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Lived Experiences Of Stress And Burnout Among Pediatric Home Care Nurses

Johane Garcon-Paul
Walden University

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Walden University

College of Health Sciences and Public Policy

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Johane Garcon Paul

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Dr. Magdeline Aagard, Committee Chairperson, Health Services Faculty

Dr. Nicole Dhanraj, Committee Member, Health Services Faculty

Dr. Kenneth Feldman, University Reviewer, Health Services Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2023

Abstract

Lived Experiences of Stress and Burnout among Pediatric Home Care Nurses

by

Johane Garcon Paul

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2023

Abstract

Research shows that healthcare providers encounter stress in their workplaces whether in a home or a healthcare facility that results in reduced job satisfaction, burnout, and inadequate care of patients. There is a gap in the literature regarding the lived experiences of nurses caring for children in all work settings, including the home care setting, regarding stress and burnout. The lived experiences of pediatric nurses working in home care settings were explored to discover conditions that contribute to their occupational stress and burnout. The occupational stress model with a major focus on the job demands-resources occupational stress model was used to guide the qualitative, transcendental phenomenological study. Data were collected through semistructured interviews with 17 pediatric nurses from a northeaster U.S. state. Results showed that poor condition of homes causes stress and burnout and that patients' families, uncooperative parents, fear of losing patients, lack of equipment, patient load, and solo decision making all contributed to stress. Long working hours caused burnout. Nurses should be supported to deal with stress, and self-care is critical in the mitigation of stress and burnout. Implications for positive social change including providing information to healthcare administrators that can lead to creating programs that can help eliminate stress and burnout among pediatric home care nurses and hence improve overall patient quality of care.

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Dedication

This dissertation is dedicated to my family, teachers, committee members, advisors, and friends. A special heartfelt gratitude to my exceptional mother, Marie M. Georges who has provided unwavering support, belief, and love from day one. To my chairperson, Dr M. Aagard, thank you so much for your patience, understanding, support, and pleasant personality. To my friends who have been by my side cheering me, I appreciate all you have done, and I will be forever grateful.

Last but not least, this is dedicated to God, for providing me with drive, desire, tenacity, strength, time management, health, and so much more.

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Chapter 1: Introduction to the Study

Stress and burnout among nurses are tremendous causes of reduced quality of care. Providing care for children is more challenging than adult patients' care because children are a more vulnerable population (Allshouse et al., 2018). Healthcare is shifting from the traditional hospital setting to community settings (Tourangeau et al., 2017). The community setting, where patients are given care in their homes, is essential in allowing patients to transition from hospital care to home care by family members. Nursing care in the home setting presents unique challenges that aggravate stress and burnout among home care nurses (White et al., 2020). Nurses working in nursing homes with a poor work environment reported higher cases of dissatisfaction and burnout (White et al., 2020). I used a phenomenological approach to explore the causes of stress and burnout among home care nurses. Findings from this phenomenological study are critical and could provide healthcare administrators with information to create programs to help eliminate stress and burnout among pediatric home care nurses. Knowledge from the study can be used to improve the mental well-being of pediatric home care nurses. Decreasing stress and burnout among pediatric home care nurses and improving their mental wellbeing could improve the quality of care delivered to the chronically ill children they care for.

In Chapter 1, the background is explained, the problem and purpose of the study are highlighted, the research questions are stated, the conceptual framework is explained, and the nature, assumptions, scope, limitations, delimitations, and significance of the study are stated. The chapter is concluded by summarizing it and providing a transition to

Chapter 2. The chapters in the study reveal and substantiate the gap in the existing research on the topic to clarify barriers from the perspective of pediatric home care nurses. The results may then be used to benefit pediatric home care nurses through programs that mitigate stress and burnout created from the findings of this research.

Background of the Study

Pediatric home care nurses are more vulnerable to stress and burnout than nurses who provide adolescent or adult care. Pediatric care is different from adult care due to special attention to growth and development issues in children who are not present in adult care (Prentice et al., 2018). Besides the obvious body size differences, most pediatric patients are still physically developing while under the care of pediatric nurses and the nurses must pay special attention to growth and developmental issues that are not typically present in adult patients (Prentice et al., 2018). These differences greatly influence the course of care of pediatric patients and therefore causes of stress on nurses who offer pediatric care are unique. Pradas-Hernández et al. (2018) found that a significant number of pediatric hospital nurses experienced depersonalization, emotional exhaustion, and low levels of personal accomplishment. According to Prentice et al. (2018), pediatric nurses have specific causes of stress different from causes of stress experienced by nurses in adult care due to the pediatric patients' nature making them generate emotions of compassion towards them. Pediatric care differentiates itself from regular care because of the unique nurse-patient relationship between pediatric nurses and the children's patients they care for. This is because pediatric nurses take care of a more vulnerable population compared to nurses taking care of adult patients. Günüşen et al.

(2018) established that nurses experience emotional burdens such as emotional exhaustion and feelings of low personal accomplishment which may lead them to distance themselves from caring for chronically ill children. These emotional burdens result in a poor quality of care for chronically ill children. Günüşen et al. suggested that all workplaces should acknowledge the causes of stress among pediatric nurses and aim to eradicate them. Mitigation of causes of stress and burnout among pediatric nurses will translate to improved quality of care (Günüşen et al., 2018).

There are various forms of stress experienced by pediatric nurses. Brandon et al. (2014) pointed out that stress, in the form of compassion fatigue, is experienced by healthcare providers of children in hospitals. Maytum et al. (2004) investigated compassion fatigue among pediatric nurses and explored how they prevent burnout. Episodic compassion fatigue among nurses working with children with chronic conditions was found to be common. Nurses reported that insight and experience were the major coping strategies for the prevention of burnout (Maytum et al., 2004). Sorenson et al. (2016) posited that stress among pediatric nurses has not been satisfactorily explored in addressing compassion fatigue which is more prevalent in pediatric care than in adult care. There is a broad array of places where healthcare can be provided. Each of these places offers different settings defined by factors such as the physical location and the nature of interaction with patients (Sorenson et al., 2016). Sorenson et al. noted that more research is needed to evaluate the presence of compassion fatigue in health care professionals working in a variety of settings and the degree to which it affects personal and professional well-being, including interactions with patients, patient outcomes, and

the quality of professional life. Different ethical issues encountered in daily pediatric nursing practice can result in a stressful work environment for pediatric nurses by creating moral distress (Jafree et al., 2015). Ulrich et al. (2010) posited that informed consent from patients, which is a great aspect of pediatric care, is solely reliant on the parents who are not the patients. Pediatric nurses are then required to treat patients who cannot give direct consent unless their parents or guardians do.

Stress and burnout among pediatric nurses create a myriad of negative effects. Ulrich et al. (2010) suggested that the retention of a qualified nurse workforce requires efforts to mitigate the stress associated with ethical challenges for nurses. High nurse turnover has been associated with high stress and burnout. Retaining pediatric home care nurses requires that stress and burnout are mitigated. Failure to mitigate stress and burnout will result in a high nurse turnover rate.

Problem Statement

Research shows that healthcare providers encounter stress and burnout in their workplace whether a home or a healthcare facility, resulting in reduced job satisfaction, burnout, and inadequate care for patients (see Benzo, 2018; Branch & Klinkenberg, 2015; Gollwitzer et al., 2018; Pradas-Hernández et al., 2018; Prentice et al., 2018). Stress among healthcare providers varies depending on the healthcare work environment and the patient to whom care is given. Fleming (2018) ascertained that a significant number of pediatric hospital nurses experienced depersonalization, emotional exhaustion, and low levels of personal accomplishments. Pradas-Hernández et al. (2018) discovered that nurses who have emotional exhaustion and low levels of personal accomplishments were

either experiencing burnout or were at high risk of experiencing it in the future resulting from the hospital work environment. According to Pradas-Hernández et al., the development of interventions to help nurses cope with workplace environment issues leading to burnout is an urgent matter. Pradas- Hernández et al. noted that further research is required to shed light on the causes of burnout in pediatric nurses. Exploring the root causes of stress and the ways pediatric nurses cope with stress in their work settings, especially the home environment, is critically important.

Brandon et al. (2014) pointed out that stress, in the form of compassion fatigue, is experienced by healthcare providers of children in hospitals. Sorenson et al. (2016) suggested that future research should focus on the causes of stress that are causes of stress uniquely prevalent among pediatric healthcare providers and their effect on the health care provider's personal and professional well-being. There is a gap in the literature regarding the lived experience of stress and burnout in healthcare among pediatric home care nurses. I addressed this gap by exploring the lived experiences of stress and burnout among pediatric home care nurses.

Purpose of the Study

The purpose of this qualitative study was to explore the lived experiences of stress and burnout among pediatric home care nurses. There is little knowledge of the lived experiences regarding stress and burnout among pediatric homecare nurses. Therefore, it is important to conduct further research to explore the causes of stress and burnout which are specific to pediatric nurses and the home care setting. Procedures aligned with qualitative research guided this phenomenological research because it provided insight

into pediatric nurses' lived experiences. Phenomenological approaches are based on a paradigm of personal knowledge and subjectivity and have an emphasis on the importance of personal experiences (Neubauer et al., 2019). Therefore, a phenomenological approach in this study was a powerful tool for understanding the subjective experiences of pediatric nurses' stress and burnout caring for chronically ill children in the home. Rieffannacht (2016) showed that the use of transcendental phenomenological inquiry creates a dynamic platform for investigating the root cause of phenomena such as the causes of stress and burnout in pediatric home care nurses by noting any specific patterns which emerge in the descriptions.

Research Questions

RQ1: What are the lived experiences of stress and burnout among pediatric home care nurses?

SQ1: What are the experiences with the causes of the stress of pediatric home care nurses within their workplace environment causes of stress?

SQ2: How do these causes of stress affect burnout among pediatric home care nurses?

Conceptual Framework

The job demands-resources (JD-R) occupational stress model suggests that burnout and work engagement are affected by a range of job characteristics specifically the demands and resources of the job (Vander et al., 2016). The JD-R model finds that job requirements and resources are a predictor of burnout. The JD-R model also indicates that demands such as aggression, workload as well as emotional demands contribute to

the depletion of the energy of employees resulting in burnout. Likewise, resources such as social support and task autonomy directly impact the engagement and motivation of workers, hence reducing burnout (Vander et al., 2016). The JD-R model offers flexibility enabling a wide array of job characteristics to be integrated into the model, thus, it is easy to tailor and apply the model to various work environments. The use of the JD-R model showed that it is important for healthcare organizations' management teams to be aware of the variations in burnout among their employees so that they can address job demands and resources effectively (Hernandez, 2018). According to Ali (2018), JD-R provides a deeper insight into the contribution of job demands and resources to excessive work engagement and burnout and this enables healthcare workers to integrate these factors such that a suitable work environment is created.

Nature of the Study

I used a qualitative, transcendental phenomenology research design to explore the lived experiences of stress and burnout among pediatric home care nurses.

Transcendental phenomenology is a philosophical approach to qualitative research methodology for acquiring and collecting data that explicates the essence of human experience (Moustakas, 1994). Transcendental phenomenology is ideal where a deep understanding of human experiences is required because it focuses on the first-person lived experiences explaining human experience as it is lived (Moustakas, 1994). The approach is firmly grounded in the work of Husserl (1999) who posited that transcendental phenomenology aids in hearing the voice of humans and hence eliminates

researcher bias. Using this method, I derived the lived experiences of stress and burnout among pediatric homecare nurses from the firsthand explanations of pediatric nurses.

In this study, the focus was on the lived experiences of pediatric nurses with the lived experiences of stress and burnout when caring for chronically ill children in the home setting. I collected data using semistructured interviews with pediatric home care nurses and focus groups with pediatric home care nurses who have solely specialized in home care services. The information gathered was valuable for understanding how burnout and stress among pediatric home care nurses unfold and the general impact of the burnout and stress on the overall quality of care received by chronically ill children receiving home care.

For analyzing the data, I followed the approach of Moustakas (1994) to phenomenological research. I first defined preliminary groupings through horizontalization after which I identified themes through reduction and elimination (see Moustakas, 1994). After that, I constructed structural and textural descriptions which guided the final step of data analysis defined by producing the essence of the experience. The content analysis approach was the core analytical strategy I used. This method employed a set of techniques that allowed for easy analysis and understanding of the data collected. One of the key features is that the researcher needs to set themselves apart during analysis so that data analysis is focused only on respondents' descriptions (Husserl, 1999). Data was collected in the form of stories told by the participants and then transcribed into text. Later I coded it to facilitate analysis.

Definitions

The following definitions provide a concise interpretation of the keywords and concepts in this transcendental phenomenology research.

Chronically ill children: Refers to children suffering from illnesses that persist for a period of three months or more and during which they limit their day to day, activities increase the level of dependence of children and require perpetual medical attention (Batchelor & Duke ,2019).

Home care: Refers to care that allows a patient with chronic illness to stay at home and includes personal care and healthcare (Tourangeau et al., 2017).

Home setting: Refers to a residential setting, away from a designated medical care center, where medical care is provided to chronically ill children (Collet et al., 2018).

Pediatric home care: It involves the delivery of medical care to children who have serious and complex medical conditions at home (Batchelor & Duke, 2019).

Pediatric home care nurses: A medical care professional who has specialized in pediatric medicine and offers home care to chronically ill children in their homes (Batchelor & Duke, 2019).

Assumptions

In any qualitative research, there does not exist a single determinable truth (Walters, 2001). The truths are found but are primarily bound by the context, time, and the people who believe the truths. According to Walters (2001), truth consists of shared realities and beliefs. A key epistemological assumption was that the causes of stress and burnout among pediatric home care nurses can be understood solely through the

description and the researcher is separate from the research. Therefore, the participants' subjective responses were an accurate depiction of the lived experiences of stress and burnout among pediatric homecare nurses. Illnesses generate tensions and other coexistence problems between the caregiver and the patient because of changes in fear, stress, and behavior (Pérez et al., 2012). The study respondents were assumed to be knowledgeable and capable of providing pediatric care home care based on their licensure and experience in the field. These assumptions are essential in carrying out research that is free of researcher bias.

Scope and Delimitations

Scope

The problems addressed by this study were associated with stress and burnout among pediatric nurses providing care to chronically ill children in the home setting. Stress and burnout have already been studied generally among nurses caring for patients across working environments (Wei et al., 2020). The rationale for the target group for this study is that pediatric nurses deal with a more vulnerable population unlike their counterparts caring for adult patients. Moreover, the rationale for specializing in the home care setting is that there is a shift from hospitalization to home care, which is more complex because it is entangled with daily family life (see Tourangeau et al., 2017). With the increasing adoption of home care, investigation of causes of stress and burnout among pediatric nurses is critical in revealing knowledge that can be used to improve the quality of pediatric care in the home care setting.

