



The study of Job Stress and Tension Management among Oncology Nurses of Ahvaz Hospitals in 2015

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ABSTRACT

Nursing care for cancer patients is stressful for nurses and to maintain the quality of care they should be able to manage these tensions. Therefore, the aim of current study was to determine the level of job stress and tension management among oncology nurses of hospitals in the city of Ahvaz in 2015. Our descriptive survey was conducted on 93 oncology nurses at the hospitals of Ahvaz (Imam Khomeini, Oil Company, Arya, Golestan, and Shafa). Census method was used for sampling and required data collected by research-designed questionnaire. Validity of the questionnaire was determined by formal content validity and its reliability was obtained through internal consistency using Cronbach's alpha. Cronbach's alpha for t job stress scale questionnaire and tension-relieve management were 0.966 and 0.958, respectively. The study showed that most of the subjects, female, married, bachelor, contract employment, working in public hospitals, aged less than 30 years, working for 1-5 years (as a nurse) and 1-5 years of experience as oncology nurses haven't take effective courses on stress management. In terms of job tension associated with patient, his family, colleagues and physicians all nurses experienced average levels of stress. Job stress level of 3.61 percent of the participants was about average. Tension relieve rate of all nurses in the areas of distraction, self-regulation, social support at workplace and a positive attitude towards the profession was moderate. The level of tension relieve management was moderate among 58.1 percent of the subjects. The results of variance analysis with repeated measurements showed that there is a significant difference in the average of four types of job stress ($p < 0.05$) and 4 areas of tension relieve management ($p < 0.001$). According to the level of nurses' occupational stress, the stress level can be minimized through being aware of the needs of nurses and providing practical and fundamental approaches for management of the hospital. Since among the four types of job stress, the colleague-related stress was the highest, to enhance the nurses' health and improve relations between the colleagues, health officials and managers should plan so that by offering effective solutions in this area, the possible adverse consequences of job tension among the treatment team to be prevented. In addition, according to this research levels of tension relieve management were at average which can be maximized by holding teaching sessions with experienced psychologists to educate skills of coping stress among nurses. Since managing tension relieve in the area of positive attitude towards the profession achieved the highest mean, therefore, by teaching stress management skills particularly using a positive attitude towards the role of work, it seems that enhancement of spirituality and existence of psychological support systems for reducing stress levels of the nurses is necessary.

Keywords: job stress, tension relieve management, oncology nurse

INTRODUCTION

Statement of the problem

Stress is the interaction of body organism with the external environment and its intuitive reaction to adopt which is caused by individual differences and psychological processes. [14] Stress is one of the factors that affect the health of body and soul rooted in the psyche, thinking, insight and people's life style[45]. Tensioning is defined as any outcome caused by an internal or external agent in the environment that interfere with the satisfaction of basic needs and is manifested as a threat to stability of the body[20]. Job stress can be defined as the negative emotional and physical responses occurring when job requirements don't match with capabilities, resources or needs of the employees. In other words, it can be described as the interaction between the work environment and employees' characteristics, additional job requirements and subsequently the caused pressures which disables an individual to perform his duties[40]. Institute of Health and Safety has estimated more than 13.5 million working days as well damages of more than 4 billion pounds for injuries caused by occupational stress [3]. American National Association of Professional Safety has introduced nursing among the top 40 professions with a high incidence of stress-related diseases [18]. Tensioning has been known as apart of modern nursing which is useful in very small levels, but leads to chronic diseases such as asthma, hypertension, etc. over the time. Job stress increases the risk of occupational deprivation [28]. Nurses' stress results in negative outcomes for staff and patients (Farquharson et al., 2012). The risk of cancer is one of the diseases that can ever cause tension among nurses and patients. Today, cancer is one of the most important health problems worldwide. Patients with cancer need a comprehensive nursing care. Nursing is a caring profession including care processes with two main aspects of activities and attitudes. Attitudes towards cancer can make obstacles for communication between patients and health workers [16]. Employment in oncology and nursing care for cancer patients is stressful for nurses; so that more than 70 percent of oncology and hematology nurses experience moderate to high levels of job burnout and emotional exhaustion which sometimes leads to feelings of failure and loss of self-confidence among them[17]. Stressful factors that are specific to oncology, but is not limited to it, include grief, losing, sorrow, difficult moral conditions of treatment decisions, the impact of clinical testing, complicated diet therapy, and to manage professional issues regarding the relations with patients and their families [49]. Nursing environment of oncology section because of physical and psychological tensioning of cancer patients makes a challenging unique complex in hospitals. Caring of patients with cancer involves high performance skills with psychological support from the patient and his family [22]. Studies have shown that in addition to the internal stressors of nursing, organizational and managerial factors are involved and important for work-related stress among the nurses[24]. To identify nursing occupational stress, how to deal with it and manage to relieve the nurses' tension for development of human resources are very important. It also facilitates to address working conditions so that promotion and preventive actions to be planned timely and continually in order that nurses' tension to be reduced and life quality of workplace to be improved [46]. Due to the heavy responsibility of patient care any nursing tension will be reflected in society. Appropriate management to relieve these stress factors can play an important role on creating a relaxed environment and increase nurses' capacity and performance [29].

