

# HOW TO PREVENT STRESS AS A NURSE



**FREE EXCERPT**

**Vernon L. Williams**

Author of Top 7 Myths That Perpetuate Stress (And How to Dispel Them)

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## PREFACE

### HOW I CAME TO WRITE THIS BOOK

“Your wife has a chronic illness. She will require treatment for the rest of her life.”

Those were the words of my wife’s doctor one year into our marriage. Indeed, over the next 34 years, she required treatment, with much of it being done in the hospital. While I do not know the exact number of hospitalizations, a conservative estimate would be more than one hundred. The length of the stays ranged from 7 days (the shortest) to forty-eight days (the longest).

Since I was my wife’s advocate, I was with her around the clock throughout each hospitalization.

Early on, I learned that the way I thought about the situation impacted the way I felt and the way I acted. For example, if I thought I should not have to go through this, I felt discouraged and I carried out my duties lackadaisically.

On the other hand, if I thought of this as an opportunity to serve my wife at a time when she was vulnerable and needed my support, I felt honored and encouraged to do everything I could to make her hospital stay as comfortable as possible. Then, I carried out my duties with enthusiasm and purpose.

Being in the hospital so much allowed me to observe and talk with literally hundreds of nurses. I came to learn their duties, methods, routines, etc. I also listened to them describe things that caused them to be stressed.

At this same time, I happened to be reading books rooted in decades of research on emotions such as stress. The books included *A Guide to Rational Living*, by Albert Ellis, Ph. D., and Robert Harper, Ph. D.; and *Cognitive Therapy and Emotional Disorders* by Aaron T. Beck, M.D.

Later, I would read: *Mind Over Mood: Change the Way You Feel By Changing the Way You Think*, by Dennis Greenberger, Ph.D., and Christine Padesky Ph.D., *Feeling Good: The New Mood Therapy*, by David Burns, M.D., *Your Brain Is Always Listening: Tame the Hidden Dragons that Control Your Happiness, Habits, and Hang-ups*, by Dr. Daniel Amen, M.D., *Learned Optimism: How to Change Your Mind and Your Life*, By Martin E.P. Seligman, Ph.D., and *Cleaning Up Your Mental Mess: 5 Simple, Scientifically Proven Steps to Reduce Anxiety, Stress and Toxic Thinking*, by Caroline Leaf, Ph.D., *The 14-Day Stress Cure: A New Approach for Dealing With Stress that Can Change Your Life*, by Mort Orman, M.D., *The Myth of Stress: Where Stress Really Comes From and How to Live a Happier and Healthier Life*, by Andrew Bernstein, and *Switch On Your Brain: The Key to Peak Happiness, Thinking, and Health*, by Caroline Leaf, Ph.D.

Additionally, I read the words of King Solomon, the wisest man who ever lived, who said: "Be careful what you think because your thoughts control your life."

My reading confirmed what I had learned early during my time in the hospital with my wife - thoughts lead to feelings (stress), and feelings lead to action.

Based on what I had learned, I began coaching nurses on how they could cope better with issues that they faced, without getting stressed. They appreciated my encouragement and began seeking me out, even if they were not assigned to care for my wife. Many of them told me that, while they did not wish for my wife to be in the hospital, they benefitted greatly from my coaching.

Eventually, I became a personal development coach, speaker, and author. I developed the Stress Prevention Method (SPM). This method involves identifying an issue that you experience as stressful and outlines steps you can take right now to prevent stress, rather than simply manage the symptoms.

I have written the following books: *Top 7 Myths That Perpetuate Stress (And How to Dispel Them)*, *Prevent Work Stress: 12 Steps to Success*, *Prevent Pastor Stress: 11 Steps To Success*, *12 Steps to Preventing Business Owner Stress*, *Stop Negative Thoughts Today*, *How to Eliminate The 13 Types of Thoughts That Sabotage Business Owners' Success* and *The Power to Rejoice: 21 Days to Victory Over Your Problems*.

