

A SYSTEMATIC STUDY TO INVESTIGATE STRESS AND STRESS-COPING STRATEGIES AMONG NURSES IN INDIA

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Abstract *This is a systematic study of the literature among nurses in India regarding stress and stress-coping strategies. A search for studies published in English between 2009 and 2020 was conducted on the Microsoft Academics, Google Scholar, and ProQuest databases. A total of 1784 articles were retrieved and 21 articles were identified as per inclusion criteria for final review. This paper concludes that Indian nurses experience moderate to high stress. Some of the major stress-related factors identified through this study were workload, inadequate resources, low salaries, doctors' attitude, posting in busy departments, family-work conflict, and patient death. Indian nurses commonly use positive appraisal, problem-solving, and social support as strategies to handle stress. In some cases, positive thinking and taking professional guidance were also used to cope with stress. The present systematic analysis takes into account the quantitative and qualitative studies related to stress and its coping strategies conducted among nurses in India.*

Keywords: *Coping Strategies, Nurses, Positive Reappraisal, Stress, Mechanisms, Workload*

INTRODUCTION

Occupational Stress is a term used to describe stress in a job. The concept's core premise is that the workplace has particular demands and difficulties in meeting these demands can lead to physical and psychological distress (Sutherland & Cooper, 1990). Hazardous, unpleasant, and discouraging work conditions can destroy the system of any organisation (Jain & Gambhir, 2015). Occupational stress is a worldwide issue affecting almost all industries (Senova & Antosova, 2014). However, nursing is an occupation that is more exposed to work stress due to restricted resources and the high demand for work and intensive patient care. This occupational stress in nurses leads to nurses' poor psychological and physical health and poor quality of services in the health care sector (Sharma et al., 2014).

Lazarus's (1966) model of stress is based on how an individual reacts to different demanding situations or stressful situations and what meaning an individual gave to it. The stress-causing factors can be social and cultural (Lazarus & Cohen, 1977). When any individual face any stressful situation from both within and outside the body, the natural tendency is to determine the source of stress. The appraisal given to such a situation could be either positive or negative. This appraisal can be in two steps: primary and secondary. Primary appraisal means when an individual judges the situation as stressful, positive, controllable, and

challenging, while the secondary appraisal is an assessment of coping resources and options. Coping mechanisms include individual attributes and environmental conditions, and coping resources are problems and emotion focussed which decide about short- and long-term results of stress for an individual (Lazarus & Folkman, 1984). The several studies conducted by different researchers to study stress among nurses. The main stressors are workload, intense patient care, poor doctor's attitude, poor hospital infrastructure, and many more (Sharma et al., 2014). After considering all these realities nurses were always trying to cope with work stress and they are using different strategies for this, common strategies used by nurses are social support, problem-solving, and avoidance. A coping mechanism means attempts by a person to reduce the negative feelings that emerge out of a stressful event (Lambert & Lambert, 2008). The process of coping is of two types: problem-solving coping and emotion-focused coping. Problem-solving coping is an outer strategy where an individual attempts to alter or manage the stress-causing issue. While in emotion-focussed coping is to reduce emotional distress, which might be inside coordinated (Lambert & Lambert, 2008). This paper is a review paper and explores the research published among nurses in India related to stress and stress-coping strategies. In this study, emphasis should be on stress levels, stress-causing factors, and coping strategies used by nurses.

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THEORETICAL FRAMEWORK

The transactional model of stress and coping proposed by Glantz et al. (2008) was used as a theoretical framework for this study. To evaluate stress and stress-coping mechanisms. According to Sexton et al. (2009), nurses are usually faced with enormous demand for work and care, intense pressure due to death and dying of patients.

