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Workplace anxiety with stressors among Indian nurses and coping strategies: A recent review

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Abstract
Stress is a state of physical and psychological tension which inflict insistence for modification upon the human being. It is one of the frequent features in all our lives. Academic stress in today's highly competitive world, students face a variety of academic problems, including exam stress, disinterest in attending class and inability to understand the nursing students. The nursing practice is lively and is highly influenced by medical and technical development, but the core of nursing practice "care" has stayed the same. In recent years work setting is given significance, and organizations are keen to know how stress and suffer exhaustion affect nurses' work, health and life. Efforts had been made to recognize the stressful situations affecting nurses and recognize the early signs of stress to suffer exhaustion so that poor health affects nurse outcomes. This paper will highlight the recent literature published on workplace stress and coping strategies nurses use in Indian scenarios.

Keywords: nurses, occupational stress, coping strategies, Indian

Introduction

Nursing is, by its nature, a profession with a higher degree of stress. Justifying stress has become the main concern in many fields, especially in management, due to low output and poor staff morale as problems related to stress. Research has reported a higher occurrence of suicide and psychiatry outpatient referrals for nurses among professional groups. It is also considered a profession with a higher quitting rate during the training period (Mathew NA, 2013) [28]. In 1960, Menzies initially assessed work-related stress, and he found patient-care load, change, holding responsibility, and decision-making sources of nurses' stress at work (Menzies IE (1960) [29]. However, in the mid-1980s, the stressors varied due to the high utility of technology, rise in healthcare costs and instability within the working environment (Jennings BM). The workplace plays a very important role in the life of an employee. A workplace deficient in essential work conditions may fail to facilitate achieving individual and organizational goals and result in situations causing stress. According to Wagner and Hollenbeck (2005) [45], Occupational Stress is an emotional state, which is unpleasant. It arises from the perceived uncertainty that a person cannot meet the demands of the job. Work stress can be seen as any negative, stressful or difficult situation of the hardship encountered in the occupational setting (Jackson, Firtko and Edenborough, 2007) [17, 21]. Unsafe, unpleasant and demoralizing work conditions can ruin the entire system in an organization (Jain, 2015) [18]. When an individual attempt to reduce the negative feelings arising from a negative occasion, this is considered a coping process (Lowe and Bennett, 2003). Coping is usually of two types, emotion-focused and problem-focused. Problem-focused coping is external, in which an individual attempts to manage or change the problem causing the stress. In emotion-focused activities, coping attempts to lessen emotional distress, internally directed (Lambert and Lambert, 2008) [26]. Research on nurses has pointed out that workplace stress among nurses leads nurses to quit the job, causing mental and physical disorders, spoils work-related relations, and affects nursing care quality and job dissatisfaction. This review article includes studies related to workplace stress and coping strategies in Indian backgrounds.

Workplace Stress

The nationwide study done by CareerBuilder in the US on anxiety levels among workers identified health-care professionals as having high levels of stress. Within this group, the nurses were mainly stressed. A meta-analysis on the occurrence of work stress in nurses revealed that 69% of nurses in the United Arab Emirates experienced Stress (Gheshlagh R *et al*. 2017) [15]. Mwinga and Mugala (2015) [30] reported that 93% of job stress was established among nurses in Zambia. In one more study from Australia, 32.4% of nurses had depression, 41.2% had anxiety, and 41.2% experienced stress related to their job (Maharaj S *et al*. 2018) [27]. Depressive symptoms were recognized in 35% of Chinese nurses Cheung 2015) [7]. This variation in the occurrence of stress and associative symptoms may be due to different management systems and organizational structures of the hospitals of different countries

The following studies are reviewed from the Indian context on workplace stress, anxiety and workplace stressors among nurses.

Eswari and Saravanan (2011) [11] investigated stress levels among women nurses working in various nursing homes in Coimbatore, Tamil Nadu. The study findings revealed that 52% had moderate

stress in conflict with supervisors and torture by higher authorities. It was found that 48.2% had moderate stress related to lack of recognition, defective equipment and work overload. Moderate stress was reported by 40.6% of respondents towards fear of making mistakes and unpredictable scheduling. The study also found other areas of stress for women nurses. Sixteen problems were identified, among which "conflict with team members" ranked first, followed by others such as "insufficient training shift duties", "problems and lack of security at the workplace". The study concluded that defective equipment and frequent change in work patterns do not affect women nurses to a great deal.

