The synthesis of art and science is lived by the nurse in the nursing act

JOSEPHINE G PATERSON

Effects of stress on nursing integrity


Abstract

This article looks at the relationship between stress, nursing integrity and patient care. It has been argued that the professional integrity of nurses has been eroded and consequently they have become more susceptible to anxiety, stress and exhaustion, potentially affecting care delivery. The authors suggest that the goal of providing high professional standards is threatened by increased service demands, and there is therefore a need for nurses to develop effective coping strategies to manage stress resulting from competing tensions in the workplace.

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Stress in nursing

Psychological stress results from a subjective ‘cognitive appraisal’ that an external demand made on the individual is excessive, conflicting or unacceptably prolonged. Krohne (2002) related psychological stress to uncertainty, insecurity and conflicts. Guest (2004) noted that the stress response is triggered by a variety of stressors that can be internal, external or both. However, Atkinson et al (1993) suggested that stress is not necessarily harmful and can have positive effects (eustress); for example, fulfilment and excitement can be experienced when the delivery of care has a positive effect. However, sustained stress at too high a level can have negative effects (distress) and lead to decreased performance; for example, poor scheduling of overtime may lead to fatigue and decreased productivity.

Similarly, rigid protocols may lead to apathy. This is illustrated in seminal work by Yerkes and Dodson (1908), who suggested that human performance at any task varies with arousal (stress) in a predictable parabolic curve. At low levels of stress productivity is low, but as stress increases performance also increases, but only to a point, after which increasing stress decreases performance (Salehi et al 2010). Maiben et al (2012) considered that a degree of stress may serve to motivate and galvanise practitioners and can act as a catalyst for change, promoting excellence in practice, and individual professional growth and development.

Stress in nursing can be extremely debilitating, leading to emotional disturbances and disorders. This type of negative stress can have destructive physical and psychological effects. Selye (1980) noted the relationship between excessive stress and physical and mental exhaustion. The complex relationship between these factors is significant, particularly in relation to the provision of care. McBride (2003) identified a direct relationship between the provision of care and individual and collective conflict, frustration and anxiety. The author argued that failure to adapt to operational circumstances is a significant factor in the development of interpersonal conflict, depression, burnout and task failure. Stress in nursing also has direct physiological consequences, such as illness and exhaustion.

Stress is particular to the individual; it is possible that nurses may work in some settings with equanimity while others exhibit stress. It is in this subjective interpretative context that practitioner wellbeing may be shaped.

Stress and coping theories

Selye’s (1975, 1980) general adaptation syndrome model can help in understanding stress associated with nursing, for example in managing difficult situations such as the care of dying patients, when stress may be related to anticipated loss and ambiguity about decision making. Emotional demands may exceed the person’s ability to respond appropriately, and stress-related behaviour may be exhibited.

There are three stages of Selye’s (1975, 1980) general adaptation syndrome model:

- Alarm reaction – pituitary adrenocortical response.
- Resistance – tissue defence.
- Exhaustion – destruction of tissue, organ or body.

In nursing, exhaustion may be prevalent in situations where the delivery of optimal care is unrelenting, physically and emotionally. Daly and Carnwell (2003) reported that such exhaustion can lead to progressive loss of idealism, energy and purpose, often expressed as fatigue, depression, conflict, negativity and cynicism. Mannion et al (2010) stated that these stressors are exacerbated by the many other organisational demands placed on the nurse. Central to any psychological stress theory in nursing is the nurse’s evaluation of the significance of what is happening in terms of his or her wellbeing (appraisal), and the effort in thought and action to manage specific demands (coping) (Lazarus 1993).

According to Lazarus and Folkman (1986), the transactional theory of stress regards stressful events as person-environment transactions, whereby stress is dependent on the meaning of the stimulus to the individual. The person-environment transactions are mediated by the individual’s appraisal of the stressor, and the coping resources available to the person. Therefore, psychological stress occurs when the individual deems the environmental stressor to be significant and exceeding his or her available coping resources (Lazarus and Folkman 1986). Coping is viewed as a secondary appraisal of how the perceived stressor can be managed: ‘the cognitive and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts’ (Lazarus and Folkman 1984), and research into coping often follows this psychosocial approach (Table 1).

