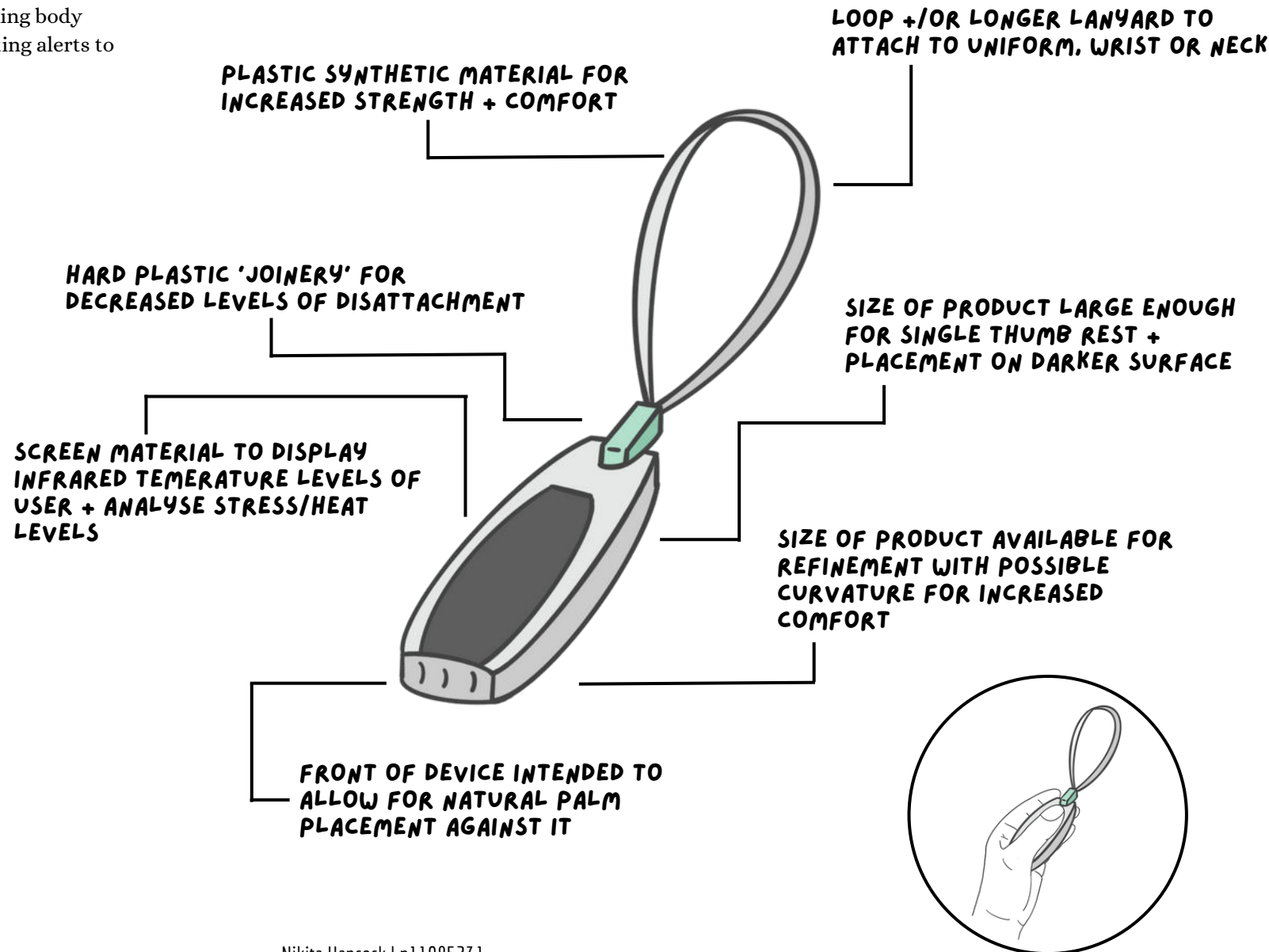
Focuses on lowering stress levels through reading body temperature and heart rate and sending pulsating alerts to steady breathing pattern.

POSITIVES

- Includes an interactive element of analysing infrared hand temperature
- Infrared element distracts user from stress
- Is simple to use and can be easily attached to existing uniform
- Suits the existing uniform of a nurse

NEGATIVES

- Lack of future development
- Stress levels may be inaccurate due to body temperature analysis
- Lack of visual effects when in use
- Lack of visual breathing indicators



CONCEPT TWO

ISOLATION + RELAXATION

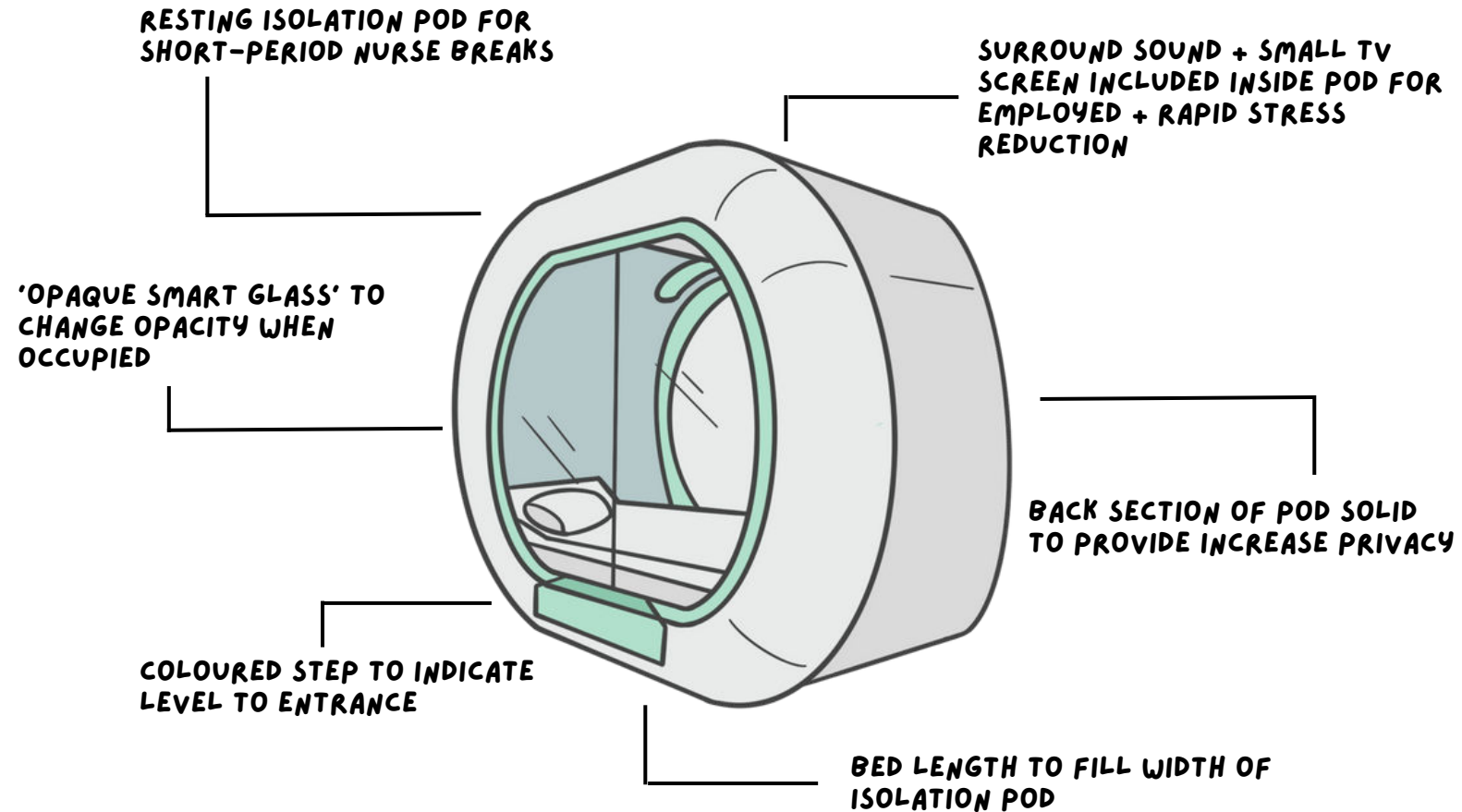
Focuses on lowering stress levels by allowing the user to sit in isolation and debrief after a challenging/stressful situation.

POSITIVES

- A safe space for nurses to de-stress for a short period of time
- Includes surround sound and a TV displaying nature elements and sounds for destressing
- Is private as glass opacity changes when occupied
- Allows for nurses to have their own space in the hospital environment

NEGATIVES

- May have the ability to be misused by nurses (accidentally falling asleep)
- May take up a large area of the hospital hallway space
- May be difficult to maintain/clean over time
- May be an expensive option



CONCEPT THREE

SOUND + ATMOSPHERE

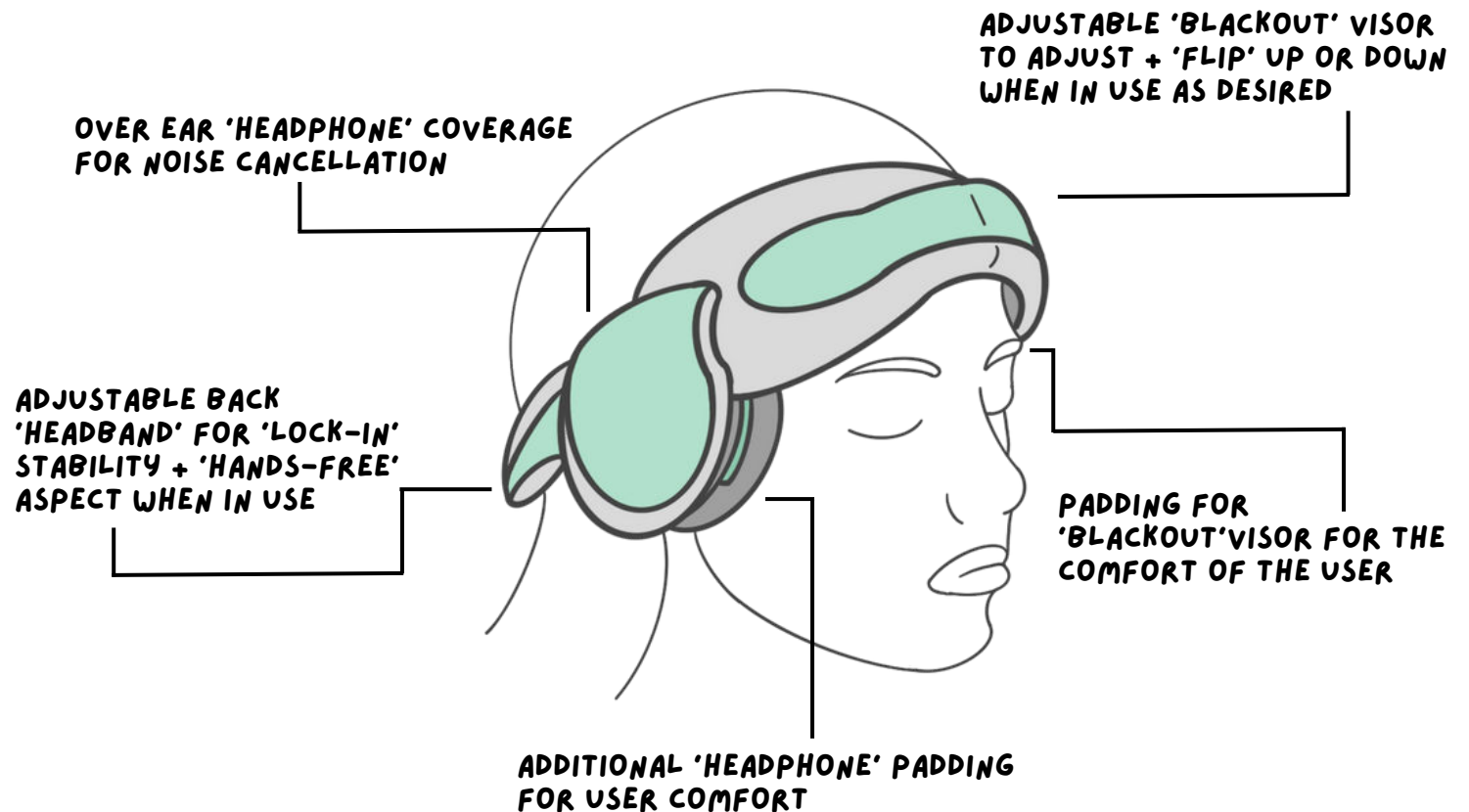
Focuses on lowering stress levels by adopting over-ear noise cancellation headphones and a blackout visor for transportable isolation.

