

Pace University

DigitalCommons@Pace

Honors College Theses

Pforzheimer Honors College

2021

Research Regarding the Stress and Coping Practices of Neonatal Intensive Care Unit Nurses

Gabriella Musto

Follow this and additional works at: https://digitalcommons.pace.edu/honorscollege_theses



Part of the [Nursing Commons](#)

Research Regarding the Stress and Coping Practices of Neonatal Intensive Care Unit Nurses

HONORS THESIS

Presented to the Pforzheimer Honors College at Pace University in Partial Fulfillment of the
Requirements for University Honors

By
Gabriella Musto
Nursing- major

December 2021

Approved by:

Gabriella Musto, Student

Dr. Angela Northrup, Faculty Advisor

E. Len Mitchell, PhD, Director, Honors Director

Len Mitchell
Len Mitchell (Dec 2, 2020 10:56 EST)

Abstract

Because nursing is a field so vast and diverse, men and women who choose to pursue it as a career are provided with endless opportunities to save lives in a multitude of specialties. For a select few, this means working in the Neonatal Intensive Care Unit (NICU). The NICU is the unit of the hospital designed to care for all of the sick babies who are born. Those who work in the NICU have the extraneous job of providing the best care and save these babies. The purpose of this study is to discover what strategies NICU nurses develop and employ to manage the loss and grief they experience without detaching themselves from their patients' and their emotional needs. There were numerous research strategies used in order to complete this study. The study was comprised of semi- structured interviews in order to get first- hand accounts of what it is really like to work in the NICU. It was made clear through the interviews that NICU nurses face extreme amounts of stress in their daily work, and that they find it necessary to develop coping strategies in order to be able to provide the best care that they can while still meeting their own personal needs. The findings of this study suggest that it is vital for NICU nurses to remember to care for their own well-being, as well as the well-being of their patients, and to make sure that their mental health remains intact.

keywords: nurse, neonatal, stress, NICU, work, coping, emotional, intensive care

Introduction

The Neonatal Intensive Care Unit (NICU) is the unit of the hospital that provides medical intensive care specifically to babies after they are born. Most babies who are sent to the NICU are those who are born prematurely, or those who are born with a health condition that needs special care and attention. The NICU is filled with staff members including the Neonatologist, who is the doctor, neonatal nurse practitioners, NICU nurses, lactation consultants, physical therapists, and many other positions. These people each hold an extremely challenging position and devote their lives to saving and caring for young babies who otherwise would most likely die. It takes an extremely strong person to be able to do the job of working in the NICU. It is one of the hardest specialties to work in and without a doubt one of the most draining. Because of my interest in the NICU, I have chosen it as the basis of my research topic. I want to study the stress and challenges related to loss, grief, and bereavement as faced by nurses working in the NICU. I believe that this is serious issue in the nursing field because it can be extremely difficult to work around very sick children and some nurses may not be equipped to handle the emotional labor that comes with the position. I think this study will open up many discussions about preventing nurse burnout and promoting mental health for nurses. The question that focuses my study of research is as follows: What strategies do NICU nurses develop/employ to manage the loss and grief they experience without detaching themselves from their patients' and their emotional needs?

Purpose of the Study

The purpose of this study is to identify the factors that cause the most stress in the job of NICU nurses, and to identify successful coping mechanisms used by these nurses in order to

prevent nurse burnout and promote the nurses' mental health. Through the use of literature and personal interviews, I will examine issues in the NICU that cause stress for nurses, the coping mechanisms employed by these nurses, and how this coping relates to the nurses' dynamic with patients and families, as well as in the nurses' own home life.

Problem Statement

It is important that nurses who work in the Neonatal Intensive Care Unit (NICU) today are able to develop strategies in order to manage the loss and grief that they experience in their jobs. These coping strategies allow nurses to remain focused on their jobs and other patients, as well as maintain their own personal mental health. Stress is a very large problem in intensive care units that can cause these nurses to experience mental health issues such as anxiety and depression (Bafandehzende et al., 2012).

Nursing today is heavily focused on providing patient and family centered care in order to ensure the best possible outcome for every patient who enters the hospital. While patient and family centered care is essential in providing a good hospital experience, it is also imperative that the nurses themselves are the best that they can be physically and mentally in order to be able to provide the best possible care. The stress of a NICU nurse can easily lead to nurse burnout if the proper coping methods are not developed.

Literature Review

This literature review discusses the strategies employed by Neonatal Intensive Care Unit (NICU) nurses to manage the loss and grief that they experience without detaching themselves from their patients' and their emotional needs. In order to develop a full understanding of this

topic, this review analyzes the stress and emotional labor associated with the NICU, the coping practices implemented by nurses, and how these coping practices relate to the work/ home and patient/ nurse dynamics.

Stress in the NICU

The stress and emotional trauma associated with the Neonatal Intensive Care Unit is often seen as a problem faced by babies and their families, yet many fail to recognize the distress caused to the nurses who are faced with these tribulations on a daily basis. The NICU nurses are the people who are responsible for the care of neonate's day in and day out. They play an extremely large role in the life or death battle these babies face. Bafandehzende, Farnam, Valizadeh, and Zamanzadeh (2012) found that for the past four decades, stress has been an ongoing issue in intensive care units that predisposes the personnel to work problems and other issues such as depression. NICUs are different from adult ICU's in nature. There are many unique features of care in NICUs that lead to even further stress, such as highly vulnerable patients, the presence of parents as members of the care group, and the specific developmental needs of infants (Bafandehzende et al., 2012). According to Lawn et al. (2014), there are 2.9 million neonatal deaths (first 28 days after birth) annually, which is more than half of the under-five child deaths in most parts of the world (44% globally). Continued research by Lawn et al. (2014) has shown that in 2012, about 73% of all neonatal deaths occurred during the first week of life, with 36%, or 1 million, occurring on the day of the birth. These numbers put extra emphasis on the urgency of health care providers giving timely and high-quality care beginning at the time of birth. The time between a catastrophic turn and a death is extremely short—e.g., a baby who does not breathe at birth will die within a few minutes, and a fetus with a severe

hypoxic event, in which a baby is lacking the oxygen it needs to survive, could die in less than an hour (Lawn et al., 2014).