The inclusion criteria included the respondents willing to disclose information regarding stress and burnout in pediatric care. The plan was to include nurses currently working as pediatric nurses and pediatric nurses who have retired from the profession to give views on their experiences in the time, they worked in pediatric home care. This selection of participants is critical in shedding light on changes that could have occurred resulting in a change of causes stress and burnout over time. The participants chosen must have worked in pediatric home care and views on the study phenomena were restricted to their experiences in the pediatric home care profession. I recruited 17 study participants from local pediatric home care clinics in the local pediatric home care network. I only included the participants that gave their informed consent.

Delimitations

The participants were nurses delegated to work in the pediatric home care setting at the time of research. I also included retired pediatric homecare nurses. I excluded nurses who cared for adult patients or nurses who cared for pediatric patients in the hospital or clinic settings from the research. The findings of this study are not representative of all nurses that deal with different patients across different working environments. Omitting some questions in the questionnaire may lead to exclusion of participants depending on the weight of the questions skipped in the questionnaire. Pediatric home care nurses who did not give informed consent were automatically excluded from the study.

Limitations

Catherine and Gretchen (2006) pointed out that the limitations of qualitative research include recruitment of personnel, acquisition of financial resources and inadequate time for planning and all these were applicable to my research . I provided an in-depth description of stress and burnout among pediatric home care nurses; however, it was characterized by methodological limitations of transcendental phenomenology because this design is complex and requires more effort and consumes more time than other qualitative methods (see Creswell & Creswell, 2017). Phenomenological interviews take more time since the researcher conducts many interviews to get in-depth data and data analysis is aimed at getting data solely from these descriptions (Caelli, 2001). Transcendental phenomenology requires the researcher's active involvement which may limit what can be done within the intended duration of time allocated to conduct the study. This was mitigated by developing a semistructured approach to the interview with predetermined interview questions for interview consistency with each participant.

Since I have worked as a pediatric home care nurse, a bias or limitation could have occurred when conducting this study. Having worked in the pediatric home care nursing field, I could have easily developed a preformed hypothesis which could have in turn led to confirmation bias where respondents would have been used to confirm the preformed hypothesis instead of collecting data from them for analysis. To eliminate this possible bias, I was continually reevaluating the impressions of respondents and challenging pre-existing hypotheses (see Butler, 2016). The participants were given a chance to peruse the interview transcripts to ensure reliability and validity (see Sparkes,

1998). A phenomenological study gathers stories as described by the participants (Husserl, 1999). According to Caelli (2001), the presentation of this data as given by participants without alteration by the researcher is often a challenge because of the high probability of researcher bias but in the study, I tried to tell the story through the pediatric nurses' voices.

Choosing a sample that reflects nurses in the home care setting and one that is sufficient to produce a valid reflection of the lived experiences of stress and burnout among pediatric home care nurses was challenging. Characteristics and attitudes of the sample regarding stress and burnout among pediatric home care nurses may vary from those of the general population of pediatric nurses because of the unique work environment of each of the workers. The characteristics of each of the work settings may vary greatly from one pediatric home care nurse to the other. Generalization of sample findings is only relevant if the sample reflects the characteristics of the population (see Levitt, 2021). Whereas a large sample could produce more precise results, there are time constraints to conducting interviews. A small sample size would not lead to obtaining in-depth information regarding the research topic because of the limited data collected from the small sample. Despite the possibility of obtaining in-depth data from each of the participants, varied views resulted in extensive information on home care settings from the views of many pediatric home care nurses. These limitations were countered by using tenets from Fusch and Ness (2015), who suggested that having 20 participants can ensure that if information obtained from the participants is incomplete, the margin of safety will cater for the minimum number of respondents required for saturation. Saturation entails

ensuring enough information is captured to develop an appropriate answer to a research question (Fusch & Ness, 2015).

Significance of the Study

In this study I addressed the literature gap regarding the lived experience of stress and burnout among pediatric home care nurses. Pediatric care is different from adult care due to special attention to growth and development issues in children who are not present in adult care (Prentice et al., 2018). Previous studies established that nurses experience stress and burnout but provided little insight into the causes of stress and burnout among pediatric nurses who deal with a more vulnerable population (see Pradas-Hernández et al., 2018). Literature that investigated the causes of stress and burnout among pediatric home care nurses could not be found. By illuminating the causes of stress and burnout among pediatric home care nurses, this study can benefit healthcare providers by providing information on how to mitigate stress and burnout among pediatric home care nurses and hence increase the performance of the nurses and their job satisfaction. This information can also be used by institutions to ensure nurses working in the institutions have high levels of personal accomplishment and do not suffer from depersonalization or emotional exhaustion.

Significance to Practice

Knowledge from this research can be used to formulate policies that mitigate stress and burnout among pediatric nurses who offer care to chronically ill children. Community programs can also be formed using the knowledge developed from this study to ensure that support is provided to pediatric home care nurses. The community can be at

the forefront of creating a supportive work environment that fosters collaboration with pediatric nurses who offer home care to chronically ill children in the community.

Significance to Theory

The JD-R occupational stress model may be better understood through its application to this study. Subjective interpretations of the home-work environment and its conditions as applied to pediatric nursing care will form additional knowledge for the occupational stress model. I established the range of job characteristics demands and resources of the job of pediatric home care nursing that affect burnout and work engagement.

Significance to Social Change

This research promotes the worth and dignity of a vulnerable population improving the social and human conditions of chronically ill patients and pediatric nurses. Accurate information based on data from this phenomenological study is critical for effective social change to improve the quality of care received by chronically ill children at home by providing information that could lead to eliminating stress and burnout among caregivers. Moreover, the mental wellbeing of pediatric nurses providing care to chronically ill children in the homecare setting can be potentially improved through a program that mitigates stress and burnout using knowledge from this study.

Summary and Transition

Healthcare is shifting from the traditional hospital setting to community settings (Tourangeau et al., 2017). The development of a supportive work environment that fosters collaboration is key to improved home care. Among the key issues that undermine

home care is the unique stress and burnout of the work environment in home care. Given that children are a more vulnerable population, research into the causes of stress and burnout among pediatric nurses in the home care setting could improve the quality of care offered as well as the quality of life of pediatric home care nurses. Accurate information based on data from this transcendental phenomenological research is key to effective social change to improve the quality of lives of chronically ill children and their caregivers.

In Chapter 1, the background was explained, the problem and purpose of the study, the research questions, and the conceptual framework were stated. The nature of the study, assumptions, scope, limitations, delimitations, and significance of the study were also addressed. In Chapter 2 the literature that forms the foundation for the study on lived experiences of pediatric home care nurses, the uniqueness of the home setting as a work environment for pediatric nurses, causes of stress among pediatric home care nurses, burnout among pediatric home care nurses, and effect of stress on burnout level among pediatric home care nurses are focused on. The framework that guided this study was the JD-R occupational stress model. In Chapter 3, I will provide a description of the research methodology as pertains to study design, data collection, analysis, and interpretation.

Chapter 2: Literature Review

There is a gap in the literature regarding the stress of healthcare providers caring for children in all work settings, including home care. The purpose of this qualitative study was to explore the lived experiences among pediatric home care nurses regarding stress and burnout. This chapter reviews the literature that can be used as the foundation for the study of the lived experiences of pediatric home care nurses, the uniqueness of the home setting as a work environment for pediatric nurses, causes of stress among pediatric home care nurses, burnout among pediatric home care nurses, the effect of stress on burnout level among pediatric home care nurses. The process of collecting literature was guided by the concept of stress, stress model, and psychological stress model. The concepts contributing to the information are lived experiences, the work environment, causes of stress, and burnout. The common themes and divergent findings are also highlighted.

Literature Search Strategy

Previous research that investigated the perceptions of home care nurses in all settings regarding causes of stress and burnout between 2015 and 2020 was reviewed using electronic searches of The Walden University Library, Elsevier books, Google scholar, Sage Journals, PubMed, and Medline. Keywords searched for *home care nurses, stress, pediatric nurses, burnout, home care, causes of stress, lived experiences, chronic illness, and pediatric care.*

A total of fifty articles were identified using this search strategy. An in-depth review of these articles followed using parameters such as the objective, population,

sample, research methods, theoretical background, limitations, and results. Fifteen articles were found to be most relevant, and the review was based on these articles to present insight into how home care nurses perceive causes of stress and burnout when taking care of chronically ill children in the home setting.

Conceptual Framework

The JD-R occupational stress model indicates that burnout and work engagement are affected by a range of job characteristics specifically the demands and resources of the job (Vander et al., 2016). It suggests that job demand and resources are a predictor of burnout. The JD-R model provides that demands such as aggression, workloads as well as emotional demands contribute to the depletion of the energy of employees resulting in burnout (Vander et al., 2016). Likewise, resources such as social support and task autonomy directly impact the engagement and motivation of workers, hence reducing burnout (Vander et al., 2016). The model offers flexibility enabling a wide array of job characteristics to be integrated into the model and therefore, it is easy to tailor and apply the model to various work environments. The use of the JD-R model showed that it is important for the management of healthcare organizations to be aware of the variations in burnout among their employees so that they can address job demands and resources effectively (Hernandez, 2018). According to Ali (2018), JD-R provides a deeper insight into the contribution of job demands and resources to excessive work engagement and burnout and this enables healthcare workers to integrate these factors such that a suitable work environment is created.

Constructs of the JD-R Model

The JD-R theory is used to analyze the effects of the work environment on the well-being and performance of workers (Demerouti et al., 2001). It attributes the well-being of workers to the characteristics of their work environment. The JD-R model suggests that work characteristics can be divided into job demands and job resources. Job demands can be defined as the aspects which have physiological and psychological costs and require sustained effort (Demerouti et al., 2001). Examples of negative job demands are bullying, unfavorable physical environment, irregular working hours, and having a high workload. Demerouti et al. (2001) associate job demands with health impairment of workers. According to Demerouti et al. high job demands such as a huge workload leads to burnout. This study focused on stress and burnout and provided insight into how these can be mitigated leading to lower job demands and consequently better health of pediatric home care nurses.

Job resources are defined as the aspects of the job which assist in reaching the goals of the work in question, reduce the job demands and stimulate personal growth and development (Demerouti et al., 2001). Examples of job resources are support from colleagues and opportunities for promotion. Bakker and Demerouti (2017) extended job resources to include personal resources which refer to the belief people have on the extent to which they can control their environment. Examples of personal resources include optimism and self-efficacy. According to Demerouti et al. (2001), workplaces with high resources result in motivation and better engagement with work. Workers in workplaces with high resources are vigorous, dedicated and immersed in their work.

According to Bakker and Demerouti (2017), it is possible to incorporate self-reinforcing paths by changing job demands and resources. Workers can increase their job resources creating a positive self-reinforcing path. Workers can also avoid negative self-reinforcing path and hence avoid obstacles which undermine performance.

Literature Review

Challenges in Pediatric Nursing

Pediatric nursing is a specialization of the nursing profession that focuses on pediatrics and the medical care of children, from infancy to the teenage years, and is important because, at this level, growth and development are ongoing for patients (Smith, 2019). Nurses are professionals and have relevant knowledge about children and their immediate families. However, little attention has been given to nurses' experiences and concerns in their everyday practice. Pediatric nurses' relationships and moral experiences are affected by the relationship they have with the healthcare team, the family, and with the child (Passos et al., 2019). Therefore, it is important to recognize and understand the relational environment of nurses and their engagements to better understand specific dimensions of the pediatric nursing practice (Passos et al., 2019). Although pediatric nurses experience distress, knowledge can be beneficial in demonstrating how pediatric nurses can experience gratification, rewarding feelings, satisfaction, and a sense of responsibility for the care they provide (Passos et al., 2019). The knowledge from this research will lead to information on how pediatric nurses can mitigate causes of stress and burnout and therefore offer better care to their patients.

Stress and burnout among pediatric nurses can be linked to their inability to disassociate emotionally from their patients (Erikson & Davies, 2017). Pediatric nurses are faced with challenges in defining personal and professional boundaries when offering pediatric care to chronically ill children (Erikson & Davies, 2017). They face a dilemma in their roles of caring and are often torn between behaving professionally and connecting personally with the ill children they care for. Cases of compromised integrity have been reported when pediatric nurses unsuccessfully mitigated tension between behaving professionally and connecting personally. To restore integrity, strategies that prioritized nurses' needs and healing have proven to be successful (Erikson & Davies, 2017). Maintaining integrity in pediatric care is a continuous effort. For the care provided to chronically ill children to be of high quality, the professional practice should be adhered to and individuals providing care must be in optimal physical and mental well-being. Stress and burnout among nurses in pediatric care is one of the key hindrances to their physical and mental well-being and consequently compromise quality care (Allshouse et al., 2018). Insight into the causes of stress and burnout among pediatric home care nurses could potentially aid in mitigating stress and burnout and ensuring physical and mental well-being to support providing quality care to chronically ill pediatric patients.

Minimizing work-related stress is critical in enhancing the quality of care received by pediatric patients because service delivery by pediatric nurses is affected by the resources and support given to them. Even experienced pediatric nurses report work-related stress when caring for perpetually sick and vulnerable children (Vicente et al., 2016). Vincente et al. (2016) stressed the importance of dealing with this challenge to

increase nurse retention and minimize the causes of work-related stress. Pediatric nurses have reported a strong willingness to offer quality care and have also highlighted that causes of stress negatively affect the quality of care they give their patients (Vicente et al., 2016). Vicente et al. noted that the first challenge is that it is difficult to ensure excellent care to a population that is becoming increasingly sick and more vulnerable. It is more difficult to offer excellent pediatric care than it is to offer adult care. Secondly, Vicente et al. discovered that pediatric nurses reported a feeling of being powerless in the provision of quality care. Thirdly, the requirement to have diverse and multiple responsibilities result in competing demands, yet there is limited support and resources, posing a challenge for pediatric nurses (Vicente et al., 2016). To mitigate these challenges, Vicente et al. suggested that it is essential to create a supportive work environment that fosters collaboration and empowers pediatric nurses. Work-related stress and burnout among pediatric nurses in the home care setting can be prevented by enhancing support from family and friends of the patients. Work-related stress has proved to be a major challenge for even the most experienced pediatric home care nurses; hence creating a supportive work environment to mitigate stress and burnout is critical to ensure low pediatric nurse turnover.

The Uniqueness of Home Care as a Work Environment for Nurses

The work environment affects the work attitudes of health care providers, which in turn influences their work behavior (Perreira et al., 2019). Good work environments are characterized by having adequate staff and resources, strong nursing foundations underlying care, supportive managers, productive relationships with colleagues,

substantial nurse input into organizational affairs, and opportunities for advancement (White et al., 2020). Nurses working in nursing homes with a poor work environment have reported higher cases of dissatisfaction and burnout (White et al., 2020). Therefore, the work environment is an important area to target for interventions to improve care quality and nurse retention in nursing homes.

