Job Stress and Coping Mechanisms among Nursing Staff in a Malaysian Private Hospital

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Abstract
It is a common belief that nurses are exposed to many stressful demands and pressures. This situation can lead to heightened risk of an array of health, safety and other problems. The main purpose of this study is to examine the relationship between nurses' jobs, the work environment, characteristics of individual nurses and management support and coping mechanisms to reduce job stress among nurses. This study uses a quantitative approach in which questionnaires are distributed to nurses to collect data. International and local perspectives on job stress and coping mechanisms among nursing staff are reviewed. Both the current international and local literatures are reviewed using the key themes of nursing stress and coping mechanisms. It is found that the major contributor to job stress among nurses is the job itself. Heavy workload, repetitive work, and poor working environment were among the stressors identified. It is hoped that the results of the study will clarify the relationship between the job itself, the work environment, individual differences and management support with coping mechanisms to reduce job stress among nursing staff in Malaysian private hospitals and indicate what intervention is needed to reduce stress among nursing staff. It is also hoped that the research findings will highlight the necessity for all stakeholders concerned to take proactive measures to alleviate job stress among nursing staff.

Keywords: Nursing Stress, Coping Mechanism, Management Support, Work and Environment**.**

Introduction
        Job stress is the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (UML 2014). Job stress matters to our health and our work. When we feel stressed, our bodies respond by raising the concentration of stress hormones in our blood. When our bodies continually respond to constant demands or threats, coping mechanisms stay in overdrive,

which can be damaging to health over time (UML 2014). Research shows that excessive job stress can lead to many long-term health problems, including cardiovascular disease, diabetes, weakened immune function, high blood pressure, musculoskeletal disorders, substance abuse, depression and anxiety. Stressful working conditions can also impact health indirectly by limiting our ability or motivation to participate in other health-promoting behaviors such as eating well and exercising (Emilia and Hassim, 2007).

Job stress has on numerous occasions been cited as a cause of suicide, whereby workers take their own lives as a result of work pressure (Deccan Herald, 2011; Vause, 2010). Nurses in hospitals are exposed to high levels of occupational stress resulting from heavy workloads, extended working hours and severe time pressure. They are at a higher risk of suffering from depressive disorders than is the general population (Tsai and Liu, 2012). Nursing, by its nature, is a stressful profession (Malun, 2011). Nurses work in high-stress environments, since their main responsibility focuses upon providing help to patients who are usually encountering life crises. Given the high demand for effectiveness and efficiency in the delivery of private health services, nursing staff have great responsibility to ensure that patients' demands are satisfied. Nursing focuses on activities that relate to diagnosis and treatment of human responses to health and illness phenomena. However, inherent in this caring occupation are numerous sources of built-in stress that become occupation hazards for nurses (Robert et al., 2012). There are many components to this experience of stress, such as staff shortages, high levels of responsibility, dealing with death and dying, dealing with patients' relatives, coping with unpredictable situations, making critical judgments about intervention and treatment and balancing work and family commitments. For example, married nurses with children have to address responsibilities as wife, mother and homemaker

Indeed, nursing has long been considered one of the most stressful professions. Stress in nursing is attributed largely to physical labor, the suffering and emotional demands of patients and families, work hours, shiftwork, interpersonal relationships and other pressures that are central to the work nurses do, such as the use of sophisticated healthcare equipment, increased workload and constant changes in the healthcare environment (Roberts et al. 2012). It has been found that nurses suffer from higher levels of work-related stress than other healthcare workers and that these stress levels pose health risks to nurses and weaken the quality of care given to patients (Emilia and Hassim, 2007; Little John, 2012).

Occupational safety and health researchers and practitioners agree that nurses are heavily exposed to myriad psychosocial stressors in their daily work. The term 'psychosocial stressor' refers to stressful working conditions and job characteristics. Nurses seem to be overexposed to a range of psychosocial stressors, which include lack of control, long work hours, shiftwork, interpersonal conflicts, insufficient resources, poor reward systems and inadequate structure of communication flow in hospitals and other healthcare settings (Kemper et al., 2011; Roberts et al., 2012).

