



Stress Management for Nurses

authors

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stress management for nurses

This booklet is intended to heighten awareness of the mental health needs of nurses and provide useful exercises to assist nurses to manage stress at work

(Disclaimer)

This book is not designed to be a substitute for professional advice. It should be used in conjunction with specific health advice from your health care provider.



forward

While your union and others are working hard to achieve improvements in nurses' employment conditions, it remains a fact of life for nurses that we will frequently encounter situations at work that are physically and emotionally demanding. We also know that chronic exposure to stress can sometimes have very real and significant implications for our health and wellbeing.

While there are a number of mechanisms already in place to assist nurses, such as occupational health and safety and employee assistance programs, it is also important that every nurse has the awareness and skills to take care of their own mental health needs.

It is hoped that this booklet will be a reminder for nurses about the need to care for ourselves, be mindful of the impact of the stressors and strains they encounter at work, to encourage nurses to seek support and assistance if needed.

Brett Holmes

Brett Holmes

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introduction

This booklet has been written by nurses for nurses to help promote awareness and understanding of our own mental health needs. It is widely recognised that nurses, like many others in the caring professions, have mastered the art of anticipating and attending to the physical and emotional needs of others. Unfortunately, nurses tend to forget how to take care of themselves and each other.

While there is no doubt that nursing is a wonderful career with many challenges and intensely rewarding experiences, it is also a fact that in their daily work nurses confront emotional and professional demands that are unimaginable to the wider community. Let's face it: spending your working life taking responsibility for the quality of people's lives and their deaths is a heavy burden, even for the broadest of shoulders.

Nurses have a habit of putting the needs of our patients ahead of our own. The community regards us as tough, able to cope in all situations, resilient, always caring, loyal to our patients, dedicated,

committed, the list goes on. These expectations are put on us by society, managers, organisations and sometimes ourselves. How do we as nurses react to these demands, what choices do we have and how do we put ourselves first?

In the same way as mental health issues have struggled to make it on the broader social agenda, they're also struggling to make it on the agenda at work. The profession has made a lot of progress in managing many of the physical risks associated with our work: we use safe lifting techniques, we've adopted universal precautions and many other practices to ensure our physical safety at work. Unfortunately, we haven't made the same level of progress where hazards to our mental health are concerned.

One of the most significant risks nurses are exposed to in their work is stress. This booklet will highlight some of the signs and symptoms that indicate when stress might be becoming a problem. It offers some skills and strategies to assist you to overcome some of the pressures associated with nursing work.

Inevitably nurses find themselves in situations where the source of their stress is difficult to eliminate, like finding that extra nurse to cover the shift, stopping that extra patient turning up on the ward, or not having enough experienced staff rostered on the shift. Frustrating as it may be, there are some sources of stress that we have limited ability to change, and this can lead to people feeling stressed, anxious, angry and depressed.

The coping strategies and relaxation techniques explained in this book have been evaluated and they work. They are simple, effective and helpful in managing anxiety levels, anger and depressed feelings.

However, it is critical that we all recognise that individual stress management is only part of the answer to looking after nurses' mental health. When we consider workplace mental health, we must adopt the same approach that we have adopted for the management of other occupational health and safety concerns. That is, with a risk management approach that focuses on prevention. For this reason, we have included a brief overview of

introduction

the occupational health and safety laws in NSW and the obligations of both employers *and* employees to work together to maintain safe and healthy systems of work.

It is also important that all nurses are aware of NSW Health's commitment to the mental health and wellbeing of staff at work in public hospitals. A confidential employee assistance program (EAP) has been available to all public sector nurses for some time. Many of the nurses who provided personal insights for this project reported a high level of satisfaction with the service provided by local EAPs.

