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"A Comparative Study To Assess The Stress Level And Coping Strategies Of Nurses Working In Emergency Wards And Psychiatric Wards Of Selected Hospitals Of Gujarat State"

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Abstract
Background*: We Are Living In World, Which Is Fast Changing In Physical, Economic And Social Context. Most Of Us Are Under Stress Sometime Or The Other. Work Stress Has Been Identified As A Key Factor In Service Delivery In Every Organization And In Most Field Of Work. How This Work Stress Affects Nurses In Healthcare Institutions, How They Cope With It And The Resultant Effect Of The Coping Strategies On Their Output Forms The Crux Of This Work. It Is Commonly Accepted That Certain Professions, By Their Very Nature, Place Personnel At Risk Of Experiencing Stressful Incidents. Recognition Is Growing That Health Care Professionals, Especially Emergency Unit Staffs Are At Risk For Experiencing Stressful Events. Patients Suffering And Death, Uncooperative Behavior Of The Patient, Unreasonable Demands, Conflict With Administration And Lack Of Emotional Support From Team Members Were Seen As Potential Stressors. Nurses Are Inevitably Exposed To An Extremely Stressful Work Environment, Which In Turn Causes Health Risks, Turnover, And Accordingly The Productivity Loss To The Hospitals. Recent Studies Have Shown That Stress Causes Many Health Problems, Such As Headache, Back Pain, Joint Pain, Anxiety, Hypertension, And Some Of Other Somatic Symptoms Or Cardiovascular Problems. These Influence The Nurses' Morale And Hospitals' Service Quality And Productivity. One Mechanism To Tackle Staff Stress In Acute Mental Health Nurses May Be To Address The Paucity Of Research In This Area. While, The Variables And Sources Of Stress, The Real Paucity Lies In The Meaning And The Experience That It Holds For Individual Nurses.*
Method: *Investigator Developed A Nurses Stress Scale To Assess The Stress Level And Coping Scale To Assess The Coping Strategies Of Nurses Working In Psychiatric Wards And Emergency Wards Of Selected Hospital Of Gujarat. The Sample Size Was 50 In Total. The Research Approach Used For The Study Was Descriptive Survey. The Investigator Selected 2 Hospitals For Data Collection By Purposive Sampling Technique.*
Result *: The Most Important Finding Of This Study Was That The Frequency Of The Reported Stress In Registered Nurses Was High Enough To Be Considered Serious. TheFrequently Reported Source Of Stress In Emergency Ward Was Death And Dying And Least Frequently Reported Source Of Stress Was Problems With Peers. In Psychiatric Ward The Frequently Reported Sources Was Patient And Their Family And Least Frequently Reported Sources Of Stress Was Problems With Peers. Multiple Comparison Analysis Did Reveal Some Interesting Differences Across Units. Regarding Sources Of Stress Amongst Nurses In The Different Units/Wards, It Seems That Emergency Ward And Psychiatric Ward Were Associated With More Frequent Stress Than Medical Wards. Psychiatric Ward Appeared To Have A Lower Frequency Of Reported Stress. Emergency Wards Scored Significantly Higher Frequency On Emotional Issues Related To Death And Dying As Compared To Psychiatric. Psychiatric Wards Scored Significantly Higher Frequently On EmotionalIssue Related To Patient And Their Family.*
Keywords: *Comparative, Stress Level, Coping Strategies, Nurses*

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I. INTRODUCTION :

The health care industries have experienced for found changes during the past several decades. Nursing as a health care profession and a major component of the health care delivery system is significantly affected by shifts in the health care industry, especially in long term illness care. Thus, they undergo tremendous stress in their occupational life as well as their personal life. Along with the increased demand and progress in the nursing profession. The stress among the nurses has also increased. It is usually observed that

nursing profession undergoes tremendous stress. Thus is more common in staff nurses working in specialty, critical care areas. This results in stress, affects patient care. Emergency work and long term work is itself inherently stress full. It has been documented that work stress leads to emotional exhaustion has been well documentedand has the link between work stress and more serious & enduring mental disturbance.[3]
Several studies have attempted to identify and explain various stressors amongnurses.

