

CREATING HEALTHY WORK

STRESS IN THE NURSING WORKPLACE

RESTRUCTURING IS NOT IMPROVING THE NURSING WORK ENVIRONMENT

BY ESYLLT JONES

Nurses are talking a lot these days about 'burnout.' Evidence suggests that nursing is, in fact, becoming a more stressful occupation and that this increased stress places nurses at greater risk for illnesses, including cardio-vascular disease, hypertension, peptic ulcers and inflammatory bowel diseases, musculoskeletal problems, anxiety, depression, neuroses, drug and alcohol problems. The health care system is creating sickness among its own workforce - hardly a long-term solution to managing health care costs or promoting efficient care delivery.

Restructuring is not improving the nursing work environment. Downsizing, shorter patient stays, staff restructuring, nursing layoffs and sicker patients leave nurses struggling to provide the kind of nursing care they believe patients need for healthy recovery. Managers, consultants, policy makers and politicians assume that nurses can just give that little extra, and can manage the dramatic alterations in care delivery, mandated by the financial bottom line. But does restructuring ignore the fact that human beings, with human limits, do the caring? It's time to take a serious look at occupational stress in nursing and what should be done to prevent it.

LOOKING FOR ANSWERS ABOUT STRESS IN NURSING

Nurses in Manitoba have long been concerned about stress. Bed-side nursing is demanding and challenging work. But since 1992, when downsizing began in earnest in our system, this concern has been greater than ever. Occupational injury, increases in documented incidents of unsafe patient care due to unrealistic workload, and the personal trauma caused by loss of livelihood, led the unions Occupational Health and Safety Committee to investigate more closely the stress nurses are facing. In 1995, we began a research project to show the extent of job-related stress, to pinpoint its causes, and to provide clear evidence about the potential impact of unalleviated stress in the nursing workplace.

We expected to find evidence of increasing stress, and we did. We also learned some things about how to help nurses in their struggle for healthy work.

Research on occupational stress tends to focus in one of two directions: looking at the individual and how s/he relates and responds to stressors in the working environment; or, examining the structure of work and the work environment itself (rather than differences in individuals) as the key to predicting the risk of stress-related disease. The method we used in looking at stress in nursing employed the latter approach. Excellent research has been conducted over the last 15 years which shows a significant relationship between cardiovascular disease and all-cause mortality, and the interplay between two key objective characteristics of any occupation. The first is how psychologically demanding a job is. The second is how much control and authority an employee has over how s/he responds to the demands of the job, including skill level and the use of skills, autonomy to make decisions and determine how work is performed. This model, referred to as the demand/control model, has shown that a demanding job over which the employee has little control is a recipe for ill health. Assembly line work and data entry are classic examples of high stress jobs, because the nature and pace of work tend to be beyond the worker's control even while the work is demanding.

