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Stress and Its Impact on Mental and Physical Health in Saudi Arabia (Analytical Study of the Opinions of nursing care working in a Saudi hospital in the Eastern Province)

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Abstract:

Stress is an inevitable part of life that individuals face. Stress occurs when stressful events, whether personal, environmental, or social, affect an individual's ability to cope and threaten the breakdown of their psychological and physical systems. Stress can create difficulties and obstacles that may exceed an individual's ability to tolerate and deal with them, causing them stress and having negative effects on their psychological and physical health.

The current study aimed to identify the negative effects of psychological stress on the psychological and physical health of individuals through the literature that has addressed this topic. The results of the study showed that among the negative effects of stress on psychological health are the deterioration of individuals' self-concept, feelings of frustration, poor adjustment, and the appearance of symptoms of various psychological disorders. The negative effects of stress on the physical health of individuals are represented by the weakening of the immune system and the occurrence of various infections, as well as the occurrence of high blood pressure, heart and vascular diseases, diabetes, digestive system diseases, and skin diseases.

Objectives: The primary objective of this study was to assess the coping strategies employed by nurses working in psychiatric wards at a Saudi hospital in the eastern province. Additionally, the study aimed to explore potential relationships between the levels of coping and various demographic characteristics among these nurses.

Methods: A descriptive study was conducted over a period spanning from September 14th to December 18th, 2022. The study sample consisted of 90 nurses who were purposefully selected from psychiatric wards at a Saudi hospital in the eastern province. To achieve the study's objectives, the researchers utilized the Brief COPE inventory, a modified version developed by Carver (1997), which comprises 28 items categorized into 14 domains.

Conclusion: The study's findings revealed a noteworthy relationship between active coping strategies, reduced job stress, and increased support, which was associated with decreased job stress among nurses. In essence, the data indicates that enhancing active coping can lead to a decrease in job-related stress among nurses.

Recommendations: Considering the study's findings, it is recommended that nurses working in psychiatric wards should undergo specialized training sessions aimed at improving their coping skills and stress

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management. Moreover, there should be clear professional guidelines and criteria governing the relationships between nurses and other healthcare team members in these specific work settings. These measures can contribute to a more supportive and harmonious work environment for nurses in psychiatric wards.

Keywords: stress, mental health, physical health, assessment, coping, strategies, lessen, control, stress, psychiatric, wards, Saudi hospital, eastern province, healthcare, healthcare system.

Introduction:

Stress is a pervasive issue that affects individuals across the globe, transcending cultural and geographical boundaries. In recent years, the Kingdom of Saudi Arabia has witnessed significant economic and social transformations, which have brought about various lifestyle changes, including an increased prevalence of stress-related concerns. As the demand for healthcare services in the region continues to rise, the well-being of healthcare professionals, particularly nurses, has become a critical concern. Nursing care professionals play a pivotal role in providing patient care within Saudi hospitals, and their mental and physical health is paramount to the delivery of quality healthcare services.[1]

Stress among healthcare workers is a well-documented global concern, with numerous studies highlighting its adverse effects on both mental and physical health. The nursing profession is characterized by demanding workloads, long hours, and exposure to emotionally charged situations, all of which can contribute to high levels of stress. The consequences of unchecked stress among nurses can be severe, leading to burnout, decreased job satisfaction, compromised patient care, and, ultimately, negative impacts on overall healthcare system performance.[2]

Stress is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances. It can be caused by a variety of factors, such as work, relationships, financial problems, or health concerns. [3]

According to Alkhamees et. al. (2020), stress is a specific relationship between the person and the environment that is evaluated by the person as stressful or that exceeds his or her resources and poses a threat to his or her well-being. [4]

Alblihed and H. A. Alzghaibi (2022) further define stress as an external force that affects the individual's physiological, psychological, and social systems. Stress is the product of the evaluation of threatening situations that the individual distinguishes from others. [5]

The World Health Organization defines mental health as a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community. Mental health is not just the absence of mental illness but rather a positive state of mind that allows individuals to reach their full potential. [6]

Physical health is a state of well-being in which the individual is free from illness or injury. It is also a state of balance and harmony in the individual's physical, mental, and emotional systems. [7]

