



STRESS:

The Heart of the Matter

by Kathleen Bartholomew

The most critical action you can take to decrease your personal level of stress in the workplace is to raise your own awareness of the emotional work of nursing, and to honor your own feelings at all times.

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De-Stress TIPS:

Give yourself the gift of time to process and honor your feelings – seek out counseling if you need additional support.

Keep a journal or share poignant patient stories with someone you trust.

Acknowledge that nursing is emotional work; validate your role in simply being present in the healing process.

Take care of your emotional health by making regular assessments. Take at least one mental health holiday a year. Plan a few mini vacations for the same time each year to the same place (you can count on them).

Take care of your physical health – exercise, eat right. Keep some energy bars and water in your car or bag at all times.

Express your feelings; don't pretend or cover up who you are or how you feel.

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As the mother of five children under the age of 12 living in a 500-square foot trailer in the south, I thought I knew stress. I had struggled with adapting to single-parent life while attending nursing school full time, working at the university, dealing with financial concerns and spending tremendous amounts of psychic energy to nurture my young family. But I was wrong. The kind of stress I was familiar with was tangible and expected—acknowledged and validated by friends and family. The stress that I experienced in the transition from nursing school to staff nursing was like nothing I had ever experienced before because it was intangible and unnamed.

Nothing in nursing school prepared me for the realities of hospital nursing. I felt thrown head-first into a chaotic situation that demanded every ounce of my intelligence and concentration to excel in practice and not accidentally injure or kill someone. Most of all, I thought it was just me. I believed that because I had gone back to college at 36, that I was slow, or not good enough. My concerns couldn't have been further from the truth.

Researchers have used the word “shock” to describe new graduate nurse's experiences thereby acknowledging the fact that I was not alone in my perceptions. Even forty years ago, the phrase “Reality Shock” was coined to describe this transition, and more recently “Transition Shock” (Duchsher). Shock is a strong word, by definition a “sudden emotional disturbance.” My mind was adequately prepared, but my heart was taken aback by a flood of powerful emotions I experienced. The clinical decorum that surrounded every patient situation in school did not match the intensity I felt actually standing next to the grieving mother. And the impression of the caring nurse that I had myself witnessed, did not explain the hostility I experienced from my peers. I wish I had known then, what I know now.

Blind-sided

It is an honor to be with patients in their time of greatest need: to prevent complications and facilitate the healing process by applying research based interventions. But nursing is also very emotional work. “Knowledge of the emotional demands facing today's nurses is critical for explaining how stressors translate into burnout and turnover (Erickson).” The most critical action you can take to decrease

your personal level of stress in the workplace is to raise your own awareness of the emotional work of nursing, and to honor your own feelings at all times.

In nursing school I deftly composed care plans for variety of illnesses and patient experiences: grief, loss, pain, loss of body image, etc. But the reality of these situations required vast amounts of emotional energy for which I was not prepared. Even to this day I can see the grief sketched face of the young mother to whom I gently handed her cold infant; and keenly remember the details of numerous intimate death scenes and panic-paced codes. The impact of these moments was grossly underestimated by teachers, mentors, and peers. And so I minimized the impact on myself, pretending that I didn't feel the depth and breadth of the human experiences I was drawn into every day. Healthcare professionals, especially physicians, are taught to maintain a professional, emotional distance because “getting involved” might affect clinical objectivity (Shelton). Everywhere I looked, I could see this disconnected clinical stance. Seldom did physicians or nurses ever publicly share their vulnerabilities concerning patients. Was I the only one who felt emotionally brought to my knees? Such was the play of academics where the role of emotions was considered “soft stuff.” New research, however, shows that many of us do have strong feelings. We just cover them up, or pretend to feel nothing.

A recent study of the emotional work of nursing found that younger nurses report higher levels of burnout. Nurses that cover up their feelings and pretend to feel something they don't are more burned out; and 52% of nurses under the age of 30 covered up their feelings (Erickson). It's normal to cover up feelings when emotions are devalued in a culture. But suppressing emotions is unhealthy and will increase your level of stress in the long-run. A healthier option would be acknowledging and validating the emotional work of nursing. Furthermore, we now know that the empathy and resonance you feel is actually a biological response from newly discovered mirror neurons in the brain (Goleman). When a patient experiences strong emotions, it activates within us that very same circuitry of emotion. Eventually, I discovered that as a nurse I could facilitate the most optimal healing by giving myself permission to be my authentic, caring self *while also* being a strong clinical professional.



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Blindsided – Again

How is it possible that in a profession based on caring nurses could ever experience uncaring behaviors from their peers? Every day I witness the lack of judgment and the deep-felt empathy that nurses consistently demonstrate to patients – from the homeless drug addict with lice on his third readmission this year; to the cantankerous elderly man who has tossed his breakfast tray on the floor – again.

