

The effectiveness of coping strategies for enhancing nurses' emotional health and wellbeing.

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Abstract

Background: Nurses who provide bedside care have a variety of jobs and commitments; therefore they must be emotionally robust. Unexpected or long-term negative emotions can have an impact on a nurse's mood, health, relationships, and quality of life. People are aware that negative emotions can lead to undesirable behaviours such as lack of attention, emotional breakdown, bad job-related interpersonal interactions, confrontation with doctors, co-workers, department customers, and supervisors, as well as overeating, excessive drinking, and sleep disorders. Situations or episodes of this nature can result in both physical and mental problems, such as Fatigue, irritation, lack of attention, sadness, depression, depersonalization, and emotional depletion are examples of physical and mental disarrays. Coping strategies are the critical component in managing job stress.

Aim: The aim of this study was to find out what personal coping strategies nurses used to help improve their emotional health and wellbeing. The purpose of this study is to look into the relationship between demographic characteristics (age, gender, marital status, staying with, designation, working unit and year of experience), negative emotions, and coping strategies. **Methods and Materials:** Both the exploratory and quantitative non-experimental research designs are used. A systematic questionnaire was devised and used to collect data from 185 nurses who have worked at the Apollo multispecialty hospital in Kolkata for at least one year. **Results:** The majority of nurses (35.4%) experienced sometime negative emotions and 67 (32.6%) experienced often negative emotions, compared to those who never perceived negative emotions or who always experienced negative emotions. Nurses' most commonly used coping strategy for negative emotions reduction strategies (76.40 %) and control over difficult a circumstances (52.25 %).

Key words: Emotional wellbeing, Stress, negative emotion, coping strategies.

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**Caring for the mind
is an important and
crucial as caring for
the body. In fact
one cannot be
healthy without
the other-** Sid Garza Hillman

I. Introduction

Nursing has generally been recognised as an emotionally challenging profession; as nurses must engage in a range of complex emotional activities in their interactions with patients, family, and co-workers. Emotions are complex- subjective (mental state), physical, behavioral responses. **Positive emotions:** Love, appreciation, happiness, hope, enthusiasm, joy etc. **Negative emotions:** Fear, anger, shame, frustration, regret, and sad etc. Emotional well-being is defined as the ability to develop good emotions, moods, thoughts, and sentiments, as well as adapt. The ability to focus on the positive while controlling negative emotions and feelings is referred to as emotional well-being. Nurses with emotional wellbeing can keep a close eye on their own emotions and recognise when they're feeling burned out or unhappy ¹. The purpose of this quantitative study was to identify personal coping strategies which nurses were used to address better emotional health.

We all go through loss, conflict, uncertainty, loneliness, health difficulties, competitiveness, deadlines, and financial hardship. Adversity at work can be negative, stressful, or traumatic, putting nurses in tough positions or causing them to go through terrible times. One of the most essential talents for happiness and success in today's quickly changing environment is the capacity to effectively handle stress. On the other side, if you handle stress effectively, you can manage your emotions, make better decisions, and feel more in charge of yourself.

The study revealed that nursing has been seen to be a physically and emotionally challenging occupation². According to a research, nurses were stressed out by their workload and time constraints.³ Occupational stress levels were high for nearly half of Emergency Department (ED) nurses (46.9%)⁴. More than half of nurses (52.2%) reported high levels of stress, with patient death and dying (32.8%), emergency circumstances (22.8%), and limited supportive connections (18.0%)⁵ refer to as the most stressful reasons. Meanwhile, a research revealed that stress levels among nurse managers are influenced by individual characteristics, organisational practises, and structures⁶. Meanwhile, a study found that individual factors, organizational practices and structures affect nurse managers' stress⁷.

We realised that our nurses, who are all trained in mental health and well-being, are capable of providing excellent patient care. Nurses who are emotionally healthy have control over their thoughts, feelings, and behaviours. They're capable of dealing with the challenges of life. They can keep obstacles in perspective and bounce back from setbacks. They are self-assured and in control of their relationships.

