

Identifying the stressors and usage of the coping strategies in clinical nurses

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ABSTRACT

Background and Purpose: Nurses are of the group involved in the medical and health care sectors for the sustainable development of health in human societies that are constantly facing various types of stresses of the workplace which lead to their burnout, job dissatisfaction and job changes. The present research, in this regard was conducted to identify the stressors in the workplace and usage extend of the coping strategies for the clinical nurses of Larestan county. **Material and Methods:** All of the practicing clinical nurses of the medical centers in Larestan county were selected and studied through census method in this descriptive cross sectional study. Collection tool was a demographic data form, realized scale of the stressors for nurses and strategies for coping with stress. In the end, Chi-square and Fisher's tests were used in order to analyze the assumptions. **Results:** In this research, 79.8% of the nurses had stages of moderate to severe stress. Among the occupational stressors, managerial and caring factors had a high stress intensity. Moreover, with older age and working in the intensive care units such as surgery section or children section or emergency and ICU, the intensity of psychological stress was increased ($P < 0.05$). On the other hand, accepting the issue, hope in future for improvement of the status and emotional drain were the most common positive coping strategies utilized by the nurses, respectively. As the negative coping strategies, however, increased eating, anger and aggression were the most frequent among the nurses. **Conclusion:** Considering the sensitivity of nursing and the achieved results here, it is suggested that with identifying the stressors and controlling them, also with training adaptability skills and creating a comfortable and favorable atmosphere, we can decrease burnout and psychological tension among the nurses.

Keywords: Occupational stress, nurse, coping strategies.

Introduction

One of the factors of evaluating the health of different societies is psychological well being of that society. Well being means an attempt to self-flourishing and improvement that are manifested in realization of the talents and capabilities of the individual. psychological well being has undoubtedly a significant role in guaranteeing dynamism and efficiency of any society, which can be influenced by several factors ^[1]. One of such influencing factors, is stress that challenges the individual's ability to adapt with the physical and psychological environment and his compatibility and make the individual prone to vulnerabilities and the development of a variety of physical ailments such as

cancer, cardiovascular diseases and a wide range of mental disorders ^[2, 3].

Stress is a type of physical or mental needs that provoke particular responses to us and enables us to fight the risk or escape from it.

Some little stress can improve your performance in particular circumstances such as sports and work; However, excessive stress damages personal health. On the other side, nursing is an extremely stressful career and the nurses are facing various types of personal, communicational and organizational stresses that inversely influences on their health and their occupational satisfaction ^[4, 5].

Nurses usually face various types of stress at work, and considering the fact that nursing is a critical performance and activity, therefore occupational stress is prevalent among them. Five stressors in nursing are as follows: personal reactions, personal concerns and work related concerns, fulfilling the role and concerns about fulfilling the job. In fact, it can be expressed that occupational stress is a condition that includes a combination of factors which the nurses are facing, and such factors are of physical, psychological or social nature ^[6]. Manipulating different life situations and critical conditions of the patients, facing long working hours, difficult patients and

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increased work overload are also considered as nursing stressors^[5]. The studies indicate that in addition to intrinsic tensions between nursing, organizational and managerial factors are also significant concerning work related tensions among nurses. Some researchers concluded that occupational stress is derived from social arrangements, specially by the determined working organization, and the interaction between organizational factors and personal characteristics of the staff. Considering how each nurse personally adapts to the work related tension in work and also which stressful situations do the nurse deal with (such as: various work obligations, and night shifts, working conditions and stressful situations, emotional suffering and death of patients) they have different reactions^[7]. And, therefore the stress derived from such situations, is associated with negative impacts on staff, the organization and the patients^[8]. In fact, nurses and midwives are facing special and extensive problems and lack of social support which under unique challenging situations can lead to a serious risk and adverse consequences for them themselves and the patients as well. Stress management, therefore, not only is dependent on the personality of the individual, but also to the working environment of such individual. Beside specialized training for nurses, it is necessary to provide them with education about appropriate methods of stress management and strengthen the cop resources^[9].