I have used the Stress Prevention Method (SPM) for several years to help pastors, business owners and employees prevent stress, rather than manage the symptoms. While the duties of pastors, employees, business owners, and nurses may differ, the cause of stress is the same: thoughts about circumstances, not the circumstances themselves.

My wife passed away in 2006. While I am no longer in the hospital multiple days in a row, I still make several hospital visits per year to see family members, neighbors, church members, or friends. I still find myself observing and listening to nurses describe things that cause them stress.

While coaching a nurse on the importance of changing her thinking about her circumstances during a recent hospital visit, she asked me where she could learn more about how to implement this change in thinking.

My response - I have written the following books: Top 7 Myths That Perpetuate Stress (And How to Dispel Them), Prevent Work Stress: 12 Steps to Success, Prevent Pastor Stress: 11 Steps To Success, 12 Steps to Preventing Business Owner Stress, Stop Negative Thoughts Today, How to Eliminate The 13 Types of Thoughts That Sabotage Business Owners' Success and The Power to Rejoice: 21 Days to Victory Over Your Problems.

Now, I have written How to Prevent Stress As A Nurse.

Let's start on the road to preventing stress, instead of just managing the symptoms.

# **PART ONE: INTRODUCTION**

## 1. Statistic on nurses' stress

84% of nurses are stressed. (Pulse On the Nation's Nurses Survey)

## 2. Common stressors for nurses

- a. Working short-staffed
- b. Heavy patient loads
- c. No input into patient care decisions
- d. Difficult/demanding patients
- e. Demanding/rude family members
- f. Lack of nurse manager support
- g. Conflict with a co-worker
- h. Death of a patient
- i. No advancement
- j. Work interfering with family life
- k. Low salary
- l. No appreciation
1. M. Paperwork/documentation

## 3. Stress' Impact

### a. On Women's health (Health and Human Services - Office of Womens' Health)

- Headaches and migraines
- Depression and anxiety
- Heart problems
- Upset stomach
- Obesity
- Problems getting pregnant
- Menstrual cycle problems
- Decreased sex drive

**b. On Men's Health** (healthline.com)

- Prostate cancer
- Erectile dysfunction
- Male infertility
- Cardiovascular disease
- Chronic gastrointestinal problems
- Chronic pain
- Frequent colds and infections

**c. On Mortality**

- Stress is a major contributing factor to the six leading causes of death in the United States: cancer, coronary artery disease, accidental injuries, respiratory disorders, cirrhosis of the liver and suicide. (nih.gov)
- Stress is reported to cause 120,000 deaths in the U.S. per year. (OSHA.gov)

**4. Common ways nurses deal with stress**

a. Band Aid Method. i.e. Smoking, alcohol, drugs, overeating

b. Stress Management Method. i.e. Exercise, meditation, vacation. tai chi,

**5. Why those methods fail**

They address the symptoms of stress, not the cause.

**6. My method for dealing with stress**

Stress Prevention Method

## 7. Why my method works

Two reasons:

### 1) It dispels common myths about stress.

#### Myth Number 1: Stress actually exists.

As Hans Selye, who introduced the term “Stress”, said in his book **The Stress of Life**: *If we are to use this concept (stress) in a strictly scientific manner, it is important to keep in mind that stress is an abstraction; it has no independent existence.* Most people are either unaware of this quote or have forgotten it. In either case, it results in thinking of stress as an actual “thing”. Nurses tell me, “I am under a lot of stress” or “I am dealing with a lot of stress”.

To illustrate that stress is not a thing, during seminars, I sometimes provide an empty bucket and offer \$100 to anyone who can go outside the meeting room and fill the bucket with stress and bring it back. I have never had anyone take me up on it. We have become accustomed to using the word “Stress” as an all-encompassing label for undesirable circumstances in our life (heavy patient load, conflict with a co-worker, lack of nurse manager support, difficult/demanding patients, etc.). While these circumstances are actual “things”, do not confuse them with the abstraction and call them stress.

