

Effectiveness of Coping Strategies-Based Counseling Program on Quality of Life among Nurses at European Gaza Hospital

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ABSTRACT

Context: Nurses are the backbone of healthcare systems. They often work in high-stress environments that can significantly impact their quality of life. Addressing their well-being is crucial for maintaining effective healthcare services.

Aim: This study investigates the effectiveness of a counseling program based on coping strategies to enhance the quality of life among nurses at European Gaza Hospital.

Methods: The researchers used this quasi-experimental design, utilizing a single-group pretest-posttest design. Thirty-three nurses, comprising 20 males and 13 females, participated in the study. The researchers developed and implemented quality-of-life scales and a counseling program that applied to the nurses at European Gaza Hospital.

Results: The results showed statistically significant differences between the pre-test and post-test scores of the experimental group across the quality-of-life subscales. The following changes were observed at the significance level ($p \leq 0.05$): Physical Health Subscale: Pre-test mean rank is 29.45 ± 5.50 , compared to post-test mean rank of 18.81 ± 4.12 , p -value = 0.000. Psychological Health Subscale: Pre-test mean rank is 36.81 ± 5.35 , compared to the post-test mean rank of 28.36 ± 6.39 , p -value = 0.000. Social Relationships Subscale: The pre-test mean rank is 20.39 ± 3.30 , compared to the post-test, the mean rank of 15.27 ± 3.07 , p -value = 0.000. Environmental Subscale: The pre-test mean rank is 19.18 ± 3.30 , compared to the post-test mean rank of 14.18 ± 2.83 , p -value = 0.000. Professional domain: The pre-test mean rank is 37.30 ± 6.21 , compared to post-test mean rank of 27.96 ± 5.15 , p -value = 0.000.

Conclusion: These findings suggest the importance of prioritizing nurses' well-being through tailored counseling interventions. Recommendations include implementing psychological support programs, providing ongoing professional development, fostering a collaborative work environment, promoting self-care practices, and conducting regular program evaluations.

Keywords: Coping strategies, counseling program, quality of life

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1. Introduction

Nurses often face substantial stress and emotional strain due to the demanding nature of their work, which involves direct patient care, long hours, and high-stakes decision-making. This chronic stress can negatively impact their quality of life (QoL), affecting their professional performance and personal well-being (Vitale et al., 2015).

Nurses, as the cornerstone of the healthcare workforce, are pivotal in delivering high-quality and safe patient care. However, they face a multitude of challenges that threaten their well-being. The relentless demands of their job—ranging from work pressure, exposure to various risks, and navigating moral and ethical dilemmas to addressing the needs of patients and their families—create a significant burden. In addition to their clinical responsibilities, nurses must also engage in professional development, continuing education, and workplace management. These cumulative pressures make it difficult for many nurses to balance their personal and professional

lives, often leading to stress and burnout (Cruz, 2017; Abd Elkader et al., 2019).

Quality of life (QoL) is a complex and multifaceted concept, often considered through tangible conditions and individual perceptions. Generally, people associate QoL with the adequacy of material circumstances and personal satisfaction. It encompasses a broad spectrum of dimensions, blending subjective evaluations of life's positives and negatives. According to the World Health Organization (WHO), QoL is "individuals' perceptions of their position in life within the context of the culture and value systems they inhabit, along with their personal goals, expectations, standards, and concerns." This holistic view underscores the intricate interplay between external factors and personal experiences in shaping one's quality of life (Geiger-Brown et al., 2016; Abd Elkader et al., 2019).

Coping involves deliberately allocating mental and behavioral resources to address personal and interpersonal challenges, aiming to manage, alleviate, or endure stress and conflicts. It encompasses the conscious thoughts and actions deployed to navigate internal and external stressors. Unlike defense mechanisms, which operate subconsciously, coping strategies are consciously chosen

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and executed to mitigate stress. These strategies, often called coping skills, aim to reduce or tolerate stressors. Coping encompasses adaptive coping strategies, which are constructive approaches to reduce stress (Jathanna & D'Silva, 2014).

Coping strategies encompass individuals' specific behavioral and psychological tactics to confront, endure, diminish, or mitigate stressful situations. Generally, two broad categories of coping strategies have been delineated (Kato, 2015). Problem-solving strategies involve taking active measures to address the underlying causes of stress, while emotion-focused strategies focus on regulating the emotional fallout of stressful events. Research suggests that individuals employ a combination of both strategies when faced with stressors (Folkman & Lazarus, 1985).

