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Review Article

Key Interventions to Target Work Related Stress among Nurses: Overview

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Abstract: Work related stress is the adverse reaction as a result of excessive work pressure. As new diseases such as Corona virus, Ebola, Lassa fever, Monkey pox, etc evolves each day, so technology and new skills to tackle such diseases are required. In addition to clinical nursing care, the need to learn and practice how to use modern equipment in patients' care to combat such diseases imposes more stress on the nurses. The world population is also on the increase, hence the need for healthcare services is also increasing. Contrarily, there are (six) 6 million global nurses' shortage presently. The recent Covid 19 pandemic is also putting on more stress on the nursing workforce forcing many nurses to leave their job as a result of work-related stress. The study aimed at investigating key interventions that will reduce work relate and enhances nurses work performance.
Keywords: Nurses, Stress, work related stress, impact of work -related stress, target intervention.

INTRODUCTION

Work- related stress has been recognized as the main challenge for the nursing profession throughout the world and it has negative emotional, physical, and psychological effect on the nurses with global prevalence between 15% - 85% of nurses suffering from work-related stress (Ozumba & Alabere, 2019: National Nurses United, 2015). Work related stress is the adverse reaction as a result of excessive work pressure. As new diseases such as Corona virus, Ebola, Lassa fever, Monkey pox, etc evolves each day, so technology and new skills to tackle such diseases are required. In addition to clinical nursing care, the need to learn and practice how to use modern equipment in patients' care to combat such diseases imposes more stress on the nurses.

There are (six) 6 million global nurses' shortage presently and the largest needs-based shortages of nurses and midwives are in South East Asia and Africa (WHO, 2020). The recent outbreak of covid 19 also compounded the problem of stress among nurses. Contrarily, the intent to leave the profession among nurses presently is high due to severe work- related stress. It is reported that Canadian nurses resigned in mass during this covid period due to work overload.

Research on the causes, consequences, management and prevalence of stress has dominated the literature over the past decades. Several studies also examined the effect of work-related stress on nurses to evaluate the relationship between work-related stress and burnout, and how this related to nursing performance and job satisfaction (Ottan, 2017). Others studies also focused on investigating various strategies to improve health, wellbeing and the job-related outcomes of nurses, which has led to different strategies in stress management and prevention of burnout (Natalia, *et al.,* 2019). However It has been suggested that work related stress theories should be occupational specific, as different factors triggers stress in different occupations, as it will provide more relevant explanation on how to ameliorate stress in that particular profession In recent time, there are calls to shift to key intervention that will reduce work-related stress and prevent burnout in nursing because there is still lack of clarity around which type of intervention are the most effective as the level of work related stress and burnout is on the increase among nurses. Several qualitative studies have been conducted as part of intervention evaluation and other qualitative studies were carried out to investigate working conditions, stressors and coping strategies, still the current understanding is still inadequate.

Concept of Stress

The word stress was coined by Selye as cited in Rosch (2013), Selye defined stress as the non-specific response of the body to any demand for change. Stress is the "wear and tear" the body experience as it adapt to the

continuous change in the environment. It has emotional and physical effects on the body and can create either positive or negative response (Kaaplan & Saclock, 2018). As a positive influence stress can propel one to action which may result in creating new awareness and initiating exciting new perspective. Negative influence of stress might result in the feelings of rejection, anger, distrust, and depression, which may lead to health challenges such as headaches, heart disease, stomach upset, rashes, ulcers, insomnia, high blood pressure, and stroke. With the grief associated to death of a loved one, a job promotion, the birth of a new born or a new relationship, stress is experienced. Adjusting to different situations, stress could be a hindrance depending on how one reacts to stress; the good stress can leads to high performance and the bad stress called distress leads to exhaustion and illness (Wheatley, 2015). Stress affects every individual and has a strong effect on the mind and on an individual's health and well-being. Stress can only occur if the individual sees the situation or event as a stressor. It is important that comfort zone is maintained for optimum health and productivity.

