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I Get By with a Little Help from My Friends: A Qualitative Study of Nurse Close Work Friendship and Social Support

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I GET BY WITH A LITTLE HELP FROM MY FRIENDS: A QUALITATIVE STUDY
OF NURSE CLOSE WORK FRIENDSHIP AND SOCIAL SUPPORT

by

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Western Michigan University, 2014

The nursing profession is laden with numerous job, emotional labor, and communication stressors, which come from both patients and healthcare organizations. These frequent and simultaneous pressures can result in nurse burnout and turnover (Tracy, 2009). Socially supportive workplace communication has been identified as a solution to reducing nurse stress, burnout, and turnover (Apker & Ray, 2003), but has not specifically considered social support in nurse work friendships. A mixed qualitative method study was conducted with five nurse best friend pairs, using job observations of participants' work friendship communication and individual and joint interviews. Two major communication themes emerged from the data, consisting of characteristics of close friendships and close friendship supportive communication behaviors during times of stress. Study findings highlight the importance of best friends at work and the supportive communication that they offer. This study extends research within the field of communication in health organizations by illuminating ways that nurse friends offer supportive communication during times of stress. Two particularly novel and unique findings from this study include how nurses use humor as a coping mechanism and how objects can be used to gain a deeper understanding of the nuances of close work friendships. Implications and limitations of the study and future directions are given.

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CHAPTER I

INTRODUCTION

Nurses play a central role in the 24-hour-a-day, seven-day-a-week system of health care delivery in the United States. It is the nurse who is the most consistent caregiver at the patient bedside, coordinating care among multiple health professionals and maintaining critical links between the health care team, patients, and families (U.S. Department of Health and Human Services [HRSA], 2010). Nursing is also the nation's largest health care profession, consisting of more than 3 million RNs LPNs, with most nurses working in direct care positions at busy inpatient care facilities (HRSA, 2013). These organizations consist of intense workplace pressures such as managed care requirements limiting inpatient care to patients who are the sickest of the sick while simultaneously encouraging caregivers to speed up their work and care for more patients (Miller, Joseph, & Apker, 2000). Moreover, inpatient care most often involves caring for senior-plus patients who typically require longer and more intensive nursing care services (HRSA, 2010). Finally, inpatient care demands disparate health professions to work together, but health professionals may be ill equipped to collaborate effectively and entrenched medical hierarchy reinforces subordination to physicians (Propp et al., 2010).

Given the above pressures and others, inpatient nurses experience high levels stress, burnout and turnover (Bloom, Alexander, & Nuchols, 1992). Such experiences result in significant human and financial costs for individuals (e.g., patients, nurses), health teams, and employing organizations. Scholars in health communication and nursing have searched for answers to improve quality of work life for nurses in ways that may stem the tide of nurse burnout, turnover, and resulting shortage (Hayes et al., 2006).

Positive, socially supportive workplace communication has been identified as a solution to reducing nurse stress, burnout and turnover (Apker & Ray, 2003). To date, however, the research literature has not specifically considered social support in nurse work friendships, although such communication has been found to enhance quality of work life in non-health organization contexts (Sias, 2009).

The purpose of this thesis is to understand peer friendship communication that may help nurses cope with stress and burnout. This chapter introduces foundational perspectives and concepts. First, the chapter will highlight the rationale for the proposed study by considering the consequences of nurse burnout and turnover. Second, the chapter will briefly summarize the research literature regarding the proposed topic areas, including stress and burnout, workplace peer friendships, and social exchange theory as a theoretical perspective to explain how work peer friendship provides social support. Finally, the chapter will identify research questions to guide the proposed study and extend the research on nurse coworker friendships and ways of coping with stress and burnout.

Stress and Burnout in Nursing: A Communication Perspective

Stress and Burnout in Nursing

Stress and burnout have profound negative effects for decades on those employed in the nursing profession. Stress can be conceptualized as when someone perceives a situation as stressful and views the need to deal with the occurrence as beyond their scope of ability (Jenkins & Elliott, 2004). Pines (2002) defines burnout as "the state of physical, emotional, and mental exhaustion caused in highly motivated workers by disenchantment and continuous struggle with situations that are emotionally demanding" (p. 13). Burnout

manifests itself in people's experiences of emotional exhaustion, depersonalization, and/or feelings of a lack of personal accomplishment (Goodman & Boss, 2002). It is interesting to note that much of the existing literature focuses on outcomes from the organization's perspective, even many individual costs, such as productivity. Individual costs of burnout may not only harm the nurse experiencing them, but can also extend out to the organization and patient care.

Effects of burnout include but are not limited to higher turnover rates, absenteeism, and diminished work performance and morale (Jenkins & Elliott, 2004; Pines, 2002). Turnover rates in nursing have been increasing, and turnover costs in the United States alone reach billions of dollars yearly (Apker, Ford, & Fox, 2003). A recent study found that a healthcare organization can save up to one million dollars per year by decreasing turnover by just one percent (Schweiters, 2013). Additionally, for each nurse that is hired, the costs of recruiting and training within the first five months can reach upwards of nearly one-hundred thousand dollars (Arnold, 2012). As we can see, turnover is extremely costly to healthcare organizations, so understanding and reducing turnover as a result of burnout can not only improve patient and employee outcomes, but profit the organization significantly. Perhaps most disturbing is research suggesting nurse burnout contributes to poor patient outcomes. For instance, nurses are prone to spend less time with the patients (Jenkins & Elliott) and may even affect the quality of nursing assessments (e.g., emotional responsiveness to patient needs, judgment on patient care indicators) (Leiter, Harvie, & Frizzell, 1998). Communication and nursing scholars looking for ways to alleviate nurse burnout often consider social support processes within the workplace (Jenkins & Elliott), a topic considered next.

Supportive Communication

Social support is characterized as interpersonal actions that are helpful, and can improve both mental functions and behavior (Harris, Winskowski, & Engdahl, 2007). A helpful way to manage stress is through supportive communication, which has been found to reduce nurses' feelings of uncertainty and increase their sense of control over stressful situations (Apker, Ford, & Fox, 2003). Social support, especially support from coworkers, is positively associated with improved quality of work life for nurses and nurse retention (AbuAlRub, 2010). For ease of understanding in this study, the terms "peers" and "coworkers" are used synonymously. Coworkers are defined as employees who work alongside each other and are on the same hierarchical level within the organization (Chiaburu & Harrison, 2008).

Relationships in the workplace serve many roles, including offering instrumental, emotional, and informational support systems (Sias, 2005). Coworkers are often the most helpful source of these types of support, as they understand and know more about experiences at work than individuals outside of the workplace (Sias). Although each type of support offers different kinds of help, they actually can all be used in the same stressful situation, since situations can develop over time and require various types of support as they reach different phases (Jacobson, 1986). Understanding social support in the workplace is important because it helps to regulate stress and health related outcomes. Lack of support is related to issues such as depression, anxiety, and physical illness (Jou & Fukada, 2002). The effects of support are also valuable to organizations as it helps to reduce burnout. Jenkins and Elliott (2004) found that social support moderates burnout especially in aspects of emotional exhaustion and helps to diminish effects from stressors

in depersonalization. To date, research regarding social support in nursing has explored levels of work relationships (e.g., coworkers, supervisor-subordinates), but has not considered the nature or intimacy of such relationships. The current project attempts to fill this gap by specifically considering social support within nurse work friendships.

Workplace Peer Friendships

Adult friendships commonly develop in the workplace due mainly to shared interests, common context, close proximity, and time investment (Bridge & Baxter, 1992). Peer relationships exist between "equivalent" coworkers who have no official authority over one another. They are the most common types and most satisfying forms of workplace relationship (Sias, 2005; Simon, Judge, & Halvorsen-Ganepola, 2010).

Types of Coworker Relationships

Peer coworker relationships present a number of benefits, including career-enhancing functions such as information sharing and job feedback, and psychosocial functions such as emotional support and friendship (Kram & Isabella, 1985). Kram and Isabella identified three specific types of peer workplace relationships, called information peer, collegial peer, and special peer, which vary in function, trust, and self-disclosure. Information peer relationships exist primarily to share information about work (Myers, Knox, Pawlowski, & Ropog, 1999). There is little self-disclosure and trust, and communication does not go far beyond work-related topics (Sias, 2005). Collegial peer relationships are more personal and include moderate amounts of trust and support (Sias). This is the stage where friendships in the workplace usually begin, and peers share concerns with one another (Myers et al.). The most intimate peer relationship is the special peer, which are strong friendships and have the highest levels of trust and support

(Sias). This is the least common type of relationship and it takes the longest to build (Myers et al.).

Outcomes of Workplace Friendships

Friendships in the workplace are associated with a number of significant organizational aspects, including worker satisfaction, career development, and decision-making influence (Sias, Gallagher, Kopaneva, & Pedersen, 2012). Coworker satisfaction is positively related to work and life satisfaction (Simon, Judge, & Halvorsen-Ganepola, 2010). Having friends at work can even improve work group solidity (Bridge & Baxter, 1992). This line of scholarship shows promise for improved quality of work life conditions in stressful professions such as nursing, but to date such topics have not been fully explored by communication and nursing scholars. One exception is a study by Leiter, Harvie, & Frizzell (1998) that shows workplace friendships reduce nurse turnover and increase patient satisfaction with care.

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Social Exchange Theory

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Social exchange theory (SET) offers helpful insight into explaining how nurse work friendships provide social support in ways that ameliorate nurse stress and heighten nurse coping (Buunk & Hoorens, 1992). SET is one of the most influential models for explaining friendship behavior in the workplace (Cropanzano & Mitchell, 2005). Emerson (1976) explained the social exchange approach as "the economic analysis of noneconomic social situations" (p. 336). This theory posits that people compare alternatives and choose that which they perceive to have the most value (Emerson). Social exchange consists of interdependent interactions that rely on others' behaviors, which have the ability to result in valuable relationships (Cropanzano & Mitchell). These

exchange outcomes can have emotional effects on the members, which means that positive emotions generated by exchanges enhance relations with others and groups (Lawler, 2001). This relates to turnover in nursing as nurses may choose to stay in their position if they perceive their peer exchange relationships to be of higher value than the alternatives of leaving the organization.

The exchanges that people have at work connect to the positive or negative feelings they have about their organization (Taylor & Pillemer, 2009). This may help to explain why nurses decide to leave the organization, as they attribute the stress of the job to their workplace. By using social exchange to explain turnover in nursing home staff, Taylor and Pillemer explain that while the staff members care about providing good care to their residents, they are conscious of the fact that this high level of care can only be achieved through cooperation. They found that the level of satisfaction with the care given at an earlier time affects how members feel toward the organization later on (Taylor & Pillemer). These feelings toward the organization may in fact determine whether the employee decides to stay or leave their job.

To summarize, the research literature briefly reviewed in this chapter shows a long line of scholarship informative to the proposed study. However, salient gaps exist regarding the nature of nurse workplace friendship communication, specifically social support and social exchange, as key processes mitigating nurse stress and burnout. Thus, this study proposes to explore the following research questions:

RQ1: What communication behaviors characterize close nurse coworker friendships?

RQ2: What work friendship communication behaviors do nurses enact to cope with stress and burnout?

Conclusion

This first chapter introduces readers to the theoretical and applied research which guides the thesis project. Chapter Two provides an in-depth review of the relevant literature surrounding stress and burnout in nursing, peer workplace friendships, and supportive communication. A clear assessment of the existing research is needed to identify areas where further research is required in order to understand supportive and coping communication behaviors. Chapter Three builds on the research reviewed by explaining the methodology for a proposed qualitative study to investigate the communication behaviors used among nurses that maintain friendships and also help nurses cope with stress and burnout.

CHAPTER II

LITERATURE REVIEW

This chapter considers the research literature regarding stress, burnout, workplace friendships and social exchange theory introduced in Chapter One. Extant literature in health communication and nursing is replete with studies regarding the communication aspects of these phenomena, much of which will be reviewed here. This chapter first considers stress and burnout and their implications in the workplace, and stressors that contribute to nurse burnout. Stress and burnout in nursing is important to identify as it is prevalent in this profession and has far-reaching personal, organizational, and patient consequences. Next, workplace peer friendships will be examined in terms of the developmental processes, communication behaviors, and outcomes of these relationships. These areas are reviewed in order to design research questions that best uncover what still needs to be learned about friendship communication processes. This chapter concludes with a look at social exchange theory and its assumptions which help to explain the occurrence of social support among workplace peers.

Stress and Burnout in Nursing

Being exposed to stressors for a period of time can cause burnout (Jenkins & Elliott, 2004). Stress is strain experienced, typically negative, that wears away at people emotionally, physically and mentally (Buunk & Hoorens, 1992). Employees will become stressed if they perceive experiences at work to be too much to handle and cope with (Jenkins & Elliott). Burnout refers to the "psychological response to work stress that is characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment" (Halbesleben & Buckley, 2004, p. 859).

Emotional exhaustion refers to a reduction of resources, and according to the conservation of resources model of stress and burnout, employees will choose how to use their remaining resources carefully (Halbesleben & Bowler, 2007). The emotional resources that they once had have been depleted and they may no longer feel able to effectively perform all of their duties (Halbesleben & Buckley, 2004). Schaufeli, Leiter, and Maslach (2009) used the metaphor of a smoldering fire to explain burnout. The fire cannot continue to burn as brightly as it once did without any sort of replenishment of resources. Nurses are especially vulnerable to emotional exhaustion due to the elevated stress levels and demands of their job (Severinsson, 2003). As a hypothetical example, Audrey, a nurse of ten years, thinks back and remembers how she used to look forward to coming to work and having conversations with patients, but now she struggles to get out of bed on a work day and finds herself dazing off when a patient tries to talk to her. She feels completely drained and like it takes every ounce of effort just to have a simple conversation that she once enjoyed, and realizes that she is suffering from emotional exhaustion.

Another symptom of burnout, depersonalization, which is also called cynicism or disengagement, is often a response to emotional exhaustion (Halbesleben & Buckley, 2004). It refers to job detachment and the development of negative, uncaring, and cynical attitudes (Jenkins & Elliott, 2004). These attitudes can be directed toward the job and the organization, as well as coworkers and customers/patients (Halbesleben & Buckley). As an example, after years of working in the intensive care unit at the hospital, Seth has become cold toward patients and his coworkers. He is often rude and apathetic when

helping patients and complains about them to others. We could assume from his behavior that he is feeling depersonalized and detached from his job.

The third symptom of burnout is reduced feelings of personal accomplishment, otherwise known as inefficacy (Maslach, 2003). This includes decreased perceptions of one's ability to perform their job (Halbesleben & Buckley, 2004). Someone experiencing inefficacy on the job will not rate their performance as highly as they once did, and they may evaluate their behavior and performance negatively (Jenkins & Elliott, 2004). In the example above, Seth had developed a negative attitude towards patients and his coworkers. When he thinks about the ways he treated others, he feels upset and like he has failed as a nurse. He once thought of himself as a great nurse, but now he wonders if maybe he is not cut out to do this job. These feelings of decreased personal accomplishment are depressing and he wonders if he should start looking for a new job.

The scope of burnout has recently expanded to focus on job engagement, the opposite of burnout. Rather than just identifying exhaustion, depersonalization, and inefficacy, research aims to find ways for workers to find energy, involvement, and efficacy (Maslach, 2003). Research shows that social support helps minimize stressors and aids coping which can reduce health workers' feelings of burnout (Ray & Apker, 2011). However, this research has not considered social support within the context of work friendships occurring in health organizations, a gap this thesis will fill.

One reason why nurses experience burnout is because they put a significant amount of energy into helping patients, but may not receive anything in return. Maslach (2003) suggests once nurses or other human service workers start feeling emotionally exhausted, it is impossible to give anymore to others. Burnout often results in

absenteeism, intent to exit the organization, and even turnover, but for those who decide to remain on the job, they will often be less productive and committed to the organization (Ciftcioglu, 2011). This results in a transformation of character, where they do the bare minimum work and avoid getting emotionally involved with coworkers and patients. This detachment from the job is a defense mechanism that requires much less energy and effort, and the practice of "detached concern" is even considered a necessary practice among medical professionals (Maslach). It seems clear that health care employers would be well positioned to intervene before nurses burnout and detach. Promotion of workplace cultures conducive and supportive of work friendships may be of significant practical value.

Implications of Stress and Burnout

  Individual implications. Once a worker develops an attitude of depersonalization, they may take out their anger and stress on everyone without giving them a chance (Maslach, 2003). For example, after a nurse has to deal with a few difficult patients who complain too much, it may be easy to generalize and assume all patients will behave that way, which could result in a patient who really needs help not being taken seriously and being neglected. Patient satisfaction can be defined as the response to the environment, process, and turnout of their stay by a person receiving health care (Leiter, Harvie, & Frizzell, 1998). A detached and exhausted nurse can negatively impact a patient's stay in the forms of a lack of information transmission and emotional support to the patient and their family, as well as a lack of communication to other staff members who treat the patient (Propp et al., 2010). Leiter et al. found that patients were less satisfied with many aspects of their care when they stayed in units where the nurses were

more emotionally exhausted and had higher turnover intentions. Nurse burnout is a major factor in patient satisfaction, as the character of the interactions between a nurse and patient hold significant weight on the quality of patient stay (Propp et al.).