The preference for one strategy over the other can be influenced by personal inclination, such as a propensity towards more proactive coping styles. Additionally, the nature of the stressor itself plays a role; for instance, individuals tend to employ problem-focused coping for manageable issues like work or family-related challenges, while less controllable stressors, such as certain health issues, often prompt more reliance on emotion-focused coping (Coppens et al., 2010).

2. Significance of the study

The global nursing workforce has expanded significantly in recent decades, increasing nurses undertaking long-hour shifts and facing heightened stress levels (Vitale et al., 2015). These dedicated professionals often grapple with overwhelming workloads, limited social support, and a diminished quality of life. As nurses progress, long-term night and shift work demands can lead to disillusionment and decreased resilience. This trend is accompanied by a myriad of health issues, including fatigue, sleep disturbances, anxiety, and disruptions to their regular routines (Vitale, 2022).

Within the clinical setting, nurses frequently encounter challenging circumstances that can further erode their quality of life. Nurses must develop effective coping mechanisms to cultivate a positive outlook, enhance well-being, boost productivity, and reduce stress. This study aims to address these needs by investigating the counseling program based on these strategies to offer structured support and guidance, helping individuals develop better ways to handle stress and improve their quality of life. By offering insights into various coping techniques, this research endeavors to empower nurses with the tools they need to bolster their resilience and improve their quality of life amidst the rigors of their demanding profession. The European Gaza Hospital, located in the Gaza Strip, is no exception, where nurses encounter additional challenges due to the region's socio-political context. Thus, exploring interventions that can enhance their quality of life is crucial.

3. Aim of the study

This study aimed to investigate the effectiveness of a counseling program based on coping strategies to enhance

the quality of life among nurses at European Gaza Hospital through the following objectives:

- To assess the effectiveness of a coping strategies-based counseling program on the quality of life among nurses at European Gaza Hospital.
- To detect the differences between the mean scores of individuals in the experimental group on the pre-test and post-test of quality-of-life scale.
- To detect the differences between the mean scores of individuals in the experimental group on the post-test and follow-up test on the quality-of-life scale.

3.1. Research hypotheses

- H1: There were no statistically significant differences at a significance level (p) of 0.05 or less between the mean scores of nurses in the experimental group on the pre-test and post-test regarding the quality of life.
- H2: There were no statistically significant differences at a significance level (p) of 0.05 or less between the mean scores of nurses in the experimental group on the post-test and follow-up tests regarding the quality of life.

3.2. Operational definition

The researchers define the quality of life as "the perception upon which an individual bases their sense of well-being by fulfilling their physical, psychological, social, environmental, and professional needs according to the values, standards, and culture of the society in which they live, thereby achieving their goals, expectations, and interests".

- *Physical domain*: This dimension refers to the level of satisfaction with an individual's overall health and the presence of physical health indicators.
- *Psychological domain*: This dimension reflects an individual's ability to achieve psychological balance and adapt to professional pressures and life burdens.
- *Social domain*: This dimension measures the extent to which an individual is satisfied with social relationships and support within the family and community.
- *Environmental domain*: This dimension assesses an individual's satisfaction with the environmental aspects of their community.
- *Professional quality of life*: This dimension indicates an individual's satisfaction with and fulfillment in their professional or occupational life.

4. Subjects & Methods

4.1. Research Design

This study employed a quasi-experimental (one group pre/post) research design. Quasi-experimental research shares similarities with experimental research but does not meet the criteria for true experimental research. While the independent variable is manipulated, participants are not randomly allocated to sequences of conditions (Campbell & Cook, 1979), and no control group.

4.2. Study setting

The study was conducted at European Gaza Hospital (EGH), a well-established healthcare institution that serves

a large and diverse patient population in Gaza. The hospital provides an intensive work environment with high patient turnover, complex surgical cases, and significant emotional and physical demands on the nursing staff. It is where nurses must adapt quickly, make critical decisions, and handle the psychological strain of patient care. This busy and demanding healthcare setting allowed for a thorough evaluation of how the counseling program could help nurses manage stress, improve their coping strategies, and enhance their quality of life.

4.3. Subjects

A convenience sample comprising 33 nurses, 20 male and 13 female nurses from the European Gaza Hospital, was utilized to fulfill the objectives of this study. This sample encompassed all nurses who were actively working during the study period.

