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Title

The Many Dimensions of Stress in Nursing.

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AUTHOR DISCLOSURE STATEMENT

Becky Graner MS, RN has no conflicts of interest to disclose.

Purpose

Examine commonly used terminology related to stress, while viewing the sources and consequences of stress through the lens of adult development theory.

Key terminology: *burnout, bullying, compassion fatigue, hierarchy of needs, grief, adult development.*

Objectives

- Examine the various terminologies related to stress used in nursing.
- Explore the relationship of well known models (Grief/ Hierarchy of Needs) to the concept of stress.
- Discover an adult developmental model that illustrates the wide range of human responses when coping with stressors.

Sara has been a nurse for eight (8) years. She has two (2) young children, one requiring daycare, the other in the second grade. Her husband of ten (10) years has just lost his job as the lead foreman at a local factory. He carried the family's health insurance. He does not have a college education and would like to return to school now that he is unemployed. As Sara prepares to leave for work, he tells her he does not want to "baby-sit for awhile"; rather he wants to return to school as soon as possible. Sara typically has a twenty minute commute to work; whenever she drops her daughter off at daycare she needs to add ten minutes to her travel time. Upon arrival at daycare she is told her regular baby sitter is going to need six (6) weeks off for unexpected surgery newly scheduled for Friday. Today (Wednesday), she is already late for her third 12 hour shift and knows tolerance for tardiness is nonexistent. Parking is especially bad today. Upon arrival to her unit, Bernice, a seasoned nurse of twenty (20) years yells at her to stop dawdling and get to report. Bernice mumbles under her breath, but loud enough for all to hear, "darn young nurses are so self-centered; some of us would like to get out of here on time!" As Sara opens the door to the report room, she notices she is working with her least favorite Certified Nursing Assistant, Mary who most shifts is found talking on the phone to her friends. Some one tosses Sara the charge nurse forms to fill out; in her present state of mind and hurry to arrive at work she forgot she is the designated charge nurse this shift. A colleague snickers, "good luck, the family in 410 is already screaming to talk to someone in charge." Sara looks at the

forms and notices no one has taken notes on the first 2 patients who have already been reported on. Is it any wonder we melt down?

Nursing literature is replete with descriptions of fatigue/ sleep deprivation, burn-out, compassion fatigue, consequences of being bullied and other stress related maladies. Many of the studies reviewed for this article investigated the precipitating factors and the consequences of stress in healthcare workers. What became clear was, no matter how stress is labeled, it is still stress and it produces a mixed response in nurses experiencing it with resulting consequences for patients and organizations.

In this article the author will describe a wide view from which the various terminologies related to stress can be considered and offer an adult development approach that considers the range of human responses for coping with the stressors associated with the work of nursing and life in general.

Human Response

Imagine the flood of biochemicals that is coursing through Sara's body at this point. Walter Cannon's now classic work described the "fight or flight response"; the activation of the sympathetic nervous system that prepares one to deal with threat or danger (Benson, 1975). For our ancestors this response may have provided them with the necessary tools to survive the dangers of primitive living. Today, running or fighting is usually not appropriate as a response, yet our biochemistry continues to respond with the same physiologically reaction when faced with a triggering event. Hans Selye

discovered the exact cascade of events triggered during a stress episode (Olpin & Hesson, 2007). Any problem **imagined or real**, initiates the thinking part of the brain (cerebral cortex) to send an alarm to the hypothalamus, which signals the sympathetic nervous system to go to high alert (Davis, Eshelman, & McKay, 2000; Olpin & Hesson, 2007). Physiologically, one's heart and respiratory rate increase, muscles tense, blood pressure increases, and metabolism gears up to feed working muscles. Blood is directed away from hands, feet, and digestive system to major muscle groups. Pupils dilate and hearing sharpens, all to better equip us to fight or run. Unchecked and repeated activation of the sympathetic response can have long-term negative effects. Adrenal glands secrete corticoids (epinephrine and norepinephrine), which in turn inhibit digestion, reproduction, growth, tissue repair, and immune/ inflammatory function (Davis, Robbins-Eshelman, & Mckay, 2000). This human response (fight or flight) has now become one of the leading contributors to poor health (Seaward, 2006). More recent research indicates women respond differently from men; instead of fight or flight women respond with what has been identified as "tend and befriend" (Taylor, Klein, Lewis, Gruenewald, Gurung, & Updegraff, 2000). This behavior perhaps better describes the emotional, behavioral response rather than the physiological response to stress. As with fight or flight, tend and befriend has its strengths when applied in a situationally appropriate manner. All are ways in which humans cope with stress.

