

Perceived supportive behaviors and nursing occupational stress: An evolution of consciousness

Social support has been suggested as one process for reducing nursing's occupational stress. A holistic, noncausal formulation of the stress-support relationship is presented considering Rogers' science of unitary man and Sarter's extrapolations of evolutionary idealism

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PROCESSES that affect the clinical nurses' willingness or ability to provide patient care in today's environment are of paramount concern to nurse managers, administrators, and educators. Stress has been identified as one of these processes that affects nursing.^{1,2}

Of salient concern to nurse managers is the question of what can be done to influence the phenomenon of stress in nursing. Social support is one factor that researchers are considering in studies related to nursing's occupational stress.³⁻⁶ It is this author's belief that investigation into the nature of social support and occupational stress is exceedingly pertinent to the body of knowledge related to nursing administration and is of concern to all of nursing.

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OCCUPATIONAL STRESS IN NURSING

Nursing is "a stressful profession in a stress-filled society,"^{2(pxi)} noted the editors of one monograph. It is doubtful that this is a new revelation to any person who has practiced nursing in the last 25 years.

Yet the conceptual clarity of stress is lacking. Selye, one of the founding fathers of stress research, noted that stress suffers "from the mixed blessing of being too well known and too little understood."^{7(p37)} Many disciplines, ranging from physiology and pharmacology to sociology and anthropology have introduced stress research. Consequently concepts of stress are biased, depending on the discipline from which the original studies emanated.¹

It is not the intent of this article to inclusively review even the major works of stress researchers. To do so would require several volumes. Rather the author wishes to quickly review three major stress models and to comment on their relationship to stress research in nursing.

MODELS OF STRESS

Researchers of occupational stress can trace their foundations to the work of Wolff,⁸ who explicated links between people's reactions to situations and subsequent disease process.¹⁹ Stress was identified as a *response* to alarming or damaging stimuli. This response was identified by Selye¹⁰ as the general adaptation syndrome and was postulated to be primarily a physiological response.

A second model identifies stress as a *stimulus*. Focus is placed on identifiers of stressful stimuli and their concomitant

harmfulness.¹ Differences in human response to stress require explanation outside the model itself, however, which can limit its usefulness.¹¹

The model that appears to have been the most useful in human stress inquiry is the interactionist model.¹ This approach considers not only environmental variables and the effects on the person but also the intervening perceptions of the stressed person. Lazarus¹² represents this interactionist concept of stress. While acknowledging the environmental stimuli, Lazarus places emphasis on how the stressed person interprets the nature of the stimuli. This interpretation becomes the determinant of the relative "positiveness" of the outcome for the person.

Another approach to the interactionist model is a conceptual framework called role theory. Occupational role stress is isolated and explicated through concepts of role conflict, role ambiguity, and role overload.¹³ Central to this theory is the concept of "person-environment fit."¹⁴ How well a person adjusts to stress will depend on the closeness of the match between that person's characteristics and the properties of the environment of the work role.¹⁵

The interactionist model attempts to go beyond the earlier stress models and their stimulus-response, or mechanistic, implications. However, the concepts that are used within this conceptual framework are

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still identified as discrete entities. French noted this discriminative nature by saying, "In general, our findings support the specificity hypothesis that specific kinds of job stress interacting with specific personality characteristics result in specific strains in the person, including psychological strains, physiological strains, and psychosomatic diseases."^{14(p79)} While the specificity of this model lends itself to quantitative analysis, it likewise loses the more qualitative or holistic appreciation of the stress phenomenon.

STUDIES OF NURSING OCCUPATIONAL STRESS

It has been more than 25 years since the first inquiries into the stresses of nursing were conducted.¹⁶ In a review of 27 studies related to adult intensive care nursing and stress, Jennings¹⁶ noted some interesting trends. Almost one half of the studies had been published since 1980. Even so, in only three studies was stress operationally defined. A theoretical basis for stress was used in only 6 of the 27 studies; one each in the 1960s and 1970s, with the remaining 4 reported after 1980.