It is hoped that nurses who read this book will benefit, not only from practising the strategies and exercises, but also by developing a better awareness of our own mental health needs and those of our colleagues. Most of all, it is important that we accept that there is no shame in acknowledging that, at times, the demands placed on us at work can become overwhelming and that the best thing we can do for ourselves, our families and our patients is to take care of ourselves and seek help if we need it.





what is stress?

You would think that defining stress would be relatively easy. Yet those who have spent most of their professional lives studying it still have trouble defining the term. Despite efforts over the last half-century to define the term, no satisfactory definition of stress exists. Defining stress is much like defining happiness. Everyone knows what it is, but no one can agree on a definition.

Essentially, stress is the emotional and physical response you experience when you perceive an imbalance between demands placed on you and your resources at a time when coping is important.

What this means is that you experience stress whenever you are faced with an event or situation that you perceive as challenging to your ability to cope. If you see the

event or situation as only mildly challenging, you will probably feel only a little stress; however, if you perceive the situation or event as threatening or overwhelming your coping abilities, you will probably feel a lot of stress. Importantly, your perception of how negative an outcome could be will significantly determine what degree of stress you experience. So, having to wait for a bus when you have all the time in the world triggers only a little stress. Waiting for that same bus when you are running late for an appointment triggers much more stress.

The difference between the demands of the situation and your perception of how well you can cope with that situation is what determines how much stress you will feel.

What are the signs and symptoms of stress?

The signs and symptoms of stress can range from a major physical crisis like a heart attack, to more minor symptoms like tiredness and disrupted sleep patterns. The more serious stress-related problems usually emerge in the context of prolonged periods of exposure to intense stress. It is important therefore to be able to recognise and manage the early signs and symptoms of stress, in order to avoid the more serious effects of stress on your health and well-being.

Think about how you have been feeling in the last few months. How many of the physical and psychological signs of stress listed on the following page have you experienced?

signs and symptoms of stress:¹

- tiredness, fatigue, disrupted sleep patterns _____
- increased pulse rate and blood pressure _____
- shallow, rapid respirations _____
- muscular tension _____
- loss of appetite, overeating, indigestion _____
- constipation, diarrhoea _____
- dry mouth _____
- excessive perspiration, clamminess _____
- nausea _____
- decreased libido _____
- nail-biting _____
- increased use of alcohol or other drugs _____
- irritability and impatience _____
- frequent worry and anxiety _____
- moodiness, feeling sad or upset _____
- loss of sense of humour _____
- poor concentration, memory lapses _____
- ambivalence _____
- feeling overwhelmed by even minor problems _____



occupational health & safety²

Nurses confront a range of occupational health and safety (OHS) risks in their roles providing care and comfort to the sick and aged. While much has been done to identify and control the physical risks associated with nursing work, such as manual handling, ergonomics, chemical and biological hazards, we have been less successful in recognising the very real psychological risks encountered by nurses.

There is a growing recognition among employers and many employees that the effects of the workplace stress that many nurses experience may constitute a mental or psychological disorder due to exposure to risks in the workplace.

Recent WorkCover NSW³ statistics indicate that stress is among the most common workplace hazards for nurses, along with manual handling injuries, physical injuries from acts of aggression or violence and the consequences of chemical exposures.

occupational health & safety

While OHS legislation provides a framework for the health, community and aged care industries to develop strategies to minimise the risk of injury to nurses, it takes more than legislation for a safety culture to develop and become the foundation for nursing practice. All nurses, at all levels, need to embrace safety, *including psychological safety*, and consider it integral to the way work is planned, resourced, performed, monitored and evaluated.

The *NSW Occupational Health and Safety Act 2000* (OHS Act) is the key legislative instrument that provides for the health, safety and welfare of all people at a workplace including employees, agency nurses, patients, contractors and visitors.

