TRANSITIONS
IN NURSING
PREPARING FOR PROFESSIONAL PRACTICE
Fourth Edition

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Welcome to the fourth edition of Transitions in Nursing: Preparing for Professional Practice. As with the first, second and third editions, this book has been developed to assist undergraduate students, new registered nurses and other professionals interested in issues and challenges associated with the transition from higher education to practice. For the majority of new graduates this rite of passage is associated with a degree of stress, strain and culture shock. These are issues that have existed in nursing, internationally, for decades. The literature shows that this transition is a multidimensional and complex process. Intensive socialisation brings to the surface many challenges and opportunities for new registered nurses as they assimilate into their professional work roles. Research has shed much light on the issues associated with transition and has uncovered knowledge, including strategies that can be useful in negotiating the process.

The book has been designed to provide comprehensive information on key issues associated with transition. Readers will find viewpoints that are challenging and sometimes disconcerting, but at the same time motivating and thought-provoking. The fourth edition is divided into three sections. Section 1 examines issues from student to graduate nurse. Section 2 looks at skills for dealing with the world of work. Section 3 discusses the organisational environments. This edition also includes three new chapters in the area of evidence-based practice/knowledge translation: a practical guide; establishing and maintaining a professional identity: portfolios and career progression; and transition into practice: the regulatory framework for nursing. Understanding the context in which we work is crucial to effective functioning in the workplace. Knowing how to provide care for patients and their families in the health system is not sufficient: we need to learn how to care for ourselves in order to care for our patients effectively. The exercises and learning activities that appear throughout the book offer readers a range of helpful suggestions in understanding the nursing context, managing stress and caring for themselves. In addition, each chapter includes recommended readings, case studies and reflective questions for further exploration.

Our intention was to involve clinicians and academics in producing a resource that is scholarly, accessible, reality-based and practical. More importantly, it is a resource for every student, practising nurse, educator and administrator in understanding the issues of transition for new registered nurses. By reading the book, reflecting on the issues and posing possible answers, readers should be able to gain a comprehensive view of the issues, challenges and opportunities that lie ahead of them. The journey during this period can be rewarding, with implications for a long-term career for new nurses, particularly when educators, administrators and clinicians collaboratively anticipate and manage the socialisation process.

We extend our sincere appreciation to the contributors to the book for their shared interest in and concern for the issues and challenges of transitioning from student to registered nurse. This
book would not be possible without them. We would like to extend our special appreciation to Natalie Hamad, Libby Houston, Karthikeyan Murthy, Robyn Flemming and the rest of the team at Elsevier for their encouragement and support. Elsevier Australia joins us in thanking the reviewers for their feedback on the manuscript. We would also like to thank our partners and families for their support. Finally, we wish to dedicate this text to our past, present and future students.

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CHAPTER 14

Managing emotional reactions in patients, families and colleagues
Paul Morrison and Christine Ashley

LEARNING OBJECTIVES
When you have completed this chapter you will be able to:
▲ identify causes of emotional stress in nursing
▲ examine your responses to emotional conflict
▲ develop a greater level of self-awareness
▲ explore ways of managing emotional reactions in yourself and others
▲ take a positive and constructive approach to dealing with conflict.

KEYWORDS: conflict, coping, interpersonal skills, self-awareness, strategies for managing conflict

INTRODUCTION
The care context is a microcosm of society. It exposes us to the whole gamut of stresses and strains that unfold during a person’s lifetime. But it does so in an intense way and sometimes over a very short and compressed period of time. Whether you work primarily in a hospital or community setting, you will be exposed to a wide range of stressful events that elicit attendant emotional reactions and upset in you and others. You will also have to learn to cope with the routine tensions that affect us all outside work. How you deal with these will have an impact on how you deal with work-related issues. Learning to cope with and respond positively to the emotional side of things will not only help you to function more effectively at work; it will also help you to stay healthy.

STRESS AND YOU
One useful way of considering how much stress you are under is to use the life events scale developed by Holmes and Rahe some years ago.’ Take a few minutes to rate yourself on the life events scale and calculate your overall score.
EXERCISE 14.1

Mark each item on the list that has occurred in your life during the past 12 months. Then add the points together.

