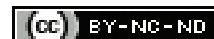# Consensus on Coping Mechanisms towards Occupational Stress among Psychiatric Nurses using Modified Delphi Technique

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ABSTRACT

Introduction: Occupational stress is a significant issue in healthcare, particularly in the field of psychiatric nursing. Nurses working in psychiatric settings are often exposed to unique stressors, including managing aggressive behaviours, dealing with complex mental health cases, and navigating emotionally charged situations. These stressors can lead to physical, emotional, and psychological strain, ultimately impacting job performance, patient care, and overall well-being. Coping strategies enable nurses to manage the demands of their roles, maintain their mental health, and provide high quality care to patients.

Aim: This study aimed to obtain experts' consensus on the use of coping mechanisms toward occupational stress among psychiatric nurses in the Eradah Complex and Mental Health, Riyadh, Saudi Arabia.

Materials and Methods: This qualitative study was conducted at the Eradah Complex and Mental Health, Riyadh, Saudi Arabia. A three-step modified Delphi panel process, with statements to score in each round, was used to obtain expert consensus on coping mechanisms towards occupational stress among psychiatric nurses. Literature reviews were used to develop statements about coping mechanisms toward occupational stress. Recruited Delphi process psychiatric nurses and faculty rated the extent of their agreement with the statements over three rounds (round 1-3: email survey). Criteria for consensus were applied. Data were collected between September 2024 and December 2024 using an online questionnaire consisting

of 110 coping mechanisms developed based on an in depth literature review and statements generated from expert psychiatric nurses and faculty members' survey. Finally, 42 coping statements were achieved consensus. Analysis rules determined whether a statement progressed to the next round and the level of agreement deemed consensus. Measures of central tendency (mean, median) and variability {Interquartile Range (IQR), cut-off point ≥75%} were reported back to help panellists assess their previous responses in the context of those of the overall group.

Results: Three rounds of Delphi surveys were conducted, and consensus was reached at ≥75% agreement from the experts. In round 1, 35 experts reached full consensus on 49 out of the 110 coping mechanisms, while 61 coping mechanisms reached partial consensus. Suggestion from the experts led to reframing of some features, and the 49 revised features were sent to the experts in the second round. In round 2, a total of 42 coping mechanisms reached full consensus, while seven coping mechanisms reached partial consensus. In round 3, all the 42 features reached full consensus based on ≥75% agreement from all the experts.

Conclusion: This study highlights the multifaceted nature of coping mechanisms for occupational stress among psychiatric nurses and academics. By implementing these findings, healthcare organisations can create a more supportive environment that enhances the well-being and resilience of psychiatric nurses, ultimately improving patient care outcomes.

INTRODUCTION

Occupational stress can simply be defined as work-related stress, which may include long working hours, heavy workload, job insecurity, and conflict with co-workers or boss [1]. Although what one person may perceive as stressful may; however, be perceived by another person as challenging. The perspective of a person experiencing work-related stress depends on the job, the person's psychological make-up, and other factors such as personal life and general health. Nursing has been considered a hard and stressful job that may have an influence on health and quality of life [2]. Occupational stress among nurses is a significant concern in the healthcare sector, impacting both the nurses' well-being and the quality of patient care [3].

Nursing is a profession inherently fraught with high demands, long hours, and emotional strain, particularly in specialised fields such as psychiatric nursing [4]. Psychiatric nursing is a stressful aspect of nursing practices [5]. Studies have shown that psychiatric nurses have health-related issues, such as depression and emotional exhaustion, more than other aspects of nursing [6,7]. Nurses working in psychiatric settings are also often exposed to unique

stressors, including managing aggressive behaviours, dealing with complex mental health cases, and navigating emotionally charged situations [8]. In addition, psychiatric nurses, who work closely with individuals experiencing severe mental health issues, face unique stressors that can exacerbate the challenges of their role [9].

