

## Stress Management Strategies Used by Nurses to Regain Energy at Work Place

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DOI: [10.36348/sjnhc.2022.v05i10.011](https://doi.org/10.36348/sjnhc.2022.v05i10.011)

| Received: 29.08.2022 | Accepted: 06.10.2022 | Published: 26.10.2022

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### Abstract

**Background:** Nursing is known to be stressful. Stress detrimentally can influence job satisfaction, psychological well-being, and physical health. There is a need for increased understanding of the stress that nurses experience and how best to manage it. The best coping predictors of mental health were escape–avoidance, distancing, and self-control. Other significant predictors of mental health were support in the workplace, the number of years worked in the unit, and workload. **Method:** Quantitative cross-sectional study design was used to determine the stress level and coping strategies at tertiary care hospital. 120 nurses working at gastro, medical and surgical wards were selected as sample. Data was collected through the standardized well adopted 31 item questionnaires. **Results:** results revealed that only (62) 57% nurses are suffering from stress and the used different strategies to manage the stress such as Prayers 55%, Sleeping 9%, exercise 2%, Spending times with friends 5%, Silence during problem 2%, Plan for tour 8%, Music therapy 10%, Walking 1%, Painting 3%, Set prioritises to avoid stress 7%. **Conclusions:** Thus, the process of identifying nurses' coping with job stress which is linked with the deep and authentic experiences of nurses in relation to job stress, the hidden and visible factors, strategies and methods of nurses' coping, and also the factors and conditions affecting the coping process of nurses, provide backgrounds and necessary knowledge in order to adopt strategies that reduce or control occupational stress and stressors.

**Keywords:** Stress, Cope, strategies, workplace.

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## INTRODUCTION

Job stress is an interactive situation between the job situation and the working person in that job, which leads to changes in the individual's psychological and physiological status and affects his/her normal performance. Work-related stress can damage a person's physical and mental health and ultimately have a negative effect on job productivity by increasing stress levels (Unaldi Baydin, N, *et al.*, 2020). Today, job stress has become a common and costly problem in the workplace and, according to the World Health Organization, a pervasive issue, (Sarafis P *et al.*, 2016).

Stress is determined as a major cause of 80% of all occupational injuries and 40% of the financial burden in the workplace according to the American Institute of Stress (Sveinsdottir, H., Biering, P., & Ramel, A. 2006). Nursing is known as a stressful job since it is associated with complex job demands and needs, and high expectations, excessive responsibility, and minimal authority have been identified as the main stressors (Jacobs, A. C., & Lourens, M. 2016). The results of studies conducted in Iran show that 7.4% of nurses are absent each week due to mental fatigue or physical disability caused by work, which is 80% higher than other professional groups Ghabae, N. N. Z., Amir, F. T., Velshkolaei, M. H., & Rajabzadeh, R. 2016).

According to the statistics provided by the International Council of Nurses, the costs of work-related stress are estimated at \$ 200–300 million annually in the United States, and nearly 90% of employees' medical problems are attributed to job stress (Hassard, J., Teoh, K. R., Visockaite, G., Dewe, P., & Cox, T. 2018). Job stress among nurses may affect their quality of life, and concurrently, the quality of care. The quality of life of nurses, who deal with human lives, is of particular importance since they can provide more effective services when they have a better quality of life (Layali, I., Ghajar, M., Abedini, E., & Emadian, S. O. (2019). Nurses are in close contact with patients and such factors as employment location, variety of hospitalized cases, lack of manpower, forced overtime hours, and the attitude of the ward manager can impose tremendous stress on nurses (Geiger-Brown, J., & Lipscomb, J., 2010). Although stress is a recognized component of modern nursing that is useful in small amounts, in the long run, chronic diseases, such as hypertension, lead to cardiovascular disease, and therefore, affect their quality of life (Bahrami, M., 2016).

