

Coping Strategies of Nurses working in General and Psychiatric Wards at Teaching Hospitals in Baghdad City: Comparative Study.

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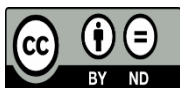


Keywords:

coping strategies, nurses
working in general and
psychiatric wards.

ABSTRACT

Job stress is one of the main psychological and social problems that individuals and institutions suffer from both, negatively affecting the health of the individual and his professional achievement, as well as the good running of the institution. To compare between the levels of coping strategies of nurses working in general and psychiatric wards at teaching hospitals in Baghdad City. Descriptive and comparative design was used. Using a non-random convenience sample of 140 nurses, including 70 nurses from Baghdad Teaching Hospitals' mental units (AL Rashad Teaching Hospital, Ibn Rushed Teaching Hospital) and 70 nurses from Baghdad Teaching Hospitals' general wards. The scale of techniques for dealing with job stress (Brief COPE scale) is used by the researchers to measure the levels of coping. There was no statistically significant difference between the psychiatric and general nurses in relation to coping strategies. Hospitals must have nurse training programmers on how to face their pressures in effective coping methods.



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1. INTRODUCTION

Coping, according to Shelly and Taylor, is a way of dealing with pressures that are considered taxing or beyond the individual's means. Coping is a generic term for a strategy that assists people in reducing stress and resolving issues [1]. As a result, nurses must learn stress management skills so that they do not find themselves in stressful situations. These strategies, known as "coping strategies," are the methods that people use to cope with stressful and unpleasant events. Some writers define "coping strategies" as a combination of cognitive and behavioral procedures that people employ to deal with various situations (internal or external) [2]. People employ a variety of coping skills rather than just one when researching stress and stress is dealt with in a variety of ways [3]. Problem-focused and emotional handling are two techniques that are both helpful in certain situations. When deciding on an appropriate coping method, one must consider the stress delegation as well as the individual's stress reaction. The goal of problem-focused management is to change or modify the underlying source of stress. When it is practical and stresses are variable and flexible, this can be an efficient approach of coping. This style of conductor focuses on directing the individual's response to stress in a specific way. In dealing with unchangeable pressures, emotionally centered coping mechanisms are helpful. These coping methods entail a cognitive re-evaluation process that includes self-reflection and

emotional regulation. Coping abilities have different consequences depending on stress, personality, and environment [4].

Nurses use a variety of coping mechanisms when they are under a lot of stress, and it is obvious that how they deal with stress affects the quality of their professional performance. As a result, it's critical to understand the various stress-reduction tactics used by nurses [5]. When nurses are under a lot of stress, they use a variety of coping mechanisms, and it's obvious that how they deal with stress has an impact on the quality of their work. As a result, it's critical to understand the various stress-reduction tactics used by nurses [6].

There are arguments for undertaking the current study based on earlier research. by identifying the coping mechanisms used by nurses, this study seeks to provide recommendations on how they can manage their stress.

2. Objectives of the Study

1. To identify the coping strategies used by staff nurses and working in general and psychiatric wards.
2. To compare between coping strategies in nurses working of General and Psychiatric Wards.
3. To find out the relationship between coping strategies among nurses with their sociodemographic characteristics.

