

## STRESS AND COPING STRATEGIES AMONG MIDDLE-LEVEL NURSE MANAGERS CARING FOR ALZHEIMER'S DISEASE PATIENTS

By

Pierrette Jean-Francois

**Objective:** The purpose of this study was to explore stress, coping strategies among middle-level nurse managers caring for Alzheimer's disease patients. **Background:** The conceptual framework of this research was articulated based on Lazarus stress theory. Middle-level nurse managers in healthcare facilities are challenged with issues such as stress, staff nurses productivity, turnover, and patient quality of care. They are challenged to empowering staff nurses to be committed to their healthcare facilities, deliver quality services, in order to prevent chronic stress and high turnover. **Methods:** A qualitative research approach was used to explore and describe the stress experienced and coping strategies used by middle-level nurse managers caring for Alzheimer's disease patients. The population of this study consisted of middle-level nurse managers in healthcare facilities. A sample of 9 middle-level nurse managers employed in assisted living facilities in Oshkosh, Wisconsin participated in this study. A demographic questionnaire and an interview questionnaire were used to collect the data. **Results:** The results show that middle-level nurse managers caring for Alzheimer's disease patients experience high levels of stress. This study revealed their perceptions about stressful situations, factors contributing to increase or decrease their stress, coping strategies they used, as well as their needs for support systems. **Conclusion:** Middle-level nurse managers experience stressful situations in their daily work environments. They use coping strategies that have implications for health care management. This study adds to the literature related to the challenges that middle-level nurse managers face in their work environment. It will help administrators develop strategies to retain qualified nurses and provide quality care for patients. Finally, the findings can help academic administrators make informed policy decisions when assessing work-place decisions policies.

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## **Chapter 1**

### **INTRODUCTION**

Nurses experience stress in the workplace every single day, either when providing care, interacting with co-workers or dealing with work ethical issues. While nursing is a wonderful profession, it is a fact that in their workplace nurses face emotional challenges and professional issues. They struggle to balance workplace stress with their personal issues and family responsibilities. Stress in the work environment is of concern from multiple perspectives (Taylor & Seeman, 1997). Stress contributes to organizational inefficiency, high staff turnover, sickness absenteeism, decreased in quality and quantity of care, increased costs of health care, and decreased job satisfaction (Wheeler & Riding, 1994). Effective leadership and management can help health care agencies deal with the adverse consequences of stress. The cascading effect of leadership extends beyond modeling the way to include challenging the process, inspiring a shared vision, enabling others to act, and encouraging the heart (Kouzes & Posner, 2002). Managers can significantly reduce stress, increase communication (Blegen, 1993; Irvine & Evans, 1995), to enhance elements of the work environment conducive to job satisfaction and patient safety.

#### **Alzheimer's Disease**

Alzheimer's disease, the most frequent type of dementia, is increasing in incidence as the number of older adults in our population increases (Alzheimer's Association, 2013).

Currently, 1 in 8 Americans over the age of 65 has Alzheimer's disease, which is the sixth-leading cause of death in the United States (Alzheimer's Association, 2013). As a result, various actions have been taken in advancing research to fight against Alzheimer's and dementia disease. Initial signs and symptoms of Alzheimer's disease may include memory impairments, social withdrawal, apathy, and sleep disturbances (Ward, 2003). Alzheimer affects not only old people, but younger age groups as well (Ward, 2003). Longer life expectancies and aging baby boomers will also increase the number and percentage of Americans who will be among the oldest old (Jacobsen, Mahter, Lee, & Kent, 2011).

A study by the Bureau of Health Professions projected a deficit of more than 50,000 full-time Registered Nurses by 2020 (U.S. Department of Health and Human Services (2012). In 2012, more than 8,000 students were enrolled in baccalaureate and graduate nursing programs. A total of 16,603 baccalaureate students, 1,379 master's students, 404 doctoral students graduated from undergraduate and graduate nursing programs. There were 1,269 nursing students studying to become Advanced Practice Registered Nurses (APRNs), including 1,180 Nurse Practitioners, 25 Certified Nurse Midwives, and 64 Clinical Nurses. However, 1,266 qualified applicants were turned away from these programs, due primarily to the faculty shortage and a lack of clinical training sites.

While an aging Baby Boomer generation requires an unprecedented demand for nursing services, a significant portion of the nursing workforce is looking to retire in the coming years. These two factors have created an upsurge in the anticipated number of

nurses needed to replace those seeking retirement and to care for America's aging population. The Bureau of Labor Statistics projects that 1.2 million new RN positions will need to be filled by 2020. This is a 26% increase to the current RN workforce. A shortage of faculty is a primary obstacle to expanding the nation's nursing workforce. In 2012, the American Association of Critical-Care Nurses (AACN) reported that thousands of qualified applicants were turned away from master's (13,311) and doctoral (1,348) programs due to a faculty shortage. Students are being turned away despite a great demand for doctoral faculty. According to AACN's Survey on Vacant Faculty Positions for Academic Year 2013-2014, most open faculty positions either require (56.9%) or prefer (30.0%) doctoral prepared faculty members. The problem will exacerbate as many faculty reach retirement age in the next decade. According to an AACN's report on 2012-2013 salaries of instructional and administrative nursing faculty in baccalaureate and graduate programs in nursing, the average ages of doctoral-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were respectively 61, 58, and 52 years old. An increased focus and investment must be placed on educating more doctoral-prepared nurses for faculty position. The RN vacancy rate in Wisconsin is the highest it has been in five years and it is predicted to continue to increase.

### **Dementia**

Dementia is a clinical syndrome evidenced through a set of symptoms, which classically include a decline in memory and thinking present for six months or more, and

of a degree sufficient to impair functioning in daily living (World Health Organization, 1993). According to the Alzheimer's Association, symptoms include inability to recognize people or objects, and difficulty with motor skills and speech (Alzheimer's Association, 2013). There were about 20,000 diagnosed dementia patients in South Central Wisconsin in 2010, and that will jump to about 40,000 by 2025 (Wisconsin State Journal, 2012). By the year 2050, the number of Americans with Alzheimer's disease will be also large. This will place a tremendous burden on society, the health care system, and caregivers.