Nurses are at an exceptionally high risk for burnout, because they have a job that requires them to work with people for significant amounts of time and be caring and sensitive to their needs. Even if they enter into the job with enthusiasm and a positive attitude, the constant strain of "too much being asked and too little being returned" results in emotional overload (Maslach, 2003). A worker suffering from burnout may experience decreased motivation and depression, which increases the likelihood of taking more sick days and longer periods of absence (Firth & Britton, 1989). Once someone detaches from the emotional turmoil of their job, it may be hard to turn off that switch when they go home each day. In Maslach's research in burnout, she has encountered numerous tales of workers finding themselves being cynical towards everyone, including their family. This negative attitude can eventually turn on oneself and manifest in feelings of guilt and failure, as identified in the burnout symptom of reduced personal accomplishments. Particularly in nursing, where many people enter into the profession because they want to help others, becoming cold and uncaring towards patients can make a nurse feel as though he/she has failed as a caregiver.

Health organization implications. Not only does burnout impact patients and nurses negatively, but it can have many detrimental effects on the organization as well. Burnout has been found to hold many negative personal and organizational consequences, such as absenteeism, reduced productivity, reduced job satisfaction, low morale, and even turnover (Ciftcioglu, 2011). Turnover is specifically defined as an

individual leaving their organization, and can be either voluntary or involuntary (Ciftcioglu). In a national sample survey of registered nurses, when asked about their intentions of staying in nursing, 30% percent reported that they had already left their position or planned on leaving within three years (HRSA, 2010). Alternately, even if a burned out worker chooses to stay in an organization, he or she could be fired, laid off, or asked to resign (Feeley, Moon, Kozey, & Slowe, 2010).

The cost of recruiting, hiring, and training new employees due to turnover can put a dent in the budget as well as slow daily production (Feeley, Hwang, & Barnett, 2008). The financial cost per nurse turnover is estimated to be 1.3 times the nurse's salary (Jones & Gates, 2007). Aspects of burnout such as emotional exhaustion have been associated with increased absence, which is a further cost to the organization to pay out more sick days (Firth & Britton, 1989). Additionally, turnover and negative employee attitudes can have a "snowball effect" and lower others' morale which can lead to even higher turnover within the organization (Feeley, Moon, Kozey, & Slowe, 2010).

Stressors that Contribute to Nurse Burnout

Nurses work in high pressure environments that comprise multiple, simultaneous responsibilities. There are a number of stressors presented in health communication and nursing literature that show nurse burnout may stem from job, emotional, and communicative sources. These stressors often overlap, which contributes to the complexity of the burnout phenomena, but they are considered separately here for ease of understanding.

Job/role stressors. Nursing is considered to be an exceptionally stressful occupation that leads to burnout in part due to the complexity of the job and work

environment (Felton, 1998). Workload dissatisfaction is a job-related stressor, which can include an overload of work, or alternatively, a lack of responsibility (AbualRub, Omari, & Abu Al Rub, 2009). Work overload, a common stressor in nursing, manifests itself in the increase of double shifts and demand from multiple patients and coworkers at once (Felton, 1998). Underutilization of skills, role conflict, and role ambiguity also contribute to becoming stressed at work (Fenlason & Beehr, 1994). Jenkins and Elliott (2004) point out that certain stressors can arise from particular nursing ranks. For example, nurses in higher ranks may experience more administrative demands than a lower rank. However, nursing assistants usually provide more direct care to patients, and therefore may lead to higher stress and burnout in the forms of emotional exhaustion and depersonalization. In their study, Jenkins and Elliott found that the most problematic stressors for mental health nurses included a lack of sufficient staffing and coverage and physically violent, difficult, and demanding patients. Other studies of mental health nurses have gathered similar results, stating organizational stressors as high volumes of paperwork, lack of communication regarding changes in the workplace, handling violent or suicidal patients, and issues between coworkers (Jenkins & Elliott).

Emotional labor stressors. In addition to the high demands in the nursing role, the job also carries a number of emotional stressors. Emotional contagion is a significant risk in nursing that leads to burnout (Apker, 2012). Sympathetically caring for each sick or dying patient can produce a burdensome amount of emotional stress that is difficult to control. For example, if a patient is dying, a nurse may feel a sense of failure if she/he is unable to cure them (Felton, 1998). Nurses must manage a wide range of various types of emotions daily, from negative to positive emotions, and from interacting with patients

and their families to coworkers and supervisors (Ray & Apker, 2011). Personal characteristics can also contribute to burnout, such as low self-esteem, being "thin-skinned," high-anxiety, introversion, and lack of openness (Ben-Zur & Michael, 2007). It is important to note that a lack of support at work is a major contributing factor to emotional stress and job satisfaction among nurses (AbualRub et al., 2009).

     Communicative stressors. Nurses continuously experience information and communication overload, ranging in frequency, variability of topics and audience, and technical difficulty and intensity (Spencer, Coiera, & Logan, 2004). For example, a nurse could simultaneously need to speak with a family about a patient's condition, explain the day's events to a coworker who has just started a shift, and receive a report from a doctor that is laden with technical jargon. These events each require different ways of communicating and handling information, which force the nurse to switch gears rapidly and anticipate disruptions. Spencer et al. identified that 30 percent of communication in the emergency department consists of interruptions, which can cause clinical errors. Communicative stress can also involve receiving insufficient support, which can lead to feelings of unfairness, bitterness, and inability to cope with other stressors (Buunk, Doosje, Jans, & Hopstaken, 1993).

     The research review thus far shows that varied stressors are pervasive in the nursing profession and, unfortunately, can build up over time and contribute to nurse burnout and turnover. Such outcomes result in significant human (for patients, their families, and nurses) and organization costs. For nurses and their institutional employers, organizational communication research regarding peer work friendships offers potential avenues in which to help nurses better cope with stress and burnout (Sias, 2009). This

line of scholarship, to date, has not been fully explored within the context of communication in health organizations nor used to better understand ways in which to alleviate nurses' work pressures and intent to leave. The goal of this thesis is to integrate stress, burnout, and socially supportive communication research within the body of scholarship on work friendships. To do this, extant literature regarding workplace friendships, especially those among peers, must be reviewed.

<div align="center">**Workplace Peer Friendships**</div>

As pointed out earlier in this chapter, instead of simply identifying the negative outcomes of burnout, research aims to find ways for workers to find engagement−consisting of energy, involvement, and efficacy−to overcome this problem (Maslach, 2003). Although this research has explored work relationships as potential mitigators of burnout (e.g., supervisor-subordinate relationships, coworker relationships) there has not been specific consideration of peer friendships for helping nurses cope with the negative effects of stress. The current study focuses on how peer friendships at work may develop engagement behaviors to combat burnout in nursing. This section will detail the different types of peer relationships, communication behaviors of workplace friends, and the outcomes of friendships and social support.

Developmental Processes of Workplace Peer Friendships

Since a significant amount of time is spent at work, friendships are likely to arise. Friendships are prone to develop among coworkers who work within proximity of each other or on the same tasks (Raile et al., 2008), such as nurses working on the same unit and helping the same patients. Recall from Chapter One the three types of workplace peer

relationships, which also include workers outside of health organizations (Kram & Isabella, 1985):

- Information peer: This involves low disclosure and trust, and the primary function is to share information about work. This is how coworker relationships start out. For example, nurse Tom would have an information relationship with another nurse, Robin, who just started in that unit, and they exchange information about a patient as Robin is coming in for her shift and Tom is leaving for the day.

- Collegial peer: This is a beginning friendship stage, with moderate amounts of disclosure and trust. For instance, Nicole and Jeanne would be collegial peers if they have worked together for several months on the same unit, and they discuss their plans for the weekend with each other. Jeanne also confides in Nicole that she is concerned about one of her patients who is having a difficult time recovering from a surgery.

- Special peer: This is the strongest type of relationship, and often takes some time to develop. This can be described by the hypothetical example of Brad and Sam, who sometimes carpool to work together and hang out outside of work. They have worked together for years and even both transferred to a different department within the hospital to work together. Sam shares with Brad that he is feeling overwhelmed lately from working several double shifts. Brad offers sympathy and advice to Sam, and admits that he has been stressed out about a recent breakup with his significant other.

Sias (2005) notes that the quality of communication between coworkers influences levels of job satisfaction, organizational identification, and organizational commitment.

High organizational identification and commitment have been found to reduce nurse intent to leave their institutional employers and their profession (Apker, Ford, & Fox, 2003; Apker, Propp, & Ford, 2009). However, these studies explored general relational work dynamics (e.g., nurse-team) and did not specifically address workplace friendship communication. The purpose of the present study is to extend past research about positive work relations in nursing retention by specifically considering nurses' communication with different forms of work friendships, which can shape experiences of stress and burnout. For instance, does the existence of a special peer in the workplace, someone who will sincerely listen and offer support, have a significant, positive impact on nurse burnout and turnover?

Communication Behaviors of Workplace Friends

Communication behaviors among work peers are indicative to the quality of their relationships as well as organizational outcomes (Sias, 2009). Two essential behaviors among friends in the workplace are affinity-seeking and supportive communication. These behaviors provide stepping stones to analyze nurse friendship communication related to coping with stress.

Affinity-seeking. Finding similarities with others is a fundamental task of communication and is often an initial step in building relationships with coworkers (Sias, 2009). Affinity-seeking is "the use of communication to bring about liking and the creation of positive feelings" (Gordon & Hartman, 2009, p. 118). Affinity-seeking strategies can be found at each of the three levels of peer friendship discussed earlier in this chapter (Sias). However, Gordon and Hartman found that special peers, the strongest type of peer friendship, tend to use affinity-seeking strategies more than informational

peers. This finding shows that even once friendships are established, coworkers continue to work to achieve liking and maintain their friendships. In addition to affinity-seeking behavior, supportive communication is also provided throughout the friendship in a variety of forms, which will be explored next.

Supportive communication. Social support is a coping resource that can diminish the feelings of burnout (Jenkins & Elliott, 2004). In their study, Bowling, Beehr, and Swader (2005) found that providing positive social support, including job-related support to coworkers, is positively related to receiving positive social support from others. They also found that personality traits, such as extraversion and agreeableness, are positively associated with giving and receiving positive social support at work as well. However, it may be challenging to adjust someone's personality. On the other hand, organizations that have norms of reciprocity make support an acceptable and encouraged communication behavior, which will be examined later in this chapter. Bowling et al. suggest that organizational programs to help employees manage stress could highlight two main ideas. First, they could point out that the best way to receive support is by offering it first. Second, employees could benefit from training on ways to offer support, as this can lead to receiving support from others. There are a number of ways to offer support, which will be discussed next.

Types of supportive communication. Supportive communication can be broken down into three main types, which include instrumental, emotional, and informational support (Jacobson, 1986). While these types are described separately, they are often used in conjunction with each other and used simultaneously (Apker, 2012).

Instrumental support, also called material support, refers to any tangible goods or services that help to solve concrete problems (Jacobson, 1986). This can include helping complete a task on the job (Jenkins & Elliott, 2004) or offering some other physical assistance (Fenlason & Beehr, 1994). An example in nursing would be checking on patients for a coworker who is overwhelmed with completing other tasks.

Instrumental and emotional support are the most commonly studied types of support in relation to occupational stress. Emotional support consists of listening to others and showing sympathy (Fenlason & Beehr, 1994) and promotes feelings of comfort and being cared about (Jacobson 1986). For example, Jamie may listen compassionately as Trinh vents to her about being stressed out from working long shifts and dealing with difficult patients. Beehr, King, and King (1990) divide emotional support into three types, which consist of discussing non-work related topics and discussing negative and positive aspects of their work. These fall under emotional support when they focus on listening rather than assisting in resolving problems.

Informational, or cognitive, support includes any information or advice that can help someone to make sense of a situation (Jacobson, 1986). For instance, Jordan can offer Ted informational support by giving him tips on how to navigate a new computer software at work. Sharing information is one way to reduce uncertainty, which leads to higher job satisfaction and performance (Sias, 2005). The primary means of obtaining organizational information is not just from a supervisor but from coworkers, which holds true for both veteran and new employees.

Outcomes of Workplace Friendships and Social Support

Peer relationships serve a number of advantages in the workplace (Kram & Isabella, 1985). They help to enrich the work atmosphere and culture and lead to higher satisfaction, trust, and accountability among workers (Jones & Gates, 2007). Workplace friendships and social support provide both nurses and healthcare organizations with a vast amount of positive outcomes.

Individual outcomes. Supportive communication from peers at work not only buffers nurses from stress but also offers those instrumental, emotional, and informational support that helps nurses to cope with stress (Apker, Ford, & Fox, 2003). Jenkins and Elliott (2004) note a number of mental health studies that are consistent in finding that high levels of support are related to low levels of burnout among nurses. They proposed two models to describe how social support positively impacts health outcomes. First, the "main effects" model suggests that support fulfills human needs, such as approval, fitting in, social interaction, and security, and is therefore advantageous for our well-being. Second, the "buffering" model advocates support as a regulator of the effects of stressors themselves. Regardless, both paradigms confirm that burnout and stressors will be more strongly related for those individuals who have lower levels of support. Nurses who perceive support from their peers are better able to identify with their profession and likely stay in their job (Apker, Ford, & Fox). Social support has also been found to be negatively associated with emotional exhaustion, an aspect of burnout (Jenkins & Elliott). Nurses who receive sufficient support from their friends at work are more likely to experience high job satisfaction (AbuAlRub, Omari, & Abu Al Rub, 2009) and overall well-being (Ben-Zur & Michael, 2007).

Organization outcomes. Nurse peer friendships and the support they provide each other are also significantly beneficial to the organization. Nurses who perceive to have more social support from peers are more satisfied and committed to their organization (AbuAlRub, Omari, & Abu Al Rub, 2009). Positive friendships in the workplace, and the social support that comes with it, are a strong predictor of retention (Harris, Winskowski, & Engdahl, 2007). By retaining nurses, healthcare organizations benefit in several ways. There are less patient errors and higher quality of care, maintained or increased productivity, easier nurse recruitment, and preserved organizational knowledge (Jones & Gates, 2007). Jones and Gates outline a number of costs to a healthcare organization that are reduced by nurse retention. An employer will spend less money on advertising and recruiting as they will have fewer vacancies and therefore lower vacancy costs. They will have fewer new hires that they will have to pay hiring costs on, not to mention orientation and training expenses. Furthermore, higher overall morale and increased productivity will lead to fewer terminations and the associated costs.

Nurses play a vital role in healthcare, linking their communication effectiveness to team, organization, and patient outcomes (Apker, Propp, & Ford, 2005). For instance, nurse care is one of the most important predictors of patient satisfaction, which has been linked to patient adherence with treatment plans. Leiter, Harvie, and Frizzell (1998) point out that nursing care is accountable for almost half of overall patient ratings for quality of care. Additionally, another study is described in which ten different hospital services were investigated, including physicians, housekeeping, and food services, and found that the only services that were highly significant to overall patient satisfaction is in nursing

(Leiter et al.). However, despite the importance of nurses to health care delivery, the profession remains burdened by numerous stressors which can result in burnout and turnover. The provision of social support within nurses' work relationships has yielded positive results in numerous studies (see Ray & Apker, 2011, for a review), but further exploration is needed to understand the types of relationships in which the most support is offered. Using this literature as a foundation, the following research question is posed:

RQ1: What communication behaviors characterize close nurse coworker friendships?

One area of supportive communication behavior that has not been fully considered in extant scholarship is reciprocal communication−also known as mutual dialogue or give-and-take−which are hallmarks of functional, positive friendship dynamics. The concept of reciprocity as a supportive communication behavior, which are explored by the first research question, is a main tenet of social exchange theory, examined next. This study extends past research on social support in nursing by using principles from social exchange theory, specifically reciprocity, to better understand the nuances of nurse friendships.

Social Exchange Theory

This study uses social exchange theory (SET) to explore nurse workplace friendship communication. SET views interactions as interdependent and reliant upon the other person's behavior, and it has long been used as a powerful theory to explain workplace communication (Cropanzano & Mitchell, 2005). SET views social situations in an economic way to explain the exchanges within social interactions (Emerson, 1976). Exchanges between coworker dyads are specifically examined in this study, as opposed

to interactions within a team or between a leader and member. Recall from Chapter One that coworkers are considered to be employees that are on the same hierarchical level, and although both leaders and coworkers can offer support, discretion is more likely to occur within lateral relationships (Chiaburu & Harrison, 2008). Furthermore, exchanges between coworkers are grounded in reciprocity (Gouldner, 1960), as opposed to the authority-conscious structure of the vertical leader-member exchange (Chiaburu & Harrison).

As mentioned earlier in this chapter regarding types of workplace friendships, relationships can develop over time into stronger friendships with higher levels of trust. This concept of relationships building in trust is one of the basic principles of Social Exchange Theory (Cropanzano & Mitchell). In order for the relationship to evolve, participants must follow certain exchange guidelines that help to define the friendship. These guidelines are addressed below as key assumptions of SET.

