Coping Strategies for Stress: A Comparative Study among Nurses

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Abstract: This survey based descriptive research has been undertaken in Tirunelveli District, Tamilnadu to foresight coping strategies being followed by nurses to deal with stress, to differentiate coping strategies being followed by the nurses working in different departments and to examine the relationship between demographic variables and coping strategies. The structured format of coping strategies established by Folkman and Lazarus has been used in this study to analyze coping styles of nurses. It has been analyzed under five dimensions namely positive and action focused coping, wishful thinking and positive reappraisal, distancing, escape and avoidance and seeking social support coping. The study has sampled 360 nurses qualified with Diploma in General Nursing and Midwifery and Bachelor of Science in Nursing courses from 45 general types of private hospitals using stratified random sampling technique. Weighted average method has been applied to analyze sources of stress. Mean, standard deviation and coefficient of variation have been used to rank and differentiate the dimensions of coping strategies. Kruskal Wallis test has been administered to examine the relationship between coping strategies and demographic variables. The result indicated that positive and action focused coping is the foremost coping strategy being followed by nurses. Wishful thinking and positive reappraisal and seeking social support strategies are the next foremost strategies. Seeking social support and escape and avoidance strategies are the least strategies followed by nurses. All five dimensions of coping strategies have been perceived at medium level by majority of the nurses.

Keywords: Stress, nurse, coping strategy, private hospital, Tirunelveli district.

INTRODUCTION

Background of the Study

In today's hectic social life, the nature of organizations tends to create a stressful environment. People in all areas of work face with many stressful problems, for example, social problem, family problem, economic problem, political problem, workplace problem etc. Moreover, the unemployment rate that has risen higher than before in the current economic recession has caused a tremendous stress to many people [1].

Nursing is the largest segment of healthcare workforce. They are the backbone of the hospital. It has been evolving from home visiting and community-based care to hospital and institution-based care. Nurses are categorised into two major groups namely staff nurse and nursing assistant. The nurses qualified with B.Sc Nursing and DGNM (Diploma in General Nursing and Midwifery) courses are called as staff nurses. The nurses qualified with DNA (Diploma in Nursing Assistants) and FNA (Female Nursing Assistants) are called as nursing assistants. The main objectives of nursing profession are to promote and maintain health, to care for people when their health is compromised, to assist recovery, to facilitate independence, to meet needs and to improve well being and quality of life.

The responsibilities of staff nurses are to admit and discharge the patients, to maintain personal hygiene and comforts of the patient, to attend to the nutritional needs of the patient, prepare invalid's diet and feed helpless patients, to maintain clean and safe environment for the patients, to implement and maintain ward policies and routines, to co-ordinate patient care with various health team members, to follow the doctor's rounds, to perform technical tasks (e.g., administration of medication, assisting doctors in various medical procedures, preparing articles and the patient for medical or nursing procedures, recording vital signs, tube feeding, giving enema, bowel wash, dressing, stomach wash, eye and ear-care, collection and sending of specimens, pre-and post-operative care assisting administration of transfusion, perineal care, breast care, baby care and the like), to help doctors in diagnosis and treatment, to maintain intake and output chart, to observe the change in patient's condition and records, take necessary action and report to the concerned authority, to impart health education to the patient and his or her family, to accompany very ill-patients send to other departments or transferred to other institutions, to hand over and take over patient, equipment and supply, to keep the ward neat and tidy, to maintain safety of the equipments, to prepare and check ward supplies, to assist ward supervisor or sister in ward management and officiates in her or his

absence, to assist in taking inventories and to maintain ward record as assigned to her by the sister incharge.

Although these natures of work are common among nurses, when these works are performed with lack of manpower and long working hours of course, nurses undergo stress. When they develop stress, their concentration, memory, attention, patience and decision making ability will get affected. These effects will in turn affect treatment procedures of the patients in the form of forgetfulness to note instructions of the doctors, to provide medicine at right time, and failure to update the patients' records. When it occurs repeatedly, it will definitely affect safety of the patients.

In the second level districts like Tirunelveli District, long working hours, two shift work system, heavy work load, inadequate salary, inadequate welfare facilities, lack of training and development system, unfair performance appraisal, lack of professionalism, inadequate resources (manpower, materials and machines), sexual harassment, lack of motivation and financial rewards are commonly found in many hospitals. These are some of the important factors causing stress among the nurses. Hence, the analysis of the coping strategies of nurses for stress seems to be important to provide suitable suggestions to cope up with these factors and protect the health from the stress and thereby deliver a safety nursing care to the patients. In view of these aspects, the present study has been undertaken in the study area to understand the coping strategies being followed by nurses.

Need for the Study

Nurses are important resources in health care industry especially in hospitals. They are looking after life saving activities associated with medical personnel. They are prone for stress as they deal with life saving drugs, emergency and critically ill patients and the patients with various natures such as angry, blaming, emotionally imbalanced and criticism. Therefore, stress constitutes a part of their profession. Stress not only causes many health related issues such as ache, digestive disorders, respiratory disorders (asthma), neurological disorder (poor memory, stroke), psychological disorders (depression, inferiority complex), vascular disorder (cancer), bone and muscular disorders (aches and weakness) but also affects their concentration and judgment ability. Hence, they need to cope up with stress so as to protect not only their health but also enhance the safety aspects of the patients. Therefore, it is necessary to educate them about various coping strategies to be followed to deal with stress. In light of these aspects, the present study is undertaken with a view of understanding the coping styles of the nurses.