The model of stress is based on the assumption that how an individual reacts to different demanding situations or stressful situations and what meaning an individual give to it. The stress-causing factors can be social and cultural (Lazarus & Cohen, 1977). When any individual face any stressful situation from both within and outside the body, the natural tendency is to determine the source of stress. The appraisal given to such a situation could be either positive or negative. This appraisal can be in two steps-primary and secondary. Primary appraisal means when an individual judges the situation as stressful, positive, controllable, and challenging, while the secondary appraisal is an assessment of coping resources and options. This paper aims to examine published empirical research on Indian nurses regarding stress levels, stress-causing factors, and strategies for stress coping. This Systematic Literature Review (SLR) aims to summarise literature in the field of stress and stress-coping strategies for Indian nurses. Further, this review also highlights research directions for a new researcher by pointing out flaws in the present literature that need to be investigated further.

In this study, emphasis is on stress levels, stress-causing factors, and coping strategies used by nurses.

Table 1: A Summary of the Core Assumptions of the Transactional Model of Stress and Coping Strategies

Concept	Definition
Primary Appraisal	Evaluate the stress as a significant or threatening event.
Secondary Appraisal	Evaluate the controlling options for stress and coping resources for individuals.
Coping Efforts	Actual strategies are used to mediate primary and secondary appraisals.
Problem Management	Strategies directed to change a stressful situation.
Emotional Regulation	Strategies are aimed at changing the way one thinks or feels about a stressful situation.
Meaning-Based Coping	Coping processes that induce positive emotion, which in turn sustains the coping process by allowing re-enactment of the problem- or emotion-focused coping.
Outcomes of Coping	Emotional well-being, functional status, health behaviours.

Dispositional Coping Styles	Generalized ways of behaving that can affect a person’s emotional or functional reaction to a stressor; are relatively stable across time and situations.
Optimism	Tendency to have generalized positive expectancies for outcomes.
Information Seeking	Attention(al) styles that are vigilant (monitoring) versus those that involve avoidance (blunting).

Source: Glanz et al. (2008).

METHOD

The investigation was conducted in two sections, focusing on stress levels and stress-causing factors in the first section of the research, and focusing on stress-coping strategies used by Indian nurses in the second section. Studies on Indian nurses from 2009 to 2020 revealed stress and coping strategies. Literature was reviewed systematically from different databases like ProQuest, Microsoft Academics, and Google Scholar using combinations of following keywords like “nursing”, “nurses”, “Stress”, “Indian”, “India”, “Stress coping”, “ways of coping”, “work stress” and “occupational stress”. The reference list of different research papers was also reviewed to get additional papers. A total of 1784 articles were extracted from different sources. After extracting papers from different sources duplication checks and screening were done. In the next step, papers were reviewed as per the eligibility criteria and after reviewing abstracts and full papers 21 research papers were included for final review.

Inclusion and Exclusion Criteria

The relevance of papers was ensured by a manual screening of abstracts and full papers. All papers were reviewed on the following inclusion criteria:

- The respondents should be registered nurses.
- The studies should be primary studies with a focus on stress and stress-coping strategies of nurses.
- Studies should be published in the English language.
- Studies should focus on quantitative and qualitative measures of stress and stress outcomes.
- Studies should be published between 2009 to 2020 in the Indian context.
- Articles with poor and biased abstracts and results are removed.
- Case studies and literature review papers were not included, as it is presumed that empirical database papers are more accurate in terms of results and inferences. After reviewing based on inclusion criteria 21 research papers were left in which 6 studies were descriptive, 2 qualitative, and 13 were cross-sectional (Lim, 2010).

Table 2: Summary of the Search Result and Hits

Database	Keywords	Result	Selected
ProQuest	“stress” AND “Stress management” AND “INDIA” “INDIAN” AND “NURSES” OR “NURSING”	2000+	10
	“Stress” OR “Occupational stress” AND “Stress management” OR “Coping” AND “INDIA” “INDIAN” AND “NURSES” OR “NURSING”	704	
Microsoft Academics	Stress AND “Stress Management”	10000 +	8
	“Stress” OR “Occupational stress” AND “Stress management” OR “Coping” AND “INDIA” “INDIAN” AND “NURSES” OR “NURSING”	734	
Google Scholar	Stress OR “Occupational stress” OR “Stress management” OR Coping OR NURSES OR NURSING	1680	3
	Stress OR “Occupational stress” OR “Stress management” OR Coping OR NURSES OR “NURSING” AND “INDIA” OR “INDIAN”	346	

