

Understanding Mental Health Practice for Adult Nursing Students

Edited by
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Contents

<i>About the editor</i>	viii
<i>Foreword</i>	x
 Introduction	 1
1 The importance of mental health care <i>Steve Trenoweth and Angela Warren</i>	7
2 Integrating mental and physical health <i>Sonya Chelvanayagam and Zoe Cowie</i>	21
3 Understanding mental health problems <i>Steve Trenoweth</i>	41
4 Legal and ethical frameworks in mental health care <i>Tula Brannelly and Josie Tuck</i>	57
5 Supporting people with mental health concerns <i>Steve Trenoweth and Sue Baron</i>	78
6 Responding to a mental health crisis <i>Sandra Walker</i>	96
7 Overview of the therapeutic use of medicines in mental health <i>Josie Tuck</i>	107
8 Managing stress and promoting your mental health <i>Steve Trenoweth and Chloe Casey</i>	133
 <i>References</i>	 153
<i>Index</i>	167



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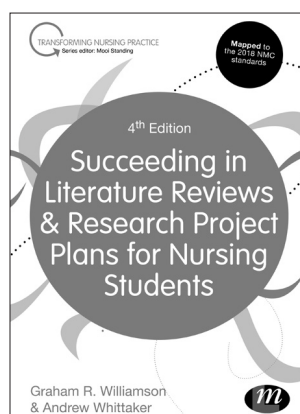
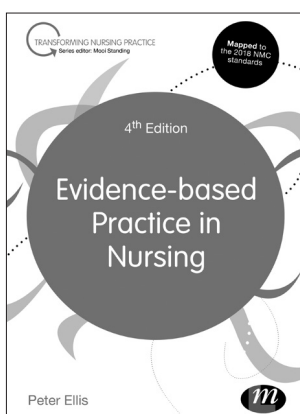
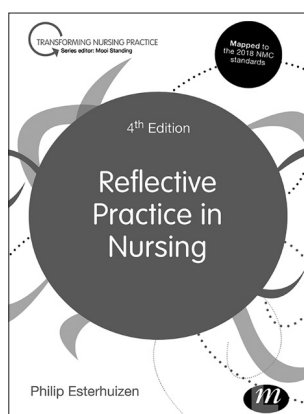
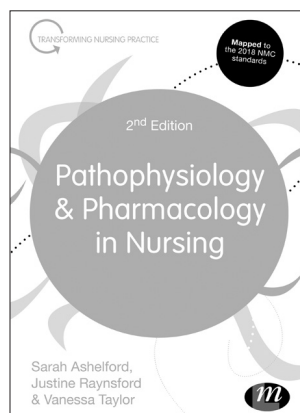
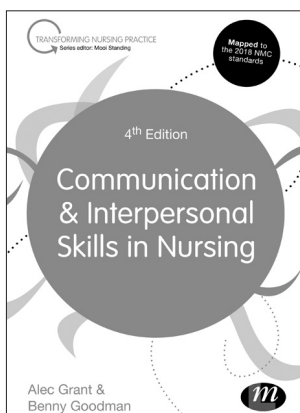
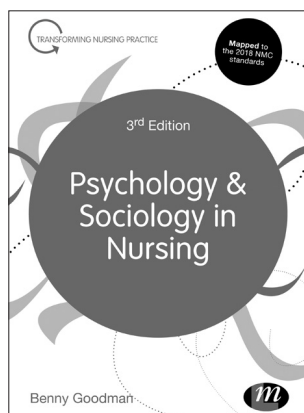
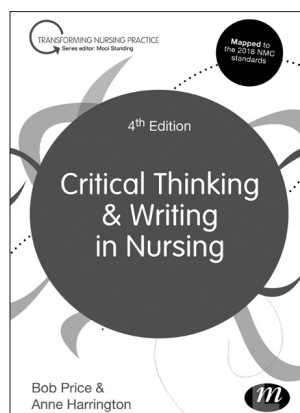
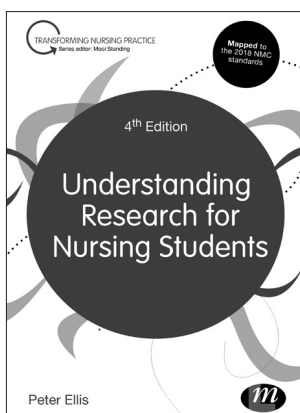
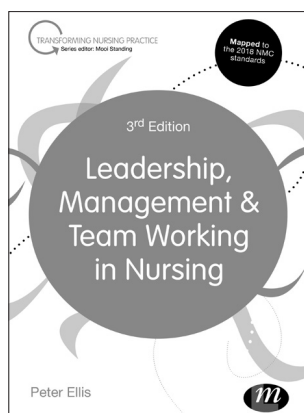
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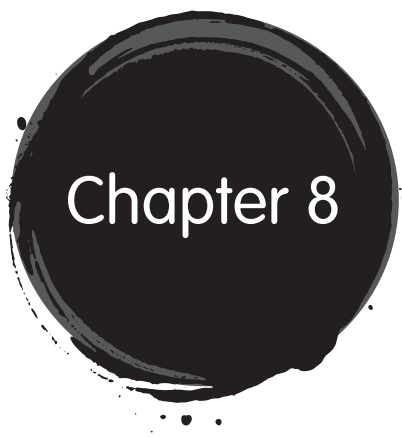
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Chapter 8

Managing stress and promoting your mental health

Steve Trenoweth and Chloe Casey

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

At the point of registration, the registered nurse will be able to:

- 1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health.
- 1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.
- 1.10 demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations.
- 1.17 take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills.
- 1.19 act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services.