Scope of the Study

The study has focused female nurses working in general type of private hospitals in Tirunelveli District, Tamilnadu with the qualification of Diploma in General Nursing and Midwifery (DGNM) and Bachelor of Science in Nursing courses. The study has exclusively focused the nurses working in intensive care unit, operation theatre, ward and emergency departments. The structured format of coping strategies established by Folkman and Lazarus has been used in this study to analyze coping styles of nurses. It includes positive and action focused coping, wishful thinking and positive reappraisal, distancing, escape and avoidance and seeking social support coping.

Significance of the Study

The study has discussed in detail about various coping strategies of stress. The result of this research will be useful for the nurses and other category of the employees in hospital to know their strength and weakness in terms of coping strategies. The result of the study will help the hospital management and other organizations which are offering similar services to frame their training and development programme accordingly. The present study will serve as a secondary data for future research scholars.

Profile of the Study Area

The study area, Tirunelveli District is located in southern part of Tamil Nadu, India. It consists of 11 taluks and 19 blocks. The total population of the district census is 3072880 of which male population are 1518595 and female are 1554285 (source: senses, 2011). There are five colleges offering DGNM course and eight colleges offering B.Sc Nursing course. There are 482 government hospitals including primary health centres and sub centres and 221 private hospitals including nursing homes and clinics (source: office of Deputy Director of Health, Tirunelveli district, Biomedical waste management department).

Objectives

The objectives of the study are given below.
i. To foresight the coping strategies being followed by nurses to deal with stress
ii. To differentiate coping strategies being followed by the nurses working in different departments
iii. To examine the relationship between demographic variables and coping strategies
iv. To offer suitable suggestions to improve coping styles of nurses towards stress

Hypotheses

Hypotheses of the study have been constructed as follows.
i. There is no significant difference in the perception scores of coping strategies

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among the group of respondents based on age.

ii. There is no significant difference in the perception scores of coping strategies among the group of respondents based on marital status.

iii. There is no significant difference in the perception scores of coping strategies among the group of respondents based on native place.

iv. There is no significant difference in the perception scores of coping strategies among the group of respondents based on place of stay.

v. There is no significant difference in the perception scores of coping strategies among the group of respondents based on educational qualification.

vi. There is no significant difference in the perception scores of coping strategies among the group of respondents based on salary.

vii. There is no significant difference in the perception scores of coping strategies among the group of respondents based on work experience.

viii. There is no significant difference in the perception scores of coping strategies among the group of respondents based on ward allotment.

ix. There is no significant difference in the perception scores of coping strategies among the group of respondents based on work shift.

x. There is no significant difference in the perception scores of coping strategies among the group of respondents based on job situation.

Limitations of the Study

The study has been limited to Tirunelveli District only. The study has covered only female nurses working in wards, intensive care units, operation theatres and casualty departments of general type of private hospital having these four departments. It has not covered other nurses such as nurses working in government hospitals, single speciality hospitals, dialysis units, cath labs and any other units.

The present study has also been limited to nurses qualified with Diploma in General Nursing and Midwifery (DGNM) and Bachelor of Science in Nursing (B.Sc) and it has not included any other category of nurses such as Female Nursing Assistants (FNA), Diploma in Nursing Assistants (DNA), Post Certificate B.Sc Nursing (PCBSc), Master of Nursing (M.Sc), Nursing Supervisors and Head nurses.

As the respondents are literate they could respond to all questions intelligently. Many of the respondents were afraid of the management to provide data and some of them were busy in their work, and hence, the researcher had to spend more time to elicit the responses. In the study the researcher observed that some of the nursing incharges and senior nurses were reluctant to speak about the nurses in their department.

REVIEW OF LITERATURE
Definitions

The term "coping" could be used to refer to either strategies or results. As a strategy, coping refers to the different methods that a person may apply to manage his or her circumstances. As a result, coping refers to the eventual outcomes of this strategy for the person.

Coping refers to any cognitive or behavioral efforts to manage, minimize, or tolerate events that are appraised as taxing or exceeding the resources of the person. It is the way in which employees respond to a stressful situation Coping also refers to a phenomenon that an individual alters their personal perception and behavior in response to the conflicts raised from the environment the individual exchanges with [2]. In workplaces, people develop proper attitudes and behaviours by reacting to difficulties or barriers on their way to the mission accomplishment.

Kleinke defines coping as the efforts we make to manage situations we have appraised as potentially harmful or stressful [3]. Coping refers to perceptual, cognitive or behavioural responses that are used to manage, avoid or control situations that could be regarded as difficult[4-6].

Occupational stress is the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, responses, or need of the worker. Job stress can lead to poor health and even injury to the affected person [7]. Stress has been referred to as the silent killer because it is cumulative [1].

Types of Coping Strategies

Some researchers distinguish between problem-focused and emotion-focused coping [4,8,9]. Problem-focused coping is directed at eliminating an unpleasant experience or reducing the effects thereof. Emotion-focused coping is directed at reducing the effects of stressful feelings caused by an unpleasant experience through relaxation, the use of alcohol and drugs, social activities and/or defense mechanisms.

i. Problem-Focused or Approach Coping

It happens when efforts are directed at solving or managing the problem that is causing distress. It includes strategies for gathering information, making

decisions, planning, and resolving conflicts. This type of coping effort is usually directed at acquiring resources to help deal with the underlying problem and includes instrumental, situations specific and task-oriented actions. Problem focused forms of coping are likely to be associated with lower levels of negative health outcomes and it is positively related to satisfaction and health. Confrontive coping, Seeking Social support and Planful problem solving are the dimensions of problem focused coping [10-11].

