Recommendations for Handling Stress in the Health Care and Education Environment: An Interview with

Catherine Kiteley

Stress finds its way into our lives in many forms. One highly stressful situation is dealing with serious illness or death of loved ones. Teachers experience death and sickness in their own lives and in the lives of their students, parents, colleagues, friends and others. Over the past few months I have had occasion to meet many individuals who help others deal with stress related to death and dying and or serious illness leading to expected life ending results. Catherine Kiteley is a highly qualified Clinical Nurse Specialist, with the Supportive Care Unit at Credit Valley Hospital. What she has to say to front line professionals about stress in the workplace is informative and helpful and serves as a reminder that personal health through stress reduction must be a priority for us all.

Chodzinski: Cathy; your career in nursing and nurse education is vast and varied. Please share with our readers why workplace stress is an important concern for you and should be for all care giver professionals.

Kiteley: Over the course of my professional career I have been fortunate to work in four organizations and been involved in countless committees throughout province and the country involving nurses. It is through these experiences that I draw my impressions about stress in the workplace. Stress can be defined as a physical, emotional, social, spiritual or psychological reaction to an event or circumstances.
TEACHING & LEARNING

leagues, personal stress or loss to name a few. While these are similar to issues within the nursing and education field, I believe there are some unique situations that arise within nursing that can be particularly stressful.

The first is work life. Although nurses have numerous options of where they wish to focus, most nurses work directly with patients and families. Nursing tends to be a physically challenging profession. Front line nurses work often 12 hour shifts caring for acutely ill patients requiring significant care. Nurses are the “hub” of patient care and they are required to consistently invent new ways of solving difficult problems, utilize critical thinking skills, and manage complex situations to ensure their patients are in the best optimal condition. Nurses not only care for the patient and the family, they are required to simultaneously carry out management roles such as scheduling, budget responsibilities and more. Further nurses work with other team members and it is often the nurse who is the navigator of care providing up to date information to other team members to ensure the plan of care is understood and carried out.

While nurses generally thrive when they are challenged, the stress of caring for 4 or 5 acutely ill patients can be overwhelming, especially as clinical conditions can change rapidly. Adding to that picture, nurses often are burdened with a number of non-nursing duties that if they did not take on, patient care needs would not be met. Mixed with this is the moral tension nurses experience when the desire to give exemplary care can not be achieved because there are not enough hours in the day. This can lead to further moral distress burn out, and eventually leaving the profession.

It is well known that with the baby boomer’s heading for retirement we are heading for a drastic shortage in the nursing workforce. The early effects of this can be felt already with nursing shortages in a number of areas. The Registered Nurses Association (RNOA) is working diligently with the government and hospitals to reduce a growing phenomenon called “causalization of the nursing workforce”. Hospitals are striving to achieve a 70/30 mix of full time to part-time nursing work force. The goal is to drastically improve full-time job opportunities in Ontario for new graduate nurses and to prevent the migration of new graduate nurses to other provinces and to the United States in search of full-time employment. Many hospitals have managed to achieve this ratio, however, even with these initiatives; we are expected to see a drastic shortage of nurses—the foundation of patient care.

The other source of stress I would like to mention is the system. Nurses sometimes cannot pinpoint this area of stress because it can be subtle and is not always obvious. Health care environments are perhaps the most complex of work environments. There are many polarities that co-exist. For example, on one hand hospitals are asked to provide care within a strict budget which can mean reductions in many areas including staff, and at the same time called upon to provide compassionate, comprehensive care. Both aims are important and must be achieved. However nurses experience stress when they are working under-resourced and not able to deliver the quality of patient care they desire. Another source of stress for nurses is lack of participation in decision making about their work environment. The need to run hospitals as a business sometimes results in decisions being made at a level that never filters to the individual nurse. This polarity can result in the individual nurse feeling as though communication is not open and their point of view is not important.

The third source of stress that I have seen throughout my nursing career is when time for reflection and debriefing is not viewed as an equal priority with other work in the work environment. When there is little or no time allotted or it is not seen as essential to the health of the nursing team to debrief clinical or systems issues stress is certain to result. Nurses regularly deal with multiple losses, complex patient situations, conflict, ethical dilemmas and system’s issues and they require opportunity to talk in an open safe environment where others will seek to understand and collectively work towards a greater understanding.

The final thought I will give on factors that contribute to stress is under the umbrella of autonomy, power and control. It is my experience that when nurses work in an environment that empowers them to be accountable with the freedom to make or participate in decisions there tends to be less stress. I think nurses who feel they are not heard, or their opinion does not matter definitely experience more stress.

Chodzinski: How do you see the stressors you describe as similar to stress encountered by teachers and administrators in schools?

Kiteley: I would think some of the same issues are present for teachers. I have a number of teachers in my family and they often speak about work life conditions. They
feel they are unable to function to the full potential due to work demands such as large classes with little support. Both professions are considered helping professions there is the strong desire to contribute to health and well being of individuals.

Chodzinski: You mentioned that you are aware that “proactive interventions” common to other professional sectors are not as evident in nursing and teaching environments. Please explain.

Kiteley: I mentioned that in some other professions (social work and psychology), there is built in time for clinicians to process events and situations that are stressful. Often a social worker will have a supervisor or mentor who they on a regular basis do reflective practice with the goal of increased insights, future problem solving, and support. Nurses deal with stressful patient situations all the time 24/7 (loss, grief, trauma, pain and suffering), yet other than lunch breaks or personal time off duty, seldom do they have opportunities to debrief these often intense situations. Cumulative stress and grief begin to happen and nurses begin to feel the physical, emotional and social effects of the stressors. Debriefing time is critical for nurses to optimize individual and team learning as well as responses to stressful events that occur in the process of care delivery.

