

THE STRESS REDUCTION PROGRAM AT UNIVERSITY HOSPITAL
UNIVERSITY OF CALIFORNIA MEDICAL CENTER, SAN DIEGO

Jenny Steinmetz, Ph.D.*

I've been education coordinator at the hospital for nine years. I was hired originally for "be nice" training, that is, to teach the staff how to be nice to the patients. We have had a lot of "be nice" programs. We have had team building, and we have had retreats. We have had programs on "What are the problems of patients coming into a university hospital?", ethnic encounters, and so on. But about three years ago, one of the administrators came to me and said, "We're still getting complaints about some of our staff. In the outpatient department and the emergency rooms, the staff is being hostile to patients." Then we decided to take a hard look at what we had been doing, and see if we could not develop a better model.

My background is in psychology. Clinically, I use a multi-modal approach for therapy. It seemed a good idea to take some of those clinical approaches and try to apply them to our staff. I do not want to give you the idea that I am talking about therapy for the staff. I am talking about some of the kinds of measures you could use with a normal population. We have administered a personality test for normals, the COMREY Personality Scale, to our staff. We find that they are supernormal. They are more emotionally stable than the general population, even though they are stressed. So there is nothing wrong with them, except what their job is doing to them.

Rather than going to them and telling them again how to behave and have them build up some trust in each other, we decided to get them to tell us what the stressors were that they were trying to face, how they expressed the stress physiologically, what they were doing about the stress, and how they would like to be. In other words, instead of making an assumption that the staff is a nasty group that enjoys being nasty to our lovely, attractive patients, we made the assumption that they are decent people who want to do a good job. Because of the stressors and the kinds of environments they worked in, they really had a hard time. So we changed our approach and our seminars. I would like to describe our model which is constantly evolving.

Almost all of our work is group oriented. The groups are either from one working group which has the largest generalizability back at their work place, or from an open group that anybody can attend. Our groups rarely run more than eighteen or twenty members. We try to have two facilitators working with the group. In other words, we try to do pretty intensive work, although the group meets once a week for two hours over a six-week period.

*Education Coordinator, University Hospital, University of California
Medical Center, San Diego

We have developed a work-stress questionnaire. (See back of this paper.) Essentially we are interested in the employees' job classification, how long they have been with us, educational level, age, and marital status, sex, and their religious background. Then we want to know what kind of stress symptoms they are experiencing on the job and what kind of measures they are using now to relax. We list common stressful working conditions and ask them to indicate how often each source of stress is true for them. While we may not use this particular questionnaire with all groups, we will use one similar, so that for each group we have an idea of the common stressors.

I would like to describe some of the feedback we have gotten from the questionnaire and then describe our program.

We find three categories of stressors--physical, social and cognitive. For instance, two of the greatest stressors for our operating room personnel is that we have no windows there, which really bothers them. Secondly, the personnel cannot leave the work area. There's no way they can walk off, relieve their stress, and come back. These are two big physical stresses. As for social stressors, a number of our staff report they have difficulty working with aggressive people; aggressive people really bowl them over. They report they have a hard time giving negative feedback to other people. They have almost as hard a time receiving it themselves. There are many interpersonal things that take place both at work and outside of work. It's not just that the work situation is stressful but that our employees are also trying to live up to a number of roles--the perfect wife, the perfect nurse, the perfect mother, etc. The totality of that is very stressful. Most of us who are working females know why.

We have another group of stressors for which we have begun to develop a program, that is, campus management. For this group, organizational conflicts add to stress. I have a notion that a lot of stressful conflicts begin as relatively simple, little conflicts. Take for instance, the small conflicts between the administrators and the academics. It's a fearful job. The academician will say to the administrator, "You're always bugging me to get the data in!" "You're always telling me I won't get my grant if I don't have everything down right, line by line. Come on, you can take care of that stuff!" And the administrator says, "You guys, you don't know what our job is like!" In those kinds of conflicts, it doesn't make much difference who the individuals are in the particular positions. Those role conflicts I do think become personalized similar to social conflicts.

So, physical, social and organizational stressors, these are the three areas of environmental stressors that we are presently working on.