#### Myth Number 2: Circumstances cause stress.

Let me give you an example of how two nurses who experienced the same circumstance but reacted entirely differently. Marilyn and Freda work in the same unit. Due to a lower-than-expected number of patients in their unit, the nurse manager asked both of them to work their shift in a different unit. Immediately, Marilyn said this change caused her to become stressed out. She complained that it was unrealistic to expect her to function in an unfamiliar unit.

On the other hand, Freda did not become stressed at all. She saw the temporary assignment as an opportunity to interact with a different nursing team, make new friends and to build some additional skills.

So, the circumstance did not cause Marilyn's stress. Instead, what she thought about the circumstance caused her stress. This illustrates that there is only one cause of stress - one's thoughts about circumstances, not the circumstances themselves. As Proverbs 4:23 says: *Be careful what you think because your thoughts control your life.* Notice that it does not say circumstances control your life. The logical conclusion is that our thoughts, not our circumstances, create our stress.

As Andrew Bernstein said: *Stress doesn't come from what's going on in your life. It comes from your thoughts about what's going on in your life.*

Like changing any habit, changing your thought process takes effort. However, the benefit of doing so is that you will be able to live a stress-free life. Indeed, I have many clients who were highly stressed, who are now living stress-free as a result of applying the methods I teach.

### **Myth Number 3 : Stress is inevitable. Everyone experiences it.**

As Richard Ecker, author of *The Stress Myth* said, *We like to believe that stress is inevitable - that life is so complex these days, that we're being dragged around by a runaway world which offers us less and less that we can depend on. But this belief is nothing but a myth, a myth that is the core of the stress problem. This myth has done more to perpetuate unwanted stress in our society than any other single factor. Ironically, the main proponents of this myth are the very ones who claim to be teaching people how to deal with stress.*

According to the 2023 Pulse On the Nation's Nurses Survey, 84% of nurses are stressed. That percent would be 100 if stress were inevitable and that all nurses experience it. You can probably think of nurses you work with who do not appear to be stressed.

### **Myth Number 4: Stress is a motivator**

There is a notion that without stress, people would sit around all day and do nothing. The thinking is that we need stress in order to provide energy to get us moving. Just drive past any playground. Notice how the children, despite not being stressed, do not have any problem generating the energy to engage in all sorts of activities.

**Myth Number 5: Stress improves performance.**

Perhaps you have noticed that when you have goals or deadlines, you see an improvement in your focus and performance. However, recognize two things: 1) this performance improvement is temporary, and 2) the performance improvement is due to **stimulation**, not stress. Whereas stimulation can help you perform better in the short term, stress robs you of energy and your ability to reach anything near peak performance. So, the message is to never mistake stimulation for stress.

As Andrew Bernstein says: *If you're successful and stressed out, you're succeeding in spite of your stress, not because of it.*

**Myth Number 6: There is good stress.**

Although Dr. Hans Selye, the founder of the modern stress concept, created this idea a long time ago, this is a myth. Stress is never good. Let me give you some statistics: 75 to 90 percent of hospital visits are for stress-related ailments. Stress is a major contributing factor to the six leading causes of death. Stress is said to cause 120,000 deaths per year. During all my years as a coach, I have not had one client say, “You have got to help me. I am having too much good stress.” On the other hand, I have had thousands ask me to help them deal with stress.

While stimulation can lead to a short term improvement in performance, stress is never good.

**Myth Number 7: The best way to deal with stress is to manage it.**

When experiencing a circumstance as stressful, many people attempt to “Manage” it by using various techniques, some of which are healthy, others are unhealthy.

Examples of healthy techniques include:

- Going for a walk
- Spending time in nature
- Working out
- Getting a massage
- Gardening
- Spending time with loved ones, including a pet
- Listening to music

- Watching a funny movie
- Meditating
- Deep breathing exercises
- Tai chi
- Taking a vacation

Examples of unhealthy techniques include:

- Smoking
- Excessive use of alcohol
- Illegal drug abuse
- Over eating/under eating
- Sleeping a great deal
- Withdrawing from friends, family and activities
- Procrastinating

If you have used any of these techniques, whether healthy or unhealthy, you may have found some of them to be helpful in the short term. Ultimately, however, they do not resolve the circumstance(s) you are facing.

