



Coping Strategies as Predictors of Perceived Stress among Nursing Staff in Critical Care Units in Pakistan

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ABSTRACT

This study aimed to investigate the predictive association of coping strategies (i.e., problem-focused, emotion-focused, and avoidance-focused) with the perceived stress among nursing staff in critical care units in Pakistan. Nursing staff from critical care units were recruited from tertiary hospitals in Karachi through purposive sampling. They were aged between 20 and 45 years. The Brief Cope Scale and Perceived Stress Scale were used for the data collection. Findings indicate that coping strategies significantly predicted perceived stress among nurses working in critical care units. Emotion-focused coping emerged as the strongest predictor of perceived stress. Similarly, problem-focused coping also showed a significant association with perceived stress, indicating that greater reliance on problem-focused coping predicted increased perceived stress. Furthermore, avoidant coping demonstrated a significant positive relationship with perceived stress. Results underscore the significant and crucial role of coping strategies among nurses in critical care units. Findings reflect that coping is not uniformly adaptive, and the context of the settings could limit the effectiveness of problem-focused solutions. This suggests that how nurses cope substantially influences their stress levels in demanding healthcare settings, highlighting the importance of targeted interventions.

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INTRODUCTION

Healthcare professionals around the globe face significant level of occupational stress due to demanding nature of their work including high responsibility, prolonged exposure to emotional and physical suffering, ethical decision making, long shifts; major contributors to stress among healthcare providers (Shanafelt et al., 2015). Among healthcare professionals, nurses are more prone to stress due to their constant exposure, close contact with patients. Stress intensifies further when the situation is intense like critical care, emergency department, and trauma center (Alharbi & Alshehry, 2019). Nurses are the ones who stay in constant and closed contact to patients, further heavy workloads;

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emotional involvement in patient's care increases their susceptibility of burnout and compassion fatigue. These factors further intensify in specialized areas such as intensive care and critical care units. Nurses who work in critical care units tends to experience higher level of psychological stress as compare to their counter parts e.g. general wards. Their professional responsibility requires high and consistent vigilance, along with high mortality rates and critical conditions of patients necessitate constant care and responsibility that makes their job more emotionally, physically and cognitively demanding in domain of healthcare.

Perceived stress is the degree to which situations in one's life are appraised as stressful (Cohen et al., 2007). This is a well-recognized and well-known factor of compromised and poor psychological and physical outcomes in healthcare professionals specifically in nurses. Researcher have demonstrated that prolonged stress among healthcare workers not only undermines their psychological vitality but it also leads to higher level of stress, professional exhaustion, attendance disruption and inclination to resign. Moreover, disproportionate thinking and perceived stress adversely affects their cognitive capacity, clinical judgment precision, endangering patient well-being and caliber of healthcare delivery.

Despite the critical role nurses play in healthcare and patient care, this workforce in Pakistan faces persistent issues such as low pay, poor working conditions, and minimal recognition, all of which contribute to elevated levels of psychological distress, job dissatisfaction and higher turnover rate (Yousaf et al., 2022). Although international research has linked coping strategies to perceived stress among nurses, these dynamics remain underexplored in Pakistan's healthcare workforce. In Pakistan, emerging studies highlight the role of psychological factors in well-being. Shahzad and Siddiqui (2018) found that emotional intelligence predicted psychological distress (depression, anxiety & stress) among healthcare students. Other researchers reported the significant association of emotional intelligence with life satisfaction (Siddiqui & Shahzad, 2019). These results underscore the crucial role of individual psychological factors in shaping well-being within Pakistan's healthcare education settings. However, relatively fewer empirical inquiries have focused on credentialed nursing staff, particularly operating in high dependency medical environments where they face regularly psychologically and emotionally taxing situations. Additionally, considering the cultural context where mental health is already a stigmatized area, it prevents many nurses from seeking help, and exacerbating their stress.

These contextual realities highlight the need to examine how individual differences, such as coping mechanisms, influence perceived stress among nurses in Pakistan's high-stakes clinical environments. Building on this emerging body of local evidence, this study sought to answer the following question:

- To what extent do different coping strategies; emotion-focused, problem-focused, and avoidant-focused predict perceived stress among critical care nurses in Pakistan?

Rationale

Several researches have been conducted to study psychological stress, and coping strategies and association among these factors in rescue providers in different countries but most of the studies held in this domain used sample population of Europeans. Data from higher income countries reflected prevalence of post-traumatic stress among healthcare staff. Due to differences in healthcare systems, cultural differences, economic differences, and social systems around the world, findings from other countries might not be generalized to Pakistan health care professionals, nursing staff. The findings of this study will help nurses become more aware of mental health issues and lay the groundwork for projects to be started for them.