Chapter aims

After reading this chapter, you will be able to:

- understand the different types of stress we may experience, its effects on us and what we can do about it;
- understand adaptive and maladaptive coping;

(Continued)

(Continued)

- develop your own stress management toolkit;
- understand how nursing students can develop their own coping styles whilst adopting a mentally healthy lifestyle.

Introduction

Stress is sadly all too common in health services and amongst nursing staff. In this chapter, readers are invited to consider their own mental health and how this may be developed and enhanced to support their own wellbeing and the delivery of nursing care. Those of us who work in health care are often exposed to work-related stress due to the nature of our roles and work context (such as busy clinical and nursing environments, the emotional burden of caring, burnout, pressured life-or-death decisions). But, of course, nurses and other health care practitioners are exposed to the same stressors as the general population.

In this chapter, we start by looking at stress, the different types of stress we may experience, its effects on us and what we can do about it. The notion of adaptive and maladaptive coping will be explored along with how we can develop our own stress management toolkit. The issue of resilience is one that features in the new nursing curricula, along with how nursing students can develop their own coping styles whilst adopting a mentally healthy lifestyle.

What is stress?

Stress is very common. It is also pervasive in that it can affect all aspects of our lives and can have a significant impact on our physical and mental health and wellbeing. While we cannot always avoid stress in our lives, there are many ways in which we can learn to cope with stress, thereby moderating its detrimental effects on us.

Stress is an anxious emotional state. It is triggered by perceived threats or fear. Stress tests our coping abilities and is a significant health problem for individuals, employers and society. According to Richard Lazarus (1999), we become stressed when events and responsibilities exceed our ability to cope with them. When we perceive a threat, our body undergoes complex physiological processes to ensure that we are prepared to respond – that is, to fight the threat or to flee (van der Kolk, 2014). Stress is, therefore, a normal human response to threats that we perceive in our environment and can be helpful to our survival. However, stress can become a problem when we feel overwhelmed by a *stressor* and/or we feel unable to respond to a perceived threat.

Types of stress

There are different ways of conceptualising stress (Table 8.1).

Acute stress	Acute stress is intense in nature but short in duration. This is known as the <i>freeze, fight or flight</i> response – the body’s physiological arousal to respond to or survive a threat. The body prepares itself (by release of hormones) to fight/defend itself from a threat or run and escape the danger. This can be triggered by real or imaginary threats. However, we no longer face the sorts of threats to our survival that our bodies have been evolutionarily prepared for. That is, our body does not distinguish between being attacked by a bear and receiving a bill we can’t pay: they are both perceived as threats.
Chronic stress	Chronic stress is not as intense as acute stress but lingers for a prolonged period of time. This places our bodies at serious risk of poor health.
Eustress	This is any stressor which is ultimately helpful. The Yerkes–Dodson (1908) principle states that <i>eustress</i> , in <i>optimal</i> doses, can motivate us to improve our physical performance and our thinking and concentration.

Table 8.1 Types of stress

Broadly speaking, there are two types of stress that we may experience in our lives: *background stress* (or daily hassles) and *life event stress*. Let’s have a look at these.

Background stress (daily hassles)

Our background stress arises from daily hassles (Kanner et al., 1981) – those frequent irritating, frustrating, distressing demands or practical difficulties which are part of our daily lives. This type of stress comes from a number of sources:

- *social hassles* (e.g. crowding, queuing, being ignored or talked over, experiencing discrimination);
- *interpersonal hassles* (e.g. family problems, conflict, arguments);
- *situational hassles* (e.g. traffic jams);
- *practical hassles* (e.g. accommodation problems, bills, debt, rising costs, misplacing or losing things);
- *health-related hassles* (e.g. hassles arising from personal health, long-term conditions or health of a family member, caring responsibilities);
- *environmental hassles* (e.g. noise, pollution, living in an overcrowded area, high crime rates);
- *technological hassles* (e.g. information overload, being too available, too many interruptions);
- *work-related stress* (e.g. being unhappy at work, having too many responsibilities, obligations and things to do, not having enough time, threat of redundancy or changes to working conditions).

The impact of daily hassles on our health is affected by:

- the *number* of daily hassles we experience;
- the *repetition* and *frequency* of hassles;
- the *compounding effect* of daily hassles during a rare life event or a crisis;
- our ability (or inability) to *cope* and *manage* daily hassles.

Work-related stress can be a significant source of background stress. The Health and Safety Executive (HSE) (2019) noted that sources of work-related stress can arise from our experience of:

- *excessive demands and workload* (work patterns and the working environment);
- *poor control over our work* (how much say the person has in the way they do their work);
- *limited encouragement and support* (sponsorship and resources provided by the organisation, line management and colleagues);
- *damaged interpersonal relationships at work* (promoting positive working practices to avoid conflict and dealing with unacceptable behaviour);
- *poor understanding of role* (and/or having conflicting roles);
- *poor management of change* (how organisational change (large or small) is managed and communicated in the organisation);
- *organisational culture* (the way in which organisations demonstrate management commitment and have procedures which are fair and open).

