

Stress management and coping strategies used by nurses working in psychiatric ward

Literature review

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<p>Abstract</p> <p>The purpose of this study was to examine on how nurses working in psychiatric ward manage their stress and what kind coping skills do they use. The aim was to give information about stress in general and provide suggestions for stress management and coping skills to use be used in practice.</p> <p>This study was implemented as a literature review. Inclusion and exclusion criteria were defined before searching the literature databases using combination of different keywords. The used databases were Cinahl, Academic Search Elite and PubMed, and the used keywords were nurs*, stress, coping, coping strategies, and psychia*. A total of five articles were chosen based on content. Content analysis was used in analyzing the data by abstraction, categorizing and describing the patterns.</p> <p>Results suggested that nurses use coping strategies. The coping skills were categorized into problem-, emotion- and appraisal-focused strategies. Problem- and emotion-focused strategies were used more. All of the problem-focused strategies were adaptive-typed, and most of emotion-focused were avoidance-typed. The issues, involved with the theory of stress, coping skills and stress management, had an effect to the results.</p> <p>The theoretical issues of the topic and conflicting results of the selected articles had an effect to the conclusions. The need for further research was clear, before any further conclusions could be made. The conclusion was that nurses working in psychiatric wards should concentrate on using coping strategies to handle stress.</p>		
Keywords/tags (subjects) nurse, stress, coping, coping strategies, psychiatric		
Miscellaneous		

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1 Introduction

Stress is constantly present during our lives, more or less and thus management of stress is crucial for us to be able to function effectively. The effects of stress can be both positive and negative on us and the symptoms can be physiological, emotional and/or psychological in nature. The source of stress may be from the environment, the people we are involved with and/or within ourselves. Due to the fact that stress has such a significant impact on our lives, the need for stress related research is undeniable. Stress management and usage of coping skills to lessen the load we experience plays a key role in surviving in the modern world.

In any field of work, stress is always present, and because of this stress management and coping skills are abilities that every individual should learn. Nursing can be viewed as a quite demanding profession from both physical and mental aspect. Research conducted in the UK among health care professionals suggest that stress is a cause for nurses having a higher rate for sick-leaves and absences from work or even leaving their jobs. (Burnard & Edwards, 2003)

This study is intended to focus on how nurses working in psychiatric ward manage their stress and what kind coping skills they use. The aim is to give information about stress in general and provide suggestions for stress management and coping skills to use based on the results found in the already existing research.

2 Major concepts of stress

2.1 Stress

Through the involvement and contributions of many researchers, the concept of stress has expanded into a massive entity. From the existing research we can see that, the central idea in defining stress can be identified as the discomfort we experience psychologically, physiologically and/or emotionally from the stimuli of the environment surrounding us and when that discomfort becomes overwhelming for us to cope with. The sources of stress can be seen as the stimuli from our immediate surroundings, other people or within us, and they are referred as stressors. (Burnard, 1993) Based on this we could define stress as how we experience and respond to the stimuli caused the source of stress a.k.a. the stressors.

Stress as a non-technical concept is old, but the term itself is quite new, and in its current form dates back to 1930s. Majority of the term's current definitions are based on the research conducted by Hans Selye on stress. Due to linguistic translation issues in the publication of Selye's research and researchers having differing views in many aspects of stress, an exact definition for stress has been somewhat difficult to define. (Rosch, 1999) For example, are the reactions to stressors general or specific in nature, whether the physiological reactions come first and then the psychological and emotional, does the environment cause the psychological and emotional reactions or are they caused by the individuals internal struggle. Also criticism towards Selye's research has been displayed by other researchers, such as Lazarus, due to its focus mainly on the physiological aspect of stress.

Research done about stress suggests that there are three ways of approaching the concept.

Response based model – significantly influenced by Hans Selye.

Selye's research on stress led to the development of General Adaptation Syndrome- model. The model explains how the body responds physiologically to stress. The model identifies three phases or stages which the body goes through during a stressful event.

