

Job Stressors and Coping Strategies among Nurse Educators at Military Secondary Technical Nursing School in Alexandria: Comparative Study

Taghreed Gaber Abd El-Aziz*, Gehan Mohamed Ahmed**

ABSTRACT: Nurse educators are critical players in assuring quality of nursing education. They experience ever-changing health care environment while preparing the nursing work. If they are prepared to face this, quality of care provided to individual and community would improve. The aim of this study is to compare the stressors face and coping strategies used by nurse educators in the Military nursing school, with their peers in technical nursing schools affiliated to the Ministry of Health in Alexandria. The study was conducted on 25 Military nurse educators and 52 nurse educators of technical nursing schools of Ministry of Health. A structured interview – questionnaire was developed to collect the needed data. The study results revealed high level of stress among nurse educators of the Military nursing school regarding work shifts, sharing in the military training for parades and ceremonies. However, high level of stress was predominant among nurse educators of the nursing schools affiliated to the Ministry of Health with low salary, no chance for job promotion and inadequate supplies and equipment in clinical fields. The study recommended offering appropriate fringe benefits and to conduct stress relieve programs.

INTRODUCTION

Education as a profession is a complex activity, with different sources of job-related stressors. Nurse educators are faced with daily challenges in their roles as educators, while they strive to transform teaching practice for future health care needs. Many of these issues are new, complex, and require creative approaches^(1,2). It was reported that within the last five years of teaching, 46% of teachers are likely to leave the field of education⁽¹⁾.

*Brigader of the Army Forces

**Lecturer of Nursing Administration, Faculty of Nursing, Helwan University

Job-related stressors are emotional, cognitive, behavioral, and physiological reaction to aversive and noxious aspects of work environment and work organizations. It is a state characterized by high level of arousal and distress and is often concerned by feelings of not coping⁽¹⁾. These job-related stressors were categorized into personal and job/work factors. The personal factors were family responsibility as well as personal illness. Job/ work factors include daily organizational problems, work overload, low payment, leadership responsibility of nurse-students whether in classroom or in the clinical areas, lack of supplies and equipment in clinical setting, the ability to make decisions and relate knowledge in different circumstances in clinical areas, conflicts between nurse educators and hospital staff and working hours^(2, 3). The arrangement of working hours is a major factor in attracting, retaining and satisfying staff which means scheduling⁽⁴⁾. Scheduling is developing a plan for where and when personnel are to work within the parameters dictated by law⁽⁵⁾. It is the process of determining when each member will be on, or off duty and which shift she will work^(6,7). When, the nursing school is an indoor school like the Military nursing school the nursing school managers and colleagues of nurse educators usually play a big role of support and control of nurse educators' job related stressors^(8,9), and the main factor of these stressors, again is scheduling. The staffing schedule plan should enable the staff to meet the objectives, standards and policies of the school. It should provide satisfaction of the staff in their work and some flexibility in meeting unexpected personnel changes such as sick leave and coverage for holidays and vacations⁽¹⁰⁾.

Nurse educators during their work are

exposed to job/work stressors. These lead to emotional exhaustion and psychiatric morbidity at the same time, they are critical players in assuring quality of nursing education^(11,12). They experience ever changing health care environment while preparing the nursing work. If they were prepared to face this, quality of care provided to individual and community would be improved^(13,14). On the other hand, when the degree of stress is not stimulating enough, lack of interest, boredom, low motivations, and even poor performance can result⁽¹⁵⁾.

Stress perception is highly subjective; it depends on the individual personality, overall human condition and available resources. Stress might be positive, motivator of energy, but if it becomes chronic or exceeding individual abilities, it would lead to negative effects resulting in physical complaints like headache, fatigue as well as cardiovascular

diseases. Psychological problems like confusion, lack of concentration and mood changes don't only affect individuals; but they also, become expensive problem in work place leading to less productivity^(16, 17).

Coping strategies were defined as the process through which the individual manage the demands of the individual environment⁽¹⁸⁾. Lazarus and Folkman (1984) had classified coping strategies into two types, namely: cognitive /emotional and the second was behavioral coping strategies. The cognitive/ emotional coping strategies could be used to alternate the way of thinking about response to the stressors. It included seeking help from God, seeking emotional support from family members and friends, and kept feeling to one self. Behavioral coping strategies (problem solving strategies) could be used to make action to adverse stressful

circumstances for solving the problem. Any of these could be adaptive or maladaptive coping strategies based on its impact on dealing with stressful event⁽¹⁹⁾.

