Original Article

# *The Relationship between Spiritual Well-being and Stress Coping Methods to Deal with Job Stress among Nurses in Educational Hospitals in Ardabil City 2021*

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## *Abstract*

***Background and Purpose:*** Job stress is one of the factors in the development of psychophysical symptoms in nurses. It lowers performance in organizations. The aim of this study was to determine the relationship between spiritual well-being and stress coping methods to deal with job stress in nurses working in hospitals.

***Materials and Methods:*** The study was carried out as a descriptive-analytical and cross-sectional study. Totally, 285 nurses were randomly selected from Ardabil educational hospitals from ICU, CCU, EMS and infectious diseases wards. Data gathering tools were Standard questionnaire Paloutzian and Ellison Spiritual Well-being Scale, nursing job stress scale, and Billing and Moos Coping Strategies Scale. Statistical analysis used in the present study included descriptive statistics, Pearson correlation test and analysis of variance. Subgroups were tested using LSD post hoc test. Independent samples t-test and ANOVA were also used to compare the groups ($p < 0.05$).

***Results:*** The age group of 25 to 36 years were the most participants in this study. 68.4% of the participants were women and 31.6% were men. Most participants in the project were middle-income (48.4%) and very high-income (1.8%). The results indicated that income level, work shift, education, employment status, work record, and number of overnight shifts were significantly related to job stress ($p<0.05$). Among the different aspects of spiritual well-being, the highest mean score was obtained by religious aspect (32.47±3.42) followed by existential aspect (27.82±2.56). The highest level of job stress, according to the nurses, was about the fear of death (14.82±4.86) and heavy work load and pressure (13.85±3.63).

***Conclusions:*** Given the findings, there was a significant relationship between spiritual well-being and stress coping of nurses and alleviation of job stress in them. Therefore, using a health-oriented coping strategy and improving spiritual well-being and religious aspect in particular are essential.

***Keywords:*** Stress; Spiritual Well-Being; Stress Coping Strategy; Nurses

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## 1. *Introduction*

Spiritual well-being is one of the main aspects of health in human (1). Spiritual well-being is a measure of integrity and wholeness of an individual. It is a unique force that coordinates physical, mental, and social aspects (2-3). Stress in the nursing profession has led to a decline in the quantity and quality of health services (4). Therefore, the importance of paying more attention to the physical and mental health of nurses is felt, and as a result, codified interventions with content related to spiritual issues should be considered in order to reduce stress and improve the quality of life of this group. Extensive studies have shown that spiritual well-being has a key role in stress coping. In addition, evidences have shown that being spiritual affects one's cognition and causes deep effects on attenuating stress and improving mental well-being indices, which in turn leads to a sense of happiness (5-6). Stress, as a comprehensive phenomenon and common experience of man, is essential for development and growth. It affects everyone regardless of age, gender, race, economic status, or education level (7-8). While some sorts of stress are normal and necessary, continuous, severe, and frequent stress in an individual without efficient coping methods or support is considered as a negative phenomenon. Such stress can lead to physical diseases and mental disorders. Stress has been one of the main challenges over the past few decades following expansion of modern life style (9-10).

Researchers have shown that individuals with spiritual tendencies tend to have better responses to stresses and risks (11-12). One of the stressful situations for many individuals is experienced at work, which is due to job stressors. In fact, job stress refers to any physical event or mental problem that can lead to physical damages or mental problems (13-14). Among jobs, nursing is featured with a high level of job stress due to the need to high skill and concentration, good team work attitude, and provision of 7.4 services (13-14). The techniques used by an individual to cope with stress have a key role in mental, physical, and social well-being. Variables like personal characteristics and environment can affect the level and type of coping with stressful condition, and one of these variables is one's spiritual and religious attitude and well-being (14-15).

Many studies have been conducted to investigate the relationship between job stress and the spiritual health of nurses (4), but very limited studies were documented to investigate the relationship between spiritual health and ways to deal with job stress in hospital nurses. Stress in the nursing profession has led to a decline in the quantity and quality of health services. Therefore, the importance of paying more attention to the physical and mental health of nurses is felt. Hence, the present study was an attempt to examine the relationship between spiritual well-being and stress and coping methods in nurses.

## 2. *Materials and Methods*

The study was carried out as a descriptive-analytical study of cross-sectional nature in 2021. The study population consisted of Imam Khomeini, Imam Reza, Bouali, and Fatemi hospitals, and the nurses working in hospitals were affiliated with Ardabil University of Medical Sciences of Iran.

