

Original Article

Stress Management Education for Veteran Administration Nurses: A Systematic Review

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Abstract

Background: Veteran Administration (VA) nurses are faced with continuous stress and challenges of which they are responsible for caring for one of our most vulnerable populations. The provision of nursing care to Veterans can lead to role strain and neglect in care among VA nurses, thus making stress management interventions critical for nurses.

Objective: The objective is to utilize a systematic review to analyze research studies on stress management education in decreasing stress in VA nurses.

Data Sources: This paper was guided by the PRISMA Statement methodology for systematic reviews. Data sources for the systematic search included the PubMed, EBSCO host, Medline, Cochrane, U. S. Government Accountability Office Military and Government Collection database, and CINAHL.

Conclusions: Thirty evidence studies, Level I through Level VI, were included. There were no studies categorized as Level VII. This review consisted of 10 systematic reviews, one meta-analysis, six random controlled trial studies, one quasi-experimental study, four descriptive correlational studies, one single-arm cohort study, one concept-analysis, one mixed-method study, five cross sectional studies, and seven qualitative studies.

Implications for Practice: Stress management training is critical in combating stress, barriers, and challenges by implementing interventions for VA nurses. Preventive stress management care may positively impact stress levels and health equilibrium leading to healthy work environments for nurses and patients. Future research is needed to explore employee health policies directly impacting the work-related stress and promoting retention of VA nurses.

Keywords: *stress, burnout, education, VA professional nurses, stress management.*

Introduction

In light of the Healthy Nurse, Healthy Nation movement, the American Nurses Association (ANA) has launched a national movement to positively impact the emotional demands of stress on nurses. Universally, stress negatively leads to

work-injury, poor performance, and burnout among nurses. Emotional demands of nursing including burnout has resulted in difficulty combating work-related stress (ANA, 2020). Stress management education can positively assist nurses with connecting the body and mind in reducing

stress (Papageorgiou et al, 2016). This paper provided evidence on stress management education as a critical and effective intervention for VA nurses.

Synthesis of Evidence: A comprehensive literature search was performed to find evidence related to the use of stress management training for nurses and general health care workers. The following sections provide findings and description of outcomes related to relevant evidence and appraisal of evidence gathered from the comprehensive search.

Search engines. A comprehensive search was performed through use of online databases provided by the Northwestern State University (NSU) library. Database searches were conducted of PubMed, EBSCO host, Medline, Cochrane, U. S. Government Accountability Office military and government collection database, and Cumulative Index to Nursing and Allied Health Literature (CINAHL).

Keywords. Boolean phrases were used to narrow search for specific topics which included those of “relaxation therapy,” “stress in health care workers,” “employee satisfaction in healthcare,” “veteran health care,” “burnout in nurses,” “Maslach burnout scale,” “guided imagery,” “deep breathing exercises,” and “nurses and stress.” Years were limited to 2000 – 2018, English language, full text, and academic journal articles (1,121).

Inclusion/exclusion criteria. The criteria for articles reviewed included a focus on adult populations over age 18, (a) application of related words, (b) full text only, (c) scholarly peer reviewed journals, (d) references available, (e) publication date range from 2000 to 2018, (f) source of academic journal, (g) English language, and (h) articles with a focus on stress management and nurses. A comprehensive search utilizing all databases using a main keyword with specified limiters, including “stress in healthcare workers,” “relaxation therapy”, “employee satisfaction”, “veteran health care” in the United States; “burnout in nurses”, “Maslach burnout inventory scale”, “muscle relaxation”, “deep breathing exercises”, and “nurses and stress.

A search of Medline via EBSCO host using the keywords “stress management” as the main phrase and “nurses working in Veterans Administration” with a limit of a 2000 – 2018 date range yielded duplications from the CINAHL database. A continued comprehensive search of PubMed using the keywords “Maslach Burnout Inventory Scale” was performed. More than 75% of the articles utilized the scale to test burnout in subjects and supported research findings. The Military and Government Collection database yielded 27 results using the keywords “Veteran Administration nurses and work-related stress,” but only one result was relevant to the researcher’s topic of interest.

