

Job Stress among Military Nurses

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Abstract

Background: The military nursing profession is one of the 40 most stressful professions worldwide, meaning that nurses are under lots of Job Stress (JS).

Objectives: This study aimed to investigate JS among military nurses.

Methods: This study was conducted using a systematic review. At first, all the papers related to keywords (JS, occupational stress, and military nurses) were searched in the following databases: Google scholar, PubMed, Embase, CINAHL, Psycinfo, and Cochrane Database of systematic reviews from 2011 to 2020. Thereafter, all the papers related to JS among military nurses were selected. In terms of the inclusion criteria, the papers related to JS among military nurses were analyzed (n=12). Predefined inclusion and exclusion criteria were as follows: papers related to JS among military nurses, papers published in Persian or English language, types of papers as being original, and available free full text for all the papers.

Results: In the initial search, 120 papers were found, of them, after reviewing the titles and abstracts of articles and removing repetitive and non-related, 30 possible related articles were investigated. Of these, 18 papers were omitted from the abstract because of lack of access to the original article. Finally, 12 papers were included in this study. In general, the results of these studies showed that the experience military nurses in warfare that help to identify and analyze problems during Wartime, as well as adaptation facilitating and better coping of health care providers in unusual and critical conditions.

Conclusion: The study showed that almost whole of papers on JS among military nurses highlighted similar findings regarding stressors among military nurses. Also, they experience a lot of difficulties during wartime, which can be used to identify problems and provide appropriate solutions in similar conditions to generate knowledge in the field of training and preparing military nurses to face critical situations.

Keywords: Job stress, Occupational stress, Military nurses, Systematic review.

Introduction

Job stress (JS) can be considered as a combination of stressors and job-related situations that most people agree on their stressfulness.¹ In other words, job-related stress is a type of stress that a person is experiencing over a given job.² JS as one of the occupational hazards in the modern era, can lead to absenteeism, relocation, work conflicts, and huge health care costs.³ Hospitals and other health centers such as an industrial unit, mostly consist of productive factors such as capital, manpower, technology, and management that take some steps to produce products called maintaining, returning, and promoting human health.⁴ Of note, 13% of all employed nurses are military nurses. Additionally, in this system, 80% of the work is assigned to these personnel. The US National Occupational Safety and Health Association has

named military nurses among the top 40 professions with a high prevalence of stress-related illnesses. Moreover, it is believed that the nursing profession may be at the top of the list of high-stress occupations.⁵ This is one of the main problems of military nurses that has a significant impact on their professional performance and personal life and causes a conflict between their work and life. Accordingly, this is noteworthy because the effects of stress can be transmitted from one environment to another or transferred from one domain to another one.⁶ The effects of JS can disrupt people's relationships, especially spouses' relationships, and their suffering and discomfort can also be passed on to children, which consequently damage their quality of life. Studies showed that the prevalence of stress is higher among military nurses compared to the general population. However, it may

be very different among different countries as well as different nursing specialties.⁷ For example, the prevalence of anxiety in Iranian nurses had the highest value (0.43) and in Japanese nurses, it had the lowest value (7%) worldwide.⁸

To reduce the effects of stress in these stressful jobs, some researchers have focused on stress-related occupational aspects and some others focused on the individual status of individuals. Considering the relatively high prevalence of stress and the lack of primary prevention, early diagnosis and timely control of this disorder lead to its onset and continuation. So, the use of prevention methods, including educational methods in the field recognizing stress at the early stages and properly dealing with it are important.⁹ Stress management training programs increase people's ability in reducing stress and being appropriately adapted to stressful situations. Therefore, applying appropriate educational theories (as the basis of educational work) helps these people in recognizing the symptoms of stress and dealing with them correctly when they see the first symptoms of stress.¹⁰ A systematic review was designed to answer the research question based on non-biased evaluation of all the related research studies.¹¹ Studies showed that 7.4% of nurses are absent each week due to burnout or disability resulted from stress, which is 80% more than other jobs.¹² According to statistics released by the Nursing Organization of Iran, 75% of nurses suffer from stress, depression, and various physical and mental disorders.¹³ According to the results of a study conducted by Cole on the stressful effects of nurses' work environment, it was reported that 93% of nurses are regularly affected by workplace stressors.¹⁴ Research in the field of nursing shows that working as a nurse in a hospital is dangerous and stressful, because nurses in this environment are constantly faced with a stream of stressful and tedious stimuli.¹⁵ Among the stressors of the nursing job, the following factors can be named: working relationship with other nurses and health team staff, communication with the patient and his companion, high level of knowledge and skills required for working, high workload, the need for a quick and unresponsive response that the nurse must quickly indicate in the urgent situations, and heavy responsibilities of caring for the patient.¹⁶

