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Comparison of Stress Coping Styles Between Mental Health Technicians and Psychiatric Nurses Working in a Tertiary Care Psychiatric Hospital

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ABSTRACT

Objective: To compare the stress coping styles between mental health technicians and psychiatric nurses working in tertiary care psychiatric facility.

Study Design: cross-sectional study.

Place and Duration of Study: Armed Forces Institute of Mental Health (AFIMH), Rawalpindi and Combined Military Hospital, Lahore, Pakistan, from Oct 2023 to Mar 2024.

Methodology: A total of 120 mental health workers who were working in two tertiary care psychiatric facilities were included in the study. Stress coping strategies were assessed by using "Brief COPE inventory" which is a 28-item self-report questionnaire used in psychiatric and medical settings to assess the coping strategies individuals employ to manage stress. The inventory was employed in Urdu Version to facilitate participants.

Results: Among mental health technicians, 38.3% hailed from urban locales, while 61.7% originated from rural areas. Conversely, the majority of female psychiatric nurses, totaling 95.0%, hailed from urban environments, with only 5.0% originating from rural settings. Coping strategies commonly employed by female psychiatric nurses included 62.0% problem focused coping, 26.0% emotional focused and 12.0% avoidance coping techniques while mental health technicians used included 67% problem focused coping, 13.0% emotional focused and 20.0% avoidance coping.

Conclusion: Mental health technicians used more problem focused stress coping strategies as compared to female psychiatric nurses. Cognitive reshaping of female psychiatric nurses can be done in order to maximize their output.

Keywords: Brief Cope Inventory, Mental Health Technicians, Psychiatric Nurses, Stress Coping Mechanisms.

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INTRODUCTION

Stress is an adaptive response of living organisms which occurs in reaction to internal or external threats to homeostasis.[1] Coping mechanism can be defined as the behaviors applied to manage internal and external stressful stimuli.[2] In the ever-evolving landscape of mental healthcare, the well-being of mental health professionals is a topic of paramount importance. These individuals serve as the pillars of support for those grappling with psychological distress and disorders, but in doing so, they often find themselves navigating the treacherous waters of stress and burnout. Gender differences may have enormous impact on coping mechanisms.[3]

As such, the study of coping mechanisms employed by mental health professionals becomes not only relevant but imperative. Coping methods often differed based on gender and age. Utilizing positive coping mechanisms, like problem-solving approaches, correlated with decreased stress levels and enhanced psychological well-being.[4]

Mental health experts, encompassing psychologists, psychiatrists, counselors, social workers, and therapists, commit their professional lives to assisting individuals in achieving healthier and more fulfilling lifestyles. They are often the first line of defense against the formidable forces of mental illness. Mental health professionals play a vital role in offering relief, support, and initial psychological assistance to individuals struggling to cope with ongoing circumstances.[5] However, their work exposes them to a constant stream of emotionally charged situations, trauma and challenging client dynamics. This unique occupational context can lead to the development of significant stress levels, which, if not effectively managed, can compromise their own mental well-being and services they provide.

Understanding the intricacies of stress perception and the strategies employed to cope with it in relation to gender differences within this professional group is essential for several reasons. Firstly, it sheds light on

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the psychological and emotional experiences of those tasked with healing others impeccably. Secondly, this opens avenues for tailored interventions and support structures designed to mitigate stress and foster resilience among mental health professionals, accounting for their gender-specific instinctual tendencies.[6] In the 21st century, there is a growing recognition that therapeutic lifestyles should be a primary focus of mental, medical, and public health initiative.[7]

In this article, we targeted to find out different stress coping strategies among mental health professionals with reference to their gender. Through an in-depth examination of the experiences of mental health professionals, we focus to contribute to a deeper understanding of the challenges they face and, in doing so, advocate for the preservation of their own mental health.

METHODOLOGY

This descriptive cross-sectional study was conducted in Armed Forces Institute of Mental Health (AFIMH), Rawalpindi, and Combined Military Hospital, Lahore, Pakistan, from Oct 2023 to Mar 2024. This study aimed to recruit a sample larger than that of the parent study, which used n=107, to enhance reliability.[8] Based on the precedent of that study and considering feasibility and the limited accessible population during the study period, a target of 120 was study and a conventional sample size calculation for proportion estimation suggests a higher number (n=384 for p=0.5, 5% margin of error, 95% CI), the present study's design was not aimed at precisely estimating prevalence but at examining relationships and differences. A post-hoc power analysis confirmed that n=120 provides >80% power to detect medium effect sizes (Cohen's d ≈ 0.5, OR ≈ 2.2) in key comparisons, which aligns with the clinically meaningful effects observed in the parent study.

