Stress and Coping Strategies in Nurses of a Tertiary Hospital, Punjab

Shazia Yasmeen Leghari *, Madiha Mukhtar, Sidra Arshad

Nursing, Gulf College of Nursing Dera Ghazi Khan 32200, Pakistan

ABSTRACT

Introduction: Stress is a non-specific reaction over organic entities initiated. Adapting for stress (coping) may be portrayed concerning illustration that fruitful management from claiming issues and particular distressing circumstances. The aim of this study is to assess the level of stress and coping strategies in nurses working at DHQ teaching hospital Dera ghazi khan Punjab Pakistan. Method: In this study, quantitative cross-sectional study design is used. A self-administered questionnaire was designed to assess the job-related stress level and coping strategies among nurses. The data was analyzed by SPSS version-18. Results: Out of 100 nurses, only (02) 2% nurses show severe level of stress, (76) 76% show moderate level of stress and remaining (22) 22% were mildly stressed. The level of stress attains maximum value r = +1, the coping strategy is r = 0.218 in one-tailed in term of two-tail its value become .030 having negative correlation one variable increase other decreased and vice versa. Conclusions: This study concluded that as the coping level of nurse's increase the stress level goes down and when nurses fail to cope the stress level become increased. The night shift enhances the work load and cause stress and qualified nurses cope with stress more effectively than diploma holders.

Keywords: Stress, job related stress, stress burnout

Introduction

Stress may be characterized similarly as those organisms’ unspecific response will weight exerted around its natural framework [1]. It may be an intricate off chance that happens in the association between the middle of people and their inward and external situations [2]. One of the mossycup oak vital sources of stress in the life for a singular will be as much occupation; word related stress may be common, genuine What's more unreasonable wellbeing issue over the worth of effort nature's domain. The umpteenth named it that sickness of the twentieth century and later a considerable length of time those WHO proclaimed it concerning illustration an epidemic [3]. Done a few investigations, creators distinguished a maladaptation syndrome identified with shift work, described by impeded resting waking, gastrointestinal disorders, and expanded hazard from claiming cardiovascular maladies [4]. A writer need noted that "shift specialists need aid inventors What's more exploited people toward the same time" from claiming this new worth of effort association [5]. A percentage of writers need to be been recognized shift examples. Likewise, a critical calculate in deciding prosperity What's more fulfillment "around nurture [6], [7]. Giving work to done tolerant nursing consideration unavoidably includes movement fill in. Shifts of 12 h or more drawn out need turn into progressively regular for nurture in healing facilities to a portion nation on Europe [8]. In the A two decades, there needs to be a developing concern for those impacts of stress on the nursing experts [9], which speak to the A large portion of various one assembly from

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claiming wellbeing experts who convey consideration with patients 24 hours for every day [10]. "Occupational wellbeing and wellbeing review of the ANA" (American Nursing Association), those principle concern for those nursing disappointments and outrage on his/her staff concerning wellbeing Furthermore wellbeing in the fill-in earth may be the intense or Ceaseless impact about stress [11]. "Work-related anxiety might prompt enthusiastic disturbance, behavioral problems, biochemical Furthermore neuron-hormonal changes, displaying included dangers for mental or physical disease. On the contrary, the point when attempting states and human elements need aid overbalance, worth of effort makes an inclination of dominance Also self-confidence, expand motivation, attempting limit What's more fulfillment Furthermore enhances health [12]. Nursing may be a stand-out amongst those the majority distressing professions, potentially by exerting regulate Furthermore backhanded tolerant care, uninterruptedly, inside 24 hours [13]. The results of word related stress for nursing would devastate, including rates from claiming transitory incapacitation to work, absenteeism, professional dissatisfaction, around others, negatively Furthermore straightforwardly influencing the patient's caliber for consideration Also security [14]. Those adapting methods (coping mechanism) will be characterized Concerning illustration an intrinsic or obtained light of evolving earth alternately on a particular issue or a circumstance [15]. Adapting is those observed What's more behavioral exertion in place to alter done particular outer alternately inward requirements, which surpass those unique administration assets [16]. Clinched alongside contrast, obtained adapting techniques would scholarly or produced through standard reactions [17]. As stated by Roy Furthermore Andrew's clintonia (1999), adjustment alludes to "the procedure and result whereby considering Furthermore inclination persons Likewise singular or Previously, groups, use cognizant mindfulness What's more decision with making human What's more natural integration" [18]. This study aims to assess the level of stress and coping strate-gies in nurses working at DHQ teaching hospital Dera ghazi khan Punjab Pakistan.