These stressors can lead to physical, emotional, and psychological strain, ultimately affecting job performance, patient care, and overall well-being [3,9]. The nature of psychiatric nursing presents distinct stressors, including exposure to patient aggression, high emotional demands, and a challenging work environment. These stressors can lead to burnout, reduced job satisfaction, and ultimately affect the quality of patient care [10,11]. The importance of effective coping mechanisms in mitigating occupational stress cannot be overstated. Coping mechanisms are strategies that individuals use to manage stress and mitigate its negative effects [12]. Coping strategies enable nurses to manage the demands of their roles, maintain their mental health, and provide high quality care to patients [13].

Understanding how psychiatric nurses cope with these stressors is crucial for developing effective interventions that support their mental health and improve job performance. Within the nursing context,

these mechanisms can range from problem focussed approaches, such as seeking social support or employing time management, to emotion-focussed strategies, such as mindfulness and relaxation techniques [14]. Effective coping strategies not only help nurses manage stress but also enhance their resilience and job satisfaction [15]. Previous studies have extensively explored occupational stress and coping strategies among nurses [9,10]. However, the specific coping strategies utilised by psychiatric nurses and their effectiveness in managing occupational stress have not been thoroughly examined.

Thus, this study aimed to obtain expert consensus on the use of coping mechanisms among psychiatric nurses toward occupational stress in Saudi Arabia. By understanding these strategies, the research seeks to provide insights into how psychiatric nurses can be better supported in their roles, ultimately enhancing their well-being and improving patient care. Also, the study will examine various coping mechanisms and strategies, drawing on existing research to understand their application in the nursing context based on expert consensus.

MATERIALS AND METHODS

This qualitative study was conducted at the Eradah Complex and Mental Health in Riyadh, Saudi Arabia. A Delphi panel is an iterative method involving multiple rounds of controlled feedback to achieve consensus, enabling the systematic collection and aggregation of expert opinions [16,17]. To accomplish the study's objective, a three-step modified Delphi technique was employed [18], comprising three survey rounds [Table/Fig-1]. The surveys were designed using an online questionnaire consisting of 110 coping mechanisms that were developed based on a targeted literature review, including open-ended questions, similar to the approach used in a classical Delphi panel [19]. Input on the study design, potential panellists, and survey development was provided by 35 nurses and faculty members with expertise in the psychiatric field during the first round, 28 in the second round, and 26 in the third round. Data were collected between September 2024 and December 2024. Consensus was achieved using ≥75% agreement, as recommended by a reputable literature [20].
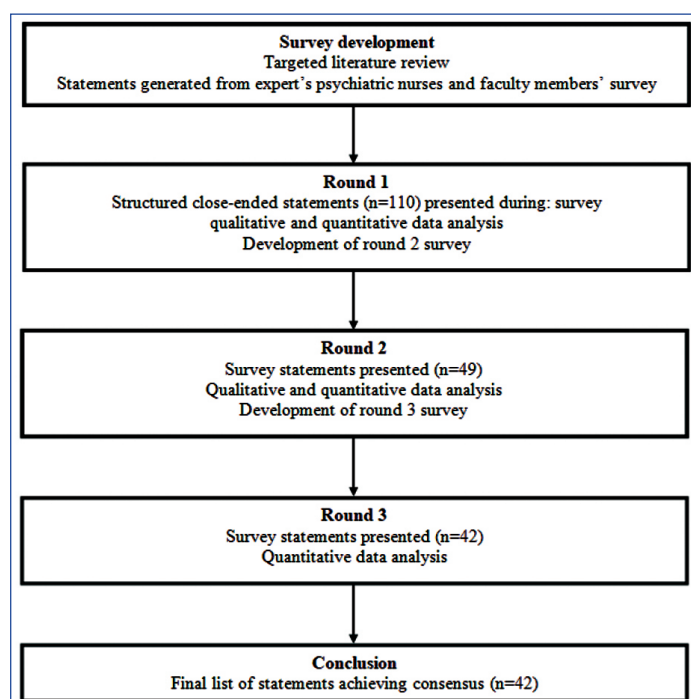
[Table/Fig-1]: List of statements achieving consensus in each round using modified Delphi technique.