A total 614 articles were relevant to the review. After reviewing numerous studies on stress management, stress in occupational settings, stress in nurses and health care workers, veteran health care, and Maslach Burnout Inventory use and assessment, it was appropriate to narrow the focus of studies used in this paper. After narrowing the studies, the review totaled 50 articles. Six articles were used for background information due to their descriptive qualities and informational nature. After reviewing 50 of the most relevant peer-reviewed journal articles, the thirty were selected for the literature review to support evidence that stress management training positively affects study participants and decreases moral distress/stress.

Upon a review of multiple databases and Veterans Health Administration (VHA) guidelines, a literature gap was revealed regarding stress management in nurses in VHA and methods to decrease occupational stress. The literature revealed that nurses employed in VA systems experience high amounts of stress and that no interventions had been implemented to combat stressors or assist with the management of occupational stress.

Description of level of evidence. The hierarchy of evidence was utilized to divide and analyze the research articles. Terry (2018) stated that evidence-based medicine prompted the development of a hierarchy of evidence, and each study had a level based on methods and design. Level I evidence included articles that were systematic reviews or a meta-analysis of Random Control Trials (RTC). Systematic reviews, RTCs, and meta-analysis have a low potential for bias and

are considered the highest level of evidence (Terry, 2018). Levels of evidence assist nurses in determining the quality, validity, and trustworthiness of evidence to be used in practice settings (Gray, Grove, & Sutherland, 2017). RCT's and experimental studies are classified as Level II. Quasi-experimental studies are classified as Level III. Descriptive correlational, predictive correlational, and cohort studies are classified as Level IV. Mixed method systematic reviews of descriptive studies and qualitative meta-analysis studies are classified as Level V. Level VI are single descriptive or qualitative studies. Level VII includes those studies derived expert opinions and authorities (Gray et al., 2017).

Appraisal of evidence. After a thorough literature search, thirty articles were utilized for the systematic review. There were no Level VII studies. Table 1 summarizes a review of 10 systematic reviews, one meta-analysis, six random controlled trial studies, one quasi-experimental study, four descriptive correlational studies, one single-arm cohort study, one concept-analysis, one mixed-method study, five cross sectional studies, and seven qualitative studies.

Level I evidence: Systematic review. Taris, Le Blanc, Schaufeli, and Schreurs (2005) conducted a systematic review with two longitudinal tests to determine if there was a causal relationship between the dimensions of the MBI. The article reviewed evidence outlined in three influential models: Leiter and Maslach's model; Golembiewski, Boudreau, Munzenrider, and Luo's phase model; and Lee and Ashforth's model. These models, along with the MBI, were compared to determine the effects of depersonalization on emotional exhaustion. It was also revealed that high levels of exhaustion were affiliated with extreme levels of depersonalization in both samples over a specified time frame.

This research suggested the Taris et al. (2005) study was the first to provide reliable longitudinal evidence for the conceptualization of burnout. Effects are too small to be of practical use in recognizing burnout (Taris et al., 2005). In the study by Taris et al. (2005), the first data sample consisted of 218 Dutch oncology health care providers, and the second sample consisted of 967 Dutch teachers. With the oncology care providers,

burnout was measured using the 20-item MBI Human Services Survey. Limitations of the study included lagged efforts reported being small (Taris et al., 2005). Other limitations were concerns about the long time between intervals in the study.

Implications noted that the main contribution supports that burnout can be conceptualized as being developmental (Taris et al., 2005). Results provided evidence that psychological withdrawal via depersonalization lead to low levels of personal accomplishments in the teacher sample. Authors also suggested that more research was needed to investigate the consequences of high levels of detachment and depersonalization for workers' well-being and performance for reliability (Taris et al., 2005).

