

‘Coping Well’ within Nursing Practice

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Abstract

To be able to cope well within nursing practice takes time, reflection, and positive personal growth (experiential learning). Building effective coping skills are necessary for nurses to remain engaged and committed to their practice. Coping is a complicated maneuver within healthcare as the environment and psychosocial interactions are quite complex. Nurses’ work within a milieu consistently comprised of: stressful patients and families, novice to expert peers caregivers, colleagues and administrators with variable expectations for care provision, shifting time schedules for various care activities, and still, basic needs of bathroom and food breaks. This article reflects the fundamental components of both nurses’ coping and resilience. Following this are creative strategies for nurses to use including: self-care, care standards and advancements, ethical competence, emotional presencing, resilience, and excellent and caring communication. These are complex components required for today’s nurses to remain engaged and reflecting high ethical standards when delivering their nursing care for their patients’ and families’ wellbeing.

Introduction

Nurses react or respond in various ways when providing nursing care. These responses reflect how the nurse is coping. The specific coping responses are actually related to: what feelings are experienced at the moment, past reactions and responses, current levels of energy (physical and emotional), and, the commitment to actual situation. A model of potential coping responses described by Hudson (2016, p. 303) elicits the complexity involved with coping responses. These components of coping’s complexity include:

- Temporary Coping,
- Effective Coping (encompassing Adaptive Coping which leads to Resilience and Hardiness),
- Integrative Coping (which leads to Thriving and Optimization), and,
- Dysfunctional/maladaptive Coping (which creates further disequilibrium, and for resolution, the stressor(s) must be revisited and constructively dealt with).

Coping is complex and related to influences of numerous emotional, cognitive, physical, and sociocultural variables. For example, coping can have many layers related to emotional state, prior experience, support systems, and one’s sense of resiliency. Resiliency, especially, is very important for nursing.

Resiliency is a necessary component of a healthy nurse’s responses.

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Nurses that have developed resiliency can better maintain their emotional well-being, their ability to deliver higher standards of care, and their sense of teamwork with other colleagues. A qualitative study by Ferreira, Riberio, Caramuru, Hanzelmann, Velasco and Passos [1] found poor working conditions (space/equipment), short periods to perform activities, overhead activities, and adversarial relationships (‘we never have value, we are always being very pushed, nobody has a word of praise for the least we do’) all cause work related stress. The negative situations (in general) can cause negative responses toward patients from nurses.

For example, nurses that are assigned multiple patients with high degrees of responsibilities for each, and, ‘having to meet goals without adequate time at the expense of quality’- is extremely stressful. Additionally, nurses feel stressed related to: uncooperative or dissatisfied patients, difficulties providing care to complex patients and families especially with unfavorable prognoses, difficulties with colleague relationships, lack of control over clinical outcomes and more, all contribute to overwhelming and stressful working conditions.

There is certainly a discrepancy between the expectations of nurses and their actual practice. Nurses can only get done what they prioritize and actually carry out. Other additional activities would flow onto the next shift to get done. It is possible in this instance that the task just does not get carried out completely, or at all. The constant need to reprioritize numerous and equally important care activities- as patients’ preferences or conditions require, is extremely stressful.

There is a conscious anxiousness about the care provided and concern about all that is not getting completed. This is just one aspect of ongoing stressors nurses face. When nurses experience high levels of stress, they can use their social support (family and friends to distract them from thinking about work), family life routines, and leisure activities to cope. Organizations can use other strategies to minimize the stressful environments of healthcare. Both individual and organizational strategies can assist nurses to ‘better cope’ and be resourceful and successful when undergoing both avoidable and unavoidable stresses of nursing.

Suggested critical strategies are: (1) reliable self-care, (2) having a solid grounding in the work place with achievable expectations and high quality care standards, (3) having a trusted ethical work competence, (4) using emotional presencing, (5) developing resilience, and (6) using excellent and caring communication. These diverse strategies need to harmonize together to assist nurses to stay engaged and committed to their practice. These key strategies are outline below.

Self-Care

The need for ‘caring for the care givers’ is well documented. Nurses are the most numerous and have the broadest scope of roles within the health care setting. Nurses provide care 24 hours a day and coordination specific care needs for each patient.

