The nursing profession is rewarding but comes with stressors most people never face. This video will cover some of the key stressors—understaffing, patient conflicts, unruly visitors, the emotional toll of death and dying, burnout and stress overload, and the temptations of substance abuse and theft. Experts and seasoned nurses will offer their tips and advice for the best ways to manage these stressors so that you can stay focused on what you do best—providing quality patient care.

Ask a nurse what his or her biggest stressor is and chances are that understaffing will be at the top of the list. When this happens, there are typically high rates of absenteeism or turnover, which only exacerbate the problem.

Well, the bottom line on stress is that we feel out of control. So if you're having work overload, you feel out of control of your time. You have too much to do, not enough time to get it done. You may get stressed by that. You can get stressed because you're angry because you think you should have more staff or whatever it is that is going on in your mind. Wherever you're feeling and control of the solution to that problem, that's what creates the stress.

If you feel your workplace is short-staffed, chances are you also feel overworked. Minimum nurse-to-patient ratios help budgets but not your stress level, especially when things get tough. Imagine if one patient starts to have chest pain, another suddenly has a hemorrhage, and a third starts choking, and there aren't enough nurses to manage these emergency situations all at once. While you can't control staffing levels or emergencies, there are things you can do to help manage your stress.

First, prioritize assignments. Begin by tackling what's most important and then move on to lesser priority tasks. For example, prepping a patient for surgery should take precedence over patient education. Use your time wisely and efficiently. While prepping the patient or when doing a time-sensitive task, use that opportunity to educate the patient not talk about the weather. Make every moment count for improved patient care outcomes, making you feel good about the care you provided for your patients, even when staffing is limited.

Next, realize that you don't have to do it all alone. Delegate what you can to others in order to ease your workload. Support staff can handle many jobs, such as weighing a patient, so use the support staff wisely. Being a team player improves efficiency and boosts morale. It helps you see that you're not in this alone and you all share the same goals. You can also organize workloads much better as a cohesive team.

Finally, ask patients or family members to step in on patient care activities. Engaging them as partners will make them feel more empowered while lightening your load. For example, you can enlist their help in reviewing daily medication lists.

Nurses are educators and advocates. So we partner with our patients. And that's the approach to take—helping them to have the kind of information they need to make good choices for themselves and always respecting their own choice for themselves. The family also needs to understand that too. Sometimes the patient and the family are at odds because the family thinks they should do one thing and the patient really wants to do something else.

Being understaffed leads to stress. Prioritizing and delegating duties, working as a cohesive team, and involving patients and families as care partners are all strategies you can use to help reduce stress.

Nurses face many challenges on the job that can lead to stress, and a big one is patient conflict. You do your best to care for all the patients in your charge, but then a patient gets upset or angry and takes it out on you. Your instinct might be to argue back or even become defensive, but the best thing you can do is put conflict resolution skills into practice.
From a patient's point of view, it can be very traumatic to be ill or confined to bed. In many cases anger stems from being afraid or feeling out of control. This can set off all sorts of emotions. Patients may resort to anger and intimidation to try to regain control.

Understanding that anger is about feeling out of control. It's never about you. I think that's what one thing that's very important is to understand that when I look at someone who's angry, I'm asking myself what are they afraid of because that's why we react. The response to stress is fight, flight, and freeze. So that's a fight response.

Some patients also deal with mental illness or the effects of substance abuse. If you suspect there's a tendency towards aggression, it's important to review a patient's history and talk to their family about potential concerns. Also look for warning signs such as restlessness, confusion, speaking loudly, pacing, hand ringing, expressing fear, and cursing. Above all, pay attention to your own instincts.

Since they don't have a lot of the normal boundary creators to them-- they can't get up and walk away. They can't do a number of things that we can do if we're ambulatory in a regular situation. They may push back or throw things or say things loudly as a way of telling you either that they don't like what's happening or that they want or need something.

Safety is paramount. So if a patient becomes overly aggressive, threatening, or combative, call for help. Solving conflicts takes time, patience, and assistance. And it's OK to get support from others. Another health care provider or a manager, social worker, or chaplain may be able to address the underlying problem.