Table (1): Distribution of the study sample.

| Total population | Sum | Male | Female |
|------------------------|-----|------|--------|
| Study population | 348 | 211 | 137 |
| Pilot study | 30 | 18 | 12 |
| Original study sample | 240 | 145 | 95 |
| Nurses with low scores | 160 | 97 | 63 |
| Experimental sample | 33 | 20 | 13 |

4.4. Tools of data collection

4.4.1. Quality of Life Scale

Based on a review of previous literature related to quality of life, the researcher developed a Quality of Life Scale drawing from studies such as *Guerra-Martin et al. (2023)*; *Ruzevicius (2012)*; *Schalock et al. (2008)*; *Costanza et al. (2007)*; *Veenhoven (1999)*; *Patrick and Bergner (1990)*; *WHOQOL Group (1995)*; and the professional quality of life from other studies including *Ruzevicius and Valiukaite (2017)*; *Chan et al. (2007)*; *Sirgy et al. (2001)*.

The Quality-of-Life Scale consists of 37 items distributed across five domains: Physical, psychological, social, environmental, and professional quality of life. The dimensions of the Quality-of-Life Scale are as follows:

Physical domain: This dimension refers to the level of satisfaction with an individual's overall health and the presence of physical health indicators, including general health, healthcare, the ability to perform daily tasks and activities, nutrition, and engagement in sports activities. It comprises eight items.

Psychological domain: This dimension includes nine items and reflects an individual's ability to achieve psychological balance and adapt to professional pressures and life burdens.

Social domain: This dimension measures the extent of an individual's satisfaction with social relationships and support within the family and community. It consists of five items.

Environmental domain: This dimension assesses an individual's satisfaction with the environmental aspects of their community, such as housing, transportation, availability of healthcare services, and integration into the environment. It contains five items.

Professional Quality of Life: This dimension comprises ten items and indicates an individual's satisfaction with and fulfillment in their professional or occupational life.

All items on the Quality-of-Life Scale are phrased positively and rated using a five-point Likert scale, where "Always" receives 5 points, "Often" receives 4 points, "Sometimes" receives 3 points, "Rarely" receives 2 points, and "Never" receives 1 point. Participants' scores range from 37 to 185. Higher scores indicate a higher quality of life, while lower scores suggest a need for improvement.

4.5. Procedures

Study planning: The study began by developing a Quality of Life (QoL) scale, initially applied to a pilot group of 30 nurses. The QoL scale was then administered to a larger sample of 240 nurses. From this broader assessment, nurses with the lowest QoL scores were selected for the study. The experimental group was then formed, comprising 33 nurses, carefully balanced according to a gender ratio of 20 males and 13 females, to participate in the targeted counseling program.

Face and Content Validity: After formulating the items and establishing the dimensions of the QoL Scale, the researchers presented the scale to a group of experts in psychological counseling, educational management, and educational administration at universities in Jordan, Palestine, and Saudi Arabia. The aim was to examine and evaluate the scale based on the items' relevance to the field and the dimension they measure, the extent to which the scale's items relate to the field they belong to, and the attribute the tool measures.

The experts also assessed the clarity and linguistic structure of the items. Subsequently, the reliability of the tool domains was assessed using the test-retest method, demonstrating high reliability, as indicated by Cronbach's alpha coefficients (refer to Table 2 for details). Additionally, the internal consistency of the QoL domains was evaluated (see the table for results).

Table (2): Internal consistency and Alpha Cronbach for QoL subscales.

| Scale domain | Item No. | Subscale | Correlation | Alpha Cronbach |
|---------------|----------|----------|-------------|----------------|
| Physical | 8 | 1-8 | 0.827 | 0.870 |
| Psychological | 9 | 9-17 | 0.782 | 0.827 |
| Social | 5 | 18-22 | 0.730 | 0.701 |
| Environmental | 5 | 23-27 | 0.801 | 0.714 |
| Professional | 10 | 37-28 | 0.797 | 0.825 |
| Total QoL | 37 | 1-37 | | 0.926 |

Ethical consideration: Participating nurses gave verbal consent and were informed about the study's purpose during the initial interview. They were assured that their participation was entirely voluntary and that they could withdraw from the study without any consequences. The confidentiality of all provided information was guaranteed.

Fieldwork Overview: Official permission for data collection and the implementation of the counseling was secured from the Ministry of Health and the European Gaza Hospital Directorate. Researchers interviewed

available nurses to explain the study's objectives and obtain their consent to participate. The study spanned approximately three months, from August 2023 to November 2023, and was conducted in five phases:

Preparation phase: In this initial phase, researchers extensively reviewed national and international literature and explored online resources to develop the study tools and design a counseling program based on coping strategies. Subsequently, the tools were revised and refined.

Assessment Phase: Researchers met with nurses to explain the study's purpose and the questionnaire completion method. This meeting was either individually or in a group. In August 2023, questionnaires were distributed to participating nurses prior to the program's implementation.

Planning phase: Drawing on literature reviews, sample characteristics, and assessment phase results, researchers designed a counseling program that uses coping strategies to improve the quality of life for nurses at EGH.

