JOB STRESS AMONG STAFF NURSES AT SARAWAK GENERAL HOSPITAL
IN KUCHING DIVISION
SARAWAK

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A thesis submitted in partial fulfillment of the requirements
for the Degree of Master of Science (MSc)

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Dedication

To my dearest wife, Norshiah Abg Chee
&
my daughters, Amira Satirawaty, Alifah and Asyiqee
my son, Afiq
my late father, Nuruddin and my mum, Suyah
whose endearing love has always served as an inspiration to all my endeavors
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ABSTRACT

This study focuses on perceived level job stress and coping strategies used by the staff nurse at the Sarawak General Hospital, Kuching. It was conducted through survey questionnaire at selected 15 units/wards of attachment. The objectives of the study were to examine the levels of stress experienced by the staff nurse, the level of coping strategies used and to suggest ways to improve the current situation. The level of stress is determined by stress factors which were categorized into three sub-domains, namely the interpersonal stress factor, job condition and job interest. Meanwhile, the coping strategies were classified into four sub-domain, namely personal, interpersonal, organizational and community strategies. A total of 140 staff nurses from the abovesaid units/wards were selected as samples of the study. The questionnaire for staff nurse stress level was adapted from Work Stress Profile designed by Rice (1999) and Coping Inventory was taken from the work of Dunham (1992). Additional inputs in developing the research instruments were gathered from other researchers in the same field and feedbacks from the pilot study. The overall results revealed that 83 percent of the respondents reported having normal job stress level, 10.0 percent low job stress level and 6.4 percent reported experiencing high level of job stress. Job condition was identified as the main source of stress from the results of Multiple Regression Analysis. The top five most stressful wards were Paediatric Isolation, Paediatric Surgical, Accident and Emergency Unit, Labour Ward and Orthopaedic Ward. The results in terms of overall coping strategies used by respondents indicated that 90 percent were in the category of moderate coping, 14 percent in high coping and none of respondents were in the low coping category. A majority of respondents preferred personal coping strategies and the most frequently used coping are positive copings such as work harder, planning well ahead, and deciding priorities and dropping unimportant tasks. Finally, some recommendations are put forward based on the overall findings of the study and the relevant areas that need to be explored by the authority concerned.
Kajian ini adalah berfokuskan kepada tahap stres seperti yang dipersepsikan dan strategi daya tahan melawan stres yang digunakan oleh para jururawat di Hospital Umum Sarawak, Kuching. Ianya telah dikendalikan melalui tinjauan soalselidik di 15 buah unit/wad yang dipilih di hospital berkenaan. Objektif kajian ini adalah untuk mengenalpasti tahap stres yang dialami oleh para jururawat, tahap daya tahan melawan stres dan dikaiti oleh beberapa cadangan untuk memperbaiki keadaan yang ada sekarang. Tahap stres adalah diukur melalui faktor stres yang dikategorikan kepada tiga sub-bidang, iaitu faktor interpersonal, keadaan kerja dan minat kerja. Sementara itu strategi daya tahan melawan stres diklasifikasikan kepada empat sub-bidang iaitu, personal, interpersonal, organisasi dan kemasyarakatan. Sebanyak 140 orang para jururawat daripada pelbagai unit/wad telah dipilih sebagai sampel kajian. Borang soalselidik untuk mengukur tahap stres di kalangan para jururawat telah diadaptasikan daripada Work Stress Profile yang direka oleh Rice (1999) dan inventori tahap daya tahan melawan stres telah disesuaikan daripada Dunham (1992). Dalam memperlengkapkan lagi instrumen kajian ini, input tambahan telah diperolehi daripada sumber lain seperti daripada pengkaji lain melalui kajian literatur serta maklumbalas yang diperolehi melalui kajian rintis yang telah dijalankan. Daripada dapatan kajian secara keseluruhan, sebanyak 83.0 peratus daripada responden telah melaporkan mengalami tahap stres yang normal, 10.0 peratus tahap stres yang rendah dan 6.4 peratus telah mengalami tahan stres yang tinggi. Keadaan kerja telah dikenalpasti sebagai faktor utama punca stres daripada hasil Analisis Multiple Regression. Lima buah wad yang dikenalpasti sebagai mempunyai stres yang tinggi adalah Wad Paediatric Isolation, Wad Bedah Paediatric, Unit Kecemasan dan Kemalangan, Wad Bersalin dan Wad Ortopaedic. Hasil dapatan kajian secara keseluruhan daripada segi strategi daya tahan melawan stres mendapati sebanyak 90 peratus daripada responden adalah dalam kategori daya tahan yang sederhana, 14 peratus dalam kategori daya tahan yang tinggi manakala tiada responden yang dikategorikan dalam daya tahan yang rendah. Sebahagian besar daripada responden lebih cenderung untuk menggunakan strategi daya tahan melawan stres yang berbentuk personal dan strategi daya tahan melawan stress yang positif kerap digunakan ialah bekerja keras, merancang ke hadapan dengan rapi dan memilih keutamaan serta menggugurkan tugas yang kurang penting. Pada akhir kajian ini, beberapa cadangan telah dikemukakan untuk memperbaiki keadaan berdasarkan dapatan kajian serta bidang yang relevan yang difikirkan boleh diambil maklum oleh pihak yang berwajib.
CHAPTER I

