2020

The Lived Experience of Work Stress and Coping in Eldercare Hospice Nurses

Yvette Abraham
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Yvette M. Abraham

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Susan Marcus, Committee Chairperson, Psychology Faculty
Dr. James Herndon, Committee Member, Psychology Faculty
Dr. Barbara Chappell, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

The Lived Experience of Work Stress and Coping in Eldercare Hospice Nurses

by

Yvette M. Abraham

MSW, New York University, 1994

BS, College of New Rochelle, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Industrial-Organizational Psychology

Walden University

November 2020

Abstract

The number of elderly people living with terminal diagnoses has increased, along with the need for hospice nurses with specialized training to provide high-quality personal care that addresses their unique, critical needs. Research on nurses and other professionals who function in a demanding environment has demonstrated the experience of work stress, and negative physical and psychological consequences. However, little is known about the unique work stress and challenges of hospice nurses who care for the dying elderly. This study explored the meaning of hospice nurses' experience of work stress and coping. Giorgi's empirical phenomenological approach guided the development of the procedures and analyses; appraisal theory guided the development of the interview questions and interpretation. Semi-structured interviews were conducted with 11 eldercare hospice nurses. Resulting themes included: the experience of work stress as "a typical workday"; the personal and professional meaning of nursing the dying elderly; and the meaning of coping through educating patients and family members, consultation with colleagues, and "managing the situation". Organizational barriers in a typical day included changes in the hospice model, increased workload with insufficient staff, and unclear, burdensome policies. These barriers were seen as more stressful than nursing. The findings have the potential to assist healthcare employers, gatekeepers, and human resource managers in maintaining employee job satisfaction and job retention. This study can contribute to positive social change by educating healthcare administrators and nursing personnel to reduce organizational barriers and cultivate greater organizational support.

The Lived Experience of Work Stress and Coping in Eldercare Hospice Nurses

by

Yvette M. Abraham

MSW, New York University, 1994

BS, College of New Rochelle, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Industrial-Organizational Psychology

Walden University

November 2020

Dedication

This dissertation is dedicated to my loving family. I thank them for their unconditional love, encouragement, support, and prayers throughout this journey. And to my fellow church members who consistently offered their prayers and support to achieve my ultimate goal.

Acknowledgments

Above all, I give thanks and praise to Jesus Christ, who gave me the patience, endurance, knowledge, and the wisdom to complete my dissertation. I feel truly blessed and honored that the Lord kept his word and successfully guided me through the trials and tribulations of this learning experience. Psalms 18:2 "*The Lord is my rock, my fortress, and my deliverer; my God is my rock, in whom I take refuge. He is my shield and the horn of my salvation, my stronghold*."

I am appreciative of having Dr. Marcus as my dissertation chair; thank you for your patience, kind words, guidance, and academic support. I remember her asking me, "Are you starting to see the light at the end of the tunnel.? And I responded, "I still see the darkness." We both had a good laugh. Then eventually, I started to see the light. Isaiah 42:16 "*I will lead the blind by ways they have not known, along unfamiliar paths I will guide them; I will turn the darkness into light before them, and make the rough places smooth*. *These are the things I will do; I will not forsake them*." Also, I would like thank committee members Dr. Herndon and Dr. Chappell for your time and support.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

The purpose of the study was to give a deeper meaning to hospice nurses' day-to-day experience, work stress, and coping using a phenomenological approach. Hospice nurses, who are specialty-trained, are susceptible to heightened work stress and other organizational and healthcare challenges that may interfere with their ability to cope and perform their duties (Barnett, Moore, & Garza, 2019; Clayton, Iacob, Reblin, & Ellington, 2019; Gilstrap & White, 2015; Harris, 2013; Tunnah, Jones, & Johnstone, 2012). Considerable interest has been shown on the effects of stress and burnout in various professions, but there has been limited interest in hospice nurses' work stress and coping with elderly patient care and with the organizational demands of working in the end-of-life setting (Ezenwaji et al. 2019; Melvin, 2015; Whitebird, Asche, Thompson, Rossom, & Heinrich, 2013).

This study could help employers, gatekeepers, and human resource managers become aware of increased organizational issues and demands in the healthcare workplace that contribute to increased levels of harmful work stress, particularly among hospice nurses. As the elderly population continues to increase, work stress for hospice nurses who care for them is likely to be overwhelming as well.

Background of the Study

The U.S. Census Bureau reported that by the year 2020 and 2030 the number of adults age 65 and over is expected to increase by 18 million (2040). With this substantial number of senior adults, there will be an upsurge in their need for care, including those with recurring and life-threatening illnesses (U.S. Census Bureau, 2015). In 2014, the

National Health and Palliative Care Organization (NHPCO) reported that 84% of the U.S. hospice population was age 65 and above; 85% of the U.S. hospice population was age 85 and above (National Hospice & Palliative Care Organization, 2015). In 2016, over a million elderly patients were cared for by hospice nurses, and approximately 64% of Medicare hospice patients were 80 years of age or older the number continues to increase at a steady pace (NHPCO, 2017).

Hospice nurses provide face-to-face care to individuals with end-stage diseases; they assess for pain and other symptoms; they assess for medical equipment; they dispense medication; and they update patients and families on the patient's current condition (Nurse Source, 2017). The need for hospice care for the elderly reached 1.4 million (NHPCO, 2015), increasing the challenges for hospice nurses to provide high-quality care to the aging terminally ill (Lyssacht, Barg, Strumpf, & Ersek, 2015). In the hospice setting, nurses are constantly surrounded by death and dying.

The growing population shift from 10% to 20% of elderly patients with many medical needs has created additional workload for these nurses; it has increased patient demands; it has demanded long hours in stressful environments; and it has shown that there is insufficient training for members of this profession. This shift has been associated with a decline in the number of employed nurses, challenging the healthcare industry to recruit qualified nurses (World Health Organization, 2013). The National Institute for Occupational Safety and Health model of job stress (1999) identified workers in various environments are susceptible to physical injury and sickness; they also experience a great deal of stress and work demands that usually necessitates positive coping.

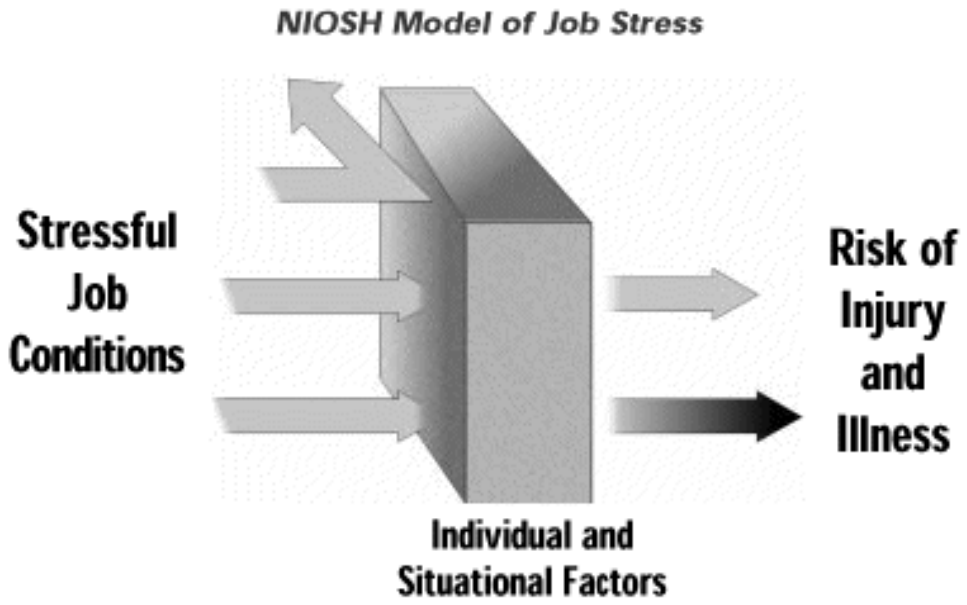

Figure 1. NIOSH model of job stress. Adapted from "Stress ... at Work," by a NIOSH working group. Copyright 1999 by the National Institute for Occupational Safety and Health.

In various medical sectors, a considerable amount of quantitative studies has been done on the factors of stress and burnout in critical care nurses in surgical units, psychiatric units, oncology and trauma units, the consequences of increased psychological and physiological demands on hospice nurses have not been well documented (Bacon, 2017; Barr, 2017; Beng et al., 2015; Hinderer et al., 2014; Kent, Hochard, & Hulbert-Williams, 2019; Khamisa, Oldenburg, Peltzer, & Illic, 2015; Lim, Bogosian, & Ahern, 2010; Thian, Kannusamy, He, & Yobas-Klainin, 2015; Yada et al., 2014). Given the growing demand for end-of-life nursing care, more research is needed to explore the unique challenges and stresses of hospice nurses who care for the elderly.

Problem Statement

The increased psychological and physiological demands on hospice nurses, particularly regarding work stress, has received a considerable amount of recognition in quantitative research (Beng et al., 2015; Clayton, Iacob, Reblin & Ellington, 2019). Other studies strongly suggest that hospice nursing is a field that is dedicated to providing specific needs for the elderly during the end-of-life that places an excessive amount of physical and emotional demands on the nurse during care (Ingebretsen & Sagbakken, 2016; Kavalieratos, 2017; Melvin, 2015; White et al., 2013).

The most recent literature review of qualitative research on the nurses lived experience suggests that clinical nurses caring for dying patients in hospice care continue to encounter unfavorable situations (Liang & Hu, 2018). For example, a study of the emotional demands experienced by hospice nurses from patients and families due time-constraints on completing patient care assignments, suggested inadequate organizational guidelines and procedures (Anderson, Salickiene, & Rosengrenm, 2016). Other studies that explored the emotional demands placed on hospice nurses by patients and families due to lack of care during the patients' final days, suggested insufficient organizational support in hospice education and training (Fitch, Fliedner, & O'Connor, 2015; Kwon, Kim, & Choi, 2020; McCourt, Power, & Glackin, 2013; Pindek & Spector, 2016).

Purpose of the Study

The purpose of this study was to describe the lived experience of work stress and coping among eldercare hospice nurses. It gives deeper meaning to the hospice nurses' day-to-day experience using the empirical phenomenological approach.

Research Questions

The research question for this study was as follows: How is work stress and coping experienced in hospice nurses when providing care to the elderly? The two subquestions were as follows:

- What is the meaning of work stress and coping for hospice nurses who provide care to the elderly?
- How do hospice nurses experience organizational barriers and opportunities to provide care to the elderly?

Conceptual Framework

Appraisal theory was used as the conceptual framework to further understand employee stress (Lowe & Bennett, 2003). This theory was based on the seminal work of the cognitive appraisal process and coping, which was used to assess individuals' perceptions of emotional stress in the workplace (Lazarus & Folkman, 1984, 1999). Lowe and Bennett's (2003) appraisal theory extended the cognitive appraisal process by evaluating stress from an appraisal aspect, in which the individual, when subjected to stressful conditions or events, has the opportunity to identify particular features of individual emotions. According to the appraisal theory, emotions stem from precipitating events and their meaning with respect to valued goals. When the primary and secondary appraisals of emotion are aroused, the primary appraisal evaluates the individual relevance of a situation and the secondary appraisal assesses coping alternatives and coping issues (Lowe & Bennett, 2003). To better understand the experience of work

stress and coping in hospice nurses, appraisal theory was used in the development of the interview guide questions, analysis plan, and interpretation of results.

Nature of the Study

Stress is a global occurrence that interferes with individual psychological and physical well-being; it can be viewed as positive (eustress) or negative (distress), depending on the circumstance and how the individual views, or responds to the situation (Harrington, 2013). There is always some stress in life. It can occur at any time or any place and can contribute negatively to the physiological and psychological well-being of the individual, including the workplace. For example, employee concerns such as insufficient resources or a lack of organizational support are stress-related conditions that lead to a decrease in job retention and work performance, an increase in medical expenditures (Khamisa, Oldenburg, Pelzter, & Ilic, 2015).

According to Lazarus and Folkman (1984), the source of the danger was viewed as the primary appraisal, and how the individual manages or cope with the danger was assessed as the secondary appraisal; both primary and secondary appraisal identified a link between the individual appraisal of the circumstance and the ability to cope in the environment (Lazarus, 1984). Updated studies on the increased cognitive and physical demands on hospice nurses, especially in the area of work stress, has gained significant interest in quantitative research that linked variables related to stress (Abendroth & Flannery, 2006; Beng et al., 2015; Clayton et al., 2019; Johnson, 2015; Payne, 2001; Whitebird et al., 2013). However, to gain a better meaning of work stress, a qualitative study that provides the detailed lived experiences of hospice nurses (Happell et al., 2013;

Melvin, 2015; Whitebird et al., 2013; Danielsen, Sand, Rosland, & Forland, 2018; Zheng, Lee, & Bloomer, 2018).

An empirical phenomenological approach (EPA) was used to address this inquiry into the lived experience of work stress and coping of hospice nurses, and it helped to describe, analyze and interpret the rich experiences of the hospice nurses (Giorgi, 2009). The purpose of this approach was to make sense of themes, patterns, structures of the phenomenon of the individual, as described in their own words (Giorgi, 1985, 1997, 2009). A purposeful criterion sampling and chain sampling was used for this study. The target group was registered nurses or licensed practical nurses, over the age of 21, who had worked in local hospice organizations for at least 3 years, and were willing to share their experiences of work stress and coping when caring for the elderly. Semistructured, one-on-one, open-ended interviews were conducted to explore and gather in-depth descriptions of lived experiences (Giorgi, 2009).

Definitions

Coping: is defined as *"*constantly changing cognitive and behavioral efforts to manage specific external and internal demands that appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141).

Elderly/Older person: individuals considered over age 65, in advanced nations (World Health Organization, 2013).

End of life care: individuals considered over age 65, in advanced nations (World Health Organization, 2013).

Hospice care: a form of medical care provided by a multidisciplinary team of professionals that aim to enhance the quality of life of individuals diagnosed with an inoperable illness of six months or less (Hospice Foundation of America, 2014).

Hospice nurse: an individual who is knowledgeable, provides comfort care to patients who are terminally ill (Nurse Journal, 2018).

Lived experience: an aspect of consciousness or viewpoints of the phenomena that are genuine (Giorgi, 1985, 1997, 2009).

Organizational barriers: refers to obstacles in the communication to employees that may result in the decline of the organization (Business Jargon, 2018). Barriers may include overt forms of bias and unfairness in the workplace, also unsuitable, insignificant programs, and vague organizational policies (Allison, 1993; Allison & Smith, 1990).

Palliative care: focuses on the patient and family-centered care that enhances comfort by predicting, preventing, and managing pain (National Hospice and Palliative Care Organization, 2016).

Work stress: is defined as "the temporary adaptation process in an occupation associating with physiological or physical and cognitive symptoms" (Thian et al., 2015, p. 160).

Assumptions

Based on what is known from the published literature about psychological stressors in the nursing work environments, it was assumed that the phenomenon of workplace stress was experienced by hospice nurses. It was assumed that participants were willing to: (1) share experiences, (2) talk about their work, and (3) consent to be

audio recorded during a one-on-one or telephone interview. It was assumed that the participants would be open, honest and thoughtful in describing their experiences with work stress. Finally, it was assumed that my knowledge and experience about this profession puts the research at risk for potential bias. To mitigate this risk, I employed well-regarded methodological strategies (e.g., member checking, audit trails) during data collection, analysis and interpretation. These are explained in detail in Chapter 3.

Scope and Delimitations

Participants for this study were strictly limited to hospice nurses in southeast Florida. The participants (a) had to be over the age of 21, (b) had to be a registered nurse or licensed practical nurse, and (c) had to have worked with the elderly in the hospice environment for over 3 years and experienced work stress and coping. Since the study required in-depth and rich data, participants had to be willing to give a detailed account of their work stress and coping.

Limitations

Phenomenological approaches are called for when there is a need for a deeper understanding of the lived experience of the target group. The choice of this approach precludes generalization to other populations or locations. However, the standards of transferability and dependability were maximized by clearly articulating the method of data collection, analysis, and interpretation using a well-respected EPA. To address trustworthiness of the study and increase the veracity and accuracy of the one-on-one interviews (e.g., in-depth description, member checking, and peer inquiry) took place. Also, as the sole researcher I have considerable prior knowledge of hospice care and the

work that hospice nurses perform. I may have biases that stem from being a hospice clinical social worker.

Transferability

Transferability was maximized by describing in detail the recruitment and resulting sample of hospice nurses using a purposeful criterion strategy that relied on the convenience of neighboring counties and chain referrals used to enhance the sample. With the assumption that the procedures, interpretations, and results could be transferable to other readers. To address transferability and to help emphasize the consistency in this study. I have provided a deeper meaning of the eldercare hospice nurses work stress and literal description of the experience to help emphasize the consistency in understanding the phenomenon.

Dependability

The data consisted of participants' self-reported accounts of their lived experiences, meaning that the individual accounts could be distorted. In order to address the limitation participants' member checks and accurate interpretations of the data was initiated. Also, I submitted the guided interview questions to content and methodology experts for review.

Confirmability

The limitations of confirmability can stem from researcher bias and procedural steps taken throughout the process. To address the limitations, I was cognizant of my biases and personal views and used bracketing. Also, I justified detailed strategies throughout the research process by implementing an audit trail.

Credibility

Credibility was established by reminding the participants they could withdraw from the study, and voluntarily willing to provide factual responses. I conducted member checking for accuracy of transcription and summarization of their responses. To address the credibility of the research questions and interview guide, I submitted both to subject matter and methodological experts in addition to the dissertation committee. This was described in detail in Chapter 3.

Significance

The aging population continues to live longer with life-threatening illnesses, and hospice nurses have to adapt to the pressures of providing excellent care to these patients (French, 2017; Ghaljeh, Iranmanesh, Nayeri, Tirgari, & Kalantarri, 2016; Jack, Mitchell, Cope, & O'Brien, 2016; Walker & Waterworth, 2017; Whitebird et al., 2013). The significance of exploring hospice nurses' experiences was to provide greater insight into the psychological aspects of work stress and organizational barriers for an occupational group for whom demand will continue to grow. According to Beng et al. (2015), a lack of resources and employees—a lack of organizational support—impeded the capacity of these hospice nurses to administer care. Moreover, a high workload, lack of time, and demanding patients prevented the hospice nurses' to effectively fulfill their assignments (Poursadeghiyan et al., 2017; Peters et al., 2013). Organizational implications are that guidelines and procedures should be reviewed in order to provide the necessary support to hospice nurses (Harris, 2013; Jansen et al., 2017; Klein et al., 2019; McCourt, Power, & Glackin, 2013;).

This study contributes to knowledge about the day-to-day lived experiences of hospice nurses when caring for the elderly, about the meaning of their work stress and coping. The results of this study may help healthcare employers provide organizational systems and incentive that encourage job motivation, retention, and satisfaction. As suggested by Meyer, Li, Klaristenfeld, and Gold (2015), healthcare employers need to be cognizant of the negative impact of job-related stress on nurses' individual experience and promote educational programs on work stress and coping techniques.

The positive social change implications of this research will be communicated to human resource managers, employers, and stakeholders who recognize the high demands and risk factors experienced by hospice nurses due to their work stress and coping when caring for elderly patients. Also, the implications of this research will be used to educate health care employers to develop new programs or improve existing programs to help nurses manage work stress and care-related challenges.

Summary and Transition

This chapter introduced an empirical phenomenological study exploring the deeper meaning of hospice nurses' work stress and coping when caring for the elderly. The appraisal theory was used as the framework. Purposeful criterion sampling and chain referrals were used to recruit a sample of hospice nurses who experienced work stress and coping when caring for elderly patients. Data were analyzed for consistent, meaningful themes, patterns, and in-depth descriptions of the lived experience that may further provide and deeper understanding of the phenomenon.

Chapter 2 provides a review of the literature; Chapter 3 justifies the design and methodology of the study. Chapter 4 reports the results. Chapter 5 offers my interpretations, implications, and conclusions.

Chapter 2: Literature Review

While considerable research has been done on stress and burnout among critical care nurses in surgical, oncology, and trauma units, the consequences of increased psychological and physiological work demands on hospice nurses has not been well studied (Bacon, 2017; Barr, 2017; Beng et al., 2015; Hinderer et al., 2014; Hinderer et al., 2014; Kent et al., 2019; Khamisa et al., 2015; Lim, Bogosian, & Ahern, 2010; Thian et al., 2015; Yada et al., 2014). Therefore, the purpose of this study was to give a deeper meaning to the hospice nurses' day-to-day experience, work stress and coping using a phenomenological approach.

This chapter provides an overview of the challenges of work stress and coping faced by hospice nurses when caring for the elderly. It will include a brief history of the physiological and psychological theories of stress, the origin of hospice, early studies of hospice, and more current studies of the hospice nurses' workplace stress. The definitions of lived experience, work stress, and coping will explore and evaluate the individual hospice nurses. Also, the definition of the concepts drives the appraisal process and coping methods in a stressful work environment. Also, in this chapter I will synthesize notable quantitative and qualitative studies on the psychological aspects of work stress and coping. An explanation of appraisal theory will identify the aspects of emotional reactions and coping processes operate in a stressful work environment. Also, in this chapter I will explore and highlight the lived experience of work stress and coping among eldercare hospice nurses.

Literature Search Strategy

This academic literature review searched peer-reviewed quantitative and qualitative studies,websites, and scholarly books. The following databases were used: PsycArticles, PsycInfo, CINAHL Plus with Full-Text, Medline with Full-Text, Nursing & Allied Health, Ovid, ProQuest Central, PubMed, Sage Journals, ScienceDirect, SocINDEX with Full Text, and Google Scholar. The search terms included *hospice nursing, hospice nurse, palliative care nurse, palliative care, work stress, work-related stress, occupational stress, job-related stress, job stress,* and *coping*. During the search process, more quantitative studies were found than qualitative studies to pinpoint key aspects work and coping, yet the search revealed the need for qualitative research studies that could provide more perspective and insight into hospice nurses' work stress and coping.

Exploration of Stress in the Workplace

Modern societies evolved from agrarian to industrial occupations, and then from industrial to service and technology-driven occupations. The study of stress in the workplace continues to produce a considerable body of epidemiology and clinical research (Moses et al., 2013). Work occupies most of the average American's waking hours, and countless studies have linked work-related stress to physical disease, mental health, and job satisfaction. A pair of meta-analyses (Faragher, Cass, & Cooper, 2005; Kivimaki et al., 2006) covered more than 14 published, psychometrically acceptable studies and revealed consistent, substantive findings that mental health issues such as burnout, lowered self-esteem, anxiety, and depression are associated with distress at the

workplace and can be harmful to the worker's long-term physical and mental health. A 2015 meta-analysis of 59 articles of medium to high scientific quality (Theorell et al., 2015) found moderately strong evidence of job stress (e.g., lack of decision-making power, bullying) that influenced the development of depressive symptoms

Two meta-analyses suggested that an increase in work-related stress continues to pose detrimental health risks. Li, Zhang, Loerbroks, Angerer, and Siegrist's (2015) meta-analysis consisted of four studies that revealed individuals that exhibit severe work-related stress suffer from cardiac disease. Their findings indicated that work-stress was linked to reoccurrence in the same individuals. Eddy, Wertheim, Kingsley, and Wright's (2017) meta-analysis of 22 studies examining the link between effort-reward imbalance (ERI), workplace stress model, and health consequences associated with cardiac disease; indicated the consistency of findings in increased hypertension, intima-media thickness, and fibrinogen. Interestingly, "trait overcommitment" (p. 252), was also associated with high work effort and limited rewards that increased hypertension and the risk of cardiac disease.