The participants were selected through stratified two-phase sampling. In phase one, four hospitals were selected using cluster random sampling in two stages among educational hospitals in Ardabil city. Then, intensive care unit (ICU), cardiac care unit (CCU), emergency medical services wards, infectious, and men and women internal wards were selected knowing that the individuals working in these wards were identical and homogenous in terms of educational degree and work. Since these individuals were in different wards, the wards were considered as different strata.

According to the sample size and estimation of the required number of participants and the effort to use nurses from all wards in the study, 14 nurses were selected from each ward (totally 285 participants) through simple random sampling. The participants were selected through cluster random sampling based on the number of nurses in the hospitals and wards. So that, a list of nurses was prepared based on hospitals and wards, and then using a random number table, the participants were selected from different wards. To compute the sample size and following Masoumi (4), the following formula was used:

$$C = 0.5 * \ln[(1+r)/(1-r)]$$

$$N = \left[\left(z_{\alpha} + z_{\beta}\right)/C\right]^2 + 3$$

With correlation coefficient equal to 20%, power equal to 90%, estimate error equal to 0.05%, and 10% attrition, the number of participants was obtained to be equal to 285 (16).

The inclusion criteria were nurses with at least six months work experience and no mental health history (Pervasive anxiety disorder and chronic stress), and exclusion criteria were the individuals who had completed the questionnaires incompletely and were reluctant to participate in the study or had a history of mental illness. Independent variables were age, gender, income level, marital status, education, work experience, employment status, work shifts, number of overnight shifts, and spiritual well-being (existential and religious aspects). The dependent variable was job stress. The researcher determined the significance level before conducting the experiment. Data gathering was done using a standard questionnaire with four sections.

The questionnaire was filled out as self-statement by the nurses. Section one was about demographics; section two was about job stress, (A score of less than 68 on stress questions in the mild stress category, a score between 69 and 104 in the moderate stress category, and a score higher than 105 also report high stress levels.); section three was about spiritual well-being (A score between 20-40 from the spiritual health questions was reported in the category of poor health level, a score between 41-99, in the category of moderate spiritual health, and a score higher than 100 also had high spiritual health); and section four was about stress coping approaches. After obtaining the required permissions, a list of educational-treatment hospitals affiliated with Ardabil University of Medical Sciences was prepared. The list of nurses were then prepared by visiting the selected hospitals in the morning, afternoon, and night work shifts. The participants were briefed about the objectives, confidentiality of their information, and the way of filling out the questionnaire. Then, they were asked to sign an informed letter of consent. Validity

and reliability of the questionnaire were supported by Golipoor Khanmiri (17), Masoumi (4), and Rafiei (18). Reliability in this work was calculated through test-retest method so that 30 nurses filled out the questionnaire twice in two weeks interval.

To examine the internal consistency of the constructs, Cronbach's alpha was obtained for stress coping strategies (0.77), job stress (0.94), and spiritual well-being (0.78).

Data analyses were done in SPSS (V.22) and data description was done using tables and diagrams. Descriptive statistics included frequency tables, mean, and standard deviation (SD). The Spiritual Health Questionnaire consisted of 20 questions, which included the following sections: questions 1-10 measured religious health, and questions 2-10 measured a person's existential health. The total score was the spiritual health of the two subgroups, which was between 20-120. The answers to these questions were grouped into 5 options from "strongly disagree" to "strongly agree". Each consisted of 10 phrases and had a score of 10-60. In expressions with a positive verb, the answer "strongly agree" received a score of 5, and "strongly disagree" received a score of 1. Also, in other expressions with a negative verb, the answer "strongly agree" received a score of 1 and "strongly disagree" received a score of 5. At the end of spiritual health, individuals were divided into three categories: low (20-40), medium (41-99) and high (120-100).

Nursing Job Stress Scale consisting of 34 four-point Likert scale questions (Nursing Stress Scale) designed by Gray-Toft and Anderson in 1981 was used to determine the job stress in nurses. The lowest score obtained from the questionnaire was 34 and the highest score was 136. The grading method was as follows: 1- Scores ≤ 68: low stress 2- Scores in the range 103-69: moderate stress 3- Scores ≥ 104: high stress.

The Billings and Moss Coping Strategies Questionnaire had 32 questions. With 5 types of coping strategies, cognitive coping responses were active with 6 sentences, behavioral coping responses were active with 6 sentences and avoidance responses were with 7 sentences. In addition, through this questionnaire, two methods of coping focused on problem solving with 11 sentences (1, 2, 5, 8, 10, 11, 13, 14, 16, 17, 19), and coping focused on emotion with 8 sentences ( 3, 4, 6, 7, 9, 12, 15, 18). In this questionnaire, the respondents had to say 'yes' or 'no' to each of the sentences, which was considered as a kind of confrontational answer.