These days, many people are faced with hard decisions about the use of health care facilities for a loved one. The decisions to move a loved one into nursing homes, assisted living facilities or adult daycares raise many questions about how family members will be treated, especially a patient with Alzheimer's disease, because of the state of the disease and the stress atmosphere in these facilities (Chappell & Novak, 1996). High levels of stress in nursing home staff are associated with working with more cognitively impaired resident populations, especially on day shift (Everitt et al 1991, Chappell & Novak, 1996), while greater satisfaction is reported when working with less cognitively impaired residents (Chappell & Novak, 1996). According to the Health Resources and Services Administration (HRSA), a division of the U.S. Department of Health and Human Services (2000), 8.4% of the 2.7 million U.S. registered nurses are employed in nurse management or supervisory roles. According to the International Office of Migration (IOM), in 2004, decrease in the number of nurse managers was identified as one of the many components of the work environment that have adversely

affected nursing quality and patient safety. Middle-level Managers play a significant role in creating work environments that retain staff nurses, and patients' satisfaction, but little is known about their critical challenges (Schroder & Worrall-Carter, 2002).

### **Middle-Level Nurse Managers**

A middle-level nurse manager is a nurse who has responsibility for lower-level managers rather than direct responsibility for staff, but who is not in top management that oversees an entire health care facility. A middle-level nurse manager may be assigned to cover all areas that deal with a specific type of patients. The middle managers work day, evening and night, typically assuming responsibility for larger units. Middle-level nurse managers, especially those caring for patients with Alzheimer's disease, work under very stressful conditions. Middle-level manager stress can extend to their staff, and subsequently the patients. Research suggests that an increase in stress in nursing staff is directly related to behavioral problems in patients and this relationship is even more prominent in those who are working day shifts (Everitt et al 1991; Chappell & Novak, 1996). Further, stress in a health care facility can lead to turnover of nursing staff, which will directly affect both the quality and cost of delivering care (Contino, 2000). A better understanding of the challenges that middle-level nurse managers face in their work environment will help administrators retain qualified nurses and provide quality care for patients.

### **Purpose of the Study**

The purpose of the study was to provide a qualitative description of stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients.

More specifically, the study aimed to:

1. describe nurse managers experiences about stressful incidents, and
2. identify coping strategies used by nurse middle-level nurse managers.

### **Research Questions**

The research questions in the study were the following:

1. What are the dominant contributing factors to stress reported by middle-level nurse managers caring for Alzheimer's disease patients?
2. What coping strategies do middle-nurse managers use to deal with stress related to working with Alzheimer's disease patients?

### **Significance of the Study**

According to Alzheimer's Association (2013), an estimated 5.2 million Americans of all ages had Alzheimer's disease in 2013. This includes an estimated 5 million people ages 65 and older and approximately 200,000 individuals younger than age 65 who had younger-onset Alzheimer. The number of Americans with Alzheimer's disease and other dementias will grow as the United States population ages 65 and older continues to increase. By 2025, the number of people ages 65 and older with Alzheimer's disease is estimated to reach 7.1 million—a 40 percent increase from the 5 million ages

65 and older currently affected (Alzheimer's Association, 2013). By 2050, the number of people ages 65 and older with Alzheimer's disease may nearly triple, from 5 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow or stop the disease. Deaths from Alzheimer's increased by 68% between 2000 and 2010, while deaths from other major diseases, including the number one cause of death (heart disease), decreased (Alzheimer's Association, 2013). While ambiguity about the underlying cause of death can make it difficult to determine how many people die from Alzheimer's, there are no survivors. If you do not die from Alzheimer's disease, you die with it. One in every three seniors dies with Alzheimer's or another dementia (Alzheimer's Association, 2013).

Women are more likely to develop Alzheimer's than men. By age 85, as many as 28% to 30% women suffer from Alzheimer's, and women with this form of dementia perform significantly worse than men in various visual, special and memory tests (Alzheimer's Association, 2013). The disease causes problems in thinking, communication, and behavior. The first noticeable symptom of Alzheimer is usually a loss of memory. As people get older, they often have difficulty remembering names and telephone numbers. The personalities of individuals with Alzheimer often change. Their attention span is short because their ability to concentrate is decreased. Many behavioral problems are seen in people suffering from Alzheimer's. Brief, the major symptoms of Alzheimer's disease are gradual changes in cognitive functioning: decline in memory, learning, attention and judgment, disorientation in time in space; difficulties in world finding and communication; decline in personal hygiene and self-care skills;

inappropriate social behavior, and change in personality (American Psychiatric Association, 1994).

Many actions have been taken in advancing research to fight against Alzheimer's disease. In 2012, the U.S spent 200 billion on Alzheimer's, according to a recent report from the Alzheimer's association (Alzheimer's association, 2013). This investment may show very limited outcomes if the middle-nurse managers who are supervising staff caring for Alzheimer's disease cannot perform their job effectively due to stress. This study has the potential to provide information to administrators, clinicians, therapists, families, caregivers, staff nurses, on how to improve coping abilities in occupational stress. It may also contribute to a better understanding of the role of nurse managers in working with staff, and the effects that Alzheimer's disease patients are on healthcare facilities setting. Current research mostly focus on registered nurses in staff positions (Halin & Danielson, 2007; Kwak, Yae Chung, Xu, & Eun-Jung, 2010; Wang, Wai Man Kong, Ying Chair, 2009) with little to no emphasis on middle-level nurse managers. A better understanding of both stress and coping strategies used by middle-level nurse managers may provide suggestions that can prompt health care institutions serving Alzheimer's disease patients to take actions to reduce stress, and proactively improve the working environment of their organizations (Mee & Robinson, 2003).

## **Chapter 2**

### **CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW**

This chapter summarizes the conceptual framework used to guide the analysis and research literature that supports the purpose of this study. The chapter is divided into the following sections: conceptual framework, middle-level nurse managers, job stress, factors contributing to increase stress of nurse managers, factors contributing to decrease stress of nurse managers, and coping strategies used by middle-level nurse managers caring for Alzheimer's disease patients. The cognitive relational theory developed by Lazarus & Folkman, (1984) is discussed as the theoretical framework for the study.