The ERI model of stress and employee health has been examined in a variety of occupations. Researchers examine the relationship between work demands (effort); and rewards (e.g., promotion). They found that high effort with restricted rewards creates a more significant risk for cardiovascular disease in workers (Bakker, Killmer, Siegrist, & Schaufeli, 2000; Van Vegchel, de Jonge, Meijer, & Hamers, 2001). Depression in doctors (Tsutsumi et al., 2012); and sleep disturbance and poor health in community transit operators (Chung & Wu, 2013). More recently, the results of a longitudinal study with

three data points (2006, 2008, and 2010) revealed some interesting relationships in ERI, occupational well-being, and recovery ($N = 298$). Of most relevance, managers with more significant behaviors were more vulnerable to burnout and more deficient in recovery experiences in comparison to managers with lesser risk behaviors (Feldt et al., 2013).

In sum, research studies on work stress provided valuable insight and consistently found that stress can have deleterious effects on employee health, productivity, and psychological well-being. Further, it seems that these stress effects are exacerbated when ERI is high, and the perception of mastery and control is low.

Theories of Stress

Early Theories of Stress

The impetus for this significant body of research began with early studies attempting to define what stress was, and how it affected humans' physiological response to stress. Cannon (1929) is recognized as the first researcher who mentioned the term *stress* and coined the "flight or fight" reaction to an imminent threat. Cannon determined that when confronted with immediate demand (pressures), the body's natural chemical levels could be maintained at a reasonable level, yet extended or dangerous levels of demand that disrupts the body's emotional state and natural chemical levels. Subsequent research of Cannon's model evolved from the stress that studied the negative components of stress. For example, Selye (1956) identified stress as the "non-specific response of the human body to any demand made on it" and maintained that two types of stress play an essential role in the human development; stress encounters (eustress) that lean toward a

positive emotional state, and negative stress (distress) that results from prolonged stress during a timeframe that can have detrimental health issues.

Selye (1956) determined that the human reaction to the physical and psychological stressors is very similar. He labeled the reaction cycle the *general adaptation syndrome* (GAS). The GAS consists of three levels that advance from an alarm response to a resistance level, and then an exhaustion level. First, the alarm response is the event where the body conforms to stress appropriately. Therefore, the circulatory system heightens, and stress hormones are discharged. Second, during the resistance level, the body tries to manage (cope) with the primary sources of the stress that contributes to a decrease in the resistance level to other stress that causes exhaustion. Third, when the body reaches the exhaustion level, negative ramifications can occur in the form of mental health issues, burnout, acute stress, and acute physical ailments or even death (Selye, 1956).

Contrary to Cannon's study that concentrated on the immediate stressful experience, Selye's research determined that the human body's response to stressful experiences can last for an extended period. However, researchers argued that Selye's perception that humans respond to physical stress and psychological stressors are almost alike and debatable due to the overwhelming amount of evidence (Appley & Trumbull, 1986; Lazarus & Folkman & Folkman, 1984). Also, how humans react to threats from their surroundings can be considered a part of their behavior, disposition, awareness, and setting in which the stress transpires (Meichenbaum, 1977; Moos, 1984; Sarason, 1975). Furthermore, researchers contended that Selye used inconclusive and presumed analysis

in which he described stress as a system that could be viewed only when the general adaptation stage was taking place and not before determining the source of the stress (Speilberger, 1972; Zuckerman, 1976).

While much of the early theories of stress focused on the physical characteristics produced by a stressful situation, other researchers studied the psychological reaction to stress. Elliot and Eisendorfer (1982) concentrated on the psychological consequences that identified four types of stressors: they distinguished *acute stressors*, (e.g., having a surgical procedure performed); *stressor sequences*, (e.g., grief, separation, unemployment); *intermittent stressors*, (e.g., doctor's appointments for pain management); and *chronic stressors*, (e.g., continued poor health, contact with a job associated threat).

Cognitive Appraisal Process

As the field of research on stress developed, another aspect included in the biological and psychological reactions to stress. The *cognitive appraisal approach* by Lazarus (1991) takes into account the individual emotional responses based on a particular situation. The assessment of the particular circumstance aids as a coping method to regulate stress as it emerges. Stress is managed and perceived to be a continuous component. The evaluation of a circumstance is divided up into two areas: problem-focused and emotional-focused coping. Problem-focused coping concentrates on determining the circumstance and establishing explanations for the problem that precipitates stress. Emotion-focused coping implies that to lessen or bypass a problem by using the means of support from family, friends, and other support systems to diminish

the extent of the stress undergone (Lazarus, 2000). However, appraisal researchers disputed the fact that minor or small changes in the emotional aspect of the appraisal theory were limited to one group of responses. While many emotional experiences were still unknown deviations (Ellsworth, 2013).

Foundational Applications of Stress Models to the Workplace

The recognition that the physiological and psychological reactions to stress in the workplace can damage the body and contribute to the mental health issues opened the way for specific theoretical models to understand and predict the consequences of workplace stress. Theories of transaction (cognitive appraisal and coping, (e. g., Lazarus, 1987, 1991), were frequently used by stress researchers. As the groundwork for their evidence-based analysis (e.g., Dewe, Cox, & Ferguson, 1993; van Steenbergen, Ellemers, Haslam, & Urlings, 2008). Then it eventually, paved the way for other contemporary applications that involved work stress and subsequent reactions.

Effort-Reward Imbalance Theory (ERI) which was mentioned earlier, e.g., Siegrist, 2009). It evolved from a more extensive examination of the psychological and social factors that influence human physical and cognitive well-being (Bakker, Killmer, Siegrist, & Schaufeli, 2000; Herr et al., 2017; Janssens et al., 2017; Spence-Laschinger & Finegan, 2008; van der Meij, Gubbels, Almela, & van Vugt, 2018; Weyers, Peter, Boggild, Jeppensen, & Siegrist, 2006). Siegrist (2009) suggested that personal monitoring of restraint effort over continuing rewards is a significant component of good health and wellness of working adults. When stressful encounters occur, they are interpreted cognitively as a threat.

ERI posited that unsuccessful mutual exchanges such as increased labor and inadequate compensation provokes reoccurring negative emotions and continued stress reactions (Siegrist, 2009). Even though it is debatable that positive emotions prompted by deserved compensations and reciprocities improve physical and mental well-being, the main emphasis on ERI has been the unsuccessful exchanges and continuous stress.

Van Vegchel, de Jonge, Bosma, and Schaufeli's (2005) literature review of 45 effort-reward imbalance model found high-level effort, and a low-level reward was linked with chronic employee health issues, poor work-related wellness and increase psychological stress. Prekckel, Meinel, Kudielka, Haug, and Fischer (2007), studied 1,587 airplane workers and found that effort, reward, and over-commitment (OC) were linked to the workers' physical conditions (burnout, distress, and lethargy). The results indicated that the ERI and OC relationship provoked negative consequences.

Conservation of Resources Theory (COR) (Hobfoll, 2001) Lazarus and Folkman (1991) mentioned an essential element of the cognitive appraisal stage consists of individuals discovering whether a stimulus will diminish their resources. Hobfoll (2001) highlighted the importance of resources regarding varying fundamental things that individuals work toward or want to obtain. The COR theory is an essential element of stress as a loss of resources. The psychological stress aspect described in three stages: (1) when individuals encounter potential resource loss; (2) when the resources lost; (3) when assets and material goods fall short of anticipated return. Also, the COR theory serves as a means to impartially assess the circumstances in which stressful challenges occur or managed.

The central feature of the COR concept is that environmental stress results in the loss of resources. For example, disputes among co-workers can deplete the individual's resources, time-consuming, and interruption of work assignments (Hobfoll, 1989). Individuals tend to be fixated more on resource loss than acquired achievements due to the challenging demands, and the losses impair the individual mindset to replace the acquired achievements essential to individual emotional wellness and drain their effectiveness (Hobfoll, 1989). Research by King, Foy, Keane, and Fairbank (1999) determined that the Vietnam War combat troop's ordeal with the loss of resources decreased their chances for rehabilitation and diminished their effectiveness to cope.

Other determinants of the COR concept are: (a) resource spirals and (b) resource caravans; spirals refer to individuals that are deficient in how to handle stressful circumstances and susceptible to resource loss (Hobfoll, 2001). For example, an experiential study by Xanthopoulou, Bakker, Demerouti, and Schaufeli (2009) depicted an examination of electrical engineers and electronic workers in the Netherlands. The study explored the inverse association of work resources (specifically performance, autonomy, social interactions, critique, and job prospects), individual resources (self-confidence, enthusiasm, organizational self-confidence). The findings suggested when workers had elevated amounts of resources, their work commitment elevated; and the study explained the hypothesis of increased spirals in relation to favorable work engagement.

From an organizational behavioral perspective, the loss of resources has been identified with stress and (Halbesleben & Buckley, 2004; Hobfoll, 2001a). A vast number

of research studies determined that when the loss of resources occur with employees' and characteristics of exhaustion were exhibited (Brunner, Igic, Keller, & Wieser, 2019; DeVente, Olff, Van Amsterdam, Kamphius, & Emmelkamp, 2003; Melamed, Shirom, Toker, Berliner, & Shapira, 2006; Trougakos et al., 2015; Uy et al., 2017).

Person-Environment Fit (P-E fit model) Lewin (1935) and Murray (1938) offered another conceptual theory that set the groundwork for examinations of stress and psychological well-being in the workplace. The researches revealed that behavior is associated when the individual exposure to the surroundings accounts for individualized character traits to develop. Lewin (1935) stated the relationship between human attitudes and their surroundings as the main aspect that distinguishes individual physiological, emotional, and intellectual responses. In other words, the P-E fit concept has to be identical with individual wants, along with identical competencies and the pressures they encounter. The absence of identical (misfit) produces stress and impairment of their cognitive wellness. Research on the P-E fit concept verified that misfits with regards to wants and also concerning overwhelming pressures – skills could exhibit dangerous circumstances for the employee's psychosocial wellness (Andela & van der Doef, 2018; Dewey et al., 2010; Follmer, Talbot, Kristof-Brown, Astrove, & Billsberry, 2018).

For example, Yang, Hongsheng, and Spector (2008) examined how P-E fit identified realistic and ideal situations compared to work stress among Chinese employees. The results showed a high degree between the selected level of job promotion and job satisfaction and a low level of awareness of job prospects accessible to the workers. Also, the realistic and preferred situations at work were linked to increased

emotional and physiological wellness of the workers and low staff turnover. Furthermore, Tims, Derks, and Bakker's (2016) longitudinal study, $N = 114$ (diverse employees) during three continuous weeks ($N = 430$ occurrences), analyzing a link between job crafting (employee changes made to their job) and the job pressures. Employees recorded their job attitude, P-E fit (demands-abilities and needs-supplies), and the relevance of their work for that designated week. The results revealed the employees who implemented job crafting by adding job resources (e.g., support, autonomy) and difficult job pressures (e.g., new or job assignments), and decreasing emotional job pressures revealed increased levels of P-E fit the following week (Tims et al., 2016).

Jobs Demand-Control Model (JDC) (Karasek, 1979). This is an interrelated concept that categorized work stress as a schematic representation. The overwhelming work stress and pressures can produce increased levels of physiological and emotional distress; thus using increasing work assignments and decreased control facilitate the effects of the pressures involved with the individual work stress experience (Chen, Kawachi, Coakley, Schwartz, & Colditz, 2000; Escriba-Aguir & Perez-Hoyas, 2007; Karasek, 1979; Lecca et al., 2018; Montoro, Useche, Alonso, & Cendales, 2018;Verhaeghe, Mak, Van Maele, Kornitzer, & De Backer, 2003). The model has been used to determine an extenuating impact of control on the association between work demands and emotional stress (Beehr, Glaser, Canali, & Wallwey, 2001). However, the model has been debated on the comprehensiveness and relevancy. In Panatik, O'Driscoll, and Anderson's (2011) research study of Malaysian employees, the researchers chose not

to acquire controlling causes for observed job control with the employees. Instead, they discovered that self-reliance operated as a mediator of demands-stress relationships.

Jobs Demand-Control- Support Model (JDCS) This was an extension of the Job demand control model. This model proposed that control is essential and would advance the original model by including individual emotional support from co-workers and management. (JDCS; Karasek and Theorell, 1990). The presence of emotional support acts in the capacity to relieve stress in employees (Ariz-Montes, Arjona-Fuentes, Han, & Law, 2018; Baka, 2018; Cooper, 2000; Useche, Gómez, Cendales, & Alonso, 2018). Other researchers Kickul and Posig (2001) argued that the influence of emotional support from co-workers and management has an immediate adverse relationship between support and stress, or sometimes, a sound connection between emotional support and stress is considered "reverse buffering."

Other applications of views of work stress have appraised with the various occurrences of the individual and their surroundings. Shupe and McGrath (2000) explained the "adaptive process approach" that concentrated at the individual's stage. The approach is multifaceted and entails four processes: the appraisal process (describing the experience), the choice process (selecting a coping reaction), the performance process (coping stage), and the outcome process (the ramifications for the individual). Also, Cummings and Cooper (2000), the "cybernetic approach" of work stress, highlighted the concept of time, information, and feedback. These ideas pinpointed the stress as a progression handled by the individual's selection of the coping method.

Edwards (2000) established “self-regulating systems” that control conflicts between the individual and the surroundings. The conflicts revealed in the forms of negative feedback, and strain coping, and emotional wellness were essential components of this self-regulation mechanism. Another concept related to the individual and their surroundings discussed the psychological welfare of the individual. Warr and Clapperton (2010) described 12 origins of job contentment, yet he noted that there were no set amount of sources of job contentment. It will individually vary and be determined by characteristic traits and how the individual associates with other co-workers. Simmons and Nelson (2007) described a “holistic stress” concept that defined the positive and negative reactions that can impact the outcome of the situation. This concept revealed a new aspect of individual perceptions that prompted positive appraisals on how individuals strive to pursue positive wellness and cope with the adverse reactions in the workplace setting.

Conceptual Framework

To better understand the experience of work stress and coping in hospice nurses, concepts derived from the appraisal theory were utilized. The appraisal theory provides insight and knowledge on the link between emotions, regulation, and coping methods chosen to decrease stress and adjust to the workplace setting (Lowe & Bennett, 2003). The appraisal theory based on the groundbreaking work of the cognitive appraisal stress and coping theory originated by Lazarus and Folkman (1984) contributed to the particular individual adaptation to the experience of stress or stressors evaluated in the form of cognitive appraisals which include: a) motivational relevance; b) motivational

congruence; c) accountability; d) future expectancy; e) problem-focused coping; and, f) emotion-focused coping. Lowe and Bennett's (2003) appraisal theory is an extension of the cognitive appraisal theory by evaluating the stress from an appraisal aspect in which the individual has the opportunity to analyze distinctions between the individuals subjected to the condition or event.

The cognitive appraisal approach examines and determines individuals in their surroundings and evaluate if it is dangerous to their welfare (Folkman, Lazarus, Gruen, and DeLongis, 1986). According to Lazarus and Folkman (1984), the theory analyzed the appraisal mechanisms into the primary and secondary appraisal mechanisms. The primary appraisal mechanism consisted of the individual determining the significance and non-significance of the circumstance, and if the circumstance deemed dangerous, demanding, or detrimental. The secondary appraisal mechanism consisted of the way individuals handled the dangerous or demanding event and assessment of potential coping methods. Lazarus and Folkman (1984) pointed out that the secondary appraisal mechanism is intricate than its counterpart, the primary appraisal mechanism due to numerous coping techniques that may or not be successful in a particular circumstance compared to other options.

The primary appraisal mechanism involves the individual evaluating the indications of the surroundings and deciding on the losses and rewards of specific coping methods. The cognitive appraisal theory has been applied to examine the consequences of other professionals, such as Shepherd and Wild's (2014) study examined 45 ambulance workers, cognitive appraisals, objectivity, and coping. The researchers provided a self-

report survey to the ambulance workers. The ambulance workers disclosed that during an emergency with increase positive appraisals and less negative appraisals in which they coped appropriately during the situation. The findings indicated an association between cognitive appraisals, objectivity, and increased coping, the suggested recommendations for training in cognitive appraisals in other intense situations. Sui, Cooper, and Phillips (2014) study examined two intervention studies on stress management training to reduce burnout. The first study, a one-group pretest-posttest design, included 937 hospital workers (nurse aides, mental health nurses, occupational therapists, doctors, physical therapists, and human resources). A self-report survey on burnout (emotional exhaustion, depersonalization, reduced personal achievements); positive emotions; and work wellness (health and cognitive indicators, work satisfaction) provided. The findings indicated in the first stress management training low levels on health and cognitive indicators for burnout. The second study a quasi-experimental study with a control group using the pretest-posttest design, including 50 teachers (primary and secondary). A self-report survey on recovery experiences (cognitive disengagement and knowledge) provided. The findings indicated in the no notable difference in the experimental and control group in the pretest and posttest. In the posttest, the experimental group had significantly higher results on positive emotions, and lower effects on emotional exhaustion, and decreased health and cognitive indicators than participants in the control group. The teacher's experimental group revealed high results in recovery experiences. The implications in the first study, an increase in cognitive appraisal mechanisms along with increase coping, led to decrease burnout. In the second study, cognitive appraisals were used more along with

coping to reduce burnout and increase recovery. The recommendations were to create comparable training programs and interventions to raise awareness among employees.

Lowe and Bennett's (2003) research study implemented the appraisal theory to examine 107 female nurses' responses to workplace stress. The nurses supplied a short written explanation of a stressful work occurrence that transpired a month before the appraisal. Taken from the provided explanations, the researchers applied the criterion of each nurses' emotional responses, motivational significance, motivational similarities, and coping methods. The results of the study revealed that worthwhile and unpleasant circumstances experienced established extreme levels of motivational significance and minimal levels of motivational similarities. The nurses documented resentment and nervousness as the dominant emotions. The occurrence of elevated levels of emotion-focused coping corresponds with self-assurance and emotionally balanced, unfavorable appraisals associated with coping via social withdrawal and unhappiness, and active coping with effective appraisals of problem-focused coping ability. There were significant results associated with situational determinants were identified as critical issues rather than individual capabilities, the origin of the circumstance, and self-regard measures constructed to maintain competent and individual veracity.

The hypotheses was that problem-focused coping would be linked with active coping and unfavorably linked to social withdrawal. Individual responsibility would be linked to active coping and reasoning with problem-focused coping. The idealistic emotion-focused coping was linked to more concrete re-thinking of the circumstance (Lowe & Bennett, 2003).

The research study conducted by Lowe and Bennett (2003) substantiated the use of the appraisal theory that identifies nurses' responses to work stress and coping. Nonetheless, the research study exhibited procedural drawbacks. The nurses noted the circumstances that occurred in the past months and recounted their responses throughout the research study. The nurses used their views and observations to those circumstances of prior months, even though the nurses' views and evaluations of the previous or existing circumstances contributed knowledge to substantiate the appraisal theory (Lowe & Bennett, 2003).

Lowe and Bennett's appraisal theory used in a research study (Dubose, 2011) examined the stress level and coping and burnout in 157 long-term nursing home staff. The researcher's results were constant with the appraisal theory. They determined that an increase in motivational relevance and a decrease in motivational congruence substantiated the individuals' significant and adverse circumstances in their work environment. Furthermore, increased emotion-focused coping linked to self-assurance. Unfavorable appraisals associated with coping mechanisms of withdrawal and despair.

In sum, the theoretical models of stress in the workplace have covered the conceptual field, and the key summative points that are relevant to the current study:

- Research supports the relationship between physical stress and psychological stress in the workplace.
- Research supports the relationship between work stress and coping.
- Research supports individual appraisal of stressful circumstances in the workplace.

Therefore, this is why I chose the appraisal theory as the conceptual framework for this dissertation because a qualitative study may be useful in gaining data to understand the meaning of work stress of hospice nurses better and coping in their day-to-day experience.

Coping in the Workplace Setting

Coping has been defined as "the cognitive and behavioral efforts a person makes to manage demands that tax or exceed his or her resources" (Lazarus, 1995, p. 5). Coping is an important core element in the understanding of work-related stress (Lazarus, 1999). The primary component of coping is comprised of the secondary appraisal process and is defined as a psychological process used to relieve overwhelming pressures from stressful encounters, situations, or surroundings; these processes can be considered emotion-focused, problem-focused, or maladaptive (Enns, Eldridge, & Montgomery, 2018; Folkman et al., 1986; Violanti et al., 2018). The emotion coping method consists of an individual pursuing emotional support to assist with stress. The problem-focused coping method develops when an individual tries to lessen their experienced stress level by shifting the origin of stress. The maladaptive coping method usually consists of evading or denying the behavior (Carver, Scheier, &Weintraub, 1989). Even though Folkman's approach established a parallel representation for emotional-focused and problem-focused coping, other studies of coping showed that each aspect would have a reverse impact on stress. Other researchers mentioned that an inverse correlation between the problem-focused coping and stress and a conclusive correlation between emotion-focused coping and stress (Billings & Moos, 1984; Herschcovis, Cameron, Gervais, & Bozeman,

2018; Nelson & Sutton, 1990; Puffer & Brakefield, 1989). They contended that the act made to handle the situation specifically would have a favorable impact due to the deliberate reaction to the pressure. Also, Latack and Havlovic (1992) disputed the problem-focused coping and emotional-focused coping were extremely extensive to act as a category process.

The steps that examined the emotional-focused coping, along with the demanding situations, yield a large number of misused resources used to handle the circumstances instead of the contributing factors (Billings & Moos, 1984; Mette, Garrido, Harth, Preisser, & Mache, 2018; Nelson & Sutton, 1990; Puffer & Brakefield, 1989). There has been a substantial amount of research on coping methods in the workplace and the influence on employee stress. For example, Parkes (1990) researched coping mechanisms due to diminished work performance that was prone to negative ramifications. The fostering of problem-focused coping in the work environment has been known to relieve workplace stress. However, emotion-based coping has been less successful than the problem-focused coping method. Some studies that examined the association between stress and coping methods in the workplace produced comparable evidence. Boyd, Lewin, and Sager (in press) mentioned that hindrance stressors would have an adverse association with an emotion-focused method, and problem-focused method and challenge stressors would have a positive association with both coping techniques. For example, when workers are experiencing a stressful event, they tend to depend on emotional coping techniques than confronting the actual cause of the stressors. Pearsall, Ellis, and Stein (2009) investigated individuals in a team setting and how they cope with stress. The

premises: (1) when introduced, there will be a positive effect on team achievement and adverse cognitive disconnection, and (2) individual team workers will utilize additional emotion-focused coping or maladaptive coping methods to handle hindrance stressors in various situations. These two premises were confirmed and emphasized that workers have to select various coping methods depending upon the nature of the stressor. Lazarus and Folkman's (1984) Transactional Model of Stress and Coping focused on the individual and his or her surroundings. The model emphasized individual awareness yet identifies the surroundings in which the individual functions (Lazarus & Folkman, 1984). The model's preliminary phase emphasized the individual's evaluation of the situation as positive, insignificant, or demanding. Then the identified amount of constraint the individual commands over the situation includes the potential resources on how to handle the situation were thoroughly assessed. Also, the individual determines which resources to utilize to cope with the situation.

Although the problem-focused coping and emotional-focused coping are essential aspects in the identification of a stressful situation, another aspect of coping is the active coping process and avoidant coping process (Carver et al., 1993). The active coping process consists of expending some form of energy to get rid of or lessen the stressful situation. Also, this process takes into consideration the individual recognizing the pressures and utilizes necessary procedures to deal with the circumstance, as opposed to the avoidant coping process that depends on withdrawal or refusal. This coping process leads to the individual's rejection or repression of the hindrance. Some research studies proposed based on the individual demands that problem-focused coping and active

coping methods closely linked to positive conclusions (Carver et al., 1989; Pina et al., 2008). For example, Light, Martin, and Hertsgaard's (1990) study of 258 farm and ranchmen react to work problems. The farmers and ranchers were given surveys to determine problem-focused coping strategies. The findings revealed that 87% reacted positively to stressful situations, and that problem-focused coping used along with active coping. Cia, Li, and Zhang's (2008) study of 188 Chinese psychiatric nurses examined work pressures and coping methods along with the association between demographics, work pressures, and coping techniques. The nurses were given surveys to assess work stress and coping. The findings revealed the primary work stressor was treating dying patients. Both problem-focused coping and active coping were utilized, and demographics were instrumental in lessening the demanding situations and increased positive coping methods. Cancio et al. (2018) conducted a study of 211 special education teachers to ascertain how they manage with work-related stress. The findings revealed that the teachers used active coping and that work stress impeded with their teaching. The recommendation was for management to be cognizant about work-related stress with their staff.