Objectives

This study was performed due to the importance of JS as a common vital problem in the military nursing profession.

Materials and Methods

In this study, a systematic review of all the studies was conducted on the JS among military nurses according to previous studies performed during 2011-2020. The method of presenting data in this work, including the determination of the problem under study, data collection, analysis, and interpretation of findings was done based on the systematic study reporting system i.e. PRISMA.

The above-mentioned protocol was used as a criterion for searching the papers. There was a time limit for conducting electronic searches (2011-2020). To access the information requested from the studies related to our subject, some keywords (JS, and military nurses) were searched from Google scholar, PubMed, Embase, CINAHL, PsycInfo, and Cochrane Database of systematic reviews. The inclusion and exclusion criteria were as follows: papers related to JS or military nurses, papers published in Persian or English language, types of papers as original, and all the papers with available free full text. In order to maximize the search comprehensiveness, the list of sources for all the articles related to the subject was handled in a handy manner to find other possible sources. The main inclusion criterion of the articles into this structured review was considered as papers published in Persian or English language that examined the JS among military nurses. If there were multiple reports from a study, the most complete one would be chosen. In cases that the full text of the article was not available, the information in the abstract was used, and if the abstract of the article did not provide enough information, that article was excluded from the study.

To select papers and to complete data collection, the subjects of all the papers reached by two of the contributors to the study and repetitive papers were initially omitted, so the subject and abstract of the remaining papers were carefully examined and the papers with no criteria for entering this structured review were finally omitted. At last, the full text of the probably associated papers was investigated, and eligible papers were chosen and omitted from the non-relevant ones. Correspondingly, 12 papers associated to the inclusion and exclusion criteria were found and analyzed.

Data were collected based on the study characteristics, measures of military nurses, prevalence rates, and factors associated with JS. The PRISMA guidelines were followed to perform this systematic review. To avoid subversion,

extraction and evaluation of the quality of papers were done by two independent researchers. If the papers were not submitted, the reasons for refusing them were mentioned. In cases where there was a controversy between the two researchers, the review was done by a third investigator. In the next step, the information on the selected papers, including the name of the first author, the year and place of the study, the year of the publication, the sample size, general characteristics of the samples, JS, and the reported results in the study, were analyzed. The form has been pre-registered. For the evaluation of papers quantitatively and qualitatively, a systematic review was done on the choice bias (random

sequence generation and allocation concealment) implementation (blindness of participants and evaluators), diagnosis (statistical analysis blindness), and sample loss out of the study after randomization, and reporting (selective outcomes report). For this purpose, the risk of bias tool of the Cochrane collaboration group was used.

We excluded some papers according to the inclusion criteria such as papers related to JS and military nurses, papers published in Persian or English language, types of papers as original, and all the papers with available free full text, and these information are depicted in the (Figure-1).