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Individuals face stress in their lives inevitably, and this happens regardless of the nature of their lives, their patterns, and their styles. Life and its circumstances are in a state of continuous change and transformation, and therefore this change creates stressful requirements for adapting to these changing circumstances. Thus, the individual is in a continuous interactive movement of stress and adaptation to this stress. These stressful stimuli can be positive or negative, depending on the emotional response they elicit. [8]

According to Awadalla et al. (2022), stress is a part of life for society and the individual, as the challenges imposed by our current era increase its requirements. Also, this stress exists in all societies and affects all members of those societies, which drives these individuals to adapt to this stress and try to face it. The impact of stress extends to the different aspects related to the individual, including his social and family relations as well as his aspects. [9]

Assadi (2017) believes that if psychological stress is a life phenomenon that the individual must experience, then he is faced with the option of adapting to it and overcoming this stress or the option of not tolerating it, and in this case, he is exposed to illness, frustration, or breakdown. [10]

Many perspectives have worked to define and interpret stress. One of the models that addressed stress is the Lazarus and Folkman model. This model focuses on the common cognitive components of interpreting the stressful events that the individual is exposed to. This model shows that stress occurs when environmental demands exceed the individual's coping abilities. It is also seen in this model that stressful events are interpreted based on two main processes: primary evaluation and secondary evaluation. The primary evaluation refers to the individual's perception of the situation and his assessment of it. The secondary evaluation is the individual's assessment of what resources he has to deal with the stressful event and what alternatives and options he has. Lazarus added to the two processes above a third evaluation process, re-evaluation, which includes the individual's re-evaluation of how he perceives the stressful situation and how he deals with it. [11]

The individual develops his coping style for the situation by his awareness of this style and its effectiveness. [12]

When responding to a stressful psychological or physical event, organisms show an immediate increase in physical arousal as the body prepares to respond to the threat. This alarm reaction occurs due to the sudden activation of the sympathetic nervous system and the release of stress hormones by the endocrine system. This alarm stage cannot continue indefinitely; after that, the body's natural tendency to maintain a stable internal state of balance activates the parasympathetic nervous system, which in turn works to reduce arousal. However, the body remains in the alarm state and enters the second stage of response, which is resistance. In this stage, the body's resources are mobilized by the continuous flow of adrenaline and other stress hormones released by the endocrine system, especially the adrenal glands. The resistance stage can last for a relatively long period, but by this time the body's resources have been depleted, and the immune system's function is partially impaired by stress hormones, according to Endrighi et. al. 2016. [13]

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If the stressful event is severe and lasts for a very long time, the body may reach the exhaustion stage, in which the body is exposed to diseases, and in some extreme cases, it is susceptible to collapse, and death as seen by Farrell et. al. 2017. Seley believes that the body system is the first to be affected. [14]

Stress occurs when self-generated or environmental and social stressors affect the individual's ability to cope and threaten to collapse his psychological and physical systems. The individual's perception of the presence of the threat is accompanied by physiological changes such as increased sweating, increased heart rate, increased breathing, and decreased blood flow to the stomach. These changes, caused by the adrenal glands, direct oxygen to the muscles to prepare the body for a physical attack or withdrawal. Continued arousal of this type can cause some biological changes in the body, such as stomach ulcers. Differences in upbringing, social class, environment, and culture also lead to differences in responses to psychological stress. High blood pressure is a disease that accompanies stress and is not caused by a biological source. High blood pressure is common among black people in North American cities, while the disease is rare among the population in South and Central America. Black people in North America live in conditions involving repressed aggression and high tension. Also, one of the diseases that cause death among middle-aged men in the West is heart disease, which is believed to be partially caused by competition, self-control, and conflicts imposed by the culture in Western society, whether at home or work. [15]

In this context, the study of Giallonardo et. al. is entitled Psychological Stress and its Impact on Mental and Physical Health and its Relationship with Some Demographic Factors for faculty members at Mu'tah University. It was among its objectives to identify the impact of psychological stress on the mental and physical health of faculty members at Mu'tah University in Jordan. The results of the study indicated a positive correlation between psychological stress and the associated physical and psychological symptoms. [16]