In most cases something specific is causing the upsetting behavior. Consider what might be bothering the patient. They may be simply tired, thirsty, hungry, or scared. Also, be mindful of the way you approach a patient, including your posture, facial expression, and tone of voice. And always show respect.

One of the most important things you can do is listen without becoming defensive. Spending a little one-on-one allows a patient to vent their feelings. They'll feel valued and appreciated.

So one of the things that you need to understand as a nurse is you have a lot of power to transfer your own relaxation, your own sense of control, to the patient. If they're afraid, the fact that you're not afraid can be helpful to them. So they at least feel like you know what you're doing, you feel confident to be able to help them.

Sometimes it helps to empathize or apologize. For example, saying, I'm sorry you feel this way or I apologize they took so long to bring your food can go a long way in easing angry emotions.

I see a lot of nurses do this when somebody doesn't like-- well, we have to do this because you can't get out of bed right now, rather than just giving the and saying, I really understand. It's hard to not be able to get out of bed now, and you really want to go to the bathroom. I might wait till I get a head nod before I gave the explanation. Or I might ask them, do you want to know why? They might say, I don't care why. I just want to get out of bed.

You can also thank a patient for bringing an issue to your attention. It helps validate their feelings. It's also important to give the patient as much control over their situation as possible. Let them know about any procedures or routines their care requires then listen and respond to their questions.

If you want your patient feel less stressed and really use their energy for the healing process, you want them to feel in control of their choices. Now they're not in control of what happened to them. Maybe they're not in control of their disease at this point. And they are in control of their choices. So any time you can give them a choice you're going to help reduce their stress and anxiety.

We all like our personal space. And not everyone's comfortable being touched by strangers. Therefore, it's important to warn patients before you need to touch them and ask for permission to enter their personal space.
If the patient is an aggressive type and you feel this may put you at risk, keep an arm's distance and make sure supplies and equipment are out of reach.

By being warm, by being caring, let them know that you're there and you're listening to them. Let them know that you understand what they're going through, that you understand that this is a stressful situation. You understand that they're scared. You understand that this is a traumatic situation or that there's a lot of uncertainties right now but that you're there for them. You're going to do everything that you can to guide them through this difficult time. And sometimes when someone realizes that there is somebody there who's going to listen to them and help, it really does help de-escalate the situation.

Every nurse will experience patient conflict but building conflict resolution skills will make these encounters far easier to manage.

It's an hour past when you should have taken lunch and you're already trying to complete patient rounds and document interventions and patient assessments when a new patient is admitted and assigned to you. Their family members arrive noisy and demanding. It's a common scenario. And one that can either escalate or be diffused.

What I found is listening is the first step. Actually attend to them. If you understand that very few people ever get listened to and when you listen to someone, they start to feel more in control themselves. I find that to be the most powerful thing. Let them talk a little bit and even though it's not getting them anywhere for that moment, if you listen, they are more inclined to listen to you in the next part of the conversation.

Some people are just naturally more difficult to deal with—those who have to argue a point over and over and talk rather than listen. These people think they're more likely to get what they want by wearing others down.

Sometimes family members are more anxious than the patient themselves. They're afraid of losing the person. They're afraid of being separated from the person. If the person's the breadwinner, they're afraid of what's going to happen financially or economically. So there are a lot of reasons the family members become concerned and scared about what might be happening when a loved one's in the hospital.

In many cases, disruptive behavior is about wanting control of a loved one's health. But the result can be arguing, disregarding visiting hours, interrupting care providers while they're busy with other patients, or demanding special attention. Visitors can also be very misinformed by what they've heard or researched on the internet and think a health care provider isn't giving the right care. Many questions and requests are perfectly appropriate. But if a family member starts to feel out of control, their behavior can become inappropriate in an attempt to regain it.

The stressors that begin to happen is a lot broader than just family just coming in and being here and they're physically displaced and emotionally displaced. And sometimes lots of information is poured out into that room into those ears and heads and minds and hearts of these people. They have to assimilate that and formulate questions as to the next step and what are some of the options. So the stress can be very, very high for family members.