Good emotional health and wellbeing is not just about feeling confident and cheerful; it's also about being constructively engaged with the world and having a high sense of self-esteem. There is significant evidence that good emotional health and wellbeing also contributes to good physical health.⁸

Objectives of the Study

1. The objective of this study was to find out how nurses distress with negative emotions and what personal coping methods they employed to improve their emotional health and well-being.
2. To look at the relationship between nurses' emotional stability and demographic parameters such as age, gender, marital status, educational qualifications, staying status, designation, shift type, year of experience, and shift duty
3. Provide a self-education module for people who aren't aware of the importance of emotional health and well-being.

Assumption

- All Nurses may not have knowledge regarding all types of personal coping strategies to improve over all emotional health and wellbeing.

Inclusion criteria:

- All the nurses who are willingness to participate in this research.
- Experience at least one year or more
- Staff nurses and In-charges
- Who all present during data collection

Exclusion criteria:

- Novice nurses who all have less than one year experience.
- Nurses who are suffering anxiety and on treatment.

II. Material And Methods

The study was conducted in December 2021. An exploratory research approach was used to assess the association between the personal coping strategies and emotional wellbeing among 185 nurses working at Apollo Multispecialty Hospitals, Kolkata. The subjects are chosen using the Total Enumerative Sampling approach. Convenience sampling was used to survey respondents who had to be practicing nurses with at least one year experience and working in Apollo Multispecialty Hospitals, Kolkata. Purposive sampling approach was applied. The sample population included staff nurses and up to in charges working in Ward, ICU, Emergency and Operation Theatre and with minimum one year experience.

The population size was 354 and the confidence level and margin of error were 95% and 5%, respectively. The calculated size was 185. The nurses were given information about the survey's goal, importance, and inclusion criteria, as well as a link to the survey's online version. An online survey with a

questionnaire was used to perform this research. The research setting was Apollo Multispecialty hospitals in Kolkata, West Bengal.

Data collection procedures

Our online survey was conducted using the Google Forms questionnaire solution and survey link were sent to participants via email and what's App. Prepared a participant information sheet and consent form, in which we explained the objective of our research and invited them to participate. Finally, 185 eligible nurses agreed to participate, and 178 (96.21%) responded to the questionnaires.

The data collection instrument has three parts: **socio-demographic characteristics of the participants** It mainly includes the basic information of the participants such as age group , gender , marital status , education qualification ,living status , number of children , education , designation , duty shift and year of experiences . **NegativeEmotional responses.** Refereeing tool for measuring nurses' negative emotional responses, and **Coping strategies for emotional well-being.** The tool for evaluating nurses' use of coping methods to improve their emotional health and well-being (questionnaire).

Nurses' negative emotional responses to work-related or personal stress, decision-making capacity, and problem-solving ability were assessed using the 15-item statement. Items are rated on a 4-point Likert scale, with [1] indicating never and [4] indicating always. The participants are asked to rank their emotions and thoughts. Therefore, the score of each participant might range from 1 to 60. Never perceived negative emotions was defined as a score of 1 to 15, sometime perceived negative emotions was defined as 16 to 30, and often perceived negative emotions was defined as a score of 31 - 45 and always perceived negative emotions was > 45 or above.

The coping strategies contain 12 items and have 48 subscales (4 and some were 5 items per subscale) that captured various coping behaviours. Each item of this instrument was answered by the respondents choosing correct option for them. Total percentages for each subscale were calculated, and higher percentage subscale scores indicated most common and known coping behaviour. Each question is answered on a 4-point Likert scale ranging from never [1] to always. [4] Earning a higher score on each subscale represents a person's preferred coping strategy. They were also asked if they wanted to learn about different types of coping mechanisms for emotional well-being.

III. Results

General information: Almost 185 nurses were eligible to participate, but only 178 respondents gave complete and valid answers. Incomplete or missing data responses were not considered samples. Hence, the return rate was 94.59 %.