Home care has been adopted for different patients with various diseases. The provision of health care is changing with a major shift in the health care environment. Healthcare is shifting from a traditional hospital setting where patients are monitored on the hospital premises to community settings where nurses visit patients in their homes at predetermined times of the day, week, or month (Tourangeau et al., 2017). There needs to be a balance in recruiting and retaining nurses in both patient care settings. Recruiting and retaining home care nurses has been a major challenge for most organizations, which can be attributed to the difficulties in this mode of healthcare (Tourangeau et al., 2017). The well-being of patients is dependent on the well-being of health care professionals (Wei et al., 2020). It is vital to mitigate stress and burnout to ensure a healthy working environment for pediatric home care nurses just like their counterparts in the hospital care work environment.

The uniqueness of the Home Setting as a Work Environment for Pediatric Nurses

The most effective care for chronically ill children is home care because families can access localized medical care as it assists them to transition from hospitalized care to family-supported care after they are discharged. Pediatric home healthcare is essential for children who have complex medical conditions (Boss et al., 2020). Pediatric home care

aims to enable families to access an unparalleled experience regarding the quality of service they receive. It also serves as an intermediary during the transition of patients from hospitals to their homes. Patients discharged from hospitals often require care at home to help them continue the self-management of their clinical issues (Flink & Ekstedt, 2017). Offering home care services has many benefits, including enabling family stability and even child survival (Fratantoni et al., 2019). The unique benefits of home care and its role in supplementing hospital care makes it a field of interest hence efforts to improve it is required.

One of the unique aspects of home care is that its schedule cannot be disentangled from family life (Fratantoni et al., 2019). Integration of family life into medical care is challenging and clear guidelines are required but a comprehensive roadmap involving the pediatric nurse in planning, implementing, and maintaining quality pediatric home health care is often lacking (Fratantoni et al., 2019). According to Fratantoni et al. (2019), family members have more experience with the personal lives of the patients than nurses; hence, they can better enlighten nurses on what works and what does not work with the patient. Experiences gained by families who have benefited from home care can be the basis for informing other families, healthcare providers, and agencies and training them on home care services (Allshouse et al., 2018). Mitigating stress and burnout among pediatric nurses in the home care setting will lead to better care for chronically ill children and ensure they get quality care which can, in turn, smoothen their transition from hospitalized care to medical care by removing stress and burnout bottlenecks in the involvement of family and friends in home care.

Children with chronic conditions can be lifelong consumers of pediatric home health care. In some cases, children's conditions may progressively worsen, and they then require increased pediatric home care (Fratantoni et al., 2019). Therefore, it is essential to deal with the issues in home healthcare that cause stress and burnout for nurses because Fratantoni et al. (2019) proposed that these issues threaten the mental, physical, and financial well-being of the family involved. Quality pediatric care not only benefits the patient but the whole family as well. For instance, the family benefits financially through reduced hospitalizations, while better care is offered to their sick relative (Fratantoni et al., 2019). Pediatric home health care creates better experiences for the family by enhancing their quality of life, reducing stress, and enabling financial stability.

Stress and Burnout in Pediatric Nursing

The pediatric nursing practice attracts a mental workload which results in stress and burnout, but little research has been done on this. Professional burnout cuts across all areas of health care, including pediatric care (Wei et al., 2020). There is sufficient literature on burnout among health care providers, but little has been explored on burnout among pediatric nurses (Buckley et al., 2020). Pediatric nurses perceive work stress as being positively attributed to burnout with exposure to stress among pediatric nurses resulting in higher burnout levels (see Amin et al., 2015; Lin et al., 2016; Meyer et al., 2015). Lin et al. (2016) pointed out that mental workload and perceived physical workload contribute to feelings of burnout among pediatric nurses. The nature of the healthcare work environment is one of the major factors that determine the level of burnout among pediatric nurses (see Buckley et al., 2020; White et al., 2020). Buckley et

al. (2020) established that higher burnout levels were found in pediatric units in environments with high acuities such as neonatal intensive care and pediatric intensive care. Work environment refers to the conditions under which pediatric nurses provide care, and it has been shown to affect work attitudes and, consequently, outcomes (Perreira et al., 2019). According to Perreira et al. (2019) and White et al. (2020), the pediatric home care environment can be made less susceptible to work-related stress by ensuring that there are enough workers and resources, enhancing good work relationships among pediatric home care nurses, incorporating pediatric home care nurses' views into organizational affairs, and offering them opportunities for advancement. A study into the causes of pediatric nursing work-related stress and burnout in the home care setting is required to attain knowledge that uses tenets by Perreira et al. (2019) and White et al. (2020) to eradicate these causes of stress and burnout. By understanding the causes of stress and burnout among pediatric nurses in the home care settings, the views of pediatric nurses can be considered in enhancing work relationships and establishing a resource balance in the pediatric home care nursing practice.

Stress and burnout in pediatric home care nursing

Dealing with parent requirements when offering pediatric home health care can be challenging for pediatric home care nurses. Some parents complain that pediatric home health care intrudes on their private home life because they never feel truly alone (Fratantoni et al., 2019). Some family members prevent nurses from developing close relationships with their patients (Fratantoni et al., 2019). According to Fratantoni et al. (2019), some parents can be uncomfortable when nurses become attached to the children,

they are taking care of. Pediatric home care nurses lack reliable systems for monitoring, communicating, and adapting to the needs of pediatric home health care (Fratantoni et al., 2019). Moreover, family members have more knowledge of the impact of pediatric home health care on children than pediatric home care nurses who deliver the care (Fratantoni et al., 2019; Palfrey et al., 2004). The views of family and friends should be considered to make the home care setting a favorable working environment that does not contribute to stress and burnout among pediatric home care nurses.

Stress and burnout among pediatric nurses are prevalent as evinced by poor nurse retention in the pediatric nursing practice. Pediatric nurses should take care of themselves to prevent burnout from taking care of their patients. Since they take care of a vulnerable population, pediatric nurses are at a greater risk of burnout than nurses who take care of adult patients (Buckley et al., 2020). One of the key outcomes of burnout is poor nurse retention (Buckley et al., 2020). Tourangeau et al. (2017) found that recruiting and retaining home care nurses has been a major challenge for most organizations. This implies that burnout among pediatric nurses is a pronounced phenomenon. Higher burnout levels are observed among nurses who care for children (Meyer et al., 2015). To counter poor nurse retention, it is important to eradicate stress and burnout among pediatric home care nurses to make it a more friendly work environment.

Summary and Conclusions

In this chapter, I conducted a comprehensive literature review with a focus on pediatric home care nursing practice and its work environment. A general description of the conceptual framework of the study, the thinking behind it, the pediatric nursing

practice, the home care environment, and stress and burnout in pediatric nursing was provided. The topics addressed include (a) challenges in pediatric nursing, (b) the uniqueness of home care as a work environment for nurses, (c) the uniqueness of the home setting as a work environment for pediatric nurses, and (d) stress and burnout in pediatric nursing.

Pediatric nursing is more challenging than nursing adult patients because it deals with a vulnerable population. Burnout and stress are common phenomena in pediatric nursing as illustrated by the literature review in this chapter. Moreover, the home care setting where nurses visit patients in their homes presents unique challenges as a different work environment from traditional hospital care. Since children with chronic conditions can be long-term consumers of pediatric care, there is a need to enhance the quality of home care through eradication of stress and burnout among pediatric nurses in the home care setting.

Chapter 3: Research Method

The purpose of this qualitative study was to explore the lived experiences of stress and burnout among pediatric home care nurses. Qualitative inquiry results in discovering the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009). By my use of qualitative transcendental phenomenological research design, this study can contribute to an understanding of the phenomenon of root causes of stress and burnout among home care nurses involved in the home care of chronically ill children.

This chapter contains details of the research method and the rationale for choosing transcendental phenomenology. In this section, I will explain the inclusion and exclusion criteria of participants, the protocol for conducting interviews and surveys, data collection, data recording, and data analysis methods. The section will end with an explanation of issues of trustworthiness, which will encompass ethical practices, credibility, confirmability, transferability, and dependability. In conclusion, I gave a summary of the chapter coupled with a transition to Chapter 4.

Research Design and Rationale

The purpose of this study and the need to answer the research questions was the key driver for the methodology used in the study. In this study, I investigated the root causes of stress and burnout among home care nurses involved in the care of chronically ill children. One research question and two subquestions guided the study:

RQ1: What are the lived experiences of stress and burnout among pediatric home care nurses?

SQ1: What are the experiences with the causes of stress of pediatric home care nurses within their workplace environment?

SQ2: How do these causes of stress affect burnout among pediatric home care nurses?

The qualitative, transcendental phenomenology research design was used to explore the lived experiences of stress and burnout among pediatric homecare nurses through the narration of the lived experiences of pediatric homecare nurses. Qualitative research was appropriate to give a unique depth of understanding, which is difficult to attain using quantitative research (Creswell & Creswell, 2017). Qualitative research enabled me to get information from respondents since they were free to deeply disclose their lived experiences, thoughts, and feelings about the causes of stress and burnout without feeling constrained.

Qualitative research is focused on establishing how people make meaning of their lived experiences and how the experiences are constructed and defined (Merriam & Tisdell, 2015). Quantitative research would not have been appropriate for this research. Quantitative research lacks the exploratory nature found in qualitative research (Creswell & Creswell, 2017). Moreover, quantitative research is focused on numerical data and variables which is not useful to derive concrete findings for this research (Creswell & Creswell, 2017). The researcher is distanced from the participants in quantitative research, and this was not appropriate for this research because pediatric home care nurses are the ones who can give appropriate information on what they believe causes stress and burnout for them (see Creswell & Creswell, 2017).

Phenomenology is a key tool of research when the researcher intends to answer the questions “who” and “how” a phenomenon is experienced (Creswell & Poth, 2018). Phenomenology is suited to help researchers learn from other people’s experiences because it focuses on the study of people’s lived experiences in their natural settings (Neubauer et al., 2019). According to Neubauer et al. (2019), phenomenology offers a unique way of exploring challenging problems in health professions. Phenomenology was uniquely positioned to support the inquiry into causes of stress and burnout among home care pediatric nurses. Phenomenology enabled my theorization of human experiences concerning stress and burnout among pediatric nurses (see Hooker, 2015). Phenomenological research can be hermeneutic or transcendental (Hooker, 2015). Hermeneutic phenomenology is rooted in interpreting experiences and phenomena through an individual’s lifeworld whereas transcendental phenomenology is rooted in understanding a phenomenon as lived by an individual Neubauer et al. I used transcendental phenomenology for this study.

Transcendental phenomenology aids in hearing the voice of humans and hence eliminates researcher bias (Husserl, 1999). The approach of using transcendental phenomenology research design, as suggested by Moustakas (1994), was justified because it aligned as a research method with a natural form of inquiry that can facilitate the discovery of participants’ views on stress and burnout in their work environment. According to Moustakas’s, transcendental phenomenology is appropriate where data collected is aimed at explicating the essence of human experiences. Transcendental phenomenology aided in my exploring the lived experiences of pediatric nurses working

in the home care setting to greater depths than using hermeneutic phenomenology through an in-depth narration of first-hand experiences of participants. According to Hooker (2015), transcendental phenomenology unearths unique features because it is derived from experienced phenomena. The voluntary nature of participation is a key inclusion criterion since this will aid in getting in-depth details that can shed light on the causes of stress and burnout among pediatric nurses in the homecare setting. Only transcendental phenomenology is best suited to explore the causes of stress and burnout among pediatric nurses in the home care setting as derived from the first-hand explanations of pediatric nurses.

Role of the Researcher

As the researcher for this study, my role entailed recruiting participants, designing the interview protocol, collecting data, analyzing the data, and interpreting explanations to make concrete findings. A researcher needs to remain cognizant of any connections that may potentially contribute to skewed research to avoid distorted impressions and false conclusions (Little et al., 2016). Having worked as a pediatric nurse and a parent, these positions were not allowed to induce any bias in this research. Neubauer et al. (2019) posited that since transcendental phenomenology understands phenomena by descriptive means, the researcher must separate themselves from their physical being and the world to avoid bias. In this research, I separated myself from being a nurse and extricated myself from compassion towards children to investigate the causes of stress and burnout among caregivers from a transcendental point of view. Continuous reevaluation of the impressions of respondents and challenging pre-existing hypotheses

were employed as a key tool for mitigating bias to neutralize preconceptions (Neubauer et al., 2019). Since phenomenology entails gathering data as given by participants, I told the story through the pediatric home care nurses' voices to stay away from individual subjectivity (see Neubauer et al., 2019). I ensured that there were not any personal or professional relationships with the participants when selecting participants. Potential participants with whom I had personal and professional relationships were excluded from the research which is effective in promoting an unbiased approach in transcendental phenomenology (see Neubauer et al., 2019).

The epoche process was also employed to ensure prejudgments, biases, and preconceived ideas set aside. Butler (2016) described the epoche process as blocking assumptions to explain a phenomenon in its inherent system of meaning. According to Moustakas (1994), the epoche process can be defined as freedom from suppositions. To free oneself from suppositions, a researcher should put aside the impact of significant events in the researcher's experiences (Butler, 2016). Whereas the process allows for empathy and connection, it eliminated perceived researcher bias (Butler, 2016). The epoche process was implemented through the listing of my prejudgments. These listed items were reviewed each time before choosing and interacting with the participants. This process was key in facilitating detachment from presumptions as a practicing nurse and a parent to conceive what was heard as first-hand information was never heard before. Since one may not always be aware of their prejudgments, all voices that directed my thoughts about the causes of stress and burnout among pediatric home care nurses were ignored.

Methodology

In this study, I used a qualitative, transcendental phenomenology research design to explore the root causes of stress and burnout among home care nurses involved in the home care of chronically ill children. The transcendental phenomenological approach was appropriate to gather data based on the perceptions of pediatric nurses caring for chronically ill children in the home setting about causes of stress and burnout. The study was geared towards providing a deep understanding of lived and shared experiences of pediatric nurses in the home care setting, which can contribute to knowledge on the causes of stress and burnout among pediatric home care nurses.

Participant Selection Logic

The study involved 17 participants recruited from pediatric home care nurses in various pediatric home care providers in New Jersey. Saturation entails ensuring enough information is captured to develop an appropriate answer to a research question (Fusch & Ness, 2015). I based the study's saturation criteria on the work of Fusch and Ness (2015) who noted that for phenomenology, data obtained from six to 12 participants is sufficient to provide rich and thick information that will allow the study to be replicated and offer no additional codes or themes. Seventeen participants were sufficient because the study targets pediatric nurses only in the home care setting therefore results of the study are only transferrable to pediatric home care nursing practice and not the entire nursing population (see Englander, 2016). Moreover, having 17 participants ensured that if information obtained from the participants is incomplete, the margin of safety will cater for the minimum number of respondents required for saturation according to Fusch and

Ness (2015). The sample size also allowed for in-depth interviews and keen transcription from the sessions.