- Alarm stage – the body reacts by releasing “stress” hormones, such as adrenaline, noradrenaline and cortisol because of a threat or danger
- Resistance stage – the body's defences become weaker due to the need of repair for example muscle tissue damaged during the stressful event
- Exhaustion stage – the body takes more damage if the source of stress still exists due to having no more energy to combat the stressors

(Sincero 2012, General Adaptation Syndrome)

Stimulus based model – affected by the field of engineering

During the 17th century Robert Hooke formed an engineering analysis of stress. Although the analysis related to the study of man-made structures, such as bridges, there can be found similarities within the concepts. He identified three basic concepts; load, stress and strain. Load is seen as the external forces that affects stress, which is the area that load applies to. Strain is the deformation of the structure as a result of the load and stress. The concepts formed and used by Hooke gave an outline for the terminology used in defining stress. The terms stress and strain that are still used by psychologists and sociologists in their research, but their definitions differ from each other. The connecting link between the definitions used by different fields of study is that there is always a stimulus – external stressor – and a reaction or response. (Lazarus, 2006, p. 31-32)

Interaction based model – combination of the later two models but with an individual twist

Lazarus suggests that though an event might provide a stimulus, the occurrence of a response is dependent on the individual itself. Based on this one could say

that the affected person has an individual “level of stress resistance”. (Rout & Rout, 2007, 21 - 22)

Though stress may seem at first as something we should avoid, it can have a positive effect on a person. For example, being more productive, withstand higher levels of stress, etc. (Sincero 2012, What is Stress?)

As for many other scientific research done in the field of medicine, the need for study of stress has been significantly influenced by wars and other conflicts. The basic idea behind the need for the study of stress can be stated to rise from the armies' need for uphold the soldiers battle endurance. Different kind of terms have been used to describe the negative symptoms experienced by soldiers during and after wars, i.e. shell shock, battle fatigue, post-traumatic stress, etc. From all of which can be easily indentified the similarities in relation to sources of stress in general. (Lazarus, 2006, p. 27-30)

Due to the fact that agreeing on, what the precise definition of stress is, proves to be difficult. It is more significant to focus on finding ways to cope with and manage stress.

2.2 Coping

The word, cope, is defined in the dictionary as “to deal successfully with or handle a situation; manage” (Collins English Dictionary). In its simplest form coping can be defined as how people manage with their lives when stressful events occur.

Psychologists Lazarus and Folkman have defined coping as the cognitive and behavioural efforts that we utilize to deal with internal and external stressors. The mechanisms used to cope with stress may not always be effective and in some cases have no effect at all. The effectiveness of coping is measured by its ability change the level of stress, where the aim is to lower it. (Sincero 2012, Stress and Coping Mechanisms)

The studies done by researchers over the years concerning coping, have identified hundreds of different coping mechanisms and potential new ones are constantly found through ongoing research. Due to the massive amount of coping mechanisms that have been recognized and the differences among researchers' points of view, an unified opinion on the classification has not been established. Despite of this many researchers accept the following as a way of classification, which is based on the findings of Lazarus and Folkman.

1. Appraisal-focused strategies – coping mechanisms we use to change our train of thought. For example, denial of a serious illness.
2. Problem-focused strategies – specific actions we take to alter our behaviour to lessen the stress caused by a certain stressor. E.g. practicing a speech beforehand.
3. Emotion-focused strategies – using relaxation techniques, meditating and such actions to lessen the emotional load.

(Sincero 2012, Stress and Coping Mechanisms)

A more detailed classification has been recognized for the coping mechanisms, which focuses on the manifestation and their purposes. The mechanisms have been divided into eight different types; defense – unconscious coping, adaptive – tolerative coping, avoidance – avoiding the issue, attack – focusing attention to a target other than the source of stress, behavioral – behaving in a manner to lower stress, cognitive – altering way of thinking to reduce stress, conversion – change of thought, behavior or emotion to another and self-harm – harming oneself to ease the stress. (Sincero 2012, Stress and Coping Mechanisms)

Though there are number of generally accepted coping mechanisms, it is impossible to list them all, partly due to the vast number of researchers and their differences in how they view stress. In addition to this many of the coping mechanisms aren't just confined to just one type. In order to illustrate and elaborate them more clearly I have constructed the detailed classification of the mechanisms into form of tables (see Appendices 1 - 8), based on the work of David Straker (2004). While being useful to define what type of coping mechanism we utilize, it is more important to be able to utilize as many of them as possible.