So, while each daily hassle may be relatively minor in itself, they may *accumulate* (build up and multiply) and become *amplified*, making them more significant (for example, ongoing conflict and arguments with our partners may lead to us being less able to cope with minor disagreements at work).

Activity 8.1 Reflection

Take some time to review the material in this section and start to compile a list of your daily hassles and work stressors. How might you manage these stressors and the impact they have on your life?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Life event stress

For Holmes and Rahe (1967), many life events represent a psychological crisis for us (they catalogued 43 such significant life crises). They saw these crises as being rare, sometimes life-changing and potentially damaging to our health and wellbeing. Each crisis, or *life change unit* (LCU), was given a different ‘weighting’ for stress based on its impact on our health. The more stressful life events we experience, the higher the cumulative score. The higher the score, the more likely we are to become ill.

The scores are cumulative, which helps us to understand why the death of a spouse is so stressful as the experience of loss may be compounded by other associated stressors (for example, the death of a spouse might add to our financial worries and changes to living conditions and our personal habits). In Table 8.2, we show the cumulative impact of stress for a person who has lost their partner and the additional impact that this may have on their financial, social and interpersonal worlds.

Life events stressors	LCU value
Death of a spouse	100
Change in financial state	38
Change in living conditions	25
Revision of personal habits	24
Revision of social activities	18
Change in eating habits	15

Table 8.2 An example of the cumulative effect of life events stress
LCU, life change unit.

This, according to Holmes and Rahe (1967), reveals an LCU stress score (220), which suggests a moderate to high chance of becoming ill in the near future.

Activity 8.2 Reflection

Life event stresses are rare but very impactful on our health and wellbeing. Think about a life event stress that you have experienced. What and who helped you to overcome these stresses? Why do you think this was helpful? How might this impact on your role as a nurse?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Our personal vulnerability to stress

Our reactions to stress are highly personal and vary between people, so that exposure to the same event can provoke different reactions and can vary amongst people. Reactions to stress may differ *within* a person over time. That is, we may all have different responses to the same stressor at different times in our lives.

Our reactions to stress are not only based on our exposure to the different types of stressors discussed previously (*background stress* and *life event stress*), but are also dependent on our *personal vulnerability* to stress. This vulnerability arises from our personal history and previous experiences, which may predispose us to respond in a particular way in the face of a stressor. Our vulnerability, then, can vary depending on our:

- family and hereditary background;
- previous experience of coping with prior stressors;
- formative life experiences and exposure to role models;
- learned coping skills;
- attitudes, beliefs about our self, confidence, perceptions of our abilities;
- personality and temperament.

Our personality refers to a set of psychological characteristics which are relatively stable and which we use to define 'who we are'. Psychologists believe that if we have enough particular characteristics then this may describe our *personality type*. Our personality is shaped by genetic factors, early formative experiences (such as family dynamics), social influences and personal experiences. While these may be generally stable, it does not mean that aspects of our personality which are contributing to our problems are not amenable to change.

Some characteristics of our personality may make us more *prone* to stress:

- *type A personality characteristics* (aggressive, competitive, hostile, time-pressured);
- *co-dependent personality characteristics* (approval-seeking behaviour, perfectionist, martyr, feelings of inadequacy, reactionary);
- *helpless-hopeless personality characteristics* (external locus of control, compromised sense of agency, poor self-motivation, emotional dysregulation, negative thinking).

Some aspects of our personality make us more *resistant* to stress.

- *hardy personality characteristics* (solution-focused, takes control, sees opportunities rather than challenges) (Maddi and Kobasa, 1984);
- *survivor personality characteristics* (responds rather than reacts, optimist, creative problem-solving);
- *type 'R' personality characteristics* (taking calculated risks, adventurous spirit, sensation seeker) (Zuckerman, 2009).

Positive personal self-esteem (that is, a favourable, but realistic, view of our abilities and positive self-regard) also seems to protect us against stress, with some arguing that it is a psychological immune system (Branden, 1994).

Activity 8.3 Reflection

Resistance to stress

How resistant do you feel you are to stress? Make some notes about your personal characteristics which suggest to you that you are resilient to stress. Could this be improved? If so, how might you boost your personal resilience?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

What are the effects of stress?

Our response to stressors depends on our personal resources for coping and our resilience in stressful situations. While our bodies are well adapted to short periods of acute stress, prolonged distress causes cumulative wear and tear on our bodies (known as the *allostatic load*).

The effects of stress involve:

- *physical effects*: what our body does in response to stress;
- *emotional effects*: how we feel in response to stress;
- *psychological effects*: how we think about stress;
- *social and behavioural effects*: what we do in response to stress, how we cope.

Let's look at these in more depth.

Physical effects

Understanding the mechanisms which underpin our body's normal response to threat or fear can help us to understand and feel empowered to respond to our stress. Our *autonomic nervous system* is involuntary (that is, automatic) and conducts signals from our brain and spinal cord to our muscles, organs and glands. It comprises:

- *sympathetic nervous system* (which triggers fight or flight in response to threat);
- *parasympathetic nervous system* (which calms the body via release of hormones to return the body to balance).

Sympathetic activity is what we would recognise as 'stress', e.g. increased blood pressure, breathing and heart rate. This is normal and adaptive. If the sympathetic response persists and is repeatedly activated when we perceive an ongoing threat, we are experiencing *chronic stress*. This increases the risk for developing or exacerbating diseases such as diabetes, cancer, cardiovascular disease and hypertension.

