'FIGHT OR FLIGHT' MECHANISMS CONTROL TORMENTING TOOL FOR WORKPLACE STRESS - A THEORETICAL PROSPECTIVE

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ABSTRACT

In this article view the actual reasons for the change work hospital environment impact of assessed the relationship between stressors and Performance for Nurses. In recent years there has been a broad conversation on the nature of stressors experienced by members of “high risk” occupations and professions, for instance nurses and emergency workers, whose role is to support others through traumatic scenarios numerous surveys and studies confirm that occupational pressures and main reasons behind stress among the nurses. Stress is a highly personalized phenomenon and can vary widely even in identical situations for different reasons. Stress in general and professional stress in particular is a fact of modern day life that seems to have been on the increase. The problem of stress in hospital environment has become a major issue in this time conditions in contemporary society are stressful than those of previous generations. Other society, expression problems of stress, many of which are created by changes in technologically advanced societies the demands that trigger the same 'fight or flight' mechanisms that enabled us to survive may longer be correct to the modern age. In this article a challenge has been made to view the reasons of stress in the changing working scenario.

Keywords: Stress, Professional Stress, Stressors, Burn Out, Coping Strategies.
STRESS IN WORKPLACE

The health care industry in India is one of the largest economic and fastest growing professions. In order to create a balance between the provision and reception of health care. Nurses play the major role in health care industry and are the first ones who are thought about when we talk about health care. Nurses are an indispensable partner of the Health Care team and the liaison officer between doctors and patients.

Nursing service is one of the most important components of hospital services. Nurses form the largest technical group of personnel engaged in patient care in hospitals next only to doctors, consuming approximately one-third of hospital cost. A shortage of nurses jeopardizes many aspects of health care delivery. It acknowledges job stress to be one of the main cause for the current nursing shortage. It is important to understand the effects of job stress on work behavior in nurses because stress has a cost for individuals in terms of health, well-being and job frustration, as well as for organization in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care.

STRESS AND NURSING

There is no doubt from research and anecdotal evidence that nursing is a stressful profession. It is a job that requires expenditure of energy on many levels. Physically, the job can be demanding with high levels of muscular-skeletal stress, culminating in many aches and pains. Since 1908 has shown that for peak performance or ability there is an optimal level of pressure or demand/stress denoted by a healthy tension between feeling relaxed and energized (see the pressure or demand/performance or ability graph below). Not enough pressure or demand/stress and we feel sleepy, tired – we ‘rust out’. Too much pressure/stress brings the discomfort of finding ourselves struggling – we ‘burn out’. Nurses are brilliant at coping and often have a strong belief that they should be able to cope with anything at all that comes along in their personal or professional domains. Job stress is a reality of present day life, the issue of job stress causes a great deal of stress to the Nurses. Job or workplace stress has become one of the most serious health issues in the modern world as it occurs in any job. Consequences of occupational stress can be organizational symptoms such as displeasure and poor morale among staff, performance/productivity losses, poor interpersonal relationships with clients, and other stakeholders, losing customers, bad publicity, damage to the institutional image and reputation, missed opportunities, high rates of accident and mistakes, high staff turnover, increased sick-leave, enduring vacancies, early retirement, diminished cooperation, poor internal communications, increased internal conflicts, and dysfunctional workplace climate. Organizational costs such as costs of reduced performance, high replacement costs in connection with staff turnover, increased sick pay, increased health-care costs and disability payments, higher grievance and litigation/compensation costs, and costs of equipment damage.

Currently nursing profession has witnessed fast development and facing challenges like advancement of technologies and complex work environment. New and expanded roles of nursing, lack of role- clarification, increasing demands for accountability and new knowledge and skills may negatively affect job performance. Thus the nurse experiences stress and the response to stress include low morale, dissatisfaction, lower performance and resignations.
Describe six work-related issues that cause conflict and stress in the workplace, namely: workload, control, rewards, social community, fairness, and values.

- **Workload**: The amount of work expected of workers, the environment in which they do it, and the time they have to accomplish it. Overload increases stress and leads to burnout.
- **Control**: Power relationships with others, lines of authority, and areas of responsibility. It is complicated by cultural norms and communication styles.
- **Rewards**: What individuals receive as compensation for their work? These include money, security, belonging, recognition, and self-actualization.
- **Social community**: The group of folk who must work together to fulfill the mission of the organization. The community contributes to the rewards people receive and the level of stress they experience.
- **Fairness**: Equal treatment of every member of the workforce in such things as assignment of rewards, tasks, scheduling, recognition, promotions, and decision making.
- **Values**: Core ethical principles of an organization: its integrity, priorities, mission and the quality of its products and services.