Vijay and Vazirani (2012),conducted a comparative study to assess stress and stress busters among nurses using a questionnaire developed by the researcher. It was found that low salary, job security, interpersonal skills and improper behaviour ofrelatives and friends were main stressors for the nurses working in private hospitals. The government hospital nurses encounter stressors such as number of working hours, frequent change in shifts; poor quality of infrastructure, the number of patient handled everyday and dealing with patients with contagious disease. Spending time with the family was found to be main stress buster for nurses.[4]

Kakade, Kakade, and Devi (2014), examined the factors responsible at workplace stress and coping abilities of nurses caring for the patients in intensive care units. A descriptive exploratory survey design was used with sample size of 100 usingnon-probability purposive sampling method. The sample consisted of nurses working in two hospitals under private trust in Maharashtra, India. The tools used for data collection were Stress rating scale and coping questionnaire. The study showed that majority (59 %) had good coping abilities and 41 % of nurses had average coping abilities. There was no impact of demographic variables of nurses on their stress or coping abilities. It revealed that there was no significant association between the level of stress and coping abilities.[5]

Fernandes and Nirmala (2015), investigated work stress and coping among 51 nurses working in different hospitals of Goa, India using qualitative approach. The main aim was to identify the situations that contribute to work stress and coping strategies used. Majority of nurses reported their work as stressful. The work stress was related to supplies/equipments, staffing and workload, peer problems and relational problems among medical and support staff. "Staff shortage" was main stressor for majority of nurses. The coping strategies used were problem avoidance, Mental Disengagement, Problem solving/planning, religious coping and social support.[1]

Pinikahana, Happell (2004), measured the level of stress, burnout and job satisfaction in 136 rural psychiatric nurses in Victoria, Australia using the Maslach Burnout Inventory (MBI), the Nursing Stress Scale (NSS) and Job Satisfaction Scale (JSS). The findings indicated that low number rural psychiatric nurses suffered from 'high' level of burnout and the majority of nurses reported 'low level' of emotional exhaustion and depersonalization scores. On the personal accomplishment subscale, only 11% recorded a high score and 87% recorded low score. On the Nursing Stress Scale, the 'workload' was the highest perceived stressor followed by 'inadequate preparation'. Paradoxically, the majority of rural psychiatric nurses stated that they were satisfied with their job, particularly with current situation at work, aspects of support and the level of involvement in decision making.[2]

Chin ,Lin, Wang, Hou (2009) conducted a study to determine the stressors, the stress coping strategies, and the job satisfaction of nursing staff who worked in the operation room (OR) and to evaluate influence of demographic characteristics on job stress, stress coping strategies, and job satisfaction. A cross-sectional research design was used to collect data from 121 nurses with more than 6 months of work experience at seven hospitals in Yunlin and Chiayi Counties. One hundred twelve questionnaires were returned, giving a response rate of 92.56%. The questionnaire included four parts designed to gather data on demographics and work-related information, job stress, stress coping strategies, and job satisfaction.[6]

II. OBJECTIVE:

1) To assess the stress level and coping strategies among nurses working in emergency ward and psychiatric ward.
2) To compare the level of stress among staff nurses working in emergency wards and psychiatric wards.
3) To compare the coping strategies among staff nurses working in emergency ward and psychiatric nurses.
4) To find the association between Stress level and coping strategies adopted by the staff nurses and find out association between levels of stress with social demographic variables.

ASSUMPTION:

The study assumes that:

1. Staff nurse working in emergency wards has high level of stress comparatively to the nurses working in psychiatric wards.
2. Staff nurses working in psychiatric ward has high level of coping strategiescomparatively to the nurses working in the emergency wards.

DELIMITATION:
- The study was limited to the staff nurse of emergency ward and psychiatric /ward.
- The study was limited to 50 samples only

III. MATERIAL AND METHODS

Research approach: Quantitative Research Approach
Research design: Descriptive Survey research design
Setting of the study: selected two different hospitals of Gujarat
Population: Nurses working in psychiatric ward and emergency ward of selected hospitalsof Gujarat.
Sample size: 50
Sampling Technique: Purposive Sampling Technique
Criteria for sample selection:

Inclusion criteria
1. Nurses working in psychiatric ward and emergency ward of selected hospitalsof Gujarat.
2. Nurses working in psychiatric ward and emergency ward who were willing toparticipate.
3. Nurses working in psychiatric ward and emergency ward were available at thetime of data collection.

Exclusion criteria
1. Nurses those who are not present during data collection period.
2. Nurses those who are not willing to participate in the study.
3. Nurses who are not working in the Emergency ward and Psychiatric ward.

