

Burnout and Stress Coping Strategies among Staff Nurses at Ras El Teen General Hospital

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Abstracts: Nurses in the healthcare system are the backbone of the organization, taking on additional work and making sacrifices to meet the needs and demands of patients. Work overload, interpersonal relationship issues with other colleagues and absence of support from supervisors are common problems in the nursing profession. They are highly exposed to risk and prone to burnout. The study aims to: Investigate the levels of Burnout and stress-coping strategies among staff nurses at Ras El-Teen General Hospital. Research design: A descriptive correlational research design was used in this study. Setting: All units at Ras El-Teen General Hospital in Alexandria Governorate (n=16). Subjects: All the staff nurses working at Ras El Teen General Hospital (n=210). Tools of the study: Two tools were used to conduct this study, Tool I: Maslach Burnout Inventory (MBI). Tool II: Ways of Stress Coping Strategies Questionnaire (WOCQ). Results: It was noticed that the vast majority (91.0%) of the staff nurses had a high level of emotional exhaustion, while less than one-tenth (8.1%) of them had a moderate level and only (1%) of them had a low level of exhaustion. Concerning distancing, a statistically significant correlation was noticed between distancing and self-control, accepting responsibility and reappraisal ($r=0.219$, $P=0.001^*$, $r=0.286$, $P=0.000^*$, and $r=0.166$, $P=0.016^*$ respectively). Regarding self-control, statistically significant correlations were found between self-control and seeking social support, accepting responsibility, escape avoidance, problem-solving and reappraisal ($r=0.263$, $P=0.000^*$, $r=0.151$, $P=0.028$, $r=0.156$, $P=0.024$, $r=0.377$, $P=0.000^*$ and $r=0.204$, $P=0.003^*$ respectively). Conclusion & Recommendations: The findings of this study concluded that coping strategies could predict the general health of the staff nurses. Measures to alleviate stress among nurses should be applied by using stress-coping strategies.

Keywords: Burnout, Stress, Coping Strategies, and Staff Nurses.

1. INTRODUCTION

The development of technology in the world makes lifestyle harder for people especially health care professionals including nurses.⁽¹⁾ Nurses in the healthcare system are the backbone of the organization, taking on additional work and making sacrifices to meet the needs and demands of patients. Work overload, interpersonal relationship issues with other colleagues and absence of support from supervisors are common problems in the nursing profession. They are highly exposed to risk and prone to burnout.⁽²⁻⁴⁾ Managing stress effectively among nurses can significantly improve their quality of work life which is reflected in their performance and conduct.⁽⁵⁾

Di Benedetto and Swadling⁽⁶⁾ describe burnout as a state of emotional exhaustion that is a result of an individual's allegiance to work situations that have failed to meet expectations. Moreover, Maslach and Leiter⁽⁷⁾ defined it as a phenomenon of burnout to chronic work-related stress. They divided it into three dimensions of burnout: Emotional Exhaustion (EE),

Depersonalization (DP), and Personal Accomplishment (PA). First, emotional exhaustion; refers to the physical and emotional overloads that result from interactions with nurses and co-workers. Second, depersonalization; is the development of indifferent attitudes and cynical behaviors and responses toward fellow nurses and the beneficiaries of the services that one provides. Third, personal accomplishment; refers to the tendency of nurses to adopt a negative self-concept as a consequence of an unrewarding situation.

The study aims to:

Investigate the levels of Burnout and stress-coping strategies among staff nurses at Ras El-Teen General Hospital.

Research questions:

- What are the levels of burnout among staff nurses at Ras El-Teen General Hospital?
- What are the stress coping strategies among staff nurses at Ras El-Teen General Hospital?
- What is the relationship between staff nurses' burnout and their stress coping Strategies at Ras El-Teen General Hospital?

2. MATERIALS AND METHODS

Research Design: A descriptive correlation research design was utilized to conduct this study.

Setting: This study was carried out at all units at Ras El-Teen General Hospital in Alexandria Governorate (N=16) they classified into; ICU1 (7 beds), ICU2 (10 beds), Intermediate ICU (5 beds), CCU (12 bed), Operation Theatre (10 beds), Dialysis unit (20 beds), Medical care unit (7 beds), Surgical care unit (13 bed), Pediatric (7 beds), Neonate (12 beds) Obstetrics unit (8 beds), Outpatient clinics (20 bed), Burn unit (18 bed), Diabetic unit (5 bed), Emergency unit (12 bed) and Central Sterilizations Services unit.

