

**RESEARCH PAPER****Comparative Analysis of Occupational Stressors and Coping Mechanisms among General and Psychiatric Nursing Professionals****¹ Dr. Shagufta Perveen, ²Dr. Andleeb Akhtar and ³Tehreem Rizwan**

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ABSTRACT

The present study intended to explore the association between workplace stressors and coping strategies among general and psychiatric nurses. Stress at work is a persistent global problem for nurses. Psychiatric nurses are said to have especially high levels of mental stress when compared to other healthcare professionals. Using a purposive sampling technique, 330 nurses were selected from Mansehra, Abbottabad, Haripur, Islamabad, and Peshawar. Nurses were further divided into two categories based on their workplace. The Nursing Stress Scale (NSS; Saarni et al., 2008) and the Brief COPE (BC; Carver, 1997) were used to collect the data. A noteworthy negative relationship was found between stress and coping strategies among general and psychiatric nurses. Male nurses with a higher level of stress were engaged more with positive coping strategies. Similarly, nurses from psychiatric wards and with low job experience were more stressed, showing less dependency on coping strategies. Male nurses from the psychiatry ward who were less engaged with coping strategies experienced more stress. Nurses with less job experience and from psychiatry wards were facing more stress.

Keywords: Psychiatry Ward Nurses, Stress, And Coping Strategies**Introduction**

Nursing is defined as safeguarding, upgradation, and optimization of fitness and capabilities, deterrence of disease and injury, and relief of distress through identification and treatment (Lavanya, 2024). The nursing profession is considered to have unique features not experienced in other professions. These include not only confronting situations such as bereavement and dying, but also other stressors such as long duty hours, work shifts on holidays, and violence in the workplace (Hoeve et al., 2014). A nursing job is thought to provide personal satisfaction, but at the same time, it can also be stressful and stress-causing (Akturan et al., 2025).

Job-related stress among nurses is an ongoing worldwide burning issue. As compared to other health care experts, nurses are reported to have particularly high levels of mental strain (Abdallah Ali et al., 2022). Work-related stress in nursing describes the physiological and psychological symptoms that occur when a nurse's capabilities cannot cope with the demands and strains of their work (Eldin et al., 2021).

Several studies have shown that nurses experience job-related stress accompanying individual, social, environmental, and organisational factors. (Jia et al., 2022). Job stressors include factors such as disproportionate workloads (Zhao et al., 2023), physical exhaustion (Cha et al., 2022) dealing with patients and their families, and with patients with problematic behaviors (Sato & Kodama, 2021) and absence of colleagues' care, indecision regarding treatment plans, incompatibility with other nurses, administrators, and other staff members, handling with death and dying, administrative problems, problems relating to patient health, concerns about technical knowledge and skills (Asseiri et al., 2025).

Work-related stress in nursing is found to be increasing in many countries. These countries include North America (Ohue et al., 2021), Canada (Nowrouzi et al., 2016) England and Wales (Marchant et al., 2024), Ireland (Bartosiewicz et al., 2025), Germany (Diehl et al., 2021), and Turkey, (Arikan et al., 2007). Similarly, among Pakistani nurses, job stress was found to affect their work performance negatively and cause distress (Noor et al., 2023; Panhwar et al., 2019).

More than 70 percent of nurses cross-examined showed critical and chronic effects of stress and overburden as their topmost health and welfare apprehensions (Waddill-Goad, 2023). Specific job-related stressors, such as dealing with patients' over-demanding emotional responses, shortage of time for work strategies, repeated disruptions, and obligations in the absence of administrative power, are significant stressors in the nursing profession (ALJAZIRI, 2024).

Psychiatric nurses, also known as mental health nurses (MHNs), go through specialized training and serve in a community, forensic, long-term, and hospital environment. They provide regular upkeep for patients with a display of psychiatric and mental disorders, ranging from anxiety and depression to hallucinations and delusions (Keykha et al., 2025). Several studies have proved that psychiatric nursing is a nerve-racking profession (Ohue et al., 2021). Psychiatric nurses have incompatible roles to care for and control clients, which results in stress (Yoon & Cho, 2022). Nurses have strong associations with clients and their families with challenging behaviours (Overpelt et al., 2025).

