



Stress Management Among Nurses

A literature review of the causes and coping strategies

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<p>Abstract:</p> <p>The nursing profession has been known as a stressful profession that influences the quality of health care delivery and patient safety. In nursing, occupational stress such as workload and organizational factors including leadership are the major factors of causing stress among nurses. Therefore, it is important to enhance the workforce quality of nurses. Effective stress management and coping strategies are essential steps to produce nurses' work achievement and to reduce/control the level of stress among nurses.</p> <p>the aim of this study was to reveal the causes of stress among nurses and coping strategies that could be used in controlling and managing stressful events to build the awareness and the knowledge among nurses and nursing students about the stress, its causes, and the way to reduce or cope with it once it occurs. The literature review has been used for this study. Transactional Model of stress and coping by (Lazarus & Folkman, 1984) was the used theory for this study. Inductive qualitative content analysis has been chosen as a method for analyzing the data.</p> <p>Findings of this study recommended that managers and supervisors should develop strategies to address and promote the quality of working conditions for nurses profession.</p>	
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1 INTRODUCTION

Stress in nurses is a chronic issue, which participates in many health problems among nurses and reduces their competence. Stress is known as a worldwide phenomenon generally and particularly for the nursing profession, which has detrimental outcomes and consequences on the physical, psychological, and emotional well-being of a person's health condition (Olayinka et. 2013).

AbuAlRub, (2004) described nursing profession as a demanding, inquiring, and stressful profession. Based on the reviewed studies, workload, high work demands, and social support were the most factors related stressors reported by nurses.

According to Code of Ethics for nurses, ‘‘the nurse promotes, protects, and advocates for human rights, shares the responsibility and supporting human needs, provides the quality of health and patient’s safety’’ (ICN Code 2012). Therefore, it is important to search for sources that could promote the quality of healthcare delivery by nurses such as the stress management.

However, nurses have enormous responsibilities, tasks, and dealing with all kinds of challenges (Donley, 2013) and because it has been reported that nurses are more prone to experiencing stress compares with other healthcare professionals (Aiken et al, 2002). According to these facts, the present review seeks to examine the nursing literature on stress and the strategies that have been used to cope with stress.

The aims of this study are to reveal the causes of stress among nurses and coping strategies that could be used in controlling and managing stressful events to build the awareness and the knowledge among nursing students about the stress, its effects, and the way to reduce or cope with it once it occurs.

This work has been commissioned by Porvoo’s home care facilities, in Finland, the place where I am working at this moment as an effort to examine the reasons why stress exists among healthcare providers in general and nurses in particular.

2 BACKGROUND

Since the 1930s the evolution of stress has been grown, when Hans Selye found a connection between stress and diseases in his research model (Selye, 1956) and since stress has been the second most prevalent work-related health problem as the European Agency for Safety and Health at work (2005) claimed. Thus, due to these facts this chapter is focusing on the definition of stress, its sources, and the coping strategies.

2.1 Definition of Stress

Morgan and Tromborg (2007; Dantzer, 1991) described stress as a condition of having internal or external demands that are imbalanced to the human's capacity for responding or coping abilities to those demands. Moreover, Hans Selye formulates the term stress as a prolonged reaction of the body to any inquiry or demand (Fox S, 1993). Thus, job stress can be defined as when the demands of the working do not match the abilities of individuals, physical problems and psychological responses appear (Scope of stress in the American workplace). According to that, occupational stress can be the principal of health problems (mentally & physically) and even harmful injuries, depending on the level of stress which the individual nurse is experiencing (e.g., most of the nurses in Hong Kong were experiencing psychotically problems because of the job demands (Daniel, Wong, Leung, So & Lam, 2001). Therefore, the causes of stressors among nurses are because of a personal problem, overload working, disability to achieve patients' needs (Pender et al, 2011).