Stress negatively affects physical health, psychological well-being, and work happiness. A better understanding of nursing stress and effective management techniques is required. The three coping strategies of escape-avoidance, distance, and self-control were the best indicators of mental health. The amount of assistance provided at work, how long a person has worked there, and the workload were additional important predictors of mental health. Nurses with greater experience on the unit and those who employed distance as a coping mechanism scored better on mental health. Nurses who employed escape-avoidance, lacked workplace support, had a heavy workload, and utilized self-control coping techniques

scored worse on mental health measures (Kbar, R. E., Elahi, N., Mohammadi, E., & Khoshknab, M. F. 2017).

Stress perception is highly subjective, and so the complexity of nursing practice may result in variation between nurses in their identification of sources of stress, especially when the workplace and roles of nurses are changing, as is currently occurring in the United Kingdom health service. This could have implications for measures being introduced to address problems of stress in nursing. Workload, leadership/management style, professional conflict and emotional cost of caring have been the main sources of distress for nurses for many years, but there is disagreement as to the magnitude of their impact. Lack of reward and shift working may also now be displacing some of the other issues in order of ranking. Organizational interventions are targeted at most but not all of these sources, and their effectiveness is likely to be limited, at least in the short to medium term. Individuals must be supported better, but this is hindered by lack of understanding of how sources of stress vary between different practice areas, lack of predictive power of assessment tools, and a lack of understanding of how personal and workplace factors interact (McVicar, A. 2003).

## METHODOLOGY

Quantitative research design was used to explore the stress management strategies used by nurses to regain energy at work place in a tertiary care hospital Lahore, Pakistan. The target population of the present research was the registered nurses of the emergency department of Mayo Hospital, Lahore for précised and accurate results. Total 120 staff nurses, 35 nurses in peds emergency, 30 nurses of medical emergency, 25 nurses in a surgical emergency, and 30 nurses in OT emergency were enrolled.

## RESULTS

**Table 1: Demographics Characteristics of the participants (n=111)**

Variable	Frequency (%)	
Grouped Age	Mean Age 36±1.92 years (21-60 years,	
	21-30 years	5(4.5 %)
	31-40 years	41(36.9 %)
	41-50 years	38(34.2 %)
	50 and above year	27(24.3 %)
Gender	Male	2(1.8%)
	Female	109(98.2%)
Experience	1-5 years	6(5.4 %)
	6-10 years	55(49.5 %)
	11-15 years	27(24.2 %)
	More than 15	23(20.7 %)

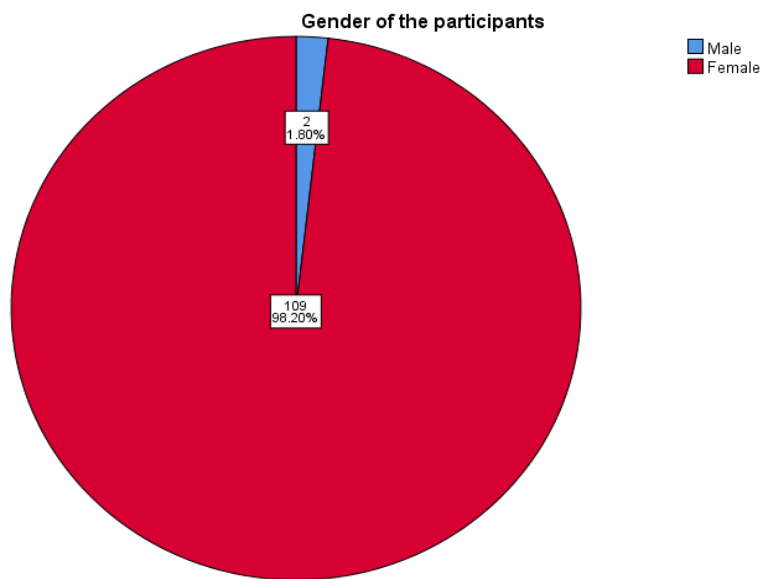
**Table 2: Demographics Information of the Research Participants (N=111)**

Variables	Frequency	Percentage	
Marital Status	Married	13	11.7%
	Unmarried	74	66.7%
	Divorced/ Separation	24	21.6%