According to Lazarus and Folkman (1984), it is not unusual for problem-focused coping, emotional-focused coping, active coping, and avoidant coping integrated into various types of pressures. The subject matter of work stress and coping methods with nurses have gained recognition in research. The literature review uncovered these particular coping mechanisms as predominately applied by nurses. Work stress can generate harmful consequences and physical affliction on nurses but also interfere with

their psychological capacity to cope with added pressures in various healthcare settings. Since then a recent meta-analysis study have found new regulatory approaches that involve promotion-and-prevention-focused coping in employee work stress that conforms to problem-and-emotional focused coping identifying work stress mechanisms, and is associated with employee's work performance, satisfaction and employee's response to unfavorable outcomes (Zhang, Zhang, Ng, & Lam, 2019).

Social Support and Work Stress

Ablett and Jones' (2007) research on resilience and overall wellness determined two primary aspects of coping: social support and social contacts, and these have become key constructs in the exploration of how workers cope with stress. There were at least 10 years of meta-analyses that examined social support and work stress. Viswesvaran, Sanchez, and Fisher (1999) conducted a meta-analysis study on the relationship between social support and workplace stressors; social support and strains. There were eight components examined: the direct effects of social support, the direct effect of social support on stressors, two full mediation models, two partial mediation models, a suppressor model, and a moderating model. The results revealed that social support tripled the effect on work stressor-strain relationships. Social support diminished the strain experienced, social support moderated observed stressors, and social support mitigated the work stressor-strain relation.

Ganster, Mayes, and Fusilier (1988) conducted a meta-analysis study on the relationship between work stress and the impact of social support experienced by employees; there were three domains researched: the main effects, moderating effects,

and higher-order interactions. The results revealed that social support received from management exhibits a constant relationship between emotional and physical consequences. The effects of work stressors continued to remain independent of the degree of social support. Social support showed favorable results but did not lessen the effects of work stressors. Other research studies determined that hospice nurses experienced a lack of support from management that led to deleterious emotions in their workplace setting (Frey, Robinson, Wong, & Gott, 2018; Harris, 2013; Melvin, 2015; Udod, Cummings, Care, & Jenkins, 2017; Wallerstedt & Andershed, 2007).

Work Stress in Healthcare Settings

In the healthcare settings there are many complex services that provide direct care to many individuals. This massive industry employs a substantial number of employees to satisfy the overwhelming patient issues and concerns, even though the demands encountered outweigh the number of employees. The significant work demands have the potential to create employee work stress. Moses et al. (2013) mentioned that overall healthcare in the United States performed inadequately due to high medical costs mergers of health insurance carriers and new health technology systems, created disputes among nurses and other medical professionals about patient needs that left the healthcare industry disjointed. There was a need to back new technology in healthcare settings even with continuing shifts in regulations and advancements in the private sector that may continue to negatively impact the elderly (Moses et al., 2013).

Workplace stress shows no discrimination as it occurs in various healthcare settings. Research studies have examined and documented workplace stress and also

explained the psychological demands placed on the nurses. The term stress is mentioned in many research studies and is often synonymous with burnout, strain, and other related detrimental effects (Clegg, 2001).

Quantitative Studies in Nursing Homes

Kennedy (2005) investigated the stress and burnout levels of 125 nursing staff working with geriatric patients in a 252-bed long-term care nursing home. The study focused on the association between stress and burnout with the various nursing staff. Also, the study addressed different income levels, experience, multiple shifts, age, race, and marital status, etc. The study revealed a high number of registered nurses were stressed and burned out than other low-levels nurses. The suggested procedures made to address these issues were more support from upper management to review duties and work schedules and provide additional educational courses to help improve patient care.

VonDras, Flittner, Malcore and Pouliot (2009) examined work stress and ethical disputes among 44 individuals of the nursing staff in a nursing home. The researchers administered self- reported a survey that determined work stressors, ethical disputes, work satisfaction, emotional stress, and perceived demands placed upon them during patient care. The findings suggested that the determinant of work stress and ethical disputes was when the nursing staff was in contact with the patients; furthermore, emotional stress was linked to work satisfaction and work demands that had a negative role in inpatient care. Another research study examined the association between age, experience, education level, coping, stress, and burnout in 500 African American long-term care nurses (Dubose, 2011). The findings revealed that coping methods,

demographic features, and appraisal locus of control, notably linked to stress and burnout in long-term care nurses. The recommendations suggested management were to establish policies that address locus control and new coping methods that will help to decrease stress and burnout.

Qualitative Studies in Hospital Settings

The majority of research studies on work stress were conducted with nurses in hospital settings (McVicar, 2016). For example, Holms, Milligan, and Kidd (2014) explored the experiences of ICU nurses in their daily care of patients. They found increased stress placed on the ICU nurses not trained in caring for terminally ill patients. Udod et al. (2017) explored the perceptions of work stress, coping, and increased levels of job demands to work in a sub-acute care hospital. The study found that nurse managers experience have significant physical and psychological ailments due to increasing job stress and inability to cope effectively. Hall (2004) explored the work-related stressors and coping procedures of registered nurses in the hospital setting. The findings revealed four significant categories ranging from a lack of continued education, patient expectations, setting higher expectations for self and high caseload. Hall pointed out the stressors in the workplace were significantly higher than at home. The study suggested the implementation of instructional programs that assist with the reduction of nurses' work-related stress. Adib-Hajbagery, Khamechian, and Alavi (2012) explored hospital nurses' views of work-related stress. The findings revealed three developed categories: nurses' awareness of work-related stress, focusing more on work and less on personal

life, and professional goals. The study recommended instructional programs and organizational support programs.

Quantitative Studies in Hospital Settings

Nabirye, Brown, Pryor, and Maples (2011) examined job stress, job satisfaction, and job performance with hospital nurses in Uganda and how each variable affects job and individual traits. The study evaluated 333 registered nurses from four hospitals that were known to be public hospitals and non-profit hospitals. The findings revealed work stress in more experienced educated nurses had an increased level of work stress. Moreover, public hospital nurses' job performance assessment and job satisfaction scores were reduced. The recommendations detailed improved procedures for upper management to focus on improving hiring practices, lessen caseloads, and concentrate on employee advancement opportunities. Darghi and Shaham's (2012) descriptive study examined life-altering stressors in the workplace and health changes among 389 Iranian hospital nurses. The findings revealed that more than half of the nurses identified stressors, such as financial aspects and issues with mortgage and changes in the workplace. The recommendations were for management to devise programs to assist nurses in coping with workplace stressors; additionally, management should provide more instructional and job opportunities that could lessen the degree of work stress. Yoon and Kim (2013) examined the association between work stress, emotional labor, and depressive disorders among 441 Korean hospital nurses. The researchers provided self-reported surveys to the nurses. The findings revealed that hospital nurses' work-stress and depression are associated with high work demands, thus resulting in increased

tension, depression, and suicidal tendencies. The recommendations were for organizational support programs. Salilih and Abajobir's (2014) study examined work stress and other related determinants among 343 Ethiopian hospital nurses. A nursing stress survey administered to the nurses. The findings revealed that the nurses experienced work stress linked to gender, work schedule, poor health, marital status, and work environment. The recommendations were for employers to implement procedures and systems that reduce workplace stress. Khamisa et al. (2015) investigated job-related stress and the overall wellness of nurses in four hospitals. Burnout was noted as a significant variation in the nurses' psychological well-being. The findings revealed that all of the stressors cause a decrease in work output, job performance, and overall patient care. The recommendations were for new training programs to enhance the nurses' psychological well-being and be able to recognize work-related stress.

Qualitative Studies in Mental Health Settings

It was noted that only one qualitative study on nurses' workplace stress in mental health settings was located. Currid (2009) explored the meaning of stress and the experience of eight nurses that worked in a mental health environment. The researchers interviewed eight registered nurses to gain insight into their everyday stressful encounters. The findings revealed themes that stemmed from the nurses' interviews of stressful experiences: pressures from the needs requested by the manager, hostility, and combativeness from dangerous patients and powerlessness to protect themselves, and inability to acclimate from work life to home life. The recommendations were needed to

support and means from management regarding nurses' safety and more training on improving patient care and promoting self-care.

An effort made to locate qualitative research on work stress in mental health settings. At this time, nothing was published.

Quantitative Studies in Mental Health Settings

Most quantitative research on work stress in mental health settings focused on mental health workers rather than nurses per se. For example, the recent meta-analysis of 33 studies between 1997 and 2017 revealed that various factors of burnout, such as exhaustion, depersonalization, and accomplishment, were linked to more experienced mental health employees. Also, work stress components such as work assignments and employee work relations were the primary factors for burnout (O'Connor, Neff, & Pitman, 2018). A few studies of nurses in mental health settings have been published. Jenkins and Elliot (2004) examined various levels of stress, burnout among 93 experienced and non-experienced nurses, and the effects of social support and stress-burnout relationship. The findings revealed insufficient staffing on the unit was expressed by the experienced nurses, and the non-experienced nurses disclosed challenging or problematic patients created a stressful environment. Also, the experienced nurses mentioned increased caseload stress than non-experienced nurses. More than fifty percent of the nursing employees exhibited an increased level of burnout and emotional exhaustion. Increased stressors showed a relationship to increased levels of mentioned increase levels of support. The recommendations were for the organization to support and assist in providing education about burnout; in turn, employees will learn to express their

feelings more effectively. Mann and Cowburn (2005) examined the elements of emotional labor and work stress among 122 nursing staff in a mental health setting. The features associated with (1) the length and degree of the interaction; (2) the range of emotions; (3) the level of intense action the nurse performed; (4) the observed degree of stress of the interaction. The researchers provided self-reported surveys to the nursing staff. The findings indicated that (1) emotional labor linked to the interaction and day-to-day work stress; (2) more in-depth of interactions, the more significant the emotions (3) decrease work-stress, and the effects of emotional labor. The recommendations were for employers to provide instructional programs that address the response of ongoing emotional labor and work-related stress. Schulz et al. (2009) examined efforts and rewards imbalance (ERI), and burnout varies among 147 psychiatric nurses and 236 hospital nurses. The researchers provided self-reported surveys to the nurses. The findings revealed that hospital nurses had high levels of burnout and low to high (ERI) results. Also, the ERI measures showed emotional exhaustion, age, the area of employment, and educational level presume effort. The recommendations for organizations to provide more education about burnout in the workplace. Hérard-Wright's (2013) research study investigated work stress and depression with non-clinical employees in a psychiatric unit. The researcher provided self-reported surveys to 169 employees. The findings revealed a negative association between work stress and depression, an increase in various stages of work stress that resulted in high levels of depression in employees. The recommendations were for managers to receive training regarding depression and to recognize and address potential work-related stressors.

Hanna and Mona (2014) examined views of the psychosocial work setting and how particular factors such as mastery, moral sensitivity, perceived stress, and stress of conscience (control at work, internal demands and experience) linked to various facets of the psychosocial work setting among 93 nurses and nursing aides. The participants completed five surveys related to the above mentioned. The findings revealed significant results of perceived stress were linked to low results in organizational climate awareness; significant effects of stress of conscience were linked to little knowledge of control at work; and inverse correlation between perceived stress and organizational climate awareness. The recommendations were to build a better work climate for increased communication among management and employees, as well as clinical oversight to reduce work stress.

Hospice Care as a Unique Healthcare Setting

Hospice care is a specialized form of treatment provided to terminally ill patients whose life expectancy is 6 months or less and entering the final stages of life. The primary focus of hospice is to manage patients' pain and other related conditions so that the patient can stay comfortable (well-palliated) when approaching the dying process. The hospice goal is not to accelerate nor postpone patient death but to provide optimal care. The hospice philosophy is on sustaining a high quality of life instead of aggressively treating the illness (National Hospice and Palliative Care Organization (2016). The hospice paradigm of care provides services that include medical (pain and symptom management), emotional (psychological), volunteers (respite support), and

spiritual (religious and bereavement) assistance to the patients and the families (Hospice Foundation of America, 2014).

Hospice care not only provides services to elderly patients but also patients varying from pediatric to adult ages. The patients' care primarily takes place in the home setting. Even though hospice care started in hospitals, nursing homes, assisted living facilities, and inpatient care facilities (NHPCO, 2016).

Figure 2. Interdisciplinary team. Adapted from NHPCO Facts and Figures. Copyright 2018 by the National Hospice and Palliative Care Organization.

Historical Context of Hospice Care and Palliative Care

The word "hospice" (stemmed from the root word "hospitality") can be searched as far back to medieval times regarded as a place of rest for tired, sickly wanderers (NHPCO, 2016). In the 19th Century, the foundational concept of hospice evolved into providing compassion and benevolence to individuals that were dying. The hospice concept continued to further expand its services to individuals that addressed the pain and symptom management, emotional and spiritual comfort. In 1948, Dr. Dame Cicely

Saunders pioneered this unique care and services to individuals' that were terminally ill in the first hospice called St. Christopher in London, England. This hospice care was provided for 276 terminally ill cancer patients, but during their care, it was discovered that many of the patients died without their pain alleviated. Therefore, newly referred patients were first treated for pain, which led to the improvement of patient care (NHPCO, 2016). Dr. Saunders continued to popularize the idea of hospice care in the United States during a presentation at Yale University. Her lecture was presented to a multidisciplinary group of workers such as medical students, nurses, social workers, and chaplains about the comprehensive approach in caring for terminally ill individuals. These types of presentations began the continuity and progression of hospice care. The first hospice in the U.S. started in New Haven, CT in 1974, and then the number grew to 3000 near the end of the 20th century. The primary focal point was caring for patients with other terminal diagnoses; unlike the hospices in the U.K., the U.S. aim was patient care at home and palliative care (NHPCO, 2016). And over two decades, the function of the hospice nurse in the United States has grown at a rapid rate, and hospice care became a specialized area of nursing (Moyle-Wright, 2017). At the same time, hospice and palliative care continued to develop, the programs also influenced other professionals in the medical field such as Dr. Elizabeth Kubler-Ross, to unveil new concepts on the delivery of care to end of life patients, which she wrote a book entitled On Death and Dying. This book discussed the experiences of death and dying and how the mindset on death and dying evolved (NHPCO, 2016).

The term “palliate” means to alleviate. Palliative care reduces the signs of the illness (Treasure Coast Palliative Care, 2013). In the 1960s, palliative care emerged from the hospice care movement. The central focus was comfort measures and the physical well-being that addressed the unique needs of the individual (Hospice Foundation of America, 2014). Dr. Saunders emphasized the importance of symptom management and physiological treatment of the patient. Thus, patient care should include the entire needs of the patient and family. Therefore, in the 1970s, palliative care became identifiable as preventive measures by way of early evaluation and a care plan for the physical symptoms such as pain, psychological and spiritual issues during individualized care performed by a core interdisciplinary team (Clark, 2007). So, the purpose of palliative care in hospice became to assist in the advancement and quality care to individuals diagnosed with cancer along with other services for patients and families during the progression of the terminal illness (Clark, 2007).

The history of today’s palliative care extends to more than forty years; this topic has received a large following and recognition not only in the field of oncology but in other areas of medicine that treat individuals recently diagnosed with life-threatening illnesses (Clark, 2007). Even though, palliative care evolved from the hospice care movement, palliative care is not hospice care. They both share similar philosophies, such as symptom management and support services. The difference is that palliative care can be given at any phase of an illness. Palliative care can also be offered in conjunction with aggressive treatment. Hospice care, by contrast, provides services to patients with six

months or less, actively dying, or no longer responding to aggressive treatment (Treasure Coast Palliative Care, 2013).

Due to the overwhelming increase in the elderly population, the demand for hospice nurses continues to increase and created organizational challenges such as funding and program size in which administering high-quality patient care may bring about work stress (Paradis, 2014).

Hospice Nurses and Work Stress

Hospice nurses' workplace stress is an issue that has been around for many years. The various trends in the economic markets and the progression of new technology have increased the demands to compete at a more accelerated pace. The diversification in the workplace has brought about a directional shift within the organizational environment that includes conglomerates and acquisitions of other organizations, which hospice nurses may face overwhelming work demands, high caseloads, cutbacks, and developed increase health issues. New technology has allowed organizations to gain access to more markets, have access to a higher degree of knowledge, thus generating extended work hours of employees. With these variations within the organizations, employees are challenged with concerns of job termination, instability, and reassignment.

Hospice nurses' stress in various work environments has been studied both quantitatively and qualitatively. The hospice nurses attending to dying patients is considered a consistent stressor (Costello, 2006) and emotional challenges (Ingebretsen & Sagabakken, 2016; Smith, Vasileiou, & Kagee, 2020).

Early Studies in Hospice Settings

The overwhelming amount of stress which involved characteristics such as burnout, compassion fatigue, and coping with the emotional pressures endured by hospice nurses had been researched over the years.

Gray-Toft and Anderson (1987) examined the origins of work stress among hospice nurses. The researchers identified components such as work schedules, increased work demands, increase emotional pressures from patients and family members, and a lack of support from upper management. The findings revealed that hospice nurses were susceptible to ongoing high levels of work. The recommendations were for additional education programs and improvement with organizational support systems. Power and Sharp (1988) examined antecedents of work stress and job satisfaction among 181 nurses that cared for the mentally challenged and 24 hospice nurses. The findings revealed the hospice nurses' chief source of work stress linked to the nurses' inability to meet the requests of the patients and family members. The hospice nurses were more satisfied with the salary, colleagues, and less satisfaction with job advancement than the nurses who care for the mentally challenged. The recommendations for nurse managers to be mindful of the workplace stressors and further education and training programs relating to workplace stressors. Foxhall, Zimmerman, Standley, and Bene (1990) investigated hospice nurses, ICU, and medical-surgical nurses. The researchers reported that hospice nurses identified work stress with increased work demands and work schedules. The findings revealed the death and dying process of patients increased the work stress levels of hospice and ICU nurses. The recommendations were for employers to provide

education, training, and support system for employees. Mallet, Price, Jurs, and Slenker (1991) investigated work stress, degree of burnout, death anxiety, and social support among 376 hospice and critical care nurses. The findings revealed that hospice nurses had lower stress levels and lower burnout levels. The suggested recommendations for additional education for upper-level management on employee work stressors. Payne's (2001) study examined the elements of stress, coping, and other demographic variables along the degree of burnout among 89 hospice nurses. The overall findings revealed that lower burnout levels among hospice nurses, death and dying and demographic variables such as age, gender, educational status, and experience provided minimal information. The recommendations for continued education about workplace burnout and precautionary measures regarding work stress that include supportive interventions programs for coping. DiTullio and MacDonald (1999) used the grounded theory approach to explore 38 hospice workers' stress, coping, and change. The categorized themes addressed: work performance, contentment at work, stress with organizational change, and coping in the work environment. The recommendations were for supportive programs and education programs on employee stress. Abendroth and Flannery's (2006) study on 216 hospice nurses determined that hospice nurses were susceptible to stress and compassion fatigue. Furthermore, job-related components and demographics suggested an increased chance for the nurses to encounter job-related stress and compassion fatigue due to the high patient workload that the nurses face each day. The study noted that hospice nurses who have longevity in the field have sophisticated means of coping with dying patients and their loved ones. Therefore, the study revealed that trauma, anxiety,

personal demands, and extreme empathy were factors of burnout and compassion fatigue among hospice nurses. The recommendations were for interventions that can assess the potential risks of burnout and compassion fatigue.

Current Studies in Hospice Settings

The current quantitative and qualitative research studies in hospice settings have established that various psychological work stressors and work pressures continue to play a role with the hospice nurses when caring for their terminal patients.

Whitebird, Asche, Thompson, Rossom, and Heinrich (2013) compared stress, burnout, and compassion fatigue in 547 hospice workers. The findings revealed that the hospice workers reported high levels of work stress, with moderate to severe symptoms of depressions, anxiety, compassion fatigue, and burnout that led to hospice workers' departure from the organization. The recommendations were for education on work stress, ongoing self-care opportunities, and early intervention programs. Melvin's (2015) conducted a study on hospice nurses' physical and emotional strain of burnout, professional compassion fatigue (PCF), and secondary traumatic stress (STS). The study revealed that hospice nurses who experience burnout, PCF, and STS are susceptible to physical and emotional harm and tend to perform inadequate patient care. The suggested recommendations for ongoing education on work stress and additional support services. Johnson's (2015) research study compared compassion fatigue and self-transcendence among inpatient hospice nurses. The study confirmed an association between compassion satisfaction; compassion fatigue exhibited a higher correlation between effect and self-transcendence. Thus, hospice nurses are vulnerable to compassion fatigue based on their

influence. The recommendations for ongoing education, maintaining mental health care, and stakeholders to be aware of compassion fatigue and self-transcendence. Tunnah, Jones, and Johnstone's (2012) study used the grounded approach to explore 10 hospice nurses' satisfaction when caring for their patients at home. The results categorized into themes that addressed: satisfaction, coping, support, and organizational role. The recommendations were for additional education on work stress, increased managerial interventions, and increased supportive measures. Seed and Walton (2012) study used the grounded theory to explore 12 hospice nurses' self-care and coping demands while performing day-to-day responsibilities. The categorized themes: self-care consisted of two groups: confronting the demands and means of coping. Confronting the demands had three subgroups: (a) dealing with time, (b) interaction with families, (c) establishing limits. Means of coping had three subgroups: (a) relying on Co-workers, (b) coming to finality, (c) establishing life balance. The recommendations were for awareness of the need for hospice nurses to able to provide self-care along and education on coping strategies. Harris (2013) used content analysis approach to explore 19 hospice nurses coping in the work environment, and work stress. The categorized themes: social support, reflection, and humor identified. The recommendations for in-services and education regarding work stress and the implementation of coping-supportive measures. Kavalieratos et al. (2017) explored burnout among 20 hospice nurses and other palliative clinical employees. The thematic categories employees shared similar determinants of burnout: high caseload, conflicts among clinical employees, and administrative problems. The recommendations for information that includes support for self-care from the

administration, alternation of work schedules. Barnett and Ruiz's (2018) study on cognitive distress and compassion fatigue as moderating between self-esteem and affect among 90 hospice nurses. The findings revealed that cognitive distress was linked to increased compassion fatigue and less of an impact on compassion fatigue produced a decrease in self-esteem and increase negative affect, yet not with positive affect. The suggested recommendations was for the nurses be more educated on personal care and mental health care to increase self-esteem to support cognitive health. Fernández-Sánchez, Pérez-Mármol, Blásquez, Santos-Ruiz, and Peralta-Ramirez (2018) conducted a study to determine whether there are variations in cortisol secretion among 69 palliative care employees with and without burnout, and whether there is a correlation between burnout and perceived stress. The findings revealed secretions in cortisol was high with burnout and stress; and there was a link among palliative employees to physical and cognitive symptoms of burnout and stress. The suggested recommendations was for palliative employees to receive more education on burnout and stress, as well as mental health support.

Summary and Transition

The nursing profession is known for providing care to patients with an array of medical issues. Work stress can play an integral part in the nurses' day-to-day life when performing their complex duties. Various factors identified as work stressors include work overload, increase work demands, varying work schedules, and improved technical innovations have been reported as stressors of nurses in different work environments and contributed to a lack of nurses. The demand for more nurses is more extensive in caring

for patients who are living longer and have increased along with the categories of illnesses that require more nurses trained in advanced specialty fields such as hospice care. Moreover, hospice nurses face a challenging dilemma with the primary focus on end-of-life, unlike their counterparts in other areas of nursing that provide aggressive care to their patients.

