

# Nurses' Stress & Burnout

How to care for yourself when caring for patients and their families experiencing life-threatening illness.

By Deborah Witt Sherman, PhD, APRN, ANP, PCM, BC, FAAN

Since the beginning of the hospice movement in the United States in the early 1970s, awareness of the ways in which nursing staff are stressed by their work has increased.<sup>1</sup> In recent times, the many issues that affect health care systems have escalated workplace tensions, taking their toll on nurses who care for critically ill patients.<sup>2,3</sup> The care of patients and families experiencing progressive illness, death, and bereavement can increase nurses' awareness of their own losses and vulnerabilities and heighten their fear of death, thereby raising anxiety and stress levels.

A review of the literature indicates that levels of stress and burnout may vary among nursing specialties. For example, studies suggest that stress levels may be lower among professionals working in palliative care than in other areas, such as oncology.<sup>1,2</sup> Nonetheless, the stressors in all specialties must be addressed; studies have shown that depression, alcohol and drug use, and suicidal ideation are serious concerns among health care professionals.<sup>1,2</sup> While some researchers have found that the stresses of caring for the dying may be counterbalanced by the benefits—the satisfaction of controlling pain and symptoms, for example<sup>4</sup>—it's essential, nevertheless, for nurses to care for themselves, a practice that should be supported organizationally. Recognizing and managing the causes and symptoms of stress are important, therefore, to a nurse's maintaining the highest possible level of functioning when caring for the terminally ill.<sup>1</sup> A prime concern is that when nurses fail to care for themselves in the face of loss and grief, the care they provide may be compromised.<sup>5</sup>

These issues are illustrated in the case of Sophie, an advanced practice nurse on the palliative care consultation service of a tertiary medical cen-

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# Palliative Nursing



ter. From the beginning of her career, she was drawn to the care of the dying. But lately Sophie has felt exhausted by the number of patients the service treats. Cutbacks in nurse staffing and a lack of hospital resources have made things worse. At work, she finds herself avoiding patients and families; at home, she feels depleted and irritable. She questions her ability to provide good care.

▲ *Crossing Borders*, by Deidre Scherer, fabric and thread, 15" × 13", 1995; photo by Jeff Baird.

Says the artist, "In *Crossing Borders*, two hands gently reach across an abstract field of shapes and color. They support each other in spite of differences."

For more on the artist and her work, go to [www.dscherer.com](http://www.dscherer.com).

Sophie is experiencing job stress. According to the European Agency for Safety and Health at Work, "There is increasing consensus around defining work-related stress in terms of the 'interactions' between employee and (exposures to hazards in) their work environment. Within this model stress can be said to be experienced when the demands from the work environment exceed the employee's ability to cope with (or control) them."<sup>6</sup> That is, emotional and physical reactions to environmental stressors can be harmful. When nurses and other health care providers experience constant stress, it may affect their well-being and lead to disengagement, poor judgment, distress, and burnout.<sup>7</sup>

According to Maslach (as cited by Shanafelt in the *Annals of Internal Medicine*<sup>8</sup>), "Burnout is a syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment that leads to decreased effectiveness at work. Burnout differs from depression in that burnout only involves a person's relationship to his or her work, whereas depression globally affects a person's life." Keidel (based on work by Pines and Maslach) describes burnout as a syndrome of attitudes and behaviors, such as anger, a short attention span, physical exhaustion, a negative self-concept, and a loss of interest in and concern for one's patients.<sup>9</sup> Compassion fatigue, a form of burnout that results in impaired caregiving and poor quality of care, can also occur in nurses.<sup>10</sup> Relevant to nurses caring for critically ill patients, Yancik describes burnout as "the social and psychological dysfunctioning of nurses who are repeatedly exposed to suffering, death, and the demand for compassion and understanding."<sup>11</sup>

This article will examine stressors that contribute to burnout in nurses who care for the critically ill, identify the symptoms of burnout, and highlight self-care strategies that may help prevent or reduce stress.