Much of the stress faced by NICU nurses arises from emergency life or death situations that they must be able to quickly and adequately handle. Abuya et al. (2018) discussed the importance of having nurses who are adequate in their knowledge and skills in order to provide the best delivery of essential health care for maternal and newborn patients. It is vital that NICU nurses be equipped to handle every possible situation that could arise, and to be able to handle it in a timely manner. Lawn et al. (2014) defined the minute after the baby is born as the “golden minute”, or the crucial window for neonatal resuscitation for the 10 million non- breathing babies born annually. Abuya et al. (2018) noted that maternal and neonatal morbidity and mortality rates are affected significantly by complications during childbirth, as well as failure of providers to deliver adequate maternal and immediate newborn care. Bafandehzende et al. (2012) found that the most significant stressors for nurses were health and safety risks, watching the infants suffering, times taking care of very ill infants, unpredicted, unorganized working shift schedules, dealing with dying or dead infants, not having access to physicians or residents in emergency cases, death of an infant with whom they had a close bond, having responsibilities in the NICU without enough experience, not having enough time to finish all nursing tasks, getting criticism and blames from the physicians, and having more than standard responsibilities (taking care of 2-3 or more infants in NICU). With developing technology and science it is clear that the intensity of stress in the lives of these nurses is increasing. Identifying the sources of stress among NICU nurses is one of the most essential steps in providing information to improve the quality of nursing services and thus infant mortality. Additionally, it would ensure the mental and physical health of the NICU staff members (Bafandehzende et al., 2012).

Coping Practices

The copious amounts of stress and emotional labor that NICU nurses face daily makes it essential for them to develop coping strategies. According to Benetti et al. (2016), nurses develop coping mechanisms in order to handle stressful situations, such as the imminence of death, in their daily practice. These mechanisms are representative of the cognitive and behavioral efforts that are constantly altered in order to control, win, tolerate, or reduce specific internal or external demands that are seen as beyond the person's resources. Strategies, then, can be seen as deliberate actions that can be learned, used, and discarded. In this regard, the way a nurse deals with stressful situations plays a vital role in the relationship between stress and the health- disease process (Benetti et al., 2016). Cheung, Rossiter, and Yam (2001) reported that NICU nurses experience both grief and emotional distress when they realize that a patient's death is inevitable. To deal with the stress, nurses develop coping strategies. Some decide to avoid relationships with dying babies and their families in order to reduce their emotional involvement. Nurses who are unable to avoid patients may choose to focus more of physical care as a means of escape from the reality of the situation. On the contrary, experienced nurses are usually more willing to disclose their feelings and share their reactions with the family, as well as with the other nurses (Cheung et al., 2001). Benetti et al. (2016) found that in regard to stress, the double shift can be a major triggering factor, especially with females, since the working day of women tends to include further responsibilities after work. On the contrary, there is also a factor that can contribute positively to coping with stress: the women were mostly married and, in this context, their having a companion may be representative of a social support system on a daily basis. A study of 344 active nurses in an ICU, performed by Benetti et al. (2016), found that marital status was a variable associated with improved coping control and that it behaved as

a protective factor. This highlights the importance of companionship for support, security, and encouragement to face stressors at work.

As all nurses gain more experience in the NICU, they are able to develop their own individual coping mechanisms that they find work the best. According to research by Benetti et al. (2016), the coping factor most used by nurses is self- control. This strategy works to avoid acting impulsively or prematurely. The nurse is attempting to deal with the problem at hand but first takes time to stop and quickly analyze the situation while deciding what to do and say to ensure that it is appropriate. This prevents hasty and unnecessary actions that have the ability to become cause for blame and consequent suffering. The second most used strategy was positive reappraisal. This is where the nurse attempts to accept the reality of the situation and focus on the positive aspects of it in order to reduce the emotional burden of the event and resize the stressor. This approach allows the individual to attain a much-needed emotional balance (Benetti et al., 2016). According to Cricco- Lizza (2014), the nurses all pointed to the importance of their transitional time, where they go back and forth from home and work. Many of the nurses use the time in the car to decompress after work, or to get themselves ready for the day. Almost all nurses emphasized the importance of learning how to keep the stress of the job at the hospital, and not to take it home. Although these times of learning to cope can be extremely traumatic and emotional for nurses, they affirm that once they learn the best ways to cope with the grief that it becomes easier to deal with mentally. Aside from individual coping mechanisms, Cricco- Lizza (2014) also found that the nurses have developed many mechanisms to cope with difficult emotions in the workplace. Some strategies included talking with the sisterhood of nurses, being a super nurse, using social talk and humor to decrease intensity, taking breaks, offering flexible

aid, withdrawing from emotional pain, transferring out of the NICU, attending patient memorial services, and reframing loss to find purpose in their work (Cricco- Lizza, 2014).

