Stress and overwork are top health and safety concerns for nurses, who also report that such concerns influence their decisions to remain in the nursing profession. Nursing is known to be an extraordinarily stressful occupation. Unlike in other professions, stress in nursing is assumed to be present.

Workload and stress

For nurses, the word ‘stress’ describes a mix of unpleasant situations and unpleasant inner personal experiences. Stress may come from high workloads; staff shortages, which contribute to overwork; and a perceived lack of support from colleagues, management and hospital administration. But workload-related stress may also come from outside of the workplace, namely from the household. This often differs for women and men: women workers tend to have more stress, both physical and mental, than male workers due to unpaid household work and care work. Care work entails unique physical, emotional and psychological demands, whether or not it is performed for pay. For women in paid care work such as nursing, the focus of this piece, stress from overwork can come from the workload in the workplace, at home, or a combination of the two.

Research on occupational stress often focuses on workplace stress alone, as if the workplace and home are distinct and unrelated. Implicit in this approach is an understanding of the workplace and home as ‘separate spheres,’ dividing the economy into a public sphere and a private sphere and the life of the worker into a work-life and a home-life. However, some research emphasises ‘work-home conflict’ in which work-based stresses impact the worker at home or ‘home-work conflict’ in which home-based stresses impact the person at work. According to this research, individuals have experiences that connect their workplaces and their homes even though they may not perceive a conflict between the demands of paid work and unpaid work.

Consider the case of overwork as a cause of stress. Nurses tend to feel overworked, but ‘overwork’ is not merely a workplace-based phenomenon, particularly for women. Nurses have a heavy workload, consisting both of paid and unpaid work, and often feel fatigued, overwhelmed and stressed. Unpaid work consists of the hands-on work of child-, self- and eldercare, in addition to household work like cooking and cleaning. The
unpaid work that women do can be considered a ‘second shift’ of work.[7]

Nurses do this unpaid work on top of the 9 or 12 hours of paid work that they do in wards and clinics. An interview-based study of 24 female professional nurses in a public hospital in Gauteng Province that divided nurses’ time into sleep, paid work, unpaid work, commuting and leisure found that, on an average workday, nurses who do shift work do nearly three hours of unpaid work in the home and professional nurses in clinics who work from 7 am - 4 pm do over four hours of unpaid work.[8] On average, the nurses spent about two hours commuting to and from the hospital per day. Therefore, on workdays, leisure time amounts to under two hours for nurses in clinics and averaged just 24 minutes for nurses on 12-hour shifts (Figure 1). It is no surprise, then, that many nurses feel that they are under constant time pressure both at work and at home, which can contribute to feelings of distress.

Time-use in hours per day[8]

Interpreting overwork as the result of separate, if heavy, workloads at home and in paid work paints an incomplete picture. It suggests independent workloads for the same worker. Yet the workloads are not separable: the work is connected through the worker and the care that she provides. The substance of the work that nurses do, and the hands-on nature of that work, connects nurses’ lives inside their ward or clinic to their world outside. Nurses care for patients and for members of their own and other households. One nurse summarises the relationship:

‘I think it’s a continuation actually, the home-life and my work-life. To me, it’s a continuation. I’m here in the hospital dealing with the life of human beings. And at home I also care for human beings. I continue to look after the life but indirectly. It’s not direct like here in the hospital. There is a connection to me, with the hospital and home.’[9]

Caring work, paid and unpaid, can be especially strenuous in part because it places extraordinary physical, emotional and mental demands on the carer.[6] But more fundamentally, caring work is uniquely demanding because while the legally or socially recognised claim on care for a particular person or patient may be fulfilled, the desire for care is by its nature without limit. This limitlessness may leave the carer feeling that she can never provide the quantity and quality of care that the job requires.

Because a nurse’s caring work may be paid (located in the workplace) or unpaid (located at home), ‘the job’ here may refer to either, or both, of the jobs. In other words, the demands of care never end, which can contribute to a feeling of time pressure, stress, frustration and even anxiety or depression.