Studies have shown that up to 70% of psychiatric staff experience some kind of hostility and aggression at work each year. Other stressors frequently experienced by psychiatric nurses include poor preparation, impending suicides, physically intimidating patients, problematic or challenging patients, and verbal abuse (Cranage & Foster, 2022). Several research studies have shown numerous factors that cause stress and burnout among nursing staff. Factors include patient hostility, perceived physical violence and threats, problems, and challenges in taking care of clients with disabilities (Cranage et al., 2022). The job-related stress can cause depression, anxiety, sleeplessness, poor eating behaviours, somatic complaints, drug abuse, and even suicidal ideation (Liu et al., 2025).

Coping strategies may be different among individual nurses. Research has shown that some nurses find that intimacy with patients lessens stress and improves job satisfaction, whereas other nurses aloof themselves from patients to avoid emotional stress (Ali et al., 2024). Studies have also suggested the range of coping strategies applied by nurses to cope with chaotic conditions in their work settings, such as looking for social support, avoidance, and positive reconsideration (Hutsell, 2024).

Coping behaviours are usually categorized as either emotion-oriented or problem-oriented. While affective-oriented styles address the emotional component of the situation, problem-oriented styles deal with stress-inducing problems. Immediate coping mechanisms (i.e., food intake, slumbering, and smoking) momentarily lessen strain but do not address the underlying stressors. The majority of nurses engage in positive, problem-focused coping, which is seen to be the best way to manage stress since it allows them to adopt strategies that deal with the underlying causes of stress (Yeh et al., 2024).

Examining coping strategies used by psychiatric nurses may help increase a person's capacity for effective coping, hence reducing stress and fatigue (Rafiei et al., 2024). Because of this, a major concern is how psychiatric nurses handle work-related stress. Because occupational stress causes burnout, illness, absenteeism, low staff morale, and decreased efficacy and productivity, this issue affects both the organizations and the psychiatric nurses themselves. Furthermore, psychiatric nurses who used healthy coping strategies often reported feeling less stressed (Njume, 2020).

Three common tactics practiced by nurses to manage stress have been demonstrated by research: evasive (avoidant activities used in coping with a situation), confrontive (confront the situation, face up to the problem, constructive problem solving), and optimistic (positive thinking, positive outlook, positive comparisons) (Iwanowicz-Palus et al., 2022). Informal methods of managing work-related stress were preferred by psychiatric nurses. These strategies comprise interests and pastimes, understanding that life outside of work is sturdy, pleasurable, and valuable, and at the end of the day, anticipating returning home, maintaining a constant home life that is kept apart from one's work life, and having faith in one's capacity to perform the job (Iwanowicz-Palus et al., 2022).

Debnath and Khatri (2025) found nurses regarded problem-solving strategies as helpful, but by means of emotion-focused strategies, stress was hardly coped. Folkman and Lazarus (1980) reported that females used fewer problem-focused coping strategies than men (Folkman & Lazarus, 1980). Numerous studies show that emotion-focused coping mechanisms are frequently linked to higher levels of stress and work dissatisfaction among nurses (Gonçalves & Matos, 2025). The majority of stress-resistant nurses employed problem-focused strategies (Kiuasmaa & Kärki, 2022). These included analyzing the issue, effectively managing time, and controlling workload. Additionally, these robust nurses were gifted to preserve good psychological health by looking for and getting higher assistance from family relations, in contrast to exceptionally strained nurses who did not have significant support from their relations. Internal locus of control and psychological well-being were higher among nurses who utilized problem-focused techniques (Chen et al., 2024).