Here are some core strategies for healthy environments to assist with caring for the carers [1]:

- Focus on healthy eating habits, avoiding bingeing or unhealthy eating patterns
- High quality sleeps and rest periods
- Regular physical activities and exercising
- Ensuring adequate interpersonal relationships with core others
- Organization of time and quality time management strategies for tasking (expected and unexpected items)
- Valuing quality time and priorities, re-evaluating priorities as needed
- Minimize damages to health via smoking, drinking, or other damaging practices
- Reflection and processing of work toward emotional peace and understanding as much as possible
- Concentrate on providing the best care possible with quality, ethics and caring, extremely valuable and rewarding
- Maintain an active social life

There are also myths about students entering nursing school. These myths can be detrimental for success in students preparing to be nurses. Boyd and McKendry [2] present these as:

- You do not have a full timetable
- You are supposed to be independent, so you should not ask for help
- You should already have the skills you need
- Learning is more difficult when you get older
- If you fail, fall back, or struggle, there is no way to catch up
- If you did not enjoy past education, you will not like university
- It's just me having problems

These problems can also appear as nurses enter their workplaces (such as during new orientation and learning of usual 'clinical routines') or even when nurses change units. Adequate support and caring should be available to assist nurses to integrate into new clinical settings.

Care Standards and Advancements

Developing the background knowledge required for nursing is extremely challenging and intensive. This learning covers care and organizational changes as needed, and thus, is also a life-long learning commitment. As organizations become aware of the nursing and medical advances, these new practices will require the changing of current practices to the new standards, - in a never-ending ongoing fashion. Adequate coping with these changes provide for successful transitions to occur. Some changes can be minor (simple) and some can be major (potentially overwhelming due to their complexity). Being prepped well and provided with adequate education is critical for correct and healthy necessary advancements.

The actual timing of the changes is important for the satisfactory uptake of each change. Newer strategies of incorporating 'bundling' of advances are successful strategies to make transitional advances within nursing care provision more effective.

When advances are haphazardly implemented, they can end up uncoordinated, and staff will create 'work-arounds' in efforts to just get through their work day. This creates unnecessary anxiety and stress, and distracts from quality nursing care. This also sets the patients up for risky care errors. These situations should be avoided by reliable preparation strategies and well-organized implementation for necessary care changes.

Strategies for the work setting include:

- Competent and caring managers
- Competent and caring charge nurses
- Self-scheduling and flexibility with changes as situations arise
- Adequate break time with competent coverage- even during busy shifts
- Adequate locations to take breaks so stress can be relieved
- Well stocked units (with good replacement processes)
- Excellent communication processes (local, and interdepartmental, internal and external)
- High care standards for patient safety in relation to all care delivery including: admitting, monitoring, eating, mobility, toileting, turning, unit transferring, drug administration and responses, and discharging (and all care processes for patients and their families)

Ethical Competence

Having an experienced and trustworthy ethical framework to assist with guiding decision making and responses during care is core for the 'sense of wellbeing' for healthcare providers. One healthy strategy to develop this experience is having monthly team discussions - putting all employees on the same scale - to review the care decisions being made, in addition to providing support for the healthcare team members despite plurality (different requirements within different roles) and multiplicity (many people required to care properly for patients at the same time). If these sessions are managed well, the exchanging of ideas and reflection on the experiences can assist toward better understanding and more positive coping during future difficult situations. The strategies of: seeking better knowledge via resourcing and interpersonal sharing, ethical conference participation, and interacting with fellow healthcare providers in a purposeful way can promote positive coping, and resilience, when dealing with the numerous, difficult, and often complex clinical decisions which are made daily [3].

The nurses 'need to develop protective behaviors and management of their feelings and emotions' while creating emotional bonds with patients [3]. They need to move from an 'overcoming suffering and punishment' perspective toward a more guided perspective in the sense of 'gratification for their work'. This takes the patients' detrimental experiences and places them in a reflective and healing perspective, and allows the nurses to step back and take a healthy caring attitude when they are delivering direct patient care. Nurses will be able to off load stresses by commitment to their personal caring and reflection, and professionally, by taking adequate breaks and leave from directly facing distressed patients. Managers need to be vigilant for signs of stress among their staff and respond adequately to preserve each nurse's sense of wellbeing.

Emotional Presencing

'One's coping strategies need to evolve toward ongoing and successful emotional presencing with patients (Hudson).'

Emotional presencing may take the form of general discussions of concerns, staying with a troubled patient and assisting with their problems in a caring way, or just presencing if nothing appears to be appropriate to say given the circumstance.

The nurse has to 'train' herself in giving and caring at a level which does not affect her internal mechanisms of her own wellbeing. This is only accomplished via reflective experience. Novice nurses often overextend their giving natures for their patients. This creates an 'uncomfortable deficit' within their persons. The novice 'carer' needs

support with their 'caring' so limits can be explained, and subsequently, they can become more emotionally prepared to respond toward patients and maintain their caring attitude. This engagement is just as, or more important, than developing other necessary technical nursing skills.

