

COPING STRATEGIES AMONG ICU'S NURSES IN GENERAL HOSPITAL ARIFIN ACHMAD PEKANBARU: PHENOMENOLOGY STUDY

Ririn Muthia Zukhra

Nursing Lecturer, Al-Insyirah School of Health Science, Pekanbaru, Riau Province

Email: ririnmuthiazukhra@gmail.com

Abstract

Intensive Care Unit/ICU nurses are susceptible with stress related to job demands in ICU. Coping mechanism is used by nurses in dealing stressors. It was a unique phenomenon which can be learned. The objective of this qualitative study was to explore the nurses' experiences in work related stress and the coping mechanism occupied. Design of this study was hermeneutic phenomenology. The data collection methods were obtained through depth interview, observation and field notes. The number of participant in this study after data saturation was 10 ICU nurses through Arifin Achmad through purposive sampling. Coping mechanism experiences were analyzed with Van manen's approach (1990) which it classified 4 live world become corporeality, relationality, spatiality and temporality. The finding of study had 4 thematic categories reflected corporeality (lived body). They were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach and self-diversion. Four thematic categories were reflected in relationality. They were collegial and social support to problem solving, positive attitude toward health team member, knowing patient's nature and needs, and negative attitude to others. Two thematic categories were reflected in spatiality. They were working environment as a learning place, creating comfort working atmosphere. Two thematic categories were reflected in temporality. They were long time to resolve stress and using time for refreshing. In addition, this study also found 4 themes of work stress such as causes, symptom, timing, and impact of work stress. According to this findings, this study recommend to nurse administrator to create strategies to reduce stress and also improving self capacity for nurses.

Keywords: coping mechanism, work stress, ICU nurses, phenomenology

BACKGROUND

Nurse is the majority of professional health worker in hospital who have high work demands (Maria, Pavlos, Eleni, & Thamme, 2010). These high work demands such as increasing number of acute patients, change of advanced technology (Kurtzman & Corrigan, cited Lawrence, 2011), increasing number of elderly population, and variation of chronic diseases (Lambert & Lambert, 2008). This conditions cause nurses tend to get stress (Jhonson et al, 2005).

ICU's nurses are susceptible with stress related to job in ICU. This is caused ICU's nurses ought to have good knowledge and skills so that they can work quickly in caring critical patients, capable in using advanced technology (Hays et al, 2006).

Mealer's study (2007) was found that 54 of 20 ICUs nurses who were undergoing Post Traumatic Stress Syndrome (PTSD). The main stressor was exhausting and demoralizing (Lawrence, 2011). It will influence quality of health care in hospital including ICU (Mansour et al, 2011). Besides that, it will influence quality of nursing care and then it causes declining of job satisfaction (Jhonson et al, 2005), decreasing of nurse performance (Jehangir et al, 2011), and also increasing absenteeism and turnover (Lambert & Lambert, 2008).

Therefore, ICU's nurses should be able to cope with various stressors in workplace. Coping strategies is choosed by nurses in coping their stressor in workplace as a unique experience for nurses. The unique experience



can be seen from the natural process when facing stress related job, interpreting stressor which is faced and also as a basic of making decision. Van Manen (2007) said that daily living experience need to be understood, so that it will create a insight related to phenomenon.

Based on preliminary study on December 2012 was found that Bed Occupancy Rate (BOR) in ICU more than 95%. The number of nurses were 23 nurses. The result of interview with one of ICUs nurses was they felt get stress because they need to do monitor every time. Beside that ,based on observation, they hard to solve problem because limited knowledge and authority. It was also supported by the number of ICU's nurses was 23 nurses, but only 11 nurses (47,8%) have intensive care training.

The purpose of this study is to explore the experience of ICU's nurses in using coping strategies in Arifin Achmad General Hospital Pekanbaru. The important of this study is conducted to be able to influence recruitment and retention program, quality of nursing care as well.