Many international studies attempted to study stressors affecting nurse educators. Harri (1995) found that 87% of nurse educators had emotional exhaustion, 70% of them felt psychological illness, their burn out reached 79% and on the personal level 18% of them were worried about their children. Harri added that the stressors affecting nurse educators had a negative impact on the quality of their working life which lead to change their job location in 65% where as absenteeism reached 50%. Moreover, these stressors induced a huge problem in nursing education, leading to teaching process deterioration⁽²⁰⁾. Moreover, in Northern Ireland, Hunter and Davis (1993) found

the work overload, clinical training problems, heavy clerical activities, and lack of support of school manager were sources of nurse educators' stressors. These stressors had high negative effects on the majority of them and their partners⁽⁸⁾. In Egypt, the study that assesses job-related stressors was mostly related to nurses in clinical areas⁽²¹⁾. Nurse educators stressors could be a real problem that had a negative effect on the nurses' education, and health status leading to job dissatisfaction and inadequate performance⁽²³⁾.

This study aimed to: compare the stressors faced and coping strategies used by nurse educators in the Military nursing school, with their peers in technical nursing schools affiliated to the Ministry of Health in Alexandria.

SUBJECTS AND METHODS

A) Setting of the study:

The study was carried out in two settings:

I- Military Technical Nursing School in Alexandria affiliated to the Army forces.

II- Technical Nursing Schools affiliated to the Ministry of Health, namely: El-Gomhoria, Dar-Ismael, Ras El-Teen, Al-Amirraih, Borg El-Arab, and Abou Keer technical nursing schools.

B) Subjects of the study:

All nurse educators in the above mentioned 7 hospitals were included. From The Military Nursing School, participants were 25; 15 were holding Bachelor of Nursing Science; while, 10 were holding diploma degree of nursing. Nurse educators from the other 6 hospitals, which were affiliated to the Ministry of Health, were 52; classified as: 27 holding Bachelor of Nursing Science, and 25 holding diploma degree.

C) Tools:

A structured interview – questionnaire was developed to assess the nurse educators experienced stressors based on review of current related literature and items were modified after Licert⁽²⁴⁾.

The questionnaire composed of 5 parts:

Part 1: The socio-demographic characteristics of the sample including: age, marital status, educational qualifications, and years of experiences.

Part 2: Work related stressors such as rules and regulations and working environmental conditions.

Part 3: Personal stressors.

- Response of nurses was measured on five point Likert scale (1-5) ranging from no stress (1 point) to extreme stress (5 points).
- Stress rating scale total score was classified as follows:
 - 20% -39% low stress level.
 - 40% - 69% moderate stress level.

- 70% - 100% high stress level.

Part 4: Symptoms of stress.

Part 5: Cognitive-emotional coping strategies among nurse educators.

METHODS

A) Pilot study:

- A pilot study was carried out on 15 nurse educators from the 7 schools included in the study in order to check and ensure the clarity of the questionnaire, Identify obstacles that may be encountered in collecting data.
- In the light of the findings of the pilot study, the questionnaire was put in its final form.

B) Data collection:

The technique used in this study was the individual interview. Each interview took a period of one hour. Three educators were interviewed daily after the work shift. Data were collected in three months period from 19th of November, 2006 to

18th of January, 2007.

C) Statistical Analysis:

Data were tabulated and statistically analyzed using (SPSS version 11.0). Frequencies and percentages were calculated. Mean and standard deviation, and X^2 value were used to compare the study groups. The threshold of Significance was less than 5 %.

RESULTS

As regards the socio-demographic characteristics of the studied sample Table (1) showed that 72% of the sample of Military nursing school; their age ranged between 25-35 years with a mean age of 29.135 ± 3.572 and 59.6% of educators of the other schools, affiliated to Ministry of Health, their age ranged between 35-45 years with a mean of 31.672 ± 5.01 years. The majority (92%) of nurse educators of the Military nursing school as well as 84.6% of nurse' educators in the other six schools

were married.

The table also revealed that 60% of the Military Nursing School had Bachelor degree in nursing compared to 51.9% of the other six schools. In relation to years of experience in the school, data showed that 72% of nurse educators of Military Nursing School worked from 5-10 years in the school compared to 55.7% of educators of the other six schools.