Section 8 of the OHS Act places the prime responsibility for occupational health and safety on the employer. Employers are required to:

- ensure the health, safety and welfare at work of all employees, and
 - ensure that people (other than employees) are not exposed to risks to their health and safety arising from the employer's activities.
- This means that employers must:
- ensure that the work environment is safe
 - provide and maintain safe systems of work, eg work conditions
 - ensure that everything used at the workplace is safe when used properly, eg equipment, chemicals
 - provide information, instruction and training
 - establish and maintain effective consultation
 - provide supervision sufficient to ensure safety
 - provide adequate facilities for the welfare of employees, eg toilets, facilities for hand washing and meal rooms
 - provide for the safety of patients, visitors, sub-contractors and others who visit or work in the workplace.



occupational health & safety

Section 26 of the OHS Act extends the employer's responsibilities to all levels of management. Directors and managers are responsible for OHS within their areas of control and influence. They are the employer's representatives and have the responsibility, authority and delegation for resourcing, developing, implementing and reviewing policies and procedures.

All nurses in management or supervisor positions have a responsibility for the health and safety of all staff reporting to them. This responsibility is limited to the scope of their control, authority or influence. In some circumstances, supervisors are regarded as employees.

Section 20 of the OHS Act outlines your responsibilities as an employee. Specifically, you are required to:

- cooperate with the employer in their efforts to provide a safe and healthy workplace, i.e. follow safe systems of work, use equipment

according to procedure, participate in training, and report any risks or injuries

- take reasonable care not to endanger anyone else by what you do (actions) or what you fail to do (omissions).

Employees are also obliged by the OHS Regulation (clause 28) to report anything that could reduce the employer's ability to comply with the OHS Act. This could include reporting:

- hazards
- an injury or accident
- faulty equipment
- unsafe work practices, or work practices that employees are unable to comply with – either of these situation could increase the risk to the employee, colleagues or others in the workplace, eg patients or residents.

As always, nurses with OHS concerns can contact the NSW Nurses' Association for advice and assistance.



employee assistance programs

Compliance with the NSW Health policy for Employee Assistance Programs is mandatory for all public health organisations in NSW. The policy defines an employee assistance program (EAP) as a *“work-based, early intervention strategy which provides appropriate, timely, professional and confidential counselling and referral services for staff (and their families) in order to assist them to identify and resolve professional, personal, health or work-related issues.”*⁴

While EAP has been available for some time, generally it is under-utilised by nurses. Indeed, many of the nurses who contributed to the development of this book by sharing their advice and insights into mental health issues at work, expressed concerns about the confidentiality of

employee assistance programs

this type of work-based counselling. However, it is very important to recognise that the EAPs available to nurses in the NSW public sector are governed by the same privacy rules and regulations that apply to all other health information in NSW, i.e. the *Privacy and Personal Information Protection Act 1998* and the *Health Records Information Protection Act 2002*. Nurses who access EAP can do so with the same expectations in relation to privacy that they have of any other health care agency.

The rationale for the provision of EAP is quite simple: levels of psychological distress among staff contribute to lower productivity and studies have shown that workplace counselling helps reduce psychological distress.

Nursing staff can access EAP for any issue that may have an impact on the health and safety of staff at work, including:

- relationship problems at home or at work;
- mental health issues;
- organisational change;
- substance abuse;
- gambling problems;
- workplace conflict;
- health concerns;
- financial problems.



coping strategies

*“Grant me the courage to
change the things I can change,
the serenity to accept those
that I cannot change and the
wisdom to know the difference”*

Reinhold Niebuhr

This famous quote from philosopher Reinhold Niebuhr has been the inspiration for many people who have successfully managed to turn their lives around by consciously challenging many of their thoughts and assumptions in order to change the way they think and feel about their situations.

With the level of day-to-day pressure faced by many nurses, it is easy for us to fall into negative patterns of thinking that have a big impact on how we feel at work and at home. The trick is to recognise negative thinking patterns and work towards changing them.

The nursing literature suggests that there are a range of interventions to help you reduce stress in nursing. A recent review⁵ suggests that cognitive behavioural interventions and relaxation/meditation

coping strategies

strategies are effective in reducing your personal levels of stress.