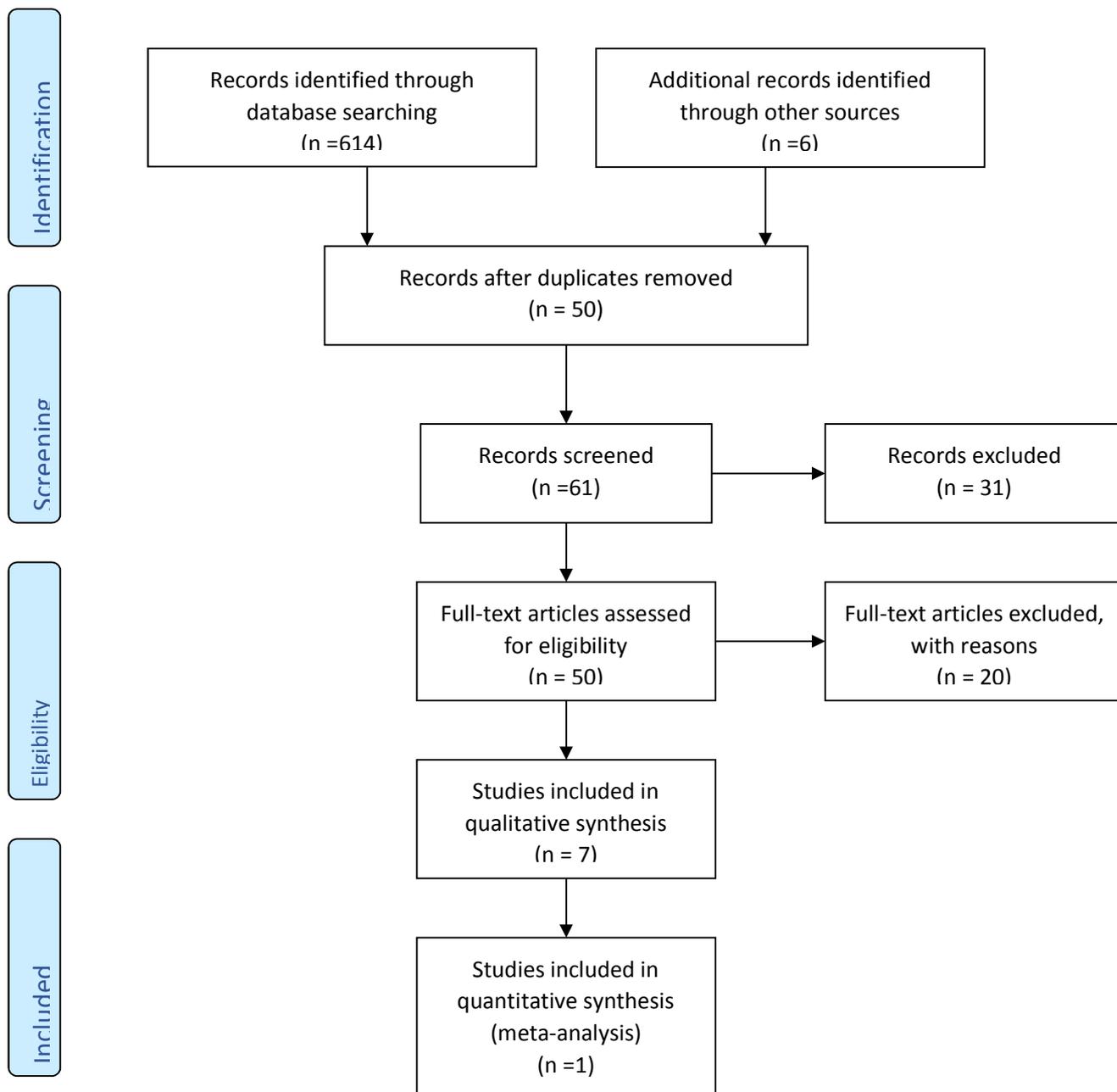
Level I evidence: Systematic review. Adriaenssens, De Gucht, and Maes (2014) conducted a systematic review of 25 years of research regarding determinants and prevalence of burnout in emergency room nurses. This review aimed to explore prevalence of burnout in these nurses and identify work-related determinants of burnout in this population (Adriaenssens et al., 2014).