Given that the physical and psychological safety of oncology nurses is vital, therefore, to identify stressors among the oncology nurses, managing and using appropriate coping strategies to reduce the harmful effects of stress seems essential. The purpose of current study is to identify job stressors and manage tension relieve among oncology nurses in order to present practical and basic approaches at the level of hospital management for reducing the stress making factors and increasing respect and empathy to patients as well the level of caring by improving health level and mental safety of nursing community.

Research questions

1. How much is level of job stress at different areas among oncology nurses in hospitals of Ahvaz?
2. How much is the management of tension elimination at different areas among the oncology nurses in hospitals of Ahvaz?

Review of literature

The results of study conducted by Catherine et al. (2006) showed that poor performance of the organization is one of the most important reasons of stress reported by nurses. Thus, hospitals should focus on attention to specific organizational aspects.

Garrosa et al. (2006) revealed that positive relationships between job stressors and burnout are significant. Realization of an integrated process of job burnout and stress among nurses is a necessary step to develop effective management strategies for decreasing the problem of job burnout and stress.

Results found by Sander et al. (2010) implied that flexibility is possible among pediatric oncology nurses. What is unclear is that whether the relationship between this flexibility and the ability to deal with stressful factors exists in children's oncology or not.

Iranian research results, including Hebrani et al.[11] showed that the highest intensity of stressors among hospital nurses is related to stress making factors of management with a score of 2.54 and the least stress making factors is related to interpersonal factors with a score of 2.17. Furthermore, the average of tension between different parts of the hospital was not significantly different.

The research by Ardekani et al.[2] demonstrated that elements of social consciousness and self-awareness affect stress controller factors significantly. More than 63 percent of stress variable changes are explained through two variables of consciousness - social and self -awareness. Meanwhile, the components of consciousness – social as the most important component, explain more than 45 percent of job stress changes. In other words, individuals facing stressful situations by analyzing the situation and issues with a score of 7.32%, tolerance and adaption to stressful situations with a score of 7.06%, and the hope of improving the situation with a score of 7.05% benefit from a greater ability to control and manage stress.

Rasuli et al [17] found out that the difference between emotional factors were associated with fatigue in both groups of nurses, so it is recommended to pay more attention to the specific circumstances of the oncology section which may lead to fatigue of the nurses working on this section.