Now let's discuss the cognitive stressors. Most of us have a pretty good B-rated movie going on in our head all the time. We do not like to tell other people about it very much, but our script and the way we interpret events really affects us. I can think of an example. About 12:15 today I felt myself starting to get a little uptight. I realized that it was because the morning program was running over and might affect the afternoon program, when I was to speak. I could react in one of two ways. One was to say to myself, "Those research chauvinists! Do they think that what they have to say is so much more important than my stuff this afternoon?" Then I would have gotten uptight and would have tuned out and not listened to anything else. The other choice I had was to go with the flow and say, "Hey! That's pretty interesting and something will work out this after-

noon." With each choice the effect on me is very different. Given the same experience, the way I interpret it affects my physiological stress. In other words, I can get really uptight all by myself without anything else going on. I can sit in a room, start thinking and brooding, and run my B-rated movie forwards and backwards. I could really do a number on myself.

We are also interested in the physiological stress, how people feel their stress. Our most popular way of feeling at the hospital is the tensing of the neck and shoulders, and we have a lot of people looking like turtles by the afternoon. One of the goals of our program is to make our employees leave less tense and protect us on the highways. Secondly, maybe they will be able to enjoy their time when they are not at work. Also it is very difficult to work like this, in this tense state.

Headaches are common symptoms and some people really feel stress in their stomachs. Now we are making the assumption that this physiological stress causes you to perform poorly. Also you do not take in new information as well. Your whole system does not work as well, you do not remember as well. When people are talking to you when you are uptight, you might not be grasping what they are saying to you. When they ask you for information you often cannot give it.

The most graphic example that I have experienced was being a little late, going a little too fast, being under a little time pressure and then having all those nice flashing red lights behind me. I pulled over and this very nice gentleman came alongside saying, "What's your name?" I knew I knew it. It was just one of those things that, just as soon as I was relaxed, I could think of.

I think back to when I took examinations. You go in for the exam. You sit down and start writing and you draw a blank. Finally you leave at the end of the time, you walk out in the hall, you do not talk to anybody, nothing happens, but some of the material comes to you. It was always there. You just could not get to it.

When we are physiologically stressed we do not perform as well. We get clumsy. How do we feel when we do not perform as well as we could? More negative self-talk: "I blew it today." "Here I go again!" That is bad enough. But when you do not perform as well as you can, you become an environmental stressor to other people around you. So that at any given time you can get a whole bunch of these cycles going on concurrently.

Working with a group, depending on the results we get on the questionnaire, we fill them in on what appear to be environmental and cognitive stressors, and how they express stress physiologically and behaviorally. Some weeks crying is popular, other weeks we have people who are defensive and are getting angry-- according to their own reports.

After we have assessed with a group what seem to be common problems and what seem to be more idiosyncratic problems, we start to introduce some of the interventions, or ways we hope to break into the stress cycle. And we present these interventions to the group as if they were going into a clothing store. There's a wide choice of things they can try on to see what fits them, what is comfortable to them, what seems to suit their style. They can take an approach away and use it. If it doesn't seem right just then, at least they know it is in the store. If they want to come back in and try it on later, they can do that.

So first for the environmental stressors, we have a couple of ways we deal with these. One way is the use of active listening. We have gotten so used to using the technique as psychologists that we never thought about passing it on to somebody else. I do not think that hospital personnel can go through the day just doing a lot of active listening, saying, "sounds like you're angry," "sounds like you're upset," "sounds like..." "sounds like..." But we allow them two uses per day. Psychologists are the only ones who can do it all day and get paid for it. But it is a good skill to pass on to people to keep them from getting caught up in other people's anger, anxiety and all of that kind of negative energy stuff that is around.

The second technique we use is assertion training. We have found that a lot of people have kept so much anger in themselves. They are afraid to start letting it out because they are afraid they are going to go from passivity to real aggression, and not know how to stop in the middle. So we do a lot of assertion training which turns out to be very important.

A third thing that we do is work on belief systems. We call that cognitive restructuring. It is sort of a "roto-rooter" of the mind, flushing out all those bad beliefs and replacing them with something that seems to be more helpful.