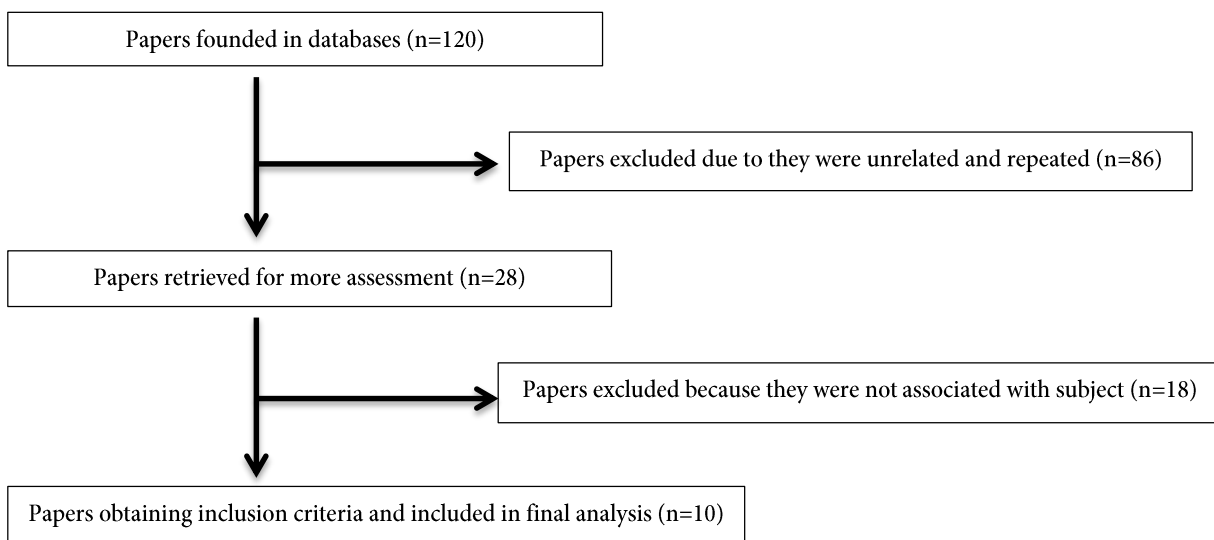


Figure-1. The selection process of the papers included in this work

Results

Literature search

Despite volumes of research work available in the domain of occupational stress, there is a lack of empirical research on the Iranian army. Thus, it is important to study this phenomenon with special consideration to the Iranian army. To the best of our knowledge, this is probably the first empirical study focusing on the Iranian army apart from those studies available to the defense institutions. Moreover, reports on the rise of suicidal and fratricidal incidents in the Iranian army in the past decade denote the relevance of such studies.

Initially, 120 references (Figure-1) were retrieved from the primary databases' searches, of them, 86 were duplicate references. An additional 18 references were excluded by two independent reviewers based on abstract and title as the

studies were not limited to JS among military nurses. Thereafter, full texts of the remaining 12 papers were obtained (Table-1).

Thanh-Tam et al. (2020) studied the symptoms of psychological danger and sources of stress in Hong Kong military nurses with the aim of examining the relationship between psychological symptoms and sources of stress among them. Systems that included nurses' issues, the role of others, the formal work schedule of non-educational tasks, the large volume of work and the lack of the required information, the large volume of work, showed the most correlation. However, all cases were found to be related to psychological symptoms.²⁸

A study by Alizadeh et al. (2014) on JS found that nurses, teachers, and executives are highly exposed to job stress.²⁴

Table-1. Summary of Included Studies that Examined Job Stress among Military Nurses