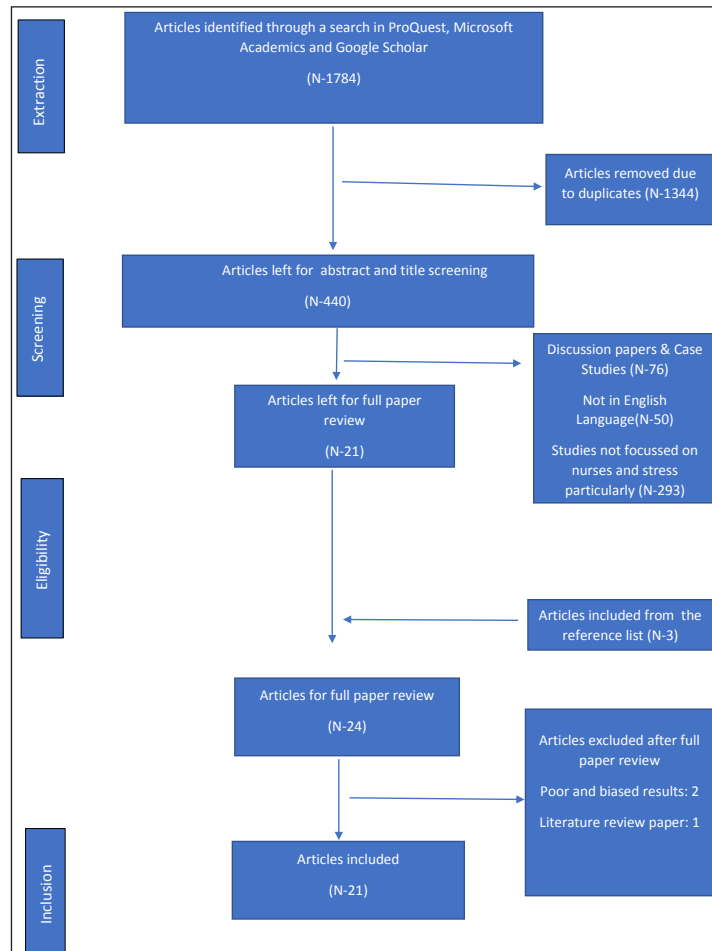


Fig. 1: Flow Diagram of a Systematic Search of the Database

Table 3: Characteristics of Included Studies

Author(s) & Year of Publication	Study Design	Sample and Data Collection	Findings
1) Paul et al. (2014)	Cross-sectional	100 nurses Instruments: Sociodemographic profile Professional stress scale General health questionnaire	54% of nurses reported moderate to high levels of stress and 80% of nurses reported that they don't have time to take breaks. The main stressors are workload, poor relations with seniors and doctors, No rest breaks and deputation in busy departments. Stress led to poor concentration and decision making which led to poor quality of service.
2) Sondhi et al. (2019)	Cross-sectional	96 nurses Instruments: Sociodemographic profile Coping scale	51.57% of nurses use positive appraisal, 47.33% are using accepting responsibility and 35.70% of nurses go for escape avoidance coping and Confronting coping. The study found that department of posting and type of coping strategy has a significant relation.
3) Sharma et al. (2017)	Cross-Sectional	100 nurses Instruments: Sociodemographic profile Professional stress scale	62.96% of nurses are suffering from moderate stress because of no time for rest, no appreciation for work, and criticism.
4) Bhatia et al. (2010)	Cross-Sectional	87 nurses Instruments: Occupational Stress Scale	87.4% of nurses in this study experienced high stress due to Time limits of work, workload and multiple roles demand at home and at the workplace.
5) Jose and Bhat (2013)	Descriptive Survey Design	1040 nurses Instruments: Nurses stress scale Coping scale	60% of nurses experience low levels and 40% of nurses face a moderate level of stress. Workload and time limit of work is the main stress-causing factors.
6) Kshetrimayum et al. (2020)	Cross-Sectional	500 nurses Instruments: Perceived stress scale Extended nursing stress scale.	55.4 % of nurses had moderate perceived stress and 49.8% has moderate occupational stress. The study concludes that occupational and general stress are significantly related to each other.
7) Mugdh et al. (2016)	Cross-sectional	365 nurses Instruments: Stress Management questionnaire	Half of the nurses are facing high stress at the workplace as compared to home stress.
8) Sailaxmi and Lalitha (2014)	Quasi-experimental	60 nurses. Instruments: Stress Scale Stress management program	Stress management interventions impacted positively on the perception of stress immediately after the invention program and lead to a reduction in stress.
9) Mohite et al. (2012)	Descriptive	100 nurses Instruments: Expanded nursing stress scale Sociodemographic profile	49% of nurses experienced the frequent occurrence of stress and 59% of nurses said that workload, conflict with doctors, and death of patients are the major factors behind stress. Age, sex, qualification, and tenure are not related to the stress level of nurses.
10) Roopalekha et al. (2012)	Cross-sectional	339 nurses Instruments: Expanded nursing stress scale Brief cope behaviour scale	Tenure is the main variable that affects the level of stress of nurses. Stressors like workload, conflict with the doctor and the dying of patients have a positive relation with years of experience. Spirituality, humour and a positive appraisal are the commonly used coping strategies.