Variables		Frequency	Percentage
Department	Medical Ward	25	22.5 %
	Surgical Ward	39	35.2 %
	Gastro Ward	47	42.3%
Educational Status	Diploma In Midwifery	35	23.18%
	Diploma in midwifery	0	0%
	Diploma in general nursing	61	55 %
	Post RN BSN	35	31.5 %
	Generic BSN	15	13.5 %

The findings of Table -1 and Table-2 showed that mean age of research participants was 36±1.92 years (21-60 years, male was 2 (1.8%) and 109 (98%) were female and maximum nurses having working

experience 60-10 years as 55(49.5%). Majority of nurses were unmarried 74(66.7%) having Diploma in General Nursing as 61(55%) , mostly were performing their duties in Gastro ward 47(42.3%).



Graph 1: Graphical Presentation with respect to Gender

Figure 1 shows that male was 2 (1.8%) and female were 109 (98%).

Table 3: Nurse’s Stress Level at Workplace (N=111)

Sr. no	Stress Level	Always	Very often	Sometimes	Rarely	Never
1	Health Problem	29(18.7%)	97(62.6%)	25(16.1%)	4 (2.6%)	0
2	Family Co Operation	10(6.5%)	106(68.4%)	29(18.7%)	10(6.5%)	0
3	Problem From Children	8(5.2%)	84(54.2%)	62(40%)	1(.6%)	0
4	No Employees Co Operation	8(5.2%)	73(47.1%)	70(45.2%)	4(2.6%)	0
5	Pressure From Boss	68(43.9%)	51(32.9%)	20(12.9%)	16(10.3%)	0
6	Long Distance At Work Place	15(9.7%)	71(45.8%)	46(29.7%)	18(11.6%)	5(3.2%)
7	Continuous Travelling	8(5.2%)	42(27.1%)	90(58.1%)	13(8.1%)	2(1.3%)
8	Continuous Phone Calls	7(4.5%)	42(27.1%)	84(54.2%)	20(12.9%)	2(1.3%)
9	Failure Of Systems	14(9.0%)	32(20.6%)	56(36.1%)	53(34.2%)	0(0%)
10	Holidays Issues	16(10.3%)	42(27.1%)	25(16.1%)	52(33.5%)	20(12.9%)
11	Unable To Cope Up With Government Policies	11(7.1%)	49(31.6%)	58(37.4%)	31(20%)	6(3.9%)

Table 3 shows that the frequency (%) of participants in the response of Stress Level among nurses working at Mayo hospital. In the reaction of item one that was “Health problem” majority 97 (62.6%) goes with Very often. The item tow was “Family co operation” and frequency was only majority 106

(68.4%) was select Very often. The reaction of participants against item three that was “Problem from children” and frequency was majority 84 (54.2%) choose Very often.

In the reaction of item four that was “No employee’s co operation” majority 73 (47.1%) go with Very often. The item five was “Pressure from boss” and frequency was only 68 (43.9%) were select Always. The reaction of participants against item six that was “Long distance at work place” and frequency was majority 71 (45.8%) choose Very often. In the reaction of item seven that was “Continuous travelling” the majority 42 (27.1%) go with Very often.

The item eight was “Continuous phone calls” and majority 42 (27.1%) was select Very often. The reaction of participants against item nine that was “Failure of systems” and majority 32 (20.6%) choose Very often. In the reaction of item ten that was “Holidays issues” majority 42 (27.1%) go with Very often. The item eleven was “Unable to cope up with government policies” and frequency was majority 49 (31.6%).