GRAPHICAL PRESENTATION OF DEMOGRAPHIC VARIABLES (n= 178)



Figure 1: Bar chart showing the percentage wise distribution of nurses based on their Age group

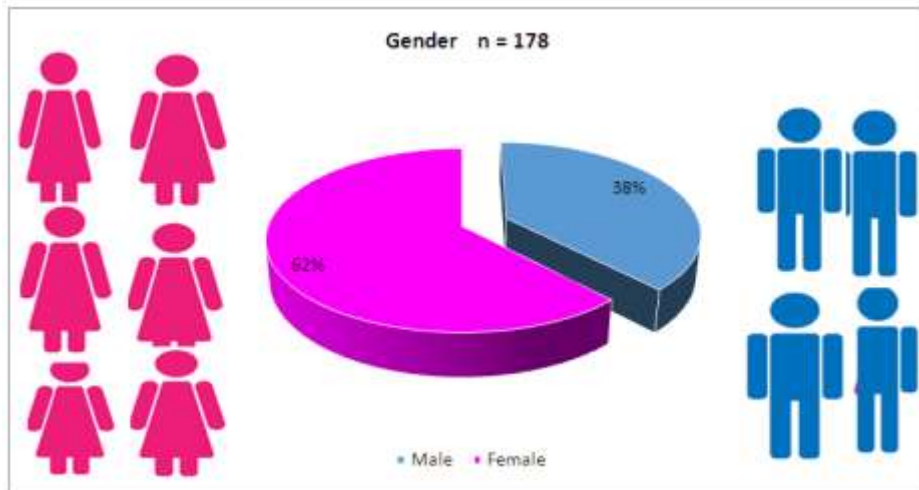


Figure 2: A pie chart depicts the proportion of nurses based on their gender.

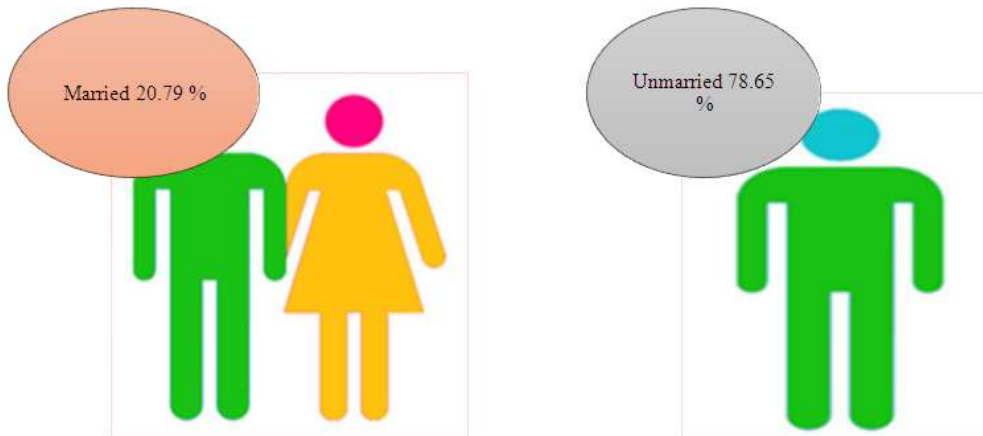


Figure 3: The percentage wise distribution of nurses based on their marital status



Figure 4: This area graph showing the Staying status for nurses who all participate in this study