Cognitive-behavioural interventions are designed to help people live longer, feel better and avoid having self-defeating thoughts. They assist people to understand themselves so that they may live a more fulfilling and happier existence.⁶

Developed in the 1950s by Aaron Beck and Albert Ellis, these interventions are designed to increase your emotional self-management to allow you to change the things you can change and accept (though not like) those things you cannot change.

This type of intervention targets the individual thoughts as a cognitive (**thinking**) process. It is based on the theory that changes in our emotions and behaviours are determined by our thoughts about events that occur. People are often disturbed by their view or perception of events rather than the events themselves. By being able to change the way that you **think** about things you then are able to change the way

that you also **feel** about them.

By identifying and then modifying those thoughts which produce negative feelings, you are then able to reach your goals and make changes in the way that you perceive and feel about life situations. It sounds easy but this takes some practice to *change* the way you react to situations.⁷

The model is as easy to use as **A.B.C.**

A = Activating event (what happened) An occurrence, which triggers an emotional consequence.

Eg: My bus is running late, I won't make it in time for work

B = Belief (what you are thinking, self talk) An evaluation and judgement about the demands on your self, demands about others and demands about the world or life conditions. These may be rational and realistic or irrational.

Eg: People will look down on me for being late. They will think I'm stupid and unreliable

C= Consequence (outcome) an emotional and/or physical consequence linked to a belief.

Eg: Anxiety

It is easier to work out the Activating event (**problem**) and Consequences (**outcome**) first, as the Beliefs (what you are thinking) are not always so obvious to us.

To help us resolve a problematic situation we can use these steps.

Activating Event (A) Write down a problem which has happened or may happen in the future, which leads you to perform ineffectively and/or experience a negative emotional reaction.

Consequences (C) Write down your behaviour and your negative emotional stress reactions/feelings, which regularly occur in the face of the above activating event (**A**).

Beliefs (B) Write down your beliefs, thoughts, attitudes and self talk about the activating event (**A**), which are irrational, not true or useful that lead to your self defeating behaviour.

Goals Write down how you would like to behave and feel about the Activating Event (**A**) the next time a similar problem occurs.

now apply these steps to a real example from your own life:

Step 1: Think of an **activating event (A)**

Step 2: Identify your **feelings/reactions (C)**

Step 3: Identify beliefs **(B)** that lead to negative outcomes

Step 4: Write down the same event **(A)**

Step 5: How would you like to **feel and behave (C)** the next time the same event occurs?



coping strategies

Examples of negative thoughts and stressful thinking

Our thoughts or types of thinking (B - beliefs) directly affect our feelings. Some of our thoughts are healthy while some are not beneficial to us. By addressing and changing our thinking we can then influence and change our emotions and physical wellbeing.

Some examples of errors in thinking are:

1. Black & white thinking

Some times we see things in extremes. No middle ground. Eg: good or bad, success or failure, perfect verses useless or moral verses immoral. When we do this we forget that things are rarely one way or the other but usually some where in between. Another name for this is "All or nothing thinking".

Eg: "If I am not perfect then I am useless."

2. Filtering

You tend to see all the things that are wrong, but ignore the positives and take all the positives for granted.

Eg: "I forgot how to set up for the

catheterisation. Then I panicked. I can't do anything right. I'm a failure."

3. Overgeneralising

When people build up one thing about themselves or their circumstances and end up thinking that it represents the whole situation or happens all the time or is part of a never ending pattern.

Eg: "No-one here knows what they are doing."

4. Mind reading

Where we jump to conclusions without enough evidence or where we make guesses about what other people are thinking about us.

Eg: "I wasn't given the shifts I asked for because she doesn't like me."

5. Fortune telling

When you predict the future in a totally negative way.

Eg: "It will be another shift I can't handle."

6. Personalising

When you jump to a conclusion that something is directly connected to you.