According to Meeker (1971), an early contributor to social exchange theory, social behavior can be calculated based on a person's values, perceptions of the options available, and consequences of these options. In addition to these points is the premise that the individual applies a rule that determines how to combine these and form a behavior. Most of these premises will be explained briefly, with a focus on the reciprocity assumption, which guides the theory in explaining social support among nurse peers.

Reciprocity

The foremost rule of SET that is also useful in explaining nurse communication is reciprocity. The norm of reciprocity, proposed by Gouldner (1960), states that people should help someone who has helped them previously. Reciprocal agreements tend to be

less explicit than negotiated rules, as they rely more on understandings that are implied in the culture (Cropanzano & Mitchell, 2005). Blau (1964) posits that when individuals are part of a reciprocal exchange and benefit from the other, they will likely continue to engage in the exchange, providing value to the relationship. Cropanzano and Mitchell characterize three types of reciprocity:

- Reciprocity as interdependent exchanges: Interdependence relies on the actions of both individuals involved in the social exchange. This requires a give and take from each person, and the actions of one party build off the previous action of the other. To provide a hypothetical example, because Betty covered part of Elijah's shift on Saturday, he stayed later and filled out some paperwork for her the following week. Reciprocal exchanges do not involve defined agreements but instead spark from one person's actions which spiral into a continuous pattern of cooperation.

- Reciprocity as a folk belief: This idea goes along the lines of "you get what you give" and that things equal out eventually. People within exchange relationships operate under the impression that if they help others, they will be helped in the future. For example, Sunny agreed to take Caleb's place in leading a workshop on building patient rapport, and when he thanked her, she replied "Not a problem, you'll cover me another time." On the other hand, folk beliefs also include the idea that people who do not help out will be punished in some way through "karma." For instance, rather than retaliating against Will for often leaving a pile of charts for Ben to take care of, Ben may know that Will's actions will "come back to bite him eventually."

- Reciprocity as a moral norm: Differing from a folk belief, a norm defines how someone is supposed to behave. The norm of reciprocity may also be described by the saying "treat others as you would like to be treated," and is seen as a value shared by other people. Part of this norm also includes the belief that those who do not adhere to the rule will be punished. In the above example, to teach Will a lesson, Ben might purposely leave a mess of paperwork for Will to clean up next time he works.

In the above example, we can see that a reciprocal exchange may not always be a positive one. The negative norm of reciprocity focuses on the exchange of harms, where one wrongdoing is repaid with another (Gouldner, 1960). In addition to and alongside reciprocity, there are a number of other assumptions within SET that can also help to explicate communication behaviors within nursing, which will be briefly considered next.

Additional Assumptions of SET

Further assumptions of SET include negotiated rules, rationality, altruism, group gain, status consistency, and competition, as outlined below. To help explain these assumptions, hypothetical examples will be used.

First, rules may be negotiated among members to reach an agreement, and under the *negotiated rules assumption*, they may even be explicitly discussed (Cropanzano & Mitchell, 2005). For example, Kristin and Mohammed may make a verbal agreement that she will pass out medications in the morning and he will pass them out in the afternoon.

Second, *rationality* involves applying logic to determine the outcomes of a decision and the worth of those outcomes, which shapes social exchanges (Meeker, 1971). Since people all value things differently, understanding their values is an

important part of predicting how they will choose to behave in a situation. For example, even though Anita has always been outspoken and eager to share stresses that she encounters with patients, she has come to recognize that Mary is more reserved and does not immediately talk about issues. So one day, after Mary was noticeably shaken about a dying patient, Anita walked out with her after their shift and asked her about how she was feeling, knowing that Mary would feel more comfortable confiding in her when they were alone and she had had some time to think beforehand.

The third assumption, *altruism*, also called social responsibility, focuses on helping the other person (Meeker, 1971). SET assumes that someone will even put one's own need after the other person's (Meeker). An example of this would be when Dave, who was looking forward to switching from third-shift to first-shift at the hospital, foregoes a first-shift position offer so Andrew can have it, so that Andrew can spend more time with his family.

Fourth, the *group gain assumption* states that all rewards are combined and people take what they need (Cropanzano & Mitchell, 2005). The contributions are not strictly tracked and people contribute when they can. For instance, the nurses in Sondra's unit take turns ordering medical supplies, so whenever she has spare time and notices something running low, she will add it to the order list to save time for her coworkers.

The fifth assumption, *status consistency*, also referred to as rank equilibrium, distributes rewards based on someone's standing within the group and assumes that someone will earn greater rewards for having a higher standing (Cropanzano & Mitchell, 2005). This could include a nurse being promoted to a more desirable shift because of seniority within the department.

Somewhat opposite of altruism, the sixth assumption is *competition*, or rivalry, which focuses on obtaining more rewards than the other person (Meeker, 1971). SET assumes that competition can even go as far as seeking revenge and risking one's own benefits to harm another person (Cropanzano & Mitchell, 2005). For example, Alex was upset with his coworkers because some of them reported him for the way he handled a patient. To get payback, when his unit was offered a bonus if they all went to a training session for a new health record system, he did not attend the session so that no one in his unit received the bonus.

Cropanzano and Mitchell (2005) also point out that people can vary in their exchange orientations. Individuals who have a high orientation tend to keep track of favors and deeds, while those with a lower exchange orientation may not care as much if an action is not reciprocated. This is an important point to consider when examining how nurses view levels of giving and receiving social support, which will be addressed next.

SET and Social Support

A common belief is that outcomes of social support are always positive, but that is not always the case (Buunk et al., 1993). An imbalance in support, such as someone giving more support than he/she receives, can result in feeling resentment toward the other person (Buunk et al.). On the other hand, not being able to reciprocate support to someone can result in feeling guilt, and may even inhibit them from seeking support altogether. Schaufeli, Leiter, and Maslach (2009) notes how social exchange theory can explain burnout in nurses in terms of reciprocity. In the 1960s, the Cultural Revolution stripped some of the prestige and power from professions such as nurses, doctors, teachers, and police officers. At the same time, expectations rose in recipients of their

care, which intensified the demands from these professionals (Schaufeli et al.). This resulted in a trend of imbalance between the high level of care that is given and the lack of appreciation or reward that is reciprocated, which leads to burnout (Bakker, Killmer, Siegrist, & Schaufeli, 2000). Reciprocity research in nursing has shown a relationship between burnout and perceptions of unbalanced reciprocal situations in exchanges with coworkers (Moliner, Martínez-Tur, Peiró, Ramos, & Cropanzano, 2013). Nurses who perceive under-benefitted or over-benefitted reciprocity generally suffer from higher levels of burnout than those who have balanced reciprocal exchanges. Such as with gift giving, support that is not reciprocated will cease to recur over time (Emerson, 1976). Given this concept, we may be able to assume that nurses who receive sufficient support at work may be able to more easily reciprocate that support as well as "pay it forward" to others, such as patients.

Lawler (2001) identifies outcomes consisting of rewards and punishments that result from exchanges. A successful exchange, such as when a nurse offers support to his or her coworker, causes an emotional boost in the recipient. However, an unsuccessful exchange can lead to negative feelings, which can contribute to burnout. For example, when a nurse cares for a difficult patient and does not receive any form of appreciation or positive reciprocation, it can result in this imbalance between giving and receiving. Viewed in this way, it is easier to understand the importance of support when dealing with emotionally wearing situations. The exchanges that people have at work are directly associated with how they feel about their job and organization (Taylor & Pillemer, 2009).

The norm of reciprocity is proposed to be stronger in workplace relationships rather than in more intimate relationships, meaning that there is a greater connection

between giving and receiving support among coworkers (Bowling, Beehr, & Swader, 2005). Additionally, relationships with peers tend to be more reciprocal than those with superiors, which highlight the importance of investigating support communication among nurse peers (Buunk, Doosje, Jans, & Hopstaken, 1993). Bowling et al. note the significant role social support plays within occupational stress and identify a gap in the current research. They point to the importance of considering social support given to and received from work peers, which to date has not been explored in detail. Research on support between work peers is especially important as peer communication accounts for a large portion of daily interaction and is directly linked to employee outcomes (Chiaburu & Harrison, 2008). Additionally, the nursing profession is an ideal avenue to explore coping behaviors as it ranks high in stress and turnover, with poor communication between nurses playing a significant factor in burnout (Apker, Propp, & Ford, 2009). This study fills this gap by examining social support within the context of nurse peer friendships and how this communication can mitigate stress, burnout, and turnover within healthcare organizations. Specifically, to do so, it will explore the following research question:

 RQ2: What work friendship communication behaviors do nurses enact to cope with stress and burnout?

 This chapter summarized existing literature pertaining to supportive communication among nurse peers. It first identified stress and burnout within nursing, and then examined the processes, behaviors and outcomes of nurse friendships. Finally, social exchange theory was applied to explain social support among nurse peers. The next

chapter will identify the qualitative research methods of observations and interviews used

for investigating these questions and procedures for analyzing the data.

CHAPTER III

METHODOLOGY

Chapter Two examined the literature regarding stress and burnout in nursing and its implications for nurses and their organizational employers. Chapter Two also considered extant research regarding workplace peer friendship communication and social exchange theory as it relates to social support. Recent literature has sought to measure and test burnout quantitatively, leaving a demand for more in-depth analysis of workers' experiences (Tracy, 2009). This study addresses this gap by combining both observations and interviews to expand untouched areas of nurse communication. Chapter Three details the methodology used to investigate the research questions identified in chapter Two, which focuses on communication behaviors that characterize nurse work friendships and help nurses cope with stress and burnout. Qualitative research methods were used to investigate these topics as they provide a deep understanding into members' relationships and experiences (Tracy, 2013). Chapter Three begins by explaining the qualitative perspective that guides this project. Next, it describes the research setting and participants, followed by the research procedure and methods of data collection.

Qualitative Approach

Qualitative research methods allow researchers to ask questions to understand what is going on in a specific culture, how and why the members do what they do, and how these findings can be useful for scholars, organizations, or the public (Lindlof & Taylor, 2011). This type of research is also helpful in gaining detailed information about organizational life, such as how interpersonal relationships form and change, as well as how the members interact and show feelings towards each other (Tracy, 2013).

Qualitative researchers look at the performances and practices that make up daily human communication. Lindlof and Taylor explain that such performances are the interaction events that consist of numerous qualities that go beyond just a transfer of information to reveal social actors' motives, attributions, and coherent actions.

Qualitative research enables the investigator to create thick description by illuminating meanings within a culture through explaining facets of the people and their behaviors (Tracy, 2013). It is an ideal approach to studying nurse stress communication because it offers a holistic, in-depth understanding of the complexities and nuances of a culture, which would not be able to be obtained through surveys or experimental methods (Tracy). This study uses observations of nurse work friendship communication and interviews with pairs of nurse friends to explore how they are able to support one another and cope with stress.

<div align="center">**Research Setting and Participants**</div>

Borgess Medical Center served as the research setting for this study. Borgess was the first hospital in Kalamazoo, founded by Reverend Frank O'Brien in 1889 (Rollins, 2009). The non-profit, Catholic hospital is dedicated to giving spiritually-focused and timely care, with a special emphasis on serving the poor and offering financial assistance to patients ("About Borgess," n.d.). Today, the organization consists of 387 inpatient beds and offers over 40 medical specialties ("Borgess Medical Center," 2013; "About Borgess,"). It is one of southwest Michigan's biggest healthcare providers, and provides services to nearly one-million patients annually ("About Borgess"). Borgess admits almost 20,000 patients yearly and performs over 12,000 inpatient and outpatient surgeries ("Borgess Medical Center").

Borgess has earned a number of awards, including for nursing and for caring for their employees. Borgess Health has been named as one of the "101 Best and Brightest Companies to Work For" in West Michigan ("About Borgess," n.d.). In a recent survey, patients rated the hospital above average when asked if they would recommend the hospital to others, and the nursing staff was rated highly as being courteous, listening well, and explaining things clearly ("Borgess Medical Center," 2013). Borgess Medical Center employs around 700 registered nurses, over 500 of which are full-time ("Borgess Medical Center").

Participants consist of 10 nurse friend peers who volunteered for the study. Data collection was limited to 10 people so the author could use in-depth data collection methods (observations and interviews) while still completing the study in a reasonable time period. Participants met the following inclusion criteria:

- Nurses worked full time (most worked three 12 hour shifts during the week) in direct care. Such jobs typically encounter the greater frequency and intensity of stressors (Severinsson, 2003).

- Nurses were employed at Borgess for at least six months, a time period in which they most likely would have assimilated into the routines of organizational life.

- Nurses worked on the same shift and unit to enable the author to observe their friendship communication as the friends interacted at work.

- Nurses considered themselves to be a "best friend" of one another. The study uses Sias' (2005) definition of "special peers" to describe best work friends. She describes special peers as coworkers who disclose more personal information and have high levels of trust and honesty with each other. Kram and Isabella (1985)

add that such friendships offer emotional support, a key component of socially

supportive communication found to mitigate burnout (Fenlason & Beehr, 1994).

Procedure

The author gained access to the hospital by first contacting the director of a

nursing department who is a family friend and submitted a research proposal (Appendix

A). The research proposal was forwarded to the medical-surgical administrative director,

which led to a preliminary meeting with the hospital's nurse research council. Agreement

to assist with this project was obtained from council members. After meeting with the

hospital's nurse research council, the author submitted a protocol application and

received institutional review board (IRB) approval from WMU and Borgess Hospital.

Recruitment

To recruit nurse friend pairs for this study, the author coordinated with a

champion of this project who is a respected nurse leader and a staff nurse. This individual

sent out an email message to the all nurses in the hospital with an invitation to learn more

about this study (Appendix B). Nurses then contacted the author directly to indicate their

interest, in which she then provided them with a project overview (Appendix C) and

informed consent document via email. Each nurse had to identify with who their best

friend is on the unit and either had that person email the author, or the author contacted

the friend directly. A second email message was sent out containing an informed consent

and a study overview, and asked about available times that the friend pair's shifts overlap

in order for the author to observe them at work. The message advised that the nurses

would be compensated their hourly wage as well as receive a gift card for their time.

Upon the approval of unit leaders, the author also visited staff meetings to announce the

study and provided an informational handout (Appendix C) about the project. The author

texted or emailed a reminder two days before conducting the observations.

Data Collection

This study employed a multi-method approach to explore supportive

communication among nurse friends at work. On the job observations of the nurse pairs,

followed by individual and pair interviews, supplied the data for this project.

Participant observations. Participant observations, or fieldwork, is a way for a

researcher to gain knowledge and understanding by watching and gathering information

(Tracy, 2013). Observing within the context allows the investigator to observe what is

actually happening, instead of simply having participants recall and retell stories how

they remember them (Tracy). Handy (1988) posits that direct observation offers the most

precise way of understanding behaviors in the workplace when explaining stress and

burnout, and when analyzed in conjunction with interviews the data can establish

invaluable explanations into this line of study. Observations in this study were conducted

for three hours at a time, per nurse dyad. A total of five observations were done, totaling

15 hours. Prior to conducting observations, the author introduced herself to the nurse

dyad and distributed an informational handout about the study (Appendix C) and

reviewed the informed consent. The author took the role of a moderate participant

observer (Spradley, 1980), following and occasionally interacting with the nurse

participants while they performed their jobs, and took field notes in a notebook. Being a

moderate participant observer allowed the author to ask questions to clarify behaviors and

encouraged participants to speak freely about their experiences. When the nurse friends

were not working in the same vicinity, the observation time was split half and half

between each participant. Tracy notes that observation hinges on analyzing three essential aspects of human experience, which include cultural behavior, knowledge, and artifacts. In other words, while attempting to take in all details of the nurses' work area, the author particularly noticed how the nurses behaved, the information they knew about the culture, and any things that they made or used that identified with that culture. By observing nurse friends interacting with each other, the author was able to note specific instances of sharing stressors and supportive communication, and reciprocity/affinity-seeking techniques. The observations gave insight into the emotions and actions of participants and showed how they talked about stress and provided social support, which helped the author to gain an understanding in order to accurately describe their experiences (Lindlof & Taylor, 2011). The field notes helped to inform the interviews that were conducted post-observation. They were also used to identify exemplary typical interactions that are provided in the next chapter. Author field notes were typed to yield 21 pages of single-spaced text.

Interviews. The in-depth interviews that are common to the grounded approach can draw from the members' own interpretations of the events (Charmaz, 2006). The author can ask questions about the events in order to understand it better and the participant can offer clarity, which is a luxury of this approach that rarely happens in daily life. For a study utilizing a grounded approach, Charmaz suggests developing a few wide-ranging, open-ended questions to begin, which will allow room for a more in-depth discussions on certain topics that may arise. The open-ended questions welcome narratives that may not emerge from specific questioning. It is necessary to use appropriate terms for the participants that are being interviewed. For example, using the

terms "stressors" and "coping techniques" are common within the nursing culture, providing that the author has the participants explain the definitions (Charmaz).