POSITIVES

- Employs noise-cancelling headphones + plays de-stressing sounds (nature, lofi music)
- Uses optional black-out visor to give user the option to fully immerse in isolation
- Adjustable fitted 'headban/gear' for hand-free use
- Allows for nurses to 'disconnect' for a short period of time anywhere

NEGATIVES

- May be too bulky to have 'on-the-go' around the hospital
- Some people may not like looking all senses to de-stress
- Wearable may be too 'restrictive' in retraining certain facial muscles
- Maintenance, sanitation and levels of distribution may become a problem in the long run



CONCEPT FOUR

TEXTURE + FEELING

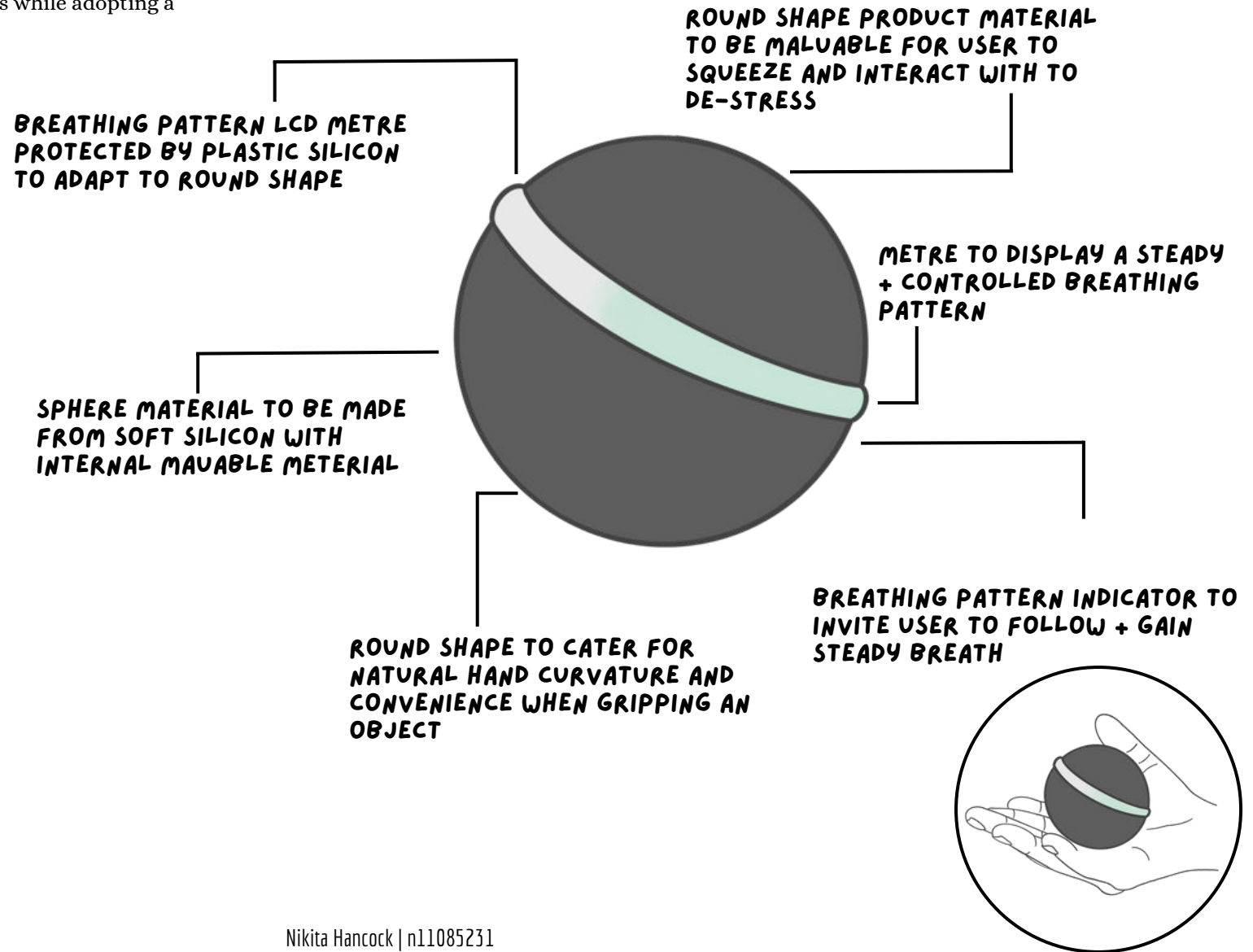
Focuses on lowering stress levels by allowing user to interact with the product and use their physical abilities while adopting a tolerable breathing pattern.

POSITIVES

- Invites user to adopt a steady breathing pattern
- Is physically malleable, users can de-stress by squeezing if frustrated or overwhelmed
- Is very simple to use as well as having a simplistic + minimalistic design
- Is small + transportable

NEGATIVES

- May be too round to keep in users pocket (add lanyard?)
- May be too simple to use/interact with?
- Some people may not like the 'squish' interaction
- May need to be cleaned frequently



CONCEPT FIVE

USER INTERACTION + PULSE IDENTIFICATION

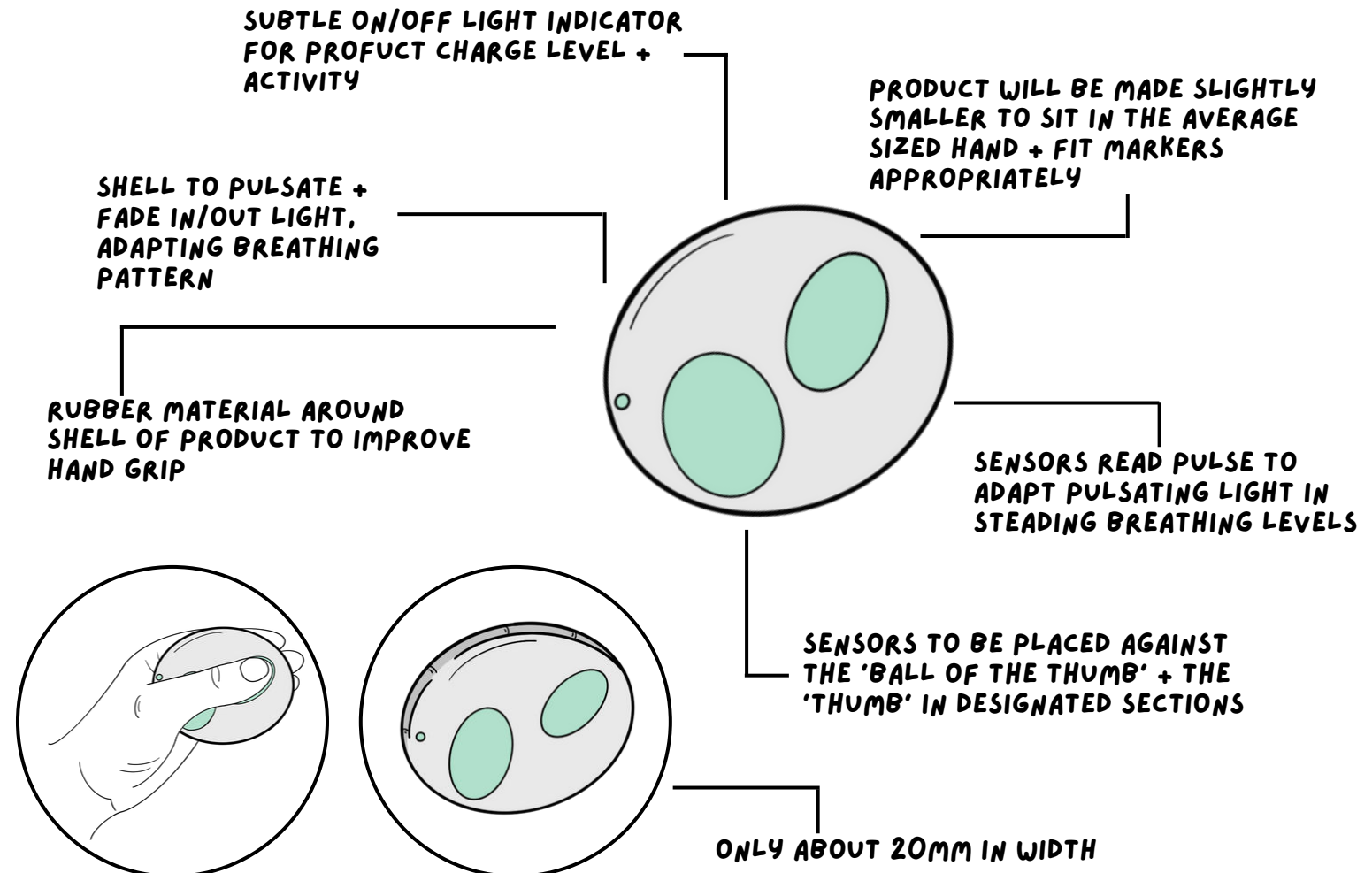
Focuses on lowering stress levels by adapting the displayed breathing pattern to the user's pulsation. This product interacts with the user's breathing pattern in order to steady their breath and decrease stress levels.

POSITIVES

- Interacts directly with the user
- Has the ability to adapt breathing pattern light depending on the user's pulsation
- Collects pulsation data through palm and thumb sensors on product
- is very simple to use and is aesthetically minimal

NEGATIVES

- May be a little too large in product design at the moment (reduce size in future)
- Sensors may need to be adapted to fit most or all hand sizes
- Sensors may need to be adapted to fit both hands (left + right)
- May not be easy to transport with no attachable elements (can be added)



4 | Conclusion

4.1 | Summary of Research Report

The review of literature alongside the exploration of nurses' experiences in the hospital have highlighted the inadequate state of workplace mental-health support (on shift). Generally, mental health has been perceived to be a problem to deal with outside of the workplace and refused to be acknowledged when working. However, it is important to address mental-health-using issues when in high-stress and confrontational situations. Constant ignorance of these situations with the addition of built-up stress and anxiety can lead to severe mental health conditions and wellbeing problems.

A literature review was conducted to gain a deeper understanding of the currently available literature. Based on the findings of the literature review, various qualitative and quantitative surveys and interviews were conducted to support the evidence found. The survey focused on gaining insight into the workplace conditions and treatment of nurses' mental health in and outside of the workplace. The interviews focused on more in-depth information relating to workplace stress and personal experiences in the workplace, as well as personal stress-mitigating methods. The findings of the surveys were analysed using univariate and bivariate analysis. The interviews were thematically analysed to unveil critical relationships.

These findings were compared based on the different research methods and survey interview insights. Based on these findings, a design structure was then created to establish the design implications/criteria. This project will now aim to further develop these concepts through iterative design and prototyping.



5 | References

Alvarsson, J. J., Wiens, S., & Nilsson, M. E. (2010). Stress Recovery during Exposure to Nature Sound and Environmental Noise. In MDPI (pp. 1037, 1039–1041 and 1043–1044). <https://www.mdpi.com/1660-4601/7/3/1036>

American Psychological Association. (2022, May). Resilience. <https://www.apa.org/topics/resilience#:~:text=Resilience%20is%20the%20process%20and>

Badu, E., O'Brien, A. P., Mitchell, R., Rubin, M., James, C., McNeil, K., Nguyen, K., & Giles, M. (2020). Workplace stress and resilience in the Australian nursing workforce: A comprehensive integrative review. In Wiley Online Library (p. 6). <https://onlinelibrary.wiley.com/doi/10.1111/inm.12662>

Bardhan, R., Heaton, K., Davis, M., Chen, P., Dickinson, D. A., & Lungu, C. T. (2019). A Cross Sectional Study Evaluating Psychosocial Job Stress and Health Risk in Emergency Department Nurses [Review of A Cross Sectional Study Evaluating Psychosocial Job Stress and Health Risk in Emergency Department Nurses]. MDPI, 6–7. <https://www.mdpi.com/1660-4601/16/18/3243>

Barnes, A., Ye, G. Y., Ayers, C., Choflet, A., Lee, K. C., Zisook, S., & Davidson, J. E. (2022). Entangled: A mixed method analysis of nurses with mental health problems who die by suicide. In Wiley Online Library (pp. 1, 4, 6, 7). Wiley. https://onlinelibrary.wiley.com/doi/epdf/10.1111/nin.12537?saml_referrer

Beiboer, C., Andela, R., Hafsteinsdóttir, T. B., Weldam, S., Holtrop, T., & Cingel, M. van der. (2023). Teamwork, clinical leadership skills and environmental factors that influence missed nursing care – A qualitative study on hospital wards. In Science Direct (pp. 1–2). https://www.sciencedirect.com/science/article/pii/S1471595323000653?casa_token=_jhCH6NGVI4AAAAA:uFgMLtnMVFYEKRI1Ak1d-p6shI0AVcN-3vuVzmHppYTyjIMF3uOZfcSngFBYjdomfUilGogm-g#bib17

Bratman, G. N., Daily, G. C., Levy, B. J., & Gross, J. J. (2015). The benefits of nature experience: Improved affect and cognition. In Science Direct (pp. 41–42). <https://www.sciencedirect.com/science/article/pii/S0169204615000286?via%3Dihub>

Carayon, P., & Gürses, A. P. (2005). A human factors engineering conceptual framework of nursing workload and patient safety in intensive care units. In Science Direct (p. 288). <https://www.sciencedirect.com/science/article/pii/S0964339705000182?via%3Dihub>

Coetzee, S. K., & Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. In Wiley Online Library (p. 237). <https://onlinelibrary.wiley.com/doi/10.1111/j.1442-2018.2010.00526.x>

cottonbro studio. (2020). Pexels-cottonbro-studio-5722164 [Online Image]. In Pexels. <https://www.pexels.com/photo/a-stethoscope-on-a-medical-professional-s-shoulder-5722164/>

DeCock, M., Caers, R., Musch, L., Fliegau, J., Giangreco, A., & Gidron, Y. (2018). How breathing can help you make better decisions: Two studies on the effects of breathing patterns on heart rate variability and decision-making in business cases. In Science Direct (pp. 1–2 and 7). https://www.sciencedirect.com/science/article/pii/S0167876018303258?ref=pdf_download&fr=RR-2&rr=7f6e1c152ff4a937

Green, A. A., & Kinchen, E. V. (2020a). The Effects of Mindfulness Meditation on Stress and Burnout in Nurses. In Sage Journals (pp. 356–360 and 365). <https://journals.sagepub.com/doi/epub/10.1177/089801012111015818>

Green, A. A., & Kinchen, E. V. (2020b). The Effects of Mindfulness Meditation on Stress and Burnout in Nurses. In Sage Journals (pp. 356–360 and 365). <https://journals.sagepub.com/doi/epub/10.1177/089801012111015818>

Gundel, F., Spee, J. von, Schneider, S., Haeussinger, F. B., Hautzinger, M., Erb, M., Fallgatter, A. J., & Ehls, A.-C. (2016). Meditation and the brain–Neuronal correlates of mindfulness as assessed with near-infrared spectroscopy. In Science Direct (pp. 1 and 28–30). <https://www.sciencedirect.com/science/article/pii/S0925492716302360>

Hartig, T. (2006). Where Best to Take a Booster Break? In *American Journal of Preventive Medicine* (pp. 1–2). [https://www.ajpmonline.org/article/S0749-3797\(06\)00206-6/fulltext#%20](https://www.ajpmonline.org/article/S0749-3797(06)00206-6/fulltext#%20)

Hellerawa Shammika, S. S. M., & Adambarage Alwis, A. C. (2016). The Nursing Shortage Impact on Job Outcome (The Case in Sri Lanka). In *ProQuest* (pp. 76–77). <https://www.proquest.com/openview/71edf64b7abe180f38972ffd6073aa21/1?pq-origsite=gscholar&cbl=1576352>

Jones, T. L., Hamilton, P., & Murry, N. (2015). Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. In *Science Direct* (pp. 1–2). <https://www.sciencedirect.com/science/article/pii/S0020748915000589?via%3Dihub>

Kalisch, B. J., Landstrom, G. L., & Hinshaw, A. S. (2009). Missed nursing care: A concept analysis. In *Wiley Online Library* (pp. 1–2). <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2009.05027.x>