Factors, such as demographics, personality traits, and coping mechanisms, were all predictors of burnout. Work-related situations, such as traumatic event exposure and organizational variables, were also determinants of burnout in the emergency nurse population (Adriaenssens et al., 2014). Implications for practice were that action targets should be placed for hospital management to prevent burnout in this population of nurses (Adriaenssens et al., 2014).

Suggestions included promoting professional autonomy, creating peer support in emergency departments, improving leadership skills of supervisors, reducing repetitive trauma exposure, providing counseling to nurses, and training nurses in anticipatory coping skills (Adriaenssens et al., 2014).



Figure 1. PRISMA Literature Diagram: Stress Management



Level I evidence: Systematic review. Jennings (2008) authored and studied work stress and burnout among nurses while determining their role in the work environment under specific working conditions. This investigator researched literature pertinent to work stress and nurses. There was also a discussion of the facts with references as well as a discussion of how work stress and burnout are concerns in nursing and affect organizational systems (Jennings, 2008). According to Jennings (2008), there was also a discussion of methods used to lessen stress, and the researcher noted various studies that supported using interventions to mitigate nurse stress in occupational settings. Social support, empowerment, organizational support, psychological empowerment, mutual respect, and positive environments lessen stress in workplace settings (Jennings, 2008). Findings consistently indicated that burnout in nurses was negatively related to job satisfaction, and findings were also inconsistent in some studies. Practice implications are unclear regarding effects of work-related stress on nursing staff. Lack of clarity related to complexity of work requirements increase stress levels in professional nurses. Evidence is sparse, yet studies found that managerial support and participation reduce stress levels (Jennings, 2008).

Level I evidence: Systematic review. Yobas, Oo, Yew, and Lau (2015) performed a systematic review regarding the effects of relaxation interventions on depression and anxiety in older adults. This review was guided by a meta-analysis approach and Cochrane's systematic review. Inclusion criteria included published and unpublished randomized and non-randomized controlled trials conducted between the years of 1994 and 2014; English language; and involving persons, regardless of gender, over the age of 60. Exclusion criteria included recruiting samples of mixed-age groups or those facilities without procedures that allowed them to confirm if participants actually attended or performed interventions. The researchers found empirical evidence supporting the finding that relaxation techniques reduce anxiety and depression in adults and can be used in hospital and community-based facilities (Yobas et al., 2015).

Level I evidence: Systematic review. Wilkinson et al. (2017) performed a systematic review

examining the relationship between burnout and empathy in health care professionals in a systematic review. This systematic review was conducted using the PRISMA guideline. The search terms "burnout" and "empathy" were entered into the MEDLINE, PsycINFO, CINAHL, Plus, PubMed, and Scopus databases. Also, a manual search was performed by the authors yielding numerous references (Wilkinson et al., 2017). Eight studies provided empirical support for a negative relationship between burnout and empathy. Upon the study conclusion, the researchers found consistent evidence to indicate a negative relationship between empathy and burnout. The authors noted that an enhanced understanding of burnout, treatment, and prevention is important from an organizational and public health perspective to reduce absenteeism and to increase productivity (Wilkinson et al., 2017).

Level I evidence: A systematic review. Ohue, Moriyama, and Nakaya (2015) conducted a systematic review regarding group cognitive behaviors' effect on nurses' burnout levels. The study aimed to decrease burnout and nurse resignations using cognitive behavioral therapy. Nurses sampled were those working in acute care hospitals with time to participate in all sessions. An evaluation was administered at the start of the intervention, at the end of the session, and 3 months post-completion for a total of three times. The response rate was 70% (Ohue et al., 2015). An evaluation of the interventions was carried out using questionnaires measuring burnout using the MBI (Ohue et al., 2015). The researchers' conclusions suggested that cognitive behavioral therapy appeared to be effective in stress reduction and burnout among nurses who had intended to resign.