2.3 Stress management

Consisting from two words, stress and management, it is advisable to define both of the words separately to begin defining stress management. One of the definitions found in the dictionary for stress is “mental, emotional or physical strain or tension” and the definition for management is “the technique, practice, or science of managing, controlling or dealing with”. The root word of management is to manage and one definition for it is “to exercise control or domination over, often in a tactful or guileful manner”. Based on the previous, the definition for stress management could be “the technique of controlling over mental, emotional or physical strain”.

(Collins English Dictionary 2016).

The fact being that the definitions for coping and stress management resemble each other so much and the coping mechanisms can be roughly categorized into subconscious and conscious techniques. It is more useful to focus on how can we manage stress consciously, while being aware of the subconscious techniques that might manifest. Based on the previous, the fundamental idea behind stress management is whether we try to affect the source of stress itself or by changing how we react to or perceive it. Allan Elkin suggest the following as a simple and useful way of managing stress.

1. Changing your thought – how can you perceive the stressful situation differently e.g. thinking you have extra time to read the news while being stuck in the morning traffic
2. Manage the stressors – how can you affect the stressors e.g. take the bus instead of walking to avoid being late from work.
3. Managing your stress responses – how can you change your response to the stress e.g. calming yourself using relaxing breathing technique after an argument

(Elkin 2013, 33-34)

To summarize what successful stress management is about. It is the ability to act to the stimuli caused by the stressor in a manner that makes the experienced level of stress tolerable. This is done by directly affecting the source of stress, by changing how we perceive or respond to it by utilizing coping mechanisms.

3 Aims, purpose and research question

The aim of the study is to explore stress management and coping strategies used by nurses working in psychiatric ward. The purpose is to provide information that can be useful for nurses and nursing students working on psychiatric ward. Research question:

What coping strategies are used by nurses working on psychiatric ward?

4 Methodology

4.1 Literature review

Literature reviews are used to gather and analyze the already existing research information. The main purpose is to deepen the knowledge about the subject at hand or perhaps develop new theory. Other purposes are to evaluate the existing theory and provide the possibility to describe its development throughout the years. Also it can be to build a comprehensive picture about a certain subject and help recognize the issues within the research topic. There are many types of literature reviews, but commonly they are divided into three types; narrative literature reviews, systematic literature reviews and meta-analysis. (Salminen 2011, 6)

Even though there are many types of literature reviews, all of them include similar parts of process; literature search, critical evaluation, synthesis and analysis (Kirjallisuuskatsaus hoitotieteessä. 2016, 8-17).

Literature review aims to present a comprehensive picture about a larger concept while still being easy to read. Based on how the research is executed, the style of narrative review can be recognized as an editorial, commentative or survey. Even though the research material gathered does not go through an especially strict systematic screening, conclusions are achievable for the synthesis of the literature review. Despite the synthesis might be biased, it does not matter because the

purpose is to inspire further discussion. This being the focus of a commentative styled narrative literature review. (Salminen 2011, 7)

Literature review is a comprehensive summary of the previous research that has been done. By setting clear directions on how to search and evaluate the research data, and also how to analyze the results, the scientific credibility for the research is established. (Salminen 2011, 10) There are many steps taken when conducting the literature review. The following steps are generally recognized as part of the process for conducting a literature review.

- Setting the research question
- Identification of selection criteria and keywords to be used
- Selection of databases and conducting the search.
- Reviewing the results and applying the selection criteria
- Retrieving systematically the data from the selected papers.
- Quality revision of the selected articles.
- Summarizing, synthesizing and presenting the findings
- Conclusions and discussion

(Bettany-Saltikov 2012)

Utilizing these methods to research the material the author is able to present the results in a compact manner, evaluate their consistency and test hypotheses efficiently. (Salminen 2011, 9)

4.2 Scientific article selection

The main goal of the article selection process was to provide articles which are relevant to the topic and provide support for the conclusions made afterwards. Following the steps for conducting a literature review, the following selection criteria were identified before performing the literature search.

- Language in English or Finnish
- Scientific publication
- Full text available for free and online
- Responds to the research question
- Relates to nurses working in a psychiatric ward or hospital

The process for gathering the relevant articles concerning the topic continued with identifying the keywords used to search the article databases. The keywords used in the searches were; nurs*, stress, coping, coping strategies, and psychia*. The databases selected to perform the searches on were Cinahl, Academic Search Elite and PubMed. Preliminary selections were made based on the title and abstract of the articles. The final selections were made by applying the selection criteria and also duplicate articles were excluded. The following table is provided to illustrate the search process used.