When examining some studies conducted since 1985 and/or studies investigating nonintensive care unit (non-ICU) nursing stress, the interactional model is evident. Some nursing studies used the role theory concepts of role ambiguity and role conflict to define job stress.^{3,17,18} Grey-Toft and Anderson's¹⁸ 1983 work additionally considered educational level and trait anxiety in their definition of nursing occupational stress. Constable and Russell³ added the dimension of occupational self-esteem.

Norbeck⁵ and Jennings⁶ both used an adaptation of LaRocco et al's¹⁹ model of occupational stress. This occupational stress model can be traced back to the person-environment fit model of French et al.¹⁵

Some nursing studies defined occupational stress by enumerating stimuli.^{4,20} Cook and Mandrillo⁴ related responsibility for others as a stimulus for stress, while Firth and McIntee²⁰ clarified the nature of this stimulus as the compassionate, caring, and protective aspects of the responsibility for others.

Attempts at separating *stress as a stimulus* from *stress as a response* can be noted in nursing stress studies when the concept of burnout is employed. Burnout is identified as an unmitigated occupational strain caused by occupational stress.²¹ Burnout is reminiscent of Selye's¹⁰ concept of exhaustion. Selye hypothesized that exhaustion occurred when stress became too great, just as burnout is postulated to occur when strain becomes too great. Some nursing stress studies do attempt to make these distinctions between stress and strain and burnout.^{20,22}

As was noted earlier, conceptualizing nursing stress as discrete parts, whether as stimulus, response, or interaction, does lend itself to quantification. But such a concept may be detrimental to a full understanding of the phenomenon of nursing stress. Benner²³ cited this often-made distinction between cause and outcome as a major flaw in the conceptualization of work stress. Gore²⁴ commented on the difficulty of measuring stress separately from strain. Gore²⁴ used the consistent significant correlation of stress and strain as an indicator that it was not clear in the

minds of perceivers that there *was* a difference. Thus stress and strain were confounded.

One reason that this might occur is that stress and strain may not be separate phenomena²⁵ and it is not empirically consistent to separate stress and strain or burnout. Perhaps one reason researchers attempt to separate these experiences is because they are applying a quantitative approach to an area in which a qualitative view is more congruent with reality. One major difference between the two perspectives is the type of data that are considered relevant to the hypothesis or problem statement. Quantitative methodology allows only the five senses perceptible as "truth." Qualitative research accepts the knowers' multiple modes of awareness, ie, colors as imagined, energy as felt, and so on.²⁶ Occupational stress may not be amenable to discrete measurement. As Benner noted, "the stress researcher cannot stand outside the human condition and look in and discover that there is a perfect personality or perfect environment for perfect health."^{23(p181)} Nursing occupational stress needs to be considered a phenomenon of experience: job stress as experienced, job stress as lived. Succinctly stated, nursing job stress is what nurses perceive it to be, at the point in time that they are reporting it. Job stress is based on the nurse's interaction with the specific and unique work environment.

SUPPORTIVE BEHAVIORS PERCEIVED BY NURSES

Nurses are engaged daily in the care of the sick and the maimed. Nurses are also engaged in the care of the sound and the

healthy, for health maintenance and promotion are within the purview of professional nursing.²⁷ Within this stressful context of giving to the sick and the healthy alike, who gives strength to the nurses? What constitutes support in the eyes of those whose business is the giving of support day in and day out?

Cobb defined social support as a "person's *belief* that he (she) is cared for, esteemed, and belongs to a network."^{28(p300)} LaRocco et al¹⁹ noted that social support was a perceptual phenomenon.