There are a number of significant physical effects caused by the arousal of the sympathetic system, such as sleep disturbances, sweating and frequent urination. We may experience agitation, muscle tension, head, shoulder, back, dental or jaw problems (caused by grinding our teeth, known as *bruxism*), aches and pains. There may be gastrointestinal issues such as diarrhoea or constipation, stomach pains, bleeding, ulceration of stomach/colon (colitis), and irritable bowel syndrome (IBS) is known to be exacerbated, or even triggered, by stress.

Prolonged stress can also lead to nausea, dizziness, blurred vision, migraines and headaches, a loss of sex drive, chest pain, palpitations and elevated blood pressure, resulting in hypertension (high blood pressure) and atherosclerosis (narrowing and hardening of the arteries), both precursors to cardiovascular (heart) disease. The mechanisms for this are not completely clear but it seems that stress provokes an inflammatory response

in the body which is associated with an increase in cytokines (chemical messengers secreted by our immune systems). Interleukin-6 (IL-6), for example, is a cytokine released in chronic stress which has been found to have a role in cardiovascular disease, increasing the risk for heart attacks, particularly for those who are younger and those with iron deficiency (Markousis-Mavrogenis et al., 2019).

Stress can also impact our immune systems. *Cortisol* is a hormone released at times of stress. It heightens our memory and attention; decreases our sensitivity to pain; increases blood sugar and blood pressure. However, long-term persistent stress increases cortisol levels, causing atrophy of the lymphatic glands (thymus, spleen, lymph nodes), thereby reducing our white blood cells. This compromises our ability to fight disease, leaving the body open to infection (such as respiratory diseases, coughs and colds).

Stress also impacts our brain in a number of ways. Cortisol decreases *serotonin* in the brain (the so-called ‘happiness hormone’), affecting our feelings of wellbeing. The hippocampus is the part of the brain responsible for memory and learning and it appears to be damaged by repeated exposure to stress, decreasing memory and learning (cognitive failures). Stress in middle-aged women has been linked to the development of dementia (Alzheimer's disease) in later life (Johannson et al., 2010).

Emotional effects

As mentioned previously, stress can affect our mental wellbeing. We may feel low in mood, isolated, and experience fatigue and low energy levels. We may feel overwhelmed, with racing thoughts and constant worrying and experience agitation and an inability to relax. Often people report feeling angry and irritable, losing their temper frequently and having a short fuse.

Psychological effects

Stress can also have an effect on our thinking, concentration and ability to solve problems. People experiencing stress often report memory problems, absent-mindedness, slips of attention, distractibility and forgetfulness. These are known as *cognitive failures* (Broadbent et al., 1982). It is also not uncommon for people to experience a ‘mental fog’ where the ability to organise one’s thoughts and problem-solving may be compromised (this is known as *cognitive disorganisation*).

Social and behavioural effects

People who feel stressed often report disruptions to their daily living activities, such as eating more or less, sleeping too much or too little and exercising less often. They may avoid or neglect their responsibilities and there may be an increase in nervous habits, such as nail biting or pacing. People may tend to isolate themselves more and avoid

social contacts. Sometimes, alcohol, cigarettes or drugs may be used in an attempt to cope with stress and to relax, which ultimately adds to the stress load that we may bear, for reasons we shall see later.

Activity 8.4 Reflection

Effects of stress

When you experience stress, what effects does it have on you? Do you recognise any of the above effects in your own experience? How might you recognise these effects in others? How might this affect your work as a nurse?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Key points to remember about stress

- Stress is not always negative – it can be helpful. Acute stress helps us to ‘fight’ or prepares us for ‘flight’.
- Stress can be a problem when it becomes prolonged, chronic or following exposure to traumatic events.
- Our body tries to restore a calming balance once we feel the threat is over. If we feel the threat to us is not over, our body remains in a heightened state of readiness.
- Background stresses are daily hassles – those irritating, frustrating, distressing demands or practical difficulties which contribute to our overall stress levels.
- Life event stressors are rare but significantly distressing events in our lives, over which we have little control.
- Stress can have physical, emotional, psychological, social and behavioural effects on us.

Managing stress

There are many ways in which we can manage our stress, including various techniques as well as lifestyle. We will now explore these in more detail.

Stress management techniques

There are, of course, a number of therapeutic techniques to support relaxation and these can be helpful for managing stress as and when it arises. For example:

- guided visual imagery (involving visualising a pleasant, peaceful and relaxing scene such as a warm beach);
- progressive muscle relaxation (where muscles in the body are tensed and relaxed in turn – also known as Jacobson’s relaxation technique);

- focused and controlled breathing (where we learn to take control of our breathing and to breathe from our diaphragm);
- yoga;
- meditation.

There are also some therapeutic approaches used in mental health care which may be helpful for managing stress such as:

- mindfulness-based stress reduction (MBSR) (originating in the 1970 work of Jon Kabat-Zinn, today MBSR uses meditation and mindful exercises as a means of awareness of self);
- autogenic therapy (involves using a set of mental exercises to concentrate passively on parts of your body to turn off the flight, fright or freeze response to stress and to restore a homeostatic balance within the body and mind).