Making overt efforts to do a 'conscious awareness' and reflection of 'giving and taking' when providing nursing care can assist toward evolving the necessary resiliency skills. These overt and processing discussions can occur with preceptors, instructors, charge nurses, pastors or religious support personnel, fellow nurses, or other respected health care providers. This communication is important as they provide experiences to reflect on and internalize the good or ideas for 'better' responses.

Resilience

Resilience is a developmental goal for all nurses. The resilience perspective relates to being able to express one's feelings truthfully and maintain one's sense of wellbeing despite negative situations. There are many terms related to resilience which is listed below, by Lachman [4]:

Moral complexity: Emerges when events do not fit within learned rules

Moral ambiguity: The possibility of interpreting an expression in two or more distinct ways; vagueness or uncertainty of meaning

Moral injury: Perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations

Moral distress: The condition of knowing the right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible; threatens core values and moral integrity

Moral residue: Lingering feelings after a morally problematic situation has passed; in the face of moral distress, the individual has seriously compromised himself or herself, or allowed others to be compromised, resulting in loss of moral integrity

Moral courage: Capacity to overcome fear and stand up for his or her core values; the willingness to speak out and do what is right in the face of forces that would lead a person to act in some other way; it puts principles into action

Moral resilience: The ability and willingness to speak and take right and good action in the face of adversity that is moral/ethical in nature

Prestige resilience: The set of reactive attitudes that allow a person to cope with the permanent public presence of cultural others, without harming or denying his or her identity

Some nurses are inherently better at being resilient than others; and everyone could work on becoming more resilient to the various stressors they face. Lachman [4] describes two situations that may violate nurses' moral codes and their ability to cope. These include (1) nurses involved with failing to prevent the administration of procedures in a futility case, and (2) entrenchment in the organizational culture which can violate elements of the patient's culture.

Successful coping comes from a positive perspective. 'The focus that supports health and wellbeing rather than illness and disease is salutogenesis [5].' Antonovsky's salutogenesis (or sense of coherence) was later described with components of meaningfulness, manageability, and comprehensibility in relation to high stressors and subsequent competently coping (Smith, 2006). Later, positively coping, the key features of resiliency were identified by Al Siebert (2006) and are noted below:

- Playful childlike curiosity
- Constantly learn from experience

- Adapt quickly
- Solid self-esteem and self-confidence
- Self-confidence is reputation with self
- Good friends and loving relationships
- Express feelings honestly
- Expect things to work out well
- Read others with empathy
- Use intuition, create hunches
- Defend self well
- A talent for serendipity, convert misfortune into good luck and gain
- Get better and better every decade

Without becoming resilient, many nurses leave the profession due to the overwhelming stressors and the uncontrollable situations nurses consistently face. For nurses to better develop focused resiliency within their nursing roles, the overwhelming stressors and utilization of positive coping strategies are areas requiring more research to continue to investigate to improve resiliency and quality ethical nursing responses.

Excellent and Caring Communication

Effective coping is supported by excellent communication. When communicating with others, it is important to send the exact message you want to send in a manner the receiver can easily take on board and process. First the communicator must 'know' who they are speaking to, and what message to send. Then, they need to listen to the response - paying attention to the emotions that are elicited. This process is easily unraveled by stress, urgency, irritability, and the sense of being overwhelmed.

However, by focusing on compassion, empathy, and caring (core values of nurses), the messages can be communicated clearly with these basic focused efforts during interactions. Posting communication reminders, positive communication styles, and mentioning key communication points during staff meetings can generate more efforts toward great communication (both intra and interdepartmental).

Clear communication allows for better understanding and decision making. Nurses are committed to providing great care thus solid forms of good communication need to be part of the unit's patterns. Nurses should expect high quality communication from each other and provide this in a caring fashion. This is what assists to make nurses well respected and regarded as a great resource during difficult situations. For example, the goal of everyone providing excellent communication and care despite the sometimes uncontrollable care outcomes will assist to maintain good relationships between the staff and their community.

Conclusion

Nursing is an evidence-based profession based on caring, and, a high degree of coping, and eventually, a developed resiliency is required to maintain quality caring. Today's nurses can provide the best caring care possible if they have the necessary clinical technical skills along with positive experience (competent resiliency). This involves a matrix of complex abilities which they are constantly refining to deliver appropriate care. When nurses have high levels of self-care, care standards, ethics, presence, resiliency and communication the healthcare environments are effective. Nurses, as the key twenty-four hour a day care provider, and inclusive of these attributes, are critical components of successful care provision.

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