

Field Study

Iranian Clinical Nurses' Coping Strategies for Job Stress

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Abstract: Iranian Clinical Nurses' Coping Strategies for Job Stress: Yadollah JANNATI, et al. Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Iran—Objectives: Since the existence of work-related stressors is inevitable in nurses' workplace, nurses usually use a variety of coping strategies which can be called cognitive, affective, and behavioral techniques. In this study, we aimed to explore the coping strategies employed by the Iranian clinical nurses in depth. **Methods:** This work was a qualitative study using Straus and Corbin's grounded theory approach focusing on the process of coping with job stress used by Iranian clinical nurses. **Results:** The results of the present qualitative study indicate that the core category was "on the route to coping" which contained six categories comprising work management, self-control, emotional, spiritual, cognitive, and interactional strategies. **Conclusions:** We conclude that in nursing it is inevitable that different kinds of strategies are used to cope with the many stressors. The conceptual model emerging from the data indicate that nurses are engaged in a dynamic process of struggling to cope with job stressors. In fact, they are "on the route to coping" with the job stressors. Considering the high level of stress in the nursing profession, the findings of this study have implications for both hospital managers and Iranian clinical nurses.

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Key words: Coping, Grounded theory, Iran, Job stress, Nurses

One of the most fundamental aspects of everyday life is that people have to deal with stress. Although appropriate levels of stress can be stimulative to overcome challenging situations, high levels of it may result in feelings such as anger and fear¹.

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Job stress is especially of great importance in professions making decisions about life and death, such as nursing². Studies demonstrate that work-related stress brings about hazardous effects both on the health of the nurses and their ability to cope with job demands^{3,4}. Moreover, stress may lead to inadequate work quality, absence from work, and burnout⁵.

Coping is defined as "the process whereby a person manages the demands and emotions that are generated by the appraisal"⁶. Kalichman *et al.* (2000) in a study on the Association of Nurses in AIDS Care concluded that nurses experiencing workplace stress used strategies such as wishful thinking, planned problem-solving, and avoidance, while those suffering from patient care-oriented stress were more likely to deal with stress through positive appraisal and acceptance⁷. Gillespie and Kermode (2003) studied the coping strategies employed by preoperative nurses and found that 25% of females demonstrated avoidance tendencies, while 83% of males used problem-solving strategies⁸.

The most frequently used coping strategies according to the Work Stress Checklist reported by Lee (2003) included being organized, helping others, continuing education, ensuring up-to-date knowledge of equipment and drug regimes, maintaining social communication, being more tolerant, talking to others, making an effort to relax, and having a hobby⁴. McGrath *et al.* (2003) found similar results comprising higher income, experienced colleagues support, decrease in workload, and attending educational programs⁹. In the same way, McFarlane *et al.* (2004) found coping strategies like using humor, group work, out-of-work activities, positive feedback from managers, and attending stress management programs were helpful in decreasing stress in nurses and physicians¹⁰. Likewise, peer support and good supervision were the main coping strategies reported by forensic community mental health nurses participating in a study conducted by Coffey and Coleman (2001)¹¹.

We observed that some nurses easily cope with stressors, whereas others are unsatisfied with their present situation. Although numerous studies have been carried out on

coping strategies in nursing, most of them are quantitative and Lim *et al.* (2010) believe that one of the most important problems of quantitative studies is that they normally employ questionnaires taken from research conducted in western countries, ignoring the cultural and religious context of Asian countries¹². Glazer and Gyurak (2008) also emphasize the inadequacy of questionnaires due to lack of agreement on them, and they postulate that in order to have a better and deeper understanding of the stressors and coping strategies, it is advisable to use qualitative studies¹³. Moreover, Glazer and Beehr (2005) highlight the need for qualitative research to compensate for the inadequacies related to quantitative ones¹⁴. Therefore, to uncover coping strategies, it is important to let respondents freely talk about the ways they cope with job stress and not to impose a priori lists of coping strategies. Nevertheless, little qualitative research has paid attention to nurses' coping strategies in the West, and in many Eastern countries, especially in Iran. In this study, we aimed to survey nurses working in Iran, because the context of their work differs from western societies due to social, religious, and cultural issues. To elaborate, nursing shortages and heavy workload are common characteristics of the health care system in Iran. Moreover, a poor public image and the low social status of nursing lead to low self-esteem and feelings of frustration among nurses¹⁵. Therefore, we conducted a qualitative study to thoroughly explore the coping strategies employed by Iranian clinical nurses.