MATERIALS AND METHODS

Research Methodology

According to the purpose of our study that is investigating occupational stress and tension relieve management of oncology nurses, the research is conducted through a descriptive survey method. The population includes all oncology nurses of Imam Khomeini, Oil Company, Arya, Golestan, and Shafa hospitals in the city of Ahvaz. For this purpose questionnaires have been distributed among all members of the research population. Given that census method is used for sampling, the sample size is equal to the population size of our study (93 nurses). Research context includes hospitals of Arya, Golestan, Shafa, Oil and Imam Khomeini in Ahvaz. The reason for choosing this area of research was easiness of access to the subjects. Inclusion criteria include working for one of the hospitals of Imam Khomeini, Oil Company, Arya, Golestan, or Shafa with a doctorate in nursing, master of nursing or bachelor of nursing as working on a project, corporate, treaty, contractual or official, employment during the period of study in one of the mentioned hospitals with at least three months experience in oncology or related sections and willing of participating. Exclusion criteria include leaving the study after completing the questionnaire until the stage of data analysis. A researcher-designed questionnaire is used to collect data consisting of two parts of nursing job stress scale and tension- relieve management among oncology nurses. The questionnaire is extracted from the standard questionnaire of "nursing stress scale-Revised", and questionnaire of methods of coping with stress for psychiatric nurses (PNMCQ Macelfatriket al., 2000) after being reformed and modified. The questionnaire consists of two parts: the first section includes demographic information and the second part includes questions for measuring oncology nurses' stress level. These questions measure forty positions in a large sample. 40 phrases of the questionnaire are set up in a Likert scale of 6 degrees and participants should select one of the choices according to their experience level. The questions 1-12 represent (stress job in relation to the patient), questions 13 – 17 indicate (occupational stress in relation to the patient's family), questions 18 – 34 illustrate (stress job associated with colleagues) and questions 35- 40 represent (occupational stress in relation to the physicians section). The second part of the questionnaire includes questions related to performance measurement of oncology nurses to manage tension elimination at the workplace and includes 30 questions to survey four areas of: 1) distracting(7 items), 2) self-regulation and self-view (6 items), 3) social support at workplace (6 items), 4) positive attitude toward the profession role (11 items). Each question is scored using 6 and 5-items of Likert scale. The first part of the questionnaire (questions 1 to 40) evaluates agreement while the second part (questions 1 to 30) measures the evaluation. Categorizing the level of stress is based on the average score for each section, so that 1-3 scores show weak stress, 3-4 scores represent moderate stress, and 4-6 demonstrate an extreme level of stress. Tension relieve

management is categorized based on the scores of each part, so that scores 1-2.5 show weak tension relieve management, 2.5-3.5 implies moderate level of tension relieve management, and 3.5- 5 show good or severe level of tension relieve management. Seven members of Nursing and Midwifery faculty of Isfahan (Kharseghan) and Ahvaz Islamic Azad University evaluated the nominal content validity of the questionnaire. Reliability of the questionnaire was calculated by Cronbach's alpha. After pre- testing and importing the data in SPSS, reliability of the questionnaire was confirmed using internal consistency based on Cronbach's alpha. Cronbach's alpha is 0.966 for job stress scale and 0.958 for tension -relieve management.

Data analysis

Data was analyzed at both descriptive and inferential levels. Mean and standard deviation, frequency and percentage based on demographic variables and questions of the questionnaire were used at descriptive level. At inferential level analysis of variance with repeated measures or ANOVA was used to compare more than two dependent means.

RESULTS

A) Descriptive findings

The highest frequency among age groups (53.8%) is in the age group of lower than 30 years. The average of subjects' age was 31.96 with a standard deviation of 8.8 years.

In terms of education, the most frequency (97.8%) was observed among nurses with a bachelor degree. Majority of nurses participated in the survey (91.4%) were women. Most of the examined units, namely 81.7% of nurses were working for public hospitals. In terms of marital status, most of the participants (71.7%) were married. Majority of examined units (38.7%) were contract nurses. The employment history of 1-5 years was the most frequently observed rate (41.9%). The most frequent employment history in oncology section (37.6%) belonged to the nurses with 1-5 years history. Majority of subjects (67.7%) expressed that they haven't take effective educational courses on stress management.

