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Coping styles relate to health and work environment of Norwegian and Dutch hospital nurses: A comparative study

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ABSTRACT

Nurses exposed to high nursing stress report no health complaints as long as they have high coping abilities. The purpose of this study was to investigate coping styles in relation to the health status and work environment of Norwegian and Dutch hospital nurses. This comparative study included a random sample of 5400 Norwegian nurses and a convenience sample of 588 Dutch nurses. Coping, health, and work environment were assessed by questionnaire in both samples and associations were investigated bivariately and multivariately. We found that active problem-solving coping was associated with the health and work environment of Norwegian nurses but not with the health and work environment of Dutch. Passive coping (avoiding problems or waiting to see what happens) was found to relate to poor general health, poor mental health, low job control, and low job support in both Norwegian and Dutch nurses. Improvements in the nursing work environment may not only result in better mental health, but may also reduce passive coping.

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Introduction

Stress is a major concern in the nursing profession with work overload, role conflicts, and experiences of aggression as common stressors.[1-3] Even when the level of stress is the same, there are large individual differences in stress responses depending on how individuals cope with stress.[4] Stress is a transactional phenomenon between the individual and the

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environment, and it is the perception or appraisal of the event, rather than the event itself, that determines the subsequent response or coping behavior. Coping refers to the thoughts and actions people use to deal with stress. Some researchers define coping as habitual behavior that is stable across a wide variety of stressful situations.[5,6] The idea that coping is a personality trait[7] is supported by strong correlations between personality and coping[8,9] and by evidence that personality and coping have a shared genetic basis.[10]

The concept of coping as a dispositional trait offers a picture of how individuals are inclined to cope with stress, but provides limited information about the coping skills people actually use in stressful encounters.[7] Therefore, some researchers propose a transactional approach in which coping skills change to meet the evolving demands of a stressful situation. Coping involves the efforts to alter a stressful situation (which is problem-solving coping) as well as efforts to regulate the emotional distress of the stressful encounter (which is emotion-focused coping).[4] People typically employ problem-focused coping strategies, purposively targeted at solving the problem at hand, when they perceive control over stressful events.[11,12] Emotion-focused coping, aimed at minimizing negative emotions through seeking distraction and social support or by avoiding problems, predominates when people feel that the stressful event is something that must be endured.

Coping skills are affected by psychological disorders. For example, depressed people use less problem-solving coping and more emotion-focused coping compared with non-depressed individuals.[13] A systematic review showed that problem-focused coping was associated with good health, while emotion-focused strategies were related to poor health.[14] In nursing students, emotion-focused coping was predominantly associated with mental symptoms.[15,16] In Asian and Australian hospital nurses, problem-focused coping was related to better mental health, whereas emotion-focused coping was associated with reduced mental health.[17,18] This finding suggests mental health benefits for nurses who use problem-solving to cope with stress by addressing the external source of the stress, rather than emotion-focused coping in which nurses try to control or manage their internal response to stress.

This study investigated coping styles in relation to the work environment of Norwegian and Dutch hospital nurses. The following research question was addressed: Are the coping styles of Norwegian and Dutch hospital nurses similarly associated with their health and work environment?

Methods

This article presents the results of 2 separate studies, which were designed and performed independently of each other. Afterwards, the results turned out to be comparable, because similar questionnaires were used and both studies were performed at the same point in time. It is hardly ever possible to compare coping studies internationally. Furthermore, the literature is inconsistent and ambiguous with regard to comparing coping styles. Therefore, the results of both studies are compared in this article.

Study Samples

The data of Norwegian nurses were obtained from the Survey of Sleep, Shift Work and Health (SUSSH), conducted in the period from December 2008 to March 2009 among 87 083 members of the Norwegian Nurses Organization (NNO). A random sample of 6000 nurses was drawn from the member register of the NNO. Each nurse in the sample received a questionnaire by postal mail. The nurses returned the completed questionnaire in a prepaid envelope to the Department of Public Health and Primary Health Care of the University of Bergen. Nurses who did not return their completed questionnaire received reminders twice, once in December 2008 and once in February 2009. An internet-based version of the questionnaire was available for those who preferred to complete the questionnaire online. The Regional Committees for Medical and Health Research Ethics Western Norway approved the SUSSH study.

Dutch nurses (N = 588) were enrolled from a hospital in the northern Netherlands and received a questionnaire in October to November 2008. The nurses returned their completed questionnaire in a prepaid envelope to ArboNed Occupational Health Services. It was not possible to complete the questionnaire online. Ethical approval was not necessary, as the Dutch Act on Scientific Medical Research does not apply to cross-sectional questionnaire surveys.

General and Mental Health

General health and mental health were assessed by the SF-12 Health Survey, which is a short version of the SF-36 that measures physical and mental health-related quality of life.[19] General health was measured with the single SF-12 item asking for an overall rating of health on a 5-point scale (0 = "poor"; 1 = "fair"; 2 = "good"; 3 = "very good"; 4 = "excellent"), which is one of the most widely used general measures of health status. The Mental Health Inventory (MHI) subscale of the SF-12 measured mental health by assessing mood and anxiety symptoms.[19,20] The Norwegian nurses answered the MHI items on a 5-point scale (1 = "always"; 2 = "most of the time"; 3 = "some of the time"; 4 = "a little of the time"; 5 = "never"), whereas the Dutch nurses answered on a 4-point scale (1 = "always"; 2 = "most of the time"; 3 = "some of the time"; 4 = "never"). The scores on general health and mental health were expressed as percentages of the