

# Stress Management and the Nurse

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## STRESS AS A PERSONAL EXPERIENCE

**B**EFORE STRESS can be discussed as an abstract notion it is critical to understand that stress is a *personal* experience. It is a condition that is best understood when thought of not as a phenomenon that goes on "out there" in the environment but as a phenomenon that takes place within one's own body. From that personal experience it is possible to both better understand what causes stress and to deal with its symptoms in a deliberate and effective manner.

## WHAT IS STRESS?

Stress has as many definitions as there are authors who write about it. However, there is a general tendency to define stress as *that physical and emotional experience which results from a requirement to change from the condition of the moment to any other condition*. Everyone experiences some

degree of stress virtually all the time. To be alive is to be experiencing some stress; absence of stress would indicate death.

Problems relating to stress become apparent when there is *too much stress*, or too much for *too long*. How much stress we can endure and for how long depends upon individual capacity. What does seem clear is that too much for too long can be destructive. Lazarus writes:

It has become increasingly apparent that stress is important as a factor in illness in general and in chronic illness in particular. Many present day illnesses cannot be explained in terms of a single "cause". Research suggests that a significant portion of the population seeking medical care is suffering from stress-based illness.<sup>(p57)</sup>

Stress is a physical and emotional phenomenon. Some symptoms of prolonged stress include hypertension or high blood pressure, cardiovascular diseases and general relative ill health, as well as emotional outbursts and unexplained lapses in performance and memory.

The human system's capacity for sustaining relatively high degrees of stress for short periods is rooted in our early evolutionary needs for a "fight or flight" response to danger. Under conditions requiring an intense focus of energy, the human system has the ability to release hormones into the blood stream, increase blood supply to the skeletal muscles and slow down the gastrointestinal process—efforts that ready the body for activities and performances that are often truly extraordinary. During periods of perceived danger, the system is out of balance in a fashion approximating an out-of-balance environment. After the danger passes, the system will seek to revert naturally to a

balanced condition or homeostasis. This condition is not stress free; it is only without the excess stress that was present for a brief time during the period of danger. Today's dangers come not from saber-toothed tigers as was the case for our evolutionary ancestors, but from more subtle sources. Nonetheless our systems still react as they did ages ago.

## NURSES AND PERCEIVED DANGER

Nurses often experience danger (or stress) as a continuing condition in their lives by virtue of their choice of profession. There is danger from sickness or injury among patients for whom they are responsible, or danger from the effects of inaccurate doses of medication, and inaccurate or insufficient information about a patient's condition. There is danger for the nurse at other levels of experience—insufficient resources to meet the needs and wants of patients; not enough time to provide needed patient care and attention; pressure from having to decide which patient gets what attention.

There is perceived danger inherent in the nature of the medical profession. As a professional hierarchy, it is often made more confusing or confounding by the complexity of accountability lines—requirements to meet new administrative procedures and changing technical demands; having to deal with new legislation and regulations calling for more paper work; changes in supervisors, subordinates or physicians; novel medical or administrative circumstances for which there are no clear guidelines; having to deal with ethi-

cal issues involving one's own performance or the performance of a nursing colleague or physician.

The nurse's life away from the job is also filled with ongoing conditions and specific events that induce feelings of danger. The works of Holmes and Rahe and subsequently Cochrane and Robertson have produced a list of life events and changes that often are perceived as a danger to the individual's well-being and produce stress.<sup>2,3</sup> Sample events on the lists include changes in social life, place of residence, marriage, divorce, death of a family member, major accident, serious illness, etc. Examples of ongoing conditions that frequently induce stress are long drives to work each day, subway commuting, a seemingly endless upward spiral of living costs, etc.

Figure 1 illustrates some of the sources of stress for the nurse. The four quadrant matrix used is based on a summary framework of sources of stress developed by Adams.<sup>4</sup>

#### *Developing an Early Warning System*

In the face of perceived danger the human system automatically seeks to take care of itself by going into "red alert."