Maintaining a good work–life balance

A work–life balance refers to the maintenance of balance between work responsibilities, home responsibilities and leisure time to achieve optimum happiness, health and wellbeing. When this balance is not maintained, individuals may experience increased stress, emotional exhaustion and burnout. The recent UK *Working Lives* survey from CIPD (2019) identified work–life balance as a pertinent problem affecting the UK workforce, with respondents admitting that their work often disrupted their family life. A quarter of individuals reported feeling unable to switch off during their downtime as they were thinking about work. Sometimes referred to as work–life integration, this balance between work responsibilities and home or family life is said to be approaching tipping point in many health professionals.

Research summary

A survey of 10,627 health care workers in the USA (Schwartz et al., 2019) explored work–life integration using a scale that measured work–life climate. The scale asks the following questions to establish how an individual’s work may be affecting their work–life balance:

‘During the past week, how often did this occur?’

- skipped a meal;
- ate a poorly balanced meal;
- worked through a day/shift without any breaks;
- arrived home late from work;
- had difficulty sleeping;
- slept less than 5 hours in a night;
- changed personal/family plans because of work;
- felt frustrated by technology.

Work–life climate varied by role, work setting, shift pattern and shift length. When comparing individuals from the top and bottom quartiles for work–life climate, good work–life integration was associated with better teamwork, better safety measures at work and lower personal burnout.

Although organisational factors predicted work–life culture, work–life integration was also dependent on an individual’s ability to maintain separation between personal life and work. As mental health professionals, the stresses and emotional labour of work can easily spill into our home lives. But, according to the results, if an individual reported breaching the boundary of one work–life climate item they were likely to struggle to maintain boundaries in the other items too. Leaving all your stress at work can seem unrealistic; however, these results highlight the importance of making efforts to stay in control of these work–life boundaries.

As highlighted in the research summary above, self-awareness is key to maintaining balance. Frequently re-evaluating the demands of your job and home life and knowing where to direct your energy help you to maintain balance between home and work. Also, knowing your own goals, needs and rewards in terms of leisure time is important to maintaining balance and wellbeing. Leisure time is different to just using distractions to unwind such as watching television; it is partaking in activities that we find engaging, challenging, meaningful and enjoyable. However, finding the time and space to fully engage in leisure time is difficult, and a skill that we should all work on. Csikszentmihalyi (1990) describes the *autotelic* personality type: individuals who find it easier to ‘live in the moment’ and experience *flow*. *Flow* refers to the sense of being totally absorbed and focused on an activity, without distractions, to the point where you lose track of time. You may be able to think of times when you have experienced *flow* before. *Autotelic* individuals are said to be goal-directed, derive more pleasure from their leisure time and experience better wellbeing.

To become more *autotelic* Buettner et al. (2011) suggest practising the following:

- *Set challenging yet attainable goals* that match your interest and skill level, such as slowly increasing the time, intensity or incline of your bike ride, for example.
- *Learn to become immersed in an activity* by removing distractions. For example, choose to forgo listening to your music or podcast when riding your bike to focus on enjoying the activity.
- *Be in the moment* by practising being mindful and aware of your surroundings, observing the view of the forest, enjoying the sounds of the birds singing or noticing the smell of freshly cut grass while on your bike ride.

Maintaining your physical health and healthy lifestyle

Working in increasingly complex and demanding environments, physical wellbeing is crucial to the mental health of all nurses, contributing positively to the care of their patients. Good physical health, including a healthy diet, sufficient sleep and physical

activity, contributes to an overall sense of balance. Mental health professionals should be aware of the possible effects their work may have on their own physical health and take action to negate these by avoiding unhelpful coping strategies (see section on helpful coping, below) and engaging in self-care. Self-care is not selfish or self-indulgent; it should be considered as an integral part of maintaining your wellbeing and balance. Engaging in self-care includes physical necessities such as maintaining good hygiene, diet and nutrition, being physically active and seeking medical care when needed. The term also encompasses emotional and spiritual self-care activities, which include anything you may find relaxing or calming like mindfulness or meditation. Self-care may be different for everyone but investing time in the activities that work for you is said to increase self-esteem, improve your immune system and reduce stress, contributing to better mental and physical health.

Research summary

As well as impacting work–life balance, irregular shift patterns can negatively impact sleep, leading to fatigue, reduced alertness and impaired physical wellbeing. Research has suggested that long-term shift work can contribute to adverse health outcomes, such as mental health issues, gastrointestinal problems and reduced cardiovascular health. Burch et al. (2009) explored the effects of shift work on health care workers, finding that night shift or irregular shift workers were more likely to experience sleep and gastrointestinal problems, take non-prescription medication and have poorer fitness in comparison to day workers.

However, it is unclear whether these health consequences were mostly due to unhealthy behaviours, lack of self-care or unhelpful coping strategies, like self-medicating with alcohol, rather than the shift work itself. The authors comment that there are modifiable behaviours and healthy ways of coping that may negate these negative consequences on our physical health. For instance, it is well documented that engaging in exercise has a beneficial effect on sleep.

Uncertainty and stress

We all encounter unexpected events in our working lives – this includes not only changes to our working environments but also the health of people that we care for. Frequent uncertainty about why things happen is known as *causal uncertainty* (Weary and Edwards, 1996). Individuals with high *causal uncertainty* feel unable to understand and predict what happens to them. These feelings stem from a lack of perceived control over life and tend to elicit the desire to regain control. However, if the attempts to reduce uncertainty are unsuccessful, this can cause negative emotions and learned helplessness. Chronic *causal uncertainty* has negative psychological impacts, such as depression and anxiety (Weary et al., 2001). Studies indicate that clinical placements are characterised by uncertainty. However, social support from other nursing staff and

supervisors buffers the effects of uncertainty and role ambiguity on student nurses' satisfaction and protects their wellbeing (Galletta et al., 2017). The moderating role of colleague support is further discussed in the section on helpful coping, below.

