

Stress in nursing practice



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Introduction

Nursing is a stressful profession. Thousands of new and experienced nurses face various negative consequences of work in stressful environments.

Stress does not allow nurses realizing their workplace potentials to the fullest. It is due to stress and failure to cope with it that so many nurses are compelled to leave the profession. As a result, nursing shortages remain an essential part of daily realities in healthcare. The body of literature on nursing stress continues to grow, but it is still a huge problem affecting the entire nursing profession. On the one hand, no approach to coping with nursing stress can be considered as universal. On the other hand, despite the pervasiveness of the issue, the current state of empirical evidence supporting various stress interventions for nurses is quite scarce. Nurses should develop and maintain exemplary coping skills, but only through a reasonable combination of environmental changes and personal support the scope of stress in the nursing profession will finally decrease.

Occupational Stress: Nursing and Beyond

The concept of stress is not new. All professions and occupations are subject to stress to a greater or lesser extent. In all situations, stress results from a unbalanced relationship between the person and the environment (Stewart 17). Still, in nursing, it is occupational stress that poses the most serious dilemmas. Borrowed from the National Institute for Occupational Safety and Health, occupational stress can be defined as " the harmful physical and emotional responses that occur when the requirements of the job do not match the resources and capabilities of the employee" (Stewart 17). In other

words, and as stated earlier, occupational stress in nursing is essentially about a conflict between what the nurse can do and what he (she) is required to do in the workplace. Occupational stress in nursing always manifests through negative emotional and physiological responses to the work environment. It is characterized by moral, emotional, and physical exhaustion that stems from the nurse's continuous dissatisfaction with his (her) job (Orly, Rivka, Rivka & Dorit 152).

It should be noted, that the nursing profession is impossible without stress (Hillhouse & Adler 1781; McGrath, Reid & Boore 555; Orly et al. 152). Nurses witness grief and suffering on a daily basis (McGrath, Reid & Boore 555). Many professional tasks accomplished by nurses are unrewarding and mundane (McGrath, Reid & Boore 555). It comes as no surprise that the rates of suicide among female nurses are much higher than the national averages, whereas the life expectancy among nurses is almost equal to that of a miner operating underground (McGrath, Reid & Boore 555). Very often, the level of stress in nurses is predetermined by the environment, in which they operate. The more frequent are nurses' contacts with distressed patients, the more likely they are to develop the symptoms of stress (McGrath, Reid & Boore 555).

Effects of Occupational Stress on Nurses

Ways in which occupational stress impacts nurses are numerous and diverse. Basically, nurses who are exposed to stressful situations too frequently display excessive psychological and physiological responses, which further result in sustained mental distress and considerable mood disturbances (Orly

et al. 152). Occupational stress negatively influences nurses' job performance, leading to anxiety and burnout (Orly et I. 152). Nurses who are continuously exposed to stress have low productivity and are often subject to apathy. Emotional disorders in stressed nurses are not uncommon (McIntosh & Sheppy 36). Excessive stress is associated with moral and physical exhaustion. Nurses feel frustrated and lost. Not surprisingly, occupational stress disrupts nurses' professional integrity. Patients anticipate that nurses will be safe, professional, dependable, and ethical in relations with them. However, stress makes it more difficult for nurses to cope with their professional and ethical obligations. The need to remain morally responsible leads to additional stressful reactions. For example, nurses who feel unable to act on behalf of their patients experience powerlessness and frustration (McIntosh & Sheppy 37). The latter, in turn, presents a serious barrier for the nurses, who seek to become more proactive while defending bioethical stance. Nurses may find it difficult to comply with their standards and values, especially when they have to lie to their patients. In all these situations, stress and moral integrity go hand in hand.

The most serious consequence of nurses' exposure to stress is their decision to quit the profession. According to Duffin, at least one quarter of emergency department nurses are likely to quit their profession by 2015 (6). Numerous factors explain why nurses, especially in emergency departments, experience stress and want to leave. Almost one-third of emergency nurses confess that departmental processes do not leave them enough freedom for professional action (Duffin 7). Others refer to the lack of adequate equipment

and the need to treat patients in the areas that are not suitable for this purpose, including corridors (Duffin 7).