Resource-based theories of stress are primarily concerned with resources that preserve wellbeing during stressful encounters, not with factors that give rise to stress. The conservation of resources theory (Hobfoll 1989, Hobfoll et al 1996) assumes that stress occurs in any of the following three contexts:
When people experience loss of resources.
When resources are threatened.
When people invest their resources without subsequent gain. Examples include loss of budgetary resources that affect patient care, and the reaction of patients to nurses when standards change as a consequence.

**Nursing integrity**

Patients tend to make assumptions about nurses (Hagerty and Patusky 2003). They may expect nurses to be patient-centred in their practice, to be safe and effective, to respect confidentiality and assume an advocacy role, and to have a sense of right and wrong. All of these are essential components of nursing integrity. Moral integrity is the sense of wholeness and self-worth that comes from having clearly defined values that are in harmony with one's actions and perceptions (Hardingham 2004). It refers to an individual's personal values and beliefs that remain consistent (Audi 1999).

Moral integrity can contribute positively or negatively to stress in nursing. However, Schrock (1995) observed that honesty, honour, observing physical and emotional privacy, ensuring justice is done, examining the limits of obedience, exercising professional power without abusing it and preventing incompetent practice have been mostly ignored. Consideration of these issues is important in understanding difficulties maintaining moral integrity. For example, Holly (1993) described how nurses' perceived inability to act on behalf of their patients resulted in moral distress, frustration and powerlessness. Levine (1989) stated that nurses had lost sight of the essence of nursing ethics – the relationship between nurse and patient – and had become focused on bioethical dilemmas such as abortion and euthanasia, which tended to obscure the ordinary everyday moral actions nurses engage in during patient care. Schrock (1995) suggested that these bioethical dilemmas may create barriers for the development of nursing action.

Moral distress is therefore a consequence of unsuccessful efforts to preserve moral integrity. Similarly, Fairbairn and Mead (1993) found that when nurses were asked what was most upsetting at work, events relating to moral distress were recounted. These events revolved around notions of respect and dignity, and nurses' perceived inability to provide the standard of nursing care they believed was required – nursing integrity (Swanson 1993).

Being morally accountable and responsible for one's judgement and actions is central to moral and nursing integrity. However, nurses may experience difficulties in being unable to be true to their values, such as when a nurse feels unable to answer a patient honestly when asked about a diagnosis for fear of upsetting the person (Teasdale and Kent 1995).

Changes in the meaning ascribed to work may affect an individual's attitude to it, as well as his or her commitment, motivation and