## STRESSORS IN CARING FOR PATIENTS

Various stressors related to caring for seriously ill patients and their families occur because of personal, interpersonal, health care system, and professional variables.

**Personal variables** have been found to have an influence on nurses' experience of stress.<sup>2</sup> For example, personality characteristics such as perfectionism and overinvolvement with patients may contribute to compassion fatigue or burnout. Self-esteem, sense of mastery, and purpose in life are also related to the emotional stress associated with caring for the dying.<sup>1</sup> Hospice nurses who have coped adequately with death tend to be more religious, have a clear philosophy of life, and live in the present rather than the past or future.<sup>12</sup>

As nurses witness dying and death, they may feel personally vulnerable to illness or struggle emotionally with grief. They may have unrealistic expecta-

tions of themselves—believing that "good" clinicians should be able to deal with "bad" feelings—or dismiss or avoid negative, stressful emotions.<sup>13</sup> According to Van Staa and colleagues, further risk factors, such as a history of psychiatric illness, may predispose one to burnout; younger nurses with fewer years of experience report higher levels of distress.<sup>14</sup>

In a qualitative study of palliative care professionals, including nurses, Farber and colleagues reported that less-experienced clinicians focused on the technical aspects of care, while those with more than 10 years' experience focused on their commitment to patient and family and developing trusting and open therapeutic relationships.<sup>15</sup> The more-experienced clinicians recognized the stressful nature of end-of-life care and were able to understand the experience from the perspective of the patient and family, as well as the meaning of the experience to themselves, both personally and professionally.

In Sophie's case, several personal factors may have influenced her stress level. For example, Sophie is 28 years old and has had four years of nursing experience, with two in palliative care. She's extremely committed to her patients and their families; at times, her supervisor has expressed concern about her overinvolvement with them—for example, she visits patients during her time off. Although Sophie is religious, she wonders why God allows people to suffer and sometimes feels helpless to relieve their physical, emotional, and spiritual distress.

**Interpersonal variables** that contribute to burnout include patient and family stressors—such as the degree to which the patient and his family accept his illness and impending death and the rate of the patient's deterioration—as well as stressful interactions with colleagues.

It's not unusual for nurses to bond strongly with patients who remind them of someone special in their lives or identify with patients who are similar to themselves in age, appearance, or background.<sup>7</sup> Identification with patients can revive personal pain and heighten feelings of guilt or a lack of control, resulting in burnout.<sup>9</sup> For example, Sophie expressed particular distress over the death of a patient who reminded her of her recently deceased father and with whom she'd developed a special bond. She'd provided highly intimate care to him, as she had to her father, and was sensitive to his emotional and spiritual distress. Although Sophie realized that a cure for her patient was unlikely, she felt guilty about the difficulty she was having controlling his symptoms and alleviating his suffering. She was distressed by the difficulty of predicting when death would occur and upset when the patient died in her absence.

Nurses often grieve the loss of their patients, and their grieving may not be complete before the next patient death. The cumulative losses may lead to

