



COPING STRATEGIES PRACTICED BY THE NURSES TO REDUCE STRESS

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ABSTRACT

BACKGROUND: Work-related stress is the response of people which gets worse when employees feel they have little control over work and work demand is high that which challenges their ability to cope. Some particular units of the hospital are very stressful; nurses are subjected to stress that affects their physical and mental health and can negatively influence job performance. **AIM:** The aim is to find out coping strategies practiced by nurses to reduce the level of stress working in selected hospitals of Madhya Pradesh. **METHOD:** It was a quantitative descriptive study. 296 female nurses were selected using the non-probability purposive sampling technique. A self-structured questionnaire was used to measure the coping strategies practiced by the nurses to reduce stress working in selected hospitals of Madhya Pradesh. **RESULT:** Coping strategies “always” practiced by the participants were many, but “I make the best use of resources available in working unit 231 (78.0%), coping strategies “sometimes” practiced by participants were many but “I make decisions for the patient when the physician is unavailable 174 (58.8%), and coping strategies “never” practiced by participants “I avoid to go to the job” 207 (69.9%), “I take alcohol or drugs to relax” 291 (98.3%) were used with high percentage. Overall coping levels according to adequacy revealed that 274 (92.6%) participants had average coping, while 22 (7.4%) participants had poor coping. **Conclusion:** The results of this study showed that the coping strategies practiced by the nurses to reduce stress were average. This research suggests that managers provide training to the nurses to practice maximum coping strategies whenever needed. **KEYWORDS:** Nurses, stress and coping strategies.

1. Introduction

Work-related stress is the response of people which gets worse when employees feel they have little control over work, little support from supervisors and colleagues, and work demand is high that which challenges their ability to cope [1]. Working in the nursing profession is frequently a stressful occupation. Some particular units of the hospital are very stressful; nurses are subjected to stress which arises from social, psychological, and physical aspects of the work environment. Nurses’ burnout and turnover are the results of a high level of stress that affects patient care [2].

1.1 Need of the study

Major stressors reported by the nurses include conflict at work, high work demands, and a shortage of staff. Common coping strategies included social support, problem orientation, and relaxation techniques [3]. Occupational stressors, diet irregularity, job burnout, personal strain, age; recreation, and self-care were the main protective factors for Health-related Quality of Life [4], inadequate preparation, lack of support, and workload and the coping strategies used by the nurse to cope with the stress were optimistic, confronting, and evasive [5], the ICU nurses rated ‘inadequate emotional preparation’ as extreme stressor and nurses working in OTs and emergency unit rated ‘conflict with supervisors’ as extreme stressors and many nurses practiced the healthier modes of coping like praying or meditating, looking for something good in the situation, resorting to humor, seeking support.[6]Nurses showed moderate job satisfaction and mostly employed self-confident and optimistic approaches as coping strategies than yielding and helpless approaches [7], Workload as a frequently cited workplace stressor and coping strategy commonly used by

the nurses were positive reappraisal [8]. To improve health and well-being and reduce stress coping strategies play an important role. The Nurse who perceived social support from co-workers reported decreased the level of job stress and increases the level of job performance [9]. The high workload of OPD nurses demonstrated high job stress levels, the reason for the increased stress level may be the nurses might develop a sense of guilt and indebtedness. [10]. Nurses perceived the work overload and demonstrated mood disturbance due to nursing stress and used an avoidance coping strategy [11]. 77% of the nurses had moderate stress; the coping strategies used by the nurses were task-oriented strategy, and avoidant [12]. Occupational stress affects nurses' health-related quality of life negatively, while it can also be considered an influence on patient outcomes [13]. It is important to understand how work-related stress affects nurses; the way of responding to stress depends not only on the nurses' personality and one's protective styles but also on the healthcare workplace. Coping strategies are crucial rudiments of nurses' stress responses. Coping strategy as a stabilizing factor may be as important as the stressful event itself [14]. Hence it is important to understand the coping strategies practiced by the nurses to cope with the stress.

2. Problem Statement

“A descriptive study to evaluate the coping strategies practiced by the nurses to reduce stress working in selected hospitals of Madhya Pradesh.