Eg: "Every one knows I've been off work because I can't cope."

Challenging negative and unhelpful thinking

How do we do this? The first step is to become more aware of your emotional stress reactions and understand that they are not helpful in you getting what you want and need.

Try this: On a piece of paper draw two columns. In the first column write down an irrational belief; one that caused you to become overly upset about a situation, person, or task. In the second column, write down the more realistic response that would make you feel better about the situation. The table below includes some common examples.

Automatic Thoughts	Realistic Responses
My performance was terrible – I'll never be any good at this. (black & white thinking)	It's awful not feeling completely confident about my skills but I know I'm learning and that things will gradually get better.
I can't find anything I like about working here. Nothing goes right. (filtering)	There are some good days and bad days in every job. Today is one of the bad days, but not all my days are bad.
Nothing goes right for me. (overgeneralising)	Things don't always go perfectly but then again they don't always go wrong.
I know everyone in the team thinks I'm an idiot. (mind reading)	No one has said that I am useless. Everyone is actually really friendly and supportive.
Things are only going to get worse. (fortune telling)	No one knows the future but I know I have coped with worse things in the past.
I haven't been given the shifts I asked for because she hates me. (personalising)	Sometimes I get the roster I ask for, so maybe she doesn't hate me after all.

now try this:

Step 1: My irrational belief/thought (ie an irrational or unreasonable response to a situation):

Step 2: Prove it. Where's the evidence that my belief is true?

Step 3: Is there evidence that my belief is false?

Step 4: Write down what you did (how did you behave or feel following your irrational thoughts/beliefs?)

Step 5: Now answer the following questions.

Did your behaviour solve the problem in the short term?

Yes _____ No _____

Did your behaviour solve the problem in the long term?

Yes _____ No _____

Did your feelings help you to think clearly.

Yes _____ No _____

Did your feelings help you to deal with the upsetting event?

Yes _____ No _____

Are your emotions and behaviours helping you or hurting you?

Yes _____ No _____

Step 6: What good things will happen to me if I give up my belief?

By developing emotional self-management, you will be more able to handle stressful situations and think more clearly about your problems.

1. Activating event (A) – What is the problem, be specific

2. Consequences (C) – Negative behaviours and stress emotions/feelings (eg anxious, depressed)

3. Beliefs (B) – Irrational, false thoughts – the things you said to yourself following the activating event (A) (eg: Everything is so unfair.)

4. Goals – How I would like to feel and behave

5. Rational beliefs – Sensible and true statements

Reinforce your preferred beliefs. With practice, make them part of you. Do this regularly and ask yourself:

- What truth is there in my thinking?
- What is the evidence?
- Will thinking like this help me?
- How else could I think about this?
- Where is it written that it must be so?
- Is my belief desirable or essential?
- What is the worst thing that could happen to me?
- What can I do if that happens?



relaxation techniques⁶

Relaxation is a skill. With frequent practice you will improve these skills to control your emotions and improve your physical well being. These techniques can be practiced either day or night to assist you to relax and feel in control. It is really important to practice regularly.

Slow breathing technique

This is useful if you start to over breath and when you are feeling the first signs of anxiety or stress. You are required to do the following:

1. STOP what you are doing and sit down.
2. Hold your breath and count to 10.
3. When you count to 10 breathe out and say the word “relax” to your self in a calm soothing manner.
4. Breathe in and out through your mouth, focus on your breathing. Breathe in for 3 seconds and

relaxation techniques

- out for 3 seconds. Repeat saying “relax” to your self every time you breathe out.
5. At the end of each minute hold your breath for 10 seconds and then continue the 6-second breathing cycle.
 6. Continue doing this breathing cycle until all of your symptoms of over breathing are gone and you feel relaxed and back in control.
2. Make sure your body, feet and arms are supported, feet in front of you, arms by your sides.
 3. Focus on the tension in your body or muscles.
 4. Breathe in and out slowly and deeply, at your own pace until you settle. If you feel your anxiety rise start again by holding your breath, focus on your breathing.
 5. Breathe in for 3 seconds and out for 3 seconds. In through your nose, out through your mouth saying “relax” to your self-every time you breath out. As you say the word relax allow the tension go from your muscles.
 6. Close your eyes. Continue breathing in through your nose and out through your mouth saying “relax” to your self-every time you breath out.
 7. Repeat this process until you feel relaxed and practice it a few times a day.

