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Media Publikasi Promosi Kesehatan Indonesia
The Indonesian Journal of Health Promotion

Research Articles   *Open Access*

Stress Coping Strategies Among Nurses at Hasanuddin University Hospital Indonesia

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ABSTRACT

Introduction: Nurses have a major contribution in determining the quality of hospital services, but the heavy workload carried by nurses makes them vulnerable to work stress. Work stress that is if not handled properly can result in a decrease in the quality of services provided to the effect on hospital productivity, therefore it is necessary to do a coping strategy so that nurses can deal with and neutralize or overcomereduce the work stress experienced.

Objective: This study aims to describe stress coping strategies for nurses in the Inpatient Installation of the Hasanuddin University Hospital Makassar.

Method: This research was using quantitative approach. It was conducted at the Hasanuddin University Hospital in July 2022. The population in this study were all nurses who served in the Inpatient Room of Hasanuddin University Hospital with a total sample of 54 nurses. Collecting research data using The Brief COPE Questionnaire. The data were analyzed by using univariate analysis test.

Result: The results describe nurses' stress coping strategies based on problem focused coping, that all indicators included in the high category, there are active coping (6.42), followed by planning (6.29) and use of instrumental support (6.02). Then the Nnurse's stress coping strategy based on emotional focused coping, there are 3 indicators that are included in the high category, there are religion (7.39), positive reframing (6.31), and acceptance (6.07), use of emotional support (4 .83) is an indicator that included in the medium category and denial (3.14) is an indicator that included in the low category. While Nnurses' stress coping strategies based on dysfunctional coping, self-distraction (6,16) is the only indicators that included in the high category, then there are 4 indicators that were included in the moderate category, there were namely venting (4,87), humor (4,50), self blame (4.50), and behavioral disengagement (3.24), as well as substance use (2.66) are indicators that are included in the low category.

Conclusion: Majority of nurses at Hasanuddin University Hospital applied high problem focused coping and emotional focused coping. Therefore, the management of the Hasanuddin University Hospital may consider opening or holding a communication forum between nurses in each treatment room to discuss problems at work and provide psychological guidance and support in order to overcome the work stress that nurses experienced.

Keywords: Coping Strategies; Stress; Nurses

INTRODUCTION

Hospital is a public health institution whose provide complete individual health services. Hospital in carrying out their duties must have human resources which include medical staff and medical support staff, nursing staff, pharmaceutical staff, hospital management staff, and non-medical staff [1]. In essence, hospital is a place to cure disease and health recovery. Various types of health workers with various scientific devices interact with each other make hospital become an organization with complex characteristics [2].

According to Irwandi (2007), the success of a hospital carrying out its functions can be seen through hospital quality improvement. Hospital quality greatly influenced by several factors, the most dominant factor is human resources. According to Hamid (2001), nurses are the most human resources in hospital, there are around 60% of nurses from health workers in hospital [3].

Nursing staff have important roles in carrying out most of the health service activities in a hospital [4]. Generally, nurses job provide 80% of services directly to patients by serving the fulfillment of patient health information, providing emotional encouragement for patient recovery and education for patient's family. Nurses are also expected to provide good quality services to their patients. However, other studies state that most activities carried out by nurses potentially caused boredom in the workplace due to the dynamic work environment. Therefore, many responsibilities carried out repeatedly with limited deadlines can trigger fatigue and induce stress among nurses [5].

According survey from PPNI (Persatuan Perawat Nasional Indonesia) in 2015 showed that 51% of nurses experience stress at work [6]. Work stress experienced by nurses is one of the problems in hospital's human resource management. If work stress experienced continuously and not handled properly, it can cause various consequences such as nurses low performance, nurses lose enthusiasm for work, despair, nurses choose to resign or refuse to work to avoid sources of stress and these activities had impact on hospital productivity [7]. Therefore it is necessary to make efforts to overcome the work stress experienced by nurses to maintain the hospital function. These efforts can be done through stress coping strategies.