B) Inferential findings

Table 1. Mean and standard deviation of stress level of research areas associated with the patient

Phrase	mean	SD
When doing something that is painful for the patient.	3.69	1.12
When patients have unreasonable requests.	3.25	1.19
When feeling powerless in the process of recovery.	3.68	1.21
When talking to a cancer patient about his attitude towards death.	3.53	1.67
When fearing of making mistakes in my patient care.	3.61	1.53
Feeling inadequate when helping the patients' emotional needs	3.15	1.36
When get blamed for any inaccuracies that may occur.	3.78	1.50
When the patient dies.	4.03	1.49
When I feel some need to enough training to do something that I must do.	1.40	4.18
When I am forced to deal with tempered patients.	1.52	3.62
When I see patients suffering and I am not able to control it.	4.1	1.5
When I don't have enough time to support the patient emotionally.	3.85	1.47
Stress associated with the patient	3.71	1.02

Table 2. Mean and standard deviation of stress level of research areas associated with the patient's family

Phrase	mean	SD
When I try to help mental needs of my patient's family and I feel inadequate.	3.46	1.31
When patients' family have unreasonable demands.		3.37
When I don't have enough time to respond to the needs of patients' family.	3.44	1.42
When I have to deal with misbehaving of the patients' family.		3.68
When I am worried that the family will report my inadequate care.	3.51	1.72
Stress associated with the patient's family		3.49
		1.24

Table 3. Mean and standard deviation of stress level of research areas associated with colleagues

Phrase	mean	SD	
When I can't talk openly to other employees at work.	3.72	1.63	
When I conflict with the head nurse.		3.87	1.5
When I don't have enough time to share my feelings about patients with other colleagues.	3.2	1.47	
When I am in trouble in my current position for working with a special nurse or oncology nurses.	3.12	1.25	
When there is not enough support from my current head nurse.	4.08	1.58	
When I get punished by the head nurse.		4.02	1.68
When I don't have not enough time to accomplish all my nursing duties.	4.16	1.44	
When I don't know what to say to the patient or his family about his health condition.	3.72	1.39	
When my health and safety are at risk.		4.28	1.17
When I am responsible for something despite the lack of experience.	3.8	1.56	
When the number of employees is not sufficient for effective administration of the section.	4.08	1.49	
When lots of non-nursing tasks such as office work are asked me to be done.	3.85	1.57	
When I feel uncertainty for using chemotherapy drugs or using a special equipment.	3.94	1.52	
When I have to be responsible for doing duties which are out of my ability and control.	3.96	1.53	
When I work with nurses from the opposite sex.	2.86	1.36	
When I get blamed by the nursing management.	3.87	1.75	
When at rest, I am forced to work.	3.08	1.335	
Stress associated with colleagues	3.73	1.04	

Table 4. Mean and standard deviation of stress level of research areas associated with physicians of the section

Phrase	mean	SD
In a case that I get conflicted with my doctor.	4.00	1.44
When the doctor hasn't provided enough information to me about the patient's health status and I have to take care of him. In a case that I get conflicted with my doctor.	3.89	1.17
When the doctor gives the patient a treatment that I think it is inappropriate.	3.86	1.36
When the doctor is not present in an emergency situation.	3.49	1.51
Making decision on the patient's status when the doctor is not available.	3.48	1.48
When a doctor is not present at the patient resuscitation.	3.47	1.56
Stress associated with physicians of the section	3.7	1.13

Table 5. Absolute & relative frequency distribution among units of the study based on the level of stress in different areas

Stress level	low		moderate		Extreme		total	
	No	%	No	%	No	%	No	%
Associated with patient	3	3.2	54	58.1	36	38.7	93	100
Associated with the patient's family	11	11.8	56	60.2	26	28	93	100
Associated with colleagues	5	5.4	51	54.8	37	39.8	93	100
Associated with physicians	8	6.8	52	55.9	33	35.5	93	100
Job stress	3	3.2	57	61.3	33	35.5	93	100

Table 6 comparison of stress level averages among units of the study in different areas.

descriptive indicators	variance analysis test with repeated measurements				
	mean	SD	Test statistics	Degrees of freedom	Level of significance
Associated with patient	3.71	1.02			
Associated with the patient's family	3.49	1.24	3.173	3.276	0.025
Associated with colleagues	3.73	1.04			
Associated with physicians	3.7	1.13			
Job tension	3.69	0.97			

