

What every manager needs to know about the impact of stress

KEY WORDS

- » Absence
- » Burn out
- » Mental health
- » Sickness
- » Stress

Understanding how stress presents in staff allows the manager to be alert to the signs and of this in order that they support members of their team at times of stress so that they can continue to provide a high quality service to their clients. This paper will explore some of the effects of stress on nurses and the impact these might have on the team and wider organisation.

The World Health Organization (WHO, 2003) recognise that stress *“can cause unusual and dysfunctional behaviour at work and contribute to poor physical and mental health”*. When stress is extreme and the person receives no, or the wrong sort of support, the WHO further states that it may lead to the inability to work and psychiatric illness.

PHYSICAL EFFECTS

The Work Foundation (2007) identify some short-term symptoms of stress as:

- » Headaches
- » Muscular tension
- » Chest pains
- » Indigestion
- » Palpitations
- » Disturbed sleep
- » Increased susceptibility to respiratory infections.

In isolation these symptoms can apply to any number of causes of ill health. However, within the context of a stressful working environment and over a period of time, these insignificant symptoms may give rise to serious physical ill health, including:

- » Heart disease
- » Hypertension
- » Ulcers
- » Irritable bowel syndrome
- » High cholesterol
- » Increased risk of cancer
- » Diabetes
- » Asthma (The Work Foundation, 2007).

The immunosuppressing effects of stress can cause an acquired immunodeficiency syndrome that leaves the sufferer prone to infectious and immune mediated disease (Moustaka and Constantinidis, 2010).

The physical manifestations of stress are therefore all too real and while it may be hard for sufferers to understand this, there is some responsibility on the manager to be able to identify the signs and symptoms and appropriately manage them (Health and Safety Executive [HSE], 2009).

PSYCHOLOGICAL EFFECTS

The psychological impact of stress can be equally, or indeed more, distressing than the physical symptoms it causes. A good example of this is “moral distress”. Moral distress is the response to stress arising out of an ethically loaded scenario in the clinical setting and such scenarios are reported to have an emotional impact on nurses. Common effects include: anxiety, irritability, depression and mood swings (Wiegand and Funk, 2012).

De Boer et al (2011) in a meta-analysis of studies into the impact of critical incidents (the sort of situations that arise regularly in healthcare settings) report that the anxiety and depression were more following long-term exposure than was the case in the short to medium term. This tends to suggest that the impact of stress and moral distress is cumulative.

For the manager or leader, the impact of emotional manifestations of stress on the abilities and performance of clinical staff should be a cause for ongoing concern. The link between psychological stress and incidents, accidents and unsafe behaviour at work is well established (HSE, 2006).

INTELLECTUAL AND BEHAVIOURAL EFFECTS

Some signs and symptoms of stress, including changes in intellectual abilities and behaviours of staff, include:

Table 1. The most important correlates of burnout found in health care (Schaufeli and Enzmann, 1998)

Biographic characteristics	Personality	Work-related attitudes	General job stressors	Specific job stressors	Individual health	Organisational behaviour
<ul style="list-style-type: none"> • Young age • Little work experience 	<ul style="list-style-type: none"> • Less 'hardy' personality • External locus of control • Poor self-esteem • Non-confronting coping style • Neuroticism • 'Feeling type' 	<ul style="list-style-type: none"> • High (unrealistic) expectations • Job dissatisfaction • Poor organisational commitment • Intention to quit 	<ul style="list-style-type: none"> • High workload • Time pressure • Role conflict and ambiguity • Lack of social support • Lack of feedback • Lack of participation in decision making • Lack of autonomy 	<ul style="list-style-type: none"> • Much direct patient care • Severe patient problems 	<ul style="list-style-type: none"> • Depression • Psychosomatic complaints • Frequency of illness 	<ul style="list-style-type: none"> • Absenteeism • Job turnover • Impaired performance

- ▶▶ Decreased concentration
- ▶▶ Poor motivation
- ▶▶ Difficulty with thought processing
- ▶▶ Memory loss
- ▶▶ Poor decision making.