Immediately following the job observations, the author conducted a 30-minute individual interview with each nurse participant in a private office within the hospital. All ten participants were asked questions from the individual interview guide (Appendix D) regarding topics including their friendship communication and ways that they talk about stress together. After the individual interviews were transcribed, the author provided a copy of the transcript via email or in person to the respective nurse, who approved the transcript to be given to their friend to review in preparation for the follow up interview. The one-hour follow up interview, which occurred several days after the individual interviews, were conducted with each dyad separately, in a private office within the hospital. The pair interviews were held outside of the nurses' work hours, usually after they were finished with their shifts. Each pair of nurse participants were asked questions found in the pair interview guide (Appendix E) such as how the friendship helps them to cope with stress and a particular time when the friend helped to deal with a stressful situation at work.

Each nurse was given an informed consent form for review. All interviews were audio-taped for transcription and analysis purposes. Transcripts from the interviews were exported into NVivo v. 10.0, which is a qualitative research analysis software program (NVivo, 2012). The author used a semi-structured interview guide, in order to compare data across the pairs of participants (Tracy, 2013). While the interview guide was closely followed, the author used examples of communication behaviors that were noted from the

observation to help guide the discussion regarding stressors experienced and supportive communication.

At the end of the individual interview, each participant was asked to bring an object that reminded them of their friend or described their friendship. Liebenberg (2009) makes the point that visual images can be used as an instrument for communication and can increase the validity of the data analysis by pairing the image with the participant's own narrative about relationships and experiences. It allows participants to communicate with the researcher in a new way and grants the researcher access into participants' lives that may not be gained otherwise (Liebenberg). For example, in a study by Gist, Dougherty, and Wickert (2013), the authors asked participants to take photographs of items that represented their experiences of unemployment, which they used as a framework for discussion during participant interviews. The participants ascribed meaning to the images in relation to how they viewed themselves, which produced strong metaphors about unemployment and sense of self. This process could also be used with descriptive physical items. The significance is not in the item itself, but in the meaning that the person assigns to the item. By asking participants to explain an item that describes their friend and the relationship with their friend, they are creating an identity of their friendship and giving more insight into what their friend means to them.

Data Analysis

This study applied a grounded approach, which supplies helpful tools to find, gather, and make sense of the data (Charmaz, 2006). It is an organized inductive examination of the data, analyzing it from the ground up (Tracy, 2013). Grounded theory is used by researchers to discover what happens in the environment they choose to study

and to understand the lives of the members within that culture (Charmaz). Themes and categories emerge from the data, which is reviewed several times, with each review continually comparing information and points of convergence and divergence (Tracy).

In order to accurately analyze the considerable amount of data, it was critical to organize and prepare it effectively. Transcripts and field notes were transferred into the NVivo v. 10.0 analysis software program (NVivo, 2012). The interviews and field notes were read over multiple times to identify themes and categories within the data. The categories that emerged from experiences were compared through open and axial coding (Corbin & Strauss, 2008). The author did not enter into the study with an a priori list of categories. She began looking for themes related to close coworker friendship communication behaviors and coping mechanisms during the observations in order to guide the subsequent interviews. The author then composed analytic memos pertaining to the major themes that were found. Following steps outlined by Tracy (2013), memos consisted of the themes' descriptions and definitional properties (inclusionary and exclusionary criteria), illustrative examples from observations and interviews, quotes, antecedent conditions, consequences, relationships to other codes, and evolving interpretations from the author related to the theme.

Conclusion

This chapter explains the methods used to illuminate supportive communication between nurse friends that helps them to cope with stress and burnout. A qualitative approach was used, combining on-the-job observations and interviews of nurse friend pairs recruited from Borgess Medical Center. This combined approach has provided a more in-depth view of workers' experiences regarding burnout that is currently lacking in

existing literature (Tracy, 2009). Through the analysis of these methods, themes and

categories have emerged that focus on nurse friendship communication and its

implications on stress, burnout, and turnover. The following chapters will present

findings and conclusions constructed from the author's review of the literature and data.

CHAPTER IV

FINDINGS AND INTERPRETATIONS

Chapters One through Three introduced this study and reviewed the literature and methodology by which it was conducted. Existing research has shown that workplace friendships and supportive communication play a major role in coping with stress and reducing burnout among nurses. In order to explore ways in which work best friends offer support that helps them to cope with stress, five pairs of nurse best friends were observed and interviewed individually and together as a pair. All forms of data collection proved to be fruitful in understanding close friendships and supportive communication behaviors in times of stress. Research questions aimed to identify how these friendships are unique from other relationships at work and the ways that close friends help each other to handle stress at work. Specifically, this study proposed the following research questions:

RQ1: What communication behaviors characterize close nurse coworker friendships?

RQ2: What work friendship communication behaviors do nurses enact to cope with stress and burnout?

Two major communication themes emerged from the data, which will be identified and described in this chapter. The first theme identified is behaviors and characteristics of close friendships. The nurse friend pairs all had unique characteristics that defined their friendship. All of the nurse participants also mentioned certain traits of their friends, such as trustworthiness and shared worldview, which spoke to the strength of their friendship. The second major theme includes close friendship supportive

communication behaviors during times of stress. It is important to consider the stressors

nurses encounter at work to understand how they communicate with each other about

them, as well as how they cope with these stressors. Therefore, some patient and

organizational stressors have been identified within this theme. Nurse observation and

interview data point to an array of supportive behaviors between the nurse dyads,

including emotional, informational, and instrumental support that the nurse best friends

offer each other as they encounter stressful situations.

Theme #1: Characteristics of Close Friendships

The first major theme that emerged from the data consists of behaviors and

characteristics of close friendships. This theme includes characterizations about what

makes a close friendship and why a person is considered to be a best friend. Participants'

comments revealed that close work friendships differ from other friendships at work, as a

best friend uniquely offers support, help, or a connection that others at work do not. Data

indicates that communication between best friends is more open, honest, and revealing

than communication with other coworkers. This theme consists of three categories:

mutual value of friend(ship), trustworthiness and shared worldview, which are described

below (see also Table 1). Also included in this theme are metaphorical references of the

friendship through the use of objects. As explained in Chapter Three, nurse participants

were asked to bring an object to the pair interview that reminded them of their friend and

described their friendship. The narrative each nurse gave about the object as a metaphor

revealed a deeper understanding about their friendship. It allowed the author to partake in

some inside jokes between the friends and gave a more intimate view of how the pair

communicates with each other.

Table 1

Examples of the Characteristics of Close Nurse Friendships

Characteristic	Description	Data Examples
Mutual Value of Friend(ship)		
Unique aspects of the friendship	The best friend offers things that other people cannot. These aspects make the friendship unique and set it apart from other relationships at work.	"She definitely brings out the goofy in me, which is fine. You need it around this place, or you'll lose your mind. When we have tough days here, we always have each other to look after and you know she's had times where she's thought about getting something else to be closer to home but then I whine enough to her and tell her how much I'll miss her and she doesn't leave me. I feel like we have a part in keeping each other here…"
Importance of having a best friend at work	Having a best friend at work is viewed as critical for nurses, in helping to alleviate stressors and preventing burnout. Nurses acknowledge that having a best friend is a valuable benefit at work.	"I think it is important that you feel like you have a best friend at work or someone you can turn to, because you don't want to tell everybody like if you have a personal issue, you don't want to tell everybody. You want to keep work and home separate. It's good to know there is someone you can talk to, it's confidential and somebody cares about you and you care about that person. So I do think a best friend at work is a good thing…Because that's a person who understands the situation- that was extremely stressful. But it's nice to talk to someone who understands the situation and the environment."

Admirable qualities	The best friend possesses qualities that are viewed as admirable by the nurse. These qualities are respected and may even be emulated by the nurse.	"She's just so down to earth and such a good person and like I said whenever there's a patient that nobody else wants then she always says "Well I'll be happy to take him" and that's one of her things that she says a lot that I've picked up that I even use with my family now, I'll say something like "well I'll be happy to do that." I've taken that statement of hers and kind of attitude to it, I just love it so much that I want to emulate her….yeah, she's very special."
Trustworthiness	Trust is a necessary element in a strong friendship, especially when relying on the other person as a sounding board for sharing personal information as a stress coping mechanism.	"So if I trust you as my friend I want you to accept me as a person, not just judging me because I made a mistake of something that wasn't even my fault or maybe it's part of it is just making you more stressed out. So that's how I see her. She's not there to judge me, she's just there to listen to me and I know I can talk to her about everything."
Shared worldview	Close friends are usually tied by some similarities in which they can relate to each other. Many of the nurses reference the basis for their friendships as having similar personalities, interests, work ethic, faith, or a number of other traits	"Yeah, and I hate to say that I cling to people who—because I know you hang out with people who are like you, and I don't feel that I necessarily don't appreciate somebody else's point of view, but I feel like in healthcare the idea that our goal is to make the whole floor as good as it can be, that greater good idea that if I do what's best for everyone, that will be what's best for me. I think she shares that…And that's that worldview that what's best for the greater good is best for you…she gets that, and that's the part where I'm like, thank goodness.'"

Mutual Value of Friend(ship)

This category consists of multiple factors− unique aspects of the friendship, importance of having a best friend at work, and admirable qualities of the best friend−which all support the high value placed on the relationship by both members of the friendship pair. Every participant in this study used these factors as a way to describe their friend and define their friendship.

The first factor is the uniqueness of the best or close friendship. Here, nurses' comments converged with findings from the research literature which argues workplace friendships are unique from other workplace relationships because they are voluntary and personalistic (Sias, Gallagher, Kopaneva, & Pedersen, 2012). This means friends have control over the aspects of their friendship because it is not enforced by the workplace, and they see themselves as more than just coworkers. It is likely that close friendship communication involves sharing personal information, not just work related. At some point during each nurse shadow, the author observed pairs speaking with each other about topics related outside of work, such as family or even activities that the friends do together. For example, Jenny and Angie, [1] cardiac nurses and best friends, discussed going bike riding together. Jenny recalled how sore she was the day after the last time they rode together, because they rode over 30 miles in one trip. Even though every pair of friends in this study met each other through work, their friendships have extended outside of work parameters. Another nurse commented "…she's the one person that I would consider my best friend at work… but I know that I can count on her, even as a friend outside of here, if I needed something."

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[1] All participant names have been altered for anonymity.

Close friendships among peers are the least common relationships at work, since they take the longest to form (Kram & Isabella, 1985), but once established, friendships tend to flourish over time. Nurse participants acknowledge that they are fortunate to have someone at work that they have been able to form a close bond with. Consider the quote below from Nancy, an inpatient rehabilitation nurse, when describing her connection of over 20 years with best friend Trish:

> Just having someone to like eyeball them [patients] and give you their opinion on how they're doing, just for them to reassure you 'It's okay, they're fine.' A lot of people don't have that because they don't have close relationships like we do. I feel bad for people like that. They don't have anybody that they can turn to 100% of the time.

The close relationship that Nancy and Trish share was also exemplified in an object that Nancy brought to the pair interview. She brought a two-pack of Reese's peanut butter cups, "because I feel that the chocolate and the peanut butter complement each other and I think Trish and I work well together" because of the fact that "she's got strengths that I don't have, I have strengths that she doesn't have and I think we work well together and we make it work." Trish pointed out that it also refers to their shared fondness for candy. During the observation they joked that although they are dieting, when one of them has a chocolate craving, they "take each other down" and make the other eat chocolate too, so they ruin their diets together. Nancy added: "That's why you buy the ones that have two cups in it so that we share…we go together." The close connection that these friends and other close nurse friends share is rare but valuable, as many of the nurses expressed their

appreciation of their friendship. Another nurse, Sue, is similarly grateful that she has a best friend at work:

> [I feel bad for people who don't have] that outlet, or somebody to bounce things off of. You think of some people and think maybe that's why they're so grumpy at work all the time because they don't have that… and everything's not a big joke but that's kind of how we are. It just kind of seems like 'well everything is just a joke' but it's not. Because we also understand, we're also two happy people. And we like to share that happiness with ourselves and others.

The above examples speak to an advantage of having a special friendship at work. It is interesting to note that many participants commented on the value having a close friend within the workplace, as they share the same experiences. One nurse says:

> We've both had people die that are sad or a really stressful event happen or somebody get hurt or somebody go downhill that you weren't really expecting and it is really hard but just to know that—again you have just that non-judgment—the best way I can describe it is really a sisterly relationship where you can go to that person, just be kind of raw, if needed, with emotions, and you don't want to but it's totally okay. And I wouldn't necessarily be comfortable doing that with somebody else because it's just very genuine. It feels like I'm talking about a lover [laughs]… And we've said before that certain times with certain events that have happened, we can understand it more than our—or empathize—more than a spouse could because they really have no clue what we do.

As exemplified above, a close friendship is unique and cannot be replicated between all coworkers. Sharing a work environment and all its nuances helps to create a strong bond that nurses cannot share with spouses or friends outside of work.

When people do develop a close friendship, there are often special aspects of the intimate relationship that set it apart from other relationships at work. Closeness may be shown through inside jokes, nicknames or certain nonverbal behaviors that the only the two friends engage in with each other. For instance, nurse Angie says that she and her friend Jenny like to share inside jokes that no one else understands:

> We create running jokes that we bring up way too much. Making small references to things we decide are absurd… And we love to carry it over as long as possibly humorous…And our coworkers seriously don't get it… So it's that ability to drag out a joke that's not funny until all of our coworkers hate us. So it's more funny to us because they don't get it.

The pair's unique sense of humor was also shown through the objects they brought to the pair interview. Angie brought a small tube of hand sanitizer spray, on which she carefully taped a fake label marked "Xanax Spray." She and Jenny laughed about how they had gone around work that day spraying people with it and had managed to convince someone that it would actually relieve stress. She linked the object to not only the extreme stress that they encounter at work, but also used it to represent the stress relief that Jenny provides her as well as their shared humor. Jenny's object, a vest made from one of their uniform shirts covered with patches, represented the pair's love of humor. Jenny had once had a dream that she told Angie they were not having enough fun at work, so Angie ripped the sleeves off of Jenny's shirt and turned it into a biker vest,

which helped them to have more fun. Once Jenny told Angie about her dream, Angie set out to make a "biker vest" and gave it to Jenny as a birthday gift. The friends agreed that they did in fact have more fun at work after that.

Such behaviors as above help build a special connection with one another while also distinguishing their relationship as extraordinary from other workplace associations. One nurse has a nickname for her friend, a label that she alone uses which symbolizes their best friend status:

> It's funny because on days that she doesn't work—so I call her my wingman, to make an old 80's movie reference joke, but I'll be like 'I don't have a wingman today' so I'll text her and be like 'it was terrible!' And she'll text me the same thing. I mean it kind of is, she's just there, if there's nobody else there, and it's just horrible and turns nuts, I know that she's there and will help.

Another characteristic of best work friends is conveying strong preference for each other over other coworkers. A pattern emerged in nurses' descriptions of one another and how they value each other more so than other people at work. Comments from Josie, a floor nurse exemplify this trend: "We do all of our outside meetings and CPR classes—we always arrange them so that we do them together," she said, "We're such babies we don't want to be with anybody else but each other." Many of the study participants admitted to knowing exactly what hours their friend works: For instance, Andrea, an oncology nurse, said, "It makes it a long day [if her friend is not there]… She always knows what my schedule is, I'm like 'when do I work again Beth?' We always check each other's schedules." Nurses explained that the reason they want to know

exactly when the other works is because having the friend nearby has the ability to determine how the day will go.

Indeed, during the job observations, although the participants interacted with other nurses beside their friend, they communicated a great deal more with the friend than with others. A common statement from the participants was "I know I'm going to have a good day when she's there." This sentiment extends to days when the nurses may not even work in close proximity. Sue and Josie, best friends for the past seven years, acknowledged that, even if they do not see each other for a while during their shift, knowing the other is there makes the day better. Their dialogue about this topic is presented below:

> Sue: Even if I don't see her with something stressful, I just always know she's there.
>
> Josie: Mhmm. A phone call away.
>
> Sue: Even if it's just busy, like yesterday we were excited because we were right next to each other in the hallway, which generally happens, but not always.
>
> Josie: Because they know we like to be by each other [laughs].
>
> Sue: But you see where we're located and it's before you even know your assignment or before anything happens, you say "Oh we're starting out happy because we're by each other."
>
> Josie: You know it's going to be a good day.
>
> Sue: Part of the day you get really busy and you don't see each other for a while but we know each other is there… I feel lost, I feel like a big loner when she's not here.

Josie: I don't talk to anybody. Like if you're not here I'm just like "I'm just going to go do my work…"

Sue: And be in my own world.

Josie: That's pretty much it. It's weird [laughs].

Their conversation calls attention to enduring qualities of their friendship – humor, support, and empathy for example – which exist even though the two friends do not see or communicate with one another. The friendship transcends physical constraints. People may also be attracted to someone as a friend if that person has qualities that are seen as admirable and may serve as a positive influence to the other. This view is reflected in the following quote from Katie, a behavioral health nurse, when talking about her best friend Joy.