Devi, Kanjana, Kavitha and Devi (2012) [8] conducted a study among nurses in various states of India such as Karnataka, Kerala, Tamil Nadu and Maharashtra. The multi-centric purposive technique was used with a sample size of 100 nurses. The questionnaire for data collection consisted of self-explanatory questions related to workplace aspects and interaction with relatives causing stress.

Vijay and Vazirani (2012) [44] conducted a comparative study to assess stress and stress busters among nurses using a questionnaire developed by the researcher. The government hospital nurses encounter stressors such as the number of working hours, frequent change in shifts, poor quality of infrastructure, the number of patients handled every day and dealing with patients with contagious diseases. Low salary, job security, interpersonal skills, and improper behaviour of relatives and friends were the main stressors for the nurses working in private hospitals. Spending time with the family was found to be the main stress buster for nurses.

Roopalekha-Jathanna, Latha and Prabhu (2012) [36] examined the stress and coping abilities of 329 nurses working in the super speciality hospital in Kerala, India. A descriptive survey design was used. The data was collected using Expanded Nursing Stress Scale (ENSS) and Brief Cope (Carver 1997). The most frequently stressful areas rated by respondents were 'patients and their family' and 'workload', whereas 'inadequate emotional preparation' and 'discrimination' were rated as least stressful situations. Further analysis revealed that nurses who work in operation theatres and emergency units experience high-stress levels in conflicts with other care professionals. Nurses are working in ICU's experience a high level of stress in the area of feeling poorly prepared to help with the emotional needs of a patient or patient's family. The results indicated the use of adaptive positive appraisal strategies being frequently used by nurses.

Mathew (2013) [18] did a study among nurses in central Kerala Hospitals. (2013) Nurses were found stressed due to the long working hours. The two working shifts include 8 am-6 pm and 6 pm – 8 am. They feel burnout due to the inadequacy of staff in departments. The staff: the patient ratio was found to be 1:5. Almost96% has the opinion that they are stressed under their job. Only 12% of the nurses find their workload can be handled easily. The stress due to work and pressure is about 56%. The other source of stress was working in a depressed environment due to the insufficiency in staff coordination and passing the buck during the handing over process. If the stress is rated on a scale, about 90% are stressed above average. Relation between stress and satisfaction only 7% of the nurse's understudy are satisfied with the payment according to the efforts. Only 29.07% are satisfied with the assistance that they get from the doctors and other staff. Nurses are highly satisfied with the communication channel prevailing in the organizations. Less than 7% feel that their job is secured. Only about 15.1% are happy with the current working environment.15.1% are satisfied with social support from the peer. About 34.88% reported psychological harassment from doctors or co-workers to affect their performance

Shiva Prashad (2013) did a study to assess stress in nurses working in hospitals. A non-experimental descriptive survey with a typical descriptive design was undertaken on 50 staff nurses selected by non-probability convenient sampling technique. Demographic proforma and modified Expanded Nursing Stress Scale (ENSS) were used as tools. The stress scale consisted of 35 items classified into 8: death and dying, conflict with doctors, inadequate emotional preparation, Problems relating to peers, supervisors, Workload, Uncertainty concerning treatment, and patients and their families. The interpretation of the scores ranging from 0 -35 was mild level, 36-70 moderate, 71-105 severe and 106- 140 as the very severe stress level. The study established that about 52% of nurses had experienced a severe level of stress. Whereas workload and patients and their families (70%) accounted for major stressors for nurses, other leading causes for an increased level of stress were found to be problems relating to peers (64%), death & dying (60%) and problems relating to supervisors (56%). The study also discovered that there was no significant association between the level of stress and baseline variables.

Katyal (2013) [23] investigated burnout among 50 nurses working in government and 50 nurses from private hospitals in Chandigarh and Punjab, India. Four hospitals were randomly selected using the lottery method, Out of which two were government, and two were private hospitals. Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was used to assess burnout among nurses. The study findings revealed that nurses working in government hospitals experienced a higher level of burnout than those working in private hospitals. In government hospitals, the majority (52%) of nurses experience a high level of emotional exhaustion, 44% of nurses experience a moderate level of depersonalization, and 62% of them experience a low level of personal accomplishment. The researcher attributed higher burnout among nurses in government hospitals to factors such as heavy workload, poor work environment, frequent night shifts, and poor support from administration and superiors.

