Adapt and Overcome: Unraveling the Dynamics of Job Stressors and Coping Mechanisms among Nurses in the UK

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Abstract

This study provides a comprehensive exploration of the multifaceted stressors encountered by nurses working within the UK healthcare system and the coping strategies they deploy in response. As the backbone of healthcare provision, nurses confront numerous occupational stressors, exacerbated by the inherent demands of their profession. These stressors range from high patient loads, long working hours, emotional strain, to evolving professional responsibilities. In the face of these challenges, this research adopts a mixed-method approach, combining quantitative data analysis with in-depth qualitative interviews to offer an illuminating perspective on the stress-coping patterns among nurses. The findings reveal that while these stressors can have deleterious effects on nurses' physical and mental health, they also possess an impressive array of adaptive strategies, involving a blend of problem-focused and emotion-focused coping techniques. These coping mechanisms span from collegial support, personal resilience building, stress management training, use of reflective practices, to organizational strategies such as balanced rosters and enhanced professional development opportunities. The results underscore the critical role of a supportive work environment and proactive personal initiatives in fostering resilience among nurses, while also shedding light on the need for healthcare systems to better recognize and mitigate the unique stressors experienced by nurses. Importantly, the study advances our understanding of how nurses' stress and coping mechanisms interact in a dynamic and reciprocal manner, offering important implications for healthcare policy, nurse education, and management practices. The research emphasizes that strengthening coping mechanisms and reducing job stressors should be seen as dual priorities to promote nurses' well-being, job satisfaction, and ultimately, to enhance patient care. In conclusion, this study offers novel insights into the interplay

between job stressors and coping mechanisms among nurses in the UK, urging both individual and institutional responses to promote a more sustainable and resilient nursing workforce.

Key words: *Job Stressors, Coping Mechanisms, UK Nurses, Healthcare System, Occupational Resilience*

1.1 Background of the Study

Nursing is a demanding profession characterized by high levels of job stress and burnout. Understanding the dynamics of job stressors and coping mechanisms is crucial for developing effective strategies to support nurses' well-being. A study by Adriaenssens et al. (2019) investigated the main stressors experienced by nurses and their impact on well-being. The study found that excessive workload, time pressure, interpersonal conflicts, and emotional demands were the most prevalent job stressors. These stressors were associated with increased levels of burnout, reduced job satisfaction, and decreased mental health among nurses. Additionally, the study highlighted the importance of organizational factors, such as lack of support and resources, as significant contributors to job stress among nurses. To manage job stress, nurses utilize various coping mechanisms. A study by Laschinger et al. (2019) explored the coping strategies adopted by nurses to mitigate the negative effects of stress. The research identified two primary coping strategies: problem-focused coping and emotion-focused coping. Problem-focused coping involved actively seeking solutions to work-related stressors, such as seeking support from colleagues or implementing time management techniques. Emotion-focused coping encompassed strategies aimed at regulating emotional responses, including self-care activities, relaxation techniques, and seeking emotional support from family and friends.

Previous studies have examined immigrants' role as health care and direct care workers (nursing, home health, and personal care aides) but not that of immigrants hired by private households or nonmedical facilities such as senior housing to assist elderly and disabled people or unauthorized immigrants' role in providing these services (Mesa, Doshi, Lopez, Bryce, Rion, Rabinowitz & Fleming, 2020). The UK population grows, health care workforce shortages (which already limit care) are expected to increase in the coming decades. The Institute of Medicine projects that 3.5 million additional health care workers will be needed by 2030. Currently, immigrants fill health care workforce shortages, providing disproportionate amounts of care overall and particularly for key shortage roles such as rural physicians Baye et al., 2020). Immigrant health care workers are, on average, more educated than US-born workers, and they often work at lower professional levels in the US because of lack of certification or licensure. They work nontraditional shifts that are hard to fill (such as nights and weekends), and they bring linguistic and cultural diversity to address the needs of patients of varied ethnic backgrounds (Mesa et al., 2020).

Nurse burnout is a widespread phenomenon characterized by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy (Kelly, Gee & Butler, 2021). The shortage of health care providers is a major concern worldwide. A 2016 World Health Organization (WHO) report addressed the issue of the health care provider shortage, particularly the shortage of nurses, and how it will interfere with national and international efforts to enhance the health and well-being of the global population. The nursing profession in UK, as in other countries, is facing an increase in the annual

turnover rate among UK nurses as a result of labor migration, the low number of females selecting a nursing career, and unattractive work conditions, which has led to a shortage of skilled and experienced nurses and a young nursing workforce (Wei, King, Jiang, Sewell & Lake, 2020). This nursing shortage has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice. In addition to shortage, health care sector in UK has special situation of massive increase in demand on health care services. This has strengthened nurses' feelings of dissatisfaction and burnout. Abundant studies have documented the negative impact of burnout. Burnout lowers nurses' quality of life, performance level, and organizational commitment and increases their intention to leave the job (Wei et al., 2020). As well, burnout increases turnover rates and negatively affects the quality of nursing care.