**Table 4: Coping Strategies among Nurses to Manage the Stress**

Sr. No	Coping strategies	Always	Very often	Sometimes	Rarely	Never
1	Prayers	42(27.1%)	28(18.1%)	56(36.1%)	29(18.7%)	0(0%)
2	Sleeping	32(20.6%)	65(41.9%)	48(31.0%)	8(5.2%)	2(1.3%)
3	Doing yoga or other exercise	15(9.7%)	67(43.2%)	57(36.8%)	16(10.3%)	0(0%)
4	Spending times with friends	41(26.5%)	20(12.9%)	64(41.3%)	30(19.4%)	0(0%)
5	Laughing therapy	43(27.7%)	46(29.7%)	42(27.1%)	24(15.5%)	0(0%)
6	Silence during problem	27(17.4%)	55(35.5%)	34(21.9%)	31(20.0%)	8(5.2%)
7	Plan for tour	46(29.7%)	47(30.3%)	42(27.1%)	12(7.7%)	8(5.2%)
8	Music therapy	20(12.9%)	44(28.2%)	66(42.6%)	23(14.8%)	2(1.3%)
9	Walking	2(1.3%)	64(41.3%)	63(40.6%)	24(15.5%)	2(1.3%)
10	Painting	11(7.1%)	54(35.5%)	55(34.8%)	29(18.7%)	6(3.9%)
11	Set prioritises to avoid stress	17(10.9%)	30(19.2%)	50(32.1%)	28(17.9%)	30(19.2%)

Table 4 shows that the item one was “Prayers” and frequency was only 42 (27.1%) were select 56 (36.1%) agreed with sometimes. The reaction of participants against item two that was “Sleeping” and frequency was majority 65 (41.9%) choose very often. In the reaction of item three that was “Doing yoga or other exercise” the majority 67 (43.2%) go with very often.

The item four was “Spending times with friends” and majority was select very often, 64 (41.3%). The reaction of participants against item five that was “Laughing therapy” and majority 46 (29.7%) choose Very often, moderately 42 (27.1%) choose sometimes. In the reaction of item six that was “Silence during problem” the majority 55 (35.5%) go with very often.

The item seven was “Plan for tour” and frequency was majority 47 (30.3%). The reaction of participants against item eight that was “Music therapy” and frequency was majority 44 (28.2%) choose very often. The reaction of participants against item nine that was “Walking” and frequency was 64 (41.3%) those choose very often, majority 63 (40.6%) choose sometimes.

In the reaction of item ten that was “Painting” the majority 54 (35.5%) go with very often and the item eleven was “Set prioritises to avoid stress” and frequency was only 50 (32.1%) agreed with sometimes.

## DISCUSSION

This study was aimed at understanding the factors that involved in stress management strategies

used by nurses to regain energy at work place. The current study design was descriptive cross sectional and findings demonstrate that 111 registered nurses of the emergency department of Mayo Hospital, Lahore nurses were enrolled

The findings of current study showed that mean age of research participants was 36±1.92 years (21-60 years), male was 2 (1.8%) and 109 (98%) were female and maximum nurses having working experience 60-10 years as 55(49.5%). Majority of nurses were unmarried 74(66.7%) having Diploma in General Nursing as 61(55%) , mostly were performing their duties in Gastro ward 47(42.3%). The participants was found 2 (1.8%) male and 109 (98%) were female.

Another study conducted by Lin, R. T., Lin, Y. T., Hsia, Y. F., & Kuo, C. C. (2021), they revealed their study results. The mean age of all participants (N = 2081) was 39.9 years; 73.7% were female and 26.3% were male. On average, the participants had been at their current job title for 7 years. Across all participants, average weekly working hours were 46.9 hours over the past 1 month and 47.1 hours over the past 6 months.

Another study conducted by Dyrbye, L. N., Shanafelt, T. D., Johnson, P. O., Johnson, L. A., Satele, D., & West, C. P. (2019), they illustrated their study results as Of the 3098 nurses who received the survey, 812 (26.2%) responded. The mean age was 52.3 years (SD 12.5), nearly all were women (94.5%) and most were married (61.9%) and had a child (75.2%). Participating nurses had a mean of 25.7 (SD 13.9) years of experience working as nurse and most held a

baccalaureate (38.2%) or masters of Science (37.1%) degree in nursing.

The research Nkrumah, I., Atuhaire, C., Priebe, G., & Cumber, S. N. (2018) out of the 158 nurses, 92 (58.2%) were females. With regards to their educational qualification, 92 (58.2%) were diploma holders, yet only 1 (0.6%) had a master's degree and the remaining had a first degree in nursing. The mean age and years of practice among the participants were  $29.02 \pm 2.34$  and  $3.23 \pm 1.76$  years respectively.