Jose and Bhat (2013) [20] carried out a study to determine stress and coping among 104 nurses in Udupi and Mangalore district, Karnataka. The setting of the study was selected Medical colleges and government hospitals. The Nursing Stress Scale (NSS) and Ways of Coping Questionnaire were used to measure stress and cope. The results revealed that the majority of samples experienced low stress followed by moderate and high stress. Subareas of stress were dead and dying and workload, whereas lack of staff support was least stressful. Positive reappraisal followed by seeking social support was the most frequently used coping, and accepting responsibility was the least used. It was found that nurses with diploma qualifications, married and working in intensive care units experienced higher stress.

Joy, Ravindra Nath and Thomas (2013) [46], explored the relationship between demographics and stress coping skills

among 499 nurses using coping strategies inventory. Findings revealed that stress coping skills do not differ based on gender, age and marital status. It was found that stress coping skills were higher among government nurses and with experience of more than 15 years.

Sharma P *et al.* (2014) [41] study has revealed that 5% of staff nurses have perceived poor doctors attitude, whereas 21% perceive poor attitude from patients side]. Doctors approach was perceived as significant association with professional stress]; and risk for professional stress due to poor and acceptable doctor's attitude was found about 3 and 4 times more than with an outstanding attitude of doctors toward the staff nurses (OR = 2.97 and OR = 3.97, respectively). Similarly, Blair and Little wood highlighted that work relationships are possible stressors. In a study of 260 RNs, disagreement with physicians was more psychologically damaging than conflict within the nursing profession. The target study disclosed a statistically significant association ($P < 0.024$) between the department of posting and stress level. A higher number (43%) of the nurses posted in the emergency/ICU department were stressed out, of whom 2% were rigorously stressed. It was sean that staff nurses posted in medicine, surgery, paediatrics, and obs/gynaecology department were stressed to a lesser amount as a contrast to those posted in the emergency/ICU department (OR = 0.32; 0.41; 0.54; 0.28, respectively)

Kakade, Kakade, and Devi (2014) [22] examined the factors responsible for the place of work stress and coping abilities of nurses posted in intensive care units. An expressive, exploratory survey design was used with a sample size of 100 using the non-probability purposive sampling method. The sample was made of nurses working in two hospitals under private trust in Maharashtra, India. The tools utilized for data collection were the Stress rating scale and coping questionnaire. The study showed that most (59 %) had the reasonably good coping capability, and 41 % of nurses had the average coping capability. There was no effect of demographic variables of nurses on their stress or coping abilities. It revealed that there was no significant association between the level of stress and coping abilities.

A study conducted by Divinakumar, Pookala and Das (2014) [9] investigated perceived stress among 298 female nurses working in 30 different government hospitals in central India. Data was collected using Perceived Stress Scale (PSS-10). It was found that 48.32% of the sample scored above 17 score PSS-10, which indicated a high stress level. No significant difference was found between the PSS-10 score and marital status and professional qualification. However, a significant difference was found between the PSS-10 score and day and night duty nurses at the study time. It can be gathered from this study that nurses were highly stressed, and shift duties plays a role in the experience of stress.

Pawar (2014) [32] examined the stress level among nurses working in intensive care units of Navi -Mumbai, Maharashtra, India. The descriptive survey design was adopted to identify the level of stress and its association with selected demographics. The stress level was identified using a modified version of the Expanded Nursing Stress Scale. The study results showed that 42% of nurses were severely stressed, 34% had moderate stress, 14% had mild stress, and 10% had very severe stress. The very severe stress level was highest (30%) in inpatients and families, followed by problems related to supervisors (22%). A significant relationship was found between stress and demographic variables such as age, years of experience and educational qualification.

Mohite, Shinde and Gulavani (2014) assessed job stress among nurses working at the tertiary care hospital in Karad city, Maharashtra. The 100 nurses were selected for the study using a convenient sampling technique. The Expanded Nurses Stress Scale (ENSS) is an expanded version of the Nursing Stress Scale (NSS) widely used measurement scale in nursing research across the globe. The study findings revealed that frequent causes of stress among nurses were workload situations and supervisors. The study concluded that measures need to be taken to decrease workload and resolve conflict among nurse supervisors. The study also found that age, sex, years of experience and professional education had no association with stress.