Material and Methods

Sampling
The cross-sectional descriptive study design was used in this study 100 registered nurses were selected through stratified random sampling out of a total of 167 nurses.

data collection and analysis
A self-administered questionnaire was used consist of three categories of external stressors, internal stressors, and coping mechanisms. The data were analyzed by SPSS-18 and MS-Excel. The descriptive and inferential statistic was applied.

Results and Discussion
A total of 100 nurses was selected out of 167 nurses as a study sample from stratified random sampling. They filled out a questionnaire. Out of 100 nurses, (02) 2.0% nurses showed a severe level of stress, (76) 76.0% showed a moderate level of stress, and remaining (22) 22.0% were mildly stressed (as shown in fig. 5.1 & Table 5.1). Out of 100 nurses, (06) 6.00% of nurses cope successfully in a good way with stress, (68) 68.0% nurses cope with stress fall in the fair category, while (26) 26.0% of nurses fail to cope with stress show poor coping responses. 6.00% of nurses show good coping strategy, 68.0% cope with stress fairly and 26.0% nurses poorly cope with stress. Out of 26 nurses who poorly cope with stress 2 nurses showed a severe level of stress that was working in the night shift and were diploma holder nurses. Pearson Correlation of Level of the stress of sample size 100 r = 1, on the other hand, the Pearson correlation of coping strategy of sample size 100 r = .218 and show a significant at 0.05 level (2-tailed) =.030. While in the reverse order the level of stress becomes .218 and shows significant at 0.05 level (2-tailed) = .030 and the coping strategy r =1. If we saw the Correlations of stress and coping in working shifts and qualifications. In working shifts, the level of stress shows a Pearson correlation = -0.195 with a significant level = .052on the other hand the
coping strategy = -.183 with a significant level = .068. If we saw the correlation of stress and coping strategy regarding qualification, then the level of stress $r = 0.091$ with a significant level = .368. The coping level $r = .080$ with significant level = 0.430. The standard deviation of level of stress SD= 7.96 and mean = 61.7. SD of the level of coping = 4.76 and mean = 22.93.

Table 1. Correlation between the level of stress and coping strategy

|                     | Level of stress | Coping strategy | Working Shift | Qualification |
|---------------------|-----------------|-----------------|---------------|---------------|
| Level of stress     | Pearson Correlation | 1               | -.195         | .091          |
| Sig. (2-tailed)     | .218            | .030            | 100           | 100           |
| N                   | 100             | 100             | 100           | 100           |
| Coping strategy     | Pearson Correlation | -.195         | -.183         | .080          |
| Sig. (2-tailed)     | .052            | .068            | 100           | 100           |
| N                   | 100             | 100             | 100           | 100           |
| Working Shift       | Pearson Correlation | -.183         | 1             | .052          |
| Sig. (2-tailed)     | .091            | .080            | 100           | 100           |
| N                   | 100             | 100             | 100           | 100           |
| Qualification       | Pearson Correlation | .091          | .195          | 1             |
| Sig. (2-tailed)     | .368            | .430            | .052          | 100           |
| N                   | 100             | 100             | 100           | 100           |

*Correlation is significant at the 0.05 level (2-tailed)

Table 2. Level of coping strategy

| Scoring categories | Level of coping       | Frequency | percentage |
|--------------------|-----------------------|-----------|------------|
| 10 – 20            | Poor coping response  | 26        | 26%        |
| 21 – 30            | Fair coping response  | 68        | 68%        |
| 31 – 40            | Good coping response  | 6         | 6%         |
| Total              |                       | 100       | 100%       |