In Malaysia, nursing requires a great deal of collaboration with people of different professions, social backgrounds and cultures, as well as the ability to take on various roles during a single working day. These might include participation in teams, attendance during rounds and meetings, field trips, palliative work and providing counselling to patients and their

families and social services (Loo and Leap, 2012). These stressful situations obviously cause problems for nurses in their daily work. Stress that is not well managed brings negative consequences not only for employees, but also for patients and for the organization (Wang et al., 2011).

Uncontrolled stress can cause emotional and physical illness such as coronary heart disease, cancer, lung problems, diabetes, accidents and even suicide (Al Hosis et al., 2013). It is not possible to completely eliminate stress from our daily lives, but appropriate ways of coping with stress can be practiced in order to reduce stress. This requires a holistic approach. Although research has been conducted on job stress and coping mechanisms among nurses in public health services, job stress and coping among nurses in Malaysian private hospitals is yet to be investigated. The above issues have stimulated the researcher to undertake a case study on job stress and coping mechanisms among nurses in Malaysian private hospitals.

The main objective of this research is to examine the job itself, the work environment, individuals and management support and coping mechanisms to reduce job stress among nurses in a selected private hospital.

Stress Coping Theories

Examination of the literature reveals several theories that are pertinent to stress. These include transaction-based theory and complexity science theory. The conceptual outlook and preliminary findings through secondary data analysis and a literature review on stress and coping are informed by the transaction-based theory of stress and complexity science, concepts from which are used as guidance in the design of this study.

The transaction-based theoretical view of stress proposes that stress does not exist as an event, but rather as a result of the transaction between persons and their environment (Lazarus and Folkman, 1987). Within this context, stress encompasses cognitive, affective, and coping variables. A major theme of the transactional approach is the importance placed upon the role of appraisal. The theory suggests that appraisal is the primary mediator of person-environment transactions. Three types of appraisal exist within this framework, which determine emotions and coping behavior: primary appraisal, secondary appraisal and reappraisal (Lazarus and Folkman 1984). Primary appraisal is a cognitive process that relates to an individual's judgment about an encounter. The individual may determine an encounter to involve a threat that is then appraised as stress. Secondary appraisal involves the process of continually evaluating coping options to deal with primary appraisal. Reappraisal involves the process of continued evaluating primary and secondary appraisals (Shirey, 2009). The transaction-based theoretical view of stress identifies two forms of coping: problem-focused and emotion-focused (Lazarus and Folkman, 1984). Problem-focused strategies are adaptive strategies that involve managing or altering the problem with the environment or the person. Emotion-focused strategies involve regulating the emotional response to the problem. Individuals may use both types of strategies to deal with stressors. Emotion-focused (denial and avoidance) forms of coping, however, can impair health by impeding adaptive health- and illness-related behavior (Lazarus and Folkman, 1984). When primarily using emotion-focused strategies, individuals may initially succeed in lowering emotional distress, but in the process,

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they fail to address a problem that may be responsive to suitable action (Lazarus and Folkman, 1984).

Complexity science encompasses multiple theoretical perspectives to study complex adaptive systems (Zimmerman et al., 2001). Complex adaptive systems (CAS) are represented as embedded parts that are interconnected and function within a larger ecosystem. For example, individuals (nurses and nurse managers) are part of a larger system (health care organization) that interacts with multiple other agents (physicians and patients) as part of a whole (community). Complexity science allows researchers to explore the interconnectedness of component parts within a framework of constant non-linear change, unpredictability, adaptability and sustainability. Viewing the world within a complexity lens allows researchers to understand the biological and flexible components of a CAS to better address specific component parts and more positively impact the whole. Complexity within this study is conceptualized as an antecedent or situation factor. Complexity in the health care work environment is characterized by ambiguity, gaps/discontinuity, overload and uncertainty, which may be perceived as demands. Understanding complexity within the health care work environment is key, as the complexity in which health care workers make judgments and decisions about their roles in patient care has an effect on outcomes (Shirey, 2009).