Rawal and Pardeshi (2014) [34] examined stress among 850 nurses working in selected public and private hospitals in Pune, Maharashtra. Findings revealed that interpersonal relationships issues such as conflicts with patients, doctors, and colleagues frequently lead to undesirable personal stress in the working environment.

Saini, Kaur and Das (2014) conducted a study among 73 nurses working in medical-surgical units (ICU) at Nehru Hospital, Post-Graduate Institute of Medical Education and Research (PGIMER) Chandigarh. The data was collected using the modified Work Stress Symptom Scale (WSSS) and Coping Checklist (CCL). The findings revealed that 51% of nurses experience high stress. The factors responsible for the causation of stress were lack of goal clarity, role ambiguity, role conflict, poor interpersonal relations, workload, improper performance appraisal, lack of job autonomy and job challenge. The stress was low among nurses who had good interpersonal relations and clarity of the goals on the job. The nurses most frequently used the problem solving coping strategy.

Shastri (2014) identified the causes of professional stress and its impact on the mental health of nurses. The study revealed inadequate information, lack of support from peers and superiors, harassment results in professional stress at the workplace. Stress experience is further increased due to communication gap, lack of resources and work overload. The impact of psychological stress on the mental health fitness of the nurses was established.

Doraiswamy and Deshmukh (2015) examined the relationship between meaningful work and role stress among 141 nurses working in different states of India. A significant correlation was found between meaningful work and role stress. The result indicated the need to design jobs to enhance autonomy, support and flexibility for the organization and the nurses.

Fernandes and Nirmala (2015) investigated work stress and coping among 51 nurses working in different hospitals of Goa, India, using a qualitative approach. The main aim was to identify the situations that contribute to work stress and the coping strategies used. Most of the nurses reported their work as full of stress. The work stress was due to supplies/equipment, staffing and workload, peer problems and relational problems among medical and support staff. "Staff shortage" was the main stressor for most of the nurses. The coping strategies used were problem evasion, Mental Disengagement, Problem solving/planning, religious coping and social support. Saini, Kaur and Das (2016) [37] conducted a study among 285 nurses working in general and