INTRODUCTION

1.0 Introduction

Stress is ever-present and it is a universal feature of life (Schafer, 1992). Coleman (1988) provided a remarkable illustration on how our minds are killing our bodies. He suggested that there is plenty of natural stress in our lives but most of us make more stress for ourselves than we really need to suffer. Markham (1992) worked on the same premise by saying that stress is “today’s evil word – is not always the demon king it is made out to be. A certain amount of stress is necessary, even a beneficial, element in our lives” (p.3). Noi and Smith (1990) support it by saying that:

Most people see stress as a bad thing but we can all use a bit of stress now and then. It makes us do things at times when we need a push; it gets us out of our chair; it makes us think about things differently; it makes us seek solution to problems…(p.3)

Normally when people talk about stress, it is usually in terms of pressure they are feeling from something happening around them or to them (Rice, 1999). In simple term, stress is double-edged sword that carries both positive and negative views. Early writing by several experts had lent credibility on those views. Seyle (1974; as cited by Rice, 1999) introduced the term “distress” to describe the damaging or unpleasant stress as opposed to the pleasurable, satisfying experiences from the positive stress or “eustress”. Eustress heightens awareness, increases mental alertness, and often leads to superior cognitive and behavioral performance. When the brain registers that a potentially stressful situation exists, we experience a surge of adrenalin, and this in turn lead to increase in performance (Markham, 1992).

However, the crux of the problem here is the negative effects brought about by stress and types of stresses experienced by many. The stress-related illnesses are non-exhaustive ranging from migraine headaches, tension headaches, psoriasis, gastritis, ulcers, colitis, lower-back pain, non-cardiac chest pain, heart attack, cancer, rheumatoid arthritis, dizzy spells, high blood pressure, panic attack (Schafer, 1992), apathy, general anxiety, suppressed anger, fears about future, poor self-esteem, no sense of humour, poor memory, feelings of failure (Markham, 1997), increased ventilation, indigestion, palpitations, raised blood glucose level (Payne, 1995) and many more. Chronic stress may bring about negatives states, including exhaustion, disease, and death (Rice, 1999). According to Schafer (1992) stress contributes to illness in four ways:

- By imposing long-term wear and tear on the body and mind, thereby reducing resistance to disease.
- By directly participating an illness such as heart attack or tension headaches.
- By aggravating an existing illness such as increased arthritic pain or flare-up of psoriasis.
- By being coped with unhealthy or even illness-generating habits – smoking, alcohol, over-eating, sleep deprivation and others.

A stressor is any demand on mind and body. Charlesworth and Nathan (1984; as cited by Schafer, 1992) have identified several types of stressors, namely change stressor, chemical
stressor, commuting stressor, disease stressor, work stressor, environmental stressor, family stressor, pain stressor, phobic stressor, physical stressor and social stressor. Stressors can become distressors when demands no longer are neutral. In other dimensions, when stressors are perceived as predictable and manageable, they seem to be less threatening and damaging.