According to Watson et al. (2025), social support, stable relationships, acknowledging limitations, addressing issues as soon as they arise, aptness levels, peer assistance and help, particular strategies, management, a positive domestic life with family and spouse, and interests outside of work were among the coping mechanisms used by mental health nurses. The researchers also found that being a woman, especially for social support and emotional comfort, having more work experience, being older, job security, and workplace environment are all linked to increased usage of coping methods. According to another study, psychiatric nurses use effective time management, scheduling team meetings, building support systems, and enhancing communication within and between determinant professional disciplines as coping mechanisms. (Abdallah, 2013).

Distancing oneself from the cause of stress, whether intentionally or unintentionally, is one insufficient coping mechanism used by psychiatric nurses. If psychiatric nurses continue to be aloof or uninterested in their patients, this coping strategy has detrimental implications for the therapeutic connection between the client and the nurse (Missouridou et al., 2022).

Psychiatric nurses typically employ six coping mechanisms to lessen stress at work. These tactics include time (awareness and management), social support (help from coworkers), task strategies (methods of organizing work), logic (using a detached approach), involvement (identification with work goals), and home and work relationships, i.e., the balance between home and work (Tsaras et al., 2018). The study discovered that all six coping strategies were effective in lowering stress at work, except reasoning (using a detached approach) (Alharbi, 2024).

Literature Review

An examination of the literature identifies certain patterns in the particular coping mechanisms that nursing staff members most frequently employ. Finding coping mechanisms has been the main focus of research. The most popular strategy is stated to be strategic problem solving (Blomquist & Lasiter, 2022). This type of coping involves thinking

about how to confront the stressor. Individuals will seek out all available information and begin to plan an appropriate course of action. Planful problem-solving is an example of both active coping and problem-focused coping (Lavoie-Tremblay et al., 2022). The escape-avoidance approach entails taking steps to avoid facing the circumstance. In an effort to escape reality or ignore current circumstances, people frequently turn to food, sleep, alcohol, medication, drug usage, or similar behaviors. Disengagement and escape avoidance are both seen as passive coping mechanisms (Blomquist et al., 2022).

Long-term exposure to stress at work can lead to the employment of dysfunctional strategies such as whining, avoiding situations, acting aggressively, and distancing oneself from the situation. Positive coping strategies, such as coming up with different solutions and exercising self-discipline, can help reduce workplace stress, provide nurses with emotional control, and enhance their productivity (Vallone et al., 2024).

The well-being and professional productivity of nurses are significantly influenced by emotional regulation. Nurses usually face difficult situations that might lead to showing emotions, such as taking care of dying patients, interacting with relatives, and conflicting wants from patients and colleagues. The application of a good emotional regulation technique will enable nurses to handle their feelings and support themselves in overcoming the difficulties associated with their profession (Anasori et al., 2022).

Nurses can manage their feelings in several ways effectively. Some included among these methods are: Mindfulness, which refers to being aware of the present moment without judging it. Among the various meditation, deep breathing, and yoga, mindfulness is certainly one of the practices that nurses can perform. Cognitive restructuring tactic means flipping negative thoughts into positive ones. By asking themselves if the negative thoughts are correct and if there is any proof to back them up, nurses can confront negative thoughts. Social support: Emotional distress can be relieved by nurses through social support from their coworkers, family, and friends. It can be therapeutic to talk to others who have gone through similar circumstances. Relaxation techniques: Stress and anxiety can be alleviated by nurses using progressive muscle relaxation or visualization relaxation techniques. Self-care: Nurses can carry out physical and mental health maintenance through self-care activities like working out, balanced diets, and enough sleep (Fasbinder et al., 2020).

Nurses are among the healthcare professionals who, like others, are regularly subjected to high emotional stress levels at work. The professionals might find themselves in situations that test their emotions, e.g., providing care to patients with critical health conditions or to those in pain who are very distressed, managing very upset family members, and even witnessing the death of patients. Besides, nurses may suffer from emotional stress that is work-related, e.g., lack of manpower, very long working hours, and conflicts between colleagues.