Crucial details collected to reach the participants to schedule interviews will include the participants' mobile phone numbers and email. The participant selection process below was followed.

After receiving Walden Institutional Review Board (IRB) approval, I sought permission from Children's Care Network and local hospitals in New Jersey that have home health care nurses to post flyers on the institutions' notice board and where possible on the institutions' internal websites. The local hospitals permitted me to post the flyer on the hospital notice board inviting participants that met the inclusion criteria for interviews. The flyer (Appendix A) provides details about the study and my contact information.

When a potential participant reached out to me by email or phone, I screened (Appendix B) them to make sure they meet the inclusion criteria to participate in the study. The screening form was sent to them by email and returned to me by email, or I went through it with them over the phone. Individuals who fit the inclusion criteria were included in the study once they consented. A consent form was sent by email to the participant to peruse and sign before the interview's commencement.

Instrumentation

The researcher was the key instrument in the research. I conducted data collection via interviews. Interviews included 17 participants all from pediatric care who participate or recently participated in caring for chronically ill children in their homes. The responses

of the participants were guided by the research questions. The interview protocol (Appendix C) was utilized in data collection. Where necessary, follow-up questions were added to ensure the collection of in-depth data. Moreover, the interview questions will remain open-ended to allow participants to articulate lived experiences in offering pediatric care in the home setting. I used the data collected to derive prompt answers to the research questions. I recorded the interviews for transcription purposes.

Pilot Study

The pilot study was crucial in testing the researcher-developed instruments, protocols, and instructions. The pilot study of the interview protocol was carried out before the main data collection. I conducted the pilot study in the researcher's current workstation. This is preferred since internal permissions can be easily obtained. After IRB approval, I approached colleagues, and sought informed consent. I involved a total of 5 participants in the pilot study. I conducted phone or online interviews with the pilot study participants. The participants included in the study must be working with pediatric home care.

The main aim of the pilot study was to unearth any weaknesses in the design of the interview questions as well as its ability to gather the data as intended Wray, Archibong & Walton (2017). I measured the accuracy of data gathered against how well the research questions were answered by Wray et al. (2017). The specific aspects that I evaluated included the order of sections, wording, and type of inquiries, choice of respondents, the time required to answer the interview questions, and other constraints such as respondent fatigue which could be considered when designing the final interview

protocol (Rubin & Babbie, 2016). The pilot study involved 5 pediatric nurses who did not participate in the study. This meets the 10% threshold of pilot study participants as posited by (Creswell & Poth, 2018).

Procedures for Recruitment, Participation, and Data Collection

The research study procedure for data collection consisted of one research question and two sub-questions. The research question and sub-questions acted as a guide to establishing the personal views and experiences of pediatric nurses as caregivers in the home setting. The participants were able to openly express their personal experiences that relate to stress and burnout in their settings. With a participant selection criterion that targets pediatric nurses who provide care in the home setting, the information gathered was relevant to exhaustively answer the research questions. I employed the phenomenological approach consistently in the creation of the interview protocol as outlined in the Appendices section.

I obtained participants from The Children's Care Network and local hospitals in New Jersey. The plan was to include nurses currently working as pediatric home care nurses and also include pediatric home care nurses who have retired from the profession. The participants chosen needed to work or have worked in pediatric home care, and views on the study phenomena were restricted to their pediatric home care professional experiences. I recruited 17 study participants from local pediatric care clinics in the local pediatric care network. The inclusion criteria included the respondents who are willing to disclose information regarding stress and burnout in pediatric home care. Participation

was solely voluntary, and no compensation was offered for participating in the study. I only included the participants that gave their informed consent.

As noted previously, after the participants had been recruited, screened, determined to be eligible to participate in the study, and the consent form has been provided to them, an interview was scheduled. I scheduled the time for interviews at the convenience of the respondent. To manage geographical bottlenecks fronted by COVID-19, I conducted interviews via telephone or online meetings. I shared an email with the link to the interview, or time for a telephone interview with the participants with the option of the respondent accepting or rejecting it. Those that agreed had an interview date scheduled automatically in their calendar. I chose a private setting, and the respondents were advised to choose a private setting to ensure that disruptions do not occur.

The audiotaped interview session was approximately 60 minutes long to allow for in-depth data collection. I conducted interviews by telephone or online. I informed each of the participants that the interview would take 60 minutes. For the interviews, I asked the participants to choose a private and comfortable setting for the interview. The interviews began by reviewing the informed consent form. I sought permission to record the interview from the participants and did a review of what to expect during the interview. I started the recording followed by asking interview questions as per Appendix C. At the end of the interview, I confirmed the handwritten notes to ensure that the data obtained from the participants during the interviews was accurate. In conclusion, I asked the participants whether they had additional experiences they wanted to share. After the interview, the requirements for follow-up needed and any questions required were asked.

The participants were also asked if they had any concerns and if any concerns were raised, they were addressed. I informed the participants that a copy of the study results will be shared via email after the transcription was completed.

Data Analysis Plan

I collected data in form of stories told by the participants and then transcribed them into text for later coding to facilitate data analysis. Data analysis was done according to the approach of Moustakas (1994) to phenomenological research. I first defined preliminary groupings through horizontalization after which I identified themes through reduction and elimination (Moustakas, 1994). Data reduction and elimination entailed selecting, focusing, simplifying, abstracting, and transforming data that is transcribed. This process was guided solely by the need to address the research questions. Thereafter, structural, and textural descriptions of the causes of stress and burnout among pediatric nurses were constructed to guide the final step of data analysis defined by producing the essence of the experience as stipulated by Moustakas (1994). Data elimination and reduction allowed for the archival of an organized, compressed assembly of information which was used to conclude the causes of stress and burnout among pediatric nurses in the home care setting. The content analysis approach was the core analytical strategy to be used in the data analysis process. This method employed a set of techniques that allowed for data analysis and understanding of the data collected. One of the key features that was observed is that the researcher needed to set themselves apart during analysis so that data analysis is focused only on the descriptions given by respondents (see Husserl, 1999).

Issues of Trustworthiness

Credibility

The internal credibility of the data collected related to this study because of the phenomenological approach used. The fact that the researcher was a nurse and had worked with children's patients in some sessions may affect credibility by distorting internal validity. The role of the researcher was extensive and included all activities such as recruiting participants, designing the interview protocol, collecting data, analyzing the data, and interpreting explanations to make concrete findings. This made researcher bias highly probable in this research and called for keen adherence to ensure validity. According to Caelli (2001), since the presentation of this data as given by participants without alteration of the researcher is often a challenge because of the high probability of researcher bias but in the study, I tried to tell the story through the pediatric nurses' voice. The phenomenological study gathered stories as described by the participants (Husserl, 1999). To avoid researcher bias and ensure the outcome is authentic, the issues related to causes of stress and burnout among pediatric home care nurses in the home setting were purely specified according to data saturation.

Transferability

Transferability refers to the ability of a study to be applied to other individuals and other settings (Rudestam & Newton, 2007). I checked the outcomes of the study to see whether they could be generalized to other populations, and this is an important aspect of any qualitative research. The ability to generalize outcomes to nurses and different settings across different states in the U.S. will depend on transferability. The

findings from the study can be used to enhance the information available for rich and thick descriptions by maximizing the variation sampling of participants.

Dependability and Confirmability

Dependability and confirmability are important to ensure the data collection process is stable across varied conditions and times. I gave the participants a chance to peruse the documented transcripts created to ensure dependability and confirmability (Sparkes, 1998). External people can also be used to audit the information and provide informed decisions on the dependability and confirmability of data.

Ethical Procedures

To deal with ethical concerns, Walden's IRB guidelines were followed closely. The recruitment process began after the approval of Walden University's IRB. The IRB document is a useful researcher's tool to guide novice and experienced researchers in developing ethically acceptable dissertations.

Ethical Concerns

The Walden University IRB-approved consent was a crucial requirement in the recruitment of participants, collection of data, and data analysis. I notified all the participants of the consent form and explained that they must sign it to participate in the study. The fact that this study was voluntary, and no compensation was given was stressed to the participants. The participants were also be informed that they don't need to participate in the study so they can withdraw from it whenever they please. Likewise, the participants were also be informed that they do not have to answer all the questions.

Treatment of data

I maintained the confidentiality for all the sensitive data collected in this study. Moreover, I stored the data collected safely to ensure that personal data was protected. The data was kept safe in the researcher's premises.

Summary

Chapter 3 started with revisiting the purpose of the research as well as the research questions that will guide the research. The qualitative research with a phenomenological approach was appropriate in finding out the causes of stress and burnout among pediatric nurses providing care to chronically ill children in the home care setting. An exploratory approach used along the phenomenological approach provided an understanding of the participants, inclusion and exclusion criteria, data collection, and analysis methods. Issues of trustworthiness in the study were also enumerated. In chapter 4, the results obtained using the methodology outlined in this chapter were analyzed to comprehensively answer the research questions.

Chapter 4: Results

In this qualitative, phenomenological study I aimed to explore the root causes of stress and burnout among nurses involved in the home care of chronically ill children. The main research question for this phenomenological research study was “What are the lived experiences of stress and burnout among pediatric home care nurses?” This chapter lays out my research setting, describing the situations that could influence the participants during the study. I also present the demographics and characteristics of the participants that were relevant to this study. The chapter also describes how data was collected and any challenges encountered during data collection. An overview of data analysis is also discussed. Lastly, the study results are conveyed, and participant excerpts are included.

Setting

Data for this study were collected using semistructured interviews with 17 participants who met the inclusion criteria of having worked as a pediatric home care nurse for 3 or more years. I conducted the interviews via telephone or online meeting platforms depending on the participants’ preferences due to the challenges posed by the COVID-19 pandemic. The participants were recruited through the Children’s Care Network and local hospitals in New Jersey. After the participants were recruited, contact was maintained via email. The informed consent form was sent to each of the participants. The study began once the participant gave consent via email.

Interview times were scheduled with each of the participants, each of them having the liberty to choose a phone interview or any online meeting platform. The participants stated that they were in a private space and felt comfortable participating in the study.

Before the interview started, the participants were reminded that the interview would be audio recorded. A semistructured interview protocol (Appendix C) was followed to ensure participants were engaged throughout the interview and as much information as possible was obtained from them. No organizations or institutions influenced the participants during the study to a level where the interpretation of the study results was compromised.

Demographics

Seventeen participants met the inclusion criteria for the study and consisted of two males and fifteen females. They had between 3 and 40 years of experience working as nurses. None of the participants had a relationship with their pediatric home care recipient, and they all cared for multiple patients. Seven of the participants were single, seven were married, one was divorced, and two preferred not to disclose their marital status. The highest level of education achieved by the participants was master's level for three of the participants; five had bachelor's degrees, three had associate degrees, and six were license practical nurses (LPNs). The race/ethnicity of the participants varied with 10 African Americans, three Caucasians, one native Hawaiian, one Asian American, one Latino, and one participant who chose not to disclose their race/ethnicity. The demographic information is displayed in Table 1.

Table 1*Demographic Data of Participants*

Demographic Data							
Participant	Sex	Marital Status	Highest Education level	Race/ethnicity	Relationship with patient?	Multiple patients?	Yrs as nurse
1	Male	Single	Master's Degree	African American	No	Yes	5
2	Female	prefer not to answer	Associate degree	I prefer not to answer	No	Yes	3.5
3	Female	Single	License Practical Nurse	Native Hawaiian	No	Yes	5
4	Female	Married	License Practical Nurse	African American	No	Yes	12
5	Female	Divorced	Associate degree	White	No	Yes	40
6	Female	Single	License Practical Nurse	African American	No	Yes	7
7	Female	Married	Bachelors degree	African American	No	Yes	4
8	Female	prefer not to answer	License Practical Nurse	African American	No	Yes	3
9	Female	Married	License Practical Nurse	African American	No	Yes	3
10	Female	Single	Bachelor's degree	African American	No	Yes	7
11	Female	Married	Master's degree	White	No	Yes	28
12	Female	Married	Bachelor's degree	White	No	Yes	10
13	Female	Married	Bachelor's degree	African American	No	Yes	7
14	Female	Single	License Practical Nurse	Asian American	No	Yes	3
15	Female	Single	Bachelor's degree	African American	No	Yes	12
16	Male	Single	Associate degree	Hispanic or Latino	No	Yes	3
17	Female	Married	Master's degree	African American	No	Yes	10

Data collection

The data collection process began after obtaining approval from Walden's IRB (#11-02-21-0590111). Recruitment started on November 5, 2021, and the process from recruitment to completion took approximately five months with the last interview commencing on March 13, 2022. I contacted several institutions within the Children's Care Network and local hospitals in New Jersey to post the recruitment flyer on their institution noticeboards and their websites. The recruitment flyer was also emailed to several individuals within the target institutions. One-hour interviews were scheduled with the participants based on their convenient times. The shortest interview ran for 30 minutes and the longest was 1 hour 30 minutes. The average length of interview was 45 minutes. Also, the participants' preferences between phone interviews and online interviews were considered.

I collected data from 17 participants who had replied to my email and consented to participate in the study. All the participants were working or had worked with New Jersey hospitals or the Children's Care Network. As seen in Appendix C, the semistructured interview protocol developed was followed, and follow-up questions were asked where necessary to obtain more information. The interviews went as expected, apart from participants rescheduling their interview appointments, and no interruptions were encountered. I also faced some challenges in assisting some participants in using online interview platforms.

All the interviews were recorded either using phones or online meeting software. Once the interviews were complete, I transcribed the data collected from interviews. The interview transcripts were shared with the participants 2 weeks after their interview. All participants confirmed that the transcripts were accurate, and then I proceeded with data analysis.

Data Analysis

The interviews of participants were the sole instrument I used to gather data. After participants approved that the transcripts were accurate, data analysis commenced. The research question was focused on establishing the lived experiences of pediatric home care nurses, and the data collected from the interviews expounded on the lived experiences of pediatric home care nurses relating to stress and burnout.

With several approaches available to phenomenology, choosing the most appropriate suitable for the researcher and the research problem is essential. Moustakas (1994) provided a structured approach that is appropriate to explore the lived experiences

of pediatric home care nurses. According to Moustakas, meaning is the core of transcendental phenomenology. This approach requires collecting data that can illustrate the essence of human experiences (Neubauer et al., 2019).

Moustakas (1994) focused on the value of qualitative research aiming at the search for wholeness of experiences and behaviors. Prejudgments are set aside, and the researcher adopts systematic data analysis and remains open to totality (Trotman, 2006). In this study, systematic data analysis was used to gain descriptions of the lived experiences of pediatric home care nurses.

Phenomenological reduction process as stipulated by Moustakas (1994) was used. The following steps were used for data analysis.