Subjects: All the staff nurses working at Ras el Teen General Hospital (N=210), who have a secondary school diploma, technical institution diploma, and bachelor's degree with at least one year of experience.

Tools of the study: Two tools were used to conduct this study.

Tool I: Maslach Burnout Inventory (MBI). It was developed by Maslach⁽⁸⁾, and updated by Lee et al., (2017)⁽⁹⁾ to measure levels of burnout based on divided into high, moderate, and low levels of burnout. It consists of 22 items classified into three dimensions, namely; (1) Emotional exhaustion (9-items); over 27 score is a high level of burnout; between 18-26 score is a moderate level of burnout and 17 or less is a low level of burnout,(2) Depersonalization (5-items); 10 or greater is a high level of burnout; between 6-9 moderate level of burnout and 5 low levels of burnout. (3) Personal accomplishment (8-items). Over 40 score is a low level of burnout; between 34- 39 score is a moderate level of burnout and 33 or less is a high level of burnout. Responses will be measured using 7- points rating Likert scale ranging from (0) never to (6) every day.

Tool II: Ways of Stress Coping Strategies Questionnaire (WOCQ). It was developed by Folkman and Lazarus⁽¹⁰⁾, to measure stress coping strategies used by studied staff nurses, and updated by Lundqvist and Ahlstrom(2006).⁽¹¹⁾ It consists of 50 items divided into eight dimensions namely; (1) Confrontive Coping (6-items), (2) Distancing (6-items); (3) Self-control(7-items), (4) Seeking Social Support (6-items); (5)Accepting responsibility(4 items);(6) Escape-Avoidance (8-items); (7) Planful Solving Problem (6-items); (8) Positive Reappraisal (7-items). the scoring system is divided into low used 0-49%, moderately used 50%-75%, and high used>75%, Responses will be measured using 4 - points rating Likert scale ranging from not use (0) to use a great deal (3).In additional demographic data sheet was developed by the researcher for the study subjects, as follows: age, gender, educational qualification, working unit, years of nursing and years of experiences, marital status.

Methods

1. An approval to carry out this study was obtained from o the Dean of the Faculty of Nursing-Damanhour University and the responsible authorities after explaining the purpose of the study.

2. The tools were translated by the researcher into Arabic and tested for their content validity and relevance by five experts in nursing administration from faculties of nursing and accordingly the necessary modification was done. The reliability of the tool assessed by using a test and a re-test. Cronbach's alpha.

3. Pilot study: A pilot study was carried out on (10%) of the total sample size; staff nurses (21) that were excluded from the study sample.

4. Data collection: Data collected through meeting with staff nurses in different shifts every day and explain the purpose of the study to them, they were asked to fill the questionnaire independently and it took about 25 minutes to be filled. Data collection took a period of five months ranged from the beginning of December 2019 to the end of April 2020.

5. Ethical consideration

- The research approval was obtained from the ethical committee at the Faculty of Nursing – Damanshour University, prior to the start of the study.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study will be assured during the study.
- Confidentiality and anonymity regarding data collected will be maintained.

6. Statistical analysis: Data were statistically analyzed using Statistical Package of Social (SPSS) version 20.0.

3. RESULTS

Table (1) Shows that the nurses' age ranges from 20 to 58 years old with a mean of $SD 37.301 \pm 10.08$, as less than one-third (30.0%) of the nurses' ages less than 30 years, while less than one-fifth (16.2%) of them aged from 50 to less than 60 years old. Furthermore, more than one-tenth (12.9%) of the staff nurses were males and around two-thirds (65.2%) of them were married. Concerning their educational level, around one-third (33.8%) of the staff nurses had bachelor's degrees, while those with technical institute diploma constituted (29.0%) of them compared to (37.2%) of those who had secondary school diploma. Concerning the working unit, less than one-third (32.9%) of the staff nurses were working in medical units, followed by intensive care units (22.9%), pediatric or obstetric units (12.9%), outpatients' clinics (11.4%), emergency units (9.5%), operating rooms (6.7%) and finally those who were working in surgical units presenting (3.8%) of the nurses.

Table (2) It was noticed that the vast majority (91.0%) of the staff nurses had a high level of emotional exhaustion, while less than one-tenth (8.1%) of them had a moderate level and only (1%) of them had a low level of exhaustion. Concerning depersonalization, the majority (85.7%) of the staff nurses had a high level of depersonalization, while more than one of the tenth (12.4%) of them had a moderate level, and the rest (1.9%) of them had a low level of depersonalization. The same was noticed about personal accomplishment, where the majority (83.8%) of the nurses had a high level, while less than one-tenth of them had a moderate and a low level of accomplishment (9.5%) and (6.7%) respectively.