**Life Events Scale**

<table>
<thead>
<tr>
<th>Life event</th>
<th>Lifechange unit</th>
<th>Life event</th>
<th>Lifechange unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>Divorce</td>
<td>73</td>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>Marital separation</td>
<td>65</td>
<td>Spouse begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>63</td>
<td>Begin or end school</td>
<td>26</td>
</tr>
<tr>
<td>Death of close family member</td>
<td>63</td>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>Personal injury or illness</td>
<td>53</td>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>Dismissal from work</td>
<td>47</td>
<td>Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>Marital reconciliation</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td>45</td>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in health of family member</td>
<td>44</td>
<td>Change in schools</td>
<td>20</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td>39</td>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Gain of new family member</td>
<td>39</td>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>Business readjustment</td>
<td>39</td>
<td>Minor mortgage or loan</td>
<td>17</td>
</tr>
<tr>
<td>Change in financial state</td>
<td>38</td>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of arguments with spouse</td>
<td>35</td>
<td>Change in number of family reunions</td>
<td>15</td>
</tr>
<tr>
<td>Major mortgage</td>
<td>32</td>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Foreclosure of mortgage on loan</td>
<td>30</td>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Change in responsibilities at work</td>
<td>29</td>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>Son or daughter leaving home</td>
<td>29</td>
<td>Minor violation of the law</td>
<td>11</td>
</tr>
</tbody>
</table>

The life events scale lists 41 positive and negative common occurrences that require adjustment and affect your risk of illness. A score of over 300 in 1 year greatly increases your chance of illness. A score of 150–299 reduces the risk by 30%, and less than 150 indicates a small risk of illness. However, even if you are at great risk due to major changes in your life, you can reduce that risk through the use of effective stress management techniques.

We respond to these sorts of pressures in individual ways as we evaluate the impact they will have on our lives and our capacity to cope effectively with them over time. Not all stress is bad. The normal stress in our lives – called eustress – helps us to perform and achieve things on a daily basis. The process of appraising the tasks facing us, and our capacity to deal with these effectively, helps us to identify support networks and personal resources that may be helpful. These networks, coupled with an optimistic attitude, tend to promote good coping in student nurses.²

Some coping strategies may create more problems; for example, excessive use of alcohol, food, recreational drugs and tobacco can lead to additional problems in your work life, and at home with your partner and children. They will also have a negative impact on your identity and general wellbeing. Consider how you tend to cope with these general stresses. It is important to develop an awareness of the sorts of things that you find especially stressful, and learn positive ways of coping with them. Self-awareness is perhaps one of the first steps in this direction. Being aware of the difficult issues and having someone to talk to will help. It is surprising how taking the time to complete a simple scale like the one you have just done can provide helpful feedback that raises awareness and generates personal insight. This is an important step in promoting change and positive coping.

EMOTIONAL REACTIONS IN NURSING PRACTICE

There are many potential sources that elicit emotional reactions at work. We have divided some of these into three major categories, but in reality they blend into each other depending on the complexity of the situation. In addition, you will probably be able to generate your own list of emotionally trying situations from your clinical experiences and those of your close colleagues. The examples outlined below should provide a realistic flavour of some of the common issues that provoke strong emotions.

Patients and Clients

We use the terms patient and client here to reflect the different work environments in which you may find yourself. In the acute hospital sector the word patient will prevail; while in other areas of health, such as the community or mental health, the term client may be preferred. Patients or clients can be a major source of emotional reactions in you. One of the main reasons for this is the changing nature of healthcare, with a greater emphasis on the professional relationship and more active patient participation within a patient-centred model of care.³ Consider a few scenarios. A mother and child with a relatively minor complaint have to wait in the accident department for 2 hours because the staff is busy following a major road accident. As you walk by, the mother complains in a rude and hostile manner that her child has not yet been examined and may be seriously ill. She describes the nurses as ‘arrogant bitches’. On other occasions
you may come across people who are drunk or on drugs and demand immediate attention. Some patients may have unrealistic expectations about what you can do and the level of resources at your disposal. They simply assume that you can give them what they want promptly.