Nurses might feel their psychological distress in various forms, such as burnout, compassion fatigue, or secondary traumatic stress. Burnout is the state of emotional, physical, and mental exhaustion due to continued exposure to high levels of stress (Hutsell, 2024). In its most basic definition, compassion fatigue is a decline in empathy and emotional responsiveness due to working with traumatized people or individuals who have suffered traumas. Secondary traumatic stress refers to a variation of post-traumatic stress disorder that occurs without being directly exposed to a traumatic experience; rather, the individual can be exposed to the trauma of others, which, in this case, may involve a nurse working with patients who have been exposed to violence or abuse.

Nurses' distress can take a lot of forms: states of burnout, compassion fatigue, and even secondary traumatic stress. Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged exposure to high levels of stress. Compassion fatigue refers to a decline in empathy and emotional responsiveness that can occur as a result of working

with traumatized or suffering individuals. Secondary traumatic stress, sometimes also explained as a form of post-traumatic stress disorder, refers to the reactions that occur when persons are exposed to others' traumas. Examples are nurses working with patients who have experienced violence or abuse.

The application of effective emotion regulation strategies may help nurses manage their emotional responses and reduce distress. Such effective emotion regulation strategies involve mindfulness practices, cognitive reappraisal, and problem-solving skills. Mindfulness practices, including meditation and deep breathing, can help nurses regulate their physiological responses to stressors and promote a greater sense of calm and well-being (Chi et al., 2025).

Cognitive reappraisal is a process of reframing negative thoughts and emotions in a more positive or adaptive light. Problem-solving skills can help nurses identify practical solutions to work-related stressors and improve their work environment.

Occupational Stress Among Nurses

Despite the importance of emotion regulation within nursing, many nurses report feeling highly distressed at work. In fact, a study published in the *Journal of Clinical Nursing* found that nurses report particularly high levels of emotional exhaustion, depersonalization, and reduced personal accomplishment—all symptoms of burnout. Such symptoms can have negative repercussions on job satisfaction, patient care, and general well-being.

Factors that contribute to distress among nurses include working for long hours, high patient loads, workplace violence, and lack of resources. Nurses who work in an intensive care unit or the emergency department are highly vulnerable to high levels of distress because of their area of operation. Moreover, novice occupational and novice environmental nurses tend to develop more stress and anxiety as they learn to navigate the demands of their jobs. Mindfulness is another effective emotion regulation strategy; it involves being present in the moment and observing one's thoughts and feelings in a non-judgmental manner. Mindfulness can make nurses more aware of their emotions and learn to respond to them more constructively. Other techniques to relax may be deep breathing, progressive muscle relaxation, and guided imagery. These can be repeatedly experienced to assist nurses in the development of a pattern of reacting to stressful events calmly and appropriately. They face a number of daily challenges, including high-stress situations and emotional demands from patients and their families. Such conditions bring about a great number of nurses facing high levels of distress that may affect job performance, health, and well-being. Nurses must learn emotion regulation coping strategies to manage their emotions properly and reduce distress in the workplace.

Another effective coping strategy involves direct regulation of emotions through emotion-focused coping. This could be mindfulness, deep breathing, or relaxation exercises. These might increase nurses' awareness of their feelings and allow them to cope with them more healthily. Other forms of emotion regulation strategies that nurses can utilize include problem-focused coping. The nurse, through this strategy, identifies the source of the problem causing the distress and works toward its eradication. For example, if a nurse feels overwhelmed by work, they can strategize on how to prioritize their work and delegate duties to others.

Coping Strategies

Another significant coping strategy for nurses is social support. Supportive networks of colleagues, friends, and family contribute to the nurse's feelings of being valued, understood, and less isolated from others. Social support provides perspective and a

sounding board to discuss challenges and find solutions. Coping strategies, therefore, play a fundamental role in helping nurses manage their distress. Cognitive reappraisal, emotion-focused coping, problem-focused coping, and social support are various efficient methods that nurses may use in regulating their emotions and improving their well-being in the workplace. Accordingly, learning and practicing such skills can help nurses improve emotional resilience, job performance, and the overall quality of life. Like any other medical professional, nurses are constantly exposed to sources of stressors in their work environment. To handle such emotional challenges and to keep themselves emotionally sound, nurses should follow effective strategies for regulating their emotions and coping with stress.