Table (7) mean & SD of tension relieve management among units of the study at distraction area

Phrase	mean	SD
I cause lack of self-confidence for nursing care of oncology patients for myself.	3.77	1.11
I talk with my colleagues about problems of the section.	3.68	1.06
If necessary, I provide the ability to apply knowledge and experience for caring of patients for myself.	3.83	1.00
At the end of the shift, I go back home eagerly.	3.84	1.28
I remind myself that my colleagues trust me.	3.82	1.18
If I need help I use my colleagues' support and advice.	3.77	0.98
I leave work for sometimes in order to contemplate.	3.27	0.95
tension relieve management (distraction)	3.71	0.81

Table(8) mean & SD of tension relieve management among units of the study at self-regulation & self-attitudes areas.

Phrase	mean	SD
I take the advantage of having a satisfactory life.	3.85	1.15
I draw support of the head nurse.	3.83	0.95
I try to view issues from different aspects.	3.78	1.00
I talk with my close colleagues.	3.89	0.89
I get benefited from a good friend when I need help.	3.9	0.96
I use relaxation techniques.	3.65	1.1
tension relieve management (self-regulation & self-attitudes)	3.82	0.78

Table (9) mean & SD of tension relieve management among units of the study on social protection in workplace area.

Phrase	mean	SD
I use efficient management of time for caring of oncology patients.	3.86	0.9
I make myself to believe that I can be dependent to other colleagues.	2.78	1.05
I make the feeling of being useful and purposeful in myself while doing nursing.	3.84	1.01
I make myself to believe that regardless of working life, my life is healthy , enjoyable, and worthwhile.	3.58	1.1
I remind myself that nursing profession is worthwhile.	3.53	1.07
If necessary, I have the ability to be separate from my business problems.	3.45	1.02
tension relieve management(social support at work)	3.51	0.73

Tables (10) mean & SD of tension relieve management among units of the study on positive attitudes towards the profession area.

Phrase	mean	SD
I try to be calm during stress.	3.83	1.04
I try to create a positive and good atmosphere at the workplace.	3.85	1.01
I provide some hobbies outside the workplace.	3.26	0.97
I try to sleep more easily after a hard work day.	3.67	0.99
I freely express my opinions.	3.76	0.96
I follow others' methods to overcome the tension.	3.58	1.07
I feel satisfaction through a successful procedure.	4.17	0.95
I remind myself to do my best for reducing the patient's pain.	4.02	0.88
I think of the positive aspects of each problem.	3.52	0.98
I trust that everything will be ok by Lord.	4.45	0.87
I resort to prayer to overcome stress.	4.18	0.98
tension relieve management (positive attitudes towards the work)	3.84	0.66

Table (11) absolute &relative frequency distribution among units of the study based on the level of tension relieve management in different areas

Stress level	low		moderate		Extreme		total	
	No	%	No	%	No	%	No	%
Distraction	4	4.3	57	61.3	32	34.4	93	100
Self-regulation and self-attitude	2	2.2	57	61.3	34	36.6	93	100
Social support at workplace	3	3.2	67	72	24	24.7	93	100
positive attitude towards the profession	0	0.0	57	61.3	36	38.7	93	100
tension-relieve management	0	0.0	54	58.1	39	41.9	93	100

Table (12) comparison of different areas of tension- relieve management in units of the study

descriptive indicators	variance analysis test with repeated measures				
	mean	SD	Test statistics	Degrees of freedom	Level of significance
Distraction	3.71	0.81			
Self-regulation& self-attitude	3.82	0.78	17.328	3.726	<0.001
Social support at the work	3.51	0.73			
Positive attitude towards the profession	3.84	0.66			
tension relieve management	3.74	0.67			