Certain physiological actions are called into being to enable the system to deal with the danger. This creation of a particularly alert state often develops below a level of awareness. When the need for acute energy has passed, a person becomes aware of the previous state of "red alert" or stress. It is during the build-up to the stressed state that it becomes critical for a person to notice what is going on within the self.

Developing a capacity to observe one's self at all times is a necessary function of the body's early warning system. It is this process that enables us to assess whether or not such a state is appropriate to the real situation. For example—a call comes from the emergency ward with the information that an accident victim is arriving and needs transfusions and preparation for immediate surgery. The nurses' systems go into "red alert" and they begin to function with a heightened sense of purpose and clarity. Fast movements seem easy; all the right things get done at the right time; tested procedures and medical practices are set in motion. A veneer of outward calm settles over systems strung tight with acute perception. It takes only the briefest moment of self-observation to know that

**FIGURE 1. SOURCES OF STRESS**

	On the job	Away from work
Recent events	New physician, new policies, more work, reorganization, etc.	Death in the family, marriage, accident, new residence, etc.
Ongoing conditions	Medical hierarchy, patient care, too few resources, etc.	Unusual hours at home, spiraling costs, problems with children, etc.

this condition of stress is entirely appropriate to the real circumstance. And so a body system continues to perform inwardly and outwardly under stress to meet the real emergency.

However, there are times when the same internal response may not be so appropriate. Suppose a supervising nurse attempts to enforce a hospital policy with one of the staff nurses and the staff nurse refuses to cooperate. The nurse has threatened the supervisor's authority in public. Rather than confront the nurse on the spot, the supervisor allows the situation to drift and everyone returns to work. It could be that it was a bad day anyway and it just did not seem like a good idea to reprimand the nurse at the time, but it is very likely that what the supervisor takes back to work will be a lot of stress. The supervisor's system reacts to the perceived danger of authority that is questioned or challenged—muscles tense, the mouth goes dry, the mind races with fantasized arguments and reasonable excuses and plots how to respond or act at the next encounter with the staff nurse.

Stress that is not noticed or dealt with at the time of its initial occurrence can create a particularly fertile place for similar stress-producing situations to grow—*often magnified by the original unresolved stress*.

The most critical step in reducing inappropriate stress is developing an "observer." Create a piece of the self that is always watching *in here* while the rest is watching or doing something *out there*. That observer is the early warning system that provides one with choice. With an observer a person can choose whether to stay with a stress response to danger or

not. Without the observer, there is no reality testing device and one can become captive of uncontrolled stress response.

### *Testing for Reality*

There are two realities that require testing to keep stress within appropriate bounds—subjective reality and objective reality. *Subjective* reality is that which exists within one's own experience. *Objective* reality is that which exists outside the self in the environment. Both realities are germane to the effort to maintain a balanced equilibrium because the two can—and often do—impact on each other. Whether they impact, and how, is often more a matter of choice than is thought.

One's degree of choice is a function of how well self-response can be perceived and separated from environmental response. Two questions seem appropriate at all times: "Does what I am perceiving in the environment have anything to do with me?" and, "Is my response to what I am perceiving the experience that I want (i.e., will it get me what I want)?"

For example, when there is an emergency accident case and a need for immediate preparation for surgery, etc., that situation could have something to do with the individual as a nurse, and the response (activation of the stress mechanisms) could be just the response needed and wanted to provide the special energy and acuity necessary to deal with the emergency.

However, when an unfortunate confrontation with a staff nurse might spoil the whole day, the supervisor may decide that the experience was clearly objective and relevant only to the *role* of supervisor. It

could be decided that there was no immediate danger to one as a person or to anyone else—only an authority problem to be dealt with at an appropriate time.

The first level of issue is to be sure that what one sees is really what is there. Maybe that staff nurse had to challenge authority for private reasons, but nothing personal was intended. The second level is to notice what is going on within one's self in response to what was seen. Once the nurse takes notice of the self with the "observer," there is an opportunity to choose the reality of a personal experience. The nurse may choose not to have a stress response when that will not serve one or further one's purposes as a nurse.