Author(s) & Year of Publication	Study Design	Sample and Data Collection	Findings
11) Divina Kumar et al. (2014)	Cross-sectional	603 nurses Instruments: Perceived Stress Scale Copenhagen Burnout Inventory (CBI) General Health Questionnaire (GHQ-28)	The stress was more in the age group of 31-50 years and in emergency and ICU placed nurses.
12) Jan et al. (2017)	Descriptive comparative study	120 nurses Instruments: Modified ways of coping questionnaire (WOCQ)	Problem focussed strategies are used by emergency and general ward nurses but for emotion focussed coping strategies are mainly used by emergency ward nurses and there is a significant relation between demographic variables of nurses and emotion-focussed strategies.
13) Sijji et al. (2019)	Cross-sectional	40 nurses Instruments: Stress scale Coping strategies	75% of nurses have seen moderate stress and Professional problem is the main stressor. Frequently used coping strategies are problem-solving and confrontive coping.
14) Vernekar and Shah (2018)	Cross-sectional	675 nurses Instrument: Expanded nurses' stress scale.	In this study, 59.3% of nurses are facing moderate stress and the main stressors are the death of patients and job load.
15) Kakade et al. (2012)	Descriptive survey	100 nurses Instruments: Stress Rating Scale Coping questionnaire	86% of incentive care unit nurses face severe stress due to organisational factors. 59% of nurses are able to cope with stress with their own experience.
16) Purohit and Vasava (2017)	Cross-sectional	84 nurses Instruments: Occupational stress scale	The role stress is high in nurses and the reasons behind the role stress are resource inadequacy, workload, lack of support, etc.
17) Saini et al (2016)	Cross-sectional	285 nurses Instruments: Workplace stress scale. Workplace stress symptom scale Coping Checklist	Nurses working in general and emergency wards experience moderate to high level of stress. The age of nurses has a significant relation with stress. Role ambiguity, low social support and work pressure are the main stress-causing factors.
18) Lukose and Azeez (2015)	Cross-sectional	100 nurses Instruments: General health Inventory Occupational stress scale Mental health inventory	Nurses working in psychiatric department have a high level of stress as compare to general nurses. Job burden, job struggle, job uncertainty and political pressure are the variables influencing stress.
19) Parashar et al. (2017)	Cross-sectional	345 nurses Instruments: Karasek Scale of measuring woman stress	Nurses prevalence of stress is high and major stress-causing factors are a type of job permanent or contractual and problems at workplace.
20) Fernandes and Nirmal (2015)	Qualitative	51 nurses Technique: Content analysis	62% of nurses reported that staff shortage is the major reason behind stress at work place. 46% of nurses feel that better interpersonal relations and team support are an effective way to reduce stress at the workplace. The primarily used coping strategies are problem avoidance, mental disengagement, problem addressing, religious stress management, and social help.

