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Nursing Stress and Thought Control in a Multiperspectival Interpretive Phenomenological Analyses from the United Kingdom, United States and Switzerland

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ABSTRACT

Background. Nurses constitute a worldwide community of human resources committed to critical care. They are exposed to stress and intruding thoughts so they are at the risk of poor performance. The study aimed to ask experts about how can nurses manage stress effectively in Asian developing countries.

The aim. To explore stress management skills for nurses to be applied in developing Asian countries through the personal lived experience of experts from developed countries. Multiperspectival Interpretive Phenomenological Analyses (MIPA) are performed case by case and across the participants to establish convergence and divergence.

Methods. This experiential exploratory descriptive qualitative study was carried out by conducting semi-structured interviews with experts residing, educated, and professionally practising in the United States of America, United Kingdom, and Switzerland, with a purposing sample of 11 stress experts who were subjected to interpretative phenomenological analysis (IPA). The current study uses HyperResearch software v.4.5.4 and uses qualitative criteria (Lincoln & Guba, 1985) to increase data rigour and the Graneheim and Lundman method to analyse content (Graneheim & Lundman, 2004).

Results. The research data showed 102 codes, 4 experiential statements, and 15 personal experiential themes/subcategories. Strategies for stress management and thought control include the practice of mindfulness and meditation through mindfulness-based stress reduction courses, mindfulness-based cognitive therapy courses; and the conduction of mindfulness-based organisational education on a larger scale. Nurses can benefit from thought labelling, and cognitive defusion to challenge automatic thoughts. Systematically, nursing management can improve through intervision, on-the-job support, and balance of power gradient. Nurses must adopt stress relief strategies such as practising self-compassion, yoga, the method of active noticing, rational emotive behaviour skills, affirmations, and acceptance.

Conclusion. Nurses face stress in daily life. Continuous and practical methods of stress management are important and contribute to stress reduction for them. It is essential for nurses to practice mindfulness, meditation, thought control, and stress relief processes to work optimally.

Keywords: stress management, thought control, nursing, psychology, qualitative.

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INTRODUCTION

The present study includes the lived experiences of experts from the professional fields of psychology, psychiatry, and nursing who have trained multicultural students and professionals in sub-domains of stress management and thought control for improving work lives and well-being.

The purpose of the research is to collect, collate, and interpret the lived experiences of experts who specialise in psychology, psychiatry, and nursing with expertise in stress and thought control management so that nurses can adapt occupational skills for personal and professional well-being.

Nursing is a profession that demands caring skills. However, amidst uncertain outcomes, the nurses can be overwhelmed and exhausted. The main facets of the stress management skills construct are concerned with the psychosocial aspect, management of scarce resources, frontline struggle, and conformation in the United States, Canada, China, and Spain (Catania et al., 2021). Nurses feel distressed during internships, clinical training, and throughout work life (Erdil et al., 2009). In Pakistan, nurses are at a higher risk of mental health problems due to daily exposure to traumatic narrations and witnesses of cases (Naqvi et al., 2023). Apart from burnout, emotional exhaustion, and workload; harassment is another potential stressor faced by nurses locally in Asian developing countries where there are weak harassment laws (Nasim et al., 2023). A study conducted in Indonesia indicated that harassment prevention programs designed for nurses were important to retain them for longer (Tallutondok et al.,2023). A study conducted in Ghana reported the occupational stress of nurses due to body pain, fatigue, and relationship problems (Dartey & Tackie, 2023). Post-traumatic stress for healthcare workers, particularly nurses who are twice as likely to suffer from PTSD (Pahtrol et al., 2023). In Ethiopia, nurses suffer work-related stress as women face gender inequality and economic distress (Kefelew et al., 2023). A study conducted in Turkey indicated a dire need for work environment improvement for nurses as they were anxious and complained of stress disorders (Ata et al., 2023). In Cairo, nurses experienced stigma, disclosure concerns, and negative self-image and had a concern with public attitude (Gaber et al., 2023). In Slovakia, nurses, amongst other healthcare workers; face stressful work conditions with seven times more risk of infection post-COVID-19 (Pacutova et al., 2023). In a Russian study, women who are part of the nursing profession show more stress related to childcare and family (Kim et al., 2017). In a French study, positive communication helps nurses to alleviate tension (Bertrand et al., 2021). In a Korean study, nurses face job-related stress and depressive symptoms for which they require day-to-day interventions to curb negative effects (Yoon et al., 2013). In a Lithuanian study, nurses face chal-

lenges within the organisational culture to manage perceived stress levels (Galdikienė et al., 2019).