3. Methodology

To achieves stated objectives, a descriptive and comparative design was used to examine the levels of coping strategies of nurses working in general and psychiatric wards at teaching hospitals in Baghdad City: Comparative Study; the study took place between November 16, 2020 and April 19, 2021. Consent has been granted for the questionnaire constructed from official permission granted from Baghdad Medical City Administration & AL- Russafa Health Directorate/Training to ensure their agreement and to facilitate the researcher's task of entering these hospitals and meeting the nurses after explaining the purpose of the study to them and obtaining their consent. The research was carried out in Baghdad City Teaching Hospitals, which included mental and general wards. Using a non-random convenience sample of 140 nurses, including 70 nurses from Baghdad Teaching Hospitals' mental units (AL Rashad Teaching Hospital, Ibn Rushed Teaching Hospital) and 70 nurses from Baghdad Teaching Hospitals' general wards. The data was collected using sociodemographic, Gender, age, marital status, number of children, nursing qualification, years of service at work, and years of experience are among the seven variables).and The scale of techniques for dealing with job stress (Brief COPE scale) is used by the researchers to measure the levels of coping; The Brief COPE is made up of 14 dimensions, each with two items and three responses: (1) indicates that the respondent never, (2) generally, and (3) always. These items were measured, scored, and graded on a three-level Likert rating scale: weak (38-60), moderate (61-66), and good (67-80). Face validity has determined throughout the use of panel of experts (7) Their responses revealed that they all agreed on the questionnaire's content, clarity, relevancy, and adequacy, therefore it is deemed valid after considering their suggestions and recommendations for improvement. The pilot study took place from March 14th to March 22nd, and this ten-person sample was omitted from the study's initial sample. The participants comprehended the questionnaire, and the average time needed to collect data was between (15-20) minutes, according to the findings of the pilot study. Cronbach's Alpha was used to measure the questionnaire's reliability, and it revealed that the 0.70 for the Brief Cope Scale (28 items) in this study. The Statistical Package for Social Sciences was used to examine the data (SPSS, version 26). Data was evaluated using both descriptive and inferential statistical approaches, such as the Chi-square test. The reliability of the questionnaire was determined using the correlational coefficient, and the level of statistical significance was set at 0.05. A significant relationship between job stress among nurses and their sociodemographic characteristics was discovered using the Chi-

square test (X²); an independent samples T-Test was also used to compare job stress in nurses working in General and Psychiatric Wards.

4. Results

Table 1: Distribution Nurses according to Demographic Data:

Nurses working in Psychiatry wards:(n=70)			Nurses working in general wards: (n=70)		Total nursing staff (n=140)	
Gender	Frequency	Percent	Frequency	Percent	Frequency	Percent
Male	39	55.7	22	31.4	61	43.6
Female	31	44.3	48	68.6	79	56.4
Total	70	100.0	70	100.0	140	100.0
Nurses working in Psychiatry wards:(n=70)			Nurses working in general wards: (n=70)		Total nursing staff (n=140)	
age	Frequency	Percent	Frequency	Percent	Frequency	Percent
20- 29	18	25.7	39	55.7	57	40.7
30- 39	14	20.0	16	22.9	30	21.4
40-49	29	41.4	7	10.0	36	25.7
<=50	9	12.9	8	11.4	17	12.1
Total	70	100.0	70	100.0	140	100.0
Nurses working in Psychiatry wards: (n=70)			Nurses working in general wards: (n=70)		Total nursing staff (n=140)	
Marital status	Frequency	Percent	Frequency	Percent	Frequency	Percent
Single	14	20.0	25	35.7	39	27.9
Married	53	75.7	44	62.9	97	69.3
Divorced	2	2.9	1	1.4	3	2.1
widow	1	1.4	0	0.0	1	0.7
Total	70	100.0	70	100.0	140	100.0
Nurses working in Psychiatry wards:(n=70)			Nurses working in general wards: (n=70)		Total nursing staff(n=140)	
Do you have children	Frequency	Percent	Frequency	Percent	Frequency	Percent
No children	17	24.3	33	47.1	50	35.7
One children	5	7.1	8	11.4	13	9.3
Two children	10	14.3	9	12.9	19	13.6
Three children	7	10.0	11	15.7	18	12.9
Four children	19	27.1	5	7.1	24	17.1
Five children	9	12.9	2	2.9	11	7.9

Six children	1	1.4	1	1.4	2	1.4
Seven children	1	1.4	1	1.4	2	1.4
Nine children	1	1.4	0	0.0	1	0.7
Total	70	100.0	70	100.0	140	100.0
Nurses working in Psychiatry wards:(n=70)		Nurses working in general wards: (n=70)		Total nursing staff(n=140)		
Nursing qualification	Frequency	Percent	Frequency	Percent	Frequency	Percent
Nursing school	2	2.9	1	1.4	3	2.1
Junior high nursing diploma	27	38.6	29	41.4	56	40.0
Bachelor	29	41.4	30	42.9	59	42.1
Master or Ph.D.	11	15.7	10	14.3	21	15.0
Master or Ph.D.	1	1.4	0	0.0	1	.7
Total	70	100.0	70	100.0	140	100.0
Nurses working in Psychiatry wards:(n=70)		Nurses working in general wards: (n=70)		Total nursing staff(n=140)		
Years of service in nursing	Frequency	Percent	Frequency	Percent	Frequency	Percent
2-9	12	17.1	25	35.7	37	27.1
10-17	22	31.4	16	22.9	38	27.9
18-25	17	24.3	11	15.7	28	19.3
26-33	5	7.1	9	12.9	14	10.0
34-41	14	20.0	9	12.9	23	15.7
Total	70	100.0	70	100.0	140	100.0