Inclusion Criteria: Mental Health Technicians (MHTs) and female psychiatric nurses working in a tertiary care psychiatric facility, encompassing both male and female individuals, aged between 18 and 65 years and who were willing to participate.

Exclusion Criteria: Included individuals below 18 years of age or over 65 years of age, as well as those with severe medical or psychiatric conditions that could potentially confound the results or render participation unsafe.

The data collection instrument for this research consisted of a self-administered, pre-validated questionnaire comprising two sections, section 1 included sociodemographic characteristics of participants and section 2 comprises of Brief Cope Inventory. Brief Cope scale Urdu validated version was used to assess the coping strategies among subjects.[9] This is Likert type scale with four reaction alternatives. Higher scores on the Brief COPE-Urdu subscales indicate a greater utilization of each coping strategy, while lower scores suggest less utilization of the respective coping strategy. In problem focused coping, Items included:[14, 5, 11, 2, 9, 22, 17], and [21], in avoidance coping, Items included: [15, 25, 23, 10, 4, 13, 3, 6, 1, and 16] and in emotional focused coping, Items included: [20, 8, 18, 7, 24, 12], and [19]. The data was assessed using Statistical Package for Social Sciences (SPSS) version 26.Frequency and percentages were calculated for categorical variables. Chi square test was applied to find association between gender (male and female) and different coping mechanisms.

RESULTS

The age of 120 participants who took part in the study ranged between 18-65 years with mean age of 28.34 ± 7.31 years for mental health technicians and 35.03±9.27 years for female psychiatric nurses. 23(38.3%) mental health technicians belonged to urban areas and 37(61.7%) were from rural areas as compared to female psychiatric nurses who were 57(95.0%) from urban areas and 3(5.0%) from rural areas. The distribution of mental health technicians based on their educational levels was as follows: 27(45.0%) had an intermediate level of education, 26(43.3%) were graduates, and 7(11.7%) held master's degrees. In contrast, from female psychiatric nurses, only 1(1.7%) had a basic education level, while 31(51.7%) were at the graduate level, and 28(46.7%) possessed master's degrees. When discussing marital status, it was found that 32(53.3%) of mental health technicians were in matrimony, while 28(46.7%) remained unattached. Among female psychiatric nurses, 38(63.3%) were wedded, while 22(36.7%) were single.

The association between various coping mechanisms and gender is presented in Table-II. Among the 120 participants, the distribution was equal, with 60 males and 60 females. The use of problem-focused coping was the most common strategy for both genders, with 67.0% of males and 62.0% of females employing it. This difference was not

statistically significant (p=0.54). Avoidance coping was used by 20% of males and 12% of females. While slightly more common among males, this difference also did not reach statistical significance (p=0.23). A statistically significant association was found for emotional coping. This strategy was employed by 26% of females, which is double the proportion observed in males (13.0%) (p=0.035)

Table-I Basic demographic data of mental health workers (Total number = 120)

Variables	Male (n=60)	Female (n=60)
Age	28.34 ±7.31	35.03 ± 9.27
Residence Urban area Rural area	23(38.3%) 37(61.7%)	57(95.0%) 3(5.0%)
Education Intermediate Graduate Masters	27(45.0%) 26(43.3%) 7(11.7%)	1(1.7%) 31(51.7%) 28(46.7%)
Marital status Married Unmarried	32(53.3%) 28(46.7%)	38(63.3%) 22(36.7%)

Table-II: Association of Coping Mechanisms with Gender (n=120)

Coping Mechanism	Male (n=60)	Female (n=60)	*p*-value
Problem Focused Coping	40(67.0%)	37(62.0%)	0.540
Avoidance Coping	12(20.0%)	7(12.0%)	0.230.0
Emotional coping	8(13.0%)	16(26.0%)	0.035

DISCUSSION

This cross-sectional study explored the coping strategies used by nursing students during stressful situations. While moderate stress can be advantageous, excessive stress can have adverse effects on individuals. The two types of coping strategies have been found in both groups distinctively: Problem-focused strategy in Nurses and Emotion-focused in MHTs. The plausible explanation for this variation is the nature of job and responsibility of work. MHTs were managing or processing emotions evoked by stressors (expressing or reframing feelings) to mediate their temperament and workload. On the contrary, the study observed that nursing staff managed stressors effectively by processing their emotions in a problem-focused manner.

