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QUALITATIVE RESEARCH OF EMOTIONAL PHENOMENA OF PROFESSIONAL ACTIVITY OF NURSES

Abstract: Using a qualitative method of research, nurses described their experiences and feelings of professional activity as a living phenomenon occurring in their natural environment. Feelings and experiences arising from these interviews were divided into three themes: work environment, emotional and physical overload, perception of professional activity.

Keywords: qualitative method, phenomenology, professional activity, experience, nurse

BADANIA JAKOŚCIOWE EMOCJONALNYCH ASPEKTÓW AKTYWNOŚCI ZAWODOWEJ PIELĘGNIAREK

Streszczenie (abstrakt): Z zastosowaniem jakościowej metody badań, pielęgniarki opisały swoje doświadczenia i uczucia towarzyszące im w trakcie działalności zawodowej jako typowe aspekty występujące w ich naturalnym środowisku. Uczucia i doświadczenia wynikające z tych opisów ujęte zostały w trzech wymiarach: środowisko pracy, przeciążenie emocjonalne i fizyczne, postrzeganie aktywności zawodowej.

Słowa kluczowe: metoda jakościowa, fenomenologia, aktywność zawodowa, doświadczenie, pielęgniarka

Introduction

Professional activity of medical workers by its nature is an activity that involves intense psycho-emotional interaction. Therefore, it is characterized by enormous complexity, unpredictability, a wealth of psychological content related to the world of reality, the dynamics of relationships¹. Currently, most studies of professional phenomena rely on so-called «evidence-based» methods. However, measurement, generalization, language of abstractions, which dominate positivist psychology, are not applicable to the description of subjective meanings². Therefore, if we want to understand the social world of human beings, their perception of reality in a particular situation, then there is clearly not enough rational

¹ M.M. Morozhanova. Problema vzaimovliyaniya emocionalnoi sferi lichnosti i professionalnoi deyatel'nosti sistemami «chelovek–chelovek». Vitebsk 2018, s. 62-67.

² V.A. Yanchuk. Metateoriya psichologicheskogo znaniya: teoriya i praktika. Vitebsk 2017, 456 s.

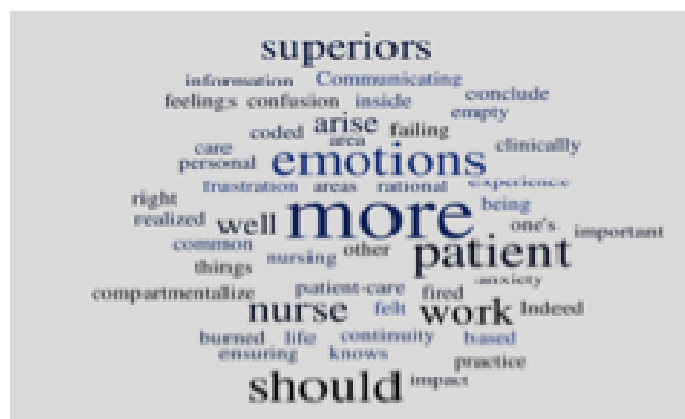
language of categories and abstractions. For the knowledge of experience, meanings, feelings of specific people, it is necessary to turn to knowledge, based mainly on understanding and interpretation, that is qualitative research methods. The phenomenological method, as a kind of qualitative research methods, aimed at revealing the structure of a particular experience and meaning, which involves a human situation, event or object. This study was conducted to examine the experience of nurses, its positive and negative effects.

Materials and methods

The material of this study was the data of the phenomenological interview. The study involved five nurses working in various health care institutions in Vitebsk, Belarus. The study was conducted on a voluntary basis, in an informal setting, with permission to record interviews and respect for confidentiality and anonymity. The interviews were recorded on the phone and transcribed literally. Data analysis was conducted in two stages: the use of NVivo10 software for Windows and the descriptive phenomenological psychological method of A. Giorgi. The method consists of five essential steps: a) reading the description several times to get a general idea of the whole; b) assuming the attitude of the scientific phenomenological reduction; c) discriminating «meaning units» with an focuses on the phenomenon being studied; d) transformation of «meaning units» contained in the description, to the psychological meaning of what is being expressed; e) the synthesis of all transformed meaning units into a common structure of experience of the subjects³.

