

Care for the caregiver: benefits of expressive writing for nurses in the United States

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This paper introduces expressive writing as a new tool to build psychological resilience in nurses by helping them to reduce the negative impact of the primary sources of stress in their jobs. Delivering care to patients exposes nurses to intense stressors including staffing and workload problems, communication breakdowns, death, bereavement, and medical error. Not surprisingly, these conditions contribute to job dissatisfaction and burnout which are primary causes of nurse turnover. There is an acute need for low cost and simple interventions that enhance nurses' coping with problems leading up to burnout and turnover. We found almost 2 out of 3 RNs reported trouble sleeping, almost half reported feeling burned out, and 1 out of 4 were depressed. Expressive writing has been widely used and is well validated in many non-nursing populations in helping people cope more effectively with job-related stress and traumatic events. Writing improves health in several ways. One way is through exposure, the process by which difficult emotions become less potent and more manageable. Second is cognitive restructuring, which brings about new ways of thinking about stress that makes painful events less upsetting. Third is improved self-regulation, which is the ability to cope with and regulate one's emotions. The well-being of nurses directly affects the quality of patient care. Expressive writing is a time-efficient and easy-to-use intervention to help nurses cope with job upheavals in an effort to reduce job distress, turnover and, ultimately, improve the work environment and patient outcomes.

Keywords: expressive writing, nurse resilience, job stress

Prevalence of stressful events

Medicine is the single profession in any culture that faces a confluence of high-stakes decisions, need for supportive care, enormous responsibility, intense emotions surrounding death and dying, prolonged hours, unyielding paperwork, and the lurking possibility of verbal or physical abuse from a co-worker, patient or family member. These are the daily

challenges of contemporary healthcare professionals which can be especially prevalent in the palliative care setting where supportive care versus cure is delivered to patients and their families. Caring for the critically ill is demanding on several levels, and occupational stressors in palliative care can lead to job dissatisfaction, depression, burnout and turnover.¹ In addition, recent research has demonstrated the disturbing emotional impact of medical errors on clinicians, in which only 10% felt adequately supported by their organization in the coping process.² For palliative care in particular, there are a set of unique stressors that put caregivers at risk for burnout and depression.³ New coping strategies are needed to

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help caregivers deal effectively with the challenges they encounter on the job. In this paper, we briefly review recent evidence regarding the prevalence of these stressors, and present a formally validated, feasible, and cost-effective coping tool currently being used at The Johns Hopkins Hospital.

The cost of unprocessed emotional upheaval is not limited to the psychological toll on caregivers, as there are powerful influences on annual nurse turnover rates. Moreover, job dissatisfaction and work-related stress have risen, and nurse turnover rates have reached an estimated 21%.⁴ Job conditions that precipitate stress include high workload and job demands, infrequent breaks, long work shifts, management hierarchies that restrain nurses, lack of family-friendly policies or social support in the workplace, excessive responsibility,^{5,6} staffing problems, communication problems, coping with death and dying, and the aftermath of medical errors and adverse events.² Perhaps not surprisingly, these were precisely the topics that nurses wrote about when participating in an expressive writing exercise to facilitate coping with emotional upheavals in their nursing units. These nurses routinely care for patients while working within a dysfunctional and understaffed system. Some reported that, after an extended period of caring for and befriending a patient, the patient died and was replaced by another patient before they were aware of the passing. These deaths frequently go unprocessed, and nurses are expected to continue their work as usual, despite the natural human process to grieve. Other nurses are afraid to 'grieve at the workplace' or talk about their feelings because it might result in job sanctions or judgement by their peers. Thus, they remain silent about their interactions and feelings.⁷

The nurse-patient relationship is complex because it is not only directed but holistic, including the social, emotional, cultural, and spiritual needs of the patient. In the palliative care setting, the stress of death can be related to the intensity of contact with death and human suffering and the overwhelming emotional impact of caring for both the patient and family member at that time.⁸ The perceived lack of organizational structures in place to help caregivers cope² with stress, upheavals, and unprocessed bereavement is a significant problem. Even if the employer provides highly qualified and responsive counsellors, there is a strong stigma associated with seeking this support after a traumatic or sentinel event because it is the same place where management sends staff with substance abuse or behavioural problems. Anecdotally, none of the nurses with whom we spoke over the course of this research had actually used existing organizational resources. All, however, reported difficulty coping with emotional upheavals in their unit,

and highlighted the need for a private, voluntary, simple, and self-administered tool to facilitate coping. Although nurses working in palliative care do not necessarily report more job stress, they are more reliant on colleagues for support. When nurses fail to find support from co-workers, they become even more vulnerable to stress and burnout.³

Here, we describe a tool, called expressive writing, which nurses and other caregivers can use to help ameliorate the negative effects of job-related stress. Expressive writing has been widely used and validated in other venues to test for improvements in both physical health and emotional functioning.⁹⁻¹¹ It is being refined at The Johns Hopkins Hospital for use in a variety of nursing specialties, such as oncology, critical care, peri-operative care, emergency department, palliative care, and medical/surgical units.

