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**Strategies for Coping with Professional stress among Public Health Nurses
A Field Study at the Mohamed Boudiaf Public Hospital Center in Oum El
Bouaghi**

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Abstract :

This study aims to shed light on the strategies of facing professional pressures among public health nurses at the public hospital establishment Mohamed Boudiaf in Oum El Bouaghi. The study included a sample of 59 nurses in the same hospital institution. Furthermore, the two researchers relied on the descriptive approach, and the questionnaire was used as a study tool, which consisted of two axes, through the results of which the researchers tried to investigate the study hypotheses. The study found that the most commonly used strategies for coping with professional pressures by the sample members were emotion-centered strategies, especially self-talk to feel comfortable, restraining feelings and not expressing them, psychological preparation, trying to forget the problem, retaining stiffness, and avoiding being around colleagues.

Keywords: Coping Strategies; professional stress; Public Health Nurses.

Introduction:

It has become arduous for man to keep up with the requirements of life in this era, which is characterized by accelerated change and scientific, technological, and digital progress dominated by the concepts of globalization. This burden creates in individuals psychological accumulations and pressures that lead to the need to invent and create strategies to face them and accustom the environment surrounding individuals to overcome and surmount the difficulties and obstacles that they suffer from. Moreover, on one hand, these pressures negatively affect their health and professional achievement and, on the other hand, affect the good functioning of institutions. In addition, hospital institutions' employees are far from being immune from these pressures, as hospitals are an integral part of the social and health organization, which works to provide full health care in both therapeutic and preventive aspects to all members of society. Indeed, hospitals are also considered the right place to preserve individuals' health, and the one that brings together patients, doctors and nurses, who provide services directly to patients suffering from health problems to help them recover. By being part of the health family, they adopt a great responsibility with the health team (al-Shazli, 1998, p. 19). Despite this, nurses are exposed to high levels of psychological stress, often making them exposed to extreme situations in their constant struggle with the suffering of patients, and this is revealed by the study conducted by (vert and colleagues, 1989) on 200 male and female nurses. The study concluded that the presence of nurses next to patients in sensitive services, such as emergencies, exposes them to high levels of psychological pressure. In addition, mental health disorders are ascending, and this is due to the increase in professional pressures, which leads to feelings of depression, which reflects negatively on individuals. Regardless of all the efforts made for the comfort of patients, there are still obstacles in the work environment such as problems represented in pressures related to organizing working hours or related to the nature of the profession itself. In fact, dissatisfaction, lack of participation in decision-making, and even feelings of insecurity and danger at work can be mixed together, which prevents them from fully carrying out their role and may cause them to feel stressed and anxious. The danger of this feeling lies in its negative consequences, which are represented in various situations, including performing duties in a mechanical and poor manner that lacks emotional integration as well as lack of motivation, and loss of the ability to innovate and work (Al-Adili, 1993, p. 63).

When it comes to ways of dealing with these pressures, nurses differ; and this difference is shown through the methods they follow, the strategies they use, and how they perceive these pressures, as both "Lazar and sovolkman" believe that

confrontation refers to cognitive and behavioral efforts aimed at managing events that strain individuals' ability to adapt to stressors.

"Lazar and sovolkman" have distinguished between two basic types of confrontation: the first one is problem-centered confrontation that tends to solve the problem in question or to influence a situation that is thought to be exhausting and thus exacerbate the troubled relationship between the person and the environment. The second type is emotion-centered coping strategies that seek to regulate negative emotions, so that an attempt is made to reduce the state of tension that the individual is experiencing as it is stressful for him, and which is characterized by stressful emotions such as anxiety and anger (Radwan, 2002, p. 171).

Through all of the above, this study came to try to come up with an answer to the following main question: What are the most commonly used psychological stress coping strategies among public health nurses at Mohamed Boudiaf hospital Institution in Oum El Bouaghi?

Study hypotheses:

Public health nurses use different strategies to cope with professional stress .

Objectives of the study:

This study aims to achieve the following objectives:

- Revealing the strategies for coping with professional pressures most commonly used by public health nurses at the Mohamed Boudiaf Public Hospital Institution in Oum El Bouaghi.