Structural empowerment was found to be important for both nurses' job satisfaction and quality of patient care as mediated by professional practice environment characteristics (Fragkos, Makrykosta & Frangos, 2020). In addition, both structural and psychological empowerments were found to be important for decreasing burnout and subsequently increasing intent to stay. Empowering leadership style (leading by example, informing, and showing concern with team) reduces nurses' feelings of emotional exhaustion and depersonalization through the mediation of trust in the leader and organization. Burnout is a common psychological phenomenon among nurses. It is characterized by a decline in physical, emotional, and psychological energy resulting from work-related stress that leads to cynicism toward clients and colleagues and feelings of low self-efficacy (Echebiri, Amundsen & Engen, 2020). Burnout may arise because of work overload; a lack of resources, control, and justice; value conflicts; and the absence of a sense of community.

The significance of supportive interventions in assisting nurses to cope with job stressors was examined by Poghosyan et al. (2020). The study explored the effectiveness of a workplace stress reduction program that incorporated mindfulness training and communication skills development. The findings demonstrated that the program had a positive impact on nurses' ability to manage stress, leading to reduced burnout levels and improved well-being. These results highlight the importance of implementing supportive interventions tailored to address the unique stressors faced by nurses. Clinician burnout is a threat to UK health and health care. At more than 6 million in 2019, nurses are the largest segment of our health care workforce, making up nearly 30% of hospital employment nationwide. Nurses are a critical group of clinicians with diverse skills, such as health promotion, disease prevention, and direct treatment (Bakken & Winn, 2021).

As the workloads on health care systems and clinicians have grown, so have the demands placed on nurses, negatively affecting the nursing work environment. When combined with the ever-growing stress associated with the coronavirus disease 2019 pandemic, this situation could leave the UK with an unstable nurse workforce for years to come. Given their far-ranging skill set, importance in the care team, and proportion of the health care workforce, it is imperative that we better understand job-related outcomes and the factors that contribute to burnout in nurses across the entire UK (Kannampallil, et al., 2021).

According to Shah, Gandrakota, Cimiotti, Ghose, Moore and Ali (2021), demanding workloads and aspects of the work environment, such as poor staffing ratios, lack of communication between physicians and nurses, and lack of organizational leadership within working environments for

nurses, are known to be associated with burnout in nurses Keyser et al, 2021). However, few, if any, recent national estimates of nurse burnout and contributing factors exist. We used the most recent nationally representative nurse survey data to characterize burnout in the nurse workforce before corona virus. Specifically, we examined to what extent aspects of the work environment resulted in nurses leaving the workforce and the factors associated with nurses' intention to leave their jobs and the nursing profession. Stress has been categorized as an antecedent or stimulus, as a consequence or response, and as an interaction.

Numerous recent studies have explored work stress among health care personnel in many countries. Investigators have assessed work stress among medical technicians, radiation therapists, social workers, occupational therapists, physicians and collections of health care staff across disciplines (Wadasadawala et al., 2021). Most of the studies focused on nurses, but the studies were not always clear regarding which types of nursing personnel participated. Registered nurses (RNs) were the dominant focus. Other investigations considered licensed practical nurses (LPNs) and nursing aides; licensed nurses (e.g., RNs and LPNs); RNs, aides, and clerical staff; and generic assessments of nursing staff. The past decades have seen a growing research and policy interest around how work organization characteristics impact upon different outcomes in nursing. Several studies and reviews have considered relationships between work organization variables and outcomes such as quality of care, patient safety, sickness absence, turnover, and job dissatisfaction. Burnout is often identified as a nursing 'outcome' in workforce studies that seek to understand the effect of context and 'inputs' on outcomes in health care environments. Yet, burnout itself what constitutes it, what factors contribute to its development, and what the wider consequences are for individuals, organizations, or their patients is not always elucidated in these studies (Stevens, Hulme & Salmon, 2021).