Material and Methods

This work is part of a larger qualitative study focusing on the process of coping with job stress by Iranian clinical nurses. Since coping is a process, a grounded-theory approach is the preferred methodology. However, the coping strategies mentioned in this paper are reported through content analysis. The research question was how Iranian clinical nurses cope with job stress.

Study context

The study was conducted at five teaching hospitals in Mazandaran, Three of them were general hospitals, one was a psychiatric and the other was a heart center. In all hospitals, nurses worked 7 h in the morning or evening and 12 h on the night shifts. Nearly all the nurses had a Bachelor of Science degree from an Iranian university.

Ethical approval

The Internal Review Board of Iran University of Medical Sciences approved the study before data collection began. Permission, as written informed consent, was sought from the participants for the audio tape interviews. The hospital directors, head nurses and clinical nurses also agreed that the researcher have a non-participant observation in response to a formal request from the Vice

Dean for Research of Mazandaran University of Medical Sciences.

Participants

Selection was based on willingness to participate and experience of working as a nurse for more than one year. Purposeful sampling was used at first and was continued with theoretical sampling, according to the emerging codes and categories. According to Patton (1990) to obtain a broad range of information and rich diversity of participants, intensity and maximal variation of sampling is necessary¹⁶. Therefore, the study subjects were 28 nurses working in various roles and settings, 22 clinical nurses, 3 head nurses, and 3 supervisors.

Data collection

The data were obtained in semi-structured interviews¹⁷ and were analyzed using a grounded theory approach¹⁸. The interviewees were asked to associate freely on the basis of several questions such as: Would you please tell me

- a) about your typical work shift?
- b) your perception of job stress and the stressors you face every day?
- c) the way you deal with everyday workplace stressors?

Use of the interview guide provided ample relevant data and pilot study participants commented on the clarity of the questions. All interviews were recorded, transcribed and approved by the participants. As analysis proceeded, the questions that arose by making comparisons among incidents became the guides for further data gathering. Brief notes were made about the issues raised during the interview. About 53 h of observation (about 2 h at different times of the day during the morning and evening shifts) were carried out in order to contribute to the credibility of the data gathered through the interview, focusing on nurses' interactions with their patients and colleagues.

All interviews were conducted in one session (40–65 min) according to participants' requests. To achieve conformability of the data after the transcription, they were reread and similar codes were grouped under the same categories. Moreover, the interviewees and other researchers double-checked the transcripts. No new data emerged in the last four interviews; therefore, data gathering was terminated.

Data analysis

The procedure used for data analysis was the method developed by Strauss & Corbin (1998)¹⁸. In grounded theory, data collection and analysis occur simultaneously¹⁹. We used word-processing and OneNote programs to type transcribed interviews, and analyzed the interview immediately before conducting the next interview¹⁸.

During the phase of open coding, we read the interviews

thoroughly several times and coded selected incidents¹⁹). Nearly 1,070 primary codes were extracted and compared. Similarities and differences were noted and categories and subcategories were defined resulting in 20 conceptual categories. Axial coding consisted of relating these categories to their subcategories. Relational statements, grounded in the data, were connected using memos created during the data analysis²⁰. To ensure the credibility of the research process and findings all coded transcripts were sent to two supervisors for review.

Results were also checked with some of the observers, clinical nurses, who confirmed the fitness of the results as well. With axial coding at the end of the selective coding phase, the core variable was identified.

Results

Nurses confront various stressors during everyday activities which may influence their personal and professional life. From the interviews, we concluded that they mainly suffer from five categories of stressors: control over work (having less-skilled colleagues and personal lack of skill), professional relationship (relationship with colleagues, medical team, superiors, patients' families and other departments), the nature of the profession (hardships of nursing, multiplicity of problems, working in shifts, workload, being responsive, social status of the profession, caregiving), workplace (facilities, physical conditions of workplace and welfare of the nurses and the kind of ward) and organization (job security, high responsibility and irrelevant duties).