In emergency situations such as resuscitation or dealing with major traumas, people’s emotions will be working overtime. Verbal assault, and occasionally physical assault, are almost inevitable in some areas of healthcare, especially in the emergency department. It is wise to prepare for these. It is also vital that, if this happens to you or to a colleague, the incident is reported and dealt with appropriately. This includes you, or the colleague who has been exposed to verbal or physical assault, being provided with support and care.

CASE STUDY 14.1

Jane was a new graduate in her first week on a medical ward. During an evening shift, an elderly man was admitted to the ward from the emergency department suffering from severe head and facial injuries and fractured ribs. The patient had been the victim of a brutal attack during a robbery in his home.

During the attack, the man’s wife was killed. The man was accompanied by a police guard and by members of his family. During the first two shifts that Jane cared for this patient, she was kept very busy dealing with the victim’s physical injuries. The family members were cared for by the senior nurses, who organised support and counselling. The man gradually regained consciousness, and it was then that the full horror of the incident became apparent to Jane. She listened to a description of the events leading up to the assault, and she stayed with the patient as he begged to be allowed to die. He did not want to live without his wife, he said. Jane also found the constant presence of the police officers an intrusion on the nurse–patient relationship.

By the fourth day, Jane realised that she was becoming emotionally drained by nursing the patient, dealing with his distress and trying to comfort the family. She broke down on the ward and found it hard to come back to work the next day, thinking that she was not cut out for nursing. A senior nurse on the ward recognised that several other nurses were also experiencing similar distress. She organised for a counsellor from a support group for victims of crime to hold a debriefing session for staff. Everyone attended, including several of the police officers.

Jane found great comfort in being able to recognise that the trauma associated with such violence was a normal reaction, and that her response did not indicate weakness on her part. She felt much stronger as a result of the counselling session and returned to caring for the victim with increased empathy and understanding.

REFLECTIVE QUESTIONS

1. What struck you personally about Jane’s story?
2. What does the story illustrate about the difficulties of dealing with the victims of crime?
There are times when you will come across people from different cultures whose language, value system and beliefs are all different from yours. This can create enormous difficulties in communication and arriving at a mutual understanding of events, needs and expectations. It can be a major source of frustration in you and others. From time to time, you may come across the victims of serious crimes such as rape, domestic violence and torture, or people who have attempted suicide or the relatives of those who have committed suicide. All of these people will elicit strong emotional responses in you as a nurse and as a person.

Families
Dealing with the families of patients can be an additional pressure. One of the most difficult aspects of working with families is having to give them bad news about the results of tests, or telling them that a family member has just died. You may be torn between the need to inform them and your desire to shield them from the pain that will inevitably follow your disclosure. It is an unsolvable dilemma.

However, we all have to face the inevitability of death in our families. Most family members respond to bad news with great courage; however, sometimes they react by blaming you and the hospital, and this can cause great distress. As you spend time with family members of dying patients you will inevitably get to know them and share some of their grief and the sense of loss they are experiencing.

The parents of very sick and dying children will need psychological support and help. Watching parents spend time with a dying child (or any member of the family, old or young) can be especially traumatic. If you happen to be a parent, too, then it is an even more difficult experience. The sense of crushing vulnerability you will experience as a parent and nurse may help you to empathise more fully with the family. Personal pain and vulnerability are undeniable aspects of your role.

CASE STUDY 14.2
‘We have to be real as nurses. We’ve moved a long way from the days when it was unacceptable for nurses to express emotions when caring for people. The day I don’t feel will be the day I won’t do this work anymore. But I always remember the children are not mine. There is a professional intensity and closeness; we get to know the child and their family incredibly well. Families remember everything about the care of their child, but I don’t. I move on and bring that level of intensity to the next family … Getting that balance right comes from experience, but developing really good knowledge and skills about how to care for yourself from the beginning is very important,’ says Karyn Bycroft, a New Zealand nurse practitioner who cares for dying children.