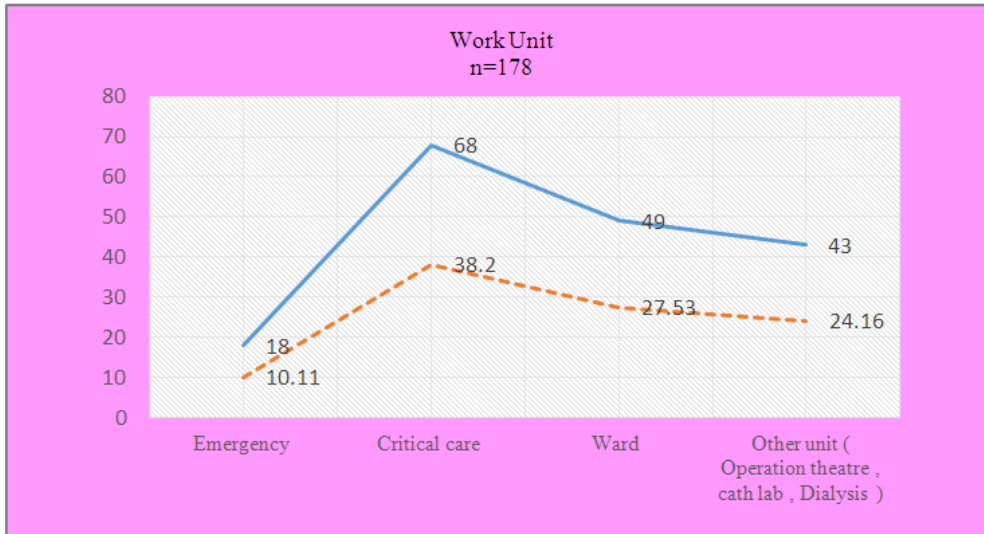


Figure. 5: The percentage wise distribution of nurses based on their work unit

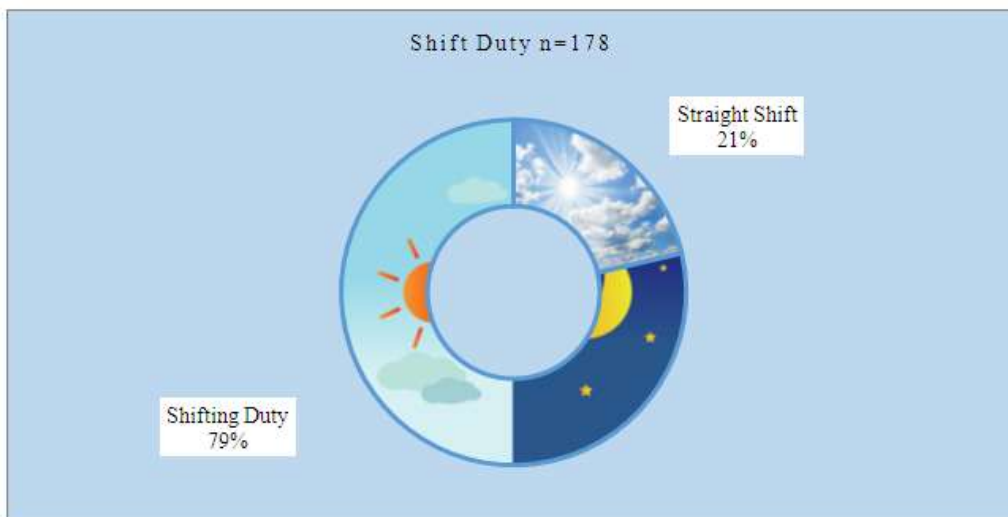


Figure 6: This pie chart depicts percentage wise distribution of nurses based on duty shift