Intensive Care Units (ICU) at the Post Graduate Institute of Medical Sciences, Chandigarh, India. The data was collected using the modified Work Stress Symptom Scale (WSSS) and Coping Checklist (CCL). It was established that nurses working in ICU experienced moderate stress levels while nurses from general wards had a high-stress level. Workload, role vagueness and less social support amounted to stress experience. The findings revealed that younger nurses had a higher stress level and female nurses had more than males. The married nurses experienced higher stress. Coping strategies used were such as problem-solving and religious coping is used. Shiji, Sequera and Mathew (2016) [42] investigated stress and coping among married staff nurses using the purposive sampling technique. The researcher developed the tools used for data collection. The stress score was highest in the specialized area, and the overall stress score was reasonable. The coping strategies used by the nurses consisted of planful trouble resolving, confrontive coping, self-discipline, and seeking social help. Other ways comprised of escape/avoidance and accepting responsibility, confrontive coping. The least coping strategy used by the nurses in the area of escape avoidance. Study findings revealed an important negative association between stress and coping strategies. No connection was found between apparent stress levels and coping strategies with the demographics of the nurses. Purohit and Vasava (2017) [3, 33] did a study to assesses the Stress suffered by the Auxiliary Nurse Midwives (ANMs) working with rural government health centres from Gujarat, India. A total of 84 ANMs were included, 17% (14) were from block 1, 38% (32) were from block 2, 21% (18) were from block 3, 11% (9) were from block 4, and 13% (11) were from block 5. As far as the place of work is concerned, 71% (60) worked with the SCs while 29% (24) worked with PHCs. The average age of ANMs was 43 years, while the average year of work experience for ANMs was approximately 17 years. Since the study data to gauge the role stress was based on the Likert Scale, Kolmogorov-Smirnov and Shapiro-Wilk tests were done to decide if the data were normally distributed. Both tests indicate that the data were normally distributed with a significance level of .200 using the Kolmogorov-Smirnov test while a significance level of .170 for using the Shapiro-Wilk test. (See Table 2 for details). In order to calculate the dependability of the instrument and to assess inter-item connection among the 10 types of role stress, Cronbach's alpha test was done. It showed values of 0.852, suggesting the high reliability of the tool. Since the mean and median scores for general role stress and ten types of role stress were nearly the same, we can say that the data was normally distributed. The results indicate that ANMs experience the highest stress related to Resource Inadequacy (12.26), followed by role overload (12.05) and then role stagnation (11.65). In contrast, the lowest stress is experienced about role expectation conflict with a score of 7.26. The overall mean for Role Stress score for ANMs was 9.86. Chaudhari did a study (2018) to establish the amount and causes of occupational stress among nurses at Bhabha Atomic Research Centre Hospital. (2) To evaluate the stress levels among nurses depending on their years of service. (3) To study any association between stress levels and the degree of somatic complaints. Ninety-seven staff nurses without pre-existing psychiatric illnesses were assessed for work-related stress using the Expanded Nursing Stress Scale. The extent of somatization was calculated using the Patient Health Questionnaire – 15 in a cross-sectional study. Cronbach's alpha, analysis of variance, and Spearman's correlation coefficient test were applied to the data. Internal consistency of 0.945 was noticed using Cronbach's alpha. 51.5% of nurses suffered mild, 34% moderate, and 2.10% suffered severe stress. Disagreement with supervisors, patients, and their families and workload were the major causes of work-related stress. Nurses with 6–10 years of knowledge had maximum stress. The stress levels correlated with the number of somatic complaints. Bai JH (2019) reported that In India, one study recognized 87.6% of the nurses to be suffering from stress, in which 2.1% had severe stress. A different study found 92% of nurses with stress, of which 52% had severe stress. These findings indicate a high occurrence of work-related stress among nurses in India and demand further exploration of job stress and related factors. Begam and Devi (2020) 244 nursing students online in three nursing schools, Assam India. Cross-sectional study Google Form contained Tool I for collecting sociodemographic data and Tool II for the Perceived Stress Scale by Cohen Sheldon with 5-PointLikert Scale. The study found out that they had experienced moderate levels of stress due to COVID-19. Kaushik *et al*. (2021) studied depression, anxiety, and stress among nurses and analyzed their association with workplace stressors. A hospital-based cross-sectional study was conducted in two tertiary care hospitals. Four hundred and thirty-one nurses completed the nurses rated depression, Anxiety and Stress instrument (DASS-21) and a questionnaire probing perceived workplace stressors on a 4 point Likert scale. The stressors across subgroups of worker eas were compared. Association between stress, anxiety or depression and workplace stressors were analyzed using binary logistic regression. 50.8% of nurses had stress; 74% had anxiety; 70.8% had depression. 79.1% had at least one of them. Stressed, anxious or depressed nurses were more concerned about lack of job satisfaction and conflicts with supervisors. Workplace stressors varied with work areas: private hospital, no job satisfaction, conflicts with doctors and patients; government hospital, acquiring infectious diseases; ICUs, inadequate salary; non-ICUs, odour and sounds in workplace and conflicts with patients.

Stress Coping Strategies

Various factors are contributing to stress for nurses at the workplace as follows [Figure 1]:

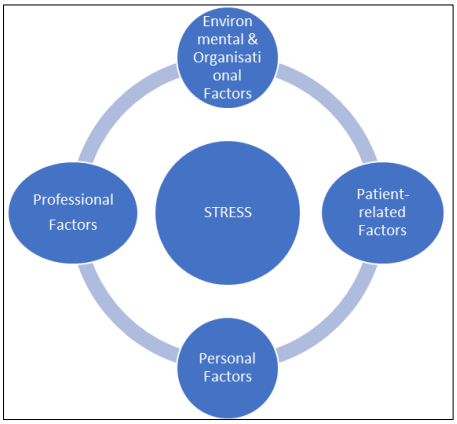

Fig 1: Various stress-inducing factors

Environmental and Organizational factors
Nurses get stressed due to posting in busy areas (intensive care units, emergency) with the tiring job and insufficient time for rest and meals, increased workload, pressure to complete care on time, staff shortage, heavy paperwork, inadequate resources and lack of co-worker support, conflict with supervisors and inadequate pay, lack of organizational support, use of sophisticated technologies, objection to professional (Sharma P *et al*. 2014) [41]. The organization and working environment should be compassionate and encouraging for work to be completed smoothly.

