MJN The Experiences of Nurse's Frustrations in Clinical Settings

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ABSTRACT

Frustrations is a deep chronic sense or state of insecurity and dissatisfaction arising from unresolved problems or unfulfilled needs. This study delved on the lived experiences of nurses' frustrations particularly in the clinical settings. The research design utilized a qualitative descriptive phenomenological study in the public and private tertiary hospitals in Cebu City, Philippines who has employed millennial nurses. Thus, purposive sampling and an in-depth semi-structured method is utilized. Data were analyzed using Colaizzi's process for phenomenological data analysis. The results of the study emerged five major themes consequently from the extracted statements specifically: (1) challenging experience, (2) controlling experience, (3) cold-shouldering experience, (4) censuring experience and (5) unvalued experience. The lived experiences of the millennia nurses significantly revealed their thoughts and feelings as a result of frustrations encountered in the workplace.

Keywords: Frustration; Qualitative Descriptive Phenomenological Study; Purposive Sampling; Semi-Structured Interviews

INTRODUCTION

Frustration is rooted from self-doubt arising from problems or needs that is not resolved and fulfilled. According to Massan (2021), it is an emotion that happens in situations when a person is unable to reach a desired outcome and is one of the common negative emotions that every person felt in workplaces. When people get frustrated in any given situation, it is just part of the human experience and this feeling of being frustrated is usually unavoidable in many persons. However, frustration is considered by many as a vehicle for change since it is a mirror mechanism of the problems the person encounters. Nevertheless, unresolved frustrations may have a negative psychological and emotional effect on anyone. Massan reiterated that "frustration is deeply rooted when our actions are not producing the results that we think they should be producing."

According to Dela Cruz (2016), the majority of the human workforces comes from the young generation otherwise known as millennials. Millennials are those people born in the early nineteen-eighties and nineteen-nineties (Merriam-Webster Dictionary). In the Philippines, millennials dominate more than 1/3 of the country's population. As such, they are characterized as technically competent, family centric, achievers, team oriented, and love to seek attention. However, they are prone to job hopping which they do not hold on to work longer. In October 2015 Work Force Survey found more than 42 million Filipino workers, 47.1% were Filipino millennials aged 15-34 years.

In many hospitals in the Philippines, the majority of nursing workforces are the younger generations or the millennials. According to the dissertation of Hobbs (2017), there are huge numbers of older generations working in the hospitals, nurses are retiring and that the hospitals rely solely on recruiting and retaining millennial employees in order to make the hospital workforce viable and free from vacancies. Thus, hospitals in Metro Cebu, Philippines are filled up with millennial nurses that constitute the majority of the nursing workforce.

Hoyt & McGrath (2019) presented researchers that examined the characteristics of millennials and attested that the generation of millennials are indeed highly educated, self-confident, technologically savvy and ambitious. Accordingly, the millennials are extremely connected particularly in using technology and social media. Moreover, they are adoptive to new models or frameworks in social information driven technology. However, Hoyt and MacGrath (2019) and Pfau (2016) further argued that "millennials have long been painted as entitled as narcissist."

Frustrations are usually felt by any human being, being described and being defined by himself. With pressures and stressors hounding in the work environment of the millennial nurses working in hospitals, definitely, the majority of them encounter frustrations. These frustrations are observed in the case study presented by Hapal (2017) where a nurse left the Philippines to work abroad because of low salaries and no regular positions in the hospitals were provided to the nurses. The Philippine Overseas Employment Agency (POEA) reported that thousands of nurses have left the country to work in foreign countries and are predominantly female, young (in their early twenties), single, and come from middle income backgrounds (POEA 2004; Lorenzo *et al.*, 2005). With this data, it shows that one of the reasons is frustrations and disappointment in the workplace. Thus, these frustrations among nurses would likely lead to their early resignations and may apply for foreign work.

Many related studies and literature of millennial nurses shows job dissatisfaction, burn-out and other stressors that cause frustrations among these nurses. However, it did not show studies of what were the experiences and stories of millennial nurses being frustrated in the workplace. Although there is literature that provides action plans by administrators in addressing frustrations of nurses but not on millennial nurses.