In Biological or medical context stress is viewed as physical, mental, or emotional factors which results from psychological or bodily apprehension. Stresses can be said to be external or internal: external stress is stressor which emanates from the environment, psychological, or social situations and internal stress which is stressor imposed by sickness or as a result of a medical procedure. Stress initiates the "fight or flight" action, which is a complex reaction of endocrinology and neurologic systems. It may refer to external forces or to the organism reaction factors. Anything that threatens the biological integrity of the organism, be it directly or indirectly because of its symbolic meaning, may be considered a stress. Stress is derived from a Latin word "stringere" which means to be drawn tight (Mojoyinola, 2005, cited in Onasoga, Ogbebor and Ojo, (2018), Burke (2015) described stress as human body's non -specific responds to any demand made on it. He referred to the demands as stressor which can be physical, emotional, pleasant and unpleasant as long as they require the individual to adapt. In response to either of the stressors or sequence of physiological changes that occurs this is referred to as general adaptation syndrome (GAS). A convenient definition of stress according to Lazarus and Folkman (1984) is any stimulus or change in the external or internal environment which disturbs homeostasis which under certain conditions lead to illness.

Types of Stress
Many stress experts described various types of stress but in this study types of stress by O'Sillivan (2019) and Karl Albrecht Karl (1979) will be discussed. O'Sillivan (2019) described stress as eustress, distress, hyperstress and hypostress.

Eustress – This is a positive stress; it is a specific kind of stress experienced right before the need to apply physical force. Eustress empowers the heart, mind and muscle for needed strength to withstand whatever that happens. When there is fight or flight response, the body experiences eustress. Eustress alerts the body to flee or fight the imposing danger. This type of stress would cause the heart to pump more blood to the major muscle and would elevate heart rate and blood pressure. If the event or danger passes, the body will return to its normal state (O, Sillivan, 2019).

Distress – This is the most severe type of all the stress, which may be anticipating of social, psychological, and physical health consequences. This manifests in behavioral, emotional, physiologic, and cognitive changes, which leads to periods of depression and emotional stress (O'Sullivan, 2019).

Hyperstress- This type of stress occurs when an individual is forced to take up more responsibilities task or work than he/she can handle. It occurs mainly occurs due to severe pressurizing situations. In most cases, hyperstress is caused as a result of an extremely pressurizing job (Donovan, Doody & Lyons, 2016). If one is experiencing hyperstress, chances are that respond to even the minutest of stressors in an exaggerated way. This causes huge emotional outbreaks for every small reason or even for no reason at all. This is because hyperstress builds up a lot of frustration and agitation in an individual. Emotional outburst is a typical sign of hyperstress.

Hypostress- Insignificant or minimal amount of stress is the best way to describe hypostress. When there is little or nothing to do, one tends to get bored. When boredom prevails for a long period of time, it results in stress; known as hypostress (O'Sullivan, 2019, Donovan, Doody & Lyons, 2016). Individuals having non tasking jobs tend to find themselves suffering from hypostress. Hypostress can lead to lack of inspiration, enthusiasm and de-motivated. Individuals suffering from hypostress often find themselves juggling with restlessness.

AlbrechtKarl (1979) on the other hand described four types of stress which are; Time stress, Anticipatory stress, and encounter stress.

Time Stress
This is the type of stress experienced when one worries about time considering the number of things one wish to achieve within the given time (Mulder, 2017). Anticipated fear of failure to achieve such within the set time frame, the person may feel trapped, unhappy or even hopeless (Mulder, 2017). Examples include hurrying to meet a deadline, worrying about meeting up with a task or rushing to avoid being late for a meeting.

Anticipatory Stress
Anticipatory stress is can best be defined as stress experienced regarding the future. Sometimes this type of stress is associated with particular event such as

upcoming presentation. Extreme anxiety concerning the future or worrying that something might go wrong is also anticipatory stress this means that it can be confusing and undefined.

Situational Stress

Situational stress is encountered when there is a scary situation that you have no control over. This could be an emergency. More commonly, however, it's a situation that involves conflict, or a loss of status or acceptance in the eyes of your group. For instance, getting laid off or making a major mistake in front of your team are examples of events that can cause situational stress.

Encounter Stress

Encounter stress is a type of stress that revolves around people. Encounter stress is experienced when there is issue of concern on how to interact with certain person or group of people who may be unpredictable. This type of stress can occur when a task involves interactions with a lot of people.