And then the fourth, and probably one of the more important techniques, is some relaxation training. When we do it in small groups we use biofeedback, which another speaker will be discussing later. In most of the hospital groups though, we use the Jacobson somatogenic training and we get to progressively shorter kinds of training so that people can do it in the times that they are in the bathroom or sitting down at their desk for a minute or two. In that line of thinking, we also do a bit where you put a small piece of tape on your wristwatch and one on your phone. When your phone rings you do not answer it until the second ring. On the first ring you take a slow, deep breath, and the tape is a reminder. Every time you look at your watch and see that other little piece of tape you also take a slow, deep breath to stop you in your tracks for just a second. That has turned out to be effective--in fact, we are running out of tape! People put the tape wherever they need them--the phone and wristwatch seem to be two of the most effective places.

Let me review the techniques in terms of the strategies. The active listening is used primarily to help people stay out of other people's craziness. It turns out to be a very easy technique to learn and is something to do instead of immediately getting defensive and uptight. So, when somebody comes to you and says, "Goddammit, this is the worst ward in the whole unit!" you do not say, "Well, whaddya expect? We have poor leadership!" You say something like, "Hey, you really sound angry." Some people are afraid that if they do that the person will get madder. Consider the alternative. If they get madder and say, "You're goddamned right I'm angry!" then the answer is "Just checking it out." In other words, if one person has lost his cool, there is no point in a second person doing it too. It does not lead anywhere.

Another objective we have is to try to de-personalize these kinds of blowups and turn them into problems to be solved rather than personality issues. Teaching people to stand back and check things out first before they start reacting and tensing all the time is really important. And we have had some really nice successes. We had one nurse that was actually called out of one of our sessions by a very irate physician. I do not want to imply that only physicians become

irate--everybody's capable of it, he just happened to be at this point. First of all he was irate because the nurse was at one of those fuzzy things--a meeting where people talk about their problems--instead of being where she should have been. She should have been at her work place, where he was, and where he could not find a piece of equipment. So he blew his top and she remained silent. Finally she said on the phone, "You really sound angry." And there was a large pause. And he said, "I was, I am not now." And then she told him where the equipment was and that was the end of it.

But formerly they had this little automatic pilot number going where he would blow his top and then she would start saying, "I'm sorry, I know I shouldn't be here!" and then he would say "Your place is right here!" and they would go on and on.

So just being able to stop sometimes, take a deep breath and give some feedback to the other person about how you see them coming on, with the idea that you may be wrong. And if I say, "Hey, you sound angry," and they say, with their lips clenched, "I'm not angry!" I say, "That's really great! I'm glad." Take whatever they say at face value because there are a lot of people who do not want to appear angry. So, help them out.

Some people worry about these techniques seeming mechanistic, or planned. Then we talk to them about the alternative. "You mean you like it better when you lose your cool and scream because you didn't plan it that way?" That thought helps to turn their heads around.

That technique alone is not enough. Problems generally are not solved by just sitting there and saying "It sounds like...." So we spend quite a bit of time on assertion training. One of the things we found was that we have a lot of people who consider themselves passive, or who have been considered by other people to be passive. Table 1 describes three categories of behavior styles: passive, assertive, and aggressive. Well, I used to have the category passive-submissive but dropped it because I have not found any. I am really interested in this. I have yet to talk in depth with a passive person who is not very angry. We have a term we use called "gunnysacking." What happens is that you feel you are the office "go-for." That is how you can tell who the passive person in the office is--"Well, my secretary is not here today, would you mind going for the mail?" "No, I wouldn't mind, that's what I'm here for!" On your lunch break, "Would you mind running an errand for me?" "No, I'd just be delighted!" "Would you mind sharpening all the pencils, they seem to be dull?" "That's fine!" "We're having a meeting, get the coffee Marge!" "Love to!"

What we find is that when the passive person finally blew, the people around her were usually saying, depending on her age, "It must be that time of the month!" or "She's forty-something, isn't she?" or else, "She must be having trouble at home." The source of the problem really was not being looked at. One of the reasons for the anger in the passive person is that they are really angry at themselves because they had never said, "Hey, it's not fair!"