1. The causes of stress and burnout among pediatric homecare nurses were bracketed as the main topic. The responses from the participants were all reviewed with this topic in mind.
2. Horizontalization was employed where each statement from the participants was viewed to have equal value.
3. From the participant responses, meanings were drawn. The horizons that stand out having explanations of lived experiences of pediatric homecare nurses were considered.
4. The nonrepetitive, nonoverlapping meanings were clustered to themes
5. Individual textural descriptions of the causes of stress and burnout among pediatric homecare nurses were given. This step entailed a descriptive integration of textural constituents and themes from the responses of each participant. The

step ended up with quotes from participants on what they consider as causes of stress and burnout in their experience and related issues as coping mechanisms.

6. Lastly, composite textural descriptions of the causes of stress and burnout among pediatric homecare nurses were given. This entailed the integration of the individual textural descriptions into grouped textural descriptions. Group textural descriptions entailed a summary of the causes of stress and burnout from a review of all participant responses (Moustakas, 1994).

Evidence of Trustworthiness

Credibility

According to Cohen and Morrison (2017), it is essential to verify the research design from the start to ensure credibility. The role of the researcher entailed recruiting participants, designing the interview protocol, collecting data, analyzing the data, and interpreting explanations to make factual findings. The fact that I have worked in pediatric care could distort internal credibility. The phenomenological research used in this study required internal credibility. To ensure internal credibility, all 17 participants who participated in the study were not supervised by me. Moreover, all 17 interviews were audio recorded, allowing me to analyze the data thoroughly and objectively.

I conducted the interviews on the phone or through online meetings. After the interviews, the data collected was transcribed. The transcriptions were shared with the respondents to notify the researcher of any inaccuracies in the data recorded compared to what they shared, which helped with credibility. All 17 respondents approved the

transcripts and confirmed that they resonated with their perspectives. Data analysis began after the respondents approved the transcripts.

Transferability

Transferability is ensured when the study can be applied to other individuals and settings (Rudestam & Newton, 2007). I employed techniques to ensure that the readers can contextualize the causes of stress and burnout among pediatric homecare nurses in new Jersey and apply them to other settings. Transferability was ensured by sticking to the recruitment criteria where respondents must be working in pediatric home care for a minimum of 3 years in New Jersey, be currently involved in or have been involved in, caring for chronically ill children in the home setting within the last 5 years and are RNs or LPNs. A detailed description of the private and comfortable settings of interviews, the participant inclusion, and exclusion criteria, and an intricate context of the stories and results obtained. These descriptions can give a reader the know-how to determine whether the study's findings can be applied to their settings.

Dependability

The methodology used ensured that this study's findings are accurate and consistent and can be replicated (see Johnson et al., 2020). The dependability of this study was achieved through a detailed description of the methodology, strategies used, the data collection process, transcriptions, coding, emerging themes, and data analysis, as stated in Chapter 3. An explanation of why the methodology used in the study was appropriate to achieve the purpose of the study, to agree with the data collection strategy

and data analysis procedure, was critical for dependability. The method chosen ensured that the research question was answered to achieve dependability.

Confirmability

According to Ravitch and Carl (2019), confirmability is discerned by having reflexivity throughout the research process. The findings of this study were made from the data collected and not on the researcher's biases, references, and reflections. I remained aware that the position of having worked in pediatric care could interfere with the research process, and measures to ensure no interference was taken. Any assumptions made were also highlighted and an explanation on how these might interfere with the interpretation of the results was highlighted. Personal biases were ruled by ensuring I did not have a personal relationship with the respondents.

Study Results

In this qualitative, phenomenological study I aimed at exploring the root causes of stress and burnout among nurses involved in home care of chronically ill children. The study was designed to answer the central research question: “What are the lived experiences of stress and burnout among pediatric home care nurses?” The subquestions that were answered were “What are the experiences with the causes of the stress of pediatric home care nurses within their workplace environment?” and “How do these causes of stress affect burnout among pediatric home care nurses?”

I began data analysis by coding the transcriptions of interviews of all 17 participants. Each participant’s lived experience was depicted by phrases that I coded using manual coding. The transcriptions were read through, and codes were manually

developed and assigned to the data. The phrases repeated by the participant pointed to a certain theme. Lastly, I stipulated the combination of the textual and structural description of the phenomena under study. This process was repeated for all 17 participants.

I summarized all the individual textual structural descriptions = and all the textual structural descriptions according to the participants. I then compiled the composite textual structural descriptions. The individual textual structural descriptions which had the same idea were compiled into one textual structural description. This process yielded composite textual structural descriptions which are explained below.

Textual Structural Descriptions

The study sought to answer the main research question “What are the lived experiences of stress and burnout among pediatric home care nurses?” The subquestions were “What are the experiences with the causes of the stress of pediatric home care nurses within their workplace environment causes of stress?” and “How do these causes of stress affect burnout among pediatric home care nurses?” The study was based on the occupational stress models. The occupational stress models were the JD-R occupational stress model and transactional occupational model.

Composite textual and structural descriptions are a description of what the participants experienced regarding stress and burnout and descriptions of the context or setting that influenced how the participants experienced stress and burnout to provide an understanding of the common experience of the participants. The textual and structural descriptions were arrived at by going through the data adapted from the 17 interviews.

The significant statements or quotes from the interviews were highlighted. The textual and structural descriptions were used to write a composite description of the essence of stress and burnout.

Composite Textual Structural Descriptions

The Poor Condition of Homes Causes Stress and Burnout

The poor condition of homes emerged as a key issue in the lived experiences of stress and burnout among pediatric home care nurses. The poor condition of some of the homes where pediatric home care nurses worked contributed to them experiencing stress and burnout in various ways. Participant 8 stated that “Not every home you go to is clean. sometimes you are dealing with bedbugs, roaches, or mice.” Given that most people are not comfortable with bedbugs, roaches, or mice, it is difficult for nurses to work in such environments, yet they are required to ensure that their patients receive quality care. Participant 8 also noted that apart from the house, the neighborhood of homes in which pediatric home care nurses work contribute to bad conditions saying that “the neighborhood looked unsafe with no close parking to the house.” The participant also noted that people in some homes consume drugs which is uncomfortable for the pediatric home care nurse saying, “Sometimes I walk into a home with the smell of weed.” The pets kept by patients could also contribute to conditions that cause stress and burnout among pediatric home care nurses. Participant 9 stated that pets also form part of the bad condition of homes by stating that,

Pets are a big challenge; I am not a dog person and I have anxiety attacks going to a particular case where the family had a dog. I couldn't give that patient my

attention because I was always on edge because of the dog. To be fair, the nurses must be informed before going to a home if the family has a pet.

Participants noted that having pets in the homes of their patients could make them work on the edge. Some of the participants were afraid of cats and were posted in homes with cats while others reported fear of dogs and were posted in homes that kept dogs as pets. Working in homes who keep pets that the participants feared resulted in a stressful working environment.

Participant 15 noted that apart from rodents, some homes also have rats saying, “Another challenging aspect of working in the home setting may be rodents. Some clients may have roaches or rats.” Participant 15 added that

nurses must consider the environment or rather neighborhood that the client lives in... In some neighborhoods there are gunshots, and in some suburban areas a nurse may fear. In some instances, I feel like a misfit in some areas. Even walking sometimes people stare. Parents also may look and treat you like they need someone who is of their race and not tell you.

Caring for children in the home causes nurses to be subjected to the patient’s home environment, which can be poor. This can be a source of stress and anxiety for pediatric home care nurses.

Patients’ Family Causes Stress

The parents of patients handled by pediatric home care nurses contribute to the stress and burnout of pediatric home care nurses when they become uncooperative.

Participant 1 cited that,

Based on the parents' personality, this can be a recipe for disaster. They are already stressed and afraid about the uncertainty of their child's lifespan and can also be in denial of the extent of care their child required or the child's limitation.

The participant also added that "I witnessed two parents who were not on the same page on what kind of care their child needs." Participant 1 also said, "I found myself crying sometimes on my way home, trying to empathize with both parents. They were both showing love in their way." Parents of the children receiving pediatric home care contributed to stress and burnout among pediatric home care nurses by meddling into the treatment of their children and stress and burnout mitigation must involve educating parents on what is expected from them when their children are receiving pediatric home care.

Apart from the parents, other family members of the patient can also contribute to stress and burnout of the pediatric home care nurse. Participant 3 commented that,

The biggest challenge is dealing with an uncooperative family. Some families may feel that you are not treating their patients as well as they should be treated. Sometimes some family members may approach it from a racist angle feeling that they should have been given someone of their race so that they can relate better.

The participant also said,

The situation which is most likely to cause burnout in pediatric home care nursing is if you do not relate well with the patient's family. If the family whose patient you are handling does not treat you well or you do not get along, you are not motivated to take care of the patient and you do not look forward to going to the

patient's home. Cultural and opinion differences between patients and their caretakers are worsened when the family gets involved. Participant 7 noted that "The biggest challenge is when there are cultural differences or differences in opinion between the patient or the patient's family."

Apart from parents, other family members also contributed to stress and burnout among pediatric home care nurses by having preformed opinions of how the patients should be treated and these were worsened by poor relations, racial and cultural differences.

One of the ways families cause stress for pediatric home care nurses is by interfering with their process of caring for the family members. Participant 4 said, "I believe most of the burnout is due to some family's interjection in our daily routine. Other times the presence of parents makes the situation worse because some kids are even more aggressive when they see their parents." Participant 4 also added,

The biggest challenge is dealing with family interjection. We are living in an information age, so with one Google search parents may feel like they are knowledgeable enough to challenge my over 10 years of knowledge and experience in the field, all while tending to my patient. It's challenging to try to stay calm, be professional, and show respect while trying to do your job.

Participant 6 commented that "At times the patient's relatives lash out at the caregiver."

Participant 8 commented that,

Because sometimes family members take part in administering medications to the patient, sometimes for some reason, they don't give the right dosage on purpose or by mistake, or they don't give it at all which can compromise the patient's health. The home environment is not welcoming; parents are hard to deal with.

Participant 9 reiterated that,

Having family members disrupting my working environment besides the dog was one of my biggest challenges. To be frank, I felt like the parents did not respect or protect my nursing ability and judgment to provide care and safety for their child.

Participant 11 commented that "Sometimes the parents knew their child is not going to get any better but sometimes their expectations of what they want you to do to their child could be stressful." The participant added "The parents and families are just too much because they are always questioning my actions. The most stressful experience I guess was dealing with the emotions and anger of parents." Participant 12 opinion was "Stressors can be mistreatment by patients' families because they think you do not meet their expectations."

Family members tend to complain a lot making the work of pediatric home care nurses stressful, noted participants. Participant 13 said "The most stressful experience as a pediatric nurse is a whining family. Such families will always complain. They are super worried about the patient that they do not think you are doing the right thing." Participant 14 had the opinion that, working with kids entails also working with parents and this can cause stress if there is a lack of understanding. Some parents may want to be protective and intervene in some

ways and you must provide reassurance to the child and their parents as well.

They (parents) may sometimes want you to deviate from an intervention like skip certain medication or increase a dose and you must tell them the practice does not allow that. That is stressful.

Participant 15 said,

The biggest challenge would be to understand that when you are working in different clients' homes you are working with different people from different cultures and belief systems. Sometimes clients want you to do things that are different from what you believe in just because they have a different culture.

Parents also may look and treat you like they need someone who is of their race and not tell you.

Family members interjected into the caring of pediatric home care nurses even when they did not have professional knowledge. These interjections did not allow participants to give the best care professionally resulting in stress.

Working with parents of the chronically ill child is stressful. The pediatric home care nurse may be treated poorly, be asked to deviate from their plan of care, and feel disrespected.

Uncooperative Patients Were Stressful

One of the key causes of stress and burnout among pediatric home care nurses is uncooperative patients. Some patients may act in a way that makes the work of pediatric home care nurses stressful or lead them to experience burnout. Participant 16 said that,

There is minimal help in the home care setting and there is only so much you can do to provide care when the patient is constantly uncooperative and aggressive. Sometimes a patient refuses a certain treatment and at times I must wait until they are ready.

Participant 8 remarked that “I find it stressful when I have a patient who is refusing to take their medications.” Participant 16 mentioned that “Yes, I have been pushed, punched, kicked, and had stuff thrown at me. A patient who refuses to work together with their nurse and find a middle ground stresses the nurse.”

While working, participants reported that they met patients who were uncooperative in various ways which resulted in stress when caring for them. The ways in which the patients were uncooperative included patients failing to take medication and being physically aggressive which was frustrating.

Fear of Losing a Patient was Stressful

Some pediatric home care nurses take care of patients who are suffering from serious illnesses that could lead to mortality. Dealing with such a patient leaves pediatric home care nurses on the edge and they experience stress and burnout due to the nurses worrying that their patients may die. Participant 1 said “If I must mention the biggest challenge, for me is a patient dying, to me that is more challenging. I was always wondering if the client was going to make it till my next shift. Participant 3 postulated that,

The most stressful thing for me was dealing with a patient that was terminally ill. Despite all the care, the patient was not getting better. I had seen the patient from

the beginning of the sickness and yet after giving all the care the patient was not getting better.

Participant 8 remarked that “It is stressful dealing with a patient who is constantly going to the ER due to uncontrollable episodes of seizures or other types of illnesses.”

Participant 9 said, “I enjoyed caring for my patient, but I was so afraid, that my patient could die out of negligence, that I started to dread going to attend to that particular case.”

Participant 10 posited “The most stressful experience for me as a pediatric home care nurse is losing a patient. One begins to question what they would have done differently and maybe if it would have saved the patient.” Participant 11 stated that “It was very stressful when babies died. Participant 12 remarked, “The most stressful experience is when a child unexpectedly passes away because we nurses are taught to alleviate suffering, heal the sick, and prevent illness, but that is not always the outcome.” The opinion of participant 13 was “The situation most likely to cause burnout in pediatric home care nursing is mortality.”

Participants caring for chronically ill patients reported that they were incessantly worried that the patient may die while receiving treatment. Offering care with these worries in mind was stressful for pediatric home care nurses.

Long Working Hours Caused Burnout

Pediatric home care nurses experience situations that force them to work longer hours making them stressed or experiencing burnout. The situation is worse because long workers deprive the pediatric home care nurses of time for themselves. Participant 1 stated that,

Nurses tend to work long hours and are still trying to have a normal social life.

There isn't enough time in the 24 hours to accomplish both. Burnout is caused by working too much and not having boundaries between work and your private life.

Participant 4 noted "I believe most of the burnout is due to the long rigorous hours. The situation that is most likely to cause burnout in pediatric home care nursing is long working hours." Participant 5 observed that,

The situation most likely to cause burnout in pediatric home care nursing is working too many hours which is why I try not to work for long hours even when I need more income. Most nurses fail to measure human capacity; you need to practice self-care first to care for others.