Nature of Nursing Stress

Today's nursing environment is demanding due to critical understaffing and patients with multifaceted needs (Admi & Moshe-Eilon, 2020). Nursing work is tasking in nature and these results to enormous responsibilities and duties requiring various demands which make the profession complex and demanding. The profession requires high level of skill and team work in a variety of situations, provision of 24-hour delivery of care, exposed to a lot of input which is often referred to as 'emotional labor' (Phillips, 2015), such as constant exposure to grieve, death and dying, offering psychological support to patients with various degrees of illnesses as well as supporting patients significant others. Emotional labor according to (Nadin, 2017) has adverse effects on the physical and psychological well-being of an individual.

Nursing been a caring and noble profession, the role is multi-dimensional. The role includes; observe and record patient's condition, coordinate with physician and other healthcare professionals to create and evaluate modify care plans for different patients, provide emotional support to the patients and their families, diagnose patients disease by looking at their symptoms and taking required actions for their recovery, review and update patients reports of medical histories to observe changes in their condition, Provide prompt care during medical emergencies, examine patients, educate patients and their families about the disease and its treatments. All these responsibilities make nurses key person in patient care (Davidi, Bazrafshan & Javadpour, 2018). Most times, the roles conflict with each other leaving the nurse in a confused state.

Nursing care comes along with difficulties and many responsibilities. It is a challenging and complex job that requires flexibility and vigilance, as nurses are meant to cover the hospital services 24hours a day, nurses run shifts which includes night, this means altering the natural course of sleep pattern, staying awake all night. Nurse's night-shifts are linked to many problems such as: cardiac problems and circadian rhythms, stress and depression, menstrual irregularities, drug abuse, etc. Night shifts are less well staffed in compare to day shifts. It means that there are less help available to perform some physically demanding tasks such as lifting, moving or receiving new patients.

Moreover, at night shifts there are not enough experienced staffs available to turn to for advice and support. Night shift work also known to be a risk factor for developing hypertension especially among those who are doing night shifts for long time than those who are doing day shifts (Reed, 2017). A person who works in shifts frequently experiences physical distress or mental distress. On all these demands, nurses still strive to keep this noble profession going in order to save lives. The sacrificial nature of nursing do not only suffer multidimensional task and occupational hazards effects, it is also a common sight to see nurses been easy target if something goes wrong in caring procedure even when the fault is completely done by some other health care professionals; this arouses the bitterness, anger and cause more exhaustion in work that leads to stress.

Work Related Stress and Nursing Practice

Nursing as a profession has its own peculiar problem as the profession involves the use of emotion and physical strength to assist an individual in sickness or in health or to nurse to a peaceful death (Selberg, 2019). It is a very tasking, complex and challenging job that requires flexibility and vigilance. End of life issues involves a lot of physical and emotional strength this tend to make the nurse go through a lot of physical and psychological stress; this means that nurses witness the pain and sorrows of others, with continuous exposure to grief and suffering which causes a lot of stress on the nurse. Hence Nurses tend to experience work related stress at higher degrees than many other professions. Nursing can be a challenging job with continuous exposure to grief and suffering, work pressure, little or excessive patient contact and occupational hazard including accidental needle prick, exposure to infectious diseases, back injury and emotional stress. Nurses have to deal with blood, sputum, feces, urine; vomiting and ugly smelly wounds this means nurses are at a greater risk of contracting and spreading infectious diseases (Alban, 2016).

In addition nurses are working under demanding and stressful conditions. They are responsible to promote health and wellness by providing wide ranges of services. They observe and record patient's condition, coordinate with physician and other healthcare professionals to create and evaluate modify care plans for different patients, provide emotional

support to the patients and their families, diagnose patients disease by looking at their symptoms and taking necessary actions for their recovery, review and update patients reports of medical histories to observe changes in their condition, Provide prompt care during medical emergencies, prepare patients for examinations, educate patients and their families about the disease and its treatments, help doctors during surgery and keep eye on each and every aspect of patient care. All these responsibilities make the nurses key person for other healthcare professionals involved in patient care and the patients (Alban, 2016).

Despite the views above, nurse's authority to control their working role is very small as many health institutions do not include nurses in their organizational planning. In addition nurses' deals with physical demands in assisting patient meet their daily need, technological advances to brace up with current health care trend, staffing shortages and management issues that causes more stress and unfavorably affect productivity. This eventually negatively affects the level of care provided to the patients. Heavy workload, quite often compelled nurses to do some extra hour work in their regular shift. There is immense amount of time pressure in nursing work that makes nurses to cut their own lunch and coffee breaktime or have to postpone in sake of finishing the ongoing caring task (Selberg, 2016). This effect brings frustration and exhaustion during and after the work to the nurses.