Figure 2. Level of stress
| Coping Strategies                                                                 | 1 never | 2 sometimes | 3 often | 4 always |
|----------------------------------------------------------------------------------|---------|-------------|---------|----------|
| 1. Can you deal with anger without repressing or revealing it on others?          | 37%     | 16%         | 13%     | 14%      |
| 2. Do you share your stressors [cares, problems, struggles, needs] with others & with your CREATOR? | 19%     | 41%         | 9%      | 31%      |
| 3. Do you practice any muscle relaxation or slow breathing technique?             | 41%     | 4%          | 13%     | 42%      |
| 4. Do you listen to your body messages (symptoms, illnesses, etc.)?             | 25%     | 32%         | 22%     | 21%      |
| 5. Do you have a creative hobby time (E.g. Gardening, reading, music)?          | 27%     | 46%         | 17%     | 10%      |
| 6. Do you practice forgiveness of others who have hurt you?                      | 12%     | 28%         | 20%     | 40%      |
| 7. Do you have a good "belly laugh"?                                             | 31%     | 33%         | 13%     | 23%      |
| 8. Do you do something for fun or enjoyment E.g. Games, movies, concert?        | 16%     | 49%         | 17%     | 18%      |
| 9. Do you have time out for yourself to think, reflect, meditate and pray?      | 10%     | 29%         | 22%     | 39%      |
| 10. Do you do some aerobic exercises for at least half an hour at a time?        | 53%     | 32%         | 10%     | 4%       |

Table 3. SD and Mean of the level of stress and level of coping

Table 4. Demographic data of 100 female registered nurses

| No | Demographic data | Percentage |
|----|------------------|------------|
| 1  | Age              |            |
|    | 20-30 y          | 83%        |
|    | 31-40 y          | 17%        |
|    | 41-50 y          | 0%         |
| 2  | Working shift    |            |
|    | Morning          | 67%        |
|    | Evening          | 20%        |
|    | Night            | 13%        |
| 3  | Working experience |        |
|    | ≥ 6 months       | 68%        |
|    | ≥ 5 years        | 19%        |
|    | ≥ 10 years       | 13%        |
| 4  | Qualification    |            |
|    | General nursing  | 90%        |
|    | Generic nursing  | 6%         |
|    | Post RN BSc nursing |    |

Continue to
This study participants n= 100 indicate an overall mean of job-related stress of 61.54 and a standard deviation of 7.96. For the level of coping, indicate a mean of 22.93 and a standard deviation of 4.76. Out of 100, 2% of nurses had a severe level of stress, 76% had moderate, and 22% had mild level of stress. 6% of nurses cope successfully with stress, 68% of nurses cope fairly with stress and, 26% had a poor level of coping. In another study done in Jimma Zone public hospitals, south West Ethiopia showed that overall job-related stress level of 58.08 ± 12.62. 33.4% of nurses had a low level of stress, 34% moderate stress and, 32.7 % had high stress. This discrepancy may be due to staffing, workload, qualification, or maybe some organizational factors differences between these two studies.

More stressful situations that nurses faced were the death of a patient. No adequate facilities and sufficient staff to cover the issues of the working unit was always a stressful situation. A study done in Jordan revealed that the lack of enough staff to cover the issues of the working unit is the most stressful event perceived by the staff nurses [19].

In this study, the level of stress and the level of coping strategy negatively correlate because the level of stress measured high in the respondents, which show a low level of coping strategy, and vice versa, good coping level decreased the level of stress increased. Correlation of Level of the stress of sample size 100 r = 1, on the other hand, the Pearson correlation of coping strategy of sample size 100 r = .218 and show a significant at 0.05 level (2-tailed) = .030. While in the reverse order, the level of stress becomes .218 and shows significant at 0.05 level (2-tailed) = .030 and the coping strategy r =1. Another study conducted among Bsc nursing students in Yenepoya Nursing College, Mangalore, India to determine the level of stress and coping level showed results that only one student (1.7%) has severe stress, 46.7% has moderate stress, and remaining 51.6% has mild stress. A majority of the students (100) had average coping. There was no significant correlation (-1.167) between stress and coping mechanisms. The difference in correlation may be due to the change in perception level, work burden, and many responsibilities of staff nurses then the student nurses.

In this study, the regarding age 20-30 years age out of 83 respondents 2 respondents show a severe level of stress. While 17 were the age of 31-40 years showed a level of stress in moderate to mild stress. A study conducted at a specialized hospital showed the mean age of 40 years and evidence of its beneficial effect over stress.

Another author indicates that Older nurses and greater experienced nurses have more ability to cope with stress, while young professionals often perform tasks that required more effort, which results in a stressful situation [20].