Implementation phase: Researchers first announced the program within the study setting to gauge participants' readiness and encourage their involvement. The program was explained to emergency clinic unit nurses working night shifts, who agreed to participate and provided a learning room for the sessions. The counseling program, designed based on identified needs and literature reviews, included educational booklets to enhance nurses' coping abilities and quality of life.

The program sessions (Annex I), held thrice weekly (Sunday, Tuesday, and Thursday), utilized lectures, group discussions, and brainstorming, lasting 60-70 minutes each, depending on the workload. Sessions began at 11:00 am and concluded at 1:00 pm. Educational booklets were distributed on the first day, and each session began with an orientation and ended with feedback on the previous and current sessions. Real-life scenarios were provided for nurses to suggest alternative solutions. The person who gave the sessions has a PhD in counseling psychology and two years of an advanced course in psychodynamic psychoanalysis.

The counseling program (Annex II) detailed in the study is designed to holistically support nurses by incorporating various therapeutic activities, practical exercises, and coping strategies. The program includes mindfulness techniques such as relaxation meditation, deep breathing, and nature viewing, aimed at helping nurses ground themselves in the present moment and reduce stress. Additionally, it involves creative activities that encourage self-expression and emotional processing, like listening to music, praying, and engaging in emotional exposure through self-talk.

Physical exercises such as Qigong are incorporated to help nurses maintain physical wellness, while practical exercises like problem-solving, modeling, role-playing, and group discussions facilitate personal and professional development. These exercises foster teamwork and allow nurses to share personal experiences and memories, which

promotes emotional healing and learning through shared stories.

The program further addresses various coping strategies, including problem-focused, emotion-focused, and meaning-focused coping mechanisms. It also integrates proactive coping and spiritual and religious coping, ensuring that the nurses can draw strength from both their inner resources and their social and spiritual networks. Social-focused coping encourages collaboration and mutual support among peers.

The program's intended outcome focuses on enhancing nurses' quality of life by developing effective cognitive coping mechanisms, ultimately improving their ability to handle the emotional and psychological strains of their profession.

Evaluation Phase: The program's impact was assessed using the same tools as the pre-test. A post-test was administered at the final session to measure nurses' coping abilities and quality of life improvements. Additionally, a follow-up test was conducted to evaluate the sustainability of these improvements over time.

4.6. Data analysis

The data were then analyzed, interpreted, and clinically evaluated, comprehensively discussing the study's findings. The data collected from the pre-test, post-test, and follow-up tests were subjected to rigorous statistical analysis to evaluate the counseling program's effectiveness. The primary statistical test employed in this study was the paired sample t-test. This test was utilized to compare the mean scores of the Quality-of-Life scale between the pre-test and post-test and between the post-test and follow-up test. The paired sample t-test is particularly useful in this context as it helps determine whether there are statistically significant differences in the nurses' quality of life and coping abilities before and after the intervention.

Cohen's d was calculated as an effect size measure to further quantify the magnitude of the intervention's effect. Cohen's d provides insight into the practical significance of the results, indicating the size of the difference between the pre-test and post-test scores. This study interpreted Cohen's d values using the conventional thresholds: 0.2 for small effect, 0.5 for medium effect, and 0.8 for large effect.

The significance level accepted for this study was set at $p \leq 0.05$. This threshold indicates that any p-value less than or equal to 0.05 would be considered statistically significant, proving that the observed changes in the nurses' quality of life are likely attributable to the counseling program rather than random chance.

Overall, the data analysis phase, including calculating effect size, played a crucial role in validating the effectiveness of the coping strategies-based counseling program, ensuring that the conclusions drawn are statistically and clinically meaningful.

5. Results

The following tables illustrate the significance of the differences between the pre-test and post-test measurements for the experimental group members (Annex II).

It is evident from Table 3 that the "t" values for the Quality of Life dimensions are as follows: physical domain (9.116), psychological domain (8.231), social relationships (10.411), environmental domain (8.668), professional domain (12.779), and overall quality of life scale (16.002). The significance level for these values is (0.000), which is less than 0.05.

The researcher calculated Cohen's d value using the following equation ($d = \frac{t}{\sqrt{n}}$) to determine the effect size.

Table 4 demonstrate the effect size of the counseling program that the post-test means for the dimensions of physical health, psychological health, social relationships, environmental quality of life, and professional quality of life are, respectively, (1.57, 1.43, 1.81, 1.50, 2.22, 2.78). Observing the impact of the counseling program, all of these are greater than Cohen's d value of 0.8 for measuring the program's effect.