Sexual harassment is still present at nursing work although it is illegal by law. Nurses are experiencing the sexual harassment most commonly in the form of sexual remark, dirty jokes, physical touch and sometimes approach to engage in sexual relationship. Majority of such action goes unreported due to the distress, fear and discomfort of confronting the offender due to his/her health condition. The consequences of this kind of act usually bring anger, shame, discomfort and frustration to victims who majorly are the female nurses.

In nursing profession, there are many nurses who came from different countries with different ethnic backgrounds who are working with nurses from native nation and culture (De Castro, Gee & Takeuchi, 2018). Although, nursing profession required being culturally competent but unfortunately there is presence of work place discrimination due to religious, political gender, tribe, creed and social class differences (Rice, 2010). This affects physical and mental wellbeing, ability to execute the good care to patient and influence overall job satisfaction (Baptiste, 2015).

Organizational Factors Stress
Staff shortage is a big issue in nursing profession, nurses are over tasked and are compelled to handle more than they can shoulder. Heavy workload, quite often compelled nurses to do some extra hour work

in their regular shift. There is immense amount of time pressure in nursing work that makes nurses to cut their own lunch and coffee break time or have to postpone in sake of finishing the ongoing caring task (Selberg, 2016). The nurse patient ratio is inappropriate even in the developed countries. In developing countries such as Nigeria unavailability of equipment and materials to cater for the patient needs possess a lot of stress on the nurse. Technological advancement in Health care which should aid in proper nursing care also becomes source of stress as health care organizations fail to send nurses to upgrade the knowledge and skills on the use of such equipment.

Lack of adequate rumination is another issue facing nurses in developing world. Uganda nurses were on strike for months due to poor rumination and poor salary structure. Nigerian nurses engage in strikes due to nonpayment of salaries and arrears all these possess stress on nurses. Organizational policies also possess stress on nurses as they are most times constrain in their care due to organizational policies such as some health institutions not allowing nurses access to the vein even when the life of the patient is in danger and the nurse is competent and skilled in carrying out the procedure to save patients life. Most at times nurses' experience forced floating phenomenon due to organizational factors. When a nurse is skilled and used to working in a particular healthcare unit, due to organizational policy of some health institution of yearly or biennial rotation the nurse is moved from that unit to another unit. This can cause panic and frustration and can become a source of stress to the nurse. Also, less staffing and high demands during night shifts lead to additional stress and anxiety for nurses (Reed, 2017). Nurses are also faced with non-recognition in decision making in institutions where they work. Nursing been the bedrock of health institutions; its exclusion in decision making is detrimental as it reduces the level of control they have on their job. It is a common place, seeing nurses facing ethical dilemmas in the course of their care, in some cases nurses can deal with such challenges but due to lack of resources and authority to handle such situations, it leads to moral distress.

Leadership and Management Issues within Nursing
The clinical work environment is stressful. There are two main reasons for this. One of the reasons is that the nurses need to care for healthcare recipients who require high quality nursing in primary workplace. The other reason is because of management-related stress, which accelerates the development of burnout among nurses (Lei *et al.,* 2018.). Similar findings can be found in other studies on the impact of work environment on nurse burnout. Nurses' stress is not a problem of the nurses alone, the work environment contribute greatly to nurses stress (Laschinger *et al.,* 2015). There is a negative correlation between nurses' job stress and the social support they have. The more social support a nurse has, the nurse will show less stress symptoms

accordingly. Overloaded work does not get corresponding reward in returns, which is also one of the important reasons for nurses' high level of work related stress. Self-improvement alone will not reduce high level of work related stress if the supervisors and organizations do not recognize the human side of work, the nurse feels overloaded, frustrated and burned out. Organizational atmosphere was negatively related to nurses' emotional exhaustion and positively related to nurses' personal achievements. This is also an important factor affecting nurses' response to stress. The lack of organization's rewards and punishment measures imposes stress on the nurse. When the organization's managers and the society did not provide sufficient support for the nurses' work, and the individual's their work performance could not get timely and fair feedback, which will lead to stress and if uncontrolled it leads to burnout. Lack of understanding and support from ward are sources of work related stress and burnout (Medland, 2018).