Results

The decrypted data obtained from the interview was imported into a Word document and then into the NVivo 10 software. A word-frequency query, containing 50 of the most frequently used words with a minimum of 4 letters, revealed the words that were most common in the interviews with the participants. The most visible words were «work», «patient», «emotions», «more», «should», «superiors» (Picture 1).



Picture 1. Word Cloud diagram. Source: Own study.

³ Giorgi, A. The Descriptive Phenomenological Psychological Method. Sage, 2017. – P. 176–192.

The division of descriptions into meaningful for participants and phenomena meaning units, allowed us to find similarities between the perceptions of nurses about their professional activities. Based on a hands-on (1-4 stage Giorgi's method) and NVivo review of data, each unit was grouped according to meanings related to one topic. The classification of interview data in NVivo, through the coding process, helped to identify the themes and sub-themes and they numerically distributed by reference count and percentage coverage. Table 1 is a summary of themes.

Table 1. The summary of themes

Themes	NVivo references	NVivo Coverage %
Work environment	53	71,0
Physical and emotional overload	42	56,3
Perception of professional activity	39	52,3

Source: Own study

Then, the categorized themes were examined to define meaningful units according to statements made by participants. The identified themes, description of meaning units, the participants' quoted words and sentences were distributed into four columns in an abridged version. Table 2 illustrates the participants' experiences and feelings related to work environment.

Table 2. Summary of the theme: Work environment.

Theme	Sub-themes	Meaning units	Quotes words, sentences participants
Work Environment	Relationships with Co-Workers	No teamwork	P1. Point out errors, deficiencies. P3. Doctors can yell, and reprimand in the patient's presence. P4. I don't have to do this alone. P5. Just supporting the team would make me feel better.
		No help or little help	P2. We have less respect, support for each other, relations have become tense. P3. Before, we had a sense of support, we were all for each other.
	Patients and caring	Conflicts	P1. Conflicts in queues happen all the time. P2. We need to find a common language. P3. Difficult to communicate, difficult to explain.
		Empathy	P4. However, we must always remember that it hurts the same: good and evil ones. P5. Put yourself in the patient's shoes

	Supervisors and quality organizations	Disregard	P2. The attitude of the administration to employees is that of masters to slaves. P3. You're nobody! ... Just feels unnecessary. P4. And our administration as always: so that everything is quiet.
	Document flow process	Loss of control of working and personal hours	P1. There is no time to work with patients until you write everything. P2. It is necessary to get and fill out a huge pile of documents. P4. It is necessary to fill in documents after work, in our free time.

Source: Own study

In this way, participants described working environment as one of the sources of tension, anxiety, self-doubt, helplessness, lack of responsibility for the creation of motivating working conditions. As far as the work process is concerned (patient care), most of the participants related to the sense of caring, compassion, and strategies of minimizing and avoiding emotional reactions resulting from the manifestation of emotions.

Table 3. Summary of the theme: Physical and emotional overload

Theme	Sub-themes	Meaning units	Quotes words, sentences participants
Physical and emotional overload	Physical overload	Lack of staff	P1. Day work: procedural and dressing, and in the evening, you are left alone. P2. Nurse, due to congestion, cannot provide full patient care. P3. The work is hard, both physically and mentally. P4. We do not always have enough time to have a snack
	Manifestation and causes of emotional overload	Disappointment in the profession	P1. People are disappointed in their profession. P3. You become stale, you do not pay attention to anything, you do not perceive so acutely the patient's condition any more
		Stress and burn-out	P1. Manifested by constant stress. P2. Medical workers also have to deal with the exhaustion that causes stress. P4. I want peace and quiet. P5. Experiencing professional burnout.
	Prevention and coping strategies	Removal of stress	P1. Smoking and sleeping. P3. I took the sedative, calmed down.
		Personality changes	P2. You need to work on yourself. P4. I revised my values in relation to work.
		Positive from the patient	P5. For her, the patient's smile and being complemented are the best motivators to stay in the profession.