**PROFESSIONAL STRESS**

All Staff Nurses have to do shift work or attend emergencies at night. The stress of shift work can also weaken health conditions and lead to heart disease or digestive disorders. Low energy can lead to error, injury, and carelessness. Long hours are a source of depression, low morale, and low motivation. Shift workers are on-the-job in the evening or on weekends and they sleep during the day. Hence, they often miss out on social or family activities. This can have a negative influence on their physical and emotional health and lead to psychosomatic disorders. The pressures of overtime and long working hours create a work-personal life imbalance, which begins to affect the mental health of the Staff Nurses and undermine their relationship at home as well as on the job. Lack of professional respect and recognition by authorities and doctors considered as the major cause of dissatisfaction in nurses. Poor relationship with physicians was related to musculoskeletal disorders, which is seen as the most important reason for nurses leaving hospitals. Staff nurses in India are mainly from the lower economic strata and have low educational qualifications. Their main motivators are salary and benefits to support their home and maintain a decent standard of living.
Workplace stressors can be addressed through occupational health and safety: stress can arise through a combination of work- and non-work-related circumstances and can be addressed by integrating occupational health and safety, health promotion, and other approaches, including psychosomatic medicine. Short-term and temporary responses can be physiological (e.g., elevated blood pressure), psychological (e.g., depression), or behavioral (e.g., excessive alcohol drinking). Over the long-term, such responses can lead to disease conditions of a physical (e.g., hypertension), psychological (e.g., depressive disorder), or behavioral nature (e.g., alcoholism). Lazarus (1966) enlarged our understanding of stress and the ways people deal with it when he observed that, when individuals view a new or evolving situation, they first decide whether it is a threat. He called this primary appraisal (Preventive Approach). Then, as people further monitor a threat, they evaluate their ability to cope with it by what Lazarus called secondary appraisal (Ameliorative Approach). In this second step of appraisal, individuals judge themselves unable to handle the situation and withdraw. Others, especially caregivers, are apt to believe they “should” be able to handle anything and attempt to do so, no matter how great the cost. These individuals are at high risk of reaching the end stage of stress: exhaustion. To cope, Carol began using a strategy she had seen others employ: detachment and dissociation. After a while she realized (secondary appraisal) her method of coping was not solving the problem; the situation was only getting worse and she was becoming emotionally and physically exhausted. She was experiencing the three cardinal symptoms (Tertiary Approach) of burnout: emotional exhaustion, detachment from others, and a reduced sense of efficiency and personal accomplishment.

TECHNIQUES REDUCE STRESS IN THE WORKPLACE

The ways employer can begin to tackle the factors that contribute to stress as a health and safety hazard include:

1. Risk assessment

Unlike risk assessment of physical hazards, it is likely that the risk assessment on stress will be carried out at departmental or organizational level. The factors that contribute to occupational
stress can be identified through management information systems, such as sickness absence records. Employees can also be asked about aspects of their work which place unacceptable demands on them. This can be done using questionnaires or by discussions in small groups.

Once stressful situations are not resolved and persist for some time, the body is kept in a constant state of alertness and defensive action, increasing wear and tear on biological systems, resulting in damage and exhaustion. During the ‘fight or flight’ response, the immune system is weakened, increasing vulnerability to illness and compromising the body’s ability to repair itself and defend itself against disease. Short term symptoms include headaches, muscular tension, chest pains, indigestion, palpitations, disturbed sleep and increased susceptibility to respiratory infections. Long term illnesses attributable to work-related stress include heart disease, hypertension, ulcers, irritable bowel syndrome, high cholesterol and increased risk of cancer, diabetes and asthma. Although work-related stress alone probably does not cause cancer, it is known to contribute to a number of stress-related behaviours that secondarily increase the risk of developing cancer. In particular, these include: smoking, excessive alcohol consumption, overeating or consuming too much fatty food.