Coping Mechanisms to Reduce Job Stress
Generally, research into coping has focused on internal and external resources for coping with stress, which deal with work and general life stresses (Roberts et al., 2012). Coping has been defined as the process of struggling or dealing with responsibilities, problems, or difficulties. Coping is also viewed as a dynamic process and response to a situation characterized by uncertainty and important consequences (Latack and Havlovic, 1992). In these general definitions, coping can be best illustrated as managing taxing circumstances, expending efforts to solve life's problems and seeking to master or reduce stress. The researcher views coping with stress at the hospital as a process of handling, managing and/or contending with difficulties or situations with the intention to reduce their impact or overcome them. Generally, there are three actions to achieve effective coping, Firstly, one has to attempt to anticipate potential stressors before encountering them and prepare appropriate plans of attack for the various outcomes. Then one has to reduce the physical arousal caused by stressors. It is vital that the individual has the capability to separate facts from emotion in order to reduce the impact of stressors. Prior research has suggested that while using a variety of coping mechanism when contending with workplace stressors (Lambert et al., 2004), people may tend to select specific mechanisms. For example, Lambert et al. (2004) found that hospital nurses from Japan tended to use self-control as a coping mechanism; nurses from South Korea preferred positive reappraisal, while nurses from the USA favored the use of problem solving. According to O'Brien and DeLongis (1996), in general, nurses tend to use problem-focused coping mechanisms (problem solving, planning, positive reappraisal) when dealing with work-related problems and emotion-focused coping mechanisms (distancing, denial, escape avoidance) when contending with family- or health-related issues.

The Effect of the Job Itself, the Work Environment, Individual Differences and Management Support On Stress

A variety of studies have shown that quantitative work overloads are potent sources of nurses' stress in hospitals, in which nurses are asked to do more work than they can complete in a specific period of time (Yau et al., 2012; Saha et al., 2010; Saleh et al, 2013; Kravits et al., 2010; Emilia and Hassim, 2007). According to the Borneo Post (2011), this might be due to shortage of nurses. Work that is repetitive or too specialized, poorly defined job scope, being tasked to take responsibility for others and working on rotating shifts are among the conditions related to the job itself and have an impact on nurses. Another source of job stress is associated with nurses' role/undefined job scope at the hospital (Rickard et al., 2012; Roland, 2014; Nuruddin, 2000). A great deal of research in this area has concentrated on role ambiguity and role conflict as job stressors (Orly et al., 2012; Al Hosis, 2013; Wang et al., 2011; Lan et al, 2014). Role ambiguity refers to an employee who is uncertain about how to perform on the job or what is expected in the job, or to unclear relationships between job performance and expected consequences (Yang et al., 2014).

Stress has also been related to the physical work environment in several studies. Poor working conditions such as crowded work areas, noise, heat, strong odors and dangerous conditions are considered potential sources of stress at the hospital (Moustaka and Constantinidis, 2010; Cavalheiro et al., 2008). Motowidlo et al. (1986) conducted two studies on occupational stress and its relations with antecedent variables and job performance among nurses in four hospitals. The findings of the study indicated that work overload, uncooperative patients, criticism, negligent co-workers, being frequently relocated at work, lack of trust in the workplace, lack of participation in decision making and inadequate staff skills caused stress to hospital nurses. As a result, nurses performed their jobs less effectively. Similar finding were reported in studies conducted by Currid (2008) and Lau and Imilia (2011). Nurses' jobs involved working in shifts. A person who works in shifts frequently experiences physical distress or mental distress, or both (Ulas et al., 2012; Lo et al., 2010; Admi et al: Circadian Age, 2009; Da Rocha and De Martino, 2010).

Individual factors such as lack of self-confidence, finding it difficult to work with colleagues, feelings of job insecurity, lack of skills and inability to control emotions might led to nurses' stress. Lack of adequate skills in the workplace has been identified in prior studies as a source of stress (Al-Hussein 2009). Happell et al. (2013) conducted a study on nurses to investigate the effects of lack of skill and inability to control emotions. They concluded that lack of skill leads to lack of confidence, which can lead to stress. However, their study was limited to six focus group and the findings cannot be generalized.

