COPING STRATEGIES AMONG NURSES

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ABSTRACT

A descriptive study was undertaken to identify coping strategies among nurses in a selected hospital of Guwahati, Assam. The study was designed to identify coping strategies used by nurses in various situations of job stress in a selected private sector hospital of Guwahati city. The objectives of the study were: (1) To find out the common coping strategies adopted by nurses to overcome stressful situations & (2) To find out the association between adopted coping strategies and selected demographic variables.

The sample comprised of 50 randomly selected nurses working in various wards. Descriptive survey design was adopted for the study. Data was collected through a structured questionnaire which consisted of two parts. PART A of the tool was the Demographic proforma and the PART B of the tool consisted of Coping Strategies Scale (CSS).

All the participants nurses were female nurses in the study and majority of them were from the age group 26-30 years (34%). Majority belonged to Hindu religion (54%). Out of 50 participant nurses, 28 nurses (56%) were GNM Diploma holders, 21 nurses (42%) were graduate nurses & 1 (2%) had post graduate degree in nursing. Most of the nurses (80%) were working in the capacity of staff nurse & 86% of them had shift duty.

Study found a significant association between coping scores and 'general academic qualification' & 'marital status' of the nurses. Majority of the participants reported moderate coping. Nurses mostly used problem solving approach as their coping behaviour.

Based on the finding of the study it is recommended that studies may be undertaken considering other variables and may be replicated on a larger sample size.

KEY WORDS: Nurses, Hospital, Coping strategies.

INTRODUCTION

Nursing is a stressful profession. Nurses adopt various ways of coping to job related stress. Coping is a cognitive and behavioral effort one uses to face a stressful situation.

The perception of stress and the responses to it are highly individualized. A person's perception of and responses to stress are structured by his or her culture, family, genetic inheritance and life experiences. The process of responding to stress is constant and dynamic and is essential to the person's physical, emotional, and social well- being. Stress and adaptation are major components in health and illness (Taylor CR, Lillis C, LeMone P, Lynn P; 2008)[1].

The ability to effectively cope with stress will depend primarily on one's attitude towards it, the belief in oneself and the willingness to take an active role in the whole process. While it cannot be denied that external forces do have an influence on an individual; it is also true that our intrinsic personality traits contribute a positive or negative orientation in life (Chauhan D, 2002) [2].

Statement of the problem- Coping Strategies adopted by hospital Nurses in a selected hospital of Guwahati City, Assam.

Objectives of the study -
  o To find out the common coping strategies adopted by nurses to overcome stressful situations.
  o To find out the association between adopted coping strategies and selected demographic variables.

METHODS

Research approach- Descriptive Survey Approach

Study setting- Selected private sector hospital of Guwahati city, Assam.

Definition of population- Nurses working in selected private hospital, Guwahati city, Assam.

Sample size- 50 Trained Nurses

Sampling Technique- Simple random Sampling

Description of Tool- The tool consisted of two parts.

PART A – SOCIO- DEMOGRAPHIC PROFORMA- It included variables like- age, gender, religion, designation, educational qualification, years of experience, area of work, type of duty, number of night shift, marital status, occupation of husband, income of husband, number of children, distance of hospital from place of stay, type of accommodation, monthly income.

PART B – QUESTIONNAIRE ON COPING STRATEGIES

The tool used is a standardized device to assess coping. It is called Coping Strategies Scale (CSS) – by A.K. Srivastava. The scale contains 50 items to be rated on five point scale, describing values of coping behavior

The data obtained was analyzed in terms of frequencies and percentages and chi-square.

RESULTS

Study findings shows that all the participants were female nurses. Majority of the participants, were from the age group 26-30 years (34%) & belonged to Hindu religion (54%). Out of 50 participant nurses, 28 nurses (56%) were GNM Diploma holders, 21 nurses (42%) were graduate nurses & 1 (2%) had post graduate degree in nursing. Majority (80%) of the participant nurses were working in the capacity of staff nurse & 86% had shift duty.

The following table shows the details of the demographic characteristics.

Table 1- DESCRIPTION OF SAMPLE CHARACTERISTICS

N=50

Variable	Items	Number of Nurses (Frequency)	Percentage
Age in years	Upto 25	13	26.0
	26 - 30	17	34.0
	31 - 35	9	18.0
	36 - 40	11	22.0
	Total	50	100.0

Religion	Hindu	27	54.0
	Islam	1	2.0
	Christian	22	44.0
	Total	50	100.0
General Academic Qualification	Higher Secondary	41	82.0
	Graduate	7	14.0
	Post Graduate	2	4.0
	Total	50	100.0
Professional Qualification	GNM	28	56.0
	BSc Nursing	21	42.0
	MSc Nursing	1	2.0
	Total	50	100.0
Designation	Staff Nurse	40	80.0
	Shift-in Charge	4	8.0
	Unit/Ward In-charge	4	8.0
	Infection Control Nurse	1	2.0
	Nurse Educator	1	2.0
	Total	50	100.0
Years of Professional Experience	0 - 1 year	4	8.0
	1 - 3 yrs	18	36.0
	3 - 5 yrs	5	10.0
	5 - 10 yrs	12	24.0
	11 yrs and above	11	22.0
	Total	50	100.0
Type of Duty	Fixed	7	14.0
	Shift	43	86.0
	Total	50	100.0
Number of Night Shift in a month	No night duty	4	8.0
	1 - 5 days	10	20.0
	6 - 12 days	34	68.0
	Above 12 days	2	4.0
	Total	50	100.0
Area of Work	General	1	2.0
	Cabin/Private ward	4	8.0
	Psychiatric setting	3	6.0
	Intensive Care Unit/ICU/Semi ICU	34	68.0
	Operation Theatre	6	12.0
	Emergency/Casualty	2	4.0
	Total	50	100.0
Marital Status	Unmarried	30	60.0
	Married	20	40.0
	Total	50	100.0
Occupation of Spouse	Not applicable	31	62.0
	Govt. Service	2	4.0
	Private sector	8	16.0
	Business	6	12.0
	Unemployed	3	6.0
	Total	50	100.0
Spouse's income per month	Not applicable	33	66.0
	Upto Rs. 10000	1	2.0
	10001-20000	7	14.0
	20001-30000	6	12.0
	30001-40000	2	4.0
	Above 40000	1	2.0