Table (1) demonstrates that male nurses (55.7 percent) worked in psychiatry, whereas female nurses worked in general (68.6 percent) Almost all of them were female. Table (1) reveals that nurses working in psychiatry (41.4 percent) were between the ages of 40 and 49, whereas nurses working in general (55.7 percent) were between the ages of 40 and 49. (20- 29). The marital status of nurses working in psychiatry (75.7 percent) and nurses working in general (62.9 percent) was shown in Table (1). 27.1 percent of Psychiatric Nurses have four children, while 47.1 percent of Nurses in general have no children. Table (1) reveals that the majority of Psychiatric Nurses (42.9%) and Nurses in general (42.9%) reported having a diploma's degree. Table reveals that 55.7 percent of Nurses working in Psychiatry reported having (10-25) years of nursing experience, while 35.7 percent of Nurses working in general reported having (2-9) years of nursing experience.

Table 2: Coping strategies used by staff nurses and working in general and psychiatric wards.

Nurses working in Psychiatry wards	Nurses working in general wards
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Coping Dimensions	Mean	Assess	Mean	Assess	Total	
					t-test	Sig. (2-tailed)
Active coping	5.42	good	5.45	good	-.182	0.856
Planning	5.14	good	5.32	good	-1.198	0.233
Positive reframing	5.27	good	5.17	good	0.663	0.508
Acceptance	4.77	good	4.84	good	-.398	0.691
Humor	3.72	moderate	3.45	moderate	1.131	0.260
Religion	4.98	good	5.12	good	-.751	0.454
Emotional support	4.62	moderate	4.35	moderate	1.367	0.174
Instrumental support	4.60	moderate	4.31	moderate	1.580	0.116
Self-distraction	4.61	moderate	4.30	moderate	-1.669	0.097
Denial	4.15	moderate	3.58	moderate	3.026	0.003
Venting	4.22	moderate	4.14	moderate	.467	0.641
Substance use	2.88	low	2.52	low	1.538	0.126
Behavioral Disengagement	4.10	moderate	3.82	moderate	1.289	0.200
Self-blame	4.47	moderate	4.11	moderate	1.923	0.050

As the p-value table shows, there is no significant difference in the Coping Dimensions utilized by staff nurses working in psychiatry units versus general wards. As indicated in table, there is a significant difference in coping methods adopted by staff nurses working in psychiatry and general wards, with a p-value of 0.003 0.05 for Denial Coping Dimension and 0.050=0.05 for Self-blame Coping Dimension.

Table 3: Association of The Brief Cope Scale with selected socio-demographic variables of staff nurses working in Psychiatry wards.

The Brief Cope Scale							
Socio -demographic variables	The Brief Cope Scale						
Gender	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Male	20	9	10	39	6.126	2	0.047
Female	10	16	5	31			
Total	30	25	15	70			
age	Weak	Moderate	Good	Total	Chi-Square	df	P-Value

20- 29	7	10	1	18	13.043	6	0.042
30- 39	4	8	2	14			
40-49	14	5	10	29			
<=50	5	2	2	9			
Total	30	25	15	70			
Marital status	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Single	6	7	1	14	6.804	6	0.339
Married	23	17	13	53			
Divorced	1	1	0	2			
widow	0	0	1	1			
Total	30	25	15	70			
Do you have children	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
no children	8	8	1	17	21.987	16	0.144
one children	1	4	0	5			
two children	4	4	2	10			
three children	1	2	4	7			
four children	9	4	6	19			
five children	5	3	1	9			
six children	1	0	0	1			
seven children	1	0	0	1			
Nine children	0	0	1	1			
Total	30	25	15	70			
Nursing qualification	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Nursing school	0	2	0	2	10.488	8	0.232
Secondary	12	8	6	26			
diploma	11	10	9	30			
Bachelor	7	4	0	11			
Master or Ph.D.	0	1	0	1			
Total	30	25	15	70			
Years of servicing nursing	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
2-9	12	14	2	28	10.404	8	0.238
10-17	7	6	8	21			
18-25	7	3	3	13			
26-33	2	0	1	3			
34-41	2	2	1	5			
Total	30	25	15	70			

The Brief Cope Scale and selected socio-demographic factors of staff nurses working in psychiatric wards have been linked. Table 3 shows that there was no correlation between the Brief Cope Scale and marital status, whether or not you have children, nursing qualification, and years of nursing service, although there was a correlation with gender and age.