Role Characteristics Stress

The nobility of nursing profession cannot be over emphasized. This is embedded in how nurses handle their multidimensional task of life saving. Presently, nurses role ranges from care giving (taking into account the physical, spiritual, Cultural, emotional and developmental aspects of the patient or client), Teacher (Proving patients with knowledge that is beneficial to their well-being), Advocate (making lawful professional decisions on for the patients when unable to do so and protect patients right), Communicator (the go between patients and their families, effective communication skills to support healing) and decision maker and managers (Kozier, *et al.,* 2015). Most times, these roles are contradictory leaving the nurse in a confused state. All these are very important roles which are dependent on each other in order to make the healing process successful. Role theory states that multiple roles can lead to stressors (inter-role conflict and work overload) and in turn symptoms of strain.

Kozier, *et al.,* (2015) emphasized that home-work interface is especially important among female workers who bear the burden of looking after the children, caring for elderly relatives, cooking, cleaning, shopping, etc. Long working hours mean less family life and this will develop stress on the relationship with partners, children, family and friends. As health care industry is advancing technologically with emergence of new diseases and more specialties in nursing, more knowledge and skills are required for the nurse to advance in practice. The need for constant continual professional development is advocated this has also led to stress combining academic activities and work.

The Role of Lateral/ Horizontal Violence in Work Related Stress among Nurses

Lateral violence among nurses heightens tension within an already high-stress nurse work environment. Lateral violence is defined as non-physical,

aggressive, hostile, and/or harmful behavior between coworkers. While individual acts of lateral violence can appear relatively harmless, they create a toxic environment that takes a toll on employees' morale, hindering the success of the healthcare institutions for which they work. Detwiler and Vaughn (2020) estimated that somewhere between 46% and 100% of nurses have experienced lateral violence at some point during their careers. One study found that more than 27% of nurses had experienced lateral violence within the previous six months.

Ethical or Moral Distress

Moral distress is the emotional state that arises from a situation when a nurse feels that the ethically correct action to take is different from what he or she is tasked with doing. When policies or procedures prevent a nurse from doing what he or she thinks is right, that presents a moral dilemma. Cummings (2018) concluded that' high levels of moral distress and professional stress are associated with nurses leaving the profession' (p34).

Coping Strategies

Positive coping strategies can help the nurses to deal with the difficult situation. The application of adequate coping strategies contributes to the reduction of emotional exhaustion and burnout among the nurses (Lei *et al.,* 2018: Aryankhesal *et al.,* 2019). Problem-focused coping strategy refers to task-orientation. There are four methods to achieve the task. The first is good time management. The second is good organizational skills. The third is seeking advice. The last is discussion of issues with others (Fearon &Nicol, 2017). Emotion-focused coping strategy refers to regulated and controlled emotions in response to events. Positive emotion-focused coping strategy, such as reflection, can help the nurse to develop self-awareness to prevent burnout. The nurses can gain insight and understanding of the problem by reflection. While negative emotion-focused coping strategies, such as escapism, hostility, would make the situation worse according to Fearon& Nicol. Healthy lifestyle is effective coping strategy for protecting the nurse from burnout. Healthy lifestyle can be a balanced diet, regular and adequate exercise, relaxation and decompression routines as stated by Fearon &Nicol.

Individual Approach

Identifying stress and being aware of its effect is not sufficient to reduce its negative effects. Just as there are various sources of stress, there are also various possibilities methods by which stress could be managed. Effective stress management is to understand oneself better and to appreciate what constitute stress and how one reacts to stressful situations. However, all require effort toward change: changing the source of stress and/or changing your reaction to it. The following steps should be taken in stress management. Prevention of compassion fatigue, there are ten steps to prevent of compassion fatigue among nurse. The first is meditation:

start regularly 15 minutes of meditation to start a relaxing day. The second is to read and write inspirationally. This method can help to arouse positive emotions. The third is to do regular exercise. This kind of regular exercise can be very simple movement, for example just stretching. It can bring the nurses a different day (Frandsen 2015; Cordoza *et al.,* 2018). The fourth is to develop good sleep habits and to eat healthy diet. That will improve both physical and mental health. The fifth is to set boundaries. The boundaries keep the nurses away from overextending. The sixth is to take a daily break. A daily break can help to disconnect the nurses to outside word and stay with themselves for a while. The seventh is to develop hobbies and attend to activities. This will not only keep the nurse away from work but also can arouse positive emotions. The eight is to get in touch with the nature. It can relax and inspire the spirit. The ninth is to learn to manage the stress. Finally, try to slowdown and reflect to heal (Frandsen 2015; Cordoza *et al.,* 2018).

