Healthy Nurse, Resilient Nurse

by CAREY S. CLARK, PhD, RN, AHN-BC, RYT

In 2017 The American Nurses Association (ANA) published the results from their Health Risk Appraisal (HRA) survey of more than 14,000 nurses and nursing students. The study found that 82 percent of nurses experience a perceived significant level of risk for workplace-related stress and 68 percent of nurses put patients’ well-being above their own personal well-being (ANA, 2017). These two findings from the ANA study have great implications for the profession of nursing; they support a call for all nurses to build stress resilience in order to create healthy work environments where holistic nursing and the creation of caring-healing spaces can emerge. This article will review why nurses are stressed in the workplace, and outline some of the complex issues around why nurses need stress resilience. The purpose of this discussion is to offer some solutions for creating a healthy and resilient nursing profession, which will lead to healthy workplaces.

Nurses’ Stress in the Workplace
Stress is defined as “A particular relationship between the person and the environment that is appraised by the person as taxing or
exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 19). There are many sources of workplace stress for nurses (see sidebar at right). Workplace stress can also compound personal stress and vice versa (Jennings, 2008). Stressful workplace environments can lead to burnout and compassion fatigue, which is dangerous for both nurses and the patients they serve (Clark, 2014). When nurses are stressed at work, their patients may potentially suffer along with them via mirror neuron reactions (Clark, 2014). Furthermore, the evidence base has demonstrated that a healthy work environment leads to better patient outcomes and higher job satisfaction with less burnout for nurses (Copanitsanou, Fotos, & Brokalaki, 2017).

Potential Roots of Nurses’ Stress
Personal stress impacts the nurse’s ability to manage workplace stress. Personal and workplace stress are compounding factors that have led the nursing profession to suffer from a silent epidemic of addiction amongst nurses. Addiction rates for nurses are the highest of all healthcare professionals, ranging from 14 percent up to 20 percent of all nurses facing addiction issues (Monroe & Kenaga, 2011).

Nurses also report a higher rate of familial alcoholism issues versus other health professionals (Maher-Brisen, 2007). This familial tendency toward addiction may in part be based on many nurses having a chaotic family of origin, low self-esteem, and depression (Mynatt, 1996). We know that being raised in a household with addiction issues increases the likelihood for addiction, so the profession should be mindful of supporting nurses on their healing journeys to prevent or recover from addiction. Though we are still in need of more data around nurses’ personal stress and their family of origin issues, some studies point toward the idea that nurses may have stress resilience issues related to trauma from adverse childhood experiences (McKee-Lopez, Robbins, Provencio-Vasquez, & Olvera, 2019).

ACE Scores
The original adverse childhood experience (ACE) research was undertaken by the Centers for Disease Control (CDC) and Kaiser Permanente from 1995-1997, at which time 17,000 participants were given a 10-question survey focused on traumatic experiences occurring before the age of 18, such as sexual abuse, neglect, divorce, and having an addicted or incarcerated parent. Their answers were correlated with the results of their physical exams to create the survey’s baseline data (CDC, 2016). Possible scoring in the questionnaire ranges from 0 to 10.

The research showed that as the ACE score increased, so did the participants’ propensity for adult chronic illnesses, particularly for scores of 4 (out of a possible 10) or higher. More recent ACE studies continue to highlight correlations between high ACE scores and the development of chronic illnesses. Specifically, those participants with high ACE scores are reported to be at an increased risk for chronic obstructive pulmonary disease (Anda et al., 2008), lung cancer (Brown et al., 2010), ischemic heart disease (Dong et al., 2004), autoimmune diseases (Dube et al., 2009), liver disease (Dong, Dube, Felitti, Giles, & Anda 2003), and frequent headaches (Anda, Tietjen, Schulman, Felitti, & Croft, 2010). Mental health issues include substance dependence, depression, suicide attempts, decreased quality of life, domestic violence, multiple sex partners, unintended pregnancies, and STDs (CDC, 2016).

While the average ACE score of the nursing profession or nursing students is yet to be determined (there are currently at least two ACE research studies being conducted with nursing students), the profession has been known to attract those who have come from traumatic backgrounds and are in need of healing. According to the theory of Nurse as Wounded Healer (Conti-O’Hare, 2002), nurses often feel called to nursing because of the childhood trauma they experienced, which creates a drive to relieve the suffering of others. The theory supports this idea that all nurses need to be on a healing journey, and that healing journey is the responsibility of each individual nurse.

Sources of Workplace Stress for Nurses
• physical demands of the job
• constant decision making
• long work hours
• dealing with death, dying, and human suffering
• supporting patients and family members
• uncertainty about effectiveness of medical treatments provided
• medical-technical demands
• moral distress and ethical concerns
• conflicts with co-workers, supervisors, and physicians
(Clarke, 2014; Jennings, 2008; Sarafis et al., 2016)

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The Mirror Neuron System: Implications for Communication & Stress

Neuroscience has documented how the human brain uses a specific neurological mechanism to experience empathy and recognize the intention of others, through merely observing their behavior and automatically matching the brain activity that correlates with the observed behaviors (Rossi & Rossi, 2006). This is the science of mirror neurons.

As holistic nurses, we recognize that communication in nursing is essential for successful patient outcomes. Researchers have proposed that mirror neuron systems in the human brain are connected to how we communicate with and understand one another. Studies have demonstrated that the speaker and the listener produce similar brain activity/patterns and become “coupled” in the course of successful communication (Silbert, Stephens, & Hasson, 2010). However, this speaker-listener neural coupling doesn’t occur when communication is unsuccessful (Silbert et al., 2010). In other words, when we are communicating effectively, the neural pathways of the listener (patient) mirror that of the speaker (nurse), stimulating a mutual brain state or way of being. Silbert et al. (2010) suggested that “An ability to evoke similar brain patterns in another individual via speech may gate our communication abilities.” This neurological action has important implications for how we communicate with, educate, coach, and support our patients.