Table (3) Illustrates that less than three-quarters (72.4%) of nurses used reappraisal most frequently high level, while less than two-thirds (63.8%) of them used problem-solving, compared to (51.4%) of them who seek social support more frequently of coping strategies. On the other hand, more than one quarter (28.1%) of studied nurses had a high-level way of the use of self-control, followed by controlling and acceptance of responsibility as reported by (18.6%) and (16.2%) of the nurses respectively. Additionally, distancing and escape avoidance were used at high levels by (9.0%) and (5.7%) of nurses.

Table (4) Portrays a correlation matrix between the dimensions of burnout. A statistically significant positive relationship was found between emotional exhaustion and depersonalization ($r=0.575$, $P=0.000^*$). On the other hand, a statistically significant negative correlation was found between personal accomplishment and both emotional exhaustion and depersonalization ($r=-0.354$, $P=0.000^*$ and $r=-0.432$, $P=0.000^*$ respectively).

Table (5) shows the correlation matrix between the ways of coping strategies. With the respect to confronting, statistically significant correlations were found between it and seeking social support, accepting responsibility, escape-avoidance, problem-solving and reappraisal ($r=0.173^*$, $P=0.012^*$, $r=0.185$, $P=0.007^*$, $r=0.146$, $P=0.034^*$, $r=0.285$, $P=0.000^*$, $r=0.226$, $P=0.001^*$ respectively). Concerning distancing, statistically significant correlations were noticed between distancing and self-control, accepting responsibility and reappraisal ($r=0.219$, $P=0.001^*$, $r=0.286$, $P=0.000^*$, and $r=0.166$, $P=0.016^*$ respectively). Regarding self-control, statistically significant correlations were found between self-control and seeking social support, accepting responsibility, escape avoidance, problem-solving and reappraisal ($r=0.263$, $P=0.000^*$,

$r=0.151$, $P=0.028$, $r=0.156$, $P=0.024$, $r=0.377$, $P=0.000^*$ and $r=0.204$, $P=0.003^*$ respectively) Finally, accepting responsibility was statistically significantly correlated with escape-avoidance ($r=0.218$, $P=0.002^*$), problem-solving ($r=0.209$, $P=0.002^*$) and reappraisal ($r=0.244$, $P=0.000^*$)

4. DISCUSSION

The present study revealed that; the staff nurses' age ranges from 20 to 58 years old, as less than one-third of the staff nurses aged less than 30 years, while less than one-fifth of them aged from 50 to less than 60 years old. Furthermore, around two-thirds of them were married, which represents additional family commitments. This finding is in the line with Lasebikan and Oyetunde (2012) that did research on burnout among staff nurses in a Nigerian general hospital and reported that most of the participants are between the ages of 30 to 40 years. The mean age is 35.6 years with a modal age of 30 years. Most of the participants are married.⁽¹²⁾

The results of the current study indicate that burnout rates in three levels of emotional exhaustion, depersonalization, and reduced personal accomplishments are much higher among staff nurses at Ras El Teen general hospital. Those results were consistent with a study done in Egypt by El-Demerdash et al., (2013)⁽¹³⁾ who studied the relationship between burnout and organizational commitment among nurses at Tanta University Hospitals. They found that more than half of the studied staff nurses experienced a high level of emotional exhaustion, and nearly all experienced a low level of personal accomplishment. As well, this was consistent with Al-Nabhani et al., (2016)⁽¹⁴⁾ who conducted a study in Muscat tertiary care hospital about burnout, stress and coping among nurses, who reported that staff nurses are the most susceptible group among healthcare professionals to experience burnout. In agreement with the current study result, In Iran Mashhad University of Medical Sciences by Ahanchian et al., (2015)⁽¹⁵⁾ study of job burnout among psychiatric staff nurses found that increased workload, dependence, ambiguous responsibilities and roles, and insufficient support from staff nurses were accompanied by burnout.