In the last several years, empirical research studies exploring work stress and coping of hospice nurses have become significant regarding work stress and its relationship to a variety of work stressors and acknowledges organizational support as having a minimal understanding of the origins of those stressors (Abendroth & Flannery, 2006; Beng et al., 2015; Jensen et al., 2017; Johnson, 2015; Payne, 2001; Klein et al., 2019; McCourt et al., 2013; Whitebird et al., 2013). Peters et al. (2012) literature review of 16 empirical studies found that hospice nurses' work stress levels were as high as other nurses in other specialties. Also, determinants of stress stemmed from the workplace, job role, and challenging patients and families. In qualitative studies on hospice nurses' themes of stress and individual experiences emerged when caring for their dying patients (Danielson et al., 2018; Harris, 2013; Kavalieratos et al., 2017; Tunnah et al., 2012). However, the limited focus has been given to hospice nurses' stress and coping with elderly patient care and the organizational demands of working in the hospice setting. To gain a better meaning of work stress, a qualitative study that provides the detailed lived experiences of hospice nurses is needed (Danielsen et al., 2018; Happell et al., 2013; Melvin, 2015; Whitebird et al., 2013; Zheng, Lee, & Bloomer, 2018).

Chapter 3: Research Method

The purpose of this study was to describe the lived experience of hospice nurses' work stress and coping when caring for elderly patients. This research study gave a deeper meaning to hospice nurses' day-to-day experience by using the EPA, specifically Giorgi's (2009) model, which includes two descriptive levels:

1. Literal data are composed of candid and forthright explanations via open-ended questions and conversation.
2. The researcher interprets the structure of the experiences by means of formed reflective analysis and interpretation of the participants narrative.

This chapter presents the research design and rationale for the study. The following topics are also covered: selection of participants, procedures for collecting data, video recording, and analyzing the data; credibility, dependability, transferability, and confirmability.

Phenomenon of Interest

- *Coping:* is defined as "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141).
- *Organizational Barriers*: refers to obstacles in the communication between workers that may cause an economic decline of a company (Business Jargon, 2018). Barriers may include overt forms of bias and unfairness in the workplace, also unsuitable, insignificant programs, and vague organizational policies (Allison, 1993; Allison & Smith, 1990).

- *Work Stress*: is defined as "the temporary adaption process in an associating with physiological or physical and cognitive symptoms" (Thian et al., 2015, p. 160).

Research Design and Rationale

Rationale for Empirical Phenomenological Analysis

A phenomenological research design was chosen, and it allowed for the exploration of hospice nurses' lived experience of the meaning of work stress and coping in their work environment. According to Patton (2002), the significance of a phenomenological methodology attempts to embrace and explain the context, and essence of the lived experience of an event for an individual or individuals. In specific, Giorgi's (2009) EPA was used to inquire about the lived experiences. It aided in describing, analyzing, and interpreting the rich experiences.

The epistemology of Giorgi's approach stems from the philosophical ideas of human consciousness, first described by Husserl (1977). By extending Husserl's psychological phenomenological approach, Giorgi (1997, 2009) used an empirical rather than a naturalistic methodology. The EPA expands on a scientific exploration into the individual consciousness, and inquires further into the human ego, and aims to make sense of themes, patterns, structures of the phenomenon of a unique experience described in the participants own words (Giorgi, 1985, 1997, 2009). The phenomenological method of analysis involved five levels:

1. Reading of the entire collection of data
2. Classifying the data into meaningful parts
3. Translation of the expression of data into specific psychological terminology

4. Synthesis of the meaning of each experience
5. The final synthesis of the entire description that portrays each lived experience in the research study.(Giorgi, 2009)

Alternate approaches considered for this research study. Interpretative Phenomenological Analysis (IPA) originated from phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). However, the researcher was not seeking to attain a specific framework for an interpretive understanding based on a particular cultural background (Patton, 2002). Giorgi's phenomenological approach is more of a description of the individual experience than an interpretive approach, which aims to understand a specific cultural perspective (Smith et al., 2009). The case study was not considered because of a specific bounded context, and the use of other data sources (Patton, 2002). Grounded theory was not considered because this approach seeks to generate new theory (Patton, 2002).

Research Questions

In phenomenological research, the research questions stemmed from the meaning of the perceived experience of the phenomenon. The research questions draw out the personal description of the individuals' who lived the experience firsthand (Giorgi, 2009).

The primary research question, this study addressed is "How is work stress and coping experienced in hospice nurses when caring for the elderly?" The following subquestions were proposed:

- What is the meaning of work stress and coping for hospice nurses who care for the elderly?
- How do hospice nurses experience organizational barriers and opportunities to provide care for the elderly?

Role of the Researcher

The role of the researcher in empirical phenomenology is the agent that documents all dialogue (verbal and nonverbal communication) during the interview process (Giorgi, 2009). The researcher's role included the conduct of the interview with a non-judgmental demeanor and the ability to recognize nonverbal gestures and mannerisms that may suggest additional inquiry. The researcher had to set aside any preconceived notions about the understanding of the information disclosed by the participants. Lastly, the researcher was in charge of the record-keeping, transcribing, coding, and interpretation of all the participants' accounts of their lived experiences using retrieved data (Giorgi, 2009).

My personal experience of hospice care stemmed from being a hospice social worker that provides counseling to hospice patients and their family members. I am aware of the hard work and physical care provided by hospice nurses, but unable to relate to the actual work stress and coping of hospice nurses. I was open-minded, non-judgmental, and understanding. Also, I took the necessary steps to bracket my perceptions and remain receptive to new insights when interviewing and discussing the topic with the participants.

As the sole researcher, I was in charge of the selection process and scheduling of the interviews. For the recruiting process, I used invitations to gain referrals from other nurses, other colleagues, and gatekeepers in geographically convenient hospices in southeast Florida. In order to ethically obtain unbiased information, participants did not have a personal or professional relationship with me in any manner.

I discussed the purpose of the study and informed them of the benefits and risk factors regarding their participation. Participants were advised of their right to withdraw from the research at any stage. The participants were assured that confidentiality was safeguarded throughout and after the research study; informed consent obtained from each participant. Trustworthiness in qualitative research played an essential part in the research process and adhered to at all times. In my research study, I gave the participants the option to check a summary of their transcript and my interpretations for accuracy and trustworthiness. To enhance credibility a subject-matter expert reviewed my research questions for appropriateness. Also, I reviewed my analysis process with a methodological expert.

Methodology

Participant Selection Logic

Target group. The target group for this research study was registered nurses or licensed practical nurses; over the age of 21 years of age that work in a local hospice organization for at least three years and have experienced work stress and coping when caring for the elderly.

Sampling strategy. The criteria for selection were registered nurses or licensed practical nurses over the age of 21, who work for at least three years in a hospice organization located in neighboring counties in southeast Florida; and willing to share their experience of work stress and coping when caring for the elderly. I conducted a brief presentation about my research study. I distributed invitations to potential participants who met the criteria. For those who are willing, passed on invitations to potential participants that described the study and how to contact me. Participants who were interested would contact me via email or phone to participate. Once potential participants were chosen or willing to participate in the study, an Informed Consent Form was provided. The primary sampling strategy used was purposeful criterion sampling. According to Patton (2002), the use of purposeful criterion sampling enhances specific criterion components used for in-depth qualitative inquiry. Also, chain referral sampling was used to provide additional participants to the sample (Bagheri & Saadati, 2015).

Criteria for selection. Registered nurses or licensed practical nurses over the age of 21who work at local hospices for a minimum of three years and have experienced work stress and coping when caring for the elderly.

Sample size and saturation. According to Giorgi (2008), an empirical phenomenological research study's sample size of at least three participants was appropriate to furnish distinctive examples of individual lived experience. Giorgi suggested that 30 or more participants are not suited for this type of study because it would minimize the interpretation of the described experience of the individual. According to Guest, Bunce, and Johnson (2006), saturation is contingent upon the details

and themes the researcher is seeking. Their study revealed that the saturation point was achieved based on twelve interviews. Mason (2010) suggested a smaller sample size may work if saturation occurred, then the credibility of the data is supported and accepted. I proposed a sample size between 6-12 participants or until I reach saturation, which is essential in the data analysis process.

Also, I distributed an invitation to medical social work colleagues within geographically convenient hospice organizations in neighboring counties where I reside. They gave an invitation that described the study and how to contact me to individuals' who meet the criteria. At the end of the interviews, I asked the participants if they know of other individuals who meet the criteria for this study and give them the invitation to contact me.

Instrumentation

The EPA typically utilizes semistructured dialog, one-to-one, open-ended interviews to gather in-depth descriptions of the lived experience of each research participant (Giorgi, 1997, 2009). In the study, the researcher is the key instrument of the data collection, analysis, and consistently applying an empirical phenomenological methodology (Giorgi, 1985, 1997, 2009). I used this research method to bring to light each participant's lived experience and the detailed meaning of the accounts on work stress and coping in elder care hospice nurses. I explored individual insights to substantiate the use of the appraisal theory to describe hospice nurses' experience of work stress and coping within the organizational setting.

The conversational quality of the interview Giorgi (2009) recommended that individual descriptions drive the interview process instead of opinionated questions. The interview guide questions were considered to be fair, and the participants were able to openly voice any issues I may have overlooked regarding the lived experience. Lastly, the dissertation committee was asked to review my research questions and guided interview questions for feedback on terminology, word choice, and phrasing.

An interview guide was established to address the central viewpoints as participants detailed lived experience, physiological stress, psychological, stress, work stress, coping, and appraisal of hospice nurses. Also, questions in the interview guide address individualized perceptions of organizational barriers, while gaining an understanding of the lived experience of work stress and coping in elder care hospice nurses.

Interview Guide

1. When did you first start working in hospice? With the elderly?
    a. What drew you to this type of work?
2. Tell me about a typical workday.
    a. On a typical workday, what would you consider to be a stressful work event in dealing with the elderly? Tell me about that experience.
    b. How did you feel? What did you do?
    c. What did that experience mean to you?
        i. As a professional nurse? Working with the elderly?

   d. Let's look at another recent experience on a typical day when dealing with the elderly?

3. Let's talk about an experience where stress was coming from something about the organization. Can you think of any?
   a. How did you cope with the stressful experience?
   b. Describe the type of organizational support you experienced?
   c. Is there another type of organizational support you experienced?
   d. What type of organizational support would make your job less stressful?
4. Is there anything else that you would like to share about your experience as an elder care hospice nurse?

Procedures for Recruitment, Participation, and Data Collection

I asked permission from gatekeepers located within geographically convenient hospices in the southeast, Florida, to conduct a brief presentation about my research study. An example of my presentation is provided in Appendix A. I distributed invitations to potential participants who meet the criteria. For those who were willing, passed on invitations to potential participants that described the study and how to contact me. An example of my invitation is provided in Appendix B. Participants who were interested contacted me via email or phone to participate. Once potential participants were chosen or willing to participate in the study, an Informed Consent Form was provided. I scheduled individual interviews at the convenience of the participants for at least 60-90 minutes. I interviewed each participant one-on-one using a semistructured interview guide and data was collected via telephone. Permission was obtained from

each participant interview that was audio-recorded, and field notes were taken for accuracy. The participants had the opportunity to review a summary of their transcripts for accuracy. Also, participants were able to member check by reviewing my interpretations for trustworthiness. The informed consent provided to the participants covered the above-mentioned aspects of the study. Data storage and protocols regarding procedures were reviewed, along with confidentiality and anonymity. After the interviews, I asked about individuals the participants may know who met the criteria for inclusion and asked them to invite these individuals to contact me. This strategy assisted in reaching data saturation.

Data Analysis Plan

The participants were audio-recorded during the semistructured open-ended dialog, and field notes were taken for nonverbal responses and pauses during the interview. Also, numerical codes was assigned to all data and other pertinent files to safeguard participant privacy.

The data analysis for this research study adhered to the empirical phenomenological method of Giorgi (1985, 1997, 2009; Giorgi & Giorgi, 2003). The method of analysis entailed:

1. Reading the obtained data to gain a sense of the whole; after verbal data collection, phenomenological reduction, epoché, and free imaginative variation applied;
2. Discriminating the meaningful units within the psychological context while concentrating on the phenomenon researched; an in-depth and careful reading

of the obtained data to identify developing and fluctuating meaning units that establish the groundwork for text-coding for the details of the description of the experiences;

3. Transforming the meaning units and detailed expressions into psychological language; employing a free imaginative variation of all meaning units used to explain crucial language about the lived experience;
4. Synthesizing transformed meaning units into a consistent statement of general structures of the individual experience;
5. Final synthesis of all the individual's consistent statements that depict and capture the significance of the experience studied.

During the data analysis procedures, I had to maintain epoché, bracketing, applied phenomenological reduction, and free imaginative variation in attaining quality validity (Giorgi, 1985). reviewed detailed experiences, thoughts, and feelings several times to enhance the accuracy, consistency, and dependability of the data (Cho & Trent, 2006).

The qualitative analysis software NVivo was used to sort, catalog data, assisted in coding, memo writing, and data retrieval. The software program was able to store and support copious amounts of data. Furthermore, the program addressed how to handle inconsistencies involving the data.

Issues of Trustworthiness

Trustworthiness implies the amount of assurance in a qualitative study and paralleled in quantitative terms, validity, reliability, and objectivity (Shenton, 2004). Qualitative and quantitative data utilizes thorough, evidenced-based procedures aimed to

substantiate trustworthy results (Patton, 2002). In qualitative research, the researcher needs to align trustworthiness with the quality criteria of credibility, transferability, dependability, and confirmability (Shenton, 2004).

Credibility. Credibility is an assessment of the accuracy of the research findings in qualitative research as described by participants and can be relative to internal validity in quantitative research (Shenton, 2004). Also, credibility relies on the high-quality standard of inquiry, the extensive training, and the skill of the researcher (Patton, 2002). This research study employed the following strategies that assist in substantiating credibility: member checks, and reflexive journaling to establish credibility (Shenton, 2004). Member checking was used to establish credibility as participants were asked to review a summary of their interview and provide feedback as to the authenticity, interpretations, and conclusions. The importance of this step was to determine whether the participants' words corresponded with the true meaning of their accounts (Shenton, 2004). During the research process, audio recordings, interview transcripts were documented for final analysis, and confirmation of data and results.

Transferability. I provided detailed accounts of the rich experience and exact quotes were used to corroborate the results. Taking efficient field notes during the interview process helped depict evolving pertinent information before transcription (Patton, 2002). Any disparities within the research data were documented along with an explanation of the deviations and variances. I was mindful and aware of forming generalizations with a small research sample size.

Dependability. Dependability in research is considered sound if the information collected could be duplicated and generate similar conclusions (Shenton, 2004). To enhance the dependability of the study and guided interview questions, I submitted for review and critique to content expert (s) and methods experts as well as the dissertation committee for review and critique. During the data collection and analysis procedures, the research participants had the option to review interpretations and summaries of transcripts for additional information. The research study provided methodological specifics that allowed duplication of the study.

Confirmability. Confirmability in qualitative research parallels to objectivity in quantitative analysis. The necessary measures should be elected to establish that the data stems from the participants' experiences and perceptions instead of the characteristics and preferences of the researcher (Shenton, 2004). Confirmability was corroborated by implementing an audit trail that tracked the researcher's choices made throughout the research process and detailed strategies (Shenton, 2004). I organized and stored data that permitted others to follow my research procedures. That included my notes on my research questions, proposal, sampling procedures, interview guide, audio recordings, interpreted transcription, tables, and summaries of themes and patterns, drafts reports, and final report. I employed epoché and bracketed any personal opinions, to remain receptive to new insights that interpret the true meaning of the participants' accounts. Also, I recounted my results and interpretations of my literature review that substantiated my qualitative findings.

Ethical Procedures

This research study adhered to the APA ethical guidelines, federal guidelines, and complied with all of the requirements of Walden University's Institutional Review Board (# 04-09-19-0551392). This empirical phenomenological study consisted of in-depth, real personal accounts that were disclosed by eldercare hospice nurses' lived experience. The participants met the purposeful sampling criteria of being a hospice nurse, and not a trauma nurse or ICU nurse. However, the sample was hospice nurses. They were asked to discuss their lived experience of work stress and coping. I had readily available a list of local professional counselors if the participant becomes distressed during the interview process.

The participants chosen for this study were informed verbally and given consent forms to read and sign to partake in the study. Participants were informed of the purpose of the study, risks, and benefits of participation, the confidentiality aspect of the study, along with the right to withdraw from the research study at any time without question. The participants' results and storage of data were assigned numerical codes names to protect their privacy, a hard copy of the research data, as well as an electronic backup file with an encrypted password secured in a lockbox. The stored data will be destroyed after 5 years.

Summary and Transition

An EPA study was used to explore the experience of work stress and coping in elder care hospice nurses. EPA was selected to gain insight, thoughts, and feelings about the psychological and organizational dimensions of this phenomenon. The purposeful criterion sample of 11 participants were chosen to take part in an open-ended, semistructured conversational interviews to obtain specific data relevant to the study. Also, chain referral sampling used for additional participants who meet the criteria for inclusion. The central point of the study was to reveal personal expressions, descriptions as themes, and understanding of the significance of the lived experience. Nonetheless, variant data was incorporated and interpreted for credibility and trustworthiness.

Chapter 4 depicts the results of the study in detail along with demographics, data collection, data analysis, and evidence of trustworthiness.

Chapter 4: Results

The purpose of the study was to give a deeper meaning to 11 hospice nurses' day-to-day experience, work stress, and coping using a phenomenological approach. Personal and organizational domains were studied as participants detailed their experience of work stress and coping, experiences that contributed to organizational barriers in the workplace. Common themes and patterns were found. The research question was as follows: How is work stress and coping experienced in hospice when providing care to the elderly?

EPA was used to explore each participant's thoughts and feelings and the demanding workplace environment that played a significant role in their experience. All participants were women; their ages varied; each was an RN or LPN; their years of experience caring for the elderly in a hospice environment varied. The context was described in depth. I interpreted each participant's perspectives using appraisal theory. In this chapter, I cover the following topics: details of the results of the study; data on the setting, demographics, data collection, data analysis, trustworthiness, and results.

Setting

All 11 interviews were conducted via telephone at times that were convenient for the participants. No significant deviations from the planned procedures were experienced.

Demographics

All 11 participants worked in a hospice in southeast Florida. Their ages ranged from 41 to 62 ($M = 53.36$, $SD = 8.10$). Of the 11 nurses, 9 were RNs; the other two were LPNs.

Hospice experience ranged from 4 to 20 years ($M = 14.54$, $SD = 5.22$).

Table 1

Participant Characteristics

Participants	Age	Nursing Qualifications	Hospice Experience (Years)
P1	55	RN	16
P2	60	RN	18
P3	57	RN	20
P4	38	RN	4
P5	60	RN	19
P6	46	RN	16
P7	41	LPN	12
P8	59	RN	13
P9	55	LPN	7
P10	54	RN	20
P11	62	RN	15

Each hospice nurse described a deeper meaning of a lived experience of work stress and coping while providing care to the elderly on a day-to-day basis. The work demands placed on the elder care hospice nurses were detailed by the experience. And the relationship between personal real-life personal accounts, challenges and organizational barriers were described by all participants.

Data Collection

Purposeful criterion sampling was used to collect data from 11 eldercare hospice nurse participants. Brief presentations about the research study were conducted at the

hospice sites. Also, snowballing sampling used to collect data. Data collection was conducted for approximately two months, from August 5, 2019, to October 9, 2019. Participants were selected based on their personal experience with work stress and coping when caring for the elderly. All participants were RNs and LPNs who work in a hospice environment. The participants had experienced work stress and coping with the elderly and experienced organizational barriers in providing care and saturation was reached regarding the lived experience of work stress and coping. Participants processed the lived experience similarly, but with variations based on their work stress and coping. Eleven eldercare hospice nurses were interviewed over the telephone. All interviews lasted approximately 60 minutes, with a range of 48 to 67 minutes. All interviews were audio-recorded by NoNotes call recording. All were then transcribed through NoNotes transcription service.

Transcriptions were edited for accuracy while listening to the audio-recordings. The transcriptions were then coded in NVivo. Notes were taken during the telephone interviews and summaries of the telephone interviews were sent to all participants for their voluntary review. They were informed to check for inaccuracies or misrepresentations as well as any other information they would like to share. All 11 participants reviewed and validated their summaries. It for was reviewed for accuracy, and trustworthiness of their detailed accounts.

Data Analysis

I used a two-cycle data analysis process, as recommended by Saldaña (2016), to approach the transcripts and summaries. In the first-cycle, I was guided by the EPA

process outlined in Chapter 3. I used the summaries to identify the themes that reflected the meanings that would answer the primary research question. For the second-cycle, I used concepts derived from the theoretical framework of (Lowe & Bennett, 2003) to explore the concepts associated with the research subquestions intensively.

First-cycle coding. Using the EPA (Giorgi, 1985, 1997, 2009) process described in Chapter 3, I followed the series of steps moving from reading through all of the transcripts and summaries. For the first-cycle, I used the transcript summaries (which also used for member checking) to identify meaningful units (i.e., codes) within and across cases, for each of the interview questions. In this process, participants' interviews were read for a sense of the whole, read through the summaries and transcripts. I used NVivo to do this and created categories for each of the individual units (these are called nodes and sub-nodes in NVivo). Then, I moved back and forth between higher-order concepts and specific meaning units until I arrived at 12 major themes. Except for one, each theme had 3 to 12 categories (a total of 81categories). These presented in Table 3.

Table 2

First-Cycle Results, Coding Summaries Using EPA

Themes	Categories
Typical workday	Administrative; dying patients; family refusing patient's medications; patient spiritual pain; patients' physical pain; patients were refusing medications.
Cope with organizational stress	Better managed time; exercise; hobby; quit job; spend time with family; spoke with family; spoke with management; talk with co-workers.
Experience means to you	Introspection; learning experience; listen to patients.
Experience means to you as a professional nurse	Educate, communicate better; questioning skills; relied more on skills; service failure.

Feelings about stressful the work event	Anxious; confused; frustrated; heartbroken; helpless; humiliated; shocked; stressed.
Handling stressful work event	Educated facility nurse; educated patient and family; managed situation; reported incident; spoke with a chaplain; spoke with the doctor; spoke with the manager; spoke with the social worker.
Organizational support	Additional study time; EAP; educational conference; extra time off; gifts; nurse initiated a blog; recognition; spiritual support; temporary assist with patients.
Organizational support job less stressful	Better communication; decrease workload; employee recognition; fitness classes; gas card; hire more staff; management of phone calls; mental health day; more education; provide computers; reduce paperwork.
Stress from the organization	Change in hospice organizational model; change in software; increase documentation; increased phone calls; increased workload; increased policies and procedures; lack of hospice nurses; lack of hospice nurse of color; mergers.
Stressful work event with the elderly	Difficult patients; patients physically aggressive; patient verbally aggressive; patient denial; patient live alone; racism.
Years working	What drew nurse to the job; death in the family; family on hospice; nursing job.
Shared experience as an eldercare hospice nurse	No sub-nodes identified.

As an example, Typical workday reported by participants to included: meaningful units that were created into categories of tasks and experiences related administrative, the dying process, family refusing patient's medications, patients' spiritual pain, patients' physical pain, the patient's refusing medications, then later became categorized under typical workday. Cope with organizational stress was formed from the categories that represent better managed time; exercise; hobby; quit job; spend time with family; spoke with family; spoke with management, and talk with co-workers. Experience means to you was established from the categories that corresponded to introspection, learning experience, and listen to patients. Shared experience as an eldercare hospice nurse was

an exception with no sub-nodes identified because the participants reflected on the deep appreciation for the hospice philosophy.