Needs assessment through current work

The Johns Hopkins Quality and Safety Research Group recently used the Safety Attitudes Questionnaire to survey nurses from 41 ICUs (770 of 923 nurses; 83.4% response rate) as part of a Robert Wood Johnson Foundation sponsored project (grant #58292) to demonstrate the contribution of nursing to care quality.

One out of four nurses (24.2%) reported that events in their clinical area affected their lives in an emotionally unhealthy way (range by unit, 0–50%; Fig. 1). In follow-up discussions with nurses and nurse managers during Safety Culture Checkups¹² and in-services, we learned

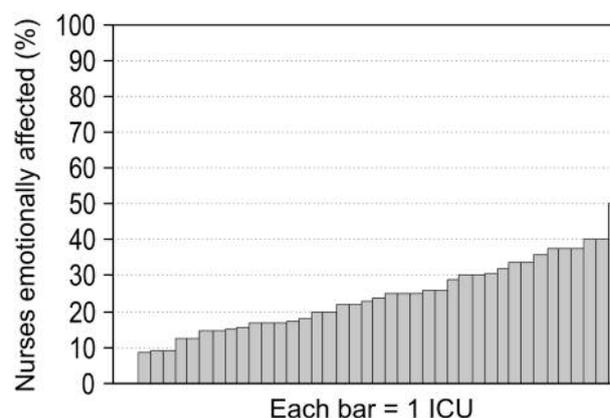


Figure 1 The percentage of registered nurses surveyed in 41 intensive care units (ICUs) as part of a study funded by the Robert Wood Johnson Foundation to evaluate the contribution of nursing to quality of care. The item, 'Events in this clinical area affect my life in an emotionally unhealthy way', is part of the Safety Attitudes Questionnaire (SAQ). Each bar represents one ICU

that these events were often deaths or other tragedies in their personal lives, and unrelated to patient care. These included the death of caregivers (e.g. murder, cancer, suicide, car accident, multiple deaths in the same unit), a caregiver's child, and the fatal accident of a husband and wife they worked with. Other events described were head injuries, strokes, theft, cancer diagnoses among staff, miscarriages, depression, poisoning, and divorces. These anecdotal examples are not exhaustive, nor are they unique to the health care profession. However, they do provide a broader context in which to interpret what it is like for nurses to cope with death and emotional upheavals in their professional and their personal lives while continuing to work 'as usual' and care for those in need.

Moreover, baseline data from a current project using the expressive writing tool (funded by the Josie King Foundation) provide empirical support for the anecdotal evidence. Critical care nurses completed a baseline questionnaire preceding the expressive writing intervention. Results demonstrated that 85% would like a better job, 64% had difficulty sleeping, 48% were emotionally exhausted, and 46% ruminating, which are precursors to depression. Sadly, one out of four had depression scores indicating clinical depression, which is three to four times higher than the general population (Fig. 2).

Description of expressive writing intervention

Over the past 20 years, the value of expressive writing has transitioned from anecdotal folk wisdom to a large and growing body of scientific research. Specifically, expressing thoughts and feelings about a traumatic event can improve one's mental and physical health.^{11,13} Expressive writing has demonstrated

improvements in a broad range of physiological, physical and mental states across diverse groups of people. In addition, it has been linked to non-health-related benefits, such as staff turnover, absentee rates, sleep quality, and memory.

Expressive writing is a simple and straightforward exercise. Participants are asked to reflect upon their deepest thoughts and feelings about a traumatic event or series of events. Studies evaluating expressive writing randomly assign participants to either an experimental or control group. Participants write about either an emotional topic (experimental group) or a trivial topic (control group) for 15–20 min per session for 3–5 sessions. No feedback is typically given to participants, and all participants are assured that their writings will be held in strict confidence. Control group participants write about how they manage their time, an exercise that participants find useful, but has demonstrated little benefit. Those in the experimental group receive the following instructions:

Healthcare providers often deliver care in demanding or stressful working conditions. It is not uncommon that caregivers experience stressors that are difficult to talk about openly, even with friends and family. What we would like you to write about over the next three sessions for 20 min each session is a stressful situation or event related to your job. This may be a medical error, a stressful work environment, difficult interactions with co-workers, job burnout, and/or issues having to do with death and dying or pain and suffering. In your writing, we want you to really let go and explore your very deepest emotions and thoughts. You can write about the same experience on all 3 days or about different experiences each day. You do not need to limit your writing only to one event, and you can also write about major conflicts or problems that you have experienced or are experiencing now. You might also tie