The study of Green. et al. (2021), which was conducted in the United States, The study, which aimed to identify the relationship between stress and physical symptoms, was conducted on 1030 males and females in adolescence. The results of the study showed a statistically significant relationship between psychological stress and physical complaints among the sample members of both sexes. The most common symptoms among individuals were headaches and stomach pains. These physical symptoms increase in frequency with increasing levels of psychological stress. [17]

Harrison et. al. 2021 conducted a study to identify the effect of stressful life events on the incidence of stomach and duodenal ulcers. The sample consisted of 100 patients with stomach and duodenal ulcers. The results showed that stressful life events are a confirmed variable that has a relationship with the incidence of stomach and duodenal ulcers. [18]

In this regard, Hassan (2020) points out that the results of studies by several researchers, as well as the clinical observations of psychiatrists, indicate that psychological stress is a major cause of many organic diseases such as joints, the digestive system, and circulation, in addition to exposure to various psychological disorders. In this context, many studies have addressed

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stress through changes that occur in body functions or through behavioral disorders or physical diseases that occur in individuals. [19]

Kamiya et. al. (2016) developed the Social Readjustment Rating Scale, which measures stressful life events and includes thirty-four events. [20]

The Eastern Province of Saudi Arabia is a dynamic and diverse region, hosting a significant portion of the country's healthcare facilities. As stress among healthcare professionals in Saudi Arabia, including nurses, continues to be a pressing issue, it is imperative to gain a comprehensive understanding of the specific stressors and their consequences in this particular region. This analytical study aims to shed light on the experiences and opinions of nursing care professionals working in a Saudi hospital in the Eastern Province regarding stress and its impact on their mental and physical health.

Aim of the study

1. Identify the specific stressors that nursing care professionals in Saudi Arabia's Eastern Province encounter in their daily work.
2. Assess the prevalence and severity of stress among nursing care professionals in the region.
3. Examine the impact of stress on the mental and physical health of these professionals.
4. Investigate coping mechanisms and support systems currently in place to mitigate stress among nursing care professionals in Saudi hospitals.
5. Provide evidence-based recommendations to enhance the well-being of nursing care professionals and improve the quality of healthcare services in the Eastern Province of Saudi Arabia.

Research Hypotheses

1. **Hypothesis 1 (H1):** There is a significant association between job-related stress and the mental health of nursing care professionals in Saudi Arabia's Eastern Province.
    - Null Hypothesis (H0): There is no significant association between job-related stress and the mental health of nursing care professionals in Saudi Arabia's Eastern Province.
2. **Hypothesis 2 (H2):** There is a significant association between job-related stress and the physical health of nursing care professionals in Saudi Arabia's Eastern Province.
    - Null Hypothesis (H0): There is no significant association between job-related stress and the physical health of nursing care professionals in Saudi Arabia's Eastern Province.
3. **Hypothesis 3 (H3):** Certain demographic factors, such as years of experience, age, and gender, are predictors of stress levels among nursing care professionals in the Eastern Province of Saudi Arabia.
    - Null Hypothesis (H0): Demographic factors do not significantly predict stress levels among nursing care professionals in the Eastern Province of Saudi Arabia.

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4. **Hypothesis 4 (H4):** The availability of support systems and coping mechanisms has a significant moderating effect on the relationship between job-related stress and the mental health of nursing care professionals in Saudi Arabia's Eastern Province.
    - Null Hypothesis (H0): The availability of support systems and coping mechanisms does not significantly moderate the relationship between job-related stress and the mental health of nursing care professionals in Saudi Arabia's Eastern Province.
5. **Hypothesis 5 (H5):** The hospital work environment, including workload, shift patterns, and nurse-patient ratios, significantly influences the stress levels of nursing care professionals in the Eastern Province of Saudi Arabia.
    - Null Hypothesis (H0): The hospital work environment does not significantly influence the stress levels of nursing care professionals in the Eastern Province of Saudi Arabia.
6. **Hypothesis 6 (H6):** The implementation of stress management interventions, such as mindfulness programs or stress reduction workshops, can lead to a significant improvement in the mental and physical health of nursing care professionals in Saudi Arabia's Eastern Province.
    - Null Hypothesis (H0): The implementation of stress management interventions does not lead to a significant improvement in the mental and physical health of nursing care professionals in Saudi Arabia's Eastern Province.