Coping strategies are processes individuals use to control and regulate their emotions. Among them are cognitive reappraisal, which is changing what a person thinks about some situation in order to alter the emotional response, and vigorous clamp down, which encompasses constraining emotional expression. Research has shown that cognitive reappraisal has more pronounced effects on reducing negative emotions and improving emotional well-being compared to expressive suppression. Cognitive reappraisal can be utilized by nurses through stimulating negative thoughts and focusing on positive aspects of work.

Stress coping strategies refer to the efforts individuals employ in dealing with stressors. Coping strategies could either be problem-focused or emotion-focused. Problem-focused coping strategies involve the implementation of direct action in order to solve the stressor, whereas emotion-focused coping strategies involve managing emotive responses to the stressors.

Nurses can use problem-focused coping strategies such as seeking social support, time management, and prioritization to manage their workload and reduce stress. Emotion-focused coping approaches, such as mindfulness and relaxation techniques, can also be helpful in dealing with stress.

It is significant for nurses to have access to support resources such as psychotherapy and peer support programs to manage stress and maintain emotional well-being. Organizations can also implement strategies and programs that endorse self-care, work-life equilibrium, and resilience building among nurses to support their well-being (Maben & Bridges, 2020).

Material and Methods

For the present study, using the purposive sampling method, 330 nurses (150 male and 180 female). were selected from the hospitals of Mansehra, Abbottabad, Haripur, Islamabad, and Peshawar cities. Nurses were further divided into two categories based on the workplace (200 general nurses and 130 psychiatric nurses). Demographic form was used to check the gender, duty place, job experience, etc. To explore the level of stress, the Nursing Stress Scale was used, which comprises 34 items grouped into seven major sources of stress closely related to the conceptual categories of stress, including death and dying, conflict with physicians, inadequate preparation, lack of support, conflict with other nurses, workload, and uncertainty concerning treatment. death and dying (i.e., item number 3,4,6, 8, 12, 13 and 21), conflict with physicians (i.e., item number 2, 9, 10, 14 and 19), inadequate preparation (i.e., item number 15, 18 and 3), lack of support (i.e., item number 7, 11 and 16), conflict with other nurses (i.e., item number 5, 20, 22, 24 and 29), workload (i.e., item number 1, 25, 27, 28, 30 and 34), uncertainty concerning treatment (i.e., item number 17, 26, 31, 32 and 33). The NSS is a 34-question tool that uses a 4-point Likert scale (1-4) range, from never (1), occasionally (2), frequently (3), to very often (4), in which the higher scores represent the greater level of stress. Lower scores represent less stress, and higher scores represent more stress. Internal consistency of the NSS was measured by the Spearman-

Brown coefficient (.79), the Guttman split-half coefficient (.79), a coefficient alpha (.89), and a standardized item alpha (.89) (Johnson, 1991).

The brief cope comprises of 28-item measures theoretically identified coping responses (i.e., item number 1 and 19), active coping (i.e., item number 2 and 7), denial (i.e., item number 3 and 8), substance use (i.e., item number 4 and 11), use of emotional support (i.e., item number 5 and 15), use of instrumental support, (i.e., item number 10 and 23), behavioral disengagement, (i.e., item number 6 and 16) venting (i.e., item number 9 and 21), positive reframing, (i.e., item number 12 and 17), planning, (i.e., item number 14 and 25), humor (i.e., item number 18 and 28), acceptance (i.e., item number 20 and 24), religion, (i.e., item number 22 and 27) self-blame (i.e., item number 13 and 26). For each item, subjects designate the use of the coping styles on a four-point Likert scale (1 = I haven't been doing this at all; 2 = I've been doing this a little bit; 3 = I've been doing this a medium amount; 4 = I've been doing this a lot). Internal reliabilities for the 14 subscales range from $\alpha = 0.57$ to -0.90 (Carver, 1997).