Table 1. The article selection process used in the literature research.

Database	Key words	Hits	Based on title and abstract	Based on selection criteria
Cinahl	nurs*, stress, coping, and psychia*	62	7	5
Academic Search Elite	nurs*, stress, coping strategies, and psy-	70	4	0

	chia*			
PubMed	nurs*, stress, coping, and psy- chia*	83	0	0

Also a manual search for additional articles was performed within the references found from the articles chosen. The decision whether the article was relevant to the topic was made initially based on the title, after this the same selection criteria were applied. The manual search didn't provide any additional articles, and in many cases they were excluded because of not filling the selection criteria. A table has been provided below to illustrate the results of the manual search.

Table 2 Manual search results.

Article	Relevant by title	Relevant after the selection criteria	Articles to be included
Muscroft, J. & Hicks, C 1998	5	0	0
Sullivan, PJ 1993	6	0	0
McTiernan, K & McDonald, N. 2015	6	0	0
Fagin, L. et al. 1995	7	0	0
Cai, Z. et al. 2008	8	0	0

4.3 Analysis and synthesis of data

The data for this study was analyzed using content analysis in an inductive way. Content analysis is a method that can be used on both quantitative and qualitative data. Content analysis is a suitable way of analyzing different kinds of data and describing them at the same time. (Kankkunen & Vehviläinen-Julkunen 2009, 133.) Whatever the content analysis is inductive or deductive in nature, is determined by the purpose of the study. Inductive approach is recommended to be used when there isn't enough previous knowledge about the phenomenon or the knowledge is fragmented. (Elo & Kyngäs 2008, 109.)

Inductive content analysis process has three main phases: preparation, organizing and reporting. In the preparation phase the researcher decides what he is looking while familiarizing to the articles. There aren't certain systematic rules for analyzing data. (Elo & Kyngäs 2008, 109.) The organizing phase is consisted of categorizing, grouping and abstracting. This phase begins with reading through the articles again while narrowing down each of the texts into smaller groups. The second step is the categorizing of those groups under a unifying name based on similarity. These categories can be sub-categories of a main category. The categorization is continued until the categories are able to answer the research question. This process is considered as abstracting. The final phase of the inductive content analysis is the reporting phase, which consists of presentation of the analysis process and the results from the analysis. Describing the process of analysis is a necessary part of the presentation to illustrate the reliability of the study. Appendices and tables are a useful way of presenting them. (Elo & Kyngäs 2008, 109-112.)

5 Results

The following results are based on the chosen articles. Relevant information about the chosen articles has been provided in the appendices, including a short description of the articles (see Appendix 9).

After familiarization to the chosen articles and considering what the research question is, the grouping and categorization were made based on classification of coping skills. Firstly, all of the used coping skills were gathered from the articles. Secondly, the coping mechanism was identified. This was decided based how the skill fitted to the mechanism's description. After that they were grouped based on what is the type of the coping mechanism. The identification and grouping was done utilizing the tables 1 - 8 provided in the appendices, which are based on the work of Straker (2004). After that they were divided based on their focus, i.e. how the stressor is experienced (appraisal-focused), how the stressor is affected (problem-focused), or how we respond to the stressor (emotion-focused). Based on the previous the following table was constructed to clarify the analysis process. (see Appendices 1 - 8)

Table 3. The analysis process.

Main categories	Sub-category	Group	Example
Problem-focused strategies	Adaptive	Intellectualization	Problem solving, Team supervision, One-to-one supervision, Social support, Talking to others, Logic, Task strategies, Time management, Using counselling services, Talking to friends & family,

			talking to managers, talking to someone
		Compartmentalization	Stable home environment separate from work, Home/work relationship
		Compensation	Involvement
Emotion-focused strategies	Avoidance	Avoidance	Alcohol, Diverting attention away, Looking forward to going home, Activities, Hobbies,
		Distancing	Tobacco, Rest or vacation to forget, Sick leave
	Adaptive	Crying	Consoling oneself, emotional comfort
Appraisal-focused strategies	Cognitive	Idealization	Positive attitude on work role, good aspect on the situation
		Intellectualization	Self-regulation & self-attitude, Conscious self-study