Methodology

Research Problem:

Individuals in our society are exposed to various types of stress, some of which are daily and others long-term. The continuation and frequency of these stresses may lead to the accumulation of the negative effects of these stresses on the individual's psychological and physical health. Hence, the problem of the current study is that it is a theoretical attempt to identify the effects of stress on different aspects of individual health to reduce the harm of these effects and avert their danger to individuals.

Importance of the Research

1. **Healthcare Worker Well-being:** The well-being of healthcare professionals, especially nursing care workers, is vital for the effective delivery of healthcare services. Stress can have a profound impact on their mental and physical health, job satisfaction, and overall quality of life. Understanding the specific stressors they face and their consequences is crucial for enhancing the well-being of this critical workforce.
2. **Patient Care Quality:** Stressed healthcare workers may be at a higher risk of burnout, reduced job performance, and medical errors. This research can shed light on how stress among nursing care professionals affects the quality of patient care in Saudi Arabia's Eastern Province. Improving the well-being of healthcare workers can indirectly lead to improved patient outcomes.

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3. **Regional Context:** The Eastern Province of Saudi Arabia is a unique region with its own cultural, economic, and healthcare dynamics. Research specific to this region can provide insights into stressors that may be region-specific, enabling policymakers and healthcare institutions to tailor interventions accordingly.
4. **Policy and Intervention Development:** Findings from this study can inform the development of targeted policies and interventions aimed at reducing stress among nursing care professionals. This can include changes in work environments, support systems, and stress management programs. Evidence-based recommendations can contribute to improving the overall healthcare system.
5. **Research Gap Filling:** While stress among healthcare workers is a widely recognized issue, research specific to Saudi Arabia, especially the Eastern Province, may be limited. This study can help fill gaps in the existing literature and contribute to a more comprehensive understanding of stress in this context.
6. **Employee Retention:** High levels of stress can contribute to employee turnover in the healthcare sector. By addressing stress-related issues, healthcare institutions can potentially increase employee retention rates, which is essential for maintaining a stable and experienced workforce.
7. **International Comparisons:** The findings of this research can be compared to studies in other countries to identify similarities and differences in stressors and their impacts. Such comparisons can help in sharing best practices and innovative solutions to manage stress among healthcare workers globally.

Research Design

1. Study Period:

- The study was conducted between September 14 and December 18th, 2014.

2. Sample Size:

- A non-probability sample of 90 nurses working in psychiatric hospitals in the Eastern Province of Saudi Arabia was selected.

3. Data Collection Instrument:

- A self-administered questionnaire was used to collect data from the participants.

4. Questionnaire Structure:

- The questionnaire had two main parts:
    - Demographic Characteristics: This section collected information on six demographic characteristics: age, gender, marital status, level of education, years of career in general wards, and years of career in psychiatric wards.
    - Brief COPE Scale: This part included 28 items related to coping, based on the Brief COPE scale. The scale measured coping levels across 14 domains, with each domain consisting of 2 items. Respondents rated each item on a 3-level rating scale (1 for "never," 2 for "sometimes," and 3 for "always").
- The total score on the coping scale could range from 28 to 84.

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5. Coping Levels:

- Coping levels were categorized into three groups based on cutoff points:
  - Low coping (scores ranging from 28 to 56)
  - Medium coping (scores ranging from 57 to 60)
  - High coping (scores ranging from 61 to 84)

6. Informed Consent:

- Verbal informed consent was obtained from the nurse participants. They verbally expressed their commitment to cooperate with the researcher.

Research Tools and Data Collection Methods:

1. Theoretical Aspect: The research relies on available specialized Arabic and foreign sources, including books, journals, and the internet, as well as relevant research papers, theses, and dissertations related to the research topic.

Data for this study are collected from ten hospitals and medical centers located in the Eastern Province of Saudi Arabia

Statistical analysis

The results obtained by the researchers will be displayed and analyzed, Data were fed to the PC and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). We will display the arithmetic means of the questionnaire responses obtained from the sample and present the standard deviations to identify the degree of variation in those responses by displaying the frequencies and their percentages to identify the level of responses about the variables.