The Military Nursing School is the only boarding (indoor) school in Alexandria, while, the other schools are outdoor. Table (2) revealed that the most commonly reported workload factors rated by nurse educators of the military nursing school as highly stressful were; long and exhausting afternoon shifts (96%); conflict with their family duties and working on Fridays (92% each); unavailability of a nursery and effect on family duties (88% each). Expensive cost of shifts was reported highly stressful by

56% of them.

Similarly; the most commonly reported psychological factors rated by nurse educators of the military nursing school as highly stressful were; traveling for continuous days (7days or more) to Cairo for certain assignments (100%); difficulties of gaining the annual vacations in summer (96%); facing the students' problems during afternoon and night shifts and rigid accountability for the educators on students' behavioral manner in shifts (80% each); exhausted military training and additional duties for educators beside duties for undergraduate students (52% each).

Table (3) revealed that 90.3% of the sample of six schools' educators viewed that low salary and incentives has high stressful effect, while 80% of Military educators viewed it with low stressful effect. Moreover 73% of the sample in the six schools said that there is no

chance for job promotion while, all Military educators were satisfied with job promotion.

As regard, adequacy supplies and equipment in the clinical areas; 50% of the studied sample of the six schools considered it as a high factor of work stress, while, 76% of Military educators considered it as a low factor. Moreover data clarified that the majority of nurse educators in both Military nursing school (60%), and educators from the other six schools (55.7%) mentioned that lack of cooperation with nursing staff in clinical areas was a moderate stressful factor.

As regard inappropriate physical environment in clinical areas, 72% of nurse educators of Military school considered it with low stress , while, 73% of educators of the other schools considered it with high stress. The same table showed that 48% of nurse educators of the Military school, and

40.3% of nurse educators of the other six schools considered contradiction of school objectives and hospital objectives with moderate stressful effect.

The same table showed that the majority of the sample of Military Nursing School (64%) stated that lack of cooperation between them is a high stressful effect, while, the majority of the other six schools' educators stated that it is a low stressful effect. In relation to decision making 61.5% of the six schools' educators and 76% of the Military Nursing school viewed that decisions are made only by manager with neglect of their opinions has a high stressful effect.

However, 64% of nurse educators of the Military Nursing school, and 65.3% of nurse educators of the other six schools considered that no criteria of nurse educators selection is a moderate stressful effect.

Data revealed that the majority of the sample of both Military nursing school (56%), and the other six schools (61.5%) stated that heavy clerical work activities have highly stressful effect. On the other hand, 64% of the Military nurse educators considered unfair distribution of teaching subjects has a low stressful effect, while 61.5% of the other schools educators considered it as highly stressful.

Table (4) showed that the majority of nurse educators of the Military Nursing School (72%) considered the presence of family conflicts as highly stressful workload, while 73% of educators of the other six schools considered it as moderately stressful. Again; 68% of military nursing school educators considered helping their children with studies as highly stressful, while 57.6% of the other six schools considered it as moderately stressful. Moreover, 64% of

the military nursing school educators considered presence of health problem of one of their families as highly stressful, while, 73% of the other six schools considered it as moderately stressful. Exhaustion from housing duties was reported as highly stressful by 56% of military nursing school educators, while 57.6% of the other six schools considered it as moderately stressful.

Table (5) showed that the majority of educators of the Military nursing school mentioned that feelings of exhaustion (88%), headache (80%), insomnia (72%) backache (64%) and lack of concentration (52%) were highly experienced with work stressors. To the contrarily; nurse educators of the other six schools mentioned that feelings of exhaustion (69.2%) and headache (57.6%) were considered as highly work stressors. Moreover; 64% of nurse educators of Military nursing

school and 53.8% of nurse educators of the other six schools considered signs of gastro-intestinal disorders have a moderate effect as the signs of work stressors, additionally, 56% of nurse educators of the Military nursing school feel of frustration and stated it has a moderate effect as the signs of work stressors.

Table (6) showed that 96% of nurse educators of the Military nursing school and 61.5% of the educators of the other six school were always crying, 72% of nurse educators of Military nursing school are suppressed their feelings and 60% of them withdrew and sat alone. Of the other six schools; 63.4% sought assistance from colleagues, 61.5% of them sought God help and 55.7% of them got a vacation.

DISCUSSION

Job Stressors that affect nurse educators had a negative impact on the

quality of their life. This could lead to deterioration in the teaching process, nurse educators turnover and increase their shortages that might be a threat to worsen the nursing education^(8, 24).