So what can you do when confronted by a disruptive or unruly visitor? If there's a question you're unable to answer, the first thing you can do is to find someone who can. Family members that have found erroneous information online or other outside sources should be given appropriate and reputable resources. These resources will back up the care that's being provided and they should feel more at ease.

So you can tell by that action that this is a solution-oriented person. They want to find a solution. And they're going to their own depths to look for it, to investigate, to research. And so that's good. That's positive. That's what you need.

That's what the patient needs. They need people in their corner. They need somebody fighting on their behalf and looking for things. But then you can acknowledge what they found but also saying, well, in our experience
or what we're doing this is what the doctor has recommended and explain to them why.

Don't take insults personally. If visitors resort to bullying, intimidation, or even threats, while your instinct may be to flee or avoid the situation, that's not typically the best response, as the problem won't just go away. It's OK to set boundaries. This means letting the visitor know you'll be respectful but need that in return. You shouldn't need to tolerate verbal abuse. Let the person know you'll be happy to discuss the matter when they have calmed down.

I think usually I've noticed that it's been older people who will look at me and will say, well, you know, you're a black person. I have a friend like that or a family member or whatever. And I want to correct them and say, actually, I'm not black. I'm from India. And that's not the point.

And inside I want to correct them, but I think that has nothing to do with what I have to offer to them. That won't help them in any way. So I focus on what they need and just set that aside and say their needs are emotional or spiritual needs. And so I continue on with what they need.

Next, it helps to understand the root of the problem. This comes through listening with empathy versus defensiveness.

So if someone's becoming agitated, that means they're adrenaline system, their fight or flight system has become aroused and they're moving into that zone. I would back off a little bit. I would try to give as much empathy as I can. I would repeat back what person said.

I would try to empathize with whatever they're feeling. If they're feeling agitated, I would say, it looks like this is a difficult moment for you. Or it looks like you're getting angry about this, can you help me to understand what it is that you're feeling angry about right now.

Negative behavior is likely due to fear or stress. To diffuse the situation, the focus needs to be shifted from blame to solutions.

We are here for the patient. So I think if we focus on the patient rather than the behavior of the family member or anyone else who is disruptive, I think we can help the family member understand why this is important for the patient.

The potential is always there for difficult situations and disruptive people. After all, if someone is sick or injured, there's a lot of fear, a lot of worry, and a lot of stress. Before things get out of hand, it's important to do what you can to resolve the situation. This involves listening, empathy, setting boundaries, and looking at the root cause of the problem to find a mutual solution.

Nurses aspire to help patients heal. That's not always possible with terminally ill patients. Not being able to heal these patients can result in feelings of sadness, grief, anxiety, and worry.

When you lose people that you're close to, that you've really become connected with, it is hard. So the next step is to appreciate your grief. Appreciate that you had a loss. And every time we have a loss, it kind of accumulates with all the other losses we've ever had in our life. Dealing with your grief is important. So find a support group for that. Maybe pull together some nurses in your unit or in your area that can talk about how it feels to lose someone.

Nurses are experts when helping family members deal with grief but seldom cope as well with their own feelings when confronted with death. Nurses often put their own emotions aside as there are still other patients to care for. But we're all human. Stifling your emotions means depriving yourself of the natural grieving process. And that leads to stress. In fact, the most common clinical stressors nurses experience include watching a patient suffer, talking with a patient about their imminent death, and the actual death. Therefore, these are critical stressors that need to be managed to avoid burnout.
When we ignore the emotions and they continue to grow and intensify, it's at that point that we may reach a breaking point and we may turn to something that is not healthy-- drugs or alcohol-- to deal with those emotions. Or we may start lashing out at other people. Or our whole demeanor changes because we're dealing with so many other emotions.

Nurses often build close relationships to a patient's family members, which can become another source of stress if overly involved. It can also be difficult to discuss end-of-life decisions with family members who don't want to talk about death and dying.

Sometimes they're really thinking about themselves rather than the person that's actually going through the experience. So really helping them get some perspective. It's hard, and acknowledging that it's hard, acknowledge the feelings.