The findings indicate that clinical nurses employ a variety of reactions to cope with different stressors in their workplace. The main categories obtained from the nurses' experience indicated the following six different strategies:

A. Work management strategy

One of the major categories revealed was work management which can decrease stress without necessarily causing less productivity. It comprises two subcategories:

1. Anticipating Tasks: Participants believe that they are overloaded with work causing stress due to time constraints. Therefore, time management skills help them use their time more efficiently, get their priorities in order, and reduce the stress. Experienced nurses are well aware that by anticipating their tasks and the oncoming stressors they will manage their jobs well. In fact, this category emerged in the first interviews and soon it was saturated comprising codes such as getting priorities in order, anticipating lack of equipment, considering safety measures, anticipating patients' needs, and being prepared for possible crises. Nurses repeatedly stated: "We try to manage our duties and cooperate in changing the work shift to reduce job-related stress".

2. Doing the Tasks Well: The participants expressed that they employed strategies like observing safety considerations, and doing the tasks on time. For instance, one nurse said, "I write the reports precisely and check the patients' affairs carefully to reduce stress".

B. Self-control strategy

The nurses used the following strategies to manage the stressors:

1. Organizational Role: Our findings indicate nurses confronted stressors based on their organizational roles. Some of the related codes comprise referring the problems to the head nurse, asking the hospital managers to help solve the problems, and objecting to lack of equipment. For instance, a nurse said she would do her duty as well as she could, but if she was unable to, she posed the problem to her superiors.

2. Preparing for Work: This indicates that nurses are aware of the importance of adequate rest before starting their job. Moreover, they try to organize their shift's schedule in order not to get tired. Their personal life is influenced by their working condition, so they inform their relatives about their time of rest and work. Codes related to recreational activities such as listening to music, going on a picnic, reading and writing, and going to the movies are subcategories of this strategy. For example, one nurse said when she gets home, she says her prayers, watches a film, and sleeps.

3. Avoidance Strategy: Codes such as getting away from stressful situations like changing, or leaving the ward for a while or taking a tranquilizer fall under this subcategory. One nurse said, "Don't get involved in the problems. If one patient doesn't like you, your colleague can do the injection".

C. Emotional strategy

The third category was emotional strategy including two subcategories:

1. Emotional Satisfaction: Our findings indicate that codes such as a nurse's satisfaction with a patient's improvement, enjoying one's job, empathy with patients' companions, enjoying a patient's gratitude fall under this subcategory. A nurse said, "When I do something to make the patient feel better, I feel satisfied".

2. Acting-out: This subcategory comprises codes such as aggressiveness, resentment, silence, crying, laughing, and facing difficulties agreeably. In fact, staying in private can be considered as a kind of non-drug treatment to control one's excitement to confront the stressors more reasonably. A nurse stated, "I am a calm person. Whenever I get angry, I go to a quiet place and try to calm down".

D. Spiritual strategy

This was one of the strategies emerging from the first few interviews. Codes such as the role of religious beliefs,

reading the Quran, praying, trust in God indicate that nurses employ spiritual strategies to cope with stressors. One nurse said, "Religious beliefs help us cope with stressors. I ask God to give me patience to endure this situation".

E. Cognitive strategies

Some nurses believe that one's perspective on the stressors determines the way he/she may cope with it. Codes such as positive thinking, looking for positive aspects in every situation, and the value of the nursing occupation are related to this strategy. A nurse said, "When I leave home, I say, today is mine. I don't want to be angry when I return home".

F. Interactional strategies

This category is indicative of some strategies nurses employ in relation to their colleagues, patients, patients' companions, superiors, and family members.

1. Interaction with the Colleagues: Working with competent nurses with agreeable personalities is an advantage all nurses agree on. Talking with colleagues plays an important role because during these conversations, nurses talk about their work problems and find solutions. Moreover, it helps them feel relaxed. The codes under this subcategory include talking to colleagues about job-related discomfort, taking advantage of others' experiences, enjoying colleagues' support, and asking for help from others. A nurse said, "We talk about different working situations and what to do to improve them".

