

Work-Related Stressors, Coping Strategies: Its Relation to Job Performance and Perceived Organizational Support among Critical Care Nurses

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ABSTRACT

Context: Work-related stressors are a world phenomenon. It results in a variety of diseases or disorders in terms of physical, psychological, and behavioral. It is commonly associated with jobs that require a lot of direct interactions with clients such as nurses that could affect nurses' job performance and cause high costs for the hospital. A problem needs a sense of support from the organization.

Aim: The present study was aimed to assess work-related stressors, coping strategies, and its relation to job performance and perceived organizational support among critical care nurses.

Methods: The study was conducted at Critical Care Units at Benha University Hospital. Subjects: All staff nurses (235) who working at Critical Care Units at Benha University Hospital. A descriptive correlational design was utilized. Four tools were employed in this study, Work-Related Stressors Assessment Questionnaire, The Coping and Adaptation Processing Scale (CAPS), Nurses' job Performance evaluation (observational checklist), and Perceived Organizational Support Questionnaire.

Results: This study's findings indicated that nearly three-fifths (60.4%) of staff nurses had a moderate level of the work-related stressor. Also, about two-thirds (63.90%) of them had a high level of coping strategies and, about two-thirds (65.90%) of staff nurses had a moderate level of perception of organizational support and nearly half (49.80%) of nurses had a low level of performance.

Conclusions: The present study concluded that nurses reported a moderate perception level regarding work-related stressors and organizational support. While nurses reported a high level of coping strategies and a low level of job performance, there was a statistically significant negative correlation between the total score of work-related stressors and nurses' job performance. There was a statistically significant positive correlation between coping strategies and nurses' job performance. A statistically significant positive correlation was revealed between total perceived organizational support and total level of nurses' job performance. The study recommended that hospital administration organize seminars and workshops for nurses targeted at specific sources of stress like conflict resolution, workload, and time management. Efforts to improve nurses' performance must be performed, aiming to increase nurses' ability to complete tasks assigned to them through education and training.

Keywords: Work-related stressors, coping strategies, job performance, perceived organizational support, and critical care nurses.

1. Introduction

Work-related stress has become a worldwide phenomenon, which occurs in various forms in every workplace. Stress is a common element in any kind of job, and persons have to face it in almost every aspect of life. Work-related stress is a significant and costly problem, and the organization's challenge is to manage. Nurses are generally working for long hours, have rising levels of responsibilities require them to exert themselves even more strenuously to meet growing expectations about work performance. Stress contributes to nurses' health problems and decreases their efficiency, imposes a direct economic cost on employers, and a significant impact on patients' care. Work-related stress effect on nurses' job performance and cause high cost for a hospital that needs a sense of support from the organization (Daniel, 2019).

Work-related stress is often described as a feeling of being overloaded, wound-up tight, tense, and worried. It is

a disruptive condition that occurs in response to adverse influences from the internal or external environments. Stress may be experienced through four underlying sources, environmental, social, physiological, and thought. The working environment is one of the most critical sources of occupational and psychological stress. Work-related stress is a problem and is of great concern to employees, employers, psychologists, and counselors (Ransford, 2018).

There are several dimensions of stress, including individual stress experience (e.g., job stress) and stress caused by organizational climate (e.g., role conflict, role ambiguity, and role overload) (Dunn & Mack, 2019). Some workplace stressors contain the elements of growth, which can be opportunities for nurses to enhance job performance, but some stressors erode nurse's passion for the work, which may hinder the effectiveness of work (Chen & Fang, 2019).

The reaction to work-related stress depends on the mental capacity of a person and its context. Work-related stress can influence an employee's behavior, either negatively or positively. It can be hard to cope with such

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demands simultaneously. The existence of stress is usually determined through behavioral and psychological symptoms reflected among the employees in the working environment. Unmanaged stress leads to high levels of nurses' dissatisfaction, illness, absenteeism, high turnover, and decreased productivity that compromises the provision of quality service to patients (Ashraf et al., 2019).

Coping can be understood as a crucial process for managing stress. In this process, the individual makes a cognitive and behavioral effort to manage both external and internal sources of stress. In general, people who engage in coping strategies focus on the problem at hand and make a cognitive and behavioral effort to control or eradicate stressors, while avoidance copers tend to focus on the emotions and make the same kinds of effort to avoid thinking about the source of stress and its consequences (Gustems et al., 2019).

Coping mechanism plays a significant part to overcome or reduce the stress experienced by individuals. Appropriate and effective coping may buffer the effect of stressful circumstances on the individual's physical and mental health. People use different types of coping to overcome their stress. For example, some people cope with the aid of drugs, alcohol, over-eating, and smoking, which are counterproductive while some cope by exercising, meditating, and listening to music, which is proven to help reduce stress. Effective use of the right coping style will help nurses reduce stress levels (Ganesan et al., 2018; Raizada & Saxena, 2019).

