Comparing the effects of stress and relationship style on student and practicing nurse anesthetists

PHILLIP KENDRICK, CRNA, PhD
Mobile, Alabama

Stress in the workplace can be extremely detrimental. It has been estimated that stress-related outcomes cost organizations $50 billion to $75 billion per year. These costs are realized in the form of decreased productivity, increased absenteeism, and increased job turnover. Excessive stress in the healthcare professional can lead to burnout.

A purpose of the present study was to compare and contrast stress levels between practicing nurse anesthetists and those in training. The study also sought to determine if communication was adversely affected by stress and by the style nurse anesthetists chose in relating to others. Style can be defined as any identifiable pattern of relating to others one follows to reach one’s goals.

Sixty-six student nurse anesthetists and 15 practicing nurse anesthetists participated in the study for a total of 81 participants. All participants were administered the Occupational Stress Inventory, the Strength Deployment Inventory, and the Interpersonal Communication Inventory.

Significant findings included: (1) second-year students experienced the greatest amount of stress, (2) practicing nurse anesthetists have more coping resources than student nurse anesthetists, (3) of the 4 relationship styles available, the altruistic/nurturing and the analytic/autonomizing are the styles of relating to others used most often by student and practicing nurse anesthetists, (4) nurse anesthetists with high stress levels communicated less effectively than nurse anesthetists with low stress levels, and (5) nurse anesthetists communicated less effectively when using the altruistic/nurturing style compared with the analytic/autonomizing style.

Key words: Communication, interpersonal relationships, occupational stress.

Introduction
Stress in the workplace can be extremely detrimental. It has been estimated that stress-related outcomes cost organizations $50 billion to $75 billion per year. These costs are realized in the form of decreased productivity, increased absenteeism, and increased job turnover. The National Institute for Occupational Safety and Health recognized the significance of occupational stress by declaring stress-related psychological disorders among the 10 leading work-related diseases and injuries.

Stress and interpersonal relationships. A 1990 national “Human Factors Inventory Survey” of 5,955 Certified Registered Nurse Anesthetists (CRNAs) conducted by the American Association...
of Nurse Anesthetists revealed that the quality of their relations with coworkers was one of the greatest risk areas affecting health and performance. Sixty percent of the respondents reported bad feelings between coworkers, and 50% felt that working with people in general was stressful. This survey also found that CRNAs who practiced in groups with more than 20 CRNAs and doctors reported more stress and job dissatisfaction than those practicing in smaller groups. The group that reported the highest stress worked in the university/hospital setting. Additionally, CRNAs reporting the lowest stress levels were those who practiced alone.

Bailey et al. administered the “Stress Audit” to 1,800 intensive care unit nurses nationwide. The investigators were attempting to identify the stressors in the intensive care unit work environment. “Interpersonal relationships” was listed as the top stressor. Management of the unit” and “patient care” were listed second and third, respectively. Examples of problematic interpersonal relationships included: (1) personality conflicts with staff and physicians, (2) disagreement with physicians over patient treatment, (3) unresponsive nursing leadership, (4) lack of respect from physicians, (5) lack of teamwork among staff, (6) communication problems, and (7) lack of teamwork with other departments.

Cavagnaro surveyed 82 CRNAs using a questionnaire based on the Stress Audit to identify the stress factors of CRNAs. Respondents rated job-related interpersonal conflicts as the number one stressor. Cavagnaro explains this choice as “indicated by the strong, independent personality needed to succeed as a CRNA often developed to the exclusion of communication skills.”

Motowidlo et al. addressed the effects of stress on interpersonal relationships. The investigators postulated that subjective stress caused by specific events at work could lead to affective states such as anxiety and hostility and to decrements in aspects of job performance, including interpersonal effectiveness. They added that the negative emotions associated with stress inclined people toward more aggressive and less altruistic behavior. The study of 366 nurses at 5 hospitals, showed that interpersonal effectiveness was diminished as a result of job stress. Personal warmth, morale, caring for uncooperative patients, teamwork and cooperation, and sensitivity to patients are all aspects of interpersonal effectiveness.