#### **Conceptual Framework**

The cognitive theory of stress and coping developed by Lazarus and Folkman (1984) was used in this study as the theoretical framework. According to Lazarus and Folkman (1984), stress involves transactional relationship between individuals and their environment, which one appraised as taxing or exceeding their resources and endangering their well-being. This theoretical position emphasizes cognitive appraisal not only of the demands of situations but also of the individual's ability and resources for coping. Lazarus proposed that stress and the stress response were not static. Cognitive appraisals include two component processes, primary and secondary appraisals. The primary appraisal refers to the stakes a person has in a certain encounter. In primary appraisals, a

situation is perceived as being either irrelevant, or stressful. Secondary appraisal involves evaluating coping options to deal with the primary appraisal. Those events classified as stressful can be further subdivided into the categories of benefit, challenge, threat, harm and loss. For example, a stressor was harmful if harm had already occurred. A stressor was harmful if harm had already occurred but was possible due to lack of resources. A stressor is a challenge if resources were available to meet the demand and produce growth in the individual.

Lazarus defined two types of coping. Coping in the transaction-based theoretical view of stress identifies two forms of coping: problem-focused and emotion-focused (Lazarus & Folkman, 1984). These interventions centered on taking action such as seeking information. Emotion-focused coping related to reducing the emotions associated with the person stressor interaction. These strategies focused on avoiding or changing the meaning assigned to the event. Emotion-focused forms of coping can impair health by impeding adaptive health and illness related behavior (Lazarus & Folkman, 1984). When primarily using emotion-focused strategies, individuals may initially succeed in lowering emotional distress, but in the process, they fail to address a problem that may be responsive to suitable action (Lazarus & Folkman, 1984). The theoretical formulation of stress and coping is drawn on the examination of three issues. First, belief can heighten the threat in a stressful transaction. Second, there is a relationship between control and coping. Third, the pathways through which control occurs can affect the outcomes of stressful encounters.

The stress in coping theory (Lazarus & Folkman, 1984) examines coping styles of caregivers. Coping is viewed in terms of defensive processes traits, or the cognitive transactional theory of stress developed by Lazarus and Folkman (1984). Coping is a very broad and fuzzy words to explain all the things you might think, feel, and do in response to such events in an effort to handle the stress and might include any of the aforementioned factors adapted from Folkman and Lazarus's Ways of Coping Questionnaire (Lazarus, 1993). Coping is defined as constantly changing cognitive and behavioral efforts to manage specific internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984). Coping means managing the stressful situation. Coping consists of both cognitive and behavioral efforts aimed at managing specific and/or internal demand appraised as taxing or exceeding the resources of the person (Monat & Lazarus, 1991).

Lazarus (1966) and Lazarus and Folkman (1984) asserted that the primary mediator of person–environment transactions was appraisal. Three types of appraisal were identified: primary, secondary, and reappraisal. Primary appraisal is a judgment about what the person perceives a situation holds in store for him or her. Specifically, a person assesses the possible effects of demands and resources on well-being. If the demands of a situation outweigh available resources, then the individual may determine that the situation represents (a) a potential for harm or loss (threat) or that (b) actual harm has already occurred (harm) or (c) the situation has potential for some type of gain or benefit (challenge). It is important to note, however, that the perception of challenge in the absence of perceived potential for harm was not considered a stress appraisal. The

perception of threat triggers secondary appraisal, which is the process of determining what coping options or behaviors are available to deal with a threat and how effective they might be. Often, primary and secondary appraisals occur simultaneously and interact with one another, which make measurement very difficult (Lazarus & Folkman, 1984). Reappraisal is the process of continually evaluating, changing, or relabeling earlier primary or secondary appraisals as the situation evolves. Reappraisal results in the cognitive elimination of perceived threat. There are many situational factors that influence appraisals of threat, including their number and complexity; person's values, commitments, and goals; availability of resources; novelty of the situation; self-esteem; social support; coping skills; situational constraints; degree of uncertainty and ambiguity; proximity (time and space), intensity, and duration of the threat; and the controllability of the threat. What occurs during appraisal processes determines emotions and coping behaviors (Lazarus, 1966; Lazarus & Folkman, 1984). Carver and Scheier (1994) stated that the coping strategies an individual uses might be relative to the stages, or phases, of a stressful situation. The researchers stated that a focused coping strategy could be used in the beginning stage of a stressful situation followed by a more emotional coping strategy (Carver & Scheier, 1994). Carver and Scheier (1994) also identified the use of more negative coping strategies like denial, disengagement from the stressor, and the use of alcohol.

## **Review of Related Literature**

### **Middle-Level Nurse Managers**

Brandt, Sayles, Frohman and Steinberg (1994), pointed out that the role of the mid-level manager is more important than ever. Middle management is where the action will be, and more will be required of them as their span of control and responsibility increase (Brant, Sayles, Frohman & Steinberg, 1994). According to Ehrat (1990) , critical management competencies as motivating followers, mastering uncertainty, inspiring confidence, shouldering criticism, responding nonjudgmentally, creating a sense of unity, listening with empathy, and facilitating consensus among groups. Various studies found that middle-level nurse managers play a key role in creating a work place environment that contributes to influence staff nurses' productivity, motivation , commitment, and retention (AACN, 2005; Shader, Broome, Broome, West, & Nash, 2001; McNeese-Smith, 1997). Anthony and Preuss (2002) argue that middle-level nurse managers can contribute to reduce stress experienced by their staff. This makes their ability to cope with stress very consequential for a health care facility caring for patients with Alzheimer's disease.