METHODS

The qualitative study was designed using Multiperspectival Interpretive Phenomenological Analyses (MIPA). The reason to choose Interpretive Phenomenological Analysis is that it gives importance to real-life situations under the Standards for Reporting Qualitative Research (O'Brien et al., 2014). The guidelines are followed by Consolidated Criteria for Reporting Qualitative Research (Tong et.al, 2007). From February 2023 till April 2023, health care, teaching, psychologists, counsellors, and therapists were approached via faculty email addresses. Reminder emails were sent and 11 stress experts decided to join the study. Purposive sampling was used. The inclusion criteria included the participants presently working for stress management such as lecturers, psychologists, counselors, trainers, and healthcare workers from the United States, United Kingdom, and Switzerland; with a particular focus on stress management and having trained multiethnic sample, including Asian students and professionals. 11 semi-structured interviews were carried out through zoom video links by the interviewer. Participants were informed of the consent via formal institutional email about the study and the importance of interviews as a method to gain knowledge about how stress is managed globally.

The data-analytic strategies include coding and content analysis using Hyper-Research software v.4.5.4. The coder selection was formed with collaboration. Coding categories emerged from analyses. The unit of analysis included the entire transcript. During the analysis, the themes emerged accordingly. The diverse responses were formed and were coherent with research goals and inquiry approach. The methodological integrity included transcripts that were sent back to the eleven experts. For improvement of data reliability and validity, any incongruity in theme categorisation and coding was referred to by a third member. The researchers discussed what the participants had to reflect on and how it could be applicable to make perceptions more meaningful. Hence, scrutiny was present in the process to discover any presumptions. The current study also used Guba & Lincoln criteria to increase data rigor and Graneheim and Lundman method to analyse the content (Graneheim & Lundman,2004). The experts of Psychology decided to review the transcripts to halt discussion and to reach data saturation. The participants were asked to devise or advise strategies in the cultural context. The interview protocol is given as follows in Box 1. The principles of exploratory qualitative design were applied (Fetters, Curry, & Creswell, 2013).

BOX 1 – The main interview topics

Questions

1 Can courses help with learning stress management skills for nurses?

2 What practical techniques are followed for stress management in developed countries that can be applicable in developing Asian countries?

3 What is the role of mindfulness in combating stress levels?

4 What are the organisational factors contributing to stress?

5 What is the role of thinking in managing stress?

6 How do stress management skills vary across different cultures?

7 How can nurses from Asian developing countries avoid stress?

8 What can nurses from Asian developing countries learn from those working in developed countries?

The interviews were video recorded, transcribed verbatim, and reviewed.

Sample

The mean age of participants was 46 (*SD*=8.51); there were seven males and four females. The professional roles of the participants predominantly related to psychology *(N* = 11).

	Participants (n = 11)	Country	Stress management (years)	Exposure to Asian subjects
Gender				
Male	7/11			
Female	4/11			
Age (in years)				
M(SD)	46(8.51)			
Education level				
Bachelors	3/11			
Masters/PhD	8/11			
Professions				
Professional nurse	1/11	Switzerland	15	Yes
Professor*	3/11	USA	20	Yes
Lecturer**	2/11	USA/UK	11	Yes
Trainer/coach	3/11	UK	12	Yes
Caregiver	1/11	UK	10	No
Therapist	1/11	UK	10	Yes

*Research expertise in nursing studies

**Research expertise in occupational health psychology

RESULTS

The findings of the current study have been placed in the themes given below.

Theme 1- Mindfulness and Meditation

MBSR-Mindfulness Based Stress Reduction

"MBSR is not therapy but is just a course. People will opt for course rather than going to "therapy" as stigma. Meditation is just exercising and just stretching. Mindfulness is just not meditation, the hospitals conduct courses here"(Participant No. 11, Professor of Industrial/Organisational Psychology from USA).

"Mindful-based stress reduction can be there but for nurses, not all of them have taken courses. But what we do, which is not in each part of Switzerland is, or in each organization, there is a possibility that they can go to a room at lunchtime, where there is a yoga teacher or mindful-based training teacher; and can spend time for half an hour" (Participant No. 1, licensed nurse from Switzerland).

"MBSR course is very different as compared to meditation. I used to study meditation, which is work! It takes twenty minutes twice a day and takes you off the world. Mindfulness how I study it puts you in the world" (Participant No. 2, Professor of Psychology from USA).