According to Sarafino (2002), stress coping is an effort made by individuals in dealing with sources of stress and neutralizing or reducing stress that occurs [8]. Stress coping strategies are effort both cognitively and behaviorally as a self-defense mechanism in dealing with stress that arises. Stress coping strategies if implemented properly and effectively can increase secure feelings among nurses, reduce levels of anxiety and reduce stress experienced by nurses [9]. Mundung, *et al.,* (2019) also showed that the use of stress coping strategies can reduce the level of work stress among nurses [10].

Based on the visit data of each installation in Hasanuddin University Hospital, it is known that the Inpatient Installation has the highest number of visits with significant increase number. It is known that the number of visits to the Inpatient Installation was 4755 in 2020 and increased to 5816 visits in 2021. Then the workload ratio of nurses in 2021 at the Inpatient Installation average/month is 7 patients/nurses. It shows that the workload in Inpatient Installation are quite heavy in treating patients and nurses experiencing high workload. The high workload causes work stress in nurses so they need to carry out stress coping strategies.

The use of coping strategies to deal with work stress is a unique phenomenon experienced by nurses. The uniqueness of this phenomenon is that the process experienced by nurses were natural when dealing with stress, responding to the stressors they face, the way they choose the best strategies to deal with work stress experienced. Nurses who can cope well with stress can carrying out their duties to be good, so they can provide services that are in accordance with nursing care service standards.

Based on the description above, the researcher is interested to investigate "Description of Stress Coping Strategies Among Nurses at Hasanuddin University Hospital, Makassar City in 2022". The purpose of this study is to find out the description of stress coping strategies used by nurses in the Inpatient Installation at Hasanuddin University Hospital, Makassar City.

METHOD

Descriptive with quantitative approach method is used in this research. This research was conducted at Hasanuddin University Hospital Inpatient Installation in July 2022. The population in this study were 63 nurses at the Hasanuddin University Hospital Inpatient Installation with a total sample of 54 respondents. The sample technique used is total sampling. Collecting research data using The Brief COPE Questionnaire developed by Carver.[11] The Brief COPE Questionnaire provides 28 questions to identify 14 coping indicators that people use. These coping indicators are grouped into 3 variables, there are problem focused coping, emotional focused coping, and dysfunctional coping.

Data collection offline by filling in the The Brief COPE questionnaire directly and online via the Google form. The collected data were analyzed univariately using the SPSS 24 application to explain the indicators of each variables. The research results are then presented in the form of tables and narratives as a form of interpretation in

discussing the research results.

RESULTS

Univariate analysis aims to determine the characteristics of each variable studied. The characteristic of the respondent is the inherent characteristic of the respondent. The characteristics of the respondents displayed included age, gender, education level, type of staff, and years of service for nurses.

Table 1. Distribution Based on the Nurses Characteristic in the Inpatient Installation at Hasanuddin University Hospital Makassar City in 2022

Characteristics of Respondents	Frequency (n=54)	Percent (%)
Age group		
20-29 Years	30	55.6
30-39 Years	23	42.6
40-49 Years	1	1.9
Total	**54**	**100.0**
Gender		
Man	10	18.5
Woman	44	81.5
Total	**54**	**100.0**
Education Level		
D3	3	5.6
S1	49	90.7
S2	1	1.9
Other	1	1.9
Total	**54**	**100.0**
Labor Type		
Civil Servant	3	5.6
Permanent Employees Non Civil Servant	0	0
Contract employees	51	94.4
Total	**54**	**100.0**
Years of Service		
1-3 Years	26	48.1
4-6 Years	14	25.9
7-9 Years	10	18.5
>9 Years	4	7.4
Total	**54**	**100.0**

Source: Primary Data, 2022

Table 1 shows results that the distribution of respondent characteristics based on age group, mostly the 20-29 year age group of 30 respondents (55.6%). While the 40-49 years old were the least age group with 1 respondent (1.9%). The distribution of respondents characteristics based on gender shows that 10 respondens (18.5%) were male and 44 respondents (81.5%) were female. This shows that there are more female respondents than male respondents. The distribution of respondent characteristics based on education level showed that the category with the most number was Bachelor's level education with 49 respondents (90.7%), while the least category is Master's level education and others, with 1 respondent each category (1.9%). Distribution of the characteristics of respondents based on the labor type shows that as many as 3 respondents (5.6%) have the status of Civil Servants (PNS) and as many as 51 respondents (94.4%) have the status of Contract Employees. The distribution of respondents characteristics based on years of service shows that the highest category is 1-3 years of service with 26 respondents (48.1%) and the least category is >9 years with 4 respondents (7.4%).

