

Assessment of Coping Strategies to Lessen and Control the Stress Used by Nurses Working at Psychiatric Wards of Hospitals Baghdad City

تقييم استراتيجيات التكيف للتقليل والسيطرة على الإجهاد النفسي المتبعة من قبل الممرضين
العاملين في ردهات النفسية والعقلية في مستشفيات مدينة بغداد

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الخلاصة

خلفية البحث: التكيف هو الجهد المبذول لتقليل التهديد والأذى والفقْدان أو تقليل الإجهاد المصاحب. وقد عرّف آخرون التكيف على أنه عملية موجّهة والتي تركز على ما يفكر به الفرد وما يقوم به خلال المواقف المجهدة. يتأثر التكيف بتقييم الفرد للمتطلبات الحقيقية للمواجهة والمصادر المتوفرة لمواجهة تلك المتطلبات. ليس هناك فرضيات مسبقة فيما إذا هنالك تكيف جيد أو سيئ لأن التكيف يعرّف بسهولة على انه جهود الشخص لمواجهة المتطلبات، حتى وان كانت تلك الجهود ناجحة أم لا.

الهدف: تهدف الدراسة الحالية للتعرف على طرق ومستويات التكيف المستعملة من قبل الممرضين العاملين في ردهات الأمراض النفسية والعقلية في مدينة بغداد ولإيجاد بعض العلاقات الإحصائية لمستويات التكيف وبعض الصفات الديموغرافية لهؤلاء الممرضين.

المنهجية: دراسة وصفية تمت ما بين الرابع عشر من أيلول، والثامن عشر من كانون الأول، 2014. تم جمع عينة البحث بالطريقة الغرضية لـ 90 ممرض وممرضة من العاملين في مستشفيات: الرشاد: 56، ابن رشد: 26، ومن الردهة النفسية في مستشفى بغداد التعليمي: 8. لغرض جمع معلومات البحث فقد استخدم استبيان خاص لهذا الغرض والذي يشمل: المعلومات الديموغرافية للممرضين والممرضات المشاركين؛ ومقياس التكيف المختصر لكارفر (1997) (Brief COPE) والذي يتضمن 28 فقرة لقياس مستويات التكيف. هذه الفقرات مقسّمة إلى 14 باب، تم تحليل البيانات باستعمال الإحصاء الوصفي: التردد والنسبة المئوية والتوزيع، والإحصاء التحليلي.

النتائج: كشفت نتائج الدراسة بأن مستويات التكيف العام تراوح بين الجيد (38.9%)، والمتوسط (30.0%)، والضعيف (31.1%). أوضحت النتائج أيضاً بأن أكثر تكيفاً هم الممرضات (24.4%) والمتزوجين (32.2%) والحاصلين على مستوى الإعدادية في التمريض (24.4%) والذين خدموا خمسة سنوات وأكثر في الردهات النفسية (23.3%).

الاستنتاج: خلصت الدراسة إلى أنه عندما يزيد التكيف الفعال فإنه يقلل إجهاد العمل مع الدعم المناسب سوف تقلل من ضغوط العمل التي يعاني منها الممرضات.

التوصيات: توصي الدراسة الحالية بأن على الممرضين العاملين في الردهات النفسية المشاركة في جلسات خاصة بتقوية مهارات التكيف مع الإجهاد النفسي ووضع معايير مهنية للعلاقة بين أعضاء الفريق الصحي خلال ساعات العمل بتلك الردهات.

Abstract

Background: Coping is the effort to prevent or reduce threat, harm, and loss, or to diminish associated distress. Other defines coping as a process-oriented which focuses on what the individual really thinks and acts in a specific stressful situation. Coping is influenced by the individual's appraisal of the real demands in the encounter and resources for managing them. There are no prior assumptions as to whether it is good or bad coping because coping is simply defined as a person's efforts to manage demands, whether the efforts are successful or not.

Objectives: The present study attempts to identify the ways and levels of coping used by nurses working at psychiatric wards in Baghdad psychiatric hospitals and to find out a relationship between the levels of coping and some demographic characteristics.

Methods: A descriptive study was carried out through the period from the September 14th to the December 18th of 2014. A purposive sample of 90 nurses who work in psychiatric wards of Baghdad psychiatric hospitals enrolled to achieve the study objectives: AlRashad: 56, Ibn Rushid: 26 and psychiatric ward at Baghdad hospital: 8. Brief COPE was used to determine the strategies applied by the nurses. This inventory was modified by Carver (1997) which contains 28 items. These items are divided in to 14 domains. Data were analyzed using the statistical analysis program of SPSS 19th version. Descriptive analysis: frequencies, percentages and distribution; inferential analysis: Chi² and correlation coefficient were also applied.