### **Job Stress.**

Baum (1990) defined stress as a negative experience accompanied by predictable biochemical physiological, cognitive and behavioral changes that are directed either toward altering the stressful even or accommodating its effects. Selye (1956) viewed

stress as a response to noxious stimuli or environmental stressors. He defined stress as a response, and it became the dependent variable in stress research. He described stress response as bio physiological in nature. When a person is subjected to a stressor, a characteristic syndrome of physical reactions will occur. Much of the early stress response-based research tested Selye's theoretical propositions using animal models with the intent of estimating the results to humans (Selye, 1983). According to Lindsey (1993), it is not possible to capture the proposed stress response and the magnitude of the response by such variables. Many different disciplines have identified stress and coping as important variables affecting health. It has been linked to the onset of diseases, such as cancer (Cohen & Rabin, 1998; Siegel, 1986), breast cancer (Antonova & Mueller, 2008), cardiovascular conditions (Benschop et al., 1997; Dimsdale, Ruberman, & Carleton, 1987; Ornish, 2007; Ornish, Scherwitz, & Doody, 1983; Pashkow, 1999), and colds (Cohen et al., 1998; Cohen, Tyrrell, & Smith, 1991), as well as the exacerbation of symptoms such as ulcerative colitis (Whitehead & Schuster, 1985), arthritis (Crofford, Jacobson, & Young, 1999; Nielson, Kristensen, Schnohr, & Gronbaeck, 2008), asthma (Fitzgerald, 2009; Wright, Rodriguez, & Cohen, 1998), diabetes (Fitzgerald, 2009), and irritable bowel syndrome (Bennett, Tennant, Piesse, Badcock, & Kellow, 1998; Dancy, Taghavi, & Fox, 1998). Work stress in nursing was first assessed in 1960 when Menzies identified four sources of anxiety among nurses: patient care, decision-making, taking responsibility and change (Menzies, 1960). Stressful situations occur when an individual is confronted with conflicting demands from within one of his/her role sets. An individual is unclear about the expectations and behaviors appropriate to

anyone or more in his/her roles, which may also involve within and between his/her various roles that are modified in some way as a result of technological or organizational change (Srilatha, 1991). Job stress is estimated to cost U.S industry more than \$300 billion a year in absenteeism, turnover, diminished productivity, and medical, legal and insurance costs (Rosch, 2001). In 2001, the median number of days away from work as a result of anxiety, stress, and related disorders was 25 substantially greater than the median of 6 for all nonfatal injury and illness cases (Bureau of Labor Statistics, 2001).

#### **Factors Contributing to Increase Stress of Nurse Managers.**

Lazarus and Folkman (1984) viewed stress as a dynamic and reciprocal relationship between the person and the environment. Stress is the response by person stressors in the environment. Negative outcomes of stress among nurses include illness, decline in overall quality of care, job dissatisfaction, absenteeism, and staff turnover (Schwab, 1996). Other studies have identified heavy workload, urgency of work to be performed, dying and death of patients, role conflict, lack of autonomy in practice, lack of social support, poor job fit, insufficient knowledge base, unsafe workplace, and a rapidly changing health care environment as stressors for nurses (Hemingway & Smith, 1999; Tovey & Adams, 1999; Van Servellen & Topf, 1994). Nurses who work in highly stressful situations are constantly under pressure and are vulnerable to a variety of symptoms in reaction to the stressor. Over time the exposure to stress and trauma may reduce both physical and emotional signs described as burnout (Cudmore, 1996). Berk (1998) states that individual is genetically and biologically compromised and vulnerable

to job stressors, which result in major depressive episodes and later in chronic anxiety disorders. Staff turnover is a chronic and a costly headache for long-term care facilities with Alzheimer's disease patients and related dementia. Turnover in long-term care facilities often involves the loss of employees that employers would not want to lose, because such loss affects the quality of services. Few studies were found that had examined stress among middle-level managers caring for Alzheimer's disease patients.

Today there are two realities about work-related stress that cannot be ignored. Employees get sick from stress in work place. Interest in the consequences of job stress for both employees and organizations is increasing as stress is linked to poor work performance, acute and chronic health problems, and employee burnout (Williams & Cooper, 1998). Cohen-Mansfield (1995) classified work related stressors for nursing into three levels: the institutional level, the unit level and the patient level. The costs associated with stress are significant to healthcare facilities. According to Benton (2000), the estimated cost of stress-related illnesses is \$4.2 billions to \$60 billions a year, in the United States. The total cost of stress to American organization assessed by absenteeism reduced productivity, compensation claims, health insurance, and direct and direct medical expenses add up to more than \$300 billion a year (American Psychological Association, 2010; Rosch, 2001). Stress can have a dysfunctional impact on both organizations and individuals (Frone, 2000). Stress and the negative outcomes of stress have been recognized as financially costly to any healthcare organization (Rosch, 2001). Negative outcomes of job stress among nurses include illness, decline in overall quality of care, job satisfaction, absenteeism, and staff turnover (Stewart, Ricci, Chee, &

Morganstein, 2003). Middle-level nurse managers cannot ignore the stress issue and must seek to do something about it and take control over their own job. Middle-level nurse managers play a pivotal role in creating the healthcare work environment and their actions are known to be essential precursors for building and sustaining safe and healthy workplaces (American Association of Critical-Care Nurses, AACN, 2005).

Because nurse managers practice in a human service profession, they are reportedly more at risk to experience the detrimental effects of stress and burnout (Maslach & Leiter, 1998). Little research, however, is available to specifically explain how chronic stress affects nurse health outcomes throughout their career much less how a nurse's health status may affect patient care outcomes (McNeely, 2005). In past years, the occupational stress and burnout literature seemed to cite personal characteristics of the individual as the primary contributors to negative health outcomes (Medland, Howard-Ruben & Whitaker, 2004). Increasingly, the current literature seems to place more emphasis on work environment and organizational structure as the primary contributors to stress and burnout (Maslach & Leiter, 1998b; Maslach & Leiter, 1999). Because stress-related illness contributes to rising health care costs and disability, creating a healthy work environment is a priority for maintaining an adequate nurse workforce and safe environment for practice (AACN, 2005). If ever a long-term solution for chronic stress in the workplace is to be found, this will require the intersection of nursing administration research focusing on individuals as the unit of analysis and health services research focusing on generating the evidence to transform health systems and to drive health care policy (Jennings, 2004, Jones & Mark, 2005).

Freudenberger (1974) used the term burnout to explain workers response to chronic stress that is common in occupations involving numerous direct interactions with people. The condition referred to as burnout could be described as a feeling of tiredness, loss of interest of all things, which may be personal, social and /or work related, increasing feeling of frustration which interfere with occupational performance. Usually burnout occurs following prolonged exposure to stress (Aswathhappa, 2007). The topic of stress and coping is an important and a popular one in developmental research. Many studies in these areas are more in staff nurses in healthcare facilities than nurse managers who are dealing with staff nursing. Studies show that occupational stress adversely affects performance productivity, job satisfaction and health of professionals (Bureau of Labor Statistics, 2001).

