EAS Journal of Nursing and Midwifery
Abbreviated Key Title: EAS J Nurs Midwifery
ISSN: 2663-0966 (Print) & ISSN: 2663-6735 (Online)
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-7 | Issue-2 | Mar-Apr -2025 | DOI: https://doi.org/10.36349/easjnm.2025.v07i02.003

Original Research Article

Emotional Distress and Coping Among Nurses Working in Outpatient Departments at Lusaka University Teaching Hospitals, Zambia

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Article History
Received: 15.03.2025
Accepted: 21.04.2025
Published: 24.04.2025

Journal homepage:
https://www.easpublisher.com

Quick Response Code

Abstract: ***Introduction:*** Emotional distress among nurses has become a global health concern. Emotional issues associated with occupational stress have become a threat to the nursing profession. Emotional issues in the nursing profession results from the strenuous and demanding nature of the work. Therefore, the need to investigate the presence of and factors associated with emotional distress among nurses is fundamental to development of strategies that should address nurse's plight with regards to the emotional toll that their work may have on them. The negative consequences of leaving emotional distress among nurses unaddressed motivated the need to undertake this study. ***Methodology:*** A cross sectional analytical study design was employed to conduct the present study at the University Teaching Hospitals in Zambia. Ethical approval was obtained from the University of Zambia Biomedical Research Ethics Committee (UNZABREC) and permission to conduct the study was granted by the National Health Research authority (NHRA). The study involved 71 nurses working in Out-Patients Department who completed a self-administered structured questionnaire. Data analysis was conducted using the Statistical Package for Social Sciences (SPSS version 20), while Chi-square was used to test the association between categorical variables. In addition, binary logistic regression analysis was used to ascertain the relationship between the dependent variable (emotional distress) and the independent variables. P-values less than 0.05 were considered to be statistically significant. ***Findings:*** Emotional distress was observed to be prevalent among 56.3 percent nurses and among the distressed, 25 percent showed high levels of distress. There was a strong association between emotional distress and coping among nurses (p-value $< 0.001^{c}$) and as such it was found that nurses who employed adaptive coping strategies unlike maladaptive strategies proved to be less distressed. Occupational stressors showed association with emotional distress (p-values $< 0.05^{c}$) for all the three categories (Work place violence and bullying, work demand, interpersonal relationship). Nurses who used emotion-focused coping were 3.8 times more likely to exhibit emotional distress than those who used problem focused coping. Increasing age was associated with an increased likelihood of exhibiting emotional distress with odds ratio 1.087. The nurses exposed to high work demands were 4.6 times more likely to exhibit emotional distress as opposed to those exposed to low work demand. Bullying increased the likelihood of emotional distress by odds ratio of 1.570 while poor interpersonal relationships increased the likelihood by odds ratio of 1.949. Among the nurses who used emotion-focused coping, negative emotion focused coping increased the likelihood of emotional distress by odds of 5.958 as opposed to those who used positive emotion focused coping. ***Conclusion:*** Prevention and mitigation of emotional distress among nurses can be achieved through describing the coping strategies used in the management of emotional distress. Therefore nurse leaders, educators, practitioners and researchers should be made aware of the adaptive coping strategies for prevention and mitigation of emotional distress.

Keywords: Emotional distress, Stress, Coping, Adaptive Coping Strategies, Maladaptive Coping Strategies.

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INTRODUCTION

Emotional distress refers to symptoms of anxiety and depression [1]. It may be rampant in care settings that have high disease burdens and are resource constrained as may be prevalent in most developing countries [2]. Zambia is among the developing countries whose health care system heavily burdened [3] is posing a risk for emotional distress among its nursing workforce.

Emotional distress among nurses may result from high Job demands and occupational stress [3, 5]. In Zambia, according to the Ministry of Health, [3] nurses' work is rife with factors that can lead to emotional distress, these factors include: high work demands, inadequate equipment and supplies as well as nursing staff shortages [3]. Mwinga and Mugala [6] revealed high levels of emotional distress among nurses with 93.4% of nurses reporting having experienced distress resulting from occupational stressors. With such high levels of distress being reported in a setting similar to the University Teaching Hospitals, investigating emotional distress at this facility becomes imperative. Further a study conducted among Doctors working at the university teaching hospitals by Simuyemba and Mathole [7] revealed presence of work-related burnout among the participants. If doctors working in the same settings as nurses are experiencing burnout due to occupational stress, nurses too might be experiencing similar stresses hence the need to interrogate the matter. To deal with emotional distress nurses employ different coping strategies, some of which include: problem focused and emotional focused coping strategies. Coping strategies being behaviors, cognitive processes, or emotional responses one uses in stressful contexts [8] can be learned and form aspects of an individual's coping skills.