Performance is crucial for individuals, organizations, and colleges, and similar nurses feel self-efficacy, satisfaction, and motivation when tasks are appropriately accomplished. Work-related stress is one of the most influential factors that are negatively affecting performance because the nurse has direct exposure to the stress, which creates lower job satisfaction and decreased quality of job output (Danish et al., 2019).

Nurses' job Performance is based on many individual factors, namely; abilities, knowledge, skills, experience, and personality. It is up to an employee that how he/she performs highly in a job, had high productivity, and provides excellent results. Employee satisfaction can be measured with the help of factors like job satisfaction and absenteeism. If the employees are performing well, the overall image of the company is boosted. Also, nurses perform well if they are satisfied with their work. So, they will not leave the work, which shows their faith in the management that they are taking care of their nurses (Al-Jaradat et al., 2013).

In a contemporary work atmosphere, every organization can be competitive by having the best human resources, and to attain this competition, organizations need to support their nurses and help them to cope and overcome their stress. Organizations can support their nurses either directly or through supervisors but, direct support counts more in promoting nurses' work-related outcomes. When nurses perceive support from their organizations, they respond to it with improved job performance. The concept

is that organizations value their nurses' contributions and care about the well-being of nurses (Zaman et al., 2019).

Perceived organizational support "is the degree to which nurses perceive the employer to be concerned with nurse wellbeing and value nurse contributions to the organization." Also, it is associated with supervisor support, fair job, and organizational procedures, which in turn lead to positive outcomes for both the nurses and the organization, e.g., increased commitment, improved performance, reduced withdrawal behaviors, and subsequently diminish turnover intention (Albalawi et al., 2019).

Additionally, organizational support is essential for nurses' job satisfaction and results in an increased effort to fulfill organizational goals. Enhancing perceived organizational support in the workplace will promote the retention of competent nurse managers and their performance. Support generally consists of family-supportive policies developed by organizations, and family-supportive supervisors who provide help and understanding based on their interpersonal relationships with subordinates (Alexandra, 2015).

Managers need to pay attention to three essential sources of perceived organizational support as procedural fairness at work, superior support, reward, and supportive working conditions. Organizations could give proper job security during the economic recession and stressful situations to increase nurse trust in the organization and perceived organizational support (Chang et al., 2018; Sun, 2019).

To analyze and understand the relationship between job stress and job performance, we can conclude that when performance diminishes with stress, a negative linear relationship exists. If increasing stress improving job performance, a positive linear relationship may be found. If stress initially improves productivity and diminishes when feelings of distress prevail on nurses, then a curvilinear or unshaped relationship is found. Work stress positively affects up to a tolerable level, and when it exceeds this level, it creates a negative impact on employee performance (Daniel, 2019).

2. Significance of the study

Work stress in the nursing profession has been a persistent global problem for many years now, and the stress is even higher for nurses' group who work in settings such as intensive and emergency care as they face more stressful situations than any other nursing specialty due to nature of work in these units, nature of patients and their families (Ransford, 2018). Stress is perceived when environmental demands exceed the nurse's resources. Role stress occurs through a perceived mismatch between the expectations of the role and the accomplishment. Stress is considered as a transaction involving an individual and his or her environment (Chen & Fang, 2019).

Work stress can also be organizational symptoms such as displeasure and poor morale among staff, job performance losses, poor interpersonal relationships with

patients and other stakeholders, damage to the institutional image, and reputation. So, nurses require organizational support to keep them intrinsically motivated since patient care delivery is complex. With organizational support, nurses can succeed in continuing their professional development (Chen & Fang, 2019). The present study was conducted to assess work-related stressors and coping strategies and its relation to job performance and perceived organizational support among critical care nurses.

3. Aim of the study

This study was aimed to assess work-related stressors, coping strategies, and its relation to job performance and perceived organizational support among critical care nurses.

3.1. Research questions

- What is the level of work-related stress among staff nurses?
- What are the coping strategies to manage work stressors?
- What is the level of staff nurses' job performance?
- What is the level of staff nurses' perception of organizational support?
- Is there a relation among work-related stressors, coping strategies, nurses' job performance, and perceived organizational support?

4. Subjects and Methods

4.1. Research design

A descriptive correlational design was used to achieve the aim of the current study. A descriptive study is a research intended to supply a picture of the current state of affairs. Correlational study/research is research designed to determine relations among variables and predict future events from present knowledge (Walinga, 2019).

4.2. Research Setting

This study was conducted in critical care units at Benha University Hospital. The total number of studied units were (10) units; Intensive Care Unit, Intermediate Care Unit, Coronary Care Unit, Cardiothoracic Intensive Care Unit, Cardiac Catheterization Care Unit, Medical Intensive Care Unit, Stroke Intensive Care Unit, Pediatric, and Neonatal Intensive Care Unit, Chest Intensive Care Unit, and Emergency Care. The total number of beds at Critical Care Units was 135 beds.

