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Coping strategies of nurses in terminal ill

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Abstract

Coping strategies used by nurses who attend the terminally ill was the theme we chose to conduct research, with the objectives: identify coping strategies used by nurses and the influence of socio-demographic and psychological variables in this choice.

To achieve these objectives we performed a quantitative, non-experimental, correlational and descriptive study. The sample was composed of 124 nurses of Centro Hospitalar in Centre of Portugal (22.6% male, 77.4% female, average=35.81 years, SD=8.18 years). A questionnaire was used that included: socio-demographic and professional characterization, scale of overall satisfaction with work, stress perception scale, problem solving inventory and questionnaire of coping strategies.

The results found in this study show: the coping strategies most frequently used by nurses are planned resolution of problems and taking responsibility. The least used are escape, avoidance and detachment. The planned resolution of the problem is influenced by the request for help, active confrontation and active resolution of problems, perception of stress, age and general job satisfaction. The strategy of taking responsibility is influenced by the active attitude of non-interference in daily life events and by confronting the problems and planning strategies.

With this study we can infer that the use of coping strategies by the nurses is influenced by their general Job satisfaction, age, sex, number of years they have been working, perception of stress and problem solving.

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1. Introduction

In clinical practice, nursing professionals are often faced with difficult and emotionally charged situations, such as the prolonged suffering and death of a patient, generating feelings of sadness, anxiety, frustration, helplessness and even guilt. These feelings arise because the nurses unconsciously know that they are faced with a person who loves, dreams, is loved, who has a life full of experiences, memories, and also because they know that it could be them in this situation. It is this understanding that does not allow the professionals to remain indifferent to these situations and subjectively leads them to give answers revealing these feelings.

Indeed, monitoring and experience of these situations have an impact on the caregivers of these patients. These and other aspects make the nursing profession one of the most susceptible to stress, either because of the responsibilities either due to the characteristics of profession.

Thus, to Vives (1994), cited by Rainho (2005: 8), stressful agents in the nursing profession can be grouped into two categories: specific to the profession and related to the structure and organization of work, and in that profession specific include continuous contact with the suffering and death of patients and also the actual content of the work, and the second category includes the heavy workload, schedules, organizational climate, high responsibility and hierarchy.

Therefore, nurses should adopt strategies to cope with stress and with their emotions so as not to run the risk of developing states of exhaustion that can lead to manifestations of fatigue, emotional exhaustion, depersonalization, and reduced personal accomplishment exhaustion at both the physical and psychological level.

These strategies, called "coping strategies", are the means that individuals use to overcome stressful and difficult circumstances, that some authors have defined as a set of cognitive and behavioural approaches used by individuals in order to handle specific situations (internal or external). Accordingly, and for the above explained facts, we were curious to know the coping strategies adopted by nurses and how often they use them, as well as the influence of socio-demographic, psychological and professional variables in choosing them. And, in this perspective, we chose the theme: Coping strategies used by nurses tending to the terminally ill, for our research study.

Vaz Serra (2002) adds that the strategies used in relation to stress-inducing situations have different modes. Some are driven by the individual for the direct resolution of the problem; other times for mitigation of emotions felt, and still other times to seek social support. However, there are model strategies for which it may be noted that they are necessarily effective or ineffective, since the degree of effectiveness is determined by the type of resources that the individual has, as well as the kind of problem faced. However, there are coping strategies that are superior to others, provided they are used at the right time, the right person, taking into account the specific circumstance that induces stress. However, this does not mean that a certain strategy is always effective in all kinds of circumstances.

According to the typology of Lazarus & Folkman (1984), cited by Batista (2008: 86), there are eight ways of coping: confrontation, withdrawal, self-control, social support, accepting responsibility, escape or avoidance, problem solving and positive reappraisal. Incidentally, it is noted that people use different strategies depending on situations, although some there is some stability or preferred modes for coping with the same sources of stress over time.

Thus, when one loses its ability to adapt to the conditions, an imbalance arises, which is a pathological state, since psychological resistance is not maintained constant throughout life and can vary from day to day. Furthermore, the stress accumulation, which becomes chronic, leads to the creation of a state of exhaustion (Porto, 1988, quoted by Baptist, 2008: 87).

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