Among many types of stressors, work or job stressors directly related to job satisfaction. It is a key issue concerning both the individual as well as the organization. A worker's job satisfaction can have an impact on their emotions, behaviour and work performance (Chiu & Kosinski, 1997). Apart from job satisfaction, there are other important outcome variables within the work environment. Factors that are intrinsic to the job include poor working conditions, works overload and underload, time pressures, physical danger, and shift work (Fogarty, Machin, Albion, Sutherland, Lator & Revitt, 1999). Other researchers have suggested that there is a strong correlation between job satisfaction and job stress. One's job satisfaction could be influenced by the work-related stress that an individual experiences in the workplace; and vice versa, job stress encountered by an employee is reinforced by the feeling of dissatisfaction he/she perceives (Chiu & Kosinski, 1997).

Job stress is an important topic in the organizational psychology. The social, economic and political changes in every country influence health, health care and the practice of nursing, while nurses as citizens are influenced by their environment (Salvage, 1993). Nurses are envisaged to face new and overwhelming challenges in the new millennium.

The health care services in Malaysia, the nature of job is increasingly demanding. The demand is so great that nurses, as part of the health care workers, are exposed to such stressful working condition in the public sector in that they provide professional services which enhance the total well-being of the people they serve. Some researchers have suggested that nursing profession should experience more distress and less satisfaction (Chiu & Kosinski, 1997), linked to the strains of fulfilling other people's expectations (Sutherland & Cooper, 1993), work involves sharing the traumas of illness, injury and death (McNeely, 1996) and many other work-related stresses. Thus, this study is aimed to look at the stress levels, sources of stress and coping strategies among the staff nurses at the Sarawak General Hospital, Kuching. If patients are to receive quality care, then the needs of nurses must also be taken into consideration.

1.1 Background of the Study

Nursing job seems to be stressful occupation. Many studies suggested indicators that there is a justified concern for the health and well-being of the nursing profession. Sutherland and Cooper (1993) reported from various literature that nurses have a higher mortality ratio than might be expected in comparison to a professional group of workers.

The effects of job-related stress among nurses in the western countries are alarming. The stressfulness nature of nursing jobs are well-described by the Columbine Care-Nurse Dot Com, (1999) as follows:

"We have all the stresses the rest of the world has and then some! Here are some of the things that cause our stress:

- The critical nature of our work with its potential for serious injury to others if we are careless for even a moment."
Staffing shortages requiring us to care for more patients with less help.

Working double shifts or returning to work 8 hours after our shift ends to meet the needs.

Inadequate rest because of working rotating schedules so that our bodies have difficulty knowing when to sleep.

Working closely with deadly diseases. Knowing that an accidental needle-stick or body fluid splash can easily infect us.

Struggling with aches and pains from lifting and pulling on patients.

Seeing some of our co-workers permanently disabled because of on the job back injuries.

Watching people suffer. Being in the front lines of human need. Coping with family grief.

Losing patients we've grown close to in death.

Touching, bathing, applying, dressings and wound care to those who are indecent towards us.

Giving physical care to those who are physically unclean.

Job layoffs, mergers, company failures, job insecurity.

Difficulties with co-workers or supervisors.

Unfair evaluations or expectations.

Lack of experience or knowledge in some areas of our nursing practice.

Potential for lawsuits.” (p.1)

Hospital as a health care organization has to keep pace with those challenges in response to public demand for accountability in health care services. The increasing expectation from the public at large and patient alike had put health care authority, particularly to the task of improving the output that is raising the standard of patient care services. It is clearly spelled out in the Vision for Health by The Ministry of Health Malaysia (Ministry of Health Annual Report, 1997):

Malaysia is to be a nation of healthy individuals, families and communities, through a healthy system that is equitable, affordable, efficient, technologically appropriate, environmentally adaptable and consumer-friendly, with emphasis on quality, innovation, health promotion and respect for human dignity, and which promotes individual responsibility and community participation towards an enhanced quality of life. (p.viii)
The system within which nurses work in Malaysia has been subject to change of many kinds as embodied in Vision for Health, Mission of Ministry of Health, Patients' Charter, standardized task objectives, job manual procedures and other emphasis on providing the quality services as expected of them. For example, the introduction of the Patients' Charter has emphasized patient rights and may well have increased patient expectations of what nurses should do and provide (McNeely, 1996). The combination of these and other factors in nursing profession is unlikely to have done anything to relieve the stress of working in this area.