In order to determine the extent to which the use of coping responses was more accurate, a four-point scale including always, most of the time, sometimes, never was used, and the participants were scored between zero and 3 based on the option they chose. By means of this questionnaire for each of the subjects: - The total score of coping strategies, which was the lowest score for each person, was zero, and the maximum score was 57 - The score of problem-focused coping responses, which was the lowest score for each person was zero and the highest score was 33. - Emotion-focused coping response score, the lowest score for each person was zero and the highest score was 24. Questionnaire scoring: The scoring of the questionnaire according to the Likert scale

was 4 degrees from zero to 3 (Never 0, Sometimes 1, Often 2, Always 3). Scores from the above 32 statements were added together, with a minimum possible score of 0 and a maximum of 96. In addition, Pearson Correlation and independent samples t-test and ANOVA were used to compare the groups. At the same time, subgroups were tested using LSD post-hoc test. ($p<0.05$). (IR.UMSHA.REC.1397.1012)

## 3. *Results*

A list of nurses was prepared based on the number of educational hospitals in the city and different wards of the hospital, and then using a table of random numbers, the participants were selected from different wards according to the total sample size (285 people) required. Correspondence with hospital ward officials tried to get all participants to complete the questionnaire and no attribution rate was observed. In terms of age, the majority of participants were in 26-35 years age range; 68.4% of the participants were women, and 31.6% were men. Spiritual well-being, job stress, and stress coping scores were 60.8±11.5, 90.3±18.6, and 49. 5±10.6, respectively. Among the aspects of spiritual well-being, religious health (32.47±3.42) and existential aspect (27.82±2.56) were the top aspects. Among the aspects of job stress, the main stressor was the fear of death and dying (14.82±4.86) followed by high workload and pressure (13.85±3.63) and having doubt about medical intervention.

Based on the scores of job stress, 63.9% of the participants had moderate job stress, 24.2% had high job stress, and 11.9% had low job stress. At the same time, based on the stress coping scores, 51.5% of the participants had high stress, 42.5% had a moderate stress, and 6% had low stress. In terms of spiritual well-being, 96.1% of them had a moderate spiritual well-being, and 3.9% had a low spiritual well-being (Table 1).

**Table1.** The relationship between spiritual well-being, job stress, and stress coping with demographic and job variables in nurses

| Variable | Spiritual well-being MÂ ±SD (P-value) | Job stress MÂ ±SD (P-value) | Stress coping MÂ ±SD (P-value) |
|---|---|---|---|
| Age | | | |
| >25 | 58.17Â ± 9.76 | 86.85Â ± 16.51 | 48.67Â ± **10.29** |
| 25-36 | 61.4Â ± 12.52 | 90.68Â ± 16.52 | 49.27Â ± **10.59** |
| 36-45 | 60.2Â ± 10.82 | 90.19Â ± 21.28 | 49.71Â ± **11.7** |
| 45< | 63Â ± 10.50 | 94.6Â ± 20.09 | 50.5Â ± **7.52** |
| **P-value>0.05** | **P-value>0.05** | **P-value>0.05** | **P-value>0.05** |
| Gender | | | |
| Male | 61.56Â ± 11.39 | 87.3Â ± 20.20 | 49.56Â ± **11.68** |
| Female | 60.24Â ± 11.53 | 91.62Â ± 17.53 | 49.36Â ± **10.28** |
| **P-value>0.05** | **P-value>0.05** | **P-value>0.05** | **P-value>0.05** |
| Income level | 60.66Â ± 11.48 | 90.25Â ± 18.49 | 49.42Â ±10.72 |
| **P-value<0.05** | **P-value>0.05** | **(0.005)** | **(0.005)** |
| Marital status | | | |
| Married | 61.06Â ± 11.88 | 90.98Â ± 19.02 | 48.14Â ± **10.64** |
| | (0.312) | (0.742) | (0.843) |
| Single | 59.89Â ± 10.72 | 88.89Â ± 17.47 | 51.83Â ± **10.51** |
| **P-value>0.05** | **P-value>0.05** | **P-value>0.05** | **P-value>0.05** |
| Education | | | |
| Bachelor | 60.64Â ± 11.45 | 89.90Â ± 18.59 | 49.50Â ± **10.95** |
| Master | 60.88 | 95.21Â ± 16.70 | 48.31Â ± **6.90** |
| **P-value>0.05** | **P-value>0.05** | **P-value>0.05** | **P-value>0.05** |
| Work record **P-value>0.05** | 60.66Â ± 11.48 | 90.25Â ± 18.49 | 49.42Â ±10.72 |
| Employment status | 60.66Â ± 11.48 | 90.25Â ± 18.49 | 49.42Â ± **10.72** |
| **P-value<0.05** | **P-value>0.05** | **(0.001)** | **P-value>0.05** |
| Work shifts | 60.66Â ± 11.48 | 90.25Â ± 18.49 | 49.42Â ± **10.72** |
| **P-value<0.05** | | **(0.001)** | **(0.001)** |
| Number of overnight shifts | 60.66Â ± 11.49 | 90.26Â ± 18.50 | 49.43Â ± **10.73** |
| **P-value<0.05** | **P-value>0.05** | **(0.001)** | **P-value>0.05** |