Table 5 shows that the t-value for the physical domain is (0.196), the psychological domain is (1.365), the social relationships is (0.946), the environmental domain is (-0.427), the professional quality of life is (1.564), and the overall quality of life scale is (0.999), all of which have a significance level greater than (0.05).

Table (3): Comparison of the QoL mean score of the experimental group on pre-test/post-test (n=33).

| Domain | No. of items | Mean±SD | t-test | P-value |
|-----------------------------|--------------|--------------|--------|---------|
| Physical domain | | | | |
| Pre-test | 8 | 29.45±5.50 | 9.116 | 0.000 |
| Posttest | 8 | 18.81±4.12 | | |
| Psychological domain | | | | |
| Pre-test | 9 | 36.81±5.35 | 8.231 | 0.000 |
| Posttest | 9 | 28.36±6.39 | | |
| Social Domain | | | | |
| Pre-test | 5 | 20.39±3.30 | 10.411 | 0.000 |
| Posttest | 5 | 15.27±3.07 | | |
| Environmental domain | | | | |
| Pre-test | 5 | 19.18±3.30 | 8.668 | 0.000 |
| Posttest | 5 | 14.18±2.83 | | |
| Professional domain | | | | |
| Pretest | 10 | 37.30±6.21 | 12.779 | 0.000 |
| Posttest | 10 | 27.96±5.15 | | |
| Total scale QoL | | | | |
| Pretest | 37 | 143.15±19.19 | 16.002 | 0.000 |
| Posttest | 37 | 105.24±10.24 | | |

Table (4): Cohen equation for effect size.

| QoL domains | Cohen (d) | Effect size |
|----------------------|-----------|-------------|
| Physical health | 1.57 | Large |
| Psychological health | 1.43 | Large |
| Social relationship | 1.81 | Large |
| Environmental QoL | 1.50 | Large |
| Professional QoL | 2.22 | Large |
| Total QoL | 2.78 | Large |

6. Discussion

The quality of life for nurses at the European Gaza Hospital is a pivotal element that must be prioritized in their future career planning. Addressing this aspect is essential not only for the well-being of the nurses but also for the overall efficacy of the healthcare services they provide. The dimensions of quality of life, including physical health, psychological well-being, environmental factors, social relationships, and the quality of working life, are all critical areas that collectively contribute to a more supportive and productive work environment. These factors play a significant role in ensuring that nurses are well-equipped to meet the demands of their profession while maintaining a high standard of personal and professional satisfaction. This study investigates the effectiveness of a

counseling program based on coping strategies to enhance the quality of life among nurses at European Gaza Hospital.

The counseling program at the European Gaza Hospital significantly enhanced the quality of life for nurses, positively affecting various dimensions of their well-being. According to the researcher, this multifaceted improvement can be attributed to the counseling program skills and techniques. The counseling program's significant positive impact on nurses' quality of life highlights the crucial role of mental health and well-being initiatives in healthcare settings. Improved quality of life among nurses benefits individuals and has broader implications for patient care. Healthier, more satisfied nurses will likely provide better care, improving patient outcomes and overall healthcare quality.

Table (5): Comparison of the QoL mean score of the experimental group on follow-up-test/post-test (n=33).

| Domain | No. of items | Mean±SD | t-test | p-value |
|-----------------------------|--------------|--------------|--------|---------|
| Physical domain | | | | |
| Post-test | 8 | 29.45±5.50 | | |
| Follow-up | 8 | 29.18±5.90 | 0.196 | 0.846 |
| Psychological domain | | | | |
| Post-test | 9 | 36.81±5.35 | | |
| Follow-up | 9 | 34.36±8.27 | 1.365 | 0.182 |
| Social Domain | | | | |
| Posttest | 5 | 20.39±3.30 | | |
| Follow-up | 5 | 19.66±3.05 | 0.946 | 0.351 |
| Environmental domain | | | | |
| Post-test | 5 | 19.18±3.30 | | |
| Follow-up | 5 | 19.54±3.81 | 0.427- | 0.672 |
| Professional domain | | | | |
| Posttest | 10 | 37.30±6.21 | | |
| Follow-up | 10 | 35.05±8.03 | 1.564 | 0.128 |
| Total scale QoL | | | | |
| Posttest | 37 | 143.15±19.19 | | |
| Follow-up | 37 | 137.78±26.06 | 0.999 | 0.325 |

This finding means that the counseling program clearly and significantly impacted the changes observed in the experimental group. These results indicate that the program significantly improved the quality of life among nurses at the European Gaza Hospital. Thus, the null hypotheses are rejected.