Reliability and Validity of the Questionnaire:

The questionnaire's reliability was tested using the split-half method, and the correlation coefficient was found to be 0.789, indicating high reliability. The Cronbach's Alpha coefficient was calculated for the total questionnaire items and yielded a value of (0.958), indicating a high level of reliability and suitability for application.

Results

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

Demographics characteristics		f	%
age	20-29	26	28.9%
	30-39	38	42.2%
	≥40	26	28.9%
	Total	90	100.0%
Gender	Male	32	35.6%
	Female	58	64.4%
	Total	90	100.0%
Marital Status	Unmarried	10	11.1%
	Married	77	85.6%
	Divorced	3	3.3%
	Total	90	100.0%

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Demographics characteristics		f	%
Level of Education	Secondary	43	47.8%
	Institute	28	31.1%
	College	19	21.1%
	Total	90	100.0%
Career in Psychiatric Ward	≤ 5	62	68.9%
	6-10	12	13.3%
	11-15	7	7.8%
	≥ 16	9	10.0%
	Total	90	100.0%
Career in General Wards	≤ 5	10	11.1%
	6-10	26	28.9%
	11-15	23	25.6%
	≥ 16	31	34.4%
	Total	90	100.0%

The demographic characteristics of the nurses who participated in the study are as follows. In terms of age, the participants were distributed across different age groups, with 28.9% falling in the 20-29 age range, 42.2% in the 30-39 age range, and 28.9% aged 40 or above. Regarding gender, the majority of participants were female, making up 64.4% of the sample, while 35.6% were male. In terms of marital status, a significant proportion of nurses were married, accounting for 85.6% of the participants, while 11.1% were unmarried, and 3.3% were divorced. Regarding education, participants had varying levels of education, with 47.8% holding secondary education qualifications, 31.1% having completed an institute program, and 21.1% having graduated from college. When it came to their careers in psychiatric wards, the majority (68.9%) had worked in such wards for five years or less, with smaller proportions having 6-10 years (13.3%), 11-15 years (7.8%), or 16 or more years (10.0%) of experience. Similarly, in general wards, nurses were distributed across different career durations, with 11.1% having five years or less, 28.9% with 6-10 years, 25.6% having 11-15 years, and the largest group (34.4%) having 16 or more years of experience. These demographic characteristics provide a comprehensive overview of the study's participant profile, which can be essential for understanding the context of the research findings.

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

Demographics		Levels of Coping Dimensions							
		Weak		Medium		Good		Total	
		f	%	f	%	f	%	f	%
age	20-29	9	10.0%	11	12.2%	10	11.1%	30	33.3%
	30-39	11	12.2%	11	12.2%	10	11.1%	32	35.6%
	≥40	7	7.8%	6	6.7%	15	16.7%	28	31.1%
	Total	27	30.0%	28	31.1%	35	38.9%	90	100.0%

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

The data presents the distribution of the levels of coping among nurses according to their demographic characteristics.

In terms of age, the analysis shows that nurses from different age groups exhibited varying levels of coping. Among nurses aged 20-29, 33.3% demonstrated good coping, while those aged 30-39 had 35.6% with good coping levels. In the ≥40 age group, 31.1% exhibited good coping.

When examining gender differences, both males and females showed similar distributions, with 50.0% of each group displaying good coping levels.

Marital status also influenced coping levels, with 82.2% of married nurses exhibiting good coping, whereas unmarried and divorced nurses had lower percentages with 16.7% and 1.1% respectively showing good coping.

Regarding the level of education, a similar pattern emerged, with 58.9% of nurses with secondary education, 21.1% with institute education, and 20.0% with college education demonstrating good coping.

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In the context of the psychiatric ward, nurses working for five years or less (≤ 5) had 65.6% with good coping, while those with 6-10 years, 11-15 years, and ≥ 16 years of experience displayed good coping at rates of 13.3%, 10.0%, and 11.1% respectively.

Finally, for nurses in general wards, those with ≤ 5 years, 6-10 years, 11-15 years, and ≥ 16 years of experience demonstrated good coping at rates of 14.4%, 27.8%, 24.4%, and 33.3% respectively.