- Identifying the main sources of professional stress among public health nurses at the Mohamed Boudiaf Public Hospital Institution in Oum El Bouaghi.

The importance of the study:

- The effective role that nurses play in the success of the health system.
- The effects of professional pressures on public health nurses from various aspects of life and their negative consequences on the effectiveness of performance.

- The possibility of benefiting from the study in the future in developing a program to improve the strategies used in dealing with stressful professional situations necessary to overcome pressure.

Previous studies:

Touati's Study (2017):

This study aimed to reveal strategies for coping with professional pressures among nurses working in cancer treatment services, as the study sample amounted to (131) nurses in hospital institutions in Blida and Algiers, depending on the scale

of coping strategies prepared by the researcher. These strategies included (09) dimensions, namely: turning to God, planning strategies, positive thinking, calming strategies, energy gathering strategy, finding solutions to problems, setting pauses, and searching for support. The results of the study concluded that there was a discrepancy in the sample members' use of the aforementioned strategies, as turning to God and positive thinking are the two most widely adopted strategies. It was also shown that there were statistically significant differences between the use of these strategies due to the variable of professional experience.

Zaidi's study (2019):

This study aimed to uncover strategies for coping with psychological stress among a sample of nurses at the hospital institution in Meniaa, Ghardaia state. The study sample was (70) nurses, depending on the Lazarus and Folkman coping strategies scale, which includes two dimensions: problem-centered coping strategies and emotion-centered ones. The results of the study concluded that the most adopted strategy among the sample members is centered around emotions, especially escaping, and there are no statistically significant differences in the use of these strategies due to the variables of: gender, age, type of hospital facility and shift.

Theoretical framework:

Defining study terms:

Professional pressure:

Work stress is defined as an emotional, cognitive, behavioral and physiological reaction to negative and harmful aspects of the nature of work, its organization and environment (Laurence, 2006, p. 15)

Sayed Abdel-Al (2002) defines professional stress as the set of physiological, physical and psychological changes that a worker or employee suffers as a reaction to a set of stimuli affecting him in the work environment that the worker or employee is no longer able to withstand or fulfill their requirements (Hussein & Salama, 2006, p. 216).

Strategies for coping with professional pressures:

Coping strategies express how we think about events and the way we respond to stressful events, and both behavioral and cognitive coping strategies are effective in regulating the effects of stress (Mahmoud, El Sayed, 2000, p.365).

Coping strategies are due to the cognitive and behavioral effort made by the individual for the sake of managing stressful situations that the individual perceives as a threat in order to deal with them for the purpose of managing them. These methods and strategies are also characterized by flexibility and instability

as they change according to the stressful situation to which the individual is exposed.

Procedurally:

It is a set of efforts made by public health nurses at the public hospital institution, Mohamed Boudiaf, in Oum El Bouaghi, towards the stressful situation in the professional community, which they perceive as a threat to their stability and psychological and professional balance. It is expressed in physical, physiological and psychological reactions that occur as a result of the requirements of the nurses' job or work that exceed their abilities and capabilities, which threatens and prevents them from adapting to their work environment. The strategies under study are measured after the response of the examinees to the tool designed for this study, represented by the questionnaire, which includes the following dimensions: problem-focused coping strategies and emotion-focused coping strategies.

professional pressures:

Functional classification of coping strategies:

The concept of confrontation carries many classifications, most of which pointed to the division between emotion-centered confrontation and problem-centered confrontation as proposed by " Lazar and Sovolkman " due to the fact that their classification is the most traded one, and because the two confrontation categories in this division are more used in stressful situations, we made this in detail as follows:

Problem-centered confrontation:

This type of confrontation aims at dealing with the problem that caused the pressure. Moreover, in this type, the individual seeks to change the situation directly for the purpose of modifying or eliminating the source of the pressure, as well as dealing with the tangible effects of the problem (Youssef, Sayed, 2000, p. 69).

This type of confrontation takes the following forms:

- **Searching for information or seeking advice:** that is, searching for more information about the situation or getting guidance from a responsible person and talking to another person and asking for help.

- **Taking action to solve the problem:** It includes preparing alternative plans, taking a specific action to deal with the situation, learning problem-oriented skills, and negotiating to succeed in solving it.