Coping Related to the Work/Home and Patient/Nurse Dynamic

The stress and emotional trauma that comes with being a NICU nurse is not something that nurses are able to cope with alone; rather, nurses must practice coping with this grief not only individually, but also at home with their families, and in the hospital with the family for which they are providing care. According to Fergan & Helseth (2009), the basis of the parent-nurse relationship is that nurses should be capable of being sufficiently involved to participate emotionally, spiritually, and intellectually, while simultaneously keeping distance in order to maintain control and still use their involvement to assist the patients. Often times nurses find it difficult to maintain boundaries with families and may end up more attached and involved than they had originally hoped to be. By conducting nurse interviews, Cricco- Lizza (2014) received an abundance of insight into the relationship between the nurse and the infant's family. She found that many times the parents and nurses feed off of each other's stress. Nurses were at the bedside throughout most of the 12-hour shift and were the ones most consistently interacting with the parents. Some nurses feel as though they are always watched on the unit and do not have many areas where they can move away from families and decompress (Cricco- Lizza, 2014). Fergan and Helseth (2009) maintained that parents and nurses are together in the NICU for weeks and months at a time, forcing them into both physical and emotional closeness. Openness, honesty, and acknowledgment of parents' experiences are fundamental in the NICU. It can be difficult for nurses to cope within the scope of their own families as well. According to Cricco- Lizza (2014), many nurses discussed being haunted by the suffering of babies and parents and troubled by persistent thoughts and nightmares about their welfare. These same

nurses also reported that their own families did not comprehend the nature of their work and were unable to support them. One nurse said that her family members believed that all she did was feed and hold babies all day. Another said that she used to tell her mother and sister about her troubles regarding a sick infant, but they refused to listen once her sister became pregnant (Cricco- Lizza, 2014).

Although the job of a NICU nurse is to care for the newborns on the unit, there is another part of the job that is just as vital, providing emotional care to the parents and families of the babies. Parents' emotions should be more than understood and accepted during the hospitalization of their child. The NICU staff must realize the emotional trauma the parents are experiencing and be empathetic and considerate of their feelings (Herbst & Maree, 2006). Nurses are essential in facilitating the empowerment of parents, but some find the process difficult. Some nurses lack the knowledge or skillset to be able to empower the parents. Others may not have the ability to even attempt to empower the parents due to lack of time and resources, such as extra nurses on the shift to care for the infants while they talk to the parents (Herbst & Maree, 2006). However, this is not always the case. Cricco- Lizza (2014) shared that in the vast majority of situations, the nurses developed close, supportive relationships with the families. On the other hand, occasionally the parents can displace their heightened emotions onto the nurses. Many NICU nurses find that if a parent comes in yelling it can be difficult to redirect their energy. The job of the nurse in this situation is to allow the patients to vent their concerns, and not take the outbursts as a personal attack. Fergan and Helseth (2009) maintained that the main idea behind neonatal nursing care is to create a mutual parent- nurse caring team to provide the best care possible for the critically ill infant. The combination of instrumental and relational competence makes the nursing role complex and demanding. The findings of the study reveal that nurses

often find interaction with parents to be the hardest part of their jobs. The findings also support research showing that the quality of the parent- nurse interaction depends more on the nurses' personal abilities than the instrumental aspects of their professional role do (Fergan & Helseth, 2009).

Conclusion

It is clear by now that Neonatal Intensive Care Unit nurses suffer from extreme stress, anxiety, and emotional burden in their jobs and everyday lives. It is extremely important that these nurses are able to develop coping strategies, both individually and with the people around them, in order to do their job efficiently and take care of themselves mentally. Although research about these topics does exist, the amount of research available is extremely limited. An abundance of literature exists regarding the effects of stress of family members, but little research describes the effects of stress on the nurses themselves. The research conducted in this study can be used as a forum to acknowledge the hardships faced by NICU nurses daily in their work, and begin discussions regarding the importance of providing outlets for these nurses in order to cope, de-stress, and promote their mental health.

Methods

The participants involved in this study were four nurses who all work in a hospital NICU setting. All four of the participants were females ranging from ages 22-60. Their years of experience in the NICU vary from seven months to 30 plus years. Participant one is a Caucasian female. She has worked in the NICU for 20 years at Montefiore Medical Center in New York City. Participant two is also female and is a member of the Jewish community. She is a new nurse who has worked at Center State Hospital in New Jersey for seven months. Participant three

is a Caucasian woman and has worked at Albert Einstein hospital in New York City for 32 years. Participant four is a Hispanic woman and has worked at New York Presbyterian Hospital's NICU for seven years.

Before the interview process began, each of the participants received a personal request through email asking for their participation in the study. The email explained the study to the nurses, and also explained why they specifically, as NICU nurses, were chosen. Each interview was scheduled at a different time. The interviews were recorded using the Voice Memo iPhone application. The interviews were later listened to and fully transcribed. Using purpose sampling, I chose four separate NICU nurses to ask a series of five free- answer questions to. These questions were:

What is your typical day in the NICU like?

What aspect of your job creates the most stress?

How do you cope with that stress?

How did you first learn/ develop these coping practices (i.e. peer, education, training)?

What aspects of stress management would you like to further develop?

The information in this study was acquired through semi- structured interviews. Interviews are an effective way to gather information because they allow the interviewee room to elaborate on their opinion and add information that may have been relayed otherwise. The interviews were conducted, recorded, and transcribed. After this process, the interviews began the coding process. Coding is a review of the interview that breaks it down into three specific themes. These themes were: The Importance of Continuing Education, Emotional Impact of a Typical NICU Day, and Teamwork in Coping and on the Job.

Results

The Importance of Continuing Education

Continuing education beyond the four years of nursing school is a vital practice that helps Neonatal Intensive Care Unit (NICU) nurses maintain the skills and confidence that they need to excel in their profession. Nurses are able to continue to be educated in the NICU both through the hospital in which they work, and through seminars around the world that they may recommend to one another. In regards to continuing education in the hospital, participant four stated, “We are constantly going to in-services and trainings to keep us current on what’s going on.” Participant one added:

We also have ongoing and constant re- education for the transport of the babies and newborns in the hospital... These things really helped me to feel like I knew what I was doing and gave me the confidence to be able to perform well in high stress situations.