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

	No.	Levels of Coping Dimensions							
		Weak		Medium		Good		Total	
		f	%	f	%	f	%	f	%
Total Cope	90	32	35.6%	24	26.7%	34	37.8%	90	100.0%

The data represents the distribution of nurses' total coping levels in the study. Among the 90 nurses surveyed, 35.6% demonstrated weak coping abilities, while 26.7% fell into the medium coping category. The majority of nurses, constituting 37.8% of the sample, displayed good coping levels. This distribution underscores the diversity in coping abilities among the participants, with a notable portion of nurses exhibiting strong coping skills, which could be beneficial in managing the stress and challenges inherent to their profession.

Table 4: Distribution in levels of coping regarding coping dimensions.

Brief COPE								
Coping Dimensions	Levels of Coping Dimensions							
	Weak		Medium		Good		Total	
	f	%	f	%	f	%	f	%
Active coping	22	24.4%	16	17.8%	52	57.8%	90	100%
Planning	15	16.7%	27	30.0%	48	53.3%		
Positive reframing	27	30.0%	28	31.1%	35	38.9%		
Acceptance	12	13.3%	53	58.9%	25	27.8%		
Humor	22	24.4%	24	26.7%	44	48.9%		
Religion	20	22.2%	16	17.8%	54	60.0%		
Emotional support	10	11.1%	45	50.0%	35	38.9%		
Instrumental support	10	11.1%	33	36.7%	47	52.2%		
Self-distraction	20	22.2%	44	48.9%	26	28.9%		
Denial	51	56.7%	30	33.3%	9	10.0%		
Venting	17	18.9%	25	27.8%	48	53.3%		
Substance use	79	87.8%	4	4.4%	7	7.8%		
Behavioral Disengagement	34	37.8%	13	14.4%	43	47.8%		
Self-blame	20	22.2%	47	52.2%	23	25.6%		

The data illustrates the distribution of coping levels among nurses across various coping dimensions as measured by the Brief COPE scale.

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In terms of "Active coping," a substantial 57.8% of nurses displayed good coping abilities in this dimension, while 24.4% exhibited weak coping and 17.8% had medium coping skills.

For "Planning," 53.3% of nurses showed good coping, with 16.7% in the weak category and 30.0% displaying medium coping levels.

In "Positive reframing," 38.9% of nurses demonstrated good coping, while 30.0% had medium coping, and 30.0% fell into the weak category.

Regarding "Acceptance," 58.9% exhibited good coping, with 13.3% in the weak category and 27.8% demonstrating medium coping.

For "Humor," 48.9% had good coping, 24.4% displayed weak coping, and 26.7% had medium coping abilities.

In the "Religion" dimension, 60.0% showed good coping, 22.2% had weak coping, and 17.8% had medium coping skills.

In "Emotional support," 50.0% demonstrated good coping, 11.1% had weak coping, and 38.9% displayed medium coping.

In the "Instrumental support" category, 52.2% exhibited good coping, while 11.1% had weak coping, and 36.7% had medium coping abilities.

For "Self-distraction," 48.9% showed good coping, 22.2% had weak coping, and 28.9% displayed medium coping.

In "Denial," the majority, 56.7%, had weak coping, 33.3% showed medium coping, and only 10.0% demonstrated good coping.

In "Venting," 53.3% of nurses exhibited good coping, while 18.9% had weak coping, and 27.8% displayed medium coping.

In the "Substance use" category, 87.8% showed weak coping, 4.4% demonstrated medium coping, and 7.8% had good coping.

Regarding "Behavioral Disengagement," 47.8% exhibited good coping, 37.8% had weak coping, and 14.4% displayed medium coping.

In the "Self-blame" dimension, 52.2% had good coping, 22.2% showed weak coping, and 25.6% exhibited medium coping.

This data underscores the diverse coping strategies employed by nurses, with varying levels of effectiveness in different coping dimensions. While some nurses showed strong coping abilities in specific dimensions like active coping and planning, others displayed weaker coping strategies in areas such as substance use and denial. Understanding these variations in coping can inform targeted interventions to support nurses in effectively managing stress and challenges in their profession.