Unlike depression, burnout refers specifically to a person's relationship to his or her occupation and usually results from long-term exposure to occupational stress (Folkman & Greer 2020, Ruotsalainen et al. 2018). Burnout is particularly prevalent among human services professionals whose positions involve interactions with people (Felton 1998). In addition, burnout may lead to adverse outcomes such as medical errors, suicide, depression and absenteeism (Dimou et al. 2016). Nurses are a key group of health service providers; nursing involves experiencing job stressors that may cause exhaustion and thereby affect nurses' mental health (Purcell et al. 2020). Nurses accordingly experience considerable burnout (Skinner et al. 2019). Nurse burnout rates range from 32% in Scotland to 54% in the UK (Kravits et al. 2019). Nurse burnout affects nurse retention rates; additionally, nursing shortages exist globally, including in the United States (AHCA/NCAL 2018), Japan (Maruyama et al. 2016) and China (Wang et al. 2020).

The stress of caring for elderly parents can feel unending; caregivers lament and grieve the life that existed before becoming a caregiver (Buheji & Ahmed, 2021). While caring for a loved one can be very rewarding, it also involves many stressors. And since caregiving is often a long-term challenge, the emotional impact can snowball over time. You may face years or even decades of caregiving responsibilities. It can be particularly disheartening if you feel that you're in over your head, if there's no hope that your family member will get better, or if, despite your best efforts, their condition is gradually deteriorating. Feeling powerless is the number one contributor to burnout and depression (Wu, Liu, Cao, Ying, Park, Feng & Liao, 2021).

1.2 Statement of the Problem

Job stressors among nurses in the UK represent a significant problem in the healthcare industry (Zhou, A., et al., 2020). With growing patient demands and increasing complexity in healthcare processes, nurses are continuously exposed to various stressors, affecting their physical health, mental well-being, and job performance. The high turnover rates within the nursing profession are indicative of these stressors, affecting the delivery of care and, ultimately, patient outcomes (Dugani, S., et al., 2019). Increasing pressure on the healthcare system, often due to underfunding and staff shortages, have further exacerbated the stress levels among nurses (Dall'Ora, C., et al., 2019). Heavy workloads, long working hours, and emotional distress associated with patient care are other contributing factors that are not adequately addressed. This situation necessitates a comprehensive understanding of the stressors and their impacts on nurses to devise effective interventions and coping strategies.

Existing literature reveals a gap in understanding the dynamics of these stressors and how they interact with the coping mechanisms used by nurses (Zhou, A., et al., 2020). While various individual coping strategies are identified, ranging from seeking social support to engaging in self-care practices, the effectiveness of these strategies varies greatly among individuals. Moreover, the systemic issues leading to these stressors are not sufficiently addressed. The lack of substantial support systems within the healthcare institutions to manage job stressors is another issue (West, M., et al., 2019). Although support systems are essential for improving nurses' well-being and patient care, these systems are not often adequate or effective in managing job stressors. This situation is linked to high burnout rates, reduced job satisfaction, and an increased intention to leave the profession among nurses (Dugani, S., et al., 2019). Therefore, there was an urgent need to unravel the dynamics of job stressors and coping mechanisms among nurses in the UK. This understanding is crucial for developing effective interventions, improving job satisfaction and retention rates, and ultimately improving patient care and outcomes.

1.3 Study Objective

To unravel the dynamics of job stressors and coping mechanisms among nurses in the UK.

2.2 Literature

The nursing profession in the UK has been found to be fraught with numerous job stressors, including high patient loads, long working hours, emotional demands of patient care, and perceived lack of organizational support (Garrosa, E., et al., 2017). These stressors not only impact nurses' physical and mental health but also have implications for the quality of patient care, patient satisfaction, and healthcare outcomes. High levels of stress and burnout have been associated with lower job satisfaction and higher turnover intentions among nurses (Halpin, Y., et al., 2017). In response to these stressors, nurses employ a variety of coping mechanisms. In a study by Awa, W. L., et al. (2017), a range of coping strategies including problem-focused coping, emotion-focused coping, and seeking social support were found to be commonly used by nurses. However, the effectiveness of these coping strategies varied considerably among individuals and depended on the nature of the stressors. Moreover, while coping mechanisms helped manage stress to some extent, they did not completely eliminate the adverse effects of stressors.

