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TITLE: Exploring stress in the nursing profession: A Qualitative study, using semi-structured interviews.

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Declaration:

I hereby declare that the Research Report submitted for the Bachelor of Arts Honours in Psychology degree to The Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes.

Signed: Danielle Simon

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Abstract:

The present research study is created to explore how nurses perceive the stress associated with their nursing profession. This is due to the fact that stress is an ongoing phenomenon being experienced, it is thus considered necessary to find out factors create this perception of a stressful profession (Koinis et al., 2015). Four nurses both female and male participants were contacted using non-random, convenience purposive sampling. The study is in qualitative nature and made use of semi-structured interviews as a data collection method that allowed participants' perceptions and experiences to be captured, in relation to stress within the nursing profession. In addition, the study used thematic data analysis methods. From this, major findings revealed that for participants, factors that they perceive as stressful in the nursing profession include; long hours, demanding environment and being understaffed. They also suggested that it is vital to find the sufficient ways of coping because there are currently no readily available coping strategies. Findings/contributions and factors indicated that stress in the nursing profession is an ever increasing phenomenon that does not have the sufficient coping mechanisms to reduce stress in the nursing profession.

Table of Contents

Research Title:

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Exploring stress in the nursing profession: A Qualitative study using semi-structured interviews.

1.) Introduction:

1.1.) Contextualisation/Background:

There were a number of studies conducted on the different causes of stress which indicate that amongst nurses, their risks of stress are increased, while other studies have not gone to great lengths identifying this issue (Burnett & Petersen, 2008). Previous studies by Rich, Viney, Needleman, Griffin, and Woolf, (2016), pointed out that the levels of stress experienced within the profession of nursing were substantially lower for male nurses. In comparison to women, where there is considerably increased levels of stress.

Studies that were previously conducted by Persaud, (2002), Riley (2004), Bismark, Milner, Maheen, and Spittal (2016), Rich et al., (2016), and Maharaj, Lees, and Lal, (2018), were conducted on this topic in different countries such as: Australia, America, United Kingdom (London). The above mentioned studies provided information on what stress is and the factors that nurses perceive as stressful in their profession.

According to Ruiz and Sancho (2010), stated that high stress levels are not solely based on a person's profession, but rather it is considered to be a factor of increased stress. Nevertheless, profession-related stressors that nurses experience on a regular basis could prompt specific disorders that can be psychologically and physically challenging, escalating the likelihood of stress experienced within these professions (Ruiz & Sancho, 2010; Chatzigianni, Tsounis, Markopoulos,& Sarafis, 2018). The value of this study is to indicate that other causes may increase the chances of nurses experiencing high levels of stress. Studies that were previously conducted by Yada *et al.,* (2014), Bismark *et al.,* (2016), Rich *et al*., (2016), and Maharaj *et al.,* (2018), focused on the following causes including gender, occupation and stress, were observed by many but further exploration is required within South Africa. The

contribution that this study will make, will be focused on the South African context, specifically Gauteng, and analysing the factors that nurses perceive as stressful in this region. This research aim to understand what stress is in the Gauteng nursing profession, what provokes an increase in stress levels within the nursing profession, as well as finding ways that can be utilised in order to reduce stress within the nursing profession.

1.2) Rationale:

Due to the pressures experienced by nurses, it is important to understand the different causes of stress as well as, how to equip these professionals with coping mechanisms that will help them to manage their stress levels (Ab Latif and Mat Nor, 2019). However, little is understood about the combined influence of stress perception and perceived coping sufficiency and its effect on the health of nurses, especially when it comes to a South African context (Jordan, Khubchandani, & Wiblishauser, 2016). Therefore, this topic is of interest due to the fact that stress is a phenomenon that is experienced by the majority of people throughout the world (Shahsavarani, Abadi, & Kalkhoran, 2015). As a result, each occupation has different perceptions of stressful situations and ways in which individuals cope with them.

This topic is of interest to the researcher because they have a family member in the medical profession who experiences stress on a daily basis and has a lack of coping mechanisms to help manage the stress. This study will add on to existing knowledge by providing an additional understanding of the inner workings of an individual's mind, which may help prevent them experiencing increased stress and instead help them improve their lives. The relevance of this study is to identify the missing link by investigating what stress is within the nursing profession, specifically in the Gauteng region due to the fact that previous studies have only been conducted overseas such as the studies by Maharaj *et al.,* (2018), in Australia, (Shahsavarani et al., 2015), in Iran and Rich et al., (2016), in the United Kingdom.

1.3.) Problem Statement:

Due to the increasing rates of stress being experienced within the medical profession, it is necessary to find the cause of this phenomenon (Koinis et al., 2015). Nursing as a profession for example, has long been perceived as a stressful profession, portrayed by competitiveness, long hours and a lack of sleep (Gunderman & Gunderman, 2018). The workplace in which nurses find themselves and the presenting problems, have the potential to lead to the lack of control on numerous amounts of treatments (Ruiz & Sancho 2010). Other presenting problems look at financial issues, the handling of patients, as well as an unattainable perfection that many nurses desire to achieve (Ruiz & Sancho 2010). Despite the fact that Yada et al., (2014), Bismark et al., (2016), Rich et al., (2016), and Maharaj et al., (2018), have previously investigated the same topic, this research will take a direct point of view from South African nurses. Therefore, the purpose of this study is to explore how nurses perceive the stress associated with their profession, by conducting investigations that will lead to an understanding of the research problem, thus finding ways that can be utilised in order to reduce stress within the nursing profession.

1.4.) Purpose Statement:

The purpose of this research is to explore how nurses perceive the stress associated with their nursing profession.

1.5.) Research question:

Research question:

- How do nurses perceive stress in their profession?

1.6.) Objectives:

1.6.1.) Primary objective:

- To explore stress within the nursing profession.

1.6.2.) Secondary objectives:

- To explore the factors that nurses perceive as stressful in this profession.
- To investigate the current support systems available to nurses to help them cope with stressful situations in their profession.
- To find ways that can be utilised by nurses in order to cope with stress.

2.) Literature Review:

2.1) Theoretical Foundation:

The theoretical foundation will be discussed using the Transactional Theories of Stress and Coping that was developed by Lazarus and Folkman (1984), in order to understand the factors that nurses perceive as stressful in this profession and ways that can be utilised by nurses in order to cope with stress.

***The Transactional theory of stress and coping**:*

The Transactional theory of stress and coping is noteworthy and remains as the core element of psychological stress and coping research across several fields (Biggs, Brough & Drummond, 2017). It was developed by Lazarus and Folkman in 1984, states that stress is caused by a discrepancy between perceived external or internal demands and the perceived personal and social resources to deal with them (Weber, 2001).

The concept of appraisal with regard to stress processes is a crucial element in comprehending stress-relevant transactions (Krohne, 2002). Appraisal is based on the premise that emotional processes (involving stress) are reliant on actual expectancies that individuals' manifest with regard to the significance and outcome of a particular experience (Bodenmann *et al.,* 2016). This concept is required in order to clarify individual differences in terms of the quality, intensity, and duration of an evoked emotion in environments (Bodenmann *et al.,* 2016). These individual differences are objectively equal for different people, but are modified by a distinct pattern of appraisals (Bodenmann *et al.,* 2016). According to Weber (2001), for Lazarus and

Folkman in 1984, there are two cognitive appraisal processes that can be identified, looking at the initial appraisal, known as *primary* appraisal, which entails the analysis of whether a situation is personally relevant. Situations viewed as being personally relevant can be appraised as either positive or stressful (the latter consisting of possible harm, threat, or challenge) (Frings, 2017). Thus, if people (i.e. nurses) view situations as stressful or dangerous, they assess their own resources to deal with the demands, representing the process of *secondary* appraisal (Frings, 2017).

Stress takes place when the demands are seen as either surpassing or exhausting the resources and thus, coping responses become activated (Weber, 2001). For this theory coping is described as cognitive and behavioural efforts to handle internal and external demands and situations appraised as stressful (Berjot & Gillet, 2011). According to Pezaro, (2018), any feature or characteristic of the work environment can be observed as a stressor by the appraising individual. Moreover, the individuals' appraisal of demands and capabilities can be swayed by several factors. These factors include; personality, situational demands, coping skills, prior experiences, time lapse, and any current stress state already experienced (Pezaro, 2018). Overall, the two forms of appraisal and coping processes are affected by and emerge due to personality factors, personal and social resources, characteristics of the situation, and other variables (Weber, 2001; Krohne. 2002). For example, when nurses perceive a situation as stressful and are able to identify different external and internal demands, they will then be able to determine if these demands are relevant to themselves and find a way to cope with this stress (Berjot & Gillet, 2011).

In studies conducted by Weber (2001), Krohne (2002), Bodenmann *et al.,* (2016), Biggs *et al.,* (2017), and Frings (2017), suggest that the components of this theory are comparable between nurses and the general population, in which there is a display of increased stressors and stress related experiences. This theory is most suitable for this study as it addresses and answers the research problem and question by attempting to understand why the nursing profession experiences the amount of stress they do. While also trying to understand how the perceived stressful factors create the environments in which they find themselves in. For example, dysfunctional individual coping may have negative consequences on the social environment, and thus coping

is seen as rooted in social context (Bodenmann *et al.,* 2016). As a result, stress and coping remain conceptualised as an individual affair (Bodenmann *et al.,* 2016).

Based on one of the premises that the theory covers are the different types of appraisals that individuals go through in order to perceive a situation as stressful or not (Frings, 2017). This would apply to the objective that is based on understanding what factors nurses perceive as stressful in this profession. This theory would also be applicable for this study as it looks at the objective that is based on finding ways that can be utilised by nurses in order to cope with stress.

2.2) Previous Literature:

Literature Review:

Introduction:

Due to increasing rates of stress experienced within medical occupations such as nursing, it is necessary to find the cause of this phenomenon (Koinis *et al.,* 2015). This study aims to explore the rising rates in stress experienced by nurses by conducting investigations that will lead to an understanding of the research problem, thus providing coping mechanisms for the increasing rates of stress that is experienced. For the purpose of this literature review will be discussed first through Occupation, Stress, Gender and Coping.

Occupation such as nursing:

The medical profession is a reputable and valued career, but can be strenuous due to the fact that medical staff such as nurses are required to work long hours, make tough choices in the face of uncertainty, cope with death and distress while maintaining compassion (Rich, Viney, Needleman, Griffin, & Woolf, 2016). Consequently, a lack of work–life balance did not just develop from work taking up a lot of time, but also from the stressful and difficult nature that comes with being in the nursing profession (Ticharwa, Cope & Murray, 2018).

Nurses frequently experience a number of work-related stressors including but not restricted to: long work hours, time constraints, meeting patients' needs, irregular schedules, and lack of professional support (Letvak, Ruhm, & McCoy, 2012). With such a demanding profession, the continuous strain faced by nurses could have a significant impact on their psychological well-being and quality of life (Welsh, 2009; Chiang, & Chang, 2012). What has been found is nurses experience an increased rate of mental health problems such as stress, depression and anxiety (Persaud, 2002; Maharaj *et al.,* 2018). These increased rates in stress, anxiety and depressive symptoms were frequent in nurses with a prevalence rate of over 30%, in comparison to only 4% of the general Australian population (Maharaj *et al.,* 2018).

On the other hand, there have also been contradictions and challenges to the conventional belief that medical professionals do experience any unusual psychological difficulty (Persaud, 2002). Whilst another study conducted by Ruotsalainen, Verbeek, Mariné, and Serra (2015), uncovered health workers such as nurses and managers, do demonstrate equally high stress levels as other doctors. This is due to the fact that it is not only doctors but also other people who work in the health services who also experience high levels of psychological problems would naturally point all the blame towards all the stress in medicine, to the workplace (Persaud, 2002). According to the American Holistic Nurses' Association (2015), an example of the psychological problems causing stress within the workplace, is that there are high physical demands, management issues, lack of resources, and difficulty balancing home and work responsibilities. As stated by the theoretical foundation, the experience of workplace stress, especially in the nursing profession, is strongly associated with exposure to specific workplace situations, and an individual's appraisal of a difficulty in coping (Pezaro, 2018).

