Title: Nurses' Stress and Coping: In the Midst of Work and Back to School

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Purpose: Nursing tends to be a highly stressful occupation (Chen, Brown, Bowers, & Chang, 2015; Happell, Dwyer, Reid-Searl, Burke, Caperchione & Gaskin, 2013) demanding they draw on substantive coping resources to deal with their work stressors (Eslami-Akbar, Elahi, Mohammadi, & Khoshknab, 2015). The tapestry of stressors confronting health care providers requires they be adept with a full arsenal of coping skills. We hope to look at nurses' perceptions of stress levels and investigate any associations with particular types of coping strategies. Although such "coping profiles" for particular stressors will not be accompanied by any effectiveness criteria to help evaluate the efficacy of the coping, having some sense of the normative coping behaviors that tend to be elevated (positively correlated) when stressors are having higher levels of intensity can help us understand the current battleground for work stress.

In addition to the taxing demands in their work role context, many nurses are further challenging themselves by returning to the classroom for degrees in higher education. A meta-analysis by Almann (2011) discussed many societal influences pulling nurses into the higher education pipeline of professional development, along with some insights regarding their attitudes and perceptions that are helping and hindering this difficult decision and the subsequent sacrifices it entails.

The purpose of the present study was to explore levels of stress intensity and coping strategy frequency, as well as relationships between these groups of variables. Finally, stress levels and coping styles will be compared against some demographic variables.

Methods: Registered nurses returning to a small liberal arts school in the northeast were asked to complete an internet-based survey (n = 51, 31.48% return rate), which included the Nursing Stress Index (NSI: six dimensions specified in **Results**) and Brief Coping Questionnaire (BCQ: 14 dimensions specified in Results). In addition, demographic items and three open ended questions on the nurses' incentives, barriers and supports related to their decision to return to school were also collected. All student nurses from three types of programs (RN to BSN, Masters of Science in Nursing, and Nurse Practitioner Graduate program) were sent an email invitation with the survey link and asked for their voluntary participation.

Results: Quantitative responses from the 51 nursing students were coded into SPSS Version 23 in order explore possible significant relationships between demographics, stress levels, and frequency of coping behaviors. In terms of demographics, neither gender nor racial background generated sufficient variability for analysis. Regarding curriculum program differences, the only significant difference was that the RN to BSN students reported significantly higher frequency of distraction coping methods ($M = 5.86$) compared to the advanced degree programs, both the

Masters students (M = 4.74) and the Nurse Practitioners (M= 4.31), F (2, 36) = 4.88, p < .05. The age of the nurse yield several significant correlations, including a negative relationship with stress due to dealing with patients (r = -0.42), and several times strongly positively associated with using the following coping strategies: Planning (r = .51), Advisory Support (r = .38), Acceptance (r = .35) and Religion (r = .60).

Five of the six stress dimensions of the NSI were significantly correlated with at least one dimension of coping. The only stressor not associated with any coping strategy was work-life conflict. Dealing with patients was the only stress source to have a significant negative correlation with a coping strategy (Religion: r = -0.36); while being positively correlated with Venting. For the following summary of paired variables, all correlations are significantly positive. Hours worked was correlated only with Distraction techniques. Stress due to Work Relationships was related to Distraction, Venting, Humor, and Religion; while stress due to Conflicting Priorities was associated with Distraction, Behavior Disengagement, Venting, Planning, Humor and Self Blame. The stress of maintaining role competence and confidence was correlated with Denial, Behavior Disengagement, Venting, and Positive Reframing. Stress due to time pressures was correlated with 11 of the 14 coping strategies

In order to explore the incentives, barriers, and support structures for nurses returning to school for a baccalaureate or advanced degree in nursing, three open-ended questions were used. Thirty textual responses were obtained with ten participants from the RN to BSN program, fifteen participants from the Master's of Science program, and five participants from the Nurse Practitioner program. The textual responses, referred to as participant' statements, were subject to hand analysis using a five step method for each research question. Each response was read line by line, to identify key phrases. After review of key phrases, sub categories or cluster themes were identified. Following review of cluster themes or sub categories, researchers searched for processes, meanings, and actions to identify emergent themes or broader categories.

The resultant themes emerged providing a description of the experience of the adult learner returning to school. Themes identified regarding incentives included: personal goal, financial influence, employment requirement, and career advancement. Themes identified regarding barriers included: finances, balance, and challenges. Lastly, themes identified regarding solutions to return to school included: support, personal drive, career advancement, and finances. Results of thematic analysis was confirmed through the use of a peer group, analyzing the same data and comparing findings to aid in establishing trustworthiness of findings.

Conclusion: Given the high pressure and multi-faceted stressors that bombard nurses in their work environment, it is important to explore what coping strategies and demographic predictors are associated with such stressors. This study supports some interesting "coping profiles" that accompany the six dimensions of stress of the NSI. Age of the nurse was found to be a frequent predictor of coping behavior frequency suggesting that indeed experience seems to bolster adaptability and a greater wealth of coping strategies along with the discipline to employ them. Also, there are important qualitative themes that emerged from their narrative responses to the incentives, challenges, and sources of support that have allowed them to embrace the daunting task of returning to school.

Although the sample size limits the generalizability of the findings, the study encourages some discussion of implications for orientation of nurses into the field; as well as their ongoing professional development, particularly those returning to higher education for a degree. The results are also encouraging for continued exploration of the stress and coping dynamics among nurses, and better understanding the formidable journey of those nursing professionals who enter the pipeline of higher education to procure the critical degrees needed to maintain the collective high quality of standards, achievements, and learning within the profession.

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