2. Interaction with the Patients: This occupies the greatest part of the caring process so nurses need to be able to interact with a patient according to the unique condition of the patient. They also need to prevent their job stress. Giving the required information to patients and creating a good relationship with them are codes that were repeatedly confirmed by nurses. A nurse stated, "I try to calm the patient down. I tell him/her that he/she is all right".

3. Interaction with the Patients' Companions: This can help nurses deal with a situation appropriately. Codes like satisfying the patients' companions, training them, empathizing with them, and considering their rights led this subcategory to emerge. Nurses believe that patients' companions are eager to get information about their patients' conditions. "Yesterday after visiting time, we talked to the patients' companion and gave them pieces of information. However, it is impossible for us to do so every time. You know, we want to, but we don't have time. This puts us under pressure", a nurse said.

4. Interaction with Superiors: Appropriate interaction with superiors is a crucial factor in coping with stress. A nurse said, "Dealing with the superiors and matrons is a source of stress. I usually keep silent and try to enjoy their information. For example, when I object to matron

because I am overloaded, she provides different rationales for example, the fact that the hospital managers are not so cooperative, or you can take some days off in the near future, and the like. In this way she convinces me and since I know the reason, I can cope with the stress more easily".

5. Interaction with the Family Members: Improving family life is a crucial issue and can be considered as an important source of social support. Nurses are well aware of this and try their best to manage their family affairs in the best possible way. One said, "If I am OK before coming to the hospital, I work better".

According to Strauss & Corbin (1998) the core category describes the essence of what is happening in the study¹⁸. The core category in this study was "on the route to coping" that emerged clearly from the examined data which means that to reduce stress, nurses attempt to maintain coping strategies.

Discussion

The findings of this study indicate that coping strategies employed by Iranian clinical nurses comprised work management, self-control, emotional, spiritual, cognitive, and interactional strategies. Although most of the pressures are invisible, they are well perceived in the nurses' work environment as the findings show.

A study of the literature shows that nurses frequently experience aggressive behavior of patients and also have little time to concentrate on their own duty and planning²¹. The findings of this study demonstrate that nurses believe that overworking is one of the main causes of job stress. To solve this problem, they employed skills such as time management and anticipating tasks which helped them get their priorities in order, thereby minimizing the amount of stress. In a cross-sectional survey, Hawkins *et al.* (2007)²² noticed that planning and active coping were strategies which were successfully used by nurses. Moreover, regarding anticipation of the sources of stress and work management, Dominguez-Gomez and Rutledge (2009)²³ in an exploratory comparative study emphasized the role of nurses' participation as a strategy for managing stress. Lee *et al.* (2003), based on a cross-sectional study, mention planning and getting one's priorities in order as major strategies for confronting job stress. They also state that continuous training and developing skills and keeping the knowledge of the nurses up-to-date will show nurses some strategies for coping with stress²⁴.

Considering the self-control strategies, the findings of the present study point to subcategories such as organizational role-related strategies, preparing for work, and avoidance strategy. These subcategories encompass some strategies like referring the problems to the nurse manager, having adequate rest before starting work, listening to music, doing sports, reading books, shopping, getting away from stressful situations, etc. Burnard *et al.*

(2007) used a modified grounded theory approach in their study of nursing students to investigate the dimensions of stress and coping strategies from their point of view. They concluded that nursing students employed strategies like doing sports, going on a picnic, and listening to music to reduce their stress²⁵. Furthermore, Lee (2003) used a self-report questionnaire in his study and mentions recreation and meditation as coping strategies employed by nurses. Also, he states that being unable to cope with stress endangers the health of nurses and that avoidance strategies are the most common ones used by nurses⁴. Dominguez-Gomez and Rutledge (2009) point out that getting away from patients is an avoidance strategy employed by nurses²³. McGrath *et al.* (2003) studied avoidance strategies by nurses in a descriptive study and concluded that one third of the participants attempted to avoid stressful situations to lessen their stress. They considered that those using this strategy were usually weaker at decision-making than others⁹. Ho *et al.* (2009) conducted a survey and state that stress has a negative effect on job satisfaction and commitment to the organization. On the other hand, they mention job rotation as an avoidance strategy used by nurses which had a positive effect on their job satisfaction and increased their commitment to the organization²⁶.