I admire her as a nurse. If you look up 'nurse' in the dictionary, you'll see a picture of Joy. She's excellent in delivering nursing care, and her interactions with the patients are really outstanding.

Another nurse explains how her best friend influences her to be a better nurse:

I feel like I'm held to a higher standard because she's a really good nurse, and she actually can offer me a lot of assistance. She's kind of my go-to girl, you know, computer questions or things like that. She's a little more tech-savvy than I am. That helps me because I feel like I'm held to a higher standard because I feel like she's a really good nurse, so it makes me want to be that way too.

Nurses have also described what they admire in their friend through the use of objects during the pair interview. For example, nurse Trish brought a cardboard smiley face picture on a stick because her best friend Nancy always makes her smile. She recalled

"… when I pull in the parking lot sometimes unexpectedly and I see her car… it's like a

weight lifted off your shoulders." Trish used the smiley face to represent how they deal

with stress as well, as they have to put on a happy face to patients while they may be

complaining about the patients behind their backs. She also compared her friend to a

metal washer because "that represents strength and that's a quality that I see in Nancy;

she's a strong coworker. I mean, to help with tasks… she's our super user, she's

knowledgeable, and she's always there to help."

    As illustrated by the above examples, participants are drawn to exceptional

qualities in the best friend and feel that their lives are positively impacted by this person.

Common admirable traits mentioned in interviews include intelligence and knowledge of

the job, skills not possessed by the speaker, and sense of humor. These are some

characteristics that make the best friend special, as they are viewed as unique and help the

friend to stand out among other coworkers.

    In addition to the unique aspects of the friendship, importance of the friend, and

admirable qualities in the friend that are mentioned above, two major characteristics–

trustworthiness and shared worldview– were repeatedly identified by participants as

defining features of their best work friendships. These two characteristics are isolated

from those above as they are prominent qualities in extant friendship communication

research. Trust is listed as one of the few values that distinguish close work peer

friendships (Kram & Isabella, 1985) and is often cited as an outcome of these

relationships (Jones & Gates, 2007). Shared worldview is a main contributor to building

affinity among peers (Sias, 2009) and, along with supportive communication, affinity-

seeking is one of the two essential communication behaviors among friends in the workplace as outlined in Chapter Two. The next two sections consider these qualities.

Trustworthiness

According to Kram and Isabella's (1985) types of workplace peer relationships, the special peer relationship (close friendship) involves high levels of trust and self-disclosure. Recall from Chapter Two that the concept of a relationship building in trust is a foundation in social exchange theory (Cropanzano & Mitchell, 2005). Trust is a necessary element in a strong friendship, especially when relying on the other person as a sounding board for sharing personal information as a stress coping mechanism. Higher levels of trust are more likely to yield greater self-disclosure between friends, as opposed to relationships with less trust (Sias, 2005).

Participants identified trust in a number of ways, such as: 1) being able to share personal information (also called self-disclosure) or vent and knowing that it will not be shared with others; 2) having honest dialogue with each other without getting upset; 3) knowing they will not be judged by their friend; and 4) relying on the friend to offer support and "being there" for them. Some of these aspects of trust are described in the following quote by Nancy:

> I feel like I can be honest with her, I can tell her what I'm thinking and…she can
> remind me if I'm out of line and I think we can—kind of a checks and balance.
> Then I feel like when I'm getting frustrated here I can sound off against her and I
> can tell her stuff in confidence and know that's where it's going to stay…Well
> basically because there is stuff I can share with her that I wouldn't share with
> other people, and the fact that if it's something I don't want everyone to know,

it's not going to get broadcast… She knows some of the bad things about me and she likes me anyway [laughs].

Trusted coworkers may be best equipped to hear the positives and negatives of work life because they share common job-related experiences (Sias, 2005). Further, the best friendship status signifies that friends share only certain matters with one another and not communicate sensitive or personal information with others (Sias). Trustworthiness was mentioned by every single participant as a key aspect of their friendship. Every participant mentioned trust in response to the question about what their friend could do that no one else could. Nurse Beth explains that trust is not earned by everyone:

> …you can establish a true friendship if you be loyal to that person… you should keep one person…that you know they're there to help you and support you. That they are there even whatever they hear about you, they're there to stick to you and maybe they can share with you what they hear from someone and so at least you can explain yourself… She knows me. I'll say something to her if I heard something…So I love to have one at least, best friend here at work that I know that she is there for me, to support me, whatever happens or whatever problem we've got here, we're still here… Because if you talk about her behind her back, and people will think "Gosh, you're such a traitor, no one can trust you, no one will believe you." So why do you think you can establish friendship with this person if she knows you're talking behind her back? Because I have another friend here, we can be friends, but I cannot share anything with her. Because I know in one second I can share something with her it's going to be spread to all

our coworkers or whoever is listening. And so I can't trust her, I know she wants

to be with us, to our group, but yeah, she can join us, but I can't share any

important secret, that's a secret that can go to our bosses, just in case she wants us

to get fired.

The above statement shows how disclosing information to some coworkers can be

detrimental to one's job. It also suggests that trust is a required trait, as the close

friendship cannot be established if the members talk behind one another's backs. Nurses

rely on their best friend to keep secrets about a number of topics. Some subjects, such as

a personal problem or a comment that they do not want others to hear, can be trusted only

with a best friend and no one else at work. In fact, when asked about what topics with

which they can go to their friend, participants said there was nothing they would hesitate

to talk about with their best friend.

Shared Worldview

Close friends are usually tied by some similarities in which they can relate to each

other. Acknowledging similarities is a central task of communication and is often a

starting point for building friendships with coworkers (Sias, 2009). Many of the nurses

reference the basis for their friendships as having similar personalities, interests, work

ethic, faith, etc. Communicating similarities is often a way to bring about liking between

people, which is referred to as affinity-seeking (Gordon & Hartman, 2009). For instance,

best friends Andrea and Beth talked about how their friendship initially began over their

shared love of Coach brand purses and over time, they discovered additional points of

connection such as family and work values. The friends even brought a purse with them

to the pair interview to describe their shared interest, and they were also observed

discussing the different sizes and colors of purses they have during their break time together. Affinity-seeking strategies are generally used more in close friendships than in other types of workplace relationships (Gordon & Hartman). Nurses' assertions during interviews supported this research literature finding. Nurses often described shared values and beliefs as defining characteristics of their relationships. For example, nurse friend pair Katie and Joy recognized their dedication to religious faith and commitment to lifelong learning as important foundations to their friendship:

> Katie: I think we're both religious and very similar in religious thoughts and that's like a foundation, and our beliefs about how to treat people, patients, and each other. But we both really enjoy our grandkids [laughs].
>
> Joy: We both really love education. I think that is a common thread in our friendship because I was just finishing my bachelor's degree when she was coming to work here and she was encouraging and wanted to write a paper with me.

During the pair interview, both Katie and Joy brought objects to describe their religious connection. Katie referred to a book that Joy previously gave her that has devotions for every day of the year. Katie said every morning when she reads it, she thinks of her friend. This item emphasizes their religious connection, and Katie said the book helps her to stay focused, start the day out right, and reminds her of what is important in life, just as Joy does for her. Joy brought an object in the form of a gift for Katie: a carved figurine of a woman holding a gift, from a brand of religious and inspirational collectables. Not only did the item represent the pair's connection to faith, but Joy added: "Well I feel like Katie is a gift and that she has been a gift in my life so I bought her a gift… Yeah her

[figurine's] name is 'The Spirit of Giving' and that describes Katie perfectly." These common interests helped the pair to develop a connection and basis upon which they could communicate. As mentioned above, finding similarities is often an initial step in relationship building (Sias), and the friends were able to create a bond with values in which they both strongly identify. Recall from Chapter Two one facet of social exchange theory called status consistency, in which rewards are based on a person's standing within the group (Cropanzano & Mitchell, 2005). The data support this concept as nurses felt their friendship status provided them benefits in the form of support that other nurses did not receive. The research literature also points out that this supportive coworker communication plays a significant role in nurses' professional identification (Apker, Ford, & Fox, 2003).

Sometimes when nurse best friends talked about their similarities their comments also emphasized how they as a pair are dissimilar from others. Just as in-group members may receive special benefits, out-group members may be excluded. For example, this was demonstrated when observing nurse friends Sue and Josie, who were both wearing identical long-sleeved shirts under their uniform. Josie said they text each other the night before to plan their outfits, and jokes that "everyone's jealous of our shirts" and wants to participate too, "but we don't let them." On the day of the follow up interview, the pair said they allowed another coworker into their "clothing in-group" for that day, and they all wore pink to work. Best friends can also distinguish themselves from others in their values. In the quote below, nurse Andrea discusses how she and best friend Beth consider themselves different from others at work because of their shared affinity for family and hard work:

How did we make that connection… I don't know, once I started working here it just automatically kind of kicked in. I think we have a lot of the same values; family values and beliefs…work ethics. Family's most important and kids and doing well at work, making sure you give 110% percent at work, doing a good job and being a good team player, and willing to help anybody out. You don't see that in everybody. And I'm there, if she needs it…The most thing we have is trust and confidence in each other and whatever we say to each other, that's where it goes and that's where it stops.

As stated in the above example—sentiments echoed by nearly all nurse participants—, close friends may consider themselves to have similar personalities or ways of thinking. These perceptions reinforce intimacy and affinity with one another in ways that heighten the friendship bond (Sias, 2009). Another way similarity was noticed was through humor. For instance, one nurse commented: "I think we have identical sense of horrible humor, where we think things that aren't funny are funny. And other people will look at us and just be like 'what?'" In this case, the friends are able to bond in their similar sense of humor.

Finally, close friends communicate similarly, which helps them to understand each other's worldview in ways that help them work together effectively. For example, several nurse pairs mentioned how they have developed a unique communication style that can improves quality of work life. According to Jenny, a nurse who has been best friends with Angie for five years, their mutual communication style not only makes work more enjoyable but also heightens their work performance. Jenny said,

I think it's like part mental telepathy [laughs] and part…like I said yesterday it's almost like she can—we worked together for so long and we are kind of like sort of the same person. We sort of have the same personality and the same way to take care of patients so I can just kind of look at her and we just know what we're going to do…In a stressful situation, like an emergency situation, I know all I have to do is just look at each other and I know she's going to do this while I'm doing this, that we can get this done. Like there's always that—it's a good connection.

To summarize, the first theme identifies and describes three major components of close work friendships among the nurses in this study. Nurses comments revealed a joint valuing of the friend(ship), mutual trustworthiness, and shared worldviews. The next theme considers nurse friendship communication in a context which has significant implications for nurse quality of work life.

Theme #2: Nurse Stressors and Corresponding Friend Supportive Communication Behaviors

This theme identifies many stressors that the nurse faces at work and the ways in which nurse best friends provide support to one another to help cope with, and even avoid, stress and burnout. Before examining the supportive communication techniques, this theme considers the job pressures nurses in this study encounter.

Nurse Stressors

The research literature noted in Chapter Two describes nurse stressors mainly as related to job factors (e.g., work overload), emotional labor, and work communication (Felton, 1998; Ray & Apker, 2011; Spencer, Coiera, & Logan, 2004). Findings from this study reinforce these trends, revealing that nurses experience job, emotional labor and

communication stressors. These stressors stem from two major sources; a) patients and b) the organization (e.g., coworkers, budget cuts) (see also Table 2).

Patient stressors.

Patient stressors refer to any physical or emotional demands of a patient or related to patient care. It includes anything a patient does that is perceived as stressful to the nurse, such as high demands or poor attitude, and any stress related to caring for the patient, like dealing with difficult patient family members. The quote below from Andrea, an oncology nurse, exemplifies how patient stressors for nurses often appear in the form of difficult patients:

> Well I can tell you stressors. You've got drug seekers. Multi-tasking is okay but then when you get somebody who's demanding and you can't—you're pulled in every direction. [Patient] family phone calls are a stressor to me. When they call in here when we're at work, because we're busy. Today would be a good day for a family phone call, but normally, it's Monday through Friday and it's 8 a.m. and you haven't even seen the patient, you haven't talked to the doctor, …and not only do you get one family member, you get five more after that calling you for the same thing. That's a stressor.

While the author observed nurse Andrea on the floor, she experienced a stressor with a patient's family, who were highly demanding and kept insisting that the patient have a number of tests done that Andrea knew were unnecessary. Andrea told the author she "dreaded" going into the patient's room because there would be another demand which she could not fulfill, causing conflict. Another frequent stressor seen during the author's

Table 2

Examples of Nurse Workplace Stressors

Stressor	Description	Data Examples
Patient demands	The number of physical demands from patients are a stressor for nurses as they contribute to their busy workloads. Tasks such as passing meds, answering family phone calls, cleaning patients, and admissions and discharges become numerous and difficult to manage.	"I would say the busy where you've got somebody coming, somebody else wants something for pain, somebody else has to go to the bathroom and you don't want to really walk out of that room to be like 'I need to call someone else to help you but I've got this, this…' So just when there's a whole lot of things happening all at once which tends to happen, it can get really overwhelming."
Difficult patient/family members	Sometimes nurses have patients that are difficult or unpleasant, as well as the family members of patients. Most patients do not want to be in a hospital and may be in pain or distress, and therefore may have a bad mood about the situation. Essentially in a customer service role, nurses must remain respectful and friendly.	Nurse A: "Sometimes people are just mean…And sometimes for no reason. I think about your [to Nurse B] one over here recently. I mean you didn't even have a chance to talk to them." Nurse B: "And they just jumped down my throat. Nurse A: "Just attacked her. Yeah, like 'Whoever walks in this room we're going to just attack: Why is this happening, why is this happening?'' Nurse B: "…It was bad."… Nurse A: "Because it's one of those jobs where you just have to take it. Because we can't just yell back at them, and sometimes that gets exhausting." Nurse B: "It gets very exhausting." Nurse A: "Just take it, and smile and be extra nice and somehow vent it out later." Nurse B: "Just walk away."

Empathy for the patient	Nurses often see people when they are going through their worst. They help many people who are sick or injured, and may deal with many deaths throughout their career. It is easy to have empathy for patients, which can be exhausting for the nurse.	"I know we've had to resuscitate people or call rapid responses on people who were "circling the drain" more or less and aren't doing really well. Oh there's been tears, you know, I think [starts crying]… I just think we're both really empathetic."
Overall busy-ness	Many of the stressors, such as patient demands and budget cuts, contribute to the overall busy-ness for a nurse. It is often the cumulative, simultaneous tasks and demands that create pressure and stress that leads to burnout.	"I think one of the biggest stressors is the time issue. Recently they've decreased how many staff members we have for how many patients, or call ins if we're short and then you add that on and there's never that 'Oh you're short, that's okay, take it easy, you don't have to worry about admitting the patients that quick' but they're still like 'They'll be here in 10 minutes, you need to have a bed for them.' And sometimes they'll call and say 'Hey they're coming right now, we need a bed for them right now.' And it's like oh yeah, let me just pull a nurse out of my ass... I have to work with the least amount of staff I could possible get by on and do everything as quickly as I can."
Difficult coworkers	Just like other workplaces, nurses work with people who can be difficult. They may deal with other nurses who are catty or gossip, and some doctors may be rude and speak down to nurses.	"People here are protecting their job and sometimes you're so stressed out you can't say anything, you don't know which ones are your friends...you can't express yourself because you're not sure if someone may go and turn around and say something."
Budget cuts	Budget cuts are a major stressor for nurses because it affects them in many ways. Being short staffed due to budget cutting results in more responsibilities and busy-ness for nurses.	"Just to deal with the inevitable budget cutting, not being able to do what we want to do for our patients because we may not have enough staff that day or you don't have food to feed them and things have just economically been crunched."

participant observations was patient task overload, such as passing meds and admitting/discharging patients. For instance, during one observation nurse Jenny acknowledged this overload by stopping in the hallway and stating "I have so much to do, I don't know what to do next!" This quote reveals her job frustration about the difficulty of setting priorities because every task is important.

Patient stressors also includes emotional work which nurses must perform, such as intense display of empathy or emotionally draining discussions about patient health concerns. As stated in the literature, although empathy is a desirable characteristic in caregiving, when feeling for a patient becomes emotionally exhausting, there is a significant risk for caregiver burnout (Apker, 2012). For instance, one nurse started crying as she described her most stressful times at work as being those when patients were not doing well or have had to be resuscitated. During a pair interview, two nurses cried together when recalling a recent patient who had been diagnosed with terminal cancer and died.

Participants' comments suggested how patient stressors contributed to reduced feelings of accomplishment, a prominent symptom of burnout (Maslach, 2003). If a nurse is unable to properly care for and treat a patient, he/she may feel a sense of failure (Felton, 1998), as illustrated in the below example provided by nurse Nancy:

> I think the ones that make me where I have to laugh or I'm going to cry are the ones where… the patient or the family just – we just don't hit it off and I just feel bad… but I have taken care of patients that it's clear we're not the best fit and that bothers me if I can't do what I feel the patient needs, if I leave here and I don't

feel that I've done a good job that's what will bring tears to my eyes as quick as

most anything. If I feel like I've done an inadequate, sub-adequate job.