The researcher experiences that these individuals being a millennial nurse and at the same time working with millennial nurses in the hospitals. It has been observed that millennial nurses have unique behaviors in dealing with stressors and frustrations. Most responses of frustrations among millennial nurses usually affect their work performances such as attendance in work and in dealing with their nurse managers. As a nurse, hoping to become a nurse

administrator, it would be appropriate to understand the phenomenon of frustrations as it will widen the awareness in handling and managing it. Thus, the researcher would like to delve on the lived experiences of nurses' frustrations particularly in the clinical settings. It is important for a nurse manager and an administrator to know the stories in order to make the staffing more viable so that the quality of patient care will not be interrupted (Kornhaber, 2009).

Objective of the Study

The study will explore and describe the lived experiences of millennial nurses' frustrations in Clinical Settings.

METHODOLOGY

Research Design

A qualitative descriptive phenomenological study was used in the study. Phenomenology is "an approach that concentrates on the study of consciousness and the objects of direct experience" (Oxford Dictionary). It is a conscious knowledge associated with saying what is perceived, sensed, and known from the person's experience and the unique source of absolute existence, based on what the person thinks, feels, and perceives (Yukel & Yildirim, 2015).

Research Locale

This research locale of the study are the tertiary hospitals in Cebu City, Philippines. Cebu City has tertiary public and private hospitals who have employed millennial nurses.

Research Sample and Sampling Technique

The study utilized purposive sampling. The selection of key informants is purposive as it seeks to find the "key informants" who are qualified about the phenomenon of interest (Palys & Given, 2008). This study invited millennial nurses who are working in the hospitals for more than two years and have experienced frustrations in the clinical settings, willing to articulate, and reflect upon, and their stories of the phenomenon under study. Millennial nurses are those born in 1981-1996 around 22-37 years old (Serafino, 2018). In identifying the key informants, four nurses working in public tertiary hospital while three working in private tertiary hospital were selected for the study.

Research Instruments

An in-depth semi-structured interview in exploring

the stories of millennial nurses who had experienced frustrations in the clinical setting were used in the study. In order to obtain narrative interviews, the researcher utilized the Muylaert *et al.*, (2014) structured process of interviewing.

Data Gathering Procedure

After the Dean approved all the needed requirements, the researcher searched the potential key informants. When the key informants were identified, the researcher sent them an invitation to take part in the study. But first, they were given a participant information form where it shows the detailed description of what the study is all about and the expectations as a participant of the study. They were invited to take part in the study. When they agreed to participate, the researcher gave them a consent form which contained the conditions that may affect the key informants in participating the study particularly in the interview. However, they were given clear instructions as to the provisions needed before they signed the consent.

Data Analysis

The study utilized Colaizzi's seven step process in analyzing phenomenological data (Morrow, Rodriguez, & King, 2015). In obtaining the sense of the whole content, the transcript was read many times. Then followed by extracting the significant statements particularly on the phenomenon under study. After identifying the significant statements, the researcher then formulated meanings from it where these meanings were sorted into clusters of themes and sub-themes. All of the findings have gone through exhaustive description of what the study entails and then described them fully. Lastly, the findings were validated from the key informants in order to compare the researcher's descriptive results with their experiences, Sosha (2012).

Demonstrating Trustworthiness and Rigor of the Study

To establish rigor in the study, the researcher utilized a comprehensive field journals, constant observation and allows opportunities for short pauses in times of prolonged engagement with the key informants. All information was preserved cautiously and presented the outcomes of the study comprehensively while showing a rich, clear, authentic, and crafty depiction that highlight the striking themes in the data (Polit & Beck, 2008).

Ethical Considerations

The researcher submitted the study for approval by the University's Ethics Review Board. After approval on November 20, 2019, the researcher followed the process in the data collection where participant information form and consent form were provided to the key informants. In the conduct of the data gathering, the informants were assured that all information gathered are kept confidential. The consent forms and transcripts of the interviews were stored and secured. All printed manuscripts were placed inside the locked cabinet wherein only the researchers will have access to and the computer files and memory card containing the audio-recorded interview will be password-protected. The researcher was solely responsible in transcribing and encoding the narratives.