Why? Both the healthy and unhealthy techniques only address the **symptoms** of stress, not the **cause** of stress.

If your car's "Check Engine" light came on, you would not "manage" the situation by covering the light with masking tape so that the light is no longer visible. Likewise, you would not ask your mechanic to disconnect the power source to the "Check Engine" light. Instead, you would want to determine what is causing the light to come on so that you can take appropriate steps to remove the cause. Stress management tactics, like covering the "Check Engine" light or disconnecting the light's power source, only address the symptom of the problem, not the cause.

As Andrew Bernstein said: *Stress doesn't come from what's going on in your life, it comes from what you think about what's going on in your life.*

Since your thinking causes your stress, you must think differently about the circumstances in your life in order to prevent stress. William James said, "The greatest weapon against stress is our ability to choose one thought over another."

2) It provides a solution to the real cause of stress, your thoughts.

## **8. Prerequisites for preventing stress as a nurse**

Acknowledge that it is possible to prevent stress as a nurse.

Believe that stress comes from your thoughts about a circumstance, not the circumstance itself.

Commit to controlling of your thoughts, rather than letting your thoughts control you.

# **PART TWO: STRESS PREVENTION METHOD (SPM) IN ACTION**

Discover 12 Proven Steps Guaranteed to Empower  
You to Prevent Stress

This module contains a Sample Stress Prevention Worksheet (with instructions and examples) for common stressors for nurses. Provide your specific information for each stressor that you are experiencing. If you are experiencing a stressor for which there is no worksheet, use the extra one at the back of the book.

## Chapter One: Working Short-Staffed

### Stress Prevention Worksheet

#### 1. Identify a circumstance that you experience as stressful.

Use the present tense to answer the following questions: Where are you? What happens?

Example: I am at the nursing station. Two nurses call out sick.

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#### 2. Write a concise sentence that describes your thought about the circumstance in step 1. Use “should” or “should not”.

Example: I should not have to work short-staffed.

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Thoughts that include “Should” or “Should not” are examples of rules. Rules are statements about how you should act, for example, “I should do well,” how others should act, for example, “You should treat me well,” and how life should be, for example, “Life should be easy.” Any time you are emotionally upset, it is due to violation of one of your rules. As Albert Ellis said: People don’t just get upset. They contribute to their upsetness.

Thoughts (rules) lead to feelings which lead to action. ( $T \rightarrow F \rightarrow A$ ). This is called the Cognitive Triangle.

If you think the same thoughts repeatedly, and assign truth to them, they become beliefs. With that in mind, let’s go to Step 3.

**3. On a scale of 1 to 10 with 10 being highest, rate how strongly you believe the thought in Step 2.**

1 2 3 4 5 6 7 8 9 10 Note: It should be at least a 7.

**4. How do you feel when you have the thought in step 2?**

David Burns said, *You feel the way you do right now because of the thoughts you are thinking at this moment.* With that in mind, circle words that apply. Feel free to add words.

Frustrated, discouraged, angry, afraid, overwhelmed, defeated, hopeless, Distressed, depressed, disappointed, powerless, downhearted, dismayed.

**5. Rate your stress level when you have the thought in step 2.**

Circle one category. Low (1, 2, 3) or High (8, 9, 10) Note: It should be high.

Remember - Action is the third step in the cognitive triangle - Following thoughts and feelings. Go to Step 6.

**6. How do you act when you have the thought in step 2?**

Circle words that apply. Feel free to add words. Complain, cry, hold a pity party, smoke, drink, use drugs, withdraw, worry, eat more/eat less, sleep more/sleep less, shop, attack others, blame others

Let's conduct a quick review.

In step 2, you indicated a thought that you have regarding a circumstance.

Thoughts that include "Should" or "Should not" are examples of rules.

Rules define how you should act, how others should act, and how life should be.

Thoughts lead to feelings which lead to action. This is called the cognitive triangle.

Any time you are emotionally upset, it is due to violation of one of your rules.