These statements help to suggest that re-education is clearly an important part of working in the NICU. They also help to show that continuing education helps the nurses maintain confidence in themselves and in their skills. Participant four went on to say, “There’s also conferences and continuing education that nurses and other clinical staff recommend to one another and this keeps us up on current strategies.” Clearly many nurses are aware that seminars and conferences are an important part of continuing education and therefore recommend new ones to their peers and coworkers so they are able to experience quality re- education as well.

In addition to continuing education to promote confidence and learn new skills, NICU nurses have also used continuing education as a way to cope with the stress of their jobs both individually and by learning from peers. This is education not so much in an academic sense, but rather in an experiential sense. Starting a job in the NICU can be extremely difficult.

Emotionally the NICU is a place that that can be immensely overwhelming before coping skills have been learned or developed. Participant four discussed her coping strategies saying, “I try to make sure that I take breaks every day, even if I take them at random times. It’s so important to step out of the NICU and regroup at least twice during the shift.” She also added, “Sometimes people outside of our field have no idea what our typical day is like. I think talking it out with people having similar issues is a very helpful way to vent and learn new things.” This shows that nurses tend to cope by discussing their issues with one another and together developing new strategies. As a suggestion to further continuing education, participant four says, “I’ve thought about starting a support group where nurses can get together and discuss difficult things they’re going through at work and how to make it better.” Each nurse has different ways that they learn to cope with the hardships associated with the NICU, but continuing education allows them to develop and learn new coping mechanisms throughout their careers.

Emotional Impact of a Typical NICU Day

A typical day in the NICU can be extremely emotionally taxing for the nurses working. This study has made it increasingly clear by now that the work in the NICU has the ability to cause stress and emotional labor that many other jobs cannot. Participant one stated the following in regard to her typical day in the NICU: “For me, a typical day in the NICU is really just controlled chaos. Between admissions and transports of fragile and critically ill infants and providing basic care for each newborn, honestly it can get extremely hectic.” Similar to her response, participant two stated:

I am literally so exhausted though because the shift is so busy and I can never get out on time. Usually I feel excited and sometimes sad, depending on what the day brought from my patients. I love my job, but some days can be very difficult to say the least.

A typical shift as a nurse in the NICU is a full twelve hours long. By the end of these draining shifts many nurses feel unbearably tired and emotionally drained. It takes a lot of strength and diligence in order to do this job to the ability that it needs to be done. Participant four said, “It is difficult to give your full attention to these sick babies when you’re being pulled in 100 different directions.” Participant three added, “My typical day is very hectic and usually tiring.” There is obviously good reason why nurses are only able to work a certain number of hours and days a week, and all of these nurses help to prove that the time limits are both necessary and effective in maintaining good mental health for nurses.

There are many factors that contribute to the stress felt by a NICU nurse on the daily shift. The NICU is the section of the hospital where babies are extremely sick and face life or death every second that they are there. Many babies in the NICU are not fortunate enough to survive, and the nurses must face those deaths every single day, as well as face the grieving parents who have learned that their newborn is gone. Participant two stated, “I think that the aspect of my job that creates the most stress for me is losing a baby. It’s really something I still don’t have a great deal of success coping with.” Participant one took the emotional connection to the babies one step further by sharing, “It’s particularly hard on the occasions when like it’s a baby without a family or anyone to care for them because then they are on their own and it’s really your job to give them the extra attention that they need.” Emotionally it is inevitable that these nurses develop feelings of love for these helpless and innocent neonates, which makes it increasingly difficult to watch them pass away. Other interviewees discuss the stressors that have to do with the system and the hospitals. Participant one said:

I think that what really creates the most stress in the NICU is the lack of staff or just understaffing, the broken equipment that we often run into, uh, and the constant multi-

tasking and juggling of babies in and around the unit, especially because we work in three separate rooms.

Participant four added, “The aspect of the job that creates the most stress for me is when we are short staffed and there are more babies than we should be handling.” It is evident that NICU nurses have stress coming at them from many different directions. Not only do they receive emotional stress by caring for the ill babies, but they also must face stress in regards to inadequate environmental factors in the hospital. Overall, a typical day in the NICU can evoke maximal stress and emotional labor.

Teamwork in Coping and on the Job

A big part of coping in the NICU is attributed to the relationships developed among peers and the mutual understanding of the job that they possess. The interviews made clear that a career in the NICU is much more bearable because of the immense support system provided by coworkers and fellow nurses. These NICU nurses depend on each other for help, guidance, and friendship. They need each other to discuss the hardships of the job and to work through the emotions that they feel daily. Participant one said, “I would honestly say that teamwork gets us through the toughest shifts. We also try to lighten up the sad moments by supporting one another.” She also added, “We share meals and have dinners and parties to celebrate special times. We also find humor in the experiences that we share and use comic relief as a method of coping.” Finding comfort in one another is a great coping mechanism by these networks of nurses to develop. They are the only people who truly understand what it is like to experience the stress of the NICU. Participant four also touched on the importance of teamwork in coping. She said:

I make sure that during work I find a few minutes to talk with my coworkers and share a few stories about our day or the previous weekend plans or upcoming plans. It's important to keep normalcy going even in the face of illness and sometimes sadness. It's important to share fun things and good stories with the people you work with, especially because we're all so close on the unit. We are like family.

Teamwork allows NICU nurses to look out for each other and ensures that each nurse has an outlet to express their emotions, whether they be happy, sad, and all of the others in between.

In addition to its importance for coping, teamwork also plays a vital part in ensuring that the NICU runs as smoothly as possible. The NICU does not run through the efforts of one person and takes the efforts of every person on the unit to function effectively. Participant one shared, "The nurses, doctors, and respiratory therapists really work together as a team. We even join in on the medical rounds so we can develop a continued plan of care." In the NICU, positions and titles do not mean as much as they may mean on other units. Everyone has to work together and respect each other's position in order to provide the babies with the best care possible.