Table 2. Frequency Distribution of Stress Coping Strategies for Inpatient Nurses at Hasanuddin University Hospital Makassar City in 2022

No	Variabel	Mean	SD	Range
1.	Problem focused coping	18.7	3.34	12-24
2.	Emotional focused coping	27.8	3.09	18-35

| 3 | Dysfunctional coping | 24.4 | 3.59 | 15-31 |

Source: Primary Data, 2022

Table 2 shows the average value of the coping strategies used by respondents, there are problem focused coping (mean ± SD =18.7 ± 3.34), emotional focused coping (mean ± SD =27.8 ± 3.09), and dysfunctional coping (mean ± SD =24.4 ± 3.59). However, the number of items for each variable are different, so that's not sufficient to used as a basis to see the description of nurses's coping strategies. Therefore, this study also necessary to look at the average value each of the 14 coping strategy indicators or subscales. The analysis results of each indicator scan be seen in the following table:

Table 3. Frequency Distribution of Stress Coping Strategy Indicators for Inpatient Nurses at Hasanuddin University Hospital Makassar City in 2022

No	Indicator	Means	SD	Range	Category
Problem Focused Coping					
1.	Active coping	6.42	1.35	4-8	High
2.	Use of instrumental support	6.02	1.35	4-8	High
3	Planning	6.29	1.22	4-8	High
Emotional Focused Coping					
4.	Acceptance	6.07	1.02	4-8	High
5.	Positive reframing	6.31	1.06	4-8	High
6.	Religion	7.39	0.85	5-8	High
7.	Denial	3.14	1.31	2-8	Low
8.	Use of emotional support	4.83	1.31	2-8	Moderate
Dysfunctional Coping					
9.	Humor	4.50	1.11	3-8	Moderate
10.	Self distraction	6.16	1.07	4-8	High
11.	Venting	4.87	1.08	3-8	Moderate
12.	Behavioral disengagement	3.24	0.88	2-8	Low
13.	Self-blame	4.50	1.17	2-8	Moderate
14.	Substance use	2.66	1.24	2-8	Low

Source: Primary Data, 2022

Table 5.2 shows the most frequently used coping strategies were religion (mean ± SD =7.39 ± 0.85), followed by active coping (mean ± SD =6.42 ± 1.35) and positive reframing (mean ± SD =6.31 ± 1.06). Meanwhile, the least used coping strategies were substance use (mean ± SD =2.66 ± 1.24) and denial (mean ± SD =3.14 ± 1.31).

DISCUSSION
Description of Nurse Coping Strategies Based on Problem Focused Coping
The results of research conducted on Inpatient nurses at the Hasanuddin University Hospital shows that all indicators of problem focused coping included in the high category with the highest mean were active coping (6.42), followed by planning (6.29) and use of instrumental support (6.02).

Planning is the process of compiling plans and action steps taken by individuals to solve a problem that occurs. Table 3 shows that planning is included in the high category (6.29). The results of this study are accordance with Tesfaye (2018) which showed that plan-full problem solving is a coping strategy that is widely used by nurses in Ethiopia [11]. Other research also shows that planning is a coping strategy that is often used by nurses in Indonesia, especially in Medan [12]. When make planning, nurses need to understand their shortcomings and make work experience as a lesson so that when preparing steps to solve problems in the future, nurses will no longer make the same mistakes in carrying out their duties and responsibilities [5].

Active coping is a strategy that is carried out by cognitively analyzing a situation and taking active steps to solve the problem at hand and to mitigate the impact of the problem. Table 3 shows that active coping is included in the high category (6.42). The results of this study are in accordance with Fathi and Simamora (2019) which showed that active coping is a coping strategy that is often used by nurses in Indonesia, especially in Medan [13]. Various active coping efforts carried out by nurses to alleviate the impact of work stress experienced there were increase awareness of their responsibilities as a nurse by sticking to work goals and always providing excellent service to patients [5].