Patient-related factor
The patients' poor approach towards treatment and care and/or unreasonable demands from patients and their families contribute to workplace stress in nurses (Sarafis P *et al*. 2016). Death and dying declaration, doubt regarding patient treatment, heavy workload and insufficient training to deal with patient's emotional issues have been recognized as the common causes of stress.

Professional factor
Stress can result when there is a communication gap, as cordial and respectful communication is essential for teamwork. Conflict with other healthcare professionals and discrimination adds to stress at the workplace. Poor relationships between nurses, doctor's relation towards nurses, disagreement with physicians, and verbal articulations from physicians also affect the psychological well-being of nurses (Sharma P *et al*. 2014) [41].

Personal factor
The personal factors connected with stress for nurses in the workplace comprise age (more than 30 years), female gender, family responsibility, long working hours (12-h shift), and less experience. Other personal stressors such as the history of mental illness, emotional imbalance, high orientation to own losses and vulnerabilities and physically unfit and worried towards own losses were identified as factors associated with Stress (Khamisan N 2017).

Stress Coping Strategies
The best management practice for stress is knowing healthy coping strategies. Coping is a procedure of moderating the outcome of stress, which affects an individual's psychological and physical well-being to prevent distress and burnout. Folkman *et al*. (1986) have identified two distinct coping strategies: emotion-focused coping, which could lessen emotional suffering and problem-focused coping, which attempts to manage or change the problem-causing suffering.
When nurses feel that the stressful situation is to be intervened, they may use emotion-focused coping and targeting to reduce negative emotions. Problem-focused coping consists of attempts taken to focus on changing the stressful event, while emotion-focused coping includes attempts taken to modify stressful feelings. A systematic review established that in Asian and Australian nurses, problem-focused coping was linked to better mental health, whereas emotion-focused coping was related to reduced mental health (Schdrender JA *et al*., 2012).
Managing job stress is vital for nurses to enhance physical and psychological wellness and develop work efficiency. Depending upon the literature review, positive coping strategies [Figure 2] that nurses could practice in the work area to alleviate stress are proposed.

Fig 2: Coping Stress strategies.

Professional Strategies
Collective decisions with mutual understanding with job rotation are essential at the workplace. The clarity in communication and equally shared power in decision-making is essential to reduce work-related stress.
Job rotation inspires nurses to perform well; allows for professional growth and the chance to renew skills and knowledge in other areas. Organizational/agency support, co-worker support, social support and empowerment have brought down job stress. There should be an organized forum to share and discuss social and emotional issues (George MS *et al*. 2016).

Psychological Strategies
Psychological strategies like listening to music, sense of humour, social support, mixing with colleagues and meditations are few methods to cope with stress.

Organizational Strategies
Organizational strategies have a great force on managing job stress among nursing staff. Organisation also has to lessen the stressors in the working surroundings. It can comprise devising stress policy, stress management, action, and risk assessment (Sharma P *et al*. 2014) [41].

Workplace Strategies
Provide regular training at the workplace, be aware of workplace stressors, discuss them, and explore how to remove them.

Conclusion
Job stress is common and is an important forecaster of job contentment and patient outcomes. The hospital management and nurse supervisor must recognize stressors at the workplace and lessen them by changing the environment and formulating policies and protocols to streamline the patient- and profession-related issues that produce stress. Nurses should also be trained in stress control and coping strategies to strengthen their coping resources.
Very few studies have been recognized in India regarding the workplace stress and coping strategies used by nurses. Stress and coping have been widely researched internationally; those findings may not be very applicable to nurses in India. Owing to the facts such as their high working standards, services offered at

the international hospital settings, and health services are different from those in India. It might not be suitable to use the results of previous international studies to explain stress and coping among Indian nurses.

