What managers need to know about the causes of stress

KEY WORDS
- Absence
- Burn out
- Relationships
- Sickness
- Stress

There is a steady stream of professional literature and research within the nursing press discussing the impact of stress on nurses, nursing students and on the development of nursing (Bakker et al, 2005; Bartlett et al, 2016; Hazelhof et al, 2016). Nurse leaders, therefore, need to have a good understanding of the causes, means of prevention, signs and symptoms, and ways of dealing with stress both for themselves and the staff they manage. In this paper, we will identify some of the causes of stress in nursing, while in subsequent papers we will discuss prevention, management and signs and symptoms.

PETER ELLIS
Nursing Director, Hospice in the Weald, Pembury, Tunbridge Wells

Healthcare work is by its nature very stressful, as individuals are dealing with sick and dying people. The NHS has a significant problem with sickness and absenteeism, with 4.31% of available working time being lost between October and December 2015 (NHS Digital, 2016). Healthcare assistants and other support grades had the highest absence rate recorded in the same period, at 6.5% (NHS Digital, 2016).

The Office for National Statistics (2014) report that in the UK in 2013, 131 million working days were lost due to sickness (15 million due to stress-related illness alone), with the highest rates of sickness being in the public sector, in large organisations and in healthcare in particular. This suggests that sickness rates among NHS employees are among the highest in the UK.

WHAT IS STRESS?

The Health and Safety Executive defines workplace stress as: '*The adverse reaction people have to excessive pressures or other types of demand placed on them at work.*' Stress affects almost everyone at some time and is often associated with feeling out of control.

The first theory of stress — the General Adaptation Syndrome — was developed by the endocrinologist Hans Selye and is still highly important and relevant. Selye suggested that the body's response to stress occurs in three phases (Seyle, 1950):

1. Alarm: at this stage, adrenalin and cortisol provide the energy to fight the stress

2. Resistance: the source of stress might be resolved now and the body returns to its usual state. If the stressor is not removed, the alarm state continues — when this is persistent there are long-term consequences for the body and mental health

3. Exhaustion: the cause of stress has persisted too long and the body's ability to adapt to this has depleted. Memory and thinking ability are starting to be impaired and anxiety and depression may occur.

Seyle (1974) also understood that a certain level of stress is good for humans, so called Eustress, as it provides the energy and capacity for people to work at their full potential (general adaptation). However, when the stress is too great or occurs over too long a period, the ability of the body to adapt is overwhelmed and stress becomes detrimental.

CAUSES OF STRESS

Muncer et al (2001) suggested three factors that cause stress in healthcare workers:

- The significant rise in the expectations of patients
- The rise in the use of performance indicators
- The nature of caring work.

None of these will come as a surprise to anyone working in the healthcare sector. The message here is clear: that expectation, both of the public and health watch-dogs, as well as the nature of the work take a toll of nurses and other healthcare professionals.

OCCUPATIONAL STRESS IN NURSING

In addition to the factors already discussed, there there are other factors that cause nurses stress. For example, French et al (2000) identified nine potential areas of stress that could affect nurses:

- Conflict with physicians
- Inadequate role preparation
- Problems with peers
- Problems with supervisor
- Discrimination
- Workload
- Uncertainty concerning treatment
- Dealing with death and dying patients
- Patients/their families.

This suggests that stress may arise as a result of the nature of the relationships nurses may have with other nurses and healthcare professionals as well as with patients and their families.

There are two other notables here for the nursing leader: inadequate role preparation and uncertainty concerning treatment. Leaders can certainly play a role in ensuring their staff are better prepared for supported in their roles; for example, ensuring mandatory and other training takes place and the provision of clinical supervision. Clinical supervision and action learning sets, debriefing and string relationships can also play a part in helping nurses understand and cope with some of the vagaries that arise in the practice setting.

CLINICAL ROLE

Much of the stress nurses feel stems from the increasingly close relationships they have with patients as they attempt care that is holistic and, as such, requires increased levels of personal, human engagement. This is compounded by the need to engage with increasingly complex technology, medical advances and increasing expectations from patients and families, as well as care regulators.

Holistic and close relationships not only breed a professional response, but also a personal response, to occurrences such as the worsening in condition of a patient and to death and dying. An example of this is the grief that staff are regularly exposed to following the death of long-term patients or residents in care settings (Katz, 2003).