Studies indicate that occupational stress for nurses lead to burnout, job dissatisfaction and job changes^[10]. Poor performance of the job and critical physical conditions such as high blood pressure, depression, sleep disorders, and, alcohol and drug abuse are of the results of high occupational stress^[5]. Emotional exhaustion, depersonalization and reduced personal achievements are also other consequences of occupational stress for nurses. Occupational stress also has influences on organizational incompetence, relocation of employees, absenteeism from work due to disease, reduced quantity and quality of care, increased health care costs and decreased job satisfaction^[11]. Occupational tension is one of the five principal reasons for nurses to leave nursing carrier. Further, burnout derived from stress can cause rejecting the patients and feeling the capacity overloads and incapability of fulfilling more obligation^[5]. Therefore, increasing the power of cop with stressors and decreasing and eliminating such factors can have a significantly effective role in creating a tranquil environment and increasing care and efficiency of the nurses. In case of lack of proper identification, however, it can cause dissatisfaction and burnout that leads to low self-esteem, absenteeism, abuse of drugs and etc. Akuchekian et al. presented that nurses mostly use problem focused and emotion oriented cop strategies; and the more are the social support, then the use of effective methods of cop with stress are increased and the use of in effective methods are decreased^[12]. Moszczynski and Haney also expressed that the nurses of the trauma section are more tend to use problem oriented and emotion oriented cop methods^[13].

Whereas stress has a direct relation to job satisfaction and individual's performance, and is one of the effective elements on health, security and tranquility of individuals and eventually, compensation and expenses concerning diseases and side effects of the working environments, therefore it cause managers to note this important issue^[11]. Hence, considering the above studies and the importance of not the psychological health aspect of the nurses, it is worthy to note the effective factors of formation of stress in nurses while facing difficult situations such as critical patients, in order to decrease their dissatisfaction

and prevent them to leave their carrier. Therefore, this study was conducted with the purpose of identifying stressors of the workplace and the extent that cop strategies are used among clinical nurses of Larestan county. The results of this plan are useful and practicable for psychological education of nurses for the purpose of desired control of stress and improvement of their psychological situation in their workplace.

Material and Methods

The plan for the present researches is of the descriptive cross sectional type. The targeted population is all of the clinical nurses of the educational medical centers of Larestan county in 2013, which considering the limited research population, this study was conducted as census for all of the practicing nurses. The criteria for entering this study were including: having bachelors degree in nursing and above, having at least three month experiences of work in hospital as a nurse. Also the criteria for removing the samples were including: physical and psychological illness, using drugs with known psychological effects, and other factors which could have a negative impact on the conclusion of this study. Further, in order to comply with ethical principles, a form of ethical consent was filled by the participants and the possibility of exiting the study was provided for them in case of their disinterest to continue their participation. The utilized tool for this research included a form of demographic data, realized scale of realized scale of the stressors for nurses and strategies for cop with stress. The tool for data collection was prepared by studying literature (i.e. books and papers) and then the plan was evaluated and judged on collaboration between two psychology specialists, a statistics consultant and other colleagues. Also the configured tool has two subscales: A) Stressors, and B) Strategies for cop with stress, which the first one evaluates the five occupational stressors, namely the caring, managerial, and physical, interpersonal and personal environments factors and the second subscale evaluates the two opposite positive and negative strategies for cop with stress. This questionnaire is responded based on Likert scale. The sustainability of the tool was confirmed with a pilot study using Cronbach's alpha method which derived the rate of 0.81. In the end, after pilot studies and validity and sustainability confirmation of the tool and its standardization, the questionnaires were distributed among and completed by the nurses. Then the collected data were analyzed using SPSS Software version. 13. However, in order to describe the data, several descriptive statistics concerning frequency and percentage were used also in order to analyze the assumptions we used Chi-square and Fisher's tests.

Findings

The descriptive and inferential information are presented in this section. In this study, however, most of the participants (47.2%) was in the age category of 25 to 35 years. Other demographic characteristics of the participants include: 59.6% of the participants were women, and 40.4% of the participants were men. 61.8% of the nurses were married and 38.2% of them were single. Based on the number of children, 57.3 % of them had no child. Based on the type of their employment, 48.2% of them had employment contract, project employment and volume contract employment, which itself can lead to occupational insecurity and thereby increased tension and lack of performance for the personnel. Most of the participants (approximately 95.5%) had bachelors degree that are most probably placed in Lower Job Categories and benefit from less