Furthermore, stress has been described as a chain connected to each other at different stages (e.g. the person might go from eustress feelings to mild/moderate distress feelings and to the feeling of chronic distress with different mental and psychical outcomes (Engström et al, 2006)

2.2 Causes of Stress:

According to the survey of worker's health in Japan (2012), which showed that over than 60% of workers declare severe stress in the workplace (reviewed in Tomomi, et al 2018). Thus, the working place is one of the most effective sources of occupational stress. Occupational stress occurs when there is no any longer balance between working demands, patients' needs, overload working and individual's abilities to compromise with those demands (Reed.K,2013). Studies on work-related stress in the nursing professional detect that there are so many reasons behind the occupational stress among nurses (Schaufeli et al, 2000). Stressors like intensive overload working hours and shift works, being responsible to many clients and colleagues' needs (medically, technologically, physically, and mentally), surrounding by irritated workers, lacking time for planning, and giving a better quality of care, absenteeism of colleagues and being responsible for decision making because of their absence are all relevant evidence stressors among nurses. (International Labor Organization, 1998). Fielden & Peckar 1999 also assert in their study that the over-working hours is directly influenced by the level of stress among workers. The literature on work-related stress has proved that the major cause of stress is placed on the working environmental stressors. Cartwright and Cooper (1997) classified six types of environmental work-related stressors: 1) factors essential to the work, 2) central roles, 3) relationships between workers (e.g., with managers, subordinate, and co-workers), 4) Occupational development issues, 5) Organizational sources including structure, culture, environment, and policy, and 6) The interface between the work-home (Cartwright et al, 1997; reviewed in Haybatollahi, 2009). Besides, the common problem of communication and language barrier which creates a complex of interaction with people and inability to build an interpersonal relationship with the teamwork (Bolderston et al, 2008). Further to the above, Bickford (2005) shows that human's response to the work-related stress associated directly to physical, behavioral, and psychosocial problems (e.g. passive emotions and fatigue, hyperactivity or hypoactivity of the involuntary nervous system, raise the hormonal levels, and psychological symptoms). Leka (2003) agreed that the consequences of occupational stress are contributed with mental health problems (e.g. individual may become more distressed and disturbed, disability for concentration and decision-making) and somatically health problems (e.g. heart disease, disorders of the digestive system, hypertension, muscular-skeletal problems etc.). Thus, the main impact of being under

the work-related stress is that people cannot be capable to maintain a healthy balance between work and personal life. In meanwhile, they may involve in unhealthy habits (e.g. smoking, drinking and drug abuse). Above all, nurses are regularly experiencing the suffer of pain, physical effort, ethical issues, lack of staff, variability of technology and the ability to deal with it, working shifts, high expectation from patients and their family members, and the struggle with physicians and other healthcare providers, besides the low of salaries and high responsibility (Muncer et al., 2001; Maytum et al., 2004; Demir et al., 2003; Fagerberg, 2004). When all these factors increase the level of stress for nurses and health providers, therefore it affects the quality of health delivery.

2.3 Stress Management and Coping Strategies:

Stress management has been defined as a form, which includes an extensive variety of techniques, methods, and procedures to be able to know how to handle the stress once it has already established itself. Thus, there are different ways to manage the stress, one of the effective techniques is stress therapies including massage, acupuncture, and acupresure, which has been proven to be the stress relief and reducing the burnout (Sincero, 2012). Several studies have been shown that the strategies nurses have used to cope with occupational stress are included motivating themselves by looking forward to going home at the end of the day, having social activities, hobbies, and interests (Edwards et al., 2000). Therefore, it is completely possible to recover and get rid of the stress syndrome without experiencing any harmful consequences (Cherniss 1992; McCormack & Cotter 2013). Stress management could contain any kind of effective activities or actions as a source of reducing mental or emotional strain (e.g. sports, meditation, cognitive therapy, and relaxation techniques) (Medical Dictionary, 2009). Another approach to stress managing among nurses is from a holistic perspective (mentally, physically, and spiritly) (Misterek, 2009; Duran, L 2015). The process of reducing the stress by using the holistic methods demands that nurses should take part in self-care actions (e.g. exercises, eating healthy, and getting involves in new hobbies. Misterek (2009) noted that to be able to provide health care for others, nurses must take care of themselves by staying healthy in mind, body, and spirit.

