



# NMNEC Concept: **Stress and Coping**

**Mega-Concept:** Health and Illness

**Category:** Emotional Processes

**Concept Name:** Stress and Coping

**Concept Definition:**

Any physiological or psychological force that disturbs equilibrium and the adaptation to internal or environmental stressors.

**Scope and Categories:**

**Scope:** No stress (neutral) → Challenging → Threatening: The scope of stress encompasses physiological and psychological factors that range from appropriate life encounters to challenges faced by the individual that may even become life threatening.

Effective (adaptive) coping → Ineffective (maladaptive) coping: The scope of coping ranges from adaptive or effective to maladaptive or ineffective. The coping response is dependent on the life stage of an individual, the types of learned coping abilities, and previous strategies utilized. Effective coping results in a resolution or adaptive behaviors that facilitate growth in the individual. Ineffective coping is demonstrated by a lack of resolution and potential for exhaustion

**Categories:** Physiological and psychological changes occur when the individual perception identifies the situation as stressful and/or beyond current individual resources with resulting individual characteristic responses.

**Risk Factors:**

Individuals across the lifespan among all populations are at risk for stress. Stressors may be related to situational, maturational, and sociocultural factors.

**Populations at Risk:**

- Situational-life changes (birth, death, marriage, divorce, job, relocation, health/illness)
- Maturational-based on age related development
- Sociocultural-poverty, domestic violence, history of trauma/abuse/neglect

**Individual risk factors:**



## NMNEC Concept: **Stress and Coping**

- Individuals, family, and caregivers dealing with acute and chronic conditions
- Impaired Cognition-inability to make decisions, performance of instrumental activities of daily living.
- Limited Psychosocial Resources-lack of family support, poverty, community resources
- History of drug use/abuse; history of trauma/abuse/neglect
- Developmental
  - Children-limited life experiences, poor role modeling from adults, inability to appropriately identify/verbalize needs
  - Adolescents-changing role, self-image, peer pressure
  - Older Adults-physical/social losses, increasing frailty, loss of autonomy

### **Physiological Processes and Consequences:**

- Perceived demand or event-individuals interpret as stressful based on previous experiences and understanding
- Current severe, chronic, or acute episodes may exacerbate future stress responses.
- The stress response triggers the limbic system, which activates the sympathetic nervous system which releases norepinephrine and epinephrine, as well as stimulation of the hypothalamic-pituitary-adrenocorticoid axis
- Responses to a stressful situation may include:
  - Primary appraisal: Initial recognition that there is a change from routine events
  - Secondary appraisal: Adopting a problem-solving approach that either promotes resolution or requires additional strategies

### **Pathophysiologic Processes and Consequences:**

#### **Related to untreated or prolonged stress:**

- Coronary heart disease
- Hypertension
- Stroke
- Dysrhythmia disorders
- Obesity
- Tension headache
- Backache
- Autoimmune disease
- Infection
- Ulcers
- Bowel problems



## NMNEC Concept: **Stress and Coping**

- Urinary problems
- Eczema, acne
- Diabetes
- Menstrual cycle disorders
- Fatigue, depression, insomnia

### **Assessment/Attributes:**

#### **Subjective:**

- Baseline history-family history; Identification of the stressor; initial exposure to stressor and length of exposure; previous stress responses
- Sympathetic nervous system signs and symptoms-subjective data describing physical responses to past and current stressors
- Perception of Threat-what has changed in daily pattern of living/coping
- Past Coping Patterns-what has been used in the past
- Medical and Social History-current health status and support systems
- Culture specific coping responses

#### **Objective:**

- Examination findings:
  - Psychological-behaviors exhibited since exposure to current stressor
  - Emotional-affect
  - Physiologic-physical assessment; vital signs
  - Behavioral-changes in thought processes
- Behavior observation-verbal and non-verbal communication; ability to think through processes, manageability of perceived problem (threat)

#### **Diagnostic Tests:**

- Perceived Stress Scale
- Holmes Social Readjustment Rating Scale
- Clinician-Administered PTSD Scale (CAPS)
- Electromyogram (EMG)

**Clinical Management:** Guided by signs and symptoms and used to determine type of stress and intervention category

**Primary Prevention** (Health Promotion)



## NMNEC Concept: **Stress and Coping**

- Optimize wellness: Physical health behaviors: adequate rest/activity, nutrition, support systems
  - Positive coping mechanisms: Strategies that have proven helpful in the past that promote well-being
- Problem-focused coping strategies-appropriate intervention w/community referral
- Emotion-focused coping strategies-reframing; looking at the situation from a different perspective
- Education-identifying and utilizing coping strategies to promote positive outcomes
- Developing Action plan-patient and health care provider collaboration
- Accessing Resources-incorporating community health care team
- Cognitive Restructuring-“(1) identify automatic negative beliefs that cause anxiety, (2) explore the basis for these thoughts, (3) reevaluate the situation realistically, and (4) replace negative self-talk with supportive ideas” Halter (2018, p 290)

### **Secondary Prevention (Screening)**

- Early diagnosis and treatment
- Disability limitation
  - Settings: PCP, clinic follow-up
  - Individual: interventions, adherence
  - Family: support, understanding
  - Community: resources, referrals, support groups

### **Tertiary Prevention (Collaborative Interventions)**

- Extend Primary and Secondary Prevention strategies (above)
- Pharmacotherapy
  - Anxiolytics
    - Benzodiazepines
    - Non-benzodiazepines
  - Decrease GI acidity
    - H2 blockers
    - Proton Pump Inhibitors
  - Antidepressants
    - Selective Serotonin Reuptake Inhibitors (SSRI)
    - Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)

### **Interrelated Concepts:**



## NMNEC Concept: **Stress and Coping**

- **Cognition:** An individual's cognitive functioning influences their ability to perform Cognitive Restructuring
- **Anxiety:** Stress may contribute to anxiety
- **Mood and Affect:** Stress will influence Mood and Affect
- **Culture:** Different cultural backgrounds may have different coping mechanisms

### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- Effective Coping
- Maladaptive Coping Strategies
- Effective Coping

### **Optional Exemplars:**

#### **Stress**

- Psychological stress
- Physical stress

#### **Positive Coping Behaviors**

- Cognitive Restructuring

#### **Maladaptive Coping Behaviors**

- Alcohol abuse: Diagnosis Related Group (DRG) 29, Healthcare Cost and Utilization Project (HCUP) 35
- Bullying – DRG 165, HCUP 213
- Denial – DRG 67, HCUP 213
- Dependency – DRG 272, HCUP 149
- Nonadherence to treatment plan – DRG 272, HCUP 213



## NMNEC Concept: **Stress and Coping**

### **References:**

Halter, M. J. (2018) *Varcarolis' Foundations of Psychiatric Mental Health Nursing a Clinical Approach*, (8<sup>th</sup> Ed.) Saunders, Elsevier

### **Resources:**

Buchanan, L. (2017). Stress. In J. F. Giddens (Ed.), *Concepts for nursing practice* (2<sup>nd</sup> ed., pp. 301-308). Elsevier.

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2017). *Fundamentals of Nursing* (9<sup>th</sup> Ed) Mosby, Elsevier.

Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)*.

<https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>