Burnard *et al.* (2007) revealed that nursing students employed strategies like crying to decrease their stress and tolerate it better. They also state that keeping calm is a subcategory of emotional reaction. On the whole they found out that having a sense of humor will work better in a stressful situation than talking about it²⁵. Moreover, Badger (2005) in a qualitative study described the coping strategies of ICU nurses and emphasized that they employed emotional strategies²⁷. Dominguez-Gomez and Rutledge (2009) found that resentment can be observed in more than half of emergency room nurses. All these studies indicate that emotional reactions are crucially important for coping with stress²³. The results of the present study indicate that satisfaction with patients' healing, enjoying one's job, empathy with patients' family and friends, and enjoying patients' gratitude can have a positive effect on nurses. On the other hand, nurses employed some emotional reactions such as aggressiveness, silence, crying, shouting, smiling, laughing, and keeping cool and these results are in line with those of previous studies.

Our study shows that religious beliefs including reading the Quran, praying, and trusting in God were effective methods used for reducing stress by clinical nurses. Other studies such as the one by Burnard *et al.* (2007) also came to the same conclusion²⁵.

With regard to cognitive strategies, Hawkins *et al.* (2007)²² and Lambert *et al.* (2007)²⁸, who used a self-report questionnaire, assert that positive interpretation of the stressors is one of the most common strategies for

coping with stress. In addition, Badger (2005) states that ICU nurses mostly apply cognitive strategies²⁷. In the present study, we also found out that positive attitude, and valuing the nursing occupation are related to cognitive strategy.

The final strategy that emerged was an interactional strategy that could be used to interact with people who were involved in the situation such as colleagues, patients, their families, managers, and nurses' own families. Our findings indicate that consulting with colleagues, getting help from more experienced ones, family cooperation, giving the required information to the patients, empathizing with patient's family, and considering their rights are among the most beneficial interactional strategies applied by Iranian clinical nurses. McGrath *et al.* (2003) consider colleagues' support as a factor for decreasing stress⁹. Other studies found that the following strategies can decrease the amount of stress experienced by nurses: giving value to nurses' opinions, and respecting their profession²⁷, talking to intimate friends, interpersonal and organizational communication²⁵, colleague's support, appropriate training, and attending conferences to get up-to-date information²⁹, maintaining social interaction, getting help from the colleagues⁴, having a sense of importance due to the support of superiors and colleagues¹, creating an appropriate working situation by nurse managers³⁰, and effective interaction among nurses³¹.

The core category in this study was "On the route to coping" used to explain the overall phenomenon of nurses coping with job stress. At the end of the study a conceptual model regarding the process of coping for clinical nurses was generated (Fig. 1). Based on Strauss & Corbin (1998), this conceptual model consists of four phases:

1) Job stressors as causal conditions, 2) Organizational context and personal characteristics as conditions, 3) Coping strategies as interactions, 4) Outcomes as consequences¹⁸.

The conceptual model used in this study focuses mainly on the coping process. As the figure indicates the relationship between these phases is not linear and nurses may move back and forth among them. Our findings show that when nurses confront stressors, namely, control over work, professional relationship, the nature of the profession, workplace, and organization, on the basis of their personal characteristics and organizational context they perceive stress. Personal characteristics consist of interest in the job, beliefs and attitudes toward stress and organizational context includes adequate facilities, mental and economical support. Nurses employ some coping strategies including work management, self-control, emotional, spiritual, cognitive and interactional strategies leading to different outcomes: acceptance of the job, being accustomed to the job, enduring the job, and surrendering to the job. These consequences may affect the personal characteristics of the nurses, which in turn may influence