Yet, many students and new graduate nurses have shared that they have not been the recipients of the same kind of compassion. Instead, they re-tell stories of how they are made to feel inadequate and inferior by cutting remarks and behaviors such as eye-rolling, sighing, or exclusion. New nurses take these responses personally, not realizing that they are walking into a culture where conflict is avoided at all costs. Walking into a culture is like walking into another country, where not knowing the rules or norms can be devastating (Bartholomew). For example, a businessman worked for six months on a huge project to bring to his Saudi Arabian buyers. Everything was going great – until he sat down in the conference room and crossed his legs exposing the sole of his shoe. The Saudi clientele stood up and walked out of the room as this was a grave insult. Knowing about the culture beforehand is extremely helpful and enlightening.

What Do We Know about Nursing Culture?

In the nursing culture, the most predominant style of communication is through passive-aggressiveness. Some nurses might tell everyone on the floor why the new nurse will “never make a good nurse” rather than take the new student or nurse aside and engage in a professional discussion. These are learned behaviors – expert nurses are unconsciously re-enacting scenes from their own orientations of years ago. The hope for changing these dysfunctional behaviors lies in the many professional nurses who are excellent coaches and mentors, constantly giving clear and honest feedback to students and increasing their self esteem because they feel secure and know where they stand.

There is no stress greater than the stress generated by wondering if you will be accepted into a group because the primal need to belong in humans is so strong. Nothing increases stress more than this uncertainty. New nurses feel this vagueness,

which then creates the first seeds of self-doubt that undermines their self esteem and increases stress. Furthermore, new research shows that simply watching rude behavior in the workplace decreases our ability to perform cognitive tasks (Porath).

Your response as a new member coming into a group is critical. Never let anyone get by with a subtle or overt gesture. The vast majority of communication between humans is non-verbal (93%). If you think someone doesn't like you, they probably don't. Call them on it. Ambiguity increases stress. Herein lays the opportunity to create a healthy, supportive, learning experience for generations to come. What can you do?



De-Stress Tips For Peers:

- Anytime you are made to feel less than the competent, caring professional that you are, you must speak up. Learn effective confrontation skills (Crucial Conversations, Non-violent Communication, or the DESC Model (Bartholomew);
- *Always* call out the subtle, overt, behaviors such as sighing, tone of voice, or walking away. Privately ask for clarification: “Excuse me, when you rolled your eyes after picking up the assignment sheet, did that mean that you didn't want to work with me today?..when you turned away...when you sighed...etc. **Insist on words at all times.** The majority of nurses are unaware of the effect of their behaviors;
- *Never* take these behaviors personally. Seek out teacher or manager support if needed;
- Commit to complimenting a co-worker, student or mentor every day;
- Never stand by and listen while someone is saying something derogatory about another person who is not present; and
- Familiarize yourself with the overt and covert gestures which undermine our self esteem. This is called horizontal hostility. (Bartholomew).

Nursing is a wonderful profession for which I have the highest esteem. It can also be an extremely stressful profession if we do not take care of the most important patient of all – ourselves. Pay attention to your feelings and acknowledge the emotional work of nursing, and you will significantly decrease your stress level. Commit to delivering the same care, compassion and understanding that you give to your patients to your peers; and you will be the early adopters of a brand new culture where new nurses consistently feel valued and cherished for carrying the torch of this great profession for generations to come. ∞

References

- Bartholomew, K. (2007). Stressed out about communication. HCPro, Marblehead, MA
- Bartholomew, K. (2006). Ending nurse to nurse hostility: why nurses eat their young and each other. HCPro, Marblehead, MA
- Druchscher, J.E.B. (2009). Transition shock: the initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing* 2009 May;65(5):1103-13. Epub 2009 Dec 9
- Druchscher, J.E.B. (2004). Transition to professional nursing practice: emerging issues and initiatives. *Annual Review of Nursing Education* (Vol. 2) pp. 283-303. New York; Springer Publishing Company, Inc.
- Erickson, R., Grove, W. Burnout among registered nurses. American Nurses Association – Why Emotions Matter: <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No1Jan08/ArticlePreviousTopicWhyEmotionsMatterAgeAgitationandBurnoutAmongRegisteredNurses.aspx> Online Journal of Issues in Nursing accessed 12/30/09.
- Goleman, D. (2006). *Social intelligence: the new science of human relationships*. Bantam Dell, N.Y., N.Y.
- Porath, D., & Erez, A. (2007). Does rudeness really matter? The effects of rudeness on task performance and helpfulness. *Academy of Management Journal*, 50(5)
- Shelton A. (2007). *Transforming burnout: a simple guide to self-renewal*. Vibrant Press, Tacoma, WA



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