**Table 2.** The relationship between job stress and spiritual well-being in participants

| Dependent variable | Independent variable | Correlation coefficient | Sig. |
|---|---|---|---|
| **Job stress** | spiritual well-being | 0.05 | 0.395 |
| | Religious well-being | 0.07 | 0.242 |
| | Existential well-being | 0.02 | 0.680 |

**Table3**. Frequency percentage of levels of spiritual health and job stress

| Variable | Categoty | Frequency% |
|---|---|---|
| **Job stress** | Low stress | 11.9%( 34 ) |
| | Moderaye stress | 63.9%( 184 ) |
| | High stress | 24.2%( 69 ) |
| **spiritual well-being** | Poor spiritual well-being | 3.9%(11) |
| | Moderate spiritual well-being | 96.1%( 274 ) |
| | High spiritual well-being | - |

There was a significant relationship between job stress and income level and stress coping methods and income level ($p<0.05$). Also, there was a significant relationship between education level and stress coping methods ($p<0.023$). At the same time, the relationship between employment status and job stress was significant ($p<0.05$). The findings also showed that there was a significant relationship between job stress and nurses with life-time employment ($p<0.001$).

One-way ANOVA results regarding work record showed a significant relationship between work record, spiritual well-being, and stress coping methods ($p>0.05$). There was found a significant relationship between job stress and nurses with 15-20 years of work record ($p<0.019$); likewise, a significant relationship was documented between work shift, spiritual well-being, and stress coping methods ($p>0.001$). Nurses with morning work shift, compared to other groups, had a higher job stress score and the difference was significant ($p<0.03$). A significant relationship was also observed between the number of overnight work shift and job stress ($p<0.05$). Nurses with less than five overnight work shifts per month had a significantly lower job stress compared to other groups ($p<0.05$). On the other hand, nurses with more than 10 overnight work shifts in months had a higher job stress ($p<0.05$). Apparently, with a fewer overnight work shifts, the level of stress decreased due to the more time away from the work (Table 1). The results indicated that there was no significant relationship between job stress, spiritual well-being, and stress coping methods ($p>0.05$). Similarly, the relationship between job stress and religious and existential well-being showed no significant relationship between job stress and spiritual well-being and all the subscales ($p>0.05$) (Table 2).

## *4. Discussion*

The aim of the present study was to investigate the relationship between spiritual well-being and coping strategies with job stress in nurses. The scores of spiritual well-being, job stress and coping with stress were 60.7, 90.3 and 49.3, respectively. A statistically significant relationship was also reported between spiritual well-being, job stress and coping styles. The spiritual well-being of the participants was at a moderate level, which was consistent with studies on nurses in Iran and other countries, where the same tools were used to measure spiritual well-being (19). In a study conducted in this direction, the spiritual health status of nurses was reported to be moderate, which was similarly confirmed by studies conducted by Asarroudi (20) and Masoumi (4). In general, it can be said that studies conducted with the target group of nurses have reported that spiritual health is above average. Perhaps the reason for this can be attributed to the nature of the nursing profession and its emphasis on the importance of spirituality and attention to the non-sensory needs of patients in addition to providing medical and clinical care (20, 21). Persons with lowered well-being experienced high job stress. Furthermore, job stress has become the main problem for working women, including nurses (22). Spiritual health has an important role in coping with stress, and with its therapeutic effect on cognition, it can have significant effects on reducing stress, and increasing mental

health indicators in individuals (23). The results of the study of Rafiei et al. also confirmed a significant relationship between spirituality and job stress in nurses (18). The mean score of job stress in the present research was 90.3±5.18 and at a moderate level. Consistent with our findings, Qazvin City nurses (24), Northern Ireland nurses (25), and Behesht Zahra Organization of Tehran (26) reported that the level of job stress in nurses was at a moderate level. This findings was also found to be consistent with that of Asarroudi who reported a moderate level of stress (20).