Largo-Wight, E., O'Hara, B. K., & Chen, W. W. (2016a). The Efficacy of a Brief Nature Sound Intervention on Muscle Tension, Pulse Rate, and Self-Reported Stress: Nature Contact Micro-Break in an Office or Waiting Room. In *Sage Journals* (pp. 4–5 and 9). https://journals.sagepub.com/doi/full/10.1177/1937586715619741?casa_token=vG4SEL1vQHgAAAAA%3AoWeWzIAv24yETVbui6qxLmTodvFKNnDpiwPJZrFpjuCdaqbHy3hTOid-a-XyjrUj1jPyF8tuFqjw6Bw

Largo-Wight, E., O'Hara, B. K., & Chen, W. W. (2016b). The Efficacy of a Brief Nature Sound Intervention on Muscle Tension, Pulse Rate, and Self-Reported Stress: Nature Contact Micro-Break in an Office or Waiting Room. In *Sage Journals* (pp. 4–5 and 9). https://journals.sagepub.com/doi/full/10.1177/1937586715619741?casa_token=vG4SEL1vQHgAAAAA%3AoWeWzIAv24yETVbui6qxLmTodvFKNnDpiwPJZrFpjuCdaqbHy3hTOid-a-XyjrUj1jPyF8tuFqjw6Bw

Lee, K. E., Williams, K. J. H., Sargent, L. D., Williams, N. S. G., & Johnson, K. A. (2015). 40-second green roof views sustain attention: The role of micro-breaks in attention restoration. In *Science Direct* (pp. 182–184). <https://www.sciencedirect.com/science/article/pii/S0272494415000328?via%3Dihub>

Lim ba, J., Bogossian, F., & Ahern, K. (2010). Stress and coping in Australian nurses: a systematic review. In *Wiley Online Library* (pp. 1–2). <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1466-7657.2009.00765.x>

Lombardo, B., & Eyre, C. (2011). Compassion Fatigue: A Nurse's Primer. In *EBSCO Host* (pp. 1–2). <https://web.s.ebscohost.com/ehost/detail/detail?vid=0&sid=09f35f40-1c60-4476-a5f5-5039f2ce114e%40redis&bdta=jkF1dGhUeXBIPXNzbyZzaXRIPWVob3N0LWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#AN=60497342&db=afh>

Maharaj, S., Lees, T., & Lal, S. (2019). Prevalence and Risk Factors of Depression, Anxiety, and Stress in a Cohort of Australian Nurses. In *MDPI* (pp. 2–3). <https://www.mdpi.com/1660-4601/16/1/61>

Meuller, M., Lohmann, S., Strobol, R., Boldt, C., & Grill, E. (2010). Patients' functioning as predictor of nursing workload in acute hospital units providing rehabilitation care: a multi-centre cohort study. In *BCM Health Services Research* (pp. 1–3). <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-295>

Mudd, A., Feo, R., Voldbjerg, S. L., Laugesen, B., Kitson, A., & Conroy, T. (2022). Nurse managers' support of fundamental care in the hospital setting. An interpretive description of nurse managers' experiences across Australia, Denmark, and New Zealand. In *Wiley Online Library* (pp. 1–2). https://onlinelibrary.wiley.com/doi/full/10.1111/jan.15139?casa_token=BavjPdmBxUAAAAA%3AGStoVmy7sEuhhRjjU0pVZC53oLF716Gs59hY7h8ZRQ7x3cl-Fo424c7WlgUWTSyfsrw13Q8TBQ6v2M

Onosahwo Iyendo, T. (2016). Exploring the effect of sound and music on health in hospital settings: A narrative review. In *Science Direct* (p. 82). https://www.sciencedirect.com/science/article/pii/S0020748916301237?casa_token=4flbwU1HHuQAAAAA:GiKaWOayn6ap4tCbDkQ_t0GgHdaYCLzB2lCaOkD_rokkOfBNHurlLOK2n7eoyf514Fve7sb20A

Papastavrou, E., Andreou, P., & Vryonides, S. (2014). The hidden ethical element of nursing care rationing. In *Sage Journals* (pp. 1–2). https://journals.sagepub.com/doi/full/10.1177/0969733013513210?casa_token=JOGsaja4r9YAAAAA%3A2xvnnLoS0ta6VThitoSL26vwfjmk1Nd2wUGiXyV9qdEGLZRjENmCVxsFeFgCB7SuNI_sW_zlXqzL0w

Perry, L., Lamont, S., Brunero, S., Gallagher, R., & Duffield, C. (2015). The mental health of nurses in acute teaching hospital settings: a cross-sectional survey. In *Springer Link* (pp. 1–3). <https://link.springer.com/article/10.1186/s12912-015-0068-8>

Salamon, E., Kim, M., Beaulieu, J., & Stefano, G. B. (2002). Sound Therapy Induced Relaxation: Down Regulating Stress Processes and Pathologies (pp. 1–2). BioSonic Enterprises.

Smith, M. J., & Liehr, P. R. (2018). Middle range theory for nursing (4th ed., p. 119). Springer Publishing Company.

TEDx Talks. (2018). Nurse Innovation: Saving the Future of Healthcare | Rebecca Love | TEDxBeaconStreet [YouTube Video]. In YouTube.
<https://www.youtube.com/watch?v=IPBcRW8NQPY>

Vaschillo, E., Lehrer, P., Rische, N., & Konstantinov, M. (2002). Heart Rate Variability Biofeedback as a Method for Assessing Baroreflex Function: A Preliminary Study of Resonance in the Cardiovascular System. In Springer Link (pp. 1–2).
<https://link.springer.com/article/10.1023/A:1014587304314>

Weber, C. S., Thayer, J. F., Rudat, M., Wirtz, P. H., Zimmermann-Viehoff, F., Thomas, A., Perschel, F. H., Arck, P. C., & Deter, H. C. (2010). Low vagal tone is associated with impaired post stress recovery of cardiovascular, endocrine, and immune markers. In Springer Link (pp. 201–202).
<https://link.springer.com/article/10.1007/s00421-009-1341-x>

Weintraub, A. S., Geithner, E. M., Stroustrup, A., & Waldman, E. D. (2016). Compassion fatigue, burnout and compassion satisfaction in neonatologists in the US. In Journal of Perinatology (pp. 1021–1020).
<https://www.nature.com/articles/jp2016121>

Zhang, Y.-Y., Han, W.-L., Qin, W., Yin, H.-X., Zhang, C.-F., Kong, C., & Wang, Y.-L. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. In Wiley Online Library (pp. 810–811).
https://onlinelibrary.wiley.com/doi/full/10.1111/jonm.12589?casa_token=Kt1vumJd69AAAAAA%3AzUk1bRH9fDemld9QvBa5X2wTAWOpfWHIYPVIHw_cb-iMy8btiUC55yhWDFhYwLfRIYPdc05d8pzTUhc

6 | Appendix

Appendix 1: Semi-structured research questions

1.1 | Interview Questions

1. What are the main stressors that you and other nurses tend to encounter around the hospital?
2. How do you typically unwind and recharge after a demanding/intense shift?
3. Have you observed any instances where fellow nurses provided exceptional support to one another during tough moments?
4. If you had the chance to tweak certain aspects of our work environment, with a focus on reducing stress, what changes would you consider?
5. Reflecting on your experiences, have there been moments when you questioned your decision to become a nurse due to the emotional toll? How did you work through those moments?
6. Could you narrate an interaction with a patient that left a lasting impact on you emotionally? How did you manage your feelings afterwards?
7. Balancing the demands of work and personal life can be quite a challenge. Any tips or strategies you've found effective in maintaining that equilibrium?
8. In your view, how can nurses contribute to each other's well-being and maintain a positive atmosphere within our hospital setting?
9. Are there any support services that are easily available and accessible to you and other nurses?
10. Have these support services assist you in any way?

1.2 | Survey Questions

Scale-based questions:

1. Please rate the frequency of stress you experience during your nursing shifts:
2. How effectively do you believe your current coping mechanisms mitigate workplace stress?
3. How well do you think the hospital's management supports nurses' mental well-being?
4. Please rate your level of agreement with the statement: "I feel adequately prepared to handle emotionally challenging situations at work."
5. How often do you feel a sense of accomplishment and fulfilment from your work as a nurse?
6. How satisfied are you with the availability of mental health support resources provided by your workplace?
7. Please rate the extent to which communication and teamwork contribute to reducing stress in your work environment:
8. How frequently do you find time for self-care activities outside of work hours?
9. On a scale of 1 to 5, how supported do you feel by your colleagues during times of increased stress?
10. Please rate the impact of workload on your overall mental well-being:

Open-ended questions:

1. What are the most common sources of stress you encounter during your nursing shifts?
2. Can you identify specific situations or tasks that consistently contribute to heightened stress levels?
3. How frequently do you experience burnout symptoms such as emotional exhaustion or depersonalisation?
4. What strategies do you currently employ to manage stress during or after your shifts?
5. Are there any particular work-related factors that you believe have a positive impact on your mental health?
6. Have you observed any changes in your colleagues' behaviour or mood due to stress? If yes, please provide examples.
7. Are there any organisational policies or practices that you feel could be improved to better support nurses' mental well-being?
8. Do you feel adequately trained and prepared to handle emotionally challenging situations, such as patient emergencies or difficult conversations with families?
9. How do you perceive the availability and effectiveness of support systems (e.g., counselling, peer support groups) for managing stress in your workplac

Appendix 2: Nurse 1 Interview Transcript

- Could not meet Nurse 1 in person or online, so emailed responses were collected

1. *What are the main stressors that you and other nurses tend to encounter around the hospital?*

Working as a AIn and EN nurse for 8 years and as an RN for 1 year, I find the biggest stress we face in the workplace is workoverload, we seem to have so much things to do in such little time and in a hurry, task that have been piled from yesterday's work unable to complete by the previous staffs. Sometimes it gets overwhelming, then staff get sick and take time off which lead to short staffing, which then adds more work load to the next staff.

2. *How do you typically unwind and recharge after a demanding/intense shift?*

I try not to be too stressed out coming home to my family, so I usually listen to Good music on my way home, try to de stress and BREATHE, I try to leave all my emotions at work, go straight to the shower, having that 15minutes to myself help me unwind.

3. *Have you observed any instances where fellow nurses provided exceptional support to one another during tough moments?*

Absolutely! I am lucky enough to work with amazing nurses who have been in the industry for years and just understand how overwhelming it can be for a new RN like me, thankfully, I got workmates who are willing to listen, always happy to give out a hug and let you cry it out! Our nurse unit manager have recently brought a masseuse to give us few minute massages during work hours, and we even have staff who bake cake and all kind of treat for us to share in the staff room! Sometimes when you can't find us where just in the staff room eating cakes!

4. *If you had the chance to tweak certain aspects of our work environment, with a focus on reducing stress, what changes would you consider?*

Being mindful of what stresses me the most and having a much planned day and not taking on too many stressful task at once, dividing it with workmates and communicating with them and asking for help.

5. *Reflecting on your experiences, have there been moments when you questioned your decision to become a nurse due to the emotional toll? How did you work through those moments?*

Yes! I get so overwhelmed thinking if I have messed up and chose the wrong career, but I go to work and I get thanked by a patient and their family member appreciating the things we do for them I get to talk too different people everyday and get to know their stories. Working in the operating theatre I get to experience the joy of welcoming a new baby into the world, it make me so happy to know I get to share this moment with people and share the best time of their lives. I cry have hold someone's hand when they're taking their last breathe, we share tears with their families. I am there during the happiest and the saddest time of people's life and its so rewarding beyond words to be able to share these moments, symphasizing with them, caring and making a difference in people's lives is all worth it.

6. *Could you narrate an interaction with a patient that left a lasting impact on you emotionally? How did you manage your feelings afterwards.*

We had a patient at an aged care in Ipswich, I never liked him, I used to think he always get way to involved in people's lives always trying to help and sometimes I feel he was getting a bit too close and asking too personal questions, I always avoid him when I can, one night I asked him if he's getting too bored that's why he asks lot of people questions he said no, he just got abandoned by his family after being sick, his son committed suicide after and always blamed himself for working too much and not spending time with his family and the guilt just ate him away and now he feels he need to help everyone with everything, I told him he is a kind man for helping other people and it changed my impression on him. 1 week later I found out he left the facility and killed himself at the train station. That made me extremely sad and made a lasting impact on me and everyday I ask was I kind to him? After a few months i left that job and went to retail, eventually studying dental assistng, i thought maybe nursing wasn't for me and i wasn't a good nurse. But eventually I overcome that guilt. From that time on, I was so careful on how I treat people I always try to be kind and be the best person I can be because you never know what other people are going through behind close doors, we don't know their life story.

7. *Balancing the demands of work and personal life can be quite the challenge. Any tips or strategies you've found effective in maintaining that equilibrium.*

Separating our personal lives with work lives, don't bring our work stress into our homes and vice versa. Spend time with family and enjoy time with them, learn to say no to work and know our limits.

8. *In your view, how can nurses contribute to each other's well-being and maintain a positive atmosphere within our hospital's setting?*

Being kind to each other and helping one another can make a massive difference. When we see our colleague that is struggling, offer to help.

9. *Are there any support services that are easily available and accessible to you and other nurses.*
Every hospital offer a free counselling for nurses where we can talk about anything from personal problems or work related issues. We can also take a paid leave to mentally de stress if needed. We can also attend to programs that can help us de stress.

10. *Have these support services assisted you in any way?*
I personally haven't asked for a counselling and seeked professional help but I have asked my manager to give me 2 weeks off to de stress when it gets a bit too much juggling being a mother and a fulltime worker, when I get sonsleep deprived and I know I won't cope I ask for a leave which they thankfully approve of,they always say we can't take care of others if we can take care of ourselves.

Appendix 3: Nurse 2 Interview Transcript

- Could not meet Nurse 2 in person or online, so emailed responses were collected

1. *What are the main stressors that you and other nurses tend to encounter around the hospital?*

The main stressors that I encounter and my colleagues encounter on a daily basis, are a lack of time to complete tasks to a high standard, lack of specific resources such as appropriate dressings, behaviour from residents/patients and dealing with death/dying. Staffing issues such as replacement of staff at the last moment and running a shift without the adequate numbers of staff is also challenging in an environment where people now expect the best care. Dealing with family and their emotions and over expectations are also difficult as well as their acceptance of loved ones towards palliation.