<table>
<thead>
<tr>
<th>Body</th>
<th>Normal (relaxed)</th>
<th>Under pressure</th>
<th>Acute pressure</th>
<th>Chronic pressure (stress)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brain</strong></td>
<td>Blood supply normal</td>
<td>Blood supply increase</td>
<td>Thinks more clearly</td>
<td>Headaches or migraines, tremors and nervous tics</td>
</tr>
<tr>
<td><strong>Mood</strong></td>
<td>Happy</td>
<td>Serious</td>
<td>Increased concentration</td>
<td>Anxiety, loss of sense of humor</td>
</tr>
<tr>
<td><strong>Saliva</strong></td>
<td>Normal</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Dry mouth, lump in throat</td>
</tr>
<tr>
<td><strong>Muscles</strong></td>
<td>Blood supply normal</td>
<td>Blood supply increased</td>
<td>Improve performance</td>
<td>Muscular tension and pain</td>
</tr>
<tr>
<td><strong>Heart</strong></td>
<td>Normal rate and blood pressure</td>
<td>Increased rate and blood pressure</td>
<td>Improve performance</td>
<td>Hypertension and chest pain</td>
</tr>
<tr>
<td><strong>Lungs</strong></td>
<td>Normal respiration rate</td>
<td>Increased respiration rate</td>
<td>Improved performance</td>
<td>Coughs and asthma</td>
</tr>
<tr>
<td><strong>Stomach</strong></td>
<td>Normal blood supply and acid secretion</td>
<td>Reduced blood supply and increased acid secretions</td>
<td>Reduced blood supply reduces digestion</td>
<td>Ulcers due to heartburn and indigestion</td>
</tr>
<tr>
<td><strong>Bowels</strong></td>
<td>Normal blood supply and bowel activity</td>
<td>Reduced blood supply and increased bowel activity</td>
<td>Reduced blood supply reduces digestion</td>
<td>Abdominal pain and diarrhea</td>
</tr>
<tr>
<td><strong>Bladder</strong></td>
<td>Normal</td>
<td>Frequent urination</td>
<td>Frequent urination due to increased nervous stimulation</td>
<td>Frequent urination, prostatic symptoms</td>
</tr>
<tr>
<td><strong>Sexual organs</strong></td>
<td>Male: Normal Female: Normal</td>
<td>Male: Impotence (decreased blood supply)</td>
<td>Decreased blood supply</td>
<td>Male: Impotence Female: Menstrual disorders</td>
</tr>
</tbody>
</table>

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periods etc. | Female: Irregular periods | Decreased blood supply, dry skin | Decreased blood supply | Dryness and rashes
---|---|---|---|---
Skin | Healthy | | | |
Biochemistry | Normal – oxygen consumed, glucose and fats liberated | Oxygen consumption increased, glucose and fat consumption increased | More energy immediately available | Rapid tiredness

Source: Melhuish, Executive Health. effect on body function.

The assessment should include a measure of staff health to try to demonstrate which of the workplace factors are having an impact on health. The employer can then decide on the measures needed to reduce the harmful effect of the stressors. The results of a risk assessment can be evaluated and turned into practical stress reducing measures of the proactive and reactive kinds. These measures can themselves be evaluated and so the risk assessment cycle continues as an ongoing processing the reduction and management of occupational stress. Communication is important and a stress audit will highlight the major stresses.

2. Taking action
Ideally any factors that are causing harm should be eliminated entirely. The results of the assessment may lead to organizational change. The counseling must be on an assured confidential basis.

3. Staff support
Employer also has responsibility for ensuring that staff support systems are available to organization. These may include formal or informal groups, either for clinical or other supervision, or mentoring, which is another method of professional support.

4. Stress policy
Employer may introduce a stress policy if this is not already in place. These are guidelines for managing stress in the work environment and should include: recognizing stress at work as a health and safety problem; access to counseling; assessing the causes of stress in the workplace; introducing measures to reduce and prevent stress, and arrangements for employees suffering the results of stress.

5. Stress management training
Employer to provide regular in-house training events or to encourage staff to attend stress management training events that are available locally. Many staff knows what it is that stresses them at work and having the opportunity to voice and explore these concerns may be a valuable aspect of a training event.
6. Publications

There are many publications that recognize the nurses coping strategy in an occupational stress hazards in the nursing profession. These can offer employers ways of significantly reducing occupational stress.

- A Kings Fund report, *The Last Straw*, (2000) recommends that employers do not rely on staff loyalty but find ways of recruiting and retaining staff. The report further recommends that consideration is given to pay and conditions, particularly accommodation, leisure, transport and flexible family-friendly employment practices. Recommendations are made for staff development, the tackling of discrimination in the workplace and an integrated approach to the issues that lead to stress in the workforce.
- NHS(NHSE, 2000) Information is given on setting up a service or buying in a service. Recommendations are given for audit, monitoring and evaluation, as well as examples of good practice.
- The RCN has produced three publications co counseling for staff in health service settings, aimed at employers and managers, RCN representatives, and RCN members (2002a, 2002b, 2002c). These contain guidance on the role and positive benefits of staff counseling services, how they should be provided in the workplace and what nurse’s hold expect from their health service employers.