2.1 Objective

- To evaluate the coping strategies practiced by nurses to reduce stress working in selected hospitals of Madhya Pradesh.

3. Method and Materials

It was a quantitative descriptive study, aimed to evaluate the coping strategies practiced by nurses to reduce stress. The sample was obtained of nurses who fulfill the designated set of criteria of interest to the researcher of selected hospitals of Madhya Pradesh. 296 female nurses were selected using the non-probability purposive sampling technique. A self-structured questionnaire was used to measure the coping methods practiced by the nurses to reduce stress working in selected hospitals of Madhya Pradesh. Data analysis was done using descriptive and inferential statistics.

4. Result and Discussion

4.1 SECTION I: DISTRIBUTION OF PARTICIPANTS ACCORDING TO COPING ADEQUACY

Table No. 1. Distribution of participants according to coping adequacy

(N=296)

S. No.	Coping Grading	Frequency	percentage
1.	Poor coping	22	7.4
2.	Average coping	274	92.6
3.	Good coping	00	00
4.	Excellent coping	00	0.0
	Total	296	100.0

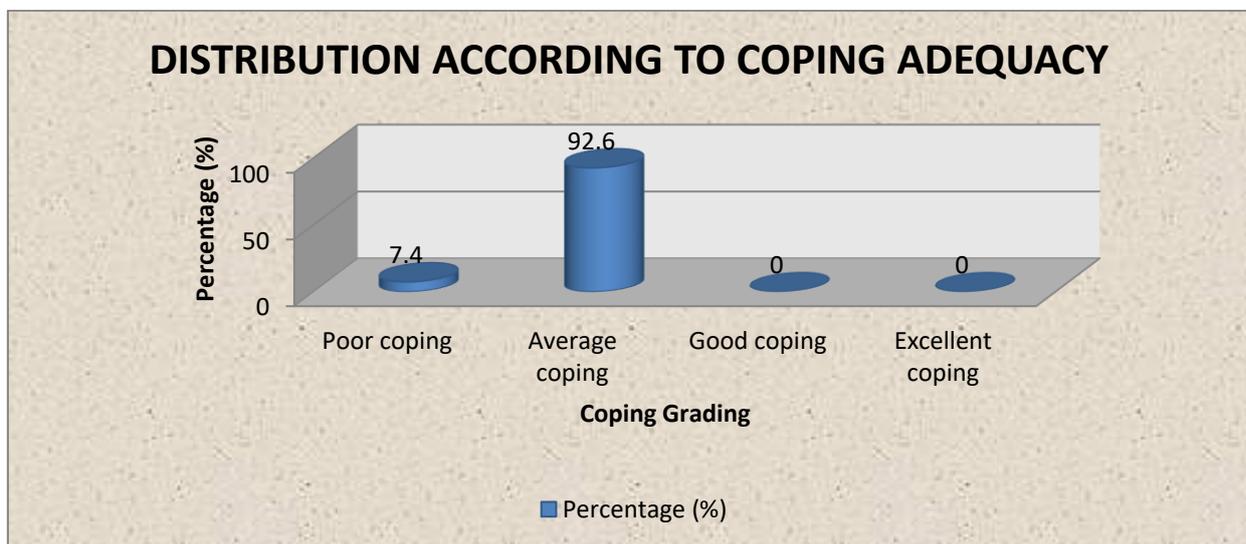


Fig. 1: Bar diagram showing distribution of participants according to coping grading

The above table and graph show that 22 (7.4%) participants were poor in coping, while 274 (92.6%) participants were average in coping. None of the participants were excellent or good at coping.

4.2 Section II: Findings related to the statement-wise distribution of stress releasing coping strategies practiced by nurses.