3 THEORETICAL FRAMEWORK:

For evaluating the stressful situations Transactional Model of Stress is the structure for processing and coping with stress events (Lazarus & Folkman, 1984). According to Glanz & Schwartz (2008), the Transactional Model is a procedure, which provides events to understand the stress and how to use coping strategies to have the beneficial effect on health promotion, health education, and disease prevention. Thus, the used framework for the present study is the Transactional Model of Stress and Coping by Lazarus & Folkman (1984). Moreover, understanding this theory on stress and coping is fundamental to develop effective strategies and approaches for nurses and healthcare providers to improve coping and promote physical, mental, and somatic well-being. This theory is one of the most effective cognitive approaches to stress and coping (Lazarus & Folkman, 1984)

Lazarus (1966) considered stress to be a transactional phenomenon between the person and the environment. The hypothesis of this theory is describing an individual's process which including cognitive evaluations and coping responses. Evaluations can be perceptive or imperceptive and they are affected by conditional, temporal, and factors. Coping represents the physiological and psychological efforts made to make the situation more manageable or more controllable (Hulbert-Williams et al., 2013). According to Transactional Model (Glanz & Schwartz ,2008) appraisals are divided into (Primary & Secondary), when the individual's facing a stressful situation, the evaluation of threats, harms, or challenges are calling (primary appraisal), and having the ability to control or improve the situation and manage the negative emotional responses are (secondary appraisal).

Furthermore, this theory exposes the sources of occupational stress for nurses and they are using coping strategies to process different demands (external or internal) associated with stressors.

As a conclusion of this theory, table 1 summarizes key concepts, meanings, and uses of the Transactional Model of Stress and Coping. Some of the concepts are matched to the results of this study and will be discussed in discussion chapter.

Table 1. Transactional Model of Stress and Coping.

Concept	Definition	Application
Primary Appraisal	Appraisal of the importance of a stressor, threatening or challenging situation	Understanding of the event as threatening can be source of anxiety or cause the pain.
Secondary Appraisal	Appraisal of managing the stressor and an individual's coping resources	Understanding of person's capability to make changes of the event, managing person's emotional reflection, and/or cope dynamically can lead to successful coping and adaptation.
Coping efforts	Applying real strategies to mediate primary and secondary evaluations (appraisals)	
Problem Management	Strategies and plans directed at being able to change the stressful event	Active coping, solving problems, and searching for information which can be useful to be used.
Emotional Regulation	Strategies and plans aimed at changing the direction of individual's thoughts or feels about a stressful event	Free expression to a strong emotion, behavior, avoidance, denial, and searching social support can be applied.

Managing-based coping	Coping actions that involve positive feelings and emotions, which in return support physically and mentally the coping process by giving the chance to represent the problem in different reviews	Positive revaluation, positive events, re-thinking of plans to make changes.
Outcomes of coping (adaptation)	Well-being emotionally, good attitude, healthy actions	The consequences of coping strategies could be adapted in short and long-term, positively, or negatively.
Dispositional coping styles	Common ways of acting that can influence an individual's physical or emotional response to the stressor.	
Information seeking	Attentional styles that are alert (monitoring) vs. those that connecting to the avoidance (blunting)	Monitoring could gather anxiety and vigilant; it could also gather active coping. Blunting could increase worries but as well could decrease commitment and duties.
Optimism	Brings positive expectancies for results and outcomes	Optimists could experience fewer symptoms and/or quick recovery from diseases.

(Adapted from Glanz & Schwartz, 2008. health behavior and health education. Theory, Research, and Practice)

4 AIMS OF THE STUDY AND RESEARCH QUESTIONS:

Detecting the causes of occupational stress among nurses and revealing the best interventions and coping strategies of stress that found to be helpful for nurses are the main aims of this study. Thus, the research questions guiding these studies were formulated as:

1. What are the causes and risk factors of stress among nurses?
2. What are the strategies of coping with stress?

5 RESEARCH METHODOLOGY

This chapter is presenting an overview of the process that has been used to collect information and data for seeking answers to problems that this research is pursuing.

5.1 LITERATURE REVIEW AS RESEARCH METHOD

The literature review with inductive content was the used method for data analysis in this study. This method has been chosen for the present study because the literature review is a method that can explore the research subject deeply and provide an overview of research in an area. Conducting a literature review includes formulating a research questions, identifying and coping the searching results, analyzing, synthesizing, and evaluating the literature. A good literature review collects data about a special topic from many sources (Patricia Cronin et al, 2007).

Furthermore, according to University of Wincosin writing center, a literature review is “a critical analysis of a segment of a published body of knowledge through summary, classification, and comparison of prior research studies, reviews of literature, and theoretical articles”. Thus, a literature review is the key to understand what has been already done on a specific subject. It is the methodology of research, which has been done by researchers. To answer the research questions, standards criteria of academic research and research rules were conducted carefully in this literature review.