Although the available literature on nurse stress in Malaysia, let alone in Sarawak is far too few, the recent study by Rokiah Mohd and Rampal (1996) has given some insights on sources of stress experienced by qualified nurses at Hospital Kuala Lumpur. They have identified three major sources of job stress namely work overload, death and dying, and lack of collegial support. Most of the respondents agreed that work overload contributes to the main source of stress. The factors that lead to the problems are the increased number of patients admission that exceed the beds facilities, shortage of supporting staff in all categories, limited/malfunctioning of certain equipments which result some tasks need to be done manually. Death and dying factor is most experienced by nurses at the Intensive Care Unit. Lack of support from the colleagues involves interpersonal relationships with others was ranked third most dominant source of stress among nurses under study. They further suggest that more social interaction among staff of various categories is essential in some form by organizing sporting and club activities.

McNeely (1996) pointed out that working in a situation where it is very difficult to meet demands is a source of great stress for people in many areas of work, but for nurses in this situation, the very ethos of nursing is, they believe, threatened. The workload which must be shared by smaller staff numbers is leaving less and less time for the emotional and psychological caring aspects of nursing. The shortage of nurses still persists in Malaysian hospitals. In 1997, the Ministry of Health engaged 197 non-citizens nurses to solve the shortage (Ministry of Health, 1997). Nursing post is classified under Paramedic and Auxiliary Group and as at 31 December 1997, number of post filled in the category were 32,156 (87.8 percent) and a total of 802 personnel in the same category were engaged on contract basis to overcome the shortage. The situation in Sarawak Hospitals is not much better in term of nurse shortage. The 1997 statistics provides the total number of 1,141 nursing posts (U?) were filled leaving 163 posts still vacant.

In an earlier study, Rokiah and Rampal (1996) pointed out that the shortage of 1,200 qualified nurses in 1991 were due to several factors such as drastic cut on the intake of student nurse during the economic recession period (between 1986 and 1987) and better pay offer made by private medical institutions home and abroad like Singapore, Saudi Arabia and Brunei. The inadequate staffing is directly related to the increase in number of patient admission. Similar problems might exist in the health care services in Sarawak, particularly among the staff nurse at the Sarawak General Hospital. Based on statistics, hospitals in Sarawak recorded a total of 1,140,143 new outpatients and 542,817 repeat outpatients in 1997. There is an increase of 9.81 percent of new outpatient compared to the previous year (1996). However there is a decrease of repeat (-1.53 percent) outpatients in the same statistical year (State Health Department Sarawak, Annual Report 1997). From the total figure, Sarawak General Hospital alone recorded 230,368 new outpatients and 140,966 repeat outpatients in 1997. The number of inpatient Specialist Care Services recorded at four hospitals, namely Sarawak General Hospital, Sibu Hospital, Miri hospital and Bintulu hospital totaled 150,315 admissions for the year 1997. The number of admission to Sarawak General Hospital by source of referrals in 1997 were 44,389 patients which account for an average of 121.61 patients daily. It is informative from the Health Facts, Sarawak Health Department that in 1996, the population ratio of health manpower were as follows : the
doctor: population was 1:3,837; the dental officer was 1:23,605; pharmacist was 1:19,425 and nurses: population ratio was 1:1,678 (Sarawak Health Department, Annual Report 1997). From the current record, Sarawak General Hospital is housed by a total of 1,255 professional groups, and the paramedic and auxiliary groups. The post of staff nurses are greatly demanded in certain units and as of July 2000, 442 staff nurses filled up the post at 29 units.