Job-stress like any stressful event needs coping strategies to reduce its effects and adapt to it⁽²⁵⁾. The findings of the present study revealed that the nurse educators of the Military nursing school are working from 7.30 a.m to 3 p.m daily. In addition, they worked afternoon and night shifts because the Military nursing school is the only boarding school of nursing where students leave every Thursday and return back on Friday. Data showed that the majority of them mentioned that the time of afternoon and night shifts is long and exhausting; this is because the afternoon shift starts from 2 p.m. to 8 a.m of the next day. In this respect, other studies reported that the mental exhaustion and tension

increase by the end of a long hour shift⁽²⁶⁻²⁸⁾.

Data also revealed that the majority of nurse educators of the Military nursing school viewed that shifts has conflicts with their family duties. This is in agreement with Hamdy *et. al* (1984), who mentioned that women workers might feel that hazards of shift work go beyond physical problems as the family could be put under stress and social life were suffered in the afternoon and night shifts⁽²⁸⁾. On the other hand the majority of nurse educators of the Military ng. school considered shifts costly because there is no meals offered to them during shifts. Armstrong⁽²⁹⁾ emphasized that meals have to be considered for both day and night staff.

Data showed that nurse educators of the Military nursing school find difficulties in taking their annual vacation. Exchanging their shifts with their peers is

a prerequisite to get their annual vacation. In this respect, Armstrong (1981) reported that shortage of nurses may delay their annual leave and recommended to spread it evenly and fairly over the year⁽²⁹⁾.

The findings of the study revealed that working on Fridays was considered as a stress workload factor for nurse educators of Military Nursing School. Scheweiger (1986) mentioned that providing weekend coverage is a problem that faces the manager. Society views the weekend as a family time and often no work activities involvement around it⁽⁵⁾. The present study also showed that the majority of nurse educators of the Military nursing school consider rigidity of shifts' roster and inflexibility of some peers to exchange their shifts with each other as stressful work load. According to Schrevers (2007), when the woman shift worker is

able to choose the shift that best suits her personal life, she can participate in social activities and she may be able to continue her education by planning courses around her work schedule⁽²⁶⁾.

The findings indicated that the majority of nurse educators of the Military nursing school viewed shifts had a negative effect on their house duties. In this respect, McDonald and Doyle (1981) declared that the problems of women shift workers are particularly difficult to resolve because the major burden of house hold work falls usually on them. They have to create the stable home as well as suffer the disruption of working shifts⁽³⁰⁾. The majority of nurse educators of the Military nursing school considered absence of free nursery available in Mostafa Kamel Hospital to which the school is affiliated as stress workload factor. At the same time they did not

feel that hospital administration were sympathetic with child care problems.

Data clarified that the majority of nurse educators' of the Military nursing school viewed supervision of students during the Military training as a stress workload factor. They mentioned that it is very exhausting work for them. Also, all of the sample, considered traveling for consecutive days (7days or more) to Cairo for certain assignment as supervising the students preparation for some parades (military show) and ceremonies has a high stress workload. The results of the present study indicated that the majority of nurse educators included in the study stated that heavy clerical work duties plus additional duties (like postgraduate courses for nurses who served in the North and West Military areas) were considered a highly stressful. This is in partial agreement with Fong *et al* (1993) who clarified that nurse

educators suffered from increased demanding job, time pressure and feeling of job inadequacy⁽³¹⁾. Hunter *et al* (1993) added that heavy clerical activity was considered a load and induced stress to the nurse educators⁽⁸⁾.

The majority of nurse educators of the six schools affiliated to the Ministry of Health considered that absence of criteria for nurse educators selection was a moderate stress workload factor. In this respect, Cosgrove (2001) stated that nurse educators should be selected according to certain criteria because nurse educators are critical players in assuring quality of nursing education. They experience ever-changing health care environment while preparing the nursing work. If they were prepared to face this; quality of care provided to individual and community would improve⁽³¹⁾. They also considered low

salary as high stress workload factor. In this respect, other studies agreed that the nurse educators job stress was due to low payment^(8,32). Moreover, in Alexandria; national studies, El Sash (2006) stated that low salary and low money incentive results in low job dissatisfaction and increased level of stress⁽³³⁾.