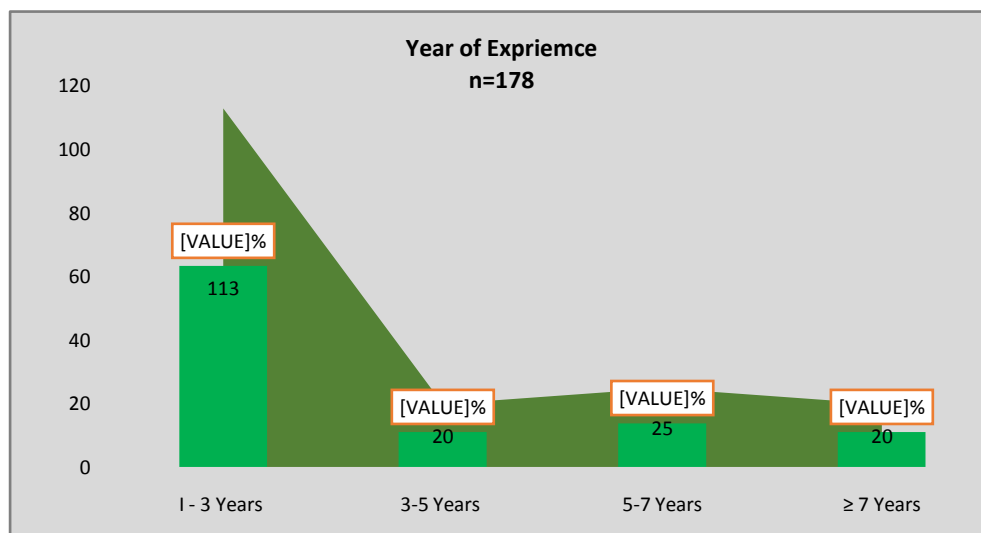


Figure 7: Area graph showing the percentage wise distribution of nurses based on their work experience

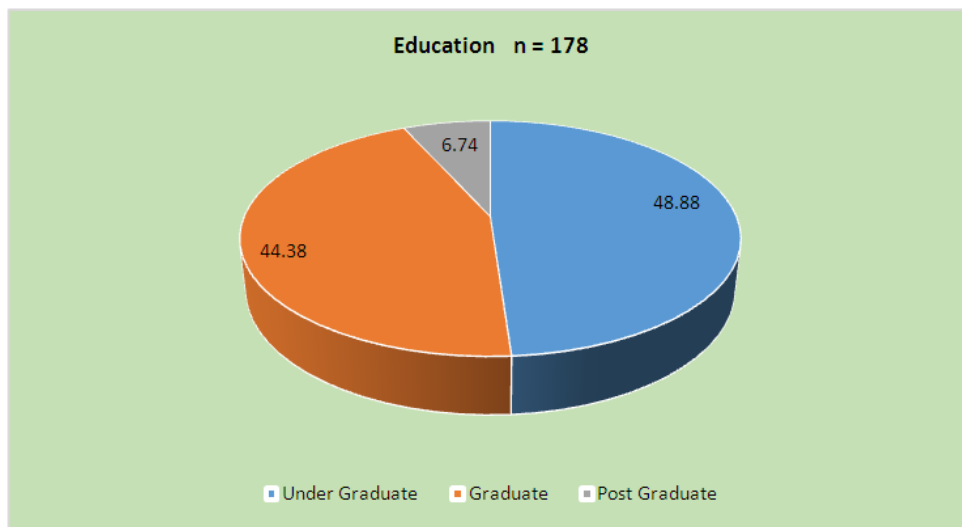


Figure 8: A pie chart depicting the percentage of staff nurses who fall into the Designation category.

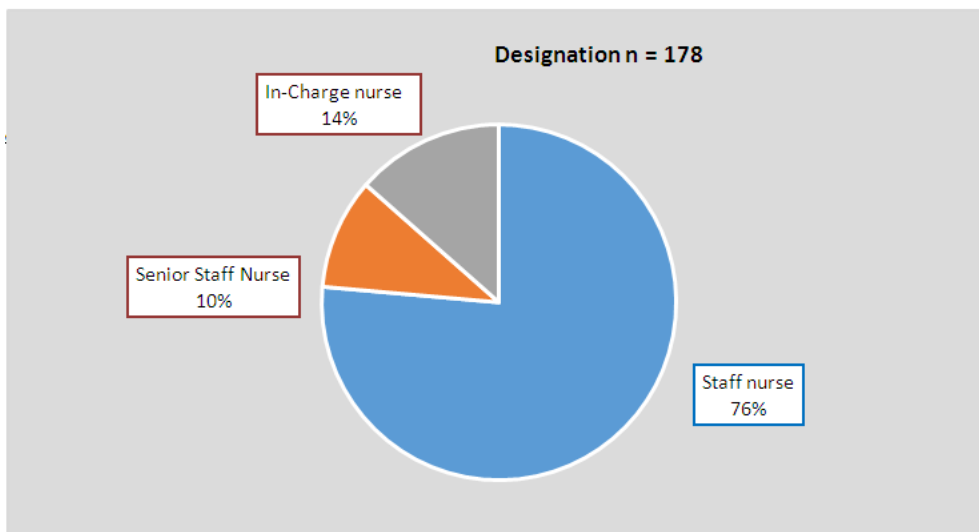


Figure 9: Pie chart showing the percentage wise distribution of nurses based on their educational qualification