One of the groups that we found had the most stress was medical secretaries. They have a belief system and a method of self-talk which is, "I should be able to handle anything that comes across my desk, but at the same time other people should realize that they are piling it on." They never say to anybody "Too much!" or "Let's reassess the priorities." or "I can't handle it."

Table 1
COMPARISON OF ALTERNATIVE BEHAVIOR STYLES

	PASSIVE	ASSERTIVE	AGGRESSIVE
CHARACTERISTICS	Allow other to choose for you. Emotionally dishonest. In-direct, self-denying, inhibited, Win-Lose Situation which you lose. If you do get your own way, it is indirect.	Choose for self. Appropriately honest. Direct, self-respecting, self-expressing, straightforward Convert Win-Lose to Win-Win.	Choose for others. Inappropriately honest (tactless) Direct, self-enhancing. Self expressive derogatory. Win-Lose situation which you win.
YOUR OWN FEELINGS ON THE EXCHANGE	Anxious, ignored, helpless, manipulated. Angry at self and/or other.	Confident, self-respecting, goal oriented, valued. Later: accomplished.	Righteous, superior, Depreciatory, controlling Later: possibly guilty.
OTHERS' FEELINGS IN THE EXCHANGE	Guilty or superior. Frustrated with you.	Valued, respected	Humiliated, defensive, resentful, hurt.
OTHERS' VIEW OF YOU IN THE EXCHANGE	Lack of respect. Distrust. Can be considered a push-over. Do not know where you stand.	Respect, trust, know where you stand.	Vengeful, angry, distrust, fear.
OUTCOME	Others achieve their goals at your expense. Your rights violated.	Outcome determined by above-board negotiation. Yours and others rights respected.	You achieve your goal at other's expense. Your rights upheld; others violated.
UNDERLYING BELIEF SYSTEM	I should never make anyone uncomfortable or displeasedexcept myself	I have a responsibility to protect my own rights, and I respect others but not necessarily their behavior	I have to put others down in order to protect myself.

NOTES:

So in assertion training we teach people how to express what their needs are. They may not get them met, but they can express them so that if they are not met they cannot blame someone else for not guessing what they are. We teach people to express how they feel about things. We essentially try to teach them how to problem-solve. Instead of ignoring a problem we teach them to go to somebody and say, "Hey, you know I'm really feeling frustrated because it doesn't seem to me that we're getting this thing done as well as we can. What can we do about it?" We do a lot of role playing and we do a lot of videotaping. That is the one time we break the group up. Often we will have them come in, two at a time, for an hour and videotape, playback, videotape, playback until they are satisfied with what they are doing. The one time when we do it in a group is when we teach them crowd control. That is needed when their sick kid is calling from home at the same time a patient is ringing the buzzer at the same time somebody needs some orders done, at the same time that.... Then we have the whole group convene and work on that.

The way that we get at the cognitive restructuring is to have them talk about their role myths. If they are a house staff member, they talk about what is the myth about the perfect house staff member. If they are a head nurse, they talk about the perfect head nurse myth. If they are working in the kitchen, they talk about what is the myth about that job. And they come up with what they think the expectations are for them, very similar to what Warren Schmidt was talking about earlier. Then we talk about how much they have bought into or believe those myths. It turns out that most of us have bought into that pretty heavily. There is the myth of the perfect psychologist who never has any personal problems, is always ready for a client whenever he wants to call, and is always pleasant and accommodating. If I am once not one of the foregoing, you know what that means--I am not a good psychologist. Every profession has those kinds of role myths, those kinds of belief systems. So we try to tap into those role myths for each job.

Another way we get at that is to take Albert Ellis' "Ten Irrational Beliefs" and getting them to list all the things that are wrong with each of those. And that can be very difficult. Take the belief, "If everybody doesn't like me all of the time, then I'm not any good." People say, "Well, that's silly!" "O.K., tell me what's wrong with it." And there's a long silence. Most of us operate out of those beliefs more than we would like to admit. It is all part of our B-rated movie. So we work on that.

And then the last part of training is various kinds of relaxation. I will describe some of the methods very briefly.