LITERATURE REVIEW

Although the nature of critical care unavoidably sustains exposure to intense stress, the way everyone perceives and addresses stress differs greatly. Coping strategies refer to the behavioral, conscious, and cognitive efforts people use to combat the impact of stress (Carver, 1997). Coping mechanisms are broadly categorized into adaptive and maladaptive coping mechanisms. Adaptive coping mechanism involves active problem-solving, planning and seeking emotional support and these strategies are generally linked with better psychological well-being and lower stress level (Penley & Tomaka, 2002). On the contrary, maladaptive coping strategies—such as avoidance, denial and self-blame—are linked to elevated distress and poorer mental outcomes.

This individualistic perspective reflects on cognitive appraisal of the stimulus (Lazarus & Folkman, 1984). Cognitive appraisal of any stimulus defines any situation as threatening or non-threatening or neutral to well-being. This evaluation of situation not only specifies response but it also helps in adaptation of strategy to cope with the stress if perceived as stressful or challenging (Folkman & Lazarus, 1980). Coping strategies defined as the behavioral and cognitive efforts individuals employ to manage internal or external stressors are broadly categorized into adaptive (e.g., problem-solving, seeking social support) and maladaptive (e.g., avoidance, denial, self-blame) responses (Carver, 1997). Compared to other professions, the nursing profession has a variety of qualities. Dealing with death and the dying on a regular basis makes this profession difficult and demanding, but there are also many other elements that make it more stress-prone. The importance of research in this field is highlighted by the long hours, shift work, organizational demands, shift schedule supervisory obligations, and other occupational stressors. There are significant coping strategies—healthy or unhealthy, positive or negative, active or inactive—which help individuals to deal with stressful situations. Lazarus and Folkman's stress model has provided a prevalent framework regarding psychological perception of stress (Lazarus & Folkman, 1984).

Hypothesis

There is a significant predictive association of coping strategies a) problem focused, b) emotion focused and, c) avoidant focused with perceived stress among nursing staff working in critical care units.

METHODOLOGY

The focus of this research is on coping strategies, and perceived stress among nursing staff working in critical care units in different tertiary hospitals situated in different places in Karachi, Pakistan. A total of 127 nursing staffs were included in the sample. Participants' ages ranged between 20-45 years (Mean age = 30.18; SD=6.392).

Inclusion/exclusion criteria

- Registered nurses employed in critical care settings (e.g., Intensive care units, emergency departments).
- A minimum of six months of continuous experience working in critical care environment.
- Age between 20-45 years.

Exclusion criteria

- Registered Nurses employed exclusively in non-critical care wards (e.g., general wards & outpatient clinics).
- Nurses with less than six months of working experience in critical care settings.

Measures

Demographic Form

A demographic questionnaire comprised of gender, age, academic level, marital and socioeconomic status, family structure, occupation, post, organization, and duration of services was used to collect demographic information.

Brief Cope Scale

COPE is the abbreviation for Coping Orientation to Problems Experienced, a self-report questionnaire, known as Brief Cope Scale, designed to examine a variety of coping responses (Carver, 1997). It is a short scale with 4 subscales and a total of 28 items. It has 14 subscales and each subscale has 2 items. Common categories of the questionnaire are Adaptive (Approach) coping and Maladaptive (Avoidance). Adaptive coping has further dimension of active coping, planning, positive reframing, acceptance, seeking emotional/instrumental support. Maladaptive coping has further domain of denial, behavioral disengagement, substance use, self-blame. It is a 4-point Likert scale, where 1 mean "haven't been doing this at all" and 4 means "I have been doing this a lot". Subscales scores are summed from their two items. Internal consistency showed a significant level of reliability.70.

Perceived Stress Scale

The Perceived Stress Scale (PSS) is a well-known tool for measuring stress, consisted of ten items (Cohen et al., 2007). It assesses stress-related thoughts and feelings over the previous month. Out of 10 items 6 items are negatively phrased and 4 are phrased positively. The participants were asked to rate on 5-point likert scale from 0=never and 4=very often. This scale asks you about your emotions and thoughts from the previous month. The total score of a person reflects their level of stress. Stress levels can range from low to high from 0-40, higher scores indicate high level of perceives stress. The reliability coefficient produced acceptable values of .77.

Procedure

The current study was conducted in different healthcare setting across Karachi Pakistan-covering hospitals, emergency department and intensive care units. These units had actively paramedics and nursing staff working actively engaged in patient care and critical care services. A formal approval was obtained from the relevant ethics review board and administrative authorities of participating hospital and ICUs units. Official permission letter was issued by the organization and ethical review board of the relevant institutes. Participants for the study were recruited through purposive sampling, targeting nursing professionals involved in patient care. Inclusion criteria of the study clarified that participants must have a minimum of six months of exposure in critical care units and are currently employed in ICU or emergency services. Participants were explained in detail about the purpose of the study and their rights and written and verbal consents were taken from all the subjects. Participants were clearly assured of their rights to withdraw at any point of time from study without any penalty and were also made aware of no physical or psychological risk for participating in this study. Each participant completed measures approximately in 20-30 minutes. Researcher remained available through-out the data collection process to respond and to clarify any query with ensuring the privacy of their responses. No identifying information was associated to survey responses and completed forms were securely stored for analysis.