Muscle relaxation technique

This technique involves you using your slow breathing technique in conjunction with muscle relaxation. This can be practiced any time. The more you practice the easier it will be to achieve total relaxation and also the duration of feeling relaxed and being stress free will last longer.

1. Sit down in a comfortable chair in a quiet location without disruption or distraction.



10 things every nurse should do

Although we cannot avoid stress, we can learn to deal with it efficiently, adjust and live with it, rather than letting stress overwhelm us and affect our quality of life.

Try to:

1. Keep things in perspective, prioritise
2. Share your worries with family and friends
3. Increased knowledge helps to alleviate fears – clear up any misconceptions and give yourself the tools and resources to cope.
4. Don't be too hard on yourself
5. Worry does not solve anything, try to confront your problems and make plans to solve them.
6. Set realistic goals
7. Exercise regularly and eat healthily
8. Practice relaxation techniques
9. Have fun with your family and friends, think positive and enjoy new experiences
10. Remember: it is normal to have setbacks – they can be overcome.



useful contacts

Employee Assistance Programs

Every Area Health Service has an EAP program available free of charge to its employees. Many of these services provide free access to external providers. Contact your Area administration office for contact details.

General Practitioner

Maintain regular contact with your GP and be sure to discuss any concerns you may have with your doctor. Your doctor will also be able to make appropriate referrals to assist you with your recovery such as:

- Anxiety Clinics
- Counselling Services
- Relaxation and Stress management Courses
- Health Promotion Units

There are also now a number of allied health services covered by Medicare. Your GP may be able to refer you to a health professional for sessions rebatable under Medicare.

Local Community Health Centre

Contact your local community health centre (white pages, under “community health”)

Alcohol & Drug Information Service (ADIS)

24 hr advice
1800 422 599

Beyond Blue

www.beyondblue.org.au/index.aspx
beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia.

Black Dog Institute

www.blackdoginstitute.org.au
Welcome to the Black Dog Institute, a clinical, research and educational body dedicated to improving understanding, diagnosis and treatment of depression and bipolar disorder

Bush Crisis Line

www.bcl.org.au
1800 805 391

A 24 hour crisis line that provides confidential telephone support and debriefing services to rural and remote practitioners.

Centre for Cognitive Behaviour Therapy

www.ccbt.com.au

DepressionNET

www.depressionnet.com.au
Information, help and support for people who have Depression

St. Vincent's Anxiety Disorders Clinic

www.crufad.org

New South Wales Nurses Association

www.nswnurses.asn.au
1300367962
8595 1234



recommended reading

From Thought to Action:

A self-help manual, (2nd ed)

– Dr Antony Kidman, 2001

**Feeling Better: A Guide to
Mood Management**

– Dr Antony Kidman, 1999

Change Your Thinking

– Sarah Edelman, 2003

**Three minute Therapy: Change
your thinking, change your life**

– Michael R. Edelstein, 1997

**What you can change and
what you can't**

– Martin EP Seligman, 1994

A New Guide to Rational Living

– Albert Ellis and Robert
A. Harper, 1975.

**Wellness At Work – Building
Resilience To Job Stress**

– Valerie O'Hara, 1995

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- 7 The RET resource book for Practitioners. Michael. E Bernard and Janet Wolfe, editors. New York, N.Y: Institute for Rational Emotive Therapy, 1993.