Results: The results revealed that the levels of general coping was good (38.9%), medium (30.0%), and weak (31.1%) and the best level of coping was found in female nurses (24.4%), married nurses (32.2%), nurses with secondary level in nursing (24.4%), and having five years and less in psychiatric wards (23.3%).

Conclusion: the study concluded that when active coping increases, job stress decreases and support will decrease the Job stress experienced by the nurses.

Recommendations: The present study recommends that nurses working at psychiatric wards have to participate in

special sessions regarding enhancement of coping skills to manage stress; and, confirm professional criteria of the relationship between nurses and other health team members during the time of working at these wards.

Keywords: assessment, coping, strategies, lessen, control, stress, psychiatric, wards, Baghdad.

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INTRODUCTION

Work-related stress is well-known as a significant problem in health care workers⁽¹⁾. Health care workers include the nurses which are correspond to the major profession of health care system⁽²⁾. In comparison with other professions, nursing has been counted as stressful profession⁽³⁾ and numerous studies have been showed that nursing is a stressful and emotionally involving job⁽⁴⁾.

Stress can be defined simply as any cause that pose a threat to the body's health and effects negatively on its functioning such as trauma, disease, disorder, and getting anxious⁽⁵⁾. Randy and David defined stress as "the subjective feeling produced by events that are uncontrollable or threatening"⁽⁶⁾. Stress has an impact on people by affecting the body physically, emotionally, and cognitively. Even though each individual has the ability to adopt to stress, but they respond differently to the same stressor⁽⁷⁾.

Nursing in its nature, have many daily sources of stress which can the nurses face them during the accomplishment of nursing care plan and interpersonal relationship and other activities that have associated with anxiety experiences. Prolonged experience of stress by the nurses in the workplace without effective coping strategies has a negative effect on the nursing competencies in addition to the negative consequences upon occupational life of nurses⁽⁸⁾. Coping has been regarded as a stabilizing factor that may help individuals to maintain their psychological adaptation during stressful events. Therefore, the genuine reaction to event might be important than the event itself⁽⁹⁾.

According to Shelly and Taylor coping is the process of managing demands that are appraised as taxing or exceeding the resources of the person⁽⁹⁾. Thus, coping is a set of actions have been taken by individual; an important feature process of the personal-environmental interface⁽⁵⁾. Coping with stress can be achieved by many different ways. Research on stress and coping depicted that people use different approaches for coping rather using one⁽⁷⁾. According to Lazarus and Folkman (1984), coping strategies can be classified as problem-focused and emotion-focused strategies⁽⁴⁾. Habitually, individuals can cope with stress for short periods of stress, but extended stress produces physiological changes relatively long in duration. Effectiveness of coping behaviour is related to the situation; some coping mechanism works usefully for some situation but not for other⁽¹⁰⁾. Coping responses can be recognized as positive or negative and as reactive or active. The positively or negatively active or reactive coping response is depending on the situation and content of the response⁽⁷⁾.

It has been known of the previous research that health care professional and workers are at major risk from the negative effects of occupation- related stress, in particular the nurses⁽¹¹⁾. For that reason, psychiatric nurses have been selected as a target population for our study because we

hypothesized that they are facing a high level of stress. So, we are trying to explore the coping responses of them in these stressful situations and also to find out the association between coping strategies they are used and some of their variables.

OBJECTIVES:

The present study attempts to identify the ways and levels of coping used by nurses working at psychiatric wards in Baghdad psychiatric hospitals and to find out a relationship between the levels of coping and some demographic characteristics.