In a study conducted by Maphangla (2015), occupational stressors that nurses encounter include, caring of dead and dying, role ambiguity, conflict with physicians or other nurses, insufficient staff, working overtime, career planning and achievement and organisational deficiencies. In doctors such as nurses workload, long hours, high job demands and time constraints, combined with specific expertise in decision making, are most striking stressors, nonetheless, job satisfaction is still considerably

high within the nursing profession (Khamisa, Oldenburg, Peltzer, & Ilic, 2015; Maharaj *et al.,* 2018).

As stated by Bismark *et al.,* (2016), the risk of increased stress could be higher for medical practitioners and nurses compared to those in other occupations. Thus, prior studies conducted by Rich et al., (2016), Maharaj *et al.,* (2018) and Ticharwa *et al.,* (2018), have all concluded that the occupation in which one finds themselves, is a determinate on the occurrence of stress and how much stress nurses do in fact experience. Furthermore, the studies mentioned above demonstrate that it is also the workplace such as hospitals or doors rooms, which nurses are exposed to that ultimately influence the level of stress that is likely to be experienced.

Stress within nursing:

Observations made at the workplace indicate that work pressure can be viewed as comprising partly of the strain incorporated in the practice of medicine and the levels of strain may differ from medical staff to medical staff (Persaud, 2002). The work pressures that medical staff experience are a result of stress inducing management practices that included unrealistic demands, lack of support, unfair treatment, low decision latitude, lack of appreciation, effort–reward imbalance, conflicting roles, lack of transparency and poor communication (Bhui, Dinos, Galant-Miecznikowska, de Jongh & Stansfeld, 2016). As a result, it was revealed that being young, working overtime, being a nurse or physician assistant, taking part in a job with high strain, repeated over commitment and a lack of social support were associated with stress (Chou, Li & Hu, 2014).

In a study conducted by Riley (2004), stress in medical staff such as nurses, is the consequence of the interaction between the demanding nature of their profession and their frequent obsessive, meticulous and devoted personalities. This study suggests that work stress is marked by demand–control imbalance or job strain, in which jobs are stressful when high demands with no power or authority to alter the situation are blended together (Riley, 2004). Thus, perceived low control over demands is deemed

to be the major cause of work stress and a predictor of poor physical and mental health outcomes (Riley, 2004).

It has been found that the biggest contributor to work stress is disposition, which are patterns of behaviours that are displayed regularly and intentionally in the absence of coercion, representing a habit of mind, rather than the nature of the work (Riley, 2004; Thorton, 2006). This demonstrates how nurses experience work is largely dependent on their interpretation and temperament of work itself (Riley, 2004). However, an argument was proposed suggesting that the work of nurses is uniquely stressful, and it is justifiable to propose a model of "mismatch" between the nature of the job and nurses personalities (Riley, 2004). A coping method that may be successful is when a request by patients or staff is made, the first reaction is to acknowledge that demand and to meet it by working harder, as long as these busy times are eased by quieter periods (Riley, 2004). However, if demands keep increasing and major changes are not carried out, then, a correction will inevitably take place, often taking the form of burnout (Riley, 2004). Consequently, this study relates to Transactional Theory of Stress and Coping by Lazarus and Folkman in 1984, due to the fact that there are two forms of appraisals, which entail the analysis of whether a situation is personally relevant and then if it is either positive or stressful (Weber, 2001; Frings, 2017). Thus, if people such as nurses view their situations as stressful, they assess their own resources to deal with the demands, known as secondary appraisal (Fings, 2017). As a result, nurses will then decide if they have the ability to cope with their situation, by frequently examining the balance of situational demands (such as risk, uncertainty, difficulty) and their perceived resources (such as social support or expertise) (Frings, 2017).

According to Riley (2004), stress causes strain, which is demonstrated as persistent arousal that is not simply sleeplessness, but consistent heightened mental and physical alertness, and is strenuous. Thus, previous studies conducted by Persaud (2002), Riley (2004), Chou *et al.,* (2014),and Bismark et al., (2016), have suggested that there is substantial proof that being part of the medical profession is extremely stressful and these professions themselves come with several job stressors.

Male and Female Gender:

According to the Transactional theory of stress and coping (1984), differences that occur between males and females perceptions of stress sources and outcomes does not play a role. What has been observed, for instance, is that females (especially nurses) tend to appraise stressors as being more distressing than men (Watson, Goh, & Sawang, 2011). Therefore, when it comes to male and female differences, it is evident that female nurses experience considerably higher stress levels than males related to psychiatric nursing capabilities, attitude towards nursing, and stress responses of fatigue and anxiety (Yada *et al.,* 2014). Furthermore, factors impacting stress responses differed slightly between sexes, especially male nurses who reported greater irritability caused by patients' attitudes (Yada *et al.,* 2014).

In a study conducted by Rich et al., (2016), female nurses emphasised the lack of work–life balance as the most significant predictor of stress in female medical staff. To illustrate this, a survey in the United Kingdom found that female nurses working full time had increased levels of stress in comparison with male nurses, and those working less than full time (Rich et al., 2016). This is due to the strain of juggling caring responsibilities with difficult job demands that encroach more on women because domestic responsibilities frequently fall to them; while a number of studies have concluded that the strain of parenthood was associated with stress for male as well as female nurses (Rich et al., 2016).

Men on the other hand, in other occupations, stress experienced was greater only among male health professionals in areas such as nursing and midwifery (Gadirzadeh**,** Adib-Hajbaghery & Abadi, 2017). Occupational gender norms could also play a part in explaining the high stress among male nurses and midwives, due to the fact that these occupations are structured to reinforce traditionally feminine behaviours of caring and support, resulting in increased stress and anxiety (Bismark et al., 2016).

According to Bismark et al., (2016), having knowledge of the specific stressors and risk factors experienced by men and women who form part of medical staff, may clarify and explain particular prevention strategies. Prior studies conducted by Rich et al., (2016) and Bismark et al., (2016), indicate the female medical staff are more likely to

experience increased stress due to having many responsibilities in and outside the workplace, but this does not mean that men do not feel the pressures. As a result, the above mentioned studies provide evidence on both genders are at risk of experiencing stress and finding coping mechanisms, is individualised or it can be group focused.

Coping Strategies that nurse can utilise in coping with stress:

Coping must be the number one priority, in order to decrease the issues of health and wellbeing of nurses through self-care and stress management (Riley, 2004).

As a result of further research conducted by Antoniou, Cooper and Davidson (2016), the focus of organisational change (company's structure, procedures, and strategies), needs to be mainly on coping but also on correctional steps, for instance, having adequate amount of staff available to cover the workload. Other steps look at; improved practice management, motivation of partnerships, strengthening of communication and coordination with other medical personnel (including nurses) (Antoniou et al., 2016). Risk assessment and risk management for work-related stress must be an effective tool that can determine major stressors within hospitals and help government and policymakers minimise these (Antoniou et al., 2016). This is due to stress and job dissatisfaction having a direct effect on quality of patients' care and treatment, as well as on medical staff's psychological and physical health (Maharaj *et al.,* 2019).

Coping is always associated with a certain situation, in this case it is the working conditions in the health field. This is due to it being permanently goal-directed, which is generally characterised as an adaptational effort to persevere an emotional and/or physiological balance known as healing (Dillard, 2019). The coping process is not just dependent on situational factors such as the stressors themselves, but also significantly affected by the internal or external resources of the person, mostly their personality assets or social network (Walinga, 2010). What has been observed is the coping process closely ties with Transactional Theory of Stress and Coping because nurses who are strongly associated with exposure to specific workplace situations, have the ability to identify different external and internal demands, as well as identify personal and social resources to cope with stress (Berjot & Gillet, 2011).The central

assumption of this theory is the interaction between a person and the environment creates stress that is experienced by the individual (i.e. nurses) (Martin & Daniels, 2014). Therefore, within this transactional process, coping serves as a mediator, with a buffering effect against the adverse effects of the stress (Berjot & Gillet, 2011).

According to Heim (1991), lack of coping research in the medical sector makes conclusions difficult and thereby, finding the best suited coping strategy for nurses is limited. However, in studies conducted by Antoniou et al., (2016) and Maharaj *et al.,* (2018), state that stress, depression, and anxiety is experienced by nursing professionals might not be completely preventable but by recognising it being common and predominant in the workplace is considerably crucial. For this reason, a sound workforce is necessary in securing both personal wellbeing and quality patient outcomes are accomplished (Maharaj *et al.,* 2018).

Conclusion:

Previous studies have demonstrated that across the world medical staff, including nurses, continue to report that they experience considerable amounts of stress and strain. Thus, this profession must create more effective ways of reacting when medical staff's functioning is jeopardised. For any nurses experiencing stress, the main aim is to get balance and find long-term ways of remaining healthy while performing the demands of the profession. Therefore, the purpose of this literature review was to find out what stress is in the nursing profession, and to investigate the current support systems available to nurses to help them cope with stressful situations in their profession.

2.3) Conceptualisation of key terms:

Occupation is an activity or task in which an individual occupies oneself; especially the most yielding activity, service, trade, or craft for which an individual is frequently paid such as a job (Lin & Wu, 1999). Occupation also describes groups of activities in everyday life that are named, organised, and assigned value and meaning by a culture (Bendixen *et al.,* 2006). For the purpose of this study the specific professions being looked at is the nursing profession.

Stress can be seen as the emotional pressure or tension endured by a human being or other animal, but it could also be the particular emphasis or importance to an idea (Fink, 2010). Eustress is considered to be the ”good stress” that is connected with positive feelings and health benefits (Li, Chao & Li, 2016). Whilst distress is linked to negative feelings and distress from one another, with regards to integral physical impairments (Kupriyanov & Zhdanov, 2014). Stress that is externally applied to a body which causes internal stress within the body is the definition that suits this study, as it is considered to be a phenomenon experienced within the nursing occupation (Beckett, Kranner, Minibayeva, & Seal, 2010).

Nursing is the protection, promotion, and maximisation of health and abilities, prevention of illness and injury. This profession also entails the easing of suffering through the diagnosis and treatment of human response, and support in the care of people, families, communities and populations (Epstein & Turner, 2015). For the purpose of this study nursing is of interest as this study is trying to understand what stress is in the nursing profession, what provokes an increase in stress levels within the nursing profession, as well as finding ways that can be utilised in order to reduce stress within the nursing profession.

Coping relates to the human behavioural process for dealing with requests and expectations, either internal or external, in circumstances that are viewed as threats (Ackerman, 2020). Another definition of coping is connected to cognitive and behavioural attempts to manage (master, reduce, or tolerate) a troubled person-environment relationship (Ackerman, 2020). The first definition best suits this study as this study aims to recommend coping strategies that nurses can use to handle stressful situations or difficult demands, whether they are internal or external.

3.) Research Design and Methodology:

3.1) Research Paradigm

The identified and applicable paradigm within this study looks at Interpretivism. This paradigm argues that people are inherently different from objects, therefore,

researchers must not study people in the exact same way as they do objects. Researchers in this paradigm also argue that it is not right to study people in laboratory settings, because people do not reside in these types of environments (du Plooy-Cilliers *et al.,* 2014). The whole aim of this paradigm is to obtain an in-depth understanding and to be able to explain significant social action and experiences (du Plooy-Cilliers *et al.,* 2014). Thus, Interpretivism is all about the understanding of current phenomena rather than focusing on the issues related to empowerment of individuals and societies (Pham, 2018). The methodology of interpretivism is qualitative, as it is subjective indicating that uniqueness is valued (du Plooy-Cilliers *et al.,* 2014). Interpretivism conveys a subjectivist epistemology, a relativist ontology, and a balanced axiology (Kivunja & Kuyin*,* 2017).