It is recognized that emotional distress among nurses remains unaddressed, it may lead to negative consequences such as anxiety, job insecurity, absenteeism, negative work performance and depressive symptoms [9-11]. The need to investigate the presence of and factors associated with emotional distress among nurses remains key to development of strategies to address nurse's plight with regards to the emotional toll that their work may have on them [12]. This paper aims to describe the coping strategies employed by nurses working in the outpatient departments at the University Teaching Hospitals in Lusaka, Zambia.

MATERIALS AND METHODS

Study Design and Study Setting

A cross sectional analytical design was used to conduct this study at the university teaching hospitals in Zambia. The University Teaching Hospital (UTH) is the biggest public tertiary hospital in Lusaka province of Zambia and the country at large. Being the largest hospital it comprises 1,655 beds (UTH, 2020). The teaching hospitals are used to train local medical students, nurses and other health professionals. UTH offers both inpatient and outpatient care and is a center for specialist referrals from across the country. It is noteworthy that in 2017, the University Teaching Hospital was split into several specialized hospitals: Adult, Emergency, Eye, Pediatrics and Women and New Born hospitals.

The University teaching hospitals are located in the capital city of Zambia, approximately 4km east of the city s central business center.

Participants

The study involved 71 nurses working in the Out-Patient Department who completed a self-administered structured questionnaire. The study population included nurses working in outpatient departments who have worked for at least three months at the University Teaching Hospitals in Lusaka district of Zambia.

Data Collection Tool

A self-administered questionnaire adapted from the patient health questionnaire (PHQ4), Jalowiec Coping Scale (JCS-ED) and the nursing stress and work environment scale (Appendix II) was used for the current study. Emotional distress was measured using the patient health questionnaire (PHQ4), the refined Jalowiec Coping Scale (JCS-ED) was used to measure coping strategies and occupational stressors were measured using the nursing stress and work environment scale a 21-item scale but for this study only three subscales out of ten were adapted.

Table 1: Variables, Indicators and Cut off Points

Variable	Indicators			Cut off points
Emotional distress	Distressed	Low distress	A score of 5-8	A score of 5 or more on the PHQ-4 four point likert scale.
		High distress	A score of 9-12	
	Not distressed			A score of less than 5 on the PHQ-4 four point likert scale.
Coping strategies	➢ Problem-focused coping			Score >45%
	➢ Positive emotion-focused coping			Score >45%
	➢ Negative emotion-focused coping			Score >45%

Occupational stressors	➢ Work demand	Low: Score 0-3
		High: Score 4-9
	➢ Work place violence and bullying	Not bullied: Score 0
		Bullied: Score 1-3
	➢ Interpersonal relationships	Good: Score 0-3
		Poor: Score 4-9

Table 1 above shows the indicators and cut off points for categorical variables in relation to the questionnaire.

Validity and Reliability of the Study

The current study adapted scales from three validated tools with reported good Cronbach's alphas and acceptable internal consistency. The JCS- ED assessed maladaptive coping strategies along with problem focused and emotion focused coping styles, the Cronbach's alphas for negative- emotion focused coping, positive- emotion focused coping and for problem focused coping were 0.77, 0.68 and 0.61 respectively [13]. Construct validity of the PHQ-4 has been established through the good Cronbach's alpha coefficient reported [14] at 0.85 for the total scale. Occupational stressors were measured using the nursing stress and work environment scale a 21-item scale, the tool has Cronbach's alphas 0.88, 0.86 and 0.06 for work demand, workplace violence and bullying and interpersonal relationships respectively. The internal consistency of the 21-item tool as a whole was 0.91.

Data Processing and Analysis

The Statistical Package for Social Sciences (SPSS version 20) was used for data entry and analysis. Descriptive data was presented in form of frequency tables. Chi-square test was used to test for the association between categorical variables, as appropriate and fisher s exact test was used to determine if there are nonrandom associations between the categorical variables. Quantitative data (continuous variables) was described as mean and standard deviations. To ascertain the relationship between the dichotomous dependent variable and the independent variables binary logistic regression was used. P-Value less than 0.05 were considered to be statistically significant.