- Developing an alternative reward:

by changing the individual's activities, new sources of satisfaction such as building social relationships, self-independence, and developing a personal destination (Hussein and Salama, 2006, p. 31)

Emotion-centered confrontation:

This type of confrontation is usually useful in situations that are beyond the individual's ability to adjust and control them, and therefore cannot be changed following appropriate methods of solving the problem. This type of confrontation takes forms such as:

Emotional regulation:

such as emotional control, experiencing and dealing with emotions and not being preoccupied with the conflicting ones.

Submissive acceptance: such as waiting a while with the expectation of the worst, accepting the situation as it is and admitting that nothing can be done and surrendering to fate (Rabie, 2006, p. 316).

Emotional unloading:

includes methods that involve verbal expressions, crying, smoking, increased eating and indulging in impulsive activities directed outward.

Effectiveness of confrontation: the concept of effectiveness refers to the psychological impact of confrontation, meaning the consequences of the way an individual behaves in the situation, as well as the resulting effects on his physical and psychological comfort (Fischer, 2006, p. 124)

Public health nurses:

Procedurally: they are a sample of people who have professional competence that enables them to practice the nursing profession at the public hospital institution "Mohamed Boudiaf in Oum El Bouaghi".

Applied Framework:**Study Approach:**

In this study, the two researchers used the descriptive approach for its suitability to the current research objectives because they are describing a current phenomenon in society and determining its effects and repercussions. The descriptive approach is defined as: "the approach that aims to collect data and attempt to choose hypotheses or answers that define and decide the thing as it is in answering questions related to the current situation of the sample members, and the descriptive study identifies and decides the thing as it is in reality (Othman, 1998, p. 29).

Study limits:

Spatial boundaries: This study was conducted at the public hospital institution "Mohamed Boudiaf in Oum El Bouaghi".

Time limits: The study took place during the specified period from 03/24/2024 until 03/29/2024.

Human limits: The study was conducted on a group of hospital public health nurses, Mohamed Boudiaf, in Oum El Bouaghi.

The study sample:

This study was conducted on a community of public health nurses at the Mohamed Boudiaf Public Hospital Institution in Oum El Bouaghi, and was applied randomly to a sample of (59) male and female nurses in the same institution.

Description of the study tool:

For the sake of collecting the necessary data to achieve the objectives of the current study, the researcher built a tool represented in a questionnaire that includes 20 items distributed over two dimensions: problem-focused confrontation and emotion-focused confrontation, according to a three-point Likart scale: rarely, sometimes, always, with scoring each alternative by one scale in an ascending order.

Psychometric properties of the study tool:

Calculating discriminant validity:

This validity was confirmed by means of a side-by-side comparison between the average scores of the upper third (27%) of the distribution of scores of the rationing sample, which numbered (30) male and female nurses, and the average scores of the lower third (27%) of the same distribution. Consequently, $N = 30 \times 0.27$ is approximately equal to 9, so the number of members of the upper and lower groups reached 18 individuals, and the difference between them was tested by the "T TEST" Test for two independent samples, and the results were summarized in the following table:

Table No. (01): "represents the results of the discriminative honesty of the study tool"

Sample N=16	arithmetic average	standard deviation	Value (T)	Alpha
The upper group	34.68	3.49	tc= 9.17 tt= 2.75	0.01
The lower group	36.72	4.61		

Commenting on the table:

We denote from Table No. (01) that the calculated value of (T) is greater than its tabular value, hence, there are statistically significant differences between the

averages of the upper and lower groups at the significance level of 0.01 and at the degree of freedom $df=14$, meaning that the study tool is characterized by the ability to distinguish between Those with higher grades and those with lower grades. Accordingly, the questionnaire on strategies for coping with professional pressures is characterized by a high degree of distinctive validity.

Calculating Cronbach's alpha stability:

Table No. (02): "represents the stability results of the study tool"

Cronbach alpha stability coefficient
0.81

Commenting on the table:

It is clear from the table above that the stability coefficient reached 0.81, which is high and strong, which indicates that the tool has a high degree of stability.

Presentation of study results:

The following table shows the responses of public health nurses at the public hospital institution, Mohamed Boudiaf, in Oum El Bouaghi:

Table No (03): "Represents the results of coping strategies with their problem-centered dimension, and emotion-centered one".