	Total	50	100.0
Number of Children	Not applicable	29	58.0
	None	4	8.0
	One child	9	18.0
	Two children	7	14.0
	More than two	1	2.0
	Total	50	100.0
Type of Accommodation	Hostel	10	20.0
	Rent house	35	70.0
	Own house	5	10.0
	Total	50	100.0
Type of Family	Nuclear	32	64.0
	Joint	14	28.0
	Extended	4	8.0
	Total	50	100.0
Distance of Workplace from residence	Walk able distance	28	56.0
	Upto 2km	7	14.0
	2 - 5 km	10	20.0
	More than 5 km	5	10.0
	Total	50	100.0
Self Income per month	Upto Rs. 10000	1	2.0
	10001-20000	28	56.0
	20001-30000	13	26.0
	30001-40000	8	16.0
	Total	50	100.0

Regarding findings related to coping behaviour of nurses, majority of the participants reported moderate coping. Nurses mostly used problem solving approach as their adopted coping strategy.

The following table depicts the findings related to coping strategies adopted by nurses.

Table 2- FINDING RELATED TO COPING STRATEGIES AMONG NURSES

N=50

Coping Strategies	Low		Moderate		High		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Total Approach	16	32.0	22	44.0	12	24.0	50	100.0
Total Avoidance	13	26.0	26	52.0	11	22.0	50	100.0

Findings related to association between coping strategies and selected demographic variables suggest that there is statically significant association between coping scores and the demographic variable of 'general academic qualification' & 'marital status' of nurses.

The following table depicts the association between adopted coping strategies and demographic variables.

Table 3- ASSOCIATION BETWEEN ADOPTED COPING STRATEGIES AND DEMOGRAPHIC VARIABLES

N=50

Demographic Variable		Total Approach			Total Avoidance		
	Chi-Square	Value	Df	P value	Value	Df	P value
Age	Pearson Chi-Square	4.018	6	.674	9.356	6	.155
Religion	Pearson Chi-Square	3.085	4	.544	2.530	4	.639

General Academic Qualification	Pearson Chi-Square	12.581	4	.014	11.560	4	.021*
Professional qualification	Pearson Chi-Square	5.082	4	.279	6.951	4	.138
Designation	Pearson Chi-Square	8.625	8	.375	5.625	8	.689
Years of Professional Experience	Pearson Chi-Square	5.906	8	.658	14.135	8	.078
Type of Duty	Pearson Chi-Square	.811	2	.667	3.999	2	.135
No of Night shift in a month	Pearson Chi-Square	7.916	6	.244	2.924	6	.818
Area of work	Pearson Chi-Square	14.892	10	.136	10.252	10	.419
Marital Status	Pearson Chi-Square	6.124	2	.047	7.416	2	.025*
Occupation of Spouse	Pearson Chi-Square	12.262	8	.140	9.604	8	.294
Spouse's income per month	Pearson Chi-Square	14.422	10	.155	11.812	10	.298
Number of Children	Pearson Chi-Square	10.838	8	.211	15.474	8	.051
Type of Accommodation	Pearson Chi-Square	17.273	4	.002	3.966	4	.411
Type of Family	Pearson Chi-Square	3.065	4	.547	3.893	4	.421
Distance of workplace from residence	Pearson Chi-Square	6.318	6	.388	4.218	6	.647
Self income per month	Pearson Chi-Square	6.435	6	.376	7.891	6	.246

*statistically significant at $p < 0.05$ level.

DISCUSSION

The present study found that majority of the nurses used moderate coping and used problem solving approach which is a positive coping behavior.

Similar findings were reported by Rodrigues AB, Chaves EC[3] in their study of stressing factors and coping strategies among oncology nurses. In the studied population, the main coping strategy used was positive reappraisal.

In a survey of UK nurses stress conducted by the Nursing Times findings reported that talking to colleagues was the coping strategy used by most nurses (Cole[4]).

Sullivan[5] reported that the coping strategies used by nurses to mange or counteract their stress and dissatisfaction included – seeking social support, planful problem solving, accepting responsibility, positive reappraisal and avoidance.

Lu Luo, Shiau Chi, Cooper CL[6] (1997) examined occupational stress among clinical nurses working in various hospitals of Southern Taiwan and found that Taiwan nurses made more efforts to cope with work stress.

CONCLUSION

The present study concludes that nurses use some coping strategies to overcome their job related stress. Based on the finding of the study it is recommended that studies may be undertaken considering other variables and may be replicated on a larger sample size.

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