5.2 Literature search/Data collection

Data collection of this study was conducted to Arcada’ library guide. Main academic databases were: Academic Search Elite (EBSCO), Cinahl (EBSCO), Elsevier Science Direct, PubMed, and Cochrane Library. For the used databases, the first step included a general article searching coordinated by using keywords such as ‘stress management’, ‘nursing’, ‘stress’, ‘nurse’. Outcomes from Academic Search (EBSCO) were 388 articles, Cinahl with 2090 articles, ScienceDirect with 7787 articles, PubMed with 7519 articles, ResearchGate with 33articles. In addition, Boolean operators such as ‘and’ and ‘or’ were used in the process of connecting keywords to get the more relevant articles on this subject.

The second step, more related keywords to this study has been used such as ‘causes’, ‘prevention’, ‘occupational stress among nurses’, ‘coping strategies’, ‘Causes’, ‘consequences’ to narrow down the number of articles. Thus, the second search refined further based on the year of publication (Considered articles were published from 2000), academic journals, full text, written from a nursing perspective, and all articles were written in the English language, which gives the research more options to find relevant articles on this subject. Thus, new results were limited from Academic Search EBSCO to 82, Cinahl to 103, and PubMed to 402, and ScienceDirec to 144.

The third step was the filtering step by following the criteria (table2) to select the final articles among the remained articles. The selected articles were chosen based on a good quality that relevance to the topic and linked to answer the research questions. The final inclusion and exclusion criteria were presented in table 2 and table 3 is presenting the selected 10 articles.

Table 2 . Factors have been considered for the including and excluding criteria

The including criteria include:	Excluding criteria
Relevance to the subject ‘Stress Management among Nurses’ with a nursing perspective	Articles without the nursing perspective were eliminate such as ‘stress of family caregivers’
Publication must be in English because of the abundance of information and written in an academic way	Publication in any other language was excluded
Only academic databases with peer reviewed and scientific articles	Articles from non-academic databases were excluded
Summaries must be clear and rich in information and connected to the research study	Articles with biased summary were excluded
Articles must have free access and full text	Articles need to pay, or extra permission were excluded
Considered articles were published from 2000	Articles were published before than 2000 were excluded.

Table 3 Selected articles for this study

Author(S)	Article	Journal & Year	Purpose of the study
Article 1 Olimpia Pino, Guido Rossini	Perceived Organizational Stressors and Interpersonal Relationships as Predictors of Job Satisfaction and Well-Being among Hospital Nurses	International Journal of Psychology and Behavioral Sciences, 2012	to explore: 1. The most relevant sources of workplace pressure among nurses; 2. Gender and age differences in work-related stressors; 3. Which combination of sources of stress and coping strategies were best predictor of job satisfaction and both psychology and physical health.

Article 2 Joanne Lim, Fiona Bogos- sian, Kathy Ahern	Stress and cop- ing in Singapo- rean nurses: A literature re- view	Nursing and Health Sciences (2010), 12, 251– 258	To explore sources and ef- fects of stress among nurses and coping strate- gies.
Article 3 Dong-Mei Lu, Ning Sun, Su Hong, Yu-ying Fan, Fan-ying Kong, Qiu-jie	Occupational Stress and Cop- ing Strategies Among Emer- gency Depart- ment Nurses of China	Archives of Psy- chiatric Nursing Volume 29, Is- sue 4, August 2015.	To identify the link be- tween work-related stress and coping strategies in ED nurses.
Article 4 Christine M. Healy, Michael F. McKay	Nursing stress: the effects of coping strate- gies and job satisfac- tion in a sample of Australian nurses	Journal of Ad- vanced Nursing. Mar2000	To analyze the relation- ships between stressors and coping strategies, and their effects on nurses’ level of job satisfaction and mood disorder.
Article 5 Esther M. Chang, Karen M. Han- cock, Amanda John- son, John Daly, Debra Jackson	Role stress in nurses: Review of related fac- tors and strate- gies for moving forward	Nursing & Health Sciences. Mar2005.	To review the literature between the sources of stress among nurses and coping strategies for ad- dressing this problem.
Article 6 Carlos A Laranjeira	The effects of perceived stress and ways of coping in a sam- ple of Portu- guese health workers	JCN (Journal of Clinical Nurs- ing) 9 December 2011	To explain the relation- ship between perceived stress in work and which type of coping strategies have been used among nurses in Portugal.
Article 7 E. Abidin. I, Hassim	Work Related stress and coping: A survey of Medical and Surgical Nurses in a Ma- laysian Teaching Hos- pital	Nursing stand- ard, Re- searchGate 2007	To explore functions of coping strategies in deter- mining causes of stress
Article 8 Anbazzhagan & Rajan	A Conceptual framework of Occupational	International Journal of Busi- ness Economics	To review and summa- rizes three decades of em- pirical literature related