Benson (1975) describes the opposing mechanism to the “flight or fight” response and names it the “relaxation response”. Once the brain stops sending distress signals to the hypothalamus the sympathetic nervous system comes off high alert and is moderated by the parasympathetic nervous system.

Physiologically one’s heart and respiratory rate come down or return to normal, blood pressure normalizes, the GI system sees a return flow of blood. The body stops pumping out glucose to feed hard working muscles. Benson advocates learning to consciously initiate the relaxation response to counter the negative influences of chronic stress.

Ways of Categorizing Stress

Joinson (1992) coined the term “compassion fatigue” when describing nurses who may have absorbed the traumatic stress of those they care for in suffering situations. Dr. Charles Figley has studied “traumatized people” since the 1970s. He defines compassion fatigue as “a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper” (Expert Interview, 2005, p.1). Figley differentiates burnout from compassion fatigue as “burnout is a lack of satisfaction with your job, too much stress, not enough pay” (Expert Interview, 2005, p.1). More recently compassion fatigue has been linked to the concept of secondary traumatic stress, as features resemble those of posttraumatic stress disorder (Cox, 2008). Figley (2004) categories manifestations of compassion fatigue/ burnout syndrome into

seven (7) major areas: "cognitive, emotional, behavioral, spiritual, personal relationships, physical, somatic, and work performance" (p. 14). Under each category are listed descriptions such as: increased heart rate, increased breathing, sleep disturbances, depression, preoccupation with trauma, apathy, loss of faith, poor work quality, task avoidance, and low morale to name a few (Figley, 2004). A closely related concept, burnout, has also received much attention in the nursing literature. Blamed for high staff turnover rates, poor performance, and increased patient dissatisfaction, burnout is described as a syndrome composed of emotional exhaustion, reduced sense of personal achievement, of being emotionally over extended or a sense of being depleted of energy because of the demands of interacting with patients, families, co-workers, and employers (Milliken, Clements, & Tillman, 2007). Many sources describe measures to counter burnout which often include administrative level management's acknowledgement of the toil nursing work has on the individual and the need to initiate measures to assess and modify the total nursing work environment (Erickson & Grove, 2007; Matheson & Bobay, 2007; Milliken, Clements, & Tillman, 2007; Mimura & Griffiths, 2003; Sabo, 2006; Sherman, 2004; Shirey, 2006a; Shirey, 2006b; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). It is worth noting that in the work environment both the physical and emotional components are key factors in nurses experiencing burnout. Strategies to improve the physical work environment are abundant; however, strategies to improve the nurse's emotional environment are often addressed from the

perspective of what management can do rather than what the individual can do.

Psychological harassment and emotional aggression are descriptive of the more commonly used term bullying. Intimidation, incivility, lateral violence, anger, agitation, and oppressed group behaviors are words used to describe the unhealthy bullying that has long been part of nursing's culture (Erickson & Grove, 2007; Felblinger, 2007; Matheson & Bobay, 2007; Stevens, 2002). A common reason for this negative behavior is closely tied to theories of oppression, a controlling environment, and feelings of lack of control by the nurse in the work place. These and other factors lead to agitation/frustration, anger and aggression (Stevens, 2002). This form of violence escalates when the stressors that precipitate the behavior go unchecked and unrecognized. Longo (2007) lists examples of bullying behaviors as accusations against others, nonverbal body signals such as staring at someone, being ignored, gossip, being yelled at, humiliated, frequently given undesirable assignments, sabotage, information withholding, and physical threats. Consequences of bullying by the perpetrator include escalating feelings of anger and shame. For those being bullied, the range of possible responses has serious consequences on recruitment and retention activities. The organization faces serious financial issues related to sick time, nonproductive work time and an environment prone to increased errors. Being bullied is extremely stressful for the recipient. The bully is also the victim of stress, though less often recognized as they are a casualty of

poor coping skills. This self-protective behavior tends to cover up the core issues that promulgated this angry response in the first place.

