

Helping Nurses Cope With Stressful Workplace Events Through the Use of Storytelling



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Faculty Disclosure

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The goal of this presentation is to provide insight and knowledge about an important, efficient, and cost effective intervention to decrease workplace stress caused by caring for dying patients.

Objectives:

- The learner will be able to explain the steps of an effective storytelling intervention.
- The learner will be able to utilize this intervention in their own practice.
- The learner will be able to appraise the importance of the intervention of storytelling so that perceived workplace stress will be reduced.

Why is this information important?

- Stress is a state of being and a result of exposure to work demands and outcomes (Laranjeira, 2011).
- Nursing sick and dying patients can be a source of great stress and has the potential to cause burnout and compassion fatigue (Ko & Kiser-Larson, 2016).
- This may eventually lead to an impact on nursing competencies and productivity including absenteeism, decreased work performance, the potential for physical and mental illnesses, and eventually a decrease in the quality of patient care (Fathi, et al, 2012; Moustaka & Constantinidis, 2010; Milliken, et al, 2007).
- Addressing workplace stress may also help reduce hospital costs associated with these issues.

Why is this information important?

- The National Consensus Project for Quality Palliative Care (2013) selected specific domains to help nurses provide quality patient care through stress management.
- Stress-reducing interventions have the potential to create positive work environments, positive emotional health, and in turn, positive patient care outcomes.
- Lastly, there are several interventions to decrease workplace stress caused by caring for dying patients that have been utilized, however, the intervention of storytelling was researched as the most cost effective option.

Dissertation Research

- The Lived Experiences of Nurses Caring for Dying Pediatric Patients
- Nurses stated there was a lack of supportive care for them after a traumatic event such as patient death
- Nurses disclosed several potentially unhealthy ways in which they dealt with workplace stress
- Further research concluded many workplace settings do not provide stress reduction interventions for hospital staff nurses
- This finding lead to further investigation of stress reduction interventions
- A small study was conducted with pediatric staff nurses using the intervention of storytelling

What is Storytelling?

- It is a verbal recounting of a perceived meaningful event to one or more individuals that share similar experiences.
- Nurses' may be able to manage their stress while being provided the opportunity to discuss concerns and simultaneously provide support to other nurses who experience similar events (Cook, et al, 2012; Macpherson, 2008).
- Through the intervention of storytelling, nurses can create meaning by reflecting on, and make sense of, the experiences they tell about.
- Storytelling may allow for coping and learning when similar events transpire among individuals.

Pilot Study

- 9 pediatric nurses working in both a neonatal intensive care unit and an inpatient pediatric unit.
- This research was both quantitative and qualitative in nature.
- Quantifying data was measured using the Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 1983) and had participants reflect on presently perceived workplace stress levels.
- Qualitative data was measured using 3 questions yielding information about stress before the intervention, after the intervention, and how a storytelling helped decrease stress.

Human Subjects Protection

- IRB was obtained through the City University of New York (CUNY) and a large metropolitan hospital in which the nurse participants worked
- Formal consent was obtained from each participant prior to data collection
- Data was collected using pen and paper and stored in a locked file cabinet
- Appropriate resources and referrals for emergency services were provided if participants felt the need for mental health counseling
- Participants were allowed to withdraw from the study at any time

The Participants

- 9 female nurses
- Between 29 and 61 years of age
- 9 were married
- 7 had children
- 2 had Associates degrees
- 4 had Baccalaureate degrees
- 2 had Master's degrees
- 1 had a Doctoral degree
- Experience ranged from 1 to 30 years



Data Collection and Procedures

- Initial consent and responses to The Perceived Stress Scale (PSS) (Cohen, et al, 1983) was collected
 - a 10-item Likert scale instrument
 - the higher the PSS score the more vulnerable individuals are to traumatic symptoms resulting from stressful life events
 - administered twice, once before the intervention and once after
- Dyads were formed through self selection and met twice a week for 4 weeks
- Dyads took turns discussing a particular pediatric death most significant to them using cue cards for discussion structure
- Demographic data and responses to The Perceived Stress Scale (PSS) and 3 qualitative questions were recorded after the 4 week intervention

The Perceived Stress Scale (PSS)

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and “stressed”?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Cue Cards

1. FIRST LISTENER: “Think of a pediatric patient you cared for and whose death you grieve. Tell me your story of being that patient’s nurse.”
2. LISTENER WILL LET STORY PROCEED UNINTERRUPTED
3. AFTER STORYTELLER COMPLETES THE STORY THE LISTENER WILL ASK:
 - a) “So how do you make sense of that experience?”
 - b) “What benefit, if any, can you identify in having had that experience?”
4. PARTICIPANTS SWITCH ROLES AND REPEAT 1-3

Qualitative Questions

1. How did you feel about your stress, in relation to pediatric death, before starting the storytelling process?
1. How do you presently feel about your stress, in relation to pediatric death, after the storytelling process?
1. Do you feel that storytelling helped decrease your stress, in relation to pediatric death?