	Stress and Coping strategies	& Management Research 2013	generally to stress and specifically to occupational stress with main coping strategies.
Article 9 Wright Kerri	Alleviating stress in the workplace: advice for nurses	Nursing Standard. 2014	To explore the sources that associate with stress and coping strategies that can be used to relieve the stresses among nurses.
Article 10 Tu vesson Hanna, Eklund Mona	Psychosocial Work Environment, Stress Factors, and Individual Characteristics among Nursing Staff in Psychiatric In-Patient Care	International Journal of Environmental Research and Public Health, 2014	To explore perceptions of the psychosocial work environment among nurses in psychiatric unit and how person characteristics- Control, Moral Sensitivity, Perceived Stress, and Stress of conscience are associated with different aspects of the psychosocial work environment.

5.3 Data analysis

Inductive qualitative content analysis has been chosen as a method for analyzing this research study. The aim of using this method is because it has been frequently used in nursing studies (Elo & Kyngäs, 2008). The inductive content analysis includes dividing data into smaller groups, which makes the content eventually simple to understand and analyze collections of the text when the concept is coded and categorized (Polit & Beck, 2008). The research is a decision maker when formulating categories by inductive content analysis, by explaining, coding, and putting information into the same category (Elo & Kyngäs, 2008). Inductive analysis methods according to Elo& Kyngäs are clarified as three major steps: Preparation, organizing, and reporting. During the preparation stage, data relevant to stress among nurses which collected mainly from academic databases (e.g. Science Direct and Academic Search Elite). Organizing stage associated with understanding the details of data, creating codes, categories, addressing and abstracting. Reporting stage was associated with receiving a detailed account of the outcomes in an ar-

ranged categories and sub-categories (Elo& Kyngäs, 2008). According to this, the headings are collected from the chosen articles, categories created at this level, and open coding has been produced. To minimize the number of categories by combining those that are similar or dissimilar into categories and sub-categories were the main purpose of grouping data. Thus, the results were classified into two main categories: Causes & Coping Strategies. Sub-categories were formulated according to those two main categories. An empirical explanation of this process will be shown in the resulting chapter.

5.4 Ethical Consideration

In order of writing this thesis, the Arcada' guidelines about a good academic writing were carefully read and understood. Ethical issues such as carelessness, Fabrication, Falsification, plagiarism, and misappropriation have been avoided (Good scientific practice, Arcada)

Licensed access to official databases was directly taken from Arcada' library to avoid illegal data retrieval. All chosen articles were free to access, references were made for each citation copied or captured from another researcher's work. Above all, ethical codes, and guidelines for nurses such as Human Rights Guidelines for Nurses in Clinical and Other Research (1975); Ethical Guidelines in The Conduct, Dissemination, and Implementation of Nursing Research (1995); International Council of Nurses (ICN) Code of Ethics for Nurses (2000) has been considered during this study. (Polit & Beck, 2008).

The basic ethical principles (Respect for Persons, Beneficence, and justice) of Belmont's (1978) guidelines for the protection of humans' subjects of research has been followed, respected, and considered in this research.

6 RESULTS

This chapter is presenting the results of 10 articles from the literature review. Research questions have been answered and formulated in form of categories and sub-categories, which has been generated by reading every single article separately. The author has numbered the articles from 1 to 10 (in ascending order) and those numbers will be used in the following chapters

6.1 Causes and Risk Factors of Stress among Nurses

The causes and risk factors related to stress among nurses were divided into four main categories. Table 4 summarizes the main categories and sub-categories gathered from the results.