The preliminary interviews with some of staff nurses at the Sarawak General Hospital, Kuching prior to this study proved to be helpful in clarifying just what nurses are saying about their job problems. The constraint to meet patients’ needs is of great concern because it goes to the very bottom of their heart of what nurses perceive as their role. Nurses continually stated that their workload is getting heavier and they are frequently unable to deliver holistic care (providing both psychological alongside the physical care) due to staff shortage, which reduces the nursing time available to the individual patient. So much so, the role conflict and ambiguity are dominantly prevalent with 115 nursing duties and 53 non-nursing tasks they have to perform as gathered from the interviews.

The staff nurses are also faced with difficulties in dealing with violent patient or their relatives. The scary incident captured by the local tabloid (The Borneo Post dated 13 September 2000) happened at Sarawak General Hospital, Accident and Emergency Unit (A&E) may threatened the safety of nurses on duty. A nurse was nearly strangled by the grieving son of a heart patient who had died not long after arrival at the Accident & Emergency Unit. Similar incidents repeatedly happened in the past when patient or relatives failed to control their emotion, and to the least abusive words were uttered to the medical staff.

1.2 Statement of the Problem

The study on job stress among nurses in Sarawak is yet to be seen. Although some internal survey might have been done on stress among nurses at several hospitals in Malaysia, but to date, there is none in the Sarawak General Hospital. While the damaging effect of long-term stress has been widely accepted in the health profession for many years now, it may be that still too little attention given to causes of stress and the needs of the career in this aspect (McNeely, 1996).

It is apparent that staff nurses are working in a situation where it is very difficult to meet demands from many parties which may result in the role conflict. They have to achieve a certain performance standard by their superiors and at the same time, patients’ holistic care has to be met at the other end. A considerable body of literature on nursing stress involved not only the administrative, interpersonal relationship, workload, responsibility, but also the clinical aspect or the nursing tasks. Today nurses are expected to have a wide range of skills from basic nursing care and ability to use highly technological equipments, to bereavement counseling (McNeely, 1996). The latest that may contribute to a considerable amount of stress may come from the new performance appraisal system whereby it could affect their future undertakings and the most sensitive issues when yearly salary increments are affected.

It is fair to suggest that the combination of these and other factors in nursing practice, that staff nurses at the Sarawak General Hospital are exposed to unacceptable levels of job-related stress. Other previous findings support that nursing is highly stressful and highly risky (Chiu & Kosinski, 1997). Thus, this study will investigate the actual levels of stress as perceived, the main
source of stress and their coping strategies used to minimize the impact of stress on them. Specifically, this study attempt to provide answers to the following questions:

1.2.1 What is the level of stress experienced by the staff nurses at Sarawak General Hospital?

1.2.2 What are the major causes of stress among the staff nurses at Sarawak General Hospital?

1.2.3 What are the coping strategies most frequently used by the staff nurses at Sarawak General Hospital?

1.3 Objectives of the Study

The focus of this study is to investigate the stress levels, source of stress and coping strategies of staff nurses at the Sarawak General Hospital, in dealing with the job stress at the workplace. Specifically, the objectives of the study are:

1.3.1 To examine the levels of stress experienced by the staff nurse at the Sarawak General Hospital, Kuching.

1.3.2 To determine the difference between respondents of various age groups in term of level of stress.

1.3.3 To determine the difference between respondents of various working experience in term of level of stress.

1.3.4 To determine the difference between respondents in various units of attachment in term of level of stress.

1.3.5 To investigate the relationship between the perceived level of stress and the interpersonal source of stress among the staff nurse.

1.3.6 To investigate the relationship between the perceived level of stress and the job condition source of stress among the staff nurse.

1.3.7 To investigate the relationship between the perceived level of stress and the job interest source of stress among the staff nurse.

1.3.8 To determine the most dominant sources (interpersonal, job condition and job interest) of job stress as identified by the staff nurse.

1.3.9 To investigate the relationship between the perceived level of stress and the personal coping strategies used by the staff nurse.

1.3.10 To investigate the relationship between the perceived level of stress and the interpersonal coping strategies used by the staff nurse.
1.3.11 To investigate the relationship between the perceived level of stress and the organizational coping strategies used by the staff nurse.