Many nurses experience the symptoms of burnout (Hillhouse and Adler 1781). Burnout is a combination of emotional stress and accommodation to the stressful situation (Hillhouse & Adler 1781). Burnout may lead to alcohol and drug abuse, increased workplace turnover, tardiness and absenteeism (Hillhouse & Adler 1781). All these difficulties help explain why nurses should be able to cope with their stressful symptoms in the workplace. It is possible to assume that nurses' ability to cope with stress will enhance their performance, contribute to the safety and quality of care, and reduce their willingness to quit the profession. The main question is what exactly nurses can do to cope with stress.'

Importance of the Topic to Those Outside of the Nursing Field

The topic of nursing stress is equally important to those in the nursing profession and those outside of the nursing field. The fact is that the level of nursing stress is directly related to the quality of nursing care (McIntosh & Sheppy 36; Orly et al. 152). The higher is the level of stress in nurses, the higher are the rates of adverse outcomes in patient care (Needleman, Buerhaus, Mattke, Stewart, and Zelenivsky 1720). Nurses who experience stress and burnout are more prone to apply to poor patient practices, which lead to patient dissatisfaction and increase the costs of medical care (Embriaco, Papazian, Kentish-Barnes, Pochard & Azoulay 485-6). Simply stated, anyone admitted to a hospital or looking for quality medical care can fall victim to nurses' stress, simply because stressed nurses cannot provide

adequate care. Everyone in society is at risk of adverse health outcomes, when nurses experience stress. The society pays high price, both in terms of finances and human lives, due to excessive stress in the nursing profession. Stress simply does not allow nurses coping with their workplace obligations.

Coping with Stress in Nursing

According to Orly et al., nurses' personality dispositions may play a huge role in how they are coping with workplace stress (153). Nurses can cultivate certain personality features, including hardiness, to become less anxious and distance themselves from stressful situations. Positive reappraisal, self-control, distancing, and escape-avoidance are the most common coping strategies that can help nurses deal with stress (Orly et al. 153). Nurses should also develop a sense of coherence. Nurses with a good sense of coherence perceive the world with its stressful events as unavoidable but, at the same time, meaningful, comprehensive, and manageable (Orly et al. 153). Such nurses have enough capacity to leverage the most needed resources to cope with stress in problematic situations. They are more flexible and less prone to burn out.

Possessing solid personality traits may not suffice to cope with stress. From the definition of occupational stress mentioned above, it is a conflict between the nurse's perceptions of his (her) workplace obligations and the actual environment, in which he (she) is bound to operate. Therefore, no stress-coping strategy can be successful without mitigating the nurse-environment relationships and making them less stressful. According to Chang et al., nurses should use problem-focused coping strategies to

address the environmental dilemmas, which hinder effective job performance and lead to stress (1356). In these situations, it is personal support that can become the most effective approach to managing nursing stress. Many nurses fail to adapt to the adverse conditions of professional performance; consequently, the only way to overcome stress is to change these conditions (Chang et al. 1356). Cognitive-behavioral interventions could add weight to the personality and environmental models used by nurses to deal with stress (Chang et al. 1356).

Whether personal support is better than environmental management is difficult to determine. The body of evidence supporting these coping interventions is too scarce (Mimura & Griffiths 14). Apparently, no coping strategy is universal and should be developed, based on the specific conditions of nurses' performance and their susceptibility to stress. Most probably, a combination of personal and environmentally-oriented coping solutions will protect nurses from the damaging impacts of occupational stress.

Conclusion

No coping approach to occupational stress in nursing can be regarded as universal. Nurses are expected to possess excellent coping skills, but personality capabilities are not always sufficient to end nurses' stress. Patients expect that nurses will be safe, dependable, and task-oriented, but the environment in which nurses are bound to operate often reduces the effectiveness of their professional efforts. Therefore, nurses need to address those problems in their professional environment, which hinder their self-

realization as caring professionals. They need to become proactive in their striving to resolve the conflict between their inner values and the requirements of their job. A combination of personality and environmental models does have the potential to reduce the scope of stress in the nursing profession. Nevertheless, future research is needed to evaluate and validate the effectiveness of various interventions against occupational stress in nursing.