Level I evidence: Systematic review. Giorgi et al. (2018) conducted a study regarding assessment of risk with work-related stress and occupational disease management. Literature indicated that mental health along with occupational stress is a growing concern. A peer-review process highlighted the importance of a health approach with a focus on organizations. The authors reviewed 13 articles and 8 of the 13 articles examined consequences of health problems and work-related stress. Five articles studied

organizational strategies and interventions to improve health (Giorgi et al., 2018). Giorgi et al. (2018) noted there was support for the finding that early interventions utilizing muscle and mental relaxation tools are effective measures that increase employee resilience and decrease stress.

Level I evidence: Systematic review. Elliot (2017) conducted a study regarding emotional labor and its impact on the profession of nursing. Authors examined the concept, which is linked to compassion fatigue and burnout. Elliot (2017) defined emotional labor as the outward display of emotion that can lead to increased incidents of stress. Lessons from experience can inform readers regarding the management of stress from emotional labor. The author suggested further research is necessary to examine management strategies that assist in recognizing and managing stress levels in nurses when providing care (Elliot, 2017).

Level I evidence: Concept analysis. Stubin (2017) conducted a concept analysis regarding the foundation of theory construction to clarify and characterize situations in nursing. The goal of this work was to provide nurses with a mental image of emotional strain and allow them to recognize stress in colleagues. A literature review by the researchers revealed that the concept of emotion strain has not been clearly identified (Stubin, 2017). A search was performed by authors using the CINAHL, ProQuest, PubMed, Business Source Elite, and PsycINFO databases (Stubin, 2017). English versions used were published between the years of 1980 and 2015, and there was no concept analysis of emotional strain found regarding the profession of nursing. This study concluded emotional strain is a concept that extends well beyond the field of nursing. Individuals in various occupations experience demands from emotional involvement affected by stress and strain (Stubin, 2017).

Level I evidence: Meta-analysis. Alarcon (2011) conducted a meta-analysis of burnout with job demands. The MBI was used to explore variables to suggest that high demands and lower adaptation to organizations are associated with burnout. This study was designed to accurately assess quantitative relations of job demands and organizational attitudes regarding burnout. Results

of this meta-analysis provided stronger validity than previous meta-analysis performed regarding burnout with job demands (Alarcon, 2011).

Level II evidence: Randomized control trial (RTC). Amutio, Martinez-Taboada, Hermosilla, and Delgado (2015) focused their research on mindfulness with negative effects of stress in short-term time periods. This study measured the impact of a mindfulness stress-reduction program using relaxation to improve well-being using a randomized control trial over a 1-year period. Results from this study found that there was a significant relationship between improvements in relaxation states and heart rate after 8 weeks of treatment. Also, for the experimental group, there was a significant improvement after the 10-month maintenance phase with relaxation levels increasing to 30% from the initial period of treatment. Study results supported the finding that mindfulness training programs are an effective method to enhance relaxation states and contribute to improved perceptions of health and wellbeing (Amutio et al., 2015).

Level II evidence: Randomized control trial (RTC). Perciavalle et al. (2016) studied the role of deep breathing on stress. Their objective was to determine if relaxation with deep breathing could improve mood and reduction of stress for university students. Participation was voluntary and students were randomly divided into groups. Mood and stress were measured using the Measurement of Psychological Stress and Profile of Mood State using the biological stress profile detected by measuring salivary cortisol and pulse levels. Findings noted that deep breathing, along with other techniques, improved participants' sense of well-being. Science reported remarkable positive effects induced by using relaxing techniques, such as improved heart rate, body composition, and blood pressure readings. Authors used deep breathing to show significant improvements between the beginning and end of the training sessions (Perciavalle et al., 2016).

Level II evidence: Randomized control trial (RTC). Stier-Jarmer, Frisch, Oberhauser, Berberich, and Schuh (2016) noted that their study was the first attempt in the development of a preventive program for those at risk of burnout by combining outpatient health resort treatment with

stress management interventions. Their aim and objective were to develop, implement, and evaluate a program combining health resort treatment and stress management interventions to reduce perceived stress and initiate recovery for mind and body when dealing with stress. The researchers designed the study as a two-arm RCT using pre- and post-interventions. Measurements were taken over a 6-month period using the Maslach Burnout Inventory scale and Perceived Stress Questionnaire using individuals at increased risk for burnout. Interventions used were relaxation techniques, which included yoga, mindfulness training, and progressive muscle relaxation, with the primary outcome being a change in perceived stress and decrease burnout symptoms improving health status. Results showed that the program was effective in reducing stress and emotional exhaustion, and future research should focus on a long-term impact of the program with refresher training (Stier-Jarmer et al., 2016).