### **Factors Contributing to Decrease Stress of Nurse Managers.**

Delp (2006) argued that job satisfaction has been found to have a significant relationship with job stress. Ejaz, Noelker, Menne, & Bagaka (2008) found that a lack of job satisfaction can be a source of stress, while high satisfaction can alleviate the effort of stress. Relationship between staff nurses and nurse managers are particularly important when examining the rates of burnout among nurses. Problematic relationships among team members were shown to increase burnout rates (Demir, Ulusoy, & Ulusoy 2003). Judkins (2001) conducted a study on factors that contribute to decrease stress of nurse managers and found that most participants reported high level family support as the main contributing factor.

### **Coping Strategies Used by Nurse Managers.**

A study conducted by Rodham and bell (2002) revealed that many nurse managers are not aware of the effects of occupational stress of them and their staff. Such unawareness may potentially hinder their ability to deal with their stress in a way that is beneficial to the staff they are supervising and ultimately the patients. In fact, Rodham and bell (2002) found that some nurse managers have developed a culture of acceptance of stress, and consequently do not have proactive strategies to cope with their stress. However, this does not mean that nurse managers do not cope with their stress. Judkins (2001) reported that nurse managers used a combination of emotion focused and problem-focused coping strategies to deal with stress associated with their occupation and their workplace.

## **Chapter 3**

### **METHODOLOGY**

This chapter presents a detailed description of the research design, including the population, the sample size, the setting, instruments used to collect the data, procedures for conducting the research and analyzing the data.

#### **Research Design and Procedures**

This study used a qualitative research design to explore stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients. A qualitative, descriptive design can help understand an event or experience in everyday terms (Sandelowski, 2000). Prior to the beginning of the research, approval was obtained from the University Wisconsin Oshkosh Institutional Review Board. Then, I developed a list of assisted living facilities in the Oshkosh area. This list of facilities represented the primary source to identify middle-level nurse managers who may be interested in participating in this research study. A total of nine middle-level nurse managers agreed to participate in the interviews.

#### **Population, Sample, and Setting**

The subject population of this study consisted of middle-level nurse managers in health care facilities. The convenience sample of the study consisted of middle-level nurse-managers who are licensed nurse managers in health care facilities in Oshkosh,

Wisconsin. In order to be included in the study, participants had to be registered nurse managers who are working with Alzheimer's disease patients. The sample size was based on the number of participants needed for qualitative saturation of common themes. Sample size for qualitative research can vary from 6 participants (Morse, 1994) to 15-20 participants or more (Cresswell, 2002). Potential participants were contacted via an email to request their voluntary participation in the study. A total of 9 middle-level nurse managers (n=9) were recruited from assisted living facilities. Consenting participants were screened for their eligibility, and asked to use a pseudonym in order to preserve their identity. Participants were individually interviewed.

### **Instrumentation**

A combination of demographic and interview questionnaires were used to collect data through individual interview of participants. The demographic questionnaire included questions on age, gender, college, major, and other similar questions that can help capture the profile of the participants. The interview questionnaire included questions on participants' perceived stress (e.g., What factors do feel contribute to increase stress for you in your role as a nurse manager caring for patients with Alzheimer's disease? What factors do feel contribute to decrease stress for you in your role as a nurse manager caring for patients with Alzheimer's disease? How do you feel about yourself when you are experiencing a stressful situation in your role as a nurse manager caring for patients with Alzheimer's disease?), and coping strategies used while caring for Alzheimer's disease patients (e.g., What activity do you use the most to

decrease stress in your role as nurse manager caring for patients with Alzheimer's disease? Are there coping strategies that you found to be more effective than others? Explain!). The questionnaire was pre-tested on 3-5 nurse managers to ensure its consistency.

### **Data Analysis**

The interviews were transcribed verbatim into individual electronic documents, one per participant. The contents of the interviews were transcribed into a word document. To protect the privacy of the participants, I was the only person to have access to the protected data. I kept track of the data per participant and compared the answers to explore key patterns and themes based on the research questions.

## **Chapter 4**

### **RESULTS**

The purpose of the study was to provide a qualitative description of stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients. The study used a qualitative research design through individual interviews of middle-level nurse managers caring for Alzheimer's disease patients, in order to answer research questions such as, (1) What are the dominant contributing factors to stress reported by middle-level nurse managers caring for Alzheimer's disease patients? and (2) What coping strategies do middle-nurse managers use to deal with stress related to working with Alzheimer's disease patients? This chapter presents the profile of the participants and the results of the study.

#### **Profile of Participants**

As Table 1 illustrates, all 9 middle-nurse managers who participated in the study worked with Alzheimer's disease patients, their profiles project diverse demographic characteristics. First, 44% of the middle-nurse manager participants were currently supervising 6 to 10 full-time employees, 22% 1 to 5 employees, 22% 11 to 15 full-time employees, and 11% more than 25 full-time employees. With respect to Alzheimer's disease patient assignment, 33% worked with 6 to 10 patients, 33% worked with more than 25 patients, 22% had patient assignments of 11 to 15, and 11% had patient assignments of 1 to 5. Seventy-seven percent of the participants were females while the

remaining of twenty-two percent were males. The ages of the participants ranged from 19 to 25 years old (11%), to 36 to 45 years (33%), 46 to 55 years (33%), and to 56 years and over (22%). Further, 66% of the participants were married/partnered, 22% participants were separated, and 11% of participants were single. In addition, 11% percent of the participants held a master's of science in nursing, 66% held a Bachelor of Science in nursing, and 22% had a licensed practical nurse. Also, 60% of the participants worked on day shifts, 30% worked on afternoon/ evening, and 30% worked at night. Finally, the length of the work shift varied between 10 hours (50%) and 8 hours (50%).

