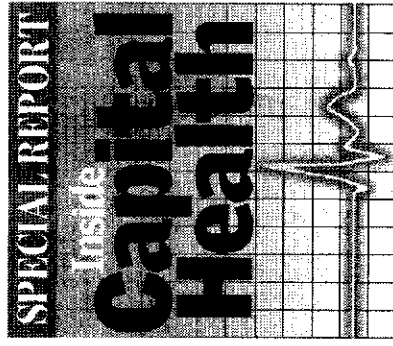


Taking the good with the bad

Nurses balance stress, abuse with the reward of helping out



By **SHERRI BORDEN COLLEY**
Staff Reporter

NURSES, the backbone of the health-care system, are overworked, burned out and at times stressed out. But most still find their job tremendously rewarding.

"We are there 24 hours a day, seven days a week, looking after people that are dying, people that are having surgery, people that are going through chemotherapy, people that have cardiac problems. You name it, we're there," said Janet Hazelton, president of the 5,500-member Nova Scotia Nurses' Union.

"We're there at three o'clock in the morning when they wake up scared or wake up in pain."

Their jobs are both physically and mentally draining. But at the same time, Ms. Hazelton said, "It's probably the most rewarding profession there is, and that's why nurses don't leave in droves."

As an emergency room nurse, Gwen Busby sees all sorts of trauma — injuries from serious car accidents, stabbings, heart attacks and domestic assaults. And as part of a triage team,

she decides who will be seen first, based on the seriousness of the injury or who is the sickest.

Explaining to patients that triage is not designed around first-come, first-served is not always easy. During what may seem to patients like eternal wait times, some will take their anger out on Ms. Busby or her colleagues.

So de-stressing after a 12-hour shift is a must for Ms. Busby, a nurse at the Cobequid Community Health Centre in Lower Sackville.

"When you have a waiting room full of people and you would like to be able to do more for them and you can't, that's a real stress," said Ms. Busby, who has spent almost all of her 20-year-plus career working in hospital emergency settings.

"Sometimes people can become quite aggressive in the waiting room and that is a stress, when you're dealing with someone who is verbally abusive to you."

"You have to learn to take care of that."

At the end of each shift, she does a "mind dump" by cranking up the music in her car and winding down the windows for her drive home.

"You don't want to take half of this stuff home with you, right?" she said. "The drive home is the time of getting rid of all that. You can mentally say, 'OK, I did my best today, that's all I can do. I wish I could have done more but I did my best, so leave it there.'"

When a death occurs, Ms. Busby strives to be as supportive to the family as she can, sometimes even making phone calls.

"I think as an emergency room nurse, you become almost programmed, this is how you re-



Emergency nurse **Gwen Busby**, left, says not taking your work home with you is crucial to reducing stress. At right is Nova Scotia Nurses' Union president, **Janet Hazelton**.



(ERIC WYNNE / Staff)

'It's probably the most rewarding profession there is, and that's why nurses don't leave in droves. . . (but) nurses' sick time is so high because they're working so hard that they're hurting themselves.' — **JANET HAZELTON**

spond, this is how you look after certain situations."

Unlike larger hospitals, the 18-bed Cobequid centre, open daily from 7 a.m. to 10 p.m., does not admit patients. Staff stabilize people and refer them to a larger hospital or send them home.

When Ms. Hazelton started nursing in 1984, patients were not as critically ill as they are now and senior nurses had time to mentor, she said.

"It's sort of like a vicious circle," Ms. Hazelton said. "Nurses' sick time is so high because they're working so hard that they're hurting themselves (on the job)."

nurses continue to face heavy workloads, overtime and high stress.

"The workload issues that we're having now are worse, more pressing, more burdensome than the workload issues that they were experiencing five years ago, and that's quite striking," said Michael Leiter, a professor at Acadia University's Centre for Organizational Research and Development who headed the two-year study into nurses' working environment.

When you look at job burnout, there are two career points when people are vulnerable — in their first job and when they are in their 40s and "it just hasn't turned out the way that you dreamed," Mr. Leiter said.

"People are feeling that strain . . . and as time goes on, people get less tolerant of the strain."

Judging from the survey, nurses are not optimistic that the system can be fixed.

"There's a general feeling like we can make it manageable, we can figure out how to survive in this," Mr. Leiter said. "We're going to keep chugging away in there for the good of our patients."

"But the idea that the system is actually going to come together and function in a much more positive way in terms of supporting their work, no, I don't think that's really their view."

But it's not all doom and gloom. Many nurses interviewed acknowledged improvements such as provincial nursing strategies, more university spaces for training new nurses and progress in recruiting and retention efforts.

All four Atlantic provinces showed an overall increase in the number of their registered nurses from 2003 to '04.

"Things seem to be generally getting better across the system, but it takes a little while for it to actually have an impact where it really matters," Mr. Leiter said.

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