As stated previously that there is not an agreed way of classification for the coping skills and the mechanisms are not confined to certain type. Because of this it proved to be difficult to assess what exactly the mechanism and type was for each of the skills. Which is supported by Sullivan (1993, 598), stating that the research is inconclusive and this is mainly caused by the confusion in how coping is conceptualized

and measured. The conflict is seen in the differences between the articles, e.g. categorization of coping skills, coping questionnaires used. For example, Sullivan (1993) categorized the coping skills based on problem-focused and emotion-focused strategies, while Muscroft & Hicks (1998) did not categorize at all. Muscroft & Hicks (1998) and Sullivan (1993) made their own questionnaires to measure coping. While Cai et al. (2008), McTiernan & McDonald (2015) and Fagin et al. (1995) utilized premade questionnaires, but different from each other.

The usage of different questionnaires, scales and inventories within the chosen articles made it difficult to compare the results of the chosen articles between each other. Also the articles were more focused on measuring the effectiveness of coping skills and finding the sources of stress. Despite of this the following results were made based on the findings from the articles.

Problem-focused strategies

All of the articles stated that social support was in some form used as a coping skill, though there were differences between the articles. For example, McTiernan's (2015) research states that social support was the least used strategy while Fagin et al. (1995) study found it being the most used. In addition, Muscroft and Hicks' study (1998) suggest that "who we are talking to" has an effect on how much social support is used as a coping skill. E.g. psychiatric nurse is less likely to talk to counselling services than to colleagues.

Sixteen out of the 34 skills recognized in the articles were problem-focused e.g. coping skills that tried to affect the source of stress in some way. Identifying the exact mechanism proved to be difficult at times. 13 out of the 16 were identified as Intellectualization, which relies on relieving stress through reasoning. Communication with others and involving others to handle stress was assumed to be social reasoning, e.g. trying to find a solution through discussion with others.

All of these problem-focused coping strategies were considered to be adaptive type in nature. This suggests that psychiatric nurses working in wards try to adapt to the source of the stress by mainly utilizing social interaction. The study results of Fagin et

al. (1995) also support the importance of social support within the work community in relieving stress. Which suggests that ward-based psychiatric nurses are dependent on their work-community considering stress management.

Emotion-focused strategies

Fourteen out of the 34 skills found were emotion-focused e.g. skills trying to change our responses to the stressors. 12 out of the 14 were considered as avoidance-typed coping mechanisms, the aim being in them to physically or mentally avoid the stressor. This suggests that avoiding the source of stress is utilized by ward-based psychiatric nurses to some degree.

Three of the articles stated alcohol and tobacco as a coping skill. (Muscroft & Hicks 1998, Fagin et al. 1995, Sullivan 1993) Nevertheless based on the results it is impossible to say anything more about the usage of alcohol and tobacco, i.e. how much is consumed, how often, etc.

Appraisal-focused strategies

Two of the articles (Cai et al. 2008; McTiernan & McDonald 2015) provided four coping skills that were identified as appraisal-focused e.g. change how stressor is experienced and all of them were cognitive-typed. The method of relieving stress by these coping skills is changing oneself, in some manner of self-study or one's attitude. If only 4 out of the 34 skills found are appraisal-focused, it is possible to say that ward-based nurses do not tend to utilize coping skills that affect their perception or attitude towards the source of stress.

Based on the previous we can assume the following. A ward-based psychiatric nurse tends to rely on problem- and emotion-focused strategies to handle stress. Social interaction is a major part of the problem-focused strategies used, while in some manner avoiding the source of stress seems to be prevalent type of emotion-focused coping strategies. Appraisal-focused coping skills are used, but only by a fraction

compared to the other two. Drastically simplifying; 50 % of the coping skills are problem-focused, 40 % are emotion-focused and 10% appraisal-focused. A unified conclusion about the usage frequency of certain coping strategies could not be made, mainly because of the conflicting results within the selected articles. Fagin et al. (1995, 354) state that social support was the most used skill, while McTiernan & McDonald (2015, 212) state that “diverting attention away” was the most used. This conflict is also recognized by Sullivan (1993, 598) stating that the findings are inconclusive and difficult to interpret, which is caused by the confusion in the concept of coping and its measurement.

6 Discussion

Based on the results achieved, it is evident that there are number of coping strategies used by psychiatric nurse working in psychiatric wards. The coping strategies utilized by the nurses were possible to be classified in some manner based on existing theory. The classification of the strategies based on the focus was relatively easy, but deeper and more accurate classification required much effort. The differences between the results of the articles suggest that the Interaction based model theory – where a person has his individual level of stress resistance – is more accurate how stress should be studied.