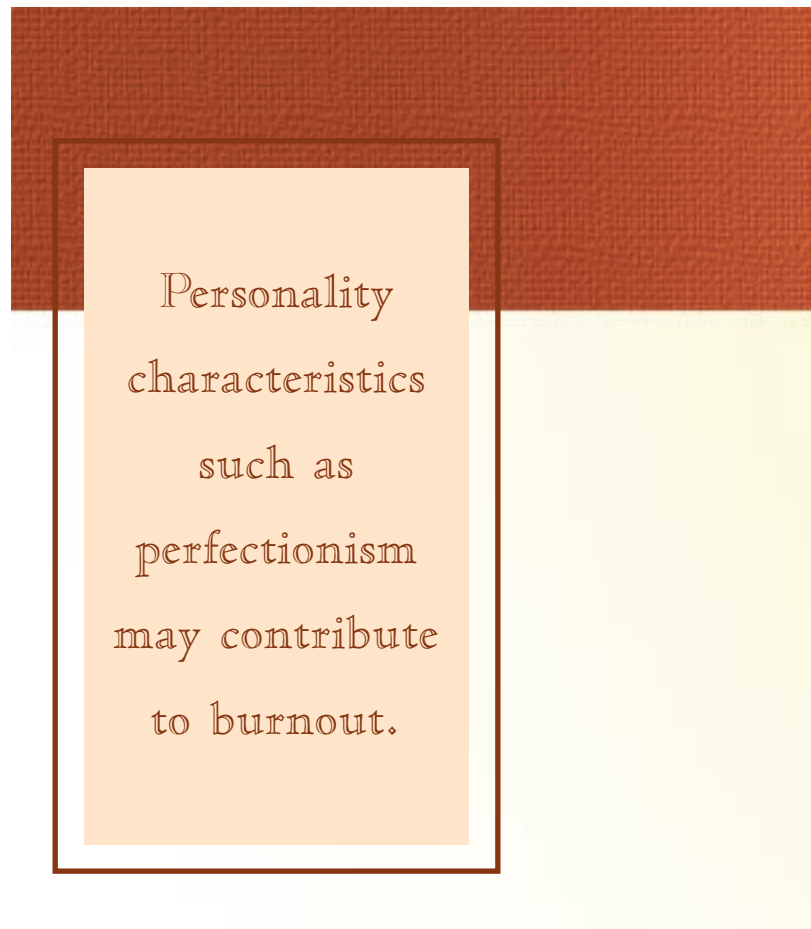
anger, guilt, irritability, frustration, feelings of helplessness and inadequacy, sleeplessness, and depression. Often there's no opportunity for debriefing, either while working with patients or after they die. Having a long-standing professional relationship or friendship with a patient or caring for a famous, extremely angry, or depressed patient may also increase distress.<sup>7</sup>

**Secondary traumatic stress.** Exercising the high-level communication and psychosocial skills needed to respond to patients and families can be a source of interpersonal stress for nurses, as can caring for patients whose families have problems such as substance abuse, violence, or depression. Nurses' knowledge of another's suffering or trauma, and the sometimes unmet desire to alleviate it, may result in secondary traumatic stress. If left unaddressed, secondary traumatic stress may result in secondary traumatic stress disorder, the symptoms of which are nearly identical to those of posttraumatic stress disorder.<sup>16</sup> Nurses may need extra emotional support to avoid developing such psychological symptoms. (See "Understanding Secondary Traumatic Stress," *AJN*, July 2001.)

Inadequate support from colleagues after a patient dies, as well as not recognizing the need for time off or reassignment to different duties, may also result in emotional and social isolation and an eventual desire to leave the work setting.<sup>17</sup> Nurses may find themselves stressed by issues such as understaffing and those associated with interdisciplinary care.<sup>18</sup> For example, as hospitals begin offering palliative care services, an advanced practice nurse may be the only full-time professional on the palliative care team. Inadequate staffing or limited involvement of staff from other disciplines can result in unmanageable workloads and stress. However, interpersonal conflict can also arise as nurses' roles overlap with those of other members of the interdisciplinary team. Stress further increases if there is disagreement among staff members regarding the goals of care or if team meetings are not held. Nurses' relationships with their supervisors, nurse managers, and fellow nurses can either increase or decrease stress.<sup>19</sup> Vachon, in reviewing the stressors and manifestations of stress in oncology and palliative care settings, recognized that a lack of supportive, collaborative workplace relationships diminished nurses' self-esteem and reduced professional effectiveness.<sup>20</sup>

**Health care system variables.** The pressures of increased workloads—and given the nursing shortage, this is an especially urgent concern—can create additional stress for nurses, as can organizational concerns such as scheduling conflicts and, for administrative nurses, uncertainty about funding.

