

An Exploration of Stress Coping Strategies Among Nursing Practitioners



Psychology

KEYWORDS : Job stress, Coping strategy, Nurses

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ABSTRACT

Nursing work is one of the most stressful and challenging job because of its need for specialty, convolution, and obligation to handle emergency situations. Stress is recognized as an integral feature of the work life of nurses, and increasing evidence suggest that it may be increasing in severity. Stress affects the mind, body, and behaviour in many ways, and everyone experiences stress differently. This investigation is aimed to identify coping strategies used by the nurses in relation to few demographic features.

Background of the study

Nursing is a stressful career. Presently nursing profession has observed fast progress and facing challenges like revolution of technologies and complex work environment. Nursing involves activities and interpersonal relationships that are often stressful. Caring for clients who are experiencing high levels of anxiety can be stress provoking for nurses (White L,2000)

Nurse's environment include an enclosed atmosphere, time, pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds and long standing hours [Kane, 2009]. Nurses are trained to deal with these factors but stress takes a toll when there are additional stressors.

Stress is known to cause emotional exhaustion to nurses and this leads to negative feelings toward those in their care [Cotrel, 2001], Stress is acknowledged to be one of the main causes of absence from work [Mead, 2000]. Anxiety, frustration, anger and feelings of inadequacy, helplessness or powerlessness are emotions often associated with stress [Smeltzer, 2008]. If these are exhibited by a nurse, then the customary activities of daily living will be unfair. There are many ways to cope with stress. Research on stress indicates that people tend to use a number of different coping approaches rather than just one. (Lazarus, 1993, Baum et al., 1981).

Coping is one of the components of psychological wellbeing and there are three main types. According to Bakare (1986) they are direct attack response, which Scott and Howard (1970) called assertive response. The second is substitute act response called flight response and the third is called submission response, which is also known as freeze, or inert response. In the first one the individual meets the problem directly and proffers solution to the problem, in the second type, the problem may be reformulated and third one, the individual submits to the problem and suffers the consequences. Ceslowitz (1990) states that nurse use planful problem solving approach in confronting coping as a way of adjusting to stress. Bakare (1985) states that the secret of successful coping responses lies in the ability to select which coping responses will maximize one's effectiveness and satisfaction in the process of problem resolution.(for more details refer Asuzu .C.C 2009).

Prior studies have identified sources of job stress for nurses (Gray-Toft & Anderson, 1981; Huang, Hwang, Lin Sc Sun, 2001; Lee & Wang, 2002), tested the frequency of Stressors {Foxall et al., 1990; Wu, 1993}, determined factors related to job satisfaction {Chung, Chen & Huang, 2004; Mueller & McCloskey, 1990}, and explored job stress coping strategies (Dewe, 1993; Gribbins & Marshall, 1982). A number of findings relevant to this area have been already made. In this investigation Nurse's Demographics are correlated with stress coping strategies

Methodology

Survey method is adopted in this study, which is descriptive and associated in nature. This study explored the various dimensions of job satisfaction, organizational commitment and stress coping skills of nurses and their inter relationship. The sample of the study consists of nurses from Kerala. There are 14 districts in Kerala, out of which 5 districts have been selected at random. Among the 5 districts there are about 1800 nurses working in various organizations, 600 hundred nurses have been selected through random sampling (30%). Out of the 600 data collected only 499 data were considered for final analysis. The subject are further classify on the basis of various strata such as gender, age type of institutions, experience and marital status. Copying strategies inventory was used to assess the coping strategies. Copying strategies inventory scale has been developed by F.J. Cano Garcia, et al. (2006) to assess how people manage stressors. This scale consists of 40 items which measures 8 aspects of people copying strategies viz., Problem solving, Self criticism, Emotion expression, Wishful thinking, Social support, Cognitive restructuring, Problem avoidance and Social withdrawal.