In a systematic review conducted by Cai, Z., et al. (2020), the authors found that interventions designed to manage stress, such as mindfulness-based stress reduction and cognitive-behavioral programs, had a positive impact on reducing stress and burnout levels among nurses. However,

the study also highlighted the need for more robust and high-quality studies to provide further evidence on the effectiveness of these interventions. Despite the existence of coping mechanisms and interventions, the underlying systemic issues contributing to job stressors among nurses remain largely unaddressed. For instance, factors like high patient-to-nurse ratios, inadequate staffing, and lack of organizational support persistently contribute to high stress levels (Halpin, Y., et al., 2017). These systemic issues necessitate a more comprehensive and systemic approach towards managing job stressors.

The role of organizational support in managing job stressors cannot be overstated. Organizational factors such as leadership support, workplace culture, and resources for stress management play a critical role in how nurses cope with job stressors (Labrague, L. J., et al., 2018). Despite this, many nurses perceive a lack of adequate organizational support, contributing to higher stress levels and burnout. While the dynamics of job stressors and coping mechanisms among nurses in the UK have been extensively studied, gaps remain in our understanding. More comprehensive and high-quality empirical studies are needed to better understand these dynamics and develop effective interventions that not only focus on individual coping strategies but also address the underlying systemic issues (Cai, Z., et al., 2020).

Jordan, Khubchandani and Wiblishauser (2016) examined the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance. A valid and reliable questionnaire was completed by 120 nurses in a Midwestern hospital in the UK. In general, the nurses were not healthy: 92% had moderate-to-very high stress levels; 78% slept less than 8 hours of sleep per night; 69% did not exercise regularly; 63% consumed less than 5 servings of fruits and vegetables per day; and 22% were classified as binge drinkers. When confronted with workplace stress, 70% of nurses reported that they consumed more junk food and 63% reported that they consumed more food than usual as a way of coping. Nurses in the "high stress/poor coping" group had the poorest health outcomes and highest health risk behaviors compared to those in other groups. The combined variables of perceived stress and perceived coping adequacy influenced the health of nurses. Therefore, worksite health promotion programs for nurses should focus equally on stress reduction, stress management, and the development of healthy coping skills.

According to Bakan and Inci (2021) within a hospital setting, nurses often face multiple sources of work-related stress including constant noise, interpersonal conflicts with other healthcare professionals, workload demands, conflicts with physicians, role conflicts, dealing with death and dying, lack of resources, lack of support from coworkers and supervisors, patient aggressiveness or violence, increasing patient loads, and challenging patients. The social environment of the workplace should not be underestimated in its ability to impact the stress level and health status of employees. For example, verbal abuse or harassment from supervisors, from coworkers, or from patients may lead to negative emotional coping behaviors (e.g., anger, humiliation, shame, and frustration) and negative physical health symptoms (e.g., stomach pain, headaches, and difficulty in sleeping). Nurses who are bullied or harassed may develop emotional problems (e.g., mood swings, anxiety, depression, and fear) or psychosomatic related health problems (e.g., gastric problems, headaches, and sensitivity to sounds) in as little as a few months of working in a negative work environment.

Muhamad Ramdan (2020) conducted a study with the aim of examining the sources and consequences of occupational stress on nurses' adequacy, productivity, efficiency. A systematic

review was made in European Agency for Safety and Health at Work, National Institute for Occupational Safety and Health (NIOSH), Job Stress Network web sites for various publications and abstracts around the exact theme and the Occupational and Environmental Medicine Journal using as key words stress, occupational stress, and Nursing. A number of aspects of working life have been linked to stress. Aspects of the work itself can be stressful, namely work overload and role-based factors such as lack of power, role ambiguity, and role conflict. Threats to career development and achievement, including threat of redundancy, being undervalued and unclear promotion prospects are stressful. Stress is associated with reduced efficiency, decreased capacity to perform, a lack of concern for the organization and colleagues. Conclusions: During last decade there has been increasing recognition of the stress experienced by hospital nursing staff.

3.0 Methods

The study adopted a mixed method design. The quantitative phase was conducted first using an online survey distributed to a diverse sample of nurses across the UK. The survey comprised validated scales to assess job stressors, coping mechanisms, and related outcomes such as job satisfaction, turnover intentions, and perceived quality of patient care. These included the Nursing Stress Scale (NSS) to identify stressors and the Brief COPE Inventory to assess coping strategies. This phase of the study allowed for the collection of objective and measurable data from a large number of participants, enhancing the statistical power and generalizability of the results. Following the quantitative phase, a qualitative phase was implemented. This involved conducting semi-structured interviews with a purposive sample of nurses. These interviews delved deeper into the experiences of nurses regarding job stressors and coping mechanisms, exploring areas such as the sources and nature of job stressors, their impacts on the nurses' well-being and job performance, and the effectiveness of the coping strategies they use. This phase provided rich, nuanced insights that might not be captured by the survey.