Second-cycle coding. The second-coding process (Saldaña, 2015) was driven by the concepts derived from Lowe and Bennett's (2003) appraisal theory to understand better the meaning of the concepts related to the research subquestions. During this process, I transformed meaning units into a consistent statement of general structures of each experience. I used Excel and put the key phenomena from the subquestions to identify the columns. Then, I aligned the concepts of the framework to my research subquestions in the second row. Then, I moved back and forth between reading through each transcript, conceptual framework, and phenomena associated with the research subquestions until I consistently transformed the specific meaning units of each account to relate to the framework concepts and subquestions. It is presented in Table 4.

Table 3

Second-Cycle Results, Coding Meaning Units to Correspond to Conceptual Framework Concepts and Subquestions Phenomena

Work Stress	Work Stress	Coping	Coping	Coping	Coping	Organization	Organizational Barriers
Primary appraisal (motivational relevance)	*Primary appraisal (motivational congruence)*	*Secondary appraisal (problem-focused)*	*Secondary appraisal (emotion-focused)*	*Secondary appraisal (accountability)*	*Secondary appraisal (future expectancy)*	*Secondary appraisal (future expectancy)*	
No family support	Manage elderly patients' symptoms	Hospice provided education to elderly patients' or family	Hospice nurse left the job	Elderly patients'	Unmanaged symptoms	Compliance issues	Change in hospice organizational model
Emotionally or physically needy elderly patients.'	Address elderly patients' physical decline	Hospice nurse contacted family members	Hospice nurse spoke with the team	Elderly patients' family	No set way in caring for the elderly patient	Unrealistic organizational change	Lack of hospice nurses
Elderly patients' non-compliance	Prevent elderly patients' distress	Hospice nurse recommended private care	Hospice nurse remained positive	Hospice nurse	Elderly patient decline	Acceptance of organizational change	Increased workload

with medications					comfort measures		
Imminent elderly patients	Hospice nurse wanted to do more for the elderly patient	Hospice nurse contacted hospice physician	Hospice nurse prayed	Organization	Painful death	Unavailability of management	Increased policies and procedures
Making choices, hospital vs. hospice care		Hospice nurse contacted chaplain	Hospice nurse detached				

The phenomenon organizational barriers was identified in the literature but were not part of the key concepts articulated in the framework. However, the participants' experience clearly distinguished this phenomenon from the other parts of the framework, connect when edited which is an organizational barrier but does not fit with the Lowe and Bennett's (2003) definition of the secondary appraisal. Three areas identified.

Change in hospice organizational model. Two of the participants spent a considerable part of the interview discussing how the organization model had changed, and the impact it was having on patient care and administrative work. P2 stated, "This organization decided to change the hospice organizational model. The organization chose to have non-clinical people oversee clinical people. Individuals who do not know about being a hospice nurse." P3 said, "The organization merged with another hospice, and there was a new model introduced. LPNs would be able to help the RNs with patient visits and wound care issues so far; the model has not worked."

Lack of hospice nurses. Most of the participants felt that hospice staffing was of great concern. In some cases, it was a lack of preparedness for demand; in others, it was the unwillingness to hire more staff. P3 stated, "There is a lack of hospice nurses due to the increase in patient visits. So, we try to help each other out; changing patients can be

helpful; we just try to be there for each other." P5 specified, "The organization hired minimal staff. The organization rapidly started to get elderly hospice patients. The staff was working really hard; to make up for the lack of staff and just services overall. I was very stressed." P6 expressed, "It's stressful because the organization didn't expect to have a lot of patients, so they were not prepared. So, we are totally understaffed, particularly with hospice nurses." P10 stated, "A lot of stress comes from the organization because of a lack of nurses, which means a lack of support for patients; thereby, it affects me directly because I am the nurse that's going out there."

Increased workload. The participants felt that the demands of trying to keep up with patient visits resulted in additional work duties and responsibilities. For example, P3 stated:

> The hospice nurses have to do more patient visits, documentation at the point of service, along with their narrative note at the patient visit as well as medication re-orders, plan of care updates, and then go on to another visit. (P3)

P7 said, "The hospice nurses were told that more patients have to be seen daily. That means the workload increased. The hospice nurses, including myself, were very upset."

Discrepancies in Meanings or Cases

Overall, the 11 participants seemed to share common meanings across all of the themes identified in the study results. No one case presented consistently contrary experiences. However, several discrepant findings emerged as I was proceeding through the analyses. For example, in response to the question, Let's talk about an experience where stress was coming from something about the organization. How did you cope with

the stressful experience? P11 stated, “I walked out. I left. I left the stressful experience, and all the prior stress that led up to that.” It was inconsistent with other shared experiences.

Another hospice nurse had trust concerns with the family members that interfered in the care of the elderly hospice patient. For example, in response to the question, On a typical day, what would you consider to be a stressful work event in dealing with the elderly? P6 expressed “The family wanted what was in her will, and they want to hasten the patient’s death, as the hospice nurse, I don’t do that, I don’t kill people!”

In another discrepant finding, one participant identified an organizational problem in hiring nurses of color. For example, in response to the question, Let’s talk about an experience where stress was coming from something about the organization. How did you cope with the stressful experience? P1 stated:

> You can’t just have only one nurse of color. The organization must hire more hospice nurses of color. I felt hurt and angry.” I felt like I was just a keepsake like I was hired just to be the quota. (P1)

Another discrepant finding described by a participant in which the patient felt uncomfortable with a hospice nurse of color. For example, in response to the question, On a typical workday, what would you consider to be a stressful event in dealing with the elderly? P7 mentioned, “An elderly female patient was crying. She said to me that she didn’t want a Black nurse taking care of her while she was dying. I was a little drawn back about what she said.”

Evidence of Trustworthiness

Credibility

A rigorous qualitative inquiry used to establish the credibility of the study. The participants were invited to answer open-ended questions and truthfully disclose their personal stories in their own voice, a process similar to that described by (Patton, 2012). All participants went through the lived experience of work stress and coping that detailed an appraisal of each situation.

Member-checking contributed to credibility as all participants were allowed to review a summary of their interviews for authenticity, interpretation, and trustworthiness (Shenton, 2004). All 11 participants were able to follow through with the task. They provided validation as to the accuracy of the data.

Notes taken during each interview and summaries were generated three days following the interviews and sent to each participant for member-checking. The summaries consisted of brief answers to each interview guide questions. All participants reviewed their summaries along with their feedback.

As a clinical hospice social worker for many years, part of my training consisted of interviewing many patients and their family members. My knowledge of the hospice philosophy was helpful in understanding and interpreting the participants' experiences. The participants at times referred to medical terms that I was unfamiliar with, and when they did so, I asked if they could explain the terms for clarification so I could fully comprehend the data.

Transferability

The study provided variances in demographics associated with age, nursing qualifications and hospice work experience; however, each participant met the criteria that described a lived experience of work stress and coping. Work stress, coping, and organizational themes and patterns supported by meaning units, detailed expressions, and concise literal quotes from the participants. Shenton (2004) emphasized the significance of a rich representation of the researched experience, and the need to take into account the audience's comprehension of the phenomenon, thus permitting them to contrast the experience depicted in the study with those that have become evident in their particular event.

There were disparities in the data that emerged from the analyses. They were described by the participants' understanding of a stressful work event. For example, the participants' variation in responses were identified as differences in the meaning of the individual experience of work stress.

Participants' experience in work stress and coping corresponded with the literature, which was reflected in the codes and categories. For example, the significance of workplace stress, coping in the workplace, and social support and work stress were represented in both analysis of the literature and the coding of the participant accounts of their lived experience of work stress and coping.

Dependability

All of the participants were asked identical questions, as presented in the interview guide, and asked in an orderly sequence. The participants' responses to all the

interview guide questions were summarized then followed by member-check. All data, including summaries, notes, audio recordings, and transcripts, were stored so that the study could be duplicated.

Participants in this study attended a brief presentation about the study. Invitations were distributed, and other medical professionals were willing to pass out invitations to potential participants. Individual interviews took place with interested potential participants. Then the potential participants were chosen or volunteered that met the criteria of the study. These steps helped increase the dependability of the study because of the willingness of the potential participants to disclose personal experiences. Also, the participants' experiences with work stress and coping shared common aspects that corresponded to research covered in the literature.

Confirmability

A clear audit trail implemented included: audio recordings of interviews, summaries of the interviews that were member-checked, literal transcripts, notes, categories, and themes, identifying names and information of the participants omitted from the transcripts. All the participants were identified by a numerical code to protect anonymity and confidentiality. The interview guide was followed in order sequence with all of the participants. The research questions were used to gain a deeper meaning of the participants' experience. NVivo software was used to sort, code, and categorize the data. The frequency among each case item was cataloged, and direct quotes were employed to establish confirmability. The interpretations and conclusions of the study were associated with the findings from the literature review and conceptual framework.

Results

The primary research question of this study was, how is work stress and coping experienced in hospice nurses when caring for the elderly? This question was approached by asking the participants to share experiences about work stress, coping, and the organization barriers they faced in their daily work lives.

Meaning of Work Stress

The first inquiry into understanding the work stress experienced by the participants beginning with a question about a "typical workday," which revealed several sub-categories. This is illustrated in Figure 3.

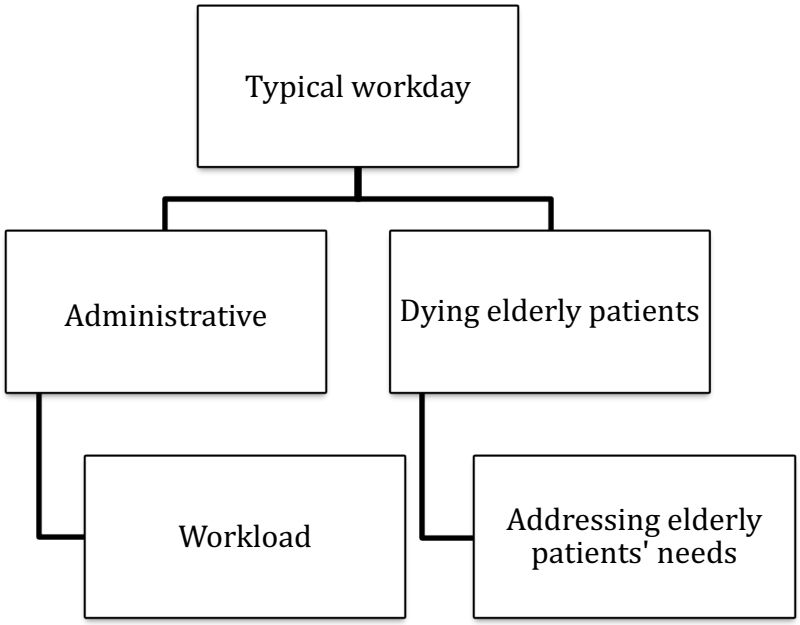

Figure 3. The theme, Typical Workday, and respective categories.

Three of the 11 participants began with their description of the administrative duties when first beginning their workday, and early on, the experience of work stress appeared. For example, P1 stated:

> I start checking to see what patients' I still have and newly assigned patients. Then I begin with the elderly patients that are a priority. For example, the patients who are actively dying are first on my schedule for daily visits. (P1)

There was a shared experience of "being pulled" in many directions. P4 indicated that "I have to reroute to go to another facility to attend a death, and then obviously, that just changed my day." P6's experience was common:

> I would check my emails. Then, call the office and touch base with team managers. I always have to expect to leave myself open, as with hospice, things can be very unpredictable, I can have emergencies at the last minute. (P6)

The results of the EPA revealed that work stress also meant being with difficult patients and their pain. For example, P6 described how "the elderly patient was in denial about her condition; the patient needed some pain medication. I tried to calm the patient down. The patient responded, "back off." Another example, P8 spoke clearly about how patients responded negatively to her attempts to help: "The patient began to yell at me and calling me names saying that I am trying to overdose him with the medications." Also, P10 described an elderly patient in pain. "She was a devout catholic, and she felt that she had to suffer for the people in purgatory. She refused to take the pain medication."

Family involvement identified as another aspect of work stress, in which the spouse was reluctant to medicate the patient.

> The patient's wife got upset. She does not want me to give the patient pain medication. And I asked her why? And her response was it makes him

> hallucinate. I offered a different type of pain medication. The wife responded, no! (P5).
>
> Another example, where the family was resistant about medicating the patient that contributed to the hospice nurse's work stress.

P6 stated, "Another daughter got involved, and she refuted everything. She kicked back everything. She didn't want the patient to have certain medications. A lot of times, she wanted to stop all the medications."

Lowe and Bennett's (2003) appraisal framework also illuminated how participants experience work stress while trying to provide care to elderly patients who are in the dying process with no family support. P11 stated, "What I find very stressful and heartbreaking is that I go into these folk's homes … they clearly need more help than what they're getting I wish the family would do more." Also, P3 said, "I have an elderly patient with a history of severe cardiomyopathy but has been very independent, no family, and living alone prior to coming on hospice."

Moreover, the appraisal framework unveiled how participants struggle to keep the patients comfortable and managing their symptoms. P4 described, "It's stressful because I don't want to see anyone in distress, and when an elderly patient is distressed, it makes me stressed." A hospice nurse disclosed not able to treat the patient in time. P2 disclosed, "I been through stressful days where I have an elderly patient who is imminent and needing medication right away, and I can't get it fast enough." Another hospice nurse stressed that certain terminal diagnoses were difficult to treat. P9 stated, "Some elderly patients come on hospice with dementia and are very confused. Sometimes, they have

terminal restlessness, or they can be combative, which makes it extremely difficult to care for the patient."

Meaning of the Experience

The second inquiry into understanding the meaning of the experience while participants work in a stressful situation perceived by the participants; it begins with a question about the "Experience,*"* which revealed a number of subcategories. This is illustrated in Figure 4.

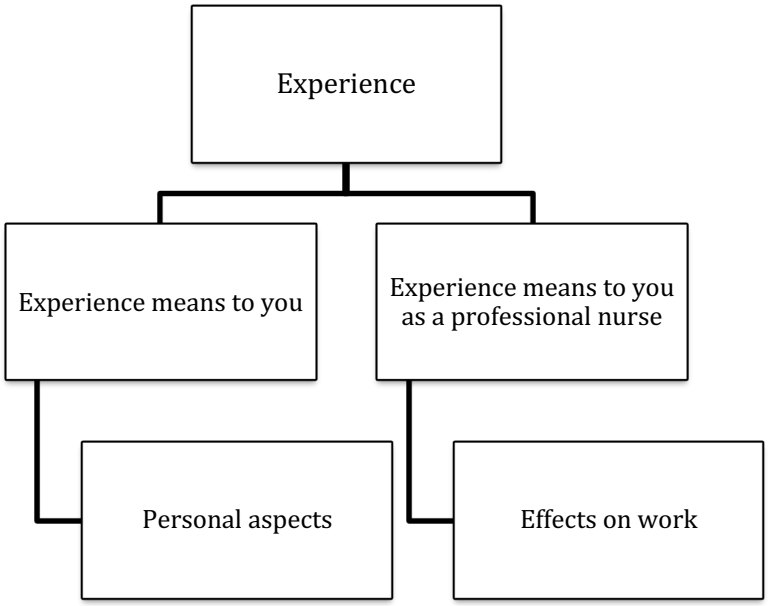

Figure 4. The theme, Experience, and respective categories.

Three of the 11 participants felt they could have explained and articulated more clearly to their elderly patients about their care. For example, P3 stated, "I should have asked questions about how she feels about the care that she is receiving. I need to educate and communicate better to my patient, just allowing her to voice her feelings." Another example, the hospice nurse's lack of communication to the patient. P8 disclosed, "When

dealing with the elderly patient, I need to properly relay the information and give them more time to absorb what is happening during their care."

Two of the participants' meaning of their experience uncovered additional data from the EPA results revealed they reexamined their competence when dealing with the elderly hospice patients. P9 said, "As a professional nurse, I felt overwhelmed and helpless, overthinking things and second-guessing myself." P11 disclosed, "I can't do this ... somebody is going to be able to do what I can do. I'm dealing with a complex case like this."

There was a shared experience of participants trusting more in their abilities when facing challenges in inpatient care. P4 specified, "I would think of a positive thing and turn it into fast-acting, this is an emergent situation. I think ahead and immediately think this patient is declining." Another example, P2 stated, "I was able to stand back and let the elderly patient speak out, I realized it's about the elderly patient that is dying, in that respect, it made me a better hospice nurse." Also, P7 explained, "I've learned every elderly patient will be different and may not agree … I just smile and reassure the patient will get the medication."

A participant was forthcoming about the meaning of unsuccessfully providing care to the elderly patient. P1 expressed, "I should have gone back to the patient's home. I had a service failure. I failed the patient. Oh, God, what else can I do? I'm not giving it to anybody else." Also, a participant questioned their abilities as a hospice nurse. P10 stated, "My elderly patient put these barriers up, and I told myself I would back off. I felt like a failure, and I was not needed. She was too afraid to ask for my assistance."

Lowe and Bennett's (2003) appraisal framework provided insight into the primary appraisal of work stress. However, the EPA revealed a clearer understanding of the perceived meaning of the experience from a patient care standpoint. For example, the participants learned from the experience and performed self-reflection regarding the event. Another example, P5 revealed, "I learned that every human being is different, and I have to show respect while in the elderly patient's home." Also, P6 stated, "I felt powerless due to all the education provided. It was definitely a learning experience to see how people behave." Additionally, P1 said, "I looked back at what else could have been done differently for the elderly patient." As well as, P4 disclosed, "I used my inner emotions to think positive to be more empathetic. I have to put on a strong face."

Meaning of Coping

The participants perceived the third inquiry into understanding how coping with a stressful work situation begin with a question about "Handling stressful work event," which revealed several subcategories. This is illustrated in Figure 5.

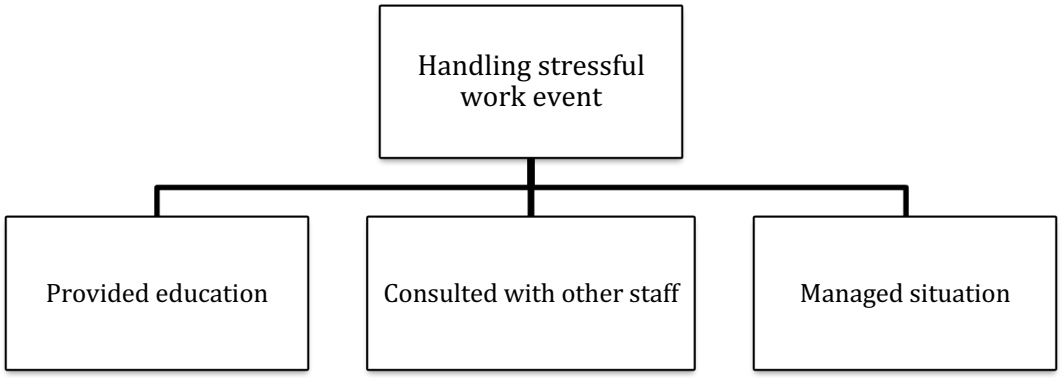

Figure 5. The theme, Handling Stressful Work Event, and respective categories.

The hospice nurses handled the stressful work event in various ways. One way was to instruct the family on the patient's physical change.

For example, P6 reported, “The patient and I sat for a few minutes. Then I went to the family and educated them on how it’s affecting the moment, this stage in her process. It was a tough family.”

Another example, on how the hospice nurse handled a stressful event was to teach another facility nurse to identify a certain illness and administer pain medication.

P8 said, “I tried to educate the hall nurse in recognizing the signs and symptoms of an Alzheimer’s patient in pain, and when to give the patient the prescribed pain medication.”

Also, P5 stated, “I called the office and spoke with my manager. And another hospice nurse was assigned to the elderly patient. I also contacted the hospice physician and informed him about the patient and his pain.”

The handling of a stressful work event uncovered additional data from the EPA results that revealed the participants meaning of coping suggested that they dealt with the stressful experience on their own. For example, P2 said, “I tried to tell myself, it’s okay, it’s okay, just move on. I got over that by just moving on and not thinking about it.” Another example, P11 stated, “Well, legally, I had to report the incident. I did what I had to do. I reported it and documented it.” Also, P3 divulged, “I spoke with my teammates like the social worker and the chaplain. I was able to talk about my concerns.”

Lowe and Bennett’s (2003) appraisal framework also enlightened how the participants’ view of handling a stressful situation based on coping alternatives. For example, P2 stated, “I would call upon the chaplain at this point to pray with the patient. A lot of times it does work.” Another example, P5 indicated, “I was trying to educate the

patient and wife on different medications that hospice services use. And even though I wanted to provide more services for this patient, the wife became very suspicious."

The Experience of Organizational Barriers

All 11 participants described experiences with stressful organizational events. which revealed several subcategories. This is illustrated in Figure 6.

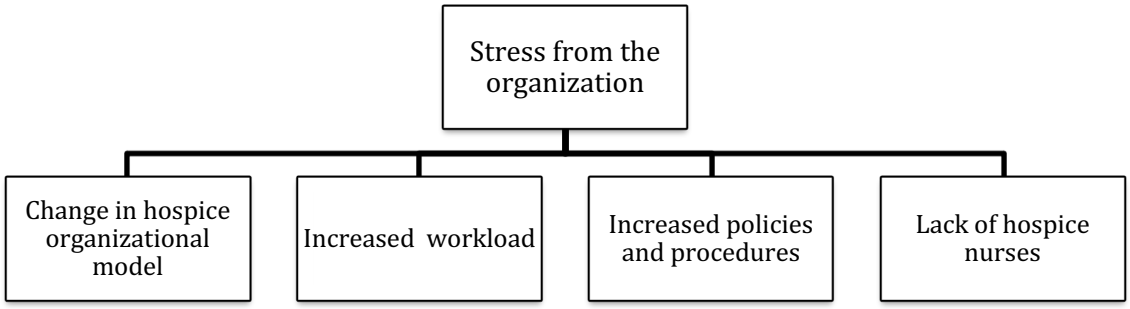

Figure 6. The theme, Stress from the Organization, and respective categories.

The participants described stress coming from the organization and being inundated with multiple tasks. For example, P8 stated "I'm dealing with patients, I'm dealing with facility nurses, and it gets so overwhelming. The organization is putting pressure on the hospice nurses to complete patient documentation immediately." Also, P6 indicated, "The organization didn't expect to have a lot of patients. It became very stressful, especially for the hospice nurses, with policies and procedures that were unclear." Additionally, P5 specified, "A new CEO was brought in. And ideas were geared toward eliminating staff. I was not sure if I was going to be next."

Stress from the organization deepened with increased demands placed on the participants. The EPA revealed abrupt changes, a shortage of hospice nurses, and additional workload. For example, P2 stated, "This organization changed the hospice

organizational model of care. You have an I.T. person and administrative assistant as clinical managers. They do not know about being a hospice nurse." Another example, P10 said, "Well, a lot of stress comes from the organization is because of a lack of nurses and lack of support for the patient … it affects me directly." Also, P7 specified, "The hospice nurses were told more patient visits had to be completed daily. That means the workload increased. A lot of hospice nurses, including myself, were troubled."

Lowe and Bennett's (2003) appraisal framework helped clarify the primary appraisals of work stress, and the secondary appraisals of coping. However, what the EPA revealed was the distinction between patient care work stressors and organizational stressors perceived as barriers to patient care. For example, P3 stated, "There was a merger, and a new hospice organizational model introduced. So far, the model has not worked, but there are now fewer hospice field nurses and more patient visits." Another example, P9 said, "The changes I had to do as a hospice nurse was additional documentation, admissions, as well as carrying a patient caseload. The organization was stretching the employees thin." Also, P4 declared, "I think the increased paperwork it's just crazy, I am trying to take care of the elderly patients, then the families call me, and then the manager calls."