2. *How do you typically unwind and recharge after a demanding/intense shift?*

I try to mentally leave my shift behind once I walk out of the door quite literally! I enjoy going for a swim, run, walking the dog and enjoy time at the beach with the family on days off. I find mindfulness helps and yoga, if I do recognise that I am stressed and thinking about work.

3. *Have you observed any instances where fellow nurses provided exceptional support to one another during tough moments?*

Post CPR, my colleagues step up and we provide support to each other, discussing what happened, difficulties and console one another that things planned out for the better. I have had a colleague that left a gorgeous basket of goodies on my desk one day for no reason, but just to 'thank' me for my hard work and commitment after I had lost a patient that I had nursed for a long time.

4. *If you had the chance to tweak certain aspects of our work environment, with a focus on reducing stress, what changes would you consider?*

I would take family stress out of the equation, looking to provide services for health care workers with creches as well as acknowledging stress with yoga classes, Pilates or gym within the hospital precinct.

5. *Reflecting on your experiences, have there been moments when you questioned your decision to become a nurse due to the emotional toll? How did you work through those moments?*

As all nurses we question what we do weighing up the benefits with the negative aspect upon our lives. Nurses often take extended breaks post maternity leave, myself included as we know that coming back into nursing does have a toll on home life. Knowing that support is at home makes this choice easier. Long hours and double shifts are not family friendly and colleagues will drop back to part time basis, directly affecting already low income. Nursing however for me, remains rewarding 90% of the time. I have colleagues that support me and that helps get through the difficulties encountered.

6. *Could you narrate an interaction with a patient that left a lasting impact on you emotionally? How did you manage your feelings afterwards?*

I remember caring for an elderly Italian lady, palliating her final days. Providing analgesia and general comfort cares she was relatively comfortable. At one point she was lucid and I remember re-focusing her attention on a religious picture which she hung in her room, being a faithful Catholic. I knew her faith was important to her and she looked at me with tears in her eyes. I took her hand and said something along the lines of "You are not alone Mama, god is beautiful and you will be with him when you are ready.. your husband will be waiting for you". She nestled her head into my neck and rested there a moment longer. My patient passed soon after that interaction. I had significant rapport with this patient and when the time came that she passed, she did so in peace in the presence of family. I felt fulfilled in this moment knowing that patient centred care had been given and as I have come to realise that sometimes even the dying feel the need to have permission to go.

7. *Balancing the demands of work and personal life can be quite the challenge. Any tips or strategies you've found effective in maintaining that equilibrium.*

As I prefer to immerse myself into work whilst at work, I personally have found working consecutive days and working a four day week works for me. It gives me time to keep my profession development (20hrs professional education minimum in nursing to keep up the nursing registration) up to date, allows for time for family/ work balance as well as allowing for personal downtime such as swimming, running and managing daily life as a single mum.

8. *In your view, how can nurses contribute to each other's well-being and maintain a positive atmosphere within our hospital's setting?*

Nurses have a reputation of “eating the young” in the past, where older nurses felt threatened by younger nurses and often did not willingly share shortcuts or advise nor worked as a team. I have been lucky that my workplace is very much a team environment where daily encouraging and assisting colleagues is the norm. Such an environment allows for open and honest communication where issues are raised without prejudice, and everyone’s opinion and contribution is valid.

9. *Are there any support services that are easily available and accessible to you and other nurses.*

Support services of psychology as well as debriefing are offered by our provider but does remain in the background. The culture of nurses coping with nursing issues and post trauma remains despite this more open communication and support found between colleagues.

10. *Have these support services assisted you in any way?*

I have not reached out to these support services, as my Clinical Team and management have been supportive to personal and professional issues I have faced. I do know however that the support services are there to access. I feel my current skills along with collegial support and resilience has aided me in the difficulties faced in nursing.

Appendix 4: Nurse 3 Interview Transcript

Unknown Speaker 0:00
All right. So

Speaker 1 0:03
we just started did you get the questions that I sent you?
My email,

Unknown Speaker 0:10
so you can edit this conversation? What do you mean?
Because this has been recording now you are recording
now?

Speaker 1 0:18
Yeah, I'm just recording it. Okay. I'm gonna record it to
like, look back at your answers and everything. I'm not
gonna edit it.

Unknown Speaker 0:30
Oh, okay,

Unknown Speaker 0:31
no one's gonna see your face. It's just for transforming.

Speaker 2 0:34
How many people you're going to be interviewing? Don't
just you just me.

Unknown Speaker 0:39
I've got you. I've got it. May you know me?

Unknown Speaker 0:44
Yeah. million.

Speaker 1 0:47
I've asked Auntie Amelia. But I think she she hasn't
responded yet. She said she was at work yesterday. I think
she's got to respond. I

Unknown Speaker 0:54
think she just thinks she's just doing it now like the ask
questions.

Speaker 1 1:01
And I'm going to ask someone else as well, one of my
friends at uni. She knows someone else. That's a nurse. So
ask her as well.

Unknown Speaker 1:12
How much did you get?

Speaker 1 1:15
18 responses from my survey. Okay. Yeah, that's enough.
If anything, I'll just ask them to just ask me and I'll team
your leaders will have to do it. But there'll be 20 yet.

Speaker 2 1:27
At the end, America is doing it. Now. I got a message from
power.

Unknown Speaker 1:32
No, did you do? Yeah. Oh, yeah.

Unknown Speaker 1:40
All right. No, let's do it. You still have to go and ask
questions.

Speaker 1 1:49
Me? Yeah, I mean, I can ask it for you. But you still got the
questions in front of you?

Unknown Speaker 1:56
Do I need to read the questions? How does that work?

Speaker 1 1:58
I really do in the you can answer. What are the main
stresses that you find you and other nurses tend to face
around the hospital?

Speaker 2 2:12
Okay, so there are so many, many stressors? Well, I have a
list. That just like number one is time management. You
know, if you don't, if you're not good, you know, you're
not good at managing your time, you will be behind, and
workload management, you know, because it's just so
much workload, not enough nurses, teamwork, and
collaboration, you have to work with all different people
like different like, multi disciplinary team. So, like different
kinds of like job roles. And yeah, so there's always have
conflicts, especially with communications, and then also
delegation, you know, you work with, say, example, you
work with assistant nurse, or the people that know
registration, so you have to delegate and delegate well,
because you're accountable for what they do. And then
you do precepting students, so it means that, you know,
when you are RN, you have to help the students, you
know, to, for their placement, the electronic

Unknown Speaker 3:28
kind of

Speaker 2 3:30
training, training them, and then, you know, accepting
accountability. So whatever happened to your patients,
you are accountable for their health, and also the people
you're delegating to. And coping with ship work, you
know, you work all different shifts. So your body system is
just all over the place, your home office, and you know,
you're tired and you're drinking so much energy drain
who can eating so much sugar, carbohydrates, that's
affect your body system. Lack of knowledge, because it's
so many different areas in the hospital, and, you know,
and you have to, you know, to know, all those different
kinds of skills. So if you, you know, like you if you're just
learning and you're new in the industry, you just have to
go and learn the skills and you know, being having that
lack of knowledge or if you're a novice, is that novice or
novice, you're a beginner in the in the industry, all that
stress will you know, will build up Yeah. And then of
course, lack of experience with specific skills that we
already discussed that and managing deterioration and
unexpected events. So if someone you know, a dying and
you you're an emergency, you know, you prioritize your
time so you live every every whatever you doing, you live

that and then you go and Go through the emergency situation and try and revive that situation. And yeah, like girl ambiguity, the one that, you know, the one that I just said role conflict, lack of clarity with regards to behavior in a job. So it's so much things to be considered. And then of course, that's only job you have a family, you have a personal challenges. So that's all like, attributed your stressors. Yeah. Big Questions.

Speaker 1 5:28

Yeah. Um, do you think like, do you find that you're like, kind of the main point of like communication throughout the hospital? Like, do you like you're communicating from the patient? To them, like the doctors or your higher ups? Are you like the middleman,

Speaker 2 5:45

you are like the face, you are the mouth and the eyes of the patient, because you are looking at. So you are with them, you know, you know, if your patient is deteriorating, because you're going older. And then, then you will if there's any changes with the symptoms, and with their health, you then escalate it to your team leader, and then to the ER. So you're working with MDT multi disciplinary team? Because, you know, yeah, so really, there's no really not really saying you are the middle one, or you are the higher hierarchy. One, you are working with a team, because focus is for the patient's health. Yeah. We all have different roles.

Speaker 1 6:34

Yeah. Okay. Um, how do you typically unwind and recharge after, like, an intense shift or just your everyday shift?

Speaker 2 6:45

Unwind? Okay? Wow. Okay. For me, you have to be intentional, for you know, to have a self care for yourself, you know, what you need, if you need rest, you rest, you know, you can be a superwoman, you super, super human. So make sure that, you know, you when your buddy say that you need a rest, stop, have sleep. And they, you know, and then how go, exercise is very important. Because when you exercise, you know, it's like, it's good for your mind, it's cleared your mind, all the toxins of your, your body, kind of like, you know, disappear. And it's like the what's the word? It's revive your energy, like a reception. Yeah. And also, for me, listening to a good music, you know, the one that's important to me, and that's gives me kind of like, good feeling, meditation and devotional, and also talking to the person that you trust to the person that will listen to you. Your husband, the one the background. This is recorded darling. Professional here.

Speaker 1 8:21

Yeah. Have you tried doing, like, any type of kind of meditation or anything? Have you tried it before? And does you think that it helps you in any way?

Speaker 2 8:32

That helps me like, early in the morning, you know, before I before I do anything, I will like create a devotional positive things like I started my we positiveness that whatever happened on a, I will cover myself and you know, and just to help those positive things. Yeah. So talk

to yourself, you know, and remind yourself that you're capable, and that you have this. Yeah. So it's very important that you talk to yourself, you know, and tell yourself, you can do this. Yeah. All the training, you got all the skills, you know, you just have to believe in yourself. And at the same time, I mean, I have a strong fight. And I believe in the high power, and that we submit to that power. Yeah. Yeah. And that's very effective. Yeah.

Speaker 1 9:28

Have you observed any instances or situations where fellow nurses have provided like, really good support to you, during one of your shifts? And like, in a tough moment?

Unknown Speaker 9:42

Yeah. Well, actually, I had one meeting woman. Daughter, how much do we know? And I just cried and I say, can I just cry please?

Speaker 2 10:00

Believe me, and then as and then after that, I feel better I'm the sometimes you have that, that you just want to go and just let go. Because it's so dumb, and you have to stay professional, no matter what

Unknown Speaker 10:13

sometimes need those like two minutes to like,

Speaker 2 10:16

you just have to, like, yeah, just let go, whatever that's happening, you know, in your motion and in your mind, and then you just kind of like, move on. And then, you know, there's always good nurses, you always have to go, and you know how that mentor, kind of like an AR nurse that you can go and talk to, and you will find the host that person that's very easy to talk to the person that is like, you know, we have preceptors, and nurses, facilitators or educators that you can like, talk to them and just explain what's happening. And they are very helpful. Yeah, it's good.

Speaker 1 11:04

If you could like, or if you had the opportunity to kind of modify any, like aspects in your work environment, focusing on like, reducing stress, what changes would you kind of want to happen? So that can be anything from like, coping mechanisms or products? Or, like, you know, time management?

Speaker 2 11:30

Can you design? Can you design nurses like robots? Unfortunately, no. Because of the human resources, like, you know, we have short staffed, and, you know, so much workload to be done. That's great I stress and the course, you know, we are always open to whatever, you know, the technology can offer us, we have a few, you know, equipments, digital equipments, health departments that are, you know, nurses and doctors to make it a little bit easier. But if there's more that we could, you know, that, you know, you guys can create, I mean, be very helpful, but at the stage, I think having this having enough nurses will, you know, will listen, the US and the stress as well. And, you know, we'll be able to enjoy, you know, because you talk to your patients, and you want to enjoy the patients where they're joining us. Yeah. But if you're, you,

you are limited with your time and your resources. You just have to do whatever you can. And that's when people get sick and people left work because they can't, they can't cope with the situation. And they have to prioritize what's important for them, like their health, or their Yeah, so it's a big decision to make.

Speaker 1 13:18

Yeah, I've kind of seen that a lot in the research I've done. A lot of the main problems were understaffing and then putting too much workload on the staff that they have expectation system very high. you're juggling like, like, six, seven patients at a time. You're Yeah, just a lot.

Speaker 2 13:41

And then people will work long hours. Yeah. Someone there's no, no, no one ever that chef.

Speaker 1 13:49

Even when they're like tired, because, you know, extra money or like extra, like they just need someone at work.

Speaker 2 13:57

Yeah. And what happened? We heard you don't don't don't think Well, yeah. And that's when you have an error medication. And then when that happened, there's always go back to the nurse. Yeah. Because we are the one that you know, that. That administered medication. And of course, when it happened, I mean, it's always go back to the to the employer. Yeah. Yeah.

Speaker 1 14:23

I've also seen that, like, you guys do so much stress that like, within, like all new graduates of nurses within their first two years, a lot of them leave, because it's too much. And a lot of the nurses that are left are older, so the medium age is like 30 or 40 to 50 years old or something. So there's not not a lot of young nurses. Yeah.

Speaker 2 14:45

Yeah. And also just old nurses as well. They retired early. Yeah. And, and some of them like, you know, it's also not young nurses, that they'll take like, this position. They're not ready yet, but they just because no one will do it. Not enough experience. Yeah. And experience. So they already left because they just can't be bothered with all the, you know, all the stress. Yeah. So it was sight as well that in the current research that, you know, when you work shift for that can contribute to a cancer as well.

Speaker 1 15:29

Yeah, it's because it's so much workload and stress, you're overworking your body. And that can develop illnesses and different diseases inside yourself. You know, looking after yourself. Yeah.

Speaker 2 15:40

Right. Yeah. So yeah. So that's, you're happy with that?

Speaker 1 15:44

Yeah, that's a really good answer. It's my next one. Okay. Reflecting on your experiences as a nurse, have there been times where you question your decision to become a nurse, during like, your peak emotions? And how do you work through those moments?