The lack of supportive relationships or poor relationships with peers, colleagues and superiors are also potential sources of stress, leading to low trust and low interest in problem solving (Kane, 2009; Jones, 2013: Khamisa et al., 2013). Relationships at hospital can be classified into relationships with superiors, colleagues, subordinates, patients and others that

directly or indirectly impact the nurses at the hospital. The most common factor causing job stress among nurses were relationship issues, i.e. lack of support from superiors, poor relationships with superiors and poor relationship with colleagues and subordinates, as well as issues involving career development, i.e. lack of promotion, lack of job security and job requirements that exceed one's skill and abilities). It was suggested that there is a need for hospital management to explore ways to improve the working relationship in the hospital (Lexshimi et al., 2007).

Methods

For the purpose of this study, a descriptive and cross-sectional or correlational research design will be used to describe demographic profiles, while a cross-sectional or correlational design will be used to understand to relationship between variables. A descriptive research design will be used because it is undertaken in order to ascertain and be able to describe the characteristics of the variables of interest in a situation. Descriptive research is preplanned and structured in design so the information collected can be statistically inferred on a population (Dahlan, 2009). Further, the data that is collected is from the answers given by the respondents through the questionnaire. This research is a quantitative study using a cross-sectional research design which looks at the relationship between the job itself, the work environment, the individual, management support and coping mechanisms to reduce job stress among nurses in a Malaysian Private Hospital in the Klang Valley. Cross-sectional designs, also known as correlational research designs, have no control groups and there is no randomization (Creswell 2008).

In any research, the sampling selection from the population being studied is crucial for the credibility of the study and its results. Therefore, the correct choice of samples should be made and a sample should be chosen in an appropriate way so that we can obtain later conclusions for the whole population being studied. Parahoo (2006, p.258) defines a population as "the total number of units from which data can be potentially be collected". A population element is the individual participant or object from which measurement is taken. The target population is the complete group of objects or elements relevant to the research project. They are relevant because they possess the required information that the research project is designed to collect (Zikmund, Babin, Carr, & Griffin, 2013). The population in this study comprises staff nurses working in private hospital wards. The hospital has a total number of 301 trained nurses. Because of time and cost constraints, it was also necessary to confine the survey to one private hospital in Klang Valley Malaysia. This made it possible for the researcher to have relatively easy access to the participants.

Data for this study was collected using a questionnaire survey distributed to staff nurses at a private hospital in Klang Valley. A pilot study was conducted before the main study. According to Baker (2002), a pilot study is a mini-version of a full scale study or a trial run conducted in preparation for the complete study, and can also involve specific pre-testing of research instruments, including questionnaires. The main purpose of the pilot study is to test

the validly and reliability of the instrument. A pilot study enables the researcher to take appropriate action to correct any defect or error detected prior to the main study.

Researchers use the term 'instrument' to refer to a measurement device such as a survey, test or questionnaire. For this study, structured self–administered questionnaires were used as the research instrument. They consisted of a set of questionnaires distributed to the respondents for feedback. Measurement can be defined as 'the assigning of numbers or other symbols to characteristics of objects according to certain pre-specified rules" (Malhotra, 1999, p.248). Measurement of the variables is an integral part of research and an important aspect of research design. It should be possible to measure the variables that have been chosen in order to test the hypothesis and to find answers to complex questions. The questionnaires distributed consist of six sections. The first section requested the respondents' personal information. The main objective of the questions constructed was to collect information about the respondents' demographic characteristics from the aspect of gender, status, race, age and years of working experience in the nursing field. The second section was on descriptive analysis of coping mechanisms to reduce job stress, while the third section was designed to enable descriptive analysis of the job itself, followed by descriptive analysis of the work environment and of individuals, and the last section was on descriptive analysis of management support.