Fatigue, another concept that negatively impacts patient safety is often defined in terms of the need for adequate sleep/rest between hours worked. When those charged with caring for patients arrive at work already exhausted due to a variety of reasons, they increase the risk for adverse events both for the patient and for themselves (NSO, 2001). Fatigue can be traced to certain lifestyle habits such as poor nutrition and lack of physical fitness. Difficulty falling and staying asleep is considered a national epidemic (Hauri & Linde, 1996; Jacobs, 1998). Research compared a severely fatigued caregiver's performance on a task that requires tracking to someone driving while under the influence of alcohol; in both instances performance is equally diminished (Gaba & Howard, 2002). A tired caregiver is as much a risk to others as to themselves; as in Sara's case a twenty (20) to thirty (30) minute commute after a 12 hour shift puts her and any passenger at increased risk for an automobile crash. In 2006 the American Nurses Association (ANA) published two position statements related to fatigue because of increasing concerns of patient and staff safety: (1) *Assuring Patient Safety: Registered Nurses' Responsibility in All Roles and Settings to Guard Against Working When Fatigued* and (2) *Assuring Patient Safety: The Employers' Role in Promoting Healthy Nursing Work Hours for Registered Nurses in All Roles and Settings*. These position statements call upon

nurses and employers to evaluate current practices and institute measures to guard the safety of both the patient and the nurse (ANA, 2006).

Fatigue is also intertwined with the concept of vigilance. Even when well rested, nurses cannot realistically be expected to remain vigilant over an extended amount of time such as the common 12 hours shifts many nurses work. Vigilance is defined as “a state of watchful attention, of maximal physiological and psychological readiness to act and of having the ability to detect and react to danger” (Hirter & Van Nest, 1995, in Meyer & Lavin, 2005). Vigilance has been described as the true essence of nursing’s work (Meyer & Lavin, 2005). This state of high alert while seeming at first glance a noble way to describe the work of nursing may instead be compared to the state of alarm described in the stress reaction. It is critical nurses not only recognize but also act on cues from patients. Unfortunately, as described in Selye’s General Adaptation Response (Olpin & Hesson, 2007), it is well known the human response to being on high alert is to fatigue over time. Just as the chronic stimulation of the fight or flight response leads to collapse, expectations that nurses must remain on high vigilance without breaks or emotional support can conceivably lead to what has been identified as burnout, compassion fatigue, or even bullying. In our present work / life environment, I propose many nurses are stressed beyond their ability to cope; manifesting a plethora of responses unique to the individual based on the person’s values, culture, experiences, family, education and beliefs. These responses range from appetite changes, gastrointestinal

disturbances, headaches, fatigue, changes in sleep, memory disturbances, anger, increased isolation, and impaired judgment and reasoning (Sherman, 2004). In the past these manifestations that occur when one loses the ability to cope have been identified as either burnout or compassion fatigue. Two authors even go so far as to write “prolonged exposure to compassion **stress** can lead to compassion **fatigue**” (Frank & Karioth, 2006). In reality it is the vicious circle that is created when stressor(s) from sources perceived as a threat initiate(s) the stress response without intervening periods of restoration and balance, thus fatigue occurs and manifests in many forms. Stress is stress, whatever the source, the physical/ neuro-chemical response occurs which cascades into the many facets of human reaction. One’s coping skills are critically important in dealing with the perceived threat. The range of possible human responses based on one’s worldview is influenced by one’s adult development dimension.

Models form the view

Two well known and accepted models; Abraham Maslow’s Hierarchy of Needs and Elisabeth Kubler-Ross’s Five Stages of Grief, offer a framework from which to view the complexity of perceptions that may trigger stress and the resulting coping responses. Along with these models Cook-Greuter (2004), offers a model from which one could conceivably explain the range of human responses to stress based on a developmental perspective of the adult.