Speaker 2 16:07

Definitely. I mean, most every day, I have asked myself, Why am I doing this? Why I want to be a nurse. And I even asked, you know, some of the nurses that I work with, you know, I say, Do you love to work? And I guess it's like, you know, with life, there's always like, time, you have downtime and a high time. And you ask the question, you know, why am I doing this. So I do ask myself, but, you know, seeing those patients on their vulnerability site, and be just being there with them, you know, looking after them and providing the care that they need, you just hold hands, and you smile at them and just show that you understand, you know, their, you know, their situation. And you notice gives me joy, because recently, I was very humble and privilege to receive a feedback from one of the patient that might present to us really given her like, what like, to be positive on her situation. And she say that, you know, my attitude, I'm always positive and always happy. And she's always looking forward seeing me, like, we're in a room. And it was really humbling to have that feedback. And that's, the reason why I went, I want to be a nurse is, you know, you don't need to be a super human to be a nurse. You just be as you are. And, you know, I know that you didn't have to know all the skills, but basic is also is the best is to how you make those people feel

Speaker 1 18:08

are important. Yeah. So you like, kind of making someone's experience positive there in any way that you can?

Speaker 2 18:17

Yeah. Because that's part of the holistic care. Yeah, you know, if you just gonna go to the patient's room and just give them medication and be grumpy and negative, you know, and moan about life and, and you're not, you know, they're not the center of your care. You know, your purpose. That's not your purpose. Your purpose is, you know, to focus on them, because it's all Yeah, that about whatever I feel, you know, I just put that behind. Yeah. And then just, and then just focus on that person in front of you. Yeah. Yeah, your question is the why question. If I, you know, if I want to be a nurse or become a nurse, yeah, I do question myself. But they say, you know, all that answer that I give you is the reason why I want to be yes.

Speaker 1 19:17

Was my next question. You kind of kind of answered it already, but I'll still ask it anyways. Cool. Yeah, I'll just say it again. Could you like kind of give an example to an interaction you had with a patient that left a lasting impact on you emotionally? And how did you manage your feelings towards that? So that could be like, anything from like a negative experience or the one you kind of said before, or any, like morality or anything?

Speaker 2 19:49

That's right. Yeah. I mean, like, you know, you can be impacted negatively and positively. Yeah. And most most of the time Time, I mean, you know, when you have a challenging patient that's kind of like, impacted you, you know, greatly. But at the same time, you can learn from that. So what I do, if I have a bad experience with the patient, like, like, say, example, a very challenging person, and, you know, kind of like, you can feel it, that, you know,

patient knows, if you are experienced nurse or you know what you're saying, they can tell. So, it's very important that you, you know, that you be honest, on your side, you know, I am a new nurse, and I'm learning that. And so just, you know, just being aware that what you're doing is, you know, it's, you're not very experienced nurse yet. And of course, they feel that sometimes I feel that, you know, I can I feel discriminated with, you know, with my accent, because some people and understand my accent, I can't change who I am. And I accepted who I am, of course, you know, not everybody can kind of come under, you know, I can accept that even my kids can understand. And that's okay, but I can I just do it by action and just being patient and, you know, being more open, open. Yeah, and, you know, most of the time when I get those challenging patients, I treat that as a learning learning curve. So I can be better person. So that I can be a better nurse to work on those skills that I that, that I have, like experience criticism, you know, saying, Yeah, but that's only about me, the 5% 95% are kind and appreciative. So the person they are patients that you know, that you kind of like looking forward to see and giving you a reason to, you know, to, you know, what you have to do, but at the same time, of course, you know, you have to go you still have to care for those people that's giving you you know, hard time does that you as a nurse, you know, yeah.

Speaker 1 22:30

Yeah. How do you like deal with your, like, feelings and emotions, they afterwards if you have like a difficult patient,

Speaker 2 22:37

okay, so what I do, I just pay professional, stay professional. Communicate, and then I will be in take it, so my team leader, or my preceptor, and then just them and then I just relate it to escalate it to them. Yeah. Yeah.

Speaker 1 23:00

So you don't kind of deal with it. Like, kind of internally like,

Speaker 2 23:05

yeah, you have to professionally you don't take it. Don't take it personally. Because people aren't like that because they are in pain. They are sick, they are nervous they have your day going through so much. And that you know their behavior they don't know that they acting like that. Yeah. So you're just not professionally and don't take it seriously but by saying don't take it seriously because you also human Yeah. You don't feel that Yeah, but you had just had to learn how to when you leave the place you move on leave everything was yeah, when when the doors open when you go out of the view our workplace, leave everything behind you

Speaker 1 23:50

can't take it with you because it'll kind of dry down for the rest of the day.

Unknown Speaker 23:57

Yeah, do that because you have so many

Unknown Speaker 24:08

dogs

Speaker 1 24:16

Okay, balancing your demands of work and your personal life. That can be like a challenge. Are there any strategies or anything that you have found that helps in maintaining like a balanced life?

Speaker 2 24:34

I think that's related to one line one nine,

Unknown Speaker 24:38

yeah, related kind of

Speaker 2 24:41

recharge is kind of like the same kind of like strategy. So I find it helpful to be intentional, like and in doing what I enjoy small things, like going for a short trip. I, you know, just go and drive wherever you want, without any plans. Strolling the beach and just have like, go there. Don't plan just go just do little things like that. Yeah. You know, like, treat yourself like, you know doing your manicure pedicure massage? Yeah. So you know, those little things that make you happy? without feeling guilty afterwards?

Speaker 1 25:34

Yeah. Yeah, you kind of go to the gym as well to unwind. And

Speaker 2 25:39

yeah, that's my garden I took kids and to my family, so they, you know, I guess, do things that makes you happy now just, you know. I mean, the stress the let the stress let you control of your life

Speaker 1 26:09

in your perspective, how can nurses contribute to each other's well being and like mental health and maintain positive like atmospheres in the hospital setting?

Speaker 2 26:23

Well, working with all different people, multidisciplinary team, and also working with different personalities, you know, that's very daunting. But at the same times, it's kind of like, you know, it's really, it's really good to know different people's perspective. So be my strategy is to, to know who I am. Yeah, so I keep myself who I am. And then by doing that, I also learn how to accept everybody that I work with, or everyone that I, you know, in the working environment. So, you know, trying to be kind and put yourself, you know, to other people's shoes. And, you know, just to communicate, you know, just having the effective communication. I found that it's quite positiveness, because, you know, when you're, when you are communicating with people, you can avoid conflict, because you always clarify things in assuming it, yeah. And, you know, be ready to help. Also, you know, if you need help, you know, ask for that help, if needed. So really just be just be you, you don't need to be, like someone that it's like, have 3030 plus experience, because I work with so many nurses that they are on the same page as me or they are older, or the younger than me, but they're experienced, they're, like, really like working, but 35 years of experience of nursing. So, you know, and I, you know, I just like, oh, them like, I just like, I'm on Oh, we know what we don't experience and all of that. But at the same time, I can put my shoes, you know, in what they do, because they've been quite a long time.

So I have to accept who I am. Yeah. I don't need to hear. Yeah.

Speaker 1 28:37

Um, yeah, this next one is kind of what I put it in the survey as well. But I'd love to just get insight more. Are there any support services that are easily available and accessible to you and other nurses?

Speaker 2 28:54

If you're working in a government in Queensland, you as a staff, I mean, you can get a free counseling session with with a professional counselor. Yeah.

Speaker 1 29:07

Do you know about it? Or is it like just one session? Or like,

Speaker 2 29:13

I think you can go, I think a couple of session because before I've been once, and all I need is one visit, okay. So listen to you. And then, you know, give a suggestion and then referred you to your doctor. Yeah. So there's there's, you know, provider Council organization that can provide counseling for the staff. And so, there's always a staff advocate, or like, when like for the Aboriginal and Torres Strait Islanders, they always have people that you know, that that helped them and that it's like employed in The hospital. Yeah, yeah. Yeah. Like, advocate for them. So there's always

Speaker 1 30:09

Yeah. Is there anything else that they like they provide you with? Or is it just kind of that that's the counseling? That they Yeah. Just that one. Yeah.

Speaker 2 30:22

And also education. Okay. Like, prevent, you know, and you improve that? Yeah, there's always have educational training that you could take, like, you know, online. Yeah. And also mandatory requirements. There are some yet so there's lots of education and training that you could take, you know, to look up. But you have to be proactive yourself to do it. Okay. So,

Speaker 1 30:53

have you found that that like, canceling that one off, one to get didn't help you in any way?

Speaker 2 31:00

Well, it did help me, like, just, you know, letting out everything in your chest. But by doing you know, if you, you know, if you're like, suffering, depression, or anxiety, or whatever, you can do counseling, but at the same time, you have to help yourself as well. Because you can't really just dependent you have to do the door to yourself. Because, you know, you know, if you're, you know, always anxious, you know, sometimes being anxious, okay. But if you feel that way, you know, you have to talk to someone, you know, there's always reason why you feel anxious, sometimes you feel that, you know, you're being charged you being discriminate, you know, you get bullied, you know, so there's a reason, but sometimes also, you know, if you're going through challenges, you know, with your lack of knowledge and environments, that's can also create anxiety. Nurses go through a lot with that.

Speaker 1 32:12

Yeah, yeah. Also, I've only got two minutes left on my zoom thing, because I'm not like upgrading to Pro. But, um, my last question is, like, kind of relating to the other to think it's well known by other nurses, the programs that are available, or is it kind of like, they have to seek it seek help to get that information?

Speaker 2 32:36

Yeah. Everybody knows, during the orientation, their ages, you know, it's available and everybody has access. Okay. And, yeah, and, you know, they can talk to the managers and the managers can guide them how to get those access, you know, access and help. Yeah, yeah. So there's, there's always support, so no one is alone. But of course, you know, it's just the type of job that we do. Yeah, that, you know, we look, we work with people and we all different people, and, yeah, and we, you know, we look after sick people. Yeah, we don't care. You know, people that's no sickness. Always problem. Yeah. You know, and, you know, you have to expect those problems in Kelly.

Speaker 1 33:26

Okay. With that, yes. It's really good. Thanks, Mom. Yeah,

Unknown Speaker 33:31

yeah, well, I'm not going to do

Unknown Speaker 33:34

um, I'll end the recording now and then I'll talk to you about it.

Appendix 5: Nurse 4 Interview Transcript

Speaker 1 0:01

So did you want to start with some of the questions I've got down? Or did you want to start with the climate for your own

Unknown Speaker 0:06

for YouTube? Whenever you want, it's all about what you've

Speaker 1 0:09

done. So good. I'll start with the questions. And then maybe towards the end, if you want to chuck in any more information, we can do that. Yeah. So the first question I have here, what are the main stresses you tend to encounter as a nurse just every day, and also other nurses as well? You see, generally,

Speaker 2 0:24

yeah. Okay. Love this one. I reckon the biggest thing is time constraints. Yeah. I think that nurses are generally understaffed on boards, yes, are under resourced as well. So it's not like there's equipment available, you're searching for need. And you've got a big workload ahead of us. So you can't get everything done in a timely manner. Yeah. And there's also this really push this is great push for patient centered care, which I love. But when I think that means is, it means treating people equally, which you believe in. If you have somebody who has higher needs, they're sick. They've got a lot of comorbidities, they've got some physical or mental sort of problems. Yeah. You can't, like identical is not equal. Yeah. So you can't treat them as a nice person. You have to take more time with them. So I think that's not allocated. That's not considered with allocation, I think, yeah. Sometimes trying to give people the care they deserve. And somebody is a little bit more fragile, to push and push and push. Because time for him, which is really sad. I think time constraints is the main thing. Yeah. What else did I say? It's more equity

Unknown Speaker 1:39

than equality, right?

Speaker 2 1:41

Yeah. So somebody who can't walk, obviously, he's in a wheelchair. Yeah, we'll take more time and deserves more time, nobody was able to edit. And if you want to treat them equally, you need to contract with them. You can't start quick. I think that's amazing, I think is unrealistic patient expectations? Yes. I think the hospital system is incredible. So patients are coming to a hospital setting. The nurse is the base of the hospital care, I think we are the first line of clinical care. Yeah. So they come pinned up. They have been talking to people and no one's listening. They have been on waiting lists and waiting extremely long times for appointments. And they can see that you're stressed, they can see you putting the time in, they wouldn't be heard, and they want to be listened to and they want the care they need and deserve. And I think they're angry. And then I used to work in a private space, you get people who are paying really big health premiums. Yeah. And they think and they do. They think

it's a, like a consumer experience of retail experience.

They deserve the time and they want this and they want that five minutes, and they shouldn't have it. But we don't have time for it, fortunately. And the other thing I will say about nurses is we are the meat in a sandwich, we don't choose how much stuff we get. And we have to try and make what we're given work, which is a bit unfortunate. You've also got pressure from the hospital system coming down your admin telling you what they expect, and they want great care. And then you've got doctors too, and the doctors hold a lot of power in the medical profession. And they expect things done straightaway. You have to prove what you're doing to cater for them, which is another stressful and then you've got it not all that just leads to aggressive patients sometimes in aggressive care as because I don't know whether Ash has told you but my husband is very sick. And we access our school system all the time. So I see it from both sides. And it's really frustrating. Yeah, being a patient in a medical system where you've got your five minutes, yeah, addition, your medical condition and get the treatment you need. And five minutes is not long enough. And the doctors are seeing so many people in a row. They don't want to follow through. They've got the time or energy to what the system is not set up for you to get the whole picture to bed. The hospital system is a band aid. Just for what you if you've got a sore arm, you will fix it. That's yeah, we won't work out why you got that syndrome or the bigger picture. Yeah. Which is really sad. Yeah, just it's just the whole says like, you take a lot of phone calls as well, and people who've got really genuine concerns. So doing patient care, you're on the phone doing things. Yeah. And then the other stress is

Unknown Speaker 4:39

yes, there's masses

Speaker 2 4:40

mixes of personalities. Yeah, it's a it's a kind of pressure situation. And if the team doesn't gel, if you've got a couple of big personalities who are rude and disrespectful to you that you don't get the support you need. And that's stressful working with somebody who's below par or even if they're in the rain. As if they were rude bitch. Yeah, that's really tricky. Yeah.