4.3. Subjects

All staff nurses (235) who working at critical care units distributed as the following; Intensive Care Unit (30), Intermediate Care Unit (27), Coronary Care Unit (23), Cardiothoracic Intensive Care Unit (22), Cardiac Catheterization Care Unit (21), Medical Intensive Care Unit (25), Stroke Intensive Care Unit (18), Pediatric and Neonatal Intensive Care Unit (24), Chest Intensive Care Unit (22), and Emergency Care Unit (23) staff nurses who employed in the settings mentioned above and agreed to participate in the study.

4.4. Tools of data collection

Data were collected by using four tools

4.4.1. Work-Related Stressors Assessment Questionnaire

It was developed by *Abd El Hamed (2016)* and modified by the researchers based on related literature *Adzakupah et al. (2016); Sharma et al. (2018)*. It aimed to assess work-related stressors among staff nurses at critical care units. It contained two parts:

Part 1: Personal characteristics of nurses, such as age, gender, marital status, educational level, years of experience.

Part 2: it contained 67 statements divided into 11 major domains related to work-related stressors distributed as the following: Work environment (5 statements), job security (4 statements), workload (14 statements), work requirements (7 statements), lack of support from my colleagues at work (10 statements), death and dying (7 statements), the uncertainty of the treatment methods (2 statements), conflict with physicians (2 statements), contact with others (4 statements), the conflict between nursing staff and others (6 statements), and inappropriate experiences (6 statements).

Scoring system

Each nurse response was measured on a three-point Likert scale that ranged from (1) mild, (2) moderate; (3) sever cause of stress. Scores of each dimension summed up and converted into percent scores. The possible range of scores was from 67 to 201. The level of stress is considered high if the percent score was more than (>75 %), moderate if the percent score ranged from (60 %-75 %), while it considered low if the percent score less than (<60 %).

4.4.2. The Coping and Adaptation Processing Scale (CAPS)

It was developed by *Roy et al. (2016)*. It consisted of 47 statements to measure how nurses respond to stressors. Each item of the CAPS is a short statement about how an individual responds to a crisis or an extremely difficult event. Factor analysis revealed five subscales: Systematic processing (10 statements), knowing, and relating (7 statements), physical and fixed (10 statements), resourceful, and focused (9 statements), and alert processing (11 statements).

Scoring system

Using a three-point Likert scale format with response choices ranging from 3 (always) to 1 (never). Fourteen statements are reverse scored include (5, 8, 13, 15, 20, 23, 24, 29, 33, 35, 39, 43, 45, 47). The possible range of scores is from 47 to 141. The coping level is high if the percent score is more than (>75%), moderate if the percent score located between (75% - 50%), while it considered low if the percent score is less than (<50%) (*Roy et al., 2016*).

4.4.3. Nurses' Job Performance Evaluation (Observation Checklist)

It was initially developed by *Cobb (2008)* and modified by the researchers based on a literature review *Awases et al. (2013)*; *Kahya and Oral (2018)* used to assess the job performance of staff nurses at critical care units. It contained 49 statements divided into five primary dimensions related to job performance distributed as the following: Assessment (8 statements), nursing diagnosis (8 statements), planning (22 statements), implementation (9 statements), and evaluation (2 statements).

Scoring system

Each nurse's performance was observed measured on a three-point Likert scale that ranged from (2) completely done, (1) incompletely done, (0) Not done. Scores of each dimension summed up and converted into percent scores. The performance was considered high if the percent score was more than 75%, moderate if the percent score was ranged from 60 to 75%, while it considered low if the percent score less than 60%.

4.4.4. Perceived Organizational Support Questionnaire

It was developed by *Rhoades and Eisenbirger, (2002)* to assess staff nurses' perception level about organizational support. It contained 44 statements divided into three main dimensions distributed as the following: Supervisor support (19 statements), fairness (13 statements), and job condition (12 statements).

Scoring system

Each nurse response was measured on a three-point Likert scale that ranged from (1) Disagree, (2) Neutral, (3) Agree. Scores of each dimension summed up and converted into percent scores. The perception was considered high if the percent score was more than 75%, moderate if the percent score was ranged from 60 to 75%, while it considered low if the percent score less than 60%.

4.5. Procedures

The study's operational design was carried out on three phases; preparation, pilot study, and fieldwork. The preparatory phase started from the beginning of October 2019 to the end of November 2019, covering two months and including the reviewing of national and international related literature using journals, periodicals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic of the study, and translating the tool into Arabic format for better understanding and back translation to check its accuracy.

Tools validity test was done through a panel of five experts in the field of nursing administration to test the content validity, relevance, and completeness. Also, the reliability was done by Cronbach's Alpha coefficient test. Cronbach's alphas were ($r = 0.87, 0.83, 0.91, \text{ and } 0.85$) for the work-related stressors questionnaire, the coping and adaptation processing scale (caps), perceived organizational support questionnaire, and nurses' job performance evaluation (observation checklist) respectively.

A pilot study was conducted in December 2019 to check the clarity, applicability, and feasibility of the research process and estimate the time needed to fill the tools. It was done on 10% of the total subjects (23 nurses). No modifications were made, and all nurses who participated in the pilot study were included in the primary research sample.