Author(s) & Year of Publication	Study Design	Sample and Data Collection	Findings
21) Roy et al. (2013)	Qualitative	117 nurses Techniques: Focus group discussion	Nurses reported that their work is stressful and the stress-causing factors are understaffed departments, no decent salaries, and no recognition for work. Fear of mistake and job loss.

RESULTS

A total of 440 research papers were considered for literature review after duplication check and after systematic review 21 relevant studies were left as per the inclusion criteria, out of 21 studies 16 studies assessed the level of stress and stress-causing factors, and the rest 5 studies examined the stress-coping strategies of nurses. All the sixteen studies concluded that nurses have low to a high level of stress and out of these 16 studies 11 studies reported psychological and work-related factors were the main stressors for nurses whereas other 5 studies reported that work-family conflict, physiological factors, supplies of equipment's and lack of support were also stressed factors in the nursing profession. In total, 5 studies concluded that positive reappraisal, problem avoidance, religious coping, and seeking social support were common stress-coping strategies.

Occupational stress implies negative reactions on the part of nurses when their ability does not match resources and work demands. Stress among nurses was associated with poor concentration, care, and lack of decision-making capacity. Occupational stress, cause of stress, and coping strategies have been studied widely by different researchers in India and many professional and personal factors were the reason for stress among Indian nurses Kesarwani et al. (2020).

STRESS

Stress occurs when an individual feels that demands from an external environment were beyond his/her adapting limit and create a problem in his or her life (Lazarus & Folkman, 1984).

Of the 21 studies on stress and coping strategies, 11 studies worked on the level of stress and its determinants, 3 studies concluded about perceived stress, one study identified various forms of stress and one about the role of stress on nurses.

All studies in this review majorly focus on nurses as a participant, but Pal and Saksvik (2008) conducted a multifaceted study on Norwegian and Indian nurses and doctors to examine the relationship between work-family interference, family-work conflict, and social help, work demand, and stress. A total of 500 participants of 27 doctors and 328 nurses were included in the survey. The study concluded that culture has a significant role in the job stress of Indian and Norwegian nurses and doctors. Half of

the studies included in this literature review identified that psychological and work-related factors are the main stressors in the life of nurses. But according to Pal and Saksvik (2008) study, social support and interpersonal relations in the workplace are also playing an important role in increasing stress among nurses. Sharma et al. (2014) assessed stress levels in 100 staff nurses and found that nurses reported high stress which is due to excessive workload, poor relations with seniors, and deputation in busy departments. This led to poor concentration during work and problems in immediate decision making Sondhi et al. (2019) supported the outcome that intensive care areas are the highly stressed areas due to patient load and intensive care, which lead to poor decision making and concentration in nurses.

In a rural study by Purohit and Vasava (2017) on auxiliary nurses, it was found that stress is due to inadequate resources, low salary, and financial support which led to no future growth. Another study concludes that perceived stress is positively related to work-related stress (Kshetrimayum et al., 2019; Sijji et al., 2016). The sociodemographic variables of nurses have an inverse relation and professional qualification and marital status have a direct relation with stress (Roopalekha et al., 2012; Sharma et al., 2018; Kshetrimayum et al., 2019). Department of deputation, death and dying, and intensive care of patients are the key factors for stress levels of nurses and low job satisfaction of nurses, however, pressure to complete work on time and workplace discrimination is the least impacting factors (Bhatia et al., 2010; Jose & Bhatt, 2013; Sharma et al., 2014)

Different dimensions of organisational role stressors like lack of resources, role ambiguity, and conflict between their organisational and non-organisational role are important role stressors that lead to stress (Purohit & Vasava, 2017).