Speaker 1 5:02

That will those people as well. Yeah. I know. Yeah. My mom's also a big personality, but she's very humble. She's like, just Filipino. So if you've if you've ever had, yeah, yeah. She loves people. But um, yeah, when there's heaps of clashes, she always feels that she's always the mediator as well. So she has to

Speaker 2 5:27

feel true. And it's really hard to work out how to be assertive and not be not being aggressive. Yeah. And yeah, yeah. That's tricky. Yeah. Okay. Yeah. The women have and like, We're all under pressure, I think. Yes. And we don't get proper breaks. Yep. And we don't get a quest. We had no say in how our clinic has been run yet. We have to make do with what we've got. So it just leads

to this very kind of making quick decisions on the fly. Yeah. And you need some people to lead with then it doesn't work out sometimes. And it's aggressive and terrible. Yes, yes. And personalities.

Speaker 1 6:07

Yeah. So my next question. I mean, kind of told me this before we started, but how do you typically unwind or recharge after like demonic shifts? Or like every day? Yeah, I do a lot

Speaker 2 6:21

of physical. And we just have problems we because I love and I outside? Yeah, I think we're in a unique position to just see how precious life is and how wonderful it is to do stuff. I kayak. I push young people music's pump. But that's led to. I'm on my feet all day as a nurse. And I have to be careful not to do too many things, because tendinitis and heel problems, because I'm certainly doing things. But it's a great way to live. Because I just see what other people can't do. Yeah. And I go out and do it. So that's me.

Speaker 1 6:59

Easy, sort of the same of my mom as well. She was just doing physical activity to just kind of get all the stress out.

Speaker 2 7:06

realized. Other people can't do it. Yeah.

Speaker 1 7:11

Yeah. Okay. Have you observed any, like instances or conflicts between nurses? Or and like, how do they provide emotional support to like each other during moments?

Speaker 2 7:27

I've seen a lot of conflicts between nurses, or even just simple things of how we coordinate the day or how situations handled Yes. And I really don't have an easy answer. Yeah, I think you're just relying on one or two compassionate people or whiteheads. To help. Yeah. So it's just the luck of the draw about who you're working with, in the end, because it's a random selection of his roster. Oh, yeah. So you can have teams that don't work. I've also seen after critical incidences, like we've resuscitated somebody, and there's very little debriefing. In fact, I think there's very little downtime if something critical happens on the board, like you've had an altercation between staff members will be with a doctor, or a patient incident that you've had to rally together. If you generally got no time. Yeah, you can't just sit and have a break and think and talk about and assess what your call. Yeah, there's no cool heads prevail, and you have to get on with the mess. Next task because the buzzers are ringing, your phone is ringing you. And I think that's a massive fall I have rarely seen. I've, you know, had a lot of people try on me, I've reached us. I've never once been debriefed I've never offered counseling. You don't want and you just keep going, Yeah, someone has died and you then left the family in the room to die what you went and

Unknown Speaker 8:54

get people in water or you get another person

Speaker 2 8:57

on with it. There's I think there's very rarely so you can line on a kind word from your staff. And yeah, and just maybe, I think the important thing is what you need is you always feel guilty with any incident that happens no matter how wonderful you thought you were or how expected something was. You feel guilty that you wanted to do the right thing by the family, the right thing by you as a nurse, so if somebody on your shift supervisor or someone can just say that was tricky. It did the right thing. That's really helpful, which is what I try and do Yeah, without genius. I just go was terrible. Yeah. You know, but you handled that well. It was going to be a mess no matter what you did. Yeah, I can get help for someone just validates for us. Yeah, I think that's a big

Speaker 1 9:48

thing. Yeah. Because then I like coming from my mom as well when she has bad things that happen to her. Like, you know, she you need someone to kind of tell you that you're doing all right, like you're doing a good job. And sometimes like she doesn't get lack of support, because she's usually that person to say all those things. So she's like, you know, what, can I just cry? Can you just leave me in the room for two minutes to cry? So yeah, you just need to let it out.

Speaker 2 10:12

You just need Yes. I'm going to give you that space. Maybe. And there's things that happen sometimes. Yeah. And you don't need anyone to fix it for you cuz it can't be fixed. Yeah, those situations are really broken. That was really hard. But, you know, we did what we could. Yeah. Yeah. That's fine. Yeah.

Speaker 1 10:35

Wow. If you could, if you had a chance to tweak any aspects of your work environment, or, like, you know, have something there to kind of support you as a nurse during like your work shift. What's something that you think would help you during those times?

Speaker 2 10:54

I really don't like this. Yeah. I really would love it if we had first of all stopping. Yeah. Extra person? Yes, I think it was. We used to call them floaters. Allocated. Yeah, that Job was there when you needed a nurse. Okay, so you get your work. You go for some job? Can you come and help me? Yeah, this is a bit tricky. Yeah, I need someone to speak me or I'm going into how this family, we'll do it together. I think just having evenly you don't have to talk about it. Having two people to shoulder that burden, I think is really important. And when something new then happens, you can say, I just need to take a five minute break.

Unknown Speaker 11:50

Yeah, and what

Speaker 2 11:51

we do in my son combinations and where I work, is we sort of team. The way we work as a team, even though you're working individually, or sort of almost date with somebody, and we take extra tea breaks isn't stressed. We just go that's all just take five minutes becoming a little bit overwhelming, or you're, you're just busy. And

you've had great stuff happened. But we take don't take five minutes out the back. He's felt a little cup of tea or a drink of water. And you just come back. I don't know, psychologically refresh, maybe. Yeah. And that other person you're with is kind of keeping an eye on your bit. Yeah. And you can just, yeah, wow, that's really cool. That's my relationships. Yeah. Within your workforce. I think and if you have people that you can trust and work with, I reckon that's, that's a really a game changer and just having an extra person on ship to take. And if you have a family member that needs to have a discussion about the care of their loved one, which I understand that, but you don't have time for that. Yeah. And someone needs to go to the toilet. That's the priority. Yeah. But if you had, it was just round two. And, and I call on management. If we don't have that extra person, and we mostly don't, I will say I'm gonna get my magically. So I will call them off their desk, or their admin stuff inside the cages are talking about? Yeah, this is the chart, I don't have time. And then they get what they need in the sign. You're drawing management into your day. You can see how things work. Yeah. That's what I think. Yeah, I think nurses and carers and we'll go there. We'll make do with what we've gotten go the extra mile, but you get careless fatigue. It's exhausting. Yeah. And I think you just need to, we need to support each other. I think that's the best tool if it's for us. Yeah. Instead of just saying no regulation is a 10 Minute Warning to break and go that's fine. But we're gonna have an extra five or 10

Speaker 1 13:57

Yeah. And you said those folders have existed existed before or

Speaker 2 14:04

so some places I've worked and they've had just one team member? Yeah. Who has just been around

Speaker 1 14:12

okay. Just packing up in some areas. Yes. An

Speaker 2 14:15

extra person and they're not given a workload they are there simply to be your gift to the other thing you can get as your mom in on the same people Yeah, this social workers or counselors around the unit those religious people who Yeah, that's really helpful sometimes. Yeah. There it was, these people we can access to what someone and even as religious people, they don't have to be religious. Yeah. Because that really you take somebody with you. Yeah. Do you know what I mean? As long as they're pushing whatever they're doing because you know, you're not in a space, even though it is probably the best thing for you guys to get it? Yeah, do not I mean, it just got to be Yeah, of course, because people can't I think what it's not just like an ordinary office, you come to hospital with all this pent up emotion and then maybe losing somebody or there's a really awful diagnosis. So they're not themselves. And they want support, but not just the patient died of an illness. Because if you have all these accelerate people who you can access. Yeah, I went to the palliative care unit. And they had a person who was like a death counselor. Wow. And I found that really interesting concept. It's really big in the UK. Yeah. There's also a new nurse role. That's our coordinates navigator. And you just really knew. And so that is all to say you

come to hospital with a broken Yeah, but you need other things like return to work still work, you call a nurse navigator. And it's not everywhere, but just in some places, you're starting to see them. And you talk to the nurse navigator, because Okay, so the two broken, you're going to need to access the Workplace Health and Safety, you're gonna have to access this clinic. Here's your numbers. These are your contacts. This is where you go next. Navigate Yeah, system, because when you don't know, you can't get on with your life. Yeah, there's a little gap in things. And instead of the nurses and the board having to do that. Yeah, this information is provided for other people to give you that.

Speaker 1 16:26

Yeah. Yeah, I think that's, yeah, that's a really cool concept as well. No surprise. It's not everywhere yet.

Speaker 2 16:33

It'd be good. To see just a movie, sometimes. You know, at the end of awards, you have a patient, which is a little quiet space or a chapel, which I would love the nurses face. Like a profile. Yeah, sometimes you get T Rex, but generally, in these big schools, you have to go too big to remove those patients. And if you can't, yeah,

Speaker 1 16:56

I saw that during my research. You guys don't actually have like a break room or anything. It's like you have to go to the cafeteria. Go outside in your car or something. Yeah, he really

Speaker 2 17:05

nice if there was just a safe space for us. If you feeling bad. Coping, yeah. And sometimes you don't feel well, you just go home and have just a quiet like, quiet train on a carrot.

Speaker 1 17:18

Yeah. On a train out over noise. Yeah. Yeah.

Speaker 2 17:24

I would also like to see nurses be able to so one of the halls I work in two different places. The hospitals I work for have a their hydrotherapy rehab. Yeah. Which is great. But I would love to see that available for the nurses. Yeah. So after your shift if you want to swim some laps in therapy? Yeah. You just want to go have it all the time. Yeah. Years ago, when I started my nursing, we have social club. They don't do it anymore. See, we're allowed to after work. In the ship finished at 334. You go to the social club. And you might find other people you hadn't seen happen? Just a bit of a chat. I liked that. Because there was always somebody there for you to talk to. Yeah, you had a little bit of that. Even if you had a 510 minute chat to people that was really helpful mentally, to just see someone who's the same as you and friendly face and would have achieved

Speaker 1 18:18

Yeah, kind of forget about the day or kind of rent to each other. Yeah. Yeah. Don't

Speaker 2 18:25

judge you. For things about people. Yeah. Because you do.

Speaker 1 18:31

Yeah, of course. Yeah. Wow. Okay. Um, reflect reflecting on your experiences. Have there been moments where you question and becoming a nurse? And how do you work through those moments?

Speaker 2 18:50

So many times? Yeah. The biggest thing is managing the guilt and the responsibility of that jobs. Because sometimes you don't handle a situation when you're short. Yeah. Yeah. And sometimes it's about patient outcomes. I really haven't had too many of those. I'm really lucky because when you haven't picked up on something I've never done anything that's killed anybody or anything on that, but there's things where you've looked back and thought I should have maybe done something different. So that's a person responsibility for young testicles. Yeah. Especially as you get older you realize that somebody's mom, husband, and yeah, so I I've done a lot of self reflection on that. And I realized how many human Yes, that's my biggest thing that I absolutely I do all my education. I do my imaginary competencies. I practice my skills and Oh, I just decided that if I make a mistake, it is like it's a human mistake. And so what I do is I think being accountable is really, it's crazy. Yeah, if you make a mistake, I think you have to get made a mistake and is a burden that a lot of you make a mistake in an office? Yeah. Yeah. Oh, you know, it's maybe it's funny and that, but it's not someone's life or something. So I think that's how I deal with it. I need to get it out there. Yeah, I have to be accountable. I have to tell the patient. So I work in a place where we've been on drugs. Just totally done the wrong thing. Yeah. So it's fine, though. It's really not. It's really no big deal. I don't even care. I have to say yes. And that is really hard to admit. Yeah. So one on one to another human, when they're stressed and stressed and you've done something to help to be a better person. Let's say that's the first thing you do. And then you fill out an incident. Yeah, you actually write down your mistake and it can be analyzed as to why it happened. And there's never one reason it's always you're busy. You were doing 10 things at once you got interrupted you know, are you just tired?

Unknown Speaker 21:26

Yeah. overworked something

Speaker 2 21:28

stupid. Yeah. So that's what I do. And then I generally have to confess to everybody Yeah, go can you just look out for the cuter done the wrong thing? Yeah, I've done that. Before. I didn't give her the medications. Yeah, surgery is delayed or, you know, dilated her eye and now she's gonna have like a cube to my husband, Scott. Sort of confess. Yeah. I don't know. I I feel like I get this to the universe and on my walks.

Unknown Speaker 22:08

It's just your safe space. You feel kind of loaded out. Yeah, I

Speaker 2 22:11

will. Yeah, say anything, but I'm I feel better than that. I Yes. I think confessing is a really, because there's even if

it's a small thing, or a big thing, you just checked everything to those people. So I

Speaker 1 22:23

think people appreciate you being honest as well. Just so you're not judging, if you've done the wrong thing you're hitting, you're hiding it. And something like it goes worse. It's like, yeah, yeah. You know, something's,

Speaker 2 22:35

yeah, I feel like that sort of helps your therapeutic relationships as well. They feel like, even if you make a mistake, you're gonna be honest about this. Yeah. And I think that is a really big part of healthcare is the relationship with the patient. And if they feel like they can trust you, for federal for us, they know that you're doing the right thing, and you've got their best interest. Yeah, I think that's really important. So that's probably my main stress. I also, if I'm having a conflict with a colleague, yes. And that happens. Generally, I don't I am sort of like, you know, yeah, I'm pretty good with no, and I do turn off. If someone wants to have a crack. I think something's wrong with you.

Unknown Speaker 23:19

Sometimes, there's people there that get to

Speaker 2 23:22

interview but I, yeah, I will talk directly to the person. And that's where your communication skills come in. I just, did you mean to talk to me about that? Yeah. Cuz we got to work together. Let's see this out. And then the other thing you do is, whatever we discuss, I always don't apologize, I must say, right, if you want to sorry, it's come to this. And I'm sorry, we've, we've had this I'm gonna really work hard to keep these points in mind. Even if I think it's bullshit. Yeah. Because their point of view in my point of view might be completely opposite. Yes. Quite valid. Yeah. And I think there's no moving on unless you acknowledge something. So I'm, I'm always concerned to working with which can be really tricky for some people. Yeah. Because some people are passive aggressive. So I was just trying to sort it out immediately. And if I haven't talked to somebody, I said, Listen to my manager. I need a break. From this blistering. Can you just put me somewhere else? Yeah. I think I think nurses, really strong personalities for a reason because you have to deal with some really confronting things that yes, I think you've got to be almost semi aggressive. For better or for worse, sometimes it's the best thing about you and sometimes it's the worst thing. Anyway.

Speaker 1 24:59

How could Do you kind of tell me an interaction with a patient that left a lasting impact on you? This could be like negative or positive as well. And how did you manage your feelings afterwards?

