HE MENTAL health of nurses hit the headlines earlier this year with the report of a four-year study by Baldwin et al into the health of nursing students and recently qualified nurses in Scotland.

According to the findings, nursing students display higher rates of significant psychological symptoms – ‘caseness’ – than their qualified counterparts. Prevalence rates among students ranged from 32 per cent to 55 per cent, dropping to between 23 per cent to 38 per cent after qualification. But what do these figures mean?

To put them into context, another recent study by Leeds and Sheffield universities, involving nearly 12,000 staff in 19 trusts in England, found a mean caseness prevalence rate of 27 per cent across all staff groups. The mean for nurses in the study was 28.5 per cent – the average for the general working population is 18 per cent.

In Scotland at least, then, nursing students have a significantly worse psychological health profile than their qualified counterparts in Scotland and England, and one that is worse than the general working population. There seems little reason to suppose this is not echoed in England, Northern Ireland and Wales.

But where does stress come into the picture? These days, the term seems to be used as a catch-all phrase which at once means everything and nothing. Stress can be described as ‘a reality – like love or electricity – unmistakable in experience but hard to define’.

The truth is that as a descriptive term, stress is often less than helpful. Stress is useful as a broad organising term, but if we are to have a meaningful dialogue about what it is and what to do about it, it is important that we look beyond the word itself.

As a term, stress is used variously to describe a number of factors: sources of pressure, the resulting symptoms and the subjective experience of the individual. Alternatively: inputs, outputs and process.

Most current thinking on stress supports a view of it being interactive in nature – the product of an inter-relationship between the individual and factors in his or her environment.

The ways in which we react to a situation will depend on whether we perceive that situation to be a threat. If the situation carries some degree of threat for us, we will experience a reaction of some kind which may be physiological, psychological or behavioural – and probably some combination of all three, varying from individual to individual – as follows:

Potential stressor → appraisal as threat → stress response

As an example, it would not be unusual for a nursing student on their first placement to experience some anxiety about how they will be perceived and how they will perform. This may exhibit itself in the form of first-day nerves, a degree of physiological arousal, and questions such as ‘will they like me?’ or ‘will I be able to cope?’ In a sympathetic environment with good support this may be a minor and short-lived problem.

Feelings of anxiety

In an unsupportive environment, however, stress responses may escalate. Self-doubt and negative ‘self-talk’ can creep in – ‘they don’t like me’ or ‘I’m not coping’. This may be accompanied by anxiety, low mood or depression over time, and defensiveness or avoidance of individual colleagues or the work environment itself. Stress experienced over a period may lead to difficulties in sleeping, eating, relationships, performance and in the ability to relax and enjoy life.

All of this is not inevitable, however, and some people seem to respond to potential stressors better than others, so why is this?

Whether or not we experience a situation as stressful seems to depend crucially on our appraisal of that situation. Various factors will contribute to our appraisal (see box).

Given how individual each of these factors can be, it will be clear how individual everyone’s response will be when presented with the same situation. It is common to think that others operate as we do, but nothing could be further from the truth. This perhaps accounts for why we can sometimes be unsympathetic to colleagues or fellow students – ‘what are they making such a fuss about?’ – or why we may feel so inadequate when we seem to be the only one suffering.

What, then, can we do to help ourselves? To the two inevitables in life – death and taxes – should be added stress. It has been suggested that the only organism that does not experience stress is a dead one. While humans are vastly resilient, we often put up with much that we could change. With a lit-
tive work on how we respond to stress, we can make our lives much more rewarding. Following on from the inputs, outputs and process analogy, we can either tackle the stressor direct (inputs), our symptoms (the outputs), or the way in which we appraise the situation (our process). A process for managing stress effectively might be:

- Ideally, change what you can about the situation or stressor.
- If you can’t change the situation, change the way you look at it, and yourself in relationship to it.
- Treat yourself and your symptoms kindly.