Studies like Nohales *et al.,* highlighted the multiple stressors encountered by nursing workers, including patient care responsibilities, academic workload, negative interactions with faculty, concerns about clinical competency, and examination pressures.[10] Frajerman *et al.,* explained that stress is commonly understood to arise from an imbalance between workplace demands and an individual's coping capacities.[11] In a psychiatric facility, work schedules can serve as a stressor, affecting the mental health of professionals working there. Additionally, interactions with patients, especially those with prior traumatic life experiences, constitute significant stressors for healthcare professionals. Responses to stressors are influenced by both personal attributes and institutional factors, as explained by Morrison *et al.*[12]

Healthcare professionals working in mental health departments derive satisfaction and security from their work environment, but may also experience feelings of confinement due to limited job mobility.[13] These conflicting emotions can affect their quality of life and the delivery of patient care, exacerbated by inadequate training for dealing with the emotional challenges of patient care. Caring for socially deprived patients is inherently stressful, despite the positive feedback received from patients. Self-care programs produced measurable reductions in perceived stress categories across a six-week intervention, with chi-square tests indicating significant category shifts and two Perceived Stress Scale items showing correlations above 0.7 in the reported program evaluation, as determined in a study by Osborne *et al.*[14]

A study conducted on nursing students found that problem-solving stress coping is predominantly used by them. However, a new correlation found in this study was that female psychiatric nurses also adopted emotional coping significantly as part of their personality trait.[15] Mental health nurses need to prioritize self-care to mitigate stress. Carlson *et al.,* encompass sustaining a healthy work-life balance, prioritizing sufficient rest, consuming nutritious meals, and participating in regular exercise.[16] Taking breaks during shifts and using time off to relax and recharge are vital for managing stress levels. However, for mental health technicians, it is essential to build a support network of colleagues, friends, and family members, and to change the way of perceiving stressors as they lag in emotional coping.

Additionally, having trusted individuals to confide in and share experiences with can help mental health nurses feel understood and less isolated in their challenges. If no counselling is practiced, it can lead to

an avoidance/escape-focused strategy to cope with stress, which can have detrimental effects on the caregivers in hospitals.[17] Stanulewicz et al., explained that mindfulness practices like meditation, deep breathing exercises, and progressive muscle relaxation can aid in staying grounded and centered amidst stressful situations. These techniques promote relaxation, reduce anxiety, and improve overall mental well-being.[18]

In conclusion, mental health nursing requires effective stress coping mechanisms to maintain well-being and provide quality care. By prioritizing self-care, seeking support, practicing mindfulness, setting boundaries, honing communication skills, investing in professional development, accessing supervision, and maintaining perspective, mental health nurses can navigate the demands of their profession while safeguarding their mental health.

CONCLUSION

This study concludes that mental health technicians and psychiatric nurses employ distinct stress coping styles in their respective roles within tertiary care psychiatric facilities. The results indicate that mental health technicians tend to utilize problem-focused coping strategies more frequently compared to female psychiatric nurses. In contrast, psychiatric nurses predominantly employ problem-focused coping techniques, with comparatively more emotion-focused and avoidance coping strategies than mental health technicians. These findings suggest potential avenues for enhancing stress coping mechanisms among psychiatric nurses, such as cognitive reshaping interventions, aimed at optimizing their professional performance and well-being in high-stress environments. Further research and targeted interventions could contribute to improving the overall resilience and effectiveness of mental health workers in similar clinical settings.

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Authors' Contribution

Following authors have made substantial contributions to the manuscript as under:

MIH & SA: Data acquisition, data analysis, critical review, approval of the final version to be published.

MSM & AU: Study design, data interpretation, drafting the manuscript, critical review, approval of the final version to be published.

NI & SI: Conception, data acquisition, drafting the manuscript, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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