Table 3 shows that the frequency (%) of participants in the response of Stress Level among nurses working at Mayo hospital. In the reaction of item one that was "Health problem" majority 97 (62.6%) go with Very often. The item two was "Family co operation" and frequency was only majority 106 (68.4%) was select Very often. The reaction of participants against item three that was "Problem from children" and frequency was majority 84 (54.2%) choose Very often.

In the reaction of item four that was "No employees co operation" majority 73 (47.1%) go with Very often. The item five was "Pressure from boss" and frequency was only 68 (43.9%) were select Always. The reaction of participants against item six that was "Long distance at work place" and frequency was majority 71 (45.8%) choose Very often. In the reaction of item seven that was "Continuous travelling" the majority 42 (27.1%) go with Very often.

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Lin, R. T., Lin, Y. T., Hsia, Y. F., & Kuo, C. C. (2021) found that average daily sleeping hours on workdays was 6.7 hours. The prevalence of moderate and high levels of work-related burnout was 41.5%, while the prevalence of moderate and high levels of personal burnout was 25.3%. The percentage of high burnout was higher in people who worked  $\geq 60$  hours per week, followed by those working 41- 59 hours and  $\leq 40$  hours (Lin, R. T., Lin, Y. T., Hsia, Y. F., & Kuo, C. C. 2021).

Sarfraz *et al.*, (2019) conducted a study found that the feeling of stress and coping strategies adopted by nurses is, of course, influenced by intrinsic and extrinsic confounding factors, which play a significant role in the process of coping with job stress. Finally, the

process of coping with job stress has grey outcomes (Sarfraz *et al.*, 2019).

Table 5 shows that the item one was "Prayers" and frequency was only 42 (27.1%) were select 56 (36.1%) agreed with sometimes. The reaction of participants against item two that was "Sleeping" and frequency was majority 65 (41.9%) choose very often. In the reaction of item three that was "Doing yoga or other exercise" the majority 67 (43.2%) go with very often.

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The item seven was "Plan for tour" and frequency was majority 47 (30.3%). The reaction of participants against item eight that was "Music therapy" and frequency was majority 44 (28.2%) choose very often. The reaction of participants against item nine that was "Walking" and frequency was 64 (41.3%) those choose very often, majority 63 (40.6%) choose sometimes.

In the reaction of item ten that was "Painting" the majority 54 (35.5%) go with very often and the item eleven was "Set prioritises to avoid stress" and frequency was only 50 (32.1%) agreed with sometimes.

This means that sometimes stress reduction and psychological relaxation and sometimes getting physical and mental problems, were occupational harms, which were the results of nurses' comprehensive attempts to calm the situation. Comparison and analysis of the identified process in this study has a lot in common with a few qualitative studies on clinical nurses focusing on job stress and coping on the one hand, which confirms the reliability of the results of the present study, and on the other hand includes some differences. Apart from the differences in methodology and the nature of the present study with some of the studies, it can contain some points, which could probably provide a better insight to the process of nurses' coping with job stress (Foster, Cuzzillo, & Furness, 2018).

Based on the definition given in the theory of Lazarus and Folkman, the psychosocial and social process of coping is a continuous cognitive and behavioral effort in which the person aims to reduce stress by managing external and internal demands which are beyond the person's resources (Hill, 1995; Jakimowicz, Perry, & Lewis, 2018).

## CONCLUSION

Thus, the process of identifying nurses' coping with job stress which is linked with the deep and authentic experiences of nurses in relation to job stress, the hidden and visible factors, strategies and methods of nurses' coping, and also the factors and conditions affecting the coping process of nurses, provide backgrounds and necessary knowledge in order to adopt strategies that reduce or control occupational stress and stressors, strengthen strategies and risk factors that threaten physical and psychological health of nurses. On the other hand, the present study lay the groundwork for more and more attention to context-dependent and original coping strategies in nurses considering the unique conditions of nurses and nursing.

However, the present study, despite its unique features, has its limitations. It was performed in governmental hospital; however, to obtain a more comprehensive data, it is suggested that nurses working in private and specialized hospitals be included in future studies.