Participant 6 reiterated that "The situation that is most likely to cause burnout in pediatric home care nursing is working long shifts without taking care of oneself."

Pediatric home care nurses may be required to work long hours because the patient situation requires them to work extra hours. The caregivers may be so engrossed in taking care of the patients and prioritizing their wellbeing to an extent that they underestimate their wellbeing leading to stress and burnout.

The long working hours are closely related to understaffed medical care centers. This was an issue prior to the pandemic, which exacerbated the situation. Participant 8 posited "I experience burnout when there is a staff shortage and I find myself working extra hours." Participant 12 stated that "The situation that is most likely to cause burnout in pediatric home care nursing is working overtime due to staffing shortages." Participant 15 postulated "If a nurse is working double shifts with different clients, it can get

overwhelming, and one can give the wrong medication or dosage because you are tired.” Participant 12 noted that “There are now critical staffing shortages due to the pandemic that we are unable to adequately provide nursing care to all of our medically fragile children.” The participant also added, “The situation that is most likely to cause burnout in pediatric home care nursing is working overtime due to staffing shortages.” Participant 16 postulated “There is already a nursing shortage as is.”

It was noted that at times long working hours resulted from staff shortage.

Participant 8 reiterated “Burnout occurs when there’s a staff shortage and I find myself doing extra hours.” Participant 12 noted that “There are now critical staffing shortages due to the pandemic that we are unable to adequately provide nursing care to all of our medically fragile children.” The participant also added, “The situation that is most likely to cause burnout in pediatric home care nursing is working overtime due to staffing shortages.” Participant 16 postulated “There is already a nursing shortage as is.”

Staff shortage could occur because of a high number of patients, an epidemic or illnesses that increase the care required by patients. When these eventualities occur, pediatric home care nurses could find themselves working extra hours because they are understaffed.

Nurses Should be Supported to Deal with Stress

Pediatric home care nurses suggested that support is critical to help them cope and deal with stress and burnout. Participant 1 postulated that “My entire household is in the medical field, and they were a support system for me.” Participant 3 stated that “Where a nurse reports difficulty in dealing with a patient or their family, they should be paired up

with a more experienced nurse and go together.” Participant 5 reiterated “For sure, two heads are always better than one. In any crisis, it is not that you are incompetent, but having another nurse or Doctor there to help is preferable for every nurse.” Participant 13 remarked “Homecare does not offer enough support and room for consultation among nurses. I think sharing experiences with nurses that have gone through the same thing can help.” Participant 14 said, “I have nice supervisors that check on me to ask if I need anything or any help.” Participant 6 said, “When you experience burnout, talk to someone, preferably a counsellor or veteran who will empathize with you.” Pediatric home care nurses require their supervisors to check in on them and support them to deal with stress and burnout by providing any help required.

Pediatric home care nurses also cited that they require support from colleagues to deal with stress and burnout. Participant 16 posited that “I try to make friends with other home care nurses. We can talk and vent. It helps just to be able to talk about your experiences.” Participant 7 stated, “I deal with stress and burnout by sharing it with colleagues who encourage me.” Participant 1 posited “The option was to go to another nurse dealing with the same thing and talk it through.” Participant 11 stated that “I deal with stress by mostly talking to my boss about it and talking with other nurses on the case and see how other nurses feel about the case.” Colleague support was shown to be critical in helping nurses to deal with stress and burnout because pediatric home care nurses can talk amongst themselves and help one another overcome challenges.

Lack of Equipment in the Home Care Setting is Stressful

In the home care setting, medical care equipment is not readily available. Pediatric home care nurses must plan for the equipment required at the workstation which is something hospital-based care nurses do not deal with. Participant 14 stated that “The challenge with home care is that one has limited access to equipment in an emergency.” Participant 2 reiterated that “In the home care environment, inadequate medical equipment. this can delay the patients care in event of an emergency.” Participant 6 stated that “At times you can get frustrated when you don't have the equipment/instruments readily available to give your best at 100 percent.” The participant also stated that “I consider the home care environment to be the most challenging because of the lack of equipment which would help to better assist the patient, sometimes unsanitary, or even unsafe.” Unlike in the hospital setting, medical care equipment in the home care setting is not readily available. The pediatric home care nurses are required to plan for the equipment they will require and carry them to the homes of patients. This requires the pediatric home care nurses to plan earlier which makes the job more stressful.

Taking Care of Many Patients at the Same Time is Stressful for Nurses

Taking care of many patients at the same time in different locations results in stress and burnout for pediatric home care nurses. Participant 2 stated that, “as a home care nurse, you are more burnt out because all your patients are in different locations.” Participant 11 said, “At any given time you had more than 1 patient and it was very stressful because you didn't know what could happen at any time.” Participants reported that at times they were allocated multiple patients which was stressful especially if they

are in different locations. Unlike in the hospital setting where patients can be consolidated into one area, the home care setting requires nurses to travel to different locations which can be stressful and lead to burnout.

Stress and Burnout Lower the Quality of Care Offered

The impact of stress and burnout is that pediatric home care nurses do not give quality care to their patients when they are either stressed or if they are experiencing burnout. Participant 10 said “I think it (stress and burnout) greatly affects the quality of care received by patients. Sometimes it may cause medical errors.” Participant 3 reiterated that “If you are experiencing burnout, physically you will be unable to perform at your best and if you are stressed, mentally you can’t perform at your best.” Participants reported that they cannot deliver best care when stressed and therefore stress and burnout must be mitigated so that patients receive the best care possible from pediatric home care nurses.

Solo Decision Making in Home Care Environment can be Stressful

One of the key causes of stress and burnout among pediatric home care nurses is that they must make decisions on their own because they do not have colleagues to consult or a team to work with. Participant 5 stated that “The home environment was peaceful but not without challenge. Dealing with time management and multiple fires to put out on your own.” Participant 14 reiterated that “This is because if you are not sure you have to figure it out and you are on your own and everyone depends on you to know what to do in a crisis if it occurs.” Participant 15 postulated that “The reality is that no one is going to know that you are burned out because you are in the field on your own.”

Participant 7 stated that “The home environment is tricky. You are alone and decision-making is a solo process.” According to participant 5, “The biggest challenge when offering pediatric nursing care in the home care environment is relying on your own experience and judgement when alone.” Participant 11 noted that “At times in a home care environment, one may feel that they are all alone.” Participant 4 said “There are limited resources and aid in the home care setting and so when a patient becomes aggressive it’s up to you alone to deal with it. It’s not easy and it happens very often.” Participant 17 stated that “If I must choose one challenging environment, it will be the home environment because you don’t have a team working with you.” Participant 19 reiterated “If I was working in a different setting, I would have had a team around me to help me.” Participant 11 postulated “In the hospital setting, you could have an easier time if your workplace embraces teamwork.” In the home care environment, pediatric home care nurses often work alone without the physical presence of someone to consult which could lead to stress and burnout especially when faced with unusual or difficult situations.

Self-care is Critical in the Mitigation of Stress and Burnout

Participant 5 stated that “They failed to measure the human capacity; you need to practice self-care in order to care for others.” According to participant 6, “The situation that is most likely to cause burnout in pediatric home care nursing is working long shifts without taking care of oneself.” Participant 15 reiterated that “When you work long hours, you are not only putting yourself at risk but your clients’ health as well.” Participant 5 stated that “I take time out for self-care, and I take leave from work.”

Participant 6 posited that “I feel that it is always good to take some time away to collect yourself.” The participant also added, “What I learnt is you can't give a hundred percent of yourself at work if you're not feeling a hundred percent yourself.” Participant 12 stated that “It (stress and burnout) is very common because we often form a close bond with the children and families and want to give so much of ourselves and endure all the stressors, that we forget to provide self-care which significantly contributes to burnout.” Participant 14 postulated that “I can say that we focus to be advocates for our patients, but one should be an advocate for yourself.”

Most pediatric nurses prefer to take time away from work to deal with stress and burnout and come back when they are over stress and burnout. Participant 1 posited “The workplace supports me by offering me to take a day off here and there so that I was not overwhelmed. This was helpful.” Participant 2 stated that,

I do take some days off when I feel it is getting too much. I do relax and do things that I enjoy, and I go out with my friends. You know, having a change in scenery allows me to recharge and get right back at it.

Participant 3 stated that “For me, I take days off to deal with stress and burnout.” Participant 5 said, “I take time out for self-care, and I leave work at work.” Participant 6 stated that “I feel that it is always good to take some time away to collect yourself.” Participant 10 stated that “Nurses should be given some time off after losing a patient if they need it and, in that time, attend counselling sessions.” Participant 12 stated that “To deal with stress and burnout, try to take a mental health day when able, delegate work appropriately.” The participant also added, “Our workplace offers support by giving days

off majorly as part of annual leave but not sick leave.” Participant 14 stated that “I have faced stressful times and each time I take time off or step away.” Participant 15 reiterated that “I take time off. I will take months off if I must. For instance, I have not worked in a pediatric home system since September.” Participants reported a tendency to be overwhelmed and concentrated more on taking care of their patients to an extent that they ignore their own wellbeing. To mitigate stress and burnout, pediatric home care nurses should be allowed to take leave days when they are overwhelmed.

Composite Textual structural Descriptions Summary

The data analysis process of developing textural and structural descriptions for each of the 17 participants as shown in the table below enabled the formulation of a composite description to be created which also helped answer the main research question by providing a summarized insight from the group of participants into what was experienced as well as why it was experienced. For this study, the composite description was the following: *The pediatric home care nurses’ experience and description of the lived experiences of stress and burnout were based on how their interactions with patients, the home care environment, patients’ families, and colleagues made them feel. Pediatric home care nurses felt that the bad condition of homes, interaction with patient’s family, fear of losing the patient, interference of work by patients, long working hours, lack of equipment, too many patients per nurse, cultural and opinion differences between patients, families and the nurse, shortage of staff, solo decision making in the home care environment and monotony are the key causes of stress and burnout among pediatric home care nurses. The pediatric nurses felt that pediatric home care nurses find*

the hospital environment chaotic and prefer the home care environment and so they should be supported by their colleagues and workplaces to deal with stress and burnout because it lowers the quality of care offered by pediatric home care nurses. Pediatric home care nurses also felt that self-care is critical in the mitigation of stress and burnout with a key suggestion that pediatric home care nurses should take time off when they experience stress and burnout.

Summary

In this chapter, the recruitment, and data collection, which also included confidentiality of each participant was described. Data collection was done using interviews which were audio recorded and transcribed. Demographic data from the 17 participants was obtained and presented in Table 1. Data analysis of the 17 participants was presented to answer the central research question and sub questions. Textual and structural descriptions which came out regarding lived experiences of stress and burnout among pediatric homecare nurses were that pediatric home care nurses felt that the bad condition of homes; interaction with patient's family; fear of losing the patient; interference of work by patients; long working hours,; lack of equipment, too many patients per nurse, cultural and opinion differences between patients, families and the nurse, shortage of staff, solo decision making in the home care environment and monotony are the key causes of stress and burnout among pediatric home care nurses. The pediatric homecare nurses felt that pediatric home care nurses find the hospital environment chaotic and prefer the home care environment and so they should be supported by their colleagues and workplaces to deal with stress and burnout because it

lowers the quality of care offered by pediatric home care nurses. Pediatric home care nurses also felt that self-care is critical in the mitigation of stress and burnout with a key suggestion that pediatric home care nurses should take time off when they experience stress and burnout.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative, phenomenological study was to explore the root causes of stress and burnout among pediatric home care nurses involved in the care of chronically ill children in their homes. Research has shown that healthcare providers encounter stress and burnout in their workplace, whether a home or a healthcare facility resulting in reduced job satisfaction, burnout, and reduced quality of care for patients (Meyer et al., 2015). Moreover, a gap exists in the literature regarding the causes of stress and burnout of nurses caring for children in all work settings, including the home care setting. The study findings could play a pivotal role in improving the working conditions of pediatric home care nurses, reducing pediatric home care nurses' turnover rates, and improving the quality of care received by pediatric home care patients.

Summary of Findings

The descriptions the participants gave to the phenomenon of the causes of stress and burnout among pediatric home care nurses were poor condition of homes causes stress and burnout, patients' family causes stress, uncooperative patients were stressful, fear of losing a patient was stressful, long working hours caused burnout, nurses should be supported to deal with stress, lack of equipment in the home care setting is stressful, taking care of many patients at the same time is stressful for nurses, stress and burnout lower the quality of care offered, solo decision making in homecare environment can be stressful, and self-care is critical in the mitigation of stress and burnout.

The pediatric nurses also felt that pediatric home care nurses find the hospital environment chaotic and prefer the home care environment and so they should be

supported by their colleagues and workplaces to deal with stress and burnout because it lowers the quality of care offered by pediatric home care nurses. Pediatric home care nurses also felt that self-care is critical in the mitigation of stress and burnout with a key suggestion that pediatric home care nurses should take time off when they experience stress and burnout.

Interpretation of Findings

To better understand the results of this study, there is a need to compare the results to what has already been covered in other literature and discuss how the conceptual framework is linked to the results. In this section, I will describe how my findings confirm, disconfirm, or extend knowledge in the profession by comparing the results of this study with what has been found in the peer-reviewed literature described in Chapter 2. Then, I will discuss how the findings of the study are linked to the conceptual framework, the JD-R model.

The Poor Condition of Homes Causes Stress and Burnout

This study found that poor conditions in the patient's homes were a cause of stress and burnout for pediatric home care nurses. Participants stated that some homes were not clean which was unpleasant and stressful for them to work in. Additionally, some homes had bedbugs, cockroaches, mice, or other rodents, which made the work environments unbearable for participants. These findings confirm outcomes that the work environment affects the work attitudes of health care providers, which in turn influences their work behavior (Perreira et al., 2019). Some participants reported that working in environments with pets affected their attitude toward work because they were afraid of pets. This also

confirmed research that showed that nurses working in nursing homes with a poor work environment reported higher cases of dissatisfaction and burnout (White et al., 2020).

Patients' Family Causes Stress

This study found that a key cause of stress among pediatric home care nurses was working with the patient's family. This included dealing with family behaviors such as parents disrupting the work environment, relatives lashing out at the pediatric home care nurse, and parents being angry or emotional. Participants noted that one of the major causes of stress was the constant interjection of family in their daily routines. This confirmed Fratantoni et al.'s (2019), findings that one of the unique aspects of home care is that its schedule cannot be disentangled from family life. Questioning the actions of the pediatric home nurses by the patient's family proved to be a key stressor for participants. Some families googled information on their child's care, others asked the pediatric home care nurse to skip a medication which caused stress for participants. Fratantoni et al. pointed out that some parents complained that pediatric home health care intrudes on their private home life. Participant 12 said, "stressors can be mistreatment by patients' families because they think you do not meet their expectations." Participants pointed out that working with chronically ill children in the home care setting entailed working with their families and this could be stressful if parents were not willing to reason with pediatric home care nurses.