The fundamental problems associated with the definitions of stress, coping mechanisms and stress management are seen in the results. The usage of multiple different questionnaires and measurements makes the comparison of the results of the studies between each other quite demanding. To be able to achieve reliable and comparable results, it is important to have the same measurement instruments and units that are measured.

The coping strategies found from the articles were in general too obscure, and thus left too much room for interpretation, considering the classification. The classifica-

tion of the coping strategies was made based on the work of Straker (2004), which is considered as an acceptable method of classification. It is possible that some of the coping strategies have been misinterpreted, given the fact that the interpretations were made by the author of the thesis. Some of the coping strategies were easily recognized as certain type, while others proved to be difficult. Recognizing the mechanism proved to be the most challenging. For example, what mechanism is social support considered as? It was recognized as intellectualization based on the assumption that the purpose of talking to others was to achieve guidance. It could be also argued that the purpose of talking to others is to divert attention away from the source of the stress. This would mean that "talking to others" could be considered as emotion-based avoidance. Based on how much work had to be done in order to classify the coping strategies that there is a need of improvement in the way of classification.

The inability to compare the results of the selected articles and the issues in the definitions of stress, coping and stress management, could explain the lack of conclusions made out of the results.

Considering the fact that majority of the skills used were either problem- or emotion-focused, suggests that psychiatric nurses are more likely to utilize skills that affect the source of stress, or how they respond to the stressor. The low number of appraisal-focused skills found suggests that, nurses are reluctant to change themselves or do not know how to, in order to lower stress. Based on this, one could argue that taking some kind of action or responding in some manner to lower stress is more plausible than trying to change something in oneself.

6.1 Conclusions and suggestions for further research

The conclusion is that ward-based psychiatric nurses utilize coping strategies to handle stress. It would seem that nurses tend to favor either problem- or emotion-focused strategies. The coping strategies have been personally interpreted, to some

extent, by the author of the thesis and thus the reliability of the categorization of the coping strategies could be biased. Despite of this, there are other far more serious issues that need to be addressed, before dealing with the possible “mistakes” made by the author.

The fact that the results of the articles proved to be incomparable and thus drawing further conclusions, suggests that further research about coping strategies is needed. The definition issues surrounding the concept of stress, coping, and stress management, should be addressed.

One way of beginning the clarification of the concepts could be, finding an agreed collection of the coping strategies. A collection coping strategies, that have been clearly defined, would ease the classification of coping strategies. Secondly a coping questionnaire should be made which is based on the collection of coping strategies. It could be utilized to the comparison of coping strategies, in many ways. For example, how commonly a certain coping strategy is used. Also it could enable the comparison of coping strategies in terms of how effective one strategy is compared to another one, by utilizing it together with stress level measurements.

Based on the low number of articles found, implies that further research is needed, specifically concentrated to ward-based psychiatric nurses. Also the time-span of the articles was quite wide. The eldest was published in 1993 and the most recent was from 2015. Geographically the studies were concentrated to Europe, though one was made in China. This could affect the reliability of the results based on the fact that culture always plays a role in how people behave.

As we can see there are number issues that need to be addressed, involving coping strategies. Before they are addressed we should concentrate on that coping strategies are being utilized. In other words, it is more important that stress is managed using coping strategies than finding what coping strategy is used.

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Appendices

Type	Mechanism	Example
Defense - unconscious coping	Denial	denying the death of a person to deal with the loss
	Displacement	shouting at the cashier because your boss shouted at you
	Intellectualization	seeking information about the treatment of a disease infected with
	Projection	believing someone dislikes you while in reality you dislike them
	Rationalization	justifying rejection from the university because of your bad performance on the entrance exam by saying you didn't want to get in
	Reaction Formation	being overfriendly to someone you hate
	Regression	crying uncontrollably in fetal position after a break-up
	Repression	an abused child has no memories from the the events but has trust issues
	Sublimation	redirecting the urge to break something to more acceptable behavior i.e. chopping wood

Appendix 1.