Hypothesis

1. Male and female nurses differ significantly in their stress coping strategies.
2. There is a significant difference in the stress coping strategies of nurses on the basis of their age.
3. Nurses working in government and private organizations differ significantly in their stress coping strategies.
4. There is a significant difference in the stress coping strategies of nurses with regard to their experience.
5. Nurses differ significantly in stress coping strategies with respect to their marital status.

Result and discussion

Hypothesis: 1

"Male and female nurses differ significantly in their stress coping strategies".

From the table 1 it is found that the 't' values are significant for some of the stress coping strategies and it is not significant for their overall coping. Hence, hypothesis is partly accepted. It is concluded that the staff nurses differ in their stress coping skills on the basis of gender.

From the table it is noticed that the female staff nurses have shown significantly higher scores in emotional expression, wishful thinking and cognitive restructuring. Emotional expression refers to the ability to understand our own emotion and as well others, expressing the emotion in an appropriate way without hurting others. Generally females are the better coder and decoder of non-verbal communication and due to their social

interaction with others better than males. it is easy for them to express their emotion in an appropriate way. Wishful thinking involves the positive attitude to consider that everything will be for good and taking the lighter side of the stress. It is observed from the societies that women do not get major cardiovascular attack like man which is indicative That they do not internalize their stress. This would have been possible only with their wishful thinking. At the same time women are highly capable of structuring and restructuring their cognition when compared to men due to their flexibility in social skills.

TABLE: 1 STRESS COPING STRATEGIES OF NURSES ON THE BASIS OF GENDER

Dimensions of Stress Coping Strategies	Male		Female		't' Value
	M1	SD1	M2	SD2	
Problem Solving	12.70	2.09	12.58	1.93	0.51NS
Self Criticism	8.78	1.25	8.63	1.05	1.24NS
Emotion Expression	8.92	1.79	9.76	1.50	4.74*
Wishful Thinking	11.97	1.52	12.52	1.77	2.85*
Social Support	12.01	1.40	11.63	2.18	1.60NS
Cognitive Restructuring	8.57	2.30	9.55	2.04	4.18*
Problem Avoidance	9.36	2.25	9.02	2.07	1.42NS
Social Withdrawal	8.62	0.82	7.61	1.42	6.78*
Total Stress Coping Strategies	80.93	4.87	81.31	5.83	0.58NS

N₁ = 100 * Significant at 0.05 level
 N₂ = 399 ^{NS} Not significant

It is also noted from the table that men have higher social withdrawal than women. In the nursing profession tolerance is the basic key factor, of course, many of the male members lacking it. Even it is witnessed that women are highly successful in nursing profession than men in our society.

This should have been promoted the social withdrawal of men higher than the women. It is concluded that the female and male staff nurses differ significantly in their emotional expression, wishful thinking, cognitive restricting and social withdrawal strategies.

Hypothesis: 2

“There is a significant difference in the stress coping strategies of nurses on the basis of their age”.

TABLE: 2 STRESS COPING STRATEGIES OF NURSES ON THE BASIS AGE

Dimensions of Stress Coping Strategies	Up to 40 Years		Above 40 Years		't' Value
	M ₁	SD ₁	M ₂	SD ₂	
Problem Solving	12.55	1.96	12.84	1.96	1.25 ^{NS}
Self Criticism	8.69	1.15	8.55	0.75	1.09 ^{NS}
Emotion Expression	9.64	1.48	9.35	2.03	1.54 ^{NS}
Wishful Thinking	12.42	1.84	12.34	1.07	0.40 ^{NS}
Social Support	11.63	2.14	12.07	1.49	1.82 ^{NS}
Cognitive Restructuring	9.53	2.24	8.57	1.27	3.87*
Problem Avoidance	9.19	2.23	8.61	1.29	2.35*
Social Withdrawal	7.78	1.40	7.99	1.25	1.95 ^{NS}
Total Stress Coping Strategies	81.43	5.53	80.32	6.10	1.67 ^{NS}

N₁ = 411* Significant at 0.05 level
 N₂ = 88 ^{NS} Not significant

From the above table it is found that the't' values are not significant for most of the stress coping strategies along with its total. Hence, the hypothesis is not accepted. It is concluded that the staff nurses do not differ in their stress coping strategies on the basis of age.