REFLECTIVE QUESTIONS
1. Think of a client or patient you felt close to during your clinical work. What was it about the context and the person involved that enabled that closeness to be established?
2. How did the closeness influence the care you provided?
3. How did you manage to move on from that momentary closeness?
Colleagues

This category may seem slightly strange and out of place here for someone working in a ‘caring’ profession such as nursing. However, as you become more experienced you will find, if you have not done so already, that colleagues and other members of the healthcare team can be a major source of conflict in your working life. Sometimes managers, supervisors or colleagues make unfair demands on you: asking you to work unreasonable rosters or ignoring your requests for special shifts; or you may feel unreasonable pressure to come to work when you are unwell. In the workplace, you may feel that your contributions to discussions relating to patients’ issues or ward management are being deliberately ignored. In other words, you feel undervalued or ‘picked on’ in your workplace. Horizontal violence is the term used to describe intergroup conflict of this nature.

There may also be times when you come into conflict with colleagues from other disciplines. For example, you may feel that an elderly patient with terminal cancer should be allowed to die in peace, while the surgeon insists on performing another traumatic and expensive operation in the hope that it might prolong the patient’s life for another 6 months.

It can be very difficult to challenge another colleague in a situation like this because of the power differences that exist. Nurses often just accept the situation without question, and this may be part of the hidden curriculum they have been exposed to as students or new graduates – that is, not to question the doctor or other senior colleagues. However, a clash of values, especially if they occur in a particular workplace setting, needs to be dealt with constructively or people will feel very stressed and disempowered and their effectiveness will deteriorate.

There may be times when a situation at work raises ethical dilemmas for you. You may suspect that a colleague (and friend) may be taking medications from the ward and using or selling them. Yet, you have no proof. Do you confront your friend and run the risk of ruining the friendship? Or do you report your suspicions to the supervisor? Both options carry the risk that your friend’s career may be in jeopardy. Yet, you also have a responsibility to the patients whose medication your friend may be stealing by falsifying their medication records. As a registered nurse you must report any incident of this nature. Reporting another health professional who is acting inappropriately or unethically is now a legal requirement for registered nurses.

CASE STUDY 14.3

Sue started work in a busy mental health ward in a regional hospital. She had gained a year’s experience in a large city centre after completing her postgraduate studies in mental health nursing. There were several nursing practices in the new workplace that Sue knew were outdated and not evidence-based. She spoke to the nurse manager about these and asked if she could revise them. The manager told her that the current practices worked very well and she saw no reason to revise them.

From then on, the manager often ridiculed Sue in front of her fellow workers and gave her tasks to do with unrealistic timeframes. Sue began to feel intimidated and lost confidence in her
abilities. When she confided in her fellow workers, she was told, ‘If you want a quiet life, keep your head down and do as you’re told.’ Senior nurses on the ward also constantly made sly comments about her psychiatric training, saying that she thought she ‘knew it all’ because she had attended university.

Sue became so depressed about her work situation that she contemplated leaving nursing, until a colleague from her student days advised her of some strategies to use, and told her about the role of anti-harassment officers in the workplace. As a result, Sue was able to learn some skills for dealing with conflict in the workplace, and also gained comfort from learning about her legal rights and the steps she could take if the situation became untenable.

Gradually, over a period of time, the other staff members accepted Sue. Later, another new staff member experienced the same difficulties, and Sue was able to assist her by sharing her own experiences.

**REFLECTIVE QUESTIONS**

1. Think of a time when you felt in some way undermined or diminished as a person in a clinical setting. How did you manage to get through this difficult period?
2. What skills and resources did you evoke to help you at the time?
3. What would you like to share with other less experienced students about how to overcome these difficult moments at work?