Ethical Clearance

Ethical codes were adhered to in all stages of the study. This research was conducted after ethical approval from the University of Zambia Biomedical Research Ethics Committee (UNZABREC) and the National Health Research Authority (NHRA). Institutional review board permission was obtained from the university teaching hospitals. The nurses were also given an introductory letter before the questionnaire, containing a written description of the purpose and the nature of the study (Appendix I). The assurance of anonymity and confidentiality was addressed prior to the request for participation. Informed consent was obtained from the participants. In addition, nurses were reassured that their participation in the study should be voluntary. All subjects were informed that they could withdraw from the study at any time if they wished not to participate by returning the unanswered questionnaire during the data collection phase. Nurses who were to be found emotionally distress with high risk of developing mental illness were to be counseled appropriately by a hired psychotherapist and referred to mental health specialists for management but fortunate enough none of the participants was found with high risk of developing mental illness.

Limitations and strengths

The study presents several strengths; however, findings of this study should be interpreted in light of its limitations. The study being cross-sectional implies that no cause-and-effect relationship can be inferred. Therefore, longitudinal studies are needed to identify possible causal relationship between emotional distress and occupational stressors in order to implement effective preventive strategies to reduce the risk of occupational stressors. The use of a self-administered questionnaire may present response bias. To avoid response bias in the current study, the questionnaire was framed in such a way that leading questions were avoided, the time period to questions that required recall was two weeks, the answer options were simple and the language used was simple, interval questions were used which allowed the respondents to express their feelings.

The strength of this study is that the data collecting tools which were used including: the patient health questionnaire (PHQ4), the refined Jalowiec Coping Scale (JCS-ED) and the nursing stress and work environment scale are validated and have been extensively used in previous studies.

RESULTS

Emotional distress was prevalent among nurses by 56.3 percent and among the distressed 25 percent showed high levels of distress. There was a strong association between emotional distress and coping among nurses (p-value < 0.001^{c}). Nurses who employ adaptive coping strategies unlike maladaptive strategies proved to be less distressed.

4.1.1 Demographic characteristics

Table 2: Demographic characteristics of the participants (n=71)

Gender		
Sex	**Frequency**	**Percentage (%)**
Male	10	14.1
Female	61	85.9
Total	**71**	**100.0**
Level of education		
Registered nurse with diploma	63	88.7
Registered nurse with BSc	6	8.5
Enrolled nurse	2	2.8
Total	**71**	**100.0**
Marital status		
Single	28	39.4
Married	40	56.3
Divorced	1	1.4
Widow	2	2.8
Total	**71**	**100.0**
Age(years)		
Mean age	Variance	Standard deviation
35	86	9
Job duration(years)		
Mean Job duration	Variance	Standard deviation
10	79	9

The table shows the demographic characteristics with mean age 35 years (SD= 9), more than three quarters of the respondents 61 (85.9 %) were female while males only accounted for 10 (14.1%), the mean job duration of 5 years (SD= 9), with slightly over half of respondents 40 (56.3 %) being married and registered nurses with diploma accounting for the majority 63 (88.7%).

4.1.2 Emotional distress

Table 3: Emotional distress (n=71)

Emotional distress		
State	**Frequency**	**Percentage (%)**
Distressed	40	56.3
Not distressed	31	43.7
Total	**71**	**100.0**
Level of Distress		
Level	**Frequency**	**Percentage (%)**
High	10	25
Low	30	75
Total	**40**	**100.0**

The table illustrates that out of the 40 respondents (56.3%) that reported emotional distress, 10 (25%) were highly distressed.

4.1.3 Coping strategies

Table 4: Coping strategies (n=66)

Coping strategies			
Coping Strategy		**Frequency**	**Percentage (%)**
Problem focused		27	40.9
Emotion-Focused	Positive	14	21.2
	Negative	25	37.9
Total		66	100

The table indicates that more than half of the respondents 39 (59.1%) used emotion-focused coping and among these, over a quarter used negative emotion-focused coping with problem focused coping accounting for 27 (40.9%).

