

Work-related stress in nursing

It is now almost universally recognized that nursing is, by its very nature, a stressful occupation.

"Everyday the nurse confronts stark suffering, grief and death as few other people do. Many nursing tasks are mundane and unrewarding. Many are, by normal standards, distasteful and disgusting. Others are often degrading; some are simply frightening."

The humane face of nursing,
P. Hingley, *Nursing mirror*, No. 159, 1984

Nursing was chosen as one of the occupations on which the ILO has commissioned a manual on stress prevention. The manual, entitled *Work-related stress in nursing: Controlling the risk to health*, by Professor T. Cox and Dr. A. Griffiths, with Professor S. Cox (CONDIT/T/WP.4/1996), is available upon request from the Conditions of Work Branch. The following section is taken from the manual.

Sources of stress in nursing

The role of nursing is associated with multiple and conflicting demands imposed by nurse supervisors and managers, and by medical and administrative staff. Such a situation appears to lead to work overload and possible to role conflict. One form of such conflict often mentioned in surveys of nurses relates to the conflict inherent in the instrumental and goal-oriented demands of "getting the patient better" and those related to providing emotional support and relieving patient stress. Role conflict of this kind may be most obvious when dealing with patients who are critically ill and dying. Indeed, one of the areas of nursing that has attracted particular attention has been critical or intensive care nursing. Health care is also a sector which suffers a high rate of violent behaviour (see our pages on violence at work).

Many studies on stress in nursing have attempted to measure, or have speculated on, the effects of such stress on nurses' health and well-being. There appears to be general agreement that the experience of work-related stress generally detracts from the quality of nurses' working lives, increases minor psychiatric morbidity, and may contribute to some forms of physical illness, with particular reference to musculoskeletal problems, stress and depression.

The control cycle approach to stress prevention for nurses

Based on practical examples, the manual goes on to explain how stress in nursing can best be reduced through the application of the control cycle approach and risk assessment/risk management techniques. This approach is summarized in the following table.

The control cycle approach to stress management for nursing	
Risk assessment	<ol style="list-style-type: none">1. Recognition that nurses are experiencing stress through work.2. Analysis of potentially stressful situations confronting nurses, with the identification of the psycho-social and other hazards involved, the nature of the harm that they might cause, and the possible mechanisms by which the hazards, the experience of stress and the harm are related.3. Estimation and evaluation of the risk to nurses' health associated with exposure to those hazards through the experience of stress, and the justification of intervening to reduce stress and its effects.
Risk management	<ol style="list-style-type: none">4. Design of reasonable and practicable stress management (control) strategies.5. Implementation of those strategies.6. Monitoring and evaluation of the effects of those strategies feeding back into a reassessment of the whole process from steps 1 and 2 forwards.
<p>Participation in decision-making as a strategy for job-related strain. S.E. Jackson, <i>Journal of Applied Psychology</i>, Vol.68, 1983</p>	

The authors of the manual cite growing evidence from several different areas of organizational life in support of the success of the control cycle approach, particularly in terms of an improvement of the attitude of nurses to their jobs, a decline in ill-health and a consequent decrease in rates of absenteeism.