Accommodation is a cognitive mechanism that allows us to escape from uncertainty by the adjustment of our goals by those issues which constrain us. *Accommodation* allows people to maintain high life satisfaction despite the number of stressors they face and limits the negative psychological effects of setbacks. We get better at this as we age, and *accommodation* is more difficult if a goal is central to your life or sense of identity (Brandtstädter and Rothermund, 2002). In reaction to a setback, an individual may accept their limited control over life events and adjust their goals accordingly; for instance, accepting the limitations of their knowledge of the situation and becoming resigned to the fact that they will not always know why things happen to them, adjusting their goals whilst taking comfort that they may believe that everything happens for a reason. Even when experiencing *causal uncertainty*, those who are high in accommodation disengage from their lack of control over an event and the need to identify the cause as they accept what has happened to them, adjusting themselves and their goals accordingly.

Brandtstädter and Rothermund (2002) believe that balance is key to achieving a 'good life', referring to the equilibrium between *accommodation* and *assimilation*. *Assimilation* describes the efforts and activities you employ to try to reach your life goals. *Accommodation*, as explained, is the act of adjusting our goals to life events. Having a goal is crucial to our wellbeing, providing motivation and giving structure to our lives, as we discuss more in the next section on personal, meaningful goals. However, goals can be sources of dissatisfaction if we fall short of our own expectations, and the goals cannot be reached. To maintain balance and life satisfaction, we must stay focused on our goals and remain driven to achieve them; however we must be flexible enough to change our plans in reaction to situations or events that are outside our control. This has been called the *stability–flexibility* dilemma.

In the case study below Imogen is struggling with many unknowns in her life; acceptance of her life situation could help her to deal with the disappointment of not achieving her goal of an anticipated degree classification.

Case study: Imogen

Imogen read the brief for one of her final assignments, knowing she needed a score over 70% to achieve the First grade she'd been hoping to achieve in her course. However, in the weeks prior to submission, Imogen separated from her partner very suddenly. She was going through a tough time emotionally; this was exacerbated by having to find somewhere

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else to live. She managed to submit her assignment on time despite this; however, when she received her feedback, she had achieved 60%.

Knowing that a First-class degree was out of her reach, this setback felt like defeat and she wanted to give up. However, she took comfort in the fact that she had tried her best and submitted the completed assignment on time despite what was happening in her personal life and the practical challenges she was having to overcome. She accepted that the goal of achieving a First was now not possible, so she adjusted her goal accordingly. Knowing that she did not need the higher grade to secure a job opportunity after university, she carried on working towards achieving a Second-class degree.

Personal, meaningful goals

For many people, having clear and personally meaningful goals to aim for is an important part of their wellbeing. Without a sense of purpose, our lives can feel empty, and we may feel adrift. Our goals, whether they reflect our personal or working life, help us to define a sense of direction, purpose and meaning in our lives and a sense of accomplishment when we have reached them. Our goals must, however, be realistic and achievable, or we may feel a failure if we set them too high and they are out of our reach. Having goals which are realistic and personally meaningful helps us to develop a sense of mastery and control over our lives and to feel motivated by our efforts towards achieving our goals.

Activity 8.5 Reflection

Take some time to reflect upon the following points:

- How in control of your life do you feel? How might this undermine or promote your mental health?
- What are your goals for your life? Do you feel able to achieve them?
- How might you feel if you had no aim or purpose in your life? Or if you were unable to achieve those personal goals that you have set for yourself?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Service user voice

All of the interactions that [mental health service users] have with professionals should be geared towards aiding their recovery as they have great needs and need positive role models who will not only help them but will act as guides. I myself have therapeutic relationships with a number of people in

the hospital where I am a patient. For example, my psychologist, whom I see once a week, is very supportive of me. He always seems to understand me and has good insight into the type of person that I am and what motivates me. I also have an occupational therapist who is very efficient in getting me involved with work and study placements in the community and I have a good relationship with my named nurse too. She always takes the time to talk to me every week prior to ward round to ask me how I feel about things that have gone on during the week and what I hope will happen in the coming week. They are all very supportive of me and this really helps me a lot.

Helpful coping

Coping is a biological function of an organism that helps to deal with challenges and threats to avoid harm. However, people can respond to threats in adaptive (helpful) or maladaptive (unhelpful) ways, either reducing or amplifying the effects of stressful life events. Professor Ellen Skinner, an expert in coping and developmental psychology, proposes that the development of coping is based on many factors, including individual attributes such as temperament and reactions to stress coupled with social contexts (Skinner and Zimmer-Gembeck, 2016). Adverse life events and lived experiences contribute to the way we deal with difficult experiences; coping is an iterative process that grows and develops throughout our lifespan. There are also developmental shifts in ways of coping; for example, children from the age of 4 increasingly seek support from peers rather than their caregivers.