- Category 1: Occupational factors.
- Category 2: Organizational factors.
- Category 3: Socio-demographic factors.
- Category 4: Psychographic factors.

Table 4: Categories of sources of stress among nurses.

Category 1 Occupational Factors	Category 2 Organizational Factors	Category 3 Socio-demographic Factors	Category 4 Psychographic Factors
Workload, High work demands, Nurse-physician conflict relationship, Inadequate staff and lack resources, Interpersonal/Intergroup conflict and role ambiguity, External and internal challenges.	Management and Administration, Lack of concern, Low supportive relationship.	Gender Differences (female/male), Age Differences, Role of experience	Moral Sensitivity, Stress of Conscience, Death and dying, Uncooperative family members and clients

6.1.1 Occupational Factors

Results show that occupational factors have a major role in developing the process of stress among nurses. Practically, all the articles revealed that workload is one of those

occupational variables that causes the stress among nurses (in articles 1,2,3,4,5,7, 9), high work demands (in articles 2,5,6,9), nurse-physician conflict relationship (in articles 1,2,3,4,5,6,7), Inadequate staff and lack resources (in articles 2,3,5,9), Interpersonal/Intergroup conflict and role ambiguity (in articles 3,4,7,8), external and internal demands (article no.10).

6.1.2 Organizational Factors

Nursing management has shown an impact on the developing process of the stress, many articles (in articles 1, 2, 3, 5, 8, 10) confirmed that management and administrative responsibilities are another major source of causing stress among nurses. Organizational variables involve supervisors, charging nurses, and head nurses. Poor management leads to role ambiguity, lack of resources such as shortage staff which creates workload, conflict, and disagreement role among nurses, which effect of decision-making and patient safety. Thus, lack of appropriate management at hospitals in different units is a major source of causing stress.

6.1.3 Socio-demographic Factors

Results from articles claimed that, socio-demographic variables associated with stress such as age and gender (in articles 1, 5). The results found that females experienced stress more than males (article no.1) and stress also has been reported among younger nurses than older once (in articles 1,5). Besides, the role of experience. Both articles reported that the level of stress is increasing among newly graduated nurses.

6.1.4 Psychographic Factors

Psychographic variables were associated with stress levels among nurses. Different articles indicated that those stressors relating specifically to nursing profession are the passive burden of dealing with death and dying (in articles 3, 4, 5, 6, 7), lack of self-confidence (article no.3), dealing with uncooperative family members and clients/patients (in articles 3, 6, 5), moral sensitivity like moral strength and mastery, stress of conscience (article no.10).

6.2 Coping Strategies

Coping has been described as the cognitive and behavioral efforts formed to master, support, or to minimize external and/or external demands and struggles (Lim et al, 2010). Thus, the process of dealing with stress is calling "coping". Therefore, results from used articles showed that stress interventions are presented in four categories: Nursing management (role of leadership) and organizations, individual sources, social support. Table 5 summarizes the main categories and sub-categories gathered from the results.

- Category 1: Nursing management, leadership, and organizations
- Category 2: Individual sources
- Category 3: Social support

Table 5 summarizes the main categories and sub-categories gathered from the results.

Table 5: Coping strategies for stress among nurses

Category 1	Category 2	Category 3
Nursing management and leadership	Individual strategies	Social Support
Effective leadership, Good conditions and cooperative at work, Clinical supervision	Lifestyle, Self-controlling, planful and arranged problem-solving, Accepting responsibility, Emotion-focused coping, Time management.	A supportive relationship with friends, families, and colleagues.

6.2.1 Nursing Management and Leadership

To reduce the effect of stress among nurses is requires the organizational and manageable facilities to support nurses in their work. Articles showed that nursing management like

organizational interventions can provide resources to reduce or cope with the level of stress (in articles 1, 4, 6, 8, 9, 10). For instances, to alleviate the level of stress in health care system is requiring a good leadership and management (article no. 9). Suitable working conditions and environment like creating a good environment for developing clear professional roles (in articles 8, 10). Managing role means to have an effective communication and discussion between healthcare staff in general and nurses, and to give a positive reappraisal (in articles 1, 2, 4, 6, 7, 10). Some articles claimed that clinical supervision supports guidance for nurses is important to be available for stressful situations because nurses at some points feel that they need to be ‘listened’ and ‘heard’ which helps to reduce the feelings of being undervalued (in articles 2,3,8,9).