Fieldwork: Data collection was carried out over a period of two months from January 2020 to the end of February 2020. Official approval was obtained from the Dean of the Benha Faculty of Nursing to the director of Benha University Hospital. The researchers met the head nurse of each unit to determine the appropriate time to collect the required data from the nurses and seek staff support.

After an explanation of the purpose of the study, data was collected through meeting with the nurses and explaining the purpose of the study to them. Data collected from staff nurses before and within their work hours according to availability through 3 days/week; the numbers of interviewed nurses were ranged from 10 to 11 nurses every day.

The time required to fill the questionnaires sheet and checklist was from 15 to 20 minutes for work-related stressors questionnaire, from 10-15 minutes for the coping and adaptation processing scale, from 15-20 minutes for perceived organizational support questionnaire and from 25-30 minutes for observing nurse' job performance evaluation (observational checklist). The filled forms were collected in time and revised to check their completeness to avoid any missing data. Finally, the researchers thanked the participants for their cooperation.

Ethical considerations: Participants were interviewed to explain the purposes and procedures of the study. They have informed about the right to withdraw from the study at any time without rational. Besides, confidentiality and anonymity of the subjects were assured through coding of all data. The attendance of filling questionnaires assumed oral consent to participate.

4.6. Statistical Design:

Data were verified before computerized entry. The Statistical Package for Social Sciences (SPSS version 20.0) was used for that purpose, followed by data analysis and tabulation. Data were presented using descriptive statistics: number, frequency, percentage, mean, standard deviation, and Pearson correlation coefficients (r). A significance level value was considered when $p\text{-value} \leq 0.05$, while $p\text{-value} > 0.05$ indicates non-significance results.

5. Results

Table 1 shows that 48.1% of nurses were in the age group from 25 to less than 30 years old with Mean \pm SD (25.98 \pm 4.22). Regarding gender, the majority of nurses (88.5%) were females. Concerning marital status, near to two-thirds of nurses were married (63.4%). Regarding educational level, more than two-thirds of nurses (67.7%) had technical institute of nursing diploma. As for years of

experience, more than half of nurses (50.3%) had from 5 to less than ten years of experience.

Table 2 shows the total mean and standard deviation regarding nurses' total work-related stressors. It was 129.84 ± 22.43 that represents 64.6% of the total score. The highest work-related stressor was for the domain of lack of support from colleagues at work that followed by the workload, death, and dying, then contact with others, job security. Finally, the work requirements were the lowest domain.

Figure 1 illustrates that the highest percentage (60.4%) of nurses had a moderate level of work-related stressors, while 25.5% of them had high levels of work-related stress and only 14.1% had low levels of work-related stressors.

Table 3 indicates that the total mean and standard deviation regarding nurses' total coping strategies was 104.34 ± 11.23 . Furthermore, the highest coping strategy was alert processing that followed by knowing and relating, then physical and fixed, resourceful and focused, and finally, systematic processing was the lowest strategy.

Figure 2 clarifies that the highest percentage (63.90%) of nurses had a high level of coping strategies, while 27.20% had a moderate level of coping strategies, and only 8.90% had a low level of coping strategies.

Figure 3 shows that the highest percentage (49.80%) of nurses had a low level of performance, while 28.50% had a

moderate level of performance, and only 21.70% of them had a high level of performance.

Table 4 indicates that the total mean and standard deviation regarding nurses' perceived organizational support dimensions. Total support was 91.71 ± 7.58 . Moreover, the highest perceived organizational support dimension was fairness, while job condition was the lowest dimension.

Figure 4 shows that the highest percentage (65.90%) of staff nurses had a moderate perception of organizational support. In comparison, 25.60% of them had a high level of perception of organizational support, and only 8.50% of them had a low level of perception of organizational support.

Table 5 demonstrates a statistically significant negative correlation between total work-related stressors and the total level of nurses' job performance ($P = 0.035$, $r = -0.575$). While a highly statistically significant positive correlation between the total score of coping strategies and the total level of nurses' job performance with ($P = 0.000$, $r = 0.994$). Also, a statistically significant positive correlation was revealed between perceived organizational support and nurses' job performance at ($p 0.029$, $r 1.023$).

Table (1): Frequency and percentage distribution of studied nurses regarding their characteristics (n=235).

Personal Characteristics	No	%
Age		
Age <25	91	38.7
Age 25-<30	113	48.1
Age 30 -<35	27	11.5
Age 35+	4	1.7
M±SD		25.98±4.22
Gender		
Male	27	11.5
Female	208	88.5
Marital status		
Single	86	36.6
Married	149	63.4
Educational level		
Diploma of nursing	22	9.3
Technical institute of nursing diploma	159	67.7
Bachelor of nursing	54	23.0
Years of experience		
<5 year	84	35.7
5 -<10 year	118	50.3
10 -<15 year	29	12.3
> 15 year	4	1.7
M±SD		6.91±3.71

Table (2): Mean and standard deviation of work-related stressors domains as reported by the studied nurses (n=235).