occupational advantages. Based on working shifts, only 18% of the nurses had a fixed working shift and most of the nurses (i.e. 82%) had a circling shift that makes them more vulnerable to the issues of daily planning. Moreover, about 69.7% of the nurses worked in extra hours and it seemed they were working more hours than their description of the assigned task. Regarding the working section, our findings indicated that most of the nurses (i.e. 23.6) are working in emergency room, and after that is the surgery section with 15.7% of the nurses and then are the Internal and ICU sections with 14.4% each. Also, the average work experience were 8.5 ± 4.25 years. Based on the income salary, 55.1% of the studied participants received between 2-4 million Rials (62.54-93.81 USD) per month¹, and 29.2% less than 2 million Rials (62.54 USD) per month which most probably these nurses were in their project period. Thereby and according to the above findings, we will study the Mean and the Standard Deviation of the stressors and the intensity of stress made by these factors based on contextual elements and using chi-square significance indicator (Figure 1).

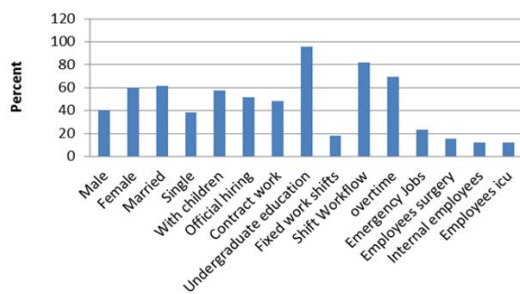


Figure 1: frequency of demographic in the sample

(Table 1) displays the mean and the Standard Deviation of the stressors among the nurses. The results of this table indicate that the stress caused by managerial factors ($M=3.05$ and $SD=1.26$) and Caring factors ($M=3.03$ and $SD=1.23$) have the most intensity while such effect is reflected with lower intensity for physical, interpersonal and personal environments factors.

Table 1: Mean Distribution and Deviation of the stressors among clinical nurses of Lar city

Stressors	Mean \pm Deviation	Rank of the Stressors
Caring	1.23 \pm 3.03	2
Managerial	1.26 \pm 3.05	1
Physical Environment	1.26 \pm 2.63	3
Interpersonal	1.29 \pm 2.52	5
Personal	1.20 \pm 2.56	4
Overall Index	1.25 \pm 2.57	

The results of analyzing Chi-square significance indicator states that there is a significant statistical relation between the age category and the intensity of the stressors ($P < 0.05$). Therefore, the research assumption for this element is confirmed while the statistical assumption is rejected. In other word, it can be stated that the more is the age and work experience, the intensity of stressors are increased among the studied individuals and the individuals over the age 40 are more tend to face psychological tensions (Table 2). This result, however, is different in age categories and with consideration of the intensity of the experienced psychological tension.

¹ Calculated based on CBI report for the exchange rate of 1 USD=31,979 IRR in the free market during the helical year of 2013-2014

Table 2: Frequently Distribution of the intensity of stressors among clinical nurses of Lar city based on age category

Intensity age category	Low		Normal		Acute		Chi-square
	frequency	percent	frequency	percent	frequency	Percent	
Less than 25 years	7	29.2	13	54.2	4	16.7	$K^2= 20.450$ $df= 8$ $p=0.009$
25-30	3	15	11	55	6	30	
30-35	2	9.1	12	54.5	8	36.4	
35-40	6	35.3	7	41.2	4	23.5	
More than 40 years	0	0	0	0	6	100	
Total	18	43	43	48.3	28	31.5	

Further, the results derived from analyzing Chi-square significance indicator states that there is no significant statistical relation between gender and the intensity of stressors ($P>0.05$). Therefore, the research assumption for this element is rejected and the statistical assumption is confirmed. In other words, although the intensity of stress caused by such factors are different among men and women, however such difference is not statistically significant. (Table 3) Regarding the amount of income, based on the results of Chi-square significance indicator, there was no significant relation between the amount of income and the intensity of stress ($P>0.05$).

Table 3: Frequently Distribution of the intensity of stressors among clinical nurses of Lar city based on gender

Intensity Sex	Low		Normal		Acute		Chi-square
	Frequency	percent	frequency	percent	frequency	percent	
Male	8	22.2	14	38.9	14	38.9	$K^2= 2.291$ $df= 2$ $p=0.318$
Female	10	18.9	29	54.7	14	26.4	
Total	18	20.2	43	48.3	28	31.5	

Therefore, the research assumption for this element is rejected and the statistical assumption is confirmed. In other words, although it is expected that with decreased income we observe more intensity of stress cause by income, however such difference was not statistically significant (Table 4).