4.1.4 Occupational stressors

Table 5: Occupational stressors (n=71)

Work demand		
Work demand	**Frequency**	**Percentage (%)**
High	58	81.7
Low	13	18.3
Total	**71**	**100.0**
Work place violence and bullying		
State	**Frequency**	**Percentage**
Bullied	59	83.1
Not Bullied	12	16.9
Total	**71**	**100.0**
Interpersonal relationships		
Interpersonal Relationship	**Frequency**	**Percentage (%)**
Good	26	36.6
Poor	45	63.4
Total	**71**	**100.0**

Table 5 above illustrates that 58 (81.7 %) of the respondents reported being exposed to high work demands, 59 (83.1 %) were bullied and 45 (63.4 %) had poor interpersonal relationships.

4.1.5 Associations among key variables

Table 6: Association between socio demographic characteristics and overall emotional distress (n=71)

Emotional distress and Gender						
Emotional distress	**Sex**				**Total**	**p-value**
	Male		**Female**			
Distressed	6 (15%)		34 (85%)		40 (100%)	0.54[c]
Not distressed	4 (13%)		27(87%)		31(100%)	
Total	10 (14.1%)		61 (85.9%)		71 (100%)	
Emotional distress and Marital status						
Emotional distress	**Marital status**				**Total**	**p-value**
	Single	**Married**	**Divorced**	**Widow**		
Distressed	10 (25%)	30 (75%)	0 (0%)	0 (0%)	40 (100%)	0.002[c]
Not distressed	18 (58.1%)	10 (32.2%)	1 (3.2%)	2 (6.5%)	31 (100%)	
	28 (39.4%)	40 (57.1%)	1 (1.4%)	2 (2.8%)	71 (100%)	
Emotional distress and Education level						
Emotional distress	**Education level**				**Total**	**p-value**
	Dip	**BSc**	**EN**			
Distressed	38 (95%)	2 (5%)	0 (0%)		40 (100%)	0.12[c]
Not Distressed	25 (80.6%)	4 (12.9%)	2 (6.5%)		31 (100%)	
Total	63 (88.7%)	6 (8.5%)	2 (2.8%)		71 (100%)	

**** c = Chi-square***

Table 6 above demonstrates that there was no association between gender (p-value = 0.54[c]) and emotional distress while a significant association was noted between marital status (p-value=0.002[c]) and emotional distress, notably majority 30 respondents (75%) who reported being distressed were married. Education level showed no significant association with emotional distress (p-value=0.12[c])*.

Table 7: Association between coping strategies and overall emotional distress (n=66)

Emotional distress and coping strategies					
Emotional distress	**Coping Strategy**			**Total**	**P-value**
	Problem focused	**Positive Emotion-focused**	**Negative Emotion-focused**		
Distressed	10 (26.3%)	5 (13.2%)	23(60.5%)	38 (100%)	<0.001[c]
Not distressed	17 (60.7%)	9 (32.1%)	2 (7.1%)	28 (100%)	
Total	**27 (40.9%)**	**14 (21.2%)**	**25 (37.9%)**	**66 (100%)**	

**** c = Chi-square***

A strong association was noted between coping strategies (p-value < 0.001[c])* and emotional distress, among the 25(37.9%) respondents that used negative emotion-focused coping 23 (92%) accounting for 60.5% of those that were emotionally distressed.

Table 8: Association between occupational stressors and overall emotional distress (n=71)

Emotional distress and work demand				
Emotional distress	**Work demand**		**Total**	**p-value**
	High	**Low**		
Distressed	36 (90%)	4 (10%)	40(100%)	0.04[c]
Not distressed	22 (71%)	9 (29%)	31(100%)	
	58 (81.7%)	13(18.3%)	71(100%)	
Emotional distress and work place violence and bullying				
Emotional distress	**Work place violence and bullying**		**Total**	**p-value**
	Bullied	**Not bullied**		
Distressed	37(92.5%)	3 (7.5%)	40(100%)	0.02[c]
Not distressed	22(71%)	9(29%)	31(100%)	
Total	59(83.1)	12(16.9)	71(100%)	
Emotional distress and interpersonal relationships				
Emotional distress	**Interpersonal relationship**		**Total**	**p-value**
	Good	**Poor**		
Distressed	9(22.5%)	31(77.5%)	40(100%)	0.005[c]
Not distressed	17(54.8%)	14(45.2%)	31(100%)	
Total	26(36.6%)	45(63.4%)	71(100%)	

**** c = Chi-square***

As illustrated in table, 36 respondents (90%) reported being exposed to high work demand. On the other hand 37 respondents (92.5%) that were bullied were distressed and 31 respondents (77.5%) that reported having poor interpersonal relationship were distressed. Occupational stressors showed a significant association with emotional distress (p-value < 0.05[c])*.