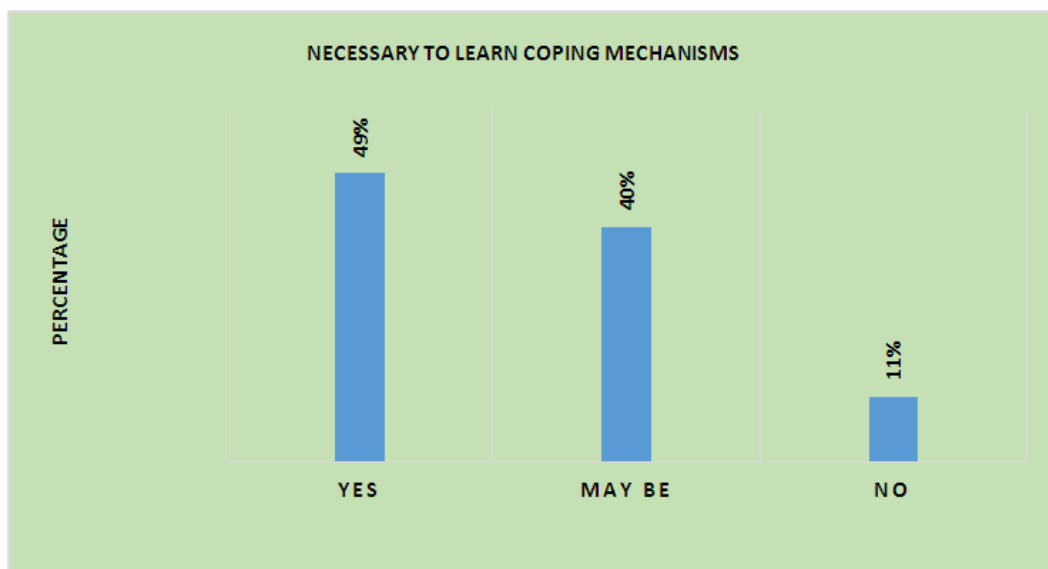


Figure 10: Bar graph showing the percentage wise distribution of nurses based on their perception on necessary to learn the coping strategies.

General information: Almost 185 nurses were eligible to participate, but only 178 respondents gave complete and valid answers. Incomplete or missing data responses were not considered samples. Hence, the return rate was 94.59 %.

GRAPHICAL PRESENTATION OF DEMOGRAPHIC VARIABLES (n= 178)

Demographics Characteristics of the nurses: The participant's age group ranged from 22- 45 years of old (28.20 ± 2.71). Of the 178 nurses, 128 (71.91 %) were in age group of 22- 32 years of old and very few were in age group of 45 years or more 15 (8.43 %). The majority of them were (62 %) female (fig: 2) unmarried 140 (78.65%) (Figure 3). Figure 4 Shows most of nurses lived at Apollo Hostel 111 (62.36%) and 44 (24.72%) lived at as Paying guest. The nurses 113 (63.48 %) had served less than 1-3 years. 140 nurses (79 %) worked in three shifts, whereas 38 (21 %) worked straight shifts.

Healthy coping strategies advantageous to the nurses to improve their emotional health and wellbeing. Figure: 10 depicts half of the nurses (49 %) agreed with this statement, while the other half (40 %) said they weren't sure. According to this study, 11% of nurses are unaware of the role of coping methods in improving emotional health and wellness. (Figure 10)

NegativeEmotional responses: The data demonstrated that the majority of nurses 100 (56.17 %) sometime perceived and 55 (30.90 %), often perceived negative feeling, whereas 10 (05.61%) and 13 (7.30 %) nurses, respectively, never perceived negative emotion and always experienced negative emotion (Table 1).