6.2.2 Individual Sources

Individual strategies help nurses adjust to stress more easily (Anbazhagan&Rajan, 2013). For instance, lifestyle and the way of living has an impact to reduce the level of stress. Thus, many articles found that fitness and relaxation techniques are effective strategies to cope with stress (in articles 2,3,8,9), listening to the music (in articles 8,9), managing time effectively (in articles 1,2,8,9), other articles considered self-controlling, planned, and arranged problem—solving, and accepting responsibility (in articles 2,4,6,7) are effective strategies for coping the stress levels among nurses. Articles showed Emotion-focused coping as an effective strategy for individuals to reduce or to control their stress such as distancing and escape-avoidance (in articles 2, 4, 6, 7, 8).

6.2.3 Social Support

To relief stressors, it is useful to have friends and colleagues who are supportive and encouraging. Thus, social support can reduce the level of stress (Anbazhagan & Rajan, 2013). Almost all the chosen articles of this study claimed that the reduction of stress is related with seeking social support which includes family members, friends, and colleagues (in articles 1, 2, 3, 4, 5, 6, 7, 8). According to these articles, nurses who get a social support from different sources (e.g. families, friends, or colleagues) are more likely capable to manage their stress and work demands.

7 DISCUSSION

Sources and effects of stress and coping strategies were outlined through the literature review of this study. All studies in this review were to explore job stressors and/or coping strategies. In the concept of stress outcomes, these articles have similar results. Findings indicated that occupational factors are the main reason of why nurses are having a high level of stress followed by organizational factors. Thus, among all occupational stressors, work overload was the commonest faced by most nurses.

Studies reported that job demands/overload working were determinate as the best predictors of mental and physical health resulting in emotional exhaustion, depression, and anxiety among nurses in nursing specialty practice (Beh & Loo, 2012; Gomes et al., 2013; Ido et al., 2009; Lambert et al., 2004; Lim et al., 2010; Moola et al., 2008; Muazza, 2013). According to this, mental, physical, and physiological problems, reducing the mechanism of self-defense, decreasing the morality, slowing the productivity, creating absenteeism, and alcohol and drug abuse are connected to the stress (Chiriboga and Bailey, 1986; Easterburg et al., 1994; Hayes et al., 2006; Maslach, 1982; Melamed et al., 1999; Rafferty et al., 2007).

However, the workload is correlating with the shortage of staff, which decrease the time to complete the work, inadequate time decrease the emotional support to the patient, which affect the care quality. Moreover, occupational stress like workload is affected by the nursing management through staffing, scheduling, and arranging enough time to each nurse, since managers or head nurses are responsible for scheduling and hiring staff. Thus, they have the authority to make decisions and therefore responsibility relies on them to make changes and provide enough resources and support. Results show that the organizational variables are one of the major sources of the level of stress among nurses. According to the reviewed articles, most nurses referred their stress to unorganized working conditions such as lack of appropriate planning, poorly planned work shifts, lack of concern, low supportive relationship, interpersonal/intergroup conflict and role ambiguity, external and internal demands. Furthermore, for developing a supportive work environment, the first step is making changes in nursing management. Nursing management should consider adopting supportive policies like dispute resolution to assist well-organized communication and produce a reliable support organization for nurses and other

healthcare providers (Lim et al., 2010). Thus, working within comfortable and well-organized environment estimates perceived levels of confidence, support, rewards, and a good communication between the organization, staff, and colleagues (Tuveesson & Eklund, 2014). Nevertheless, Lazarus in his theory of transactional model of stress (1984) emphasized that it is not the environment, or the stressor situation is the most important, but what is more important how the individual is seeing or receiving the stressful event that reveals how s/he will cope and cooperate with that event.

Another factor was associated with stress is psychographic variable such as death and dying, lack of confidence in oneself and one's abilities, and moral sensitivity. Those factors effect on nurses and their coping with it in different levels, not all nurses facing the same situation with the same level of stress, it depends on the individual's characteristics and their emotional levels. According to Lazarus in his theory of transactional model of stress (1984), when the individual's facing a stressful situation, the evaluation of threats, harms, or challenges are calling primary appraisal and it differs from one another and having the ability to control or improve the situation and manage the negative emotional responses are secondary appraisal. At this point, the theory shows that the individual can evaluate the situation and viewed as a positive or negative situation and then the ability to manage that stressful event.