Memories and feelings that sometimes distort objective realities and evoke internal responses of stress are experiences that often go deep into the past. Many of those memories and feelings have long since been lost to awareness through habitual use of accustomed presence. They are no longer perceived as separate from that which is objectively in the environment *right now*. They are like sun glasses through which the world is viewed that give color and shading to what is seen. It is difficult even to notice the sun glasses until, one day, they are taken off (made separate) and the world looks different.

As nurses are able to separate the self in their own minds, from what is seen in the environment and from the response to what is seen, they can use rational processes to make judgments about actions that may be taken to assure that their own best interests, as well as the best interests of others, are served. Much of the stress that is experienced is perpetuated by

an unwillingness to look after one's own best interests. Instead, people often respond from habit or from values that were learned long ago that are no longer relevant to their present circumstances.

A value prevalent among nurses is unselfish service to others. If living out this value means nurses ignore their own wants and needs they virtually guarantee themselves an inappropriately high level of stress as an ongoing condition in life. Being willing to get what is wanted or needed, and to regard getting those things as important, is what Selye calls "altruistic egoism" or a healthy concern for one's self.<sup>5(p69)</sup> A healthy person in the self has much more to offer to the world.

Much of what we see and experience as "reality" is a function of our attitudes. According to Selye, a person can "convert a negative stress into a positive one [or 'eustress'" by reforming attitudes toward either specific events or ongoing conditions.<sup>5</sup> Eustress, a word Selye coined, uses the Greek prefix "eu" meaning good or positive as in "euphoric." By shifting attitudes from negative to positive, especially toward ourselves, it is suggested that the experience of distress can be converted to an experience of eustress. In this way we can reduce the ongoing level of inappropriate stress carried through life.

## DEALING WITH FEELINGS

Dealing with feelings involves a four-step process:

1. Notice the feeling or sensation; acknowledge that something is going on at a level of emotional experience right now.

2. Give the feeling a label such as anger, hurt, sadness, fear, resentment, etc., or humor, delight, enthusiasm, joy.
3. Make a decision as to whether or not the feeling or cluster of feelings is appropriate to the present situation being perceived in the environment.
4. Give expression to the feelings in a way that is safe, will get what is wanted or needed and will do no harm to another.

### *Noticing the Feelings*

Noticing feelings requires developing an awareness of physical sensations and emotional responses in addition to an awareness of thoughts and actions. Schooling and training equip people for sensitivity to thoughts and actions but very little deliberate attention is generally given to developing sensitivity to feelings and physical sensations. In fact some children are plainly encouraged to deny feelings and bodily sensations.

It is more likely that feelings and physical sensations will be noticed if they are conceived as something a person *has* rather than as something a person *is*. It is often easier to evaluate and discard an idea than to do the same for a feeling.

A person's body is the best information source about feelings being experienced. Anger, for example, is identifiable not only from the sensing of emotion but also from noticing that the muscles across the shoulders and back of the neck are tight. Anxiety is often reflected through clumsiness of the hands and feet; embarrassment shows as a flushed face; fear can be reflected by stomach muscles that are in a

knot; etc. Learning to read physical body sensations can help identify emotional experience.

### *Labeling the Feelings*

The next step in dealing with feelings is giving an emotional experience a conceptual frame of reference. As people think about feelings they apply what they know to the experience of the feeling and then manage the feeling as they would an idea. The process of labeling the feeling begins the thinking process. People experiencing anger, for example, recognize the feeling from prior experience and label it accordingly. As they think about the anger they have, they consider the fact that every time they have acted from anger in the past it has brought them trouble, so they do not allow their energy to be used to act on the anger. They are now in a better position to think about what they will do and make deliberate decisions.

### *Deciding the Appropriateness of Feelings*

Knowing how appropriate a feeling is to the present situation in the environment puts people back in control of their rational processes. Feelings carried from previous situations can be left out of present considerations. This does not mean those previous feelings have been dealt with; they have simply been deliberately left out of considering the present circumstances.