Mirror neurons help us to better understand not only another’s physical actions or speech, but also another’s mind and their intentions. In other words, on an unconscious neurological level, patients are potentially able to gauge the nurse’s mind set and their true intentions. They can perhaps sense when caring presence is absent and if the nurse is there simply to get a paycheck. Conversely, the mirror neuron process may also convey if the nurse is there with the intention of being a source of caring, compassion, love, and healing for the patient. As holistic nurses, we must consider that the nurse’s stress state is easily communicated via mirror neurons to the patient.

By decreasing and managing our stress, building stress resilience, and putting into place strong self-care practices, we are better able to create healthy neurological environments for both the self, the patients we serve, and even the workplace environments where we also interact with interdisciplinary colleagues and family members. This concept of mirror neuron reactions makes it very clear that all nurses are ethically obligated to become part of the healthy workplace environment by building their own stress resilience to prevent compassion fatigue and burnout.

Telomeres & Stress

A newer area of science and genetics explores the function of telomeres; telomeres are the protective nucleotide sequences at the end of chromosomes (Ahola et al., 2012). Telomeres prevent chromosomes from breaking down and also from enacting fusion with one another. The enzyme called telomerase helps maintain telomere length. As telomeres age, they will shorten naturally from repetitive cell division. Therefore, shorter telomeres are expected in age-related diseases (Ahola et al., 2012). The shortened telomere also indicates negative outcomes from disease processes and is present in other diseases such as cancer, cardiovascular disease, and diabetes (Ahola et al., 2012; Ornish et al., 2008). As an indicator of good health, people want to have functioning telomerase that helps to keep the telomeres long.

Leukocyte telomere length is impacted by the stress hormone cortisol by inhibiting the protective factors in the enzyme telomerase, essentially making it unable to protect telomere length (Ahola et al., 2012). In light of this, reduction of job stress for nurses becomes a personal concern because it affects our own health status and that of our patients’ health status. Our patients also experience the stress of the healthcare system environment on this genetic level. This is in addition to whatever stress they may already be suffering from before they came to us. The hospital setting itself may produce unmanageable social and psychological stress. With shortened telomere length linked between disease and stress, this unmanageable stress can be just as harmful to the patient’s health status and healing capacity as smoking or eating fast food (Blackburn & Epel, 2012).

Do we as nurses consider our personal level of stress when we enter into the room of a patient we are caring for? Are we aware of the impact our own stress has on the neurons and wellbeing of patients? As nurses, we must decrease the patient’s stress, lessen their anxiety, and increase their sense of control by creating a healing environment (Halldorsdottir, 2007). Stressed nurses inadvertently become a part of the problem when we suffer from the same psychoneuroimmunological (PNI) effects of stress as the patient.

Holistic nurses understand that workplace stress impedes the healing process. As we strive to maintain our caring practice, we must note the impact that stress has on our moral ideals and imperatives to be in relationship with oneself, others, and the environment. In order to avoid burnout, self-care strategies and resilience practices must be enacted so we can move away from stress-based practice.

Psychoneuroimmunology & Stress

The transdisciplinary field of psychoneuroimmunology (PNI) has helped to explain and take a deeper look at how stress affects the interconnected systems of the human body. PNI looks across multiple body systems, including the nervous, endocrine, and immune systems, and studies how they interact with the human mind/consciousness. PNI is focused on the complex flow of information across body systems and how this interaction can lead to either illness or wellness (Halldorsdottir, 2007).
Healthy Environments: Nurses in Need of Stress Resilience Skills

While there seems to be a continual call toward administrators, managers, and supervisors transforming workplace environments in order for them to be healthy, holistic nurses are equally called to lead the way in transforming the current state of the profession away from one of scarcity and stress, toward one of healing, abundance, kindness, and compassion for self and other. As holistic nurses, we know that this process begins with the self-care efforts of individual nurses.

In learning to care for self, we also become ethically obligated to share our knowledge with others, particularly when we understand the kind of harm that the stress of the nurse can do to the caring-healing environment and the impact it can have on patients’ well-being. Understanding the PNI implications of being in stress response, and how to make the parasympathetic nervous system the driver of our responses through use of holistic modalities and entering into relaxation response, are key concepts for holistic nurses to personally develop and confidently share with others (Clark, 2014).

To reduce stress, we can enjoy participating in daily exercise, yoga, and/or meditation. When we do these activities, we lower our stress as well as prepare the body to move out of stress response more rapidly when it is encountered later in our daily routine. We can also:

✔ work on getting seven to nine hours of sleep regularly, as lack of sleep automatically sets us up to be in stress response.
✔ focus on changing our diets to be low inflammatory and full of protective flavonoids from colorful fruits and vegetables.
✔ learn to create a spiritual practice that supports our own healing and allows for us to more easily create caring-healing spaces in the environments where we work.

Bringing concrete scientific and evidence-based information to the workplace regarding workplace stress and building stress resilience through the use of holistic modalities is another way we can be the agents of change in creating healthy workplace environments and supporting our own resilience. Calling for changes in federal and state healthcare workplace policy that support stress resilience is a concrete action that holistic nurses must take, as we realize that we are the advocates for change from a social justice perspective. Holistic nurses have the passion, knowledge, skills, and attitudes to manifest the types of healthy workplace environments that will not only support our own healing journeys, but also transform the way the practice of nursing supports patients on their healing journeys. Ultimately, caring for ourselves and building our resilience leads to healthy workplace environments for those we work with and those we serve.

REFERENCES


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