Caring work is a shared challenge for nurses

The most obvious form of unpaid care work done by the nurses who were interviewed in the Gauteng-based study is childcare. This form of care work is not limited to those nurses with young children or to single mothers; it affects nurses in a wide range of circumstances. For example, one nurse in her early 60s is supporting two children, ages 4 and 6, who belong to her daughter who passed on four years ago. The nurse is also supporting her husband, another daughter, and another grandchild. She said:

‘You know, when we grow up, you have got plans. “Ok, this is what I’m going to do, if I work I’m going to do this or that.” I had a daughter who was working, who was helping me here and there financially, now, she’s gone. And I’m left with her two kids. And [my other daughter] is not working. I have to look after her, I have to look after her son, I have to look after myself, I have to look after my husband ... it becomes a lot too much.’[10]

Beyond child care, and among other challenges, the demands of care work may be particularly challenging for nurses in South Africa due to HIV. Studies of health professionals have found that caring for HIV-positive patients can contribute to overwork and burnout.[2,11] Caring for patients with HIV can place social burdens on caregivers and may take a psychological toll. Several of the nurses who were interviewed in the Gauteng-based study talked about HIV as a source of stress and overwork. However, that stress typically came from outside of the workplace, rather
than from patient care, but had impacts both at home and at work.

Some nurses are HIV-positive themselves and other nurses are caregivers for HIV-positive family members. Still more nurses are the caregivers for elderly relatives or for their own grandchildren because other relatives or children passed on due to HIV-related illnesses. HIV has meant a rising demand for care inside and outside of the paid work environment for nurses. Not only can HIV contribute to overwork in terms of intensity of demand for care in daily life, it can have life-long consequences and can be passed on due to HIV-related illnesses. Some nurses are HIV-positive themselves and other nurses are caregivers for HIV-positive family members. Still more nurses are caregivers for elderly relatives or for their own grandchildren because other relatives or children passed on due to HIV-related illnesses. HIV has meant a rising demand for care inside and outside of the paid work environment for nurses. Not only can HIV contribute to overwork in terms of intensity of demand for care in daily life, it can have life-long consequences and can be passed on due to HIV-related illnesses.

The demands of care work, with frustrated hopes for their own futures. The demands of care work, with frustrated hopes for their own futures. The demands of care work, with frustrated hopes for their own futures. The demands of care work, with frustrated hopes for their own futures. The demands of care work, with frustrated hopes for their own futures.

The demands of care work, therefore, present a multi-generational challenge for nurses.

Nurses’ heavy load of caring work in the workplace and at home interact in ways that are particularly stressful given the unique demands of care work and the limitless nature of the desire for care. For healthcare workers, life outside of work is critically important for avoiding stress-related burnout. One clinical care nurse described the importance of other interests and hobbies outside of nursing and other engagements that allowed the nurse to ‘escape into a different world, where I did not have to give out or help anybody’ [11]. But for many nurses, finding the time to replenish exhausted mental, physical, and emotional resources outside of paid work may prove difficult, if not impossible. As a shared challenge for nurses that cuts across generations and the professional hierarchy, care-based overwork may provide a basis for organisational consideration of responses that would reduce overwork in the workplace.

References/Footnotes

8. Research protocol approved by the Whitman College Institutional Review Board on 6 April 2015 and issued approval number: IRB 14/15-61. The qualitative study used in-depth interview techniques to collect time-use data. The broader study includes 71 professional nurses, staff nurses, and auxiliary nurses and was approved by hospital administration. The time-use categories are discrete; meaning that they add up to 24 hours per nurse per day. The reality of time-use is more complex, however, as activities do not divide so neatly into discrete categories. The time-use data cited here covers 12 professional nurses who work in shifts and 12 professional nurses who work in clinics with hours of 7 am - 4 pm Monday to Thursday and 7 am - 1 pm on Fridays.

Do you have too much stress?

Some stress is beneficial because it stimulates engagement with work. Without it, we would be bored and may become frustrated. It is the stress that builds beyond this that is experienced as unpleasant and can provoke anxiety or have other negative impacts on well-being. Nurses may be hesitant to acknowledge distress because they feel that it is simply part of their lives at work and at home, and therefore they should not put on a brave face. But internalisation of this can lead to feelings of isolation from others, both at work and at home.