Authors	Objectives	Type of research	Participants	Results
1. Khatoni et al., (2020). Iran ¹⁷	To determine the effectiveness of Stress Inoculation Training on nurses' JS.	Cross-sectional	50 nurses	The results of this study are not consistent with those of studies conducted on occupational stress because they were performed based on specific discipline prevailing in military hospitals.
2. Teymouri and Farsi (2019). Iran ¹⁸	To explore and analyze the experiences of military nurses from war extracted from the published papers.	A mini-review	Databases from 2000 to 2018	The databases search yielded 30 records. According to the inclusion and exclusion criteria, 9 papers were analyzed. After reviewing 9 records, 6 areas related to the experiences of military nurses from war, including war stress, adaptation to war conditions, professional growth, nurses exposed to injury, ethical dilemmas, management, and leadership were extracted.
3. Peyrovi et al. (2015). Iran ¹⁹	To analyze the history of the wartime experience of Iranian nurses during Iran and Iraq war	Cross-sectional	13 nurses	The results included the following main themes: from the periphery to the center, the development of referral care, personal and professional growth and development, the emergence of a cultural pillar in war nursing, and threats to war nurses.
4. Farsi and Azarmi (2016). Iran ²⁰	Reviewing the experiences of health care providers during wars, by focusing on Iran and Iraq war	A brief review	Articles from 1900 to 2016	A review on various studies reporting that most of their results indicate the unremitting and dedicated efforts of health care workers, including nurses in providing medical services to the injured people despite their pain and suffering.
5. Firouzkouhi et al (2015). Iran ²¹	To study the effect of imposed war on nursing in Iran, in both mid- and post-war eras.	A historical research	18 nurses	Some of the themes extracted from the nurses' interviews included the promotion of the nursing profession, strengthening of the emergency departments and intensive care, and the increased management capacity of the nursing staff.
6. Elliott (2015). USA ¹²	To explain the experiences of military nurses returned from the war	A Thematic analysis	10 nurses	The results of the study described the experience of military nurses in five main themes, including learning how to manage environmental changes, dealing with several incidents of loss or loss, feeling that everything is worthless at the moment, describing the meanings of experiences, and two other themes under the headings. They looked at life from a new perspective and a "bigger goal."
7. Shamia et al (2015). Palestinian ²²	To establish the association among war traumatic experiences, post-traumatic stress disorder (PTSD) symptoms, and post-traumatic growth among nurses	Cross-sectional	274 nurses	There was a significant relationship between traumatic events and PTSD scores, and also between community-related traumatic events and post-traumatic growth (PTG). Nurses reported a range of traumatic events, but PTSD and PTG scores were found to be more strongly associated with community rather than work-related traumas.
8. Farsi and Dehghan Nayeri (2015) Iran ²³	To determine coping facilitators of the healthcare professionals in the Iran and Iraq war.	Qualitative study	119 written narratives	The results of the analysis of the recorded memories of the employees have led to the emergence of the following five main themes: strong motivation to fight / presence, high resistance, having social support, strength of heart, and engagement in side activities

9. Alizadeh (2014) Iran²⁴	To study the roles of spirituality and emotional regulation in military nurses.	Descriptive cross-sectional	172 nurses	The result of these analyses revealed that spirituality has a significant relationship with occupational stress and emotional regulation, but emotional regulation has no significant relationship with occupational stress. Occupational stress in military nurses can be decreased with the increased spirituality.
10. Samadi et al, (2013). Iran²⁵	To determine the level of occupational stress among military nurses and also to investigate its relationship with two indicators of occupational and empowerment, including clinical competencies and psychological empowerment.	Descriptive analytical study	126 nurses	The results show that 23.1% of nurses reported low level, 49.2% moderate, and 27.7% as high level of stress. As the current study indicated, JS can lead to the decreased nurse's occupational empowerment dimensions such as providing the caring, training, managing, and treating services.
11. Zandi et al, (2011) Iran²⁶	To examine the abundance of depression, anxiety, and stress among a group of military nurses.	Cross-sectional	272 nurses	The results show 24.9% rate of depression, 27.9% anxiety, and 23.8% stress among military nurses. Of note, depression scores were higher among female nurses
12. Scannell & Doherty (2010) Iraq and Afghanistan²⁷	To describes the life experience of US Army nurses who served in Iraq or Afghanistan during the 2003-2009 war.	Phenomenology	37 nurses	Military nurses experienced many hardships during the war, they had an adjustment disorder upon their return and considered themselves a different person. They saw increase in skills and professional progress.

Overview on Job Stress

As stated earlier, stress is a complex individual phenomenon, which currently is an integral part of human life that sometimes becomes problematic. Accordingly, if a person is not able to adapt to it, his body and mind are threatened.²⁹ Stress exists in the lives of all working people, which puts psychological pressure on them in different ways.³⁰ Job-related stress is one of the stresses that, if excessive, can cause physical, psychological, and behavioral problems for a person; endanger his health; threaten organizational goals; and reduce the quality of performance of the person.³¹

Job Stress is present in all areas of life and everywhere to varying degrees, and changing it leads the organs of the body to disrupt the functioning of the immune system and weaken the immune system. Consequently, these cause the body to suffer from a large number of physical and mental illnesses.³² Stress could disrupt a person's reaction socially, psychologically, physically, and familiarly, and result in professional dissatisfaction, the reduced productivity, the increased error, the decreased decision-making power, and slow reaction time.³³