The consequence of stress is not only affecting work performance, but also its effects on the individual's physical and psychological health. Levels of health problem that can occur when stress is prolonged or cannot be avoided. For instance, experiencing physical and mental symptoms, it is starting from a headache, backache, feeling mentally fatigued at the end of the day, frustrated, tense or angry, developing to chronic illness like cardiovascular diseases, hypertension, colitis, depression and/or anxiety (Wright K 2014; Wicks 2010).

Socio-demographic factors did not play a considerable role according to the findings of this research. Factors such as age differences, the role of experience did not mention any linked relationship with stress, which could be clarified by the fact that the nursing community has an equal socio-demographic characteristic and the outcomes of socio-demographic factors were balanced (Abidin & Hassim, 2007). But, the data confirmed the theory that female nurses are more stressed and felt less healthy compared to their male colleagues (Pino & Rossini, 2012).

In terms of coping strategies, the balance between the individual's needs and their environment could increase the individual's ability to solve or control the problem and being in a better mood (Dong-Mei Lu et al., 2015). Findings indicate that the most positive and effective coping strategy is the awareness of managers and nursing administration to build a well-organized environment and enhance relations among nurses, supervisors, and other healthcare providers, which helps nurses to cope with the level of stress. These strategies and plans are associated directly to the concept of problem management in Lazarus's theory at being able to change the stressful event by using active coping, solving problems, and searching for information which can be useful to be used.

Findings in the reviewed articles tend to agree that social support is a widely reviewed as the way of coping strategy to manage/reduce the level of stress among healthcare providers in general and nurses. Thus, these findings are matching Lazarus' theory (1984) in the concept of 'information seeking', which means attentional styles that are alert (monitoring) vs. those that connect to the avoidance (blunting). According to this concept, monitoring could gather anxiety and vigilant; it could also gather active coping.

Blunting could increase worries but as well could decrease commitment and duties.

Other common and important coping strategies directed to managing the stress were announced as some individual strategies such as lifestyle, self-controlling, planned/arranged problem-solving, accepting responsibility, emotion-focused coping, and time management. These strategies matched to the concept 'managing-based coping' in Lazarus' theory. Lazarus refers to coping actions that involve positive feelings and emotions, which in return support physically and mentally the coping process by giving the chance to represent the problem in different reviews. Besides, individuals need a positive revaluation, positive events, re-thinking of plans to make changes.

8 CONCLUSION

The results indicate that nursing managers and supervisors should have the awareness of the consequences of nurses' workload and low supportive relationships and pay the full attention to these problems, not only it can affect the nurses' safety 'physically and mentally' but also can affect work achievement, which in turn involves and impacts on patient's safety and the quality of caregiving and further aggravate the situation. Moreover, the combination of personal and organizational coping strategies is building a good relationship the management level. Effective well-organized plans and social support are the most effective way to create a comfortable interpersonal environment, to encourage nurses to adapt coping techniques in a positive way, and last but not the least to manage and/or reduce the stress levels. Therefore, perceived organizational support is concerning nurses' well-being and job satisfaction which is reducing the social and economic costs of stress for human resources in the organizations and communities (Pino & Rossini, 2012).

8.1 Recommendation

This study is aimed to reduce the stress among nurses. Thus, as a recommendation, to reduce the level of stress it begins with nursing management, by reducing occupational stress in a supportive climate would let nurses explore a job satisfaction. Well-planned organizations would reduce occupational stress and prompt coping strategies. Well-planned organizations are not only supporting nurses but also helping for developing the nursing profession in the future. Therefore, nurses who have been working in a well-organized environment are more likely to produce high-quality care.

Furthermore, the present study produced a combination of the causes of occupational stress and stress management interventions concerning the importance of social support and the role of leadership, which expressed in a literature review. Further, the author recommends/prefer for future researchers to combine the literature review with other research methods like qualitative or quantitative containing a direct connection with nurses through for instance interviews. This would provide the study an accurate data, specific details, and more information. An empirical study to assess stress among nurses could evaluate nurses' feelings towards stress in a different way than a literature review.

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