RESULTS

The study was able to extract forty-six (46) significant statements with fifteen formulated meanings. Five major themes emerged consequently from the extracted statements specifically: (1) challenging experience, (2) controlling experience, (3) cold-shouldering experience, (4) censuring experience and (5) unvalued experience.

Theme 1: I Am Not Expecting This

The key informants recalled their experiences of being frustrated. After the frustrating incident, they felt that it aroused them a competitive interest either in their thoughts or actions. Their work demands in too little time greatly aroused their thoughts of getting through the expectations as they accomplished their tasks. They felt that going through the pressure of work demands, give them the benefit to challenge every task they do. These experiences of millennial nurses emerge from the overindulging, prostrated, and cracking up experiences.

Over Indulging Experience

The overindulging experience was observed by the key informants. They felt that they allow themselves to perform tasks that are excessive. They verbalized as follows:

KI1 "The physical demand in the clinical area is very high in terms of the patient ratio you also need to give bedside care".

KI3 "Understaffing, then the amount of workload I get is usually more than I can handle".

KI5 "Demands made by the patients and their significant others".

Prostrated Experience

The key informants observed that being frustrated is a prostrated experience. They felt they lack vitality, will, or power to rise after going through the frustrations. This was supported by Korhaber (2009) that nurses do experience exhaustion in dealing with patients. They say:

KI1 *"Sometimes you just wish that your stress would go away, so you decide to take a rest".*

KI4 *"Understaffing in the hospital which I worked in; I was assigned immediately to a much heavier load. And it's a tiring one".*

Cracking up experiences

The frustrations observed by the key informants were described as losing control or not being effective under pressure. They felt that time is not enough to accomplish the work they are expected to perform. They claimed:

KI1 *"Sometimes, you would be frustrated because so many things to do and too little time".*

KI2 *"The huge population in the ward and some of them can't be catered right away."*

KI3 *"I must work double time so that no patients get uncared for---"*

Theme 2: I Am Not in Control

The key informants' experiences during the time they were frustrated in the workplace make them think that their behaviors are being controlled. The millennial nurses' felt that their frustrations stem from the influences of the institution's systems as well as the expectations of their administrators. With these controlling experiences, the millennial nurses felt rigor from surface of the system, powerlessness, along with political agenda.

Rigorous System

The policies imposed in the workplace is unyielding where the responsibilities of a professional nurse do not deal solely on patient care but also professional development. They say:

KI2 *"there are a lot of things that you want to change or improve, and the system won't just allow it".*

"the policies won't allow us nurses to grow and develop".

Power Control.

The key informants revealed that their frustrations were

also rooted due to the influence over others. They observed that the institutions are in possession of control over them where the key informants are given no choice in demanding or requesting related to their personal and professional growth and development. They say:

KI4 *"The hospital won't send you to trainings and seminars because they think that you would just go abroad in the long run".*

KI2 *"The top management excludes you, as a staff nurse, in the decision making".*

Political Agenda

The key informants disclosed that their frustrations were stemmed from influencing governmental officials. These government officials have an underlying often ideological plan or program that is not in consonance with the hospital rules and policies. They claimed:

KI3 *"I was furious at the hospital, the administration and the government on why they didn't create a better working situation for nurses."*

KI2 *"Working in a public hospital, you are under the scrutiny of everyone from all walks of life in the society especially the local officials of the government".*

Theme 3: I Am Not Supported by Peers

The frustrations experienced by the key informants in the workplace revealed a cold-shouldering experience. With the work demand in place and the individual nurses' personal choices in how to go about their task, they felt that there was no sympathetic attention from their peers. These experiences emanate from insolent peers, failure in communication, and non-cooperative peers.