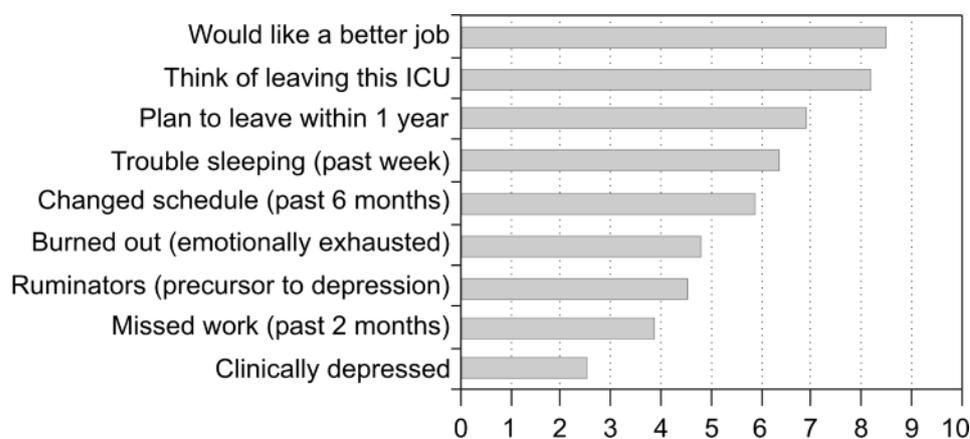


Figure 2 Baseline data from a questionnaire administered to 80 registered nurses in two surgical ICUs (one cardiac, one general) at The Johns Hopkins Hospital to assess coping. Nine domains of coping were assessed in this pilot study that is on-going. The data are shown as an ICU of 10 registered nurses. Funded by the Josie King Foundation.

your experience to other parts of your life. How is it related to your career, your relationships with others, your childhood, your parents, who you are, or who you want to be? Whatever you choose to write about, however, it is critical that you really delve into your deepest emotions and thoughts. Feel free to give details of the event to the extent that you would like, or to simply focus on your feelings and reactions to the event. Ideally, we would also like you to write about significant experiences or conflicts that you have not discussed in great detail with others. Remember that you have three sessions in which to write. Again, in your writing, try to examine your deepest emotions and thoughts.

Why and how expressive writing works

A variety of studies have provided insights into how expressive writing works. It is known that writing generally does not work the same as a change in health behaviour, such as increased exercise or reduced alcohol consumption. It is also known that people do not benefit from writing simply because they release an emotion (a cathartic effect). There are several evidence-based theories that have been proposed to explain the mechanism.

Emotional exposure theory

One explanation is the emotional exposure theory.¹⁴ According to this concept, directly confronting an emotional upheaval can result in emotional changes leading to habituation and extinction. The process is similar to exposure therapy, in which emotions associated with a trauma become somewhat habituated and their impact diminished after a prolonged period of 'sitting' with the painful emotions. This, in turn, helps improve daily functioning by reducing anxiety and preventing avoidance of negative thoughts and feelings.

Cognitive restructuring theory

Another explanation involves cognitive restructuring.^{15,16} In this case, writing brings about cognitive changes, such as labelling, structuring, and organizing traumatic events. This makes a trauma easier to manage psychologically by helping people make sense out of confusing and upsetting events in their lives, and also by providing a venue in which to confront rather than deny an upsetting event. This theory conceives writing as a meaning-making process.

Self-regulation theory

Yet another explanation is the improvement of self-regulation, or the ability to regulate one's emotions and behaviours.¹⁷ Writing about a conflict and its consequences can act as a practice ground for coping

in real life. Better self-regulation occurs when people are able to understand an upsetting event, label the emotions associated with it, and plan an appropriate reaction. Related to this is the impact writing may have on social integration. Pennebaker and Graybeal¹⁸ explained that expressive writing positively affects the way people behave in their social environment by leading to closer social relationships with others. All of these theories need additional research, but each one is a promising direction for the future, with a growing body of evidence behind it.

Patterns of language use

The emotional exposure and cognitive restructuring theories just described can be tested by examining writing samples for themes, trends, and stylistic patterns. Linguistic analysis has found that people have a language fingerprint; that is, they are consistent in how they write and talk. This has been discovered in the repeated use of emotional words, the use of big words, and the use of past tense words.¹⁹ Language patterns can also provide insights into health status. For example, people who use first person singular (me, I) tend to be more depressed and less healthy.²⁰ Negative emotion words (e.g., sad, hate) are linked to alcohol and tobacco use.¹⁹ In a specialized study of poets, references to self and death versus first person plural (we, us) references were associated with committing suicide.²¹