ii. Emotion-Focused or Avoidant Coping

It is directed at managing or reducing emotional distress, which includes cognitive strategies such as looking on the bright side, or behavioural strategies such as seeking emotional support, having a drink, or using drugs. Emotion focused forms of coping such as self blame, wishful thinking, escape or avoidance are likely to be associated with increased negative health. Attempts at self control, distancing, positive reappraisal, accepting responsibilities and escape or avoidance, including wishful thinking and short term alleviating measures such as smoking, drinking alcohol are the various dimensions of emotion focused or avoidance coping. These emotion focused dimensions are typically viewed as being negative and unhelpful, and have been associated with burnout amongst nurses [10-11

Studies Related to Coping Strategies and Stress

Some researcher studied the coping strategies of the managerial personnel at different organizational levels in a public sector [12]. The results indicated a significant difference in the coping strategies adopted by individuals working at different organizational levels. Avodance strategies were predominant at the junior level and approach strategies were predominant at the senior level. The definitive style was used to the maximum by the junior management personnel, impunitive by the middle management personnel and intro-persistive by the senior/top management. There was a positive and significant relationship between role stress and avoidance strategies, between role stress and externality, and between externality and avoidance strategies. Organizational role stress was negatively and significantly associated with approach strategies.

Srivatsava AK examined the effects of approach and avoidance modes of coping on the relationship between occupational stress and job performance [13]. Performance was measured on the basis of time saved out of the standard time allowed. The analysis of the data revealed a significant relationship between perceived occupational stress and performance. An approach mode of coping attenuated and an avoidance mode of coping intensified the inverse relationship between occupational stress and job performance.

Sakineh Gholamzadeh et al., investigated the sources of job stress and the adopted coping strategies of nurses who were working in accident and emergency department from 90 emergency ward nurses of 3 teaching hospitals in Shiraz city [14]. The study revealed that problem related to physical environment, work load, dealing with patients or their relatives and handling their anger, being exposed to health and safety hazards, lack of support by nursing administrators, a physician not being present in a medical emergency and lack of equipment. The most common self controlling strategy was self controlling and positive re appraisal and the strategy least used were accepting responsibility. The study concluded that the coping scales, positive re appraisal and self controlling are extremely important in emergency department nurses.

Sharma and Acharya investigated the dominant coping strategies from 15 male electrical engineers [15]. Results indicated that job hierarchy did not significantly determine the nature of the dominant mode coping. Irrespective of job hierarchy, subjects with higher job anxiety exhibited a greater tendency to use avoidance coping strategy relative to total coping efforts. Result also indicated that the causal relation between coping and job anxiety was bidirectional.

Rajan D and Velanganni Joseph A examined stress and coping strategies of pharmacists working in private multi speciality hospitals in Tirunelveli city [16]. The study found that unclear role, inadequate salary and inadequate increment and incentives were the foremost organization related stressors. Too long working hours, shift work and over work load along with paper work were the foremost pharmacists specific stressors. The study also indicated that stress affected job satisfaction of pharmacists. The result of the study regarding coping strategies described that praying, asking advice from a relative or friend respected and turning to work on another activity to take the mind off things are the foremost coping being followed by the pharmacists. Thinking about how a person admired will handle this situation and use that as a model and trying to get away from it for a while by resting or taking a vacation are the next foremost coping style being followed by the pharmacists. Maintaining pride and keeping a stiff upper lip and knowing what have to be done, and to double the efforts to make things work and taking it out on other people are the least coping being followed by the pharmacists.

Rajan D investigated the stress of radiographers in Tirunelveli city [17]. The result of the study in terms of coping strategy indicated that talking to someone, going for a walk, meditation and exercise were the foremost coping strategy being followed. Keeping a time planner and prioritizing the work were the next foremost coping strategy. Delegating the responsibilities, eating a balanced and well managed

diet, trying to sleep 7-8 hours in a day at least 3-4 days in a week and taking planned break from the work were the least coping strategy being followed by radiographers.

From the above literature survey, it could be understood that though there have been study in the study area related to coping strategies, they were limited to Tirunelveli city only and they have not covered the entire district. Therefore, there was a scope to undertake the research covering entire district. The present research fulfilled that gap by means of covering entire Tirunelveli district.

RESEARCH METHODOLOGY
Research Design
This survey research is descriptive in nature. It describes the nature and characteristics of coping strategies being followed by nurses working in the private hospitals towards stress by using the following methodology.

Sampling Techniques and Sampling Procedure
The general types of private hospitals having more than twenty five beds and having the facilities of wards, operation theatres, intensive care units and casualty departments were randomly selected for study from the list of hospital obtained from office of the Deputy Director of Health, Tirunelveli District. In order to sample the respondents the researcher stratified the target population into four categories namely nurses working in ward, intensive care unit, operation theatre and casualty departments. From each category, the researcher sampled two nurses using proportionate type of stratified random sampling technique. Thus a total of eight nurses were sampled from a single hospital. The same method has been extended to 45 hospitals. Thus a total of 360 nurses (samples) were sampled for this research. The total population of nurses working in these selected hospitals was 1100.

Instrumentation
The self constructed questionnaire has been administered to collect primary data from the respondents. The questionnaire was composed of two sections namely Section 'A' that dealt with profile of the respondents, Section 'B' that dealt with coping strategies. The questionnaire was made based on Likerts five points scale namely 'Strongly Agree', 'Agree', 'No opinion', 'Disagree' and 'Strongly Disagree'. The points were allotted for them as 5, 4, 3, 2 and 1 respectively.

Data Collection

Primary data were collected directly from the nurses using structured questionnaire. Moreover, personal observation discussion with nurses was also made to collect primary data. Secondary data for the study have been collected from books, theses, dissertations, journals and the internet to provide appropriate significance to the study.