4.1.6 Factors influencing emotional distress

A logistic regression (Binary Logistic Regression) was performed to ascertain the effects of age, coping strategies, emotion-focused coping, work place violence and bullying, work demand and interpersonal relationships on emotional distress. The logistic regression model was statistically significant, Chi-square (6) = 24.507, P-value < 0.05. The model explained 43.1 percent (Nagelkerke R2) of the variance in emotional distress; it correctly classified 79.7 percent of the cases.

Table 9: Binary Logistic Regression analysis of variables (Coping strategies, Occupational stressors and Age) contributing to Emotional distress (n=64)

VARIABLE	**p-value**	**OR**	**95% CI**	
			Lower	**Upper**
Work demand (Ref: Low) High	0.090	4.618	0.786	27.153
Interpersonal relationships (Ref: Good) Poor	0.386	1.949	0.431	8.815
Work place violence and bullying (Ref: Not bullied) Bullied	0.684	1.570	0.179	13.783
Coping strategies (Ref: Problem Focused) Emotion Focused	0.067	3.840	0.909	16.226

Emotional focused coping (Ref: Positive) Negative	0.013	5.958	1.467	24.199
Age in years	0.037	1.087	1.005	1.176
Constant	0.004	0.002		

The table indicates the relationship between the predictors and the outcome. Nurses who used emotion-focused coping were 3.840 times more likely to exhibit emotional distress than those who used problem focused coping. Increasing age was associated with an increased likelihood of exhibiting emotional distress with odds ratio 1.087. The nurses exposed to high work demands were 4.618 times more likely to exhibit emotional distress as opposed to those exposed to low work demand. Bullying increased the likelihood of emotional distress by odds ratio of 1.570 while poor interpersonal relationships increased the likelihood by odds ratio of 1.949. Among the nurses who used emotion-focused coping, negative emotion focused coping increased the likelihood of emotional distress by odds of 5.958 as opposed to those who used positive emotion focused coping.

DISCUSSION

Emotional distress among nurses can lead to poor health care delivery and employing adaptive coping strategies may prove effective in the management of this threat to the health care system.

In the current study association between type of coping strategy and emotional distress was statistically significant with p-value < 0.001^{c}. Nurses who used emotional-focused coping were 3.8 times more likely to exhibit emotional distress than those who used problem focused coping. Among the nurses who used emotion-focused coping, negative emotion-focused coping increased the likelihood of emotional distress by odds of 5.9 as opposed to those who used positive emotion-focused coping. This may be because Problem-focused coping strategies are problem-solving tactics [15]. Problem-focused coping strategy is used to tackle the problem directly while emotion-focused coping strategy is used to handle feelings of distress, rather than the actual problem. In this regard it can be inferred that employing problem focused coping is more likely to reduce emotional distress and help in managing emotional distress among nurses as these strategies encompass efforts to define the problem, generate alternative solutions, weigh the costs and benefits of various actions, take actions to change what is modifiable, and, if necessary, learn new skills [15].

Adaptive Coping Strategies (Problem focused coping and Positive Emotion-Focused coping)

According to different scholars some problem focused coping strategies include the following: active coping, planning, and suppression of competing activities, restraint coping and seeking of instrumental social support [15-17]. Being adaptive these strategies can be an effective way to manage and mitigate emotional distress among the nursing staff. What goes on when nurses utilize problem focused coping is that they employ good problem solving skills which come in to get rid of taxing negative emotions and thus allowing them to effectively cope with the emotional stressor. This is supported by other scholars [17, 18] who state that the use of problem focused coping can allow individuals to excel in stable environments because they are more routine focused, rigid and are less reactive to stressors while reactive individuals perform better in a more variable environment. If negative emotions are well handled they can be prevented from complicating into emotional distress therefore the nursing staff needs to be well equipped with adaptive coping strategies.

According to Lazarus and Folkman emotion focused coping is subdivided into negative emotion-focused coping and positive emotion-focused coping. This categorization acknowledges that there are different styles of emotion-focused coping, some potentially adaptive and others potentially maladaptive [13]. Positive emotion focused coping aims at reducing the negative emotions associated with the problem, examples of this style include positive reframing, acceptance, turning to religion and humor.