MBCT-Mindfulness-Based Cognitive Therapy

"Mindfulness Based Cognitive Therapy for Life came out for the work that was done for depression, taking MBSR and applying it to people with depression. Taking the more psychological approach from cognitive therapy and bringing to help people with depression and MBCT for Life is a go-between. It goes a little bit further than MBSR. It is designed for the public as opposed to people with depression. What is beneficial for nurses for both MBSR and MBCT is that in MBSR, it is called "the pause' and in MBCT, we call it "the three-step breathing" process. Or the three-step breathing space" (Participant No.4, Mindfulness trainer from UK.

MOBE-Mindfulness Based Organisational Education

"So counseling approaches that to be trained with people to ask about their feelings. As much as what they are thinking we need to start doing it more. And use the understanding until someone is feeling, they can't think clearly. Difficult for them to learn new things and adopt new strategies and changes to situations" (Participant No. 10, Director of mindfulness programs from the UK).

Theme 2- Thought Processing

Thought labelling

"We all want to be peaceful in a natural state. To stay calm with systemic gentle breathing so one can be detached and disengaged from things. The ideal state is being devoted (towards the nursing profession) and staying detached. One observes things and notices things" (Participant No. 7, Stress management trainer and coach from the UK).

Cognitive defusing

"Cognitive defusion" relates to the word-float in the brain. These language chunks relate to moods, feelings, and emotion such as, "I can't handle this job anymore" as soon as you have. You are a lot more stressed. Thought is controlling the reaction. I am having the feeling that the person doesn't respect me, and taking things personally takes a lot of stress. It is just a feeling. Having a memory that stressed you out. But it is just a memory. At the end of the day, I recommend you to do this. When you have stressful thoughts then write those down and reiterating it that, "I am having a thought that, but it is just a thought. I am having a feeling off but it is just a feeling. I am having a memory of but it is just a memory" (Participant No.6, Stress management leader from USA).

Challenge thoughts

"I would also challenge my thoughts about it. Exhale what is approaching me, how I think about it, how I see it. I will ask it myself what bothers me as a doctor or nurse, the source of misbalance. I would rather call it thought monitoring. In REBT, we have two types of thoughts or beliefs, one is irrational belief/thought which rigid thought reflex is. Or thought monitory we can adjust them or rewrite them into more rational or flexible thinking patterns" (REBT therapist from the UK).

"Second, people think they can predict so it is based on an assumption. You cannot predict what is going to happen. Hence, prediction in the medical field such as nursing is the major stressor" (Participant No. 2, Professor of Psychology from USA).

Theme 3-Work environment and hospital culture

Intervision

"What needs to be introduced in Asian countries that we do "intervision" sessions during the day in which we don't discuss only the patient cases, but" how

can I manage the difficult situations with this patient or with this family. In intervision – you tell about your problems and questions to the group and then the group talk on the topic and a person is listening to them and not talking with them, listening from outside; make a round and discuss. It is not for the problems of patients but is more fused for how I (a nurse) can manage situations in my working life. We call this "intervision" (Participant No. 1, licensed nurse from Switzerland). The same participant extends further for organizational support.

On-the-job-support

"For supervision, you need an expert like a self-help or a peer support thinker which is very easy to organise and is very helpful. I am a nurse and there is "advanced practice nurses" yet Switzerland is not fast forward in this area of conducting courses. So we have APNS, on the teams and mental health services so many have therapeutic skills so they can help the nurses who work with patients in the difficulty so they can help them integrate the skills really in their daily life"(Participant No. 1, licensed nurse from Switzerland).

Power gradient

"I will add, what we have seen in intercultural settings, and how much it applies locally, or in Pakistan/South Asia; oftentimes there is a power gradient that in US and Europe' they try to even it out. It is very hierarchical in the eastern parts of the world. The doctor bosses the nurses, creating a very condescending relationship. They may be humiliated and yelled at. And there is a lot of effort in the US and Europe to prevent that kind of power gradient that the doctor embarks at the nurse and attacks the nurse. And for every nurse of a certain age, in the US; doctors throw things at them, screaming at them and being very abusive" (Participant No. 3, Associate Professor of Neurology from USA).

"First step is to involve stakeholders, managers, trade unions and human resource managers to cultivate unity. To integrate all into stress management is the second step. The third step would be making sure of someone to lead. Usually, it is the HR, some organisations have senior management or just the line managers. Intrinsic motivation is essential such as the "Stress champion "or "well-being champion". The third thing is actual implementation with other stakeholders making sure we have clear communications with other stakeholders. When people are aware of intervention, it is more likely to have a positive impact- the Hawthorne effect" (Participant No. 8, Lecturer of Stress Management and Intervention from the UK).