Level II evidence: Randomized control trial (RTC). Papageorgiou et al. (2016) conducted an 8-week stress management program as a pilot RTC for older women. This program assessed stress and its impact on the health of older individuals who often face combination stressors. Participants were randomly selected and assigned to intervention groups and control groups for testing. The intervention plan included training in relaxation and guided imagery with abdominal breathing. Self-reported measures were used to measure stress levels, depression, health, and well-being. Findings of the study confirmed positive effect of stress management interventions on health of older females. Interventions for elderly well-being should include stress management interventions (Papageorgiou et al., 2016).

Level II evidence: Randomized control trial (RTC). Li et al. (2017) conducted an RCT study on the long-term effectiveness of stress management interventions used with male managers. The main objective of this study was to examine the effectiveness of a stress management intervention in workplace settings. The randomized controlled trial found stress management interventions were effective in improving stress management with a reduction of perceived stress reactivity. This study also displayed a positive relationship between work

stress reduction and improvement in mental health. Results showed that long-term effectiveness remained significant with the use of stress management techniques (Li et al., 2017).

Level III evidence: Quasi-experimental study. Moeini, Hazavehei, Hosseini, Aghamolaei, and Moghimbeigi (2011) conducted a quasi-experimental study regarding the impact of cognitive behavioral stress management training on job stress in nurses employed in hospitals using the PRECEDE model. The researchers listed nursing as one of the most stressful jobs with an aim to determine how stress management training could reduce stress among nurses. Occupational stress has been shown to be a common and costly issue in workplace settings. Stress develops as a consequence between environmental and work demands.

Pre-test and post-test were administered 1½ months after the start of the interventions. Data analysis was measured using the SPSS 13 statistical program. Results showed that after the relaxation therapy intervention, the average level of job stress decreased in the experimental group, but the control group did not show any significant changes. There was a statistically significant difference found with use of the PRECEDE model to evaluate stress management behaviors in the intervention group compared to the control group after training (Moeini et al., 2011).

Level III: Quasi-experimental study. Pahlevani et al. (2015) conducted a quasi-experimental study regarding the effectiveness of stress management training. The study examined the effects of stress management training on nurses' psychological well-being. This study was implemented to promote the health of nurses and investigate the effectiveness of stress management training on nurses' welfare. Demographics included in the study consisted of age, gender, education level, primary, and marriage status. At the study conclusion, the researchers noted that findings from a single and multivariable ANACOVA indicated that the stress management intervention had a positive impact on stress levels. Decreases in stress lead to increases in psychological well-being of nurses (Pahlevani et al., 2015).

Level IV evidence: Descriptive study. Sabbah et al. (2012) conducted a descriptive study regarding

burnout in Lebanese nurses using the Maslach Burnout Inventory scale for Human Services (MBI-HSS). Burnout was described by the authors as a mental condition caused by long-term exposure to stress. Data were collected from various hospitals and analyzed using descriptive statistics with multivariate analysis. Results of this study indicated that results were reliable with use of the MBI-HSS and analysis was satisfactory. Most nurses reported experiencing burnout and emotional exhaustion. Findings concluded that properties and reliability of the use of MBI-HSS were statistically significant, and burnout was more severe in the working population of nurses (Sabbah et al., 2012).

Level IV evidence: Correlational-descriptive study. Robaee et al. (2018) conducted a correlational descriptive study regarding perceived distress among nurses. A total of 120 nurses was randomly selected using a quota sampling method. The authors distributed a demographic questionnaire and a survey of perceived organizational support with moral distress used to collect data among participants using descriptive and analytical tests in the SPSS 20 statistical software program. Results of the study found that there was no statistically significant relationship between organizational support and moral distress. Due to the low level of organizational support and high distress in nurses, it is deemed necessary for hospitals to provide support and strategies to diminish moral distress in nurses (Robaee et al., 2018).