TERMS AND CONDITIONS

Healthcare work is relentless, 24 hours a day in nature, 365 days a year. This means many nurses have to work in shift patterns, including night shifts, which can result in physical, psychological and emotional stress (Dall'Ora, 2016). Nurses also often feel undervalued and underpaid, due to the nature of the responsibilities they have for the lives of the patients in their care. Many nurses work extra hours to make ends meet, spending less time away from work, less time relaxing and less time with those important to them. Managers need to be alert to this and ensure they promote family-friendly work policies.

Shift work, especially when it is relentless over many years has a host of detrimental effects on staff (Berger and Hobbs, 2006). Harmful effects can include:

- Biological — disturbances of normal circadian rhythms
- Working — fluctuations in performance and efficiency over a 24-hour period; increasing errors and accidents
- Social — difficulties maintaining family and social relationships
- Medical — disturbances of sleeping and eating routines leading to long-term disorders including gastrointestinal, neuropsychological and possible cardiovascular problems.

PROFESSIONAL RELATIONSHIPS

The relationships nurses have with each other, their managers and other professional colleagues is a key potential source of stress (Bratt et al, 2000; Ball et al, 2002). Professional rivalries and differences in priorities give rise to what some commentators call 'moral distress' a form of stress associated with the inability to apply what they believe to be their professional knowledge to a situation (Austin, 2016).

CONCLUSION

This paper has explored some of the causes and nature of stress in nursing. It is the role of the manager to help in the support of staff to prevent, identify and deal with stress among the members of their team. To achieve these three aims, it is important is to at least be aware of these issues. WUK

REFERENCES

Austin W (2016) Contemporary healthcare practice and the risk of moral distress. *Healthcare Management Forum*. 29(3): 131–3

Bakker AB, Le Blanc PM, Schaufeli WB (2005) Burnout contagion among intensive care nurses. *J Adv Nurs*. 51(3): 276–87

Ball J, Pike G, Cuff C et al (2002) *Working Well?* Available at: http://bit.ly/2biLAWm (accessed 17.08.2012)

Bartlett M, Taylor H, Nelson J (2016) Comparison of mental health characteristics and stress between baccalaureate nursing students and non-nursing students. *J Nurs Educ* 55(2): 87–90

Berger AM, Hobbs BB (2006) Impact of shift work on the health and safety of nurses and patients. *Clin J Oncol Nurs* 10 (4): 465–71

Bratt M, Broome M, Kelber S, Lostocco L (2000) Influence of stress and nursing leadership on job satisfaction of paediatric intensive care nurses. *Am J Crit Care* 9(5): 307–17

Dall'Ora C, Ball J, Recio-Saucedo A, Griffiths P (2016) Characteristics of shift work and their impact on employee performance and wellbeing: A literature review. *Int J Nurs Stud* 57: 12–27

French SE, Lenton R, Walters V, Eyles J (2000) An empirical evaluation of an expanded nursing stress scale. *J Nurs Meas* 8(2):161–78

Hazelhof TJGM, Schoonhoven L, van Gaal BGI et al (2016) Nursing staff stress from challenging behavior of residents with dementia: concept analysis. *Int Nurs Rev* 1–31

Health and Safety Executive (no date) *What is Stress?* Available at: http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm (accessed 17.08.2016)

Katz J (2003) Managing loss in care homes. In: Reynolds J, Henderson J, Seden J. eds. *The Managing Care Reader.* Routledge, Oxford

Muncer S, Taylor S Green DW, McManus IC (2001) Nurses' representations of the perceived causes of work-related stress: a network drawing approach. *Work and Stress* 15(1): 40–52

NHS Digital (2016) *NHS Sickness Absence Rates October 2015 to December 2015.* Available at: http://bit.ly/2bnoq44 (accessed 06/06/2016)

Office for National Statistics (2014) Sickness absence in the labour market: February 2014. Avaialble at: http://bit.ly/2bH924y (accessed 17.08.2016)

Selye H (1974) *Stress without Distress.* JB Lippincott Company, Philadelphia

Selye H (1950) *Stress and the General Adaptation Syndrome. Br Med J* 1(4667): 1383–92