**Personal Dilemmas**

There may be times when you have to make important decisions that affect your ability to balance a career and personal life successfully. Getting married, deciding to start a family or to return to full-time study, taking on a mortgage or working overseas for a few years can all interrupt your career, sometimes with negative consequences. There are no right answers here. Lots of people, in an effort to be supportive, will tell you what to do. This type of advice is rarely helpful. What is very important is for you to explore different perspectives in order to clarify your values and long-term goals. When you are clear about these you will be able to make informed choices that suit you and those closest to you. Important decisions are never easy. Whatever circumstances might emerge, it is important to remember that humans have a great capacity to adapt and find happiness and contentment in life.10

**STRATEGIES FOR MANAGING CONFLICT CONSTRUCTIVELY**

**Acknowledge the Conflict**

The situations described above may all be considered sources of conflict that elicit strong emotional reactions – such as feelings of anxiety, tension, guilt, depression, or anger and hostility – for those involved. These occurrences can range from minor discomforts, incidents and misunderstandings to serious crisis situations that can have an impact on a whole ward team and across disciplines. Most importantly, these forms of emotional reactions will often lead to stress, sour relationships and poor work
Acknowledging a conflict or situation is important because it will help you to make sensible plans to address the issue and to arrive at a point where you feel a stronger sense of self-control.

**Deal with Emotional Reactions**

Emotions play an important role in how you manage work and the people you encounter. Becoming more self-aware and learning about your emotional self will enable you to manage your emotions at work more effectively and at the same time help you to be more aware of other people’s reactions. This enhanced awareness will help to build more productive relationships and manage conflict at work in a calm and constructive fashion and is referred to as ‘emotional intelligence’.

**EXERCISE 14.2**

Take a few moments to think about a situation that elicited strong emotions in you, then complete the following activities.

1. Describe a situation and identify the people involved.
2. Describe your emotional reaction and label the feelings you experienced during and after the situation. What changes did you notice in your breathing, heart rate and stomach during the event?
3. Describe how you responded to the situation. How did you behave? What did you say and do?
4. Describe how the situation was resolved or managed. Did you react negatively or constructively?

Notice how completing a short exercise like this may evoke some of the feelings, thoughts and bodily experiences that you felt at the time of the incident. If it has, then it suggests that this incident is a form of ‘unfinished business’ and you may need to continue to work through this, perhaps by talking with a supportive friend, if you are to move forward at work.

**Take Care of Yourself**

Unfortunately, many nurses downplay the effects of emotional abuse or violence in the workplace. Exposure to this sort of working environment, in the long term, will have a very negative effect on your performance both at work and at home. If you are a victim of violence or abuse of any sort, the literature is clear in advocating that you will benefit from debriefing and post-trauma counselling. In many cases, the support of peers and workplace colleagues can facilitate a positive outcome in the short term. However, ‘spot debriefing’ is often not enough, and more formal follow-up should be sought. Unfortunately, in rural or remote areas there is often inadequate support available. It is important, though, if your employer is unable to provide you with
follow-up, that you seek professional help from your doctor, counsellor or another health professional.

You can also take care of yourself by ensuring that you have a balanced lifestyle. Avoid overworking, overeating and overdrinking, and take regular exercise. Make sure that you take all the vacation time that you are entitled to, and that you get enough sleep and relaxation. Plan to review your work situation and lifestyle at three or four points in the year. Too many people fail to take time out to reflect on how things are and where they are headed. If you find that some people or situations are continually causing you to feel overwhelmed and exhausted, do something about it. Learn how to say ‘no’ (and mean it) to taking on more than you can reasonably deal with. Where possible, avoid interacting with those people who add to your stress at work. Focus on a small number of priorities – do not try to do everything at once. Work on being happy and take steps that will help with this goal.15,16

**Know Your Rights**

Employers in Australia are required under workplace health and safety legislation in each state and territory to provide a safe place of work and to provide and maintain a safe system of work. Equal employment and anti-discrimination legislation also protects you from unfair discrimination and certain objectionable conduct. So, if you work in a situation that, in your opinion, leaves you exposed to physical risks or sexual or emotional abuse, you have a right to take this up with your supervisor or employer.

Perhaps you are working in a rural or remote setting on your own at weekends. You are caring for several potentially aggressive patients, and you have limited access to back-up in an emergency. You consider you are potentially at risk, but you do not want to appear to your colleagues as if you cannot cope. Do not assume that, because no one else has done anything about the situation, you should avoid doing anything, too. Remember: you have a right to feel safe at work. You also have a responsibility to your patients, to your profession, and to yourself and your family. It is vital that you discuss the situation with your supervisor, and try to be constructive in your discussions. Remember that knowing that the law is on your side is, in itself, empowering.

