

ORIGINAL ARTICLE

Expressive writing as an intervention to decrease distress in pediatric critical care nurses

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ABSTRACT

Experiencing distress is a common phenomenon among pediatric critical care nurses. Expressive writing provides a cost-effective and easily implemented intervention nurses can utilize to address distress as a consequence of providing care for critically ill patients. This intervention may decrease the array of consequences of distress and improve nursing staff satisfaction and retention.

Key Words: Distress, Pediatric critical care nurse, Expressive writing

1. INTRODUCTION

Providing physical care to the 50,000 children who die annually in the United States^[1] and the emotional care their family members require makes pediatric nursing one of the more stressful clinical settings.^[2] Of the children who in an acute care setting, 60% of these deaths occur in a pediatric critical care unit (PCCU).^[3] The ability to remain satisfied with the job, able to provide compassionate care, and maintain self-compassion to prevent burnout require a myriad of activities. Despite initiatives and interventions aimed at each of these scenarios, Neff report that limited progress has been made.^[4] These results, along with the projected nursing shortage makes attaining and retaining healthy nurses a critical priority. The American Nurses Association (ANA) defines a healthy nurse as “one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing”.^[5] The purpose of this article is to demonstrate how expressive writing may decrease distress PCCU nurses experience.

2. DISTRESS

Distress, defined by the National Comprehensive Cancer Network (NCCN) is a mix of anxiety and depressive symptoms that result in sleeplessness, a lack of appetite, trouble concentrating, and performing routine activities.^[6] Dimitrova and associates^[7] identified distress as a psychological barrier that prohibits a nurse from maintaining the well-being that influences both their professional and personal life. Distress “extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis”.^[6] Stress, an antecedent to distress, is common among nurses who provide complex care and challenging workloads.^[8]

Statistics indicate that 32% of nurses report high levels of distress, which is higher than the 18% reported by the general population.^[9] When nurses are not able to function effectively, process the various situations they encounter, and remain emotionally healthy and professionally committed, working within these settings the outcome will be distress.^[10]

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Interactions between the nurses and family members may be stressful and challenging, increasing the potential for work-related distress.^[11] Wilson and associates have identified disassociating from the patient, providing suboptimal treatment, experiencing a diminished ability to care and communicate, and having signs of burnout as outcomes associated with workplace distress.^[12] Effects of distress have been identified as a precursor to physical^[13,14] and/or psychological problems^[14,15] among healthcare professionals. Nurses who experience distress have also reported anxiety, somatization, overemotional reactions, and feelings of overload.^[7] Ridner has correlated distress to physical, emotional, or spiritual conditions.^[16] Zito et al.^[17] posited that when job demands exceed resources, distress ensues. However, distress is less common if nurses have effective coping skills,^[16] emotional stability,^[18] and an optimistic personality.^[19]

Distress in nurses may cause a myriad of outcomes, including an inability to provide excellent care,^[20] job burnout and attrition,^[21] depersonalization of patients,^[13] and increased costs for hospital in replacing a nurse.^[22] Indications of distress may be exhibited in different ways depending on each unique individual. Lavoie and colleagues^[23] found that younger nurses felt distress caused by cognitive overload while older nurses' distress manifested in physical or somatic complaints. To meet the standards set by the ANA for healthy nurses, there needs to be more opportunities for nurses, especially PCCU nurses, to seek assistance and manage difficult clinical situations so their coping resources do not become overwhelmed.

3. PCCU NURSES

Nurses who provide care in a PCCU clinical setting work in a complex and stressful environment. The care required by children in a PCCU setting often include multiple medical issues who require critical and often life-saving health-care. Being a PCCU nurse includes being advocates for the child and providing emotional support, treatment updates, and health education to the child's parents and family.^[24] Serving as a resource to guide treatment decision making is included in these activities.^[24] Providing care in a PCCU setting also means frequent exposure to traumatic health events. These events may include or result in ethical issues that negatively influence a PCCU nurse both physically and psychologically.^[25]

Distress antecedents

Included in the myriad of causes of work-place distress are role uncertainty, an oppressive workload, lack of autonomy, and conflicts with colleagues.^[26,27] Research results from Sexton and colleagues^[28] determined that adverse patient

outcomes and deaths precipitate distress. Individual factors that may contribute to distress include previous traumatic experience and certain personality characteristics.^[29] Chronic stress may also be an antecedent to distress. Not all stress is bad, as the stress response provides with the fight or flight mechanisms that are used for protection of lives and can be motivators for action.^[30] However, when stress lasts for long periods of time or overwhelms adaptive resources distress may occur. Nurses with social support,^[31] positive coping skills,^[32] and personality traits such as self-efficacy and/or optimism may be better able to moderate the consequences of a stressful event.^[33] Maladaptive coping may lead to disassociating with colleagues,^[32] which makes it both an antecedent and a consequence of distress.