Following is a brief overview of each model.

Maslow developed his model in the 1940's and 50's. It continues to be a reliable theory for understanding motivation /personal development. Maslow's original five stage model included the following levels of needs: biological/ physiological, safety, belongingness/ love, esteem, and self-actualization (Seaward, 2006). Maslow maintained needs must be met in the given order, motivation and drive shift one to the next higher order, conversely if the basic needs were not met, one could not progress. This premise has been challenged but for the sake of simplicity, this author will accept the original hypothesis as true. Consider Sara, her basic needs are being threatened, yet she is expected to arrive at work and perform as usual. Upon arrival, she is further threatened (bullied and abandoned) by her co-workers. As a nurse she is expected to "care" as this is a foundational value that the professional nurse is expected to uphold. When she is distracted with her personal issues the mismatch of the expectations of the work world (expected to perform in spite of being threatened) initiates another stressor.

Elisabeth Kubler-Ross's model describes the five stages of grief: denial, anger, bargaining, depression, and acceptance as a perspective from which to make sense of the process/work of coping (Seaward, 2006). Kubler-Ross acknowledged her grief model was also amendable to illustrate the stages of personal change and emotional upset or "death of unmet expectations" (Seaward, 2006, p. 90). As an example the perceived threat to an ideal/ value triggers stress, the stages of grief help explain the range of responses. As an

example, could accumulated anger manifest as bullying? Is compassion fatigue or burnout associated with Kubler-Ross's stage of depression? Is choosing alcohol, drugs, or food really the manifestation of denial or bargaining in an attempt to deal with the stress? Does acceptance of the fact that stress is affecting one's health provide the incentive to engage in healing activities? Is this the person who starts to eat in a healthier manner? Is this the person who takes up swimming to relax and increase their physical fitness? Is this the person who takes an anger management class to learn more appropriate coping skills? Acceptance is recognition that adjustment and coping with change/loss is a healthy way to deal with stress. With the perception of a loss, individuals move within what Kubler-Ross called stages. Even when the loss is no longer acute, activation of the stress response (grieving) may occur with activities such as gossiping. Whatever the label or category we invent to describe this phenomenon; in the end we still have nurses /individuals whose coping style influences many others around them. Consider what you now know based on the stated definition of stress, the description of Maslow's and Kubler-Ross's models, then layer on the theory of adult development. The scope and magnitude for one's reaction to stress increases dramatically once these dimensions are considered. Why is it that one person may shrug off an incident, while another falls apart? In the past this ability to shrug it off was attributed to hardiness or resilience. Could it be these hardy folk are further along the adult

development path? Do they possess the ability to see incidents / life from a more comprehensive perspective?

Cook-Greuter (2004) outlined a major shift in the field of adult development theory from one of viewing people as mostly different types (personality) to identifying the levels of what she calls "meaning making capacity" people achieve in their lifetime. This adult developmental theory not only depicts vertical and lateral growth, but explains growth and expansion that occurs through many "channels". These channels or methods for enhancing the self at various stages are listed as education, continued training, self directed and life-long learning as well as life experience. This theory makes the following assumptions: Stage of development influences what can be noticed or what one can become aware of, therefore what can be described, articulated, influenced, and changed. Those at a later stage can understand earlier world-views, but one at an earlier stage cannot understand the later ones. Each stage/ world view/ meaning making system becomes more comprehensive, differentiated, and effective in dealing with the complexities that life hands us. Lateral development is geared towards enriching a person's *current way of meaning making*. Vertical development supports one to transform current way of making meaning toward a broader perspective. People tend to respond with the most complex system, perspective, or mental model they have mastered. Only long term practices, self-reflection, and dialogue as well as living in the company of others further along on the

development path has been shown in research to assist in vertical growth (Cook-Greuther, 2004). The implications this model brings to the topic of stress and the resulting way one copes are enormous. The model provides a framework from which one can grasp a wider spectrum of human response to stress. Cook-Greuter provides a clear example by sharing different responses collected in her research based on one's vertical level. When subjects were asked how they felt about "feedback" the respondents within lower levels of development interpreted the meaning to be "critical, demeaning, or threatening". The higher level respondents interpreted feedback to mean positive growth, increase in self knowledge, they considered feedback as part of the natural part of living systems and feedback was "accepted, welcomed, or invited" (Cook-Greuter, 2004). Clearly, coping is dependent upon the adult development level. The spectrum of responses to the same stressor now has a theory from which coping skills can be taught/ learned.