**Use Interpersonal Skills and Build Rapport with Others**

How you cope with a given situation will depend very much on how you interact with others in the workplace. In a complex social environment such as a hospital or healthcare centre, working cooperatively and being able to get along with others is vital. Understanding how you interact is important if you are to develop skills to deal with conflict. Learning to enhance your awareness of your interpersonal approach and skills is an ongoing process. Try Exercise 14.3 below for yourself. The items are adapted from the Opener Scale.17

Now that you have considered your own strengths and weaknesses more carefully, you can use this information to improve your skills in dealing with conflict. Having the ability to listen and be empathic is important in all aspects of nursing, not least when we are expected to resolve conflict or defuse emotionally charged situations. When attempting to manage a conflict, it is really important to develop a clear understanding
of the other people involved and their particular wants and needs. This takes time and patience and very good communication skills. The ability to empathise with the other parties is fundamental. Remember, too, that people may have very good reasons to be angry, so it is important to explore the situation from different perspectives. Being able to take on board the perspectives of others will help you to acknowledge and accept that some stresses cannot be avoided, mishaps and mistakes are inevitable, and learning to forgive is an important skill in successful coping and promotes health and wellbeing.18

Realise Your Potential as a Professional and a Person

Part of dealing effectively with challenging situations as a nurse comes about through life's experiences over time and developing personal maturity. Most new graduates are concerned by their lack of experience; however, remember, while you may lack extensive clinical expertise, your ability to deal with delicate situations comes about not only through knowledge gained at university and on clinical placements but also through the experiences you have gained throughout your life. Travel, working in other environments and dealing with family crises are important in developing coping skills and shaping you as a person. So, when opportunities present themselves, always consider the potential benefits that may result from, for example, an overseas trip or the invitation to be part of a childcare centre management committee. These opportunities will increase your self-esteem and self-awareness, and provide you with unexpected extra knowledge and skills.

As you prepare to embark on your career as a nurse, you will be experiencing the relief of having come to the end of several hard years of study. However, do not make the mistake of thinking that your studying days are over! Sociologists tell us that we

EXERCISE 14.3

- People often tell me about themselves
- I like listening to people's stories
- People trust me with their secrets
- I am very accepting of others
- People feel comfortable around me

Consider each of these statements in turn along a continuum from ‘very much like me’ to ‘not at all like me’ and ask yourself the following questions:

1. To what extent is this statement a good description of me at work?
2. Are there things I would like to change? If so, why? If not, why not?
3. How does this description of me shape how I relate to others at work?
4. How does this description of me shape how others relate to me at work?
5. Do you see this description of you as a strength or a weakness in your approach to others? If so, why? If not, why not?
will be likely to undergo several career changes during our working lives, so it is vital to recognise the importance of continuing professional development as part of your working life. Learning is a lifetime commitment, so seize opportunities as they arise and keep yourself informed and up to date. Look upon the acquisition of knowledge and skills as the key to your long-term success in the future.

Learn to Live with Pressure

Living with pressure and coping with rapid change is now a routine requirement in most professional careers. Many of us view ‘pressure’ as a stress that can lead to conflict in our daily lives. Part of learning to cope with pressure at home, at university and at work is to recognise that pressure can also be a stimulus for enhancing our performance – some anxiety helps us to perform better. However, too much pressure for lengthy periods of time becomes exhausting and leads to deterioration in performance.

Similarly with change: we all need to accept change as a positive experience rather than something that should be avoided or that can have only negative consequences. Consider the following example: as a cost-cutting exercise, the staffing on your ward has been cut by one registered nurse on the evening shift. At first, you feel overwhelmed at the thought of how you will get through the resulting extra work, and you worry through your days off about returning to the workplace. This is responding negatively to change and pressure. However, when you start to consider what you normally do each shift, you begin to realise that much of the evening work is done simply because that’s the way it has always been done, rather than being based on evidence for best practice. By using your professional judgment and some creative skill you realise that, in fact, you can work more efficiently and effectively than before, and with fewer staff. Change, in this case, has had a good outcome, and you have responded to the pressure positively.