Adaptive coping strategies can be re-enforced through relaxation therapy, assertiveness training, and on-going group discussions which foster peer-group support and which explore the Stressors and coping strategies relevant to different stages of training.

Assertiveness training

Studies have found that there is a relationship between nurses' self-esteem and their level of assertiveness, and nurses who see themselves as competent individuals are more sociable than those who do not see themselves as competent [19, 20]. It has been reported that this situation is related to being safe in life, finding success and happiness, overcoming disappointments, and being able to change, practices that can be associated with adaptive coping behavior [20]. The stakeholders such as the MoH, UTH and other hospitals in Zambia must incorporate assertiveness training as a capacity building strategy among the nursing staff which will improve their coping skills.

Relaxation therapy

Relaxation is often intended as the opposite of anxiety [21], they are therapeutic exercises designed to assist individuals by decreasing tension and anxiety [22]. Emotional distress among nurses can be mitigated by teaching nurses some relaxation techniques in order to allow them to have good judgment and therefore be able

to make good decisions on how to deal with a stressor. Adaptive coping strategies in this case problem focused coping and positive emotion-focused coping may be effectively utilized by the nursing staff if they are taught therapeutic relaxation techniques. To achieve this, it is important that the hospitals in conjunction with the MoH come up with policies to employ occupational health practices such as relaxation techniques as measures to ensure wellness among the nursing staff. Doing so will mitigate emotional distress and thus safeguard good health care delivery in the country.

Social support

Interpersonal interaction and social support are vital for effective coping, the current study reported marital status to be statistically significant to emotional distress (Table 5) with p-value 0.002^{c} this finding is supported by Kanyanta *et al.,* [23] who found that compared to being single, being married was associated with significantly higher Secondary Traumatic Stress and Burnout scores, the scholars further state that the escalating socio-burdens of married life may place extra stress on the nurses thereby increasing their risk for Secondary Traumatic Stress and Burnout conditions which are closely related to emotional distress in this case. Contrary to the current study findings, Williams *et al.,* [24] states that several longitudinal studies have demonstrated that entering marriage is associated with increases in emotional well-being and declines in emotional distress. This may be true when issues to do with social support between partners are put into consideration. According to Vaingankar *et al.,* [25], having mental disorders was associated with lower perceived social support and being married was stated to have the potential to influence this relationship. It is in line with the findings by Vaingankar that we may state that the case of marriage increasing emotional distress among nurses maybe as a result of issues to do with lack of social support from spouses or marital disputes. We therefore recommend that studies to describe the effect of marital status on nurses' emotional health maybe conducted in order to generate more knowledge and thus find ways to support the nursing staff.

A highly supported nurse maybe more likely to utilize adaptive coping strategies as they are well equipped with positive emotions which can make coping easy and thus help in reducing the stressors and thus mitigate emotional distress among nurses. Social settings are not only attributed to the home environment but also the hospital setting. It is important that the nurses are exposed to work environments free from workplace violence and bullying. Sustained work place bullying behaviors are psychologically stressful related to loss of control over the situation and lack of resources for appropriate response [26]. When work place bullying behaviors are perceived as threatening (targeted, repeated, unwanted), stress and anxiety increase. Compromised coping ability may occur through consistent negative behaviors [27]. In this study 62.7 percent of bullied nurses reported being emotionally distressed, this is in line with Berry *et al.,* [28] who stated that in one sample of 191 nurses, 90 percent of nurses reported moderate to severe stress when exposed to work place bullying. To mitigate emotional distress among the nurses, measures should be put in place to eliminate work place violence and bullying at the UTH.

Adaptive coping strategies have shown to be effective in dealing with stressors among nurses but incorporating these skills in the nursing staff requires a holistic approach which may include, getting rid of the occupational stressors and other factors associated to emotional distress and then after building the capacity of the nurses to cope with the inevitable stressors by training them in effective stress management skills and helping them to unlearn maladaptive behaviors. Nurses are a vital aspect of the multidisciplinary health care team and ensuring that they are in good states of emotional health is a positive step towards good health care delivery in the country.