A stressful environment. Some areas within the healthcare setting may expose the professional to a greater number of stressors. Lees and Ellis have identified the more stressful environment as one in which there is: (1) an unpredictable workload, (2) the use of high-technology equipment, (3) high levels of environmental stimuli, (4) the possibility of crisis occurring, and (5) frequent needs assessment of priorities. The hospital operating room easily meets all 5 of these qualifications for a stressful environment.

Stress and the learning process. Health professionals in training not only must deal with the occupational stressors inherent in their chosen field, they also must manage the added stress that accompanies learning. There is general acknowledgment that the high incidence of distress in the educational years may lead to impairment in the practicing years of the professional. Colford and McPhee have categorized maladaptive behaviors to stress into 4 distinct groups: (1) addictive behaviors such as alcohol and drug abuse, (2) relationship distress including divorce and conflicts with peers, (3) psychological behavior such as anxiety and depression, and (4) professional dysfunction, including making errors at work or absenteeism.

A great deal of evidence supports the claim that many doctors and nurses have acquired maladaptive behaviors for coping with stress. Per capita, more physicians were treated for substance abuse at the Mayo Clinic during a 5-year period than any other profession. It is estimated that 40,000 nurses are alcoholics, and 2% to 4% of all nurses are addicted to drugs. One study found that 40% of internal medicine residents experienced serious relationship problems with their spouses, with the majority blaming their training for these problems. They also claimed that their marriages were without serious discord before their residency.

Valko and Clayton discovered that 30% of all residents at a major university suffered a major depression during their internship year. At least 55% of internal medicine residency programs in the United States have granted leaves of absence to trainees for emotional impairment. The suicide rate among physicians is twice that of the general population.

Measuring stress. One instrument used successfully to measure stress in professionals is the “Occupational Stress Inventory” (OSI) (Psychological Assessment Resources Inc., Odessa, Fla). Alexander et al. used the OSI to measure occupational stress, personal strain, and coping resources of 210 family practice residents and their faculty. First-year residents reported the highest scores in occupational stress and the lowest scores in coping resources.

I used the OSI to measure stress levels of 10 anesthesia residents and faculty members. Table 1
compares the means of the 3 domains of the OSI for 3 separate groups of healthcare professionals. Scores on the OSI by a group of counselors also is included for comparison purposes (Law JG, Tucker S, unpublished data, 1996).

■ Stress and personality. The personality of an individual determines to a large extent how he or she will perceive and react to a stressful situation. Kirsling and Kochar stated that situations that cause stress and the intensity of the stress reaction were largely dependent on the personality of the individual.

According to Schuldberg, personality, along with social support, appraisal, and coping styles are the 4 factors that moderate stressful events. Thus, personality factors can act as mediating variables in the relationship between objective and experienced levels of role stress. Furthermore, Cooper and Baglioni maintained that personality and coping strategies precede and determine job stressors, which ultimately affect the mental well-being of the individual.

The hypothesis that some diseases are caused by stress and may be related to certain aspects of personality has been widely accepted. The most valid evidence of a link between stress, personality, and illness was provided by the landmark study directed by Rosenman et al. of the Western Collaborative Group, which established Type A personality as a risk factor for coronary heart disease.

■ Purpose of the study. The present study sought to compare and contrast stress levels of student nurse anesthetists at different levels of training. Also, the study compared the students with a group of practicing nurse anesthetists and investigated the interaction between the personality style of relating to others and stress.

The importance of mutually beneficial interpersonal relationships has been discussed. Problems with interpersonal relationships can either cause stress on the job or be the result of job stress. Relationships can be improved with effective communication. But this can become difficult when a great deal of stress exists between workers. The present study attempted to address these issues.

Materials and methods

The present study followed a descriptive correlational design using survey methodology that included instruments to assess subjects’ stress, style of relating to others, and communication style. I administered all test materials to the students in a classroom setting. The CRNAs were allowed to take the test packets home and return them in 1 week.

### Table 1. Mean domain scores on the Occupational Stress Inventory from 3 groups of helping professions

<table>
<thead>
<tr>
<th>Domain</th>
<th>Counselors</th>
<th>Family medicine</th>
<th>Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORQ*</td>
<td>123</td>
<td>132</td>
<td>150</td>
</tr>
<tr>
<td>PSQ*</td>
<td>79</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>PRQ*</td>
<td>137</td>
<td>132</td>
<td>124</td>
</tr>
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</table>

*ORQ indicates Occupational Roles Questionnaire; PSQ indicates Personal Strain Questionnaire; PRQ indicates Personal Resources Questionnaire.