Summary and Transition

All of the 11 participants shared their lived experience regarding work stress and coping. The participants differed in their approaches and identified how they answered the primary research question. What was discovered were common elements shared, for example, patient and family issues, administrative and organizational barriers. The EPA helped to transform the participants' experience, thoughts, and feelings into the meaning of work stress, the meaning of coping, and the experience of organizational barriers. Also, the appraisal theory gave insight into how the participants' perceived work stress and how they handled stressful work situations. However, the phenomenon organizational barriers was a major issue, but did not correspond with the appraisal theory.

Chapter 5 compares and contrasts the results of the study with findings from the research discussed in the literature review; the results presented as to how it supports the theoretical framework of the appraisal theory. The limitations of the study were discussed, along with recommendations for further research. Implications for social change at the organizational level presented with recommendations for healthcare employers, gatekeepers, and human resource managers.

Chapter 5: Discussion, Conclusions, and Recommendations

You matter because you are you. You matter to the last moment of your life. And we will do what we can, not only to help you die peacefully but to live until you die.

C. Saunders, as cited in Twycross, p. 19 (1986)

The purpose of the study was to give a deeper meaning to hospice nurses' day-to-day experience, work stress, and coping using a phenomenological approach. Stress can occur on any occasion and in any place; it can play a role in damaging the physical and psychological well-being of an employee. This study helped address the gaps in research about the growing demand for end-of-life nursing care and the unique challenges and stressors of the hospice nurses who care for the elderly. The study identified and described the increased work stress, coping, and organizational barriers that eldercare hospice nurses encounter on a routine basis.

Among the participants who shared their lived experience of work stress and coping, I discovered common elements about patient and family issues, administrative issues, and organizational barriers. Appraisal theory helped identify how participants perceived and handled work stress. The EPA guided the transformation of the participant's thoughts and feelings into the meaning of work stress, coping, and organizational barriers.

The key findings in my study included four major themes that described the lived experience of work stress and coping in eldercare hospice nurses: typical workday, experience, handling a stressful event, and stress from the organization. Organizational barriers emerged as a key concept, despite its absence from the theoretical framework.

Interpretation of the Findings

This study explored the lived experience of work stress and coping in eldercare hospice nurses. The results indicated that all participants experienced work stress, coping, and organizational barriers in providing care. Although the participants described different situations in which the elderly patients, their families, and the organization contributed to their increased stress and coping, they were consistent in their responses to the psychological stress when performing their duties. According to research, providing specific needs for the elderly during end-of-lifecare places excessive physical and emotional demands on the hospice nurse (Barnett, Martin, & Garza, 2019; Ingebretsen & Sagbakken, 2016; Kavalieratos et al., 2017; Melvin, 2015; White et al., 2013).

Appraisal Theory

The results of this study was illuminated by the review of the literature on the appraisal of stress, how individuals perceived work stress, and how they responded to stressful circumstances. The appraisal theory was used as a conceptual framework in exploring the experience of work stress encountered by nurses (Lowe & Bennett, 2003). This theory asserts that emotions are generated from the assessment of a situation and its individual meaning. This approach consists of a primary appraisal (motivational relevance and motivational congruence) and a secondary appraisal (problem-focused coping, emotion-focused coping, accountability, and future expectancy).

The findings were consistent with Lowe and Bennett's (2003) appraisal theory. Lowe and Bennett conducted a study of nurses that used the appraisal theory that

identified significant motivational relevance and significant motivational congruence that confirmed the data that the nurses encountered considerable and adverse circumstances. Also, in this study, the eldercare hospice nurses used active emotion-focused coping abilities deployed by the nurses to adapt psychologically, accountability used by the nurses to determine who was responsible for the circumstance. The nurses established future expectancy on the possibility of change in the situation. When the nurses employed both primary appraisals (work stress experience) and secondary appraisals (coping), another concept (organizational barriers) evolved in this research study, even though it was not a part of the conceptual framework.

Emergent Themes

In phenomenological research a detailed account of a lived experience centers on a common link within eldercare hospice nurses. The aim of the study was to provide an in-depth understanding of the phenomenon and verify the findings conformed with the research questions. The transcripts were re-read a few times, which corresponded with the steps of Giorgi's empirical analysis. The EPA Giorgi (2009) was used to transform the specific meaning units of each interpretation to relate to the framework concepts and subquestions.

Meaning of Work Stress

My qualitative inquiry into understanding the work stress experienced by each participant resulted in a major theme "a typical workday*"* that includes subcategories: a daily experience of work stress with hectic administrative duties, such as checking emails, listening to overnight, and viewing daily reports. For example, P2 stated, "It

depends on the caseload that I have. I would check my emails, find out my new admits, patients I have to follow-up with and schedule to see. It's overwhelming and stressful." Then the nurses' caseload is determined by the number of deaths that occurred and in addition to newly admitted elderly patients on to hospice services. Reinhart (2016) conducted a qualitative study on 12 hospice nurses and their lived experience of the hospice nurse as a primary caregiver. The findings revealed four themes: feeling attachment, managing workload, lacking support, and providing education is consistent with the current study that the eldercare hospice nurses were overwhelmed with their work task, such as maintaining a large patient caseload.

Meaning of the Experience

The second inquiry explored the meaning of the experience during the stressful situation that was perceived by the participants, which resulted in a major theme "Experience*"* that includes subcategories: what the experience means to the nurse (personal aspects) and what the experience means as a professional nurse. A heartfelt response about the stressful situation by learning more about the patient's diagnosis: for example, P8 disclosed that "I felt ineffectual and scared, and should have known Alzheimer's disease is a progressive disease. I should have been prepared for the sudden changes in the elderly patient's condition." Andersson, Salickiene, and Rosengren's (2016) qualitative study of six hospice nurses' experiences of attending to terminal patients. The findings revealed themes: caring, being compassionate, being distressed, being empathetic are consistent in the current study in that eldercare hospice nurses' can

be overwhelmed with emotions, such as being ill-equipped or unprepared, resulting in work stress.

Meaning of Coping

The third inquiry explored the understanding of how coping with a stressful work situation that was perceived by the participants, which resulted in a major theme *"*Handling stressful work event*"* that includes sub-categories: provided education, consulted with other staff, and managed the situation. The nurses revealed concerns about how to cope with the stressful situation and disclosed that educating and talking to other staff members was helpful. For example, P1 stated, "My training kicked in. I spoke to the family member outside. I will teach you all this stuff about feeding and giving fluids to the patient." Another example, P9 stated, "I called the hospice physician to discuss medications to help with the patient's aggressive and combative behavior. Also, "I called the manager to get more help." Kavalieratos et al. (2017) study explored stress among 20 hospice nurses and other clinical employees. The findings revealed themes: high caseload, conflicts among employees, and need for administrative support are consistent in the current study as the eldercare hospice nurses encountered stressful work events and chose to utilize various coping strategies to deal with the situation.

The Experience of Organizational Barriers

All 11 participants described stressful experiences, which resulted in the major theme *"*Stress from the Organization*,"* which includes sub-categories: Change in hospice organizational model, increased workload, lack of hospice nurses, and increased policies and procedures. The participants expressed additional stress, and frivolous demands

stemming from the organization. For example, P11 stated, "a new policy regarding electronically monitoring nurses' vehicles for mileage. Upper-management stated, read it and sign it." Also, P6 said, "the new organization created policies and procedures; they had to feel their way through everything. The policies and procedures were unclear; the nurses were not able to follow through with." Pindek and Spector (2016)'s meta-analysis study on the stressors of organizational barriers that hinder employee's work duties. This meta-analysis examines the association of the organizational barriers with other determinants. The researchers evaluated 84 reports that produced information from 119 independent analysis that included 33,998 employees. The results revealed organizational barriers were linked with work behavior, cognitive stress, physical ailments, and satisfaction are aligned with the current study as the eldercare hospice nurses disclosed the additional demands the organization placed on them generated negativity and emotional stress.

Evolution of Work Stress

In Chapter 2 demonstrated studies that examined the origins of the physical and emotional challenges of stress. The evolution of the theory of stress have shown significant advancements of studies from the biological factors to the psychological factors of work stress to where we are now. The current study addressed the work stress from a different stand-point. It explored how hospice nurses' encountered stress when caring for the elderly and how they responded to stressful work events.

Researchers reported that humans' reactions to threats from their surroundings could be considered a part of their behavior, disposition, awareness, and setting in which

the stress takes place (Meichenbaum, 1977; Moos, 1984; Sarason, 1975). The results of the current study aligned with the literature on the early theories of stress in that the hospice nurses were able to recognize their encounters with patients/family members, and ongoing organizational demands as stressful. Since then Liang and Hu's (2018) descriptive literature review of 11 studies that explored nurses' experiences when managing terminally ill patients in hospice care. The findings revealed three themes: encounters nurses face when caring for terminal patients, challenges of hospice nurses, and the response of the nurses managing terminal patients. The themes are consistent with the current study of hospice nurses that indicated that providing care to the elderly continue to experience work stress.

Theoretical Models of Stress Support

A number of researchers studied many theoretical models of stress. They emphasized how they looked at stress in a particular way; as mentioned in Chapter 2. Meanwhile, examples of recent studies on stress used theoretical models; and compared it to how we view stress today. The current study established how work stress is perceived and how it aligned with the theoretical models of stress.

The ERI model and the JDC model aligned with the current study. The eldercare hospice nurses mentioned that they encountered stressful work situations regularly relating to organizational tasks and intense stress from patients and families. Still, they continued to perform these challenging duties on a day-to-day basis. For example, Johnston et al. (2016) assessed 100 nurses' stressors and experience of work-related stress. The findings suggested that effort and reward and demand control responded as

indicators only amongst the nurses and was associated with work-related stress on a cognitive and physical level.

The COR theory partially conformed with the current study in that the elderly care hospice nurses being under pressure at work regarding changes in the organizational model, increase workload, increase documentation, and a lack of hospice nurses that resulted in feeling overwhelmed and stressed, however, it did not affect their basic necessities. A COR theory literature review from January 2006 to June 2016 on nurses in the workplace setting to determine individual responses to a situation considered to be unfavorable as it relates to four resources: object (basic necessities), condition (physical status), personal characteristics (stress coping skills, social support), and energy (time pressure). The findings suggested the resources experienced by the nurses could lead to psychological distress and the general welfare of the patient (Prapanjaroensin, Patrician, & Vance, 2017).

The P-E fit conforms with the current study in that the eldercare hospice nurses chose to remain in the work environment, even though they all disclosed that stress from the organization continues to be ongoing. Some of the hospice nurses mentioned that seeking social support from other co-workers. For example, El-Sakka's (2016) study of 233 administrative staff investigated social support and personality type as mediators between P-E fit and staff turnover intention. The findings suggested that social support and P-E fit confirmed the importance of social support, and a particular type of disposition contributes to the decline of employees' desire to depart the organization.

Work Stress in Healthcare Setting

Workplace stress shows no discrimination as it occurs in various healthcare settings. Research studies have examined and documented workplace stress and also explained the psychological demands placed on the nurses. Also, the term stress is mentioned in many research studies and is synonymous with burnout, strain, and other related detrimental effects (Clegg, 2001).

Prior research on work stress in the nursing homes suggests that there is a link in the appraisal locus of control and to stress and burnout in long-term care nurses. And the management was to establish policies that address locus of control and new coping methods that will help to decrease stress and burnout (Dubose, 2011). The results of the current study were consistent in that the nurses were able to describe their experience with work stress and how it affected their cognitive and physical well-being. Barnett et al. (2019) study investigated the origins of work stress, cognitive stress, and association with the moderating role of social support and work fulfillment among 90 hospice nurses. The results revealed that the origins of work stress linked to a lack of workplace social support, cognitive stress, and contributed to work dissatisfaction.

Work stress in the hospital setting with ICU nurses experiences were explored in their daily care of patients and found increased work stress on the ICU nurses who were not adequately trained in caring for terminally ill patients (Holms et al., 2014). The results of the current study was consistent in that the hospice nurses also shared that every day they experienced an overwhelming amount of work stress while caring for the elderly patients. Also, the hospice nurses were consistent and disclosed that they needed

more education and training in hospice care. Khamisa et al. (2016) study of 277 nurses on the impact of individualized stress is more of an indicator of burnout, job satisfaction, and the physical well-being than workplace stress. The results revealed that the nurses' individualized stress is a more significant indicator of burnout and physical well-being than job satisfaction, which was more favorably indicated by workplace stress.

Work stress in the mental health setting a meta-analysis of 33 studies between 1997 and 2017, revealed that various factors of burnout were linked to more experienced mental health employees; and work stress components such as work assignments and employee relations (O'Connor et al., 2018). The results of the current study were consistent in that the eldercare hospice nurses experienced increased emotional work stress due to the increase patient caseload, but the nurses work experience did not differ when it came to experiencing work stress.

Work stress in the hospice setting continues to be an ongoing issue with nurses. Flannery's (2006) study on 216 hospice nurses determined that hospice nurses were susceptible to stress and compassion fatigue; job-related components and demographics increased chances for the nurses to encounter job-related stress and compassion fatigue due to the high patient workload. The study revealed that trauma, anxiety, personal demands, and extreme empathy were factors of burnout and compassion fatigue among hospice nurses. The results of the current study were consistent in that eldercare hospice nurses experienced work stress as it relates to increasing patient caseload and organizational demands. Parola, Coelho, Sandgren, Fernandes, and Apóstolo (2018) study of the experiences of 9 hospice nurses and the demands they encounter with a

dying patient and high threat of burnout. Five themes emerged: a) experience focused on the connection with others, b) experience focused on self, c) depleting experience, d) fulfilling experience, e) reliance on the team approach. The study discovered that hospice nurses are not invincible and are subject to increased levels of burnout. The results of the current study aligned with the increase demands of work stress the hospice nurses experience from the elderly hospice patients and their families. Also, the nurses revealed that they talk to other team members to manage the stress. Oginska-Bulik and Michalska's (2020) study of 72 nurses who care for terminal patients and considered to be demanding may produce negative psychological consequences of stress, such as traumatic stress and exhaustion. The results of the study determines an unfavorable relationship between emotional exhaustion, hardiness, and traumatic stress, and a favorable relationship between traumatic stress and emotional exhaustion. Also, emotional exhaustion contributed to symptoms of traumatic stress. The results of the current study conformed with the unfavorable aspects of the hospice nurses lived experience with work stress and how demanding the profession can be.

Social Support and Coping in the Workplace

Social support and work stress Ablett and Jones (2007) research on resilience and overall wellness determined two primary aspects of coping: social support and social contacts, and these have become key constructs in the exploration of how workers cope with stress. Research studies determined that hospice nurses faced issues regarding a lack of support from management that led to deleterious emotions in their workplace setting (Harris, 2013; Melvin, 2015; Udod et al., 2017; Wallerstedt & Andershed, 2007). In the

results of the current study, the hospice nurses were homogeneous in that they received organizational support such as extra time off, at times, received the employee assistance program, and at times received recognition, still, not done consistently. Czuba, Kayes, and McPherson's (2019) study of 10 healthcare workers' experiences of work stress in nursing homes. The findings reveals themes: work stress in providing care, the need for job recognition, and more support from the organization.

Coping in the workplace setting is an important core element in the understanding of work-related stress (Lazarus, 1999). The primary component of coping comprised of the secondary appraisal process and defined as a psychological process used to relieve overwhelming pressures from stressful encounters, situations, or surroundings; these processes can be considered emotion-focused, problem-focused, or maladaptive (Folkman et al., 1986). Other researchers mentioned that an inverse correlation between the problem-focused coping and stress and a conclusive correlation between emotion-focused coping and stress (Bamonti et al., 2019; Hamama-Raz & Minerbi, 2019; Zhang et al., 2019). The results of the current study were consistent in that the eldercare hospice nurses used the secondary appraisals to manage the stressful work situation. Some of the nurses mentioned that they sought support from other co-workers (social worker, chaplain). Other nurses coped by educating the patient/family. For example, Akbar, Elahi, Mohammadi, and Khoshknab's (2016) study explored the experience of 18 nurses' methods used to manage work stress. The findings revealed six themes: specific control of the situation, requesting assistance, careful observation of circumstance, self-composed, avoidance and escape and spiritual coping. Also, Smith et al. (2020) study of

the phenomena of work stress and coping in 12 hospice staff. The findings determine four categories that contributed to the experience of work stress: stress relating to the job, stress relating to the patient and families, and stress from the organization. The results of the current study corresponds with the hospice nurses disclosed that the overall job can be stressful, and there is an overwhelming amount of work stress when caring for the elderly patients and dealing with the families. Also, the hospice nurses revealed the additional work stress that stems from the organization.

Limitations of the Study

This body of research used a phenomenological approach of inquiry. A limitation was the sample size of 11 was drawn representing eldercare hospice nurses and the sample of nurses was selected from two large hospice organizations conveniently located in southeast Florida. The results of my data may have differed if I had the opportunity to interview an additional sample from another hospice organization for more variation.

The sample consisted only of female eldercare hospice nurses that met the criteria and were willing to participate in the study. The educational background of the nurses was not taken into account. In addition, the male eldercare hospice nurses had the option to participate in the study but they declined.

Recommendations

This qualitative study explored the lived experience of the day-to-day demands encountered by the eldercare hospice nurses; the study highlighted the detailed accounts of the meaning of work stress, the meaning of the experience, the meaning of coping, and organizational barriers in providing care.

I recommend further research exploring the daily psychological demands of the male eldercare hospice nurses' lived experience of work stress and coping. New research may give insight from a male eldercare hospice nurse's perspective who works in a predominately female nursing field. Also, further research could explore the hospice physicians lived experience of work stress and coping when providing care to the elderly.

The current study revealed stressful encounters between the hospice nurse and patient/family dynamics. Further research is recommended which explores the nature of the eldercare hospice nurse and family relationships that occur during hospice care.

Additionally, the study consisted of female eldercare hospice nurses, and some described experiencing racial discrimination when trying to provide patient care and from the organizational level. Therefore, I recommend that researchers explore a more detailed meaning of racial discrimination in eldercare hospice nurses.

This study of eldercare hospice nurses brought to light the in-depth experience of work stress and coping determinants that contribute to organizational barriers in the workplace. Further research on the experiences of other eldercare hospice staff may provide more insight into organization obstacles and opportunities to provide care to the elderly.

Implications

The eldercare hospice nurses are highly-skilled individuals who possess a strong desire to care for the terminally ill. The results of the current study consistently showed that the eldercare hospice nurses experience some form of work stress that stemmed from the patient and families and from organizational demands that are placed on them each

day. The application of the appraisal theory (Lowe & Bennett, 2003) provided a deeper understanding of how the participants' perceived work stress and how they coped with the stressful situation. Organizational barriers was identified in the literature, but was not a key concept articulated in the framework.

The participants emphasized that their work stress emanated from the patient and families, and from the organization. This study demonstrated the eldercare hospice nurses individually appraised their stressful work situation and coping skills that included motivational relevance; motivational congruence; problem-focused coping; emotion-focused coping; accountability; and future expectancy.

In motivational relevance, the eldercare hospice nurses assessed the top priorities of what needed to be addressed with the patient/family. In motivational congruence, the hospice nurses focused on completing the work obligations. In problem-focused coping, the hospice nurses found the potential to control the situation to have a favorable outcome. In emotion-focused coping, the hospice nurses found themselves vulnerable to change or control of the situation. In accountability, hospice nurses assessed who or what is responsible for the situation, such as themselves, patient, family, or the organization. In future expectancy, the hospice nurses evaluated whether or not they can foresee a change in the situation with the patient/family in regard to managing patient care and symptoms, as well as unrealistic organizational changes and internal management issues.

The results of this study suggest that work stress and coping is subjective to each individual when encountering or handling a stressful work situation. The participants clearly distinguished that the phenomenon of organizational barriers was identified in

which the nurses felt that changes to the hospice organizational model were interfering with patient care and administrative tasks. The nurses expressed a lack of hospice nurses. They mentioned the organizational demands became very stressful when the organization increased patient admissions, yet chose not hire more nurses. This fact precipitated the increase in workload and increase documentation. The hospice nurses revealed having a difficult time completing the patient visits and were working more hours. Nurses expressed similar thoughts about organizational support that would make their job less stressful, such as a hiring more staff, having mental health days, better communication, less paperwork, and more education.

In addition, this study suggested that work stress should be addressed by the hospice organization. The hospice nurses made known that their inability to manage the high caseload, the increased documentation, the lack of hospice education and support from management, will result in the decline in patient care. Thus, healthcare employers, human resource managers, and stakeholders are advised to assist hospice nurses by developing new programs or improve existing programs to manage work stress, coping and patient care-related challenges to maintain employee job satisfaction and job retention.

As mentioned, the growing demand for end-of life nursing care and the unique challenges and stresses experienced by the hospice nurses was duly noted. Specifically, this study may add to the body of knowledge by providing a better understanding of work stress and coping of the hospice nurses using the appraisal theory that explains the emotion regulation, and coping methods that provide insight and knowledge of the

experience to minimize work stress. The benefits in understanding end-of-life care, and the lived experience of work stress and coping in eldercare hospice nurses brought to light situations they encountered on a regular basis. The nurses were able to appraise their stressful work environment and situation by using various coping options that were revealed in their detailed accounts.

Conclusion

Hospice care is synonymous with comfort care. In the healthcare setting, hospice care refers to individuals who have a life-threatening illness. The elderly patients and or family member accept only to have comfort measures provided during their remaining days of life; and to be cared for by trained nurses and other professional staff (French et al., 2017; Furuno et al., 2014). The nurse has been the primary individual to assist in alleviating patient discomfort, and ultimately the nurse is the individual that attends to the dying patients. And over two decades, the function of the hospice nurse in the United States has grown at a rapid rate and hospice care became a specialized area in nursing (Moyle-Wright, 2017). The need for more eldercare hospice nurses has grown NHPCO (2017) due to the continued longevity among the elderly population that require high-quality care for those diagnosed with a terminal illness (Lyssacht et al. 2015). Organizations have to provide healthy nurse work environments to promote and optimize patient care (Wei, Sewell, Woody, & Rose, 2018).

This study demonstrated rigor and in-depth account of the experience of 11 unique eldercare hospice nurses that work very hard day and night in order to establish a close collaboration and communication between the elderly patient, the family, physician

and other interdisciplinary staff. The themes that emerged from this research were typical workday, experience, handling stressful events, and stress from the organization. The eldercare hospice nurses were direct in their responses and in-depth about their experiences of work stress and coping on a daily basis. Their responses provided insight into the psychological and organizational dimensions of this phenomenon for an occupational group that will continue to grow in demand due to the rising urgency for end-of-life nursing care.

It was an honor and a privilege to have conducted this research study, and to explore the lived experience of work stress and coping of eldercare hospice nurses can contribute to the literature. This study allowed me to present what these talented nurses regularly encounter to keep the terminally ill patients comfortable during their last days.

More importantly, there is an urgency for hospice organizations to provide more consistent social support to help alleviate some of the work stress to the selfless, and devoted nurses that provide optimal care to their elderly patients. After one of the interviews, the hospice nurse said to me, “caring for my elderly patients’ is not just a job, it gives me a purpose in life.”

References

Adib-Hajbaghery, M., Khamechian, M., Alavi, N.M. (2012). Nurses' perception of occupational stress and its influencing factors: A qualitative study. *Journal of Nursing and Midwifery Research*, 7 (5), 352-359.

Abendroth, M., & Flannery, J. (2006). Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, *8* (6), 346-356.

Ablett, J.R., & Jones, R.S. (2007). Resilience and well-being in palliative care: A qualitative study of hospice nurses' experience at work. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, *16* (8), 733-740.

Akbar, R.E., Elahi, N., Mohammadi, E., & Khoshknab, M.F. (2016). What strategies do the nurses cope with job stress? A qualitative study. *Global Journal of Health Science, 8* (6), 55-64. doi: 10.5539/gjhs.v8n6p55

Allison, M.T. (1993). Organizational barriers to diversity in the workplace. *Journal of Leisure Research*, *31*(1), 78-101.