It was necessary to adopt an appropriate rating scale to measure attitude responses. While there are several rating scales, only three of them were considered by the researcher for this study. The first was the *simple attitude scale,* which requires respondents to either state their agreement or disagreement to a question. The scale was not adopted, as it did not cater for fine distinctions in the attitudes of the respondents. The second option involved *category scales,* which provide for several response categories. However, the effective use of these scales is dependent on the wording of each question. Consequently, each statement would require the use of a different descriptive dimension (Cavana, Delahaye & Sekaran, 2000, cited in Dhalan, 2009). For this reason, this scale was not considered appropriate. The third option is the *Likert scale,* which is a summated weighting method. It enables respondents to indicate their degree of agreement or disagreement on a five-point scale with scores being assigned to alternative responses. The five points are: 'strongly disagree', 'disagree', 'uncertain', 'agree', and 'strongly agree'. Given the composition of the survey sample, the Likert scale was considered best suited for this research, as it enabled some of the respondents to adopt an uncertain position on issues that they considered to be sensitive.

Ethics in research refers to a code of conduct or expected societal norm of behavior while conducting research (Sekaran & Bougie, 2010). The goal of ethics in research is to ensure that no one is harmed or suffers adverse consequences from research activities (Copper and Schindler, 2001). According to Polit and Beck (2006), researchers must deal with ethical issues when their intended research involves human beings. Ethical approval was requested in writing from the Director of Nursing and the Hospitals Ethic Committee of the hospital involved in the research. The ethics committee was informed of the value of the research and the main ethical principles that would be considered in conducting this research study are respect for person, confidentiality and beneficence/non-maleficence.

Correlation is a technique for investigating the relationship between two quantitative, continuous variables. Pearson Correlation was used to determine whether there was a significant relationship between variables and to ensure that the research objectives were met. Bougie and Sekaran (2009) explain that a perfect positive correlation between two variables is represented by a correlation coefficient of 1.0 (plus 1), while a perfect negative correlation would be represented by a correlation coefficient of -1.0 (minus 1). In this study, correlation analyzed the relationship between the job itself, the work environment, the individual and management support with coping mechanisms to reduce job stress. Multiple Linear Regression is a method used to model the linear relationship between a dependent variable and one or more independent variables. To determine which variables help to explain the variation of coping mechanism to reduce job stress in the Klang Valley Private Hospital, Multiple Regression analysis was used to determine the extent to which each independent variable (the job itself, the work environment, the individual and management support) describes the dependent variables (coping mechanisms to reduce job stress) among nurses in this private hospital in Klang Valley and to ensure that the research objective was met.

Findings
Relationship Between Coping Mechanisms To Reduce Job Stress And The Job Itself

Table 1, below, shows the result for correlations between coping mechanisms to reduce job stress and the job itself. The results illustrate that the Pearson Correlation Coefficient between these two variables is moderate and significant, where $r = 0.378$ and $p = 0.0001$. The Pearson Correlation coefficient ($r = 0.378$) shows that there is a moderate linear relationship between those two variables. This finding also shows that there is a significant relationship between coping mechanisms to reduce job stress and the job itself, as $p \leq 0.0001$. The rule of the thumb is that if the p value is greater than 0.05, this indicates that there is no significant relationship. However, if the p value is less than 0.05, then there is a significant relationship. In this case, the p value is smaller than the alpha value which has been set ($p = 0.05$).

Table 1: Pearson Correlation of Respondents' Coping Mechanism to Reduce Job Stress on Job Itself

		Job Itself
Coping Mechanism To Reduce Job Stress	Pearson Correlation	.378**
	Sig. (2-tailed)	.000
	N	182

**. Correlation is significant at the 0.01 level (2- tailed).

Relationship Between Coping Mechanisms To Reduce Job Stress And Work Environment

Correlation was used to analyse whether there is a significant relationship between coping mechanisms to reduce job stress and the work environment. As explained above, if the *p* value is greater than 0.05, this indicates that there is no significant relationship. However, if the *p* value is less than 0.05, then there is a significant relationship. Table 2, below, shows the correlations between coping mechanisms to reduce job stress and the work environment. The results illustrate that the Pearson Correlation coefficient for these two variables is positive and significant where *r* = 0.511 and *p* = 0.001. The Pearson Correlation coefficient (r = 0.511) shows that there is a moderate linear relationship between those two variables. This relationship is significant, as its *p* value is 0.0001. This is smaller than the alpha value which has been set (*p*=0.05).