Work-related stressors	Maximum scores	M±SD	%	Ranking
Work environment	15	10.25±3.21	68.3	7
Job security	12	8.65±2.25	72.1	5
Workload	42	31.21±5.5	74.3	2
Work requirements	21	13.12±3.6	62.5	11
Lack of support from colleagues at work	30	22.91±6.45	76.4	1
Death and dying	21	15.34±3.58	73.1	3
The uncertainty of the treatment methods	6	3.83±1.42	63.8	10
Conflict with physician	6	4.01±1.32	66.8	8
Contact with others	12	8.76±2.65	73.0	4
The conflict between nursing staff and others	18	12.39±2.91	68.8	6
Inappropriate experience	18	11.42±2.61	63.4	9
Total	201	129.84±22.43		64.5

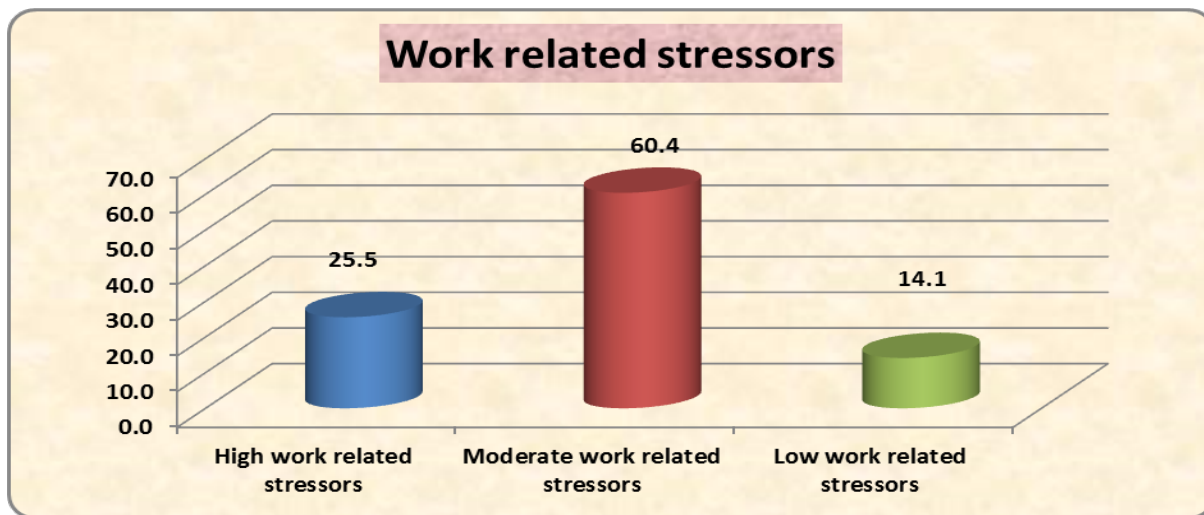


Figure (1): Percentage distribution of studied nurses regarding total work-related stressors (n=235).

Table (3): Table (3): Mean and standard deviation regarding total coping strategies (n=235).

Coping strategies	Maximum	M±SD	%	Ranking
Systematic processing	24.00	18.2±2.64	67.4	5
Knowing and relating	21.00	17.3±2.86	82.3	2
Physical and fixed	30.00	22.3±3.61	74.1	3
Resourceful and focused	27.00	19.8±2.56	73.3	4
Alert processing	33.00	23.8±2.75	88.1	1
Total	141	104.34±11.23		74.0

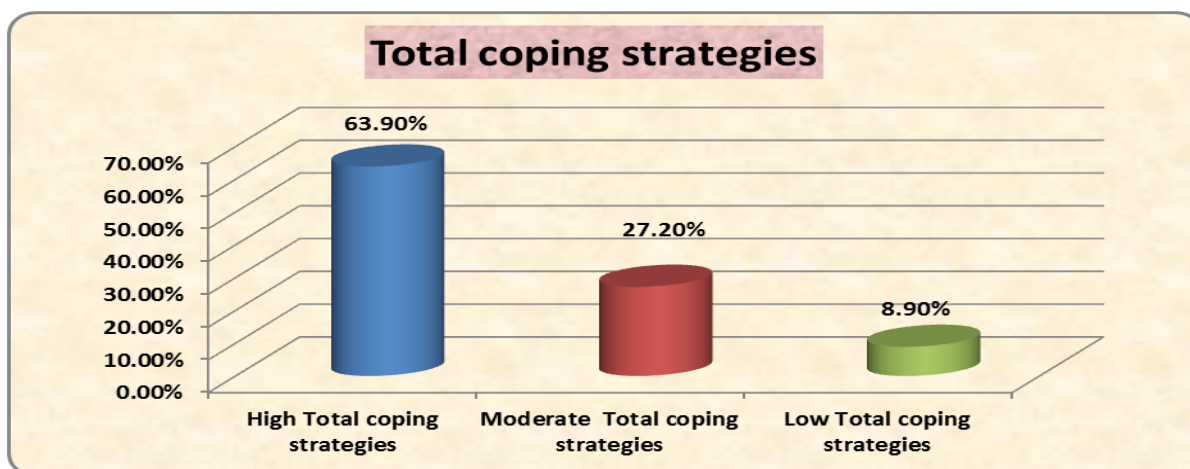


Figure (2): Percentage distribution of studied nurses regarding total coping strategies (n=235).