Corresponding to the levels of emotional exhaustion, the current study discovered that most of the staff nurses had a high level, while less than one-tenth of them had a moderate level and only one percent of them had a low level of exhaustion. This result may be from the demands of their work environment as a major contributor to feeling stressed. These findings are congruent with Guntupalli et al., (2014) who examined burnout in intensive care unit professionals and found that more than half of the staff nurses suffered from moderate to severe emotional exhaustion.⁽¹⁶⁾ Also, Akman et al., (2016), found that burnout levels and emotional exhaustion were high in pediatric surgery and pediatric emergency services, at medium levels in pediatric internal disease clinics, pediatric intensive care, and neonatal intensive care units.⁽¹⁷⁾ Moreover, a study done at Minia University hospital by Mohamed et al., (2021)⁽¹⁸⁾ and supported by Anwar and Elareed (2017) showed in Bin-Suef university hospital revealed that more than half of the staff nurses had average levels of emotional exhaustion, less than half of the staff nurses scored high on depersonalization, and the majority of them had high levels of reduced personal accomplishment.⁽¹⁹⁾ Also, in Egypt, this was consistent with Abdo et al., (2015)⁽²⁰⁾ found that more than half of the studied staff nurses had a high level of emotional exhaustion, nearly half of them had low depersonalization, and most of them had reduced personal accomplishment in an emergency hospital in Tanta university.

Regarding depersonalization, most of the staff nurses had a high level of depersonalization, while more than a tenth of them had a moderate level, and the rest of them had a low level of depersonalization. This is in line with Gilavand et al., (2019) who found that a significant number of staff nurses had critical depersonalization. That refers to the separation and impersonal reaction toward patients' care, treatment, or instruction. The lack of motivation to have creativity, the inability to use the staff nurses' errors as an educational prospect and the lack of teamwork between staff nurses and physicians are causes of depersonalization.⁽²¹⁾ But, it inconsistent with the study done in public hospitals among staff nurses in Mexico by Ramos et al., (2021)⁽²²⁾ they found most of the participants had a low level of depersonalization 54.2% and supported by a study done in Slovakia by Dimunova et al., (2017)⁽²³⁾

One of the most evident findings in this study is that the majority of the staff nurses had a high level of reduced personal accomplishment, while less than one-tenth of them had a moderate and a low level of reduced personal accomplishment. While Guntupalli et al., (2014) reported that 40% of the participating staff nurses had low personal achievements.⁽¹⁶⁾ This finding agrees with Mudallal (2018) who investigated the influence of leader-empowering behaviors, work conditions and demographical traits and reported that the prevention of burnout helps create a positive working environment, promotes the autonomy of staff nurses, and simplifies the accomplishment of their objectives.⁽²⁴⁾ Also, the findings of the current research were similar to the results of Simisola et al., (2021), who did an assessment of burnout among nurses working in selected

critical care units in tertiary hospitals in Ondo state, Nigeria, and indicated that almost all the nurses experienced a high level of reduced personal accomplishment.⁽²⁵⁾

The result of the study according to the ways of stress coping strategies It was noticed that less than three-quarters of staff nurses used reappraisal most frequently at a high level, followed by less than two-thirds of them used problem-solving, compared to those who seek social support more frequently of coping strategies. This study agreed with the study done in Greece, in seven hospitals of the Peloponnese Region, by Zyga et al., (2016)⁽²⁶⁾. Also, in China, in a study done by Xianyu and Lambert., (2006)⁽²⁷⁾ on mental health the participants more frequently used stress coping strategies positive reappraisal, followed by problem-solving, self-control and less frequency used to accept responsibility

Regards to the ways of stress coping strategies among studied staff nurses, more than one-quarter of studied staff nurses had a high level of self-control, followed by confronting, acceptance of responsibility, distancing, and escape avoidance. The result is the same line as the result according to Alnazly (2016), showing that most of the participants used the most frequently used coping strategies were self-controlling, positive reappraisal and planful problem-solving. Confrontive coping and escape avoidance were the least frequently used coping strategies and Distancing was the only coping strategy that varied significantly by gender, with males using this strategy more commonly than females.⁽²⁸⁾ Deklava et al., (2014)⁽²⁹⁾ and Isa et al., (2019)⁽³⁰⁾ found in their study the prevailing ways of stress coping strategies in the sample, after assessment of the indicators in the scales, participants used planful problem solving (characterizes problem-oriented coping strategy), self-control and positive reappraisal (characterizes emotion-oriented coping strategy), which could signify that these ways of stress coping approaches are used by the sample more frequently.