References

1. Bai JH, Ravindran V. Job stress among nurses. Indian J Cont Ngs Edin,2019:20:92-61.
2. Begam B, Devi K. A Study to Assessthe Perceived Stressamong Nursing Studentsduring COVID19 Lockdown. Int J Sci Healthc Res,2020:5:388-393.
3. Bhaskar Purohit, Paul Vasava. Role stress among auxiliary nurses midwives in Gujarat, India. BMC Health Serv Res,2017:17:69. DOI: 10.1186/s12913-017-2033-6.
4. Best JN, Kahn JV. Research in education. New Delhi: Prentice hall publications, 1992.
5. Bhatia N, Kishore J, Anand T, Jiloha RC, Azad M. College, M., and Delhi, N. Occupational Stress amongst Nurses from Two Tertiary Care Hospitals in Delhi. Australasian Medical Journal, 2010, 731-738. Doi:10.4066/AMJ.2010.289.
6. Chaudhari AP, Mazumdar K, Motawani YM, Ramadas D. A profile of occupational stress in nurses. Ann Indian Psychiatry,2018:2:109-14.
7. Cheung T, Yip PS. Depression, anxiety and symptoms of stress among Hong Kong nurses: A cross-sectional study. Int J Environ Res Public Health,2015:12:11072-100.
8. Devi Kanjana, Kavitha, Devi. Job Satisfaction and Job Stress of Health Care Professionals. International Journal of Food and Nutritional Sciences,2012:2(3):91-94.
9. Divinakumar KJ, Pookala SB, Das RC. Perceived Stress, psychological well-being and burnout among female nurses working in government hospitals, International Journal of Research in Medical Sciences,2014:2(4):1511-1515. Doi:10.5455/2320-6012.ijrms20141150
10. Doraiswamy IR, Deshmukh M. Meaningful Work and Role Stress, International Journal of Management and Organizational Studies,2015:4(4):174-177.
11. Eswari M, Saravanan S. A study of job stress among women nurses in Coimbatore city, Tamil Nadu, International Journal of Research in Management and Technology (IJRMT),2011:1(2):97-100.
12. Fernandes W, Nirmala R. Workplace Stress, Coping and Expectation of Nurses. IOSR Journal of Nursing and Allied Health Sciences,2015:4(5):49-56.
13. Folkman S, Lazarus RS, Gruen RJ, de Longis A. Appraisal, coping, health status, and psychological symptoms. J Pers Soc Psychol,1986:50:571-9.
14. George MS. Stress in NHS staff triggers defensive inward-focussing and an associated loss of connection with colleagues: This is reversed by Schwartz Rounds. J Compassionate Health Care,2016:3:9.
15. Gheshlagh R, Parizad N, Dalvand S, Zarei M, Farajzadeh M, Karami M *et al*. The prevalence of job stress among nurses in Iran: A meta-analysis study. Nurs Midwifery Stud,2017:6:143-8.
16. Gupta PR, Adhikari A. Role Stress in Nurses. The ICFAI Journal of Organizational Behaviour,2008:7(1):49-56.
17. Jackson D, Firtko A, Edenborough M. Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. Journal of Advanced Nursing,2007:60:1-9.
18. Jain A, Gambhir S. How Does a Work Environment Affect Job Performance of Nurses'. International Journal of Management (IJM),2015:6(3):87-95.
19. Jennings BM. Stressors of critical care nursing. Critical care nursing. Diagnosis and Management. St Louis, MO: Mosby, 1994, 75-84.
20. Jose T, Bhat SM. A descriptive study on stress and coping of nurses working in selected hospitals of Udupi and Mangalore districts Karnataka. IOSR Journal of Nursing and Health Science (IOSR-JNHS),2013:3(1):10-18.
21. Jackson D, Firtko A, Edenborough M. Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. Journal of Advanced Nursing,2007:60:1-9.
22. Kakade SN, Kakade NR, Devi LB. Assessment of the Factors related to Job Stress and Coping Ability among the Staff Nurses in the Selected Hospitals of Pune City to develop a Self Instructional Module. International Journal of Science and Research (IJSR),2014:3(9):2204-2207.
23. Katyal S. Burnout among Nurses Working in Government and Private Hospitals, Stud Home Com Sci,2013:7(2):83-85.
24. Kaushik A, Ravi kiran SR, Suprasanna K, Nayak MG, Balia K, Acharya SD *et al*. Depression, anxiety, stress and workplace stressors among nurses in a tertiary health care setting. Ind J Occup Environment Med,2021:25:27-32.
25. Khamisa N, Peltzer K, Ilic D, Oldenburg B. Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa. Health SA Gesondheid,2017:22:252-8.
26. Lambert V, Lambert C. Nurses' workplace stressors and coping strategies. Indian Journal of Palliative Care, 2008. Doi:10.4103/0973-1075.41934
27. Maharaj S, Lees T, Lal S. Prevalence and risk factors of depression, anxiety, and stress in a cohort of Australian nurses. Int J Environ Res Public Health,2018:16:61.
28. Mathew NA. Effect of Stress on job satisfaction among nurses in Central Kerala. J Bussiness Man,2013:7:47-51.
29. Menzies IE. Nurses under Stress. Int Nurs Rev,1960:7:9-16.
30. Mwinga C, Mugala D. Prevalence and causes of stress among nurses at Ndola Central Hospital–A nurses' perspective. Int J Novel Res Healthc Nurs,2015:2:158-65.
31. Mohite N, Shinde M, Gulavani A. Occupational Stress among Nurses Working At Selected Tertiary Care Hospitals, International Journal of Science and Research (IJSR),2014:3(6):999-1005.
32. Pawar MN. Level of Stress among the nurses working in Intensive Care Units. Sinhgad e Journal of Nursing,2014:4(1):4-8(2.)
33. Purohit B, Vasava P. Role stress among auxiliary nurses midwives in Gujarat, India. BMC Health Services Research,2017:17(1):69. Doi 10.1186/s12913-017-2033-6.
34. Rawal CN, Pardeshi MSA. Job Stress Causes Attrition among Nurses in Public and Private Hospitals. IOSR Journal of Nursing and Health Science,2014:3(2):42-47.
35. Rodrigues AB, Chaves EC. Stressing factors and coping strategies used by oncology nurses. Rev Latino-am Enfermagem janeiro-fevereiro,2008:16(1):24-28.