Table 1

## Demographic profile of research participants

Age	%	Frequency
19 - 25 years old	11.11%	1
26 - 35 years old	0.00%	0
36 - 45 years old	33.33%	3
46 - 55 years old	33.33%	3
56 years and over	22.22%	2
Marital status	%	Frequency
Single	11.11%	1
Married/Partnered	66.67%	6
Separated	22.22%	2
Divorced	0.00%	0
Widowed	0.00%	0
Educational preparation in nursing	%	Frequency

L.P.N.	22.22%	2
B.S.N.	66.67%	6
M.S.N.	11.11%	1
Doctorate	0.00%	0
<b>Work shift</b>	<b>%</b>	<b>Frequency</b>
Day	55.55%	5
Afternoon/Evening	33.34%	3
Night	11.11%	1
<b>Length of shift</b>	<b>%</b>	<b>Frequency</b>
8 Hours	55.55%	5
10 Hours	44.45%	4
<b>Average number of patients in assignment</b>	<b>%</b>	<b>Frequency</b>
1-5	11.11%	1
6-10	33.33%	3
11-15	22.22%	2
16-20	0.00%	0
More than 25	33.33%	3
<b>Number of full – time supervisees</b>	<b>%</b>	<b>Frequency</b>
1-5	22.22%	2
6-10	44.44%	4
11-15	22.22%	2
16-20	0.00%	0
More than 25	11.11%	1

Note. N=9

### **Factors Contributing to Increase Stress of Middle Nurse Manager Caring for Alzheimer's Disease Patients**

As previously indicated, this study examined stress among nurse middle-level managers caring for Alzheimer's disease patients. To address research question, "What are the dominant contributing factors to stress reported by middle-level nurse managers caring for Alzheimer's disease patients?", the participants were asked the following survey questions:

- During the past three months, have you experienced stress in any situation in your role as a nurse manager caring for patients with Alzheimer's disease?  
Please explain!
- What makes you consider a situation as stressful?
- Is there a particular moment during your work shift in which you experience more stress while caring for patients with Alzheimer's disease? Explain!
- What factors do feel contribute to increase stress for you in your role as a nurse manager caring for patients with Alzheimer's disease?
- What factors do feel contribute to decrease stress for you in your role as a nurse manager caring for patients with Alzheimer's disease?
- How do you feel about yourself when you are experiencing a stressful situation in your role as a nurse manager caring for patients with Alzheimer's disease?

All the nurse managers said they experienced significantly high level of stress. The participants talked about concerns for patient behavior, inquiries from family of patients,

liability, staff negligence, and staff morale, and work place atmosphere as factors that contribute to increase their stress when caring for patients with Alzheimer's disease.

### **Concerns for patients' behaviors.**

Several participants said that they experienced serious challenges to control the behaviors of some patients who can become a nuisance for others. A middle-level nurse manager participant in the study said,

I have a gentleman who is in the mid - stages of the disease and covers his confusion with blustering, loud anger. He upsets the other residents and is difficult to redirect to a more appropriate area in order to vent his frustration.

Another participant in the study explained:

I experience different forms of stress on a daily basis. My role is to be at the frontlines of stressful situations. Whether it is consoling someone who misses their family but cannot recall why they don't see them as much as anymore to breaking up feuds between confused residents, I am tasked with de-escalating any and all stressful events.

### **Inquiries from family members.**

The lack of communication between the nurses and families members was a repeated concern for most middle-level nurse managers. Participants explained their experience when dealing with phone calls received from family members who sometimes

do not understand the challenges nurses are faced with to care for Alzheimer's disease patients. In fact, families of patients become victims of stress as they observe their loved ones suffer from Alzheimer's disease. Then, they expressed their frustration on the staff through all type of misbehavior. One participant said,

I experience more stress when a family member is visiting a patient.

Sometimes they show little understanding to the nurse.

### **Liabilities.**

All the participants said that liability is their greatest concern when caring for patients with Alzheimer's disease. They fear that an accident or something beyond their control might affect them in ways that are consequential for the rest of their lives. One participant said, "I don't want to write something that puts me trouble". Another participant explicitly vowed, "Liability is the factor that contributes to increase stress in my role as a nurse manager...".

### **Staff negligence.**

Most middle-level nurse managers who answered the interview questions confessed that the staff under their supervision is a great source of frustration. Often time, staff members tend to easily forget that they are caring for a very special population. This requires them to remain alert all the time by following all guidelines accurately. Middle-level nurse managers said that their stress increase when staff neglect to follow care plan guidelines in dealing with challenging behaviors. One of the participants stated,

“Although I know my job well, I am concerned about whether some of the staff members care as much as I am.” Another participant responded, “I become frustrated and more stressed when I gave suggestions for increased care and/or adaptive equipment needs and people do not follow through...”

### **Colleague morale.**

Participants said that the work place where people are caring for Alzheimer’s disease patients can become very toxic as a result of frustrating staff interactions with residents, supervisors, or family of patients. Participants argue that this can affect the morale of an entire team, and increase the level of stress that everyone has to bear. One of the participants stated that:

A sense of culture within our community between the workers and residents is necessary for cohesiveness in the workplace and is something I feel is missing at my community. Currently, it seems as though our care staff of CNAs’ attitudes are dedicated by our LPN. When our LPN is having a bad day, it is felt throughout the building and I believe the residents feel it too.

### **Work atmosphere.**

The overall work atmosphere is considered to be a stressor for many participants. They cited issues such as long work hours, multiple needs at one time, too many employees to supervise, being pulled in many directions without being able to finish one

thing before moving to the next. A participant admitted that as a result, “I feel that my job has become a burden, and I feel down”.

### **Factors Contributing to Decrease Stress of Middle Nurse Manager Caring for Alzheimer’s Disease Patients**

#### **Professional support.**

Participants said they experienced bad feeling, frustration because they can’t impact the patients’ behavior even with the best of planning and experience. They do get frustrated with themselves for feeling stressed because the residents do not realize what is going on. However, they saw professional support groups as a stress reducer. A few participants described supportive interactions with peers as a stress relief opportunity. A participant said, “When people show better understanding, I feel less stressed”.

#### **Empathy.**

Most of the participants validated their need for empathy. The participants believe that residents can pick up on their stress, and help change their true attitude. They found stress relief in empathy. A participant stated that:

Patience, empathy, willingness to experience adversity, and resilience are pre-requisites as far as I am concerned. I know that when surrounded with like-minded and like-hearted individuals, a support system can be fostered.