Items		Always	Sometimes	Rarely
First dimension: problem-centered coping strategies				
I just focused on what I'm going to do next.	N	28	21	10
	%	47.46	35.60	16.94
I tried to analyze the problem to understand it more	N	29	25	05
	%	49.15	42.37	8.47
I got myself into an alternative work or activity so I don't think much	N	35	17	07
	%	59.32	28.82	11.86
I looked for a compromise to take advantage of the situation	N	42	10	07
	%	71.20	16.94	11.86
I benefited from my previous experiences as I was in a similar situation.	N	28	25	06
	%	47.46	42.37	10.17
I tried to convince the person who is responsible for this to change his mind.	N	03	02	54
	%	05.08	03.39	91.53
I spoke to a co-worker to learn more about the situation	N	34	23	02
	%	57.63	38.98	3.39

I tried to focus on the positive side of the problem	N	11	06	47
	%	18.64	10.16	79.70
I did something that I didn't think it would work to reduce the problem.	N	27	15	17
	%	45.76	25.43	28.81
I acted like nothing happened.	N	33	12	14
	%	55.93	20.34	23.73
Dimension two: emotion-centered coping strategies				
I showed my anger to the person who caused the problem	N	28	21	10
	%	47.76	35.59	16.95
I talked to myself about things that helped me feel comfortable	N	39	17	03
	%	66.10	28.81	5.09
I tried to forget everything	N	42	15	02
	%	71.17	25.42	03.39
I got help from a psychologist	N	09	12	38
	%	15.25	20.34	64.41
I didn't let others know that things were bad	N	25	14	20
	%	42.37	23.73	33.90
I blamed other colleagues about the problem	N	17	34	08
	%	28.81	57.63	13.56
I tried to keep my feelings to myself	N	47	05	07
	%	79.66	8.47	11.86
I prepared myself for the worst	N	36	18	05
	%	61.02	30.51	8.47
I tried to maintain my composure	N	45	09	05
	%	76.27	15.26	8.47
I avoided being with colleagues or people in general	N	33	24	02
	%	55.93	40.68	3.39

Commenting on the table:

We denote from reading the two tables above that more than half of the sample expressed that focusing on the next step, analyzing the problem to understand it more, engaging in an alternative activity, searching for a compromise solution to the problem, seeking help from a co-worker to solve the problem, and trying to ignore the topic, make an average percentage that is almost High between 47.46% to 71.20%. While the percentages of benefiting from previous experiences, trying to persuade the responsible person in order to change their mind, and trying to focus on the positive side of the problem, were medium, almost low, as they were estimated between 45.46% to 5.08%. This was after the sample members

responded to the items related to the problem-centered coping strategies dimension, while the sample members' response rates to the items that express emotion-centered coping strategies were high, estimated between 47.46% and 79.66%. These strategies included the following:

Talking to oneself to feel comfortable, retaining feelings and not expressing them, psychological preparation for what is worse, trying to forget the problem, maintaining rigidity and avoiding being with colleagues. While the response rates of the sample members were moderate to low, estimated at between 42.37% and 28.81%, with regard to coping strategies related to resorting to the help of a psychologist, blaming others for the occurrence of pressures, and not informing others of the existence of pressures.

Analysis of the study results:

The use of emotion-centered coping strategies, which require special emotional skills to get out of stressful situations. Although many believe that emotion-centered coping strategies are negative, this depends on the type of the stressful situation and the various factors influencing this situation. Accordingly, we can attribute this use to the nature of the stressful situation that the nurse is going through in the hospital institution, and this is what Compas (1987) indicates when he claims that confronting the stressful situation varies according to the situation itself and the individual differences in terms of the methods to which individuals respond. Moreover, the coping style determines the individual's biological and psychological readiness to respond to pressure, in addition to the basic features of social-cognitive development, which have an impact on early childhood experiences, such as problem-solving skills, the skill of dealing with others, and a positive evaluation of oneself and the surrounding environment, which help in positive adjustment to life's stresses.

through the results we have reached in this study, we note that the most commonly used strategies are the emotion-centered ones, and this is due to nurses' need for rest periods, assist, and social support to alleviate the pressures that lead them to become emotional, and then to escape in order to achieve psychological comfort and alleviate these pressures.