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**Table 1**

<table>
<thead>
<tr>
<th>Seminal theories of coping in nursing</th>
<th>Stressors</th>
<th>Mediators of stress</th>
<th>Outcomes of stress</th>
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</thead>
<tbody>
<tr>
<td><strong>Biomedical theory</strong></td>
<td>Affective or cognitive demand on the nurse for readjustment or adaptation.</td>
<td>Internal or external conditioning factors: sleep to restore the body physically. Coping: altruistic. Egoism: perceiving stressors to be positive (eustress).</td>
<td>General adaptation syndrome – three stages – alarm (pituitary adrenocortical response), resistance (tissue defence) and exhaustion (destruction of tissue, organ or body).</td>
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<td>(Selye 1975, 1980)</td>
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<td><strong>Psychosocial theory</strong></td>
<td>Stimulus appraised by the nurse as causing harm (including loss), threat (potential for harm) or challenge (potential to gain in difficult circumstances).</td>
<td>Coping: process of managing demands appraised as taxing or exceeding the resources of the person. Perception: evaluation that gives meaning to what is at stake, as well as resources for managing demands.</td>
<td>Adaptation outcome: morale – how the nurse feels about himself or herself and life conditions; social functioning – the way the nurse fulfils roles, and satisfaction with interpersonal relationships and social skills.</td>
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<td>(Lazarus and Folkman 1984, 1986)</td>
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<td><strong>Resource-based theory</strong></td>
<td>Loss of resources, depletion of resources or threat of loss of resources, or lack of reasonable gain after expending resources.</td>
<td>Accumulation of personal resources (for example money), and conditional resources (for example status and social support).</td>
<td>Stressful or traumatic events consume resources, thereby limiting their availability and effectiveness in future stressful situations.</td>
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<td>(Hobfoll 1989, 1996)</td>
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work performance (Kirpal 2004). In societies with volatile labour markets and increasing qualification requirements, constructing and restructuring careers is a lifelong challenge. A mix of caring, technical, administrative and communication skills is necessary to take on increased occupational responsibilities, potentially contributing to stress (Heinz 2009). Increasing service demands, whereby healthcare professionals are expected to deliver high-quality care with finite resources, place added strain on nurses. The somewhat competing demands of caring for patients while demonstrating efficiency and meeting targets – while simultaneously coping with role changes – has the potential to compromise nursing integrity. Lack of motivation in the workforce as a result of trying to meet these competing demands may ultimately affect patient care.

Supporting nurses in practice
In the context of a developing profession, nurses are becoming independent decision makers and practitioners, moving away from providing direct patient care into more managerial and supervisory roles. Therefore, these nurse managers may be best placed to develop strategies to promote and maintain nursing integrity. Increasing demands on nurses may make them more vulnerable to stress. It is essential that nurses’ contributions to care are recognised and valued to maintain nursing integrity and ensure delivery of high-quality care. This will also encourage nurses to act as autonomous practitioners and improve self-image (Wilson-Barnett 1986).

Nurses, managers and those responsible for ensuring nurses’ professional and educational development would benefit from an awareness of the importance of nursing

References

Aarons GA, Sawitzky AC (2006) Organizational climate partially mediates the effect of culture on work attitudes and staff turnover in mental health services. Administration and Policy in Mental Health. 33, 3, 289-301.


Griffiths P (2009) RN+RN=better care? What do we know about the association between the number of nurses and patient outcomes? International Journal of Nursing Studies. 46, 10, 1289-1290.


Krohn H (2002) Stress and Coping Theories. tinyurl.com/7c5nbtr (Last accessed: February 1 2013.)
integrity, as well as the potentially harmful stressors that may affect nurses’ ability to care for patients. If the expectation is that patients are to receive individualised and holistic care, it is reasonable for practitioners to be treated by their employers in the same way.

Arsenault and Dolan (1983) and Shirey (2006) noted the effects of stress, anxiety and exhaustion on an individual’s ability to make decisions. It is important for nurses to recognise the positive and negative effects of stress. General conceptual frameworks such as the person-environment fit theory, the framework of occupational stress and the demand control support model (Vandenberg et al 2002) can assist understanding of how stress affects the work environment and those in it. This will help nurses to devise effective coping strategies so that working under competing demands does not compromise nursing integrity and patient care.

The main causes of anxiety and stress are well known and stem from individuals being unable to exercise control over events affecting them (Cox 1978). Employers have a duty of care to ensure the physiological wellbeing of staff, and should offer support to help staff develop coping strategies to deal with stressful situations at work.

Conclusion

Minimising nurses’ stress levels will help ensure they can deliver high-quality care. The potential for stressful events can be reduced by resolving difficulties in the workplace promptly, addressing staff shortages, turnover and absenteeism, and developing clear objectives and plans. Learning to manage and reduce stress by developing insight and coping strategies will help to maintain and promote nursing integrity.


Yerkes RM, Dodson JD (1908) The relation of strength of stimulus to rapidity of habit-formation. Journal of Comparative Neurology and Psychology. 18, 5, 459-482.