The strength of the purely perceptual nature of this phenomenon was recently considered in a reanalysis of data²⁹ obtained by Verhoff et al.³⁰ While the investigators realized the impossibility of divesting social support of perception, they wanted to consider the conceptualization of social support as perception of *hypothetical* resources separate from the conceptualization of it as an *actual* transfer of advice. Findings indicated that it was perceived hypothetical support that had the greater impact on stress. Yet an intriguing observation was made: Suggestive evidence uncovered the possibility that *received actual* support might depend on the interactions among source of support, type of support offered, and event. It was believed that a greater amount of received support would be found if the combinations of "source-what type-which event" could be explicated. Implied in this analysis is the thought of the unity of the stress-support relationship. The perception of support may depend on an interactive effect of the nature of the stressful event and the nature of the support offered.

This may partially explain the divergent results obtained in some social support and

work stress studies that consider the sources of support and their importance. It has been suggested that coworker support is the salient source of support in relation to occupational stress.¹⁹ Yet the findings of another study suggested that supervisory support is the most meaningful in reducing work stress.³ The referenced studies that suggest the importance of supervisory support employed nursing personnel as the studied population. Could nurses be different than other occupational groups in so far as what they perceive as important supportive relationships or behaviors?

Vaux³¹ found that the effects of social support *were* different for the subgroups of age, ethnicity, and gender. Gender differences were related to the amount of social support provided, satisfaction with support, and differing effects on health. Jennings³² noted the importance of these considerations of gender and support in relationship to nursing.

In a study of 164 critical care female nurses, Norbeck⁷ considered the effect of both nonwork and work support in relation to job stress by considering marital status. The married nurses received the most support from work supports, while the unmarried nurses benefited most from nonwork support. This study emphasizes the need to examine supportive behaviors within nursing by considering behaviors from both work and nonwork sources and certain situational and personal factors, such as marital status and gender.

There are indications of even greater complexity within the social support phenomena. Eckenrode³³ found that personality affects the likelihood of one's willingness to use preferred social support. In addition, it has been suggested that social

support's manifestations are slowed, depending on perceived parental affection in childhood.³⁴

The above consideration of social support literature dealing with nursing stress, while far from exhaustive, is representative of the varying manifestations of social support and is indicative of the multitudinous, interactive, and confounding factors of social support and nursing occupational stress. It would seem that a unified, discrete, causal model of supportive behavior and nursing stress is premature and possibly presumptive.

In a presentation regarding measurement strategies of social support, Norbeck reported that there is "still no clear consensus in the field as to just what social support is, what the components are, and how it works."^{35(p3)} The degree of effect of social support, the mediating factors of social support, and the sources of social support are not agreed upon by investigators.³⁶ Recent reviewers of social support literature suggest that more information needs to be obtained about the underlying process of action of social support.^{37,38}

CONCEPTUALIZATION OF PERCEIVED BEHAVIORS OF SUPPORT BY NURSES

Hegelian dialectic involves the passing over of concepts into their opposites with the achievement of a higher unity.³⁹ This dialectic as a method to examine social support in relation to occupational stress provides some useful assumptions. As Moccia succinctly stated, "dialectic assumes that the basic unit of life is a totality characterized by constantly developing variations in self-transformations. These

changes are dynamically occurring through the interrelationships among the totalities' parts." ⁴⁰(pp150,151)

Dialectic assumptions may provide an ontology for the apparent variance in the manifestations of social support that recognizes the perceptual nature of both occupational stress and social support. In addition, dialectic assumptions accommodate the multiple variables that may affect perceptions related to social support and occupational stress.

It appears that nursing occupational stress and perceived supportive behaviors may occur in a phenomenologically unified experience. It is possible that this

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stress-support relationship could evolve as a dialectic — an innovative pattern that is constantly changing in relation to many mediating factors. By considering Martha Rogers' science of unitary man, this conception of a stress-support unified experience may be better understood.