For example, Sophie was frustrated by pressure from supervisors to work extra shifts and the pres-



sure from administrators to provide high-quality care despite limitations placed on needed resources. Sophie left the hospital late almost every evening, which compromised the amount of time she spent with her husband and children. At times, she requested support from the physicians on the interdisciplinary team but found them less than accessible because of their own time and work constraints. And when physicians or nurses inappropriately delayed referrals of patients to palliative care, she felt that they contributed to her frustration.

**Professional variables.** Nurses often face moral and ethical dilemmas in their work. For example, a nurse may find that a patient's family members want everything possible done to prolong life while, in the nurse's estimation, such measures would only prolong suffering. Stress may occur when it's difficult or impossible to practice in accordance with one's own values. Adverse effects of treatments and treatment errors are also sources of distress in nurses. An awareness of professional liability and a fear of being sued may exacerbate stress. Sophie's experience with a patient who responded adversely to an antiemetic she prescribed is a good example.

The patient's family questioned her judgment, and Sophie began to doubt her ability to provide good care to such patients. In the aftermath of this incident, she seriously considered leaving palliative care and finding a new job.

### **SYMPTOMS AND CONSEQUENCES OF BURNOUT**

In addition to recognizing the sources of stress and anxiety and the factors that exacerbate them, nurses should be aware of their own stress levels, and try to recognize, in themselves and in colleagues, the symptoms of stress and burnout as soon as they appear. Attention should be paid to the number, duration, and intensity of burnout symptoms.<sup>9</sup>

**Physical symptoms** include the following:

- changes in appetite
- gastrointestinal disturbances
- somatic complaints, such as headache, fatigue, exhaustion, clammy hands, increased motor activity, and changes in sleep

**Psychological symptoms** include the following:

- memory disturbances
- anger
- low self-esteem
- hopelessness
- self-doubt
- increased isolation
- impaired judgment and reasoning

A nurse's feelings toward patients and their families may come to include ambivalence, frustration, and contempt. Nurses may feel imposed upon, have intrusive thoughts about a patient, feel guilt or a personal obligation to save the patient, or believe the patient's complaints to be manipulative.<sup>7,9</sup> Socially, burnout results in a nurse losing interest in others or severing long-term relationships, making derogatory statements or inappropriate jokes about patients, and engaging in conflicts at home and work.<sup>9</sup>

Stress and burnout may therefore have significant consequences for both nurses and patients. For example, a nurse's strong emotional reaction to a patient's suffering and diagnosis may result in her disengagement from or avoidance of the patient and his family or in chronic dissatisfaction with work.<sup>7</sup> Clinicians, including nurses, may also fail to communicate necessary patient information to other providers, fail to attend to some details of care, or make contact with the patient more than is clinically necessary.<sup>7</sup> Ultimately, burnout results in poor-quality care, including a failure to identify patient and family values and goals of care, which in turn leads to patient distrust.

Other consequences of burnout include a sense of professional loneliness, a loss of meaning and purpose, a lack of clarity about one's professional role, and cynicism.<sup>7</sup> Unrelieved work-related stress may result in illness, substance abuse, family conflict, and even suicide.<sup>17,21</sup> On an institutional level, burn-

out may be evident in increased staff turnover and missed workdays and decreased productivity, as well as patient dissatisfaction with care—all of which incur costs.

Sophie exhibited physical symptoms (fatigue) and psychological symptoms (anger and anxiety), and she began to disengage from patients and families. She called in sick more often, saying to close colleagues that she needed a "mental health day." Her nursing colleagues recognized her symptoms of burnout, and a few of them approached her about it.

### **SELF-CARE: INSULATION AGAINST STRESS**

Although stressors that can result in burnout among nurses may not be eliminated immediately, they can be reduced when nurses make caring for themselves a priority. One can think of self-care, then, as a form of insulation against stress.