Maladaptive Coping (Negative Emotion-Focused Coping)

Maldaptive coping refers to coping mechanisms that are associated with poor mental health outcomes and higher levels of psychopathology symptoms [17, 29]. Some potentially maladaptive or negative emotional focused coping strategies have been reported to include: Denial, mental disengaging, avoidance and emotional suppression [29]. In the current study negative emotion-focused coping was mostly used by nurses who reported being distressed. In support of these findings Stoeber and Janssen [30] in a study conducted on perfectionism and coping with daily failures, state that employing maladaptive strategies may result in failure to reduce or mitigate stress and thus result in worse outcomes such as emotional distress. In this case it is imperative to state that for better health care delivery nurses should be exposed to activities that will help them unlearn these ineffective coping strategies and learn good coping skills. These maladaptive behaviors should be avoided where possible as portraying these may present nurses to risks of unsolved emotional distress.

Implications to nursing

This study highlights the prevalence of emotional distress among nurses working in the outpatient department, it also points out the adaptive and maladaptive coping strategies these nurses use to cope with the emotional distress. Further the study indicates occupational stressors as a source of emotional distress among the nurses. This understanding can be used by nurse leaders, nurse educators, nurse practitioners and nurse researchers to inform strategies for prevention and mitigation of emotional distress.

Nursing Practice

Nurse practitioners have a vital role to play in mitigating emotional distress in such a way that, they

should be able to create a work environment which is conducive for practice. To practice nursing effectively, issues to do with staff shortages, lack of equipment and supplies, long work shift hours which in this case may lead to high work demands should be dealt with. Providing an ideal environment for nursing staff can yield better health care outcomes.

Nursing Education

Nurse educators have a responsibility to ensure that the nursing curricula are structured in such a way that they incorporate issues to do with emotional intelligence and coping skills. Critical thinking skills may also help the nurse to effectively analyze a stressful situation and adopt adaptive coping strategies therefore, the need for educators to train nurses who are critical thinkers.

Nursing Leadership

The nurse leaders have a responsibility to be aware and supportive of the nurse's situation and therefore be committed to developing effective strategies to assist nurses to cope successfully with emotional distress.

Nursing Research

The nurse researchers have a role to play in mitigating emotional distress, these come in by ensuring that further research is done for example it is necessary that we are sure of the factors related to workplace violence and bullying among nurses in order to provide evidence to inform strategies to effectively mitigate the issue. The nurse researchers should bear in mind that without their input it is impossible to improve the nursing profession as they are the cornerstone for evidence based practice.

CONCLUSION

Emotional distress among nurses being prevalent by 56.3% implies that measures should be put in place to mitigate the challenge. In the current study, problem focused coping and emotion focused coping were identified as the strategies used by nurses to manage emotional distress. Problem focused coping and positive emotion focused coping being adaptive coping mechanisms proved to be associated with those nurses with low or no distress, problem focused coping accounted for 60.7 percent of respondents who reported not being under distress while negative emotion-focused coping accounted for 60.5 percent of respondents who were distressed. We can therefore safely conclude that negative emotion-focused coping being maladaptive is not a good strategy for managing stress among the nursing staff.

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Appendix I: Informed consent form

Study title: EMOTIONAL DISTRESS AND COPING AMONG NURSES WORKING IN OUTPATIENT DEPARTMENTS AT LUSAKA UNIVERSITY TEACHING HOSPITALS, ZAMBIA.

This Informed Consent Form has two parts:

1. Information Sheet (to share information about the research with you)
2. Certificate of Consent (for signatures if you agree to take part)

Part I: Information sheet

Introduction

I am a clinical nursing student from the University of Zambia conducting a study on emotional distress and coping among outpatient nurses. This study seeks to investigate emotional distress and its associated coping strategies among nurses working in the outpatient department at the university teaching hospitals. Before you decide to participate be sure you are clear about the study. There may be some words that you do not understand, feel free to ask for clarification as you respond to the questions.

Purpose of the research

The study will be of benefit in that it will help to reveal the levels of emotional distress among nurses, thus, help the hospital to plan for mitigation strategies to prevent and control emotional distress. It will provide baseline information for prevention and control of emotional distress among nurses. The study will also help in identifying the factors leading to emotional distress and show policy makers what is on the ground and therefore, help them in developing helpful strategies to prevent, manage and mitigate the impact of emotional distress.

The study involves a self-administered questionnaire, where you will select appropriate responses.