Probably, the best one to start with is the Jacobson method. One of the best tapes, and this is only a personal preference, is the one by Lazarus from South Africa. (And it is just because I like his voice.) The Jacobson method has you progressively tense and then relax muscle groups. There are two purposes--one being to find the areas where you may normally express stress but perhaps do not realize it. For instance, we have had people who did not realize how much tension they carry in their neck until they started doing the exercise. Then they said, "Ouch! That feels familiar!" When they tried to relax those muscles, it really hurt. The second purpose is to have you learn that you can relax muscle groups more fully by first stressing them more.

A second relaxation method that we usually use the second week is autogenic train-

ing. We get people to think of scenes that they have experienced, or words-- for some people one is better than the other. For some people, inhaling while saying "I am" and then just saying the word "relaxed" on the exhale will produce relaxation. One of my favorite computer operators has to think of a black black-board which is wetwashed--it cannot be erased, it has to be wetwashed--so that it is completely black. Everybody has to do their own thing. You can use a mantra; the word "one" is very effective. We have found that that is just as effective for most people as Transcendental Meditation, if they use an amount of time equal to TM training.

As a short exercise, I suggest you try to:

- (1) Close your eyes.
- (2) Count backwards from ten.
- (3) Inhale on each count, saying to yourself, "I am."
- (4) Exhale on each count, saying, "Calm."

P.S. Please read through before closing eyes!

CONFLICT/STRESS QUESTIONNAIRE

Please put a mark
identifiable to yourself
only in this box.

I. Please complete the following questionnaire by writing in answers or checking the appropriate space. The demographic data will be used in conjunction with the responses on the stress questionnaires to look for factors which differentiate amounts or types of stress. Since these are anonymous questionnaires, we appreciate your answering these questions in the most honest manner possible.

II. Job classification _____
 Length of time in University _____ University location _____
 Age _____ Marital Status _____ Sex _____ Highest educational level attained _____

III. What stress symptoms have you experienced on the job?

	Never	Rarely	Sometimes	Often	Always		Never	Rarely	Sometimes	Often	Always
Headaches	1	2	3	4	5	Compulsive eating	1	2	3	4	5
Stomach aches or tension	1	2	3	4	5	Worrying	1	2	3	4	5
Backaches	1	2	3	4	5	Depression	1	2	3	4	5
Stiffness in the neck and shoulders	1	2	3	4	5	Agitation	1	2	3	4	5
Elevated blood pressure	1	2	3	4	5	Impatience	1	2	3	4	5
Fatigue	1	2	3	4	5	Anger	1	2	3	4	5
Crying	1	2	3	4	5	Frustration	1	2	3	4	5
Forgetfulness	1	2	3	4	5	Loneliness	1	2	3	4	5
Yelling	1	2	3	4	5	Powerlessness	1	2	3	4	5
Blaming	1	2	3	4	5	Inflexibility	1	2	3	4	5
Bossiness	1	2	3	4	5	Compulsive smoking	1	2	3	4	5

IV. How often do you use these measures to relax?

	Never	Rarely	Sometimes	Often	Always		Never	Rarely	Sometimes	Often	Always
Take aspirin	1	2	3	4	5	Talk to someone you know	1	2	3	4	5
Use tranquilizers or other medication	1	2	3	4	5	Leave your work area and go somewhere (time out, sick days, lunch away from your organization, etc.)	1	2	3	4	5
Drink coffee, coke, or eat frequently	1	2	3	4	5	Smoke	1	2	3	4	5
Use relaxation techniques (meditation, yoga)	1	2	3	4	5	Use Humor	1	2	3	4	5
Use informal relaxation techniques, (i.e., take time out for deep breathing, imagining pleasant scenes)	1	2	3	4	5	Have a drink after work to relax	1	2	3	4	5
Exercise	1	2	3	4	5	Other	1	2	3	4	5

UNDERSTANDING AND MANAGING STRESS

Stressful Work Conditions

V. There frequently are day to day conditions at work which we find stressful. On the items below, indicate how often each source of stress is true for you by circling the appropriate number.