Identifying stress

Stress may be difficult to notice because it may increase gradually. Personal reflection can help you identify symptoms and sources of distress, a key first step in coping with it.

Physical impacts: headaches, nausea, heart palpitations, high blood pressure, tense muscles, stomach cramps, constipation and diarrhoea.

Emotional impacts: anxiety, depression, fear, feeling trapped, hopelessness, despair, loneliness, defeated, anger, self-doubt, indecisiveness, procrastination, or suppression of feelings.

Behavioural impacts: withdrawing into the self, verbal aggression, gripping objects tightly, losing interest in things you liked, insensitivity toward others, or destructive behaviours such as excessive drinking.

“Nurses may be hesitant to acknowledge distress because they feel that it is simply part of their lives at work.”
Coping with stress

1. Distractions: distractions such as hobbies, exercise, interactions with friends, and helping others can provide temporary relief from stress.
2. Self-care: meditation, relaxation exercises, breathing exercises and eating well may help you prepare for, and respond to stress. Further, some evidence suggests that the ways we think about stress can predict whether stress will impact us negatively. Rethinking stress as an opportunity to give and receive support may help strengthen support networks.
3. Emoting and externalising: crying, talking about stress with supportive people, or writing down feelings can help you release stress instead of keeping it inside.
4. Confronting causes of stress:
   - Reflect: instead of avoiding thinking about sources of stress, try to figure out what causes stress at work and at home.
   - Communicate: communicate with others at work and at home about sources of stress and ask for help. The things that cause stress can be difficult to talk about, but sometimes simply talking about them helps ease stress. Nurses have many shared challenges and can benefit from learning about each other’s experiences.
   - Make a stress-relief plan: consider seeking out peer mentors or counsellors to help you reduce stress.

Who will care for the carers?

Do you have a good working relationship with your colleagues? Or do you or do others who you work with feel bullied?

One of the best resources that nurses have available to them is the expertise and experience of their colleagues. Peer mentoring is valuable because it can help establish the supportive relationships that are sorely needed in many wards and clinics. Mentoring can help with work-based concerns but it can also help with financial difficulties, family problems including divorce, and health-related concerns.

How to help stressed out colleagues:

1. Offer to help with work if you see someone struggling with their workload.
2. Be approachable so that people feel able to ask for help if they need it.
3. Communicate with your colleagues about challenges so that you can work together for things to function more smoothly in the future.

How not to help stressed out colleagues:

1. Tease them for requiring assistance.
2. Tell them to ‘cheer up’ without working with them to address sources of stress.
3. Have a row rather than waiting to communicate with colleagues about challenges once an urgent matter has been resolved.

Do you have financial stress?

1. Make a budget: Putting together a budget can change how you feel about your finances. Being organised can improve your sense of financial well-being.
2. Keep track of expenses: Keeping a notebook where you record your income and your spending every day can help you stay on top of your expenses. This can ease payday stress because you will know exactly what is in your bank account and where it is going.
3. See a financial counsellor: If you need assistance with your finances or have questions about debt, then a financial counsellor can provide you with information and help you make a plan.

What can management do?

1. Make mental health resources available and easy to access: The extraordinary stress that nurses are under can lead to anxiety and depression as well as burnout. Social workers who are available to nurses and who actively engage with nurses in their clinics and wards could help nurses talk about the challenges that they confront. They could also refer nurses to mental health professionals located in the hospital, which could make seeking help easier.
2. Be supportive of peer mentoring: Peer mentoring can improve the working environment. Management could put together a list of nurses who are willing to be contacted by peers who are in need of support and mentoring, and distribute the list with contact details to all nurses.
3. Provide channels for receiving and responding to feedback: The hierarchical organisation of the profession can make it difficult for nurses to provide feedback to management and administration. Solicited feedback could help management identify needed interventions.
4. Schedule meetings in advance: Last-minute meetings are experienced as a disruption in a busy day. Schedule meetings ahead of time so that clinics and wards can plan their shift when they arrive.
5. Increase transparency when work processes change: If nurses are required to take new notes or fill in a new form, take care to make the reasoning clear. Otherwise, already overworked nurses may interpret changes as ‘make work’ policies.