DISCUSSION AND CONCLUSION

Considering the first research question that is “How much is levels of job stress at different areas among oncology nurses in hospitals of Ahvaz?” according to the results of table 1 the item “When I feel some need to enough training to do something that I must do” is the main stressor associated with the patient. Findings of a study conducted by Purnaghi et al. (2011) and McCue & Sachs (2004) are in consistent with our results. Tarshizi& Ahmadi’s [8] findings are in conflict with ours. They realized that the highest average of scores in relation to stressors associated with patient care was non-scheduled meeting and seeing patients suffering. It might have been because of difference in research context with different nurses (oncology section and public section)

Table 2 shows that, “I have to deal with misbehaving of patients’ family” is the main stressor associated with patient’s family factor. Results discovered by Tarshizi & Ahmadi [8], Hebrani et al. [11],Teymurzadeh et al.[9], Kwok et al. [36] are compatible with ours, while Abedi Saeedi (2000) in his survey under the title of Stress among Emergency Nurses found out that family presence is a stress making factor, thus in disagreement with our results. It might have been due to the type of different sections (emergency and oncology) as well different duties of the related nurses.

Table 3 displays that, “My health and safety is at risk” is the major stressor associated with colleagues. Hosseini et al. (2013), Teymuri (2011), Miki et al. (2008), and Barzideh et al. (2012) obtained compatible results, all emphasizing the importance of nurses’ health as the treatment team.

According to the table 4 “When I am in conflict with the physician” is the main stressful factor associated with physicians of the section. Farhadi et al. (2013),PanahiTosanloo et al. (2013), Teymouri (2011), Tabak&Keprak (2007), and Tamson& Stewart (2007) revealed similar findings.

Table 5 shows that levels of job stress among the majority of study units of current research is moderate, so that in terms of stress associated with a patient (58.1%) , patients’ family (60.2%) treatment group (54.8%), and section physicians (55.9%) all subjects experience a moderate level of stress. Hezavehi et al. (2011) and Hayndz et al. (2003) obtained similar results. Farhadi et al (2013) indicated that most of the research sample members, working for a special section experience a higher level of stress, conflicting with our results. Section difference could be the reason of the disagreement. In addition, Ameri et al. (2013), showed incompatible results, realizing that oncology nurses experience higher levels of stress. This might be due to the geographical and hospital differences with extreme tension of the studied context.

According to the table 6, among the 4 types of job stress under the investigation the highest stress mean (3.73) with standard deviation of 1.04 is associated with treatment group and the lowest mean (3.49) with standard deviation of 1.24 is related to patient’s family-related stress. Results of variance analysis test with repeated measurements showed a significant difference among the 4 types of stress. Job stressors have been categorized and investigated differently in other papers and can’t be compared with current study, so that Tarshizi& Ahmadi [8], Hosseini et al. (2013), and Asgharzade Haghghi (2011) revealed that lack of the time for implementing the services, low chance of job progress and patients’ death are the main stress making factors and the highest level of tension is related to the lack of personnel and lowest mean is linked to patients’ death. Lee & Wang (2002) in their research titled as Job Stress and its Related Factors among the Nurses of Public health showed that work load and responsibility of the nurses are the most common sources of job stress.

Considering the second research question that is “How much is the management of tension elimination at different areas among the oncology nurses in hospitals of Ahvaz?”, according to the table 7 the highest levels of tension

relieve management at distraction area is associated with “ At the end of shift I go back home eagerly”. Findings of Richard (2006), Roshan Chesli et al. (2006), and Ahanghar et al. (2013) are in line with ours.

According to the table 8, the highest levels of tension relieve management at the area of self-regulation and self-attitude is connected to “ I get benefited from a good friend when I need help”. Hezavehi et al. (2011) and Ardakani et al. (2011) obtained similar findings.

Table 9 demonstrates that the highest levels of tension relieve management at the area of social support at workplace is related to “ I use an efficient time management techniques to care patients”. Findings of Hezavehi et al. (2012), Hashemizad[27], and Rasuli et al [17]) are in agreement with our results.

According to table 10 the highest levels of tension relieve management at the area of positive attitude towards the profession is associated with “I trust that everything will be ok by the Lord”. Atashzadeh Shuridel et al. (2014), Khorammi et al. (2011), and Boyatais & Quinlan (2008) obtained consistent results.