Table 1
Demographic characteristics of participants (N=330)

Variables	f	(%)
Duty Place		
General	200	(60%)
Psychiatric	130	(39%)
Gender		
Male	150	(45.5%)
Female	180	(54.5%)
Job Experience		
> 5 Year	176	(53.3%)
< 5 years	154	(46.6%)

Note. Demographic characteristics of general and psychiatric nurses

Table 1 shows the distribution of the sample based on duty place and job experience among general and psychiatric nurses. As seen in the table distribution of the participants with reference to duty place, out of (45.5%) of male nurses, (25%) were from general wards and (20%) were from psychiatric wards whereas out of (54.5%) of female nurses, (30%) were from general wards and (24.5%) were from psychiatric wards. With reference to job experience, out of (53.3%) of nurses with low job experience, (25%) were from general wards and (28.3%) were from psychiatric wards, whereas with high job experience, nurses out of (46.6%), (21%) were from general wards and (25.6%) were from psychiatric wards.

Procedure

For data collection, authorities and heads of institutes of different hospitals and clinics were approached and were informed about the purpose and aims of the current study. after acquiring permission, potential subjects of the study were approached. After giving a briefing about the purpose of the study, informed consent was obtained. Ensuring the secrecy of the data and its use for only study purposes, all the questionnaires, along with the demographic sheet, were distributed among nurses. They were requested to give their response with honesty and not to leave any item unchecked. The completed questionnaires were checked when they were handed back. At the end, all participants were thanked.

Results and Discussion

In the present study, the data of 330 nurses (male $n=150$ and female $n = 180$) have been analysed.

Table2
Correlation between Brief Cope (BC) and Nursing Stress Scale (NSS), among nurses (N=330)

	Measure	1.	2.	M	SD
1.	BC	---	-.120*	64.61	12.06
2.	NSS	---	---	71.35	12.70

Note. BC = Brief cope; NSS = Nursing stress scale.

Results in Table 2 reveal that a significant positive correlation exists ($r = -.120$, $p < .05$) between nursing stress and coping strategies. Table 2 indicates that the higher the stress higher the dependency on coping strategies.

Table 3
Mean, Standard Deviation, and t-values of gender on Brief Cope and Nursing Stress Scale (N=330)

Scales	Male (n=150)		Female (n=180)		t(328)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Positive coping	29.66	5.19	27.86	6.51	2.79	.000	-0.53	1.25	0.30
Negative coping	36.24	7.15	30.36	5.80	8.09	.000	-0.23	1.76	0.91
BC	68.68	11.29	61.22	11.61	5.88	.000	-1.15	2.35	0.65
NSS	72.28	9.67	70.57	14.74	1.28	.224	-1.39	1.86	0.16

Note. BC = Brief cope; NSS = Nursing stress scale.

Table 3 indicates that significant gender base differences exist in coping style. whereas comparing the mean scores on the nursing stress scale, male nurses exhibited a comparatively higher level of stress than female nurses. Table results also show that male nurses scored higher on the brief cope questionnaire ($M = 29.66 \pm 5.19$) than female nurses ($M = 27.86 \pm 6.51$), suggesting that male nurses were more engaged in positive coping strategies than female nurses. The study results also revealed that non-significant gender variances exist between male and female nurses on positive coping strategies.

Table 4
Mean, Standard Deviation, and t-values of job experience on Brief Cope (BC) and Nursing Stress Scale (NSS), (N=330)

Scales	Low (n=176)		High (n=154)		t(328)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
BC	64.78	11.34	64.42	12.82	.272	.786	-1.65	2.05	0.03
NSS	72.90	12.12	69.57	13.14	2.39	.017	-1.53	2.34	0.26

Note. BC = Brief cope; NSS = Nursing stress scale.