Speaker 2 25:09

I've got two big incident. Yeah, to the right to the bone marrow transplant six years ago in a big public hospital, and had this Absolutely, we've been there maybe two years for the support team and loved her and she was having a transplant. Just a beautiful, lovely thing. And we knew the family exceptional. I was part of her extended team. So they focus on about five and you mainly have

her so she has some continuity, because these people spend months in school. Anyway, she had her transplant it was so excited and she was got engaged to her beautiful boyfriend. She's 2019 Yeah, life is kind of precious and realize this and they were getting married. Anyway, I remember coming on shift. And they she was sort of not quite right. Okay. And everyone was going this isn't it and this is where we were at. This is at 330 in the afternoon. doctor came in and had to be did some blood tests. And I remember the doctor coming out of the room because it's an isolation room. And when I don't think she's gonna make it to the end of shift so this was a young girl whose it was relatively going well. Yeah. Isn't pumps with transplants? We try? Yeah. And then she just started getting good weird, but she was boring until she got an infection and she died on my shift. Wow. So within she went from being just a bit off. Yeah, dead within six hours. And so I that is my shift from how I feel to two, sorry, sorry. She died record when it was the break death, action. And death. It's really good. Goodbye to her mom. We took all our gear. And we just mastering was really amazing. I decided that I didn't want to. I hate myself. Alright, it's a big it was a big moment. Big moment. And it was a privilege. born alone. Yeah. So you had this beautiful young girl. We said goodbye. And she died alone too. Because she said, I'm ready to go. Can you just leave? Can you tell them to go? Yeah, I want to be by myself. She could hardly talk. She was that kind of crazy. Ready to talk to them funny Grandpa 2019. Went to that funeral. Yeah, I did nothing about I think I resigned probably about two months later, and went back picking shit up. I'm gonna friggin go get one. Yeah, that's what I did. Wow, that was really amazing. We did not finish that shift. We cried. We kind of the family cried was we it was total shit. And that I felt really privileged to be part of that. And that's like, a really massive into someone's death is Yeah. Yeah. I've just realized it's amazing. And I treat everything differently now. So if you get me for a procedure, and currently what I'm doing is nice. And we inject people's eyeballs. And people are really stressed. And so I treat it all differently now. And people might not to have me be the nurse on I only do my thing. It's gonna hurt. Yeah, you're gonna be stressed. I'm gonna shut the fuck up. Shut the fuck up. And I'm gonna give you the finger of God. You feel the finger. Don't move. Yeah, because you're gonna get 10 needles in your own.

Speaker 1 29:13
You can get blind if you like, move around. Yeah, it's changed my

Speaker 2 29:17
whole perspective. And I'm really excited that I'm stressed out in my brain. Yeah. Do you want somebody who's just really cold? Why do you want something really real? Yeah, it's gonna be right. It's terrible. Yeah, yeah. How you feeling is really valid. Are we going to do this and then you're going to be right. So that's been really good. And I had one just recently which is another incident which is really super positive. Had a in my day surgery unit. I had a 30 year old guy with autism so isn't apparent. Yeah, like that. He was really mental and really bad. He came in with his to his brother and his sister. Yeah. And pick the we couldn't get him in the front door. Because he's Super stressing is a big boy. And he was stressed about everything. Yeah. And he was like, No. Yeah. Anyway, we

had the best time. Yeah, just took that time. I didn't care less what else was going on in the ward. We just did what he needed to do worked with the family got the brother to do the eye drops and talk to the neath hitters with the shit out. It was, I got a national shout out from your organization in the family, just saying, like a personal thank you. It's really nice. I just thought it was really good. But I just had to do it this way. Yeah. And that's how I handled that can't force anything on it. I did. I said to the family, how are we going to? How are we going to do this? And it's helped me and I'm gonna, you know, it was really what it was positive, right. Happy experience. And I feel really happy with that. But I didn't try and be the boss of that. Yeah, I just went. It's not my thing. What do I care? Yeah. Wow. I think just, I think nurses just operate on control. Yeah. And I just realized I can't control anything. I couldn't control that girl's death. Yeah, I can't control. You know, Burgess. Man how they react. You've just got to, you can only do what you can do. Don't think that's life. And

Speaker 1 31:17
yeah, it is. Everything happens when I change. A lot

Speaker 2 31:21
of nurses do this. Yeah. And I've got some calling or this somehow special. Do you think that's true? Or just painful? To me? Yeah. Is really ordinary. Yeah. Wow.

Speaker 1 31:36
That's a really, really good narrative. Yeah, can tell me it's not perfect. Yeah. Balancing the demands of work and personal life can be quite challenging. Are there any strategies you found that are effective in maintaining that throughout your day to day,

Unknown Speaker 31:57
sit again to

Speaker 1 31:59
balancing the demands of work and personal life can be quite a challenge. Are there any tips or strategies that you found that are effective in your day to day to maintain those?

Speaker 2 32:10
Yeah, I am. Because it's a physical job. Yeah. And when you do physical activity on top of it even more, yeah. Yeah. Did you really crappy days? Oh, well, you owe your energy's gone. Yeah. What do I do? I think tiredness is a thing. And when I have a day off, yeah. I deliberately find something else to do. And housework because you get a bit obsessive about your house.

Unknown Speaker 32:48
Like clean stuff. Like ordered stuff. Yeah.

Speaker 2 32:52
Yeah, no, I try and get out of the house. Things aren't working at all. Yeah, it just it's walking away from the jobs you do. And you just, you actually have to schedule some time to smell the roses, and not even just my bushwalks or anything. I just made sure I just like doing nothing like it was really exciting. I thought I'm coming home. I've left the house, a mess this Viking stuff everywhere. But it's really good. It's something different. You trying something

different? Yeah. I think people are currency. And so I think if you find I just had this amazing kind of thing in the Northern Territory, just done with big walk. And we're in the NT. And the ante is a bit rough.

Unknown Speaker 33:36
Yeah.

Speaker 2 33:38
There was just, I was in a shop, and the artist had come in to get payment. Okay, so she had no shoes on. It was kind of a dire looking situation, came in and was talking about a painting that she'd dropped. And it was a woman's woman's story. And I just sat with her for about an hour talking about the sisters and the dreaming and the story that she had painted on canvas. Now this is a lady who she eaten for last week. It was this kind of thing. Someone's painting to the shop, I ended up finding a painting because I just thought, yeah, how amazing but how good is that? Like, I think people are currency. And I think that is a really good way of downloading. It's just, you don't have to be in charge of anyone you can just be Yeah. And that's the other thing. I do a lot of reflection and reading. And there's this concept and finding out about the Aboriginal thing. Tra, di a DI is that Miriam rose, who's released originally activist, she has sort of explained this in his book that I like reading. And it's just saying that you don't need to know the answer to anything. You don't need to know anything and it's advice. I wish I could tell my 18 year old self Yeah, just be just listen, it's about deep listening. If you just spend some time with somebody you know trying to fix the electronic. You're just spending, you just get this renewed energy and faith in people that you know people. Yeah, anyway,

Speaker 1 35:10
that's really good. In your perspective, how can nurses contribute to each other's well being? So like maintaining a positive atmosphere in the hospital?

Speaker 2 35:22
So I think when we have a major incident, there's usually no time you have to critically analyze anything that happens. So the first thing we're gonna do is it toward each other. And that is a really big thing. Because sometimes stuff happens, you might be unhappy or happy with Callaway, you don't even think twice about it, you move on. Yeah, like, like it never happened. And therefore the same patterns probably appear. So I think the first thing we need to do is not blaming businesses, such as maintenance. And I think that's the big thing. I think, also, too, we have to establish some very strong boundaries between doctors and nurses, doctors, the whole medical system is geared around the doctors and what they want and everything for the question. I think we need to say, Yeah, happy to help. You need five minutes before I can get to you. Yeah. And put patients first because we put doctors even before patients. Yes. So you need boundaries. You need really strong boundaries. With you know, it's important that I help this person. Demo. I'm coming for you. Like they can wait two minutes. Yeah, they're running big bucks. Yeah. Everything is done for them. They can wait. Yeah. Anyway, that's why I think just I think, yeah, I think time is really precious to relaxing. And I think that's an interesting strategy. We'll need to put time away for us these extra

tea breaks. We have mandatory competencies. Do you have days where there's might be a special morning tea for us? We don't often get to it. Yeah. When you pay for two minutes, and then you go, and I really should say, that's important. Guys. Take an hour out and covered. Yeah. So I think that's a good strategy. It's just making sure there's time available for us to that's a management strategy. That's nothing we can do ourselves. Yeah. And maybe we could just say to each other, it's an uncover you. Tight here for a minute, but you go and have you 510 minutes. Yeah, I think we just need to, you know, help each other out a little bit, not just the same people. Everyone just got a little more just take a 10 minute, you know, even if you don't feel like you need a little break. Yeah, I can that's, that's important. Yeah.

Speaker 1 37:48
Are there any support services that are easily available to you? Well, that you know, what? Back for nurses?

Speaker 2 37:55
The hospital meals work. There's a mental health, online, and anything where you can zoom in

Unknown Speaker 38:03
help? Yeah.

Speaker 2 38:05
I don't believe anyone's ever accessed it. Well, and I can't even imagine accessing that as times when I forget it. But I don't think we like to be encouraged with each other. Okay. Yeah. I think if something happens, we should say, Listen, this should just go online and see. Yeah, I think there's a real taboo with any nurses that were meant to be superhuman and, and maybe that's where that aggression comes from. Thank you. Yeah, maybe that's a question that comes from the time we take time out to process these things, things through like judging each other to be the best, most amazing. coaxing? Well, yeah, there is something I've never been access to. Yeah, so there should be alright. I could be even helpful if your supervisor came by and went good. You had a tough day. Yeah. You want to you know? Yeah, let's do something. Yeah, there's not a lot of I find workplace there's not a lot of infrastructure in any of the workplaces to go out and do something either. Regular outings? Yeah, team. Yeah. Well, Steve have worked together and that builds up some sort of team building thing.

Speaker 1 39:17
Yeah. I'm surprised he was not a lot of kind of support. Because I think my mom said that in Queensland. They often nurses like a free counseling session or something. Have you heard of that before? No. Okay. Yeah, I haven't been in a public separate now for a while yeah.

Speaker 2 39:35
In the private system because he's run by these big corporations. Yeah. And some of them are doctor and yeah, so the nurses sit in the middle they get the patients and demanding doctors demanding and the nurses are here. Yeah. And it in one of my private places. There is this thing but I don't know what it is. Well, we get the other thing we do get often is a fitness passport. Okay, one of my So, so you're allowed to, there's certain organizations which are listed. And if you want to join the

gym that's on the list, pay towards your which I think is very cool. But there's nothing in my area. I have applied. Yeah. And you're allowed to do that I have. Yeah. For my gym to be on. Okay, that's great. Yeah. So that is kind of helpful. And that's a mental health thing. Yeah. They talked about that. Yeah. Yeah.

Speaker 1 40:32

Okay. And then have you like, do you think these support servers have a sister join anyways? I've never used No. Yeah.

Speaker 2 40:42

And probably I've needed to Yeah. Insight into yourself? Yes. Before you can access anything. Yeah. And I think my younger self would have done it.

Speaker 1 40:55

too. No, I thought about a lot of younger people. They're like, I don't want to seek help. You know, I just want to see if I can deal with it. Or really,

Speaker 2 41:07

I really do think we've sort of had this going on with it.

Unknown Speaker 41:10

Yeah. And you've

Speaker 2 41:11

had my choice. I didn't come and talk to you about anything they just had to but I think your generation now talk about things and you've got a voice. Yeah. And this is this girl power. Really coming through the ranks? You're better off for it. Yeah.

Speaker 1 41:26

There's a lot of there's been a lot of change recently with all the young people kind of like expressing themselves more getting their voice voice heard. And females as well, which I think is great.

Unknown Speaker 41:36

And you're allowed. Yeah. These days.

Unknown Speaker 41:39

Yeah, he's no.

Unknown Speaker 41:41

And then you've got things like the material.

Speaker 1 41:42

Yeah. Right. Yes.

Speaker 2 41:46

And people, the whole nations, which is good. And then these girls their relationships with each partners in that's been showcased. Yes.

Speaker 1 41:55

Yeah. It's believable. It's crazy, though. Because like my, my dad was saying he was watching it. And that's really like surprising, because he's very, like, male sports about it. You know, a female sports are boring to watch. And he's been watching. And he's like, it's really interesting. They're really good. And it's really cool. Everyone's watching it.

Speaker 2 42:15

Loving it. This is a big problem with nursing. It's efficient. And so we haven't in society had a voice. Yeah. So no wonder in our profession. We haven't had a voice. Yeah, there's more female doctors coming through? Yeah, there's more. It's more of a collaboration. So there is this really good health system that is actually working with, because it's something I really love doing. Yeah, I can get to it. It's about Okay, so it's a therapeutic innovation. And it is patient focused healthcare, in collaboration with patients. So it's about having a worldwide DNA, and blood data. And so instead of being reactive, like the medical profession is like, you've got a broken arm to get it fixed. Yeah, you can look at worldwide information with all different experts as the patient and go, I just don't think I'm managing my diabetes properly. And this is where I want to go. These are the doctors who believe that this way. Yeah, and I can access. Yeah, like, I want our medical model to move to that. So you can sign up, just go to your job to have five minutes at your GP and hope they listen. Yeah. And hopefully understand you, you can say, I would rather have this diet, keto, and this, and that this is what I want to put to my health. Yeah. And I want to work towards these outcomes. And you find practitioners who are aligned with that. And and you look at the worldwide data, and you can see how you're going on that. I really want us to create more of this collaboration and more proactive instead of reactive. Yeah, I think that when we do that, then you're getting people who come fully educated. Yeah. And and I think that'll help nursing. Yeah, really taught us just working with what we've got. And it will manage patient expectations. Because know about your staff. Do you know when you're not as angry, because when you want to go?