36. Roopalekha-Jathanna PN, Latha KS, Prabhu S. Occupational Stress and coping among nurses in a super specialty hospital. Journal of Health Management,2012:14(4):467-479.
37. Saini R, Kaur S, Das K. Stress, Stress Reactions, Job Stressors and Coping among Nurses Working in Intensive Care Units and General Wards of a Tertiary Care Hospital: A Comparative Study. Journal of Postgraduate Medicine, Eduation and Research,2016:50(1):9-17. Doi:10.5005/jp-journals-10028-1184
38. Sarafis P, Rousaki E, Tsounis A, Malliarou M, Lahana L, Bamidis P *et al*. The impact of occupational stress on nurses' caring behaviors and their health related quality of life. BMC Nurs,2016:15:56.
39. Schreuder JA, Roelen CA, Groothoff JW, vander Klink JJ, Magerøy N, Pallesen S *et al*. Coping styles relate to health and work environment of Norwegian and Dutch hospital nurses: A comparative study. Nurs Outlook,2012:60:37-43.
40. Seth C, Kalichman SC, Gueritault-Chalvin V, Demi A. Sources of occupational Stress and coping strategies among nurses working in AIDS care. Journal of the Association of nurses in AIDS care, 11(3), 31-37.
41. Sharma P, Davey A, Davey S, Shukla A, Shrivastava K, Bansal R *et al*. Occupational stress among staff nurses: Controlling the risk to health. Indian J Occup Environ Med,2014:18:52-6.
42. Shiji, Sequera, Mathew. Perceived Stress and coping strategies among married staff nurses working in ward settings of selected hospitals in Managalore, India. Muller J Med Sci Res,2016:7:84-6.
43. Sudhaker C, Gomes L. Job Stress, Coping Strategies and the Job Quality Index of Nurses Working In Selected Multi-speciality Hospitals. Journal of the Academy of Hospital Administration,2010:22(1-2):10-14.
44. Vijay M, Vazirani. A Comparative Study on Stress among Nurses in Private and Public, BVIMR Management Edge,2012:5(1):46-52.
45. Wagner A, Hollenbeck R. Organizational behaviour: securing competitive advantage, 5th ed. Mason, Ohio: Thomson/South-Western, 2005.
46. Joy J, Ravindranath S, Thomas JR. An Exploration of Stress Coping Strategies among Nursing Practitioners. International Journal of Scientific Research,2013:2(5):554-556.