Back to Sara

Depending on Sara's adult development level, she may have different degrees of choices for her response to the stressors that have been presented to her over the course of this day. She could just sit down and cry, she could get angry, she could just "stuff it inside", or she may start to feel physically ill. She could find a sympathetic ear and unload to a co-worker about how awful her life is lately. She could be distracted, make mistakes, snap at others, avoid still others, and blame it all on some one else. She could start drinking alcohol after

work, she could start taking sleeping pills to help her relax, or she could drink caffeinated beverages, coffee or eat sugary snacks to help her feel energized so she can stay awake. On the other hand she may know her husband will step up to the plate (he always does), she can forgive Bernice as she knows Bernice is an awesome nurse, has been a wonderful mentor, and is caring for her mother with Alzheimer's and is herself pretty stressed out. Sara may find her voice and ask her co-workers to fill out the missed info on the report sheet, she may need to sit down with Mary and reinforce the expectations of her job, she will need to face the family in 410, but she knows she possesses the skills and compassion to deal with their concerns and knows they are suffering. She is confident today's turmoil will pass. She sustains herself by staying present, not ruminating about how awful people are, by taking breaks, eating nutritionally sound food, by recognizing she has many more moments of peace versus drama in each day.

Coping Skills

How do we move from non-stop adrenaline pumping lives to a life with moments of calm dispersed between all the busy activities? The first step is to recognize the frenzy. The next step is to make a commitment to actively engage in stress management options every day. We need to remember our perception lens through which we view our world is made up of our values, beliefs, our culture, our family traditions, our education, and our social group. It is a life long process to examine this lens and make a conscious decision to retain or change how we view the world. This is part of the process described by Cook-Greuther,

our ability to clearly see our self shapes our growth and development as adults.

It then makes sense to engage in coping activities that assist in adult growth and development.

Nursing literature lists the following activities as possible stress management solutions: breathwork (it activates the parasympathetic / relaxation response), stretch breaks, nutrition breaks, massage, progressive muscle relaxation, guided imagery, friendly physical environment (lights, noise, distance for supplies, safe work place), limits on staffing ratios, limits on hours worked, emotional and social support (especially in situations related to trauma, death, high risk outcomes), education related to enhanced communication skills among co-workers and other healthcare team members, development and implementation of policies that eliminate workplace violence, bullying, and incivility, job enrichment, autonomy of nursing practice, quiet spaces/ break areas to rest, leadership training, reflective practice, and formal intervention by a trained mental health practitioner (Manojlovich, 2007; Mimura & Griffiths, 2003; Milliken, Clements, & Tillman, 2007; Sabo, 2006; Shirey, 2006a; Timmerman, 1999; Tuck, Alleyne, & Thinganjana, 2006; Wicks, 2006) . There are many options; all that is needed is the personal commitment to take action. Mahatma Gandhi said "Be the change you want to see in the world" . If you would like your world to be a kinder place, be kinder. If you would like your work world to be less stressed, be less stressed. Here is a formula with which to start: Feed the foundation: sound nutrition and regular physical activity every day.

Nourish and detoxify the mind: foster clear thinking, learn the practice of “no thinking”, (meditation). Evaluate relationships, heal or remove yourself from those that poison. Feed your spirit: seek meaning and purpose, be fully present in each moment. Your life occurs now. If the present moment is cared for, every moment will be full of care. Reach out at every opportunity to help others along, as nurses those we care for extends to our patients, families, co-workers, support staff, strangers, and ourselves. Experience the joy of giving to others without expecting anything in return. Everyone needs cycles of activity interspersed with periods of rest and restoration. If we get off center, we are sure to find ourselves manifesting any number of those symptoms labeled as compassion fatigued, burn out or stressed out. Practice and refinement of coping / relaxation techniques provide the energy to more easily and quickly find our way back to center and balance. The table below list strategies that others have found beneficial.