Speaker 1 44:25

That's all of my questions. So it's Yeah. Was that helpful to Yeah, it was very helpful. Yeah, insights I am so I'm trying to create a product that could help and assist nurses in the workplace. So things like distress you so it's something to provide immediate shorts for nurses and then in the workplace, something that can just allow you to get away for like two minutes, you know, it's like a bathroom. So you can like kind of use this to de stress and then you can like, you know, go on and get up with your job. Because I found that there It's really nothing for nurses in the workplace to help them cope at all. Especially if you're like, you know, an introvert as well, you don't want to talk to people without it. You just deal with it internally. And I was talking to my mom, and she was like, Oh, I can't really deal with like emotions at work. You kind of just have to shut it down and talk to your manager or something about it. And then that's about it really?

Speaker 2 45:22

Isn't. Yeah, yeah. So because there's also people who are much worse off than yes. And so you feel like, why would I ever had complained? About Davis? Yeah, I'm with cancer. Yeah. And I was in comparison, but the problem is when you're the carer, yeah, you're not healthy. Yeah. You can't deliver good health care. Yeah, of course. Yeah. It's a really good thing.

Appendix 6: Survey Responses

Link to original form:

https://docs.google.com/forms/d/e/1FAIpQLSez-niAi4QSA-XrLGRlQZjUr267BttLizYLcpJ-dE0dSUOgO7Q/viewform?usp=pp_url

Participant 1:

1. 5
2. 4
3. 3
4. 3
5. 3
6. 3
7. 4
8. 5
9. 4
10. 2
11. I feel I am not adequate enough to know all the skills required for the job.
12. Too much paper work to complete. Number of patient to look after. No proper support.
13. Most of the time
14. Exercise, mindfulness, reading my Bible, listening to praise and worship songs. Talk to my family. Remind myself that I am loved.
15. Helping sick people and making a difference on their lives is a positive impact on my mental health.
16. They become aggressive and snappy towards others.
17. Queensland Health has free counselling session for those who need help with mental illness or depression.
18. I don't feel adequately prepared to handle emotional challenges. However, time and experience will be important to gain the knowledge needed for the job. Take one day at the time.
19. Counselling is free and peer support is important to be able to connect and talk to someone about your feelings.

Participant 2:

1. 3
2. 2
3. 2
4. 5
5. 5
6. 1
7. 5
8. 5
9. 5
10. 5

11. Depend on wgo you work with and the behaviour of the patients stressful
 12. Yes
 13. Very often
 14. Drink at home after work
 15. Yes
 16. Yes they are very uncomfortable
 17. Yes
 18. Yes
 19. Manage to survive for myself balanced myself help myself
-

Participant 3:

1. 4
 2. 3
 3. 3
 4. 4
 5. 4
 6. 3
 7. 4
 8. 4
 9. 4
 10. 3
 11. Conflict between colleagues
 12. N/A
 13. Rarely
 14. Engage in physical activities
 15. Render care at patient's house
 16. Yes, due to increased number of patients or during difficult patient handling colleagues may get stressed
 17. Yes
 18. Yes
 19. Easily available but need more awareness programs about all these supports. Most of the staffs are unaware of these supports.
-

Participant 4:

1. 3
2. 3
3. 3
4. 2
5. 5
6. 3
7. 3
8. 3
9. 3
10. 3
11. No available stuff to use
12. When you need equipments or medication that aren't available
13. More often
14. I don't focus on stress, just let it happen. Just try to let end the shift calm.
15. Yes, team work
16. Yes, inability to think orderly and missing some tasks need to be done.
17. Yes.
18. There is a training, unfortunately I haven't attended yet. Would like to attend one day.
19. I would imagine it would be very informative and supportive.

Participant 5:

1. 3
2. 3
3. 3
4. 3
5. 4
6. 3
7. 4
8. 3
9. 3
10. 4
11. Patient aggression, management support and staffs ability to perform tasks
12. Verbally abusive patients. Underperformance by member of staff Lack of management support and leadership
13. every after 3 months
14. deep breathing self motivation socializing with family shopping holiday Appreciation by some patients about the performance youve given them
15. Sometimes
16. Get away with politics at work
17. Yes
18. Very good

Participant 6:

1. 5
2. 3
3. 1
4. 3
5. 1
6. 1
7. 4
8. 3
9. 2
10. 2
11. So many new staff to train , staff shortage, too many sick leave, not enough support from management , too much politics
12. Staff shortage due too many sick leave calls everyday
13. Every now and then Suck it up and do the work go home and forget about work
14. None
15. N/A
16. More support from management
17. Yes
18. Not good enough

Participant 7:

1. 5
2. 2
3. 2
4. 2
5. 5
6. 1
7. 4
8. 2

9. 3
10. 2
11. Unfamiliar medical/nursing situations
12. Toxic patient/ family/ doctor/ workplace culture
13. Often
14. Social relaxation
15. Workplace friends
16. Yes, they're unable to concentrate/focus
17. Overall mental health support from management on a regular basis
18. No
19. Barely ineffective due to staff living in denial and not utilising support system available.

Participant 8:

1. 4
2. 5
3. 5
4. 5
5. 4
6. 5
7. 5
8. 4
9. 5
10. 4
11. Deteriorating patient, staff skill mix and number of staff per shift
12. Incompetent staff in a critical care area
13. Often, but every nurse or any health care personnel needs to know her/his own limitation and on how to handle stress at workplace
14. Stress and problem at work needs to be left at your workplace, home is for family and yourself. Also, strengthen your knowledge by doing further education and learning new skills
15. Socialising with workplace friends
16. Yes, when they have problem at home as well
17. Nil
18. Yes
19. Yes

Participant 9:

1. 4
2. 4
3. 2
4. 3
5. 3
6. 2
7. 5
8. 4
9. 5
10. 3
11. Patient deterioration, meeting patient needs
12. High acuity
13. Often
14. Doing things I love at home, seeing friends and family

- 15. Accomplishment
- 16. N/A
- 17. N/A
- 18. Sometimes
- 19. Unaware of these

Participant 10:

- 1. 4
- 2. 3
- 3. 2
- 4. 2
- 5. 4
- 6. 2
- 7. 4
- 8. 3
- 9. 3
- 10. 4
- 11. workload, difficult patients (behaviourally)
- 12. heavy patient load/workload
- 13. Rarely
- 14. growth mindset, self-care, not thinking about work
- 15. physical environment (spacious)
- 16. irritability, complaining
- 17. fair workload, getting/having breaks on time
- 18. Somewhat
- 19. it's not widely advertised/promoted

Participant 11:

- 1. 4
- 2. 3
- 3. 1
- 4. 3
- 5. 5
- 6. 4
- 7. 4
- 8. 4
- 9. 3
- 10. 3
- 11. Many procedures booked on a day which often run overtime. This causes rushing between appointments and trying to be thorough. Often being needed in more than one location at a time causes stress. Communication does help with this. However, generally the whole team is very busy and they are experiencing similar things.
- 12. As above
- 13. Every few months
- 14. Practicing gratitude, prayer, listening to music, debriefing with friends and colleagues, Christian meditation app.
- 15. Working with lovely people. Mostly very kind patients. Working day and early afternoon shift in my role.
- 16. Many colleagues significantly struggle with stress. Altered mood (grumpy, easily frustrated, reserved) when not usually.
- 17. I think local management asking how staff are coping could help. Employing an overflow or

- additional nurse to scout and assist other team members during especially busy periods.
- 18. Difficult conversations not particularly. I have had many and they are often very difficult. I don't think staff receive adequate training on this or de-escalating situations.
- 19. The hospital offers a free external counselling service but I think there could be more support for staff mental health. Especially after very difficult situations. I think because we see horrible things so often it's expected that we just deal with it but some things are very confronting. I do believe that debriefing with counsellors on site should be much more frequent. I personally had a nursing friend who became an alcoholic after all the things she witnessed in a Qld Health ED. These things are not normal and I believe many nurses and health care workers suffer from unrecognised trauma. It's often not managed in healthy ways because of the amount we see. There's a bit of a culture of "she'll be right" in public health, where honestly we see many traumatic events over the years and we just process it privately unless there's a major critical event.

Participant 12:

- 1. 3
- 2. 4
- 3. 4
- 4. 4
- 5. 5
- 6. 2
- 7. 3
- 8. 4
- 9. 4
- 10. 4
- 11. Workload on the floor and pressure from dealing with patient flow
- 12. N/A
- 13. N/A
- 14. Shopping
- 15. N/A
- 16. Cranky
- 17. N/A
- 18. N/A
- 19. N/A

Participant 13:

- 1. 3
- 2. 4
- 3. 3
- 4. 3
- 5. 3
- 6. 2
- 7. 2
- 8. 2
- 9. 4
- 10. 3
- 11. Medium level .
- 12. Not enough staff and high demand work level.
- 13. Occasionally.

-
14. Work diligently.
 15. No
 16. Yes , heavy work loading , no backup.
 17. Not sure if there's any that is effective.
 18. Not enough training I guess.
 19. We need more support system in the health sector.
-

Participant 14:

1. 3
 2. 4
 3. 4
 4. 4
 5. 4
 6. 5
 7. 5
 8. 3
 9. 4
 10. 2
 11. Short of staff
 12. Short of staff and resources
 13. Sometimes
 14. Surfing
 15. Stress
 16. Yes
 17. Yes
 18. Yes
 19. Counselling and workshops
-

Participant 15:

1. 4
 2. 4
 3. 2
 4. 3
 5. 5
 6. 3
 7. 2
 8. 2
 9. 4
 10. 3
 11. Completing all task
 12. When a patient needs more emotional support and there isn't the time to attend to everything else that needs to be done.
 13. Weekly
 14. Exercise, cooking
 15. Interacting with patients
 16. Lots of ups and downs. As people become more tired they are lower mood
 17. The patient to nurse ratio should be person centred and not numbers
 18. This will come with experience however should be part of the final year more
 19. It is made aware to employees but unsure if it can be easily accessed
-

Participant 16:

1. 5
2. 5

3. 4
 4. 4
 5. 4
 6. 4
 7. 5
 8. 5
 9. 5
 10. 3
 11. Managing 4 areas of services
 12. Finding staff to cover leave
 13. Seldom
 14. Have coffee outside the office. Go out on weekends.
 15. Aggressive patients
 16. Anxiety due to aggressive patients
 17. More Staff well being support officer
 18. Yes after 35 yrs of nursing
 19. Always available
-

Participant 17:

1. 5
 2. 2
 3. 3
 4. 3
 5. 4
 6. 3
 7. 4
 8. 1
 9. 3
 10. 2
 11. Family concerns, patients who couldn't wait, multiple buzzers
 12. Multiple patients needing attention at the same time
 13. Every week
 14. Watching TV while drinking alcohol, Going out with family
 15. Supportive manager and few workmates
 16. Some colleagues have domestic problems they bring to work and it affects their dealings with fellow staff
 17. Team building activities is lacking
 18. Adequate yes but not extremely prepared
 19. They just refer you to the counselling service over the phone. No mental first aid in place.
-

Participant 18:

1. 3
2. 3
3. 3
4. 4
5. 4
6. 4
7. 5
8. 4
9. 3
10. 5
11. Understaffing
12. Work Overload
13. Sometimes
14. Teamwork and communication. And aafter work , selfcare and spend time with the family

-
15. Some colleagues support
 16. Frustrated and anger
 17. Follow up and acknowledgment
 18. Yes
 19. Would have been better if not biased.
-

Participant 19:

1. 3
 2. 3
 3. 2
 4. 4
 5. 4
 6. 2
 7. 4
 8. 4
 9. 4
 10. 2
 11. Lack of time, lack of resources, staffing/replacement of staff whom are sick, environment not conducive to de-escalation of behaviours, unrealistic expectation of families, interruptions during S8 drug rounds.
 12. De-escalating physical , verbal behaviours of patients with dementia/Mental Health illnesses. Vulnerability of staff to physical behaviours
 13. Every few months- after emergency situations, loss of residents and daily handling of difficult behaviour
 14. Speak with colleagues and communicate issues with the clinical team. Reach out to colleagues over a coffee. Exercise and spend time with family. Switch off once shift is over and leave work at work. Time alone reading.
 15. Team. Positive culture. Acknowledging staff for loyalty and value to team. Time off granted when tired. Family circumstances considered during rostering.
 16. Colleagues have resigned. Colleagues take more sick leave. Colleagues verbally vices discontentment.
 17. Mandatory briefing post palliation, post emergencies and more education regarding coping with burnout.. Sick leave over 2 days requiring medical certificate - staff feel that sick leave is being scrutinised, yet work shifts understaffed leaving them exhausted
 18. No. Lean heavily on life skills and experience.
 19. Aware debriefing is available upon request. Culture of absorbing stress as part of the job.
-

Participant 20:

1. 2
-

2. 4
 3. 4
 4. 4
 5. 3
 6. 3
 7. 4
 8. 3
 9. 5
 10. 3
 11. Lack of time
 12. Behaviour concerns
 13. Not really
 14. Count numbers backward and breath slowly
 15. Good environment to work
 16. All looks fine and happy in our facility
 17. Nil
 18. Yes
 19. I hard our company have counseling but I never see or use it.
-

Participant 21:

1. 2
 2. 4
 3. 4
 4. 4
 5. 3
 6. 3
 7. 4
 8. 3
 9. 5
 10. 3
 11. Lack of time
 12. Behaviour concerns
 13. Not really
 14. Count numbers backward and breath slowly
 15. Good environment to work
 16. All looks fine and happy in our facility
 17. Nil
 18. Yes
 19. I hard our company have counseling but I never see or use it.
-

Participant 22:

1. 4
 2. 3
 3. 2
 4. 3
 5. 3
 6. 3
 7. 5
 8. 2
 9. 3
 10. 1
 11. N/A
 12. N/A
 13. N/A
 14. N/A
 15. N/A
 16. N/A
 17. N/A
 18. N/A
 19. N/A
-

Participant 23:

1. 1
2. 5
3. 5
4. 5
5. 3
6. 4
7. 5
8. 5
9. 3
10. 3
11. Rostered shifts
12. Number of patient workload
13. Rarely
14. Take time off work when I want to
15. Don't stress, do one thing at a time.
16. Yes, some gets too overwhelmed with workload
17. Good teamwork
18. Yes
19. 24/7

Participant 24:

1. 4
 2. 3
 3. 4
 4. 3
 5. 3
 6. 3
 7. 4
 8. 3
 9. 4
 10. 3
 11. Emerging needs and staffing levels
 12. Sick calls
 13. Daily
 14. Shutdown completely from work
 15. Supportive workmates
 16. Bad mood
 17. Workload and counselling
 18. Yes but close to burning out
 19. Not really
-