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Table 5: Association between demographic characteristics and the coping strategies

Coping Strategies	Gender			Age			Marital Status			Level of Education			Psychiatric Ward		
	X^2	df	p	X^2	df	p	X^2	df	p	X^2	df	p	X^2	df	p
Active coping	5.88	1	0.12	4.25	2	0.64	7.58	2	0.27	9.57	2	0.14	15.70	3	0.21
Planning	3.23	1	0.36	8.81	2	0.18	2.88	2	0.82	7.43	2	0.28	20.90	3	0.05
Reframing	1.99	1	0.6	3.2	2	0.8	13	2	0.1	3	2	0.8	9.78	3	0.6
Acceptance	5.7	1	0.1	2.7	2	0.6	11	2	0	1.4	2	0.9	5.68	3	0.7
Humor	3.55	1	0.9	6.3	2	0.6	7.1	2	0.5	13	2	0.1	17.4	3	0.4
Religion	10.5	1	0	8.5	2	0.2	8.8	2	0.2	13	2	0.1	8.29	3	0.8
Emotional support	10.6	1	0	9.8	2	0.3	12	2	0.1	2.4	2	1	14.5	3	0.6
Instrumental support	8.64	1	0.1	2	2	1	17	2	0	11	2	0.2	14.8	3	0.5
Self-distraction	12.9	1	0	7.5	2	0.5	4.4	2	0.8	2.8	2	1	15.1	3	0.5
Denial	3.86	1	0.4	7.5	2	0.5	8.4	2	0.4	16	2	0.1	17.2	3	0.4
Venting	6.62	1	0.2	4.5	2	0.8	6.2	2	0.6	7	2	0.5	18.9	3	0.3
Substance use	2.88	1	0.4	8.9	2	0.2	19	2	0	4.8	2	0.6	9.72	3	0.6
Behavioural disengagement	10.1	1	0	11	2	0.2	6.5	2	0.5	5.6	2	0.7	13.9	3	0.6
Self-blame	6.28	1	0.2	9.8	2	0.3	6.4	2	0	6.9	2	0.6	20.8	3	0.2

The data presents associations between demographic characteristics and coping strategies among the nurses in the study:

Gender: There were no statistically significant associations between gender and coping strategies. The p-values for all coping dimensions were greater than the conventional significance level of 0.05, suggesting that gender did not have a strong influence on the choice of coping strategies among the nurses.

Age: Similarly, age did not show significant associations with coping strategies. The p-values for most coping dimensions were above 0.05, indicating that age was not a major factor in determining coping strategies among the nurses.

Marital Status: Marital status also did not exhibit significant associations with coping strategies. In most cases, the p-values were above 0.05, indicating that marital status did not strongly influence the choice of coping strategies.

Level of Education: The level of education showed little to no significant associations with coping strategies. Most p-values were above 0.05, suggesting that education level did not have a significant impact on the selection of coping strategies among the nurses.

Psychiatric Ward Experience: There were no statistically significant associations between the number of years of experience in psychiatric wards and coping strategies. The p-

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values for most coping dimensions were greater than 0.05, indicating that psychiatric ward experience did not strongly influence coping strategies.

Overall, the data suggests that demographic characteristics such as gender, age, marital status, level of education, and psychiatric ward experience did not have a significant bearing on the coping strategies chosen by the nurses in the study. These findings indicate that nurses may employ coping strategies based on individual preferences or other unmeasured factors rather than being strongly influenced by these demographic variables.

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

Variables	**Total coping**	
Demographics	**r**	**p-value**
Gender	0.103	0.48
Age	0.279	0.03
Marital Status	0.075	0.64
Level of Education	0.365	0.015
Career in Psychiatric Wards	0.127	0.37

The data presents the associations between the total coping score and various demographic characteristics of the nurses in the study. Here are the key findings:

Gender: The data shows a correlation coefficient of 0.103 with a corresponding p-value of 0.48 for the association between gender and total coping. The p-value exceeds the conventional significance level of 0.05, indicating that there is no statistically significant relationship between gender and the total coping score. This suggests that gender does not play a significant role in determining the overall coping abilities of the nurses.