According to Tajul-Urus (2013), *ontology* is the ideology of reality and the nature and form of reality to represent genuine researchable questions (Tajul-Urus, 2013). Thus, for interpretivism *ontology* indicates that reality is changeable, subjective and multiple, produced by human interaction (du Plooy-Cilliers *et al.,* 2014; Dean, 2018). For this study, the ontology indicates that the reality of nurses is both socially constructed and created by their own experiences from specific events that involve stress. *Epistemology* is the ideology of knowledge or how we come to know and what counts as knowledge (Tajul-Urus, 2013). Interpretivism suggests that something is only viewed as knowledge when it appears to be right to those being studied, and common sense is a significant source of knowledge (du Plooy-Cilliers *et al.,* 2014). The epistemology for this research study is that it aims to provide more knowledge on what stress is in the nursing profession, thus, allowing other researchers or people to understand the causes and to be able to make use of the research. *Axiology* is the branch of an ideology dealing with quality or value, as well as studies judgments about values that comprise of both ethics and aesthetics, therefore, uniqueness is valued within studies that make use of this paradigm (Tufail, 2012; du Plooy-Cilliers et al., 2014). This study values the unique perspectives, opinions and experiences of nurses facing stress, and what factors they perceive as stressful in this profession. Interpretivism as well as qualitative research best suits this study as it tries to understand what stress is in the nursing profession, what provokes an increase in

stress levels within the nursing profession, as well as finding ways that can be utilised in order to reduce stress within the nursing profession.

3.2) Research design:

According to du Plooy-Cilliers *et al.,* (2014), a research design is a procedural strategy that is selected by the researcher in order to answer questions effectively, correctly, objectively and economically. A research design aims to deliver a suitable framework or complete plan for an entire research study (du Plooy-Cilliers *et al.,* 2014; Sileyew, 2019). Therefore, qualitative research is seen as a researcher strategy that focuses on words instead of numbers within the collection and analysis of data (du Plooy-Cilliers *et al.,* 2014). Qualitative research is concentrated on understanding a research question as a humanistic or idealistic approach (Pathak, Jena, & Kalra, 2013).

This qualitative method is most suitable for this study due to the focus being on gathering data from nurses as to what they believe contribute to the increase of stress in this profession (Jameel, Shaheen & Majid, 2018). The qualitative tools that will be used are aimed at exploring the primary themes marking human experience, interpretation and beliefs of the nurses' (Jameel *et al.,* 2018). An additional reason for choosing a qualitative research design is because it would deliver/supply richer results than quantitative research (du Plooy-Cilliers *et al.,* 2014). Qualitative method is utilised to gain an in-depth understanding of people's beliefs, experiences, attitudes, behaviour, and interactions, while producing non-numerical data (Pathak *et al.*, 2013). Therefore, no numerical data will be gathered, only a focus on the gathering of words to form part of the data collected from the nurses.

This study will follow a Phenomenological design because it helps clarify how people make sense of their lives by reviewing their experiences (Jameel *et al.,* 2018). This is due to the fact that this study will draw on nurses past experiences in order to gain an understanding as to what nurses perceive as stressful in this profession in this profession. This study will follow exploratory research, due to the fact that it is exploring the causes of stress nurses believe that contribute to the increase of stress seen in this profession. This study will be using an inductive approach, as it will allow the researcher to make observations from existing research such as studies conducted by

Yada *et al.,* (2014), Bismark *et al.,* (2016), Rich *et al*., (2016), and Maharaj *et al.,* (2018). These studies focused on the following causes of stress within the nursing profession, which include gender, occupation, stress and lack of coping strategies. This study will be following a cross-sectional dimension, as it does not require a lot of time as multiple variables are available at the time of data collection, only requires one specific point in time to capture data (Setia, 2016).

3.3.) Population:

This section aims to give insight as to who this study impacts, by breaking down the whole population to a more accessible population and describe the population parameters in which participants were chosen.

3.3.1.) Population:

Population can be defined as the overall group of individuals or entities in which information is required (du Plooy-Cilliers *et al.,* 2014). A population also refers to a whole group of individuals, objects, events or measurements, thus it can be explained as an overall observation of individuals grouped together by common characteristics (Kenton, 2019). A broader definition of a population refers to the broader group of individuals with which the researcher plans to generalise results that are found in the study (David, 2017). For example, nurses that are suffering high levels of stress. The population in a research study typically consists of two groups being the target population and accessible population.

3.3.2.) Unit of analysis:

A unit of analysis consists of the ‘who’ or ‘what’ that the researcher will be analysing for the study, which may be considered an individual, group, or a whole programme (Trochim, 2006; Sedgwick, 2014). The unit of analysis for this study are nurses.

3.3.3.) Target population:

The target population is made up of a group of people or participants with certain characteristics that are of interest to the researcher and are relevant (Asiamah,

Mensah & Oteng-Abayie, 2017). The target population consists of every person or everything that forms part of the population parameters (du Plooy-Cilliers *et al.,* 2014). This study is interested in identifying what stress is in the nursing profession, therefore the target population are all male and female nurses who experience stress.

3.3.3.) Accessible population:

The accessible population is a section of the target population in which the researcher has adequate access to (Asiamah *et al.,* 2017). Accessible populations are the individuals who fall under the designated criteria and those that can actually be included in the study (du Plooy-Cilliers *et al.,* 2014; Qureshi, 2018). The accessible population for this study will be four nurses in Johannesburg who meet the designated criteria by allowing information to be obtained from their opinions as well as, those that are available to provide feedback for the research study.

3.3.4.) Population parameter:

For this study the population parameters are five nurses, involving both male and female, who are located in the Johannesburg region. They would have to run their own practices or work in the public sector (ie; hospitals), with a minimum of five to eight years' experience, by looking years active in the profession. They would have also had to experience some type of stress (such as acute stress, physical stress or psychological stress) and are currently seeking improvements in their coping mechanisms.

3.4.) Sampling:

3.4.1.) Non-probability sampling:

Sampling is a process in which a researcher selects a representative subgroup of the population, which is called a sample or participants (Showkat & Parveen, 2017). A sample can be defined as the representing unit of the target population with which the researcher will work with during the research process (Qureshi, 2018). When the sample involves people, they are described as a set of respondents chosen from a larger population with the objective of gathering results (Fridah, 2002).

Qualitative researchers only decide on their sample during data collection which is based on information and theoretical need, therefore the researchers are not required to formulate a sampling plan beforehand (Qureshi, 2018). The researchers will make use of non-probability sampling methods because it is considered impossible to establish who the whole population is or when there is difficulty in gaining access to the whole population (du Plooy-Cilliers *et al.,* 2014). Non-probability sampling is a sampling technique that uses non-randomised methods to draw the sample (Etikan & Bala, 2017; Showkat & Parveen, 2017).

Advantages of non-probability suggest that these techniques require less effort, less time to complete and they are cost effective (Alvi, 2016). This method is also seen to provide valuable insights into a particular phenomenon, less complicated and easier to apply when it comes to analysing the gathered data (Showkat & Parveen, 2017). Whereas, the disadvantages and major shortcomings indicate that these sampling techniques are subject to experience systematic errors and sampling biases. The sample/participants also cannot be declared to be an accurate depiction of the population, and inferences pulled/gathered from the sample are not generalisable to the population (Alvi, 2016). This study will make use of a non-probability sampling technique known as Convenience purposive sampling which will be discussed below.

3.4.2.) Sampling method:

Nurses will be purposely and conveniently chosen based on their suitability, availability and willingness to take part in this study (Creswell & Creswell, 2017). Convenience sampling is made up of participants that were chosen based on the fact that they could be recruited easily, the researcher already knows them, or have some type of contact with them (du Plooy-Cilliers *et al.,* 2014). Whereas Purposive sampling helps the researcher choose specific elements that fit the topic, based on a set list of features (Foley, 2018). This study will make use of Convenience purposive sampling as the participants will be chosen for a purpose and have to be conveniently available.

Therefore, to control the process of data collection, convenience purposive sampling is applied to identify nurses in which information is able to be obtained based on their

opinion. An advantage to this method is that data can be gathered immediately (saves time), an affordable way to gather data and is low in cost (Crossman, 2019; Gaille, 2020). Whereas, a disadvantage is that it does not provide a representative result, therefore, it is challenging to defend the representativeness of the sample (Sharma, 2017; Gaille, 2020). Data saturation makes reference to the point in the research process when no new further information is uncovered in data analysis, and this repetitiveness/overlap signals to researchers that data collection can stop (Faulkner & Trotter, 2017). Therefore, another disadvantage to this sampling method is that data saturation will not be achieved, as gaining a bigger sample is not of importance because the research that is being conducted is at an honours level.

3.4.3.) Sample Size:

The sample size for this study will be four nurses that are accessible to provide information based on their opinion. The disadvantage of having a small sample size is that it affects the reliability of research findings because it could result in higher variability, which may lead to bias (Simmons, 2018).

3.5.) Data collection:

3.5.1.) Data collection method:

For this study, the data will be collected using semi structured interviews, due to the fact that these types of interviews are verbal exchanges. This is where one individual, the interviewer, attempts to extract information from another individual by asking questions (Longhurst, 2009). These types of interviews are arranged around a specific topic, which helps guide the conversation in a standardised manner while allowing ample opportunity for relevant issues to materialise (O'Keeffe, Buytaert, Mijic, Brozovic, & Sinha, 2016). Therefore, Semi-structured interviews are considered to be most appropriate for several valuable tasks, especially when there are more than a few of the open-ended questions requiring follow-up queries (Adams, 2015).

Semi-structured interviews will be the method used to collect data because this data collection method will allow participants to answer questions with the aim of finding out

what their own beliefs, opinions and views are on how nurses perceive stress in their profession (Qu & Dumay, 2011). As a result, both interviewer and interviewee in the interview, should be able to produce questions and answers through a discourse of complex interpersonal talk (Qu & Dumay, 2011). When it comes to semi-structured interviews the advantages are that they promote two-way communication. They also provide an opportunity for interviewers to learn answers to questions and the reasons behind the answers, and allow participants to take their time to open up about sensitive issues (Houlis, 2019). Whereas, the disadvantages to semi-structured interviews demonstrate that there is also the possibility of writing leading questions that could result in bias during the interview, as well as the potential to forget to ask valuable questions (Houlis, 2019). Another disadvantage to semi-structured interviews is that questions are subject to interpretation, which may result in a variation in types of responses (Merriam & Tisdell, 2015).

Interview schedules contain a series of structured open-ended questions that have been developed and drafted, to act as a guide for interviewers/researchers when collecting information or data about a particular topic (Luenendonk, 2019). The schedule that has been prepared will be used by the researcher, who will fill out the questions asked, with the answers that are obtained during the actual interview (Luenendonk, 2019). As a result, the interview schedule will eliminate conducting multiple rounds of interviews because the interview schedule will keep the researcher and interview focused on gathering all the information that is required to answer the research question (Luenendonk, 2019). For the purpose of this research, questions were revised by the researcher and supervisor prior to the interview being conducted, the questions were practiced on an individual (who is not a participant) as a test to gauge whether the questions were clear and answerable.

These semi-structured interviews will occur in an environment in which the participant feels most comfortable and will be required to answer seven questions, within a twenty minute time frame at their own pace. These questions will be open-ended questions as it will allow the participants to give their own opinions without being restricted (Bolderston, 2012). Before the interview will be conducted, the participants will have a brief breakdown of what the research is about, what they will expect from the interview that their names and personal information will be kept private unless stated otherwise

(Bolderston, 2012). Lastly, that the participants are able to withdraw at any point during the semi-structured interview. Participants will also be asked to sign a form regarding their approval for the interview being recorded and the ability to use their answers as the findings for the study. Upon the completion of the semi-structured interview the researcher will state that all of the required questions have been asked, sum up the interview briefly, and lastly, end off by thanking the participants for their participation in the interview and study (Jacobson, 2018).

3.5.2) Data-collection application:

The data collection process started when the researcher contacted two out of the four participants prior to lockdown through a face-to-face interaction. This is where the researcher asked the participants verbally if they would be comfortable being interviewed for this topic (*Exploring the different causes of stress in the nursing profession* which is now *Exploring stress in the nursing profession*).

A challenge had presented itself when the two remaining participants (met before in person) were not accessible due to lockdown. This was a challenge because a time was set up to meet (to exchange contact details) prior to lockdown to ask if they would participate in this study, but once lockdown was in place this meeting could not take place. Once it was safe and authorised by the government, it was then possible to meet again and exchange contact details. Thus, the two remaining participants were contacted via email. Once all participants had responded to the emails sent, a time was set up for the interviews but were set up to accommodate the participants' busy schedules. The researcher ensured that each participant was most comfortable/ready to answer the questions.

A follow up email was sent to participants upon completion of assignment four and when approval had been granted, in which the new title had been provided and an informed consent document was attached while, researchers contact details were provided again and further appreciation was shown. All consent forms were sent prior to the interview being conducted, to ensure that all consent was given by participants to be recorded during the interview and to answer any enquiries that may have been brought up.