### *Expressing Feelings*

There are many safe ways in which feelings can be expressed. Frustration,

anger and other feelings that get in the way of clear decision making can be dealt with in any of a variety of ways from intensive therapy sessions to daily jogging. Whatever method of safe expression a person uses, it is important for there to be regular opportunity for expressing feelings. Cleaning up feelings through expression is something like housework—no matter how much one does it, there is always more to do.

## METHODS OF REDUCING STRESS

In this country the most common method of seeking immediate stress reduction is the use of medicines, alcohol and other drugs. While these methods provide some relief from the acute awareness of symptoms of stress, they only serve as a temporary support until the basic problems can be dealt with. There are obvious dangers inherent in the use of substances to secure relief from stress symptoms. The risk of developing a dependency on a drug is genuine and the cost of sustaining the use of drugs or medicines can be quite high. Having stress symptoms masked by a substance can give the illusion of well-being so that basic problems are neglected. Substances can have effects on performance other than just to reduce the awareness of stress symptoms. Nonetheless, in emergency situations of acute dysfunctional stress, some medication may be a measure of resort.

Methods other than the use of substances can be effective in stress reduction. Environmental changes, attitude changes, diet control, physical activities, relaxation techniques, therapeutic involve-

ment and emotional need fulfillment are but a few.

*Environmental changes* can include anything from changing place of work or residence to investing money in a new rug or painting. For a nurse, bringing about changes inside the work place may be more difficult. Immediate or surrounding work areas, hallways and meeting areas are often dull, boring, institution like and otherwise not a pleasure to be near. Somewhere in the dim dark past somebody who must have been very wise decided that the only colors of paint that could be kept clean enough for a medical facility were white, beige or medium green.

A factor that influences both the effectiveness and efficiency of changes in the work environment is the level of stress such concerns induce in staff members. Making changes that have the effect of short-term inconvenience for long-term stress reduction among staff may be a beneficial trade-off. Changing job placement or duties for brief periods, or changing the methods used to get a certain job done can add variety and relief from some environmental sources of stress.

Health care institutions are filled with environmental circumstances that can contribute to stress among nurses. Some degree of stress can be expected, therefore, whenever one chooses to work in such an institution. Developing coping processes to deal with environmental stressors is especially important and it is appropriate to expect individuals to adapt to these organizational circumstances to a certain degree.

Some health care institutions, however, have such intense and extensive environ-

mental stressors that even well-developed individual coping processes are inadequate to deal with them. Under these conditions it is important to remember that organizations and institutions are invented to *enhance* self-esteem and effectively provide products and services. When these basic purposes are abridged due to excessive environmental stressors, it becomes necessary for the organization to monitor and adapt its requirements so these stressors do not exceed the coping processes of its members.

*Attitude changes* deal with creating a positive set of attitudes toward self, others and things that will bring about required results. Creating new personal and professional goals is an exercise that can help examine what one thinks to be really important.

Rogers contends that developing a posture of "unconditional positive regard" toward self and others provides an opening in a person through which positive and enhancing data can be communicated in both directions—outward to others and inward from others.<sup>(p34)</sup> This circumstance of unconditional positive regard accepts the premise that each person has an intrinsic value—unconditionally worthy no matter what situation, behavior or feelings are represented.

The ability to forgive, to totally cancel whatever blocks one from holding self or others as anything less than totally worthy human beings, is a reformation of attitude that can release stress. Following closely to this is developing the ability to understand the needs and circumstances of others as they see them.

Self-honesty alleviates the stress that goes with self-punishment for lying or

misrepresenting. Acceptance of the truth, even when it includes behaviors, thoughts and feelings that could be viewed with alarm, is easier to live with than a lie that seems to keep growing in complexity.

*Diet control* provides virtually direct influence over many bodily functions associated with stress. Intake of caffeine and sugar throughout the day tends to exacerbate other stress responses. A diet deficient in any of the major food groups, minerals and vitamins that is sustained over time will contribute to stress symptoms. Eating a balanced diet, taking vitamin supplements, drinking enough water, using natural instead of processed sugar, and avoiding, when possible, unnecessary chemical additives to food, help maintain the body for full functioning.