METHODOLOGY

A descriptive study was achieved from the September 14th to the December 18th of 2014. A non-probability sample of 90 nurses working in psychiatric Hospitals in the city of Baghdad: 56 nurses in Al-Rashad psychiatric hospital; 26 nurses in Ibn-Rushid psychiatric hospital; and 8 nurses in psychiatric ward at Baghdad hospital. To meet the objectives of present study a self-administrative questionnaire was constructed. This questionnaire consisted of two parts: One is related to six demographic characteristics which are age, gender, marital status, level of education, years of career in general wards, and years of career in psychiatric wards; and the other part has 28 items which is a part of a scale called (Brief COPE)⁽¹⁾ which measure the levels of coping and has 14 domains, each has 2 items: 1-Active coping; 2- Planning; 3- Positive reframing; 4- Acceptance; 5- Humour ;6- Religion; 7- Emotional support; 8- Instrumental support; 9- Self-distraction; 10- Denial; 11- Venting; 12- Substance use; 13- Behavioural disengagement; and 14- Self-blame. Each item is scored from (1) never, (2) sometimes, and (3) always, so the total score ranged from 28 to 84 for the coping scale. These items were measured, scored, and rated on 3-level rating scale ; low with cut-off point ranged (39-56-) that indicates that the level of coping is weak; medium with cut-off point ranged (57-60) that indicates that the level of coping is medium; and high with cut-off point ranged (61-73) that indicates that level of coping is good. The informed consent of nurse's staff was verbal taken to complete the questionnaire. The participants were expressed strong commitment for cooperation with researcher. Data of present study were analysed by using statistical package for social science (SPSS) version 19. Data analysis was employed through the application of descriptive and inferential statistical approaches which were performed through the computation of the following: Descriptive: Frequencies and percentages; and inferential: Pearson Correlation Coefficient and Chi-square.

RESULTS:

Table (1): Demographic characteristics of the nurses participated in the study.

Gender	Gender		Status	Marital Status	
	f	%		F	%
Male	45	50.0%	Unmarried	15	16.7%
Female	45	50.0%	Married	74	82.2%
Total	90	100.0%	Divorced	1	1.1%
			Total	90	100.0%

year	Age		Level of Education		
	f	%	f	%	
20-29	30	33.3%	Secondary	53 58.9%	
30-39	32	35.6%	Institute	19 21.1%	
≥40	28	31.1%	College	18 20.0%	
Total	90	100.0%	Total	90 100.0%	
Career in General Wards			Career in Psychiatric Ward		
Year	f	%	Year	F	%
≤5	13	14.4%	≤5	59	65.6%
6-10	25	27.8%	6-10	12	13.3%
11-15	22	24.5%	11-15	9	10.0%
≥16	30	33.3%	≥16	10	11.1%
Total	90	100.0%	Total	90	100.0%

Table (1) indicates that male nurses and female nurses participated are equal (50.0%); 35.6% of those nurses were 30-39 years old; the majority of those nurses are married (82.2%); more than half of them are with level of education of secondary level in nursing (58.9%), more than half of them has ≤ 5 years (65.6%) working in psychiatric ward and approximately one third working in general nursing ≥16 (33.3%).

Table (2): Distribution of the levels of Total Coping according to demographic characteristics of the nurses

Demographics	Levels of Total Coping						Total		
	F	Weak %	f	Medium %	f	Good %		f	%
age	20-29	11	12.2%	9	10.0%	10	11.1%	30	33.3%
	30-39	11	12.2%	11	12.2%	10	11.1%	32	35.6%
	≥40	6	6.7%	7	7.8%	15	16.7%	28	31.1%
	Total	28	31.1%	27	30.0%	35	38.9%	90	100%
Gender	Male	13	14.4%	19	21.1%	13	14.4%	45	50.0%
	Female	15	16.7%	8	8.9%	22	24.4%	45	50.0%
	Total	28	31.1%	27	30.0%	35	38.9%	90	100%
	Marital Status	Unmarried	3	3.3%	6	6.7%	6	6.7%	15
Married		25	27.8%	20	22.2%	29	32.2%	74	82.2%
Divorced		0	0.0%	1	1.1%	0	0.0%	1	1.1%
Total		28	31.1%	27	30.0%	35	38.9%	90	100.0%
Level of Education	Secondary	14	15.6%	17	18.9%	22	24.4%	53	58.9%
	Institute	8	8.9%	6	6.7%	5	5.6%	19	21.1%
	College	6	6.7%	4	4.4%	8	8.9%	18	20.0%
	Total	28	31.1%	27	30.0%	35	38.9%	90	100.0%
Psychiatric Ward	≤ 5	20	22.2%	18	20.0%	21	23.3%	59	65.6%
	6-10	2	2.2%	5	5.6%	5	5.6%	12	13.3%
	11-15	4	4.4%	2	2.2%	3	3.3%	9	10.0%
	≥16	2	2.2%	2	2.2%	6	6.7%	10	11.1%
	Total	28	31.1%	27	30.0%	35	38.9%	90	100.0%
General Ward	≤ 5	4	4.4%	3	3.3%	6	6.7%	13	14.4%
	6-10	8	8.9%	10	11.1%	7	7.8%	25	27.8%
	11-15	4	4.4%	6	6.7%	12	13.3%	22	24.5%
	≥16	12	13.3%	8	8.9%	10	11.1%	30	33.3%