1.3.12 To investigate the relationship between the perceived level of stress and the community coping strategies used by the staff nurse.

1.3.13 To determine the differences in the level of coping strategies used by respondents of various age group.

1.3.14 To determine the differences in the level of coping strategies used by respondents of various working experience.

1.3.15 To determine the differences in the level of coping strategies used by respondents of various units of attachment.

1.4 Conceptual Framework

This study conceptualizes that staff nurse is experiencing a certain degree of stress while performing their nursing tasks at the workplace. A variety of sources of work-related stress need to be identified within various nursing areas. The level of stress perceived will be based on self-reported and job stress profile rating scales. Every staff nurse is anticipated to resort to coping strategies to avoid the impact of stress from overflowing. The conceptual framework of the study is shown in Figure 1 below:
Dependent Variables

Independent Variables

Main source of job stress (stressors)
Interpersonal
Job Condition
Job Interest

Demographic Data
Age
Work Experience
Qualification
Race
Unit of attachment
Unit size

Coping Strategies
Personal
Interpersonal
Organizational
Community

Levels of job stress

Job stress profile scales.

Figure 1: Conceptual Framework of the Study
1.5 Research Hypotheses

The following null hypotheses are formulated:

Null hypotheses

Ho1 : There is no significant difference between staff nurses of different age group in term of the level of job stress.

Ho2 : There is no significant difference between staff nurses of different working experience in term of the level of job stress.

Ho3 : There is no significant difference between staff nurses of different unit of attachment in term of the level of job stress.

Ho4 : There is no significant relationship between interpersonal source and the perceived level of stress.

Ho5 : There is no significant relationship between job condition source and the perceived level of stress.

Ho6 : There is no significant relationship between job interest source and the perceived level of stress.

Ho7 : There is no one source that is dominant in causing job stress among staff nurses at their workplace.

Ho8 : There is no significant relationship between the perceived level of stress and the personal coping strategies used by the staff nurses.

Ho9 : There is no significant relationship between the perceived level of stress and the interpersonal coping strategies used by the staff nurses.

Ho10 : There is no significant relationship between the perceived level of stress and the organizational coping strategies used by the staff nurses.

Ho11 : There is no significant relationship between the perceived level of stress and the community coping strategies used by the staff nurses.

Ho12 : There is no significant relationship between the perceived level of stress and the overall coping strategies used by the staff nurses.

Ho13 : There is no significant difference between respondents of various age groups in term of the level of coping strategies used.

Ho14 : There is no significant difference between respondents of various working experiences in term of the level of coping strategies used.

Ho15 : There is no significant difference between respondents of different Units of attachment in term of the level of coping strategies used.
1.6 Significance of Study

Based on the preliminary survey it was found that in the hospital setting under study, it may be that there is still too little attention given to causes of stress and effort to alleviate nurses' stress or reduce the impact of work stress. Firstly, the study is expected to contribute to awareness among nurses on stress and stressors in their workplace, and to develop competency in managing stress. It is the researcher's hope that it will help them to improve their overall improvement in job performance and avoidance being hit by bad stress.

Secondly, it will serves as a guide for nurses to identify their strength and weakness in coping with stress, which is detrimental to their health, family relationships and unwanted behavioral traits.

Finally, the hospital authority can adopt and adapt the preferred actions and planned interventions to establish a positive atmosphere and avoid stressful working condition for nurses in their workplace.

1.7 Operational Definitions

The following terms are defined within the context of the study:

Stress - Schafer (1992) defined stress as "arousal of mind and body in response to demands made upon them" (p.9). In this study, stress will be described as the experience by staff nurse of unpleasant emotions, such as tension, frustration, anger and depression resulting from demands of their job as a staff nurse.

Job Stress - It focuses on job features that pose a threat (due to excessive job demands) to the worker (Rice, 1999, p. 194). In this context, job stress will only refers to the nature of stress caused by the work experienced by the staff nurse. It will excludes other types of stressors such as family stress, social, technological and life-changes, environmental and other stresses.