Table 4: frequently Distribution of the intensity of stressors among clinical nurses of Lar city based on income

Intensity Income	Low		Normal		Acute		Chi-square
	Frequency	percent	frequency	percent	frequency	Percent	
Less than 2 million Rials	4	15.4	16	61.5	6	23.1	$K^2= 12.488$ $df= 3$ $p=0.14$
2-4 million Rials	7	14.3	25	51	17	34.7	
4-6 million Rials	7	50	2	14.3	5	35.7	
Total	18	20.2	43	48.3	28	31.5	

The results derived from analyzing the Chi-square significance indicator state that there is no significant relation between working shifts and the intensity of stressors ($P>0.05$). Therefore, the research assumption for this element is also rejected and the statistical assumption is confirmed. In other words, although the intensity of stress derived from this factor was higher for cycling shifts, however such difference had no statistical significance (Table 5).

Table 5: Frequently Distribution of the intensity of stressors among clinical nurses of Lar city based on working shifts

	Low		Normal		Acute		Chi-square
	frequency	percent	frequency	percent	frequency	percent	
Fixed work shifts	3	16.8	9	56.3	4	25	$K^2= 0.534$ $df= 2$ $p=0.766$
Shift Workflow	15	20.5	34	46.6	24	32.9	
Total	18	20.2	43	48.3	28	31.5	

As indicates, the results derived from analyzing Chi-square significance indicator states that there is no significant relation between the type of employment and the intensity of stressors ($P>0.05$). Therefore, the research assumption for this element is rejected and the statistical assumption is confirmed. In other words, although it is expected that the intensity of stress derived from this factor to be different based on the type of employment, however, such difference was not statistically significant. Further, there was no statistically significant relation between the overtime hours and the intensity of stressors ($P>0.05$). Therefore, the research assumption for this element is rejected and the statistical assumption is confirmed. Applying Chi-square test on the educational level of participants, indicated that the relation between the degree and the intensity of stress derived from environmental factors is not significant. Therefore, the research assumption for this element is rejected and the statistical assumption is confirmed. In other words, although the intensity of stress was more among the individuals with bachelors degree comparing to the ones holding a masters degree, but this difference is not statistically significant and therefore this variable cannot express the intensity of stress very well. Regarding the power of anticipated intensity of stress based on marital status, considering the Chi-square significance indicator it was also became clear that the is no statistical significant relation between the marital status of the intensity of stressors ($P>0.05$). Therefore, the research assumption for this element is rejected as well, and the statistical assumption is confirmed. Although the intensity of stress derived from this factor was more among the married participants comparing to the single ones, however this difference was not statistically significant. Further, the impact of the section in which the participant worked, according to the results of Chi-square significance indicator, there is a statistically significant relation between the intensity of psychological tension and the section in which the participants worked ($P<0.05$). Therefore, the research assumption for these elements are confirmed and the statistical assumption is rejected. In other words, it can be stated that the most intensity was found for the Intensive Care Unit and the least intensity belonged to the Internal sections (Table 6).

Table 6: Average Distribution of positive strategies for coping with stress among clinical nurses of Lar city

Positive Coping Strategies	Mean \pm Deviation	Rank of the Strategy
Hope for future status improvement (entrusting time)	3.45 \pm 1.6	2
Attempt for learning new things in order to cope with problems	2.45 \pm 1.21	5
Expressing the problems through talking with colleagues (Emotional drain)	3.40 \pm 1.13	3
Problem acceptance	3.61 \pm 1.58	1
Self criticism	2.49 \pm 1.40	4
Asking for more help from others	2.28 \pm 1.23	6
Exercising	1.71 \pm 1.26	8
Using tranquillizing methods	1.67 \pm 1.29	7

As the results of (Table 7) indicate, the positive strategies of accepting the problem ($M=3.61 \pm, SD=1.58$); Hope in future for status improvement ($M= 3.45 \pm, SD= 1.6$) and Emotional drain ($M= 3.40 \pm, SD=1.13$), were, respectively, the most common used positive coping strategies by the studied nurses. Also positive coping strategies such as exercising and applying tranquilizer methods were the least common used among the practicing nurses. In other words, accepting the problem, hope for future and emotional drain are the best tool for decreasing the psychological tension among the nurses. On the other hand, negative strategies of Increased Eating ($M=2.68 \pm, SD= 0.84$) and Anger and Aggression ($M= 2.58 \pm, SD= 1.46$) were the most common negative coping strategies used by the nurses. Also temporary leaving work and using tobacco were the least common negative strategies applied by the nurses (3-12).

