How nurses cope with occupational stress outside their workplaces

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Summary Nursing is acknowledged as a stressful occupation, and the negative impact of high stress levels have been widely researched. Less attention has been paid to methods for coping with stress. The researchers conducted a study to explore and identify how nurses cope with work-related stress away from their work environments. Six focus groups were conducted with 38 nurses, including nursing directors, nurse unit managers, and ward nurses from a wide range of clinical areas. From the interview material, 11 coping strategies were identified: drinking alcohol, smoking, using the staff social club, using social networking websites, exercising, family activities, home-based activities, outdoor activities, avoiding people, displacement, and sleep. Although several adaptive strategies appear in this list (e.g., exercising, home-based activities),

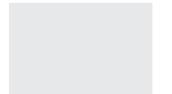* Corresponding author. Tel.: +61 7 49232164; fax: +61 7 49306402.
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some nurses were using unhealthy behaviours to cope with work-related stress (e.g., drinking alcohol, smoking, displacement). This study clearly demonstrates the value of using qualitative approaches to understanding how nurses cope with stress. Knowledge produced locally, such as that generated for the hospital in this study, should serve as the foundation for organisational strategies to enhance the health of nurses.

Introduction

Occupational stress within the nursing profession is a significant global problem (Hamdan-Mansour, Al-Gamal, Puskar, Yacoub, & Marini, 2011; Lambert & Lambert, 2001; Ward, 2011). One line of research has focussed upon how nurses cope with the stress that is inherent within their roles (Burgess, Irvine, & Wallymahmed, 2010; Lin, Probst, & Hsu, 2010). The authors of a recent systematic review of Australian research reached several positive conclusions: (a) social support is the most popular way for nurses to cope with stress, (b) nurses prefer to use adaptive coping strategies, and (c) nurses use problem-focussed strategies more than emotion-focussed strategies (Lim, Bogossian, & Ahern, 2010). Given that these favourable findings seem to sit uncomfortably beside evidence of high levels of nurse stress (e.g., Hegney, Eley, Plank, Buikstra, & Parker, 2006), questions can be raised as to whether these strategies are powerful enough to enable nurses to deal effectively with the stress they experience or, alternatively, whether other (perhaps maladaptive) ways of coping with stress are missing from the literature.

Psychometric measures that purport to assess coping are abundant in the nursing literature (e.g., Burgess et al., 2010; Chang et al., 2006; Healy & McKay, 2000; Lin et al., 2010). Some research has yielded interesting findings, such as linking escape-avoidance coping strategies with mood disturbance (Healy & McKay, 2000) and poor mental health (Chang et al., 2006). Although there is nothing inherently wrong with using quantitative methods to examine nurses' coping strategies, coping scales, e.g. the Ways of Coping Questionnaire (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) have been subjected to heavy criticism (De Ridder, 1997; Skinner, Edge, Altman, & Sherwood, 2003; Steed, 1998; Wong, Reker, & Peacock, 2006). Among the criticisms of coping scales are (1) it is challenging, if not impossible, to develop a scale with coping strategies that are applicable to most situations without the instrument being superficial or laden with redundant items for most settings; (2) there is a lack of consensus as to how many dimensions may underlie the raft of possible coping strategies; and (3) factor analytic techniques have been inappropriately applied in attempts to discern the latent structure of the coping construct. Perhaps the efforts to find universal coping mechanisms may ultimately prove to be futile.

An alternative approach to studying coping strategies in specific populations is to use interpretive methods (e.g., Deady & McCarthy, 2010; Lim, Hepworth, & Bogossian, 2011; Peterson et al., 2010). In a recent study with Singaporean nurses (Lim et al., 2011), three main ways of coping were identified: (1) taking time out (breaks at work, rest and relax, shopping), (2) seeking emotional support (family, husband, colleagues), and (3) belief systems (role of luck, fatalistic thinking, spiritual interventions). The strength of this type of approach is that a thorough understanding of nurses' coping strategies in specific situations can be obtained without forcing participants to fit their experiences into some pre-determined list of coping strategies.

The present study represents part of a broader effort to understand the work experiences of nurses to inform the development of interventions to address their stress levels. Our reasons for presenting the material on nurse coping strategies are threefold: (1) to provide an example to other organisations contemplating change of the depth of information that can be obtained through using interpretive approaches, (2) to present findings that add breadth to the range of nursing coping strategies that commonly appear in the Australian literature, and (3) to inform the design and development of a Randomised Control Trial that will test and evaluate the use of these coping strategies in a larger nursing context.

Method

This qualitative, exploratory study involved a purposive sample of registered nurses ($n = 38$) employed in various positions within a regional acute care hospital. The final sample consisted of nursing directors ($n = 4$), nurse unit managers ($n = 13$), and registered nurses from paediatric, surgical, and medical wards ($n = 21$). These staff worked in the following areas: day surgery rehabilitation, cancer and palliative care, intensive care, cardiac services, hospital in the home, emergency department, surgical wards, mental health wards, medical wards, outpatients department, education and mental health, peri-operative care, and nursing administration. A total of six focus groups were conducted to explore how nurses managed work-related stress outside the hospital environment. Separate focus groups were conducted for nursing directors and managers to avoid the possibility of power differentials influencing the responses of other participants.

Procedures

Focus group research was undertaken to explore and identify how nurses managed work-related stress outside of the hospital environment. Recruitment was conducted via information sessions and through a mail out to nurses at the study site. Informed consent was obtained prior to the start of each focus group session. During each session, research team members encouraged participants to share their thoughts, beliefs and opinions in an open table discussion. All sessions took place at a convenient location within the hospital, lasting in duration from 45 to 90 min per focus group. Based on

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