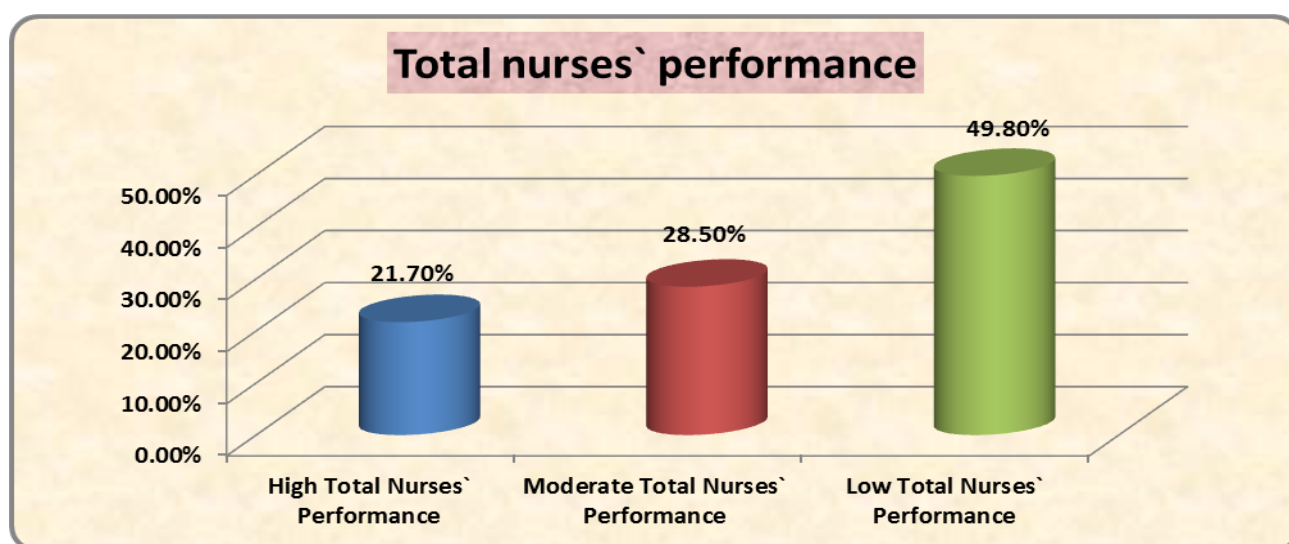


Figure (3): Percentage distribution of studied nurses regarding total nurses` performance levels (n=235).

Table (4): Mean and standard deviation regarding perceived organizational support total dimensions (n=235).

Perceived organizational support	Maximum	M±SD	%	Ranking
Supervisor support	50	39.45±1.25	69.4	2
Fairness	39	30.89±3.45	73.5	1
Job condition	30	21.37±2.78	59.3	3
Total	135	91.71±7.58	67.9	



Figure (4): Percentage distribution of studied nurses' perception regarding total perceived organizational support level (n=235).

Table (5): Correlation matrix between total works related stressors, coping strategies, perceived organizational support, and nurses' job performance (n=235).

Variables	Nurses' job performance	
	r	p-value
Work-related stressors	-0.575	0.035
Coping strategies	0.994	0.000
Perceived organizational support	1.023	0.029

6. Discussion

Nursing, by virtue of its nature, is a profession subjected to a high degree of stress, work stress exists in all professions, but the nursing profession appears to experience more stress at work than other healthcare workers. Stress is an integral part of life and is a necessary part of coping with everyday challenges. Problems start to occur when the stress response is inappropriate to the size of the challenge. If it is not managed and nurses are not supported by the organization, high-stress levels result in high levels of employee dissatisfaction, illness, absenteeism, high turnover, poor performance, decreased productivity, and as a result, difficulty in providing quality service to patients (Ransford, 2018). The present study was aimed to assess work-related stressors and coping strategies and its relation to job performance and perceived organizational support among critical care nurses.

According to staff nurses' characteristics, the result revealed that around half of nurses were in the age group from 25 to less than 30 years old. Regarding gender, the majority of nurses were females. Concerning marital status, near to two-thirds of nurses were married. Regarding the educational level, more than two-thirds of nurses had a technical institute of nursing diploma. As regard to years of experience, more than half of nurses had from 5 to less than ten years.

Regarding work-related stressors, the current study indicated that staff nurses' highest work-related stress was a lack of support from colleagues at work. Also, workload, death and dying, contact with others, job

security finally, work requirements was the lowest. It may be due to a lack of cooperation among nurses that results in a bad working environment and a lack of job security. Also, it may be referred to as nurses had not received proper appreciation after achieving their work and did not receive sufficient reward toward the work being done.