Level IV evidence: Single arm cohort study. Werneburg et al. (2018) conducted a study to examine the increase prevalence of stress in workplace settings. Objectives of the project were to examine the effects of a resilience training program on improving health behaviors. The study setting was an academic medical center with more than 30,000 employees. An intervention was performed at a wellness center for employees and data were collected on 159 center members during a 4-year time frame. The 12-week program was designed based according to findings in the literature on stress management and weight management programs. The authors found that burnout and job strain are prevalent in workplace settings and employers often face difficulties with employees due to increased levels of stress.

Results from this study demonstrated that worksites should provide programs to improve the resilience of health care employees (Werneburg et al., 2018).

Level IV evidence: Cross sectional study. Vidotti, Ribeiro, Galdino, and Martins (2018) conducted a study regarding burnout syndrome and shift work in relationship to nurses. The objective was to analyze how factors associated with burnout in nurses are affected by shift differences. This study was conducted using a cross-sectional approach and addressed the sample size of 502 nurses. The collection of data was obtained using the MBI-HSS scale and a Demand-Control-Support Questionnaire. Data were then analyzed using statistic and logistic regression with SPSS 20 statistics software (Vidotti et al., 2018). The study population consisted of nursing professionals, and the inclusion criterion was providing direct care to patients having at least one year of employment. Exclusion criteria were working in a head position or being on leave status. Sociodemographic information assessed was that of life habits, age, sex, marital status, children, shift worked, profession, years employed by facility, monthly income, physical activity, smoking, sleep patterns, and religion. Results indicated that levels of burnout varied with shift work, and levels were highest for nurses who worked on the day shift versus night shift (Vidotti et al., 2018).

Level IV evidence: Descriptive study. Tanriverdi, Dikbas, Calikoglu, Koca, and Kadioglu (2016) conducted a study discussing the relationship between the levels of burnout and job satisfaction in health care workers in maternity hospitals. The objective was aimed to identify burnout levels affecting workers' health using the MBI scale. Data were analyzed using SPSS 20 software for statistical analysis. The researchers found that hospital staff had increased rates of burnout, and there was a meaningful relationship between burnout subscales and work characteristics. Workload should be equally balanced, and burnout should be addressed by raising awareness to prevent harm to individuals in organizations (Tanriverdi et al., 2016).

Level IV evidence: Descriptive study. De Sio et al. (2017) conducted a study discussing quality of life of workers experiencing stress. The purpose of

the study was to evaluate quality of life and note gender differences. Questionnaires were administered to workers, which consisted of 74 males and 33 females. Results yielded that there was existing work-related stress in all populations, and the risk assessment of work life should be considered based on individual characteristics, while paying attention to gender differences (De Sio et al., 2017).

Level V evidence: Mixed method study. Alexander and Tatum (2014) conducted a study regarding the effectiveness of using cognitive therapy and mindfulness tools in the reduction of depression and anxiety. Results noted an increased use of the tools caused a reduction in anxiety and depression. There was no statistical significance, although there were reports of reduced anxiety and depression levels. Further studies are warranted that focus on tool use, manipulation of tool use, determination of the causal path utilizing a thought tool, and reducing moods (Alexander & Tatum, 2014).

Level VII evidence: Quality improvement. Okafor et al. (2014) conducted a qualitative study for quality improvement investigating the impact of relaxation and group psych-education on health outcomes using an integrated care model. The initiative was designed to evaluate the effectiveness of relaxation and group therapy on individuals in integrated care settings. Persons diagnosed with a mental illness and a corresponding chronic illness were evaluated by peer support and wellness experts over a 1-year project time frame. An evaluation of the study outcomes found that there was a reduction in PHQ-9 scores which indicated a reduction in stress and depression risks. The researchers proposed there would be positive outcomes among persons with mental illness and chronic medical conditions with the use of relaxation and psycho-education therapy (Okafor et al., 2014).