■ Subjects. A convenience sample of CRNAs and student nurse anesthetists participated in the study. All CRNAs employed at a university hospital located along the Gulf Coast of Alabama were asked to participate in the study. These 15 CRNAs graduated from nurse anesthesia programs accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) and had from 0 to 20 years of experience. These CRNAs worked in a “team” approach with physician anesthesiologists in the administration of all kinds of anesthesia at a level 1 trauma center. This group is similar to other CRNA groups performing anesthesia with physician supervision at university hospitals and private hospitals.

Student nurse anesthetists were students of the COA-accredited master’s level program of nurse anesthesia at a university medical system located in the Southeastern United States.

The sample consisted of 4 groups. Sixty-six student nurse anesthetists were divided into 3 student groups based on years in training. A fourth group was composed of 15 practicing nurse anesthetists, for a total of 81 participants. The mean age for the sample was 34 years with 62% of the subjects being women and 38% men. More than half (61%) of the subjects were married. One fourth of the sample were single, and the remaining 14% were divorced, with the largest group (21%) of divorced participants comprised of third-year students.

The majority of participants were white. Five African Americans (6%) participated in the study. The number of participants’ dependents ranged from none to 4, with a mean of 1.4.

Borrowing money for educational purposes was common among the student nurse anesthetists. Eighty-four percent of the students were in debt because of their educational endeavors, with some owing more than $50,000. However,
average debt, including the CRNAs, was less than $10,000. Table 2 summarizes the characteristics of the 4 groups.

**Instruments.** The study required instruments that would measure stress, personality style based on relating to others, and communication style. Tests had to be in the self-report form, easy to administer and score, and of moderate completion time. The following inventories met these requirements.

**The OSI.** The OSI is a concise measure of 3 dimensions of occupational adjustment: occupational stress, psychological strain, and coping resources. The occupational stress domain is assessed by a set of 6 scales that are collectively called the “Occupational Roles Questionnaire” (ORQ). The ORQ scales are: Role Overload, Role Insufficiency, Role Ambiguity, Role Boundary, Responsibility, and Physical Environment. The ORQ, therefore, measures the stressors of work.

The “Personal Strain Questionnaire” (PSQ) is a measure of the domain of psychological strain and is comprised of 4 scales: Vocational Strain, Psychological Strain, Interpersonal Strain, and Physical Strain. The effects of stress, hence, are detected by the PSQ.

Coping resources is the third domain of the OSI. This domain is assessed by the 4 scales that make up the Personal Resources Questionnaire (PRQ). These 4 scales are: Recreation, Self-care, Social Support, and Rational/Cognitive Coping. These 4 areas are known to help in the reduction of stress.

**“Strength Deployment Inventory” (SDI).** The SDI (Personal Strengths Publishing, Carlsbad, Calif) is based upon the Relationship Awareness Theory developed by Elias H. Porter. This theory emphasized that individuals are motivated to attain self-worth through their positive relationships with others. Therefore, the major focus of the SDI is on interpersonal relationships. The SDI was founded upon 5 critical assumptions: (1) everyone has an interpersonal style they use to relate to others, (2) all styles have certain strengths, (3) styles can also have weaknesses, (4) weaknesses are actually strengths used to excess, and (5) people sometimes change their style when under stress.

The SDI classifies interpersonal styles or motivation patterns into 4 specific types. An individual may possess one style when things are going well and another style when things are not going well. The 4 styles of the SDI are: assertive/directing (AD), altruistic/nurturing (AN), analytic/autonomizing (AA), and flexible/cohering (FC).

The AD individual seeks gratification through a basic concern for the accomplishment of tasks and by the organization of people, money, time, and opportunity, with a clear sense of having earned the right to be rewarded for success. An AD person would say: “Let me show you how to do that.”

The AN style is a pattern of striving that has as its most distinguishing quality the seeking of gratification through a basic concern for the protection, growth, and welfare of others with little regard for reward in return. An AN individual would say: “Let me do that for you.”