METHODS

The Design of this study was hermeneutic phenomenology. The method of data collection were obtained through depth interview, observation and field notes. The number of participant in this study after data saturation was 10 ICU nurses through Arifin Achmad through purposive sampling. The experiences of coping strategies were analyzed with Van manen's approach (1990) which it classified 4 live world become corporeality, relationality, spatiality and temporality. The trustworthiness of data was conducted with 4 criterias, such as credibility, tranferability, dependability, and confirmability (Lincoln & Guba, 1989).

RESULTS

the data was analyzed by content analysis with Van Manen's approach. The analysis contained 2 steps. The first step is to find thematic aspects and the second step is to found thematic categories which is classified

into "The Four Lived Worlds" (Van Manen, 1990).

The result of this study was found that there were 4 thematic categories reflected corporeality (lived body). They were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach and self-diversion. Four thematic categories were reflected in relationality. They were collegial and social support to problem solving, positive attitude toward health team member, knowing patient's nature and needs, and negative attitude to others. Two thematic categories were reflected in spatiality. They were working environment as a learning place, creating comfort working atmosphere. Two thematic categories were reflected in temporality. They were long time to resolve stress and using time for refreshing (Table 1).

Corporeality (Lived Body)

The thematic categories which reflected corporeality (lived body) consisted of 3 thematic categories for positive coping strategies and 1 thematic category for negative coping strategies. Three thematic categories for positive coping strategies were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach. One thematic categories for negative coping strategy was self-diversion.

1) *Self-awareness of work's duty.*

Participants said that work's duty had to be done as good as possible by showing responsibility. Some participants following the below statements:

"we will do our best. If family have accepted this situation, then we will feel free. We do the best"(P3, L54-86)

Their responsibility also were showed by remember the chronology of situation when they faced a problem. The below statement of participant:

"if here happen a problem, we have to give responsibility. I always remember the chronology of this situation such when it happened, who's giving instruction,etc. It is a self-defence mechanism"(P1, L158-161).

2) *Self-confidence of completing duty*



Self-confidence for participants was the confidence which is owned by the nurses during work. Some participants interpreted a problem as a challenge and motivation. The below statement of participant:

“some warning for us were usual happen in workplace. It will become our motivation to be better” (P1, L129-11).

“i worked here, feeling challenged. When we care patient safely, we feel satisfied” (P, L708-713).

Besides those things, self-confidence was also felt by nurses because they have advanced skill especially in intensive care and their workspan is more than one year as a ICU's nurse. The below statement of participant:

“i had ever previous experience in face conditions, so that now i had known how to solve it” (P1, L418-420).

“at the first time we got stress. But, not now. We have attended some trainings, and also many experiences. We dont get stress anymore” (P6, L131).

The other participants were proud because they could operate ventilator machine. As statement were said by this below participant:

“i was proud, my colleague assumed that i capable in operating ventilator machine” (P8, L170-L171).

3) Self-capacity of problem solving through spiritual approach

Spiritual is one of approach which used by participant in coping the problem. Participants explained that every new nurse staff who work in ICU would be feeling something mystic. They will do prayer or recited any prayers to make them calm. The below statement of participant:

“i recited prayer ayat kursi” (P2, L80-81).

One of participant who have workspan for 26 years said that she like to do religious approaches to do relieve her boring such as doing prayer, recitate Al-qur'an, and zikr. By doing this, she feel comfortable and calm. The below statement of participant:

“sometimes when i feel couldn't think properly, i do prayer everytime, recite Al-Qur'an, and Zikr”. (P5, L595-609).

4) Self-diversion

self-diversion is one of strategy to avoid the problems that cause stress. Some participant said that to decrease problem by ignoring the problem. Participant try to enjoy their work as ICU's nurses. The below statement of participant:

“i dont think problem too much. I let it go”(P5, L263-264).

“if suddenly something problem happen, i dont think about it too much. I ignore that problem. Its okay” (P2, L117-124)

Relationality (Lived relation)

Relationality is a word lived by nurse when related to other (Van Manen, 1990). The thematic categories which reflected relationality (lived relation) consisted of 3 thematic categories for positive coping strategies and 1 thematic category for negative coping strategies. Three thematic categories for positive coping strategies were collegial and social support to problem solving, positive attitude toward health team member, knowing patient's nature and needs. One of thematic category for negative coping strategies was negative attitude to others.