Wright explains that there's a common tendency to look for external solutions to problems rather than internal ones.<sup>22</sup> By paying attention to thoughts, feelings, and actions—the inner life—a nurse can maintain important mind–body–spirit connections. For some nurses, the stresses of nursing may create a crisis in meaning and personhood, central aspects of spirituality.<sup>22</sup> In the quest for personal understanding, nurses should consider their personal beliefs, in general and in their roles as nurses. Equally important is the development of self-confidence: trusting instincts and intuition, as well as appreciating personal strengths and limitations. That means knowing, among other things, why they chose nursing, particularly positions that require caring for seriously ill patients and their families.

Many nurses who work with dying patients discover an important truth: each day may be one's last. They realize how important it is to cherish each day and each encounter, and to recognize what makes them truly happy.

Martin defines *personal power* as "the ability to control one's actions and personal and professional life"<sup>23</sup> and says that in order to remain healthy, nurses must exercise personal power. For nurses, exercising such power is an important step in alleviating or preventing stress and burnout.

Healthy personal and professional relationships—as well as spiritual connections—are vital. Of value also is the ability to live with a wait-and-see attitude rather than by a strict set of expectations. It's crucial that nurses not view death as a failure. Indeed, death can be seen as an opportunity to face adversity in life and to embrace life more fully.

### **SELF-CARE AND PERSONAL STRESSORS**

Self-care is the self-initiated behavior that people choose to incorporate to promote good health and general well-being.<sup>24</sup> Nurses must recognize

their stress reactions and symptoms and employ self-care strategies to replenish themselves in physical, emotional, mental, and spiritual ways in order to overcome the various sources of stress. “Medical intuitive” Dora Kunz—who, along with nurse Dolores Krieger, originated the therapeutic touch movement in the 1970s—viewed each person as energy; imbalances of energy were the source of illness.<sup>25</sup> Kunz saw energy as consisting of four fields: the vital field, associated with the physical body; the emotional field, with feelings; the mental field, with thinking, visual images, and ideas; and the intuitional field, with creativity, compassion, and healing. It can be helpful for nurses to think of these fields when devising self-care strategies.

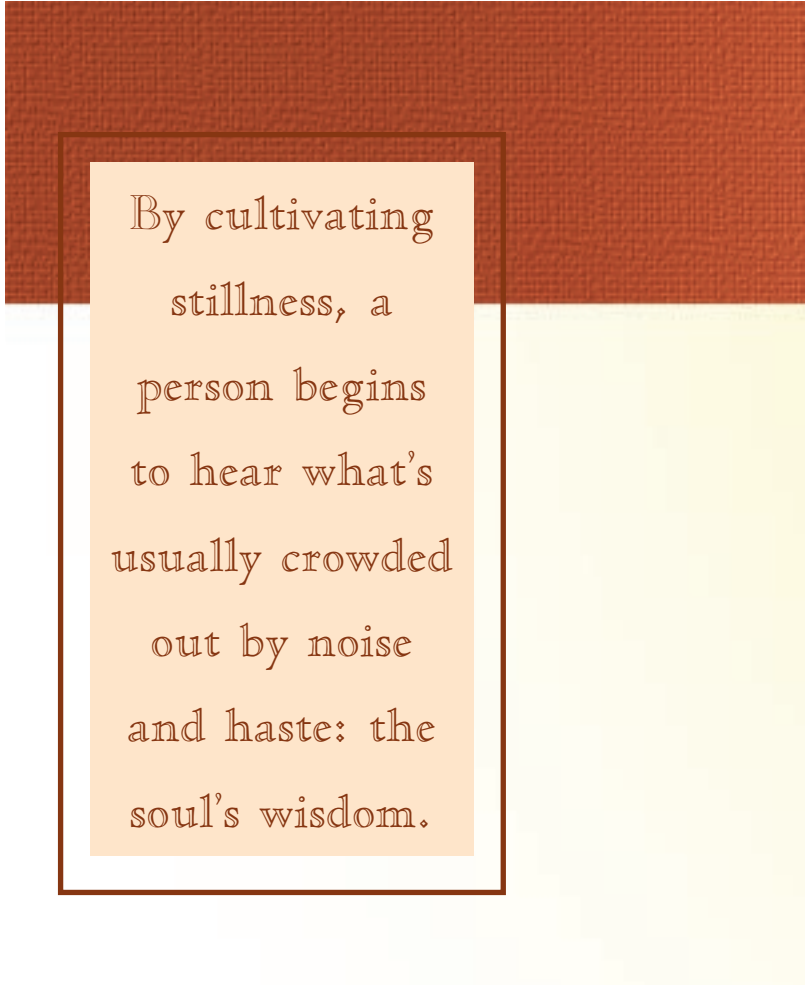
**Physical health.** To promote physical health, nurses must care for their bodies by eating well, exercising (aerobics, yoga, walking, sports), and engaging in restful and relaxing activities (massage therapy, napping, taking warm baths). Biofeedback and acupuncture are two methods that have been shown to balance physical energy.