Seeking gratification through a basic concern for self-reliance and self-dependence is a distinguishing quality of individuals possessing the AA style. They need assurance that things have been properly sorted out, put together, and thought through so that meaningful and logical order is achieved. “I would rather do it myself,” would be the response of an AA individual.

Individuals of the FC group are characterized by a basic concern for the welfare of the group, membership in the group, and flexibility of behav-

<table>
<thead>
<tr>
<th>Group</th>
<th>Age</th>
<th>% Female</th>
<th>% Male</th>
<th>% White</th>
<th>% Black</th>
<th>GPA†</th>
<th>No. dependents</th>
<th>Debt‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-year students</td>
<td>32.1</td>
<td>53</td>
<td>47</td>
<td>90</td>
<td>10</td>
<td>3.42</td>
<td>1.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Second-year students</td>
<td>33.6</td>
<td>77</td>
<td>23</td>
<td>86</td>
<td>14</td>
<td>3.65</td>
<td>1.2</td>
<td>3.0</td>
</tr>
<tr>
<td>Third-year students</td>
<td>32.2</td>
<td>64</td>
<td>36</td>
<td>100</td>
<td>0</td>
<td>3.71</td>
<td>1.1</td>
<td>3.8</td>
</tr>
<tr>
<td>CRNAs†</td>
<td>40.4</td>
<td>53</td>
<td>47</td>
<td>100</td>
<td>0</td>
<td>—</td>
<td>2.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Total</td>
<td>34.1</td>
<td>62</td>
<td>38</td>
<td>94</td>
<td>6</td>
<td>3.56</td>
<td>1.4</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*Data are expressed as means unless otherwise indicated.
†GPA indicates grade point average; CRNAs indicates Certified Registered Nurse Anesthetists.
‡1 indicates none; 2 indicates less than $10,000; 3 indicates $10,000-$30,000; 4 indicates $30,000-$50,000; and 5 indicates greater than $50,000.
ior to the end of achieving unity and coherence in group goals and undertakings. FC people say: “Let’s do that together.”

■ “Interpersonal Communication Inventory” (ICI) The ICI was developed to measure the process of communication as an element of social interaction and to identify patterns, characteristics, and styles of communication. The inventory assesses an individual’s ability to listen, emphasize, understand, handle angry feelings, express one’s self, and conversational attributes.21

Results

■ Stress and the nurse anesthetist. Do practicing nurse anesthetists and student nurse anesthetists at different stages in their training differ in their levels of perceived stress? Scores on the ORQ of the OSI were chosen to measure stress levels. Table 3 lists the mean scores on the 3 domains for the 4 groups on the OSI.

The mean score for all 4 groups on the ORQ was determined as 133. The second-year students reported the greatest amount of perceived stress. The first-year students and the CRNAs reported the least amount of stress. The students as a group reported greater stress than the CRNAs.

Subsequent to performing the analysis of variance, a probability plot of residuals was performed, as was a test of variance. All assumptions were met for all statistics.21 Significant differences were found among the groups on the ORQ. Post-hoc testing using the least significant difference analysis procedure indicated that the second-year students’ scores were statistically different from those of the first-year students and the CRNAs.

If the second-year students experienced greater stress than the other groups, would they also report the greatest amount of strain as assessed by the PSQ? Strain can be thought of as the negative effects or outcomes of stress.

The second-year students reported the least amount of strain of the student groups. The first- and third-year groups had similar amounts of strain. The CRNAs reported the least amount of strain. Even though the second-year students reported substantially high levels of stress, their symptoms of stress as evidenced by their scores on the PSQ were lower than the first- and third-year students’ symptoms.

High scores on the PRQ suggest that the subjects possess adequate coping mechanisms. The first-year students and the CRNAs reported the greatest amount of coping resources. The least amount of coping resources was reported by the third-year students. The students as a group reported less coping resources than the CRNAs. There were significant differences between the mean scores of the first-year and second-year and first-year and third-year students.

■ The Relationship Awareness Theory and nurse anesthetists. The SDI asks test takers to report their style under 2 conditions: when things are going well and when things are not going well. The difference in the scores reported by the participants when things are going well (SD1) and those reported when things are not going well (SD2) was significant. This would suggest that a large percentage of the subjects changed their styles between the 2 circumstances.