## **Coping Strategies Used by Middle Nurse Manager Caring for Alzheimer's Disease Patients**

What are the coping strategies employed by middle-level nurse managers to deal with the stress in caring for Alzheimer's patients? To address this research question, participants were invited to answer the following survey questions:

- What activity do you do to decrease stressful situations in your role as a nurse manager caring for patients with Alzheimer's disease?
- What activity do you use the most to decrease stress in your role as nurse manager caring for patients with Alzheimer's disease?
- Are there coping strategies that you found to be more effective than others? Explain!
- What is your advice for nurse managers who are caring for patients with Alzheimer's disease?

The data obtained by a descriptive approach were analyzed.

The last theme that emerged from this study concerns strategies used by middle-level nurse managers to cope with stressors associated with their profession, when caring for Alzheimer's disease patients. Relaxation, frequent breaks, laughter were the recurrent coping strategies reported by participants.

**Relaxation.**

Most participants shared that they used relaxation yoga techniques to deal with their stress. A participant said, “Yes, I use yoga. I distract myself with other things, like good quotations”.

**Frequent breaks.**

Participants said they used frequent breaks to clear their head when they feel overwhelmed at work. Most of the participants interviewed for this study stated that time “off” or “break” would be beneficial in reducing the stress that is accrued from daily work. A participant stated:

Quick breaks outside or in the kitchen. Our kitchen is one of the few areas in the community more or less sound-proof and private from our residents. This has created a sacred space where good music is played, jokes are told, and people lighten up. Also, I look to my residents for emotional support. They are the reason I am here so when I am feeling down or inadequate, they can always remind me of how valued I truly am at work.

**Laughter.**

About half of the participants used laughter to cope with their stress. A participant stated, “I try to find something that can make me laugh, and try to have some fun.”

## Chapter 5

### DISCUSSIONS AND CONCLUSIONS

The study sought to understand the dominant contributing factors to stress reported by middle-level nurse managers caring for Alzheimer's disease patients, and the coping strategies they use to deal with stress related to working with Alzheimer's disease patients. The findings were reported in Chapter 4. This chapter presents an analysis of the findings, and concluding discussions.

#### Discussions

The findings from this study reflect patterns that are supported by other empirical studies (Demir et. Al., 2003), and include details related to the specific experiences of each participant. In this study participants discussed their true feelings toward patients and co-workers. Most participants experienced a lack of support from other staff and patient family members. The participants experienced physical and emotional exhaustion due to stress inherent to their caring for Alzheimer's disease patients.

The participants interviewed for this research study experienced work-related stress such as fear of legal liabilities, colleague morale, and staff negligence. This confirms a study performed by McFarlane et al (2004), which found that the major sources of stress of middle-nurse managers were the external environment and the amount and quality of the workload. The finding of this study research showed that the majority of the participants interviewed felt the stress related to their workplace had more

to do with facilities factors and less than the patients-related factors. For instance, families of patients contribute to increase stress, when they visit their love ones, with their phone calls. Further, their stress comes as a result of lack of team work, long work hours, and frustrating work load. Stress is a serious issue affecting middle-level nurse managers, thus staff under their supervision and quality care for patients with Alzheimer's diseases. The results of this study suggest that team collaboration, empathy, relaxation, frequent breaks, and laughter can be used to help reduce stress among middle nurse managers caring for Alzheimer's disease patients. The overall work atmosphere is a source of stress for many middle-level nurses managers. Previous studies revealed that excessive workload (Greenglass and Burke, 2001), balancing competing priorities, managing staffing shortage and staff performance issues (Schroder and Worrall-Carter, 2002) contribute to increase the stress of nurse managers.

Further, consideration should be given to teaching skills that enhance working relationship between staff nurses, like communication and nurses' leadership. Middle-level nurse managers need to be emotionally prepared to deal with patients family and especially family of patients with Alzheimer's disease.

The importance of self-care through relaxation and laughter has been found to be relevant coping strategies for middle-level nurse managers. Social or professional support was identified as beneficial coping strategy middle-level nurse managers. A work place climate that is cohesive and includes co-workers and staff who are open to providing feedback and emotional support is very helpful for nurse managers especially nurse managers caring for Alzheimer's patients. However, this is an area that would

benefit from further research to determine more in depth whether this may be the way middle-level nurse managers caring for patients with Alzheimer's disease who feel drawn to the profession envision their dealing with stress in care facilities.

### **Implications for Health Care Management**

Today nurse managers face challenges to adjust emotionally and professionally in the workplace environment. They may accumulate stress that can affect patient's quality of care. It is important that administrators and policy makers understand additional factors that affect quality care of patients and employees. This study helps understand Alzheimer's disease patients, middle-level nurse manager experiences, factors that affect successful work environment and potential to develop new strategies that can improve patient satisfaction and nurse manager's performance. Executive of health care facility should develop continuing assessment of stress experienced by middle-level nurse managers and develop strategic and implementation plans to help them cope in the best efficient way possible. For example, health care institutions that care for patients with Alzheimer's disease can develop customized programs that offer middle-nurse managers options to participate in various relaxation activities on a regular basis. Further, institutions can encourage middle-level nurse managers to engage in discussions about various ongoing stressors in the work place. Such discussions can help develop coping strategies to deal with them and negate their effects on staff and patients with Alzheimer's disease.

### **Limitations of the Study**

The study was limited by a small and convenience sample size. In this study gender may have influenced the perception of stress and coping strategies that will influence the outcomes of the analysis, because the majority of the participants were women. The sample was taken from assisted living facilities or nursing homes, in Oshkosh, Wisconsin. This limits the generalizability of the results.

### **Conclusions**

The completion of this research study provides great insights about factors that contribute to stress experienced by middle-level nurse managers caring for Alzheimer's disease patients as well as their coping strategies. Middle-level nurse managers need a supportive environment to be very effective. This support system is vital because Alzheimer's is such a terrible disease that requires much care, love, and help from others. Further, because so many residents who suffer from Alzheimer's have families that are disconnected from them for various reasons, a realistically stressless support team of care staff is necessary to create a sense of togetherness and purpose in the lives of residents. In that sense, this study has contributed to knowledge that can help provide better quality care for patients with Alzheimer's disease. This may in turn constitute a social benefit to employers, employees, and families' caregivers. This study serves as a contribution to the literature on job stress and coping strategies. However, the small sample size and limited time to complete this study reduced the opportunity to go deeper into the analysis, thus justifying the need for further research.