The current study's findings align with numerous previous experimental studies on nurses. For instance, the study by *Gudi et al. (2023)* aimed to investigate the impact of music therapy on perceived stress and professional quality of life (burnout, secondary traumatic stress, compassion satisfaction) among nurses in a private hospital in Hyderabad, India, and the study by *Fu et al. (2021)*, that aimed to examine the impact of the compassion fatigue educational program, mindfulness practices, and support from relatives and friends on the quality of life, professional well-being, physical health, and mental health among nurses.

This finding aligns with *Karimi et al.'s (2019)* study, which examined the effectiveness of life-quality interventions on stress and life satisfaction among healthcare providers.

Furthermore, it aligns with *Ceravolo and Raines's study (2019)* that aimed to examine the impact of mindfulness intervention on the quality of life among nursing managers in an acute care hospital. Additionally, *Cucarella and Giannini (2016)* aimed to examine the standard mindfulness program's benefits in a sample of seven volunteer nurses from an institution supporting women with breast cancer, using the experimental group (pre-posttest).

Bazarko et al.'s (2013) study aligns with our results, as it introduced an innovative mindfulness-based model to enhance the health and well-being of nurses, contributing to their improved quality of life. It also aligns with *Arranz et al.'s (2005)* study, which aimed at assessing nurses' needs and perceived difficulties and providing training that contributed to improved quality of life.

The sustained effectiveness of the counseling program in the follow-up test of the Quality-of-Life scale indicates the success of the counseling program used with the nurses. This continued impact of the program is attributed to the activation and development of coping strategies through the employment of various counseling techniques and methods, such as psychoeducation, mindfulness, physical exercises, spiritual strategies, and other techniques of substantial value in enhancing the sustainability and continuity of self-development and goal achievement .

The program focused on enhancing the sustainability of development among the nurses, contributing to their continuous professional and personal growth over time. This growth has a significant positive impact on their work performance and the quality of healthcare they provide. The session on the sustainability of development and continuity played a crucial role in guiding the nurses to integrate stress-coping strategies into their daily lives .

Learning techniques such as self-work, meditation, physical exercises, relaxation, mindfulness, social support, and spiritual strategies helped reinforce the sustainability of their development. This sustainability enabled them to better balance work and personal life, representing a unique experience that caters to the nurses as individuals and significantly enhances their overall quality of life.

Several studies, including those by *Gudi et al. (2023)*, *Fu et al. (2021)*, *Karimi et al. (2019)*, *Ceravolo and Raines (2019)*, *Cucarella and Giannini (2016)*, *Bazarko et al. (2013)*, and *Arranz et al. (2005)*, have explored various interventions aimed at enhancing the quality of life among nurses. These interventions encompass a range of techniques and skills, such as meditation, mindfulness practices, social support systems, relaxation techniques, and targeted exercises.

Gudi et al. (2023) delved into the potential of music therapy to alleviate stress and bolster professional quality of life among nurses. Similarly, *Fu et al. (2021)* investigated the effectiveness of a compassion fatigue educational

program, mindfulness practices, and support networks in improving nurses' overall well-being.

Karimi et al. (2019) examined the impact of interventions targeting life quality on stress reduction and satisfaction levels among healthcare providers. *Ceravolo and Raines (2019)* focused on mindfulness interventions specifically tailored for nursing managers in acute care settings, aiming to enhance their quality of life.

Cucarella and Giannini (2016) explored the benefits of standard mindfulness programs for nurses supporting breast cancer patients. *Bazarko et al. (2013)* introduced a mindfulness-based model to enhance nurses' health and well-being.

Furthermore, *Arranz et al. (2005)* addressed nurses' needs and challenges through targeted training interventions, contributing to improved quality of life. These studies underscore the significance of employing diverse interventions and techniques to enhance nurses' well-being and quality of life.

7. Conclusion

The study results indicate that the counseling program, based on stress-coping strategies, effectively enhances the quality of life among nurses at the European Gaza Hospital. Nurses with low quality of life in the initial test experienced significant improvements in subsequent tests.

8. Recommendations

Therefore, nursing administrators must encourage and provide support and opportunities for nurses to enhance their quality of life (QoL) by reflecting on and sharing their caregiving experiences. Additionally, measures should be taken to improve nurses' QoL by addressing their physical, psychological, social, and professional needs following the hospital's systems and policies.

A range of interventions can also be implemented to improve the quality of life for nurses, such as psychoeducation, mindfulness and meditation practice, and encouraging peer and supervisor support. Emotional disclosure can also be promoted through writing or talking, prayer, sharing stories and successes, conducting group exercises, learning relaxation techniques, and engaging in physical activity.