Uncooperative Patients Were Stressful

This study found that pediatric home care nurses who cared for chronically ill children who were uncooperative were prone to stress. According to Vander et al. (2016),

there is a strong link between burnout and the experience of aggressive behaviors by patients. This was supported by the findings from this study for example, Participant 16 said, “There is minimal help in the home care setting and there is only so much you can do to provide care when the patient is constantly uncooperative and aggressive.”

Participant 16 expounded on this finding by saying “Sometimes a patient refuses a certain treatment and at times I must wait until they are ready.” The idea that patients can be uncooperative by refusing to take medications was supported by Participant 8 who said, “I find it stressful when I have a patient who is refusing to take their medications.”.

Viottini et al. (2020) pointed out that aggression against health workers can be verbal or nonverbal and highlighted that nonverbal aggression included insult, threat, or offending the caretaker. Participant 16 noted that patients could also be uncooperative by being physically aggressive towards their pediatric home care nurse saying “Yes, I have been pushed, punched, kicked, and had stuff thrown at me.” The ability of pediatric home care nurses to offer quality care to chronically ill children were limited in cases where patients were uncooperative because it was stressful.

Fear of Losing a Patient was Stressful

This study established that pediatric home care nurses were stressed because they constantly worried that their patients will pass on. The participants feared losing their patients more in cases where they had a personal connection with the patients. Participant 3 noted that “I was always wondering if the client was going to make it till my next shift.” According to Erikson and Davies (2017), pediatric nurses face the challenge of defining personal and professional boundaries when offering pediatric care to chronically

ill children and often find themselves connecting personally with the ill children they are caring for. The findings of this study confirmed the findings of Erikson and Davies since participants alluded to the personal connection with their patients as a trigger for them to worry about their patients' lives. Participant 3 also noted that "The most stressful thing for me was dealing with a patient that was terminally ill." Vicente et al. (2016) posited that work-related stress was reported by even the most experienced nurses when they cared for perpetually sick and vulnerable children. This was confirmed by participants who associated their stress with caring for patients who were not getting better. The fear of losing a patient was in some instances related to the participant doubting their nursing skills where Participant 9 said, "I enjoyed caring for my patient, but I was so afraid that my patient could die out of negligence that I started to dread going to attend to that particular case." Participants also noted that the preparation of pediatric home care nurses for the unlikely event of patients' death is necessary. Participant 12 said, "The most stressful experience is when a child unexpectedly passes away because we nurses are taught to alleviate suffering, heal the sick, and prevent illness, but that is not always the outcome." After the patient died, the participant experienced further stress because they reevaluated the whole event trying to figure out what should have been done differently. Participant 10 said, "The most stressful experience for me as a pediatric home care nurse is losing a patient. One begins to question what they would have done differently and maybe if it would have saved the patient." Pediatric home care nurses had the tendency to develop personal relationships with patients resulting in stress due to worrying that the

patient may die if their health did not improve, or if the patient died, they questioned what they could or should have done differently to prevent the death of their patients.

Long Working Hours Caused Burnout

This study ascertained that long working hours among pediatric home care nurses led to burnout. According to Vander et al. (2016), there is a strong link between burnout and heavy workload. This link was alluded to by participants in this study. Participant 1 said, “Burnout is caused by working too much and not having boundaries between work and your private life.” Working long hours resulted in participants not having time to engage in other activities. Participant 1 said “Nurses tend to work long hours and are still trying to have a normal social life. There isn’t enough time in the 24 hours to accomplish both.” Lin et al. (2016) pointed out that mental workload and perceived physical workload contribute to feelings of burnout among pediatric home care nurses. This study found out that pediatric home care nurses overloaded themselves with work by working extra hours to earn more income which led to burnout. Participant 5 said, “The situation most likely to cause burnout in pediatric home care nursing is working too many hours which is why I try not to work for long hours even when I need more income.” Participant 5 also associated the desire for more income with pediatric home care nurses working beyond their capacity and said, “Most nurses fail to measure human capacity; you need to practice self-care first to care for others.” The participants in the study worked long hours often to earn extra income which led to a lack of social life and ultimately stress and burnout.

Participants reported that the nature of their jobs such as dealing with multiple patients and lack of enough staff at workstations made the work long working hours resulting in stress and burnout. Long working hours caused by high job demands and overtime work result in work-related stress (Khamisa et al., 2019). Participants highlighted one of the jobs demands was dealing with multiple patients. Participant 8 said, “Burnout occurs when there’s a staff shortage and I find myself doing extra hours.” Participants also highlighted that COVID-19 contributed to high job demands for pediatric home care nurses. Participant 12 said, “There are now critical staffing shortages due to the pandemic that we are unable to adequately provide nursing care to all of our medically fragile children.” Participants reported long working hours caused by caring for multiple patients and the lack of enough workers in medical care centers as a source of stress.

Nurses Should be Supported to Deal with Stress

This study established that stress and burnout among pediatric home care nurses can be improved if they are supported by their colleagues and workplaces to deal with stress and burnout. Zeytinoglu et al. (2015) found that perceived support at work was one of the organizational practices associated with work stress. Participant 11 said, “I deal with stress by mostly talking to my boss about it and talking with other nurses on the case and see how other nurses feel about the case.” Participant 7 said, “The option was to go to another nurse dealing with the same thing and talk it through.” Participants acknowledged the importance of colleague support and Participant 3 said, “Where a nurse reports difficulty in dealing with a patient or their family, they should be paired up

with a more experienced nurse and go together.” Participant 5 supported this idea of pairing up nurses saying “For sure, two heads are always better than one. In any crisis, it is not that you are incompetent, but having another nurse or doctor there to help is preferable for every nurse.” Pediatric home care nurses reported that they try to make friends with other home care nurses to talk about their experiences which was established as helpful in mitigating stress and burnout.

Lack of Equipment in the Home Care Setting is Stressful

This study found that the lack of equipment in the home care setting resulted in stress and burnout among pediatric home care nurses. Participants pointed out that when they worked in the home care environment, they had limited access to equipment, especially during an emergency. According to Vincente et al. (2016), limited support and limited resources were a challenge for pediatric home care nurses. Participant 14 said, “The challenge with home care is that one has limited access to equipment in an emergency.” Participant 2 also said “In the home care environment, inadequate medical equipment. this can delay the patients care in event of an emergency.” According to Vander et al. (2016), the availability of resources could aid in protecting against work strain by reducing burnout. This finding was supported by Participant 6 who said, “I consider the home care environment to be the most challenging because of the lack of equipment which would help to better assist the patient.” According to Perreira et al. (2019) and White et al. (2020), the pediatric home care environment can be made less susceptible to work-related stress by ensuring that there are enough workers and resources. Participant 6 said, “At times you can get frustrated when you don't have the

equipment/instruments readily available to give your best at 100%.” Previous studies found that the lack of resources can make work stressful, and participants confirmed this by stating that the lack of equipment in the home care environment makes pediatric home care nursing work stressful.

Taking Care of Many Patients at the Same Time is Stressful for Nurses

This study found that pediatric home care nurses are stressed when they are allocated too many patients at the same time. Vander et al. (2016) showed that workload issues were related to emotional exhaustion. Participants reported that at times they must attend to many patients which results in burnout. They can be allocated too many patients who may be geographically distant from one another making the work stressful. Participant 2 said, “as a home care nurse, you are more burnt out because all your patients are in different locations.” Participant 11 said, “At any given time you had more than 1 patient and it was very stressful because you didn’t know what could happen at any time.” Participants confirmed that having many patients at the same time required them to divide their attention which resulted in stress and burnout especially if the patients are geographically distant from one another.

Stress and Burnout Lower the Quality of Care Offered

This study established that stress and burnout among pediatric home care nurses resulted in patients receiving low quality care. Participants posited that they were unable to perform at their best when they were experiencing stress. Participant 10 said, “I think it [stress and burnout] greatly affects the quality of care received by patients. Sometimes it may cause medical errors.” Participant 2 said, “If you are experiencing burnout,

physically you will be unable to perform at your best and if you are stressed, mentally you can't perform at your best." Vander et al. (2016) found that workload issues are related to emotional exhaustion. Participants acknowledged this and said that they mitigate this by taking days off when they feel exhausted. Participant 5 said, "I take time out for self-care, and I take leave from work." Some were given off days by their workplaces just to ensure that they do not feel overwhelmed. The participants confirmed that stress and burnout increase their likelihood of making medical errors. Participant 12 said "To deal with stress and burnout, try to take a mental health day when able, delegate work appropriately." Participants felt that working long hours can affect the quality of care they give citing examples of giving wrong medications or dosages. Günüşen et al. (2018) showed that mitigation of stress and burnout among pediatric home care nurses could translate to improved quality of care. Participants confirmed that stress and burnout lead to offering low quality or incorrect care and insisted that pediatric home care nurses should take days off when they feel stressed out so that they give care when they are at their best.

Solo Decision Making in Home Care Environment can be Stressful

This study established that pediatric home care nurses find it stressful when they must make decisions on their own when working in the home environment. Zeytinoglu et al. (2015) found that perceived support at work is one of the organizational practices associated with work stress. Participant 5 said "The home environment was peaceful but not without challenge. Dealing with time management and multiple fires to put out on your own." Participants reported that it was stressful dealing with time management and

putting out multiple fires by oneself. Participant 5 said, “The biggest challenge when offering pediatric nursing care in the home care environment is relying on your own experience and judgement when alone.” Participant 15 said, “This is because if you are not sure you have to figure it out and you are on your own and everyone depends on you to know what to do in a crisis if it occurs.” It is also difficult for pediatric home care nurses to know they are stressed out when they are on their own. Participant 7 said, “The reality is that no one is going to know that you are burned out because you are in the field on your own.”. Unfavorable work conditions affect the work attitude and outcomes (Perreira et al., 2019). Participants cited that being on their own in the pediatric home care environment is unfavorable. In the pediatric home care nursing environment, participants pointed out that they are on their own and they must tackle challenges relying on their own experience which can be stressful. Lack of organizational or colleague support in decision making forms an unfavorable work environment which could in turn lead stress and burnout (Perreira et al., 2019). Moreover, White et al. (2020) found that enhancing good work relationships among pediatric home care nurses makes them less susceptible to work-related stress. If pediatric home care nurses work alone in the home setting, it is more difficult to create a good work relationship compared to nurses who work with their colleagues and involves physical interactions with colleagues such as nurses in the hospital environment.

Self-care is critical in the mitigation of stress and burnout

This study established that the participants alluded to being engrossed in taking care of their patients that they forget to take care of themselves to the extent that they

experienced stress and burnout. According to Vander et al. (2016), self-efficacy or ego resiliency affect burnout among nurses. Participant 6 said, “The situation that is most likely to cause burnout in pediatric home care nursing is working long shifts without taking care of oneself.” The participants pointed out that some of them were unable to measure their human capacity and know when self-care is required. Participant 6 said, “What I learnt is you can't give a hundred percent of yourself at work if you're not feeling a hundred percent yourself.” Participant 12 said “It (stress and burnout) is very common because we often form a close bond with the children and families and want to give so much of ourselves and endure all the stressors, that we forget to provide self-care which significantly contributes to burnout.” Participant 14 said, “I can say that we focus to be advocates for our patients, but one should be an advocate for yourself.” Failure to take care of themselves put the health of the participants and that of their patients at risk. Taking days off was termed as the best form of self-care by participants. It offered an opportune moment for pediatric home care nurses to collect themselves. Participants pointed out that all participants should learn to advocate for themselves and prioritize this over being advocates for their patients. Self-care was established as critical in the pediatric home care nursing field because it improves the quality of care, they offer their patients. The best forms of care were established as self-advocacy and taking days off to prevent stress and burnout.

Connections to JD-R Model

When job demands are high, employees experience increased exhaustion (Demerouti et al., 2001), The findings of this study confirm excessive workload as a

stressor with participants reporting stress and burnout due to long working hours. Participant 4 said, “I believe most of the burnout is due to the long rigorous hours. The situation that is most likely to cause burnout in pediatric home care nursing is long working hours.” The JD-R theory purports that work resources promote individual growth whereas lack of the same results in negative consequences such as burnout and according to Demerouti et al. (2001), examples of job resources are bullying, unfavorable physical environment, irregular working hours and having a high workload. Participants confirmed that lack of job resources resulted in stress and burnout. One of the unfavorable physical environments that led to stress and burnout was the poor condition of homes. Participant 8 said, “Not every home you go to is clean. sometimes you are dealing with bedbugs, roaches, or mice.” Participant 9 said, “I couldn’t give that patient my attention because I was always on edge because of the dog.”

The JD-R model attributes the well-being of workers to the characteristics of their work environment (Demerouti et al., 2001), Participants reported a supportive work environment as helpful in alleviating stress and burnout. Participant 13 said, “Homecare does not offer enough support and room for consultation among nurses. I think sharing experiences with nurses that have gone through the same thing can help.” Participant 7 said, “I deal with stress and burnout by sharing it with colleagues who encourage me.” Demerouti et al. (2001), associates job demands with the health impairment of workers. According to Demerouti et al. (2001), high job demands such as a huge workload led to burnout. Participants confirmed that taking care of many patients at the same time overloads them resulting in stress and burnout. Participant 2 said, “as a home care nurse,

you are more burnt out because all your patients are in different locations.” Participant 11 said, “At any given time you had more than 1 patient and it was very stressful because you didn’t know what could happen at any time.”

According to Demerouti et al. (2001), examples of job resources are support from colleagues. The availability of the support of colleagues led to better stress and burnout outcomes. Participant 5 said “For sure, two heads are always better than one. In any crisis, it is not that you are incompetent, but having another nurse or Doctor there to help is preferable for every nurse.” Participant 13 said, “Homecare does not offer enough support and room for consultation among nurses. I think sharing experiences with nurses that have gone through the same thing can help.” Demerouti et al. (2001), extended job resources to include personal resources, such as optimism and self-efficacy, which refer to the belief people have on the extent to which they can control their environment. The lack of optimism about the recovery of patients led to stress and burnout as pediatric home care nurses worried about losing the patients. Participant 1 said “If I must mention the biggest challenge, for me is a patient dying, to me that is more challenging. I was always wondering if the client was going to make it till my next shift. Participant 9 said, “I enjoyed caring for my patient, but I was so afraid, that my patient could die out of negligence, that I started to dread going to attend to that particular case.” According to Demerouti et al. (2001), workplaces with high resources result in motivation and better engagement with work. Workers in workplaces with high resources are vigorous, dedicated and immersed in their work. Participants attributed the lack of resources to stress and burnout. Participant 6 said “At times you can get frustrated when you don't

have the equipment/instruments readily available to give your best at 100 percent.”