Participant four contributed to this idea by saying:

It's such a team effort and we all make we're maintaining a clear line of communication so we all know what's going on in the NICU each day... It all usually works out because of our great team, but it can generate a lot of extra stress when we're trying to deal with these poor babies.

Teamwork on the job is an essential part of holding a position in the NICU.

Discussion

The intention of this study was to discover the strategies that NICU nurses develop and employ to manage the loss and grief they experience without detaching themselves from their patients' and their emotional needs. To investigate this issue, both primary and secondary research was conducted over an extensive period of time. The results of this study have shown that there are many factors that cause stress in the NICU, such as experiencing extreme illness in such young neonates, caring for scared parents, and most obviously, death. The results have also shown that these nurses have an extensive network of coping mechanisms that they implement to get through the toughest of days. The study found that many nurses cope by using exercise, others by relaxing, and some by surrounding themselves with people that they love. Additionally, the study pointed out that in most situations, the nurses are able to maintain a respectful patient/nurse relationship with the parents of the child for which they care. Finally, it is obvious that many nurses tend to struggle a bit more at home where they find it hard to explain the emotional trauma caused by their job to their loved ones. Overall, the study has shown that although the NICU is an extremely emotionally stressful environment, it has benefits, such as saving the lives of babies, that keep nurses around and willing to work there. It also showed how much nurses lean on each other to cope with the stress, which is something that was not portrayed in the literature review.

The NICU is an extremely stressful environment where nurses are challenged emotionally and forced to develop coping strategies in order to maintain normalcy in their relationships with their patients and in their personal lives. One major finding in both the literature and in the interviews is that there are many aspects in the NICU that contribute to the immense stress that these nurses face. Bafandehzende, Farnam, Valizadeh, and Zamanzadeh (2012) found that there are many unique features of care in NICUs that lead to even further

stress, such as highly vulnerable patients, the presence of parents as members of the care group, and the specific developmental needs of infants. This is consistent with the information provided by participant one who stated:

I think that what really creates the most stress in the NICU is the lack of staff or just understaffing, the broken equipment that we often run into, uh, and the constant multi-tasking and juggling of babies in and around the unit, especially because we work in three separate rooms.

Bafandehzende et al. (2012) continued by affirming the most important stressors for nurses were health and safety risks, watching the infants suffering... and having more than standard responsibilities (taking care of two to three or more infants in NICU). This is certainly similar to a statement made by participant two, "I think that the aspect of my job that creates the most stress for me is losing a baby. It's really something I still don't have a great deal of success coping with", as well as a statement made by participant four who said, "The aspect of the job that creates the most stress for me is when we are short staffed and there are more babies than we should be handling." This finding lays the foundation for defining what NICU nurses actually face during their daily shifts. It shows the readers the amount of stress and pressure these nurses face. It also gives insight about the particular aspects of the job that cause the most stress and attempts to explain why it is so stressful.

Another finding consistent between both the literature and the interviews is that NICU nurses develop many coping strategies in order to continue to do their jobs to the best of their abilities and to maintain their own mental health. Cricco- Lizza (2014) maintained that the nurses have developed many mechanisms to cope with difficult emotions in the workplace. Some strategies include talking with the sisterhood of nurses, being a super nurse, using social talk and

humor to decrease intensity, taking breaks, offering flexible aid, withdrawing from emotional pain, transferring out of the NICU, attending patient memorial services, and reframing loss to find purpose in their work (Cricco- Lizza, 2014). These coping mechanisms are in addition to ones mentioned by the interviewees, particularly participant two who stated, “I love staying busy on my days off. I like to go to the gym and hang out with friends and my boyfriend frequently. I also not to talk about work when I am out with friends.” Participant four added, “We also learn from each other and make sure to share our different tips and tricks about how we each cope with stress.” This finding shows the types of strategies nurses use daily in order to get through the emotional stress of the job. Nurses need outlets to cope with the terrible things that they have to experience on the job. This finding offers insight into ways that the nurses destress and shows how they are able to attempt to manage their stress.

The last finding essential to this study shown through the literature and interviews is that the NICU nurses develop respectful relationships with parents in order to maintain a healthy patient nurse dynamic. They also try to make sure their emotional needs are being met at home, whether it be by sharing stories with their loved ones or by leaving work issues to be discussed with work friends and not bringing those issues home. In this finding the interviews support the literature while also providing a new perspective. Some nurses in the interviews seemed to use their coworkers far more as people to turn to for coping help, whereas in the literature the focus came more from individual coping or coping with family members. The reason behind this is because in the reviews, the researchers themselves were more concerned about coping related to the individual and the home. Rarely did any researcher ask or study the relationship between nurse and coworker, therefore the fact that they often cope together was not established. In the interviews, however, the nurses were asked specifically if peers contributed to the development

copied strategies which brought about the discussion of the topic. On the other hand, participants in the interview were not specifically asked about the patient/ nurse dynamic which is why the review has a much stronger focus on that topic than the interviews do.

Regardless of their differences, the reviews and the interviews definitely held many similarities in regards to this third finding. Cricco- Lizza (2014) reported that some nurses implied that their own families did not comprehend the nature of their work and were unable to support them. One participant that she had spoken with said that her family members believed that all she did was feed and hold babies all day. Another said that she used to tell her mother and sister about her troubles regarding a sick infant, but they refused to listen once her sister became pregnant. This is consistent with implications made by participant two who stated:

I feel like there's certain people I can talk about that stuff with, sometimes my family or the people that I work with who understand it, but I feel like when I'm with my friends I just want to have fun and be a normal girl. Separating work and life seems to be the way to go for me.

