



NURSING MATTERS

Nursing Matters fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues.

Nurses and occupational stress

*"If you wanted to create the optimum environment for the manufacture of stress, many of the factors you would include would be clearly recognized by nursing staff as events which they encounter in their daily routine. These include an enclosed atmosphere, time pressures, excessive noise or undue quiet, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds, and standing for long hours."*¹

Background

Job stress is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resources.² Under these circumstances employees are forced to deviate from optimal job performance.

Occupational stress produces physical (e.g. increased blood pressure), psychological (e.g. anxiety) and organisational effects like absenteeism and turnover. The annual occupational costs, including the burden for missed wages due to absenteeism and reduced productivity as well as health care costs, have been estimated to be 64.8-66.1 billion USD in the UK 200-250 billion USD in the United States, and 232 billion USD in Japan.³ In conclusion, occupational stress is identified to be one of the major work-related problems.

Nursing is described as a stressful-profession and nurses are exposed to a great number of stressors in their working environment⁴ such as a heavy workload and dealing with death and dying patients. These aspects can have serious consequences not only for nurses but for the patients, as well.

The knowledge and the estimation of stressors in nursing can provide a basis for effective intervention, development and implementation of prevention strategies.

Causes and consequences

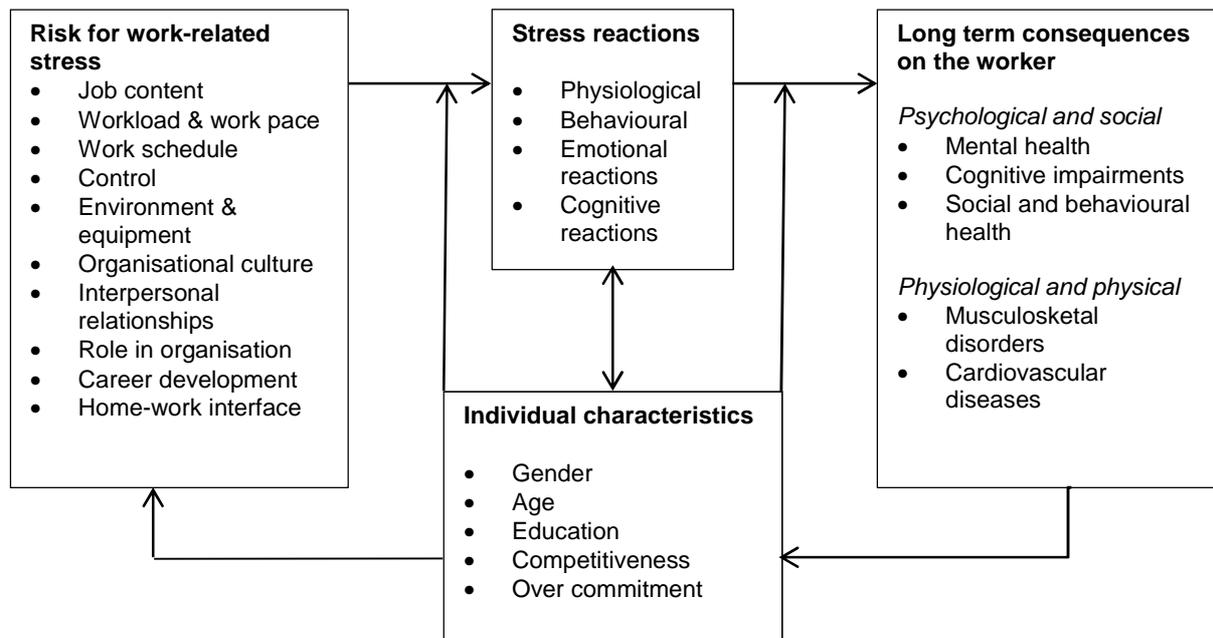


Figure 1: Psychosocial work environment⁵

The following physical symptoms are associated with the appearance of stress:

- Backache
- Headache
- Eye strain (e.g. inflammation and an increased sensitivity for pain).
- Sleep disturbance based on hormonal imbalance.
- Dizziness
- Fatigue
- Gastrointestinal problems (e.g. nausea, acid indigestion, heartburn, and abdominal and stomach cramps⁶)
- Change in appetite

In addition, the following psychological effects may also be caused by stress:

- Irritability
- Burnout
- Inability to concentrate/forgetfulness
- Anxiety
- Depression

Nurses, especially, are exposed to an increasing amount of work related stress. Additional stress sources in nursing relate to the physical, psychological and social environment.

- Work load, including stressful situations due to nurses' staffing and scheduling problems.
- Dealing with death and dying and performing painful procedures on patients.
- Inadequate preparation to deal with emotional needs of patients and their families.
- Lack of staff support and negative feelings of anger and frustration.
- Uncertainty concerning treatment due to inadequate communication.
- Conflicts with colleagues including supervisors and the interprofessional team especially in the case of criticism.
- Organisation of work and financial issues (e.g. unexpected situations).
- Public criticism including patients' unrealistic expectations.
- Hazards at the workplace such as Cytotoxics and infections.
- Shift work especially working at night or overtime.

Both, physical and psychological effects have following consequences in absenteeism, presenteeism and turnover and lead to rising costs for employers, an economic burden on society and serious effects on health for nurses and their patients.

Prevention and Protection

The entire elimination of stress in the health care sector is not possible. But employers and employees are able to learn to manage this burden. With the identification and estimation of stressors the development of stress management strategies achievable.

Employer:

1. Opening communication lines and improving communication skills.
2. Offering regular training and education programmes to update employees' skills and knowledge.
3. Identifying occupational hazards and taking action to reduce their presence as well as training in safe handling.
4. Redesigning or restructuring by involving employees.
5. Offering placements for training as part of the recruitment process.
6. Providing immediate debriefing and psychological support after particularly traumatic events.