Table 1.

Stress Management Options

<i>Coping Skills</i>	<i>Relaxation Techniques</i>
Humor	Meditation
Journal writing	Visualization / guided imagery
Art therapy	Massage
Prayer	Music
Positive affirmations	Physical exercise
Cognitive restructuring	Yoga

Behavior modification	Tai Chi
Creative problem solving	Bio-feedback
Communication skills	Breathwork
Resource management/ money/ time	Progressive muscle relaxation
Social support groups	Nutritional health
Hobbies	Mindfulness
Forgiveness	

(Compiled from Olpin & Hesson, 2007; Seaward, 2006)

Enlist the support of a friend or colleague, pick one skill and one technique.

Learn and practice it together. Teach your co-workers. Be a role model. In many of the references listed at the end of this article you will find a treasure list of resources.

Recommended Reading

- ***Coming to Our Senses: Healing Ourselves and The World Through Mindfulness***, by Jon Kabat-Zinn (2005, Hyperion)
- ***The Exquisite Risk: Daring to Live an Authentic Life***, by Mark Nepo (2005, Harmony Books)
- ***Stand Like Mountain, Flow Like Water: Reflections on Stress and Spirituality***, by Brian Luke Seaward (2007, Health Communications, Inc.)
- ***Everyday Greatness: Inspiration for a Meaningful Life***, compiled by David Hatch, insights and comments by Steven Covey (2006, Rutledge Hill Press)

Final look at Sara

The end of Sara’s story is up to you.

1. *If you were Sara, what would you do?*
2. *What goal(s) would you set?*
3. *What interventions would you choose?*
4. *How would you know you are moving toward established goal(s)?*

5. *How would you apply the principles outlined in this article to your nursing practice?*

New Posttest Format

Please note that this continuing nursing education activity does not contain multiple-choice questions. We have introduced a new type of posttest that substitutes the multiple-choice/ True or False questions with open ended questions. Simply answer the five (5) open-ended question(s) listed under Final look at Sara at the end of the article and return the enrollment / evaluation form, with payment, to NDNA as usual. (Form is on the last page of this article).

*You may email your answers with the Enrollment / Evaluation Form. Please clearly identify your name and address/ email address on all correspondence. Email to becky@ndna.org Please write: **Prairie Rose Sara** in the address line.*

ENROLLMENT FORM

EVALUATION FORM

Program Title: *The Many Dimensions of Stress in Nursing*

Program Number: P2.43

Date: Please return by May 2010 to NDNA 531 Airport Rd, Suite D, Bismarck, ND 58504

I. ENROLLMENT FORM

Name: _____
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II. EVALUATION (Check Yes or No)

HAVE YOU ACHIEVED EACH OBJECTIVE?	✓Yes	✓No
1. Objectives: <ul style="list-style-type: none"> Examine the various terminologies related to stress used in nursing. Explore the relationship of well known models (Grief/ Hierarchy of Needs) to the concept of stress. Discover an adult developmental model that illustrates the wide range of human responses when coping with stressors. 		
2. Did the objectives <i>relate to the overall purpose/goal of the activity?</i> Purpose: <i>Examine commonly used terminology related to stress, while viewing the sources and consequences of stress through the lens of adult development theory.</i>		
3. Were the teaching/learning resources appropriate?		
4. How would you rate your knowledge of this content <i>before</i> reading this article? (0- no knowledge to 10-expert knowledge)	Write number⇒	
5. How would you rate your knowledge of this content <i>after</i> reading this article? (0- no knowledge to 10-expert knowledge)	Write number⇒	
HOW LONG DID IT TAKE YOU TO COMPLETE THIS ACTIVITY?	Write MINUTES⇒	

7. Please print your name as you would like it to appear on your certificate of successful completion:

8. COMMENTS FOR IMPROVEMENTS OR FUTURE CONTINUING EDUCATION:

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