Table 4 results show significant job experience-based differences on the nurses' stress scale, whereas comparing the mean scores on the brief cope scale, nurses with less job experience ($M = 64.78 \pm 11.34$) scored higher on the nursing stress scale than more job experienced nurses ($M = 64.42 \pm 12.82$).

Table 5
Mean, Standard Deviation, and t-values of work status on Brief Cope and Nursing Stress Scale (N=330)

	Duty status								
	General (n=200)	Psychiatric (n=130)							

Scales	M SD		M SD		t(328)	p	95% CI		Cohen's D
							LL	UL	
BC	69.90	10.88	56.48	8.78	11.77	.000	-0.78	3.45	1.35
NSS	66.95	12.18	78.13	9.11	12.33	.000	-0.18	2.84	1.93

Note. BC = Brief cope; NSS = Nursing stress scale.

Study results indicated significant duty place differences on both the brief cope and the nurses' stress scale. Results suggest that nurses from general wards were strongly dependent on coping strategies, thus exhibiting a lower level of job stress as compared to psychiatric nurses.

Discussion

The result of the study showed that a negative association exists between job-related stressors and coping tactics among general and psychiatric nurses. These are in line with the previous studies, indicating that job stress is also mentioned as being positively related to stress coping strategies (Iwanowicz-Palus et al., 2022). The nursing profession is the most challenging job, in which workplace stressors are the most important ones that will negatively affect nurses' performance. Prolonged stressors without operative coping strategies affect not only nurses' professional life, but also their nursing proficiencies (Ingstad & Haugan, 2024). To reduce nurses' job stress, recognition of the impact of work stress and use of the most effective coping strategies to deal with it are highly required.

The analyses of the present study demonstrated significant gender differences in brief coping, with male nurses scoring higher on brief coping than females. Another research has reported that male nurses are more likely to cope with stress by using problem-focused strategies (Chen et al., 2024), whereas female nurses are more prone to have emotion-oriented coping styles (Naz et al., 2017). It found that male nurses are more likely to take direct action and engage in problem-focused coping styles (Graves et al., 2021).

The analyses of the study demonstrated significant gender differences in positive coping strategies and negative coping styles, with male nurses exhibiting a more negative coping approach than a positive coping approach as compared to female nurses. Contrary to the present study result, previous researches report that male nurses are more likely to cope with stress by using problem-focused strategies (Lee & Cho, 2016), whereas female nurses are more prone to depend on emotion-oriented coping styles (Markiewicz, 2019). According to the present study result, it is found that male nurses engaged in more negative coping strategies as compared to positive (Lee et al., 2016) but in previous research, male nurses were found to be engaged with positive coping strategies as compared to negative ones (Isa et al., 2019). In our society, nursing is thought to be a feminine profession; thus, male nurses are experiencing more stress, they use drugs/substances excessively, and substance abuse is sometimes used to dismiss stress. Although these strategies can provide temporary stress relief, they call forth more stress in the period of time (Isa et al., 2019).

The result of data analyses also proved job experience-based differences among general and psychiatric nurses. Consistent with the present study, previous researchers have found that less experienced nurses were remarkably more stressed (Yaghoubi et al., 2010) than experienced nurses in several studies (Isa et al., 2019).

Study results further revealed that with reference to the duty place, general nurses were more engaged in coping strategies than psychiatric nurses. These results are supported by previous research reporting that general nurses were more dependent on coping strategies (Jang et al., 2022; Kakarni & Srimathi, 2017). The present study results are consistent with the findings of the study by Yang et al. (2018), who equated the level of job-related stress among female nurses working in psychiatric and general hospitals in China. It

was found that, as compared to the general wards, the psychiatry ward nurses experienced a higher level of stress.

Conclusion

The study has provided fact-based findings suggesting that workplace stressor has a positive relationship with coping strategies among general and psychiatric nurses. Male nurses were more engaged in negative coping strategies than female nurses. Nurses with less job experience were facing more nursing stress. Similarly, nurses from general wards were more dependent on coping strategies, thus exhibiting a lower level of job stress as compared to psychiatric nurses.

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