7. Examples of good practice

Employers have developed recognized ‘care for the careers’ policies. These may include a variety of options including:

- Social events at lunchtimes (in a culture where it is OK to have a lunch break).
- Once a month head and neck massage free of charge, or access to complementary treatments at a reduced cost.
- Ongoing stress management training events.
- Readily accessible counseling with no Stigma attached.
- Access to leisure facilities for exercise and pampering whether free or at a reduced Cost.

Successful programmes have seen marked reductions in sickness absence and staff turnover, which is good news for employer and employee alike. Staff morale improves people feel valued and the overall result is a healthier and safer working environment. The Health Service Executive (HSE) has produced management standards on work-related stress.

NURSING CARE (STRESS)

The Nursing car a number of personality factors include perfectionism, over-involvement with patients, self-esteem, sense of mastery and purpose in life (Sherman, 2004), low education level, low work experience, low status, economic hardships, difficulty in childcare and doing house chores, and personal and family health problems (Demir, Ulusoy, et.al., 2003). Five models of nursing activities, related to Staff Nurses” attitudes to patients, were identified by Liukkonen (1992):
“cassette-like” and “skillful” nursing care, where the interaction was found to be warm, protective, friendly and humane; or “reject”, “routine” and “robot-like” nursing care that was mainly task-oriented.

**NURSING STRESSORS**

The idea of stress began with the pioneering work of Walter Cannon (1871–1945). He investigated the sympathetic nervous system as it reacts to heat and noticed that the body responds in a predictable sequence. Han Selye carried on the work of Cannon, defining stress as the “rate of wear and tear on the body” and stressors as the “causative agents of stress” (1956). Selye found that stressors may be physical, such as infection, injury, and pain, or may be psychological, such as fear, anger, and sadness. He identified what he called a **general adaptation syndrome (GAS)**, whereby the body seeks to maintain homeostasis, or balance, first by producing an alarm reaction, then by resisting the effects of stress, and finally by giving in to overwhelming stress.

**ALARM REACTION**

1. A “threat to survival” message is conveyed by nerves to the hypothalamus in the brain, which chemically communicates with the pineal gland and the pituitary glands, the master control center.
2. The pituitary gland begins mobilizing the release of adrenocorticotropic hormone (ACTH) and activating hormones for the adrenal medulla.
3. The adrenal medulla pumps epinephrine, no repinephrine, and other catecholamine into the blood stream. This causes the:
   - Heart rate and blood pressure to rise, increasing blood circulation throughout the body
   - Airways in the lungs to dilate, facilitating oxygenation of blood
   - Plasma levels of glucose, triglycerides, and free fatty acids to rise, giving the body more fuel
   - Platelet aggregation to increase to aid blood clotting
   - Kidney clearance to reduce, preventing water loss
   - Blood-flows to shift from intestinal smooth muscles to skeletal muscles, enabling fight or flight (Brigham, 1994)

**RESISTANCE**

1. Body systems stabilize.
2. Hormone levels return to normal.
3. Parasympathetic nervous system activates.
4. Individual adapts to stress and recovers; however, when the threat continues without relief…

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EXHAUSTION sets in as the individual fails to adapt to stressors and becomes exhausted.

1. Physiological response occurs as in earlier alarm reaction.
2. Energy levels decrease.
3. Physiological adaptation decreases.
4. Death occurs.

NURSING BURNOUT

The word began to be used by humans in the 1970s, a "psychiatrist Herbert Freudenberger used the term to describes the status of overworked volunteers in mental health clinics. He compared the loss of idealism in these volunteers to a building--once a vital structure--that had burned out, and he defined burnout as the progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the condition of their work” (Freudenberger 1970 as cited in Alexander, 2009). burnout is the result of unmanaged stress rather than a syndrome of work stress (Altun, 2002).

Nursing is a stressful career unsupportive work environment Discord between expectations and reality Stress/ frustration job dissatisfaction. There are five major stages complete burnout stages the five stages leading to burnout. First stages of burnout are related to mental and physical exhaustion. If left untreated, burnout with continue through four more stages: indifference, feelings of failure as professional, feelings of failure as a person and feeling of emotional numbness.