Each participant was asked prior to the interview, what platform would they like to use for the interview. Two participants asked for Whatsapp video call as it was easily accessible for them and convenient to use in accordance with their busy schedules. One participant made use of Facetime video call as it is the only platform they knew how to use and the last participant asked to use zoom, as they preferred this method and knew how to work it.

Before the interviews were conducted a rapport was established between each participant and the researcher. This started off with the researcher introducing themselves such as their name, what they are studying and the topic in question. Then stating the purpose of the research, as well as motivation as to why this topic is of interest and what the end goal is. During this process the participants had a brief breakdown of what the research is about and what was expected from/in the interview. A timeline/duration of the interview was provided in the form of stating that it takes no more than 20 minutes to complete and six questions to answer. At this point, participants started interacting by stating their gender, profession and experience, whilst engaging with the research by responding to general questions. These questions allowed the researcher to gauge how the participants were feeling and their mood at the start of the interview. Participants also started asking their own questions which lightened the mood, put them at ease and allowed the conversation to flow. This was then followed by an understanding that each participant's names and personal information will be kept private. There is also where the researcher informed participants that the answers and results of the study will only be used for academic purposes. Lastly, each participant was given the opportunity to withdraw at any point during the semi-structured interview without any negative consequences.

Once the interview had begun, a transition from the opening to the body on the interview was carried out. This transition is where each participant was asked what their gender is, their profession, and how long they have been part of their profession. This was then followed by the researcher asking the six main questions in which responses were gathered from participants and questions were filled out. Upon the completion of the semi-structured interview the researcher stated that all of the required questions have been asked, summed up the interview briefly, and asked

participants if there anything else they would like to add to the conversation or elaborate on. Lastly, the researcher ends off by thanking the participants (showing gratitude) for their participation in the interview/study and the feedback that was provided is greatly appreciated. The researcher also stated that a summary of the findings will be provided upon request.

The transcription process for the interview was transcribed by the researcher to its full entirety which included any slang, laughter or silence, in order to be used by the researcher later on for data analysis purposes.

3.6.) Data analysis:

3.6.1.) Data analysis method:

According to Caulfield (2019), *Thematic Analysis* is a process of analysing qualitative data, in which it is commonly applied to a set of texts, such as interview transcripts. This type of data collection method is where the researcher carefully reviews the data to identify common themes that come up repeatedly (Caulfield, 2019). A thematic analysis seeks to identify patterns of themes within interview transcripts, as a result, providing a highly flexible approach that can be altered for the needs of many studies, delivering a rich and detailed, yet complex account of data (Nowell, Norris, White, & Moules, 2017; Mortensen, 2020). It has been stated that thematic analysis is an advantageous method for investigating and reviewing the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights (Nowell *et al.,* 2017). Thematic analysis is also effective for summarizing the most important features of a large data set, as it causes the researcher to take a well-structured approach to handling and processing data, helping to produce a clear and organized final report (Nowell *et al.,* 2017).

Thematic analysis best suits this study as the objective is to provide feedback about why the research has been conducted. It will also help in understanding the research by looking at common themes, concepts and threads that have been collected from the questions asked in the semi-structured interviews that will be answered by the participants (Vaismoradi & Snelgrove, 2019). Thematic analysis will be used as it

allows for recurring themes to be categorised from the interviews conducted and makes it possible to interpret the different causes of stress, in order to provide feedback about why the study is being conducted (Nowell *et al.,* 2017).

The procedure that this study followed is the six step process in which thematic analysis occurs (Mortensen, 2020). Starting with the familiarisation with data, moving on to allocating preliminary codes to data in order to explain the content, then searching for patterns or themes in the codes across the different interviews (Mortensen, 2020). From there the theme will be reviewed, then the themes will be defined and named, and lastly, a report will be produced and made available (Mortensen, 2020).

3.6.2) Data analysis application:

The data analysis process started when the researcher familiarised themselves with the data by listening to each audio recording gathered by each participant. While listening to the audio recordings, the researcher transcribed each interview word-for-word in order to make sure that everything was jotted down and no word or important fact was missed out. The researcher did this by playing the audio recordings multiple times in order to gain a greater understanding of the data collected. The researcher then played the recordings, while reading the transcripts from each interview. This phase is where the researcher starts making notes and highlighting important words or sentences that were of potential interest to answer the question.

Through the highlighting and making notes, the researcher was able to identify and generate various codes that were important to the dataset and research question. Such codes were marking sentences with ‘NB’ (very important) and this is where the researcher made extra notes, explaining where the sentence was of importance and how they relate to the research question. Highlighting important words or sentences is seen as a code for the researcher because it allowed the researcher to go back to the dataset and identify potential themes. Colour coding was used for words that stood out and considered important to the researcher such as; blue for stress, purple for lack of coping strategies and green for gender.

After generating initial codes, the researcher was able to start searching for themes that related to the research question and the topic being explored. The themes captured something that was considered important to be and meaningful to the researcher and the research question. This phase is where the researcher reviewed the codes that identified similarities between each code such as; looking at potential themes or broader topics that surrounded the codes. Identifying similarities between codes allowed the researcher to eliminate irrelevant codes, in order to describe a coherent and meaningful pattern of codes to produce themes. As a consequence the cluster of codes led to the development of potential themes. The researcher then went on to explore the relationship between each theme, to determine how well the themes worked together to answer the research question.

By reviewing the potential themes it allowed the researcher to review the themes in relation to the codes that had been generated, as well as the entire dataset. The researcher went about asking themself questions such as; is this a theme? Is there enough meaningful data to support the theme? and What is the quality of the theme? These important questions allowed the researcher to eliminate pointless/redundant themes, and solidify the correct and most meaningful themes. In order to solidify these themes, the researcher did a final read over each participant's transcripts, to determine whether each has meaning within the entire dataset and research.

Phase five is where the researcher was able to confidently define and name each theme. This phase revealed three themes which are stress, lack of coping strategies and gender that were all considered to be important and meaningful for the researcher. The research question (How do nurses perceive stress in their profession) and objectives (such as factors that nurses perceive as stressful in this profession, the perceived role of gender in the experience of stress and the lack of support systems as a contributing factor to stress) guided the formulation of the themes that. The researcher coloured coded each theme on the participants' transcripts and based each theme on the prevalence of specific words that stuck with them. Certain words that stood out to the researcher consisted of no coping strategies, lack of resources, short staffed, very demanding, long hours, nervous patients, women's roles and battling. These words, for example, were allocated to each theme that the researcher thought

they were best suited for. As a result, each potential highlighted word or sentence led to the development of each theme.

TABLE 1: THEMES AND SUB-THEMES FROM THE THEMATIC ANALYSIS

Theme 1: Exploring factors that nurses perceive as stressful in their profession.		**Theme 2: Exploring genders role in the perception of stress in the nursing profession.**		**Theme 3: Participants demonstrating an understanding towards there being lack of efficient support systems available to nurses to help cope with stressful situations.**	
Sub-theme 1.1	Lack of resources:(not enough equipment available or insufficient finances)	Sub-theme 1.5	Differences between males and females perceptions of stress sources and outcomes.	Sub-theme1.7	Inadequate knowledge about other support systems.
Sub-theme 1.2	Shortage of staff members.	Sub-theme 1.6	The nursing profession is still considered a female-based profession.	Sub-theme1.8	Nurses have to develop their own ways to manage stress. (i.e speaking with family members or colleagues, smoking or managing it in silence)
Sub-theme 1.3	Long Hours.				
Sub-theme 1.4	Demanding environment.				

4.) Findings and interpretations:

The following discussion will summarise findings gathered from participants and interpret those findings with regards to the research question, 'how do nurses perceive stress in their profession'. Findings demonstrated that all participants indicated that their profession is stressful due to long hours, high demands and lack of resources. The findings allowed three main themes to emerge which look at factors perceived as stressful, the perceived role of gender in the experience of stress and the lack of support systems as a contributing factor to stress. These findings and factors indicated

that stress in the nursing profession is an ever increasing phenomenon that does not have the correct/sufficient coping mechanisms to reduce stress in the nursing profession. It was also found that nurses tend to lean on family members, colleagues and substances to cope with the stress they are experiencing. Stress is inevitable for nurses because their professions require a lot of compromising and making sure those around them are looked after, rather than themselves.

4.1) Presentation of Findings:

Theme 1: Exploring factors that nurses perceive as stressful in their profession.

All participants stated that there are multiple factors that are related to stress and cause the nursing profession to be considered a stressful profession or environment to be a part of. The factors that were mentioned continuously and with great emphasis by all participants included long hours, a very demanding environment, shortage of staff members, inadequate salaries. These factors also included the lack of important resources such as, not enough equipment available or insufficient finances. The above mentioned answers the research question which is, ‘how do nurses perceive stress in their profession’ and the objective pertaining to, ‘exploring the factors that nurses perceive as stressful in this profession’.

Participants made reference to the nursing profession being stressful but each had different factors that contribute to the increase in stress. According to Participant 1; *“Very stressful conditions, very long hours and very demanding patients, which all weighs heavily on the nursing profession.”*, demonstrating that for this participant the long hours, and high demands are factors that generate a stressful environment for nurses.

Participants stated that when they were in training, they thought it was an honourable profession to be part of, felt as though it was a calling and a profession that people wanted to be associated with. It was also demonstrated that the nursing profession becomes stressful because the participants are not only dealing with patients, but they deal with the patient’s families, rollercoaster of emotions and is dependent on the severity of the patient's condition or injury. Participants also mentioned that if it was

not for their love of nursing and helping people, they would not want to be part of this profession any longer.

Participants made reference to sub-themes that fall under their perception of generated stress, looking at a lack of resources within their profession. Lack of resources being considered a factor was due to participants not having equipment accessible/available, not enough staff members and finances. Participants mentioned that this resulted in them not being able to help patients sufficiently and resulting in them having to work longer hours.

According to Participant 3; *"Obviously the hours that we work because we are so short staffed."*, demonstrates that due to insufficient staff members available, participants' working hours vary day-to-day. Participants mentioned that addition to the long hours, shortage of staff members, high demand and lack of resources, they also factor in the difficulty of this profession. Participants explained that due to their long hours or shortage of staff members, they experience being taken advantage of and that they have to deal with difficult doctors or patients.

Theme 2: Exploring genders role in the perception of stress in the nursing profession.

Based on the responses, gender does appear to play a role in stress; however, not in the way that was highlighted in the literature review, and not in a way that may have been predicted by the theoretical foundation such as the differences between males and females perceptions of stress sources and outcomes. For example, it has been observed that females (especially nurses) tend to appraise stressors as being more distressing than men (Watson, Goh, & Sawang, 2011). It would seem that male nurses face challenges as nursing is still considered a female-based profession; however, female nurses are often looked to for emotional support, and this provision of support – while rewarding – also can be emotionally draining.

Two out of the four participants indicated that gender does play a role because female nurses are seen to be the ones who run after everyone including patients and doctors, make sure there is order, prepare everything beforehand, all while making sure patients and doctors are happy and satisfied.

According to participant 4; "*It is the personality of the person to keep the doctors as well as the patients calm, so that it is less stressful for all involved."*, indicating that it is the personalities of the nurses that deal with the stress not their gender. The other two participants mentioned that it is the way in which an individual handles or copes with their stress is dependent on their willingness and determination to persevere.

Participants also mentioned that female nurses tend to handle stressful situations much better than male nurses, but at the same time participants explained that male nurses are put under a lot more stress. This is due to the fact that the nursing profession is perceived as a female-based profession and not suited for males. With specific regard to the way that male nurses are viewed, to participant 3; *"A female patient doesn't necessarily want a male nurse to be treating them."*, indicating that male nurses appear to be seen as out of place, and they are sometimes not welcomed by patients. This likely impacts their sense of meaning, which likely exacerbates stress.

Theme 3: Participants demonstrating an understanding towards there being lack of efficient support systems available to nurses to help cope with stressful situations.