Voluntary Participation:

Your participation in this study is entirely voluntary. It is your choice whether to participate or
Not. You may change your mind later and stop participating even if you agreed earlier.

Confidentiality

The information that we collect for this study will be kept confidential. Information about you that will be collected during the research will be handled only by the researcher. Any information about you will have a number on it instead of your name.

Sharing the Results

After completion of the study, the findings will be shared with the institution and published in reputable journals. You may also access the results in the university of Zambia libraries.

Right to Refuse or Withdraw

You do not have to take part in this study if you do not wish to do so. You may stop participating in the study at any point in time that you wish.

Who to Contact

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact Ms Mwauluka Meamui on 0976956220 or Dr. Sody Mweetwa Munsaka, the chairperson of UNZABREC on Tel: +260977925304 E-mail: s.munsaka@unza.zm.

Part II: Informed consent

I have read and understood the information sheet. Having been assured of confidentiality and anonymity, I accept to take part in answering this questionnaire voluntarily to help facilitate the accuracy and validity of this study.

Signature_____ Date_____/_____/_____

Appendix II: Questionnaire

SECTION A

Demographic Data

1. **Age (years) ……**
2. **Marital status**
   a) Single
   b) Married
   c) Divorce
   d) widow
3. **Educational level Professional school**
   a) Registered nurse with Diploma
   b) Registered nurse with Bsc
   c) Registered nurse with Msc
4. **For how long have you worked as a nurse?.....**

SECTION B

Emotional distress (PHQ-4)

The following items describe your emotions over a period of time. Indicate your agreement or disagreements with the following statements by circling your response using the scale (Not at all, several days, more than half the days and nearly everyday)

1. **Over the last two weeks, how often have you been bothered by feeling nervous, anxious or on edge?**
   a) Not at all
   b) Several days
   c) More than half the days
   d) Nearly everyday
2. **Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?**
   a) Not at all
   b) Several days
   c) More than half the days
   d) Nearly everyday
3. **Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?**
   a) Not at all
   b) Several days
   c) More than half the days
   d) Nearly everyday
4. **Over the last two weeks, how often have you been bothered by feeling down, depressed or hopeless?**
   a) Not at all
   b) Several days
   c) More than half the days
   d) Nearly everyday

SECTION C

Coping strategies (*Adapted refined Jalowiec Coping Scale (JCS-ED))*

The following items describe how you deal with emotionally distressing situations. Indicate your agreement or disagreements with the following statements by ticking your response using the scale (strongly agree, agree, disagree and strongly disagree).

SN	Statement	Strong agree	Agree	Disagree	Strongly disagree
1	Used smoking or medications for stress relief				
2	Pessimistic thinking				
3	Spent time alone				
4	Drank				
5	Risky behavior				
6	Ignored problem				
7	Self-blame for problem				
8	Took stress-reducing medications				
9	Physical distancing				
10	Wishful thinking				
11	Hardiness attitude				
12	Used humor				
13	Optimistic thinking				
14	Refocus on good side				
15	Discussed problem with professional				
16	Information seeking				
17	Discussed problem with someone who has experienced the situation				
18	Learnt new skills				

SECTIOND

Occupational stressors (Adapted nursing stress and work environment scale)

The following items describe your work environment. Indicate your agreement or disagreement with the following statements by ticking your response using the scales (never, rarely, often times and always).

SN	Statement	Never	Rarely	Often times	Always
1	I have to bear negative sentiment from patients or their relatives.				
2	Excessive duties in the workplace prevent me from attending to patients				
3	I have to maintain professional units other than my own				
4	I feel stressed due to psychological abuse such as threats, discrimination, bullying, and harassment.				
5	Doctors' temperamental nature agitates me				
6	I worry that my colleagues' incompetence will affect patient safety.				
7	I feel stressed because primary caregivers do not execute their tasks appropriately				

Cite This Article: Meamui Mwauluka, Lonia Mwape, Micheal Kanyanta, Victoria Kalusopa, Febiano Phiri, Laura Lubinda, Celestin Mukomenje, Bwalya Munjili, Justina Kasonde-Nyirenda, Brian Kandela, Martha Phiri (2025). Emotional Distress and Coping Among Nurses Working in Outpatient Departments at Lusaka University Teaching Hospitals, Zambia. *EAS J Nurs Midwifery*, *7*(2), 28-40.