*Physical activities* aid in stress reduction. Regular exercise develops new and greater capacities in several areas of function especially when the exercise pushes the system to about double the resting heart rate for brief sustained periods of time. A physical exercise program done with proper guidance does not push the system too far or too fast. An important key to achieving the stress reduction benefits from exercise is that the activity be regular and sustained.

Physical activity—washing the car, cleaning the yard, washing windows, painting walls—can have the effect of expressing stress from the person into the work, if the work is done with attention and purpose. It does not help as a stress reduction method if the labor itself adds to or causes frustration. It helps only if the physical labor is given full attention, and pleasure is taken in the result.

A hobby or avocation that allows for



creativity and fun is another major stress reduction outlet. No matter what the activity, it must be given full attention and provide enjoyment while doing it even if it is only for a few minutes a day. Having safe times and places in which one can physically express feelings that would otherwise go unexpressed is also important.

*Relaxation techniques* can be mastered relatively quickly and can provide an immediate or planned occasion to quiet down the physical system as well as the mind. There is an easy five-step technique that can be used when things have been particularly hectic and stress is high:

1. Find a comfortable place to sit.
2. Place feet flat on the floor.
3. Close eyes.
4. Breathe steadily and with purpose for about five minutes.
5. Take particular notice of the parts of the body that feel tense and will them to relax.

This technique relaxes the body and leaves the mind free to identify what is really wanted or needed from the present situation and then have the calm energy to get it.

There are a variety of ways of relaxing and slowing down the physical and mental processes that involve more elaborate and disciplined practices. Activities such as transcendental meditation, bioenergetics, autogenics, biofeedback, etc. are all methods that can be used regularly to provide a time during the day to quiet down, relax and experience more energy within one's self for the tasks at hand.

Change of pace or scenery can bring about immediate stress relief. Taking a brief walk outside, carefully washing

hands and face, listening to music for a few minutes, massaging the face and forearms briefly, looking out a window at a tree or clouds in the sky, are all examples of brief moments of interruption that can help reduce stress of the moment if they are done with intent and attention.

*Therapeutic involvement*, for many in the health care professions, is a natural extension of their own clinical work and serves to help work through issues in their personal and professional lives that come from experiences in the past—sometimes as far back as childhood. Nurses may find that many of the values and attitudes they formed as children are of great benefit in the present and may have even been determining factors in the choice of becoming a nurse in the first place. However, there may be other values and attitudes, beliefs and feelings learned as children that still trigger stress responses which are no longer appropriate to the present or serve one's best interests. Engaging in a therapeutic experience can help uncover some of those old and dysfunctional experiences and leave them behind.

*Emotional need fulfillment* assures that needs for positive attention, recognition and appreciation are being met on a consistent basis. People can give themselves positive strokes by acknowledging their own uniqueness, talents and worth as persons who are good and do good things. Positive strokes should be given to others whenever occasion permits and if there is no convenient occasion, create one. A nurse feeling the need for acknowledgment or appreciation should ask for a stroke and accept it when offered. Be careful about giving too much credence to

others' behavior that may evoke feelings of being ignored or having attention distracted. Nurses can feel free to reject negative strokes from themselves and others that are not appropriate or deserved.

In sum, stress is a profoundly personal experience and to do anything about it one must deal with the self and environment. Stress cannot be reduced for long without coming to terms with the self and the environment. The mind cannot reduce stress; it can only direct attention to feelings and the body where stress is experienced. When nurses can give attention to their total selves—ideas, feelings and physical sensations—then they are in control of their place in the world.

Nurses clearly have the intelligence, training and judgment to make sound decisions for action when the decision-making processes are uncontaminated by emotion. One should not act *from* feeling; one should act from judgment and perhaps, *with* feeling. Once the feeling content is separated from the process of rational consideration and included as but one factor among many, the making of a good decision—unfettered by stress—will virtually take care of itself.

Above all a sense of humor, and the perspective that goes with it, is perhaps the greatest stress reducer there is.

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