Distress is not always a negative experience; exposure may lead to increased resilience, positive personal growth,^[34] and sensitivity to changes in patient status.^[10] However, if nurses are unable to process and cope with distressing situations, their responses may be negative.^[10] There are many elements in the workplace environment which may contribute to a nurse experiencing distress, such as the frequency of exposure to traumatic events,^[35] organizational structure,^[36] and lack of positive rapport with colleagues.^[2]

4. EXPRESSIVE WRITING

Expressive writing has been identified as one intervention capable of mediating the distress associated with providing care to children who are critically, and perhaps terminally, ill.^[37] Expressive writing is "an intervention in which one is asked to disclose one's deepest thoughts and feelings surrounding a stressful life event",^[38] initially identified by Pennebaker in 1986.^[39] Stuckey and Nobel^[40] posit that expressive writing, as a creative activity, has the potential to decrease "stress and depression".

While expressive writing lacks a theoretical foundation,^[40] Pennebaker attributes this to the notion that the intervention may be guided by several theories, including "cognitive, emotional, social, and biological" frameworks.^[37] Sexton and colleagues promote emotional exposure theory, cognitive restructuring theory, and the self-regulation theory to explain why the structure of expressive writing may improve the outlook of a person.^[28] Andersson and Conley examined expressive writing within the context of social-cognitive theory.^[38]

Previous research has documented a benefit of expressive writing as a coping intervention in college students, patients dealing with illness, and individuals who have experienced a natural disaster.^[41] Other populations who have utilized expressive writing as an intervention include those that have

a change in mental or physical well-being,^[38,43] have experienced abuse,^[44] or a traumatic experience,^[45] and go through school transitions.^[46]

Within healthcare, expressive writing interventions has been utilized in medical education,^[47] but has yet to be thoroughly studied in nursing, with only a few studies to date, and none with the specific intention of improving distress with using only expressive writing as the intervention.^[28] Improved strategies for decreasing distress in nurses is needed to help prevent mental and physical problems, burnout, and turnover.^[48]

4.1 Outcomes of expressive writing

Expressive writing may potentially facilitate changes in the memory of a traumatic experience to a more ordered thought process and cognitive change. Decreasing inhibition of emotion about a situation may improve a person's ability to handle new similar events.^[41] Stress reduction is another possible outcome of expressive writing.^[49] The expressive writing process may help decrease the suppression of negative emotions attached to that event.^[50] If expressive writing helps participants view a situation differently it may be an avenue for healing.^[41] Also, if a person understands why something occurs then this may decrease the likelihood they will have as negative of a response to the experience in the future.^[51]

4.1.1 Implementation

Directions for expressive writing are as follows. Expressive writing should be completed in a quiet place with a journal readily available. Writing should occur daily for three to five days. This practice may continue longer as the nurse desires. The writings are not shared with others or discussed afterwards.^[28,39] The nurse may write about one experience, multiple experiences and in first person or third person at his own pace.^[52] Approximately 20 minutes should be spent writing. If you find you have written everything, but still have time left, start writing from the beginning. This allows the participant, while focusing on a distressing event, to write the details that perhaps are the most emotional or important to them. Reflecting on what is written is vital and letting the nurse through private expression form a more coherent view of their experience is important.^[53]

4.1.2 Reflection

Reflection is defined as “a systematic cognitive process” that helps a person to comprehend “their experience through internal examination so that one can improve their behavior or practice”.^[54] Expressive writing is an avenue of reflection on a past experience that may help an individual alter his perception of that stressful/traumatic event.^[41] Reflection is even used with the control group of randomized controlled trials on expressive writing. The control groups are instructed to focus on non-consequential events such as needs from the previous day.^[28,52] Craft and colleagues used reflection/reframing as the theoretical model as the reason expressive writing is successful in a change in perspective.^[41] Our minds may form narratives of events before we have had time to reflect on the experience and make take an inaccurate assessment of the experience.^[51]

Expressive writing and reflection are similar, although reflection is focused on a “critical analysis” of the event,^[54] whereas expressive writing concentrates more on a simpler recounting of the event.^[55] The literature provides many examples of how participating in an expressive writing intervention may improve mental^[41,50,52,56] and physical health.^[28,39] A new perspective regarding the past event and ability to handle new stressful situations may occur because of the “cognitive change”.^[41] While expressive writing has been shown to decrease intrusive thoughts regarding a traumatic event, the process of the expressive writing intervention may potentially increase anxiety during the intervention for some participants.^[43] Improvements from the expressive writing intervention can be seen in posttest analysis immediately and longitudinally.^[41,57]

5. CONCLUSIONS

Expressive writing is a low cost, easily implementable intervention. Expressive writing has proven beneficial in improving psychological and physical health in various populations. If expressive writing may be successful at impacting distress in nurses then there will be many positive consequences.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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