These interventions will enhance and develop stress-coping strategies among nurses, which will, in turn, improve their ability to effectively deal with professional and personal challenges. This outcome will lead to better patient care and increased satisfaction and happiness at work, thereby contributing to safe and effective patient care and improving the work environment for nurses.

Furthermore, improving nurses' quality of life will enhance their overall personal and professional experience. They will become better equipped to handle challenges and stress in healthcare, enabling them to better support patients and colleagues.

Although this requires additional effort, investing in the health and well-being of nurses pays off in the long term by delivering better care and improving the work environment in the healthcare sector.

Proposed research studies:

- The effectiveness of a mindfulness-based counseling program on quality of life and psychological well-being among nursing supervisors.
- The effectiveness of a social support-based counseling program on mental health and self-transcendence among nurses.
- The effectiveness of a coping strategies-based counseling program in reducing work-related stress among nurses.
- Effectiveness of a counseling program based on coping strategies on self-transcendence among nurses at European Gaza Hospital.

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Annex (II)

Table (B): Sessions' Summary

| | |
|--|--|
| <p>Session 1: Acquaintance and Building Trust Establish trust and rapport among participants. Techniques: Lecture, Discussion and Dialogue, Questions and Interpretation Activities Lecture: Brief introduction to the program and its objectives. Discussion and Dialogue: Icebreaker activities to introduce participants Questions and Interpretation: Open-ended questions to encourage sharing of personal experiences and expectations.</p> | <p>Session 2: Understanding Quality of Life Define and discuss the concept of quality of life. Techniques: Lecture, Dialogue and Discussion, Psychoeducation, Positive Reinforcement, Homework Activities Lecture: Overview of quality of life and its dimensions. Dialogue and Discussion: Group discussion on personal perceptions of quality of life. Psychoeducation: Explanation of the impact of quality of life on overall well-being. Positive Reinforcement: Encouraging positive reflections. Homework: Participants complete a self-assessment of their current quality of life.</p> |
| <p>Session 3: Learning Coping Strategies Introduce various coping strategies. Techniques: Discussion and Dialogue, Psychoeducation, Homework. Activities Discussion and Dialogue: Sharing current coping mechanisms. Psychoeducation: Overview of different coping strategies. Homework: Participants reflect on and write about their current coping strategies and effectiveness.</p> | <p>Session 4: Problem-Focused Coping Teach problem-focused coping techniques. Techniques: Discussion and Dialogue, Homework, Role-Play Activities Discussion and Dialogue: Identifying common problems and potential solutions. Role-play: Practice problem-solving in hypothetical scenarios. Homework: Apply problem-focused coping to a real-life situation and journal the</p> |
| <p>Session 5: Emotion-Focused Coping Explore emotion-focused coping methods. Techniques: Emotional Disclosure, Meditation, Homework Activities Emotional Disclosure: Participants share their emotional responses to stress. Meditation: Guided meditation to manage emotions. Homework: Practice meditation and document emotional changes.</p> | <p>Session 6: Meaning-Focused Coping Understand and apply meaning-focused coping strategies. Techniques: Mindfulness, Meditation, Homework Activities Mindfulness: Exercises to focus on the present moment. Meditation: Guided meditation on finding meaning in experiences. Homework: Reflect on and write about meaningful aspects of life.</p> |
| <p>Session 7: Social Support Coping Highlight the importance of social support in coping. Techniques: Support Group, Homework, Discussion Activities Support Group: Form small groups to share experiences and support each other. Discussion: Benefits of social support and ways to strengthen it. Homework: Engage with a support network and document interactions.</p> | <p>Session 8: Proactive Coping Teach proactive coping strategies. Techniques: Sport Exercises, Relaxation, Meditation, Homework. Activities Sport Exercises: Physical activities to reduce stress. Relaxation: Techniques to calm the mind and body. Meditation: Guided meditation for proactive coping. Homework: Incorporate proactive coping strategies into daily routine and document results.</p> |
| <p>Session 9: Spiritual Coping Incorporate spiritual practices into coping strategies. Techniques: Mindfulness, Meditation, Homework Activities Mindfulness: Exercises to connect with spiritual beliefs. Meditation: Guided spiritual meditation. Homework: Practice spiritual activities and reflect on their impact.</p> | <p>Session 10: Religious Coping Explore religious coping methods. Techniques: Meditation, Relaxation, Homework Activities Meditation: Guided meditation with a religious focus. Relaxation: Techniques to find peace and comfort in religious practices. Homework: Engage in religious practices and document experiences.</p> |
| <p>Session 11: Cognitive Coping Strategies Apply cognitive coping strategies. Techniques: Self-Talk, Relaxation, Homework Activities Self-Talk: Exercises to promote positive thinking. Relaxation: Techniques to manage stress through cognitive reframing. Homework: Practice self-talk and relaxation techniques, and journal the outcomes.</p> | <p>Session 12: Sustainability of the Program Ensure the long-term sustainability of coping strategies. Techniques: Group Process, Meditation, Relaxation Activities Group Process: Discuss ways to maintain coping strategies over time. Meditation: Guided sessions to reinforce sustainability. Relaxation: Techniques to ensure continued use of coping skills.</p> |
| <p>Session 13: Evaluation and Ending Evaluate the program's effectiveness and conclude the sessions. Techniques: Positive Encouragement, Discussion, Reinforcement Activities Positive Encouragement: Reflect on progress and celebrate</p> | <p>achievements. Discussion: Group discussion on personal growth and program impact. Reinforcement: Provide positive reinforcement for continued use of coping strategies.</p> |