Overall this finding shows that nurses do develop the skills to maintain a normal nurse/patient and work/home dynamic, even though sometimes it may be difficult. It also demonstrates how they are able to make it through this job without detaching themselves from their patients or their own emotional needs.

Limitations

Like all research studies, this study has limitations that can be placed on the ability to contract accurate information. Some of these limitations include limited participants, limited secondary research, limited time for conducting research, and limited experience in my own

conducting of research. With just four participants, it is hard to confirm whether or not the feelings described are true just for that one nurse, or if they are universally true for all NICU nurses. A study that has a larger sample size of interviewees and participants is always a more accurate representation of the group as a whole. Although it may be likely that many NICU nurses find it difficult to cope with the stress of their jobs, this study cannot confirm that because the sample size was not large enough to state that it is definite. Although the primary research in this study was thorough, the amount of secondary research was very limited. As I previously stated, four interviews is not a plethora of secondary research by any means, and more interviews definitely would have been useful to this study. The time limit on conducting this study was also a concern. This study has been researched on and off for about two years. Although that may seem like plenty of time, in reality most studies are conducted for much longer. Finally, my own lack of knowledge in conducting research is a definite limitation to this project. This is the first real research study I have done, which could mean that there are flaws in the study that would not have been made by a professional. Additionally, the nurses who did not know me seemed less willing to share their experiences and emotional feelings, whereas the ones that I did know were very open and willing to share with me. This is a clear discrepancy that can be seen by how many quotes I chose from participant 1, then 4, then 2, and then 3, where I only could use one or two quotes that were detailed enough to be relevant to the study.

Significance of the Study

The significance of this study is that it may shine a light on the loss experienced by NICU nurses and the coping mechanisms that they use in order to manage their grief and still remain emotionally available in order to continue doing their job to the fullest extent. The Neonatal

Intensive Care unit is an essential part of the hospital that saves the lives of many babies daily. It cannot run successfully if the nurses working in it are emotionally detached or distraught and unable to perform to the best of their abilities. This study will show the factors that contribute to the stress of NICU nurses, and the mechanisms that nurses employ to diminish that stress and prevent nurse burnout.

Recommendations

In further research of this study, one may look at the long-term effects that working in a NICU can have on a person's mental status. I would also like to see a comparison between the coping strategies and stressors of nurses working in the NICU and nurses who work in other specialties in the hospital. Another topic that can be considered is the amount of stress NICU nurses have related to the size of the NICU, the amount of people living in the area, the financial situation in the area surrounding the NICU, and the demographics of the people living in the areas around the NICU. That study could even be taken a step further to compare survival versus mortality rates based on those diagnostic categories.

Conclusion

This study has provided insight into the importance developing of coping strategies as a nurse working in the NICU. Research regarding the NICU in the past has often been focused on the babies themselves, or on the reactions of the parents to their sick children. Rarely is one able to come across research that discusses the importance of protecting the mental health of the nurses themselves. The nurses are the people who witness more trauma than anyone else and who must re-live it daily. This is why this study is so important. This study acknowledges the importance

of maintaining quality mental health for nurses. Emotionally these nurses deserve to feel secure and stable in their lives and it is the job of society to start the conversation about caring for nurses and allowing them to opportunity to decompress and heal emotionally.

The participants in this study as well as the research conducted has made it increasingly obvious that many times NICU nurses feel run down and burnt out. It is difficult for these nurses to keep up with the fast pace, long hours, and emotional trauma that the NICU has to offer. Many of these nurses have suggested ways to relieve their stress, such as being given time off, having longer breaks, managing damaged equipment, and even leaning on each other to cope with the great loss that they experience. The physical health of the patients is of undeniable importance in regards to a hospital setting, however, the mental health of the nurses providing care cannot be shrugged off or forgotten about.

Appendix

Interview #1

Interviewee: P.L

Time working in NICU: 20 years

Question 1: What is your typical day in the NICU like?

For me, a typical day in the NICU is really just controlled chaos. Between admissions and transports of fragile and critically ill infants and providing basic care for each newborn, honestly it can get extremely hectic you know. We have to make sure that each baby is being given what they are supposed to be given in regards to tests, medications, food, and all of those other things. It's particularly hard on the occasions when like it's a baby without a family or anyone to care for them because then they are on their own and it's really your job to give them the extra attention that they need.

Question 2: What aspect of your job creates the most stress?

I think that what really creates the most stress in the NICU is the lack of staff or just understaffing, the broken equipment that we often run into, uh, and the constant multi-tasking and juggling of babies in and around the unit, especially because we work in three separate rooms. Sometimes it is really hard and confusing to keep track of where each baby is supposed to be. It can get really, really hectic. Despite all of this stuff though, it all really works like a puzzle that somehow fits back together at the end. Honestly teamwork ensures that the flow corrects itself you know?

Question 3: How do you cope with the stress?

As nurses I think we really cope with the stress by communicating the baby's needs and the needs of the NICU and the staff members. It also helps to communicate when equipment is broken or damaged so it can be quickly rectified. We actually order all of the supplies and medications online which I think is pretty cool. This stuff really helps to eliminate the stress on the job, since it takes care of the parts that cause the most stress in the first place.

Question 4: How did you first learn/ develop these coping practices (i.e. peers, education, training)?

In the beginning, I first learned to cope with the stress by going to a NICU orientation with education and certification of neonatal resuscitation, infection control, and basic life support. These things really helped me to feel like I knew what I was doing and gave me the confidence

to be able to perform well in high stress situations. We also have ongoing and constant re-education for the transport of the babies and newborns in the hospital. Self-learning, reading, and conferences are a vital component to our scope of practice because the NICU is such a specialized unit. The nurses, doctors, and respiratory therapists really work together as a team. We even join in on the medical rounds so we can develop a continued plan of care. Primary nursing allows us to know each and every baby and newborn. We are always encouraged to share our knowledge and assessments throughout our entire 12 hour shift. And documentation is inter-faced, so the plan of care is updated daily. Really it is an ongoing culture of learning and advancing our skills to be the most effective that we can be in the healing process for these families.