Chodzinski: What specifically do you do or say to encourage your staff to handle stress in the work place effectively?

Kiteley: I try to encourage my colleagues to not take themselves too seriously. The next rule of thumb I project is to remember why we here and who are we here for – our patients and our families.

Other important strategies that I try to practice and share are:
- Talk to colleagues - give and receive support.
- Find a mentor
- Build in forums to debrief.
- Problem solve constantly, and seek assistance to problem solve complex issues
- Try not to feel alone - think as a team there is always more power collectively.
- Take needed breaks and vacations.
- Come to work with purpose and passion.
- If something is not right speak up.
- Celebrate often.
- Try always to have goals - i.e. project work, presentations committees.
- Try to leave work mentally and physically on time each and every day.
- Process issues; don’t live with something that is bugging you.
- Remember the reason you are doing what you do
- Keep those thank-you cards from patients and families and pull them out at times you need affirmation you are making a difference.

Chodzinski: From an administrative perspective, what strategies do you believe should be implemented in schools and hospitals to assist professionals with work place related stress?

Kiteley: Develop a vision and a mission and refer to it often
- Believe in your staff, they are your greatest asset
- Keep communication open and be present
- Believe that everyone brings wisdom so listen more than you speak
- Discuss and process issues through forums, symposia, workshops and conferences
- Empower staff through unit based councils where decisions concerning their work and their environment can be made (many hospitals have them)
- Ensure there are mechanisms for nurses to have time out to debrief and participate in reflective practice
- Develop a solid administration team committed to working with staff on goals
- Engage in diligent ongoing evaluation of possible stressors (i.e. chronic short staff) and action plans to resolve such issues
- Create an environment that promotes and fosters success and positive self esteem collectively.
- Encourage staff to take risks even if it means the odd mistake
- View everyone one as a potential leader

Chodzinski: What can care giver and education professionals do at the grass roots level to manage stressors that affect work place performance and personal well being issues?

Kiteley: Empower themselves; take charge and determine what they need individually and collectively to create a healthy healing workplace where people want to work and be a part of. They have the power if they have the will.

I would also say just as work place environments should have a mission statement, so should nurses have their own personal mission and they should refer to it often.

When I think of people who I
TEACHING & LEARNING

would consider very healthy in body mind and spirit they tend to be goal orientated, they don’t get overwhelmed with the big picture, but rather they break things into smaller manageable pieces. They usually exercise, eat well balanced meals, seek healthy relationships, laugh often and take time for personal reflection.

In conclusion, I am fortunate to be employed in a health care environment where strategies are being put in place to address many of the issues addressed in this interview. I remember being at a large conference where the guest speaker spoke about stress in the workplace. She left us with three thoughts:

1. Come to work with purpose and participate in making the environment better, whether that is joining a committee, leading a change or just questioning status quo
2. Contribute to your community in some way
3. Keep your family (however that is defined by the individual) a priority

Catherine Kiteley is a registered nurse holding a Masters of Science degree from the University of Toronto and certifications in Oncology CON(C) and Palliative care CHPCN(c). She currently works as a Clinical nurse specialist in supportive care with a focus in oncology and palliative care at The Credit Valley Hospital Peel Regional Cancer. Catherine has been a nurse professional for 30 years and has had a variety of positions including, staff nurse, nurse educator, nursing unit administrator and director. She is most happy with her current role as an advanced practice nurse as it involves not only clinical practice, but education, research and organizational leadership. In addition to working at the hospital, Catherine is cross appointed at the University of Toronto where she teaches and provides mentorship for graduate students. She is also published in a number of scholarly journals and speaks at regional, national and international conferences on various topic areas related to cancer nursing. She is wife and a mother, and enjoys being an active member of her community. Her hobbies include canoeing, nature walking and swimming. Although she considers herself dedicated to her profession, she believes strongly in life balance.

Stress in Teaching: A Summary of a Report by Optum Research

According to research published by Optum Research teachers reported that job related stress impacts their on task performance. A survey developed by Optum research revealed that of the Mid Western teachers who were surveyed four out of ten teachers experience at least a high level of job stress. The survey found that 6 percent of teachers experience very high related job stress, 38 percent experience high stress, 44 percent medium stress and 12 percent very low stress. Researchers found that stress was highest among teachers who reported:

- Low control over administrative issues
- Low control over time to perform their job
- Low control over paperwork and administrative tasks
- Low social support from family and friends and co workers
- High symptoms of stress
- High fatigue

Common Reported Symptoms of Stress include:
- Staff members being irritable and showing increasingly poor concentration
- Staff feeling tired and day and often complaining of headaches or other pains
- Less humor in the staff room
- An increase in sick leave, especially longer term absences
- Staff staying later after school or working during breaks more frequently

Common Reported Causes of Organizational Stress include:
- Heavy workload
- Lack of control over the work
- Long working hours
- Rapid change with accompanying insecurity and uncertainty
- Poor delegation
- Poor communication
- Distrust of management

High school principals who adopted and implemented stress management strategies for teachers such as those described in The Healthy Mind/Healthy Body stress and monitoring tools (Sobel and Ornstein 1996) reported that teachers who participated in the program reported significant reduction in job related stress.

This research was previously published in International Journal of Stress Management Kluwer Academic Press, Human Sciences Vol. 7 #3 2000 and reprinted by Optum Research www.optumanswers.com