Level VII evidence: Qualitative interview study. Heckemann, Breimaier, Halfens, Schols, and Hahn (2016) conducted a study regarding aggression management training for nurses to reduce patient aggression in health care settings and promote patient care. The aim of the study was to explore the impact of aggressive management training from the nurses' perspective. This descriptive

qualitative study was conducted using interviews with seven nurses prior to training and post training.

Results from this study found that aggression management training had no effect on nurses' attitudes. Nurses' knowledge increased; however, they did not acquire new strategies for managing aggression in patients and visitors in hospital settings. Future research should be implemented to investigate how aggression management training can strengthen nurses' ability to handle emotions that arise when facing patient aggression (Heckemann et al., 2016).

Level VII evidence: Qualitative study. Foglia et al. (2009) conducted a study evaluating ethical challenges within VA facilities. The researchers stated that ethical challenges are prevalent among VA facilities, and health care managers must understand those challenges encountered by all affected. Patients and managers were studied in focus groups using semi-structured interviews. Data were analyzed using content analysis and managers reported that the largest ethical dilemma was the fair distribution of resources and services. Patients also identified that they faced issues with receiving fair, respectful, caring treatment from staff at VA facilities.

The author identified stakeholders as being those persons or groups that benefit from institutional decisions (Foglia et al., 2009). Managers must understand ethical challenges faced by all stakeholders. Stakeholders have a right to be involved in decision-making that will affect them as well as the organization. VA has been found to not always meet the needs of key stakeholders within the institution, and there is a literature gap between present day activities of ethics committees and unmet needs of VA stakeholders. The authors made an appeal for fair, respectful, and caring treatment services for all staff at the VA (Foglia et al., 2009).

Level VII evidence: Qualitative study. Henrich et al. (2017) conducted a study regarding consequences of moral distress in intensive care units (ICUs). The authors defined moral distress as being common among those employed in ICUs and sought to examine the consequences of moral distress in Vancouver, Canada. Data were obtained from focus groups and through the use of

transcripts. The researchers found that among 19 nurses, 4 clinical nurse leaders, 13 doctors, and 20 other health care professionals, the most common symptom of moral distress was frustration. It was noted there was a negative impact on patient care due to frustration in ICUs (Henrich et al., 2017).

Level VII evidence: Qualitative study. Herizchi et al. (2015) conducted a qualitative study regarding the effects of stress management training programs. Medical students were studied to determine the impact of stress management training program to decrease stress and physical symptoms related to stress. A total of 50 students participated in an educational program with 40 medical students, 24 female and 16 males, with a mean age of 23.5 years. Overall perception showed that the implementation of stress management techniques was beneficial in improving sleep quality and comfort. Using a goal-directed sampling method, students were taught simple techniques for stress management and were evaluated after a 3-month period. Results indicated stress management techniques provided positive results (Herizchi et al., 2015).

Level VII evidence: Qualitative study. Kanellakis et al. (2018) conducted a study regarding the role of occupational stress and emotional intelligence among workers in health care and medical environments. This study investigated the effects of stress in workplace settings using self-reported questionnaires measuring occupational stress and intelligence. Findings showed that a worker's level of emotional intelligence and occupational stress were positively correlated and affected performance. Findings suggested a negative correlation between occupational stress and emotional intelligence, which implies that persons with a higher level of emotional intelligence tend to experience less work-related stress. This study supports the view that occupational stress and emotional intelligence must be considered to improve performance in health care (Kanellakis et al., 2018).

Implications for Practice : An extensive literature review has provided compelling evidence of the impact of occupational stress on nurses and health care workers. Stress impacts not only nurses, but it also impedes patient care. Nurses in VA health systems must overcome challenges and implement

interventions to decrease stress levels and maintain their health. Maintaining stress levels and health equilibrium will promote patient-centered health care for veterans who are a vulnerable population. Stress management training is imperative to combat and decrease stress levels in VA nurses and promote health.

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