Use of instrumental support is a coping strategies by seeking advice, suggestions, assistance, or information

support that can solve problems. Table 3 shows that use of instrumental support is included in the high category (6.02). The results of this study are in accordance with Nebhinani et al, (2020) which showed that instrumental support is a coping strategy that is widely used by nursing students in West Rajasthan, India [14]. Other research also shows that instrumental support is a coping strategy that is often used by nurses in Indonesia, especially in Medan [13]. In general, nurses ask for information from their colleagues and/or from their superiors to solve the problem they are experiencing. Research conducted on nurses in Portugal also stated that about three-quarters of nurses would approach their colleagues or superiors for help when they needed someone to discuss with [15]. This shows that the use of instrumental support is an important strategy in overcoming nurses work stress.

Description of Nurses's Coping Strategies Based on Emotional Focused Coping

The results of research conducted on Inpatient nurses at Hasanuddin University Hospital shows that there were 3 indicators included in high category, with the highest average being religion (7.39), followed by positive reframing (6.31), and acceptance (6, 07). Use of emotional support (4.83) included in the moderate category and denial (3.14) included in the low category.

Religion is an indicator of emotional focused coping that is most frequently used by Inpatient nurses at Hasanuddin University Hospital. Fathi and Simamora (2019) also showed that religion is an indicator of coping strategies most often used by nurses in Indonesia, especially nurses who working in Medan.[13] Nurses who apply this indicator state that by praying and reading the scriptures can lighten them burden, reduce tension, and provide emotional calm to nurses. The application of religion values can also help nurses cope with situations better and can even make them work even in difficult situations [16].

Positive reframing is a coping strategy that focuses on changing an individual's perspective on a problem to be more positive with the aim of overcoming feelings of pressure that arise as a result of the problem. Table 3 shows that positive reframing is included in the high category (6.31). The results of this study are in accordance with Nebhinani et al, (2020) which showed that positive reframing is a coping strategy that is widely used by nursing students in West Rajasthan, India [14]. Generally, this coping were used by nurses when facing conflicts with patients. Positive reframing action taken by nurses are trying to understand the patients condition and build positive thinking about patients behavior [5].

Acceptance is a strategy which the individuals begins to accept the fact that they were in a stressful situation and tries to deal with the situation. Table 3 it shows that acceptance is included in the high category (6.07). Research by Fathi and Simamora (2019) also showed that acceptance is a coping strategy that is often used by nurses in Medan [13]. Acceptance is carried out when individuals have no way out of the problems they face and prefer to learn to get used with the problems. When individuals have accepted the situation, they are carrying out effective coping and in the future they will be more prepared to deal with uncertainty conditions that will occur.

Use of emotional support is a strategy which individuals try to get moral support from other individuals to reduce emotional discomfort due to the problems they face. Table 3 shows that use of emotional support included in moderate category (4.83). This results are accordance with research conducted by Fathi and Simamora (2019) which showed that use of emotional support is included in moderate category. Social support plays an important role in nurses' coping [13]. With social support from family, friends/workmates, or even superiors can help nurses deal with work stress and can improve nurses life quality.

Denial is the only indicator of emotional focused coping that included in the low category (3.14). Fathi and Simamora (2019) also stated that denial is a coping indicator that is rarely used by nurses [13]. Denial refers to the actions of nurses who refuse to believe that they are facing a problem or try to act as if the stressor didn't exist. Denial is generally useful for minimizing distress, but can create new problems for its users.

Description of Nurses's Coping Strategies Based on Dysfunctional Coping

The results of research conducted on Inpatient nurses at Hasanuddin University Hospital shows that only self-distraction included in high category (6.16). Then 4 indicators included in moderate category, there were venting (4.87), humor (4.50), self-blame (4.50), and behavioral disengagement (3.24). Substance use (2.66) is the only indicator included in low category. The results of this study are in accordance with Fathi and Simamora (2019) which showed that indicators of dysfunctional coping are rarely used by nurses.