The feeling of failure that Nancy describes above has led her to become "more thick-

skinned" than when she first became a nurse. She added that while she has avoided

burning out thanks to the supportive communication she has received from her best friend

Trish, she has seen other nurses burnout who have not had that friend support system.

The stress experiences of nurses in this study mirror those presented in the

research literature. Similar to other studies, nursing is comprised of varied negative

stressors that, over time, can contribute to burnout. These forms of stress can lead a nurse

to turn to a best friend for support, especially emotionally supportive communication, in

order to cope with job pressures. Next, this chapter considers organizational stressors

which nurses encounter.

Organizational stressors.

Organizational stressors identified in this study include stress induced by

communication with managers, subordinates, and coworkers, as well as the hierarchical

structure of the organization. Interview data reveals that this set of stressors ranges

widely from budget cuts, long hours, unwieldy, time-consuming protocols, or coworker

problems (e.g., conflict, lack of help). These factors are conditions outside of direct

patient care. During an observation, nurse Trish commented to the author about how

budget cuts reduced staff on her neuro rehabilitation unit. Trish said that even though she

was the charge nurse that day (a manager position) she still had to care for her regular

amount of patients while answering the phone and performing extra tasks. Budget cuts

had prevented hiring staff nurses who could cover Trish's direct care responsibilities so

she could solely focus on managing others. Problematic communication with non-patients also figured prominently in the interviews. For example, during a pair interview, nurse friend pair Andrea and Beth discussed a situation that Andrea experienced early on in her career when interacting with some difficult coworkers:

> Andrea: It takes a strong person to be a nurse, it takes somebody that you have to be an advocate for yourself and for your patient but you can't be afraid to say no... If you do, if you are, you get ran over. That'll happen once, it doesn't happen again.
>
> Beth: Once when you were…
>
> Andrea: When I first started here…they tried to get me fired then I had to go back to the office and I got just hammered in the office and I'm like "What are you talking about?"
>
> Beth: Yeah I heard, and there were like rumors…
>
> Andrea: And none of that was- it's the certain group that works at night. None of it was true, I laid as low on the floor that I could lay, I just wanted to survive it.
>
> Beth: It was terrible really…
>
> Andrea: I did nothing.
>
> Beth: Yeah it's not fair and she was just new here.
>
> Andrea: I just had to lay low, lay low, lay low and then I got called back into the office and I just got bombarded and I'm like "what?" I've never had a job performance like this in my life, never ever and then I had to enlighten her, the person in the office…And if I wouldn't have stuck up for myself I would have been gone.

Beth: People can just destroy you.

Andrea: There's a certain group, if they don't like you…

Beth: They will do everything.

Andrea: Filet you like a fish.

This scenario depicts stressors that stem from interactions with others in the workplace and can lead to devastating outcomes. Andrea and Beth recalled a number of other nurses who experienced burnout and even left the organization due to negative encounters with coworkers. . Their comments reinforce findings from the research literature which suggest that negative communication with coworkers contributes to job dissatisfaction, a key predictor of turnover (Feeley et al., 2010). Later in their paired interviewer, Andrea and Beth explained how having a strong source of support in each other plays an important role in how they positively manage stress at work.

A major contributing factor to stress among nurses at the study hospital which resonates with the research literature is a lack of support at work (AbualRub, Omari, & Abu Al Rub, 2009). Study participants routinely provided examples in which they perceived a lack of social support from others, which they believed contributed to poor quality of work life. For instance, consider the quote below from Jenny, who identifies salient stressors at work and describes how important it is to receive support from nurse coworker friends. She specifically recognizes the vital nature of her relationship with best friend, Angie, to coping with job stress:

I really think that having a friend at work is really important for nurses. I don't think I could do this every day. I wouldn't do it if I didn't have somebody, like Angie. I know all the other people I work with are amazing but I really do think

> it's important to have a friend or friends, like people you know you can rely on. Otherwise, I think some nurses are mean to each other, because it's like being in high school. People are still catty and still talk about each other and you hear rumors…Angie is totally not like that, she doesn't talk bad about people, she's just a really genuinely nice person. … I'm very lucky, I'm so glad, otherwise I'd be crazy. [laughs]

Her comments suggest that if it were not for the support she receives from her best friend, she would have experienced burnout. In fact, during the observation, Jenny stated that if she did not have a friend like Angie at work, she would have quit her job. Nurses are not exempt from encountering difficult coworkers, and this stress adds to the number of other stressors they deal with on the job (Apker, Ford, & Fox, 2003).

In summary, nurse participants face considerable job pressures in the forms of patient and organizational stressors which can have problematic outcomes for themselves and for their organizational employer. Data presented here suggests the mitigating effects of communicating with best friends at work on nurse stress. The next section more specifically considers the types of social support nurse best friends provide each other during stressful times.

Supportive Communication Behaviors

Study data reveal that supportive communication behaviors among best friends are at the heart of how participants cope with stress at work. Much like what is found in extant research, nurses in this study communicate support to one another in a number of ways, such as by listening to the other vent, helping the other to complete tasks, or teaching how to do something (Apker et al, 2005). Acts of support discussed by nurse

participants and observed by the author are often altruistic, which means they are

performed to help a best friend even at a cost to oneself (Cropanzano & Mitchell, 2005).

However, although the nurses in this study said they do not expect to receive anything in

return for helping their friends, they acknowledged how helping each other improves

their feelings of self-worth. Data show that supportive communication behaviors from

one friend also create conditions where the other friend perceives it is acceptable to

reciprocate and does so, thereby building a cycle of positive support for one another.

Nurses often used multiple communication behaviors simultaneously to provide

each other with support. For example, the author observed nurse Joy showing her nurse

best friend Katie how to use a new computer charting system while actually charting one

of friend's patients as a demonstration. Her behavior provided informational support in

the form of training as well as instrumental support by physically completing the task of

charting. The author also observed the pair listening to one another vent about the

frustrations with the computer system. Below key communication behaviors by which

nurses offered one another support are explored in greater detail (see also Table 3).

Complimenting/ building each other up.

This positive communication behavior refers to complimenting each other or

saying kind words about the other person to build up esteem and self-worth. Interviews

and observations show that a major way that nurse best friends give emotional support is

by complimenting each other or making the other feel good as a person, not just as a

nurse. One nurse commented specifically on how she and her friend communicate in a

positive and supportive way to help each other feel good about themselves:

Table 3

Examples of Supportive Communication Behaviors

Behavior	Description	Data Examples
Complimenting/ building each other up	In any close friendship, people feel better when their friend compliments and builds them up. When a nurse encounters stress, the friend can offer emotional support by making him/her feel good about him/herself.	"She understands that I have this personal life with problems and she's very supportive and makes me feel better about my situations…I get really upset, this is just kind of general, but I get really upset if I've not done something right for a patient or I've done something wrong and I'm very self-critical. Well, she'll say 'None of us are perfect and that you have to give yourself a break don't be so hard on yourself.' She will tell me I'm a good nurse and I need to hear those kind of things."
Listening/venting	When nurses have had a stressful experience, it often helps them to feel better by venting and sharing their experience with someone.	"Just as long as we listen to each other and relate to each other…We'll have serious conversations and just like whole heartedly listening to her and just having someone to listen…There's so many people running around crazy because it's so busy and nobody has time to listen or nobody cares. We always make time for each other, we always care."
Using humor	A form of emotional support, humor is often a helpful way of coping with stress at work. Nurses may use humor to make a stressful situation seem less serious and allows them to not dwell on the stress.	"I think that one of the big things about working in a stressful environment like this is that everything we do is, it's not funny, it's very serious, but [nurse friend] is hilarious and she is SO funny and just comes up with the most random and funniest things and it just makes everything better. Like if we're having a bad day or something, she can somehow turn it around and make it a good day and that's one of the reasons why I love working

		with her because I can just be crazy and she'll say something really funny and we can kind of carry on."
Offering advice	Offering advice is a form of informational support, as the friend is giving verbal input on what the nurse should do. This could include advice on dealing with a coworker or patient, how to treat a patient, and also related to personal issues that nurses may talk about at work.	"If I don't know something or if I tell her I'm struggling with something, she will say 'Well, did you know you could do it this way?' She can make things better just because she knows so much and shares what she knows."
Sharing information	Sharing information or teaching is a way that the friend can help the nurse to cope with stress by reducing uncertainty.	"Earlier this week I had one [patient med] where I needed to add and it'd been so long since I did it and I talked to her about it and said 'Can you give a refresher on that?' So she went through it again with me and I'm like okay I think I got it this time."
Offering physical help	When a nurse is stressed out by the amount of tasks to complete, the friend can offer instrumental support by doing some of those tasks to reduce the nurse's workload. Support can include passing a patient's meds, charting patient information, and doing an admission.	"[She] knew when I am overloaded, and she stepped right in and said, 'Would you like me to do that for you?' Another time I was trying to get the charting done because I had 5 or 6 patients who were new to me, and she offered, 'Would you like me to give your 3:00 meds?' She offered to give them meds and that really helped since then I was able to finish everything else on time."

… we kind of build each other up, like we are uplifting with each other. She

always says nice things to me and about me and I feel the same way about her and

so my feeling of self-worth is increasing whenever I'm around her, it's that kind

of talk and support. Sometimes it's nonverbal like the hug in the morning.

Building each other up may also include communication such as prayer. For instance,

nurse pair Joy and Katie were observed beginning their shifts with a hug and a prayer for

each other. Emotionally supportive behaviors communicate caring for the other

(Jacobson) and build liking and trust (Gordon & Hartman, 2009).

Listening/venting.

The data reveal that one of the most common ways nurse close friends offer each

other emotional support at work is by listening and venting to each other about stress. A

best friend at work can listen and understand the situation because he/she knows the

environment and experiences the same stressors. Below are several exemplars from

nurses' interview comments about how listening and venting help coping:

- "Just listening… I really appreciate her and I think she knows that, so just being

   supportive and just being there. When she's there, even if we're not talking, it's

   just nice having her there. Because I feel absolutely 100% supported."

- "I feel like pretty much the same things stress us out. I mean if we've got

   someone who's really sassy, I mean for instance, my guy who comes back from

   surgery and says 'This place is full of nothing but a bunch of morons' … I just

   want to go 'arghhh' you know, just vent briefly for two minutes. She'll respond

   most likely with 'Ugh, I'm sorry you have to deal with that.' I'm happy about life

again. Having somebody that I can vent to without sounding like I'm whining. Somebody that I can vent to and I know it's safe."

- "I think it's really important in our job to just vent …because she knows exactly what I'm going through because she does the same thing…I think that's a huge thing for nurses, because if you don't vent or get it out or let it go when you go home, you're going to just hold it in and it will just build up and build up and build up and then you'll just go over the edge."

The above statements highlight several noteworthy findings. First, nurses vent about a number of stressors in various ways. It is useful to have an arsenal of venting techniques to address different situations, as stressors come from a number of sources. For example, when Sue was overwhelmed with a number of admissions and discharges, she gave Josie updates on them whenever they passed in the hallway. But after dealing with an unpleasant patient family member, Sue shared the situation with Josie in the form of making fun of that person. Second, nurses believe venting is a necessary process in coping with stress, and the best friend's ability to understand is unlike any other person. This is important because they believe this high level of communication has prevented them from experiencing burnout and even leaving the organization. Third, venting occurs in different ways and at varied times, based on the stressors experienced and their feelings toward these stressors. It can be done outside of work or in small increments over the course of the day.

Humorous communication.

The present study extends past literature regarding social support by finding that humorous communication among best friends provides a vital coping mechanism. Most

of extant research focuses on the "shoulder to cry on" and encouraging aspects of social support, but does not consider how humor can promote displays of positive emotion which bolster nurses' resiliency in light of stress. Interview comments and observations of nurse best friends at work routinely show that humor alleviates situational stress by helping nurses blow off steam and also sharing experiences with their best friend. Nurses explained they use many forms of humor including making jokes about other workers or patients, laughing at funny circumstances or stories, or generally "goofing around." For example, during an observation of Josie and Sue, they engaged in a "food fight," as Josie threw a carrot across the hall and into a patient room where Sue was working. Sue involved the patient in their fun and made him tell Josie to leave Sue alone. Another example of how nurses use humor at work was observed when nurse Trish taped a picture of Sheldon, a character on Nancy's favorite television show "The Big Bang Theory," to her computer. Their unit had just gotten new computers that sat on large carts, and Trish was making a reference to an episode of the show when Sheldon spoke with people through a computer screen on a robot that he built. When Nancy walked out of a room and saw the picture on her computer, her laughter was heard down the hallway.

These examples of communication connects well with research on humor in the workplace. Humor is a fundamental aspect of communication and can help enhance productivity and reduce stress at work, among many positive outcomes (Romero & Cruthirds, 2006). The current study draws attention to how such communication, especially among best friends, can increase quality of work life in high stress, high burnout professions such as nursing.

Humorous communication relieves stress for nurses in a unique way. Nurse Angie provided the following analogy to explain how humor helps her and her best friend to cope by distracting them from stressors. She said, "In stress mode, the brain actually just starts frying itself and it's just pulling your brain off that burner for a second just to cool it off so it doesn't boil over." Angie then provided a recent example of how humor alleviated stress and enabled them to retain their composure to continue working.

> I could tell she [Jenny] was like almost in tears and so I just threw something out, that her brain had to stop being upset about what was going on, so we could laugh at something else, then we could go back to being worried about it. Because you can't just walk away from the job, you can't be like "Alright, this is too much, I'm about to boil over, bye." You can't walk out, you have to be here. The ability to just move it a little bit so it doesn't get too hot, and then move it back…

The quote reflects a number of findings found in prior research. First, burnout is a real threat to nurses who "boil over" from the multiple, simultaneous stressors they face (Jenkins & Elliott, 2004). Second, emotional support is a key component of supportive communication found to mitigate burnout (Fenlason & Beehr, 1994). Third, humor can be a powerful tool used to cope with stress in the workplace (Smith & Khojasteh, 2014). What the current study adds to the research literature is how humor among coworker best friends might be particularly advantageous as a means to employee stress and burnout, especially in high turnover professions such as nursing.

Offering advice and sharing information.

Offering advice or sharing information refers to communication behaviors nurse best friends exhibited when they instruct each other on nursing tasks (e.g., how to chart a

patient on the computer), but also regarding personal matters (e.g.,) what to do about a family member. Offering advice and sharing information can lessen stress by decreasing ambiguity about the job which can increase competence and confidence of one's abilities (Sias, 2005).

In the present study, the author observed several instances of informational support among nurse best friends especially regarding work-related matters or tasks. It was especially prevalent during times of change, such as during the implementation of a new process or technology. There were several instances of giving and receiving advice/information during the study observations because hospital units had just recently gotten new computers and the nurses were still adapting to the new technology. For example, nurse best friends were observed stepping in and mentoring each other through uncertainty of navigating the computer system and giving tips to increase efficiency.

Offering advice and sharing information was also provided when nurse best friends asked one another questions about patient care and bounced ideas off each other about medications, treatment, etc. Going to the best friend for advice and help is a good way for nurses to learn information and not be afraid to ask questions. This concept relates back to the quality of trustworthiness, as nurses rely on their best friend for open and honest dialogue, knowing they will not be judged. Further, it relates well to reciprocity as nurses may be likely to offer help to one another after being a recipient of informational assistance. Consider the following statements about how the nurse friends help each other:

- "and then if we have any type of question about a patient's status or a medication then it's a totally nonjudgmental person saying 'Hey I want a second opinion on

XYZ; what do you think about this?' And sometimes we know we're asking each other a really stupid question but we can go to each other and say 'Okay, thank you.' [Then we don't have to go to other people and] feel stupid asking something because it just isn't there."

- "It's nice to have an objective eye when you have a problem that you're dealing with in your work or personal life. Joy is good at problem solving. That's happened for instance I had like 6 patients and they're all new to me and like what to do first or something, you know, you can get a little rattled and she'll say 'Well you know do [this] and then you could do [that].' She's a primary nurse and has assigned patients, but she also knows about the rest of the patients on the unit. Joy is excellent at prioritizing care and helping me to see what I need to do first. It's just helpful to have some guidance there. Her suggestions are always excellent."

- "If I'm hanging blood and it's not infusing right because the IV is not right or whatever, I mean I know I can go and say 'I've tried everything under the sun with this IV, come look at it, what am I doing wrong? Maybe it's positional or maybe it needs to come out, what do you think?' I just know that if I have any questions or if I have exhausted all of my thoughts, she's going to have something different than what I'm going to have…"

These examples indicate a number of ways that nurse friends share information, including sharing knowledge and suggestions about a patient offering problem solving ideas on completing tasks. Taken together, these behaviors connect to the notion of information support which refers to communication that reduces uncertainty and give nurses a sense of control over a stressful situation (Sias, 2005; Apker, Ford, & Fox,

2003). The closeness of the friendship pair affords a comfort with giving information and advice, even when such input is not solicited.

Offering physical help.