Climate in unit

"To invest in the unit, it's important for leaders to spend time on training and discussing. The same thing is done with injuries, so it is back injuries, slips and falls and disease exposures. The hospital I worked for, had a risk management program, which looked at incidents for patient safety and staff safety. If something happens, there is an investigation to try to figure out. What were the causes, and what changes can be do that are less likely to happen? It can be injuries or assaults" (Participant No. 11, Professor of Industrial/Organisational Psychology from USA).

Theme 4- Stress-relief strategies

Compassion

"Compassion is necessary-there was once I heard about an Asian nurse having a terrible job. She was abused at home and a victim of domestic violence. Her job was burdensome. And what made her go through the day was the manager asking her "How are you doing?" and "Let's have a chat" (Participant No. 8, Lecturer of stress management and Intervention from the UK).

"It is our sense of connection with different people around us in different environments. We also use a measure of three elements of competence, relatedness, and autonomy. So foundational theory supports social mindfulness, which is applied to our sense of relatedness, rather than our internal process" (Participant No. 10, Director of Mindfulness Center from the UK).

"When you can't make a mistake and you think and ruminate about it. The voices in your head for parents, teachers, and peers that should do something and shouldn't. And the thought away from it is a transgression that you want to do something different. That makes you angry or guilty. It makes you resentful. So for it, you have to make the choices yourself. Choice kills guilt" (Participant No. 6, Stress Management Leader from USA).

Active noticing

"The experiment was conducted between dolphins and a trainer. How long will it stay with a trainer, based on if the trainer was mindful and mindless? To make the trainers mindful, and when they are there in the water, just standing there and the dolphin is a distance away, we want you to think that how this dolphin is different from all the other dolphins. In what way is it unique? So mindfulness instruction is to always notice new. The mindless group thinks all that you know about those dolphins, you memorise and just keep repeating those thoughts. One trainer is thinking novel thoughts. One trainer is thinking familiar thoughts. The

dolphin is released and it swims faster and faster and stays longer with the mindful trainer"(Participant No. 2, Professor of Psychology. USA).

Yoga

"As you do yoga; you put your hand on your stomach, a deep breath on your nose. Feel your stomach rise and fall. With each breath, you think of a phrase and you think of a catastrophe from your ancient brain. To stay neutral. It works like a charm. I don't react (phrase) which helps for the relaxation of muscles and tensed muscles is incompatible with stress. You say this three or four times and your modern brain is going to wake up" (Participant No. 6, Stress Management Leader from USA).

"Be aware of what is happening, not only attention to the patient, but to the relatives too. Self-awareness is important for a nurse and a midwife. I was trained as a registered nurse as a midwife. When I was nursing, I was interested in stress in the year 2000. But in nursing books, stress impacts every part of the body system" (Participant No. 5, Consultant trainer for nurses, UK).

"Breathing, meditation, and relaxation well are very helpful. This is kind of first aid. If there is a stressful situation" (Participant No. 9, REBT therapist from the UK).

"If you can respond and think calmly what is the best thing to do? During crises, nurses will call the doctor, adjust medical equipment and put pillow under patients' head. This is where awareness comes in" (Participant No. 7, Stress Management Trainer from the UK).

Affirmations

"Affirming statements that are supportive and uplifting. Something that makes you feel good. So one could be. One I use a lot is "I am a peaceful being". Or "I am peaceful". Rather than saying "I can't manage". What stress reaction would be? Everything is all right.So, this is quite a statement and helps you deal effectively" (Participant No. 7, Stress Management Trainer from the UK).

Acceptance

"There is a belief that nobody must die. So aversion strategy should be opted. Well I would prefer nobody dies, however, I accept it is as it is. That kind of acceptance gives me more space, more opportunity, to relax about it. You can take an event and find a way to understand; its advantages and then you won't be afraid" (Participant No. 9, REBT therapist from the UK).

"So there are many ways that nurses can be taught about the power of uncertainty. The point is when you don't know and when you can't know, you will feel

bad about it. Nurses must stay attentive and accept unpredictable results" (Participant No. 2, Professor of Psychology).

DISCUSSION

The current study validated the importance of active noticing. The literature about active noticing is in dearth. Studies suggest that noticing helps to reduce stress in regard to focusing on seasonal changes and nature (Turnbull, 2022).