In asking herself “What areas of my life are unhealthy, and what improvements can I make?” Sophie realized that eating on the run, getting limited sleep, and moving at a frantic pace were resulting in fatigue. (For more on the effects of fatigue on nurses’ work performance, see *First, Do No Harm*, “Are You Tired?” *AJN*, March 2004.) To counterbalance some of these effects, Sophie joined an exercise group held at the hospital during her lunch hour. She returned to work many afternoons feeling refreshed. She also tried to have a balanced diet and get more sleep.

**Emotional health** can be bolstered by developing a calm mind and focusing on peaceful thoughts. Meditation and listening to quiet music are two good methods. Letting go of negative emotions such as resentment may be difficult but worthwhile; by recognizing positive emotions each day, interacting with optimistic people, enjoying fantasy and play, keeping a daily journal, and speaking with colleagues or friends about concerns, positive feelings may overtake negative ones.

Sophie began to recognize the importance of identifying emotions. She asked herself, “What makes me happy, and what makes me sad?” She realized that anxiety was getting the best of her, that she felt out of control. She began focusing on the good feelings she had about nursing and wrote about them in a journal. Taking time to laugh, watch a movie, or read a good book improved her state of mind. She came to understand how important it was not to let her professional role dominate her life. She discovered it was appropriate, and even necessary, to take time off when on the verge of emotional or physical exhaustion.

**Mental health** is strengthened by making deliber-

A quote is presented within a decorative frame. The frame consists of a dark brown outer border and a lighter brown inner border. The text inside is in a serif font, colored in a dark brown or burnt orange hue. The background behind the frame is a solid dark brown color.

By cultivating  
stillness, a  
person begins  
to hear what's  
usually crowded  
out by noise  
and haste: the  
soul's wisdom.

ate choices in response to stress. Setting priorities, saying no, letting go of conflict, and keeping the mind open to new ideas can disrupt upsetting thoughts. Distractions such as music or hobbies can also help.

Sophie decided to relax her expectations of herself and others. She made every effort to be gentle and more forgiving. One particularly useful method was saying no to others who added to her stress by, for example, asking her to work extra shifts when she was already depleted. She also learned more about her nursing specialty by reading and attending continuing education conferences. Sophie found the exposure to new ideas to be stimulating, giving her new enthusiasm for her work.