Table 4: Association of The Brief Cope Scale with selected socio-demographic variables of staff nurses working in general wards.

Socio -demographic variables							
The Brief Cope Scale							
Gender	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Male	10	5	7	22	1.802	2	0.406
Female	20	18	10	48			
Total	30	23	17	70			
Age	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
20- 29	14	17	7	37	8.796	8	0.360
30- 39	9	3	5	17			
40-49	2	2	3	7			
<=50	5	1	2	8			
Total	30	23	17	70			
Marital status	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Single	8	12	5	25	6.724	4	0.151
Married	22	10	12	44			
Separate	0	1	0	1			
Total	30	23	17	70			
Do you have children	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
no children	11	15	7	33	17.299	14	0.241
one children	6	1	1	8			
two children	6	2	1	9			
three children	5	2	4	11			
four children	2	2	1	5			
five children	0	1	1	2			
six children	0	0	1	1			
seven children	0	0	1	1			
Total	30	23	17	70			
Nursing qualification	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
Nursing school	0	0	1	1	6.297	6	0.391
Secondary	12	12	5	29			
diploma	15	7	8	30			
Bachelor	3	4	3	10			
Total	30	23	17	70			
Years of servicing nursing	Weak	Moderate	Good	Total	Chi-Square	df	P-Value
2-9	20	20	9	49	12.103	8	0.147
10-17	4	1	4	9			

18-25	2	2	2	6			
26-33	3	0	0	3			
34-41	1	0	2	3			
Total	30	23	17	70			

The Brief Cope Scale and selected socio-demographic factors of staff nurses working in general wards; Table 4 shows that the Brief Cope Scale has no relationship with gender, age, marital status, whether or not you have children, nursing qualification, and years of nursing service.

Table 5: Comparison between coping strategies in nurses working of General and Psychiatric Wards.

Group Statistics						
	Nurse	N	Mean	Std. Deviation	df	Sig. (2tailed)
coping strategies	Nurses working in general wards	70	1.8143	0.80385	138	0.831
	Nurses working in Psychiatry wards	70	1.7857	0.77820	137.855	0.831

Table5 shows that coping mechanisms used by nurses working in General and Psychiatric Wards are not significantly different. (0.831 0.05) as a p-value.

5. Discussion of Results

Table 1 shows how the row proportions in the table's various columns shift from row to row (1). Psychiatric nurses were almost entirely male (55.7%), while nurses in general (68.6%) were almost entirely female. This finding demonstrated that male nurses worked in psychiatry more than female nurses, despite the fact that nurses in general were almost all female. Due of the difficulty of working with patients, this is considered natural. According to [9], the study participants were divided into two groups depending on their work environments: general and psychiatric nurses. Females predominated in both groups, accounting for 78.4 percent of general nurses and 58.8 percent of psychiatric nurses. [11] found additional support in their findings, reporting that (75.8%) were female and (24.2%) were male. According to [18] the bulk of the sample was male. Male nurses were found to be more than female nurses in this study, according to [16], [17]. This descriptive design study was conducted among nurses in two hospitals, and the results revealed that 86.9% of the nurses were female. Table (2) shows that 41.4 percent of psychiatric nurses are between the ages of 40 and 49, while 55.7 percent of all nurses are between the ages of 40 and 49. 20 to 29. General nurses have been discovered to have a higher age group than psychiatric nurses. For example, 55.7 percent of general nurses were between the ages of 20 and 29, whereas half of psychiatric nurses were between the ages of 40 and 49. This may be attributable to the Ministry of Health's plan to hire graduate nurses in both psychiatric and general hospitals. The nurses' ages ranged from 22 to 44, which is in line with [15]. This findings contradicted [9] finding that general nurses were slightly older than mental nurses. For example, around 45 percent of general nurses were between the ages of 30 and 39, and about half of mental nurses were between the ages of 20 and 29. The marital status of nurses working in psychiatry (75.7 percent) and nurses working in general (62.9 percent) was shown in Table (2). [12] discovered that the majority of the study sample in both groups was married, which supported their findings. 27.1 percent of Psychiatric Nurses had four children, compared to 47.1 percent of Nurses in general.