Intervention

Stress management interventions refer to a class of activities that are used by individual and organizations to improve employee well-being and reduce stress, principally by either addressing the causes of stress or by reducing the impact of stress on an individual (Holman., Johnson, & O'Connor, 2018).

In this modern, sophisticated, pressured, computerized, jet, global world life is on a fast lane. Modern life is full of frustrations, hassles, demands and deadlines. In small doses, stress can enhance performance and motivate an individual under pressure to be at her best. But constantly been in emergency

mood, the mind and body pays the price as stress is said to be a complex psychobiological response to the demand of stressor. Due to the nature of nursing job, nursing will always be a stressful profession but however, the level of stress can be managed and the solution lies in a combination of individual, institutional and societal approaches (American Holistic Nurses Association, 2015). In this study, considering the fact that nurses work under demanding and resource scare environment, individual and institutional/ Administrative stress management/ copying approach will be used.

Institutional / Administrative approach

In this study, an institutional / administrative approach in management of stress is viewed as organizational and leadership efforts and rules set to manage stress among nurses. The organization in the context of this research is the healthcare institutions. Organizational management plans which include Organizational interventions like effective supervision, leadership training and workshops, charismatic and inspirational leadership with idealized influence (Anbazhagan and Rajan, 2015) are considered the most effective stress management strategy for nurses.

Classifying institutional stress management interventions (SMI) according to their focus and level implies that both individual and organizational-level interventions can be primary, secondary and tertiary in nature. This is illustrated in Table 2.1 below, along with examples of the different types of intervention in each category. Throughout the remainder of the chapter we describe the different types of SMI according to this classification.

Table 1: A Typology of Stress Management Interventions

Intervention type	Individual	Organizational
Primary	Selection & Assessment Pre-employment medical examination	Job Redesign Working time and schedules Management training, e.g. mentoring
Secondary	Cognitive behavioral assessment and therapy Social support Relaxation Meditation Personal and interpersonal skill training Acceptance and commitment therapy Psychosocial intervention training Coping skills training Resilience training	Improving communication and decision making Conflict management Peer support groups Coaching & career planning
Tertiary	Employee Assistance Programmes Counseling Posttraumatic stress assistance Disability management	Vocational rehabilitation Outplacement

Primary intervention is mainly for preventing stress from occurring and is system focused. Secondary interventions aim to reduce the severity of stress or duration once it has occurred and this is individual focused, while tertiary intervention seek to rehabilitate and maximize the functional capability of the nurse that is experiencing severe level of stress and is both system and individual focused. Cummings (2018) stated that the distinct feature is the organizational and individual levels. At individual level, intervention focuses on

helping the nurse to develop skills to manage, cope and reduce stress. Organizational level focused on systemic change or change in organizational practices that either target all employee or specific group of nurses (Detwilerm &Vaugli, 2020).

Primary Intervention (System Focus)

The aim of a primary is to prevent stress from occurring in an employee and is system focused.

Selection and Assessment Procedures: One means of achieving this is through selection and assessment procedures that select applicants who have the skills and abilities to manage the demands of the job and to screen out those who might be susceptible to experiencing stress in the target role, particularly in highly-stressful occupations (Bartone *et al.,* 2018). Although such interventions are one way of managing stress and promoting well-being, they are rarely used (Giga, Cooper & Faragher, 2020).

Communication Skills Training

Communication skills' training has been identified to contribute to the reduction of stress among nurses. Good communication skills play a role in improvement of the well-being and prevention of burnout among the nurses. (Aryankhesal *et al.,* 2019: Oliveira *et al.,* 2019). Encouraging staff to voice feelings and increasing interactions in daily routines can help to cultivate a supportive community among nurses. Affective communications can build strong relationship among nurses. The nurses feel less isolation and disconnection from the rest of the team. (Henry, 2013).