Allison, M.T., & Smith, S. (1990). Leisure and quality of life: Issues facing racial and ethnic minority elderly. *Therapeutic Recreation Journal*, *24* (3), 50-63.

Andela, M., & van der Doef, M. (2018). A comprehensive assessment of the person-environment fit dimensions and their relationships with work-related outcomes. *Journal of Career Development*, 1-16. doi: 10.117/0894845318789512

Anderson, E., Salickiene, Z., & Rosengren, K. (2016). To be involved – a qualitative study of nurses' experiences of caring for dying patients. *Nurse Education Today*,

38, 144-149.

Appley, M., H., & Trumbull, R. (Eds.). (1986). *Dynamics of stress: Physiological, psychological, and social perspectives.* New York: Plenum Press.

Ariz-Montes, A., Arjona-Fuentes, J.M., Han, H., & Law, R. (2018). Work environment and well-being of different occupational groups in hospitality: Job-demand-control-support model. *International Journal of Hospitality Management*, 73, 1-11.

Bagheri, A., & Saadati, M. (2015). Exploring the effectiveness of chain referral methods in sampling hidden populations. *Indian Journal of Science and Technology*, *8* (30), 1-8. doi:10.17485/ijst/2015/v8i30/84754

Bacon, C.T. (2017). Nurses' experiences with patients who die from failure to rescue after surgery. *Journal of Nursing Scholarship*, *49* (3), 303-311.

Baka, L. (2018). Types of job demands make a difference. Testing the job demand-control-support model among Polish police officers. *The International Journal of Human Resource Management*, 1-24.

Bakker, A.B., Killmer, C.H., Siegrist, J., & Schaufeli, W.B. (2000). Effort-reward imbalance and burnout among nurses. *Journal of Advanced Nursing*, 31(4), 884-891.

Bamonti, P., Conti, E., Cavanagh, C., Gerolimatos, L., Gregg, J., Goulet, C., Pifer, M., & Edelstein, B. (2019). Coping, cognitive, emotion regulation, and burnout in long-term care nursing staff: A preliminary study. *Journal of Applied Gerontology*, *38* (1), 92-111. doi: 10.1177/0733464817716970

Barnett, M.D., & Ruiz, I.A. (2018). Psychological distress and compassion fatigue among hospice nurses: The mediating role of self-esteem and negative affect. *Journal of Palliative Medicine*, *21* (10), 1504-1506. doi: 10.1089/jpm.2017.0662

Barnett, M.D., Martin, K. J., & Garza, C.J. (2019). Satisfaction with work-family balance mediates the relationship between workplace social support and depression among hospice nurses. *Journal of Nursing Scholarship*, *51* (2), 187-194. doi:10.1111/jnu.12451

Barnett, M.D., Moore, J.M., & Garza, C.J. (2019). Meaning in life and self-esteem help hospice nurses withstand prolonged exposure to death. *Journal of Nursing Management*, 27, 775-780. doi: 10.1111/jonm.12737

Barr, P. (2017). Compassion fatigue and compassion satisfaction in neonatal intensive care unit nurses: Relationships with work stress and perceived social support. *Traumatology*, *23* (2), 214-222. doi: 10.1037/trm0000115

Beehr, T.A., Glaser, K.M., Canali, K.G., & Wallwey, D.A. (2001). Back to basics: Reexamination of the demand-control theory of occupational stress. *Work and Stress*, *15*, 115-130.

Beng, T.S., Chin, L.E., Guan., N.G., Yee, A., Wu., C., Pathmawathi, S., Yi., K.T., Kuan,W.S., Jane, L.E., & Meng, C.B.C. (2015). The experiences of stress of palliative care providers in Malaysia: A thematic analysis. *American Journal of Hospice & Palliative Medicine*, *32* (1), 15-28.

Billings, A.G., & Moos, R.H. (1984). Coping, stress, and social resources among adults with unipolar depression. *Journal of Personality and Social Psychology*, *46*, 877-

891.

Boyd, N.G., Lewin, J.E., & Sager, J.K. A model of stress and coping and their influence on individual and organizational outcomes. *Journal of Vocational Behavior. 75* (2), 197-211 doi: 10.1016/j.jvb.2009.03.01

Brunner, B., Igic, I., Keller, A.C., & Wieser, S. (2019). Who gains the most from improving working conditions? Health-related absenteeism and presenteeism due to stress at work. *The European Journal of Health Economics*, *20*, 1165-1180.

Business Jargon. (2018). Organizational barriers. Retrieved from https://businessjargons.com/organizational-barriers.html

Cai, Z. X., Li, K., & Zhang, X.C. (2008). Workplace stressors and coping strategies among Chinese psychiatric nurses. *Perspectives in Psychiatric Care*, *44* (4), 223-231.

Cancio, E.J., Larsen, R., Mathur, S.R., Estes, M.B., Johns, B., & Chang, M. (2018). Special education teacher stress: Coping strategies. *Education and Treatment of Children*, *41* (4), 1-27. doi: 10.1353/etc.2018.0025

Cannon, W.B. (1929). *Bodily changes in pain, hunger, fear, and rage*. New York: D. Appleton & Co.

Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 276-283.

Carver, C.S., Pozo, C., Harris, S.D., Noriega, V., Scheier, M.F., Robinson, D.S... & Clark, K. (1993). How coping mediates the effect of optimism on distress: A

study of women with early-stage breast cancer. *Journal of Personality and Social Psychology*, 66, 184-195.

Chen, Y., Kawachi, I., Coakley, E.H., Schwartz, J., & Colditz, G. (2000). Association between psychosocial work characteristics and health functioning in American women: Prospective study. *British Medical Journal*, *320*, 1432-1436.

Cho, J., & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative Research*, 6, 319-340. doi: 10.1177/1468794106065006

Chung, Y. S., & Wu, H.L. (2013). Stress, strain, and health outcomes of occupational drivers: An application of the effort-reward imbalance model on Taiwanese public transport drivers. *Transportation Research Part F*, *19*, 97-107. doi: 10.1016/j.trf.2013.03.002

Clayton, M.F., Iacob, E., Reblin, M., & Ellington, L. (2019). Hospice nurse of comfortable and difficult discussion topics: Associations among self-perceived communication effectiveness, nursing stress, life events, and burnout. *Patient Education and Counseling*, 102, 1793-1801. doi: 10.1016/j.pec.2019.06.013

Clark, D. (2007). From margins to centre: a review of the history of palliative care in cancer. *Lancet Oncology*, *8*, 430-438. doi: 10:1016/S1470-2045(07)7013.

Clegg, D. (2007). Occupational stress in working: a review of the literature. *Journal of Nursing Management*, *9*, 101-106.

Cooper, C.L. (Ed.). (2000). *Theories of Stress*. Oxford: Oxford Press University.

Costa, P.T., & McCrae, R.R. (1990). Personality: Another “hidden factor” in stress research. *Psychological Inquiry*, *1*, 22-24.

Costello, J. (2006). Dying well: nurses' experiences of 'good and bad' deaths in hospital. *Journal of Advanced Nursing*, *54* (5), 594-601.

Cummings, T.G., & Cooper, C.L. (2000). A cybernetic theory of organizational stress. In C.L. Cooper (Ed.), *Theories of stress* (pp. 101-121). Oxford: Oxford University Press.

Currid, T. (2009). Experiences of stress among nurses in acute mental health settings. *Nurse Standard*, *23* (44), 40-46.

Czuba, K.J., Kayes, N.M., & McPherson, K.M. (2019). Support workers' experiences of work stress in long-term care settings: A qualitative study. *International Journal of Qualitative Studies on Health and Well-being, 14* (1), 1622356. doi: 10.1080/17482631.2019.1622356

Danielsen, B.V., Sand, A.M., Rosland, J.H. & Forland, O. (2018). Experiences and challenges of home care nurses and general practitioners in home-based palliative care – a qualitative study. *BMC Palliative Care*, *17* (95), 1-13. doi: 10.1186/s12904-018-0350-0

Dargahi, H., & Shaham, G. (2012). Life change units (LCU) rating as stressors in Iranian hospitals' nurses. *Acta Medica Iranica*, *50* (2), 138-146.

De Vente, W., Olff., M., Van Amsterdam, J.G.C., Kamphius, J.H., & Emmelkamp, P.M.G. (2003). Physiological differences between burnout patients and health controls: Blood pressure, heart rate, and cortisol responses. *Occupational and Environmental Medicine*, *60* (1), 54-61.

Dewey, P., Cox, T., Ferguson, E. (1993). Individual strategies for coping with stress at

work: A review: *Work & Stress*, *7*, 5-15.

Dewey, P., O'Driscoll, M., & Cooper, C. (2010). *Coping with work stress: A review and critique.* Chichester: Wiley Blackwell.

DiTullio, M., & MacDonald, D. (1999). The struggle for the soul of hospice: Stress, coping, and change among hospice workers. *American Journal of Hospice & Palliative Care*, *16* (5), 641-655.

Dubose, S.D., (2011). *Stress and burnout in long-term care: A study of nursing staff working with the elderly population* (Doctoral dissertation). Retrieved from ProQuest Dissertations (UMI No. 3474743).

Eddy, P., Wertheim, E.H., Kingsley, M., & Wright, B.J. (2017). Associations between the effort-reward imbalance model of workplace stress and indices of cardiovascular health: A systematic, review and meta-analysis. *Neuroscience and Biobehavioral Reviews*, 83, 252-266.

Edwards, J.R. (2000). Cybernetic theory of stress, coping and well-being. In C.L. Cooper (Ed.), *Theories of Stress* (pp. 122-152). Oxford: University Press.

Elliot, G.R., & Eisdorfer, C. (1982). *Stress and human health*. New York: Springer Publishing Company.

Ellsworth, P.C. (2013). Appraisal theory: Old and new questions. *Emotion Review*, *5* (2), 125-131. doi: 10.1177/1754073912463617

El-Sakka, N. (2016). Social support and type a behavior pattern (TABP) as moderators between person-environment fit (P.E fit) and turnover intention. *The Business and Management Review, 7* (2), 153-165.

Ennes, A., Eldridge, G.D., Montgomery, C., & Gonzalez, V.M. (2018). *Nurse Education Today*, *68*, 226-231. doi: 10.1016/j.nedt.2018.06.012

Escriba, A. V., & Perez, H.S. (2007). Psychological well-being and psychosocial work environment characteristics among emergency medical and nursing staff. *Stress Health*, 23, 153-160.

Ezenwaji, I., Eseadi, C., Okide, C. C., Nwosu, N.C., Ugwoke, S.C., Ololo, K.O... & Oboegulem, A.I. (2019). Work-related stress, burnout, and related sociodemographic factors among nurses. *Medicine*, *98* (3), 1-6. doi: 10:1097/MD.0000000000013889

Faragher, E.B., Cass, M., & Cooper, C.L. (2005). The relationship between job satisfaction and health: a meta-analysis. *Occupational Environment Medicine*, 62, 105-112. doi: 10.1136/oem.2002.006734

Feldt, T., Huhtala, M., Kinnunen, U., Hyvönen, K., Mäkikangas, A., & Sonnentag, S. (2013). Long-term patterns of effort-reward imbalance and over-commitment: Investigating occupational well-being and recovery experiences as outcomes. *Work Stress*, *27* (1), 64-87. doi: 10.1080/02678373.2013.765670

Fernández-Sánchez, J.C., Pérez-Mármol, J.M., Blásquez, A., Santos-Ruiz, A.M., & Paralta-Ramirez, M.I. (2018). Association between burnout and cortisol secretion, perceived stress, and psychopathology in palliative care unit health professionals, *Palliative and Supportive Care*, *16* (3), 286.

Fitch, M.I., Fliedner, M.C., & O'Connor, M. (2015). Nursing perspectives on palliative care 2015. *Annals of Palliative Medicine*, *4* (3), 150-155.

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R.J. (1986). Dynamics of stressful encounter: Cognitive appraisal, coping, and encounters outcomes. *Journal of Personality and Social Psychology*, *50*, 992-1003.

Follmer, E.H., Talbot, D.L., Kristof-Brown, A.M., Astrove, S.L., & Billsberry, J. (2018). Resolution, relief, and resignation: A qualitative study of responses to misfit at work. *Academy of Management Journal*, *2*, 440-465.

Foxhall, M.J., Zimmerman, L., Standley, R., & Bené, B. (1990). A comparison of frequency and sources of nursing job stress perceived by intensive care, hospice, and medical-surgical nurses. *Journal of Advanced Nursing*, *15* (5), 577-584.

French, E. B., McCauley, J., Aragon, M., Bakx, P., Chalkley, M., Chen, S.H., … & Fan E. (2017). End-of-life medical spending in last twelve months of life is lower than previously reported. *Health Affairs, 36* (7), 1211-1217.

Frey, R., Robinson, J., Wong, C., & Gott, M. (2018). Burnout, compassion fatigue and psychological capital: Findings from a survey of nurses delivering palliative care. *Applied Nursing Research*, 43, 1-9. doi: 10.1016/j.apnr.2018.06.003

Furuno, J.P., Noble., B.N., Horne, K.N., McGregor, J.C., Elman, M.R., Bearden, D.T., … & Fromme, E.K. (2014). Frequency of outpatient antibiotic prescription on discharge to hospice care. *Antimicrobial agents and chemotherapy, 58* (9), 5473-5477.

Ganster, D. C., Mayes, B.T., & Fusilier, M.R. (1986). Role of social support in the experience of stress at work. *Journal of Applied Psychology*, 71 (1), 102-110.

Ghaljeh, M., Iranmanesh, S., Nayeri, N.D., Tirgari, B., & Kalantarri, B. (2016).

Compassion and care at the end of life: oncology nurses' experiences in South East Iran. *International Journal of Palliative Nursing*, *22* (12), 588-597.

Gilstrap, C.M., & White, Z.M. (2015). Interactional communication challenges in end-of-life care: Dialectical tensions and management strategies experienced by home hospice nurses. *Health Communication*, 30, 525-535.

Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (1997). The theory, practice, and evaluation of phenomenological methods as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28, 235-281.

Giorgi, A. P., & Giorgi, B.M. (2003). Chapter 13: The descriptive phenomenological method. In P.M. Camic, J.E. Rhodes & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 243-273). Washington, DC: American Psychological Association.

Giorgi, A. (2008). Concerning a serious misunderstanding of the essence of the phenomenological method in psychology. *Journal of Phenomenological Psychology*, *39* (1), 33-58. doi: 10.1163/156916297X00103

Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh, PA: Duquesne University Press.

Gray-Toft, P.A., & Anderson, J.G. (1987). Sources of stress in nursing terminal patients in hospice. *Omega*, *17* (1), 27-39. doi: org/10.2190/T7F3-07BL-1QNR-8BR4

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An

experiment with data saturation and variability. *Field Methods*, *18* (1), 59-82. doi: 10.1177/1525822X05279003

Halbesleben, J. R.B., & Buckley, M.R. (2004). Burnout in organizational life: *Journal of Management*, 30, 859-879.

Hall, D.S. (2004). Work-related stress of registered nurses in a hospital setting. *Journal for Nurses in Staff Development*, *20* (1), 6-14.

Hamama-Raz, Y., & Minerbi, R. (2019). Coping strategies in secondary traumatization and post-traumatic growth among nurses working in a medical rehabilitation hospital: a pilot study. *International Archives of Occupational and Environmental Health*, *92* (1), 93-100. doi: 10:1007/s00420-018-1354-z

Hanna, T., & Mona, E. (2104). Psychosocial work environment, stress factors and individual characteristics among nursing staff in psychiatric in-patient care. *International Journal of Environmental Research and Public Health*, 11, 1161-1175. doi: 10.3390/ijerph110101161

Happell, B., Dwyer, T., Read-Searl, K.J., Caperchione, C.M., & Gaskin, C.J. (2013).Nurses and stress: recognizing causes and seeking solutions. *Journal of Nursing Management*, 21, 638-647.

Harrington, R. (2013). Stress and health. In J.D. Hague (Ed.), *Stress and Health, and well-being: Thriving in the 21st century* (pp.1-31). Wadsworth, OH: Cengage Learning.

Harris, L.J.M. (2013). Caring and coping: Exploring how nurses manage workplace stress. *Journal of Hospice & Palliative Nursing*, *15* (8), 446-454. doi:

10.1097/NJH.0b013e3182.a0de78

Herschcovis, M.S., Cameron, A,F., Gervais, L., & Bozeman, J. (2018). The effects of confrontation and avoidance coping in response to workplace incivility. *Journal of Occupational Health*, *23* (2), 163-174. doi: 10.1047/ocp0000078

Hérard-Wright, C.N. (2013). A quantitative study to explore the relationship between *work-related stress and depressive symptoms in a psychiatric hospital.* (Doctoral dissertation). Retrieved from ProQuest dissertation. (UMI No. 3557631).

Herr, R.M., Barrech, A., Gündel, H., Lang, J., Quinete, N.S., Angerer, P., & Li, J. (2017). Effects of psychosocial work characteristics on hair cortisol-findings from a post-trial study. *Stress*, *20* (4), 363-370.

Hinderer, K. A., VonRueden, K.T., Friedmann, E., McQuillan, K.A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*, *21* (4), 160-169. doi: 10.1097/JTN.0000000000000055

Hobfoll, S.E. (1989). Conservation of resources. *American Psychologist*, 44, 513-524.

Hobfoll, S.E. (2001). The influence of culture, community and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review*, 50, 337-421.

Holms, N., Milligan, S., & Kydd, A. (2014). A study of the lived experiences of registered who have provided end-of-life care within an intensive care unit. *International Journal of Palliative Nursing*, *20* (11), 549-556.

Hospice Foundation of America. (2014). *What is hospice?* Retrieved from

http://www.hospicefoundation.org

Husserl, E. (1977). *Phenomenological psychology*. The Hague: Martinus Nijhoff. (Original published 1962).

Ingebretsen, L.P., & Sagbakken, M. (2016). Hospice nurses' emotional challenges in their encounters with the dying. *International Journal of Qualitative Studies on Health and Well-being*, 11, 1-13. doi: 10.3402/qhw.v11.31170

Jack, B.A., Mitchell, T.K., & Cope, L.C., & O'Brien, M.R. (2016). Supporting older people with cancer and life-limiting conditions dying at home: a qualitative study of patient and family caregiver experiences of Hospice at Home care. *Journal of Advanced Nursing*, *72* (9), 2162-2172.

Jansen, B.D., Brazil, K., Passmore, P., Buchanan, H., Maxwell, D., Mcllfactrick, S.J... & Parsons, C. (2017). Nurses' experience of pain management for people with advanced dementia approaching the end of life: a qualitative study. *Journal of Clinical Nursing*, 26, 1234-1244. doi: 10.1111/jocn.13442

Janssens, H., Clays, E., Fiers, T., Verstraete, A.G., de Bacquer, D., & Braeckman, L. (2017). Hair cortisol in relation to job stress and depressive symptoms. *Occupational Medicine*, *67* (2), 114-120.

Jenkins, R., & Elliot, P. (2004). Stressors, burnout, and social support: nurses in acute mental health settings. *Journal of Advanced Nursing*, *48* (6), 622-631.

Johnson, D.M. (2015). The relationship between compassion fatigue and self-*transcendence among inpatient hospice nurses.* (Doctoral dissertation). Retrieved from ProQuest dissertations. (UMI No. 3684641).

Johnston, D., Bell, C., Jones, M., Farquharson, B., Allan, J., Schofield, P... & Johnston, M. (2016). Stressors, appraisal of stressors, experienced stress and cardiac response: A real-time, real-life investigation of work stress in nurses. *Annals of Behavioral Medicine,* 50, 187-197. doi: 10.1007/s12160-015-9746-8

Jones, K.P., Peddie, C.L., Gilrane, V.L., King, E.B., & Gray, A.L. (2016). Not so subtle: A meta-analytic investigation of the correlates of subtle and overt discrimination. *Journal of Management,* 42, 1588-1613.

Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administration Science Quarterly*, 24, 285-308).

Karasek. R.A., & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life.* New York: Basic Books.

Kavalietratos, D., Siconolfi, D.E., Steinhauser, K.E., Bull, J., Arnold, R.M., Swetz, K.M., & Kamal, A.H. (2017). "It is like heart failure. It is chronic … and it will kill you": A qualitative analysis of burnout among hospice and palliative care clinicians. *Journal of Pain and Symptom Management*, *53* (5), 901-910. doi: 10.1016/jpainsymman.2016.12.337

Kent, W., Hochard, K.D., Hulbert-Williams, N.J. (2019). Perceived stress and professional quality of life in nursing staff: How important is psychological flexibility? *Journal of Contextual Behavioral Science*, 14, 11-19. doi:10.1016/j.jcbs.2019.08.004

Kennedy, B.R. (2005). Stress and burnout of nursing staff working with geriatric clients in long-term care. *Journal of Nursing Scholarship*, *37* (4), 381-382.

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.

Khamisa, N., Peltzer, K., & Ilic, D., & Oldenburg, B. (2016). Work-related stress, burnout, job satisfaction and general health of nurses: A follow-up study. *International Journal of Nursing Practice,* 22, 538-545. doi: 10.111/ijn12455

Kickul, J., & Posig, M. (2001). Supervisory social support and burnout: An explanation of reverse buffering effects. *Journal of Managerial Issues*, 13, 328-344.

King, D.W., King, L.A., Foy, D.W., Keane, T.M., & Fairbank, J.A. (1999). Post-traumatic stress disorder in a national sample of male and female Vietnam veterans: Risk factors, war-zone stressors, and resilience-recovery variables. *Journal of Abnormal Psychology*, 108, 164-170.

Kivimäki, M., Virtanen, M., Elovainio, M., Kouvonen, A., Väänänen, A., & Vahtera, J. (2006). Work stress in the etiology of coronary heart disease a meta-analysis. *Scandinavian Journal of Work Environmental Health*, 32 (6), 431-442. doi: 10.5271/sjweh.1049

Klein, C.J., Dalstrom, M., Lizer, S., Cooling, M., Pierce, L., & Weinzimmer, L.G. (2019). Advanced practice provider perspectives on organizational strategies for work stress reduction. *Western Journal of Nursing Research*, *00* (0), 1-10. doi: 10.1177/0193945919896606

Kwon, S., Kim, M., & Choi, S. (2020). Nurses' experiences of providing "sensitive nursing care" for terminally-ill individuals with cancer: A qualitative study.

European Journal of Oncology Nursing, *46* (101773), 1-7. doi: 10.1016/jeon2020.101773

Latack, J.C., & Havlovic, S.J. (1992). Coping with job stress: A conceptual evaluation framework for coping. *Journal of Organizational Behavior*, 13, 479-508.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality*, *1* (3), 141-169.

Lazarus, R. S. (1991). Psychological stress in the workplace. In P.L. Perrewé (Ed.), *Handbook on job stress (Special Issue). Journal of Social Behavior and Personality*, 1-13.

Lazarus, R. S. (1995). Psychological stress in the workplace. In: *Occupational Stress: A Handbook* (eds. R. Crandall & P. L. Perrewe), pp. 3-15. Taylor and Francis, Washington.

Lazarus, R. S. (1999). *Stress and emotions: A new synthesis*. London: Free Association.

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist.* 55, 665-673.

Lazarus, R. S., & Folkman, S. (1991). The concept of coping: In A. Monat & R. S. Lazarus (Eds.), *Stress and coping: An anthology* (pp. 189-206). New York, NY: Columbia University Press.

Lecca, L. I., Campagna, M., Portoghese, I., Galletta, M., Mucci, N., Meloni, M., & Cocco, P. (2018). Work-related stress, well-being and cardiovascular risk among

flight logistic workers: An observational study. *International Journal of Environmental Research and Public Health*, *15* (1952), 1-14. doi: 10.3390/ijerph15091952

Lewin, K. (1935). *A dynamic theory of personality.* New York: McGraw Hill.