THE SCIENCE OF UNITARY MAN AND EVOLUTIONARY IDEALISM

The human being, according to Rogers,⁴¹ is an open system in a universe of evolving open systems that is constantly developing and negentropic. This system is

made up of a four-dimensional energy field that is constantly interacting with a four-dimensional environmental energy field. The environmental energy field is characterized by being outside the human field boundary. Sarter⁴² conceptualizes this four-dimensional energy field as manifestations of consciousness and suggests that the philosophy of evolutionary idealism is able to explain consciousness in a useful manner.

The life process of unitary man, as proposed by Rogers,⁴¹ is characterized by integrality, helicy, and resonancy. Integrality involves a continuous, mutual exchange of energy between human and environmental fields in space-time four dimensionality. Evolutionary idealism adds clarity to this by supposing that "all reality is four dimensional" and "all energy is conscious." ⁴²(p3) Therefore integrality can be pictured as the person's consciousness interacting continually with the environmental consciousness field and being experienced by the person as a sense of reality.

Rogers⁴¹ proposes the principle of helicy as the diversity of pattern and organization of human and environmental fields that is always occurring in a nonrepeating rhythmicity of continual change. Sarter⁴² suggests that this human field patterning can be described as manifestations of consciousness and that helicy represents the teleology of evolutionary idealism. Therefore helicy can be pictured as the evolution of consciousness, which can be understood to mean the refinement of cognition, volition, and emotion. One would expect a human being to experience helicy as coming to a clearer understanding of oneself as a thinker, doer, and feeler.

The third principle of Rogers⁴¹ life pro-

cess is resonancy, which is conceptualized as wave patterns that represent the patterns and organization of the human and environmental fields. Human behavior is a reflection of the interaction of human and environmental field-wave interceptions and patterns. The interactivities of human beings with each other are manifestations of complex human and environmental field-wave patternings. Wave patterns, particularly human field-wave patterns, are continually evolving from lower frequency to higher frequency because of the continuous interrelations of wave patterns implicit in human life experience.

Using Sartre's⁴² evolution of consciousness concept, resonancy would be pictured as a process of continued improvement in the clarity of self-understanding based on interactions with environmental consciousness. While it seems conceptually possible to engage in this process of consciousness evolution through interaction with any sort of conscious energy of one's environment, eg, plants, animals, rocks, the most complex interactions would most likely occur with other humans of one's environment (although a Zen Buddhist might disagree). The complexity of human interaction would seem to hold the greatest probability of expeditious evolution of consciousness. Therefore resonancy could best be pictured as the refinement of one's cognition, volition, and emotion through behavioral interaction of increasing complexity with other human beings. One would expect a human being to experience resonancy as a process of gaining a clearer understanding of oneself as a thinker, a doer, and a feeler as an outcome of one or more relationships with others in their life experiences.

STRESS-SUPPORT BEHAVIOR AS A MANIFESTATION OF CONSCIOUSNESS EVOLUTION

Using the above conceptualization of unitary man and the life process, it is possible to conceive of the nurse evolving one's sense of self as a thinker, doer, and feeler in the work place. A way in which this evolution may occur is through the phenomenon of experiencing social support in situations of stress. A nurse would perceive supportive behavior as that which allows for increased understanding of self as a thinker, doer, and feeler within that situation. In essence, the stress-support relationship would move a nurse from lower frequency consciousness to higher frequency consciousness. The key to whether a nurse views a particular behavior as supportive is neither the action in and of itself nor who the provider is. Rather the key to supportive behavior is to what degree the behavior, in conjunction with the stress, activates a light bulb of self-awareness as a thinker, doer, or feeler.

Usefulness of Rogerian theory and the stress-support relationship

Conceptualization of the stress-support relationship using Rogerian theory represents a dialectic, noncausal, qualitative self-determination category of reality.⁴³ The noncausal ontology is considered more appropriate when looking at a model of unitary man⁴⁴ because it provides a closer fit or clearer view of reality. It allows a method for thinking about nursing occupational stress and social support that does not rely on causality. This view discourages using a simplistic, less than useful answer

to a complicated problem. Instead it expands opportunities to interact effectively with "stressed out" nurses.