Type	Mechanism	Example
Self-harm - harming oneself to ease the stress	Conversion	stressful situation causes a physiological symptom, e.g. "freezing" during a speech
	Somatization	sweating excessively before a presentation
	Self-harming	physically cut oneself to ease emotional pain

Appendix 2.

Type	Mechanism	Example
Adaptive - tolerative coping	Adaptation	buying a new car to replace a broken one
	Compartmentalization	avoiding your personal beliefs from affecting your work i.e. euthanasia
	Compensation	focusing on improving a stronger attribute in oneself to fill in the lack of a certain attribute
	Crying	comforting oneself because of a loss

	Displacement	shouting at the cashier because your boss shouted at you
	Idealization	seeing your favorite artist as flawless
	Identification	dressing in similar clothes as your friends in order to fit in
	Intellectualization	seeking information about the treatment of a disease infected with
	Performing Rituals	clearing your throat before answering to a question
	Post-traumatic growth	donating money to cancer research after losing a child to leukemia
	Sublimation	redirecting the urge to break something to more acceptable behavior i.e. chopping wood
	Substitution	doing the dishes instead of making a difficult phone call
	Undoing	doing chores voluntarily to compensate for bad behavior

Appendix 3.

Type	Mechanism	Example
Attack - focusing attention to a target other than the source of stress	Acting Out	an addict gives in to his addiction
	Displacement	shouting at the cashier because your boss shouted at you
	Fight – or – Flight Reaction	before a fight the physiological changes our body experiences, e.g. blood pressure rises, pupils dilate. Actions are taken based on instinct
	Passive Aggression	employee avoids doing a task by talking how he is going to do it
	Projection	believing someone dislikes you while in reality you dislike them
	Reaction Formation	being overfriendly to someone you hate
	Trivializing	dealing with rejection by saying you didn't find the person attractive in the first place

Appendix 4.

Type	Mechanism	Example
Avoidance – avoiding the	Acting Out	an addict gives in to his addiction
	Avoidance	avoiding the issue by changing the topic

issue	Denial	denying the death of a person to deal with the loss
	Displacement	shouting at the cashier because your boss shouted at you
	Distancing	storming out from an argument
	Fantasy	fantasising about your unrealistic life i.e. being a billionaire
	Idealization	seeing your favorite artist as flawless
	Intellectualization	seeking information about the treatment of a disease infected with
	Passive Aggression	employee avoids doing a task by talking how he is going to do it
	Performing Rituals	clearing your throat before answering to a question
	Projection	believing someone dislikes you while in reality you dislike them
	Rationalization	justifying rejection from the university because of your bad performance on the entrance exam by saying you didn't want to get in
	Reaction Formation	being overfriendly to someone you hate
	Regression	crying uncontrollably in fetal position after a break-up
	Repression	an abused child has no memories from the the events but has trust issues
	Symbolization	a sleeping child is covered with a "magic" blanket to protect from the boogeyman
Trivializing	dealing with rejection by saying you didn't find the person attractive in the first place	

Appendix 5.

Type	Mechanism	Example
Behavioral - behaving in a manner to lower stress	Acting Out	an addict gives in to his addiction
	Aim Inhibition	lowering your goals to more attainable level
	Altruism	helping others to help oneself, e.g. an ex-addict attends to support group
	Attack	criticize back at the person who criticizes you
	Avoidance	avoiding the issue by changing the topic
	Compensation	focusing on improving a stronger attribute in oneself to fill in the lack of a certain attribute
	Crying	comforting oneself because of a loss
	Displacement	shouting at the cashier because your boss shouted at

		you
	Identification	dressing in similar clothes as your friends in order to fit in
	Reaction Formation	being overfriendly to someone you hate
	Regression	crying uncontrollably in fetal position after a break-up
	Undoing	doing chores voluntarily to compensate for bad behavior

Appendix 6.

Type	Mechanism	Example
Conversion - change of thought, behavior or emotion to another	Aim Inhibition	lowering your goals to more attainable level
	Altruism	helping others to help oneself, e.g. an ex-addict attends to support group
	Conversion	stressful situation causes a physiological symptom, e.g. "freezing" during a speech
	Displacement	shouting at the cashier because your boss shouted at you
	Idealization	seeing your favorite artist as flawless
	Post-traumatic growth	donating money to cancer research after losing a child to leukemia
	Reaction Formation	being overfriendly to someone you hate
	Somatization	sweating excessively before a presentation
	Sublimation	redirecting the urge to break something to more acceptable behavior i.e. chopping wood
	Substitution	doing the dishes instead of making a difficult phone call
	Symbolization	a sleeping child is covered with a "magic" blanket to protect from the boogeyman
	Trivializing	dealing with rejection by saying you didn't find the person attractive in the first place

Appendix 7.