According to a World Health Organisation report (2006), approximately 90% of Indian nurses are female, due to this, nurses in India often experience stress because of their family responsibilities and work-family conflict. It is found that for female nurses it is difficult to manage family life and career simultaneously (Oommen et al., 2010). In urban areas, nurses experience high work stress as compared to home stress but some home issues like elder and children care and household responsibilities create more problems in work life (Mudgh et al., 2016).

Unhealthy working conditions, heavy workload, extended working hours, poor relations at the workplace, low professional status, and inadequate resources affect nurses'

mental and physical health. Job stress has a significant negative relation with nurses' work behaviour which leads to attrition (Rawal et al., 2014). A significant relationship between perceived stress and occupational stress was found by different researchers. Three studies Divinakumar et al. (2014); Kshetrimayum et al. (2019) and Sijji et al. (2019) investigated the moderate level of perceived stress in nurses. While in the age group of 31-50 years and intensive care units (ICUs) perceived stress is high (Saini et al., 2016). Professional issues were seen as a significant factor behind stress following the personal and psychological issues. The least perceived stressor was low staff support and interpersonal relations with colleagues. In personal issues, the marital status of nurses is a significant factor in perceived stress because married nurses have to look after their kids, and elders at home and take care of their household responsibilities. Psychological stress in nurses leads to poor nurses' mental health, which affects the quality of their work effectiveness. A cross-sectional analysis of general and psychiatric hospital nurses found that psychiatric nurses score high in stress as compared to general nurses due to workload, the uncertainty of position, conflict of position, and political strain (Lukose & Abdul, 2015).

Nurses reported somatic and cognitive symptoms of mental, physical, and emotional health due to stress. In India, nurses reported typical somatic symptoms like less sleep, poor eating patterns, and tiredness (Gandhi et al., 2014). Due to these symptoms, nurses' job performance got affected, and they wanted to leave the profession (Mugdh et al., 2016). The shortage of nursing staff in India leads to a poor patient-nurse ratio which increases workload and leads to stress among nurses. Meaningful work and job stress are significantly related to each other. To improve conditions hospitals, need to configure employment to improve autonomy, social support, and flexibility in working hours (Sailaxmi & Lalitha, 2016).

Qualitative studies conducted by Roy et al. (2013) and Fernandes and Nirmala (2015) conclude through focus group discussion and content analysis techniques that nurses reported work-related stress is high as compared to family stress. Major stressors are staff shortage in departments, no recognition and no decent salaries, disagreement with seniors, and lack of security of a job. The stress led to emotional (anxiety and lack of enthusiasm) and physical (gastro-intestinal and musculoskeletal problems) illness among nurses.

STRESS-SCOPING STRATEGIES

The psychological methods to deal with stress are generally known as coping. Stress-coping strategies are of two types: first is problem-focused coping which means managing the reason for a problem such as obtaining information or skills

to deal with the problem. Problem focussed strategies include looking for suitable solutions, critical thinking, looking for social help, and confronting adapting. The second one is emotion-focussed coping, which means in a particular manner an individual oversees feelings related to stress-causing factors. Examples of emotion-focussed strategies are avoidance, self-controlling, positive reappraisal, and accepting the responsibilities. Many empirical investigations done by different researchers utilizing this model indicated that problem-centred strategies are very useful for stressful events that can be changed, while emotion-centred strategies are progressively useful for distressing events that can't be changed (Lazarus & Folkman, 1984).

Coping is a multidimensional idea where an individual's perception can be influenced by a person's beliefs and qualities. Individuals may utilize different coping procedures at different points of time according to a stressful situation. Positive reappraisal is utilized very frequently among all individuals. However, support from colleagues and seniors while handling stressful situations makes a difference in coping strategies (Sondhi et al., 2019).