Liang, L., & Hu, L. (2018). Nurses' experience of taking care of dying patients in hospice care: A descriptive literature review.

Li, J., Zhang, M., Loerbroks, A., Angerer, P., & Siegrist, J. (2015). Work stress and the risk of recurrent coronary heart disease events: A systematic review and meta-analysis. *International Journal of Occupational Medicine and Environmental Health*, *28* (1), 8-19. doi: 10.2478/s13382-014-030-7

Light, H.K., Martin, R.E., & Hertsgaard, D. (1990). Coping strategies of farm and ranchmen. *Research in Rural Education*, *7* (1), 55-66.

Lim, J., Bogossian, F., & Ahern, K. (2010). Stress and coping in Australian nurses: a systematic review. *International Nursing Review*, *57* (1), 22-31.

Liu, Y., & Aungsuroch, Y. (2019). Work stress, perceived social support, self-efficacy and burnout among Chinese registered nurse. *Journal of Nurse Management,* 27, 1445-1453.

Lowe, R., & Bennett, P. (2003). Exploring coping reactions to work stress: Applications of an appraisal. *Journal of Occupational and Organizational Psychology*, 76, 393-400.

Lyssacht- Hurley, S., Barg, F.S., Strumpf, N., & Ersek, M. (2015). Same agency,different teams: Perspectives from home and inpatient hospice care. *Quality Health*

Research. doi: 10.1177/10749732314554091

Mallett, K., Price., J.H., Jurs, S.G., & Slenker, S. (1991). Relationships among burnout, death anxiety and social support in hospice and critical care nurses. *Psychological Reports*, *68* (3), 1347-1359.

Mann, S., & Cowburn, J. (2005). Emotional labour and stress within mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 12, 154-162.

Mason, M. (2010). Sample size and saturation in Ph D. studies using qualitative *interviews*. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research,* 11 (3). Retrieved from http://www.qualitative-research.net/index. *php*/fqs/article/view/1428

McCourt, R., Power, J.J., & Glackin, M. (2013). General nurses' experiences of end-of-life care in the acute hospital setting: a literature review. *International Journal of Palliative Nursing*, *19* (10), 510-516.

McCord, M., Joseph, D.L., Dhanani, L.Y., & Beus, J.M. (2018). A meta-analysis of sex and race differences in perceived workplace mistreatment. *Journal of Applied Psychology, 103* (2), 137-163.

Mc Vicar, A. (2016). Scoping the common antecedents of job stress and job satisfaction for nurses (2000-2013) using the job demands-resources model of stress. *Journal of Advanced Nursing*, 24, 112-136.

Meichenbaum, D. (1977). Cognitive behavior modification: An integration approach. New York: Plenum Press.

Melamed, S., Shirom., A., Toker, S., Berliner, S., & Shapira, I. (2006). Burnout and the

risk for cardiovascular disease: Evidence, possible causal paths, and promising research directions. *Psychological Bulletin*, 132, 327-353.

Melvin, C.S. (2015). Historical review in understanding burnout, professional compassion, and secondary traumatic stress disorder from a hospice palliative perspective. *Journal of Hospice & Palliative Nursing*, *17* (1), 66-72.

Mette, J., Garrido, M.V., Harth, V., Preisser, A.M., Mache, S. (2018). Healthy offshore workforce? A qualitative study on offshore wind employees' occupational strain, health, and coping. *BMC Public Health, 18* (172), 1-14. doi:10.1186/s12889-018-5079-4

Meyer, R.M.L., Li, A., Klaristenfeld, J., & Gold, J. (2015). Pediatric novice nurses: Examining compassion fatigue as a mediator between stress exposure and *compassion* satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nursing*, 30, 174-183.

Montoro, L., Useche, S., Alonso, F., & Cendales, B. (2018). Work environment, stress, and driving anger: A structural equation model for predicting traffic sanctions of public transport drivers. *International Journal of Environmental Research and Public Health*, *15* (497), 1-12. doi: 10.3390/ijerph15030497

Moos, R.H. (1984). Context and coping: Toward a unifying conceptual framework. *American Journal of Community Psychology*, 12, 5-25.

Moses III, H., Matheson, D.H.M., Dorsey, E.R., George, B.P., Sadoff, D., & Yoshimura, S. (2013). The anatomy of healthcare in the United States. *JAMA, 310* (18), 1947-1964. doi: 10:1001/jama.2013.281425

Moyle-Wright, P. (2017). Fast facts for the hospice nurse: A concise guide to-end-of *life care.* New York: Springer Publishing Company.

Murray, H. (1938). *Exploration in Personality.* Boston, MA: Houghton Mifflin.

Nabirye, R.C., Brown, K.C., Pryor, E., & Maples, E. (2011). Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. *Journal of Nursing Management*, 19, 760-768.

National Hospice and Palliative Care Organization. (2015). Retrieved from http://www.nhpco.org/sites/defaults/files/public/Statistics_Research/2015_Facts_Figures.pdf

National Hospice and Palliative Care Organization. (2016). Retrieved from http://www.nhpco.org

National Hospice and Palliative Care Organization. (2017). *Facts and figures: Hospice Care in America*. Retrieved from http://www.nhpco.org/sites/default/files/public/Statistics_Research/2017_Facts_Figures.pdf

National Hospice and Palliative Care Organization. (2018). Retrieved from http://www.2018_NHPCO_Facts_Figures

National Institute for Occupational Safety and Health. (1999). *Stress... at work*. Retrieved from http://www.cdc.gov/niosh/stresswk.html

Nelson, D.L., & Sutton, C. (1990). Chronic work stress and coping: A longitudinal study and suggested new directions. *Academy of Management Journal*, 33, 859-869. doi: 10.1080/02678370310001625630

Nurse Source. (2017). *Nurse for a healthier tomorrow.* Retrieved from http://www.nursesource.org

O'Connor, K., Neff, D.M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74-99. doi: 10.106/j.eurpsy.2018.06.003

Oginska-Bulik, N., & Michalska, P. (2020). Psychological resilience and secondary traumatic stress in nurses working with terminally-ill patients-the mediating role of job burnout. *Psychological Services*, 1-8. doi: 10.1037/ser0000421

Paradis, L.F. (2014). Stress and burnout among providers caring for the terminally ill *and their families*. New York: Routledge.

Parkes, K.R. (1990). Coping, negative, affectivity, and the work environment. Additive and interactive predictors of mental health. *Journal of Applied Psychology*, *75* (4), 399-409. doi: 10.1037/0021-9010.75.4.399

Panatik, S.A., O'Driscoll, M.P., & Anderson, M.H. (2011). Job demands and employeeswork-related psychological responses among Malaysian technical workers: The moderating effects of self-efficacy. *Work and Stress*, *25* (4), 355-371.

Parola, V., Coelho, A., Sandgren, A., Fernandes, O., & Apóstolo, J. (2018). Caring in palliative care: A phenomenological study of nurses' lived experiences. *Journal of Hospice & Palliative Nursing, 20* (2), 180-186.

Patton, M.Q. (2002). Qualitative research and evaluation methods (3rd ed.). Thousand Oaks, CA: Sage Publications.

Payne, N. (2001). Occupational stressors and coping as determinants of burnout in female hospice nurses. *Journal of Advanced Nursing*, *33* (3), 396-405.

Pearsall, M.J., Ellis, A.P. J., & Stein, J.H. (2009). Coping with challenges and hindrance stressors in teams: Behavioral, cognitive, and affective outcomes. *Organizational Behavior and Human Decision Processes*, 109, 18-28. doi: 10.1016/j.obhdp.2009.02.002

Peters, L., Cant, R., Sellick, K., O'Connor, M., Lee, S., & Burney, S. (2012). Is work stress in palliative care nurses a cause for concern? *International Journal of Palliative Nursing*, *18* (11), 561-567.

Pina, A., Villalta, L., Ortiz, C., Gottschall, C., Costa, N., & Weems, C. (2008). Social support discrimination, and coping as predictors of posttraumatic stress reactions in youth survivors of hurricane Katrina. *Journal of Clinical and Adolescence Psychology*, *37* (3), 564-574.

Pindek, S., & Spector, P.E. (2016). Organizational constraints: a meta-analysis of a major stressor. *Work & Stress*, *30* (1), 7-25. doi:10.1080/02678373.2015.1137376

Poursadeghyian, M., Moghimian, M., Amjad, R.N., Baneshi, M.M., Yari, A., Noroozi, M., … & Farrokhi, M. (2017). Effects on job stress on Iranian clinical nurses. *Annals of Tropical Medicine and Public Health*, *10* (4), 985-988. doi:10.4103/at10.4103/atmph.atmph_306_17

Power, K.G., & Sharp, G.R. (1988). A comparison of sources of nursing stress and job satisfaction among mental handicap and hospice nursing staff. *Journal of Advanced Nursing*, 13 (6), 726-732. doi: 10.1111/j.1365-2648.1988.tb00653.x

Prapanjaroensin, A., Patrician, P.A., & Vance, D.E. (2017). Conservation of resources theory in nurse burnout and patient safety. *Journal of Advanced Nursing,* 73, 2558-2565.

Prekckel, D., Meinel, M., Kudielka, B.M., Haug, H.J., & Fischer, J.E. (2007). Effort-reward imbalance, over-commitment, and self-reported health: Is it the interaction that matters? *Journal of Occupational and Organizational Psychology*, 80, 91-107.

Puffer, S.M., & Brakefield, J.T. (1989). The role of task complexity as a moderator of the stress and coping process. *Human Relations*, *42* (3), 199-217. doi: 10.1177/001872678904200301

Reinhart, E. (2016). The lived experience of the hospice care nurse as primary provider *of end-of-life care: Phenomenological research* (Doctoral dissertation). Retrieved from ProQuest Dissertations (UMI No. 10266825).

Salilih, S.Z., Abajobir, A.A. (2014). Work-related stress and associated factors among nurses working in public hospitals of Addis Ababa, Ethiopia: A cross-sectional study. *Workplace Health & Safety*, *62* (8), 326-332. doi: 10.39238/21650799-20140708-02

Saldaña, J. (2015). The coding manual for qualitative researchers. Sage.

Sarason, L.G. (1975). Test, anxiety, attention and the general problem of anxiety. In C.D. Spielberger & I.G. Sarason (Ed.), *Stress and anxiety* (Vol. *1*, pp. 165-187). Washington, DC: Hemisphere.

Schulz, M., Damkröger, A., Heins, C., Wehlitz, L., Löhor, M., Driessen, M ... &

Wingenfeld, K. (2009). Effort-reward imbalance and burnout among German nurses in medical compared with psychiatric hospital settings. *Journal of Psychiatric and Mental Health Nursing*, 16, 225-233.

Seed, S., & Walton, J. (2012). Caring for self: The challenges of hospice nursing. *Journal of Hospice & Palliative Nursing*, *14* (7), 1-8. doi:10.1097/NJH.0b013e31825c1485

Selye, H. (1956). Forty years of stress research: Principles remaining problems and misconceptions. *CMA Journal*, 115-53-55.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22 (2004), 63-75.

Shepherd, L., & Wild, J. (2014). Cognitive appraisals, objectivity and coping in ambulance workers: a pilot study. *Emergency Medical Journal*, 31, 41-44. doi: 10.1136/ememed-2011-200511

Shupe, E. I., McGrath, J.E. (2000). Stress and the sojourner. In C.L. Cooper (Ed.), *Theories of Stress,* (pp. 86-100). Oxford: Oxford University Press.

Siegrist, J. (2009). Job control and reward. Effects on well-being. In S. Cartwright & C.I. Cooper (Eds.), *The Oxford Handbook of organizational well-being* (pp. 109-132). Oxford: Oxford University Press.

Simmons, B.L., & Nelson, D.L. (2007). Eustress at work: Extending the holistic stress model. In D.L. Nelson & C.L. Cooper (Eds.), *Positive organizational behavior* (pp. 40-53). London: Sage.

Siu, O.L., Cooper, C.L., & Phillips, D.R. (2014). Intervention studies on enhancing work

well-being, reducing burnout, and improving recovery experiences among Hong Kong healthcare workers and teachers. *International Journal of Stress Management*, *21* (1), 69-84. doi: 10.1037/a0033291

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenology analysis: Theory, method and research*. Thousand Oaks, CA: Sage Publications, Inc.

Smith, P., Vasileiou, K., & Kagee, A. (2020). Experiences of work-related stress and coping among palliative care staff in South Africa: a qualitative study. *South African Journal of Psychology*, *00* (0), 1-13. doi: 10.1177/0081246320902300

Spence, L.H.K., & Finegan, J. (2008). Situational and dispositional predictors of nursemanager burnout: A time lagged analysis. *Journal of Nurse Management*, 16, 601-607.

Spielberger, C.D. (1972). Anxiety: Current trends in theory and research (Vols. 1-2). New York: Academic Press.

Theorell, T., Hammarstrom, A., Aronnson, G., Bendz, L.T., Grape, T., Hogstedt, C., Marteinsdottir, I., Skoog, I., & Hall, C. (2015). A systematic review including meta-analysis of work environment and depressive symptoms. *BMC Public Health*, *15* (738), 1-14. doi: 10.1186/s12889-015-1954-4

Thian, J.H.M.., Kannusamy, P., He., H.G., Yobas-Klanin, P. (2015). Relationship among stress, positive affectivity, and work engagement among registered nurses. *Psychology,* 6, 159-167.

Tims, M., Derks, D., & Bakker, A.B. (2016). Job crafting and its relationship with person-job fit and meaningfulness: A three-wave study. *Journal of Vocational*

Behavior, 92, 44-53. doi: 10.1016/j.jvb.2015.11.007

Treasure Coast Palliative Care. (2013). What is palliative care? Improving your quality *of life*. Naples, FL: Quality of Life Publishing.

Trougakos, J.P., Beal, D.J., Cheng, B.H., Hideg, I., Zweig, D. (2015). Too drained to help: a resource depletion perspective on daily interpersonal citizenship behaviors. *Journal of Applied Psychology*, *100* (1), 227-236.

Tsutsumi, A., Kawanami, S., & Horie, S. (2012). Effort-reward imbalance and depression among private practice physicians. *International Archives of Occupational & Environmental Health*, 85, 153-161. doi: 10.1007/s00420-0110656-1

Tunnah, K., Jones, A., Johnstone, R. (2012). Stress in hospice at home nurse: A qualitative study of their experiences of their work and well-being. *International Journal of Palliative Nursing*, *18* (6), 283-289.

Twycross, R. (1986). *A time to die*. London: Christian Medical Fellowship.

Udod., S., Cunningham, G.G., Care, W.D., & Jenkins, M. (2017). Role of stressors and coping strategies among nurse managers. *Leadership in Health Services*, *30* (1), 29-43. doi: 10.1177/1744987111434189

U.S. Census Bureau. (2015). An aging nation: The older population in the United *States.* Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

Useche, S.A., Gómez, V., Cendales, B., & Alonso, F. (2018). Working conditions, job strain, and traffic safety among three groups of public transport drivers. *Safety and Health at Work*, 9, 454-461.

Uy, M., Lin, K., & Ilies, R. (2017). Is it better to give or receive? The role of help in buffering the depleting effects of surface acting. *Academic of Management Journal*, *60* (4), 1442-1461.

van der Meij, L., Gubbels, N., Schaveling, J., Almela, M., & van Vugt, M. (2018).Hair cortisol and work stress: Importance of workload and stress model (JDSC or ERI). *Psychoneuroendocrinology*, 89, 78-85.

van Steenbergen, E.F., Ellemers, N., Haslam, S.A., & Urlings, F. (2008). There is nothing either good or bad but thinking makes it so: Informational support and cognitive appraisal of the work-family interface. *Journal of Occupational and Organizational Psychology*, 81, 349-367.

Van Vegchel, N., de Jonge, J., Meijer, T., & Hamers, J.P.H. (2001). Different effort constructs and effort-reward imbalance: effects on employee well-being in ancillary healthcare workers. *Journal of Advanced Nursing*, *34* (1), 128-136.

Van Vegchel, N., de Jonge, J., Bosma, H., & Schaufeli, W. (2005). Reviewing the effort-reward imbalance model: drawing up the balance of 45 empirical studies. *Social Science & Medicine*, 60, 1117-1131. doi: 10.1016j.socscimed. 2004.06.043

Verhaeghe, R., Mak, R., Van Maele, G., Kornitzer, M., & De Backer, G. (2003). Job stress among middle-aged health care workers and its relation to sickness absence. *Stress Health*, 19, 265-274.

Violanti, J.M., Ma, C.C., Mnatsakanova., A., Fekedulegn, D., Hartley, T.A., Gu, J.K., & Andrew, M.E. (2018). *Journal of Police and Criminal Psychology*, 33, 271-282.

Viswesvaran, C., Sanchez, J.I., & Fisher, J. (1999). The role of social support in the

process of work stress: A meta-analysis. *Journal of Vocational Behavior*, 54 314-334.

VonDras, D.D., Flittner, D., Malcore, S.A., & Pouliot, G. (2009). Workplace stress and ethical challenges experienced by nursing staff in a nursing home. *Educational Gerontology*, 35, 321-339. doi: 10.1080/03601270802605382

Walker, H., & Waterworth, S. (2017). New Zealand palliative care nurses' experiences of providing spiritual care to patients with life-limiting illness. *International Journal of Palliative Nursing*, *23* (1), 18-26.

Wallerstedt, B., & Andershed, B. (2007). Caring for dying patients outside special palliative care settings: experiences from a nursing perspective. *Scandinavian Journal of Caring Sciences*, *21* (1), 32.

Warr, P.B., & Clapperton, G. (2010). *The joy of work: Jobs, happiness, and you.* London: Routledge.

Wei, H., Sewell, K.A., Woody, G., & Rose, M.A. (2018). The state of the science of nurse work environments in the United States: A systemic review. *International Journal of Nursing Sciences*, 5, 287-300. doi: 10.1016/j.ijnss.04.010

Weyers, S., Peter, R., Boggild, H., Jeppensen, H.J., & Siegrist, J. (2006). Psychosocial work stress is associated with poor self-rated health in Danish nurses. A test of the effort-reward imbalance model. *Scandinavian Journal Caring Sciences*, 20, 26-34.

Whitebird, R.R., Asche, S.E., Thompson, G.I., Rossom, R., Henrich., R. (2015). Stress burnout, compassion fatigue, and mental health in hospiceworkers in Minnesota.

Journal of Palliative Medicine, *16* (12), 1534-1539. doi: 10.1089/pm.2013.0202

World Health Organization. (2013). *Global health workforce shortage to reach 12.9 million in coming decades*. Retrieved from http://www.who.int/mediacenter/news/releases/2013/health-workforce-shortage/en

Xanthopoulou, D., Bakker, A.B., Demerouti, E., & Schaufeli, W.B. (2009). Reciprocal relationships between job resources, personal resources, and work engagement. *Journal of Vocational Behavior*, *74* (3), 235.

Yada, H., Abe., H., Lu., X., Wakizaki, Y., Omori, H., Matsuo, H., Ishida, Y., & Katoh, T. (2014). Job-related stress in psychiatric nurses in Japan caring for elderly patients with dementia. *Environmental Health Prevention Medicine*, 19, 436-453.

Yang, I.Q., Hongsheng, C., & Spector, P.E. (2008). Job stress and well-being: An examination from the view of person-environment fit. *Journal of Occupational and Organizational Psychology*, *81* (3), 567-587.

Yoon, S.I., & Kim, J.H. (2013). Job-related stress, emotional labor, and depressive symptoms among Korean nurses. *Journal of Nursing Scholarship*, *45* (2), 169-176.

Zhang, Y., Zhang, Y., Ng, T.W.H., & Lam, S.S.K. (2019). Promotion-and-prevention-focused coping: A meta-analytic examination of regulatory strategies in the work stress process. *Journal of Applied Psychology*, *104* (10), 1296-1323. doi: 10.1037/ap10000404

Zheng, R., Lee., S.F., & Bloomer, M.J. (2018). How nurses cope with patient death: A

systematic review and qualitative meta-synthesis. *Journal of Clinical Nursing*, *27* (1-2), e39-e49. doi: 10.111/jocn.13975

Zuckerman, M. (1976). Sensation seeking anxiety, traits, and states, as determinants of behavior in novel situations. In I.G. Sarason & C.D. Spielberger (Eds.), *Stress and anxiety* (Vol. *3*, pp. 141-170). New York: Wiley.

Appendix A: Hospice Nurses Brief Presentation

Good Morning/Afternoon,

My name is Yvette Abraham and I am an industrial-organizational psychology Doctoral Candidate at Walden University. Thank you for taking the time out of your busy day to come and listen to my brief presentation. The goal of my study is to conduct a qualitative interview to gain a better understanding from your perspective on work stress and coping in elder care hospice nurses. The main presumption is that individual work stressors are generated from the type of work you perform on a day-to-day basis. As professional hospice nurses, you are unique individuals that have a greater understanding and experience of caring for your elderly patients regardless of work stressors. I would like to understand your individual experience of work stress and how you cope along with how you experience organizational drawbacks and opportunities to provide care. This study will be used for educational purposes only. Your responses will be kept confidential.

If you have further questions and are interested, please feel free to contact me at XXX or by phone XXX.

Thank you for your interest and assistance.

Sincerely,

Yvette Abraham

Appendix B: Invitation to Participate in Hospice Nurses Study

Hello,

My name in Yvette Abraham and I am an industrial-organizational psychology Doctoral Candidate at Walden University. I am conducting a qualitative study that explores the meaning of work stress and coping in elder care hospice nurses. Researchers have been conducted studies with nurses in other specialties. Moreover, I am seeking participants who will be able and willing to describe experiences of work stress and coping from the hospice nurses' perspective along with organizational drawbacks and opportunities to provide care.

Interested individuals are invited to participate in a 60-90 minutes, semi-structured, one-on-one interview in which they will share their experience of work stress and coping in elder care. Information received will be recorded but will be kept confidential. The participant may withdraw from the study at any time and will have the opportunity to check my transcript summary and interpretations for accuracy.

If you have any further questions, please feel free to contact me at XXX or by phone at XXX. Thank you for your assistance.

Sincerely,

Yvette Abraham

Appendix C: Transcriber Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in transcribing data for this research: "The Lived Experience of Work Stress and Coping in Elder Care Hospice Nurses," I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information, even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification, or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement, and I agree to comply with all the terms and conditions stated above.

Signature: Date:

Appendix D: Codes and Categories

Categories are in bold, followed by codes.

Typical work day - Administrative; dying patients; family refusing patient's medications; patient spiritual pain; patients' physical pain; patients refusing medications.

Cope with organizational stress - better managed time; exercise; hobby; quit job; spend time with family; spoke with family; spoke with management; talk with co-workers.

Experience mean to you - introspection; learning experience; listen to patients.

Experience mean to you as a professional nurse - educate, communicate better; questioning skills; relied more on skills; service failure.

Feelings about stressful work event - anxious; confused; frustrated; heartbroken; helpless; humiliated; shocked; stressed.

Handling stressful work event - educated facility nurse; educated patient and family; managed situation; reported incident; spoke with chaplain; spoke with doctor; spoke with manager; spoke with social worker.

Organizational support - additional study time; EAP; educational conference; extra time off; gifts; nurse initiated a blog; recognition; spiritual support; temporary assist with patients.

Organizational support job less stressful – better communication; decrease workload; employee recognition; fitness classes; gas card; hire more staff; management of phone calls; mental health day; more education; provide computers; reduce paper work.

Stress from the organization - change in patient model; change in software; increase documentation; increase phone calls; increase workload; increased policies and procedures; lack of hospice nurses; lack of hospice nurse of color; merger.

Stressful work event with the elderly - difficult patients; patients physically aggressive; patient verbally aggressive; patient denial; patient live alone; racism.

Years working - drew nurse to job; death in family; family on hospice; nursing job.

Shared experience as elder care hospice nurse - no sub-nodes identified.