The present study revealed that the majority of nurse educators of the six schools affiliated to the Ministry of Health mentioned that absence of job promotion had a high stress workload factor. This is in agreement with Davis and Newstrom (1985) finding ⁽³⁴⁾. Also, they added that inadequate supplies and equipments and inappropriate physical environment in clinical areas were the main problems encountered. In contrast, Brennan *et al* (2001) found that lack of resources and increased demands from nurse'

educators in clinical areas were considered heavy load for nurse educators. This result was supported by Hunter et. al (1993) who mentioned that the nurse educators job stress was partly due to less supplies and equipments either in the lab or in clinical area ⁽⁸⁾.

The present study showed that the majority of the sample included in the study viewed that neglecting their opinions is a high stress workload factor. These results were supported by Tyson *et al* (2002) who found that the most pressure distressing the experience of nurses work was due to decisions imposed by superiors without their knowledge or involvement⁽³⁶⁾. In this context, Hunter et al (1993) stated that the nurse educators job stressors were caused by low decision latitude⁽⁸⁾. Moreover, Langemo *et al* (1989) clarified that inability to share in policy increased nurse educators job stressors

and burnout. The nurse educators' personal stressors were part of job stressors that played an important role to nurse educators' career life ⁽³⁷⁾.

Living away from school was reported as moderate personal stressors by high percent of nurse educators. Living away from place of work considered as time, effort and money induced stress. This finding was on the same line with, Hallenge *et al* (1997) findings that living-far-for any employees caused stress for them, due to money, time, and energy consumed in transporting employees to and from their jobs every day⁽³⁹⁾. Presence of family problems, care of one or both parents, exhaustion from housing duties, helping children with studies were considered as moderate to high level nurse educators' personal stressors. This is in agreement with Jarvis (2002)⁽³⁸⁾.

The most important finding of this

study was that the highest percentages of nurse educators had moderate to high level of job stressor which is considered to have negative effects expressed in physical and psychological symptoms and signs. In the present study, most of the studied nurse educators reported that they had physical and psychological health problems perceived as a response to job stressors. The most frequently reported health problems were related to physical stressors responses, as fatigue, headache, backache, signs of gastro-intestinal disorders. This is in line with other studies who stated that stress lead to chronic fatigue and health problems^(8,24,40,).

Furthermore, findings of the present study showed that most of nurse educator particularly in Military nursing school had psychological stress responses related to frustration, feeling of sadness, disturbed sleeping hours and

this may be due to their worked shifts, lack of motivation in their work, and no job promotion in schools which are affiliated to the Ministry of Health. The present findings was consistent with Barnard (2004) and McGrath et al (2003)who found that clinical roles for nurse educators lead to emotional exhaustion and psychiatric morbidity^(3, 41). Burke *et al* (1993) verified also that work stressors were strong predictors of psychological burnout among educators⁽⁴²⁾.

Nurse educators face daily challenges in their roles, which need using effective coping strategies to deal with stressors⁽¹¹⁾. The findings indicate that coping through religious practices (seeking God' help) was the most frequently reported effective cognitive/emotional coping strategy used by nurse educators. This might be attributed to the fact that religious coping

gave them inner strength, courage and encouragement to meet the challenges and stressors resulting from their work. These findings are consistent with Chane et al (2007) and Ram-mohan (2002) who found that most nurses used religious beliefs to cope with stressful situations, where significant religious involvement had a positive effect on normal personal functioning⁽⁴³⁻⁴⁴⁾.

Data indicated that the most of the sample viewed that seeking social support from friends and family, seeking assistance and support from each other, seeking advice from superior was moderate to highly effective coping strategies. Such trend was consistent with the findings reported by Hupcey (1998) that friends were most frequently perceived as emotional support, tangible support, and social companionship⁽⁴⁵⁾. On the other hand, crying, keep feelings to one self were the most utilized

ineffective cognitive/emotional coping strategies by nurse educators of the Military nursing school. This could be attributed to that most of time they felt frustrated due to work problems. These results were in agreement with Green et al (1996) who stated that when educators used direct behavioral coping strategies and were not satisfied with the results, they tried to ignore the problem which is maladaptive, on the long run⁽⁴⁶⁾.

CONCLUSION AND RECOMMENDATIONS

The present study findings showed that the high level of stress among nurse educators of the Military nursing school were related to working shifts and it's a negative effects on their social life, sharing in the Military Training for parades, difficulty in getting their annual vacations. On the other hand, the high level of stress among nurse educators of nursing school affiliated to the Ministry of Health is namely: low salary, no job

promotion, lack of facilities and supplies in the clinical areas. All these stressors were associated with experience and negative physical and psychological symptoms in nurses.