The outcome was in agreement with Sampson, (2017), who revealed in his study on nurses at the University of Cape Coast Hospital that responses of the most nurses on what they consider as sources of stress when they experience conflict with other nurses are the most common source of stress and was the highest domain. However, agree on inadequate and poor facilities at the hospital make them experience stress was the lowest domain. Also, Donkor (2013) revealed in his study on nurses in Ghana that the most common sources of nursing stress were conflicts with supervisors, conflict with colleagues, and lack of support.

This result was in disagreement with Dagget et al. (2016), who displayed in their study among nurses who are working in Jimma Zone public hospitals that the highest level of job-related stress was on the subscale of dealing with death and dying followed by uncertainty regarding patient treatment and workload while job-related stress from sexual harassment had the lowest mean score.

Besides, this result was in disagreement with Johansen and Cadmus (2016), who studied "conflict management style, supportive work environments, and the experience of work stress in emergency nurses." They indicated that the majority of studied nurses had a low level of work-related stress, and the lowest percent of

studied nurses had moderate to severe stress levels. *Yousefi and Abdullah (2019)* also revealed in their study on staff from research universities inside Malaysia that role ambiguity is the significant predictor of organizational stressors that adversely influence academic performance. Also, role conflict is the second predictor that negatively affects job performance.

The outcomes of the present study revealed that the highest percentage of nurses had a moderate level of work-related stressors, while the lowest percentage had a low level of work-related stressor. This finding appears to be due to lack of support from managers, colleagues at work, sever workload, death and dying, contact with others, job security, and conflict between nursing staff and others at critical care units. These higher levels of stress among the studied nurses indicate that nursing has been a demanding profession, with nurses being exposed to stress-provoking factors more than other health care workers.

This result was consistent with *Muazza (2013)*, who displayed in his study among nurses at one general public hospital in Jambi, Indonesia, that every nurse experienced a different kind of stress. Also, *Abu Shusha (2018)* revealed that more than half of the nurses had a moderate level of work-related stress. Besides, *El Dahshan and Hafez (2014)* revealed in their study on "staff nurses in Gynecology and Obstetrics Department in El- Shat by Maternity University Hospital" that nearly all studied nurses were suffered from stress with different levels. On the other hand, these findings were in disagreement with *Umann et al. (2014)*, who displayed in their study among nurses assisting critical and potentially critical patients in a university hospital in the interior of Rio Grande do Sul that more than half of nurses had a low level of stress.

Regarding mean and standard deviations of coping strategies, the findings of this study demonstrated that the highest coping strategy for stressors was alert processing (behaviors represent both the personal and physical self) and focused on all three levels of processing: input, central, and output). Moreover, systematic processing (describes personal and physical strategies to take in situations and to handle them methodically) was the lowest strategy. This finding may be due to staff nurses trying to remember things that helped in other situations to cope, so they use humor in handling the situation and try getting more resources to deal with the situation and maintain balance inactivity and rest.

This result followed *Abu Shusha et al. (2018)*, who showed that less than half of nurses were moderately used alert processing while disagreeing that less than half of them were moderately used systematic processing. This result was in disagreement with *Sampson (2017)*, who revealed that the highest coping strategy was getting involved in non-nursing activities hobbies, help them to cope with their stress level was the highest strategy. While taking drugs that help to cope with the demands that cause stress was the lowest strategy.

The current study's findings indicated that about two-thirds of nurses had a high level of coping strategies, and the only minority had a low level of coping strategies. This finding illustrated that nurses were self-controlling through making efforts to regulate one's feelings and actions rather than giving in to external stressful conditions. Furthermore, they increased their adaptation to the situation that disrupted the balance.

These findings were supported by *Sampson (2017)*, who revealed in his study that the highest percentage of nurses use coping strategies in response to stress. Also, *Abu Shusha et al. (2018)* revealed that less than half of nurses had a moderate level of coping. Also, more than one-third of nurses had a high level of coping, and the lowest percentage had a low level of coping.

As regards of perceived organizational support level, the results of the current study arrayed that the highest perceived organizational support dimension was fairness, while job condition was the lowest dimension. This finding appears to be due to staff nurses perceiving fairness at procedures and distributing rewards such as pay increases, recognition, promotion, and interactions with superiors to be fair. Also, equal pay between men and women or between co-workers performing the same job.

These results were in harmony with *Ross (2016)*, who displayed in his study on peri-anesthesia nurses that fifty-three percent reported that they had organizational support, fairness from the organization, intent to stay, and overall nurse satisfaction. On the other hand, these findings were in disagreement with *Radwan et al. (2018)*, who displayed in their study among head nurses working at Mansoura University Hospital that the majority of head nurses had their supervision and job security items were the highest dimensions, but organizational rewards were the lowest dimension.

The current study clarified that the highest percentage of staff nurses had a moderate level of perception of organizational support, and a minority of them had a low-level perception of organizational support. This finding may be due to staff nurses felt some support from managers and hospital administration in the distribution of work, providing appropriate prizes and justice in the work that are human beliefs, leading to the improvement of one's self-esteem, hope, and personal growth of employees.