The present study also mentions agility in the nursing profession. According to the voice theory and dynamic capabilities theory, nurses need to be agile to keep their stress levels down, which can eventually reflect improved patient health care. Nurses are expected to speak up if they are uneasy and stressed but they might not do so due to negative repercussions (Fournier et al., 2023). Moreover, when nurses least expect unfortunate events like COVID-19, they may feel stressed, and learning agility can help them positively (Aygul & Senyuva, 2023).

The practice of mediation in the nursing profession is by using anchor points that can be used by emergency nurses to manage their stress and help them amidst crises. The conditioning experiments of Pavlov, central to behavioural theories, reflect that anchor points are helpful as they create calm during periods of facing high stress (Chahbounia & Gantare, 2023). As per the Watson Theory of Human Caring, nurses are meant to build relations and support themselves in the network (Watson, 2008). Moreover, while being mindful of the current situation, nurses can be instructed to go to a serenity room while breaking free from work and indulge in a serenity prayer (Haugland et al.,2023). Furthermore, Mindfulness-Based Cognitive Therapy *MBCT* courses are designed for stress management purposes for nurses. MBCT for nurses helps to reduce sensitivity and anxiety, not necessarily stress. It is recommended to handle generalised anxiety disorder in nurses (Khataei et al. 2023).

Mindfulness-Based Stress Reduction *MBSR* is relatively newer in applied psychological settings. Mindfulness training in stress reduction for four weeks has the potential to improve advanced practice in nurses (Bennett et al., 2023). However, Wang et al., (2023) suggested that a mindful-based stress reduction course was not fruitful in one study, and what assisted nurses in drastic stress reduction was the guided respiration mindfulness therapy (GRMT). Similarly, meditation intervention for stress and anxiety for nursing students showed significant results and is recommended for those who are still enrolled in training. (Heinrich et al., 2023). According to holistic nursing theory; mindfulness and meditation have the potential to assist nurses in stress management skills. That is the reason that more than 2300 individuals have participated in such courses between 2017-2022 (Cow-

ling, 2023). *MOBE* is a concept coined by Mark Leonard for social mindfulness. Mindfulness-based organisational education studied at Royal Orthopedic Hospital shows that nurses experience relaxation and less hassle within group-based learning (Krusche et al., 2020).

This study reveals notions related to attitude breathing and breathing styles taught by nurses to new nurses that can help instil relaxed breathing skills. Diaphragm breathing is a non-pharmacological breathing practice that considerably reduces stress in nurses along with increasing self-efficacy (Valizadeh et al., 2023).

If nurses care for their bodies, so can they care for the patient in a better way (Helming et al., 2020). Nurses not practising self-compassion are reported to have higher levels of perceived stress and lower levels of compassion satisfaction (Kent et al., 2019).

According to the theory of reflection, nurses must be able to express narratives without associating negative connotations with their lived experiences (Anderson, 2003). Sharing thoughts by thinking loud helps nurses to integrate with work colleagues and have healing potential. Furthermore, clarity of thought and a reduction in negative cognitions can motivate nurses to impart their duties well (Van et al., 2015). Similarly, reframing thoughts in the nursing profession is important to improve resilience just as when they are exposed to a stressful situation (Foster et al., 2018). Moreover, patients' attitude sometimes pressures the nurses to feel that they are not good enough. This is especially true for nurses treating self-injurious patients. In such cases, nurses have to deal with counter-transference reactions. That is why proactive supervision is important for nurses, so they can be monitored closely as to how they feel and think (Rayner et al., 2005).

Moreover, the study findings also indicate cognitive defusion which is important to study concerning the nursing profession. The cognitive behavioural approach takes into account one of the components of cognitive defusing that helps individual notice their thoughts and feelings that are not navigated by internal content (Flaxman & Bond, 2013). That is why a conducive democratic environment is required. The position of elite doctors has to be challenged and checked so that nurses do not feel burdened (Kirkpatrick et al., 2023).

The study also reflects on the importance of laughter *yoga* which can be followed by nurses who want to manage their stress levels before simulation training on anxiety (Donmez et al., 2023). In nursing education, nursing students balance their anxiety and improve satisfaction to maintain their confidence. Not only on an individual level but on a collective level does yoga promote workforce wellness (Swarbrick & Middleton, 2023).

The study shows that positive self-talk or affirmations can motivate nurses every day. Affirmations are essential as per the philosophy of Charles Taylor, that nur-

ses are devoted to a meaningful life (Maeland et al., 2023). Reminding one of the potential attributes and qualities helps the nurses to perform better with improved stress management skills.