IV. SELECTION OF TOOL FOR DATA COLLECTION:

Investigator developed a Nurses stress scale to assess the stress level and Coping scale for assess the coping level of staff Nurses working in psychiatric ward and emergency ward from selected hospitals of Gujarat. A Stress Scale and Coping Scale wasused only to definitely determine the level of Stress and Coping.
SECTION-I It consists of questions related to base line demographic characteristics like age, sex of staff nurses.
SECTION-II :It consists of Nurses stress scale is used to assess the level of stress ofstaff nurses working in psychiatric ward and emergency ward.
SECTION-III: It consist of Coping scale is used to assess level of coping of staff nurses working in psychiatric ward and emergency ward.

V. DESCRIPTION OF TOOLS FOR DATA COLLECTION

The investigator prepared a Nurses Stress Scale to assess the Stress level of Nurses working in psychiatric ward and Emergency ward. It consist of 4 point Nurses stress scale that (3) Very frequently (2) frequently (1) occasionally (0) Never

There are seven subscale of Nurses stress scale; Death and dying question 1&2; conflict with physician question 3&4; problems with peers question 5 – 7; problems relating supervisor question 8 – 9; workload question 10 – 12 ; uncertainty concerning treatment question 13 – 17; patient and their family question 18 – 20.

The investigator prepared a Coping scale to assess the Coping strategies of Nurses working in psychiatric ward and Emergency ward . It consist of 4 point Coping scale that is strongly agree (3) Very frequently (2) frequently (1) occasionally (0) Never

There are Eight subscale of Coping scale; confronting coping question 1 – 2; distancing coping question 3 – 5; self controlling question 6 – 8; seeking social support question 9 – 11; accepting responsibility question 12 – 13; escape problem solving question 16 – 18;
positive reappraisal question 19 – 20.

DEMOGRAPHIC INFORMATION

Analysis of demographic data of the respondents included Age, Gender, Educational status, experience. Descriptive statistics were used to describe and synthesize data. According to polit and hungler(1993:239-321),descriptive statistics are useful in analyzing empirical data.

DESCRIPTIVE STATISTICS

The brief presentation of descriptive statistics provides mean scores, standard deviations, and minimum and maximum scores.

The Subjects

Age distribution of the respondents

Age distribution of the respondents was divided into four groups and statistical analysis carried out.

Table 2: Frequencies of Age

AGE	FREQUENCY	PERCENTAGE
23 to 27 years	20	40
28 to 32 years	19	38
33 to 37 years	8	16
38 years above	3	6
Total	50	100.0

The result showed that the majority of the respondents ,twenty (40%) are 23 to 27 years, (38%) are 28 to 32 years ,(16%) are 33 to 37 years , and (6%) are above 38 years. The result shows that the subjects are mature adults that have been in the profession for some time.

Years of experience:

Table 3: Frequencies of years of experience

	FREQUENCY	PERCENTAGE
<5	9	18
6-10	23	46
>15	18	36
TOTAL	50	100

The results showed that most of the respondents had given more than 6-10 years of service to profession (46%), with 18% giving less than 5 years and 36% giving more than 15 years of service.

Response rate according to type of unit/ ward

The sample was from Emergency ward (50%) and Psychiatric wards (50%).

Table 4: Frequencies of work area

Type of ward/unit	Response Number	Response Percentage
Emergencyward	25	50
Psychiatric ward	25	50

Table 5: Sources of stress per unit/ward

Sources of stress	Ward	N	Mean	Standard deviation
Death and dying	Emergency ward	25	2.84	0.58
	Psychiatric ward	25	1.26	0.39
Conflict with physician	Emergency ward	25	2.04	0.54
	Psychiatric ward	25	1.66	0.52
Problems relating to peers	Emergency ward	25	1.01	0.51
	Psychiatric ward	25	0.82	0.28
Problems relating supervisor	Emergency ward	25	2.14	0.59
	Psychiatric ward	25	1.84	0.54
Workload	Emergency ward	25	2.43	0.60
	Psychiatric ward	25	1.33	0.30
Uncertainty concerning treatment	Emergency ward	25	2.06	0.72
	Psychiatric ward	25	1.88	0.49
Patients and their family	Emergency ward	25	1.90	0.69
	Psychiatric ward	25	2.24	0.39

Emergency ward scored higher on emotional issue related to death and dying (n= 25, mean 2.84);conflict with physician (n=25, mean 2.04); problems relating to supervisor (n=25, mean 2.14); workload (n=25, mean 2.43); uncertainity concerning to treatment (n=25, mean 2.06); patient and their family (n=25, mean 2.1.90) and lower score is problems relating to peers (n=25, mean 1.01).