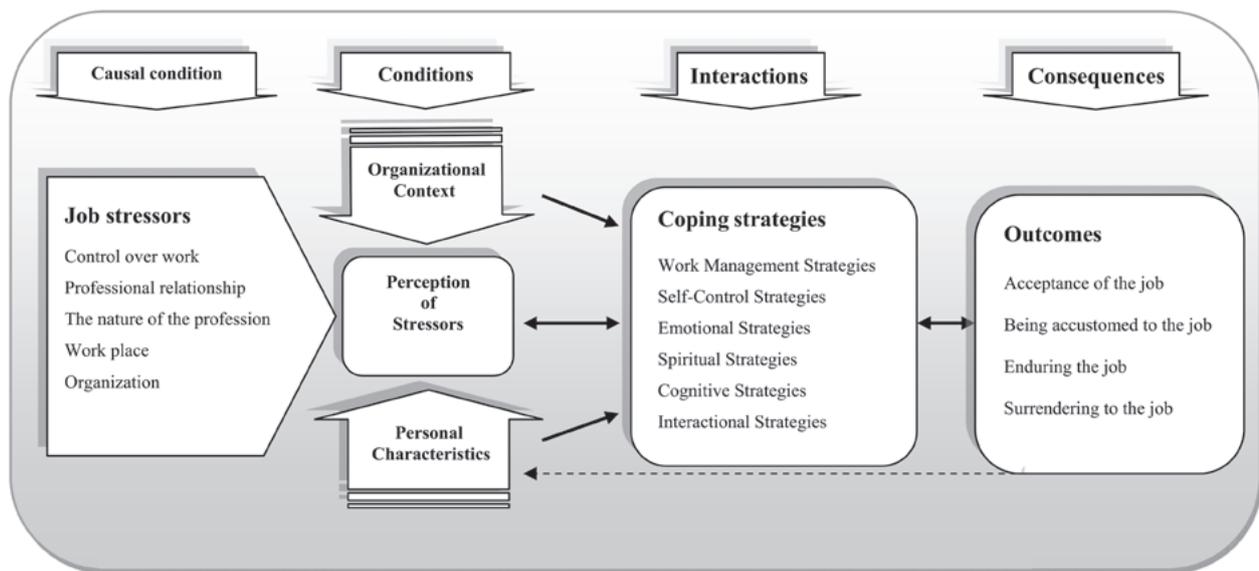


Fig. 1. The conceptual model of the process of coping with Job stress employed by Iranian clinical nurses (“on the route to coping”).

the nurses’ perception of the stressors. Alternatively, consequences can affect the type of strategies nurses may use, which in turn may influence their perception of stressors.

In conclusion, nurses’ perceptions of stressors may facilitate or hinder the process of coping and the emerging conceptual model indicated that nurses are engaged in a dynamic process of struggling to cope with the job stressors. In fact, they are “on the route to coping” with the job stressors.

Considering the high level of stress in the nursing profession, the findings of this study imply hospital managers should identify coping strategies, attempt to lessen the stressors and simultaneously provide an appropriate environment for clinical nurses, and also train them to cope with difficult situations. Furthermore, Iranian clinical nurses can make use of the findings of this study and apply them to their own lives.

Limitations of the Study

In this study, different methods of gathering data such as interview and observation were employed; and we carried out the observation for just morning and evening shifts. Another limitation is related to the organizational context, that is, all the participants worked in governmental hospitals. Perhaps, those working in private hospital feel different stressors due to more organizational control over them and lack of job security.

Taking note of the limitations, we recommend that other researchers perform observations of all shifts. A study can also be done on the stressors and the coping strategies used

by nurses in private hospitals.

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References

- 1) Zeng Y. Review of work-related stress in mainland Chinese nurses. *Nurs Health Sci* 2009; 11: 90–7.
- 2) Su SF, Boore J, Jenkins M, Liu PE, Yang MJ. Nurses’ perceptions of environmental pressures in relation to their occupational stress. *J Clin Nurs* 2009; 18: 3172–80.
- 3) Sutherland VJ, Cooper CL. *Understanding Stress: A Psychological Perspective for Health Professionals*. London: Chapman & Hall; 1990.
- 4) Lee JK. Job stress, coping and health perceptions of Hong Kong primary care nurses. *Int J Nurs Pract* 2003; 9: 86–91.
- 5) Andrews DR, Dziegielewska SF. The nurse manager: job satisfaction, the nursing shortage and retention. *J Nurs Manag* 2005; 13: 286–95.
- 6) Boyd MA. *Psychiatric Nursing*. Philadelphia (PA): Lippincott willams & wilkins; 2005. p.772–89.