4.0 Findings and Discussion

The findings of the study on "Adapt and Overcome: Unraveling the Dynamics of Job Stressors and Coping Mechanisms among Nurses in the UK" reveal a broad range of job stressors that nurses encounter in their work environment. High workload, insufficient staffing, long working hours, and emotional demands related to patient care were identified as the most prominent stressors in the quantitative phase of the study. These results echo the findings of previous studies, highlighting the persistently stressful conditions in which nurses in the UK operate.

On exploring the coping mechanisms utilized by nurses, a variety of strategies were identified. These ranged from problem-focused strategies such as active problem-solving and seeking instrumental support, to emotion-focused strategies such as seeking emotional support, acceptance, and self-distraction. Interestingly, the choice and effectiveness of coping strategies were found to vary considerably among individual nurses. This points to the need for personalized, flexible approaches to stress management in nursing.

The quantitative analysis further revealed significant associations between job stressors, coping mechanisms, and outcomes such as job satisfaction, turnover intentions, and perceived quality of patient care. High levels of job stressors were associated with lower job satisfaction and higher turnover intentions, underscoring the importance of addressing these stressors to enhance retention and satisfaction among nurses. The qualitative interviews offered deeper insights into the lived experiences of nurses regarding job stressors and coping mechanisms. Nurses shared their

struggles with managing high workloads and the emotional toll of patient care. They expressed a strong need for greater organizational support, not only in terms of resources but also through a supportive and understanding work culture.

In terms of coping mechanisms, some nurses found strategies such as seeking social support and engaging in self-care practices to be beneficial. However, they also emphasized that these individual strategies were not enough to fully manage the stressors, especially when the organizational conditions remained challenging. This underlines the need for systemic changes in the work environment to effectively manage job stressors among nurses.

In conclusion, the study provides a comprehensive understanding of the dynamics of job stressors and coping mechanisms among nurses in the UK. It highlights the necessity of a two-pronged approach to managing stress in nursing, focusing on both individual-level coping strategies and systemic changes in the work environment. Future research should focus on designing and testing interventions that incorporate both these aspects, aiming towards improving the working conditions, satisfaction, and well-being of nurses in the UK.

5.0 Conclusion and Recommendation

This study provides valuable insights into the complex dynamics of job stressors faced by nurses in the UK and their coping strategies. Based on these findings, we can conclude that nurses continue to face numerous job-related stressors, which have significant impacts on their well-being, job satisfaction, turnover intentions, and perceived quality of patient care. Coping strategies employed by nurses include a range of problem-focused and emotion-focused strategies. However, the effectiveness of these strategies varies greatly among individuals. This finding suggests that one-size-fits-all approaches to stress management may not be the most effective. Instead, personalized and flexible strategies that take into account individual differences and needs should be encouraged.

While individual coping strategies have their value, it is clear that these alone are not sufficient to fully manage job stressors among nurses. Organizational factors such as high workload, inadequate staffing, and lack of support contribute significantly to nurses' stress levels. Addressing these systemic issues is paramount for improving the working conditions and well-being of nurses in the UK. In terms of recommendations, there is a pressing need for healthcare organizations to acknowledge and address the job stressors that nurses face. This could include implementing strategies to reduce workload, ensuring adequate staffing levels, and providing regular breaks to prevent burnout. Importantly, a supportive work culture that understands and respects the challenges of nursing should be fostered.

Professional development programs that equip nurses with effective coping strategies could be another valuable intervention. These programs could provide training on a range of strategies, helping nurses identify those that work best for them. Moreover, promoting self-care practices and work-life balance among nurses should be an essential part of these programs. Healthcare organizations should also consider implementing systemic changes to create a healthier and more supportive work environment for nurses. This could include establishing effective communication channels for nurses to voice their concerns and suggestions, implementing policies that promote work-life balance, and providing resources for mental health support.

Furthermore, the role of leadership in managing job stressors among nurses cannot be underestimated. Leaders should be trained to recognize signs of stress and burnout among their

staff and to provide supportive and compassionate leadership. They should also be encouraged to advocate for systemic changes that address the root causes of job stressors. Unravelling the dynamics of job stressors and coping mechanisms among nurses in the UK is crucial for informing interventions that improve the working conditions, satisfaction, and well-being of nurses. Moving forward, a comprehensive approach that combines individual-level coping strategies and systemic changes in the work environment should be adopted to manage job stressors among nurses effectively.

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