Secondary Intervention (Individual Focus)

Secondary level interventions involve taking steps to improve the perception and management of psychosocial risks for groups that may be at risk of exposure. Anger *et al.,* (2015) stated that it is important to note, secondary level interventions are not a substitute for primary prevention interventions. They are concerned with the prompt detection and management of experienced stress, and the enhancement of workers' ability to more effectively manage stressful conditions by increasing their awareness, knowledge, skills and coping resources (Sutherland & Cooper, 2016). These strategies, are thus, usually directed at 'at-risk' groups within the workplace (Tetrick & Quick, 2015). The common focus of these actions is on the provision of education and training. It is commonly believed that through training, employees can become more aware and knowledgeable about, work-related stress, harassment, bullying and third-party violence; and, hence, better able to address these issues. Issues that can be covered through training include: interpersonal relationships (between colleagues and with supervisors), time management, and handling conflicts, among others (Holman & Axteu, 2016).

The role of secondary prevention is essentially one of damage limitation, often addressing the consequences rather than the sources of psychosocial risks which may be inherent in the organization's structure or culture. Although these strategies are usually conceptualized as 'individual' level interventions, these approaches also embrace the notion that individual employees work within a team or work-group thus, these strategies often have both an individual and a workplace orientation.

Cognitive Behavioral Therapies (CBT)

Cognitive behavioral therapies (CBT) assume that maladaptive cognitions contribute to the maintenance of psychological distress and problematic behavioral responses to stress. CBT addresses this by helping the person to identify misconceptions about the nature and causes of stress, to test the validity of existing thoughts and understandings, and to develop new conceptions about stress. In addition, the behavioral element of CBT encourages the person to develop new behavioral responses to stressful events. CBT is thought to work by promoting antecedent-focused emotion strategies that help the person to reappraise and restructure their understanding of stress and stressful events (Hofmann & Asmundson,2018). For example, Cecil and Forman (1990) conducted an intervention amongst teachers based on a method of CBT called stress inoculation training that consists of three phases: education about stress and its causes; acquisition and rehearsal of skills in cognitive restructuring (e.g, identifying irrational thoughts and replacing them with rational thoughts); and developing and practising new cognitive, emotional and behavioral 'scripts' for responding to stressful events. Their evaluation revealed that the CBT intervention decreased stress to a greater extent than a peer support group and a passive listening group.

Social Support

Another singular most important coping strategy or management practice is social support. Most of the articles Anbazhagan and Rajan (2015) believe that seeking social support either by the individual nurses or by the organization on behalf of the nurses is one indisputable and effective way of managing stress among nurses. These management practices and coping strategies are used interchangeably and in addition with other miscellaneous coping strategies for the effective and long lasting management of stress in nurses. Some of such coping strategies are coping through learning reduced working time, off duties, observing breaks during work hours, interest outside work and good home life. In other words, Bhui *et al.,* (2018) concluded that to be able to manage the stress arising from long working hours, there is need for management action on limiting the amount of hours done by nurses. The kind of shifts and the duration of shifts can be controlled by a combined effort of the nurse managers and the nurses working in the hospitals. Management strategies like effective interpersonal communication, trainings, positive feedback, and stress management evaluation are vital in stress management. Easy access to quality supervision, culture of open dialogue, continuous professional development and education, developing clear professional roles, improving organizational climate are key in nursing stress management (Stoica & Buicu, 2015).

Rewards/ Incentives and Empowerment

The shortage of nurses cannot be resolved in a short time. The heavy workload is an objective reality faced by many clinic units. When the nurses are well rewarded for their efforts, some nurses have the potential to tolerate a certain workload. The rewards can be financial or spirit form, such as higher salary or good opportunity. The rewards make the nurse feel the importance, crucial and valuable of their job (Lei *et al.,* 2018). Clinical ladder program can increase the salary for nurse. Other rewards and benefits, such as tuitions for further education can be offer by professional organization. To write news-letters to appreciate nurses is value. Recognition for the achievements of nursing work is important (Henry 2013.)**.** Empowerment can positively improve the work attitudes and behaviours of the nurses. The nurse will gain greater control over the situations. Empowerment contributes to better job satisfaction and the reduction of work related stress (Dore *et al.,* 2017.) Workplace empowerment is important for the nurses. Workplace empowerment can make the nurse more effective in their work. The empowerment for nurses can enhance the self-accomplishment and improve the personal competence (Lei *et al.,* 2018; Laschinger & Wong, 2014). There are four characteristics of workplace empowerment where nurses are working. The first, the nurses should access to opportunities to learn and grow. The nurses can get professional development and suitable challenges. The second, the nurses should access to enough information. The information refers to both technical knowledge and information of organization. The third, the nurses should access to enough support. The support comes from her superiors, peers. With the support the nurses can maximize their effectiveness. Finally, the nurse should access to the resources that required for the job. The resources refer to necessary materials, time, money and equipment for the nurse to accomplish their job demands (Laschinger &Wong, 2014).