According to Antoniou *et al.,* (2016), organisations can provide support to employees in the form of risk assessment, risk management or self-care, and stress management. None of these interventions are made available to nurses, based on the interviews. According to participant 1, *"None that are here, that I know of...I wouldn't be able to answer that cos I don't know of what is here."*, indicating that participants found that there is a lack of efficient coping mechanisms within their profession and they are expected to cope with the pressure and stress in their own way.

Instead, participants indicated that they had to develop their own ways to manage stress; however, these strategies were not based on research and, in some cases, they may be counterproductive. According to Participant 2; *"At the moment nothing…, now its coping day by day and I don't really think about it, I just get my days done.",* indicating that even though there might be strategies out there, the participants are unaware of them. Participants mentioned that they have no other support systems but their families, colleagues, smoking or managing it in silence.

Participants also indicated that current support systems are unsuccessful in helping nurses cope or reduce stress levels. Participants went on to explain that by having a group or a support system would allow them to cope better, but not eradicate the stress completely.

4.2) Interpretation of the findings:

The participants agreed that the nursing profession had a great deal of factors/stressors that create a stressful environment and accepted these stressors because they live for what they do. Their acknowledgement about the lack of sufficient coping mechanisms was observable, but did not have a detrimental effect on their decision to continue being nurses (p. 4, participant 2).

Participants were able to indicate what factors they perceive related to stress and cause the nursing profession to be considered a stressful profession or environment to be a part of. They felt as though certain stressors were more dominant and had a greater impact on them than others, but still maintained their love and passion for the profession p. 4, participant 4). Participants put the researcher under the impression that although the nursing profession is a difficult one that requires patience, sturdiness and stability, it is a profession that is very rewarding. Although these rewards are not financial or time efficient, the participants maintained a positive attitude towards their profession by holding it in high standards.

Participants demonstrated mixed feelings towards genders' role in the amount of stress nurses experience and what impact gender role stress has on the individual. Certain participants believe that female nurses experience more stress as they take on more, whilst others believe that it is the nurse's personality that will determine the level of stress experienced or that males do experience stress (p. 5, participant 1). Participants suggested that males do experience stress but it comes in the form of stereotypical stress for taking on a female prone job or patients not wanting their help.

Participants believe that the lack of resources, long hours, high demands and under appreciation hinders their ability to develop a professional relationship with fellow

doctors, nurses or even patients themselves, which relates to the objective that 'explores the factors that nurses perceive as stressful in this profession'. Prior study conducted by Chou, Li and Hu, (2014), also revealed that nurses working overtime and taking part in a job with high strain, repeated over commitment and a lack of social support were associated with high stress. The participants also claimed that experiencing these factors and insufficient coping strategies do not help nurses want to perform their best, but rather it results in negative relationships, inadequate help and nurses leaving their jobs, relating to the objective, 'to investigate the current support systems available to nurses to help them cope with stressful situations in their profession'. The responses made by the participants suggested that using their family members, colleagues or keeping it to themselves was the primary mode of coping with their stress and that more effective coping strategies could be put in place (p. 7, participant 3). Participants believe that the by creating support groups or systems will be used by many nurses and will become a preferred strategy to cope with stress. The above mentioned relates to the objective of 'finding ways that can be utilised by nurses in order to cope with stress'.

4.3) Link between findings and previous literature:

The responses provided by the participants demonstrated a level of understanding surrounding stress and what their perception of stress is in their profession that has also been provided by previous authors.

All of the participants were able to identify various factors/stressors (i.e. unrealistic demands, lack of support, unfair treatment) that had been identified and researched by prior authors (Bhui, Dinos, Galant-Miecznikowska, de Jongh & Stansfeld, 2016). As a result, all of the participants provided the researcher with an insight as to why the nursing profession experiences the amount of stress they do and what factors they perceive as stressful in their profession. Participants demonstrated an understanding of how the multiple factors/stressors create the stressful environment in which they find themselves in. The participants were able to provide information that links to the Transactional theory of stress and coping (1984). As stated by the theoretical foundation, the experience of workplace stress, especially in the nursing profession according to the theoretical foundation, is strongly associated with exposure to specific

workplace situations, and an individual's appraisal of a difficulty in coping (Pezaro, 2018). Participants were able to identify different external and internal demands, in such a way that they were able to recognise the stressful situations in which they find themselves (Berjot & Gillet, 2011). They are able to determine if these demands/factors are applicable/relevant to themselves and when they have recognised this, they find a way to cope with this stress.

Participants were only able to provide the main stressors that they encountered in their profession, that are all in line with what previous authors have discovered and revealed. Stressors such as long hours, high demands, underpaid and shortage of staff members act as an example that have been discussed by prior authors as well as the participants (van der Colff & Rothmann, 2014). Consequently, all participants were able to accurately disclose information regarding the multiple factors/stressors that increase stressing being experienced within the nursing profession that have been discussed by prior authors surrounding the topic. Participants were able to provide effective solutions (i.e. support groups, strengthening of communication or adequate amount of staff available to cover the workload) towards enhancing coping strategies that they believe would benefit the nursing profession in line with those discussed by prior authors (Antoniou *et al.*, 2016).

5.) Trustworthiness:

Within qualitative research the terms reliability and credibility fall under the umbrella term ‘trustworthiness’ in which the focus is on data trustworthiness (du Plooy-Cilliers *et al.,* 2014; Devault, 2019). Data trustworthiness is made up of four major components such as: *credibility* relating to the accuracy and correctness in which the researcher decodes the data that was presented and collected from participants (du Plooy-Cilliers *et al.,* 2014). The second component is *transferability*, which generalises the findings within a study and seeks to apply the findings to similar situations or contexts, as well as providing the same results (du Plooy-Cilliers *et al.,* 2014; Devault, 2019).The responsibility of the researcher is to not only to describe behaviours and experiences, but also to explain their contexts, so that these behaviours and experiences become meaningful to a reader or researcher (Korstjens & Moser, 2018). *Dependability* is another component that looks at the skilfulness and

value of the process of incorporation that occurs between the data collection method, data analysis and the theory that is developed from the data (du Plooy-Cilliers *et al.,* 2014). The last component is *conformability,* which looks at how well the data that has been collected, supported the research findings and interpretation of the researcher (du Plooy-Cilliers *et al.,* 2014).

Credibility was enhanced by presenting data as it is provided by participants, ensuring that they are credible, trustworthy and accurate (Korstjens & Moser, 2018), and by spending as much time as possible with these participants. Due to Covid-19, credibility was not achieved as much as liked, because the desired amount of time to spend with participants was not attainable. Transferability was observable within this study because stress is a phenomenon that is not experienced by nurses' in their daily lives, but also other medical professionals or even the general public. However, due to the small sample size of the study, data saturation will not be achieved. This could impact transferability because results might not be applicable to all nurses. Dependability was enhanced by following a planned process, whereby all participants were asked the same questions, analysing data as it is, and the findings narrated the data collection/analysis through the conclusion, suggesting that there is consistency and accuracy throughout the study (Elo *et al.,* 2014). Conformability indicated that the interpretation of the research was in line with the data collected and data analysis process to support the findings (Elo *et al.,* 2014).

6.) Conclusion:

6.1) Summary of findings as they relate to the research question, problem, and objectives:

The purpose of this research is to explore how nurses perceive the stress associated with their profession. Findings gathered from the participants provided the researcher with answers to the research question, for example, the profession having long hours, demanding and under staffed. Participants explained why there is an increasing rate of stress being experienced within the medical profession. They also suggested that it is vital to find sufficient ways of coping because there are currently no readily available coping strategies. For the participants, stress is considered to be inevitable because their professions require a lot of compromising and making sure those around them

are looked after, rather than themselves. This overall process resulted in the bridging of the gap between literature and the views of the participants regarding nurses' perception of what stress is in their profession. Additional research will only manage to benefit the greater body of knowledge surrounding stress in the nursing profession.

6.2) Anticipated contribution of the study:

This study will contribute to existing knowledge regarding how nurses perceive stress in their profession. This indicates that there are many different perceptions of what provokes stress within this profession and that there is no distinct factor that increases stress. This study will help future researchers in their attempts to discover what stress is in the nursing profession, and provides a foundation that researchers can build upon. The data that has been gathered in this study can provide future researchers with new data in order to find ways that can be utilised in order to reduce stress within the nursing profession.

6.3) Ethical Considerations:

In order for this study to proceed, it will have to meet ethical requirements in the most ethical manner possible, the following requirements will be provided. These are the ethical considerations that this study will follow:

For this study participants were provided with an explanation about remaining anonymous, but if it was not possible in certain parts of the study confidentiality was provided by being kept nameless unless stated otherwise, due to the fact that the information gathered could be sensitive in nature (Fouka & Mantzorou, 2011). As a result, the utilisation of offensive, discriminatory, or other inappropriate language was avoided in the drafting and preparation of interview questions (du Plooy-Cilliers *et al.,* 2014).

The privacy and anonymity of the participants was of the utmost importance, therefore, allowing participants to feel more comfortable when answering questions in the most honest manner (du Plooy-Cilliers *et al.,* 2014). Consequently, an informed consent was provided to participants through a brief breakdown of the study, what will be required of them, and a form that will need to be signed (Fouka & Mantzorou, 2011).

Lastly, participants had a full understanding that their participation was voluntary and that they were able to withdraw at any time during the study (du Plooy-Cilliers *et al.,* 2014). When it came to ethical considerations for the researcher, there was no falsification of information, bias, or even the distortion of results (du Plooy-Cilliers *et al.,* 2014).

6.4) Limitations of the study:

According to du Plooy-Cilliers *et al.,* (2014), limitations can be characterised as restrictions or hindrances within a research study that are beyond control. Limitations are also seen as any possible issues that are anticipated when carrying out a study. When limitations have been clearly stated and defined. Communication of results as well as support validity and reliability of the research results within the bounds of the study (du Plooy-Cilliers *et al.,* 2014).

A limitation that is clearly identified is *time* because there is only a short duration in which data can be gathered from participants and analysed. Due to Covid-19 and lockdown regulations, the research was not able to carry out face-to-face interviews and there was not enough time to spend with participants, resulting in Trustworthiness not being entirely achieved.

Another limitation looks at *accessibility*, in which the participants that are thought to be available and have access to may not be the case, especially those who agreed to a semi-structured interview and were not available at the time they were being conducted. As a result, data saturation has not been achieved, as gaining a bigger sample is not of importance because the research that is being conducted is at an honours level.

The sampling method used introduces researcher bias as participants are picked because they are known to the researcher, resulting in the sample not being a good representation of the whole nursing population. Therefore, quantitative methods should be used in further research as qualitative studies do not aim for generalisation.

7. REFERENCES

1. Ab Latif, R., & Mat Nor, M. (2019). Stressors and Coping Strategies during Clinical Practice among Diploma Nursing Students. Malaysian Journal Of Medical Sciences, 26(2), 88-98. doi: 10.21315/mjms2019.26.2.10
2. Ackerman, C. (2020). Coping: Dealing with Life's Inevitable Disappointments in a Healthy Way. Retrieved 28 May 2020, from https://positivepsychology.com/coping/
3. Adams, W. (2015). Conducting Semi-Structured Interviews. Handbook Of Practical Program Evaluation, 4, 492-505. doi: 10.1002/9781119171386.ch19
4. Antoniou, A., Cooper, C.L. & Davidson, M.J. Levels of job dissatisfaction and work-related stressors experienced by medical doctors in Greek hospitals. J of Compassionate Health Care 3, 4 (2016). https://doi.org/10.1186/s40639-016-0021-z
5. Asiamah, N., Mensah, H., & Oteng-Abayie, E., (2017). General, Target, and Accessible Population: Demystifying the Concepts for Effective Sampling.The Qualitative Report, [online] 2(6), pp.1607-1622. Retrieved from: https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2674&context=tqr [Accessed 17 Sep. 2019].
6. Beckett, R., Kranner, I., Minibayeva, F., & Seal, C. (2010). What is stress? Concepts, definitions and applications in seed science. [ebook] New Phytologist Trust, pp.1-19. Retrieved from: https://nph.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1469-8137.2010.03461.x [Accessed 27 Mar. 2019].
7. Bendixen, H., Kroksmark, U., Magnus, E., Jakobsen, K., Alsaker, S., & Nordell, K. (2006). Occupational Pattern: A Renewed Definition of the Concept. Journal Of Occupational Science, 13(1), 3-10. doi: 10.1080/14427591.2006.9686565
8. Berjot, S., & Gillet, N. (2011). Stress and Coping with Discrimination and

Stigmatization. Frontiers In Psychology, 2(33). doi: 10.3389/fpsyg.2011.00033

9. Bhui, K., Dinos, S., Galant-Miecznikowska, M., de Jongh, B., & Stansfeld, S. (2016). Perceptions of work stress causes and effective interventions in employees working in public, private and non-governmental organisations: a qualitative study. Bjpsych Bulletin, 40(6), 318-325. doi: 10.1192/pb.bp.115.050823

10. Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's Psychological Stress and Coping Theory. The Handbook Of Stress And Health, 349-364. doi: 10.1002/9781118993811.ch21

11. Bismark, M., Milner, A., Maheen, H., & Spittal, M., (2016). Suicide by health professionals: a retrospective mortality study in Australia, 2001–2012. The Medical Journal of Australia, [online] 205(6), pp.260-265. Retrieved from: https://www.mja.com.au/journal/2016/205/6/suicide-health-professionals-retrospectivemortality-study-australia-2001-2012.