The result of this study found reappraisal was the first way of the stress-coping strategy used by staff nurses, followed by problem-solving, seeking social support, and self-control. While the least used way of stress coping strategies was escaping avoidance and distancing. These results are consistent and supported by Fang et al., (2018) who reported that regarding the ways of stress coping strategies among studied staff nurses, it was noticed that less than three-quarters of staff nurses used reappraisal most frequently at high levels, while less than two-thirds of them used problem-solving, compared to nearly half of them who seek social support more frequently as a stress coping strategy.⁽³²⁾ In that sense, a recent study by Ofei et al., (2020) reported that the major approaches used by staff nurses in coping with stress are: managing time better, effective communication, the delegation of duties and expressing feelings instead of bottling them up while the least used strategy is excessive eating, respectively.⁽³¹⁾ Another study disagreed with the study done in Australia by Christine and Micheal (2000),⁽³³⁾ found the most used strategy among staff nurses is Planful problem-solving (problem-focused coping) of the coping, followed by seeking social support and self-controlling (emotion-focused). Escape avoidance was the least used coping strategy. Another study disagreed with the study done in in Saudi Arabia Alsaqri (2017), in this study, problem-solving is the most utilized coping strategy followed by avoidance among the participants.⁽³⁴⁾

Moreover, the result of this study found a statistically significant positive relationship between emotional exhaustion and depersonalization. This study agreed with a study done in Egypt in three psychiatric hospitals by Metwaly et al., (2018)⁽³⁵⁾ There was a statistically significant positive correlation between emotional exhaustion and depersonalization. On other hand, in Turkish study done by Tarcan et al., (2017) revealed that among emergency department health professionals in Western Turkey there was a strong negative association between burnout and job satisfaction. Furthermore, they identified that two of the burnout dimensions, "emotional exhaustion", and "personal accomplishment", had significant negative effects on job satisfaction.⁽³⁶⁾ Moreover, Lee et.al (2016) studied the effects of coping strategies on reducing staff nurse burnout and found that should be maintained for one year.⁽³⁷⁾

In the present study, a statistically significant negative correlation was found between reduced personal accomplishment and both emotional exhaustion and depersonalization. This result may be because improving working conditions and the environment could increase personal accomplishment. Also, an increased likelihood of illness and injury among staff nurses working in long-hour schedules and schedules involving unconventional shift work (e.g., night and evening shifts). This opinion is similar to Mealer et al., (2009) who reported that a healthy work environment may be enhanced by utilizing team debriefings, structured communication and collaborating with team members on critical decisions.⁽³⁸⁾

In the current study also, the correlation matrix between the ways of stress coping strategies revealed that confronting showed a statistically significant correlation between it and seeking social support, accepting responsibility, escape-avoidance, problem-solving and reappraisal. These findings are in congruence with Juan Chen (2020), who found social

support, self-efficacy, and stress coping play an intermediary role between job stress and burnout.⁽³⁹⁾ In the same context, Iyi (2015) evaluated stress management and coping strategies among staff nurses and reported that a combination of individual coping skills, organizational planning, and social support is the best and most effective way to manage and cope with stressful situations in staff nurses.⁽⁴⁰⁾ Concerning distancing showed a statistically significant correlation between distancing and self-control, accepting responsibility and reappraisal. Similarly, Juan Chen (2020) reported that accepting responsibility has a statistically significant correlation with escape avoidance, problem-solving and reappraisal.⁽³⁹⁾

The current study also revealed statistically significant correlations between self-control, seeking social support, accepting responsibility, escape avoidance, problem-solving and reappraisal. Furthermore, Campos et al., (2019) studied the psychological variables and the prevalence of burnout among Primary Health Care Nurses and found that poorer social skills or unsatisfactory work conditions can result in reduced self-efficacy, increased hostility, and a bad nurse-patient relationship.⁽⁴¹⁾ Also, Muriithi et al. (2020) indicated that the majority of those who used social support talked to people about the situation as this made them feel better. This was followed by those who accepted help from a friend or relative, sought reassurance from those that knew them best as well as talked about their fears and worries to a relative or friend.⁽⁴²⁾

5. CONCLUSION

Nurse burnout is a critical issue, and coping strategies can reduce nurse burnout. The findings of this study concluded that coping strategies could predict the general health of the staff nurses. It also revealed that none of the independent variables examined had a significant effect on the development of emotional exhaustion among the studied staff nurses.