APPENDICES

APPENDIX A

Cover Email/Letter

## APPENDIX A: Cover Email/Letter

## Cover Email/Letter

Date:

My name is Pierrette Jean-Francois. I am a graduate student at The University of Wisconsin Oshkosh, Department of Public Administration. I am conducting a research study to investigate stress and coping strategies among Middle-level nurse managers caring for patients with Alzheimer's. I would appreciate your participation in this as it will assist in making recommendations for improving environment of workplace for middle-level nurse managers working in health care settings. Information gathered in this study is for research purposes only.

Please do not place your name anywhere in the questionnaire. Your answers are important to the accuracy of the research. All answers are confidential and will be used only in combination with those of other nurse middle-level managers. Your participation is strictly voluntary and anonymous. You may decide not to participate or withdraw from the study at any time. If you are willing to participate in the study, you will be asked to:

- 1) Sign an informed consent attesting your willingness to voluntarily participate in the study,
- 2) Participate in an individual interview, about 60 minutes.

The questions do not pose any risk to participants. Your responses will be separated from any identifying information. All research data will be kept secured in a password protected file that only the researcher can access.

If you have any questions, please feel free to contact me at (920) 203-0254 or by e-mail, [jeanfp05@uwosh.edu](mailto:jeanfp05@uwosh.edu) or my faculty advisor, [\(email:nollengk@uwosh.edu\)](mailto:Dr Karl Nollenberger (847-533-0145)).

Your participation is greatly valued and appreciated.

Thank you again for your assistance.

Sincerely,

Pierrette Jean-Francois, Principal Investigator

Karl Nollenberger, Ph.D., Research Advisor

Will present the results, discussions, and conclusions

APPENDIX B

Informed Consent Form

## APPENDIX B: Informed Consent Form

## INFORMED CONSENT

Study ID: 972456

Project title:

Stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients.

Explanation of Procedures

My name is Pierrette Jean-Francois. I am a graduate student at The University of Wisconsin Oshkosh, Department of Public Administration. I am conducting a research study to investigate stress and coping strategies among Middle-level nurse managers caring for patients with Alzheimer's. I would appreciate your participation in this as it will assist in making recommendations for improving environment of workplace for middle-level nurse managers working in health care settings. Information gathered in this study is for research purposes only. Your participation is strictly voluntary and anonymous. As part of this study, we would like you to:

- 1) Sign an informed consent attesting your willingness to voluntarily participate in the study,
- 2) Participate in an individual interview, about 60 minutes.

Risk and Benefits

We do not anticipate that the study will present any medical or social risk to you, other than the inconvenience of the time required for you to answer the questionnaire.

### Safeguards

The information we gather through observation or that you give us in the questionnaire will be recorded in anonymous form. We will not release information about you to your doctor or to anyone else in a way that could identify you. All research data will be kept secured in a password protected file that only the researcher can access.

### Freedom to Withdraw

If you want to withdraw from the study at any time, you may do so without penalty. The information collected from you up to that point would be destroyed if you so desire.

### Offer to Answer Inquiries

Once the study is completed, we would be glad to share the results with you. In the meantime, if you have any questions, please contact me at (920) 203-0254 or by e-mail, [jeanfp05@uwosh.edu](mailto:jeanfp05@uwosh.edu) or my faculty advisor, Dr. Karl Nollenberger (847-533-0145) ([email:nollengk@uwosh.edu](mailto:nollengk@uwosh.edu)).

I have received an explanation of the study and agree to participate. I understand that my participation in this study is strictly voluntary.

---

PRINTED NAME SIGNATURE / DATE

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PRINTED NAME SIGNATURE / DATE

Email: \_\_\_\_\_ Tel. (        ) \_\_\_\_\_

APPENDIX C

Demographic Questionnaire

## APPENDIX C: Demographic Questionnaire

Stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients.

Demographic Questionnaire

1. Age: What is your age?

19-25 years  26- 35 years  36- 45 years  46-55 years  56- 65 years

2. What is your marital status? \_\_\_\_\_

3. Gender:  Male  Female

4. What is your Educational preparation in nursing?

L.P.N.  B.S.N  M.S.N.  Doctorate

5. What shift do you work most often?

Day  Afternoon/Evening  Nights  Other

6. What is the usual length of your shift?

4 hours  8 hours  10 hours  16 hours  other

7. Do you work with Alzheimer's patients?  Yes  No

8. What is the average number of patients in your assignment?

1-5  6-10  11 -15  16\_20  21- 25  More than 25

9. How long have you worked at this assisted living or nursing home?

1-5  6-10  11 -15  16\_20  21- 25  More than 25

10. How many full – time employees are you currently supervising?

1-5  6-10  11 -15  16\_20  21- 25  More than 25

APPENDIX D

Interview Questionnaire

APPENDIX D: Interview Questionnaire

University of Wisconsin Oshkosh  
Department of Public Administration

Stress and coping strategies among middle-level nurse managers caring for Alzheimer's disease patients.

Interview Questionnaire

Stress

1. During the past three months, have you experienced stress in any situation in your role as a nurse manager caring for patients with Alzheimer's disease? Please explain!
2. What makes you consider a situation as stressful?
3. Is there a particular moment during your work shift in which you experience more stress while caring for patients with Alzheimer's disease? Explain!
4. What factors do feel contribute to increase stress for you in your role as a nurse manager caring for patients with Alzheimer's disease?
5. What factors do feel contribute to decrease stress for you in your role as a nurse manager caring for patients with Alzheimer's disease?
6. How do you feel about yourself when you are experiencing a stressful situation in your role as a nurse manager caring for patients with Alzheimer's disease?
7. How do you feel about your patients when you are experiencing a stressful situation in your role as a nurse manager caring for patients with Alzheimer's disease?

Coping strategies

8. What activity do you do to decrease stressful situations in your role as a nurse manager caring for patients with Alzheimer's disease?
9. What activity do you use the most to decrease stress in your role as nurse manager caring for patients with Alzheimer's disease?
10. Are there coping strategies that you found to be more effective than others? Explain!
11. What is your advice for nurse managers who are caring for patients with Alzheimer's disease?

Thank you!

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