Tools of Analysis
Weighted average method has been used to identify coping strategies. Mean, standard deviation and coefficient of variation have been applied to understand extern of perception of nurses towards coping strategies and to compare the dimensions of coping strategies. Kruskal Wallis test has been administered to find the relationship between demographic variables and coping strategies.

ANALYSIS AND RESULTS
Demographic Variables
It would be understood from Table 1 that all (100%) respondents were female. Among them, 83.3% were married and 1.7% was unmarried. Of them, 1.7% was below 22years of age, 80% between 22 and 26 years, 11.7% between 26 and 30 years and 0.7% were above 30 years of age. Besides, 56.7% belonged to rural and 43.3% belonged to urban. Moreover, 80% had owned house and 20% had rented house, 56.7% were staying in house and 43.3% were staying at hostel. Of them, 23.3% were qualified with B.Sc-Nursing and 76.6% were qualified with DGNM courses.

Moreover, 30.0% had below 4 members, 60.0% had between 4 and 6, 8.3% had between 6 and 8 and 1.7% had above 8 members in their family. Among them, 48% were drawing below 5000, 45% between 5000 and 8000, 5% between 8000 and 11000 and 1.7% were drawing above 11000 salaries. In all, 35% were below 1 year, 41.7% between 1 and 3 years, 8.3% between 3 and 5 years and 15% had above 5 years of work experience.

Overall, 36.7% were full time permanent, 61.7% full time temporary and 1.7% was part time permanent employees. Among them, 16.7% had rotating eight hour shift, 76.7% had rotating twelve hour shift and 6.7% had permanent day shift.

Furthermore, 51.7% reported that they had between 1 and 2 nurses, 33.3% between 2 and 4 nurses and 15% had between 4 and 6 nurses in their ward. Overall, 45% of the respondents used public transport, 1.7% hospital bus and 16.7% used two wheelers to travel and 36.7% came by walk to the duty.

Table 1: Profile of the Respondents

S.No.	Measure	Item	Frequency	Percentage
1	Sex	Female	360	100.00
2	Marital status	Married	60	16.70
		Unmarried	300	83.30
3	Age	Below 22 years	06	01.70
		Between 22 and 26 years	288	80.00
		Between 26 and 30 years	42	11.70
		Above 30 years	24	00.70
4	Native place	Rural	204	56.70
		Urban	156	43.30
5	Residential status	Owned house	288	80.00
		Rented house	72	20.00
6	Places of stay	Home	204	56.70
		Hostel	156	43.30
7	Educational qualification	B.Sc Nursing	84	23.30
		DGNM	276	76.70
8	Strength of family member	Below 4 members	108	30.00
		Between 4 and 6 members	216	60.00
		Between 6 and 8 members	30	08.30
		Above 8 members	06	01.70
9	Salary	Below 5000	174	48.30
		Between 5000 and 8000	162	45.00
		Between 8000 and 11000	18	05.00
		Above 11000	06	01.70
10	Year of working experience	Below 1 year	126	35.00
		Between 1 and 3 years	150	41.70
		Between 3 and 5 years	30	08.30
		Above 5 years	54	15.00
11	Department	Casualty	90	25.00
		Intensive Care Unit	90	25.00
		Operation Theatre	90	25.00
		Ward	90	25.00
12	Job situation	Full time permanent	132	36.70
		Full time temporary	222	61.70
		Part time permanent	06	01.70
13	Work shift	Rotating eight hour shift	60	16.70
		Rotating twelve hour shift	276	76.70
		Permanent day shift	24	06.70
14	Allotment of nurses in department	Between 1 and 2 nurses	186	51.70
		Between 2 and 4 nurses	120	33.30
		Between 4 and 6 nurses	54	15.00
15	Mode of travel	Public transport	162	45.00
		Hospital bus	06	01.70
		Two wheeler	60	16.70
		Walking	132	36.70

Source: Primary Data

Coping Strategies

From Table 2 it would be understood that making a plan of action and follow it is the foremost strategy being followed by the respondents. It has occupied the highest total score of 1572. Trying to analyze the problem in order to understand it better and getting inspired to do something creative about the problem are the next foremost coping strategies being followed by respondents with the occupancy of total scores of 1506 and 1434 respectively. Handling the situation by following a role model and standing on the ground and fight for what is wanted are the least positive and action focused coping followed by nurses. They have occupied the total score of 1404 and 1164 respectively.

Table 2: Positive and Action Focused Coping Strategies

S. No.	Positive and Action Focused	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total score
1	Handling the situation by following a role model	120	138	60	30	12	1404
2	Trying to analyze the problem in order to understand it better	126	180	48	6	0	1506
3	Making a plan of action and follow it	210	102	30	6	12	1572
4	Getting inspired to do something creative about the problem	150	132	6	66	6	1434
5	Standing on the ground and fight for what is wanted	66	84	96	96	18	1164

Source: Primary data

Table 3: Wishful Thinking and Positive Reappraisal Coping Strategies

S. No.	Wishful Thinking	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total score
1	Changing something about oneself so that things will turn out all right	60	192	84	12	12	1356
2	Trying to look on the bright side of things	144	120	66	24	6	1452
3	Changing something about oneself	156	132	42	24	6	1488
4	Just concentrating on what to do next	222	78	48	12	0	1590
5	Promising oneself that things will be different next time	36	156	30	132	6	1164

Source: Primary data

It could be revealed from table 3 that the strategy 'just concentrating on what to do next' is mostly followed by nurses. It has occupied the highest total score of 1590. Changing something about oneself and trying to look on the bright side of things are the next foremost strategies. They have occupied the total score of 1488 and 1452 respectively. Changing something so that things will turn out all right and promising myself that things will be different next time are the least coping strategies being followed by nurses with the total score of 1356 and 1164 respectively.