Ethical consideration

The purpose, methodology, and materials of this study have received approval from the Board of Advanced Study and Research BASR/No./03747/Ar.at the University of Karachi in Pakistan. The BASR Declaration and its editions' ethical standards were followed in all processes. Participants received written informed consent, a right to withdraw, and information about confidentiality before the trial even began. Participants received assurances about the security and proper use of their data.

Statistical Analysis

After first phase of data collection, response sheets were graded using a standardized technique of data coding. Descriptive statistical analyses were done using SPSS-30.0. The researcher calculated measures of central tendency (i.e., means, medians, & various percentiles) as well as dispersion (standard deviations, ranges). Multiple linear Regression analysis was applied to assess predictive association of coping strategies with perceived stress among nurses.

RESULTS & FINDINGS

The analysis was conducted using the Statistical Package for Social Sciences (SPSS, version 30.0) and a significance level of .05. In statistical terms, Multiple Linear Regression Analyses and Descriptive Statistics were used to analyses the data.

Table 1
Demographic characteristics of the sample

Variables	Category	Gender				Total	%
		Male	%	Female	%		
Gender		83	65.4%	44	34.6%	127	100.0%
Socio-Economic Status	Higher	2	1.6%	1	0.8%	3	2.4%
	Upper Middle	13	10.2%	10	7.9%	23	18.1%
	Middle	66	52.0%	33	26.0%	99	78.0%
	Lower	2	1.6%	0	0.0%	2	1.6%
Marital Status	Single	24	18.9%	24	18.9%	48	37.8%
	Married	59	46.5%	20	15.7%	79	62.2%
Family Structure	Nuclear	10	7.9%	28	22.0%	38	29.9%
	Joint	71	55.9%	14	11.0%	85	66.9%
	Extended	2	1.6%	2	1.6%	4	3.1%

Table 1 shows the demographic characteristics of the nursing staff. In sample, majority of the participants were male (65.4%). Regarding family structure, majority of the participants belonged to joined family structure (66.9%) 29.9% participants came from nuclear family setup. With regarding to socioeconomic status majority (78%) of the participants belonged from middle socioeconomic status, (18.1%) upper middle and (2.4%) participants were from higher socioeconomic background.

Table 2
Regression analysis: predicting stress from coping strategies

Predictor variable	R ²	B	t	F	Sig.
Emotion Focused	.238	.488	6.226	38.765	.000
Problem Focused	.126	.355	4.207	17.698	.000
Avoidant Focus	.108	.328	3.870	14.975	.000

Note: R² = .238 for Emotion Focus, p<.001; R²= .126 for Problem Focus, p<.001; R²= .108 for Avoidant Focus, p <.001.

Table 2 demonstrate the results of multiple linear regression analyses computed to test if coping strategies predicted perceived stress. The results of regression indicated that emotion-focused accounted for 23% variance in the score of perceived stress (R²=.238, (F 38.765, p<.001). Further, the problem-focused caused 12%, (R²=.126, (F 17.69, p<.001) and avoidance-focused explained 10%, R²=.108, (F 14.975, p<.001) variance in the score of perceived stress.

Discussion

The results presented valuable insights into how coping strategies were linked to stress. All three coping strategies were significantly connected with perceived stress among nurses working in a professionally demanding work environment. However, emotion focused strategy was the strongest and most significant predictor of stress in nurses. Emotion focused coping found to be the most powerful factor predicting higher stress levels among all the coping styles and it stood out as the strongest factor. The findings of the current studies are consistent with the literature reflecting that when healthcare profession utilize emotion focused strategies, e.g., venting, frustration, dwelling around problems, and blaming themselves for every problem, their stress tends to get worse (Folkman & Moskowitz, 2004). The situation with high-intensity like critical care units, where the stressors are unavoidable, emotion-focused coping increase the feeling of helplessness and emotional fatigue that in turn leads to high stress (Gandi et al., 2011). These results highlight the significance of interventions that could help nurses to navigate through emotionally demanding situation and to help them learn to move away from emotions that are unhelpful and leads to maladaptive coping strategies. Interventions should be developed to target in helping them learn and build healthier coping skills (Halbesleben & Rathert, 2008). In this study the standardized regression coefficient) (β = .488) is higher for emotion focused coping strategies as compare to other two strategies, these findings underscore its substantial role in predicting perceived stress. The findings reinstate the

argument that relying on emotions focused strategies are maladaptive when adopted in the environment that is characterized by persistent and unavoidable demands; however, these strategies could be source of temporary relief when adopted in immediate containment of stress (Lazarus, 2006). These findings have been found and are consistent with past studies with ICU nurses, that when staff relies on emotional coping instead of problem-solving coping, it increased the risk of burnout and compassion fatigue among them (Cañadas-De la Fuente et al., 2015).