Figure 1 shows the distribution of the 4 groups regarding their use of the 4 different styles when things are going well (SD1) and when things are not going well (SD2). It is quite obvious that the majority of nurse anesthetists used either the AN style or the AA style. The AA style was the predominant style of choice by all 4 groups when things were not going well. This might be significant since the choice of style of relating to others might affect an individual’s ability to communicate effectively during times of stress.

One would expect that the AN style would be a favorite of the group because this style is inherent to the nursing profession. However, the AA style may be the prevalent style for the specialty of nurse anesthesia.

An examination of the reported scores on the stress domain (ORQ) based upon the style of relating to others was conducted to determine if the use of a certain style when communicating lead to greater stress. Figure 2 lists the means of the 4 styles based on their scores on the ORQ when things are

| Table 3. Mean scores of the 4 groups as assessed by the Occupational Stress Inventory |
|-----------------|-----|-----|-----|
| Group           | ORQ* | PSQ* | PRQ* |
| First-year students | 127  | 87  | 132  |
| Second-year students | 141  | 84  | 121  |
| Third-year students | 131  | 87  | 113  |
| All students     | 133  | 86  | 113  |
| CRNAs*           | 126  | 69  | 130  |
| Total            | 131  | 83  | 125  |

*ORQ indicates Occupational Roles Questionnaire; PSQ indicates Personal Strain Questionnaire; PRQ indicates Personal Resources Questionnaire; CRNAs indicates Certified Registered Nurse Anesthetists.
Participants who used the AN style reported the greatest amount of stress. While the least amount of stress was reported by participants using the AD style. Even though differences exist between the groups, these scores did not reach statistical significance.

One would expect that stress levels would increase when things are not going well. This could produce an environment conducive to greater stress levels. Three of the 4 styles support this belief. However, the participants using the AA style reported lower stress levels when things were not going well than when things were going well.

Stress, style, and the ability of nurse anesthetists to communicate. Does perceived stress affect the communication, as assessed by the ICI, of student nurse anesthetists and CRNAs?

Table 4 lists the means and SDs for the groups on the ICI. The overall mean score for the ICI was determined at 89.88. This score is slightly higher than the mean of 86.74 reported by Bienvenu and Stewart for a group of 743 adults. The first-year students scored highest on the ICI, followed by the CRNA group.

Recall that the second-year students reported a statistically significant high stress level on the ORQ. It is noteworthy that this group also reported the lowest scores on the ICI.

A significant difference among the 4 groups on the ICI was found with the least significant difference technique, revealing significant differences among the student groups ($P<.05$). Consequently, the groups with the lowest scores on the ICI, the second and third-year students, also reported the highest scores on the ORQ. Since a difference in communication seemed to exist between nurse anesthetists with different stress levels, we may...
assume that stress affects communication negatively.

Other factors that might affect communication were investigated. A multiple regression analysis including the scales of the OSI, SD1, and SD2 as the independent variables and the ICI as the dependent variable was determined. The ORQ and SD2 were found to be the only significant predictors of the ICI when the other variables were included in the equation. The PRQ, PSQ, and SD1 were not found to be significant ($P<.05$). This finding supports the belief that nurse anesthetists with high stress levels would communicate less effectively. Thus, the style used when things were not going well and the amount of stress experienced influenced the ability to communicate.

To determine how the ORQ affected communication, a stepwise multiple regression was performed using the subscales of the ORQ with the ICI as the dependent variable. Role Boundary proved to be the only significant predictor of the ICI ($P<.05$).

A 2-way cross-tabulation was developed to obtain greater insight into the relationship between the style of relating to others when things were not going well and the ICI. Scores on the ICI were recoded into low, medium, and high. The low range included scores from 53 to 74. Medium scores included the range of scores from 75 to 89. High scores included the range of scores from 90 to 114.

As indicated by Figure 3, 70% of the low scores on the ICI were by participants using the AN style. Conversely, 72% of the high scores on the ICI were by participants using the AA style. This may help to explain the high scores on the ICI by the first-year students, because a large percentage of this group used the AA style of relating to others.

**Discussion**

It was expected that the first-year students would report the greatest amount of stress. However, the second-year students reported the greatest stress levels, while the first-year students reported next to the lowest level.