In order to prevent being upset/stressed, you must:

- 1) Recognize that your rules are not facts, just thoughts.
- 2) Apply steps 7 through 12 of the Stress Prevention Method.

Studies show that the typical person has as many as 60,000 thoughts per day, with 80 percent of them being negative. Dr. Aaron Beck, one of the founders of Cognitive Behavioral Therapy, developed an acronym for negative thoughts - Automatic Negative Thoughts, or ANTS. The concept was further developed by Dr. Daniel Amen. They determined that ANTS: 1) Can be about yourself, others or life, 2) Are irrational, 3) Make you feel bad about yourself, others and life, and 4) Prevent you from achieving your goals.

Despite their impact, we give negative thoughts free rein to come into our mind and determine our feelings and actions. It's like we are sitting in the back seat of our car and our thoughts are driving us to wherever they want to. Taking control means stopping irrational, negative thoughts from entering your mind, and only allowing rational, empowering ones.

As Caroline Leaf said, *God designed humans to observe our own thoughts, catch those that are bad, and get rid of them.*

Learn how to do that by going to Step 7.

## **7. Capture and evaluate your thought in Step 2.**

As Tony Robbins said, *There are two forces that motivate us to do what we do: the desire to avoid pain and the desire to gain pleasure. The two must work together. Avoiding pain provides short-term motivation. Gaining pleasure provides long-term motivation.*

So, ask yourself:

a. "What pain has this thought caused me in the past?" Example: I worry and cannot sleep.

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b. "What pain will the thought cause me in the future?" Example: I will continue to worry and be unable to sleep.

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c. "What pleasure will I experience if I adopt a rational, empowering thought?"  
Example: I will be worry-free and be able to sleep.

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William James said: *The greatest weapon against stress is our ability to choose one thought over another.*

Go to Step 8.

**8. Replace your thought in step 2.**

Ask: "In light of my answers to the questions in step 7, what is another way I can think about the circumstance in Step 1?"

Example: I would prefer not working short-staffed. However, I do not control the staffing levels. I do control my thoughts, feelings and actions. I choose to think of ways that I can work smarter in order to provide outstanding patient care despite being short-staffed.

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The new thought is rational and empowering because: 1) Expresses a preference instead of a rule (should), 2) acknowledges what you do not control, 3) acknowledges what you do control, and 4) indicates a decision to act based on what you do control.

If you think the same thoughts repeatedly, and assign truth to them, they become beliefs. So, with that in mind, go to Step 9.

**9. On a scale of 1 to 10 with 10 being highest, rate how strongly you believe the new thought in Step 8.**

1 2 3 4 5 6 7 8 9 10 Note: It should be at least a 7.

**10. How do you feel when you have the new thought in step 8?**

As David Burns said, *When you change the way you think, you can change the way you feel.*

Circle words that apply. Feel free to add words.

Encouraged, peaceful, positive, worry-free, relaxed, relieved, optimistic, grateful, Uplifted, assured, inspired, invigorated, heartened, confident, revitalized, hopeful

**11. Rate your stress level when you have the new thought in step 8.**

Circle one of the two categories. Low (1, 2, 3) or High (8, 9, 10) Note: It should be low.

In completing the 12th and final step, remember what Van Goethe said: *Knowing is not enough. You must apply. Willing is not enough. You must do.*

Be specific. What will you do? When will you do it?

Ask yourself: "Do I have strengths, skills or other resources that I am ignoring?"

**12. How do you act when you have the new thought in step 8?**

Example: I will list and prioritize all the tasks that I am required to accomplish. I will complete them in order of priority. I will make sure I have all of the essential supplies I might need during my shift, e.g. scissors, tape, saline flushes, alcohol swabs, medicine cups. During bedside report, I will ask my patient do they have any immediate needs such as pain medication. I will delegate appropriate tasks to the tech/nursing assistant. I will anticipate patients' needs and bring everything I think the patient may ask for to the room. I will seek guidance from my nurse manager on how to proceed if begin falling behind in my tasks.

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