Two different studies on nurse's report that adapting positive reappraisal was the most frequently used coping technique utilized by nurses followed by accepting responsibility though escape-avoidance was the least coping technique utilized by nurses working in ICU. The study confirms that the unit of working has a significant relation with the type of coping strategy (Sondhi et al., 2019; Jose & Bhatt, 2013).

An experiment performed by Sailaxmi and Lalitha (2015) found that services for stress reduction techniques help nurses develop the abilities to cope with stress. In these interventions' nurses learn about how to respond to criticism, Humour, Stress awareness, different solutions for a problem, effective management of time, taking time off and interpersonal relation skills are the strategies that impacted positively on the stress level of nurses. In some cases, nurses rated spiritual coping as the first highest used strategy. The second highest strategy was positive reappraisal for coping with stressful situations. Avoidance was the least-used coping strategy according to the investigation. Many nurses use more individual-level coping methods, such as resorting to humour, seeking social assistance, examining the situation positively, and abstaining from using substances/drugs. Roopalekha et al. (2012) and Jan et al. (2017) supported the findings of this study that problem-solving and positive reassessment was the most frequently used stress-coping strategies. Most coping strategies are situational, but there are other specific individual approaches to cope with stress, and these approaches are positive thinking, talking to friends, taking professional advice, and sleeping because there is no relation between coping abilities and level of stress among nurses (Kakade et al., 2012). Qualitative research by Fernandes and Nirmala (2015) concludes that the nurses

primarily utilize four systems to cope with stress. These systems are problem avoidance, mental disengagement, problem addressing, religious stress management, and social help. It tends to be reasoned those nurses see the distressing circumstances as outside their ability to control accordingly maximum coping techniques are related to avoiding the stressful situation. Only the problem addressing and seeking social help are the techniques used to provide better services to patients.

DISCUSSION

Nurses work in a multitude of setting with different problems and challenges. Most studies in this review of the literature revealed that nurses experienced moderate to high-stress levels. The intensive care and emergency unit nurses faced more tension as compared with general unit nurses (Sondhi et al., 2019). Various research studies discussed stress factors among nurses and classify them into intrinsic factors like workload, physical conditions of work, working hours, shift work, and managerial and administrative factors like role conflict, role ambiguity, role overload, and responsibility (Sharma et al., 2014; Chang et al., 2005). Different studies have documented relationships with colleagues and seniors, negative attitudes toward doctors and expectations of patients' relatives, and death and dying of patients are also some other factors contributing to the stress of nurses. Other factors which are associated with the stress level of nurses are tenure, inadequate salaries, and marital status (Roopalekha et al., 2012). Indian nurses experience physical and mental health stress, which leads to typical somatic symptoms like less sleep, poor eating patterns, and tiredness and these factors affect the performance and decision-making abilities of nurses (Mugdh et al., 2016). Occupational stress among nurses leads to a negative impact on organisational climate and work environment in the future (Mohite et al., 2012).

The nurses working in different units of healthcare organisations like psychological wellness units, oncology wards, ICUs, older care units, and acute caring units, found that since these units have distinctive working components in the workplace which are added to high levels of stress, the complete understanding of these variables helps in making different strategies to manage stress among nurses who are liable for giving quality services to patients (Kumar et al., 2014). Due to heavy workload, inadequate resources, extended working hours, and low professional status, the attrition rate of nurses is high. Psychological stress in nurses leads to the poor mental health of nurses which affects their efficiency and service quality (Lukose & Abdul, 2015).

The most common strategies utilized for stress coping were social help, positive reappraisal, good and stable interpersonal relations at the workplace, and managing the

issues and solving them on time. As per the studies in this review most coping strategies are situations based and stress management programs and interventions have a positive impact on decreasing stress levels. But in India, very less stress management programs are in practice (Sailaxmi & Lalitha, 2015).