- *Based on these findings it is recommended that:*
- *Compensation* manners for shifted nurse educators in the Military nursing school as: fringe benefits, a free nursery available for 24 hours, a suitable time off after the afternoon

and night shifts.

- *Increase* nurse educators' salary in relation to their assigned responsibilities.
- *Attending* continuing education program about how to reduce work stress.
- *Modified* nursing school policy to implement promotion to nurse educators to motivate them in their work and promote work upgrading.

Table (1): Distribution of nurse educators by socio-demographic characteristics.

Socio-demographic characteristics	Military Technical Ng. School (n=25)		Other nursing schools(n=52)	
	No.	%	No.	%
4) Age:				
a) 25 – 35 year	18	72.0	14	26.9
b) 35 – 45 year	7	28.0	31	59.6
c) ≥ 45 years	0	0.0	7	13.4
Range =	25-45 years		35-45 years	
Mean ± S.D =	29.141± 3.571		31.672±501	
1- Marital Status				
a) Married	23	92.0	44	84.6
b) Single	2	8.0	8	15.3
3- Qualifications				
a) Bachelor in nursing	15	60.0	27	51.9
b) Nursing diploma	10	40.0	25	48.1
5) Years of experience in the school				
a) 1-< 5 years	5	20.0	6	11.5
b) 5-< 10 years	18	72.0	29	55.7
c) More than 10 years	2	8.0	17	32.7
X± S.D=	8.51±2.34		10.20±3.0	

Table (2): Distribution of Nurse Educators by Work Related Stressors

Work Related Stressors	Military ng. School (n 25)			
	Low/moderate		high	
	N	%	N	%
Stress work load factors				
Time of the afternoon shift is long and exhausting	1	4.0	24	96.0
Shift conflict with the family duties.	2	8.0	23	92.0
Shifts cost expensively.	11	44.0	14	56.0
The annual vacation is not allowed during shifts.	5	20.0	20	80.0
Inflexibility of some peers in shifts exchange	5	20.0	20	80.0
Working on Fridays	2	8.0	23	92.0
Rigidity of shift, roster.	4	16.0	21	84.0
Shifts effect on the educators' house duties.	3	12.0	22	88.0
No nursery available.	3	8.0	22	88.0
Psychological Factors				
Facing the students' problems in the afternoon & night shifts	5	20.0	20	80.0
Difficulties of gaining vacation in summer	1	4.0	24	96.0
Exhausted Military trainings	12	48.0	13	52.0
Traveling for consecutive days (7or more) to Cairo for certain assignments.	0	0.0	25	100.0
Rigid accountability for the educators on students' behavioral manner in shifts	5	20.0	20	80.0
The Military uniform sometimes becomes a source of stress	16	64.0	9	36.0
Additional duties for educators beside duties for undergraduate students.	12	48.0	13	52.0

Table (3): Nurse Educators' Responses Regarding Organization Related Stressors.

Stress work load factors	Military Ng. School (n =25)						Other Schools (n = 52)					
	Low		moderate		high		Low		moderate		high	
	N	%	N	%	N	%	N	%	N	%	N	%
Low salary & incentives	20	80	5	20	0	0.0	0	0.0	5	9.6	47	90.3
No chance for job promotion	25	100	0	0.0	0	0.0	2	3.8	10	19.2	38	73
Inadequate supplies & equipment in clinical areas.	19	76	8	32	0	0.0	6	11.5	20	30.4	26	50
Lack of cooperation with nursing staff in clinical areas..	0	0.0	15	60	16	40	11	21.1	29	55.7	12	23
In appropriate physical environment in clinical areas.	18	72	7	28	0	0.0	5	9.6	9	17.3	38	73
Contradiction of school objectives and hospital objectives.	7	28	12	48	6	24	13	25	21	40.3	18	34.6
Lack of cooperation between nurse educators.	4	16	5	20	16	64	22	42.3	12	23	18	34.6
Decisions are made only by the manager (neglecting others opinions)	1	4	5	20	19	76	8	15.3	12	23	32	61.5
No criteria for nurse educators selection	5	20	16	64	4	16	6	11.5	34	65.3	12	23
Unfair distribution of teaching subjects between nurse educators	16	64	5	20	4	16	5	9.6	15	28.8	32	61.5
Heavy clerical work activities	5	20	6	24	14	56	8	15.3	12	23	32	61.5
	$\chi^2 = 7.301^*$											

Table (4): Personal stressors among nurse educators.