Among the different aspects of job stress, the top stressors were "fear of death and dying," "high workload," "doubts about medical interventions," and "conflict with colleagues and physicians" in a descending order. Consistent with our findings, Rafiei reported that the main stressors were "conflict with medical team and nurses, heavy workload, and the fear of death and dying" (18). Ghasemi et al. reported that the main stressors were death and fear of dying, workload, doubts about medical interventions, conflicts with physicians and nurses, and lack of support (24) . Here, the mean score of stress coping was 49.4±10.7, and based on the Billings and Moos's Stress Coping Strategies(27), the level of using these strategies was at a low level. Since stress level in the subjects was at a high level (90.3±18.5), the nurses had managed to keep their stress coping capability at a higher level and adapt to the situation despite the stressful work condition.

Our findings indicated that there was a weak and direct relationship between spiritual well-being and job stress. Other studies have shown that spirituality improved one's coping capability and decreased senses like hopelessness in individuals, which in turn led to a higher mental health (28). Masoumi reported results inconsistent with the present work, so that there was a negative and significant correlation between job stress and spiritual well-being and all its aspects (4).

As to the relationship between job stress and demographic variables, there was a significant relationship between income, work shift, education level, employment status, work record, and number of overnight shifts per month and job stress. Some similar studies have confirmed the findings of this study. Rafeie reported a significant relationship between employment status, work record, and job stress (18). Compared with nurses with temporary work contract, those with life-time employment status had a lower stress score. Jafari reported that nurses with temporary work contract had a higher job stress and more chance of leaving their jobs (29). Mosadeghrad indicated that lack of job security was a key factor in quitting jobs, and employees with life-long work contract felt a higher level of job security. Therefore, nurses with such work contract tended to have a higher satisfaction and thus, felt less risk and had a better psychophysical status (30). There was a significant relationship between job stress and income level and between stress coping methods and income level. So that, individuals with good income level had a lower stress score compared to those with low income level. Furthermore, the individuals with very good income level had a higher stress coping score compared to those with moderate income level.

The mean score of stress coping methods in nurses with a B.Sc. degree was higher than that of those with a M.Sc. degree. This finding was consistent with Dehdashti

and Rashidi; while it was expected that individuals with higher education level should have felt less stressful than others (31-32).

Nurses with a work record of 15-20 years had a higher job stress score compared to those with less than five years of work record and showed a significant relationship between job stress and work record (32). Biganeh showed that nurses with a higher work record had a lower level of job stress compared to those with a shorter work record (33).

Nurses in the morning work shift and those with rotating schedule had a higher job stress score compared to those in the afternoon and overnight shifts. This finding was not consistent with that of GholipoOr Khanmiri et al. who studied spiritual well-being and its relationship with job satisfaction in nurses. The reason for the different findings can be different demographic variables between the two studies (17). Overnight work shift caused a higher level of job burnout with stronger negative effect on physical and mental health of nurses (32). Nurses with less than five overnight shifts in months had a lower job stress score compared to others. Similar studies have shown that workload was a key stressor (4). Studies in other countries have shown that nurses with a higher work load were unable to provide the required mental support to patients. This increased job stress and pressure on nurses (34). Due to the role of spiritual health on nurses' job stress, strengthening this dimension of nurses' health is recommended. Spiritual health can be enhanced through education about its positive effects on physical, mental, and professional performance (35). Recent studies have shown that spirituality and religious beliefs have a great role in and effect on the mental and physical health of people and are considered as a common way to deal with problems. Religion creates a positive attitude towards the world in a person and helps him in the face of unfortunate life events, such as illness. It also increases the tolerance and acceptance of difficult situations (36). One of the limitations of the present study was having a self-reporting mode, and that administrative and temporal coordination was needed to coordinate and enter different wards of the hospital and interview nurses. Due to the possibility of less educational interventions in the medical environment, we attempted to refer to the questionnaire during the break or at the end of the work shift.

## *5. Conclusion*

Spiritual well-being is one of the main factors in positive health among health and medical profession workers and nurses in particular. It enables nurses to conduct more purposeful interventions through higher mental peace and less work stress. On the other hand, stressors in nursing profession degrades the quality and quantity of healthcare. Given the nature of nursing profession and the high level of job stress and burnout in this profession, the present study made a strong recommendation to pay more attention to spiritual well-being and coping strategies in nurses.

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