Mindless Peers

The key informants' source of frustrations was rooted from their impertinent peers. They observed that many of their peers do not give much attention to their needs especially in request for job adjustments and suggestions to improve work conditions. They claimed:

KI1 *"My workmates are inconsiderate because sometimes I don't get to choose what shift or ward, I want to be with".*

KI4 *"When you try to open up or give them suggestions, the sad thing is that they are not willing to accept it because the management itself does not want to change. Mostly lengthy questions at work*

weren't entertained".

No Communication

They observed that few or minimal information is exchanged between fellow nurses and doctors. Without proper communication, they felt that they were left alone with fear that they are unable to solve the problem. They say:

KI1 "There are those seniors who won't understand your situation that you also needed to   take a rest".

KI7 "Many times we don't talk to each other".

Uncooperative Colleagues

They experienced that many nurses who worked in the clinical setting were unwilling or were unable to work with them. These make them more baffled in the clinical settings. They say:

KI1 "There are workmates who really won't listen to your request".

KI6 "There are things that I want to do, to solve the problem but it's hard when you're just doing it alone".

KI5 "My colleagues most of the time arrived late for work. They know I am very tired from work".

Theme 4: I Am Not Prepared for This

Their experiences of being not prepared at workplace emerged from the inadequate educational preparation and incompatible training institution.

Lack of Educational Preparation. The key informants reflected that due to lack of educational preparation when they were students have caused them to commit mistakes which greatly caused frustration among them. They say:

KI4 "Being in the clinical area, there are still a lot of things that we needed to learn as nurse. Those things could have been taught when we were still in school".

KI6 "It means that the kind of education I have was not enough to prepare me to work in the real work environment".

Incompatibility in training at school and actual work institution. The frustrations incurred due to incompatibility of the training they received from school. Government-owned hospital and privately hospitals were very much different from one another. They claimed:

KI4 "I realized then that the kind of experience was something that could not have been taught in school".

KI6 "Sometimes I thought of the days when I was a student where our training was different".

Theme 5: I Am Not Important

This feeling of less valuable or worthlessness stems from lack of professional development, overloaded responsibilities and having low wages.

No Opportunities for Professional Development

The sense of triviality shared by the key informants were maybe due to the lack of opportunities for professional growth and development. They say:

KI2 "There was no avenue for you to hone your skills".

KI4 "The hospital won't send you to trainings and seminars because they think that you would just go abroad in the long run".

Overloaded with Responsibilities

The key informants felt that the less valuable experience is brought about by excessive workload. They observed that having so much work and demands, made them realize that they are not valued as humans. They say:

KI1 "The physical demand in the clinical area is very high in terms of the patient ratio you also need to give bedside care."

KI3 "Understaffing, then the amount of workload I get is usually more than I can handle."

KI7 "There are a lot of consultations that are not really emergent or urgent and given that there is limited staff".

Low Wages

For them, being paid at a low standard does not compensate for the effort they put in the clinical setting. They felt they were not treasured by the hospital administration. They say:

KI1 "I am just an employee who must obey orders and I lesser wages but it's not enough."

KI3 "I am aware that there's a proposal for increased salary for nurses, but I am just furious on why they won't implement it right away".

KI4 "My work is not well compensated." I have mouths to feed and oh my....its hard."

DISCUSSION

The first theme mainly described their challenging

experiences when they faced frustrations. The frustrations experienced by the millennial nurses caused them to feel that nursing tasks are testing their abilities and inviting them for competition. This phenomenon was supported by Renolen *et al.*, (2018) in their study "that nurses handled their overwhelming task along with quality improvement." Even the key informants were preoccupied with challenging experiences, yet, they remain in their track in handling the difficult and frustrating experiences. The Institute of Medicine (IOM-US, 2003) said that frustrations were rooted from dissatisfaction from work conditions such as inadequate staffing and heavy workloads. Frustrations from workload, shifting duties, long working hours, inadequate resources and shortage of staff were found to be the main factors attributed to poor working conditions (Manyisa & van Aswegen, 2017).