Type	Mechanism	Example
Cognitive - altering way of thinking to reduce stress	Aim Inhibition	lowering your goals to more attainable level
	Altruism	helping others to help oneself, e.g. an ex-addict attends to support group
	Avoidance	avoiding the issue by changing the topic
	Compartmentalization	avoiding your personal beliefs from affecting your work i.e. euthanasia
	Conversion	stressful situation causes a physiological symptom, e.g. "freezing" during a speech
	Denial	denying the death of a person to deal with the loss
	Displacement	shouting at the cashier because your boss shouted at you
	Dissociation	preach others about acting lawfully yet act unlawfully yourself
	Fantasy	fantasising about your unrealistic life i.e. being a billionaire
	Idealization	seeing your favorite artist as flawless
	Identification	dressing in similar clothes as your friends in order to fit in
	Intellectualization	seeking information about the treatment of a disease infected with
	Introjection	mimic the actions of someone authoritative to appear authoritative
	Passive Aggression	employee avoids doing a task by talking how he is going to do it
	Projection	believing someone dislikes you while in reality you dislike them
	Rationalization	justifying rejection from the university because of your bad performance on the entrance exam by saying you didn't want to get in
	Reaction Formation	being overfriendly to someone you hate
	Regression	crying uncontrollably in fetal position after a break-up
	Repression	an abused child has no memories from the the events but has trust issues
	Somatization	sweating excessively before a presentation
Suppression	holding your tongue to avoid conflict with a coworker	
Symbolization	a sleeping child is covered with a "magic" blanket to	

		protect from the boogeyman
	Trivializing	dealing with rejection by saying you didn't find the person attractive in the first place

Appendix 8.

Summary of the included articles			
Author & Year	Purpose of study	Instrument/methods	Key findings
Muscroft, J. & Hicks, C 1998	Comparison of occupational stress levels between psychiatric nurses and general nurses, and their preparedness to workplace counselling.	A survey questionnaire consisting of 21-items assessing; occupational and personal stress, coping methods, and views about work-based counselling.	Stress levels of general nurses were significantly higher than those of psychiatric nurses
Sullivan, PJ 1993	Examine occupational stress in acute psychiatric nursing unit. Describe stressors, measure effects of stress, identify coping strategies used by the participants, and note the associations between the three.	Four different measures were utilized; Psychiatric Nursing Stress Inventory, Maslach Burnout Inventory, coping questionnaire, and semi-structured interview format.	Stressors seem to be the same but vary in frequency of occurrence. High levels of burnout are present. Both problem- and emotion-focused coping is utilized. Presence of certain stressors caused higher levels of burnout.
McTiernan, K & McDonald, N. 2015	The differences between community and hospital based psychiatric nurses in occupational stressors, burnout and coping strategies in Ireland.	Three different questionnaires were used; Mental Health Professional Stress Scale, Maslach Burnout Inventory, and PsychNurse Methods of Coping Scale.	Stressors tended to be focused towards organizational issues. Average levels of burnout, though significant differences in levels of depersonalization and personal accomplishment.
Fagin, L. et al.	Comparative study	Different questionnaires	High levels of emo-

1995	between community psychiatric nurses and ward-based psychiatric nurses on how they experience and deal with stress.	were used; demographic questionnaires, CPN stress questionnaire, GHQ-28, Maslach Burnout Inventory, Rosenberg self-attitude scale, Minnesota job satisfaction scale, and coping skills questionnaire.	tional exhaustion are present in both groups but community psychiatric nurses are more satisfied with their work. Coping methods had little differences.
Cai, Z. et al. 2008	Identify workplace stressors and coping strategies of Chinese psychiatric nurses in three different psychiatric hospitals.	Three questionnaires were used; Demographic Data Questionnaire, Nursing Stress Scale, and Simple Coping Strategies Questionnaire	Workload and death were the highest workplace stressors. Positive coping strategies (hobbies, activities, social support, etc.) were used more though negative ones (crying, try to forget) were used also.

Appendix 9.