**Intuitional health** can be nurtured by meditation and relaxation techniques that augment one's sense of inner peace, harmony, and wholeness. By cultivating stillness, a person begins to hear what's usually crowded out by noise and haste: the soul's wisdom.<sup>26</sup> Wright suggests that nurses might do this by creating a place that's sacred to them, where they can retreat to collect themselves.<sup>22</sup> A small “shrine,”

# Tips for Self-Care

*Listening to the body, caring for the self.*

- Believe that optimal wellness is possible and that your body has the knowledge to achieve wellness and healing.
- Listen to your body's symptoms and its messages of health and healing. Seek medical care or the expertise of a holistic practitioner if necessary.
- Work with what you have, dispelling fears and finding strength to handle what is happening in the present moment.
- Keep reminding yourself that you have a right to nurture yourself because if you don't value yourself, you cannot be renewed.
- Realize that you don't have to be all things to all people. You can say no and set limits without putting others out of your heart.
- Remember that you have a right to your own life. Giving to others does not mean neglecting yourself.
- If you feel angry, tired, or resentful at the end of the day, ask what actions, thoughts, or interactions have drained your energy, and then let them go.
- Consider that your best is good enough and no one has the right to judge you or make you feel guilty.
- Keep a positive attitude, and accept each day's offerings.
- Do not try to control people or events or expect certain outcomes.
- Pay attention to the people and activities that nurture your mind, body, and spirit. Commit to making time to increase those interactions or activities.
- Acknowledge negative feelings without judgment, and let go of negative emotions as soon as possible.
- Prioritize your tasks and responsibilities, and delegate when appropriate or necessary.
- Ask for help and accept it when it's offered.
- Learn to say no to protect your time and energy while setting reasonable expectations for yourself.
- Remember that service means enhancing another person's life, not giving yours away.
- Be aware of destructive ways of coping such as misusing medications, drinking too much, or overeating. Seek health care if you are experiencing changes in your physical or emotional health.

Adapted with permission from McLeod B. Self-care: the path to wholeness. In: Doka K, Davidson J, editors. *Caregiving and loss: family needs, professional responses*. Washington, DC: The Hospice Foundation; 2001. p. 205-7.

even in one's office, can provide sanctuary. If that's not possible in the workplace, a routine activity such as handwashing can become an opportunity to imagine washing away stress and uncertainty.

Nurses working with dying patients in particular should consider ways of promoting inner harmony in their day-to-day work. Author Joan Halifax, presenting at the "Art of Dying III" conference, sponsored by the Open Center and Tibet House in New York City in 2000, suggested a contemplative exercise: in a relaxed position with eyes closed, pay attention to the rhythm of your breathing and focus on each of the following phrases slowly in turn, returning attention to the breath between each phrase.

- May I offer my care and presence unconditionally, knowing that I may be met with gratitude, indifference, anger, or anguish.
- May I offer love, knowing that I cannot control the course of life's suffering and death.
- May I remain in ease and let go of my expectations.
- May I view my own suffering with compassion as I do the suffering of others.
- May I be aware that my suffering does not limit my good heart.
- May I forgive myself for things left undone.
- May I forgive those who have hurt me.
- May those whom I have hurt forgive me.
- May all beings and I live and die in peace.

Sophie learned to listen to her heart and to trust her intuition. She greatly valued moments of solitude and silence, and she began to see the consequences of her choices. She asked herself, "Why am I here? What is my purpose? What is my relationship with God?" Through daily meditation, she sought a heightened awareness of her relationship to God. Sophie connected with nature by walking on the beach and in the woods, listening to the birds and enjoying the sun's warmth. She saw these as signs of God's presence and felt a heightened sense of spiritual purpose.

## SELF-CARE AND INTERPERSONAL STRESSORS

When relations with others are difficult, nurses may find it helpful to reflect on the rewards of their work, the moments in which they've made the greatest difference to patients and families. Such memories can serve to reinforce a nurse's commitment to her work, even provide a sense of personal transcendence.

To help nurses cope with loss and grief, memorial services for patients and discussion of patients during team rounds or meetings can be important, if time is taken to reflect on what happened at the time of death, the care given, and the lessons learned.<sup>1</sup> Staff may also create patient memory books or, in a journal, write "letters to patients" expressing their

feelings about caring for them. It can be of great value to speak with colleagues when pain overwhelms, or to seek professional counseling.