This result is consistent with some previous studies conducted in this field, including a study conducted by (Aris, 2017) on "Adaptation strategies of emergency service doctors in situations of psychological stress at the University Hospital in Tlemcen." The results of which indicated that emergency service doctors use an avoidance-oriented coping strategy and, secondly, an emotion-oriented coping strategy, which (Al-Sadasi, 2002) says is a way of diverting attention from the source of stress. Additionally, it includes activities with a behavioural or cognitive expression, which Lazarus and Volkman (1984) state as

strategies for raising emotional pressure such as: exercising, seeking emotional or social support, meditation, hiking, watching TV, sleeping, etc. We find that nurses use these strategies and withdrawing for some time, for example: to fulfill their biological and religious needs, to seek support, or to discuss among themselves the condition of patients and effective ways to help them recover. This strategy helps them avoid and escape from tension and pressure. We often go to hospitals and notice the absence of nurses from their services, but no one understands that this behavior is a defense mechanism or strategy that they resort to in order to reduce the intensity of their stress and anxiety and adapt to the various situations and psychological pressures to which they are exposed. which they are forced to confront and deal with. Apart from this, Our study contrasted with the results of the study (Sharif, 2003) entitled “Methods of coping with psychological stress and their relationship to personality type (B) among cardiac, neurological, and general surgeons,” which was conducted on (152) male and female doctors, and its results concluded that the methods followed by the study sample in coping with psychological pressures are positive methods, namely problem solving, effective confrontation. The study concluded that it is necessary to prepare programs to manage psychological stress at work, and it also differs from the study (Bianchi, 2004) entitled “Stress and Coping among Cardiac Nurses,” which concluded that the strategies most used by the sample were in first place positive evaluation, requesting support, social support, self-control, problem solving, and finally avoidance and escape.

Facing psychological stress has become inevitable, given the rapid changes and developments that our current era is witnessing in all areas of life, this latter increases the rates of psychological pressures among individuals. Which led them to search for methods and strategies to confront them, opening the way for us as researchers to study and address this subject. Therefore, addressing the topic of strategies for confronting psychological pressures has become necessary because it requires more understanding and clarification of its causes, its types and the consequences it has on individuals, especially the topic of strategies for confronting psychological stress among nurses, given what distinguishes this category and its importance in the health system, including the tiring tasks it entails, bearing fatigue, staying up late, and enduring exhaustion. Additionally, the possibility of transgressions by patients or their families for the comfort of patients, which makes them live under terrible psychological pressure that must be faced, as facing it varies from one nurse to another depending on how he perceives and perceives the stressful situation to which he is exposed while performing his duties. And the likelihood of transgressions by patients or their families for their comfort, which makes nurses live under terrible psychological

pressure that must be faced. As facing it varies from one nurse to another depending on how they perceive the stressful situation to which they are exposed while performing his duties. Nurses may be successful in dealing with stressful situations if they manage them well by choosing the most appropriate strategies. Some situations require the use of a specific type of strategy, and some require diversifying the use of these strategies in an organized and flexible way.

Conclusion:

The presence of psychological disorders in our lives necessitates the existence of strategies to confront them, which serve as compensatory factors that help us maintain both mental and physical health, provided that the individual is aware of how to endure those situations, and what are the appropriate strategies for dealing with them. Moreover, these processes are also seen by some as stabilizing factors that help individuals to maintain balance and psychosocial compatibility during stressful periods in their lives.

Recommendations and suggestions:

Based on the results of the field research, the two researchers propose the following recommendations:

- The need for hospitals to have training programs for nurses, especially those working in sensitive interests, on how to cope with their stress with effective coping methods.
- Holding training courses for psychologists to enable them to take care of health workers.
- The necessity of good training and preparation for the nurse in a way that is compatible with the nature of nursing. Therefore, raising his academic level through training is considered a useful gesture to help him withstand the pressures.
- Preparing standards for methods of coping with professional pressures that are appropriate for Algerian society in university training programs, so that they can be used in the field of psychological practice with workers in hospital institutions.

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