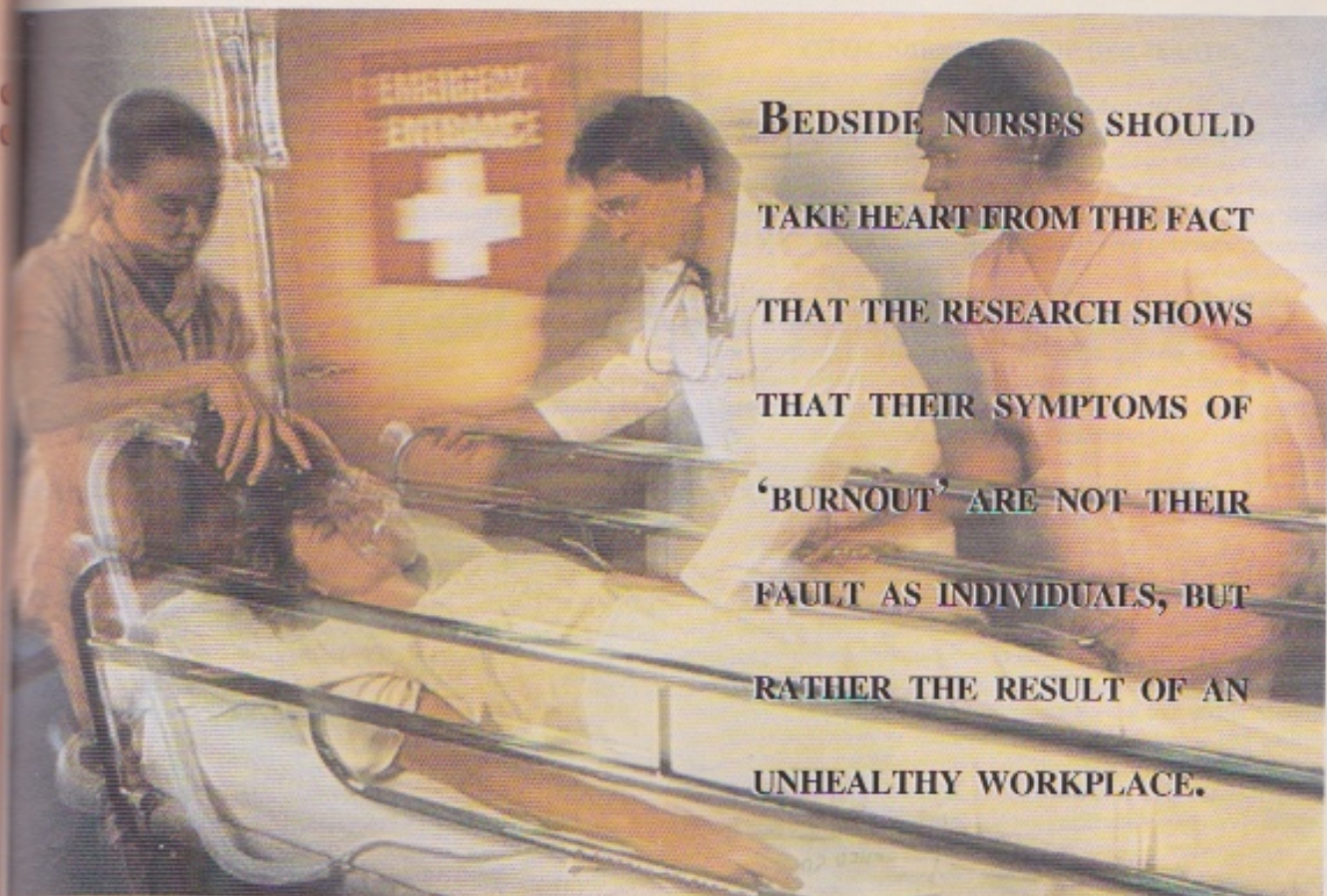
There are other factors which can affect this demand/control dynamic. One of the most important is social support in the workplace, from both co-workers and supervisors. For example, head nurses can play important supportive and stress-reducing roles on the unit, as leaders who participate in care delivery and are available for back-up and problem solving. Job insecurity, the physical demands of the job, shift work, and technological change, are also important variables in predicting stress-related illness.

Occupational health experts who use the demand/control model

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BEDSIDE NURSES SHOULD TAKE HEART FROM THE FACT THAT THE RESEARCH SHOWS THAT THEIR SYMPTOMS OF 'BURNOUT' ARE NOT THEIR FAULT AS INDIVIDUALS, BUT RATHER THE RESULT OF AN UNHEALTHY WORKPLACE.

have generally placed nursing close to the border between healthy and unhealthy. Within the health care workforce, nurses are less at a risk for job-related stress than nurses' aides or orderlies, but face greater risk than physicians. There is enormous potential in nursing for the satisfaction of a demanding job done well and for the human rewards associated with caregiving, both of which are healthy in a work environment.

RESEARCH FOUND HIGHER STRESS LEVELS

Unfortunately, this potential is eroding, and with it the healthiness of nursing work. Through our project survey, we discovered that nurses in Manitoba are increasingly at risk for occupational stress-related illness for three main reasons: the demands of nursing practice are increasing; nursing work is being de-skilled; and job insecurity is dramatically increasing. These factors were measured using a survey tool called the Job Content Questionnaire, developed by occupational health researchers. The JCQ quantifies the demand and control factors determining the risk of stress, by asking questions about how demanding work is, how skills are used, how much decision-making power nurses have, and other relevant factors.

The nurses from the Manitoba Nurses Union scored significantly lower in skills usage than the US sample from a decade ago. Skill was measured by questions asking nurses about the skill required to do their job, the amount of variation in their work tasks, and whether new learning was occurring at work. The freedom to creatively use individual nursing skills was also significantly lower. While de-skilling has decreased the 'control' side of the stress equation, greater demands are being made of nurses. The psychological demands of nursing work were measured in terms of excessive workloads, time constraints, and whether nurses face conflicting demands when they provide care. The

scores for psychological demand were significantly higher for MNU nurses. Nurses perceive their work as hectic; with constant interruption, and very heavy workloads.