Table 3 shows that self-distraction is an indicator that is most frequently used by nurses and included in the high category (6.16). Fathi and Simamora (2019) also showed that self-distraction is included in the moderate category [12]. Nurses who apply this coping indicators are trying to do other work or activities such as going to the cinema, watching TV, reading, daydreaming, sleeping or shopping when going through a difficult situation. Nurses also try to deal with stress by playing social media on cellphones so they can distract themselves from the boring and stressful working atmosphere and conditions [5].

Venting is an indicator of dysfunctional coping which is widely used by nurses (4.87) and included in the moderate category. This result are accordance with other research which state that venting is included in the moderate category [13]. Venting is a way for nurses to express negative emotions and feelings verbally. Harahap (2019) states that nurses relieved negative emotions by venting their frustrations on close friends. Releasing venting can help nurses reduce negative feelings such as resentment and anger when experiencing unpleasant and stressful situations at work [5].

Table 3 shows that humor is included in the moderate category (4.50). Fathi and Simamora (2019) also stated that humor are included in the moderate category [13]. Nurses who use coping *humor* try to deal with stress experienced by doing activities that can improve their feelings by listening to or making jokes and hoping that situations that weigh on the mind will decrease [5]. Applying humor can be helpful in relieving tension as well as a distraction from a stressful work environment. Humor also a way for nurses to show their support and understanding towards others so that they can strengthen the bond between them. However, the use of this indicator must adapt to the conditions or situation of the workplace. If used at the wrong time, humor become unethical and will be considered as a nuisance by other colleagues [18].

Self-blame is included in the moderate category (4.50). This result are in accordance with Fathi and Simamora (2019) which stated that self-blame is rarely used by nurses in Indonesia, especially in Medan [13]. Nurses who apply this indicator criticize or blame themselves for things that happen to them. This feeling arises because nurses feels unable to handle the situations or problems properly. Self blame sometimes reinforced by the attitude of superiors blaming nurses for the mistakes that happened. Feelings of guilt and self-criticism are also related to nurses double roles, there were when providing the best service to patients, nurses also need to defend their own rights, especially when dealing conflicts with patients.

Behavioral disengagement is an indicator of dysfunctional coping which is included in the low category (3.24). The results of this study are in accordance with Fathi and Simamora (2019) which stated that behavioral disengagement included in the low category. Behavioral disengagement is an individual's attempt to release control within oneself by surrendering to existing conditions then behaving according to one's own will. This indicator is identical with helplessness and individuals who apply it do not expect good coping results [5, 13].

Table 3 shows that substance use is the only indicator which is included in the low category (2.66). Substance use is an individual response to consume or using alcohol, smoking, or certain drugs to help overcome a problem or make user feel better. Harahap (2019) showed that nurses in Medan felt smoking could provide energy, calmness and was considered able to overcome the stress they were experiencing. Through smoking, respondents can feel relaxed at any time and smoking is a stress reliever when they feel bored or bored with the work [5].

CONCLUSION

Majority of nurses at Hasanuddin University Hospital applied high problem focused coping and emotional focused coping. Therefore, the management of the Hasanuddin University Hospital may consider opening or holding a communication forum between nurses in each treatment room to discuss problems at work and provide psychological guidance and support in order to overcome the work stress that nurses experienced.

SUGGESTION

Hasanuddin University Hospital should consider the following suggestions to minimize the tendency to use venting indicators and self-blame on nurses, including: Increasing the utilization of BioPsychoSocial and Spiritual (BPSS) assistance; Organizing activities such as gathering/outbound/recreational between nurses in the same unit to train cohesiveness and build bonding between nurses; Provide effective communication training so that nurses can avoid criticizing, blaming, and intimidating others.

Nurses are expected to be able to: Fill out the BPSS assistance *online form* so that the hospital can identify and provide the right treatment for nurses who experience work stress; Be more open about the conditions and problems encountered related to workplace and try to build more positive relationships with other nurses; Practicing the use of effective coping by doing positive activities in spare time, such as meditation, exercising, and consuming nutritious foods.

For future researchers, it is hoped that this research can become a reference for related to coping strategies for nurses based on problem focused coping, emotional focused coping, and dysfunctional coping. Can also continue research in a more details such as the influence or relationship between stress coping strategies and stress experienced by nurses as well as research using other variables.

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