This study is done in a normal situation not an exceptionally stressful situation like the COVID pandemic. Various studies have been conducted during the pandemic time (2020-2021) on stress and stress-coping strategies among nurses in India. The review of the studies during the pandemic showed that the risks to healthcare personnel increased, and they are likely to be more stressed. High-level stress, depressive symptoms that require treatment, and anxiety symptoms are all prevalent. It has been further observed that variable such as Gender and distance from family has a significant role in the level of stress (Wilson et al., 2020).

COVID-19 has a psychosocial influence on nurses involved in direct patient care, according to a study by Sun et al., 2020. Excessive workload, shifts in duty hours, insufficient COVID-19 management experience, working with personal protective equipment, going without food or water for extended periods of time, inability to meet body elimination needs, and menstrual hygiene are all factors that contribute to negative psychological outcomes. Nurses have experienced increased worry, despair, and stress as a result of staying away from family, leaving children with relatives, keeping a distance from friends and family, and fear of infecting others (Chatterjee et al., 2021). The above mentioned studies highlighted the different levels of stress and the stress-causing factors among nurses and healthcare workers during pandemics as compared to normal conditions. This study concluded the research done before the pandemic.

LIMITATION

The presented review has some limitations. Most of the studies were cross-sectional, so it is difficult to identify the cause-and-effect relations when compared with other studies. This review does not consider grey literature, so the conclusions are based only on current evidence. The review is limited to those studies which are published in the English language and applicable to nursing staff as other professionals in the healthcare sector are not included in the review. The majority of the included studies are focused on workplace stress and individual-level coping mechanisms, but there could be other factors (social, psychological, and physical health) that affect the stress levels of Indian nurses and organisational and environmental coping mechanisms. Further research is needed to study stress and coping among other professionals in the healthcare sector and consider other factors related to stress to get an actual picture of the healthcare sector of India.

CONCLUSION

This literature review study incorporated the findings of 21 studies. The majority of Indian nurses experience high stress due to their workplace issues, the type of department in which they are working, inadequate salaries, and interpersonal relations at work. Daily, nurses are experiencing physical, psychological, and emotional stress, which negatively affects their performance and quality of services and efficiency.

Stress in the nursing profession is a worldwide issue. Nurses are the frontline workers in the healthcare industry and if their stress issues are not addressed it can reduce the quality of services of health care units. In the Indian context, there are few studies on nurse coping strategies, in this review, it is found that coping strategies used by Indian nurses are the most situational basis, Indian nurses working in intensive care and emergency units mostly use positive re-evaluation and problem-solving strategies to cope with stress. The second most used strategy is looking for social support at the workplace, and avoidance and escaping is the least used coping strategy.

Some nurses use spiritual coping, like praying, meditating, and positive thinking. This study also found that stress management intervention programs are very helpful to cope with workplace stress. Further, it is found from the review that at the organisation level stress management programs and social support at the workplace and at the individual level therapies like understanding the stressors, communication, positive attitude, and individual coping skills are helpful to reduce stress.

PRACTICAL IMPLICATIONS

This review study offers many practical implications for healthcare organisations, healthcare organisations should address the stress-causing issues immediately to maintain a high loss and turnover rates of nurses which influences the viable working of Indian healthcare organisations. Healthcare organisations should focus on stress management intervention programs and training, reducing the workload by hiring more skilled staff, adequate compensation system, making a flexible and supportive work environment, by using team-building strategies. Further Indian healthcare organisations should evaluate these strategies and implement them from time to time as per the changing work culture of healthcare organisations. So that these strategies help to reduce day-to-day stress and help them to cope with difficult situations.

STRENGTH AND LIMITATIONS OF THE STUDY

The study is adhered to clearly defined and meaningful inclusion criteria.

Low-quality studies are excluded on the basis of exclusion criteria.

Inclusion of quantitative and qualitative studies to explore the level of stress and stress-causing factors among nurses.

A limited number of high-quality studies.

Only work-related stress is studied in the research.

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