Question 5: What aspects of stress management would you like to further develop?

I would actually like to further develop aspects of stress management that are ongoing, constant, and um require education almost daily. A reminder to hydrate, eat, and take a quick break are ways that we kind of really continue to stay focused. Adequate days off, sleep, walking on my days off, and finding the time to travel are ways that I as a NICU nurse like to de-stress. I would honestly say that teamwork gets us through the toughest shifts. We also try to lighten up the sad moments by supporting one another. We share meals and have dinners and parties to celebrate special times. We also find humor in the experiences that we share and use comic relief as a method of coping big time. We have a fast turnover of nurses now because the newer generation are returning back to school for advanced nursing degrees. Right now we have a mix of older and younger adults in the NICU, so we have lots to discuss and laugh about.

They look up to us older nurses, but we also admire their enthusiasm and commitment to learn as much as possible. Staff meetings are a way we all learn to cope with the ever-changing role of the modern NICU nurse. We love our jobs and always encourage learning and education, so that the fragile babies and newborns are well cared for. We truly hold their sweet lives in the palm of our hands. We are all so loving and compassionate to our little babies. We watch over them as though they were our own.

Interview #2

Interviewee: D.A.

Time working in NICU: 9 months

Question 1: What is your typical day in the NICU like?

Um, so my typical day is both exhausting and exciting. I still consider myself a complete baby to this field you know? I really, really try to be involved in everything that goes on so that I can be sure I am being productive and above all else learning the ropes. 9 months is not a long time at a job like this when there is so much stuff to learn. I try to listen very carefully to other nurses, PA's, doctors, NP's, or anyone that I could learn from. By the end of the day, I am literally so exhausted though because the shift is so busy and I can never get out on time. Usually I feel excited and sometimes sad, depending on what the day brought from my patients. Honestly it's a roller coaster ride every shift.

Question 2: What aspect of your job creates the most stress?

I think that the aspect of my job that creates the most stress for me is losing a baby. It's really something I still don't have a great deal of success coping with. It is very difficult to see a baby

pass away. It is just as bad to deal with the grieving parents. Uh, I mean it takes a lot of strength to deal with and I guess my lack of experience doesn't help, although I can't imagine ever getting used to it. It's a real challenge and I can see how people get burned out, but I try to stay as positive as possible so this doesn't happen to me. I love my job, but some days can be very difficult to say the least.

Question 3: How do you cope with the stress?

I cope with stress by taking advantage of my time away from work. I love staying busy on my days off. I like to go to the gym and hang out with friends and my boyfriend frequently. I also not to talk about work when I am out with friends. There obviously is an occasional story that I may tell about something great that may have happened on my shift, but as a rule for myself I really try not to bring up anything that upset me. I feel like there's certain people I can talk about that stuff with, like my family or the people that I work with who understand it, but I feel like when I'm with my friends I just wanna have fun and be a normal girl. Separating work and life seems to be the way to go for me. I take every day as it comes and just try to enjoy what I'm doing.

Question 4: How did you first learn/ develop these coping practices (i.e. peers, education, training)?

Really I've developed coping mechanisms from what I learned at school. Being a less experienced nurse, I rely heavily on what I learned at school from my professors and clinical teachers. They taught me a lot about what kind of work ethic I should have and how I can deal

with difficult situations. I have also learned a lot just by doing it all the time. I think I've really gotten into a good flow. Other than that the training seminars at work have really helped too. Honestly overall experience is a great teacher so far.

Question 5: What aspects of stress management would you like to further develop?

Um, well I mean I don't really have that much stress from life right now but I guess I could always try more things to reduce stress. I guess being young and still living at home with no real bills or troubles like that makes it easier to deal with things. I actually wanted to take up yoga because I heard this is a great outlet for stress relief. There's this new thing called 'soul cycle' that I think I'm going to start doing with friends too. Oh and listening to music always really helps me relax. When I'm like feeling more stressed than usual, music is a great outlet for me.

Interview #3

Interviewee: K.C.

Time working in the NICU: 32 years

Question 1: What is your typical day in the NICU like?

My typical day is very hectic and usually tiring. Sometimes there is a lull in the morning, but sometimes the action starts right when the shift does and it never stops until the day is over. Most days we are busy with admissions and discharges, training parents, and getting babies cared for and ready for procedures. There's definitely not a lot of down time but at least the shift goes by very quickly.

Question 2: What aspect of your job creates the most stress?

The most stress for me is when the babies are very sick. Now, most are sick but there are some that are extremely sick and sometimes this is due to drugs and alcohol. This makes me more upset than in the normal case. These cases are so, so hard to deal with and it's very hard to deal with these parents because in addition to the difficulty of having a sick child, they themselves have a myriad of issues and problems they are dealing with at the same time. It really takes resolve and patience to deal with these issues above and beyond the normal day.

Question 3: How do you cope with the stress?

Oh really for me, I cope with the stress by making sure I wake up every single day ready for it. I shower and eat breakfast every day before shift and I make sure my mind is clear. I'm a holistic person and I believe the body and mind work together. I prepare in the morning and I try to exercise patience and temperance with my patients. I make sure that I try to see things from their perspective and put myself in their shoes. That's the only way I find it easier to cope with what goes on in my typical day.

Question 4: How did you first learn/ develop these coping practices (i.e. peers, education, training)?

I developed some of these coping skills after attending a conference talk on holistic nursing and body mind synergy. This conference about 15 years ago really helped me change my outlook on things and, uh, it really affected the way I view my job and work setting. I guess it did a lot of good for me because I am still here after 32 years in the same place. Something must be going right.