Psychiatric ward scored higher on emotional issue related to patient and their family (n= 25, mean 2.24);conflict with physician (n=25, mean 1.66); death and dying (n=25, mean 1.26);problems relating to supervisor (n=25, mean 1.84); workload (n=25, mean 1.33); uncertainty concerning to treatment (n=25, mean 1.88); and lower score isproblems relating to peers (n=25, mean 0.82).

Table:6 Stress scores per unit/ward

Unit/ward	N	Mean	Standard deviation
Emergency ward	25	2.06	0.60
Psychiatric ward	25	1.57	0.41

Table 7: coping strategies per unit/ward

Sources of stress	Ward	N	Mean	Standard deviation
Confronting coping	Emergency ward	25	2.08	0.51
	Psychiatric ward	25	2.06	0.28
Distancing coping	Emergency ward	25	1.58	0.60
	Psychiatric ward	25	2.72	0.70
Seeking social support	Emergency ward	25	1.73	0.72
	Psychiatric ward	25	2.16	0.59
Self controlling	Emergency ward	25	2.29	0.70
	Psychiatric ward	25	2.41	0.57
Accepting responsibility	Emergency ward	25	1.56	0.38
	Psychiatric ward	25	1.80	0.73
Escape problem solving	Emergency ward	25	2.18	0.64
	Psychiatric ward	25	2.58	0.62
Planfull problem solving	Emergency ward	25	2.14	0.72
	Psychiatric ward	25	2.20	0.67
Positive reappraisal	Emergency ward	25	1.20	0.40
	Psychiatric ward	25	1.22	0.40

Emergency ward scored Lower in all the coping strategies except confronting coping (n=25 Mean 2.08); distancing (n=25, mean 1.58); seeking social support (n=25, mean 1.73); self controlling (n=25, mean 2.29); Accepting responsibility (n=25, mean 1.56); Escape problem solving (n=25, mean 2.18); planful problem solving (n=25, mean 2.14) Positive reappraisal (n=25, mean 1.20).

Psychiatric ward scored Higher in all the coping strategies except confronting coping (n=25 Mean 2.06); distancing (n=25, mean 2.72); seeking social support (n=25, mean 2.16); self controlling (n=25, mean 2.41); Accepting responsibility (n=25, mean 1.80); Escape problem solving (n=25, mean 2.58); planful problem solving (n=25, mean 2.20) Positive reappraisal (n=25, mean 1.22).

Table : 8 Coping strategies scores per unit/ward

Unit/ward	N	Mean	Standard deviation
Emergency ward	25	1.84	0.58
Psychiatric ward	25	2.14	0.57

INFERENCIAL STATISTICS

Analysis of demographic variables by sources of stress

Independent sample T test analysis and Analysis of Variance (ANOVA) procedureswere conducted in order to assess whether or not the demographic variables were significant sources of variance in terms of sources of stress.

Age on sources of stress

Table: 9 Independent T test Analysis :Age on source of stress

Sources of stress	F	P	N
Death and dying	8.59	0.005	50
Conflict with physician	0.03	0.869	50
Problems relating to peers	3.84	0.056	50
Problems relating to supevisior	0.57	0.455	50
Workload	1.31	0.257	50
Uncertainity concerning treatment	2.79	0.102	50
Patient and their famiy	4.59	0.037	50

Independent T test revealed to no significant differences except within subscale fordeath and dying, problems with peers, problems relating supervisor ,uncertaintyconcerning treatment and patient and their family p<0.

Table : 10 Years of experience on source of stress
Analysis of variance (ANOVA) : Years of experience on source of stress

Sources of stress	F	P	N
Death and dying	7.39	0.001	50
Conflict with physician	0.64	0.427	50
Problems relating to peers	1.12	0.083	50
Problems relating to supevisior	4.43	0.658	50
Workload	0.63	0.432	50
Uncertainity concerning treatment	4.10	0.944	50
Patient and their famiy	1.74	0.735	50

One way ANOVA revealed to no significant differences except within subscale for death and dying, , problems relating supervisor and uncertainty concerning treatmentp<0.05.