		Never	Rarely	Sometimes	Often	Always
1. Others I work with seem unclear about what my job is	1	2	3	4	5	
2. I have differences of opinion with my superiors	1	2	3	4	5	
3. Others' demands for my time at work are in conflict with each other	1	2	3	4	5	
4. I lack confidence in "management"	1	2	3	4	5	
5. "Management" expects me to interrupt my work for new priorities	1	2	3	4	5	
6. There is conflict between my unit and others it must work with	1	2	3	4	5	
7. I only get feedback when my performance is unsatisfactory	1	2	3	4	5	
8. Decisions or changes which affect me are made "above" without my knowledge or involvement	1	2	3	4	5	
9. I have too much to do and too little time to do it	1	2	3	4	5	
10. I feel over qualified for the work I actually do	1	2	3	4	5	
11. I feel under qualified for the work I actually do	1	2	3	4	5	
12. The people I work closely with are trained in a different field than mine	1	2	3	4	5	
13. I must go to other departments to get my job done	1	2	3	4	5	
14. I have unsettled conflicts with people in my department	1	2	3	4	5	
15. I have unsettled conflicts with other departments	1	2	3	4	5	
16. I get little personal support from the people I work with	1	2	3	4	5	
17. I spend my time "fighting fires" rather than working to a plan	1	2	3	4	5	
18. Management misunderstands the real needs of my department in the organization	1	2	3	4	5	
19. I feel family pressure about long hours, weekend work, etc.	1	2	3	4	5	
20. Self-imposed demand to meet scheduled deadlines	1	2	3	4	5	
21. I have difficulty giving negative feedback to peers	1	2	3	4	5	
22. I have difficulty giving negative feedback to subordinates	1	2	3	4	5	
23. I have difficulty in dealing with aggressive people	1	2	3	4	5	
24. I have difficulty dealing with passive people	1	2	3	4	5	
25. Overlapping responsibilities cause me problems	1	2	3	4	5	
26. I am uncomfortable arbitrating a conflict among my peers	1	2	3	4	5	
27. I am uncomfortable arbitrating a conflict among my subordinates	1	2	3	4	5	
28. Academic and administrative roles are in conflict	1	2	3	4	5	
29. I avoid conflicts with peers	1	2	3	4	5	
30. I avoid conflicts with superiors	1	2	3	4	5	
31. I avoid conflicts with subordinates	1	2	3	4	5	
32. Allocation of resources generates conflict in my organization	1	2	3	4	5	
33. I experience frustration with conflicting procedures	1	2	3	4	5	
34. My personal needs are in conflict with the organization	1	2	3	4	5	
35. My professional expertise contradicts organizational practice	1	2	3	4	5	
36. Administrative policies inhibit getting the job done	1	2	3	4	5	
37. Other	1	2	3	4	5	

Number Circled

GOVT. PUB

HE 20
7102
St8/2



NIOSH

PROCEEDINGS OF . . . OCCUPATIONAL STRESS CONFERENCE

UNIVERSITY OF CALIFORNIA
RIVERSIDE

SEP 7 1978

LIBRARY
GOVERNMENT PUBLICATIONS DEPT.
U. S. DEPOSITORY

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Center for Disease Control
National Institute for Occupational Safety and Health

Generated on 2021-08-26 18:02 GMT / https://hdl.handle.net/2027/uc1.31210023588989
Public Domain, Google-digitized / http://www.hathitrust.org/access_use#pd-google

OCCUPATIONAL STRESS
Proceedings of the Conference on Occupational Stress
Los Angeles, November 3, 1977

The Institute of Industrial Relations
Center for Management Research and Education
University of California, Los Angeles
Los Angeles, California 90024

Contract#78-0647

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Center for Disease Control
National Institute for Occupational Safety and Health
Behavioral and Motivational Factors Branch
Cincinnati, Ohio 45226

March 1978

For sale by the Superintendent of Documents, U.S. Government
Printing Office, Washington, D.C. 20402

DISCLAIMER

The contents of this report are reproduced herein as received from the contractor.

The opinions, findings, and conclusions expressed herein are not necessarily those of the National Institute for Occupational Safety and Health, nor does mention of company names or products constitute endorsement by the National Institute for Occupational Safety and Health.

NIOSH Project Officer: M.J. Smith, Ph.D.
Principal Director: Angus Macleod
Proceedings Editor: Rosalind M. Schwartz

DHEW (NIOSH) Publication No. 78-156