Some of us thrive on pressure – we all know the old saying that if you want something done, you go to the busiest person. Yet others are not able to cope so well. It is important that you know your own capabilities, and do not expose yourself to unnecessary pressure. Do not fall into the ‘Messiah trap’ and get caught up in the belief that you are ‘indispensable’ and everyone else’s needs must come before your own. Being a Messiah can make you feel indispensable, but it can also leave you feeling worthless, unimportant and isolated because your personal needs are being ignored.

Berry describes the ‘Messiah trap’ as a two-sided lie into which many caring people fall:

| Side 1 | If I don’t do it, it won’t get done. (You take responsibility for everything and feel indispensable.) |
| Side 2 | Everyone else’s needs take priority over mine. (You believe you are expected to put everyone else first at the expense of caring for yourself.) |

Nursing will always involve a certain amount of pressure in any specialty, but some clinical settings are recognised as high-stress areas, such as emergency departments and intensive care units. If you know you do not cope well with these highly stressful clinical areas, use this knowledge to guide you as you choose your career path. If you
are starting to feel ‘burnt out’ by your work, then recognise this as a sign that you are not coping well with pressure. Depending on its severity, dealing with burnout may involve debriefing with colleagues, seeking counselling from a professional, having a well-earned holiday or even reviewing your place of work.

**Find Your Niche**

Sometimes we find roles and areas for which we are really well suited, and sometimes we do not. For example, it was found that those who were more effective helpers in professions like the clergy and teaching were more likely to view the world from a basically person-centred perspective. It may come as no surprise to hear that many people in professions like nursing and social work change their career and enter counselling. Their system of beliefs may be in conflict with the daily practices of their former profession. However, the search may be a long and arduous one and many blind alleys may have to be explored first. Not everyone finds the niche they hope for.

**CONCLUSION**

In this chapter we have examined a number of areas that have the potential to elicit strong emotional reactions in clients, patients and relatives, and in us as professional carers. Emotional stress is a byproduct of nursing work and cannot be avoided. However, it can be managed effectively through the development of self-awareness and good interpersonal skills. These skills are prerequisites for establishing sensible boundaries to protect yourself against the inevitable stresses that will emerge in clinical work. They can help to ‘inoculate’ you against the negative consequences of emotional stress and to be an assertive professional. Changes in organisational culture and an increasing awareness of employment safety issues will also help to alleviate stress and conflict in the workplace. Work should be challenging, but it should also be rewarding and fulfilling. Developing positive strategies to deal with emotional reactions in yourself and others will help to ensure that this is the case for you.

**CASE STUDY 14.4**

During her first week on placement on a busy ward environment, Jacinta found that some of her new colleagues continued to refer to her as a student. On the third day she asked a senior registered nurse for advice on whether or not to give a patient PRN Seroquel when the patient reported feeling very agitated. The senior registered nurse said: ‘I’m busy. You should know what to do anyway.

**REFLECTIVE QUESTION**

How would you support Jacinta in this instance?

**CASE STUDY 14.5**

Six months after graduating and completing mental health and surgical placements, Oisin found that the key skills that helped him to cope with the challenges in that time were reflection and
journalling of his experiences, feelings and thoughts on a regular basis. Moreover, he found himself rereading old notes and revisiting things that he had not fully understood as a student. Oisin found this very odd; during his undergraduate years he had failed to see the point of reflection!

REFLECTIVE QUESTION
What questions would you like to ask Oisin?

CASE STUDY 14.6
As part of her graduate program, Jill has just completed a 6-month allocation in a small country hospital, working in various settings, including the emergency department, operating rooms and the general ward. She has been collating various incidents for her professional portfolio and recalls that there have been two episodes where she has witnessed nursing staff bullying other members of the team. Although she has not experienced this directly herself, she feels on reflection that she needs to record these events in her portfolio and examine what affirmative action she could have taken.

REFLECTIVE QUESTIONS
1. What steps could Jill take in terms of developing her skills to handle bullying at work?
2. How could these events best be recorded in a professional portfolio in order to provide evidence of reflective learning?

RECOMMENDED READING

REFERENCES