The final supportive communication behavior revealed in the study data is offering physical services to help with the job. Such assistance relieves stress on the job by alleviating the other's workload as to prevent task overload (Jacobson, 1986). For nurse participants, instrumental support appeared in many forms, such as when Joy charted some of Katie's patients for her, and when Nancy checked on a patient's catheter for Trish. Offering physical assistance is particularly helpful in nursing where work overload is a common stressor and often comes in the form of multiple simultaneous demands from patients or other workers (Felton, 1998).

The amount of physical help observed between nurse best friends was remarkable and somewhat surprising. A common phrase between friends heard during observations was "What can I help you with right now?" Even when nurses had a great deal of tasks to complete themselves, they still offered help to their friends whenever they could. For example, although Angie was busy training a new nurse, acting as "super user" for their new computer systems, and taking on additional patients for a nurse who had to leave early, she noticed Jenny standing in the hallway with a troubled expression on her face. Angie knew Jenny was especially stressed that day because she was charge nurse, so Angie reflexively started collecting patient reports from the other nurses so Jenny could write the schedule for the next shift. Jenny later commented about Angie's ability to turn around a bad situation:

So this happens all the time when we get to the point in the day where we're so busy that there's a point where I'm just like "Oh my god, I don't even know what to do next." And if Angie's not busy she'll always be like "Okay, it's fine. I will do this, then how about you sit here and do the sheet for the night shift or whatever you have to do, and I will do whatever."… She just comes up with whatever, she knows what needs to be done and so she'll just be like "How about I do this for you while you do this?" And then I'm like okay, that's all I needed… Because I just get so caught up in the stress that I'm like "I'm stuck, I don't even know what to do at this moment." And she'll just be like "How about you do this, and I'll do this, and we'll get it done." And I'm like "Oh yeah!" I suddenly feel better…

The stress of work overload, much like what was described in the above scenario, is a major contributor to nurse burnout (Felton, 1998). Best friends Andrea and Beth remarked on how helpful instrumental support is in coping with stress. Andrea pointed out that "A lot of people here don't have that [a friend at work to offer physical support]." "That's why they're struggling, they're so stressed out," added Beth. In physically demanding situations, the best way to give support is through helping to complete a task on the job (Jenkins & Elliott, 2004) or offering other physical assistance (Fenlason & Beehr, 1994). However, nurses can experience multiple stressors at once, and there are times when alleviating tasks can help in coping with an emotional overload. For instance, Sue recalled how her best friend Josie offered her instrumental support during her most stressful event at work:

My number one traumatic event I can think is when I had a patient fall and break

their hip. And oh my gosh, it just—I was destroyed and…I was just a mess. And

she was just, she just cared… So for me, when I was having my little times where

everything's fine then all the sudden you think about whatever, then she would go

and "So-and-so needs a pain pill, I'll go get the pain pill." You know, just do that

thing where "Let me check in on your patients, make sure they're happy and then

if they need something then you don't have to worry about them right now, then

you can get yourself back together." So it's just nice too, in that particular

situation I was just kind of in a bad place and she was able to peek in as needed

and make sure that that part of the stressors were taken care of so then I could get

myself back together to deal with life. [She took some of the tasks away] …so I

could try to fix my mental…

Sue suggested that physical help can be offered not only when the nurse is overwhelmed

with tasks to complete, but also during routine circumstances when a nurse just needs a

break from ongoing tasks. The author noticed repeatedly that receiving help from a best

friend allows a nurse a moment to clear her head and continue with her work, now better

able to cope with job stressors. This material support—referred by researchers as

instrumental support—helps employees to solve problems, re-energize, and collaborate

with others (Chiaburu & Harrison, 2008). Without that moment to step back and regroup,

nurses' work life is a constant state of work overload, which can easily become so intense

that it leads to burnout and turnover (Ben-Zur & Michael, 2007).

Conclusion

This chapter exposed the major findings and interpretations of close work friendships and supportive communication behaviors in this study. Two major themes emerged from the data, consisting of behaviors and characteristics of close friendships, and close friendship supportive communication behaviors during times of stress. These findings indicate that close friendships are unique from other workplace relationships, and these friendships offer a significant amount of social support that alleviates stressors associated with burnout. The next chapter will address conclusions and recommendations based on the study findings. It will also include directions for future research and limitations of the current study.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Chapter Four addressed two major themes found in the data, including behaviors and characteristics of close nurse work friendships and close friend supportive communication behaviors during times of stress. The findings indicate that close work friendships are distinguished from other workplace relationships in several communicative qualities and in the form and content of support that close friends offer. Further, the social support reciprocated between close nurse friends plays a role in reducing negative job stress. Chapter Five first focuses on theoretical implications of the study and then provides practical applications for nurses and healthcare organization employers. This chapter also addresses limitations of the study and directions for future research.

Theoretical Implications

The present study integrates several bodies of research−workplace friendship communication, social exchange theory, job stress, and social support−drawn from organizational and health communication scholarship. This section considers study findings in light of these literatures.

Stressors in Nursing

The first set of study results pertain to the kinds of stressors nurses encounter at work. Extant research literature has identified a number of stressors that nurses face which relate to the findings in this study (see Apker & Ray, 2003, for a review of this scholarship). Participants' comments and author observations reveal nurses at the study hospital experience varied job, emotional labor, and communication stressors, which

come from both patients and the organization. Similar to past research, these nurses encounter work overload (too much to do, multiple, fast-paced tasks), demanding patients and coworkers, and managing intense emotional responsibilities (Felton, 1998; Ray & Apker, 2011). Unfortunately, these stressors uncovered by this study are not surprising; they have characterized the nursing profession for decades. This study focuses attention on how close work friends help nurses cope with such job pressures, a finding which will be discussed later in this chapter.

Lack of supportive communication at work, a factor identified but not fully considered in past literature, emerged as another factor contributing to nurse stress (AbualRub, Omari, & Abu Al Rub, 2009). Nurse participants believe that those outside the hospital context (e.g., family members, non-work friends) did not fully understand their job stressors. The present study findings show how often stressful physical and emotional working conditions of the study hospital were uniquely shared by nurse close friends (e.g. emotional labor, bathing/transporting/caring for patients). Nurse best friends share the specific stressors of bedside care which affords them perspective taking to which those outside the hospital cannot fully relate (another stressor). As discussed in later in the chapter, nurses' experiencing the same or similar job conditions becomes a distinguishing quality of the friendship, one that promotes closeness and coping.

Characteristics of Workplace Peer Friendships

The second set of study findings pertains to unique features of close work friendships. Characteristics that emerged from the data include the mutual value of the friend(ship), trustworthiness, and shared worldview, which will be addressed below.

Qualities of work close friends.

Nurses talked about unique aspects of the person by identifying and describing special traits and communicative features of their best friends. Study findings in regards to close nurse friendships indicate that communication between best friends is more open, honest, and self-disclosing than communication between other coworkers, which highlights the importance of having a best friend from which to receive support. These close friendships contain unique traits and offer a variety of support that is not provided by others within or outside of the organization.

Specifically, the present study revealed three essential characteristics of close work friends, which include mutual value of the friend(ship), trustworthiness, and shared worldview. First, mutual value of the friend(ship)—consisting of factors such as unique aspects of the friendship, importance of having a best friend at work, and admirable qualities of the best friend—upholds previous research assertions that workplace friendships are voluntary and personalistic, and therefore exclusive from other workplace relationships (Sias, Gallagher, Kopaneva, & Pedersen, 2012).

Second, trustworthiness was identified among nurses through self-disclosure and sharing honest dialogue with their best friend, knowing they will not be judged by the friend, and relying on the friend for support. This finding aligns with Kram and Isabella's (1985) assertions that close workplace friendships involve the highest levels of trust and self-disclosure. Social exchange theory (SET) is commonly used to explain workplace communication, which views exchanges as interdependent and reliant upon the other person's behavior (Cropanzano & Mitchell, 2005). The present study used this theory to illuminate and understand communication between nurse peer best friends. Findings

confirm the long-time assertion that the lateral relationships between nurse best friends are grounded in reciprocity (Gouldner, 1960). These close friendships are built upon a strong foundation of trust, which is a basic principle of SET (Cropanzano & Mitchell). This study contributes to research within this theory by applying it to the contexts of close nurse friend communication behaviors.

The third major aspect of close friendship found in this study, shared worldview is critical in the development and maintenance of friendships. Acknowledging similarities has been previously identified as a central task in communication and important in the development and maintenance of close friendships at work (Sias, 2009). Study findings uncovered accounts of participant descriptions of the friendship initiation and development through discovering shared traits, values, and interests.

Holistic friendships.

Taken together, these aspects of workplace friendship create and reinforce a new type of relationship which the author calls *holistic* friendships. Much like blended friendships, holistic friendships overlap work and non-work domains so that each friend is intimately knowledgeable about the other friend's life. Bridge and Baxter (1992) identify blended friendships as close friends who work together, which is unique from other friendships because it exists in the context of the organization. However, holistic friendships differ in the *intensity* of the intertwining between the professional and domestic spheres. Holistic friends share work settings which few, if any, other people outside that workplace would understand because they lack direct experience of that context. Holistic friends are able to fully take each other's perspective because they are living the work together. For instance, the nurses in this study discussed the extreme,

negative emotions that accompany patient deaths, coworker conflict, physically

demanding work shifts, etc. For example, one pair of nurse friends cried together while

discussing the loss of a patient that they had taken care of previously.

Shared intense emotional experience at work appears to heighten relational

communication about work and non-work aspects of nurses' lives. Sharing of such

information encourages friendships to develop and, overtime, strengthen the level of

intimacy between friends. For example, nurse friends self-disclose about personal

experiences, as one nurse talked about bonding with her friend over her divorce, as she

was able to speak comfortably with her best friend at work who had also experienced a

divorce. These relationships begin with talking about work related matters, and as the

friendships build they can share non-work topics.

Study data reveal several defining features of holistic friend communication. First,

the friends communicate differently with each other than they do with others. Second,

they can convey and accept honest and open communication with no limits in both what

they say and how they say it, without fear of offending or being negatively construed.

They understand the honest dialogue as showing concern and care for one another. Third,

the friends implicitly know each other's style and preferences for communication, such as

an appropriate use of humor and when and where to talk about specific topics. The notion

of being implicit where they know each other so well it can be conveyed nonverbally was

referred to as "mental telepathy" in the words on one participant.

Findings from the study indicate that once a certain degree of friendship intimacy

is developed, nurses perceive greater acceptance in giving and receiving social support in

times of stress. The next section of this chapter considers close friendship communication

as a response to workplace stress.

Supportive Communication in Times of Stress

The third set of study findings illuminates how socially supportive behavior between close nurse friends plays a significant role in mitigating stress and burnout. Given the abundance of stressors that nurses experience on the job, scholars in health communication and nursing have sought solutions to improve quality of work life for nurses that help to reduce burnout and the accompanying side effects (Hayes et al., 2006). Extant research has identified socially supportive workplace communication as an answer to diminishing nurse stress, burnout, and turnover (Apker & Ray, 2003). Further, while social support within work friendships has been found to improve quality of work life in non-health organization contexts (Sias, 2009), it has not previously been considered within nursing, a profession well known for job pressures.

As identified in the research literature, close work friends offer support in three main ways: emotionally, informatively, and instrumentally (Jacobson, 1986). Nurses in the present study offered an abundance of all three types of support, which show that supportive communication behaviors are critical in coping with stress at work. Nurse participants reported and were observed consistently supporting each other in ways such as listening to each other vent, assisting with tasks, and teaching how to do something (Apker, Propp, & Ford, 2005). Although a great deal of instrumental and informational support was offered by nurse best friends, they most often displayed emotional support. In interviews, participants directly identified their best friends as the primary source of emotional support to cope with work and non-work stressors.

Emotional support consists of a wide array of communication behaviors, ranging

from being a shoulder to cry on or comforting (nurturing support) to praise and encouragement (esteem support) (du Pre, 2010). In the present study nurses tended to give each other esteem support to build each other up and make the other feel valued. Many of the nurses' comments reflected the use of esteem support, which helped the nurses to separate themselves from the stressful situation and not see a stressor as a fault or failure on the nurse's part. Nurse participants' reported how encouragement can reduce negative feelings about oneself, and unconditional approval enabled them to better cope with job stress because it evoked positive feelings (du Pre). While esteem support has been mentioned in the literature, it does not have as long of a line of research as the nurturing component of emotional support. The findings of this study specifically show how nurse participants convey esteem support and the corresponding benefits of such affirmative communication. This aspect of emotional support warrants further attention by scholars and health organization leaders as a way to promote coping.

This study also suggests that humor plays a vital role in creating positive emotional support for nurse participants. The use of humor among nurse friends was often found as the primary method of coping with stress, above all other types of support. Findings show that nurses frequently use humor to help blow off steam and share experiences with their best friend, in ways such as making jokes, laughing about funny circumstances or adding a humorous spin to situations, and "goofing around." Study findings suggest that humor is often a valuable alternative to venting and other forms of emotional support. Previous health communication and nursing research has not fully considered how nurses' use of humorous communication increases emotional support which, in turn, may reduce or avoid work stressors. This is a new area in which this study

contributes to the research literature, especially in communication in health organizations.

Practical Applications

The findings in this study offer practical applications to nurses and their healthcare organization employers. Applications were formulated in several ways, including those offered by previous research, those based on the author's insights, and suggestions that emerged through discussion with participants in the present study. First, individual strategies are offered as ways for nurses to build friendships at work and establish mutually supportive relationships. Second, strategies are given for organizational leaders and employers to encourage work friendships and the supported associated with them.

Individual Strategies

On an individual level, supportive communication from a friend at work not only helps to buffer nurses from stress but it also provides emotional, informational, and instrumental support that are crucial in managing stress (Apker, Ford, & Fox, 2003). Stress and burnout are more strongly related when there is less social support (Jenkins & Elliott, 2004). Additionally, social support is related to high job satisfaction (AbualRub, Omari, & Abu Al Rub, 2009) and overall well-being (Ben-Zur & Michael, 2007), and negatively associated with emotional exhaustion (Jenkins & Elliott).

Since workplace friendships are voluntary (Sias et al., 2012), nurses may attempt to build friendships at work at their own discretion. Participant comments from the present study suggest that some nurses may be afraid of getting close to others at work in fear of getting hurt or losing a close friend due to turnover. However, participants also pointed out that those who close themselves off from becoming friends with others

experience the greatest amount of stress at work because they do not receive the support as others do. One thing for nurses to keep in mind is that it is acceptable and even encouraged to make friends at work. The fear of getting "backstabbed" and emotionally hurt by a friend is a risk, but the benefits of having someone to provide social support when needed is beyond beneficial. It is also important to keep in mind that not everyone can be friends, especially close friends.

A practical suggestion that can be offered to nurses is to find others with similar tastes, values, of beliefs. A foundation of building friendships is to acknowledge similarities with the other person (Sias, 2009). Findings from this study show that close nurse friends have a shared worldview with one another, which helped to develop and maintain their friendship. Nurses could join committees at work or take part in work related activities, where there is a chance for people to meet based on a shared interest. Although some nurses may believe that they are too busy at work to exchange with a friend at work, participants in this study recommend dividing a conversation up into several small bits throughout the day or to communicate by spending time together after work or during a shared day off.

Organizational Strategies

The effects of chronic, negative stress on nurses cannot be overstated. As discussed in Chapter Two, there are a number of consequences to stress in nursing, including individual and organizational implications. Stress can be a negative force that wears away at people emotionally, physically, and mentally over time (Buunk & Hoorens, 1992). Burnout results as a response to stress and manifests itself in emotional exhaustion, depersonalization, and diminished feelings of accomplishment (Halbesleben

& Buckley, 2004). Patient care and satisfaction can suffer when a nurse is emotionally

exhausted and detached, as there may be a lack in emotional support given to the patient

and their family, as well as a lack of necessary communication given to the patient or

other staff caring for the patient (Propp et al., 2010). The organization also faces

detriment as a result of nurse burnout, in ways such as reduced productivity, low morale,

and turnover (Ciftcioglu, 2001), which can be extremely costly to the organization both

financially and in human costs (Feeley, Hwang, & Barnett, 2008). As discussed earlier, a

major contributor to nurse stress is a lack of support at work (AbualRub, Omari, & Abu

Al Rub, 2009). Since work peers are the best source of support (Sias, 2005), the benefits

of social support from a close work friend is significantly beneficial.

Healthcare organizations also benefit from nurse peer friendships in the forms of

higher employee satisfaction and commitment to the organization (AbuAlRub et al.,

2009), higher retention (Harris, Winskowski, & Engdahl, 2007), higher productivity, and

quality of care (Jones & Gates, 2007). Promotion of workplace cultures conducive and

supportive of work friendships may be of significant practical value. Healthcare

organizations can benefit from work teams of close friends, as the friends may have

established ways of working together that work for both of them and cuts down on time

potentially spent disagreeing about the best course of action.