Individual:

1. Participating in exercise, cardiovascular training and weight training to protect from effects of stress.
2. Improving time management skills.
3. Taking part in cognitive-behavioural therapy to change the way of thinking and to learn the use of coping skills.
4. Having access to employee assistance programmes for counselling and seeking advice from colleagues.
5. Learning relaxation or mediation techniques to protect from tension.
6. Using the Biofeedback measurement tool regarding muscle and skin activity.
7. Developing coping strategies.⁷

Eexamples**• Africa: Swaziland**

Added to the persistent shortage of health care staff, Swaziland, like other sub-Saharan countries, has to deal with the HIV/AIDS pandemic and the high number of infected patients. In addition, a great amount of overtime work and a high nurse-patient ratio is reported. In order to strengthen the healthcare workforce in the sub-Saharan countries, ICN has established Wellness Centres for Health Care Workers and their Families. The services range from stress management, training opportunities and HIV counselling.⁸ The first Wellness Centre opened in 2006 in Swaziland; others were subsequently established in Lesotho, Malawi and Uganda and are on the horizon in Zambia and Ethiopia.⁹

• Asia: Japan

The results of a 2008 survey by the Japanese Nursing Association (JNA) showed that that one out of 23 employees works at a level considered to be contributing to death due to overwork (i.e. working shifts with overtime of more than 60 hours per month).¹⁰ In 2008, the courts in Japan determined that the death of two young nurses could be contributed to the "Karoshi"¹¹, which the International Labour Organization describes the Karoshi is a sociomedical term that "[...] refers to fatalities or associated work disability due to cardiovascular attacks (such as brain strokes, myocardial infection or acute failure) aggravated by a heavy workload and long working hours."¹² To prevent that happening and to ensure the provision of safe and qualified nursing care, the JNA has established the Kaeru Project for Nurses which includes improving shift work systems and reducing overtime work by organisational commitment of health care institutions.¹³

- **Australia**

In a questionnaire in Queensland the majority number of nurses from the public sector, private sector and the age care sector reported an 'extreme or quite' high work stress. Additional findings demonstrated that nurses themselves are able to identify strategies for creating a more positive working environment and should be involved in identification and implementation processes of prevention strategies.¹⁴

- **Europe**

The Nurses Early Exit Study (NEXT-Study), from 2002-2005, identified reasons why nurses were prematurely leaving their profession. A variety of causes were measured, including job strain, which is defined as a dimension of interactive effects evoked by job demands, job control and social support. The following figure clarifies the different scores for job strain index among nurses in European countries. High results in job strain suggest stressful work conditions.

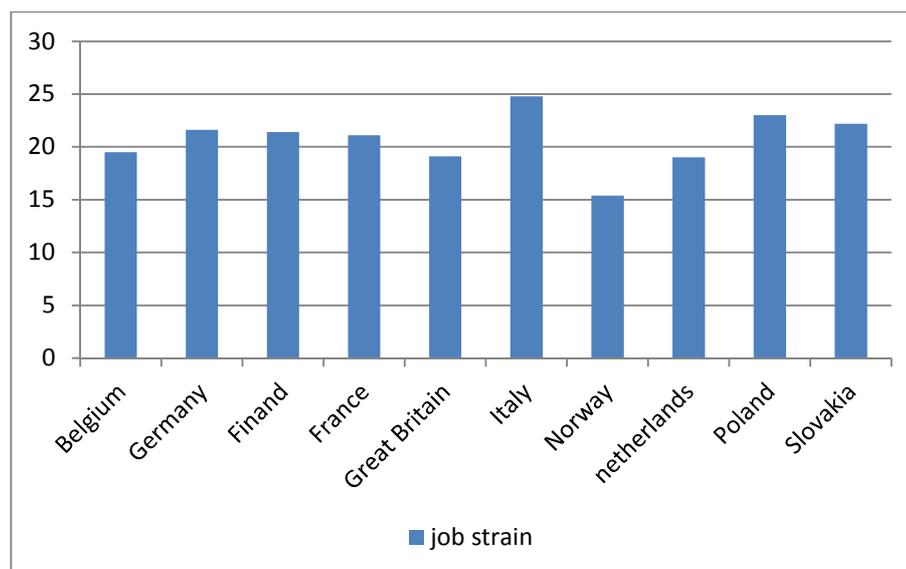


Figure 2: Mean scores for job strain index in the nursing population by country. (Possible range from 1-125.)¹⁵

The occurrence of job strain was associated with the intent to leave the nursing profession. "Increasing intention to leave nursing was accompanied by increasing strain."¹⁵

- **Asia: Iran**

In 2007, a study in Iran aimed to define affecting factors of stress management and to describe how nurses are managing stressful events. In conclusion, 49 % of participants reported a high level of negative responses to work stress. Job experience and tenure status are among the factors that affect stress management.¹⁶

- **South America: Chile**

A study from Chile defined psychophysiological symptoms among health care workers. It was demonstrated that nurses had higher levels of emotional distress, digestive disorders, headache, insomnia, back pain and muscle tension than physicians. In addition, a high correlation between poor working conditions and psychophysiological distress is reported. A higher attention regarding organisational aspects was recommended.¹⁷

As shown above researchers discovered many stressors and their consequences in many different countries as well as stressors which have similar effects across various countries. Chang and Beard encourage researchers to focus on “[...] the cross-cultural differences from an individual differences perspective by assessing the employees’ cultural values or personal traits, and exploring the role of these characteristics within an occupational stress context.”¹⁸

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The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

LB/04/2015

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