Stress work load factors	Military Ng. School (n =25)						Other Schools (n = 52)					
	Low		moderate		high		Low		moderate		High	
	N	%	N	%	N	%	N	%	N	%	N	%
▪ Having a new baby	0	0.0	0	0.0	3	12	0	0.0	0	0.0	12	23
▪ Presence of family conflict	2	8	5	20	18	72	8	15.3	38	73	6	11.5
▪ Presence of health problem with family member.	2	8	7	28	16	64	4	7.6	38	73	10	19.2
▪ Caring of one or both parents	3	12	13	52	9	36	4	7.6	40	76.9	8	15.3
▪ House is far from the school	0	0.0	21	84	4	16	0	0.0	40	76.9	12	23
▪ Exhaustion from housing duties	0	0.0	11	44	14	56	8	15.3	30	57.6	14	26.9
▪ Helping children with studies	3	12	5	20	17	68	10	19.2	30	57.6	12	23
	X² 11.613*											

Table (5): Symptoms of Stress among Nurse Educators.

Symptoms of stress	Military Ng. School (n =25)						Other Schools (n = 52)					
	Low		moderate		high		Low		moderate		high	
	N	%	N	%	N	%	N	%	N	%	N	%
▪ Feeling of exhaustion	0	0.0	3	12	22	88	0	0.0	16	30.1	36	69.2
▪ Feeling of headache	1	4	4	16	20	80	0	0.0	18	34.6	30	57.6
▪ Disturbance of blood pressure	0	0.0	6	24	3	12	0	0.0	14	26.9	12	23
▪ Disturbance of blood glucose level	20	80	2	8	3	12	37	71.1	7	13.4	8	15.3
▪ Loss of appetite	11	44	12	48	2	8	22	42.3	20	38.4	10	19.2
▪ Increase of appetite	13	52	4	16	4	16	14	26.9	22	42.3	16	30.7
▪ Signs of gastrointestinal disorders	5	20	16	64	4	16	0	0.0	38	53.8	4	7.6
▪ muscles cramps	0	0.0	8	32	0	0.0	30	57.6	14	26.9	8	15.3
▪ backache	5	20	4	16	16	64	13	25	21	40.3	18	34.6
▪ fainting, spells	15	60	6	24	4	16	36	69.2	14	26.9	2	3.8
▪ lack of concentration	5	20	7	28	13	52	22	42.3	22	42.3	8	15.3
▪ Insomnia	3	12	4	16	18	72	12	23	22	42.3	18	34.6
▪ Feeling of frustration	9	36	14	56	2	8	14	26.9	14	26.9	22	42.3
▪ Feeling of sadness	7	28	12	48	6	24	32	61.5	18	34.6	2	3.8
	X² = 7.249											

Table (6): Cognitive –Emotional Coping Strategies among Nurses' Educators (no.77)

Cognitive –emotional coping strategies	Military Ng. School (n =25)						Other Schools (n = 52)					
	Low		moderate		high		Low		moderate		high	
	N	%	N	%	N	%	N	%	N	%	N	%
▪ Seeking help from God	0	0.0	8	32	17	68	0	0.0	20	38.4	32	61.5
▪ Seeking help & support from the family	7	28	12	48	6	24	14	26.9	24	46.1	14	26.9
▪ Seeking assistance from colleagues	3	12	18	72	4	1.6	0	0.0	20	38.4	33	63.4
▪ Always crying	0	0.0	1	4	24	96	0	0.0	20	38.5	32	61.5
▪ Seeking advice from superior	9	36	12	48	4	16	13	25	21	40.3	18	34.6
▪ Getting a vacation	0	0.0	18	34.6	7	28	10	19.2	13	25	29	55.7
▪ Suppression of feelings	1	4	6	24	18	72	13	25	20	38.4	19	36.5
▪ Withdrawal and sitting alone	0	0.0	21	40.3	10	60	20	38.4	20	38.4	12	23
▪ Try to forget the problem	18	72	4	16	3	12	28	53.8	14	26.9	10	19.2
▪ Drink more tea & coffee	14	56	8	32	3	12	29	55.7	14	26.9	9	17.5
▪ Taking sedatives without physician prescription	0	0.0	0	0.0	3	12	0	0.0	4	7.6	0	0.0
	X² = 8.385											

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