Table 2: Pearson Correlation of Respondents' Coping Mechanism to Reduce Job Stress on Work Environment

		Work Environment
Coping Mechanism To Reduce Job Stress	Pearson Correlation	.511**
	Sig. (2-tailed)	.000
	N	182

**. Correlation is significant at the 0.01 level (2- tailed).

Relationship Between Coping Mechanism To Reduce Job Stress

Correlation was used to analyse whether there is a significant relationship between coping mechanisms to reduce job stress and individual. Table 3 shows the results for correlations between coping mechanism to reduce job stress and individual. The Pearson Correlation coefficient for these two variables is positive and significant, where *r* = 0.512 and *p* = 0.001. The Pearson Correlation coefficient (r = 0.512) shows that there is a moderate linear relationship between those two variables. This relationship is significant, as the *p* value of 0.0001 is smaller than the alpha value set (*p*=0.05).

Table 3: Pearson Correlation of Respondents' Coping Mechanism to Reduce Job Stress on Individual

		Individual
Coping Mechanism To Reduce Job Stress	Pearson Correlation	.512**
	Sig. (2-tailed)	.000
	N	182

**. Correlation is significant at the 0.01 level (2- tailed).

Relationship Between Coping Mechanisms To Reduce Job Stress And Management Support
Correlation was used to analyse whether there is a significant relationship between coping mechanisms to reduce job stress and management support. Table 4 shows the correlations between coping mechanisms to reduce job stress and management support. The Pearson Correlation coefficient for these two variables is weak and significant, where $r = 0.233$ and $p = 0.002$. The Pearson Correlation coefficient ($r = 0.233$) show that there is a weak linear relationship between those two variables. This relationship is significant, as the p value is 0.002, which is smaller than the alpha value set ($p=0.05$).

Table 4: Pearson Correlation of Respondents' Coping Mechanism to Reduce Job Stress on Management Support

		Management Support
Coping Mechanism To Reduce Job Stress	Pearson Correlation	.233**
	Sig. (2-tailed)	.002
	N	182

**. Correlation is significant at the 0.01 level (2- tailed).

The Most Significant Factors Influencing Job Stress
To determine which variables can help to explain the variation in coping mechanisms to reduce job stress in the Malaysian Private Hospital in Klang Valley, four independent variables were proposed for a multiple linear regression model. These variables are the work itself, the work environment, the individual and management support. To determine the best set of predictor variables to predict the most significant factor influencing job stress, the enter regression method was used. Based on the enter method used, four predictor variables were found to be of significance in explaining coping mechanisms to reduce job stress. The four variables were the Job Itself, the Work Environment, the Individual, and Management Support. These variables contributed in significance [Job itself (t = 3.705, p = 0.0001), work environment (t = 4.208, p =
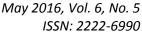
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0.0001), individual (t = 3.569, p = 0.0001) and management support (t = 1.076, p = 0.283)] to the variation of the dependent variable (Coping Mechanism to Reduce Job Stress). The R-squared value of 0.389 implies that the four predictor variables explain about 38.9 percent of the variation in the coping mechanism to reduce job stress. This is quite a respectable result. The ANOVA tables revealed that the F-statistic (F-28.147) is moderate and the corresponding *p*-value is highly significant (0.0001), being lower than the alpha value of 0.05. This indicates that the slope of the estimated linear regression model lines is not equal to zero, confirming that there is a linear relationship between coping mechanisms to reduce job stress and the four predictor variables. The coefficient with the largest Beta value, 0.301, is the work environment. This means that this variable makes a greater contribution to explain the dependant variable (coping mechanism to reduce job stress), where the variance explained all other predictor variables in controlled model. The second largest Beta value of 0.260 is for the individual, while the third is 0.229, which is for the job itself. The beta for management support is the smallest (0.066), indicating that this variable has made the smallest contribution to coping mechanisms to reduce job stress.