4.2.1 Coping strategies practiced “always” by nurses:

The participants practiced “always” the following coping strategies statements

- 201 (67.9%) participants practiced “I work hard to make things happen”
- 170 (57.4%) participants practiced “I fight for my rights”
- 212 (71.6%) participants practiced “I learn new techniques to provide care to the patients”
- 200 (67.6%) participants practiced “I control emotions while providing care to death and dying patients
- 231 (78.0%) participants practiced “I make the best use of resources available in working unit.”
- 217 (73.3%) participants practiced “I make effective communication with health team members”
- 154 (52.0%) participants practiced “I avoid the persons who cause trouble to me”
- 107 (36.1%) participants practiced “I talk to someone who was in a similar situation”
- 54 (52.0%) participants practiced “I seek advice from friends and relatives”
- 133 (44.9%) participants practiced “I seek support from nursing supervisors”
- 172 (58.1%) participants practiced “I make plans of action to follow”
- 145 (49.0%) participants practiced “I utilize opportunities for in-service training and continuing education program”
- 163 (55.1%) participants practiced “I pay attention to the emotional needs of the patient’s and patient’s family
- 111 (37.5%) participants practiced “I maintain daily diary”
- 138 (46.6%) participants practiced “I seek immediate help if exposed to health and safety hazards”
- 154 (52.0%),%) participants practiced “I eat a healthy diet in time”
- 139 (47.0%) %) participants practiced “I use diversional therapy like TV, reading books, stitching, sports, and gardening”

4.2.2 Coping strategies practiced “sometimes” by nurses

The participants practiced “sometimes” the following coping strategies statements

- “I share my feeling with good listener during working setting”, 140 (47.3%)
- “I make decisions for patients when the physician is unavailable 174 (58.8%)
- “I include rest and relaxation in daily schedule” 145 (49.0%)
- “I learned to say “NO” 156 (52.7%)
- “I avoid social activities” 145 (49.0%)
- “I take a break in between for drinks and food” 156 (52.7%)
- “I visit a counselor to find out solutions”, 124 (41.9%)

4.2.3 Coping strategies practiced “never” by nurses

Coping strategies statements “never” practiced by the participants were

- “I avoid going to job” 207 (69.9%),
- “I take alcohol or drugs to relax”, 291 (98.3%)

4.3 Discussion

Coping strategies “always” practiced by the participants were many, but “I make the best use of resources available in working unit 231 (78.0%), “I make effective communication with health team members” 217 (73.3%), “I learn new techniques to provide care to the patients” 212 (71.6%), “I work hard to make things happen 201 (67.9%), “I control emotions while providing care to death and dying patients 200 (67.6%), were used with high percentage.

Coping strategies “sometimes” practiced by participants “I make decisions for the patient when the physician is unavailable 174 (58.8%), “I take a break in between for drinks and food” 156 (52.7%), “I learned to say “NO” 156 (52.7%), “I include rest and relaxation in daily schedule” 145 (49.0%), “I share my feeling with good listener during working setting”, 140 (47.3%) were used with high percentage.

Coping strategies “never” practiced by participants “I avoid go to the job” 207 (69.9%), “I take alcohol or drugs to relax” 291 (98.3%) were used with a high percentage.

Overall coping levels according to adequacy revealed that 274 (92.6%) participants had average coping, while 22 (7.4%) participants had poor coping.

Nurses reported an unhealthy fatigue-recovery process in nurses working a 12-hour shift during the day, lack of regular exercise and older age were associated with higher acute fatigue and suggested a need to establish fatigue intervention programs for 12-hour shift nurses in hospitals [15]. Stress was significantly associated with younger age, clinical inexperience, past-year disturbance with colleagues, low physical activity, and no leisure activities. Nurses were more depressed, anxious, and stressed than the local general population [16]. Nurses make attempts to manage problems and stressors perceived from the bedside individually, these efforts have been effective in some cases but sometimes they are ineffective due to discontinuous training and relative competence in terms of how to manage and deal with problems. It is suggested that nurses should learn strategies scientifically to meet the challenges of bedside [17]. Hospital nurses reported psychological distress and reassessing coping was correlated with low psychological distress in nurses. Constructive coping appeared to be an effective strategy for nurses for reducing psychological distress. It is important for nurses to understand the role of constructive coping in nurse-patient communication and interaction [18].

Conclusion:

The results of this study showed that coping strategies practiced by the nurses to reduce stress were average. Coping abilities influence the health and work performance of nurses. The mental health and physical health of nurses depend upon the practice of coping strategies to cope with stress. This research suggests that managers plan and work to reduce workplace stress and provide training to the nurses to practice maximum coping strategies whenever needed. Coping resources play important role in the quality of life of nurses.

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