Reducing caregiver stress

By Patty Pitts

S

tress stalks nurses long before they begin working in the province’s hospitals. Tension and pressure are also the frequent companions of nursing students—an American study of stress among health care professions ranked them at the top. That study was one of many that inspired Young, an assistant professor with UVic’s School of Nursing on the Lower Mainland, and a first-year student. After an instructor noted that the stress level seemed especially high in her students:

“We were amazed, when we got into the research literature, at the high level of stress reported among nursing students. But we only found two examples of stress reduction interventions programs for student nurses reported in the literature,” says Young.

Her inquiries led to discussions with the Healing Touch Centre of the Vancouver Hospital Health and Science Centre. Nurses there wanted to evaluate the effectiveness of its mindfulness-based stress reduction (MBSR) program. Young wanted a program to help her stressed-out students. They agreed that the centre would waive its usual program fee for the third-year students involved in an evaluation conducted by fourth-year students. UVic’s Innovative Teaching Grants program funded the evaluation.

Students were given credit for the program for the eight weekly sessions. They learned meditation, yoga and relaxation techniques and joined a panel of students in the program. The results were very positive, and the MBSR program of offer was extended to a second group of nursing students last fall. Young reported on the program’s effectiveness at the International Conference on Women, Heart Disease and Stroke held earlier this year in Victoria, and she hopes to expand her research on stress-reduction among nursing students.

Young’s primary research interests include health promotion and the influence of family members on individuals’ health-related decisions and experiences. She is currently the only nurse and the first student in British Columbia holding a post-doctoral fellowship at the University of Washington. Before her work in Seattle, she was researching the risk factors affecting women from low-income single women.

While attending rounds of a hospital, she met a team as a graduate student. Young witnessed the complexity of issues related to family-focused care. She subsequently learned that the vast majority of B.C. heart transplant recipients were men, with women usually willing to provide post-operative care at home. A shortage of gender-specific large scale data has stymied further investigation.

“Often science is conducted on men and then related to women,” says Young. “When researchers do not report on the outcomes for women, it sets things in motion where men may be getting more transplants because we don’t have sufficient scientific information on women to support practice.”

“What’s central and easy to lose is that women’s care-giving work is usually invisible. Often decisions are made on the basis that a woman will care for a post-operative man, sometimes to the detriment of her own health.”

When both nurses working in hospitals and family caregivers in the home are stressed out, all parties are put at excessive risk. Thanks to Young’s interest in reducing stress among nursing students, more graduates of the school will have the skills to handle the inevitable pressures they’ll face when they become part of the health-care system and that will mean better care for all.

Nursing curriculum encourages activism

The recent announcement by Canada’s nurses that they will make improved health care a major election issue is no surprise to the director of UVic’s School of Nursing Dr. Jan Storch. “Nurses have always been pretty active lobbyists. The Canada Health Act turned out the way it did because of nurses’ input,” Storch is also proud of the fact that the school’s curriculum teaches its students to be activists for quality health care.

“Our curriculum really teaches nurses to change the health care system if their work environment doesn’t allow them to nurse properly, and to change society if current conditions contribute to poor health,” says Dr. Marian O’Brien, who, along with colleagues Drs. Rita Schreiber and Rosalia Starzomski, teaches the fourth-year course “Nurses Influencing Change.”

Langford dementia care facility studied

Early results of an evaluation of the Heritage Woods care facility for residents with dementia by a School of Nursing faculty member Dr. Lucia Garroch are encouraging. For the past year, Garroch and her group have conducted interviews with the Langford facility’s staff, volunteers, residents and their family members to determine how well Heritage Woods is achieving its goals of supporting independence, individual preferences and choices, privacy and dignity, and meaningful living for its residents. “It’s rich data; wonderful data,” says Garroch, who will present a preliminary report in the fall.

At the Heritage Woods facility, residents live in self-contained cottages in a specially designed environment. The choices they make determine their daily routines. “Living arrangements become more personal when they become part of their lives at Heritage Woods, if possible,” says Garroch, a former long-term care facility administrator and gerontology research specialist. She has also worked with other extended care facilities in the Capital Health Region to improve the quality of life for residents.

Each year, scores of UVic post-diploma students earn their bachelor of science in nursing degrees with UVic. The School of Nursing has also been part of the nursing school’s distance education program, which celebrated its 25th anniversary last year. Currently, 650 students from across North America are enrolled in third- and fourth-year courses.

Half of the program’s distance students are from the Lower Mainland; a further 25 per cent are from Vancouver Island; nearly 60 are from outside B.C.; and a handful come from as far away as Florida and Vermont.

Since 1996, UVic’s School of Nursing has offered degree program completion on the Lower Mainland at Langara College. There, students take the required third- and fourth-year courses for their UVic BSN degree. The UVic campus has a faculty of seven full-time and two part-time members and more than 100 students.

The highest level of education among Canada’s nurses is diplomas, 77 per cent; baccalaureate, 20.8 per cent; masters, 1.5 per cent; and doctorals, 51 per cent.

The majority of Canada’s nurses work in hospitals (62.4 per cent). The rest work in nursing homes (11.8 per cent), community health (7.1 per cent), home care (4.4 per cent), educational institutions (3.2 per cent), physicians’ offices or clinics (2 per cent) and other venues (9.5 per cent).

Of the 227,651 nurses employed in Canada in 1999, 95 per cent were female. Of the male nurses in Canada, 4.3 per cent worked in Quebec, 20.2 per cent in Ontario, 10.1 per cent in B.C. and 9.2 per cent in Alberta.

Nurses in Ontario have the highest wages in Canada—between $38,689 and $59,302. In B.C., nurses’ salaries range from $39,275 to $48,635. Nurses in Newfoundland have the lowest wages in Canada, ranging from $32,819 to $40,959.