Table 4: Distancing Coping Strategies

S.No	Distancing	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total score
1	Turning to work on another activity to take mind off things	96	150	30	48	36	1302
2	Trying to forget the whole thing	78	126	42	78	36	1212
3	Going on as if nothing has happened	90	114	42	60	54	1206
4	Keeping others from knowing how bad things are existing	36	84	42	162	36	1002
5	Maintaining pride and keep a stiff upper lip	30	108	72	132	18	1080

Source: Primary data

It would be seen from table 4 that turning to work on another activity to take mind off the things is the foremost strategy followed by nurses. It has occupied the total score of 1302. Trying to forget the whole thing and going on as if nothing has happened are the next foremost distancing strategies. They have occupied the total score of 1212 and 1206 respectively. Maintaining pride and keep a stiff upper lip and keeping others from knowing how bad things are existing are the least distancing strategies being followed by nurses. They have occupied the total score of 1080 and 1002 respectively.

Table 5: Escape and Avoidance Coping Strategies

S. No.	Escape and Avoidance	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total score
1	Criticizing or lecturing oneself	96	108	60	24	72	1212
2	Getting professional help	138	108	60	54	0	1410
3	Trying to make feel better by eating and drinking	96	96	36	48	84	1152
4	Praying	270	48	18	18	6	1638
5	Avoiding to be with people	78	60	36	48	138	972

Source: Primary data

From table 5 it could be revealed that Praying is the foremost strategy being followed with the highest occupancy rate of total score of 1638. Getting professional help and criticizing or lecturing oneself are the next foremost escape-avoidance strategies being followed by nurses. They have occupied the total score of 1410 and 1212 respectively. Trying to make feel better by eating and drinking and avoiding to be with people are least escape-avoidance strategies. They have occupied the total score of 1152 and 972 respectively.

Table 6: Seeking Social Support Strategies

S. No.	Seeking Social Support	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total score
1	Talking to someone about how one is feeling	120	126	36	54	24	1344
2	Asking advise from a respective relative or friend	192	108	6	48	6	1512
3	Talking to someone who can do something concrete about the problem	162	102	30	48	18	1422
4	Talking to someone to find out more about the situation	54	108	84	60	54	1128
5	Accepting sympathy and understanding from others	78	120	108	36	18	1284

Source: Primary data

From table 6 it would be known that asking advice from a respective relative or friend is the top most seeking social support related coping strategy being followed by nurses. It has occupied the highest total score of 1512. Talking to someone who can do something concrete about the problem and talking to someone about how one is feeling are the next foremost strategies being followed by nurses. They have occupied the total score of 1422 and 1344. Accepting sympathy and understanding from others and talking to someone to find out more about the situations are the least followed strategies. They have occupied the total score of 1284 and 1128 respectively.

Table 7: Extent of Perception towards the Coping Strategies

S.No.	Coping Strategies	Low	Medium	High
1	Positive and action focused coping	23.33	65.00	11. 67
2	Wishful thinking and positive reappraisal	16. 67	63.33	20.00
3	Distancing	20.00	63.33	16.67
4	Escape-avoidance	20.00	60.00	20.00
5	Seeking social support	15.00	66.67	18.33
6	Total score	13. 33	68.33	18.33

Source: Computed from primary data

From table 7 it could be noted that 65% of nurses follow the positive and action focused coping at medium level. 23.33% of nurses follow positive and action focused coping strategies at low level and 11.67% of nurses have reported that they use positive and action focused coping strategies at high level.

63.33% nurses have reported that they follow wishful thinking and positive reappraisal strategies at medium level. 20% of nurses have reported that they follow wishful thinking and positive reappraisal strategies at high level and 16.67% nurses have reported that they follow the wishful thinking and positive reappraisal strategies at low level.

63.33% of nurses have reported that they follow distancing strategies at medium level. 20% of nurses have reported that they follow distancing strategies at low level and 16.67% of nurses have reported that they follow the distancing strategies at high level.

60% of nurses have reported that they follow escaping and avoidance strategies at medium level. 20% of nurses have reported that they follow escaping and avoidance strategies at high level and 20% of nurses have reported that they follow the escaping and avoidance strategies at low level.

66.67% of nurses have reported that they follow seeking social support strategies at medium level. 18.33% of nurses have reported that they follow seeking social support strategies at high level and 15% of nurses have reported that they follow the seeking social support strategies at low level.

From the total score, it could be understood that majority of the respondents i.e., 68.33% have reported that they follow all dimensions of coping strategies at medium level. 18.33% of respondents have reported that they follow all dimensions of coping strategies at maximum level and 13.33% of respondents have reported that they follow all dimensions of coping strategies at low level.

Table 8: Comparative Analysis of Coping Strategies

S.No.	Dimensions of Coping Strategies	Mean	SD	CV
1	Positive and action focused coping	19.67	2.622	13.33
2	Wishful thinking and positive reappraisal	19.58	2.286	11.68
3	Distancing	16.12	3.972	24.64
4	Escape-avoidance	17.73	4.197	23.68
5	Seeking social support	18.58	3.343	18.00
6	Total score	91.68	10.146	11.07

Source: Computed from primary data

From table 8 it would be observed that among five dimensions of coping strategies positive and action focused coping is mostly followed by nurses. It has occupied the highest mean score of 19.67. Wishful thinking and positive reappraisal and seeking social support strategies are the next foremost strategies followed by nurses. They have occupied the mean score of 19.58 and 18.58 respectively. Seeking social support and escape and avoidance strategies are the least strategies followed by nurses. They have occupied the mean score of 18.58 and 17.73 respectively.