Stage 1: Mental / physical exhaustion, emotional emptiness, little or no desire to relate to Patients, physical symptoms.
Stage 2: Indifference, cynical uncaring, disinterested, bitter, patients and family become Dehumanized.
Stage 3: Failure as professional, not as capable, caring, competent, Feeling of Helplessness, clients/family feel alienation, despairs of individuals.
Stage 4: Failure as person, self-hatred, isolation, major impact on family, absenteeism formwork.
Stage 5: complete burnout, lacks affect performances responsibilities without involvement commitment or enthusiasm contemplates leaving profession. The rates of stress and burnout among nurses have been found to be higher than the rates among other healthcare professionals, with approximately 40% of hospital nurses having burnout.
levels that are higher than the norm for healthcare workers. Many studies have indicated that the prevalence of burnout is higher among nurses who work in especially stressful settings, such as oncology, mental health, emergency medicine, and critical care. This ongoing shortage is directly related to the high turnover among nurses as a result of burnout. The problems of burnout and the nursing shortage escalate into dissatisfaction with leads to burnout, nursing turnover, and inadequate staffing, which further increases job dissatisfaction.

Nurses Health Problems Related to Burnout

- Stress related physical illness include: Heart disease, migraines, hypertension, IBS (Miliken, Clements and Tillman, 2007).
- Stress related mental health problems include: anxiety, depression, insomnia, and feelings of inadequacy (Miliken, Clements and Tillman, 2007).
- Nurses that are encountering ongoing stress are more likely to eat poorly, smoke cigarettes, use alcohol and drugs (Bruke, 2000, as cited in Miliken et al, 2007).
- All of these health related problems lead to negative health conditions affecting personal well being and subsequently, the quality and efficiency of patient care (Bruke, 2000, as cited in Miliken et al, 2007).
- This ongoing shortage is directly related to the high turnover among nurses as a result of burnout. The problems of burnout and the nursing shortage escalate into dissatisfaction which leads to burnout, nursing turnover and inadequate staffing further increases job dissatisfaction. (Alexander, 2009).

The Stages of Burnout

Burnout is a state of physical and emotional exhaustion caused by excessive and prolonged stress (Smith et al., 2011). It is gradual process by which people detach from meaningful relationships in response to protracted stress and physical, mental, and emotional strain. The result is a feeling of being drained, unproductive, and having nothing more to give. Gorkin (2008) says that when “results, rewards, recognition, and relief are not forthcoming; the groundwork for burnout is being laid.” He suggests that, although there are differences among individuals, burnout generally occurs in four stages:
1. Physical and emotional exhaustion
2. Shame and doubt
3. Cynicism and callousness
4. Failure, helplessness, and collapse

These four stages are evident in the following case.

**Physical and Emotional Exhaustion**

Physical and emotional exhaustion are caused by heavy, unrealistic workloads at home and on the job, stress-producing time limitations, inadequate rest and sleep, unfair work assignments, and lack of respect from managers. For instance, with stress, the pineal gland produces melatonin, which disrupts the sleep-wake cycle, further contributing to fatigue.

**Shame and Doubt**

As individuals become more and more overwhelmed, their sense of competence decreases and feelings of shame increase. They discount past accomplishments, even in the face of objective evidence. Gorkin (2008) suggests that although these folks project an image of competence to others, a voice inside them shouts, “Imposter! You may fool others, but you can’t fool yourself. You are a fraud!” Indeed, the process is not logical; it is emotional. At this stage of burnout, individuals may sigh heavily, breathe deeply, and experience a profound sense of loss, uncertainty, and vulnerability.

**Cynicism and Callousness**

As a defense against feelings of vulnerability and inadequacy, many individuals decide there is only one thing to do: protect themselves. Like Carol in our first vignette, they develop an “attitude,” saying to their selves, “I can’t let them get to me. I’ve got to take care of myself!” At first, the strategy works because people tend to avoid unpleasant or brusque individuals. Predictably, the strategy does not work because caregivers are not comfortable being “bad guys.” They have always thought of themselves as gracious and accommodating and now they feel angry and rejected. As they seek to protect themselves, their hostility turns to suspicion and mistrust and they become cynical and callous.

**Failure, Hopelessness, and Collapse**

At the fourth stage of burnout, coping skills are at their lowest level. People are worn down, vulnerable, and exhausted. Their defenses have begun to fail. Old hurts and upsetting memories of past failures and poor choices begin to seep through their protective shield. Every area of life is affected. The smallest of slights and least important omission makes them respond intensely. When someone else is recognized instead of them, the smoldered coals of sibling rivalry reignite. Nothing is going well. Everything seems to be going wrong (Smith et al., 2011).