Total	28	31.1%	27	30.0%	35	38.9%	90	100.0%
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Table (2) shows that the older nurses have good level of coping with stress (16.7%) than the younger nurses (11.1%); and female nurses are more likely to cope with stress (24.4%) than male nurses (14.4%). The married bends to use a good level of coping (32.2%) than unmarried (6.7%); nurses with secondary level in nursing cope with stress in good level (24.4%). Having less than five years at psychiatric wards, the study reveals that 23.3% of those nurses cope with stress in good level and only 7.8% of nurses with six to ten years cope with stress in good level. And having 11 to 15 years in general wards, 13.3% of nurses cope in good level.

Table (3):Distribution in the levels of Total Cope according to the nurses

Total Cope	Levels of Total Cope								
	No.	Weak		Medium		Good		Total	
		f	%	f	%	f	%	f	%
	90	28	31.1%	27	30.0%	35	38.9%	90	100.0%

Table 3. Indicates that the nurses have reported different levels of coping: 31.1% with weak level; 30.0% with medium level; and 38.9% with good level.

Table (4):Distribution in levels of coping regarding coping dimensions

Brief COPE	Levels of Coping Dimensions								
	Coping Dimensions	Weak		Medium		Good		Total	
		f	%	f	%	f	%	f	%
Active coping	19	21.1%	20	22.2%	51	56.7%			
Planning	12	13.3%	31	34.4%	47	52.2%			
Positive reframing	24	26.7%	32	35.6%	34	37.8%			
Acceptance	9	10.0%	57	53.3%	24	26.7%			
Humour	19	21.1%	28	31.1%	43	47.8%			
Religion	17	18.9%	20	22.2%	53	58.9%			
Emotional support	7	7.8%	49	54.4%	34	37.8%			
Instrumental support	7	7.8%	37	40.1%	46	51.1%			
Self-distraction	17	18.9%	48	53.3%	25	27.8%			
Denial	48	53.7%	34	37.8%	8	8.9%			
Venting	14	15.6%	29	32.2%	47	52.2%			
Substance use	76	84.4%	8	8.9%	5	5.7%			
Behavioural Disengagement	31	34.4%	17	18.9%	42	46.7%			
Self-blame	17	18.9%	51	56.7%	22	24.4%	0	00.0%	

Table 4. Indicates that the different levels of coping according to the main 14 domains are used by the nurses working at psychiatric wards. The study shows that the religion coping 58.9% (n= 53) was the most commonly used by those nurses ranged between medium and good levels.

Table (5): Association between demographic characteristics and the coping strategies

Coping Strategies	Gender			Age			Marital Status			Level of Education			of Psychiatric Ward		
	χ^2	df	p	χ^2	df	p	χ^2	df	p	χ^2	df	p	χ^2	df	P
Active coping	5.88	1	.12	4.25	2	.64	7.58	2	.27	9.57	2	.14	15.7	3	.21
Planning	3.23	1	.36	8.81	2	.18	2.88	2	.82	7.43	2	.28	20.9	3	.05
Reframing	1.99	1	.58	3.15	2	.79	12.7	2	.05	2.95	2	.82	9.78	3	.64
Acceptance	5.70	1	.05	2.71	2	.61	10.6	2	.03	1.37	2	.85	5.68	3	.68
Humour	3.55	1	.91	6.29	2	.62	7.13	2	.52	13.3	2	.10	17.4	3	.36
Religion	10.5	1	.03	8.51	2	.20	8.75	2	.19	12.6	2	.05	8.29	3	.76
Emotional support	10.6	1	.03	9.79	2	.28	12.1	2	.14	2.37	2	.97	14.5	3	.56
Instrumental support	8.64	1	.071	1.96	2	.98	17.2	2	.03	10.9	2	.20	14.8	3	.54
Self-distraction	12.9	1	.01	7.53	2	.48	4.44	2	.82	2.77	2	.95	15.1	3	.52
Denial	3.86	1	.43	7.49	2	.46	8.37	2	.40	15.6	2	.05	17.2	3	.38
Venting	6.62	1	.16	4.47	2	.81	6.18	2	.63	7.01	2	.54	18.9	3	.28
Substance use	2.88	1	.41	8.94	2	.18	18.6	2	.01	4.82	2	.57	9.72	3	.64
Behavioural disengagement	10.1	1	.04	10.7	2	.22	6.46	2	.50	5.57	2	.70	13.9	3	.61
Self-blame	6.28	1	.18	9.84	2	.28	6.43	2	.04	6.86	2	.55	20.8	3	.19