Work overload - It can be divided into quantitative and qualitative overload. Quantitative overload results when the physical demands of the job exceed the workers’ capacity (Rice, 1999). In the context of this study, work overload is defined when the job requires too much work in too short a time, and/or doing other work outside the job descriptions. It includes the qualitative overload, for example, when work is too complex or difficult to be carried out by the staff nurse.

Work underload - It means that the job is not challenging or fails to maintain the worker's interest and attention (Rice, 1999).

Coping - It is any effort to prevent, eliminate or reduce stressors, or to tolerate the effect of stress with minimum harm (Rice, 1999). For the purpose of this study, coping is defined as any effort or response (thoughts, feelings and actions) to prevent, avoid, reduce stressors, or to tolerate the effect of stress with minimum effect.

Coping strategy - It is the plan and action we use to manage stress.

Coping resources - They are physical, personal, and social assets used to confront stress. In this study coping resources can be conceptualized in terms of a number of domains or strategies
comprising four sub-categories in the variables: personal, interpersonal, organizational and community.

Personal coping strategies - They indicate work strategies, positive attitudes and positive pressure such as designing personal duties systematically, and a certain amount of variety, switching off, trying to come to terms with each stress situation, self-pacing, bringing feelings and opinions to into the open, acceptance of the problem and learning the job in more detail. The personal activities which nurses use to reduce feeling of tensions, anger and agitation includes hobbies such as gardening, cooking, cycling, painting, praying (religious activities), baking, watching television, listening to radio, go for a vacation, etc.

Interpersonal coping strategies - It is defined as an attempt to make oneself feel better by talking to others such as friends/colleagues or spouses, meet people who are unconnected with nursing and talking to a friend who has similar job using him or her as sounding-board and ‘a verbal punching bag’.

Organizational coping strategies - It is defined to include formal measures provided by the organization such as counseling, discuss their problems, worries and feelings with their immediate superior or doctors or administrative staff in-charge. They also include supportive departmental, unit, ward, management teams, in-service training, induction courses and specific stress management courses.

Community coping strategies - It is an attempt to do activities entirely different from the normal duty such as sporting activities, exercises, muscle relaxation, going away every holiday period, involves in voluntary activities (uniform – for example, Red Crescent, St. John Ambulance, Pertahanan Awam etc or non-uniform activities such as Gotong Royong project, helping friends or relatives or involve in charity services etc.).

Coping styles – They are the habitual ways we confront stress. Combative coping is a provoked reaction to a stressor, while preventive coping is proactive that seeks to prevent stressors from appearing in the first place (Rice, 1999).

Nurse - It is classified as paramedic and auxiliary group in the health care and practice of nursing in Malaysia. The nurse practitioner is prepared, both academically and clinically, to provide a broad range of health care services employing a “holistic” approach. In every country, women make up the vast majority of the nursing workforce or female-dominated occupation.

Staff nurse – The Ministry of Health Malaysia has several nursing posts that include Dental Nurse, Nurse, Assistant Nurse, and Rural Nurse. In this study, staff nurse refers to those holding the post of Nurse (U8) which do not include Midwife, Matrons, Sisters, Rural Nurse, Assistant Nurse and Student Nurse.

Stressors - It is any demand on mind or body (Schafer, 1992). Selye (as cited in Schafer, 1992) distinguished between stimulus (stressors) and response (stress). In this study, stressor refers to both physical stimuli (for example heat, cold, low blood sugar, lack of oxygen and the like) and psychological stimuli (such as mental load and other harmful agents).

Working experience - It is a quantitative period of time or the length of nursing experience of the staff nurse. It is based on the biographical information given by the respective respondents.
1.8 Limitations of the Study

Sources of stress would be many. It may not necessarily from the job stress that would be described by the respondents. To a certain degree, respondents may not realize distinctively the demarcation line between job stress and other sources of stress. It is hoped that the respondents will fully understand their feeling towards their job because their truthfulness can affect the findings. The data collected might be restricted to the scales and coping methods given in the questionnaires.

The bigger the sample would be better. Due to time and budget constraint, the researcher is not able to select samples from other hospitals. The nature of working condition, workload and individual responsibilities might be different in other part of the state especially in the interiors.