Table 7: Average Distribution of negative strategies for coping with stress among clinical nurses of Lar city

Negative Coping Strategies	Mean \pm Deviation	Rank of the Strategy
Doing more work	1.37 \pm 1.25	7
Attempt to forget	1.93 \pm 1.41	5
Attempt to stick on self position	1.64 \pm 1.38	6
Increasing the sleeping time	2.10 \pm 1.36	4
Temporary leaving work	0.97 \pm 1.31	8
Increased eating	2.68 \pm 0.84	1
Anger and aggression to others	2.58 \pm 1.46	2
Using smokes	1.37 \pm 1.24	7
Using anti -anxiety drugs	2.23 \pm 1.04	3

Discussion

The general results of this research show that the intensity of stressors in 79.8% of the studied individuals indicates that the age category, working section, marital status, overtime working hours, type of employment, working shifts, education level, income and gender had an impact of severe intensity for 31.5%, medium intensity for 48.3% and low intensity for 20.2%. Whereas nursing is intrinsically a stressful carrier^[10], therefore the above finding was not surprising. On the other hand, this finding is aligned with the results of other studies^[8, 10, 14]. Further, in the study carried out by Jose and Bhat on the nurses practicing in the hospitals of selected regions in Karnataka, India, most individuals, i.e. 60.38% experienced low stress and 38.46% experienced medium stress and only 1.15% experienced intense stress^[15] which in comparison with the results of the present study, it is concluded that the studied more nurses have experienced higher levels of severe to medium range stress, which this difference can be due to

cultural and managerial differences in the studied societies. Also, the definition of nursing role and expectations of the society from them, their facilities and advantages (including material and spiritual advantages and social-psychological supports) that the society provides for nurses can be another expression for such differences.

However, the results of this study significantly indicate that only age and the section in which the nurses work, among the demographic variables, have high and significant anticipating power for the intensity of the occupational stress for the nurses. In general, these variables can be well distinguished by high, medium and low criterions. In other words, the two factor of age and the working section has medium to high level of impact on imposing stress^[16]. The findings of this study indicated that 16.7% of the individuals with the age of below 25 years, 30% of the individuals with ages between 25-30 years and 36.4% of the individuals between the ages of 30-35 years, and 23.5% of the individuals between the ages of 35-40 years and finally 100% of the individuals with the age of over 40 have experienced severe levels of stress. Considering these statistics, it seems that as the age increases, the stress and psychological tension of the nurses are also increased. Khaghanizadeh et al., have indicated in their studies that increase from age can prepare the individual for dealing with stressful situations and thereby the nurses in older ages would experience less stress. This is while in this study, increased age is a risk factor of experiencing stress^[16]. Furthermore, Lopez et al., indicated in their studies that increase of age can act as a risk factor for creating stress and psychological tension^[17] that is aligned with the results of the present research. In addition, increase of age can act as an amplification factor and increase other anxiety and depression states in nurses and thereby decrease their qualities of life^[18] and reason for such increase is believed to be due to the change of the personal life style of the nurses and lack of patience in older ages^[19].

Also the results of this study indicate a significant statistical relation between the working section and the intensity of stressors. In other words, the most stressors were for the Intensive Care Units (such as surgery section, children's section, emergency and ICU). For further description of this finding, the results of conducted studies in the United States indicate that over 14% of the nurses are practicing in Intensive Care Units and Surgery section, which cause them to experience high levels of occupational intensity^[5]. Furthermore, the results of other studies indicate that there is a significant relation between the working section and the stressors of the working environment. This means that the individuals, who worked in Intensive Care Units, faced more stress^[20].

It is apparent that high load of work in the Intensive Care Units, high number of death, and taking care of patients in the coma and dying patients, and also availability of devices and advanced tools in the section that the individual is not familiar with them from medical school, are all reasons for such stress. Wang indicated in his study that nurses who work in Intensive Care Units and in Surgery section are experiencing more stress. Further, the results of his study indicate that nurses of the surgery section pointed out work load, lack of support, insufficient readiness and aggression with other nurses as the highest sources of stress and then pointed out aggression with doctors insufficient self-confidence for treatment and death of patients as the least stressors^[21]. Emergency room is considered as one of the other stressful sections which have a high environmental tension due to swarm of this section,

diverse patients, noises of the companions, facing emergency cases and insufficient time for resting and reading.