1) Collegial and social support to problem solving

participant said that to overcome problem with colleague such as supervisor, head room, other nurses, and other professional health worker. The below statement of participant:

“i am with head room solved the problem by win-win solution. We all to discuss with head room like schedule”(P1, L444-448).

“if doctor not come, we report to head room” (P6, L181-182).

Some participants said that their colleague is very important support in coping stress related work. The below statement of participant:

“i think the mostly support system for me is our team member. I felt no stress”(P8, L771).

Besides that, some participants said that social support like family is very important for them. The below statement of participant:

“if i get off, i always spare my time with family. Refreshing together with family, like going to mall” (P3, L564-582).



2) Positive attitude toward health team member

Participants said that when they feel not capable or hard to focus, they are forthright and share to another nurse. The below statement of participant:

"Sometimes i was lazy to do work if i had family problem. I shared to my close friend or another nurses" (P3, L472-476).

One participant also said that sometimes feeling tension with colleague. They tried to control theirself by telling politely. The below statement of participant:

" I tried to speak politely" (P3, L360-361).

Another participant said that mutual understanding each other is important. They had understood other nurses' personality. The below statement of participant:

"We couldnt change their personality. We can just understand them" (P9, L468-469).

3) Knowing patient's nature and needs

Some stressor in ICU is didnt know patient's nature and needs. Therefore, participant need to know and understand patient's nature and need such as disease, treatments, and risk of their patients. The below statement of participant:

"We really need to know our patient's conditions either in a conscious untill unconscious" (P7, L17-20).

4) Negative attitude to others

Some participants said that their member team have different personality each other, so that sometimes feeling not comfortable during on duty. Some participants showed negative attitude to their colleague. The below statement of participant:

"if i have problem with our colleague, i wont talk to them too much" (P4, L146-147).

Not only negative attitude to other nurses, but also to doctor. The below statement of participant:

"Sometimes doctor dont respect our efforts. We know his character. Yeah, we dont need to close with him. Just stay away"(P5, L125-126).

Spatiality (Lived Space)

The thematic categories which reflected spatiality (lived space) consisted of 2 thematic

categories. Two thematic categories were reflected in spatiality. They were working environment as a learning place, creating comfort working atmosphere.

1) Working environment as a learning place

ICU is ward where patient with unstable hemodinamic and dying. Nurses who work in ICU will have many experiences than others ward. The below statement of participant:

"i work here, i got knowledge and skill more and more rather than others wards". (P10, L331-339).

2) Creating comfort working asmosphere

Working atsmosphere always causes stress. It will causes exhaustions and burnout for participants. To decrease their stress, participants work together while sharing something fun, giving joke, watching together. It will make their feeling comfortable to get back to work. The below statement of participant:

" I always making a joke to them. When the lunch time, we talking together, sharing. It makes me laughing" (P10, L233-236).

Temporality (Lived Time)

Two thematic categories were reflected in temporality. They were long time to resolve stress and using time for refreshing. Some participants need long time to resolve their stress. The below statement of participant:

"For 6 months my stress get away" (P6, L79).

Some participant need the time to adapt and know personality each other. The below statement of participant:

" almost 2 years i need to adapt with others. We had known how their personality is" (P1, L295-297).

Participants was using time to take rest properly because work in ICU was very thight and tired. They said that at break time, used timing for refreshing, wathcing together, making joke, and take rest. The below statement of participant:

" when my work had done, we talking together and sharing their feelings, making joke untill we laugh" (P1, L235-236).



DISCUSSION

Thematic categories reflecting corporeality consisted of 3 thematic categories for positive coping strategies and 1 thematic category for negative coping strategies. Three thematic categories for positive coping strategies were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach. One thematic categories for negative coping strategy was self-diversion.

Based on Lazarus and Folkman (1984) coping strategies classified into emotion-focused coping and problem-focused coping. Two thematic categories were included problem-focused coping. These were self-awareness of work's duty, self-confidence of completing duty. The remain thematic categories were group into emotion-focused coping. These were self-capacity of problem solving through spiritual approach and self-diversion.