Source: Own study

One more subject included the physical and emotional overwork caused by excessive workload, time pressure, the shortage of the resources necessary to perform professional duties. In Table 3, participants described the manifestations of overload at work.

Thus, the experience of overcoming emotional overloads and burnout among the participants was quite varied: from relieving tension with the help of bad habits, medicines, to working on themselves and changing jobs.

In table 4, the participants described how their perception of professional activity changes over time: many participants during the interview stated that their perception of professional activity has changed over the years.

Table 4. Summary of the theme Perception of professional activity

Theme	Sub-themes	Meaning units	Quotes words, sentences participants
Perception of professional activity	At the beginning of the career	Altruistic feelings	P1. There should be this need in the soul — to help people, to treat them with attention and care. P3. When I came to work, I wanted to be useful P5. I wanted to help, wanted to learn everything.
		Neutral attitude	P2. I do not and never had any great ideas or thoughts to save people. P4. I did not get to become a nurse because it was my biggest dream.
	At the present time	Disappointment in the profession	P1. The prestige of our profession has recently begun to fall; it has become unprecedented to be a nurse. P5. Now I would never enter nursing.
		Positive attitude	P3. I come to work ... at least some duties I carry out mean something in the world, for people. P4. I love my profession and would not switch to any other.
	Importance and value of the profession	Important	P1. My work is important, without nurses you can't go anywhere. Our main task is to care for the patient. If there is no one to put droppers, to do bandages, to control the implementation of appointments, to organize various functional examinations, the Department can be closed.

Source: Own study.

Thus, positive expectations and ideas about the profession remained with 2 participants, one participant's feelings about the work are contradictory; another participant had and still has neutral emotions, disinterest in the profession; regret – this is how the last participant describes his feelings about the choice of profession.

Once we have consistently outlined a specific description of individual experience structures, we can present a General structure of a nurse's experience (according to step number 5 of Giorgi's method).

Nurses may experience a wide range of emotions daily in the course of their work. The shortage of nurses and the associated intensity of work, responsibility, as well as a large volume of documents are among the factors that cause negative emotions in nurses. Participants viewed their workload as overwhelming. They felt an acute shortage of time and that they work 24 hours a day.

Support from colleagues makes them stronger and more stable. Group climate considered by them as playing an important role in this. Shortcomings in the organization and one-way communication negatively affect the sense of value of nurses and their clinical competence. They lead to a decrease in self-esteem, helplessness, makes them temporarily lose both technical and emotional confidence that they can provide effective care to patients.

Physical fatigue, exhaustion because of working overload force most of the nurses to come to work with the feeling of some disappointment. Frustration is everywhere: nurses are frustrated with doctors, colleagues, administrators, and even patients. As they point out, this is an emotion that needs to be controlled, otherwise it will lead to exhaustion. They are forced to act by altruistic views associated with a high degree of dedication which give rise to concern for the well-being of patients.

However, not all the emotions that nurses experience during the day are negative. In fact, many of them have positive emotions that remind them why they became nurses. Compassion, in their opinion, is the main emotion that nurses should use when negative emotions seem too intense. Only by communicating with people, putting themselves in the place of patients, looking through their eyes, they can develop positive emotions, the joy of knowing that they are useful and help people.

Summary

Descriptive phenomenology is used in psychological research as a method of research and description of people's life experience. The purpose of this article is to describe the nurses' perception of their professional activities. The study participants identified negative emotions at work, such as working under pressure, stress and anxiety, therefore, the quality of medical care, as well as the personal and family life of nurses are disturbed. Group support, teamwork, positive emotions, and improved relationships between managers and nurses can reduce stressors in the nursing profession.

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