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Emotional Strain: A Concept Analysis for Nursing

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The term emotional strain is frequently referenced in the literature as experienced by employees in the context of job demands, caregivers when providing for loved ones with physical illness, and individuals undergoing trauma such as infertility and natural disasters. Although used in healthcare literature, the concept of emotional strain is seldom defined as a distinct concept and often embedded in the context of stress and strain. This concept has not been clearly articulated, is ill-defined, and remains unclear.

The Cumulative Index of Nursing and Allied Health Literature (CINAHL) Complete, ProQuest Central, PubMed, Business Source Elite, and PsycINFO were accessed, and articles from the English-language literature published from 1980 through 2016 were obtained. No concept analyses of emotional strain in nursing were found. Key words included emotional strain, strain, nursing, concept analysis, and stress. Inclusion of articles in the review was based on relevancy of content regarding background, definition, use, defining attributes, and consequences of emotional strain. For this concept analysis, a total of 48 articles were included.

Emotional strain is defined and used within the context of numerous disciplines, with business, psychology, education, and nursing as the major areas researched. Nursing is a stressful profession with emotional strain an increasing problem among professional nurses. In nursing education, Arieli (2013) identified emotional challenges such as patient suffering and death, and a lack of preparation for shocking patient situations, when studying nursing student experiences in clinical placements. Arieli (2013) highlighted difficulty in balancing home and college demands, time pressure, financial concerns, feelings of distance from faculty and staff, and feelings of unpreparedness and incompetence as nursing student stress factors. Additionally, Arieli (2013) affirmed that students are at risk for developing emotional strains such as anger, ambivalence, tension, disgust, frustration, fear, and discomfort. The lack of emotional coping skills in students was found to exacerbate emotional strain.

In nursing practice, continuous time pressure, work overload, mental and emotional load, stressors related to death of patients, staffing, sub-optimal relationships with peers, conflicts with supervisory and medical staff, difficulties with patients and families, and bullying were reported to be frequent sources of emotional strain (Gevers, Van Erven, de Jonge, Maas, & de Jong, 2010; Potash, Ho, Chan, Wang, & Cheng, 2014). Continuous stress at work, lack of autonomy, and high expectations of oneself are causing nurses emotional strain (Rauschenbach & Hertel, 2011).

An emotionally demanding situation may cause a nurse to have a low stress tolerance to subsequent stressful situations. Emotional reactions such as irritation, tension, anger, fear, anxiety, and apathy were measures of acute emotional strain in nursing (Potter et al., 2010; Rauschenbach & Hertel, 2011). In nursing professionals, emotional strain mediates maladaptive consequences to health and well-being, potentially causing detachment, disengagement, absenteeism, somatic illness, coronary artery disease, alcoholism, burnout, abandonment of the profession, and suicide attempts (Gevers et al., 2010; Potter et al., 2010; Rauschenbach & Hertel, 2011).

For the most part, nurses represent a workforce with high motivation and dedication. However, such fine attributes cannot be expected to offset the erosive effects of enduring, indefinite work stress. Exposure to acute critical incidents is anticipated as a core requirement of the nursing profession; however, experiencing the chronically draining nature of emotional demands and other organizational factors is not (Tuckey & Hayward, 2011). It is crucial, in these days of increasing patient acuity, nursing shortages, declining enrollments in schools of nursing, and an aging nurse population, to recognize the impact of emotional strain on nurses. Few nursing degree programs include stress management courses, which
have the potential to affect long-term career retention. The provision of effective stress management training for undergraduate nursing students in managing the stresses they are likely to encounter could be an important requirement for avoiding long-term maladaptive effects of emotional strain in nursing (Holstad, Korek, Rigotti, & Mohr, 2014; van den Tooren, de Jonge, & Dormann, 2012). Furthermore, clinical instructors need to be educated about the importance of preparing students for stressful and shocking patient experiences (Arieli, 2013).

The author reports an examination of the concept of emotional strain using Walker and Avant’s (2011) eight step method of analysis. Defining attributes, antecedents, and consequences of emotional strain are proposed based on a comprehensive review of multi-disciplinary perspectives. This analysis adopts a dynamic definition of emotional strain that may serve to encourage communication, promote reflection, and enhance concept understanding. Emotional strain in nursing needs to be recognized as a key factor in the delivery of safe patient care. The definition contributes significantly to the development of nursing knowledge and provides direction for future nursing research, as well as enhances efforts to serve nurses and students affected by emotional strain.

Title:
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**Abstract Summary:**

This concept analysis adopts a definition of emotional strain that encourages communication and enhances understanding. Emotional strain in nursing is a key factor in the delivery of safe patient care. The definition contributes to nursing knowledge and enhances efforts to serve nurses and students affected by emotional strain.

**Content Outline:**

I. Purpose

II. Methods

   A. Framework
   
   B. Search Strategies
   
   C. Key Words

III. Defining Attributes

IV. Constructed Cases

   A. Model Case

V. Antecedents
VI. Consequences

VII. Synthesized Definition

VIII. Concept Map

IX. Conclusion

X. Implications

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**Author Summary:** Catherine Stubin has been a registered nurse for over three decades in various areas of nursing practice, holding national certification as a Critical Care Registered Nurse since 1987. She has been a full-time academician since 2009, teaching Medical-Surgical Nursing and Health Assessment to undergraduate nursing students. Clinical experience includes specializations in cardiac and pulmonary disorders. Ms. Stubin has also been responsible since 1994 for successful classroom preparation of students sitting for the NCLEX-RN examination.