Two factors may aid in explaining the lower than expected stress levels for first-year students in the present study. These students had yet to be exposed to the rigors and stressors of the clinical environment. The low stress levels for the first-year students support the position of others that the clinical component is more stressful than the academic component of training.$^{25,26}$ This also helps to explain the high stress levels for the second-year students.

Another explanation for the low stress levels of the first-year students is their unexpectedly high scores on the PRQ. This raises the question of how interrelated and interdependent the 3 domains of the OSI are. Additionally, how dependent are coping resources on environmental circumstances and how much fluctuation occurs over time?

What are some factors that may lead to reduced coping resources? Knowledge, time, money, and social support are all important factors. The first 2 factors are common among all 3 student groups. Money and social support are 2 factors that may distinguish the third-year students from the first and second-year students.

Having reached the end of the training program, finances may be strained, decreasing the opportunity for recreation and self-care for the third-year students. Their debt load was the highest of the student groups. Social support also may be lacking for third-year students, since this group had the highest percentage of divorced students and the lowest number of dependents.

Comparing the subjects as a group with the 3 groups of healthcare professionals from Table 1, we may conclude that: (1) nurse anesthetists reported similar stress levels to family practice residents but less stress than anesthesia residents, (2) nurse anesthetists reported more strain than the other 3 groups, and (3) nurse anesthetists reported similar coping resources to anesthesia residents but less than counselors or family practice residents.

The majority of participants reported using the AN or the AA styles of relating to others. The large number of AN and AA styles is not surprising. Nurse anesthesia is composed of nurses, who are predominantly AN. However, the specialty of anesthesia may attract nurses that use the AA style. The first-year students might be evidence of

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**Figure 3.** Distribution of scores on the Interpersonal Communication Inventory based upon style

ICI low scores

ICI high scores

<table>
<thead>
<tr>
<th>Style</th>
<th>AN*</th>
<th>AA*</th>
<th>FC*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICI low scores</td>
<td>70%</td>
<td>30%</td>
<td>11%</td>
</tr>
<tr>
<td>ICI high scores</td>
<td>72%</td>
<td>28%</td>
<td>9%</td>
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</table>

AN indicates altruistic/nurturing; AA indicates analytic/autonomizing; FC indicates flexible/cohering; AD indicates assertive/directing.
this. When things were going well, 50% of this group were AAs, and when things were not going well, the percentage of AAs increased to 83%.

The first-year students scored surprisingly well on the ICI, indicating that they communicate well. This might be because of the large number of students using the AA style of relating to others rather than the AN style, which correlated with low scores on the ICI.

The findings that subjects experiencing high levels of stress communicate less effectively than subjects experiencing less stress substantiate the claim by others, like Kless,³⁰ that stress interferes with communication.

Problems with role boundary, a subscale of the ORQ, was found to be the stressor affecting communication the most. According to Osipow and Spokane,³³ subjects scoring high in role boundary report being unclear about authority lines and having more than 1 person telling them what to do. This certainly applies to student nurse anesthetists when they receive conflicting commands from staff CRNAs, anesthesiologists, surgeons, and didactic faculty members. Additionally, CRNAs must deal with conflicting demands made by anesthesiologists and surgeons.

The style one uses when things are not going well also was found to affect communication. The majority of low scores on the communication inventory were by subjects using the AN style. In the review of the literature, one of the greatest stressors for nurses was problems with interpersonal relationships.³⁴ Since the predominant style in nursing is the AN style, problems with interpersonal relationships may be because of a failure to communicate effectively. Nurses might consider learning to adopt to another style, such as the AA, when things are not going well. In the present study, 72% of the high scores on the communication inventory were by participants using the AA style.

Individuals who are AA are most content when they are able to pursue their own interests in a self-reliant way without having to take direction or help from those around them. They like to be viewed as clear, logical, and analytical people who are deserving of respect for dealing with others fairly and for being people of principle. They consider their lack of trust in others a character flaw.

People who are AA become uncomfortable in situations in which emotions are displayed openly. They really dislike being around people who try to push their help on them or try to get them to do things their way and can become irate if they are accused of being unfair or opportunist.

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AUTHOR

Phillip Kendrick, CRNA, PhD, is a staff nurse anesthetist at the University of South Alabama in Mobile, Ala.