Table 9: Comparison of Coping Strategies among Departments

S. No.	Coping Strategies	Ward			Operation theatre			Intensive Care Unit			Casualty		
		Mean	SD	CV	Mean	SD	CV	Mean	SD	CV	Mean	SD	CV
1	Positive and action focused coping	74.22	9.52	12.83	52.67	14.65	27.81	69.56	9.78	14.056	64.67	11.73	18.14
2	Wishful thinking and positive reappraisal	67.33	12.19	18.10	56.66	14.59	25.75	65.77	10.13	15.40	64.44	12.93	20.07
3	Distancing	70.50	12.76	18.10	58.00	14.75	25.43	64.00	12.18	19.03	66.17	12.82	19.37
4	Escape and avoidance	70.43	12.67	17.99	68.45	11.21	16.38	69.45	12.43	17.89	70.32	12.56	17.86
5	Seeking social support	75.76	9.43	12.45	70.43	11.85	16.83	73.01	12.45	17.05	74.78	10.72	14.34

Source: Computed from primary data

It would be described from table 9 that Positive and action focused coping strategies have been mostly followed by ward nurses with the highest mean score of 74.22. ICU, casualty and operation theatre stands next in line with the mean score of 69.56, 64.67 and 52.67 respectively.

Wishful thinking and positive reappraisal strategies have been mostly followed by ward nurses with the highest mean score of 67.33. ICU, casualty and operation theatre stands next in line with the mean score of 65.77, 64.44 and 56.66 respectively.

Distancing strategies have been mostly followed by ward nurses with the highest mean score of 70.50. They are followed by casualty, ICU and operation theatre nurses with the mean score of 66.17, 64.00 and 58.00 respectively. Escape and avoidance

strategies have been mostly followed by ward nurses with the highest mean score of 70.43. They are followed by casualty, ICU and operation theatre nurses with the mean score of 70.32, 69.45 and 68.45 respectively. The results of comparative analysis of sources of stress among various departments are displayed in figure 3 as follows.

Seeking social support strategies have been mostly followed by ward nurses with the highest mean score of 75.76. They are followed by casualty, operation theatre and ICU nurses with the mean score of 74.78, 73.01 and 70.43 respectively. The results of comparative analysis of sources of stress among various departments are displayed in figure 1 as follows.
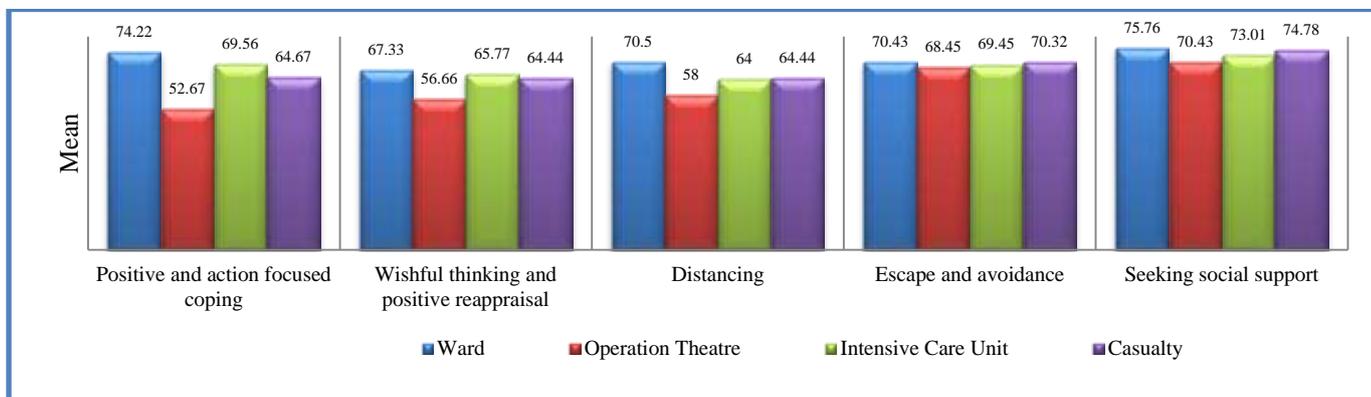

Fig-1: Comparative analysis of sources of stress among various departments

Relationship between Demographic Variables and Coping Strategies

Table 10: Relationships between age and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of significance	Result
1	Positive and action focused coping	14.619	0.002	Significant
2	Wishful thinking and positive reappraisal	8.178	0.042	Significant
3	Distancing	21.662	0.000	Significant
4	Escape and avoidance	0.937	0.817	Not significant
5	Seeking social support	5.979	0.113	Not significant
6	Total score	4.427	0.219	Not significant

Degree of freedom: 3, at 5 per cent level

It could be indicated from table 10 that escape and avoidance and seeking social support coping strategies have occupied the highest value of level of significance of 0.817 and 0.113 respectively. Wishful thinking and positive reappraisal and positive and action focused coping strategies are next in line with the value of level of significance of 0.042 and 0.002 respectively. Distancing coping strategy has occupied the least value of level of significance of 0.000.

It could be observed from the value of level of significance that there is a significant relationship between age and perception scores of all dimensions of coping strategies except those of escape and avoidance and seeking social support coping strategies. With regard to the total score, the value of level of significance (0.219) is less than 0.05 (5 percent level) and hence the null hypothesis is rejected stating that there is a significant difference in the perception scores of coping strategies among the group of respondents based on age.