The more you're surrounded by death, the more conscious you become about your own mortality, which can cause anxiety. This makes some nurses cower from patients close to the end of life. And if nurses haven't dealt with the emotions of grief, it can make them emotionally distant.

When we suppress or depress those emotions, we're going to take it out on our family members, we're going to take it out on our coworkers. We become isolated.

Do some self-reflection. Talk to someone about it. And deal with your own emotions. That's the key to learning how to be more and more professional and yet still feel connected to the other person.

Grief has a natural order. And after a patient has died, it's important to allow yourself time to go through the emotions with the support of your care team.

So you want to find someone who is able to move you a step ahead from where you're stuck. And that way you're a little bit healthier heading home.

It's important to acknowledge grief and deal with it because when we don't deal with the emotions, they're still there and then they grow and they manifest themselves in other ways in our behavior. Talking to colleagues after a patient's death can help ease some of the tensions, as it's a time you can communicate feelings as well as facts. Often a bereavement counselor will be on hand, and this person can help provide sound strategies for coping.

Sometimes if there's been a particularly difficult loss of life on the floor, there may be a team meeting where people gather to talk about how they feel about what happened. Those are not necessarily operational meetings talking about how people perform. Those are more emotional meetings and those are frequently led by chaplains or social workers. Sharing memories about the patient with coworkers or family members helps validate the person's life. Sharing a hug or a story or even a good cry can be a healthy strategy for handling loss.

Sometimes when a group have experienced a very difficult situation, when we go into what's sometimes called de-brief them, we find that the people are having very normal reactions that they weren't considered to be normal until they talked about it with each other.

Some nurses may have feelings of fear, anxiety, guilt, and depression when experiencing death or dying. Guilt stems from worry that they are somehow responsible for a patient's death or abandoned them when they were most needed. Many organizations provide grief education which can help reduce and manage these feelings.

Taking a grief education course it's really useful because if nothing else, it helps you to understand how normal the feelings and reactions you have, or you will have, are. All of those stages from Kubler-Ross, they're all a part of the mix of feelings that come up when dealing with when someone dies.
As with any form of stress, taking time out to relax, exercise, eat a healthy diet, and balance personal life and work are critical. The better you take care of your body, the more positive your emotional outlook on life.

Burnout is caused by excessive and prolonged stress that results in mental, emotional, and physical exhaustion. It happens when stress festers to the point you can't mentally or physically manage it anymore. Compassion fatigue is a secondary post-traumatic stress disorder that comes from witnessing and absorbing the suffering of others. The most caring and compassionate, self-sacrificing people, which nurses often are, are most prone to this. Taking on the brunt of other people's problems or pain is a common cause of burnout.

But over a period of time investing, it's actually almost divesting our emotions which you don't have enough left to care for yourself, you don't have enough to care for your family when you go back home. If you're in here crying half the time because somebody is in pain or dying, that's not a good sign as a professional. And the burnout happens when you try to give something when you don't have anything to give.

Warning signs of burnout include constant exhaustion, feelings of numbness, boredom or being overwhelmed, isolating yourself from others, cynicism and resentment, lack of motivation or hope, depression, food or substance abuse, and skipping work or showing up late and leaving early.

Just an overall negative attitude about everything. Just that feeling of dread when you are at work or a feeling of dread for things that used to make you excited or happy.

When someone is burned out, the smallest problems seem insurmountable, as everything looks dire and bleak. It's almost impossible to muster up the energy to complete the basics let alone do something to resolve the situation. But the behavior and emotions of burnout can threaten your job, your relationships, and your health. The effects on the body are often deadly. According to the American Psychological Association, burnout increases the likelihood of cardiovascular disease, diabetes, and cancer.

The first step for preventing burnout is to recognize the warning signs. However hard it is take steps to turn your life around, it's critical before things escalate into a full-blown breakdown or health crisis. If you're overloaded at work, it might be time for a break. Take a vacation or even spend a few days away from your normal routine. It can do wonders.