According to a study in 1997 by the Prinson Research Association, three-quarters of employees believed that they have more JS than the previous generation. A person working in a certain field usually suffers from JS. In this definition, personal characteristics and job factors are considered to be involved in this regard.³⁴ Since the individual and the environment have an interaction with each other, it can be said that the process of JS also occurs in such an interactive context. Therefore, it can be concluded that the interaction between working conditions and personal characteristics of an employee is such that the demands of the work environment are more than the ability of that individual.³⁵ According to the popular theory of control-demand, JS occurs when the level of psychological demand for work is high and the scope of decision-making, or control over work, is low. Thus, some jobs are more stressful and some others are less stressful.³⁶

Research data collection

The data collected showed that researchers have recorded 120 papers in the Persian and English databases, as Google scholar, PubMed, Embase, CINAHL, PsycInfo, and Cochrane Database of systematic reviews from 2011 to 2020.

From 2011 to 2020, how many scientific papers are performed on the database by type of evidence? The database covers about 5 types of documents, but in various documents, the article is the most documented index in this database. In total, 27 qualitative articles and 93 quantitative articles were found. Table-2 illustrates this issue in the scientific output of researchers.

Table-2. Frequency distribution of researchers' scientific papers in terms of the type of document

Document type	Number	Percentage
Article	93	81.9
Conference abstract	9	8.7
Conference paper	8	8.1
Editorial	6	0.8
Review	5	0.5
Total	120	100

As shown in Table-2, in general, the scientific papers are indexed in the form of two types of evidence. The articles with 93 titles (81.9%) had the highest share and the reviews with 3 titles (4.9%) had the lowest share .

The growth of researcher’s scientific papers over the years shows that researcher’s scientific paper has been growing

since 2011. As shown in Figure-2 and Figure-3, researchers generally published 120 scientific paper titles during the years under review .The majority of the articles (21,781%) were published in 2020 and the least (0.848%) in 2011. Scientific paper is added every year and this trend is more pronounced from 2015 to 2020. During this 10-year period, the number of articles increased from 3 titles in 2011 to 30 in 2020.

Discussion

This study aimed to investigate JS among military nurses using a systematic review design. This review included 12 high-quality papers investigating the JS. The nursing profession is one of the most stressful jobs. The role of nurses during wartime in the field of clinical practice is an undeniable fact and being in a war situation is inevitable for military nurses.

Nowadays, more emphasis is on preventing stress and maintaining health. Studies showed that increasing information alone does not change attitudes. Each person's life pattern is influenced by social conditions and level of education.