12. Bolderston, A. (2012). Conducting a Research Interview. Journal Of Medical Imaging And Radiation Sciences, 43(1), 66-76. doi: 10.1016/j.jmir.2011.12.002

13. Burnett, C. and Petersen, M. (2008). The suicide mortality of working physicians and dentists. Occupational Medicine, [online] 58(1), pp.25-29. Retrieved from: http://www.genderbias.net/docs/resources/guideline/The%20suicide%20mortality%20of%20working%20physicians%20and.pdf.

14. Cannon, W. (1915). Bodily changes in pain, hunger, fear and rage: An Account of Recent Researches into the Function of Emotional Excitement. (1st ed.). New York: D. Appleton.

15. Caulfield, J. (2019). How to Do Thematic Analysis | A Step-by-Step Guide & Examples. Retrieved 28 May 2020, from https://www.scribbr.com/methodology/thematic-analysis/

16. Chatzigianni, D., Sarafis, P., Tsounis, A., & Markopoulos, N. (2018).

Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. Iranian Journal Of Nursing And Midwifery Research, 23(6), 450-457. doi: 10.4103/ijnmr.ijnmr_120_17

17. Chiang, Y., & Chang, Y. (2012). Stress, depression, and intention to leave among nurses in different medical units: Implications for healthcare management/nursing practice. Health Policy, 108(2-3), 149-157. doi: 10.1016/j.healthpol.2012.08.027

18. Chou, L., Li, C., & Hu, S. (2014). Job stress and burnout in hospital employees: comparisons of different medical professions in a regional hospital in Taiwan. BMJ Open, 4(2), e004185. doi: 10.1136/bmjopen-2013-004185

19. Clements, A., Hawton, K., Sakarovitch, C., Simkin, S., & Deeks, J., (2001). Suicide in doctors: a study of risk according to gender, seniority and specialty in medical practitioners in England and Wales, 1979–1995 Journal of Epidemiology & Community Health 2001;55:296-300.

20. Creswell, J., & Creswell, D. (2017). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed., pp. 1-260). SAGE Publications.

21. David (2017).What is the Difference Between Population and Sample? - Statistics Solutions. [online] Statistics Solutions. Retrieved from: https://www.statisticssolutions.com/what-is-the-difference-between-population-and-sample/ [Accessed 17 Sep. 2019].

22. Dean, B. (2018). The Interpretivist and The Learner. International Journal Of Doctoral Studies, 13, 001-008. doi: 10.28945/3936

23. DeVault, G. (2019). Talking Points for Convincing Clients of Data Credibility. [online] The Balance Small Business. Retrieved from: https://www.thebalancesmb.com/establishing-trustworthiness-in-qualitative-research-2297042 [Accessed 17 Oct. 2019].

24. du Plooy-Cilliers, F., Davis, C., & Bezuidenhout, R., (2014).RESEARCH MATTERS. 1st ed. Cape Town, South Africa: Juta & Company Ltd.

25. Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative Content Analysis. SAGE Open, 4(1), 215824401452263. doi: 10.1177/2158244014522633

26. Epstein, B., & Turner, M., (2015). The Nursing Code of Ethics: Its Value, Its History OJIN: The Online Journal of Issues in Nursing, 20(2), doi: 10.3912/OJIN.Vol20No02Man04

27. Falconier, M. K., Randall, A. K. & Bodenmann, G. (eds). Couples Coping with Stress: A cross-cultural perspective. (pp. 5-22). New York: Routledge.

28. Faulkner, S., & Trotter, S. (2017). Data Saturation. The International Encyclopedia Of Communication Research Methods, 1-2. doi: 10.1002/9781118901731.iecrm0060

29. Fink, G. (2010). Stress: Definition and History. Encyclopedia Of Neuroscience, 549-555. doi: 10.1016/b978-008045046-9.00076-0

30. Foley, B. (2018). Purposive Sampling 101 [Blog]. Retrieved from https://www.surveygizmo.com/resources/blog/purposive-sampling-101/

31. Fridah, M. (2002).Sampling In Research. [online] Profiles.uonbi.ac.ke. Retrieved from: https://profiles.uonbi.ac.ke/fridah_mugo/files/mugo02sampling.pdf [Accessed 18 Sep. 2019].

32. Frings, D. (2017). The transactional model of stress and coping - PsychologyItBetter. Retrieved 3 July 2020, from http://psychologyitbetter.com/transactional-model-stress-coping

33. Fukuoka, G., & Mantzorou, M. (2011). What are the Major Ethical Issues in Conducting Research? Is there a Conflict between the Research Ethics and the Nature of Nursing?. Health Science Journal, 1(5), 1-14. Retrieved from https://www.hsj.gr/medicine/what-are-the-major-ethical-issues-in-conducting-research-is-there-a-conflict-between-the-research-ethics-and-the-nature-of-nursing.pdf

34. Gadirzadeh, Z., Matin Abadi, M., & Adib-Hajbaghery, M. (2017). Job stress, job satisfaction, and related factors in a sample of Iranian nurses. Nursing

And Midwifery Studies, 6(3), 125. doi: 10.4103/nms.nms_26_17

35. Gunderman, R., & Gunderman, P., (2018). Why medicine leads the professions in suicide, and what we can do about it. [online] The Conversation. Retrieved from: https://theconversation.com/why-medicine-leads-the-professions-in-suicide-and-what-w e-can-do-about-it-96680 [Accessed 22 Mar. 2019].

36. Heim, E. (1991). Job Stressors and Coping in Health Professions. Psychotherapy And Psychosomatics, 55(2-4), 90-99. doi: 10.1159/000288414

37. Holton, G. (1988). Thematic origins of scientific thought: Kepler to Einstein (1st ed., pp. 1-499). Cambridge (Massachusetts): Harvard University Press.

38. Jacobson, S. (2018). Interviewing: Wrapping up the Interview | The Conover Company. Retrieved 1 July 2020, from https://www.conovercompany.com/interviewing-wrapping-up-the-interview/

39. Jameel, B., Shaheen, S., & Majid, U. (2018). Introduction to Qualitative Research for Novice Investigators. Undergraduate Research In Natural And Clinical Science And Technology (URNCST) Journal, 2(6), 1-6. doi: 10.26685/urncst.57

40. Jordan, T., Khubchandani, J., & Wiblishauser, M. (2016). The Impact of Perceived Stress and Coping Adequacy on the Health of Nurses: A Pilot Investigation. Nursing Research And Practice, 2016, 1-11. doi: 10.1155/2016/5843256

41. Kalra, S., Pathak, V., & Jena, B. (2013). Qualitative research. Perspectives In Clinical Research, 4(3), 192. doi: 10.4103/2229-3485.115389

42. Kenton, W. (2019).Understanding Population Statistics. [online] Investopedia. Retrieved from: https://www.investopedia.com/terms/p/population.asp [Accessed 17 Sep. 2019].

43. Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work Related Stress, Burnout, Job Satisfaction and General Health of Nurses.

International Journal Of Environmental Research And Public Health, 12(1), 652-666. doi: 10.3390/ijerph120100652

44. Kivunja, C., & Kuyini, A. (2017). Understanding and Applying Research Paradigms in Educational Contexts. International Journal Of Higher Education, 6(5), 26. doi: 10.5430/ijhe.v6n5p26

45. Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E., & Saridi, M. (2015). The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: the case of a local general hospital. Health Psychology Research, 3(1). doi: 10.4081/hpr.2015.1984

46. Krohne, H. (2002). Stress and Coping Theories [Ebook] (1st ed.). Johannes Gutenberg-Universität Mainz Germany. Retrieved from https://userpage.fu-berlin.de/~schuez/folien/Krohne_Stress.pdf

47. Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. European Journal Of General Practice, 24(1), 120-124. doi: 10.1080/13814788.2017.1375092

48. Kupriyanov, R., & Zhdanov, R. (2014). The Eustress Concept: Problems and Outlooks. World Journal Of Medical Sciences, 11(2), 179-185. doi: DOI: 10.5829/idosi.wjms.2014.11.2.8433

49. Lazarus, R., & Folkman, S. (1984). Stress, appraisal, and coping (1st ed.). New York: Springer.

50. Letvak, S., Ruhm, C., & McCoy, T. (2012). Depression in Hospital-Employed Nurses. Clinical Nurse Specialist, 26(3), 177-182. doi: 10.1097/nur.0b013e3182503ef0

51. Li, C., Cao, J., & Li, T. (2016). Eustress or distress. Proceedings Of The 2016 ACM International Joint Conference On Pervasive And Ubiquitous Computing: Adjunct, 12090-1217. doi: 10.1145/2968219.2968309

52. Lin, K. & Wu, C. (1999). Defining occupation: A comparative analysis. Journal of Occupational Science. 6. 5-12. 10.1080/14427591.1999.9686446.

53. Longhurst, R. (2009). Interviews: In-Depth, Semi-Structured. International

Encyclopedia Of Human Geography, 580-584. doi: 10.1016/b978-008044910-4.00458-2

54. Maharaj, S., Lees, T., & Lal, S. (2018). Prevalence and Risk Factors of Depression, Anxiety, and Stress in a Cohort of Australian Nurses. International Journal Of Environmental Research And Public Health, 16(1), 61. doi: 10.3390/ijerph16010061

55. Maphangela, T. (2015). FACTORS ASSOCIATED WITH OCCUPATIONAL STRESS AMONG NURSES WORKING IN CLINICS IN GABORONE, BOTSWANA [Pdf] (pp. 1-89). Limpopo: UNIVERSITY OF LIMPOPO. Retrieved from http://ulspace.ul.ac.za/bitstream/handle/10386/1612/maphangela_t_2015.pdf?sequence=1&isAllowed=y

56. Martin, P. D., & Daniels, F. M. (2014). Application of Lazarus's Cognitive Transactional Model of stress-appraisal-coping in an undergraduate mental health nursing programme in the Western Cape, South Africa: theory development. African Journal for Physical Health Education, Recreation and Dance, 20(Supplement 1), 513-522.

57. Merriam, S., & Tisdell, E. (2015). Qualitative Research: A Guide to Design and Implementation (4th ed., pp. 1-368). United States: Jossey-Bass: A Wiley Brand.