Table :- 11 Gender on source of stress
Analysis of variance (ANOVA) :Gender on source of stress

Sources of stress	F	P	N
Death and dying	1.82	0.032	50
Conflict with physician	0.48	0.492	50
Problems relating to peers	1.66	0.124	50
Problems relating to supevisior	0.24	0.037	50
Workload	0.55	0.791	50
Uncertainity concerning treatment	2.39	0.920	50
Patient and their famiy	1.79	0.803	50

One way ANOVA revealed to no significant differences between the groups on sources of stress in terms of gender within any subscales.

Table :- 12 Education on source of stress
Analysis of variance (ANOVA) :Education on source of stress

Sources of stress	F	P	N
Death and dying	0.45	0.062	50
Conflict with physician	3.45	0.625	50
Problems relating to peers	0.37	0.471	50
Problems relating to supervisor	0.00	0.928	50
Workload	0.03	0.769	50
Uncertainty concerning treatment	0.30	0.866	50
Patient and their family	0.01	0.483	50

One way ANOVA revealed to no significant differences between the groups on sources of stress in terms of education within any subscales**.**

Table :- 13 Age on Coping strategies
Independent T test Analysis: Age on coping strategies

Sources of stress	**F**	**P**	**N**
Confronting coping	2.47	0.123	50
Distancing	0.07	0.797	50
Self controlling	0.16	0.688	50
Seeking social support	0.21	0.645	50
Accepting responsibility	0.43	0.518	50
Escape problem solving	0.03	0.862	50
Planful problem solving	0.63	0.431	50
Positive reappraisal	0.01	0.917	50

Independent T test relievaed to no significant differences except within subscale forconfronting $p<0.05$.

Table :- 14 Experience on coping strategies
ANOVA: Experience on Coping strategies

Sources of stress	**F**	**P**	**N**
Confronting coping	14.05	0.472	50
Distancing	2.70	0.042	50
Self controlling	6.04	0.372	50
Seeking social support	0.03	0.700	50
Accepting responsibility	4.20	0.028	50
Escape problem solving	0.00	0.402	50
Planful problem solving	11.54	0.433	50
Positive reappraisal	0.67	0.554	50

Table :- 15 Gender on coping strategies
ANOVA: Gender on Coping strategies

Sources of stress	**F**	**P**	**N**
Confronting coping	0.78	0.662	50
Distancing	0.80	0.915	50
Self controlling	0.17	0.865	50
Seeking social support	0.54	0.251	50
Accepting responsibility	0.75	0.467	50
Escape problem solving	1.57	0.374	50
Planful problem solving	0.18	0.019	50
Positive reappraisal	0.34	0.820	50

One way ANOVA revealed to no significant differences between the groups on coping strategies in terms of gender within any subscales. $P>0.05$

Table :- 16 Education on coping strategies
ANOVA: Education on Coping strategies

Sources of stress	**F**	**P**	**N**
Confronting coping	0.01	0.997	50
Distancing	0.00	0.715	50
Self controlling	0.62	0.832	50
Seeking social support	0.70	0.246	50
Accepting responsibility	0.15	0.722	50
Escape problem solving	6.25	0.187	50
Planful problem solving	0.06	0.332	50
Positive reappraisal	0.45	0.712	50

One way ANOVA revealed to no significant differences between the groups on coping strategies in terms of Education except escape problem solving P<0.05.

Table 17: Association between stress level and coping strategies
Analysis of variance (ANOVA)

Square of variance	df	Sum of square	Mean of sum of square	F ratio
Between the groups	1	800	800	38.26
Within the groups	48	1003.68	2.91	
Total	49	1803.68		

Tabulated F value for horizontal (df=1) and vertical (df=48) at the 0.05 level of significance. The calculated F value (38.26) is greater than tabulated value. So there will be significance difference between stress level and coping strategies.

VI. DISCUSSION:

MAJOR FINDINGS

The investigators analyzed and interpreted the data in terms of objective of thestudy. Descriptive and inferential statistics were utilized for the data analysis. After analysis the data major findings of the study were as follow:-

Finding Related To Personal Data Of Nurses

The result showed that the majority of the respondents age ,twenty (40%) are 23 to 27 years, (38%) are 28 to 32 years ,(16%) are 33 to 37 years , and (6%) are above 38 years.