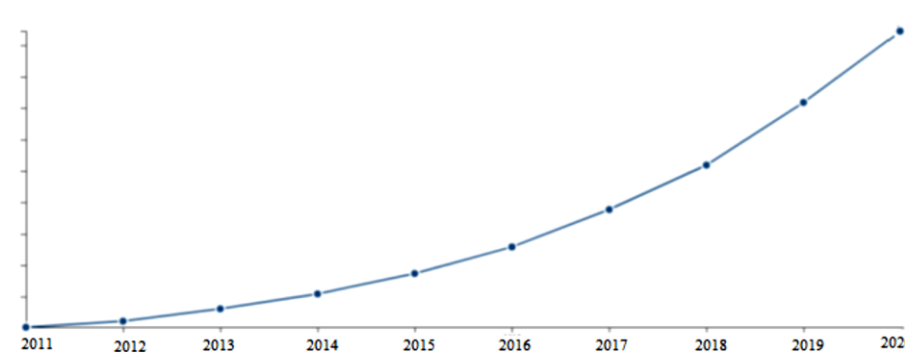


Figure-2. The growth of scientific paper of researchers during 2011-2020

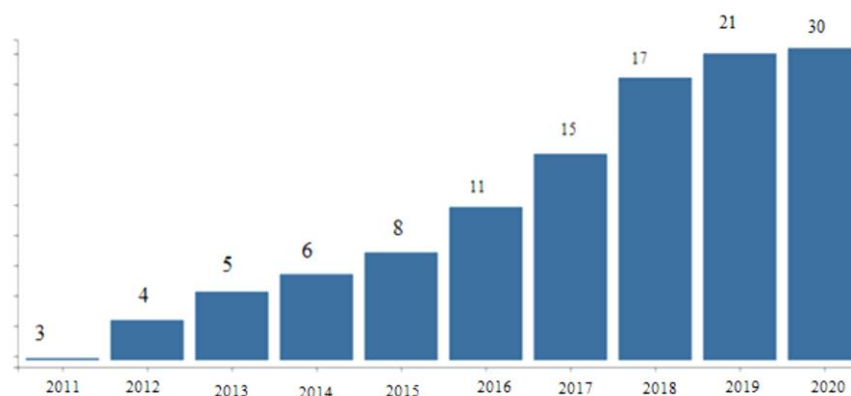


Figure-3. Number of titles of researchers' scientific papers during 2011-2020

Scannell-Desch and Doherty (2010) reported that wartime deployment is a difficult challenge, lessons learned should be shared with nurses deploying in future years, homecoming is more difficult than most nurses anticipated, and reintegration after coming home takes time and efforts.³⁷

Khatoni et al. (2020) aimed to determine the effectiveness of Stress Inoculation training on nurses' JS. The results of the present study are not consistent with those of the studies conducted on occupational stress because they were done in terms of specific discipline prevailing in military hospitals.¹⁷ Peyrovi et al. (2015) stated that being present in war zones need high motivation due to the many problems for medical staff. Preservation of religion, waiting for the reward of the Hereafter, giving alms in the way of God, and patriotism are the most important motives that play decisive roles. The presence of a spirit of martyrdom in the military and medical forces is one of the facilitating factors.¹⁹ In this regard, Firouzkouhi et al. (2015) in their study pointed to the humanistic nature of the nursing staff in life and death situations of war and that nurses have cared for the injured with love and affection for their homeland.²¹

Shamia et al. (2015) in their study investigated Gaza nurses' experience of war traumatic events, symptoms of post-traumatic stress disorder, and post-traumatic stress disorder. Accordingly, a significant association was observed among traumatic event experience, community-related traumatic events, PTSD, and post-traumatic growth scores. Professional nurses in both civilian and health care areas experienced high levels of anxiety by passing even 2 years from the acute period of war. The results of the study indicate the need for support at various levels for health care personnel in war-torn areas.²² Alizadeh (2014) studied the role of spirituality and emotional regulation in military nurses. The result revealed that spirituality has a significant relationship with occupational stress and emotional regulation, but emotional regulation has no significant relationship with occupational stress. Occupational stress in military nurses can decrease with the increase of spirituality.²⁴

Samadi et al. (2013) determined the level of occupational stress among military nurses and also investigated its relationship with two indicators of occupational empowerment, including clinical competencies and psychological empowerment. The results showed that among nurses reported to have low to high level of stress, no

significant relationship was found among JS; Diagnostic, Occupational, and Organizational tasks; and psychological empowerment. JS is a recognized problem among healthcare workers, particularly among nurses, which has been studied precisely.²⁵

Zandi et al. (2011) reported the abundance of depression, anxiety, and stress among a group of military nurses. The rates of depression, anxiety, and stress among military nurses were mild. Depression scores were higher among female nurses. There was a co-relation between prevalence of stress and anxiety with level of education and type of ward. The high prevalence rates of depression, anxiety, and stress symptoms among military nurses can be considered as alarming. The development of adequate and appropriate support services for this group results in having healthy nurses; and therefore, in health promotion.²⁶

Teymouri and Farsi (2019) reported areas related to military nurses' lived experiences of war, including war stress, adaptation to war conditions, professional development, vulnerable nurses, ethical dilemmas, and management and leadership. Moreover, they found that military nurses usually experience many difficulties during the war, which could be used to identify problems and then to provide appropriate solutions in similar situations, and to generate knowledge about training and preparing military nurses to deal with unusual and critical situations used.¹⁸