Tackling the stressor direct can be done at an organisational level – the stuff of risk assessment and management – or individually, for example by responding assertively when faced with what feels like unreasonable behaviour or demands. Clearly, some situations may be outside our ability to change, and being assertive sometimes involves risk, so we need to be realistic about what we can change.

While we cannot always control or affect people or situations, we can make a huge difference to how we react by changing the way we appraise a situation. We build habitual coping responses over many years, and they sometimes serve us very poorly in present situations.

While we cannot change our past experience, we can examine how it has affected our approach to the world now. A degree of self-awareness, of what makes us tick in relationships, can help us to determine whether threats we may perceive are real or more imaginary. Alongside this we can build more realistic beliefs about ourselves and others.

We can also learn new skills – being assertive, for example, may at first feel risky, but then so does learning to drive, and those who can drive will know it gradually becomes second nature.

The need for support

Asking for support, both personal and professional, is another option, just as we can be prepared to give it. This can feel difficult, as it often links with unhelpful beliefs that we should be able to cope (and therefore somehow don’t deserve support); that we will not get support if we ask; or that we will somehow be judged. But if you do find it difficult, ask yourself whether you would be willing to offer support to someone else in the same situation, and if you would, ask what makes you any less deserving?

We can also learn better ways of managing the symptoms of our stress. Less helpful ways include using drink, drugs or food, or adopting various avoidance or addictive behaviours and so on. But we can also exercise, learn relaxation or meditation, talk things through with others, and do more of the things we really enjoy.

If you needed any persuading, I hope this piece may have helped to convince you that you can minimise stress and its impact. Individually or together, the strategies above may be enough in themselves if we are moderately or occasionally stressed, but what of situations when they are not enough and we feel overwhelmed and unable to cope?

At such times professional help may be valuable or even essential. This may include the support of a counsellor, GP, psychologist, psychiatrist or community psychiatric nurse. In some cases, medication may be helpful to manage the sense of anxiety or depression.

According to the Baldwin study (1998), nurses expressed reluctance to consult formally in response to many hypothetical health conditions, which included anxiety symptoms and depression. This reluctance seems unsurprising considering the
Top stressors for nursing students

- Working to meet course and placement requirements
- A lack of support from tutors and placement supervisors
- Balancing personal, academic and placement demands

Top stressors for newly qualified nurses

- Dealing with death
- Talking to distressed relatives
- Making decisions
- The effect of work on personal life
- Overwork

Source: Baldwin et al 1998

degree of stigma attached to mental health problems – especially as a health professional – so the degree of confidentiality that can be offered by student and staff counselling services may make all the difference in whether help is accessed.

I recall once being asked how many of the clients using the RCN Counselling Service are experiencing stress. The truth is that, to a degree, they all are. Helping people find constructive responses to stressful situations is a core part of the work of counselling.

Whichever route you choose for dealing with your stress, choose it early, and if it works for you, do more of it!

Barry McInnes is head of the Royal College of Nursing Counselling Service, which offers free professional and confidential counselling for members, including students, either by phone or face to face. Call 0345 697064 (local rate)

REFERENCE

How stress affects us all differently

The stressor itself
There will be some situations, for example being physically threatened, that most of us would find stressful.

Our past experience
Using the same example, what experience do we have of being physically threatened in the past and have we coped more or less successfully with it? This may be just in adult life, but for some of us childhood experiences may have led us to believe that other people do not have our interests at heart.

Coping skills
These may include the skills we need to defend ourselves physically, or others such as assertiveness and managing priorities.

Basic beliefs and attitudes
Our basic beliefs about ourselves, others and the world are crucial to the way we think, feel and behave. If we have learned that we somehow do not deserve things in life, that we will not get what we want, and that we need to please and pacify those around us, this will fundamentally affect the way we behave.

Personal and professional support
Much research, including the Baldwin study, has shown the importance of good personal and professional support in moderating the impact of stressors.