Although they cannot force employees to be friends, there are a number of ways

that a healthcare organization can encourage nurses to build friendships at work. To set

an example of productive supportive communication among nurse friends—one where

nurses can communicate with each other without getting distracted or letting each other

detract from patient care and completing work—managers can provide productive friend

pairs with rewards such as a gift card for lunch together or another activity that the friends can engage in together. Several participants in the present study acknowledged that they are scheduled near each other on the floor often and work similar schedules, which is something that their leaders do to encourage their friendship. Another application for organizations is to have department get-togethers and team building activities, where employees can get to know each other and interact outside of their typical stressful environment. Having these activities as paid time for employees shows that the organization values this time. Support groups may be another helpful outlet for nurses to meet and build friendships and also to give and receive support during times of stress.

Limitations and Directions for Future Research

The current study was limited by several factors, which will be addressed below. These limitations will be followed by recommendations for future research directions on nurse peer friendships and supportive communication behaviors.

The first limitation is in regards to the sample of participants. All nurse participants were women, so it is unclear if men provide social support in different ways. One of the participants suggested that the men on her unit do not take things as seriously as the women, so male nurses may use humor more often as a coping mechanism. Future research should include male participants in order to determine the gender differences in supportive communication behaviors.

A second limitation is the relatively short length of the study. Nurse participants were observed during one shift that they shared with their friend. During some of the observations, the nurse pairs were extremely busy or slow compared to an "average" day,

which may have not given an accurate depiction of how the friends communicate and offer support at work. For example, one pair experienced a slow shift during the observation, so they were able to spend more time conversing than usual. Another pair was significantly busier than usual and while they conversed less than usual, they offered each other more instrumental support on completing tasks than usual. It would be helpful to observe nurses over a period of several different shifts in order to understand the nuances of a typical day for the nurses.

An area that may be fruitful for future research is to study nurses who do not consider themselves to have a best friend at work. It would be interesting to learn why they do not have a close friend and how they cope with stress without that person. Future study could also gear toward obtaining narratives from nurse who have experienced burnout. Findings on why they perceived to have burned out and their availability of support at work may help to better understand the importance of support from a close work friend. Along this line, researchers may also learn of failed friendships or negative relationships at work that contribute to stressors on the job.

Another area of future study may be to consider support that is offered from others within the unit. Some participants in this study commented on the helpfulness of other coworkers, which may contribute to coping with stress. On the other hand, some nurse participants commented on the lack of support or negativity from other coworkers on their unit. Some of the nurse friend pairs offered each other support to cope with difficulties with coworkers while some nurse pairs got along well with all of their coworkers. It may be interesting to learn if nurses require the same levels of support from a friend depending on the support given from other coworkers on the unit.

A way in which this study expands the body of research is through participants' use of objects to describe close work friendships. Pairing a visual with the participant's narrative about the relationship can increase validity of the data analysis and allows the author a deeper understanding of the participant's experiences and feelings (Liebenberg, 2009). It enables participants to communicate with the author in a new way by including the author in the friendships' level of intimacy. The meanings that participants ascribe to the objects provides insights and an insider perspective of the friendship. To date, this technique has not been used in many contexts, including work friendships. Data collected in this study in regards to the object descriptions have provided vivid and unique details and emphasized important aspects about the friendships that may have not been gleaned from observation and interview data. Future researchers are encouraged to use this methodological strategy as a unique and valuable way to analyze close friendships.

Conclusion

This chapter draws several connections between the study findings and the research of nurse peer best friends and their supportive communication behaviors used to cope with stress and burnout. Findings in this study have supported data in previous research literature regarding characteristics of close friendships and types of support offered between close coworker friends.

This study extends research within the field of communication in health organizations by illuminating ways that nurse friends offer supportive communication during times of stress. Two particularly novel and unique findings from this study include how nurses use humor as a coping mechanism and how objects can be used to gain a deeper understanding of the nuances of close work friendships. Practical applications

were offered for nurse and health organizations in how to build and encourage nurse friendships at work. Future researchers may consider additional areas (e.g., male nurse friendships, length of study, experiences of burnout, support offered by other coworkers) to extend the research presented here. Such efforts will enhance our understanding of close nurse friendships and their supportive communication behaviors.

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Appendix A

Research Proposal for Borgess

Exploring the Communication Dynamics of Peer Friendships in Nursing: A Master's Thesis Research Proposal to Study Nurse Stress and Coping Communication

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Overview
This qualitative study will identify how nurses communicate in workplace friendships to reduce and/or avoid job stress and burnout. It will first explore job stressors that nurses encounter and then identify aspects of work friendship communication which help nurses cope with job pressures in ways that ultimately reduce turnover and shortage.

We tentatively seek 10 nurses (5 pairs of nurse friends) to participate in on-the-job observations and 30-minute interviews to discuss the above issues. Participants will describe friendship communication they have with peers and discuss the role of socially supportive communication with work friends to outcomes such as job satisfaction and intent to remain.

Goal and Objectives
The project goal is to provide hospitals with ideas to minimize stress and burnout-related turnover by understanding how nurses offer support within work friendship contexts to alleviate and/or avoid stress. Objectives include:

1. To identify the types of social support that are unique to peer workplace friendship communication and how this support aids in reducing and/or avoiding of job stress, burnout and turnover.

2. To understand how hospitals can encourage and sustain nurse friendships and supportive communication within the organization to bolster retention.

Rationale

Borgess is an ideal location to conduct this research because it stands out for excelling in organizational performance. The Michigan Business and Professional Association has listed Borgess as one of 'West Michigan's 101 Best and Brightest Companies to Work For' since 2003. Such a distinction shows that Borgess values employee well-being as a priority and understands how quality of work life for employees translates into patient

care. Borgess nurses consistently earn top honors for outstanding care, receiving multiple awards by the Borgess Friends of Nursing and Borgess Nursing Endowment Fund. These accolades are one set of indicators of the dedication and quality care patients and their families receive from the hospital and its nursing staff. The proposed project's findings may enhance Borgess' success.

Nursing is considered to be an exceptionally stressful occupation that leads to burnout in part due to the complexity of the job and work environment (Felton, 1998). There are a number of stressors presented in health communication and nursing literatures that show nurse burnout may stem from job, emotional, and communicative sources, which are often simultaneous and overlapping. The costs associated with burnout not only affect the nurse personally, but can negatively result in nurse turnover and shortage, outcomes that have high patient and organizational employer costs (Jones & Gates, 2007).

In the search for solutions to reduce nurse stress, burnout, turnover, and shortage, communication and nursing researchers have explored workplace dynamics and coworker interactions. Social support has been shown to help nurses manage stress, which helps to reduce feelings of uncertainty and gain control over stressing situations (Apker, Ford, & Fox, 2003). Relationships in the workplace serve many roles, including offering instrumental, emotional, and informational support systems (Sias, 2005). Co-workers, especially those who are work friends, are often the most helpful source of these types of support, as they understand and know more about experiences at work than individuals outside of the workplace.

To date, little is known about the role of nurse work friendship communication as a way to reduce job stress, burnout, and turnover. This study seeks to understand how the friendship communication among nurse peers can increase nurse quality of work life and ultimately enhance retention within the hospital.

Tentative Research Summary
Phase A- Observation Research: January-February, 2014 (approximate)
We tentatively seek 10 nurses (5 pairs of nurse friends) to participate in on-the-job observations. The student investigator will job shadow the friendship pairs for 2-3 hours during one shift that they share, which would involve downtime (e.g., a break or lunch period) plus work activities. Observations will be made about typical work friendship behaviors including, but not limited to, social support.

Phase B- Paired Interview Research: February-March, 2014 (approximate)
The student investigator will also conduct interviews with 5 pairs of nurse friends to identify role stressors and share how supportive communication from coworker friendships mitigates this stress. We will discuss various behaviors that they use to maintain their friendships at work and how support is reciprocated in the relationship. We will also explore times when friends at work have helped improve outcomes of stressful situations on the job.

Deliverables

- Report on common job related nurse stressors and analysis of supportive communication processes. This report will also offer strategies Borgess may use to help encourage social support and cohesiveness within nursing units.
- If nurse and organization leaders desire, the lead author will provide an oral presentation with report findings and strategies.

Internal Support

- Assist the student investigator with recruiting nurse participants who meet study criteria (e.g., self-identify with being best friends, who work on the same unit and shift).
- Provide an on-site conference room for use during interviews. Provide light refreshments.
- Provide compensation in the form of hourly wage for participation in interviews.
- Print and distribute copies of research report.

References

Apker, J., Ford, W. S. Z., & Fox, D. H. (2003). Predicting nurses' organizational and professional identification: The effect of nursing roles, professional autonomy, and supportive communication. *Nursing Economics*, *21*(5), 226-232.

Felton, J. S. (1998). Burnout as a clinical entity – its importance in health care workers. *Occupational Medicine*, *48*(4), 237-250. doi: 10.1093/occmed/48.4.237

Jones, C. B., & Gates, M. (2007). The costs and benefits of nurse turnover: A business case for nurse retention. *OJIN: The Online Journal of Issues in Nursing*, *12*(3). doi: 10.3912/OJIN.Vol12No03Man04

Sias, P. M. (2005). Workplace relationship quality and employee information experiences. *Communication Studies*, *56*(4), 375-395. doi: 10.1080/10510970500319450

Appendix B

Initial and Follow-up Invitation/ Recruitment Emails

<u>Initial Invitation Recruitment Email</u>

Dear _____,

I am a master's student at Western Michigan University, writing a thesis on supportive communication among nurse work friends at Borgess Medical Center. The goal of this research study is to learn more about work peer friendship communication behaviors as a way to help nurses cope with stress and burnout in ways that may ultimately enhance retention with organizational employers. Please read the project summary/informed consent document attached.

Participants will be paid their hourly wage during the job shadow and individual interview during work hours, and will receive a $30 gift card for being involved in the pair interview.

After reviewing these documents, please email me if you would like to learn more about participating in the study and I will send you additional information. If you have questions or concerns about this project, contact me at jennifer.ptacek@wmich.edu or (269) 271-1868. Please respond with a decision by **[response due date].**

Thank you for your time and consideration.

Sincerely,

Jen Ptacek
Masters Student, School of Communication, Western Michigan University

--Participant emails me back to learn more about the study.--

<u>Follow-up Email</u>

Dear _____,

Thank you for your interest in participating in my research study about supportive communication among nurse work friends. Recall that participation involves on-the-job shadowing and an interview on the same day, followed by an interview with you and your co-worker best friend several days later. The job shadow will last about 3 hours. The 30 minute individual interview will occur after the shadowing. The paired interview with both of you will last approximately 60-minutes at a location and time determined by both of you. No identifying information will be connected to your future participation in the interviews and any demographics will be reported in aggregate form.

Participants will be paid their hourly wage during the job shadow and individual interview during work hours, and will receive a $30 gift card for being involved in the pair interview.

The next steps in the process are the following:
1. *Contact your co-worker best friend and ask him/her to email me to learn more about the study.*
2. *Email me the following information:*
   - *The name of your co-worker best friend who works on your unit.*
   - *Dates and times in April when you and your best friend work together when I may job shadow and interview you.*

If you have any questions or concerns about this project, contact me at jennifer.ptacek@wmich.edu or (269) 271-1868. If you have no questions, please respond back to me with the above information by **[response date]**.

Thank you for your time and consideration.

Sincerely,

Jen Ptacek
Masters Student, School of Communication, Western Michigan University

Appendix C

Informational Handout to Nurses

Exploring the Communication Dynamics of Peer Friendships in Nursing

Principal Investigator
Julie Apker, PhD.
Assoc. Prof. of Communication
School of Communication
Western Michigan University
julie.apker@wmich.edu

Student Investigator
Jennifer Ptacek
Master's Student
School of Communication
Western Michigan University
jennifer.ptacek@wmich.edu

Purpose and Participants
You are being asked to participate in a research study to explore peer work friendship communication in nursing and how friendships can help nurses cope with job stress. This study will be conducted at Borgess Medical Center with full-time, direct care nursing staff. You must be employed full-time in direct patient care positions at Borgess for a minimum of 6 months and work on the same shift as your best friend.

Study Procedures
You will participate in the following research activities:
- One, 3-hour job shadow on a day/time you work on the same unit with your best co-worker friend.
- One, 30-min. individual interview during work time following the job shadow. You will review your best co-worker friend's transcript before the pair interview.
- One, 60-min. paired interview with your best co-worker friend on a day/time you are both off work.

Benefits
As a participant in this research study, there will be no direct benefit for you; however, information from this study may benefit other people now or in the future.

Risks
There are no known risks at this time to participate in this study. Your anonymity is guaranteed.

Costs
There will be no costs to you for participation in this research study.

Compensation
You will receive your hourly wage for the 30-minute individual interview and job shadow. You will also receive a $30 gift card for taking part in the paired interview with your co-worker best friend.

Confidentiality
All information collected about you during the course of this study will be kept confidential.

Voluntary Participation/Withdrawals
Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with Western Michigan University, Borgess Medical Center, or its affiliates.

Questions
If you have any questions about this study now or in the future, you may contact julie.apker@wmich.edu.

Appendix D

Interview Guide for Individual Nurses

Introduction: "Hi, I'm Jen Ptacek, a master's student in the School of Communication at Western Michigan University. Thank you for agreeing to help me with my master's thesis. This research is intended to identify nurse friend communication behaviors related to supportive communication and coping with work stressors. Study findings will be used to develop a report for Borgess Medical Center to help nurses to communicate with one another to reduce stress and burnout.

This interview should take 30 minutes of your time. There are no right or wrong answers. Please change details as you discuss so that others at Borgess Medical Center cannot be identified.

Before we begin, I will review the informed consent document and answer any questions. Your signature on this document indicates that you choose to participate in the study, you agree to keep confidential any information that comes out in this interview, and you agree to be recorded. You also agree to share this transcript with your best friend. **(Review informed consent document.)** If you do not wish to participate you may leave at this time. Thank you for coming."

Topic 1 – Friendship & Communication
1. How did you and _____ become friends? [probes: how long have you been friends, how did they meet, how friendship developed]

2. If you were telling another person about your friendship communication with _____, how would you describe it?

3. What does this person do for you that no one else can do?

Topic 2 – Stressors at Work and Communicating Social Support
1. Recall a time when you experienced a stressful event at work and talked with _____ about it. What did ___say or do that helped you deal with the stressors? Did it help? [prompt at least one story from each participant]

2. What stressors do you talk about with each other? [prompt for work related issues, communication stressors]

3. What are ways that you talk about work stress with your friend? [examples: joke, vent, notice tension, problem solve, etc.] How do you offer support?

"For the paired interview with your best friend that will be done on **[date]**, please bring an object that reminds you of your friend/describes your friendship, which will be discussed during the interview. I ask that you not discuss this object with your friend before we meet next. Thank you for sharing your time and experiences. I appreciate your assistance."

Appendix E

Interview Guide for Nurse Pairs

Introduction: "Hi, I'm Jen Ptacek, a master's student in the School of Communication at Western Michigan University. Thank you for agreeing to help me with my master's thesis. This research is intended to identify nurse friend communication behaviors related to supportive communication and coping with work stressors. Study findings will be used to develop a report for Borgess Medical Center to help nurses to communicate with one another to reduce stress and burnout.

This interview should take approximately 60 minutes of your time. There are no right or wrong answers. Please change details as you discuss so that others at Borgess Medical Center cannot be identified.

Before we begin, I will review the informed consent document and answer any questions. Your signature on this document indicates that you choose to participate in the study, you agree to keep confidential any information that comes out in this interview, and you agree to be recorded. **(Review informed consent document.)** If you do not wish to participate you may leave at this time. Thank you for coming."

Topic 1—Object description

1. Tell me about the object you brought. Why did you bring it? How does it represent the friendship? [explain the background of the object, other things you thought about bringing today, ask him/her to comment on the object his/her friend brought]

Topic 2—What each other says about the friendship

2. Now that you have had a chance to read the other's interview from last time, is there anything that surprised you? Is there anything you agree with? [pull from comments made in the last interview]

Topic 3—Friendship and coping with stressors

3. Can you tell me how this friendship helps you cope with stressors at work?

4. Describe a time when your friendship with _____ helped with a difficult time at work? [what did _____ say and/or do that helped you cope? probe for supportive communication, specific experiences]

5. [Bring up patterns of friendship communication observed (communication style, topics) during job shadow – ask them to comment on those observations as typical, frequent, etc.]

"Thank you for sharing your time and experiences. I appreciate your assistance."
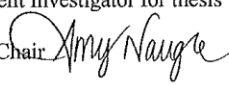
Appendix F

HSIRB Approval Letter

WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review Board

Date: March 12, 2014

To: Julie Apker, Principal Investigator
Jennifer Ptacek, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair *Amy Naugle*

Re: HSIRB Project Number 14-03-02

This letter will serve as confirmation that your research project titled "Exploring the Communication Dynamics of Peer Friendships in Nursing: A Qualitative Study of Nurse Stress and Coping Communication" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., *you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study*)." Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 11, 2015

251 W. Walwood Hall, Kalamazoo, MI 49008-5456
PHONE: (269) 387-8293 FAX: (269) 387-8276