- 7) Kalichman SC, Gueritault-Chalvin V, Demi A. Sources of occupational stress and coping strategies among nurses working in AIDS care. *J Assoc Nurses AIDS Care* 2000; 11: 31–7.
- 8) Gillespie BM, Kermod S. How do perioperative nurses cope with stress? *Contemp Nurse* 2003; 16: 20–9.
- 9) McGrath A, Reid N, Boore J. Occupational stress in nursing. *Int J Nurs Stud* 1989; 26: 359–68. *Int J Nurs Stud* 2003; 40: 555–65; discussion 559–67.
- 10) McFarlane D, Duff EM, Bailey EY. Coping with occupational stress in an accident and emergency department. *West Indian Med J* 2004; 53: 242–7.
- 11) Coffey M, Coleman M. The relationship between support and stress in forensic community mental health nursing. *J Adv Nurs* 2001; 34: 397–407.
- 12) Lim J, Bogossian F, Ahern K. Stress and coping in Singaporean nurses: a literature review. *Nursing and Health Sciences* 2010; 12: 251–8.
- 13) Glazer S, Gyurak A. Sources of occupational stress among nurses in five countries. *International Journal of Intercultural Relations* 2008; 32: 49–66.
- 14) Glazer S, Beehr TA. Consistency of implications of three role stressors across four countries *Journal of Organizational Behavior* 2005; 26: 467–87.
- 15) Nasrabadi AN, Emami A, Yekta ZP. Nursing experience in Iran. *Int J Nurs Pract* 2003; 9: 78–85.
- 16) Patton, MQ. *Qualitative evaluation and research methods*. Newbury Park (CA): Sage Publications; 1990.
- 17) Polit DF, Hungler BP. *Nursing Research: Principles and Methods*. Philadelphia (PA): Lippincot Company; 1995.
- 18) Strauss AL, Corbin JM. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. 2nd edn. Thousands Oak (CA): Sage; 1998.
- 19) Grbich C. *Qualitative data analysis: An introduction*. London: Sage publication Ltd.; 2007.
- 20) Hesse-Biber SJN, leavy PL. *The Practice of Qualitative Research*. London: Sage publication Ltd.; 2006.
- 21) Currid T. Experiences of stress among nurses in acute mental health settings. *Nurs Stand* 2009; 23: 40–6.
- 22) Hawkins AC, Howard RA, Oyeboode JR. Stress and coping in hospice nursing staff. The impact of attachment styles. *Psychooncology* 2007; 16: 563–72.
- 23) Dominguez-Gomez E, Rutledge DN. Prevalence of secondary traumatic stress among emergency nurses. *J Emerg Nurs* 2009; 35: 199–204; quiz 273–4.
- 24) Lee H, Song R, Cho YS, Lee GZ, Daly B. A comprehensive model for predicting burnout in Korean nurses. *J Adv Nurs* 2003; 44: 534–45.
- 25) Burnard P, Haji Abd Rahim HT, Hayes D, Edwards D. A descriptive study of Bruneian student nurses' perceptions of stress. *Nurse Educ Today* 2007; 27: 808–18.
- 26) Ho WH, Chang CS, Shih YL, Liang RD. Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment. *BMC Health Serv Res* 2009; 9: 8.
- 27) Badger JM. A descriptive study of coping strategies used by Medical Intensive Care Unit nurses during transitions from cure- to comfort-oriented care. *Heart Lung* 2005; 34: 63–8.
- 28) Lambert VA, Lambert CE, Petrini M, Li XM, Zhang YJ. Workplace and personal factors associated with physical and mental health in hospital nurses in China. *Nurs Health Sci* 2007; 9: 120–6.
- 29) Lenthall S, Wakerman J, Opie T, et al. What stresses remote area nurses? Current knowledge and future action. *Aust J Rural Health* 2009; 17: 208–13.
- 30) Shirey MR. Stress and coping in nurse managers: two decades of research. *Nurs Econ* 2006; 24: 193–203, 211 passim. 24.
- 31) Moola S, Ehlers VJ, Hattingh SP. Critical care nurses' perceptions of stress and stress-related situations in the workplace. *Curationis* 2008; 31: 77–86.