Table 11 on absolute and relative frequency distribution shows that tension relieve management was at moderate levels at the areas of distraction (43.1%), self-regulation and self- attitude (41.3%), social support at workplace (72%), and positive attitude towards the profession role (41.3%) which is in line with the findings of Hezavehi et al. (2012), Garshad & Hosseini (2011).

According to the table 12, among the 4 types of tension relieve management, the highest mean (3.84) is associated with positive attitude towards the profession role with standard deviation of 0.44 and the lowest mean (3.51) with standard deviation of 0.73 is related to social support at workplace. Results of variance analysis test with repeated measurements revealed a significant difference among 4 areas of tension relieve management. Varasteh Mogghada et al in a research titled as Imposed Tension and Compatibility Techniques among the Psychiatric Nurses of Tbriz Razi hospital showed that among the areas of distraction, self- regulation and self- attitude, social support at work, and positive attitude towards the profession nurses of acute section apply an emotion-based compatibility style namely distraction and looking for social support which is in disagreement with our results. This can be due to the higher levels of job tension in sections, difference of sections and nurses (oncology and psychiatric and research context). Gharoosi (2006) in his paper titled as the Relationship between Job Fatigue and Contrastive Strategies among the Kordestan province nurses showed that nurses experiencing lower levels of job tension, use a problem-based compatibility style namely positive attitude towards the profession and self-regulation techniques and those facing with higher levels of tension apply an emotion-based compatibility that is social support at workplace and distraction which are in conflict with our results. This might be caused by different levels of job stress in 2 researches.

Employment in oncology and doing nursing cares for cancer patients is stressful. This results in non-satisfaction, decreasing self- confidence, and job stress among the nurses. Considering the higher mean for the area of positive attitude than other techniques of stress management, training this kind of compatibility can help nurses to eliminate their tension levels.

CONCLUSION

Considering the overall purpose of the study to determine job stress factors and management of tension relieve among the oncology nurses of Ahvaz results state that in the area of patient- related, job stressor is associated with “When I feel some need to enough training to do something that I must do”. In the area of relation with patients’ family the item “ I have to deal with misbehaving of patients’ family”, in the area of relation with colleagues the item “My health and safety is at risk” , and in the area of relation with physicians the item “ when I am in conflict with physician” are the main stress making factors. Among the 4 types of examined job stress, the highest mean is associated with stress in relation to colleagues and the lowest mean is related to stress associated with patients’ family. Mostly used techniques of tension relieve management among the units of our study are following as the bellow:

In distraction area, “ At the end of shift I go back home eagerly”; in the area of self-regulation and self- attitude “ I get benefited from a good friend when I need help”; at the area of social support at workplace, “ I use an efficient time management techniques to care patients”; and in the area of tension relieve management, “I trust that everything will be ok by the Lord”. Among the 4 areas of tension relieve management, the highest mean is

associated with positive attitude towards the profession and the lowest mean is linked to the area of social support at workplace.

Practical suggestions:

According to the results of this study to enhance the quality of nursing services by reducing job stress and improve tension relieve management following items are recommended:

- In order to minimize oncology nurses' stress:
 - 1) Establishment of regular meetings for the nurses, encouraging them to express their problems and present gaps in the section and trying to fix the problems
 - 2) Holding workshops on stress management
 - 3) Setting up counseling centers by experienced psychologists
 - 4) Providing amenities in oncology
 - 5) Continuous education, social support and creating self- confidence among nurses
 - 6) Compatibility of oncology nurses with workplace stress through self- esteem and efforts to increase knowledge and experience and rely on their own abilities
 - 7) Holding training courses by educational supervisors and head nurses to increase knowledge level of the nurses
- **To maximize the management of tensions among oncology nurses:**
 - 1) Training stress management skills using the role of positive attitude towards the profession
 - 2) Fostering spirituality of the nurses
 - 3) Existing of psychological support systems

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