Psychosocial Training Intervention

There are three components of the training: the affective, the cognitive and the behavioural. Professional psychological consultations are arranged to support the training (Lei *et al.,* 2018). Psychosocial training intervention contributes to the reduction of stress among the nurses. Positive attitudes are present during psychosocial training intervention (Aryankhesal *et al.,* 2019; Lei *et al.,* 2018.). To establish a nursing aid center can help relieve nurses' stress and prevent burnout and the shortage of Nurses. A nurse aid center can provide suitable relieve for the nurses, which will make sure that nurse can focus on providing professional health care to the client (Lei *et al.,* 2018). Staff support groups and on-site counselors can help the clinic nurse to deal with the feeling of hopeless and powerless in certain situations, such as futile care, death of young patient (Henry, 2013).

Team Base Approach

According to team-based and participatory programs, there is no significant different effect between the superiors' support and workmates that are the same level for mental health among the nurses. Adequate participation and communication of the nurse on the same level can improve the mental health. (Aryankhesal *et al.,* 2019). There is a different view on this point. Fearon & Nicol (2017) proposed that compared to individual reflection, clinical supervisor can provide professional support and guidance when involving this kind of reflection with the nurses. Clinical supervisor is useful and effective on the stress reduction. Besides, the organization and the managers should provide opportunities to encourage the nurses' exercise, learning techniques and strategies to deal with stress event and improving cooperation and relationships among the team (Hines 2019). Teamwork with other nurses and increased delegation to share with other the workload can help to lighten the workload. The Advanced technology and training provided by organizations contribute to the reduction of burnout among nurses (Henry, 2019).

Self-Care Guidelines

American Nurses Association proposes self-care guidelines to help the nurses choosing suitable self-care activities, according to the personal stress in the workplace. A group of nurses that attended the self-care project demonstrated improvement. Managers can support the practice of the guidelines. The self-care project is a success to prevent the burnout among the nurses (Hines, 2019). To deal with workload, nurses should increase personal self-care behaviors to adjust them self. Five minutes' walk outside twice for every day is recommended. The nurse can do some different work, such as paperwork, between high demanding patient cares (Henry, 2013).

Tertiary Intervention Level (Both Individual and System Focus)

Tertiary level interventions have been described as reactive strategies. Tertiary level initiatives are concerned with minimizing the effects that result from exposure to psychosocial hazards; through the management and treatment of symptoms of occupational disease or illness. The consequences of exposure can be either. Daniel *et al.,* (2017) stated that people who are suffering from psychosocial complaints (which can include burnout, depression or strain, can be provided with counselling and therapy; and those suffering from physical symptoms can benefit from occupational health services provision. When affected employees have been off work because of ill health, appropriate return-to-work and rehabilitation programmes should be implemented to support their effective re-integration in to the workforce (DeNeve *et al.,* 2019).

Within organizations, tertiary level interventions are most common, with secondary level interventions following and primary level interventions

being the most uncommon form of intervention. This is unfortunate as health and safety legislation requires employers to deal with all types of risk to workers' health and safety in a preventive, and not in a reactive, manner (Kuyken *et al.,* 2015). This involves employs assistance program, counseling, posttraumatic stress assistance, disability management and vocational rehabilitation.

CONCLUSION

Work- related stress has been recognized as the main challenge for the nursing profession throughout the world and it has negative emotional, physical, and psychological effect on the nurses. The current nursing shortage around the globe is worsening the situation. Shortage of nurses cannot be resolved in a short time, as new diseases evolves each day, so technology and new skills to tackle such diseases are required. The heavy workload is an objective reality faced by nurses globally. The key interventions to target work related stress among nurses requires both long term and short term techniques. Incorporating primary, secondary and tertiary level intervention is key in effective management of stress among nurses. Work related stress theories that are occupational specific should be incorporated into stress management.

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