Table 11: Relationship between Marital status and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	14.072	0.000	Significant
2	Wishful thinking and positive reappraisal	0.626	0.429	Not significant
3	Distancing	3.860	0.049	Significant
4	Escape and avoidance	5.791	0.016	Significant
5	Seeking social support	3.494	0.062	Not significant
6	Total score	0.264	0.607	Not significant

Degree of freedom: 1, at 5 per cent level

It could be observed from table 11 that wishful thinking and positive reappraisal and seeking social support have occupied the highest value of level of significance of 0.429, 0.062 respectively. Distancing and escape and avoidance are next in line with the value of level of significance of 0.049 and 0.016 respectively. Positive and action focused coping has occupied the lowest value of level of significance of 0.000.

It could be known from the value of level of significance that there is a significant relationship between marital status and perception scores of all dimensions of coping strategies except those of wishful thinking and positive reappraisal and seeking social support. With regard to the total scores, the value of level of significance (0.607) is more than 0.05 (5 percent level) and hence the null hypothesis is accepted stating that there is no significant difference in the perception scores of coping strategies among the group of respondents based on marital status.

Table 12: Relationship between Native Place and Coping Scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	1.938	0.164	Significant
2	Wishful thinking and positive reappraisal	0.012	0.911	Not significant
3	Distancing	0.287	0.592	Not significant
4	Escape and avoidance	1.311	0.252	Not significant
5	Seeking social support	17.784	0.000	Significant
6	Total score	0.815	0.367	Not significant

Degree of freedom: 1, at 5 per cent level

It could be observed from the Table 12 that wishful thinking and positive reappraisal and distancing strategies have occupied the highest value of the level of significance of 0.911 and 0.592 respectively. Escape-avoidance and positive and action focused coping strategies are next in line with the value of level of significance of 0.252 and 0.162 respectively. Seeking social support coping strategies have occupied the least value of level of significance of 0.000. It could be understood from the value of level of significance that there is no significant relationship between native place and perception scores of all dimensions of coping except those of positive and action focused coping and seeking social support coping strategies. With regard to the total score, the value of level of significance (0.367) is more than 0.05 (5 percent level) and hence the hull hypothesis is accepted stating that there is no significant difference in the perception scores of coping strategies among the group of respondents based on native place.

Table 13: Relationship between Places of Stay and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	9.153	0.002	Significant
2	Wishful thinking and positive reappraisal	3.670	0.055	Not significant
3	Distancing	0.034	0.853	Not significant
4	Escape and avoidance	16.207	0.000	Significant
5	Seeking social support	5.961	0.015	Significant
6	Total score	0.022	0.883	Not significant

Degree of freedom: 1, at 5 per cent level

It could be noticed from table 13 that distancing and wishful thinking and positive reappraisal coping strategies have occupied the highest value of level of significance of 0.853 respectively. Seeking social support and positive and action focused coping strategies are next in line with the value of level of significance of 0.015 and 0.002 respectively. Escape and avoidance coping strategy has occupied the least value of level of significance of 0.000.

It could be indicated from the value of level of significance that there is a significant relationship between places of stay and perception scores of all dimensions of coping except those of distancing and wishful thinking and positive reappraisal coping strategies. With regard to the total score, the value of level of significance (0.883) is more than 0.05 (5 percent level) and hence the null hypothesis is accepted stating that there is no significant difference in the perception scores of coping strategies among the group of respondents based on places of stay.

Table 14: Relationship between Educational Qualification and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	6.363	0.012	Significant
2	Wishful thinking and positive reappraisal	0.017	0.896	Not significant
3	Distancing	17.084	0.000	Significant
4	Escape and avoidance	35.660	0.000	Significant
5	Seeking social support	2.301	0.129	Not significant
6	Total score	22.538	0.000	Significant

Degree of freedom: 1, at 5 per cent level

It could be observed from Table 14 that wishful thinking and positive reappraisal and seeking social support coping strategies have occupied the highest value of level of significance of 0.896 and 0.129 respectively. Positive and action focused coping, distancing and escape and avoidance coping strategies have occupied the lowest value of level of significance of 0.012, 0.000 and 0.000 respectively.

It could be observed from the value of level of significance that there is a significant relationship between educational qualification and perception scores of all dimensions of strategies of coping except wishful thinking and seeking social support coping strategies. With regard to the total score, the value of level of significance (0.000) is less than 0.05 (5 percent level) and hence the null hypothesis is rejected stating that there is a significant difference in the perception scores of coping strategies among the group of respondents based on educational qualification.

Table 15: Relationship between Salary and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	42.666	0.000	Significant
2	Wishful thinking and positive reappraisal	12.565	0.006	Significant
3	Distancing	26.443	0.000	Significant
4	Escape and avoidance	26.135	0.000	Significant
5	Seeking social support	4.570	0.206	Not significant
6	Total score	39.309	0.000	Significant

Degree of freedom: 3, at 5 per cent level

It could be observed from table 15 that seeking social support coping strategies have occupied the highest value of level of significance of 0.206. Wishful thinking and positive reappraisal coping strategies are next in line with the value of level of significance of 0.006. Positive and action focused coping, distancing and escape and avoidance coping strategies have occupied the least value of level of significance of 0.000.

It could be observed from the value of level of significance that there is a significant relationship between salary and perception scores of all dimensions of coping strategies except that of seeking social support coping strategy. With regard to the total score, the value of level of significance (0.000) is less than 0.05 (5 percent level) and hence the null hypothesis is rejected stating that there is a significant difference in the perception scores of coping strategies dimensions among the group of respondents based on salary.

Table 16 Relationship between Work Experience and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	1.341	0.720	Not significant
2	Wishful thinking and positive reappraisal	14.679	0.002	Significant
3	Distancing	0.806	0.848	Not significant
4	Escape and avoidance	5.286	0.152	Not significant
5	Seeking social support	18.923	0.000	Significant
6	Total score	4.472	0.215	Not significant

Degree of freedom: 3, at 5 per cent level

It could be observed from table 16that distancing, positive and action focused coping and escape and avoidance coping strategies have occupied the highest value of level of significance of 0.848, 0.720

and 0.152 respectively. Wishful thinking and positive reappraisal and seeking social support coping strategies have occupied the least value of level of significance of 0.002 and 0.000 respectively.