It is interesting to observe from the table that younger nurses (upto 40years) have shown significantly higher mean score in cognitive restructuring and problem avoidance strategies. Cognitive restructuring indicates the ability to think, analyze and restructure ones cognitive orientation which requires openness to experience, self acceptance and the involvement to correct one self. When we become older generally we are never ready to alter our cognitive orientation and probably the younger ones may not have inhibition in this aspect. Also due to their age they may not have a lot of exposure with various problems in their profession. they may tend to avoid the devastating reality. In general, it is correlated that the staff nurses do not differ significantly in the stress coping strategies on the basis of age.

Hypothesis: 3

“Nurses working in government and private organizations differ significantly in their stress coping strategies”.

From table No 3 it is found that 't' values are found to be significant for some dimensions of stress coping strategies along with its total. Hence, the hypothesis is accepted. It is concluded that the staff nurses working in government and private organizations differ significantly in their stress coping strategies.

TABLE: 3 STRESS COPING STRATEGIES OF NURSES WORKING IN GOVERNMENT AND PRIVATE INSTITUTION

Dimensions of Stress Coping Strategies	Government		Private		't' Value
	M ₁	SD ₁	M ₂	SD ₂	
Problem Solving	12.65	1.98	12.56	1.95	0.53 ^{NS}
Self Criticism	8.70	1.15	8.62	1.02	0.84 ^{NS}
Emotion Expression	9.92	1.67	9.27	1.44	4.13*
Wishful Thinking	12.44	1.69	12.38	1.78	0.43 ^{NS}
Social Support	11.66	2.09	11.76	2.01	0.59 ^{NS}
Cognitive Restructuring	10.06	2.02	8.65	2.01	7.83*
Problem Avoidance	8.96	1.99	9.22	2.21	1.33 ^{NS}
Social Withdrawal	7.62	1.26	8.01	1.46	3.14*
Total Stress Coping Strategies	82.02	6.44	80.45	4.61	3.11*

N₁ = 249 * Significant at 0.05 level
 N₂ = 250 ^{NS} Not significant

From the table it is observed that the nurses working in government organizations have shown significantly higher scoring in emotional expression, cognitive restructuring and overall stress coping strategies. Generally in government organizations people enjoy a lot of freedom when compared with private organizations. Independence and freedom of expression are the two prime factors which promote our ability to deal with our stress effectively. More over the practices in private organization compel the staff nurses to internalize their stress rather than dealing with them effectively. Hence, the staff nurses from government organizations may have better opportunity to develop healthy strategies. In general, it is concluded that the nurses from the government and private organizations significantly differ in their stress coping strategies.

Hypothesis: 4

“There is a significant difference in the stress coping strategies of nurses with regard to their experience”.

TABLE: 4 STRESS COPING STRATEGIES OF NURSES ON THE BASIS OF EXPERIENCE

Dimensions of Stress Coping Strategies	Up to 15 Years		Above 15 Years		't' Value
	M ₁	SD ₁	M ₂	SD ₂	
Problem Solving	12.28	1.83	13.33	2.07	5.61*
Self Criticism	8.70	1.16	8.58	0.89	1.05 ^{NS}
Emotion Expression	9.47	1.46	9.86	1.85	2.49*
Wishful Thinking	12.14	1.74	13.03	1.55	5.37*
Social Support	11.85	2.01	11.38	2.11	2.37*
Cognitive Restructuring	9.40	2.21	9.25	1.94	0.72 ^{NS}
Problem Avoidance	9.05	2.08	9.18	2.18	0.61 ^{NS}

Social Withdrawal	7.80	1.32	7.85	1.50	0.41 ^{NS}
Total Stress Coping Strategies	80.70	4.32	82.46	7.78	3.26*

N₁ = 348 * Significant at 0.05 level
 N₂ = 151 ^{NS} Not significant

From the table 3 it is observed that 't' values are significant for some of the strategies with its total. Hence, hypothesis is accepted. It is concluded that the staff nurses differ significantly in their stress coping strategies on the basis their experience. It is noted from the table that the nurses with more than 15years of experience have higher skills in problem solving, emotional expression, wishful thinking and overall coping. Problem solving refers to our ability to identify a solution to problem or finding out all the possible solution to a same problem.