Managerial and caring factors were the most recognized stressors among the nurses. Therefore, it can be stated that the nurses of most of the sections were dissatisfied from lack of support of the authorities. Considering the fact that the management of nursing services is constantly under external pressures and is forced to apply inevitable changes in the leadership style, term of employment, accepting patients which a diversity of insurance policies, change in the number of hospital beds and ending of the project for a group of nurses simultaneously, therefore, the mentioned factors can be indicated as the most important managerial stressors.

On the other hand, information is served only as the frame of directives, without further explanations, reasoning and background and thereby the personnel are not justified about such directives^[22] which itself can be a risk factor for creating tension. In some cases, action is taken concerning movement of the patients based on personal views. Also injustice, high load of work, lack of personnel especially in the evening and night shifts, lack of facilities and advantages for cycling shifts, inaccessibility to doctors while emergencies, lack of retraining courses, lack of necessary executive authority and irregularities in works, all cause occupations stress and thereby conflict and bad encounters between the colleagues, and lack of collaboration with the authorities and even some times with other therapeutic personnel which all leads to the increase of psychological tension, decrease of efficiency and health care service quality dropping. Moreover, the nurses experience more stresses when the patient is not cooperating or is in pain. Thereby they have to take immediate measures in order to tranquilize the patient or remove the pain^[8]. In other words, congestion of patients in the sections, taking care of patients in bad status and dying patients, taking care of patients that are not cooperating, taking care of diverse patients, observing patient's pain and suffer from section, observing death of the patient, contact with infected tools and objects, and dealing with urgent and emergency cases are of the most important caring risk factor and stressors for the nurses.

In this study we found that strategies such as accepting the problem, hope for future improvement and emotional drain are respectively the most common positive cop strategies that are used by the nurses. Align with description of this finding, Mszczynski and Haney also expressed that the nurses use more problem oriented and emotional oriented cop methods^[13] which is compatible with the findings of this study. In other words, it can be concluded that most of the nurses instead of using revenging methods while dealing with work place stressors, attempt to use positive and rational methods. Considering the results of this study, it can be expressed that as nurses are constantly exposed to environmental stressors, therefore they adapt themselves using different methods. Also, negative cop strategies, such as increased eating, anger and aggression are the most frequent used negative strategies by the studied nurses. On the other hand, although using negative and harmful cop methods such as smoking and using tranquilizer drugs is the least common used strategies, but likewise, some of the positive and useful cop methods such as exercising and tranquilizing methods were also rarely used, which itself needs further contemplation and study.

Conclusion

Based on the results, it is concluded that the nurses experienced medium to high levels of stress. Also, among the factors that intensified stress of the nurses, old age, working in Intensive Care Units (due to observation of pain and death and huge work load in these sections), managerial factors and caring factors, were indicated and recognized as the most common stressors. Also, strategies such as accepting the problem, hope for future status improvement and emotional drain, were the best positive coping strategies among the nurses. Therefore, considering the sensitivity of nursing carrier, it is important to more precisely identifying stressors and factors that cause psychological tensions and job dissatisfaction among the nurses. Further, recognizing correct strategies for coping with such pressures and stresses are very essential and important, and doing so, provides the possibility to have training courses to improve adaptability skills and coping with tensions proportionally with the status and thereby to reduce the intensity of psychological tensions derived from such factors and thus to provide the grounds for psychological health and improve the efficiency of the nursing forces practicing in health care centers. Also it is expected that improvement of physical and managerial conditions of the work place, increase of the work force and increase of salary and wages, and decrease of working hours, can all protect nurses, to some extent, against stress derived from the work.