Participant 6 said, “I consider the home care environment to be the most challenging because of the lack of equipment which would help to better assist the patient.”

According to Demerouti et al. (2001), it is possible to incorporate self-reinforcing paths by changing job demands and resources. Workers can increase their job resources creating a positive self-reinforcing path. Participants pointed to self-care as a self-reinforcing path to deal with stress and burnout. Participant 10 said “I think it (stress and burnout) greatly affects the quality of care received by patients. Sometimes it may cause medical errors.” Participant 3 reiterated that “If you are experiencing burnout, physically you will be unable to perform at your best and if you are stressed, mentally you can’t perform at your best. “Workers can also avoid negative self-reinforcing path and hence avoid obstacles which undermine performance. One of the ways of avoiding negative self-reinforcing path was taking days off to relax. Participant 5 said “I take time out for self-care, and I take leave from work.” Participant 6 said “I feel that it is always good to take some time away to collect yourself.” Participant 1 said, “The workplace supports me by offering me to take a day off here and there so that I was not overwhelmed. This was helpful.”

Limitations of the Study

A researcher must identify the limitations of their research because it has implications for the trustworthiness of the research. Whereas this study contributes to the literature by providing additional information on the lived experiences of stress and burnout among pediatric home care nurses, it is vital to note the limitations of the study.

Limitations were first experienced at the participant recruitment stage. For starters, it was vital to manage and eliminate bias throughout the study given that the researcher has worked as a pediatric nurse and was working with some. To ensure transferability the participants were recruited across various geographical regions within New Jersey.

Another limitation was that data collection was done at the height of the COVID-19 pandemic. Due to the restrictions instated to curb COVID-19, it was impossible to use face-to-face interviews for data collection. Most of the participants of the study were active in the nursing profession during the data collection phase. Therefore, since COVID-19 resulted in staff shortages due to the increased number of patients it was difficult to schedule online interviews or phone interviews with the participants because most of them were busy making it difficult to allocate time for the interviews.

Implications

The results of this study can be used to understand stress and burnout among pediatric home care nurses. In this section, I will review the implications related to practice, theory, and social change.

Practice

The results of this study can be used to formulate policies that can mitigate stress among pediatric home care nurses. From this study, I pointed to the causes of stress such as the condition of homes, patients' families, long working hours etc. Policies can be formulated to directly combat these causes to ensure the nobility of the pediatric home care nursing practice. Community programs can also be formed using the results of the study. From the tenets of the study, the community must be educated on the vital role of

pediatric home care nurses. Moreover, pediatric home care nurses' programs should entail coaching family members on what is expected of them in terms of supporting pediatric home care nurses to ensure they give the best care possible for pediatric home care patients.

Theory

The knowledge fronted by the job demands-resources (JD-R) occupational stress model were supported my findings. My findings expound on the subjective interpretation of the work environment to give the challenges with the environment. My results indicate that the condition of homes can be challenging due to the presence of cockroaches, bugs, mice, and other rodents. Moreover, the patient's family forms a critical element of the home working environment.

Social Change

The results of this study are useful in improving the lived experiences of pediatric home care nurses and pediatric home care patients. The results were critical in eliminating the causes of stress and burnout among pediatric home care nurses. By mitigating stress and burnout, pediatric home care patients will receive improved quality of care. Pediatric home care nurses will also achieve improved mental health when stress and burnout mitigation measures are employed.

Recommendations for Action

From the findings of the study, an insight into the lived experiences of stress and burnout among pediatric home care nurses was obtained. The recommendations for action are based on the findings of the study of lived experiences of stress and burnout

among pediatric nurses. I found out that the poor condition of homes causes stress and burnout, patients' families cause stress, uncooperative parents were stressful, fear of losing patients was stressful, long working hours caused burnout, nurses should be supported to deal with stress, lack of equipment in the home care setting is stressful, taking care of many patients at the same time is stressful for nurses, stress and burnout lower the quality of care offered, solo decision making in the home care environment can be stressful and self-care is critical in the mitigation of stress and burnout. Based on these findings, this study recommends the following actions.

Pediatric home care nurses should be protected from the poor condition of the homes in which they work. One of the actions recommended is that the homes that pediatric home care nurses intend to be sent to work in should be inspected and establish the condition and unique attributes of the homes. During inspections, the homes should be inspected and meet a threshold of cleanliness to ensure that pediatric home care nurses will work in a neat home. Homes that do not meet these thresholds were required to meet the desired standards of cleanliness before pediatric home care nurses are deployed to work in these homes. Clean homes would ensure that nurses do not work in homes with rodents, cockroaches, and flies. During the inspection, the residents should declare whether they harbor any pets. The information on the existence of pets in these homes should be shared with pediatric home care nurses so that they can choose if they are comfortable working in environments with pets. The residents should be made aware that if the residents are into drugs, the pediatric home care nurse were at liberty to terminate the assignment and seek reassignment. A thorough inspection of homesteads before

assigning them to pediatric home care nurses and communicating the condition of homes to pediatric home care nurses will protect pediatric home care nurses from stress and burnout caused by working in homes which are in a poor condition.

This study recommends establishing a code of conduct for the patient's family to follow to protect pediatric home care nurses from stress and burnout caused by the patient's family. Families should be informed of what is required of them and agree to it before they are assigned pediatric home care nurses. The families should be informed that the pediatric home care nurses can be withdrawn should the families violate the code of conduct. The code of conduct should outline how the family can raise their grievances without agitating the pediatric home care nurses allocated to them. To be fair to families, the code of conduct should also guide pediatric home care nurses in outlining how they are required to handle the patient's family. Having a code of conduct guiding families and pediatric home care nurses on how to treat one another would eliminate stress caused by arguments between the pediatric home care nurses and the patient's families.

Although it is difficult to force patients to cooperate because pediatric home care nurses deal with sick children, pediatric home care nurses could be trained on how to handle uncooperative patients. For instance, pediatric home care nurses should be trained on how to handle physically aggressive patients. This can prepare them on what to do if a patient becomes physically aggressive. Pediatric home care nurses can also be trained on other ways of administering medicine to patients that fail to cooperate by refusing to take medicine. Educating pediatric nurses that patients can be uncooperative and training them on how to handle them would prepare pediatric home care nurses such that incidents of

uncooperative do not come as a shock and the pediatric home care nurses remain calm because they know how to handle such.

Pediatric home care nurses during their training that losing a patient is a possible outcome when caring for patients. Pediatric home care nurses should be trained to handle patient mortality without plunging into depression or stress. The training should help them avoid taking the death of the patient personally and instead cover how to assist the family in grieving. They should also train pediatric home care nurses on how to manage the expectations of families in cases where patients are in critical condition. Even with the training and preparation of nurses for patient mortality, it is vital to recommend hospital care for critically ill patients. Critically ill patients could receive better care in the hospital environment and their death can be avoided. Training pediatric home care nurses and transferring critically ill patients to hospital care would minimize patient mortality in the home care setting and prepare pediatric home care to handle patients' death mitigating stress and burnout due to patient mortality.

This study recommends controlled shift hours for pediatric home care nurses to mitigate stress and burnout caused by long working hours in the pediatric home care setting. Pediatric home care nurses should be regulated to work up to a maximum number of hours after which they should be relieved. To control the tendency of nurses to work extra hours to earn extra income, external controls should be initiated such that the maximum number of hours apply across different stations. Irrespective of whether a pediatric home care nurse is working with different care centers, combined work hours should be regulated to be up to the set maximum. Working long hours puts the lives of

pediatric home care nurses and their patients at risk. Having laws that dictate the maximum number of work hours per day would shield pediatric home care nurses from stress and burnout caused by long working hours whether due to external factors and job demands or deliberately to earn extra income. The study also recommends that the same measures are put for the number of patients per nurse. A pediatric home care nurse should be restricted to a maximum number of patients to deal with at any given time.

This study recommends the establishment of a stress and burnout support program for pediatric home care nurses. The support program should see to it that every care center has a wellness center within it with staff to support pediatric home care nurses deal with stress and burnout. The support center should keep management in check to ensure even the recommendations suggested earlier are adhered to. Moreover, the wellness center should also organize pieces of training and seminars for pediatric home care nurses. It should also champion measures to mitigate stress and burnout. The center should be open for pediatric home care nurses to seek counselling on matters of stress and burnout. The center should also put in place measures to encourage pediatric home care nurses to be each other's keepers and encourage self-care more. Establishing a support structure, enforcing stress and burnout mitigation interventions, and promoting self-care among pediatric nurses would create support to mitigate stress and burnout among pediatric home care nurses.

The study recommends that pediatric home care nurses where possible should be deployed in pairs. If pediatric home care nurses work in pairs, they will consult one another on critical decisions and avoid stress and burnout caused by solo decision-

making. They would also keep one another in check and inform themselves when they need to rest. Moreover, having a colleague in the home care setting will form a good support structure and they can share challenges when they face them. Working in pairs is critical in the mitigation of stress and burnout because it offers a support structure for decision-making and motivates self-care.

Lastly, this study highly recommends that self-care be made a critical topic in the pediatric home care nursing field. The importance of self-care and its impact on service delivery should be at the back of every pediatric home care nurse. Self-care should be integrated into the vision and mission statements of the center offering pediatric home care nurses. To encourage self-care, the study also recommends that pediatric home care nurses should be allowed to take leave days whenever they feel stressed or are experiencing burnout. Encouraging self-care and allowing pediatric home care nurses to take days off whenever they feel stressed could greatly reduce stress and burnout caused by pediatric home care nurses focusing more on patients and forgetting their well-being.

Recommendations for Further Study

Although the lived experiences of stress and burnout among pediatric home care nurses were obtained from the study findings, individuals can also obtain opportunities for future research. The first recommendation is that future researchers are encouraged to replicate this study using a mixed methods approach in a similar context. This numerical approach would allow for gauging the level of stress and burnout associated with different lived experiences. The quantitative methodology allows for a greater number of participants.

The second recommendation is that future researchers should conduct a similar study comparing the lived experiences of pediatric nurses in the hospital care environment and the home setting environment. This method will allow for more correlation and comparison of the unique features of these environments that contribute to stress and burnout. Lastly, another recommendation for the future researcher is to replicate the study using a wider sample with a larger geographical limit. This study was based on a sample of 17 participants all drawn from new Jersey. Replicating the study in a wider region would allow for capturing more diverse lived experiences on stress and burnout among pediatric home care nurses.

Conclusion

Through a transcendental phenomenological lens, I explored the lived experiences of stress and burnout among pediatric home care nurses. The findings were that the poor condition of homes causes stress and burnout, patients' families cause stress, uncooperative parents were stressful, fear of losing patients was stressful, long working hours caused burnout, nurses should be supported to deal with stress, lack of equipment in the home care setting is stressful, taking care of many patients at the same time is stressful for nurses, stress and burnout lower the quality of care offered, solo decision making in the home care environment can be stressful and self-care is critical in the mitigation of stress and burnout. Stress and burnout have led to low quality of care in pediatric home care nursing. It has also led to the poor mental health of pediatric home care nurses. The findings of this study should be seen as a foundation for formulating interventions that mitigate stress and burnout among pediatric home care nurses. It would

improve the health of pediatric home care nurses. This, in turn, would lead to a better quality of care received by pediatric home care patients.

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Appendix A: Recruitment Flyer

A study seeks participants caring for chronically ill children in the home setting.

The study is entitled “The Lived experiences of Stress and burnout among Pediatric Home Care Nurses” and it could help formulate policies that mitigate stress and burnout among pediatric nurses who offer care to chronically ill children. In the study, you are invited to describe your experiences caring for chronically ill children in the home setting. This interview is part of the doctoral study for Johane Garcon-Paul, a PhD student at Walden University.

About the Study

One 60-minute phone interview

Volunteers must meet these requirements

- Working in pediatric home care for a minimum of 3 years in New Jersey
- Must be currently involved in, or have been involved in, caring for chronically ill children in the home setting within the last five years
- Must be RNs or LPNs

Use below contacts to confidentially volunteer:

Email:

Contact:

Appendix B: Screening Form

This questionnaire is being conducted by a researcher named Johane Garcon Paul a PhD student at Walden University.

The following questions will determine if you are eligible to participate in this research study:

Date_____

Are you currently working as a pediatric home care nurse? Yes_____ No _____

How many years have you worked as a pediatric home care nurse?

Do you live in the state of New Jersey? Yes_____ No _____

Appendix C: Interview Protocol

QUESTIONS

There are two sections of questions, demographic questions, and interview questions.

a) Demographic Questions


- 1) Name
- 2) Sex
 - Male
 - Female
 - Intersex
 - Not listed
 - Prefer not to answer
- 3) Marital Status
 - Single
 - Married
 - Divorced
 - Widow or widower
 - Prefer not to answer
- 4) Education Level
 - Doctorate
 - Master's degree
 - Bachelor's degree
 - Associate degree
 - High school diploma
 - Less than high school
- 5) Race/Ethnicity
 - White
 - Black or African American
 - Native American or Alaska Native
 - Asian
 - Hispanic or Latino
 - Native Hawaiian or Pacific Islander
 - Prefer not to answer
- 6) Any relationship with the care recipient, blood or otherwise? Yes () No ()
- 7) Are you a caregiver to multiple patients? Yes () No ()

b) Interview Questions

1. How long have you worked as a nurse?
2. What motivated you to venture into the field of nursing/pediatric nursing/pediatric home care nursing?

3. Which environment/ setting do you consider most challenging when offering nursing care? Why?
4. What do you know/understand about stress and burnout in pediatric home care?
5. What do you consider to be the biggest challenge(s) when offering pediatric nursing care in the home care environment? Why do you consider this the biggest challenge(s)?
6. What is/are the most stressful experience(s) for you as a pediatric home care nurse? Why?
7. What are the situations that are most likely to cause burnout in pediatric home care nursing?
8. What do you do to deal with stress and burnout as a pediatric home care nurse, specifically as it relates to your job?
9. Does your workplace offer resources to prevent or mitigate stress and burnout as a result of your job?
10. Is there anything you would like to share that you think is relevant to this study?

Appendix D: CITI Certificate

		<p>Completion Date 21-Jun-2021 Expiration Date N/A Record ID 42982337</p>
<p>This is to certify that:</p>		
<p>Johane Exe</p>		
<p>Has completed the following CITI Program course:</p>		
<p>Not valid for renewal of certification through CME.</p>		
<p>Student's <small>(Curriculum Group)</small> Doctoral Student Researchers <small>(Course Learner Group)</small> 1 - Basic Course <small>(Stage)</small></p>		
<p>Under requirements set by:</p>		
<p>Walden University</p>		
		
<p>Verify at www.citiprogram.org/verify/?w7f1ac4b2-7ce3-417d-a1ea-e9b0e80d0b11-42982337</p>		