Methodologic considerations

While the theoretical construct of stress-support behavior as a manifestation of consciousness evolution is intriguing, it has not been directly studied. In keeping with Weeks⁴⁵ suggestion of maintaining an interplay between theory and observation, an appropriate dialectic methodology for observation will be considered.

The question to be asked is whether there is an established link between perceived supportive behavior and increased knowledge of self. The dialectic method⁴⁰ contains the assumption that the nurse does not have to discover the one "true" relationship. Rather, the goal is to identify and to clarify obscure relationships. Therefore it is quite conceivable that relationships between perceived support and evolving self-consciousness, if indeed there are any, could hold any number of subrelationships. Therefore it would be beneficial to use a qualitative methodology to describe supportive interactions.

Those with a penchant for the traditional scientific method may claim that qualitative methodology suffers from lack of rigor. Rigor *is* attainable, as Sandelowski⁴⁶ observed, in qualitative research. This is achieved through obtaining descriptions so true that those having the experience recognize it (credibility),⁴⁶ resulting in findings that fit in other contexts outside the study situation (fittingness),⁴⁶ and leaving such an accurate description of the investigators' methods that others could arrive at similar data (consistency).⁴⁶ An excellent

methodology for obtaining confirmability, ie, having all three of the above-listed characteristics,⁴⁷ is to use multiple triangulation.

Multiple triangulation combines several different methods or procedures in a study.⁴⁸ These methods are represented by the following: use of multiple sources of data, multiple observers, multiple theoretical perspectives, or multiple methodologies, ie, qualitative and quantitative. Multiple triangulation implies the combination of any two or more of the above methods.

Content analysis of an open-ended, vignette-style, mailed questionnaire using several analysts would be an example of multiple triangulation. Open-ended questions would direct the respondent to delve into reflection and introspection to describe a stressful work situation in which support was obtained. This would set the stage for the question that would elicit the respondent's conceptual appraisal related to the dynamics of support in an occupational stress situation. This information would then be subject to content analysis by several analysts. Content analysis is "a research technique for the objective, systematic, and quantitative description of the manifest content of communication."^{48(p18)} It is through this method of description of the conceptual appraisal obtained from the questionnaire that a link between perceived support and consciousness of self may be obtained.

Another method that may be successful in exploring linkages between perceived support and consciousness of self is Kennedy and Garvin's⁴⁹ confirmation-disconfirmation framework. Subjects would be engaged in a staged disconfirming interaction and in a staged confirming interaction.

Confirmation is "the ability to confirm existence and experience of another," while disconfirmation is a "characteristic of communication that denies the worth of the other and contributes to the other person's diminished valuing."^{49(p221)}

Subjects would be interviewed to discover which staged interaction was perceived as more supportive. The interview would then explore with the subject his or her cognitive appraisal of the dynamics of the supportive situation. Transcripts of this exploration would again be subject to content analysis to investigate the possibility of a relationship between an evolution of consciousness of self and perceived social support.

A positive correlation between confirmation and perception of support would be expected. The exploration of the underlying dynamics may manifest a relationship between perceived confirmation of the subject self as a thinker, doer, and feeler and the subject's perception of being supported by the other person.

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As long as there is the profession called nursing, study into occupational stress will be important. Social support has been suggested as one process for reducing nursing's occupational stress. A holistic conceptualization of the stress-support relationship has been presented considering Rogers' science of unitary man and Sarter's extrapolations of evolutionary idealism. Methodological considerations have been raised in regard to the validity of these concepts.

Gadow⁵⁰ proposed that nursing engage in "advocacy nursing," ie, participation with the patient in determining the personal meaning that the illness experience has for the individual. A new proposal is set forth that advocates that nursing begin practicing advocacy nursing within the discipline, ie, one nurse participating with another nurse in determining the personal meaning that work and its concomitant stress has for the individual.

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