Respondents years of experience had given more than 6-10 years of service to profession (46%), with 18% giving less than 5 years and 36% giving more than 15 years of service.

Finding Related To stress level of Nurses of emergency ward and psychiatric ward

Emergency ward scored higher on emotional issue related to death and dying (n= 25, mean 2.84); conflict with physician (n=25, mean 2.04); problems relating to supervisor (n=25, mean 2.14); workload (n=25, mean 2.43); uncertainty concerning to treatment (n=25, mean 2.06); patient and their family (n=25, mean 1.90) and lower score is problems relating to peers (n=25, mean 1.01).

Psychiatric ward scored higher on emotional issue related to patient and their family (n= 25, mean 2.24);conflict with physician (n=25, mean 1.66); death and dying (n=25, mean 1.26);problems relating to supervisor (n=25, mean 1.84); workload (n=25, mean 1.33); uncertainty concerning to treatment (n=25, mean 1.88); and lower score is problems relating to peers (n=25, mean 0.82).

Finding Related coping strategies of Nurses of emergency ward and psychiatric ward

Emergency ward scored Lower in all the coping strategies except confronting coping (n=25 Mean 2.08); distancing (n=25, mean 1.58); seeking social support(n=25, mean 1.73); self controlling (n=25, mean 2.29); Accepting responsibility (n=25, mean 1.56); Escape problem solving (n=25, mean 2.18); planful problem solving (n=25, mean 2.14) Positive reappraisal (n=25, mean 1.20).

Psychiatric ward scored Higher in all the coping strategies except confronting coping (n=25 Mean 2.06); distancing (n=25, mean 2.72); seeking social support(n=25, mean 2.16); self controlling (n=25, mean 2.41); Accepting responsibility (n=25, mean 1.80); Escape problem solving (n=25, mean 2.58); planful problem solving (n=25, mean 2.20) Positive reappraisal (n=25, mean 1.22).

To find the association between Stress level and coping strategies

Association between stress level and coping strategies result shows that significant differences between stress and coping strategies p<0.05

To find out association between levels of stress with social demographicvariables.

Age on source of stress indicate no significant differences except withinsubscale for death and dying, problems with peers, problems relating supervisor

,uncertainty concerning treatment and patient and their family p<0.05.

Years of experience on source of stress result indicate that significant differences except within subscale for death and dying, , problems relating supervisor and uncertainty concerning treatment p<0.05.

Gender on source of stress result indicates that no significant differences between the groups on sources of stress in terms of gender within any subscales.

Education on source of stress indicate that no significant differences between the groups on sources of stress in terms of education within any subscales.

To find out association between levels of stress coping with social demographicvariables

Age on coping strategies result show that to no significant differences except within subscale for confronting coping $p<0.05$.

Experience on coping strategies result show that to no significant differences except within subscale for confronting coping $p<0.05$.

Gender on coping strategies result show that no significant differences between the groups on coping strategies in terms of gender within any subscales. $P>0.05$

Education on coping strategies result shows that no significant differences between the groups on coping strategies in terms of Education except escape problem solving $P<0.05$

To find association between stress level and coping strategies

Tabulated f value for horizontal (df=1) and vertical (df=48) at the 0.05 level of significance. The calculated F value (38.26) is greater than tabulated value. So there will be significance difference between stress level and coping strategies.

VII. CONCLUSION

The most important finding of this study was that the frequency of the reported stress in registered nurses was high enough to be considered serious. The frequently reported source of stress in emergency ward was death and dying and least frequently reported source of stress was problems with peers. In psychiatric ward the frequently reported sources was patient and their family and least frequently reported sources of stress was problems with peers.

Multiple comparison analysis did reveal some interesting differences across units. Regarding sources of stress amongst nurses in the different units/wards, it seems that emergency ward and psychiatric ward were associated with more frequent stress than Medical wards. Psychiatric ward appeared to havea lower frequency of reported stress. Emergency wards scored significantly higher frequency on emotional issues related to death and dying as compared to Psychiatric. Psychiatric wards scored significantly higher frequently on emotionalissue related to patient and their family.

Nurses of emergency ward most frequently used were self controlling, planful problem solving and escape problem solving. Nurses of psychiatric ward most frequently used were distance coping , escape problem solving and self controlling.

There was to no significant differences except within subscale for confronting coping, distance coping and planful problem solving $p<0.05$.

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