Table 5 reveals that there are different relationships between the coping strategies and demographic characteristics of the nurses: There is a high significant relationship between gender and Self-distraction strategy (p=0.01); and between marital status and substance use strategy (p=0.01). And there is a significant relationship between career in psychiatric wards and planning strategy (p=0.05); marital status and reframing and acceptance strategies (p=0.05) (p=0.03) respectively; gender and acceptance, religion, emotional support and behavioural disengagement strategies (p=0.05) (p=0.03) (p=0.03) (p=0.04) respectively; between marital status and reframing, acceptance, instrumental support and self-blame strategies (p=0.05)(p=17.2) and (p=0.04) respectively.

Table (6): Association between Total coping and demographic characteristics of the nurses

Variables	Total coping	
Demographics	<i>r</i>	<i>p-value</i>
Gender	0.093	0.38
Age	0.269	0.02
Marital Status	0.065	0.54
Level of Education	0.355	0.01
Career in Psychiatric Wards	0.117	0.27

Table 6 indicates that regarding the total coping there is a high significant relationship between total coping strategies and level of education of the nurses (r=0.335, p=0.01). And there is

a significant relationship between total coping strategies and the age of those nurses ($r=0.269$, $p=0.02$).

DISCUSSION

An individual's coping with stress, if it is positive or negative coping, is impacted by a numeral of particular elements. In addition, the total individual is taken in reacting and adjusting to stress⁽²⁾. Whatever and wherever the sources of stress, coping is the same domains to deal with this stress; the nurses of ≥ 40 years old are having more good level of coping than other younger nurses (Table. 2). This result is supported by relevant available studies⁽⁷⁾ who indicate that nurses of older age have greater coping with stress than younger nurses. Female nurses show better way in dealing with stress than male nurses do (Table. 2). This result is not to be expected but in present study it might be the gender and is well-associated with acceptance, emotional support and behavioural disengagement domains which are of emotional-focused coping strategies of coping (Table. 5)⁽¹²⁾. Married nurses show more levels of coping (Table. 2). My opinion this result does not reflect the real status because the married nurses are the highest percentage among the total nurses jointed in the study.

The present study indicates that period of career and whether the nurses working in general or psychiatric hospitals do not give a great indicator for higher levels of coping ($p= 0.27$). In this present study shows that the nurses have reported good level coping with stress. This result is supported by relevant available studies⁽¹³⁾ they found high mean score (12.2) to cope with job stress (Table. 3). In this study, religion coping was the most commonly used. This result is supported by relevant available studies⁽¹⁴⁾ they found that religiosity can have a protective function that facilitates coping, as the nurses used God as an approach to turn to and to obtain shelter (Table 4). With regard to demographic variables Pearson's correlate with totally coping strategies, the present study shows a significant correlation between coping strategies with age and levels of education (Table .6).

This result is supported by relevant available studies⁽⁷⁾ they found there were significant associations between: age, tenure state, work place and job experience with positive coping. My suggestion that changes in the confrontation may be associated with age-related changes in the sources of stress, indicating that changes to deal directly as a function of age is different, that is, as a function of the development of the personality. Also there is a significant relationship between copings strategies with level of education .This result is supported by relevant available studies⁽¹⁵⁾.

They found that women and people with low education and income were more likely to employ coping strategies which are relatively inefficacious in reducing role-related emotional distress.

CONCLUSION

When active coping increases, job stress decreases and improvement in time and support will decrease the Job stress experienced by the nurses.

RECOMMENDATIONS:

1. The nurses working at psychiatric wards need to participate in special sessions regarding enhancement of coping skills to manage stress; and, confirm professional criteria of the relationship between nurses and other health team members during the time of working at these wards.

2. Hence, support services have to be protective, so as to health difficulties of nurses could be avoided. This requires more research into detecting the most active way of identifying when persons are experiencing early troubles, and of improving the coping skills in order to avert the shift from mild distress to severe levels.

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