It requires careful planning, analysis and the ability to integrate the constantly changing environment with the current situation. Generally in nursing job people learn how to deal with traumatic situation as well as grief effectively. The experience is the best teacher which would help the nurses for better emotional expression. With more experiences we develop the attitude of "let it go" which in terms contributes to the wishful thinking. Hence, the nurses with more experience have higher stress coping strategies than the younger ones.

It is quiet important to mention that the staff nurses with lesser experience have shown higher scoring seeking social support. The literature of stress and coping clearly revealed that social support is an essential factor to deal with the stress effectively. With lesser experience certainly we are in need of social support to cope up with the stress which is witnessed here. In general it is concluded that the nurses with the above 15years experience have better stress coping strategies than their counter parts.

Hypothesis: 5

"Nurses differ significantly in stress coping strategies with respect to their marital status".

From the table 5 it is found that the 't' value are not significant for many stress coping strategies and its total. Hence, the hypothesis is not accepted. It is concluded that the staff nurses do not differ in stress coping strategies on the basis of marital status.

TABLE: 5 STRESS COPING STRATEGIES OF NURSES BASED ON THEIR MARITAL STATUS

Dimensions of Stress Coping Strategies	Single		Married		't' Value
	M _s	SD _s	M _m	SD _m	
Problem Solving	12.37	1.91	12.73	1.98	1.98*
Self Criticism	8.63	1.42	8.68	0.85	0.48 ^{NS}
Emotion Expression	9.16	1.71	9.84	1.47	4.63*
Wishful Thinking	12.29	1.89	12.47	1.63	1.12 ^{NS}

Social Support	11.84	1.91	11.63	2.11	1.08 ^{NS}
Cognitive Restructuring	9.25	2.69	9.42	1.74	0.80 ^{NS}
Problem Avoidance	9.18	2.06	9.04	2.13	0.76 ^{NS}
Social Withdrawal	8.19	1.15	7.60	1.45	4.70*
Total Stress Coping Strategies	80.92	5.23	81.41	5.875	.94 ^{NS}

N₁ = 181 * Significant at 0.05 level
 N₂ = 318 ^{NS} Not significant

It is interesting to note down from the table that the married nurses have shown significantly higher problem solving and emotional expression skills. In Indian society marriage is seen to be the integral part of the life which helps the individual to face wide variety of problems and handling the difficult situations. Marriage has become important custom in our tradition where in we learnt the art of regulating our own emotions properly. This would have helped married nurses to enhance these skills.

In contrast, nurses with single marital status have shown higher score of social withdrawal. These people may not have an opportunity to understand the feelings and emotions of others; In turn, lack in their empathy and hence, tend to withdraw rather than facing the reality. In general, it is concluded that staff nurse don't differ in stress coping strategies based on marital status.

Major Findings

1. Male and Female nurses do not differ in their stress coping strategies.
2. Nurses do not differ in the stress coping strategies on the basis of age.
3. Nurses with working in government institution have higher stress coping strategies.
4. Nurses with more than 15years of experience have higher stress coping strategies.
5. Marital status do not influence stress coping strategies of nurse.

Conclusion

The findings of the study provide many revealing issues regarding the stress coping strategies of nurses. Since nursing is viewed as an important profession in the society, it is essential for the researchers to focus on the development of positive qualities among nurses. Hence, in the medical educational planning and training we must include coping skills programs to nursing students so that they can deal with their academic and social events effectively. Also, helping the nurses in the society by providing necessary coping skills training would enable them to have greater satisfaction with their jobs. Only satisfied employees can deliver the best in their job, it is the need of the hour to promote quality health services by promoting satisfied employees. This is the right time to revamp the present medical educational system and practices according to the changing needs of the present society.

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