Taking a vacation or just a few days for yourself to relax and to do something that's nice for you, you'll feel recharged, re-energized, and be able to go back to work with a whole new mindset.

If taking days off isn't possible, try to start each morning with 10 to 15 minutes of relaxation to get you off on the right foot. Relaxation techniques may include meditation, stretching, journal writing, or reading. All of these techniques have a very calming effect on the mind and body. Taking breaks from technology also helps to reduce stress, this means disconnecting from your phone or computer for an allotted time each day. This should be time just for you and no one else.

It can be a moment to engage in creative activities or a favorite hobby, another great antidote to stress. Exercise, a healthy diet, and plenty of rest are crucial for reducing stress and keeping your body healthy. It's also important to set boundaries. That means knowing when to say no if you're overworked. This can be hard for nurses who are used to always giving to others.

It can be important to have allies. So if you're feeling like you're at your limit, and it may be difficult to say no to somebody who's higher on the hierarchy than you are, it's good to have an ally, for example, the nurse in charge or somebody who can go to bat for you.

If you're past the point of being able to help yourself, it's time to get help from others. Turn to family and friends or to professional staff or programs offered through your organization. If work overload seems to be the main cause, you should talk to your supervisor to clarify your responsibilities or request new duties or time off.
Every situation is different. Every situation has its own dynamic. And so we have to be able to be flexible to meet the needs of whatever is put in front of us.

Nurses face a lot of job stress including long hours, busy schedules, heavy workloads, and being surrounded by the sick and dying. As healers, nurses often take care of themselves last, letting personal stress fester. And negative consequence is turning to controlled substances as a way of coping.

If you're angry, yeah, you can have a couple of drinks and feel less angry-- for the moment.

There's a high cost with that and the high cost of that is addiction. And also the cost to relationships and just being available to yourself emotionally or available to others in your family or people that you love. So it does work, but the cost is very high.

The bigger the pressure, the more likely a nurse will become an addict. The highest prevalence of abuse in very high stress work areas such as the ICU, ER, OR, or anesthesia. A study performed by the National Journal of Public Health found that addiction rates among nurses are similar to that of the general public, which is 10% to 15%. It also found that addiction rates were highest in high stress areas.

Some of the highest rates were in oncology where on every shift nurses face the reality that their patients may not get better, and despite getting the very best care, may still die. Those most likely to abuse prescription drugs worked in psychiatry. There's a greater access to meds and a sense of acceptance for using them for mental and emotional problems, leading to self-medication.

When you find out that somebody has this problem in the profession-- not them. I would never have guessed they would have that problem. Well, it's the very people who are the top notch because they don't see that they're vulnerable. They don't see that they could fall into that trap.

Most health systems have rigid practices in place to keep controlled substances in locked drug cabinets with any discrepancies showing up in reports. Nurses, of course, have access to these cabinets. Access and availability is a tempting reality. Desperation has led to some very clever tactics for hiding the theft of drugs. A common one is forging signatures on narcotic control sheets. Another is tampering with meds, such as replacing morphine with saline solution or water. This avoids immediate detection.

The consequence is potentially undermedicating the patients who need it, especially those on their way to surgery. More dangerously, some nurses use contaminated syringes to extract the morphine from cartridges. This puts patients at severe risk for infections or other diseases and has led to outbreaks of hepatitis C. Some nurses even go so far as to steal their patients medications by giving them less than what was allotted, leaving them undermedicated.

If a nurse doesn't seek help, the consequences are grim, including the loss of licensure, income, and imprisonment.

Our career sometimes becomes part of our definition of who we are, of what we do. We define ourselves by what we do on a daily basis so often. And to risk losing that ability to be there to perform your job due to addiction would be devastating.

If you suspect a coworker is abusing substances or stealing medications, it's easy to turn away, as you don't want to be responsible for someone losing their license. And if you're not 100% sure, you may not want to speak out.

I think it is a matter of policy of the hospital-- depends on which hospital you're working in or any other health care institution you're working in, primarily they're very similar, but the steps might be different. So one has to really look at the policy that's been written already and report accordingly.
Some facilities have a private hotline that you can use if you suspect unsafe practices. And most have employee assistance programs that offer treatment options.