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References

1. Sekhavati E, Rahimian Boogar M, Khodadoost M, Afkari R. Explaining Relation between Self-controlling and Child Parenting Styles and Psychological welfare of High School Students. *Journal of Medicine and Life*. 2015;8(3): pp 156- 168.
2. Sekhavati E, Rahimian Boogar M. Explaining the psychological vulnerability of cancer patients according to Cloninger, s Model of temperament and character. The 8th APOCP Regional Conference; Tehran, Iran 2015.
3. Sekhavati E, Rahimian-Boogar M, Khodadoost M, Afkari R. The study on relationship among self- control and performance of family with social adaptation in high school students at Abadeh City. *Cumhuriyet University Faculty of Science: Cumhuriyet Science Journal (CSJ)*. 2015;36(4): pp 1724- 1737.
4. Haseli N, Ghahramani L, Nazari M. General Health Status and Its Related Factors in the Nurses Working in the Educational Hospitals of Shiraz University of Medical Sciences, Shiraz, Iran, 2011. *Journal of Nursing and Midwifery Studies*. 2013;1(3):146-51.
5. Letvak S, Buck R. Factors Influencing Work Productivity and Intent to Stay in Nursing. *Journal of Nursing Economic*. 2008;26(3):159-65.
6. Lu K, Chang L, Wu H. Relationships between Professional Commitment, Job Satisfaction, And work Stress in Public Health Nurses in Taiwan. *Journal of Professional Nursing*. 2007;23(2):110-6.
7. Sveinsdo'ttir H, Biering P, Ramel A. Occupational stress, job satisfaction, and working environment among Icelandic nurses: A crosssectional questionnaire survey. *International journal of nursing studies*. 2006; 43:875-89.
8. Deklava I, Circenis k, Millere I. Stress Coping Mechanisms and Professional Burnout among Latvian Nurses. *Journal of Procedia - Social and Behavioral Sciences*. 2014; 159:261-7.
9. Laal M. Job Stress Management in Nurses. *Journal of Procedia - Social and Behavioral Sciences*. 2013; 84:437-42.
10. McGrath A, Reid N, Boore J. Occupational stress in nursing. *International journal of nursing studies*. 2003; 40:555-65.
11. Cavalheiro AM, Moura Junior DF, Lopes AC. Stress in nurses working in intensive care units. *Revista latino-americana de enfermagem*. 2008;16(1):29-35.
12. Akuchekian S, Roohafza HR, Hassanzadeh A, Mohammad Sharif H. Relation between Social Support and Coping with Stress in Psychiatric nurses. *Journal of Guilan University of Medical Sciences*. 2009;.19-18
13. Moszczynski AB, Haney CJ. Stress and Coping of Canadian Rural Nurses Caring for Trauma Patients Who Are Transferred Out. *Journal of Emergency Nursing*. 2003;29(2):96.
14. Balk JL, Chung S, Beigi R, Brooks M. Brief Relaxation Training Program for Hospital Employees. *Journal of Hos Top*. 2009;10(87):8-13.
15. Jose TT, Bhat SM. A descriptive study on stress and coping of nurses working in selected hospitals of Udipi and Mangalore districts Karnataka, India. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*. 2013;3(1):10-8.
16. Khaganizade M, Ebadi A, Siratinaier M, Rahmani M. Assesmen of correlation job stress and occupational Quality of life in nursing of military Hospitals. *Journal of Military medicine*. 2008;3(37):175-84.
17. Lopez C, Antoni M, Penedo F, Weiss D, Cruess S, Segotas MC. A pilot study of cognitive behavioral stress management effects on stress, quality of life, and symptoms in persons with chronic fatigue syndrome *Journal of psychosomatic research*. 2011;70(4):34-328.
18. Farquharson B, Bell C, Johnston D, Jones M, Schofield P, Allan J, et al. Nursing stress and patient care: real-time investigation of the effect of nursing tasks and demands on psycho-logical stress, physiological stress, and job

- performance: study protocol. *Journal of advanced nursing*. 2013;69(10):2327-35.
19. Rajabizade G, Ramazani A. Prevalence of depression in Kerman city. *Journal of Rafsanjan University of Medical Science*. 2003;3(1):58-66.
 20. abdi H, Shahbazi L. Job stress among nurses in ICU and its relationship with burnout. *Journal of Shahid Sadoghi University of Medical Sciences, Yazd*. 2001;9(3):64-70.
 21. Wang W, Kong AM, Chair YS. Relationship between job stress level and coping strategies used by Hong Kong nurses working in an acute surgical unit. *Journal of Applied Nursing Research*. 2011;24(4):43-238.
 22. Pahlavani H, Malacuti K, Sharokhe Tehrani Nejad E, Mirsepasi A. Evaluation of stressors, coping strategies and its relation to mental health in infertile couples. *Journal of Thought and Behavior*. 2002;7(4):79-87.