Patterns that predict improved health have a high rate of positive emotion words (e.g. happy, enjoy), a moderate rate of negative emotion words, and an increase in the number of cognitive words (e.g. reasoning, perception) over the days of writing.²² The picture that emerges from this pattern of results is one in which the person who benefits from writing is expressing a good deal of positive affect, while acknowledging the negative, and formulating meaning from the event(s). Constructing a coherent story from a traumatic event seems to be a critical element of expressive writing.¹⁵ Another finding of linguistic analysis is that individuals who convert from first person singular to plural (e.g. from 'me' to 'us') also experience more benefits. This likely reflects a shift in perspective and a movement toward social integration.¹⁸

Coping with stress and trauma

Putting the significance of linguistic findings into context, it is important to recognize some of the

hallmark features of coping with stress and trauma. Persons who deal with increased stress and trauma have reported recurring thoughts, emotional intensity and, for many, a search for meaning.²³ Stress and trauma can lead to social upheaval. Both intrusive thoughts and strong emotions can bring about a desire to talk about the event. Stress and trauma often challenge our view of the world as a fair and just place. Finally, stress and trauma can profoundly affect the way we relate to others, which can result in social isolation or violence.

Traumatic memories are encoded and stored differently than non-traumatic memories. Memories of trauma tend to be more emotionally laden and less likely to be linguistically coded. These memories also tend to be more fragmented and disorganized compared to non-traumatic memories. Associated with this disorganization in memories is the negative and lasting effect the traumatic event can have on people's lives.

Expressive writing directly targets the reduction of intrusive thoughts and avoidance by guiding participants to write about their deepest thoughts and feelings, and stay focused on these feelings for a set period of time. This writing method is similar to prolonged exposure therapy. Over time, writers should experience a reduction in anxiety as a function of staying with their feelings and writing about the traumatic topic. Writing encourages people to face the trauma by digging into their deepest emotions surrounding the event, and integrate details about the trauma into the history of their lives. This process enables people to experience their feelings while reducing their anxiety. Evidence suggests that, when people use language to express their feelings in a safe place, they realize information that is incompatible with their fears, which in turn can spur cognitive processing to help re-organize the memory of the event.²⁴ This type of memory re-organization of a stressful event may help facilitate the process of healing.

Results and lessons in the field

Studies evaluating the expressive writing intervention have observed a broad range of health improvements. A recent meta-analysis of nine expressive writing studies found significant health improvements among the expressive writing groups when compared to control groups (effect size, $d = 0.19$ [moderate], $P < 0.05$).²⁵ Other studies have found fewer missed work days among employees,²⁶ reduced symptoms and

medication use among pain and asthma patients,²⁷ fewer days spent in the hospital after a surgical procedure,^{28,29} improvements in systolic and diastolic blood pressure, and improved quality of sleep.³⁰ Expressive writing also reduced depression and rumination,³¹ and improved self-image.³² Several studies examined indicators of immune system functioning and identified a number of physiological improvements. One study found an increased level of hepatitis B antibodies in medical students after a vaccine.³³ Others found an increase in natural killer cell activity,³⁴ changes in CD4 T-lymphocyte levels,³⁵ and linked changes in salivary cortisol.³⁶ Another study found quality-of-life improvements for cancer patients in a project examining closure at the end of life.³⁷

A variety of other non-health-related benefits have been discovered through expressive writing. Students who completed the writing exercise earned higher grades after the intervention in the year following the writing compared to their peers,³⁸ and persons laid off from work were quicker to acquire a new job.³⁶ In examining how writing may improve a person's ability to function, one study found an improvement in working memory.¹⁴ Working memory is the ability to pay attention to something while being distracted. People with high levels of stress have poorer working memory. The reasoning is that stressful memories are coded differently, more accessible, and consume one's attention. Writing may re-code these memories so they are not in the forefront of thought to interfere with other tasks.

Importantly, the effectiveness of this writing intervention has been found across diverse groups. Samples have included college students, maximum security psychiatric inmates, unemployed engineers, holocaust survivors, and diverse patient cohorts who suffer from chronic pain, arthritis, asthma, breast cancer, and post-traumatic stress disorder. In addition, studies conducted in the US, Mexico, The Netherlands, Spain, Italy, and New Zealand all found similar benefits in these groups.

Conclusions

Expressive writing is a useful tool to help people cope with upheavals. Particularly for nurses in high-stress areas, such as critical and palliative care, having a tool kit of coping strategies in place is essential to guard against burnout and depression. Stress and traumas wreak havoc on individuals by undermining normal cognitive functioning and disrupting social relationships. Writing about stressful events or trauma alleviates

the need to inhibit thoughts, emotions and behaviours, brings about cognitive resolution, frees up working memory, and allows for closer social relationships. Expressive writing is a promising, inexpensive, and potentially cost-saving approach to help nurses and other caregivers cope with stress and upheavals.

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