Table 5: Regression Analysis of Job Itself, Work Environment, Individual, Management Support and Coping Mechanism to Reduce Job Stress

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std Error	Beta	Std Error	P
(Constant)	1.388	.226		6.136	.000
Job Itself	.190	.051	.229	3.705	.000
Work Environment	.209	.050	.301	4.208	.000
Individual	.190	.053	.260	3.569	.000
Management Support	.034	.031	.066	1.076	.283

*Notes: R = .624[a]; R^2 = .0.389; Adj. R^2 = .0.375

Conclusion

Nursing is a profession that faces high demands in terms of quality services for human beings. Nurses need to care for themselves before they can provide care for their clients. Recognizing the impacts of job-related stress and making use of effective coping methods play a vital role in reducing stress. This study contributes to three different aspects. It adds to the existing literature on job stress and coping mechanisms among nurses. Therefore, it expands the knowledge that is available in relation to nurses' job stress and coping mechanisms. Other researchers or anyone interested to know about job stress and coping mechanism among nurses can use this research to gain more knowledge. Another aspect of the study's contribution is regarding the policy of the organization, which is a Malaysian Private Hospital in Klang Valley. After obtaining the results of the study, policy changes can be made with this study as a reference and guideline. Before this study, research on job stress and coping mechanisms among nurses in Malaysia was focused primarily on public hospitals. This study can help to some extent in developing effective coping system to alleviate job stress among nurses.

This study has identified the most significant factor influencing job stress encountered among nurses. It has also identified the preferred coping mechanism among nurses to reduce job stress in the working environment in local private health services. This will enable the management and nursing unit of the Malaysian Private Hospital in Klang Valley, and nurses themselves, to take steps to alleviate or minimize the issue of job stress in private health services in Malaysia. The work environment was identified as the most significant factor influencing job stress encountered among nurses. This information gathered can be used in developing effective coping systems and strengthening the Employee Assistance Programs in the workplace to combat job stress. Further, the management can work with individuals, teams or groups to educate and train nurses to cope effectively with job stress. The management are also able to apply strategies or interventions to deal with job stress among nurses to protect them from becoming victims of exposure to stress. For example, conducting a stress audit enables the management to identify both target and strategy for stress management actions. Nurses need to be provided with continued management support, appropriate training programs to deal with potentially stressful conditions in the health facility, and a work environment that fosters open communication with the top management and allows them to make contributions to workplace decisions which affect them.

To this end, the management and the nursing unit can implement an open-door policy whereby nurses can share their problems and propose suggestions to the management and superiors. Employees' participation and involvement in the decision-making process will help to reduce any threat or fear associated with potentially sensitive stress issues in the workplace. Lastly, the Ministry of Health in Malaysia should carry out an assessment of the relationship between the current recruitment, training and development of nurses, promotion, the grading system, general employment policies and practices of nursing staff, equal opportunities, organizational culture issues, and attitudes and behavior of nurses and job stress in private health services in Malaysia, because attention has previously been centered on public health services.

Although this study provides useful information on job stress and coping mechanisms, and their relationships with the job itself, the work environment, individual and management support in a Malaysian Private Hospital in Klang Valley, there are also limitations embedded in the research methodology. This study used a quantitative method. The questionnaires used might not have been able to provide in-depth data with respect to respondents' personal beliefs and attitudes. For the future research, qualitative research methods are recommended. The answers obtained through the use of qualitative methods such as interviews could be used to support or compliment quantitative methods. Secondly, this research is specific to one Malaysian private hospital in Klang Valley. This is due to time constraints and the limited budget for the research. The study was completed in a relatively short time, and this could affect the outcome, which might not be comprehensive and accurate. Therefore, the researcher recommends that future work should focus on large representative sampling. Moreover, the sample in this study included mainly female nurses: thus, future sampling should make greater efforts to include a larger sub-sample of male nurses, as the coping mechanisms to manage work-related stress may vary depending on gender. Moreover, it is also suggested that future studies should cover other parts of the private health services so that generalization on the issue of job stress and coping mechanisms among nurses in local private health services in Malaysia can be made with more confidence. It may also be beneficial to conduct research on nurses in public health services so that similarities and differences between public and private health services can be assessed. The correlations between demographic factors, causes and effects of job stress, and coping mechanisms need to be explored in order to determine how different individuals perceive stress and how they cope with it in the workplace. Another area that could be of interest is to focus on how individual personality traits influence the ability to cope with job stress.

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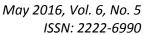
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