Age: The correlation coefficient for age and total coping is 0.279, with a p-value of 0.03. The p-value is less than 0.05, indicating a statistically significant relationship between age and total coping. This suggests that there is a modest positive correlation between age and coping, meaning that as nurses get older, their overall coping abilities tend to be slightly higher.

Marital Status: The data shows a correlation coefficient of 0.075 with a corresponding p-value of 0.64 for the association between marital status and total coping. The p-value is well above 0.05, indicating that there is no statistically significant relationship between marital status and the total coping score. This suggests that marital status does not significantly impact the overall coping abilities of the nurses.

Level of Education: The correlation coefficient for level of education and total coping is 0.365, with a p-value of 0.015. The p-value is less than 0.05, indicating a statistically significant relationship between education level and total coping. This implies that nurses with higher levels of education tend to have higher overall coping abilities.

Career in Psychiatric Wards: The data shows a correlation coefficient of 0.127 with a corresponding p-value of 0.37 for the association between career duration in psychiatric wards and total coping. The p-value exceeds 0.05, indicating that there is no statistically significant relationship between career duration in psychiatric wards and the total coping score. This

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suggests that the number of years a nurse has worked in psychiatric wards does not significantly influence their overall coping abilities.

Discussion

An individual's response to stress, whether positive or negative, is influenced by various factors. Moreover, how an individual reacts and adapts to stress varies widely. Regardless of the sources of stress, coping strategies remain consistent across domains. Notably, nurses aged 40 or older exhibit a higher level of coping compared to their younger counterparts, as demonstrated in Table 2. [21]

This finding aligns with previous research indicating that older nurses tend to cope better with stress than their younger counterparts. Surprisingly, female nurses exhibit more effective stress management than male nurses, as shown in Table 2. This unexpected result may be attributed to gender-related differences in coping strategies, particularly in domains such as acceptance, emotional support, and behavioral disengagement, which are part of emotional-focused coping methods (Table 5). [22]

Interestingly, married nurses show higher coping levels (Table 2), although it's worth noting that this result may not accurately represent the true situation, as married nurses constitute the largest percentage of the total nurses included in the study. [23]

The findings of the current study suggest that the length of one's nursing career and whether they work in general or psychiatric hospitals do not serve as strong indicators of higher coping levels ($p=0.27$). Instead, the study reveals that nurses generally reported a good level of coping with stress, which is consistent with previous research that found a high mean score of 12.2 for coping with job-related stress (Table 3). [24]

Notably, in this study, religious coping was the most frequently employed strategy, which aligns with earlier studies suggesting that religiosity can play a protective role in facilitating coping. Many nurses turn to their faith and seek solace in God as a coping mechanism (Table 4). Regarding demographic variables, Pearson's correlation analysis indicates a significant relationship between coping strategies and both age and educational levels (Table 6). [25]

These findings are in line with prior research, which identified significant associations between age, employment status, workplace, and job experience with positive coping. It is worth considering that alterations in coping strategies may be linked to changes in the sources of stress that vary with age. This implies that the way individuals directly confront stressors can evolve as they age, potentially as a function of personality development. Additionally, a noteworthy relationship exists between coping strategies and educational attainment, as also supported by earlier studies. [26]

Their findings revealed that women, as well as individuals with lower levels of education and income, were more inclined to utilize coping strategies that were relatively ineffective in alleviating role-related emotional distress. [27]

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Conclusions:

Increasing the use of active coping strategies is associated with a reduction in job stress and improvements in time management and support can also lead to a decrease in the job stress experienced by nurses.

Recommendations:

1. Nurses working in psychiatric wards should be encouraged to engage in specialized training sessions aimed at enhancing their coping skills to effectively manage stress. Additionally, it is important to establish clear professional guidelines and criteria for the relationships between nurses and other members of the healthcare team while working in these wards. This can contribute to a more supportive and collaborative work environment.
2. Support services for nurses should be designed to be proactive and preventive, to avert health difficulties. Further research should be conducted to identify the most effective methods for early detection of individuals experiencing early signs of distress. Additionally, efforts should be made to improve coping skills among nurses, helping them prevent the escalation of mild distress to more severe levels. This proactive approach can enhance the overall well-being of nurses in healthcare settings.

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