Table 2 depicts the relationship of perceived negative emotions of nurses to the demographic characteristics. It shows nurses perceived negative emotions were found to be significantly associated with their staying ($p=0.000$), gender ($p=0.000$), designation ($p = 0.000$) and Shifting duty ($p = 0.000$). The other demographic variables did not show any association with the perceived negative emotions of the study subjects.

Coping strategies for emotional well-being. Table 3 shows that most commonly used coping strategy by the nurses was control over difficult circumstances (52.25 %), problem solving strategy (34.26 %). Further, it has been seen that most of the times, the nurses do follow stress reduction strategies (51.68 %). In the area of self-reliance, nurses reported that most of the times, they try to do diversion therapy (22 %) and physical well-being (45.1 %), building resilience (43.50 %). 11(6.1 %) nurses had avoidance tendency. Correlation with negative emotions and coping strategies were significant at 0.05 level (table 4).

IV. Discussion

The findings of the study on nurses' perceptions of negative emotions show that nurses suffer with negative emotions on a regular basis. The shared negative emotions were struggle to manage worries (2.35 ± 1.05), feel frustration and upset (2.11 ± 0.92) and negative emotion related to personal issues (2.09 ± 1.04). The finding of research in relation to the negative emotions and coping strategies in nursing staff showed that nurses more used stress reduction coping as the most effective strategies. According to the statistics, 136 nurses (76.40 %) used coping strategies such as positive thinking, the law of attraction, and forgiveness to deal with negative emotions. Only 8 (4.5%) and 13 (7.2%) nurses were aware of creating an emotional journal and seeking financial advice, both of which are very effective coping techniques for reducing negative feelings and improving financial well-being. According to the current study, nurses are still unsure regarding the efficacy of coping strategies in improving emotional health and wellness. Present study revealed that the coping strategies for emotional heal and wellbeing varies nurse to nurse. According to the American Institute of Stress, 83 percent of American workers are stressed out by their jobs. The impact of stress on nurses in a health-care setting can result in lower patient satisfaction, worse patient outcomes, and higher mortality rates. Nurses and health-care management should take steps to promote a healthy and supportive work environment to minimise nurse burnout. ⁸People face a variety of negative emotions, and they need to find effective ways to relieve this negative emotion in their lives. It's important to manage your stress levels in a healthy way; below are a few strategies that may help nurses. Nurses and managers are jointly responsible for reducing workplace negative emotions and ensuring that nurses receive the care they require for emotional wellbeing. Self-care is not optional in the nursing profession. Nurses can only care for patients if they've taken care of themselves first. The self-instructional module for coping methods for nurses' emotional health and well-being was developed by researchers. It includes emotional, physical, financial, professional, intellectual, social, and spiritual well-being.

Table1. Measuring nurse's negative emotional responses as per participant's perception. (n = 178)

Perceived emotions	Number	%
Never (1-15)	10	05.61
Sometime (16-30)	100	56.17
Often (31-45)	55	30.90
Always > 45	13	7.30

Table 2 Relationship of perceived negative emotions with demographic variable n=178