Farsi and Azarmi (2016) in a review of various studies on the experiences of health care workers, especially nurses during the war, reported the relentless and selfless efforts of this group in providing medical services to the wounded and injured, despite their pain and suffer. Additionally, their valuable experiences in various fields of rescue, triage, and transfer of the injured people; treatment and care of chemical wounded during war; professional development; etc. have been discussed.²⁰

The findings of a study by Farsi and Dehghan Nayeri (2016) indicated that being in war zones requires a high level of motivation due to the many problems that it poses to medical staff. Preservation of religion, expectation of the reward of the Hereafter, almsgiving in the way of God, and patriotism are the most important motives playing decisive roles. Of note, the presence of a spirit of martyrdom in the military and medical forces is one of the facilitating factors.³⁸ In this regard, Firouzkouhi et al. (2013) in their study pointed to the humanistic nature of the nursing staff in life and death

situations of war and that they cared for the injured with love and affection for their homeland.³⁹

Firouzkouhi et al. (2015) from the nurses interviews as the introduction of male nurses, extracted the nursing curriculum change due to war, professional deployment of nurses in the second half of war, improving the management skills of the nurses, improvement of the professional nursing, and augmenting the emergency and intensive care center, all of which were presented in narration. Several aspects of war cause many changes in nursing. Notably, during war, skilled nurses are introduced who lead nursing to being professional and be developed.²¹

Nowadays, nurses' emphasize on finding new ways to meet the existing needs of nursing and combining theory and practice in an appropriate framework. In this regard, taking a retrospective approach to apply nursing experiences can well reveal future ways to achieve this goal. Another study identified how nurses are prepared for emergency situations with chemical casualties and also revealed their performance in chemical emergency departments. Correspondingly, this emphasizes on their awareness of wartime nursing and the challenging experiences it brings.²¹

In the study by Elliott (2015), the experience of war nurses returning from war were reported in five main areas, including learning to manage environmental change, dealing with multiple incidents of loss or damage, and feeling like everything is worthless right now.¹²

Tow JC, Hudson (2016) in their study expressed the risk of persistent attack as a challenge for nurses.⁴⁰ Furthermore, Lal and Spence (2016) showed that nurses who were present for humanitarian assistance in war zones in countries, felt insecure and anxious, especially from their government authorities.⁴¹

Moreover, Scannell-Desch (2016) stated that during a war, the conditions are distressing and nurses experience terrible events such as traumatic amputations and trauma. Therefore, they must be flexible and have a positive attitude towards this situation. In addition, they can take care of themselves by being aware of their abilities, talents, and weaknesses. In general, vulnerability is a complex concept, which mostly depends on the context. For example, for nurses caring for war injured people in Germany and the United States, vulnerabilities have different meanings.⁴²

It was demonstrated that military nurses in war zones, despite having no previous training in nursing, have been

able to adapt quickly to the situation and to do their job well. Undeniably, their outstanding efforts, experiences, and achievements increase our understanding of wartime nursing. Using the results of this research when facing possible future crises is an undeniable necessity of today's society. Converting hidden experience and knowledge of health care providers during war to the explicit knowledge can effectively help in identifying and analyzing the related problems.⁴² Obviously, Nurses need to have a better understanding and management of their own emotions so that they will be able to make the right decisions and offer the best health care services.⁴³

One of the limitations of this study was not examining sources that were published in languages other than Persian and English. On the other hand, because the target population was military nurses, it may not have been possible to access some of the articles.

Conclusions

The results of the previous studies showed that military nurses experience many difficulties and hardships during the war. These experiences have negative and positive effects on their personal and professional lives. One of the applications of this study is to educate military nurses about the negative effects on their professional and personal lives so that they can make the right decisions in the event of war. It is also suggested that part of the training program for military nurses be developed with the experiences of nurses who participated in the war. Because training and planning for crises, such as war, can effectively increase nurses' confidence, knowledge, and clinical skills in emergencies. The results of the summarized research papers, despite the limitations of the study in this field, still have valuable results that can be used in various clinical, educational, research, and management fields.

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Authors' Contribution

All Authors pass the criteria for authorship contribution based on the international committee of Medical Journal Editors recommendations.

Conflict of Interests

The authors declare that they have no competing interests.

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