58. Mortensen, D. (2020). How to Do a Thematic Analysis of User Interviews. Retrieved 16 June 2020, from https://www.interaction-design.org/literature/article/how-to-do-a-thematic-analysis-of-user-interviews

59. Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic Analysis. International Journal Of Qualitative Methods, 16(1), 160940691773384. doi: 10.1177/1609406917733847

60. O'Keeffe, J., Buytaert, W., Mijic, A., Brozović, N., & Sinha, R. (2016). The use of semi-structured interviews for the characterisation of farmer irrigation practices. Hydrology And Earth System Sciences, 20(5), 1911-1924. doi: 10.5194/hess-20-1911-2016

61. Persaud, R. (2002). Reducing the stress in medicine. Postgraduate Medical Journal, 78(915), 1-3. doi: http://dx.doi.org/10.1136/pmj.78.915.1

62. Pezaro, S. (2020). Theories of work-related stress [Blog]. Retrieved from https://sallypezaro.wordpress.com/2018/03/22/theories-of-work-related-stress/

63. Pham, L. (2018). A Review of key paradigms: positivism, interpretivism and critical inquiry. [Ebook] (pp. 1-7). Adelaide. Retrieved from https://www.researchgate.net/publication/324486854_A_Review_of_key_paradigms_positivism_interpretivism_and_critical_inquiry

64. Qu, S., & Dumay, J. (2011). The qualitative research interview. Qualitative Research In Accounting & Management, 8(3), 238-264. doi: 10.1108/11766091111162070

65. Qureshi, H. (2018). Theoretical Sampling in Qualitative Research: A Multi-Layered Nested Sampling Scheme. International Journal Of Contemporary Research And Review, 9(08), 20218-20222. doi: 10.15520/ijcrr/2018/9/08/576

66. Republic of America. (2015) Holistic Stress Management for Nurses. Retrieved from https://www.ausmed.com/cpd/articles/stress-in-nursing

67. Rich, A., Viney, R., Needleman, S., Griffin, A., & Woolf, K. (2016). 'You can't be a person and a doctor': the work–life balance of doctors in training—a qualitative study. BMJ Open, 6(12), e013897. doi: 10.1136/bmjopen-2016-013897

68. Riley, G. (2004). Understanding the stresses and strains of being a doctor. Medical Journal Of Australia, 181(7), 350-353. doi: 10.5694/j.1326-5377.2004.tb06322.x

69. Ruotsalainen, J., Verbeek, J., Mariné, A., & Serra, C. (2015). Preventing occupational stress in healthcare workers. Cochrane Database Of Systematic Reviews, 4. doi: 10.1002/14651858.cd002892.pub5

70. Sabu, J. (2017). A Comparative Study of Stress level of Male and Female Nurses in ICU. TEXILA INTERNATIONAL JOURNAL OF CLINICAL

RESEARCH, 4(2), 45-52. doi: 10.21522/tijcr.2014.04.02.art005

71. Sancho, F., & Ruiz, C., (2010). Risk of suicide amongst dentists: Myth or reality?. International dental journal. 60. 411-8. 10.1922/IDJ_2575Sancho08.

72. Setia, M. (2016). Methodology series module 3: Cross-sectional studies. Indian Journal Of Dermatology, 61(3), 261. doi: 10.4103/0019-5154.182410

73. Shahsavarani, A. M., Azad Marz Abadi, E., & Hakimi Kalkhoran, M. (2015). Stress: Facts and theories through literature review. International Journal of Medical Reviews, 2(2), 230-241.

74. Sileyew, K. (2019). Research Design and Methodology. [online] InTechOpen. Retrieved from: https://www.intechopen.com/online-first/research-design-and-methodology [Accessed 23 Oct. 2019].

75. Simmons, A. (2018). The Disadvantages of a Small Sample Size [Blog]. Retrieved from https://sciencing.com/disadvantages-small-sample-size-8448532.html

76. Tajul Urus, S. (2013). LIVING WITH ENTERPRISE RESOURCE PLANNING (ERP): AN INVESTIGATION OF END USER PROBLEMS AND COPING MECHANISMS [Ebook] (pp. 1-305). Melbourne: RMIT University. Retrieved from https://researchbank.rmit.edu.au/eserv/rmit:160831/Tajul_Urus.pdf

77. Thornton, H. (2006). Dispositions in Action: Do Dispositions Make a Difference in Practice? [Ebook] (pp. 53-68). Teacher Education Quarterly. Retrieved from https://files.eric.ed.gov/fulltext/EJ795207.pdf

78. Ticharwa, M., Cope, V., & Murray, M. (2018). Nurse absenteeism: An analysis of trends and perceptions of nurse unit managers. Journal Of Nursing Management, 27(1), 109-116. doi: 10.1111/jonm.12654

79. Trochim, W. (2006). Social Research Methods - Knowledge Base - Qualitative Validity.[online] Retrieved from: https://socialresearchmethods.net/kb/qualval.php [Accessed 23 Oct. 2019].

80. Tufail, M. (2020). Branches of Philosophy: Axiology. Presentation,

Islamabad.

81. Vaismoradi, Mojtaba & Snelgrove, Sherrill (2019). Theme in Qualitative Content Analysis and Thematic Analysis [25 paragraphs]. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 20(3), Art. 23, http://dx.doi.org/10.17169/fqs-20.3.3376.

82. van der Colff, J., & Rothmann, S. (2014). Occupational stress of professional nurses in South Africa. Journal Of Psychology In Africa, 24(4), 375-384. doi: 10.1080/14330237.2014.980626

83. Walinga, J. (2014). Stress, Health, and Coping. In C. Stangor & J. Walinga, Introduction to Psychology – 1st Canadian Edition (1st ed., pp. 1-689). Canda: BCcampus. Retrieved from https://opentextbc.ca/introductiontopsychology/chapter/15-2-stress-and-coping/

84. Watson, S., Goh, Y., & Sawang, S. (2011). Gender Influences on the Work-Related Stress-Coping Process. Journal Of Individual Differences, 32(1), 39-46. doi: 10.1027/1614-0001/a000033

85. Weber, H. (2001). Stress Management Programs. International Encyclopedia Of The Social & Behavioral Sciences, 15184-15190. doi: 10.1016/b0-08-043076-7/03890-0

86. Welsh, D. (2009). Predictors of Depressive Symptoms in Female Medical-Surgical Hospital Nurses. Issues In Mental Health Nursing, 30(5), 320-326. doi: 10.1080/01612840902754537

87. Yada, H., Abe, H., Omori, H., Matsuo, H., Masaki, O., Ishida, Y., & Katoh, T. (2014). Differences in job stress experienced by female and male Japanese psychiatric nurses. International Journal Of Mental Health Nursing, 23(5), 468-476. doi: 10.1111/inm.12080

8. ANNEXURES

8.1.) ANNEXURE A: Consent Form

To whom it may
concern,

My name is Danielle Simon and I am a student at Varsity College Sandton. I am currently conducting research under the supervision of Ms. Evelyn Naggayi about finding out what stress is in the nursing profession. I hope that this research will enhance our understanding of what provokes an increase in stress levels within the nursing profession, as well as finding ways that can be utilised in order to reduce stress within the nursing profession.

I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.

What will I be doing if I participate in your study?

I would like to invite you to participate in this research because this research would like to take a direct point of view from South African nurses on what they perceive as stressful in their profession. If you decide to participate in this research, I would like to conduct a semi-structured interview whereby questions will be asked, in order to gain an in-depth understanding of what South African nurses perceive as stressful in their profession. You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.

Are there any risks/ or discomforts involved in participating in this study?

Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however, indirectly find that it is helpful to talk about what stress is in the nursing profession. If you find at any stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.

Do I have to participate in the study?

● Your inclusion in this study is completely voluntary;

● If you do not wish to participate in this study, you have every right not to do so;

● Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.

Will my identity be protected? I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor, I and possibly a professional transcriber (who will sign a confidentiality agreement) will have access to these recordings. Nobody else, including anybody at Varsity College Sandton, will have access to your interview information. I would like to use quotes when I discuss the findings of the research but I will not use any recognisable information in these quotes that can be linked to you.

What will happen to the information that participants provide?

Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my Bachelor of Arts Honours in Psychology. You may ask me to send you a summary of the research if you are interested in the final outcome of the study.

What happens if I have more questions about the study?

Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.

You should not agree to participate unless you are completely comfortable with the procedures followed.

My contact details are as follows:

The contact details of my supervisor are as follows:

Ms. Evelyn Naggayi

Consent form for participants

I, _____, agree to participate in the research conducted by Danielle Simon about finding out what stress is in the nursing profession.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. I agree to be interviewed for this research.
2. My confidentiality will be ensured. My name and personal details will be kept private.
3. My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research.
4. I may choose not to answer any of the questions that are asked during the research interview.
5. I may be quoted directly when the research is published, but my identity will be protected.

_____ _____

Signature Date

Consent form for audio-recording/ video recording

I, _____, agree to allow Danielle Simon to audio record my interviews as part of the research about finding out what stress is in the nursing profession.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. My confidentiality will be ensured. My name and personal details will be kept private.

2. The recordings will be stored in a password protected file on the researcher's computer.

3. Only the researcher, the researcher's supervisor and possibly a transcriber (who will sign a confidentiality agreement) will have access to these recordings.

_____ _____

Signature Date

8.2.) Annexure B: Interview schedule

Introduction:

Faculty of Humanities

School of Honours Psychology

Exploring stress in the nursing profession: A Qualitative study, using semi-structured interviews.

Research conducted by:

Danielle Simon

a

Dear Participant

You are invited to participate in an academic research study conducted by Danielle Simon, Bachelor of Arts honours student from the School of Psychology Varsity College Sandton. The purpose of the study is to find out what stress is in the nursing profession. This is an anonymous study interview as your name will not appear on the findings, unless it has been stated otherwise. The answers you give will be treated as strictly confidential as you cannot be identified in person based on the answers you give.

Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences. Please respond to the six questions presented as honestly as possible and this will not take more than 20 minutes of your time. The results of the study will

be used for academic purposes only. We will provide you with a summary of the findings on request.

Section A: Demographic

1. What is your gender?
2. What is your profession?
3. How long have you been in this profession for?

Section B: Interview Questions

1. How do you perceive the nursing profession?

2. Can you please share the situations that you perceive as stressful in your profession?

3. What factors do you think contribute to stress within your profession? *(ie: Do some patients more than others cause a stressful environment? If so how do you deal with them to decrease these stress levels?*)

4. What coping strategies do you use to cope with stressful situations?

5. What support systems are available to you to help you cope with situations that you might deem as stressful? *(actually reduce stress levels increasing or are they unsuccessful?)*

6. Do you think that gender plays any role in the way that nurses experience stress?

Conclusion:

Is there anything else you'd like to add to our conversation or elaborate on?

Thank you for your participation in this study and the feedback you have provided is greatly appreciated.

8.3.) Annexure C: Ethical Clearance Letter

29 July 2020

Student name: Danielle Tayla Simon
Student number: 17001345
Campus: IIE's Varsity College Sandton

Re: Approval of Honours in Psychology Proposal and Ethics Clearance

HONOURS/PGDIP ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

There are some aspects that you still need to address in your proposal. You will need to address these aspects in consultation with your supervisor before you may proceed (see below):

Please discuss with your supervisor/navigator/lecturer how you will address these issues listed below:
Please note: **Your fieldwork may only proceed once you address the following issues:**

[redacted]

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

Supervisor: Evelyne Naggayi

Campus Postgraduate Coordinator (CPC):

JENNA-LEE RAMNARAIN

8.4.) Annexure D: Examples of Data Collected (Transcript)

Participant 3: Zoom Video call

The mood of this participant appeared to be very excited and into the idea of being part of the study. As a result, this participant provided great insight into the nursing profession, whilst providing extra information that was unknown to the researcher and the topic being explored. This participant's tone also changed a lot throughout the interview, due to a great love and passion for the profession and wants it to be a more appreciated profession. Wanted to also provide extra information that not many people or researchers actually know.

Interviewer: Hello, it is good to see you again, how are you doing this evening?

Participant 3: I am doing well thank you and yourself sweetheart?

Interviewer: I am doing good thank you, just a bit stressed.

Participant 3: I think everyone is a little bit stressed with what is going on, so just keep your head up and you'll do great.

Interviewer: How are you coping with the current situation in South Africa in terms of covid-19?

Participant 3: Ummm… in terms of the covid-19 situations currently in South Africa in the private sector it has not been as prevalent as it has been in the government sector, but obviously due to the social distancing and all the PPE, the personal protective equipment we need to wear it does umm… form huge challenges with regards to bed space and then also being able to nurse your patients in a comfortable and umm… *pause* well umm… positioned within the hospital. So instead of a ward being able to cater for say 32 patients, we can have a maximum of 12 patients per ward, so that does put a lot of strain on us as nurses.

Interviewer: I just was to start off by introducing myself. My name is Danielle Simon and I am currently completing my postgraduate degree in Psychology at Varsity College Sandton.

Participant 3: Very interesting degrees, are you planning on studying further or what do have you planned after this year?

Interviewer: I would love to further my studies into masters, but due to circumstances I have to work as I will be paying for furthering my studies, so I can that burden of my parents.