This result was consistent with [15], who found that nearly 79.1% of the participating nurses had between one and three children, while only 20.9 percent had no children. The majority of Nurses working in Psychiatry and Nurses working in general (42.9 percent) reported having a diploma's degree, according to [14] found that none of the psychiatric nurses in the study have a master's or doctoral degree, and that the bulk of them are diploma nurses, with more than half of them working as staff nurses. Table 1 shows that 55.7 percent of Nurses working in Psychiatry reported having 10-25 years of nursing experience, while 35.7 percent of Nurses working in general reported having (2-9) years of nursing experience. This conclusion is supported by [13], who discovered that the majority of psychiatric nurses were between the ages of 24 and 35, with work experience ranging from 2 to 10 years. As a p-value table, the data on confrontation tactics revealed no statistically significant variations in the aspects of confrontation employed by nurses working in mental wards versus public hospitals (2). Nurses working in psychiatry and general wards employ a variety of coping methods, as seen in the table, with a p-value of 0.003 0.05 for encountering denial and 0.050 = 0.05 for facing self-blame (2). The following coping mechanisms were adopted more frequently by nurses and mental nurses in general (the mean score for active coping was 5.42 for psychiatric nurses, and the mean score for general nurses was 5.45). Active coping was the most common coping style. According to Al-Harbi and Hassan's (2019) research, there is no statistically significant difference in coping methods between psychiatric and general nurses ($p > 0.05$), and the most common coping techniques utilized by general and mental nurses are: focus Problem-solving or coping strategies. Because problem-solving coping is targeted at dealing with a stressful circumstance and is considered the most effective approach for dealing with stress, it is compatible with an effective method of responding to stressful situations. According to [11] nurses have used a number of coping techniques to manage their stress in a highly complex workplace with patients. Functional methods include problem solving and positive evaluation, whilst negative strategies include dysfunctional (escape avoidance) tactics. The link between The Brief Cope Scale and sociodemographic characteristics selected for nurses working in psychiatric wards is shown in Table 3.

Although there was a correlation between sex and age, there was no link between the Cope Brief Scale and marital status, whether you had children, a nursing qualification, or years of nursing employment. Results of the study are supported by a study conducted by [8] the findings revealed that there is a significant relationship between total coping strategies and the age of those nurses. Table 4 reveals that the Brief Cope Scale has no link with gender, age, marital status, whether or not you have children, nursing qualification, or years of service nursing for staff nurses working in general wards. Observed no significant association between coping mechanisms and demographic variables of staff nurses working in general wards, which supports the conclusions of the study. The coping techniques utilized by nurses working in General and Psychiatric Wards are not significantly different, as seen in Table 5. As a p-value, (0.831 0.05) It was the same as it had been before. Nurses in general, as well as mental health nurses, used coping mechanisms (Active coping, Planning, Positive reframing & Acceptance). A research by [12] confirmed this finding, finding no statistically significant difference in coping mechanisms between psychiatric and general nurses ($p > 0.05$). Furthermore, this research backed up [10] findings that there were no significant differences in coping mechanisms between general and psychiatric nurses.

6. Conclusions

1. There is no significant difference of Coping Dimensions used by staff nurses working in Psychiatry wards and general wards.
2. There are a significant difference in coping dimension of Denial & Self-blame used by staff nurses working in Psychiatry and general wards.
3. No association was found between coping and marital status, having children, Nursing qualification and Years of service among staff nurses working in Psychiatry wards.

4. There was association between the coping with gender and age of staff nurses working in Psychiatry wards.
5. No association was found among the coping with gender, age, Marital status, having children, Nursing qualification and Years of service among staff nurses working in general wards.

7. Recommendations

1. The necessity of having follow-up programs from psychologists in order to alleviate the tension arising from work environment and work with dangerous and difficult situations.
2. The nurse must be well prepared to suit the nature of nursing. Therefore, raising his scientific level in university training is a gesture Benign to help him bear the pressure.
3. Hospitals must have nurse training programmers on how to face their pressures in effective coping methods.

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