The second theme describes a controlling experience of millennial nurses when they suffered frustrations in the clinical setting. They felt that they are controlled by people in political positions in the manner in which th work. This domineering influence by the higher authority seizes the millennial nurses' autonomy in the performance of their task and it adds burden in their responsibilities in the clinical settings. The Institute of Medicine (IOM-US, 2003) showed that the system they worked for did not support them in providing quality care.

The Local Government of the Philippines provided a Republic Act 7160 according to which "the State shall provide for a more responsive and accountable local government structure instituted through a system of decentralization, whereby, local government units shall be given more powers, authority, responsibilities, and resources." This act allows the person in authority to have control in a local government hospital where they have the control as to what and how it should run. This system frustrates the millennial nurses who worked in these hospitals. Fatemi, Moonaghi, & Heydari, (2019) further revealed that bureaucratic tensions within the system also frustrates the nurses working in the clinical settings.

The third theme revealed a cold-shouldering experience after feeling frustrated in the clinical setting. The unsympathetic treatment by fellow nurses in the clinical setting especially at times when they are so overwhelmed with workloads caused them a lot of frustrations. Kakyo & Xiao (2018) revealed that nurses faced challenges in dealing with negative attitudes among their fellow staff that has an influence in building frustrations. Moreover, Jamshidi *et al.*, (2016)

unconcealed that ineffective communications among the staff results in frustrations among nurses working in the clinical setting. Fatemi, Moonaghi, & Heydari (2019) further revealed that difficulties in building healthy relationships among the staff also frustrates the nurses working in the clinical settings.

The fourth theme disclosed the censuring experience of millennial nurses when frustrations struck them. Nursing education is an important factor that makes nurses knowledgeable and competent nurses. Nurses working in the health care settings must be prepared with the necessary competencies in order to warrant quality of patient care (Fawaz, Hamdan-Mansoub, & Tassi, 2018). But the frustrations of millennial nurses stemmed from not being prepared in the real work scenario. The key informant's thought of having inadequate educational preparation during college days and incompatible training institutions where they are exposed have resulted in blame for their preparation of working in the real setting without the supervision of their clinical instructors. Jamshidi *et al.*, (2016) further discloses that inadequate preparation results in frustrations among nurses working in the clinical setting.

The fifth theme revealed that the nurses received less appreciation caused frustrations among the millennial nurses in the clinical setting. Frustrations of having no opportunities for professional development which is essential for the sustenance of competencies, the overloading of responsibilities undermining their vulnerabilities, and having low compensation for their work results developed a feeling that they are not valued as professional nurses. Bentzen, Harsvik & Brinchman (2013) believed that nurses must be valued as this is crucially important for the quality of nursing. But they found out that nurses' values are often repressed which brought about by frustrations and fatigue. Moreover, nurses felt that they are having low benefits, which results in frustration, job dissatisfaction and burnout. These frustrations may lead to problems in patient care (McHugh *et al.*, 2011). Fatemi, Moonaghi, & Heydari, (2019) further revealed that economic problems that were affecting the personal and professional relationships also frustrated the nurses work in the clinical settings. The Institute of Medicine (IOM-US, 2003) said that frustrations were rooted from dissatisfaction in the work conditions such as low wages and inadequate support staff.

CONCLUSION

The researcher noted the present findings of the

lived experiences of millennial nurses having frustrations. The study also revealed the key informant's journey through difficulties, nuisance, trials, and exasperation as millennial nurses along with their capacity thrive to cope with difficult situations. The findings have implications on the leaders, particularly the nurse managers in dealing with frustrations among their subordinates as it will boil down to work performances and quality of patient care. It reminds these nurse managers that every day the staff nurses, especially the younger generations, feel and experience frustrations in the clinical settings and that they will be able to deal with them as the millennial nurses are unique in their own in terms their response to frustrations. To address the findings, it is best for the nurse leaders to be vigilant on the situations that may cause frustrations and find a way to deal without putting stigma to the millennial nurses in the clinical setting and they must be continually redesign the system to adapt to ongoing and future challenges.

Conflict of Interest

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