Participant 3: Don't worry about that, you are still young and have plenty of time to further your studies. Just remember that once you get a taste of the working life, getting back into studying will be difficult.

Interviewer: Thank you for the advice, it is definitely something I have to think about.

Silence

Interviewer: So, the purpose of this interview and my research is to explore how nurses perceive the stress associated with their profession. Due to that, this topic is of interest to me because it is where my passion lies as I witness people close to me going through daily stress and no way to cope with it. So I hope to shed light on this phenomenon because it is prevalent in every single person's life, even more so in those who are responsible for helping others much like yourself.

Smiles and nods head

Participant 3: Thank you sweetheart for bringing this topic into interest.

Interviewer: It is where my passion lies and I do think the nursing profession is a very

tough profession and deserves a lot more credit than it gets. I also think that more research into this topic should be done, as times are becoming more and more stressful.

Participant 3: I do agree with you on that point and I also think that more should be done help nurses and provide them with the recognition they deserve.

Interviewer: The end goal of this interview or the research, is that I hope to make use of the information from your responses, to understand what stress is in the nursing profession, what provokes an increase in stress levels within the nursing profession, as well as finding ways that can be utilised in order to reduce stress within the nursing profession.

Interviewer: This interview will take no longer than 20 minutes and consists of six main questions, in which your age, profession and experience will be asked prior.

Silence

Interviewer: Okay, before I get started with the questions, I just want to state your names and personal information will be kept private. The answers you have provided and results of the study will only be used for academic purposes. You are allowed to withdraw at any point during the interview without any negative consequences.

Interviewer: Do you then mind if I refer to you as participant 3?

Participant 3: Of course you can.

Interviewer: Next few questions are just to have a basic understanding of who you are in relation to the topic being explored.

Interviewer: What is your gender?

Participant 3: I am a female.

Interviewer: What is your profession?

Participant 3: I am a qualified nursing sister in the operating theatre

Interviewer: How long have you been in this profession for?

Participant 3: Since 1985 (tone changes - shows more excitement).

Interviewer: Thank you very much, do you mind if the above mentioned information is displayed in my research as it is crucial and ties in with what I have previously discussed in prior sections such as; my literature review?

Participant 3: Not at all, you can use it

Interviewer: Thank you for allowing me to make use of this information.

Interviewer: Okay, the next section of this interview will be looking at six questions, in which you are able to answer the questions as honestly as possible and provide your own opinion on.

Interviewer: If you have any questions or want to elaborate, please feel free to do so.

Participant 3: I will ask any questions if any come to mind.

Silence

Interviewer: The first question is; How do you perceive the nursing profession ?

Participant 3: Umm… when I did my training I thought it was a very noble pos ahh… profession to be in, I felt it was a calling that, that umm… was something that you wanted to do and not necessarily something that you thought

was the only thing you can do. I do find that ahh… the nursing, the nursing staff that are being coming through the colleges now, it's no longer a calling, its more of a profession of thats what I feel like thats what I should be doing and not necessarily what they should be doing. **(NB)**

Silence

Interviewer: Okay, thank you.

Interviewer: Can you please share the situations that you perceive as stressful in your

Profession?

Clears throat

Participant 3: Umm.. So nursing is stressful in the sense that you don't only just deal with your patients, you also deal with the patient's families, ahh… it's a emotional rollercoaster, it depends on obviously what the patient has come into hospital for if it's say a minor procedure it is very quick and very simple and everybody is happy, but if it is a traumatic event or turns into a traumatic event whilst they are in hospital then you are dealing not just on the patient's well being ahh... physically but also dealing on the mental well being of all the patients as well as their families, so it does become very stressful. **(NB)**

Interviewer: What factors do you think contribute to stress within your profession?

Participant 3: Ahh.. the equipment not being readily available, equipment that you need, finances, obviously the hours that we work because we are so short staffed, umm… you know hours in nursing umm… can range anything between 12 and 18 hours per shift which then does cause a lot of stress. **(NB)**

Pause

The participant provided the above information that was previously unknown but added greatly to the study and to the researchers knowledge. This information had not been present or read in previous literature but added to the factors that nurses perceive as stressful in their nursing.

Interviewer: What coping strategies do you use to cope with stressful situations?

Participant 3: Umm… I do think that talking to your colleagues and *pause* knowing that everybody is under the same situation it does help to talk to your colleagues, but it really does help to have a good family unit at home (voice changes - places great emphasis on *family*), so that when you come home you can unwind, you can discuss your day without obviously giving too much information away because you do have patient umm.. professional confidentiality. **(NB)**

Interviewer: What support systems are available to you to help you cope with situations that you might deem as stressful? *(actually reduce stress levels increasing or are they unsuccessful?)*

Participant 3: Nothing in particular, but I fortunately do have a strong family unit at home but also have colleagues that I can talk to when I need it.

Interviewer: I just want to elaborate on that, do you think the coping strategies that are out there such as risk management and risk assessment are unsuccessful or do they reduce your stress levels ?

Participant 3: I think they unsuccessful. **(NB)**

Very quick to answer this question without any hesitation, demonstrating that even though there are strategies that are not helping reduce stress or help nurses cope with the amount of stress they are experiencing daily.

Interviewer: The last question is, Do you think that gender plays any role in the way that nurses experience stress?

Participant 3: Ahhh...

Pauses

Participant 3: Yes and no, I don't think that, umm… I think females just definitely handle stress a lot better, than our male colleagues but at the same time I do think that other male colleagues are put under a lot more stress, purely for the fact that nurses are perceived as a female job and definitely not as a male role, which then does cause huge factors in the workplace because a female patient doesn't necessarily want a male nurse to be treating them.

Interviewer: Thank you very much, that is the end of the questions.

Interviewer: Is there anything else you'd like to add to our conversation or elaborate on?

Participant 3: Umm.. I think nursing, I think right now nursing needs to go back into the training where it is hands on training permanently, I do believe that currently the, the qualification that nurses come out with they not given enough (voice changes - places great emphasis on enough) basic training for all the qualifications they do come with and I think they should go back to doing one year courses post general nursing

Interviewer: Thank you once again for your participation in the interview as well as the study and the answers you have provided are greatly appreciated. If you would like a summary of the findings, they will be available once the project is completed.

Participant 3: Pleasure.

Participant 3: Danielle I think this is something that is important and something that you should record and take note of.

Participant 3: So training up until 1990 was a three year basic course and every other course or every qualification there after took a year. So if you were doing midwifery for instance it would be a year, operating theatre technique would be another year on top of that, right now all nurses are being trained in four years where they are coming out with midwifery, community health and psychiatry.

Silence

Interviewer: Oh wow, thank you for providing information that I had no prior knowledge of, I did not know. That is very interesting how times have changed as well as the qualification nurses now obtain.

Participant 3: You need to know that.

Interviewer: Thank you once again for participating and taking part in this research study. The answers you have provided are greatly appreciated and helped answer the question being asked in this research study.

Interviewers Notes:

Things that are highlighted in yellow = Perception of the nursing profession.

Things that are highlighted in blue = Factors that nurses perceive as stressful in this profession.

Things that are highlighted in purple = The lack of support systems as a contributing factor to stress.

Things that are highlighted in green = The perceived role of gender in the experience of stress.

Things that are highlighted in pink = Ways in which nurses cope with their stress.

Things that are highlighted in light red = Side notes made by the researcher.

8.5.) Annexure E: Concept Document Table (Danielle Simon, 17001345)

Provisional Title: Exploring stress in the nursing profession: A Qualitative study using semi-structured interviews.

Research Purpose/ Objective	Primary Research Question	Research Rationale	Seminal Authors/ Sources	Literature Review - Conceptual Framework	Paradigm	Approach	Data Collection Methods(s)	Ethics	Anticipated Findings	References
The purpose of this research is to explore how nurses perceive the stress associated with their nursing profession.	How do nurses perceive stress in their profession?	This topic is of interest due to the fact that stress is a phenomenon that is experienced by the majority of people throughout the world (Shahsavarani, Abadi, & Kalkhoran, 2015). As a result, each occupation has different perceptions of stressful	-Holton, G. 1988: *Thematic origins of scientific thought: Kepler to Einstein* -Richard Lazarus & Susan Folkman 1984: *Stress, Appraisal and Coping.* -Walter Cannon,1915: *The flight or fight response, also known as*	**Theme 1:** Occupation such as nursing **Theme 2:** Stress in the nursing profession **Theme 3:** Male and Female Gender **Theme 4:** Coping Strategies	**Paradigm:** Interpretivism **Epistemology:** The epistemology for this research study is that it aims to provide more knowledge on what stress is in the nursing profession, thus, allowing other researchers or people to understand the causes and to be able to make use of the research.	Qualitative **Population** **Population Parameters:** -For this study the population parameters are five nurses, involving both male and female, who are located in the Johannesburg region. They would have to run their own	Semi structured Interviews	-Informed consent from potential research participants will be obtained. -There will be the minimisation of the risk of harm to participants; -Participants anonymity and confidentiality will be protected. -Participants	-This aims to find an understanding of the inner workings of an individual's mind, which may help prevent them experiencing increased stress and instead help them improve their lives. -Other findings may include the different causes of stress, what the possible attributes to the increase of stress in this	-Cannon, W. (1915). *Bodily changes in pain, hunger, fear and rage: An Account of Recent Researches into the Function of Emotional Excitement.* (1st ed.). New York: D. Appleton. -Holton, G. (1988). *Thematic origins of scientific thought: Kepler to Einstein* (1st ed., pp. 1-

		situations and ways in which individuals cope with them.	*the "acute stress response"*		**Ontology:** The ontology indicates that the reality of nurses is both socially constructed and created by their own experiences from specific events that involve stress. **Axiology:** This study values the unique perspectives, opinions and experiences of nurses facing stress, and what factors they perceive as stressful in this profession.	practices or work in the public sector (ie; hospitals), with a minimum of five to eight years' experience, by looking years active in the profession. They would have also had to experience some type of stress (such as acute stress, physical stress or psychological stress) and are currently seeking improvements in their coping mechanisms.		will have the right to withdraw from the research. -When it comes to the researcher there is no falsification of information, bias, or even the distortion of results.	profession are, as well as additional recommendations that can be made to prevent stress developing within the nursing profession.	499). Cambridge (Massachusetts): Harvard University Press. -Lazarus, R., & Folkman, S. (1984). *Stress, appraisal, and coping* (1st ed.). New York: Springer.
Research Problem	**Secondary Questions/ Hypotheses / Objectives**	**Key Concepts**	**Key Theories**			**Sampling**	**Data Analysis Method(s)**	**Limitations**	**Anticipated Contributions**	

Due to the increasing rates of stress being experienced within the medical profession, it is necessary to find the cause of this phenomenon (Koinis et al., 2015). Despite the fact that Yada et al., (2014), Bismark et al., (2016), Rich et al., (2016), and Maharaj et al., (2018), have previously investigated the same topic, this research will take a direct point of view from South African nurses. Therefore, the purpose of this study is to explore how nurses perceive the stress associated with their nursing	Primary Objective: -To explore stress within the nursing profession. Secondary Objectives: -To explore the factors that nurses perceive as stressful in this profession. -To investigate the current support systems available to nurses to help them cope with stressful situations in their profession. -To find ways that can be	-Occupation -Stress -Nursing -Coping	-*Transactional Theories of Stress and Coping, was developed by Lazarus and Folkman in 1984*			*Non-probability* **Sampling method:** Convenience Purposive Sampling **Size:** 4 nurses (2 male and 2 Female)	**Unit of Analysis:** -The nursing profession. **Data Analysis Method(s):** Thematic Analysis	-Time -Accessibility -Covid-19 -Small sample size -Funding -Sampling Method	- This study will contribute to existing knowledge regarding how nurses perceive stress in their profession. This indicates that there are many different perceptions of what provokes stress within this profession and that there is no distinct factor that increases stress. This study will help future researchers in their attempts to discover what stress is in the nursing profession, and provides a foundation that researchers can build upon. The data that has	

profession, by conducting investigations that will lead to an understanding of the research problem, thus finding ways that can be utilised in order to reduce stress within the nursing profession.	utilised by nurses in order to cope with stress.								been gathered in this study can provide future researchers with new data in order to find ways that can be utilised in order to reduce stress within the nursing profession.	