Quantitative Findings

- Age showed a large effect size, ($r = .65$, $p = .058$) such that older participants tended to experience greater stress at the start of the study
- A repeated measures ANCOVA was conducted controlling for age
- PSS scores showed a nearly significant decrease from pre-intervention (Estimated M = 2.133, SE = .097) to post-intervention (Estimated M = 2.127, SE = .131), with the intervention accounting for 41.4% of the variability
- In addition, there was also a nearly significant interaction of age X time, which explained another 43.1% of the variability
- Given the small sample size the storytelling intervention was significant in decreasing workplace stress levels



Qualitative Findings



Disconnection

“It was mine alone”

“I wondered if I was the only one”

“It is something I keep buried inside myself”

“I felt I could not talk about the incidents”

“I felt hurt, saddened, disappointed in myself”

“I felt somewhat stressed”

“I felt like I am going to carry this guilt with me”

Qualitative Findings



Connection

“I am NOT alone”

“Increased comfort in discussing feelings with co-workers”

“Opening up and sharing decreases stress”

“Confident in my feelings knowing other more experienced nurses are dealing with pediatric death the same way”

“I feel more at ease talking about my experiences”

“I was able to let go”

“After the storytelling process I feel less alone”

Qualitative Findings



Shared Burden

“...relating those experiences to another person’s”

“Having another person who understands my stress, listen to my story, eased it”

“It is very important to be able to discuss our feelings with others that understand thereby decreasing our stress. It gives each of us ideas of things to help eliminate stressors”

“...open forum with co-workers in a safe environment to debrief...”

I am not sure this will ever get better-but being around people who understand the situation helps”

“I still feel the same feelings but more comfort in knowing we (the nurses) are going through it together”

Qualitative Findings



Significance

“Giving voice to these buried feelings was not only a release, it was also an awakening to my purpose, my role as a nurse, my human connection to my patients and their families”

“Storytelling made me re-live the situation and look at it from a different light. I was able to make sense of things that have happened in my career.”

The Importance of the Intervention of Storytelling

- One feature of storytelling is the creation of dyads and/or small groups who self-identify with co-workers they feel comfortable with and who can provide support.
- Once the storytelling intervention is understood, the steps that guide the intervention can be used for stress reduction.
- Nurses who choose to participate and who believe that the intervention will help with their workplace stress levels can utilize storytelling at any time.
- During the process of storytelling nurses reflect on and make meaning of the experience, justifying fellow nurses' understanding of each other's grief and alleviating painful feelings to help nurses transition back into their role (Windemere, 2017).

The Importance of the Intervention of Storytelling

- Verbally communicating stories of patient events promotes healing by understanding and making sense of traumatic experiences creating a sense of connectedness, providing personal resilience, increasing coping, and decreasing stress (East, Jackson, O'Brien & Peters, 2010).



Implications for Nursing

- Significant support for staff nurses has not penetrated sufficiently into the workplace to help nurses cope with stressful events such as death and dying.
- Many organizations have not aligned hospital finances, resources, and needs to support a wellness program.
- If finances are not available, leadership members can be creative in producing programs that require minimal cost and equipment.
- By encouraging open, trusting communication through support by peers, nurses can maintain the ability to cope with and decrease stress when support is given by coworkers (Laranjeira, 2011).

Implications for Nursing

- By instituting storytelling as a wellness program nurses will receive the necessary social and emotional support they need to help elevate stress, learn to effectively cope with death and dying, and help them to make meaning of their nursing actions and patient care.
- In order for nurses to perform optimally and provide safe patient care, they need help to care for themselves by understanding and addressing the stressors related to their workplace environment.
- Using a simple intervention such as storytelling provides peer support in an effective way to reduce the untoward emotional burden on nurses who are at the forefront for high levels of stress where grief due to death and dying is experienced.

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