Annex (I)

Table (A): Differences in the mean score of nurses QoL scale pre- and post-application of the counseling program

| Domains | Pre-test | Post-test |
|--|-----------|-----------|
| | Mean±SD | Mean±SD |
| Physical health | | |
| I feel good about the quality of my physical health. | 2.90±0.91 | 3.90±0.91 |
| I find the health care I need. | 2.87±0.81 | 3.87±0.81 |
| I can focus on activities of daily living. | 2.81±0.98 | 3.78±1.05 |
| I can get the right healthy food. | 3.06±0.86 | 3.69±1.01 |
| I find the ability and competence necessary to carry out any daily activity. | 2.90±1.15 | 3.69±0.95 |
| I do exercise and recreational activities. | 3.27±0.91 | 3.18±1.07 |
| I can take breaks that work for me. | 3.72±0.80 | 3.39±0.99 |
| I feel satisfied with my daily work tasks. | 3.75±0.90 | 3.90±0.87 |
| Psychological health | | |
| My life has meaning and value. | 3.54±1.06 | 4.27±0.80 |
| I find comfort in practicing my religious and spiritual beliefs. | 3.54±0.93 | 4.48±0.66 |
| I feel satisfied with my appearance and features. | 3.18±1.21 | 4.30±0.68 |
| I feel happy in my life. | 2.96±0.84 | 4.90±0.87 |
| I can face psychological pressures during my work. | 3.00±0.79 | 3.87±0.78 |
| I can adapt to the psychological crises that I encounter. | 3.18±0.98 | 3.63±0.82 |
| I feel psychologically comfortable while doing my work. | 2.87±1.16 | 4.03±0.76 |
| I can achieve harmony between myself and community members. | 3.39±1.05 | 4.03±0.80 |
| I have the ability to achieve balance in my life. | 3.00±0.96 | 4.27±0.70 |
| Social relationship | | |
| I feel good about the community in which I live. | 3.18±1.18 | 4.12±1.16 |
| I enjoy wide social relationships. | 2.93±1.11 | 3.90±0.87 |
| I receive social support from family and friends. | 3.21±1.29 | 3.78±0.81 |
| I feel satisfied with my life with my family. | 2.93±1.02 | 4.33±0.64 |
| I gain respect and appreciation from community members. | 2.84±1.00 | 4.24±0.70 |
| Environmental Health | | |
| I feel safe and secure in the environment in which I live. | 3.18±1.18 | 3.84±0.83 |
| I feel good about where I live. | 2.81±1.04 | 3.96±1.01 |
| I can obtain appropriate health services. | 3.00±1.17 | 3.87±0.81 |
| I can get proper transportation easily. | 2.96±1.10 | 3.60±1.11 |
| I can adapt easily to the environment in which I live. | 2.87±1.11 | 3.87±0.64 |
| Quality of working life | | |
| I can focus on my work and job tasks. | 3.15±1.25 | 4.09±0.72 |
| I find the necessary ability and competence to carry out my work. | 2.93±1.11 | 4.27±0.51 |
| I find the medical tasks I perform easy and not stressful. | 2.54±1.12 | 3.72±0.94 |
| I can get suitable training opportunities. | 2.57±1.09 | 3.66±0.92 |
| I feel satisfied with the profession in which I work. | 1.96±1.10 | 4.00±0.86 |
| I see that financial income meets my needs. | 3.21±0.99 | 2.63±1.29 |
| I find respect and appreciation from colleagues during work. | 2.81±0.84 | 4.15±0.75 |
| Get career advancement and promotion at work. | 3.00±1.14 | 3.54±0.86 |
| I participate in decision-making within the department or hospital. | 2.87±1.05 | 3.42±1.19 |
| I can integrate into the work environment easily. | 3.39±1.05 | 3.78±1.05 |