The Royal College of Nursing (2005) observe that the intellectual and psychological effects of stress on nurses may cause to behavioural changes for the nurse in work and in the home environment; these include:

- ▶▶ Becoming withdrawn and not socialising
- ▶▶ Changes to eating patterns
- ▶▶ Working harder and longer
- ▶▶ procrastination
- ▶▶ Being more accident prone
- ▶▶ Become more impatient, aggressive or compulsive
- ▶▶ Inability to relax even away from work
- ▶▶ Increasing use of alcohol, nicotine or drugs
- ▶▶ Lacking focus
- ▶▶ Giving up leisure pursuits.

Because of the impact of these behavioural changes there can be a spiralling down in the wellbeing of staff with stress which can look like poor performance at work; the manager needs to be aware of this and act accordingly.

BURNOUT AND SICKNESS AND ABSENCE

When an individual is reaching the absolute limits of their ability to cope with stress, it is called burn out (Maslach and Jackson, 1982). There are three components that are present in burn out, which the staff member and manager need to respond to as these have the potential to impact patient care:

- ▶▶ Lacking feelings of personal accomplishment
- ▶▶ Emotional exhaustion; leading to loss of concern for others which progresses to feelings of failure and inadequacy
- ▶▶ Depersonalisation, which causes nurses to treat patients as objects.

Of great concern is the recent reports suggest that up to 40% of nurses claim to be experiencing burn out (Smith, 2012).

Schaufeli and Enzmann (1998) define burnout as: *'A persistent, negative, work-related state of mind in "normal" individuals that is primarily characterised by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviours at work. This psychological condition develops gradually but may remain unnoticed for a long time for the individual involved. It results from a misfit between intentions and reality at the job. Often burnout is self-perpetuating because of inadequate coping strategies that are associated with the syndrome.'*

Schaufeli and Enzmann (1998) further summarised the most important correlates of burnout in Table 1.

What is clear is that these characteristics and exposures are common to many health care professionals who work the front line of care. The use of advanced, and advancing, technology, intensive caring environments and the long-term relationships all add to the potential for burnout in the care settings (Kotzabassaki and Parissopoulos, 2003)

CONCLUSION

This paper has identified some of the effects of stress which any manager should make it their concern to notice in their staff members. Stress and burnout are devastating for individuals and those around them both at work and at home. Stress manifests in a large number of ways and managers will need to be able to identify it early among team members and in themselves, if they are to be successful in combating it. In the next paper in this series we will examine some of the effects of stress in the team on the wider team and organisation and what the manger can do to manage this.

REFERENCES

de Boer J, Lok A, van't Verlaat E et al (2011) Work-related critical incidents in hospital-based health care providers and the risk of post-traumatic stress symptoms, anxiety, and depression: A meta-analysis. *Soc Sci Med*.73 (2): 316–26

Health and Safety Executive (2006) *Investigation of the Links between Psychological ill Health, Stress and Safety*. Available at: <http://bit.ly/2cSEU0Y> (accessed 5.10.2016)

Health and Safety Executive (2009) *How to Tackle Work-Related Stress: A Guide for Employers on Making the Management Standards Work*. Available at: <http://bit.ly/29Zrofv> (accessed 5.10.2016)

Kotzabassaki S, Parissopoulos S (2003) Burnout in renal care professionals. *EDTNA ERCA/29*(4):209–13

Maslach C and Jackson S (1982) Burnout in health professions: A social psychological analysis. In: Sanders G, Suls J, (eds.) *Social Psychology of Health and Illness*. Hillsdale, Lawrence Erlbaum, New Jersey

Moustaka E and Constantinidis TC (2010) Sources and effects of work-related stress in nursing. *Health Science Journal* 4(4) 210–6

Royal College of Nursing (2005) *Managing Your Stress: A Guide for Nurses*. Available at: <http://bit.ly/2dwF7JN> (accessed 5.10.2016)

Schaufeli WB and Enzmann D (1998) *The Burnout Companion to Study and Practice: A Critical Analysis*. Taylor Francis; London

Smith R (2012) *Thousands of Nurses Cut from the NHS: Official Figures*. The Telegraph, July 25th

Wiegand DL and Funk M (2012) Consequences of clinical situations that cause critical care nurses to experience moral distress. *Nursing Ethics*. 19(4)479–487

Work Foundation (2007) *Stress at Work: A report prepared for The Work Foundation's Principal Partners*. The Work Foundation, London

World Health Organization (2003) *Protecting Workers Health Series Number 3: Work Organisation and Stress*. Available at: <http://bit.ly/1d11NkI> (accessed 5.10.2016)