It could be revealed from the value of level of significance that there is significant relationship between work experience and perception scores of all dimensions of coping except those of distancing,

positive and action focused coping and escape and avoidance coping strategies. With regard to the total score, the value of level of significance (0.215) is more than 0.05 (5 percent level) and hence the null hypothesis is accepted stating that there is no significant difference in the perception scores of coping strategies among the group of respondents based on work experience.

Table 17: Relationship between Ward Allotment and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	15.379	0.002	Significant
2	Wishful thinking and positive reappraisal	45.569	0.000	Significant
3	Distancing	22.121	0.000	Significant
4	Escape and avoidance	1.127	0.771	Not significant
5	Seeking social support	29.533	0.000	Significant
6	Total score	14.883	0.002	Significant

Degree of freedom: 3, at 5 per cent level

It could be observed from table 17 that escape and avoidance strategies have occupied the highest value of the level of significance of 0.771. Positive and action focused coping strategies is next in line with the value of the level of significance of 0.002. Wishful thinking and positive reappraisal, distancing and seeking social support have occupied the lowest value of the level of significance of 0.000 respectively.

It could be observed from the value of level of significance that there is significant relationship between ward allotment and perception scores of all dimensions of coping strategies except that of escape-avoidance coping. With regard to the total score, the value of level of significance (0.002) is less than 0.05 (5 percent level) and hence the null hypothesis is rejected stating that there is a significant difference in the perception scores of coping strategies among the group of respondents based on ward allotment.

Table 18: Relationship between Work Shift and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	10.545	0.005	Significant
2	Wishful thinking and positive reappraisal	10.673	0.005	Significant
3	Distancing	1.168	0.558	Not significant
4	Escape and avoidance	15.640	0.000	Significant
5	Seeking social support	48.595	0.000	Significant
6	Total score	0.079	0.961	Not significant

Degree of freedom: 2, at 5 per cent level

It could be observed from Table 18 that distancing coping strategies has occupied the highest value of level of significance of 0.558. Positive and action focused coping and wishful thinking and positive reappraisal strategies are next in line with the value of level of significance of 0.005 respectively. Escape and avoidance and seeking social support strategies have occupied lowest value of level of significance of 0.000 respectively.

It could be seen from the value of level of significance that there is significant relationship between work shift and perception scores of all dimensions of coping except distancing coping strategies. With regard to the total score, the value of level of significance (0.961) is more than 0.05 (5 percent level) and hence the null hypothesis is accepted stating that there is no significant difference in the perception scores of coping strategies among the group of respondents based on work shift.

Table 19: Relationship between Job situation and Perception scores of Coping Strategies

S.No.	Dimensions of Coping Strategies	Critical Value	Level of Significance	Result
1	Positive and action focused coping	59.625	0.000	Significant
2	Wishful thinking and positive reappraisal	22.842	0.000	Significant
3	Distancing	33.849	0.000	Significant
4	Escape and avoidance	6.281	0.043	Significant
5	Seeking social support	16.786	0.000	Significant
6	Total score	17.775	0.000	Significant

Degree of freedom: 2, at 5 per cent level

It could be observed from Table 19 that the escape and avoidance coping strategies has occupied the highest value of level of significance of 0.043. Positive and action focused coping, wishful thinking and positive reappraisal, distancing and seeking social support coping strategies are next in line with the value of level of significance of 0.000 respectively.

It could be observed from the value of level of significance that there is significant relationship between job situation and perception scores of all dimensions of coping strategies. With regard to the total score, the value of level of significance (0.000) is less than 0.05 (5 percent level) and hence the null hypothesis is rejected stating that there is a significant difference in the perception scores of coping strategies among the group of respondents based on job situation.

SUGGESTION AND CONCLUSION

It could be understood from the findings that all dimensions of coping strategies have been perceived at medium level by majority of the respondents. Though, positive and action focused coping, wishful thinking and positive reappraisal and seeking social support coping strategies had occupied top ranks among all dimensions of coping strategies, it could be observed from the findings of the study that majority of the respondents follow the strategies which are submissive in nature because the response of the majority of the respondents come under the scale of 'no opinion'. Hence, it is suggested that the hospital management should focus training programme on behavioural areas. Thus, the training programme should be delivered to strengthen some attitudes such as assertiveness, criticism tolerance, positive attitude, self motivation, absence of egoism, cooperation, coordination and silent. The management should also educate about the importance of physical exercises (walking, stretching, breathing exercise), yoga and balanced diet.

Therefore, it is the responsibility of the hospital management to concentrate on coping strategies for stress so that the nurses should provide safe as well as effective care for patients in stress free environment. This study is relevant in second tier cities all over the country wherever there are hospitals that are being run with similar facilities, rules and procedures. Though there have been studies on similar parameters of coping strategies of stress, the focus on nurses, the arteries of any hospital, has been insignificant. The present study has covered only 360 nurses working in four areas of private hospital namely wards, intensive care units, operation theatres and casualty departments. The future research can be undertaken with more number of samples covering other departments with an increased number of variables. The future study can also be conducted in the following ways.

i. The comparative study of coping strategies between nurses and other paramedical staffs.
ii. The comparative study of coping strategies between medical and paramedical staffs.
iii. The comparative study of coping strategies between nurses and non medical staffs.
iv. The comparative study of coping strategies between nurses working in private hospitals and nurses working in government hospital.

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