HEALTH CARE RESTRUCTURING CONTRIBUTING TO RISK

Contributing further to occupational stress is the fear of job loss. In the 1980's nursing was a secure profession; this has dramatically changed. In Manitoba, like elsewhere, we face a mounting number of nurses laid-off, and almost continuous deletions, creating a climate of instability and fear of the future. Since 1992, eight hundred nurses in Manitoba have lost their positions. Many have been re-employed in the health care workforce, through the efforts of the union and supportive employers, but the end of layoffs is nowhere in sight. Decentralization in the health care system and government funding cuts threaten many more nurses with job loss.

In 1993, American Practice Management, led by Connie Curran, came to re-organize hospital care at Manitoba's two largest acute care facilities. Nurses were urged to participate in 'pit teams' to determine where and how to make efficiencies and improve care delivery. Nurses were told they would spend more time providing nursing care, with more nurses' aides at the bedside to do the non-nursing tasks. These claims turned out to be largely false, and the promise of more participation in decision making and improved use of nursing skills an empty one. The bottom line meant alot fewer nurses. Now, nurses face unmanageable workloads and often feel like pill dispensers as they rush from patient to patient throughout a long shift. Their healing skill and caring role devalued, their work fragmented into a series of tasks and farmed out to cheaper care providers, nurses are at risk now, more than ever, for ill health caused by their work.

STRESS AND NURSES' PRODUCTIVITY

Research shows that productivity in the workplace will not increase by simply demanding more from employees. Nurses experiencing high strain in a health care context which limits their ability to respond to the needs of patients will become physically and mentally ill, and their skills will be eroded, along with their motivation and morale. In a constantly changing workplace, stressed nurses find it difficult to take on new challenges.

On the other hand, productivity can improve with a healthy work environment. Healthy nursing work means full utilization of nursing skills, decision-making autonomy to allow nurses to respond to demands appropriately, for example, giving bedside nurses control over staffing levels, reasonable workloads, job security, and the opportunity for individual growth and professional development.

WHAT CAN BE DONE? THE PROMISE OF HEALTHY WORK

This research project gave us some interesting insights, but there is a lot more to be done. Nursing unions, associations, educators, and researchers should begin to take a more in-depth look at how work restructuring is affecting the level of occupational stress, and develop strategies to combat unhealthy work environments. We may need to propose alternative work arrangements that address the root of de-skilling and unrealistic demands. The irony of current restructuring models, like patient-focused care and continuous quality improvement, is that they are sold to bedside nurses as opportunities to give better care, to spend more time being nurses, or to influence the way hospital or long-term care is organized. Yet, our survey found no significant improvement in the decision-making autonomy of nurses, while demands of nursing work increased, and de-skilling was evident. Change,

however, need not be so negative.

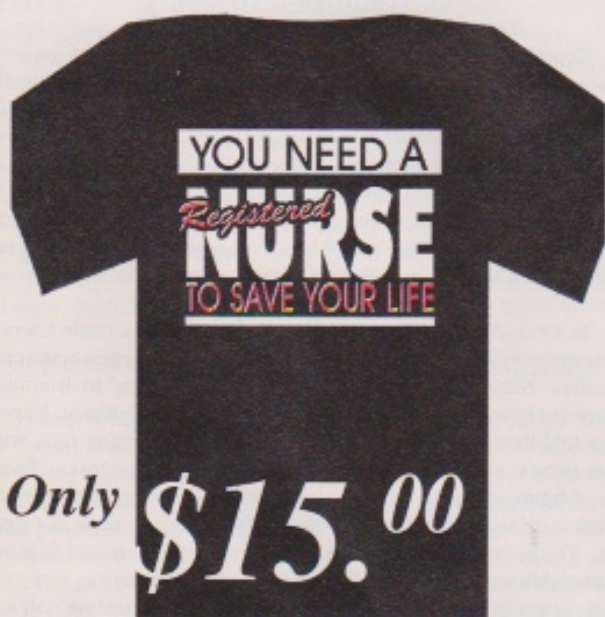
Bedside nurses should take heart from the fact that the research shows that their symptoms of "burnout" are not their fault as individuals, but rather the result of an unhealthy workplace. We have a collective responsibility to question the structural causes of job-related stress and its accompanying health risks, rather than blaming individuals for inadequate coping skills or urging nurses to go the extra mile. Social support in the workplace plays a crucial role in cushioning nurses from the effects of job stress. Together, nurses, with their unions and associations, can take on the job of advocating progressive work reorganization designed to give nurses true power in the workplace. Only genuine change will make nursing a healthier occupation.

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ART 6 text

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By Eyllt Jones

Synopsis - Beside nurses should take heart from the fact that the research shows that their symptoms of "burnout" are not their fault as individuals, buy rather the result of an unhealthy workplace.