In seeking to alleviate symptoms of burnout, Sophie reflected on her relationships with family, friends, colleagues, and patients. She valued her children's hugs and her husband's and friends' support, and she made a considerable effort to discuss her feelings with her colleagues on the team. She asked herself, "When do I feel respected by my colleagues?" She identified specific examples so that she could focus on them when needed. She found her coworkers to be remarkably open to her requests for help when she needed it; she in turn was open to accepting their assistance and offering her help to them. She found that all of these efforts paid off in an increased camaraderie among her colleagues. Most important, though, Sophie focused on the quiet moments she shared with patients and families: holding the hand of a dying patient or comforting a family member. This work was important; she made a very real difference in the lives of patients and families at exceedingly vulnerable times.

### SELF-CARE AND HEALTH CARE SYSTEM AND PROFESSIONAL STRESSORS

Although nurses may not always have direct influence over systemic stressors regarding issues such as continuity of care, they can speak to their nursing and hospital administrators as advocates for appropriate resources, staffing, and workloads. Administrative policies that provide support on both the institutional and unit levels should be developed. For example, tuition support that enables nurses to seek further education can increase staff confidence in nurses' skills. In-service training and continuing education programs can give a necessary boost to the quality of care a nurse provides, while at the same time strengthening the interdisciplinary team.

Discussions about professional roles and expectations are important among nurses, particularly regarding ethical issues often encountered in caring for the seriously ill and dying. Knowledge of the ANA's position statements on palliative care issues provides a professional reference point (for example, see *Promotion of Comfort and Relief of Pain in Dying Patients* and other position statements at <http://nursingworld.org/readroom/position/index.htm>). Institutional ethics committees may be helpful as nurses struggle with the difficult decisions patients and families often have to make. Participation in decision making can empower nurses; power can also come from internal sources (knowledge, strength of personality, and state of mind, for example).<sup>16</sup>

Seeking support for her work in palliative care, Sophie joined the Hospice and Palliative Nurses Association (see [www.hpna.org](http://www.hpna.org)) and participated in a list-serve with other advanced practice palliative

care nurses. Sophie also attended local, regional, and national palliative care conferences, where she could interact with colleagues in the field and learn of initiatives in palliative care. One such initiative is the National Consensus Project for Quality Palliative Care, the purpose of which is to support the development and implementation of voluntary consensus clinical practice guidelines for palliative care programs across the United States (see [www.nationalconsensusproject.org](http://www.nationalconsensusproject.org)).

By recognizing the symptoms of burnout and taking actions to prevent and alleviate stress, Sophie began to reclaim her life. She followed the tips for self-care suggested by McLeod (see *Tips for Self-Care*, page 54). According to McLeod, "reintegrating the pieces of ourselves that we have given away and bringing everything into present time and appreciating life as it is" renews one's energy.<sup>27</sup> Sophie understood that success in life involves good health, enthusiasm, fulfilling relationships, creative freedom, and peace of mind. ▼



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**CE 1.5 HOURS**  
Continuing Education

**GENERAL PURPOSE:** To provide registered professional nurses with information on the stressors that contribute to burnout in nursing and to highlight self-care strategies to promote or restore a sense of personal and professional well-being.

**LEARNING OBJECTIVES:** After reading this article and taking the test on the next page, you will be able to

- discuss the concept of burnout in nursing, including its manifestations and possible outcomes.
- describe the various factors that can contribute to burnout in nursing.
- plan at least five interventions to help nurses prevent and overcome burnout.

**To earn continuing education (CE) credit, follow these instructions:**

**1.** After reading this article, darken the appropriate boxes (numbers 1-14) on the answer card between pages 56 and 57 (or a photocopy). Each question has only one correct answer.

**2.** Complete the registration information (Box A) and help us evaluate this offering (Box C).\*

**3.** Send the card with your registration fee to: Continuing Education Department, Lippincott Williams & Wilkins, 333 Seventh Avenue, 19th Floor, New York, NY 10001.

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