Helpful coping supports our personal resilience, defined as the *ability to bounce back or positively adapt in the face of significant adversity or risk* (Snyder et al., 2011, page 114). Of course, the issue here is to consider, what people are actually ‘bouncing back’ to? There is a danger of specifying what may be considered within the normal range of human functioning and we should consider that any measure of resilience considers the individual and cultural context of individuals (Snyder et al., 2011). For Friedli (2009), there are three broad dimensions that support resilience and confer protection in times of adversity:

1. *environmental resources*: features of the natural and built environment that support communal capacity for resilience;
2. *social resources*: social networks and family life that enhance resilience amongst people and communities (see below);
3. *personal emotional and cognitive resources* that support and contribute to developing resilience amongst individuals, such as good mental health (factors which undermine personal resilience include mental distress, low levels of mental wellbeing and neglect of self and others and a range of unhelpful coping mechanisms and self-harming behaviours, including self-sedation and, for example, self-medication through alcohol and drugs, high fat and sugar consumption).

As suggested by the above definitions, our personal sense of mental wellbeing is also likely to be associated with our positive interpersonal relationships and environmental

contexts. For many people, positive interpersonal relationships are assets that *protect* them from psychological harm and distress, *promote* their mental wellbeing and satisfaction with life and *support* resilience at times of adversity. This is likely to involve our ability to establish and maintain positive, warm, close, supportive and trusting interpersonal relationships. For Ryff (1989) and Ryff and Keyes (1995), this also includes an ability to compromise, a sense of empathy and compassion for others and an understanding of the ebb and flow of human relationships. Danzinger (1976) identified a classification of positive relationships based on:

- *solidarity* (a sense of belonging and interpersonal integration, social acceptance within a community and a common commitment between people and sharing resources);
- *intimacy* (people relating to one another as sources of personal satisfaction, including kindness, altruism, love, empathy, attachment);
- *influence* (recognising the relevance of social status and standing within a community or group).

In the case study below, Christine is affected by social and interpersonal aspects of her current life situation; widening her social circle may have positive benefits for her mental health and wellbeing.

Case study: Christine

Christine is a first-year nursing student in her late 50s and was widowed last year. She has recently enrolled on the BSc(Hons) adult nursing programme at her local university, realising her life's ambition to become a nurse. One of her adult children has emigrated to Australia and has a young family there. The other lives in London, over 100 miles away, and works very long hours in a high-pressure city job. For the last 2 years of her husband's life, Christine was his carer and she put her aspiration to become a nurse on hold to care for him. She dropped out of her usual social activities such as the art club and book group. Now she feels very isolated and has become depressed.

Marta, a friend of hers on the course, sees that Christine is often sad and tearful. She decides to try and talk to Christine about what is troubling her. At Christine's house, Marta asks about a painting hanging on the living-room wall. Christine mentions that she painted it herself and used to enjoy her art, but she has lost the knack now, and has lost touch with her friends from the group. Marta encourages Christine to make contact again with some of them, and in return Christine invites Marta to come along with her, which she accepts, recognising that she too could benefit from widening her social circle.

Certain ways of coping, such as problem-solving, negotiation and focusing on the positives, are 'adaptive', decreasing psychological distress and promoting physical and mental health and wellbeing. Other ways of dealing with stress, including avoidance, rumination or venting, are viewed as 'maladaptive'; associated with mental disorder

and distress. However, the families cannot necessarily all be clearly divided into 'adaptive' or 'maladaptive' strategies. For instance, help-seeking and support-seeking can have inconsistent outcomes, depending on the helpfulness of the advice given. As the families of coping suggest, individuals draw both upon their own resources and social resources (such as support from others) for coping. With the notion that your coping mechanisms can exacerbate your problems, it is important to focus on improving your own coping, not just solving any issue you are currently facing. This means that you are learning ways to better equip yourself to solve future problems.

Research summary

Labrague et al. (2018) conducted a systematic review of 13 studies researching coping strategies in nursing students. Stress levels in the nursing students from all years of study ranged from moderate to high. Main stressors identified included stress through the caring of patients, assignments, workloads and negative social interactions with staff and faculty. Of the studies included, six found that problem-solving was the main approach in dealing with stress. This family of coping is considered the most effective way of dealing with stress, involving planning, setting objectives and using past experiences to solve a problem. Other studies reported talking to relatives and friends was a frequently used way of coping. However, many studies reported that the nursing students used transference such as exercise, watching TV and eating. These strategies to deal with stress were ineffective as they do not address the cause of stress. Other studies found that nursing students tended to opt for maladaptive ways of coping during times of stress, such as ignoring their stress or separating themselves from others. The stress experienced by nursing students can have detrimental effects on nurses and their patients so it is important to consider the ways in which we cope with stress.

Schreuder et al. (2012) investigated coping styles of nurses. Active coping, such as problem-solving, had a positive correlation with general health, mental health, job control and job support. High scores on passive coping (avoiding problems or waiting to see what happens) correlated with poor general health, poor mental health, high job demands, low job control and low job support. Passive coping was found to relate to poor general health, poor mental health, low job control and low job support. The nurses with passive coping styles tended to experience low social support. An important part of our coping as nurses is through the support of other nurses and the wider multiprofessional team. Support-seeking behaviours include contact which has an emotional, restorative function but also for help, information, guidance and advice (instrumental aid). Much of this support is informal in nursing – the formalised version of such support is clinical supervision. Unfortunately, while there is a considerable body of evidence that indicates how clinical supervision may support nurses' wellbeing and resilience, combating burnout and stress, there is also sadly evidence that it remains underutilised amongst nursing teams (Markey et al., 2020).