This result was consistent with *Radwan et al. (2018)*, who showed in their study that the highest percentage of head nurses had a moderate perception regarding perceived organizational support. In addition to *Al-Omar et al. (2019)*, in their study in Saudi Arabia, reported moderate levels of perceived organizational support and resilience were displayed.

On the other hand, these findings were in disagreement with *Khrais et al. (2018)*. They displayed in their study among nurses working in Jordan and Egypt that both Jordanian and Egyptian nurses perceived a very high level of stress and a relatively weak organizational support and did not find enough organizational support from their organization. Also, *Labrague et al. (2018)*, displayed in

their study among Philippines nurses employed in government-owned hospitals, perceived low levels of organizational support as compared to private hospitals.

The outcomes of this study demonstrated that about half of nurses had a low level of performance, and a minority of them had a high level of performance. This finding may be due to workplace stressors that could impact on particular aspect or dimensions of nurses' jobs. It becomes a barrier for organizational development and results in low performance, productivity, increased absenteeism. It could be reduced by improving the working conditions and quality of benefits in the organization.

This result was consistent with *Sampson (2017)*, who displayed in his study that the level of nurses' performance at the University of Cape Coast Hospital affected by stress at work. Also, *Mustafa et al. (2019)*, who displayed in their study among nurses from Ain shams university that more than three-quarters of them had inadequate work performance. This result was in disagreement with *Al-Homayan et al. (2013)*, who displayed in their study among hospital nurses in one region in Saudi Arabia that the level of nurses' job performance among hospital nurses in Saudi Arabia to be moderate.

The previous findings of the study portrayed a statistically significant positive correlation between the total level of nurses' performance, coping strategies, and perceived organizational support. While there was a statistically significant negative correlation between the total level of nurses' performance and work stressors, this correlation could be due to staff nurses are facing stressors related to complex healthcare environments. The nurses also exposed to critical care patients, death and dying, working under time pressure, and high workload, so there is a need to ensure appropriate supports form managers and colleagues for these roles for quality care delivery and improvement of their performance.

This result was in agreement with *Azizollah et al. (2013)*, who revealed in their study on the hospital's nurses in the year 2012-2013 in Iran that there was a negative direct relationship between job stress and nurses' performances. Besides, *Al-Homayan et al. (2013)* showed that organizational support was a moderator in a relationship between job stress and nurses' job performance. Also, *Yousefi and Abdullah (2019)* revealed in their study that organizational stressors such as role ambiguity, role conflict, and workload were adversely impacted job performance, as well as embedding other kinds of support was increasing job performance.

In the same respect, *Daniel (2019)* displayed in his study among nurses in Nigeria that job stress can affect employee performance if stress is not handled well. The previous findings were disagreement with *Muazza (2013)*, who revealed a statistically significant correlation coefficient indicating that two variables (Stressors and job performance) have a direct relationship while the negative correlation coefficient indicates the two variables have an inverse relationship. Also, *Azizollah et al. (2013)* revealed a negative correlation between job stress and performance. This result was in disagreement with *Deng et al. (2019)*,

who displayed in their study that challenge stress was significantly positively associated with public service motivation and job performance among Chinese healthcare workers.

7. Conclusion

The present study concluded that about two-thirds of nurses reported a moderate perception level regarding work-related stressors and organizational support, while about two-thirds of the nurses reported a high level of coping strategies, and about half of them showed a low level of job performance. Also, there was a statistically significant negative correlation between the total score of work stressors and nurses' job performance. A statistically significant positive correlation was revealed between total perceived organizational support and total level of nurses' job performance. Also, it was a highly statistically significant correlation between the total score of coping strategies and the total level of nurses' job performance.

8. Recommendations

In light of the finding obtained from the present study, the following recommendations are suggested:

- Hospital administration should organize seminars, workshops for nurses that are targeted at specific sources of stress like conflict resolution, stress management.
- Hospital administration can use a few more interventions for stress management, namely regular counseling sessions, behavioral training, and nurse wellness program.
- Improving a safe and secure environment at the hospital by providing adequate and proper facilities.
- Supervisors should encourage the use of talk therapy strategies to reduce stress and improve job performance.
- A nurse's assistance program must be introduced for early identification and intervention on problems that make stress so that performance levels could increase.
- Efforts to improve nurses' performance should be oriented towards increasing the nurses' ability to complete tasks assigned to them through education and training.
- The reward and incentive structures should be planned to get nurses believing in the work and sharing the organization's overall objectives. Nurse managers should ensure fairness when making decisions concerning promotion chances and evaluating the performance among staff nurses by providing training courses for managers.
- Nursing management staff should create an atmosphere under which nurses feel more supported to conserve work support at a high level (e.g., providing chances for continuing education).
- Further research to study the relationship between job stress, nurse turnover, and absenteeism is also recommended.
- A study needs to be conducted on the effect of an educational training program on work-related stressors, coping strategies and perceived organizational support on nurses' outcomes, and organizational progress.

- Replication of the current study on a larger probability sample is highly recommended to achieve generalizable results.

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