6. RECOMMENDATIONS

Measures to alleviate stress among nurses should be applied by using stress-coping strategies such as:

- Ensure that the workload is in line with nurses' capabilities and resources.
- Design job descriptions to provide motivation, and for nurses to use their skills
- Promoting prompt, constructive resolution of conflicts.
- Psychological counseling and therapy should be easily accessible and available for troubled staff nurses.
- Implement programs to improve staff nurses' coping skills.
- Maintain support from the nurse leaders to their staff nurses by helping them in reducing their work stress.

Table (1): Distribution of the studied nurses according to their demographic data. (n=210)

Demographic data		Total N=210	
		No.	%
Age (years)			
▪ 20-		63	30.0
▪ 30-		59	28.1
▪ 40-		54	25.7
▪ 50-<60		34	16.2
Min- Max	20-58	Mean ± SD	37.301 ± 10.08
Gender			
▪ Male		27	12.9
▪ Female		183	87.1
Educational level			
▪ Bachelor's degree		71	33.8
▪ Technical Institute diploma		61	29.0
▪ Secondary school diploma		78	37.2
Working unit			
▪ Medical		69	32.9
▪ Surgical		8	3.8

▪ OR	14	6.7
▪ ER	20	9.5
▪ Outpatient	24	11.4
▪ ICU	48	22.9
▪ Ped/	19	10.0
▪ Obstetric	8	3.8
Years of experience since graduation		
▪ <10	70	33.3
▪ 10-	53	25.2
▪ 20-	56	26.7
▪ ≥ 30	31	14.8
Min- Max	2-39	Mean ± SD
		16.99 ± 10.12
Years of experience in the working unit		
▪ <10	99	47.1
▪ 10-	63	30.0
▪ 20-	40	19.0
▪ ≥ 30	8	3.8
Min- Max	2-36	Mean ± SD
		12.20 ± 8.283
Marital status		
▪ Single	63	30.0
▪ Married	137	65.2
▪ Divorced	5	2.4
▪ Widowed	5	2.4

Table (2): Distribution of the studied staff nurses according to the levels of burnout. (n=210)

Items	Levels of Burnout					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Emotional Exhaustion	2	1.0	17	8.1	191	91.0
▪ Depersonalization	4	1.9	26	12.4	180	85.7
▪ Personal accomplishment	14	6.7	20	9.5	176	83.8

Table (3): Distribution of the studied nurses according to the ways of using coping strategies. (n=210)

Items	Levels of using coping strategies					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Confronting	32	15.2	139	66.2	39	18.6
▪ Distancing	110	52.4	81	38.6	19	9.0
▪ Self-control	24	11.4	127	60.5	59	28.1
▪ Seeking social support	12	5.7	90	42.9	108	51.4
▪ Accept responsibility	72	34.3	104	49.5	34	16.2
▪ Escape avoidance	102	48.6	96	45.7	12	5.7
▪ Problem solving	2	1.0	74	35.2	134	63.8
▪ Reappraisal	1	0.5	57	27.1	152	72.4

Table (4): Correlation matrix between the dimensions of burnout.

		Emotional exhaustion	Depersonalization	Personal accomplishment
Emotional exhaustion	r			
	p			
Depersonalization	r	0.575		
	p	0.000*		
Personal accomplishment	r	-0.354**	-0.432**	
	p	0.000*	0.000*	

R = Pearson correlation coefficient * Statistically significant at ≤ 0.05

Table (5): Correlation matrix between the dimensions of coping strategies.

Items		confronting	distancing	Self-Control	Seek social Support	Accept Responsibility	Escape avoidance	Problem solving	Reappraisal
Confronting	r								
	p								
Distancing	r	0.063							
	p	0.362							
Self-Control	r	0.013	0.219						
	p	0.851	0.001*						
Seek social support	r	0.173*	0.021	0.263					
	p	0.012*	0.767	0.000*					
Accept responsibility	r	0.185	0.286	0.151	0.145				
	p	0.007*	0.000*	0.028*	0.036*				
Escape avoidance	r	0.146	-0.060	-0.156	0.144	0.218			
	p	0.034*	0.389	0.024*	0.037*	0.002*			
Problem solving	r	0.285	0.112	0.377	0.263	0.209	0.096		
	p	0.000*	0.106	0.000*	0.000*	0.002*	0.166		
Reappraisal	r	0.226	0.166	0.204	0.125	0.244	0.041	0.593	
	p	0.001*	0.016*	0.003*	0.071	0.000*	0.556	0.000*	

R = Pearson correlation coefficient *statistically significant at ≤ 0.05

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