Based on these thematic categories, coping mechanism was classified into positive and negative coping (Stuart & Sundeen, 1995). Stuart and Sundeen said that positive & negative coping can be seen from the effect when doing a behavior.

Three thematic categories according to positive coping strategies. These thematic categories were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach. While, self-diversion was classified into negative coping strategy.

Self-awareness of work's duty is one of coping mechanism. Benner and Wrubel (1989) their theory: Primary of Caring: Stress and Coping in health and illness state that full commitment is one positive strategy of stress management to decrease tension. It also same like Hays, et al (2006) study that ICU's nurses in US found that 18,9% nurses accepting responsibility as their coping.

Self-confidence of completing duty means nurses can interpret their work problem positively. This thematic category correspondence with the study Cai et al (2008) which is found that pschiatry nursing in China using positive coping strategis by looking problem as a positive aspect. Self-confidence

of completing duty because having training and experience. This result is appropriate with the Study of Asker, Penprase, and Salman (2012) found that there was correlation between experience and coping strategies. The mean of workspan in ICU's nurses was 8 years and nurses have skill training amount 70% (n = 10).

self-capacity of problem solving through spiritual approach. Many participants were using spiritual coping. This result appropriate with Sari and Febriany (2011) that zikr have positive effect toward decreasing anxiety. Beside that, this result also same with the study was conducted by Fathi, Nasae and Thiangchanya (2010) found that religious coping strategies was used by nurses in Medan. Beside that, this result was appropriate with Ekedhal and Wengstorm (2009) which was found that coping strategi which religiously will give positive support for nurses.

Self-diversion is one of coping strategies in facing stress related job. The result of this study was same like self-distraction which is used to distract their mind about stressor. It also same with avoidance as a coping strategies.

The thematic categories reflected relationality consisted of 3 thematic categories for positive coping strategies and 1 thematic category for negative coping strategies. Three thematic categories for positive coping strategies were collegial and social support to problem solving, positive attitude toward health team member, knowing patient's nature and needs. One of thematic category for negative coping strategies was negative attitude to others.

The collegial and social support to problem solving is used participants by getting information from colleague and social support. It was appropriate to problem-focused coping (Lazarus & Folkman, 1984) because participants looking for help to head room, supervisor, colleague. It was appropriate with Mounsour et al (2011) that organization support and experience which were less, nurses tend to get high stress. Based on study in Hongkong nurses always looking for support from colleague to solve prproblem

(Callaghan, Tak-Ying & Wyatt, 2000). It also same with ICU's nurses in US used planful problem solving 91% and looking for 89,5% (Hays et al, 2006).

The second thematic category which reflected relationality was knowing nature and need's patients. It appropriated with "knowing a patient" in theory the Primary of Caring: stress and coping in health and illness. "Knowing a patient" means be attentive to patient (nursing concern) as a coping strategy. As a nurse need to know patient's nature, need, behavior and feeling (Brunner & Wrubel, 1989). It was also included into problem focused coping (Lazarus & Folkman, 1989) because nurse have to know abt their patients to collect information about patient and choose alternative of interventions.

Two thematic categories were reflected in temporality. They were long time to resolve stress and using time for refreshing. These thematic categories was appropriate with McNelly (1995) about stress and coping strategies in paliative, psychiatri, and general nurses which found that nurses need time at the end of shift to discuss about their situation and also express feeling.

Two thematic categories were reflected in spatiality. They were working environment as a learning place, creating comfort working atmosphere. This thematic categories was appropriate with emotion-focused coping (Lazaruz & Folkman, 1989) which creating comfortable situation.

CONCLUSION

The conclusion of this study was found thematic categories of coping strategies based on 4 live world become corporeality, relationality, spatiality and temporality. The finding of study had 4 thematic categories reflected corporeality (lived body). They were self-awareness of work's duty, self-confidence of completing duty, self-capacity of problem solving through spiritual approach and self-diversion. Four thematic categories were reflected in relationality. They were collegial and social support to problem solving, positive attitude toward health team member, knowing patient's nature and needs, and negative attitude to others. Two thematic categories

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