Moreover, the findings show that nurses continually balance between response and reaction. There is a second victim phenomenon faced by nurses in which they face shame, guilt, and isolation from peers (Scott et.al, 2009).

LIMITATIONS

As common with most qualitative studies, this exploratory study contains a small sample and there may arise an element of self-selection bias, reflecting different identities and roles that may impact the experiential statements (Hamberg, Johansson, Lindgren, & Westman, 1994).

CONCLUSION

The study shows that nurses' stress management skills are a combination of different personal, group, and organisational level strategies. Most importantly, developed countries' methods of institutional stress management differ from those in Asian countries.

CONFLICT OF INTEREST STATEMENT

The authors declare that research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Funding Statement

The study received no funding.

Ethics Statement

We also declare that research involving human subjects was performed in compliance with the principles of the Declaration of Helsinki (1964, revised 2008) was approved by the Hazara University institutional ethics committee review board and conformed to generally accepted guidelines.

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Daugiaperspektyvinė interpretacinė ir fenomenologinė slaugytojų streso ir minčių kontrolės analizė Jungtinėje Karalystėje, Jungtinėse Amerikos Valstijose ir Šveicarijoje

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SANTRAUKA

Tyrimo pagrindimas. Slaugytojai sudaro pasaulinę žmogiškųjų išteklių bendruomenę, įsipareigojusią teikti pagalbą kritinių situacijų metu. Slaugytojai patiria stresą ir įkyrias mintis, todėl tai gali lemti prastus darbo rezultatus. Šiuo tyrimu siekta išsiaiškinti ekspertų nuomonę, kaip slaugytojai besivystančiose Azijos šalyse gali veiksmingai valdyti stresą.

Tikslas – remiantis išsivysčiusių šalių ekspertų asmenine patirtimi, ištirti slaugytojų streso valdymo įgūdžius, kurie galėtų būti taikomi besivystančiose Azijos šalyse. Siekiant nustatyti konvergenciją ir divergenciją, atlikta daugiaperspektyvinė interpretacinė fenomenologinė analizė (MIPA) kiekvienu atveju atskirai ir bendrai tarp dalyvių.

Metodai. Šis patirtinis žvalgomasis bei aprašomasis kokybinis tyrimas atliktas naudojant pusiau struktūrizuotus interviu su Jungtinėse Amerikos Valstijose, Jungtinėje Karalystėje ir Šveicarijoje gyvenančiais, išsilavinimą įgijusiais ir profesinę praktiką atliekančiais ekspertais. Tiriamųjų imtis – 11 „streso ekspertų“, kuriems taikyta interpretacinė fenomenologinė analizė (IPA). Šiame tyrime naudojama „HyperResearch v.4.5.4“ programinė įranga, taip pat taikomi kokybiniai kriterijai (Lincoln & Guba, 1985), siekiant padidinti duomenų tikslumą, Graneheimo ir Lundmano metodas turinio analizei (Graneheim &Lundman, 2004).

Rezultatai. Tyrimo duomenys atskleidė 102 kodus, 4 patirčių teiginius ir 15 asmeninių patirčių temų, subkategorijų. Streso valdymo ir minčių kontrolės strategijos apima sąmoningumo ir meditacijos praktiką per sąmoningumu grįstus streso mažinimo kursus, sąmoningumu grįstus kognityvinės terapijos kursus, taip pat sąmoningumu grįsto organizacinio švietimo vykdymą platesniu mastu. Slaugytojams gali būti naudingas minčių žymėjimas ir kognityvinė defuzija, siekiant kovoti su automatinėmis mintimis. Norint padėti slaugytojams, gali būti taikoma intervizija, parama darbo vietoje ir galios gradiento pusiausvyra. Slaugytojai turi taikyti streso mažinimo strategijas, tokias kaip užuojauta sau, joga, aktyvaus stebėjimo metodas, racionalios emocinės elgsenos įgūdžiai, teiginiai ir pripažinimas.

Išvados. Slaugytojai kasdieniniame gyvenime susiduria su stresu. Nuolatiniai ir praktiniai streso valdymo metodai yra svarbūs ir padeda jiems mažinti stresą. Siekiant, kad slaugytojai galėtų optimaliai dirbti, būtina praktikuoti sąmoningumą, meditaciją, minčių kontrolę ir streso mažinimo būdus.

Raktažodžiai: streso valdymas, minčių kontrolė, slauga, psichologija, kokybė.

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