This study reveals that Nurses are female as a majority at clinical sites face different hurdles during their working environment. These unfair situations result in perceiving stress, and nurses try to cope with stress. In this study, the relationship between two variables, such as level of stress and level of the coping strategy was determined by applying the statistical test Correlation on SPSS version-18. Stress and coping strategy correlate negatively as the nurses fail to cope with stress the assessed level of stress in registered nurses increased and when the nurses cope successfully the measured level of stress decreased. Out of 100, two nurses showed a severe level of stress and those 2 nurses worked in nightshift and the level of coping in those 2 nurses was poor. Out of 100 nurses, 10 nurses

|   | Marital status |   |
|---|----------------|---|
|   | Married        | 52% |
|   | Unmarried      | 48% |

|   | Family type |   |
|---|-------------|---|
|   | Nuclear     | 52% |
|   | Joint       | 40% |
|   | Extended joint | 8% |
were degree holders and 90 were diploma holders out of these 10 nurses 6 nurses (60%) showed a good level of coping strategy, and have shown a mild level of stress.

Conclusion
This study concludes that the level of stress increased when the level of coping falls down and vice versa. The degree holder nurses and older age nurses cope well with stress, then diploma holders and younger nurses. Overall, Most of the Nurses at DHQ & Teaching hospital of Dera ghazi khan was showed a moderate level of stress.

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References
1. Del Prato D, Bankert E, Grust P, Joseph J (2011) Transforming nursing education: a review of stressors and strategies that support student professional socialization. Adv Med Educ Pract 2(1): 09-16.
2. Chipas A, Cordrey D, Floyd D, Grubbs L, Miller S, Tyre B (2012) stress perceptions, manifestations, and coping Mechanisms of student registered nurse Anesthetists. AA-NAU j, 80(4 suppl): S49-55.
3. Torshizi M, Saadatjoo A (2012) Job stress in the staff of a tire factory. J Birjand Univ Med sci. 19(2):200-07. American Nurses Association. Health & Safety Survey Report. Maryland: ANA; 2011.
4. Costa G (2003) Lavoro a turni e notturno. Organization of working schedule and impacts on health Firenze. Italian SEE.
5. Andrews DR, Dziegielewski SF (2005) The nurse manager: job satisfaction, the nursing shortage and retention. J Nurs Manag. 13:286-95.
6. Simon M, Muller BH, Hassel horn HM (2010) leaving the organization or the profession- a multilevel analysis of nurses’ intention. J Adv Nurs. 66:616-26.
7. Griffiths P, D’Alfòra C, Simon M, et al. (2014) nurses shift length and overtime working in 12 European countries; the association with perceived quality of care and patient safety. Med care 52:975-81.
8. Laranjeira CA (2011) the effects of perceived stress and ways of coping in a sample of Portuguese health workers 21 (11-12): 1755-62.
9. Fore AM, Scull GL (2013) A concept analysis of situational awareness in nursing. J Adv Nurs. 69(12):2613-21.
10. American Nurses Association (2011) Health & Safety Survey Report. Maryland, ANA.
11. Vernekar SP, Shah H (2016). A study of work-related stress among nurses in a tertiary care hospital in Goa.
12. Ribeiro RP, Martins JT, Marziale MHP, Robazzi MLCC (2012) Work-related illness in nursing: an integrative review. Apr. 46(2):49504.
13. Isfort M (2001) influence of personnel staffing on patient care and nursing Gates DM, stress and coping. A model for the workplace AAOHN journal 49: 390-398.
14. Gates DM (2001) stress and coping. A model for the workplace AAOHN journal 49: 390-398.
15. Folkman S, Lazarus RS (1991) Coping and emotion. In A. Monat & R.S.
16. Roy Sr - C, Andrews HA (1999) The Roy adaptation model (2nd Ed). Stamford, CT, Appleton & Lange.
17. Roy Sr -C (2009) The Roy adaptation model (3rd Ed). Upper saddle River, NJ, Pearson.
18. Michelle post MA (1981) LMFT from public welfare, vol.39, no.1, American Public Welfare Association.
19. Alnems A, Aboad F (2006) Nurses perceived Job-Related stress and Job satisfaction in Amman private hospitals.
20. Souza SSN, Silva FJ, Gomes RLV, Frazao IS (2016) Situacoes estressantes de trabalho dos enfermeiros de um hospital escolar. Rey enferm UFSM, 2013 May/Aug [18]:3(2):287-95.