Among three types of coping strategies-problem focus coping also stood as significant ($\beta = .355$) predictor of perceived stress, though with weak association with dependent variable. The findings may reflect the dual role of problem-focused strategies; in cases when there are immediate and temporary strain-actively engaging in problem solving and addressing stressors can decrease the stress, but when the stressors are consistent, chronic or unsolvable, like critical care unit- problem solving strategies can become a source of frustration and secondary stress (Carver, 1997). For example, when encountered with systemic change related stress like understanding or lack of resources but feel powerless and helpless to bring meaningful change. These complex dynamics can undermine the effects of strategies that are targeted to solve the problem in environments characterized by structural and operational constraints. The dissonance between their expectations and reality may lead to exacerbate their feelings of powerless and stress (Le Blanc et al., 2001). The theme of these findings has been supported by past studies as well, indicating that perceived controllability mediates the effectiveness of problems focused coping. Lazarus and Folkman (1984) stressed on the understanding that problem-focused strategies are mostly useful when the situations and stress are under controlled.

Avoidant coping strategies indicated a strong connection with stress as well ($\beta = .328$). Avoiding coping strategies comprises of ways to escape and disengage psychologically or behaviorally from stressors by refusal to acknowledge the stress, pulling back and shifting attention/diversion from the stress (Holahan et al., 2005). The current findings are strongly evidenced, reflecting that avoidance of stress leads to blocking the solution of the problems that turns to accumulative stress and psychological burden. In settings that are critical in nature suppressing or avoiding the stress may temporarily relief the stress but eventually contributes to feelings of helplessness and long-lasting tension (Kashdan et al., 2006). With the passage of time unresolved and unprocessed experiences can re-emerge as persistent memories and stronger reaction to stress (Mealer et al., 2007). The positive relationship between avoidant coping and perceived stress emphasize the unhelpful impact of this coping in clinical environments. Avoidance coping strategies have been linked with higher rates to stress, higher burnout levels, symptoms of depression and decreased professional competence (Cañadas-De la Fuente et al., 2015). When nurses repeatedly and habitually avoid dealing with emotional and practical challenges at work place, they may erode their ability to control and deal the stress, this persistent suppression reinforce the stress cycle (Folkman & Moskowitz, 2004).

Putting together findings suggests that coping strategies plays a special role in affecting how stress is felt among critical care nurses. Although the emotion focused coping showed the strongest affect, the significance of problem-focused and avoidant coping underscores the significance of circumstances and context in determining in deciding whether the coping strategies are adaptive. The usefulness of coping methods not only depends on the type of strategy but whether stressors are seen as manageable and regarded as controllable (Folkman & Lazarus, 1980). This aligns with the transactional model of stress, which argue that evaluation of stressors manageability and adequacy of resources shape coping results (Lazarus & Folkman, 1984).

CONCLUSION

This study reflects that the association between coping strategies and stress is both complex and layered, particularly the setting that are emotionally physically and behaviorally demanding like healthcare settings. The results suggest that coping itself is important factor but the important element is how nurses cope and when they use different strategies. Interestingly some coping strategies can serve as helpful tool in right situation while same coping strategies can make situation worse in other contexts.

Limitation & Recommendations

At the same time, there are some limitations as well, the cross-sectional design could potentially limit casual influence and self-report questionnaire could lead to bias and create potential inaccuracies. Future studies could use longitudinal design to track coping and stress over time. Examining the association between coping strategies and emotional intelligence within the context of gender could yield more nuanced insights and inform the design of the targeted interventions for nurses in critical care units. Moreover, future studies would benefit from employing mixed-methods designs to develop in depth understanding of these complex dynamics by integrating quantitative findings with qualitative perspective. Furthermore, incorporating assessing personality traits and exploring how each specific personality traits may moderate or mediate the relationships among coping, emotional intelligence, and perceived stress could further enhance the depth and applicability of research in this area.

Implications

These findings have several useful takeaways. Firstly, they emphasized that the planning interventions should not only be focusing on teaching them about adaptive coping skills but also should be intended to target their perception about control appraisal of stress. For example, stress reduction interventions and resilience training could blend emotional regulation techniques with strategies to challenge uncontrollability appraisals for persistent stressors. Secondly the positive predictive relationship between problem-focused and perceived stress highlights the importance of organizational backing to ensure that nurses 'problem-solving initiatives are met with practical tools and system responsiveness.

Competing Interests

The authors declared no competing interests.

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