You need to remember that one, there's typically a tremendous amount of guilt and shame surrounded by that addiction. The person who is struggling with addiction is not feeling-- they are not proud of it. They are not happy about it. And they most likely want to stop, they just haven't found the means or the way out yet.

If you're the one suffering from an addiction, then you need to ask for help before it's too late and you resort to stealing or lying. Addiction is an illness that needs treatment, and it's hard to address it alone.

Acknowledging there's a problem is the first step. Seeking help is the second. Employee assistance programs offer many confidential substance abuse treatment options. Getting help and staying away from addictive substances will help you protect your nursing license and all the years of work you put into getting it.

That's one of the biggest jeopardies is losing the license. And that's why we have programs for nurses so that they can get help and preserve that license and recover. Recovery is possible for all addictions, and nurses are no exception. Nurses do recovery very well also. So that's what we would like to get a nurse into recovery as soon as possible.

Nurses face many challenges on the job that can lead to stress including being understaffed and feeling unappreciated. Understaffing means more work for everyone. While you can't always control this, you can use strategies to help you cope. These include prioritizing and delegating jobs, working as a cohesive team, and involving patients and families as care partners.

Another common stressor is patient conflict. It's important to pay attention to warning signs of potentially aggressive behavior. These include restlessness, confusion, speaking loudly, pacing, hand wringing, expressing fear, and cursing. Above all, pay attention to your own instincts.

There are also conflict resolution actions you can take to defuse the situation-- get help if necessary, consider the underlying issue, be mindful of your approach, be a good listener, use empathy, give the patient as much control as possible, consider personal space, and have an easy exit while keeping equipment and supplies out of reach.

Family members can also be unruly or disruptive. Most of the time they're anxious about their loved ones and want a sense of control over their well-being. There are things you can do to diffuse the situation. If you don't have the answer to a question, find someone who can provide the right resources. Never take an outburst personally. And at the same time it's OK to set boundaries to protect yourself from verbal abuse. Empathy is a great help as well as looking for mutual solutions to a problem.

Coping with death and dying is another big stressor for nurses, but you will manage the event and find ways to deal with it. It's important to allow time for the grieving process. Talking to colleagues can help ease emotional tensions.

Sharing memories is also a great way to validate a patient's life. If you find it difficult to manage death and dying, grief education courses can offer many helpful insights. And using stress reduction techniques is always helpful, such as relaxation, exercise, a healthy diet, and a balanced lifestyle.

If stress isn't dealt with, it leads to burnout or stress overload. There are many warning signs of burnout including constant exhaustion, feelings of numbness, boredom or being overwhelmed, isolating yourself from others, cynicism and resentment, lack of motivation or hope, depression, food or substance abuse, and skipping work or showing up late and leaving early. Burnout can lead to some serious health issues, including cardiovascular disease, diabetes, and cancer.

The first step for preventing burnout is to recognize the warning signs. Simply taking a break is great for rejuvenation, so be sure to use your hard-earned vacation time. If that's not possible, find time to relax before
work each day.

And after work try turning of technology and being creative with a hobby or favorite pastime. Exercise, a healthy diet, and plenty of rest are also important, as is learning to say no when you're too overloaded. If you're past the point of being able to help yourself, it's time to get help from others.

Nurses face a lot of job stress including long hours, busy schedules, heavy workloads, and being surrounded by the sick and dying. A negative consequence is turning to controlled substances as a way of coping. Studies have shown that the bigger the pressure, the more likely a nurse will become an addict. Access and availability to drugs is also a temptation that some nurses have succumbed to. Desperation has led to some very clever tactics to hiding the theft of drugs.

But if a nurse doesn't seek help, the consequences are dire including the loss of licensure, income, and imprisonment. If you're the one suffering from addiction, then ask for help before it's too late. Getting help and staying away from addictive substances will help you protect and keep your nursing license. Don't let stress zap the joy out of why you chose to become a nurse. Keep your cool and deal with key stressors.