	Socio-demographic characteristics	Sometimes	Often	Always	Chi-Square value (p value)
1	Age Group				
	20-32	59 (33.15)	43 (24.15)	19 (10.67)	0.10
	33-45	12 (6.74)	5 (2.80)	2 (1.12)	0.015
	≥ 45	5 (2.80)	9 (5.05)	4 (2.24)	0.31
2	Sex				
	Male	9 (5.05)	9 (5.05)	5 (2.80)	0.49
	Female	52 (29.21)	47 (26.40)	19 (10.67)	0.000
3	Marital status				
	Married	15 (8.42)	16 (8.99)	6 (3.37)	0.850
	Unmarried	46 (25.84)	42 (23.59)	22 (12.35)	0.011
4	Number of children				
	No Children	43 (24.15)	54 (30.33)	18 (10.11)	0.000
	One or more Children	0	3 (1.68)	1 (0.56)	0.170
5	Place of living				
	Apollo Hostel	45 (25.13)	33 (18.53)	12 (6.74)	0.000
	With Family	14 (7.86)	9 (5.05)	6 (3.37)	0.18
	Paying guest	9 (5.05)	7 (3.93)	4 (2.4)	0.38
6	Work unit				
	Emergency	7 (3.93)	7 (3.93)	1 (0.56)	0.090
	Critical care	34 (19.10)	28 (15.73)	16 (8.99)	0.039
	Ward	12 (6.74)	15 (8.42)	11 (6.17)	0.710
	Other unit	6 (3.37)	7 (3.93)	0	0.037
7	Shift				
	Straight Shift	8 (4.49)	4 (2.24)	5 (2.80)	0.465
	Shifting Duty	45 (25.28)	54 (30.33)	18 (10.11)	0.0000
8	Years of experience				
	1-3	15 (8.42)	8 (4.49)	5 (2.80)	0.059
	3-5	7 (3.93)	6 (3.37)	2 (1.12)	0.246
	5-7	4 (2.24)	2 (1.12)	1 (0.56)	0.367
	≥ 7	10 (5.61)	9 (5.05)	5 (2.80)	0.416
9	Designation				
	Staff nurse	51 (28.65)	42 (23.59)	17 (9.55)	0.000
	Senior Staff Nurse	5 (2.80)	3 (1.68)	1 (0.56)	0.263
	In-Charge nurse	10 (5.61)	7 (3.93)	3 (1.68)	0.157
10	Education status				
	Under Graduate	10 (5.61)	17 (9.55)	6 (3.37)	0.059
	Graduate	43 (24.15)	40 (22.47)	20 (11.23)	0.010
	Post Graduate	4 (2.24)	3 (1.68)	0	0.156

p* < 0.05, significant

Table 3: Frequency distribution of coping strategies among nursing staff (n= 178)

	Coping strategies	Number	Frequency	Mean ± SD
1.	Problem solving	61	34.26 %	2.98 ± 1.05
2.	Control over a difficult circumstance	93	52.25 %	2.87 ± 1.08
3.	Stress Reduction	136	76.40 %	2.78 ± 1.04
4.	Conflict management	80	44.94 %	2.87 ± 1.08
5.	Emotional wellbeing	92	51.68 %	2.98 ± 1.05
6.	Diversion therapy	40	22.47 %	2.98 ± 1.05
7.	Physical wellbeing	79	45.1 %	2.44 ± 0.98
8.	Building resilience	81	45.50 %	2.98 ± 1.05
9.	Avoidance	28	15.73 %	2.98 ± 1.05
10.	Social Support(Seeking Assistance)	100	55.2 %	2.45 ± 1.04

Table 4 Correlation between negative emotions and coping Strategies

Correlations			
			Coping Strategies
Spearman's rho	Negative emotions	Correlation Coefficient	.176*
		p value	.018

*. Correlation is significant at the 0.05 level (2-tailed).

V. Conclusion:

The most recommended ways for coping with psychological effect among healthcare workers in this survey were family support, positive thinking, and religious/prayer practises. Furthermore, nursing leaders should assist and improve nurses' emotional well-being. Individually, receiving support from family members, (ii) social support, and (iii) engaging in mindfulness techniques may all help to increase personal resilience. At the organisational level, (i) creating a positive workplace and teamwork collaboration, (ii) arranging work schedules to allow adequate rest and sleep, (iii) providing rest areas at the workplace for long-shift healthcare workers, (iv) providing mental health support and counselling, and (v) arranging stress management programmes and online resilience training modules could all help nurses improve their resilience and cope with negative emotions. Our organisations are working to promote the well-being of nurses by giving guidelines as well as ongoing emotional support and coping strategies.

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