

# Nursing Health Services Research Unit

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Faculty of Nursing and  
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research that focuses on:

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*Nursing Health Services Research Unit  
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## ***Fact Sheet: Stress and Coping among Nurses who Help Patients Manage Chronic Pain***

The multidisciplinary role of nurses who help patients manage chronic pain includes:

- Assessing methods and effectiveness of pain management, teaching patients about alternative methods of managing pain, monitoring patients' self-care both pharmacologically and non-pharmacologically, and coordinating care among health care providers (Davis & White, 2001).
- The nurses' role also involves understanding the psychological and social dimensions of how patients perceive pain. Psychological factors include: cultural background, previous experience, social environment, gender, personality, patient's own beliefs, and the health professional providing treatments (Adams & Field, 2001).

### **Workplace stress**

- Social and environmental factors play a large role in the nurse/patient relationship affecting the delivery of care, and ultimately the emotional closeness between the nurse and patient (Roberts & Snowball, 1999).
- Nurses' stress may be a result of uncertainty, responsibility, and/or strained relationships with patients (Roberts & Snowball, 1999).
- Unsatisfactory relations with other nurses and inter-professional conflict may also cause stress (Roberts & Snowball, 1999).
- If stress is not managed, psychological symptoms such as: irritability, changes in memory and attention span can result (Adams & Field, 2001).

### **Challenges for nurses caring for patients with chronic pain**

- Helping patients learn self-management /self responsibility requires both knowledge and interpersonal skills. A qualitative study of Dutch community nurses caring for patients with chronic pain found that nurses sometimes feel powerless if there is no cure for the pain. *Communication difficulties, dilemmas, and discrepancies between goals and feasibility* were identified as causes of powerlessness (de Schepper, Francke & Abu-Saad, 1997).

### **Communication difficulties**

Effective communication with patients and colleagues is essential. Communication challenges include:

- Helping patients who are in denial of their illness to communicate their feelings (de Schepper, Francke & Abu-Saad, 1997).
- Dealing with disagreements between nurses and doctors regarding treatment plans (de Schepper, Francke & Abu-Saad, 1997).

### ***Dilemmas***

- May relate to opiates and spinal anesthesia treatments. An example is the use of morphine to relieve pain, as this may cause patients to experience increased drowsiness and problems communicating.
- Nurses, the interdisciplinary team and patients must evaluate the pros and cons of alternative treatment plans.
- To resolve dilemmas, nurses must select the strategy that is in the patient's best interest (de Schepper, Francke & Abu-Saad, 1997).
- Treatment decisions should reflect an understanding between the patient and nurse regarding the best choice of treatment (de Schepper, Francke & Abu-Saad, 1997).

### ***Discrepancies between goals and feasibility***

- Nurses who are unable to meet predetermined goals for their patient because they are not feasible, may experience work dissatisfaction (Hartrick & Hills, 1993).

### ***Coping strategies***

Coping can be defined as: *Constantly changing cognitive and behavioral effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person* (Richardson & Poole, 2001). Coping strategies include:

- Standing back from the situation to gain a clearer perspective (de Schepper, Francke & Abu-Saad, 1997).
- Establishing a commonality with the patient to strengthen the nurse-patient relationship. For example, nurses could tell patients when they feel powerless. Nurses and patients who discuss feelings often find they have similar emotions (de Schepper, Francke & Abu-Saad, 1997).
- Adopting best practices such as:
  - Ensuring that the healthcare team set feasible patient goals (de Schepper, Francke & Abu-Saad, 1997).
  - Increasing skills, knowledge and understanding of pharmacological and non pharmacological pain relievers in order to use different techniques to control the patient's pain (de Schepper, Francke & Abu-Saad, 1997).
  - Evaluating pharmacological treatments using a comprehensive assessment of the patient's current pain management regime to individualize care.
  - Considering factors such as age, opiate tolerance, coexisting conditions, and the level of pain intensity when planning treatment (Davis & White, 2001).
  - Implementing non-pharmacological strategies such as: relaxation techniques, methods of distraction, pacing daily activities, and maintaining a positive attitude (Davis & White, 2001).

Coping strategies will vary among individual nurses. Research shows that some nurses find that closeness with patients reduces stress and enhances job satisfaction, whereas other nurses distance themselves from patients to avoid emotional stress (Roberts & Snowball, 1999).