## LIMITATIONS

A few limitations should be tended to. To start with, use of comfort testing limits the speculation of these outcomes because of potential choice predisposition and the representativeness of test. Second, we utilized tool on survey to gather information regarding stress level among registered nurses working in tertiary consideration in the earlier year, a few nurses may not recollect precisely because of the long range of time, which might prompt review predisposition. Last, this examination is a cross-sectional examination; it limits clarifications of the causal connection of stress.

## REFERENCES

- Akbar, R. E., Elahi, N., Mohammadi, E., & Khoshknab, M. F. (2017). How do the nurses cope with job stress? A study with grounded theory approach. *Journal of Caring sciences*, 6(3), 199.
- Bahrami, M. (2016). Nurses' quality of life in medical-surgical wards of an oncology center affiliated to the Isfahan University of Medical Sciences. *Nursing Journal of the vulnerable*, 3(7), 36-46.
- Dyrbye, L. N., Shanafelt, T. D., Johnson, P. O., Johnson, L. A., Satele, D., & West, C. P. (2019). A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among American nurses. *BMC nursing*, 18(1), 1-8.
- Geiger-Brown, J., & Lipscomb, J. (2010). The health care work environment and adverse health and safety consequences for nurses. *Annual review of nursing research*, 28, 191.
- Ghabaee, N. N. Z., Amir, F. T., Velshkolaei, M. H., & Rajabzadeh, R. (2016). Quality of life and its relationship to the Job stress in among nursing staff in Hospitals of Sari, in 2015. *J Nursing Educ*, 5(2), 40-48.
- Hassard, J., Teoh, K. R., Visockaite, G., Dewe, P., & Cox, T. (2018). The cost of work-related stress to society: A systematic review. *Journal of occupational health psychology*, 23(1), 1.
- Jacobs, A. C., & Lourens, M. (2016). Emotional challenges faced by nurses when taking care of children in a private hospital in South Africa. *Africa Journal of Nursing and Midwifery*, 18(2), 196-210.
- Layali, I., Ghajar, M., Abedini, E., & Emadian, S. O. (2019). Role of Job Stressors on Quality of Life in Nurses. *Journal of Mazandaran University of Medical Sciences*, 29(180), 129-133.
- Lin, R. T., Lin, Y. T., Hsia, Y. F., & Kuo, C. C. (2021). Long working hours and burnout in health care workers: Non-linear dose-response relationship and the effect mediated by sleeping hours-A cross-sectional study. *Journal of occupational health*, 63(1), e12228.
- Lin, R. T., Lin, Y. T., Hsia, Y. F., & Kuo, C. C. (2021). Long working hours and burnout in health care workers: Non-linear dose-response relationship and the effect mediated by sleeping hours-A cross-sectional study. *Journal of occupational health*, 63(1), e12228.
- McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of advanced nursing*, 44(6), 633-642.
- Nkrumah, I., Atuhaire, C., Priebe, G., & Cumber, S. N. (2018). Barriers for nurses' participation in and utilisation of clinical research in three hospitals within the Kumasi Metropolis, Ghana. *Pan African Medical Journal*, 30(1).
- Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bamidis, P., & Papastavrou, E. (2016). The impact of occupational stress on nurses' caring behaviors and their health related quality of life. *BMC nursing*, 15(1), 1-9.
- Sarfraz, M., Qun, W., Sarwar, A., Abdullah, M. I., Imran, M. K., & Shafique, I. (2019). Mitigating effect of perceived organizational support on stress in the presence of workplace ostracism in the Pakistani nursing sector. *Psychology research and behavior management*, 12, 839.
- Sveinsdottir, H., Biering, P., & Ramel, A. (2006). Occupational stress, job satisfaction, and working environment among Icelandic nurses: a cross-sectional questionnaire survey. *International journal of nursing studies*, 43(7), 875-889.
- Unaldi Baydin, N., Tiryaki Sen, H., Kartoglu Gurler, S., Dalli, B., & Harmanci Seren, A. K. (2020). A study on the relationship between nurses' compulsory citizenship behaviours and job stress. *Journal of Nursing Management*, 28(4), 851-859.