More effective ways of coping can be learned through interventions that target problem-solving, emotional regulation, cognitive restructuring or mindfulness. Research suggests that these types of interventions can significantly improve psychological outcomes. In a randomised controlled trial, undergraduate students participated in resilience and coping sessions where they were encouraged to explore their thoughts and feelings relating to their problems, brainstorm options for change and develop action plans. After this 3-week intervention students reported significantly more hope and less stress and depression in comparison to the control group (Houston et al., 2017). Additionally, 93% of participants felt that they could now make helpful choices when faced with problems (First et al., 2018).

Activity 8.6 Developing your stress toolkit

Bearing in mind the above information, consider your coping styles.

- How would you build on your positive, adaptive helpful coping styles?
- How might you seek to enhance your resilience?
- How might clinical supervision help to reduce your stress and maintain your wellbeing?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Our positive wellbeing

If we feel that we have positive mental wellbeing we may have a sense of our own personal autonomy in that we feel we have control of and manage our lives and have a sense of being able to rely on ourselves to cope in times of trouble. The experience of being in control of our own lives is one which most adults enjoy and take for granted. There may also be an acceptance of ourselves and our life and our personal experiences, along with the highs and lows of life's events and our abilities as well as limitations (Ryff, 1989; Ryff and Keyes, 1995). The ability to take available opportunities and to enjoy a family life or to have a 'working life' which contributes to wider society, to be part of a local community and to have access to services which contribute to a person's sense of security and wellbeing, are all principles which most people hold dear.

The experience of mental ill health can have a profound effect on all of these aspects of our lives, even to the point of no longer feeling that we have any sense of control over our own life decisions and that our opinion is not only ignored, but worse, it is never sought in the first instance (Repper and Perkins, 2003). All experiences change us and reframe our world and the 'illness' experience is just the same. Conversely, the practice of discussing recovery, sharing the knowledge that it is personally defined, acknowledging that people take varied routes and lengths of times and the journey contains setbacks and difficulties but that it is to be expected and supported, is therapeutic and inspiring.

Activity 8.7 Reflection on your skills and talents

List your skills, abilities and talents. What do you think you are best at? How does this contribute to your happiness and satisfaction with life? How many of these benefit your practice as a nurse?

Now, take some time to consider what your vulnerabilities to stress might be. Consider your genetic/family background and life experiences.

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

What are strengths? For Park et al. (2004, page 603), our character strengths are *positive traits reflected in thoughts, feelings, and behaviours* which are associated with mental wellbeing. Strengths are the personal and social capital that supports our resilience and our ability to cope at times of uncertainty, protecting us from psychological harm, and thereby allowing us to flourish. An individual who is flourishing in this sense may be seen as someone who is thriving in their world. The person may feel that they are in charge of their life, with a sense of autonomy, and that they believe they have the personal and social resources and abilities to be resilient and cope with life's troubles. There might be a sense of personal accomplishment, environmental mastery and personal growth. A person may feel that their talents, knowledge and skills are strengths in that they provide opportunities for them to meet their aspirations or pursue their personal interests.

Attempting to identify an individual's strengths and abilities is a challenge as people often find it is easier (and quicker) to describe their perceived weaknesses (Snyder et al., 2011). This is also a challenge perhaps for mental health practitioners who are most used to assessing psychological deficits (Peterson and Seligman, 2004).

A number of tools have attempted to assist people to identify their strengths. For example, the self-report questionnaire Clifton Strengths Finder (Buckingham and Clifton, 2001) (available for purchase at www.strengthsfinder.com) identifies 34 strength themes such as communication (the ability to put one's thoughts into action), restorative (being able to resolve challenges) and analytical (understanding reasons and causes).

Other self-report questionnaires include the Values in Action (VIA) Brief Strengths Test (24 questions which take approximately 5 minutes to complete) and the longer VIA Survey of Character Strengths (taking approximately 15 minutes) (Peterson and Seligman, 2004) (both available free of charge after registration at: www.viacharacter.org/), such as bravery, citizenship, creativity, fairness and integrity. These surveys reveal an individual's personal strengths. This helps people to understand their characters better and subsequently to take advantage of their positive personal qualities in enhancing their everyday lives (Snyder et al., 2011).

Activity 8.8 Reflection on your character strengths

Register for, and take, the VIA Character Strengths test (www.viacharacter.org/).

How many of the strengths outlined in the VIA Survey do you feel you have? How many would you like to develop?

As this activity is based on your own reflection, no outline answer is provided at the end of the chapter.

Chapter summary

In this chapter we have considered your mental health and wellbeing as an adult nurse and, in particular, the ways in which you can maintain your wellbeing. We have explored the different types of stress we may experience and the pervasive impact of stress on our personal and working lives. We have looked at adaptive and maladaptive coping and how we can develop our own stress management toolkit. The issue of personal resilience, which features in the new nursing curricula, has been discussed along with how nursing students can promote their own positive wellbeing by adopting a mentally healthy lifestyle.

Further reading

Van der Kolk, B (2014) *The Body Keeps the Score*. London: Penguin.

This book explores how trauma and stress can have a significant and lasting impact on our minds and bodies and the paths to recovery that we can take to help let go of painful memories and experiences.