**Recognizing Burnout**

Burnout is the culmination of unrelenting pressure over an extended period of time, often from multiple stressors. Gorkin describes the “Four Rs” that can cause burnout:
Step 1. Lack of results or feelings of achievement. Step 2. Absence of rewards, both tangible and intangible. Step 3. Lack of recognition for accomplishments. Step 4. No relief or hope of relief from the stressor of his job (Gorkin, 2008)

**Nurse’s primary causes of burnout**

A. providing care around the clock  
B. patients becoming vulnerable and too needy  
C. health care constantly changing  
D. development of new technologies  
E. constant noise & business  
F. critical ill patients  
G. crisis of patients and family’s (Cooper, 2001)  
H. work environment- work overload (limited time, resources, staff)  
I. demographic- young age, early in career, high level of education  
J. personality- low self-esteem, need for approval, perfectionism, impatience (Alexander, 2009)

**Nurses Recovering from Burnout**  
Individuals such as Carol and Dan reach the fourth stage of burnout—failure, hopelessness, and collapse—they cannot go on. They must stop. They need to:

I. Take a break and get help  
II. Identify and grieve for losses  
III. Confront denial and cynicism  
IV. Acknowledge their limitations  
V. Establish personal boundaries  
VI. Nurture themselves  
VII. Learn and use stress-reducing actions  
VIII. Employ problem-solving strategies to prevent future burnout
Cope with Stress & burnout for Nurses

Stress endurance and coping style is of great importance for Nurses Job satisfaction. Coping strategies are various kinds of activities used to diminish the experience of stress. The strategy can be dynamic or submissive, problem-oriented or emotion oriented. Effective coping strategies are also helpful to a professional conduct. What is required is adjustment to the demands of the relationships with patients as well as the demands of the work tasks. In addition to this, a professional conduct comprises the abilities of distance-keeping and reflection, which presuppose mature ego functions. The ability to find strategies to prioritize between conflicting interests is considered to be among the special qualities that nurses require.

Cope with stress

Feeling emotional and nervous or having trouble sleeping and eating can all be normal reactions to stress. Engaging in healthy activities and getting the right care and support can put problems in perspective and help stressful feelings subside in a few days or weeks. Some tips for beginning to feel better are nurses:

- Take care of yourself.
  - Eat healthy, well-balanced meals
  - Exercise on a regular basis
  - Get plenty of sleep
  - Give yourself a break if you feel stressed out
- Talk to others. Share problems and how are feeling and coping with a parent, friend, counselor, doctor, or pastor.
- Avoid drugs and alcohol. Drugs and alcohol may seem to help with the stress. In the long run, they create additional problems and increase the stress is already feeling.
- Take a break. If stress is caused by a national or local event, take breaks from listening to the news stories, which can increase your stress.
- Recognize when more need help. If problems continue or thinking about suicide, talk to a psychologist, social worker, or professional counselor.

Cope with burnout

The most effective way to combat job burnout is to quit doing what doing and do something else, whether that means changing jobs or changing careers.

- Actively address problems-Take a proactive rather than a passive approach to issues in workplace, including stress at work.
- Clarify job description-An updated description of job duties and responsibilities.
- New duties.-f doing the exact same work for a long time, request to try something new: a different grade level, a different sales territory, a different machine.
- Take time off-If burnout seems inevitable, take a complete break from work. Go on vacation, use up sick days, request for a temporary leave-of-absence—anything to remove yourself from the situation. Use the time away to recharge batteries and take perspective.
- Maintain a normal routine.
• Talk, listen, and encourage expression.
• Watch and listen.
• Reassure.
• Connect with others.

CONCLUSION

The article concentrated attention to some of the emerging issues in the health sector such as working place stress and burnout. In conclusion, health care professionals are more susceptible to work-related stress because of intense monotonous activity. Nurses are not ever thought of as needing help but only as the care givers, and applying some techniques for nursing stress burnout prevention are more important than we ever thought. In spite of this interest and relevance, the effects of stress and burnout on patient outcomes, patient safety, and quality care are not well defined by evidence. Human beings can become sick if they work too long at a high sustained pace without stress management. They are at their most productive and healthy state if they can work at a manageable level. Nurses’ executives should foster the building of relationships within the workplace and create avenue for nurses to relate, vent about stressors, and commune with co-workers through mutual problem solving.

REFERENCE