Question 5: What aspects of stress management would you like to further develop?

I'd like to further develop stress management at home. I think all the stress in my work life sometimes spills over to home and I am sometimes exhausted when I reach home. I would like to have more productive time at home after shift, maybe taking time to read or watch a movie, things I infrequently do. I plan to make it a goal to try this over the next month and see how it goes. On my days off I'm able to unwind easily, but after a shift unfortunately much of my energy is gone.

Interview 4

Interviewee: E.G.

Time working in the NICU: 7 years

Question 1: What is your typical day in the NICU like?

My typical day in the NICU is nonstop action! Starting with a.m. report we are usually off and running with multiple tasks geared at caring for the babies we currently have on the unit, expecting new admissions, hopefully discharging some to the regular nursery or home, and preparing some for pre-testing and procedures they may have that day. It's such a team effort and we all make we're maintaining a clear line of communication so we all know what's going on in the NICU each day.

Question 2: What aspect of your job creates the most stress?

The aspect of the job that creates the most stress for me is when we are short staffed and there are more babies than we should be handling. It doesn't happen that often, but sometimes we

run short and we will have to work even longer days and stay over for some shifts. I know sometimes we can't avoid this, but it is difficult to give your full attention to these sick babies when you're being pulled in 100 different directions. It usually works out because of our great team, but it does generate a lot of extra stress when we're trying to deal with these poor babies.

Question 3: How do you cope with the stress?

Uh, so really I try to make sure that I take breaks every day, even if I take them at random times. It's so important to step out of the NICU and regroup at least twice during the shift. I never skip out on these mini breaks unless there is a true emergency. I also make sure that during work I find a few minutes to talk with my coworkers and share a few stories about our day or the previous weekend plans or upcoming plans. It's important to keep normalcy going even in the face of illness and sometimes sadness. It's important to share fun things and good stories with the people you work with, especially because we're all so close on the unit. We are like family.

Question 4: How did you first learn/ develop these coping practices (i.e. peers, education, training)?

I first learned about my coping mechanisms in my training when I started in the NICU and have continued to build on them since. The hospital does a lot of refreshers and we are constantly going to in-services and trainings to keep us current on what's going on. We also learn from each other and make sure to share our different tips and tricks about how we each cope with

stress. There's also conferences and continuing education that nurses and other clinical staff recommend to one another and this keeps us up on current strategies.

Question 5: What aspects of stress management would you like to further develop?

The aspect of stress management that I'd really like to develop further is group stress relief at work. I've thought about starting a support group where nurses can get together and discuss difficult things they're going through at work and how to make it better. I have always been interested in teaching and I think this would be something that I would truly enjoy. Sometimes people outside of our field have no idea what our typical day is like. I think talking it out with people having similar issues is a very helpful way to vent and learn new things. This is definitely something I will look into exploring further in the near future.

References

- Abuya, N., English, M., Gathara, D., Murphy, G., Mwachiro, J., Mwaniki, A., & Nabea, G. (2019). Nursing knowledge of essential maternal and newborn care in a high-mortality urban African setting: A cross-sectional study. *Journal of Clinical Nursing; Oxford*, 28(5-6), 882-893. Retrieved from <https://search-proquest-com.rlib.pace.edu/nahs/docview/2178471281/E2FEE7A9D5E84398PQ/3?accountid=13044>
- Bafandehzende, M., Farnam, A., Valizadeh, L., & Zamanzadeh, V. (2012). Sources of stress for nurses in neonatal intensive care units of east azerbaijan province, iran. *Journal of Caring Sciences*, 1(4), 245-254. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4161089/>
- Benetti, E., Guido, L., Herr, G., Moraes, F., Stübe, M., & Stumm, E. (2016). Coping strategies used by nursing professionals in neonatal intensive care. *REME- Rev Min Enferm*. Retrieved from https://www.researchgate.net/publication/311162048_coping_strategies_used_by_nursing_professionals_in_neonatal_intensive_care
- Blencowe, H., Lawn, J.E., Lee, A.C., Oza, S., You, D., et al. (2014). Every newborn: progress, priorities, and potential beyond survival. *The Lancet*; London, 384(9938), 189-205. Retrieved from <https://search-proquest-com.rlib.pace.edu/nahs/docview/1544414582/fulltext/F47DB92C5F284B35PQ/9?accountid=13044>

- Cheung, K. Y. S., Rossiter, J. C., & Yam, B. M. C. (2001). Caring for dying infants: Experience of neonatal intensive care nurses in Hong Kong. *Journal of Clinical Nursing*, 10 (5), 651-659. Retrieved from <https://onlinelibrary-wiley-com.rlib.pace.edu/doi/epdf/10.1046/j.1365-2702.2001.00532.x>
- Cricco- Lizza, R. (2014). The need to nurse the nurse: Emotional labor in neonatal intensive care. *Qualitative Health Research*, 24(5), 615-628. Retrieved from <https://journals-sagepub-com.rlib.pace.edu/doi/pdf/10.1177/1049732314528810>
- Fergan, L., & Helseth, S. (2009). The parent–nurse relationship in the neonatal intensive care unit context – closeness and emotional involvement. *Scandinavian Journal of Caring Sciences*, 23(4), 667-673. Retrieved from <http://web.b.ebscohost.com.rlib.pace.edu/ehost/pdfviewer/pdfviewer?vid=6&sid=f29b4498-9120-4fb5-ae65-ae41a7ffe230%40sessionmgr120>
- Herbst, A., & Maree, C. (2006). Empowerment of parents in the neonatal intensive care unit by neonatal nurses. *Health SA Gesondheid: Journal of Interdisciplinary Sciences*, 11(3), 3-13. Retrieved from <https://hsag.co.za/index.php/hsag/article/view/232/222>