Modified Delphi Framework

Expert panel selection: Thirty five experts who were experienced psychiatric nurses and faculty members were invited by email to participate in the Delphi panel (25 clinical practitioners and 10 faculty members). Thirty-five accepted the invitation and took part in round 1, 28 took part in round 2, and 26 took part in round 3, providing insights and feedback throughout the Delphi process (rounds). Selection criteria of the aforementioned experts in this study met the following criteria:

Inclusion criteria:

- Currently employed in a psychiatric healthcare setting (hospital or faculty).
- Willingness to participate in multiple rounds of questionnaires over a defined period.

Exclusion criteria:

- Nurses and faculty members who were not currently employed in a psychiatric setting.
- Those who were unwilling or unable to commit to the entire Delphi process.
- Those who were currently on leave or not actively practising in a clinical setting.

The study was conducted online, allowing psychiatric nurses and faculty members from various geographical locations and healthcare and academic settings across Saudi Arabia to participate. This approach ensured that a diverse range of perspectives was captured, reflecting the varied experiences of psychiatric nurses in different environments. The study was facilitated through a secure online survey platform (Delphi Survey), ensuring participant confidentiality and ease of access. A diverse range of experts in terms of age, gender, and years of experience was included. This was done to permit the study to tap into the expertise of professionals who were well acquainted with the occupational stressors in psychiatric nursing. This diversity was targeted at aiding the study to capture a wide array of perspectives on coping mechanisms in psychiatric nursing. The invitation to participate in the study consisted of the following information: study purpose, methodology and expectations (time commitment), informed consent, and questionnaire link. The study invitation was sent via email and messages, followed by a reminder after 15 days to be signed and returned. A sample size of 20-30 is the minimum range considered adequate for Delphi studies [21]. This study was able to recruit 35 experts in psychiatric nursing and academic settings. This sample size enabled meaningful data collection while ensuring the manageability of data analysis and facilitating consensus building among experts.

Data sources: To develop the initial questionnaire (round 1), the study used secondary data sources such as existing literature on occupational stress and coping mechanisms in psychiatric nursing. This literature review helped to identify commonly recognised stressors and coping mechanisms, which were presented to experts for further exploration and validation [22-25].

Validity and reliability of the instrument: The questionnaires used in this study were developed through a systematic review of the literature [21-25]. Additionally, statements were generated from an expert survey [26]. This process ensured that the instruments were both comprehensive and relevant to the study's objectives.

Content validity: Content validity was established through an expert review, where a panel of experienced psychiatric nurses and academic professionals evaluated the questionnaire items for relevance, clarity, and completeness. Their controlled feedback was used to refine the questionnaire, helped to identify any issues with the questionnaire's language, structure, or length. The controlled feedback was used to make necessary adjustments, ensuring the instrument's consistency across 3-different rounds of the Delphi process.

Reliability: Reliability was assessed through involving psychiatric nurses and academicians who met the inclusion criteria valuation

and computation of Cronbach's alpha to measure the internal consistency of the response from the experts at each round.

Preparation: A Zoom meeting was held with all participant individually to explain the study's mechanism, which included the following:

- Clarifying the title and purpose of the study, in addition to instructions for obtaining final approval to participate.
- Filling in demographic data in the questionnaire survey.
- Evaluating all answers through three closed-ended rounds of statements, and leaving space for each question to express their feedback for each question.
- Discussing of analysis rules for consensus statements.

Study Procedure

Experts were provided with a 110 item structured closed-ended questionnaire, in which each feature of the coping mechanisms was rated on a Likert scale (1=strongly agree, 2=neutral, 3=strongly disagree). The experts were also given the opportunity to provide feedback on each item's relevance and applicability of each item. Responses were collected electronically and analysed to identify common and unique coping mechanisms via the Statistical Package for Social Sciences (SPSS version 29).

Survey development: Delphi rounds were applied between September 2024 and December 2024 using a quartiles questionnaire (round 1: September 2024 to October 2024; round 2: October 2024 to November 2024; round 3: November 2024 to December 2024). Across all three rounds, panellists rated their level of agreement with each statement using a 3-point Likert scale (1=strongly agree, 2=neutral, 3=strongly disagree). Each statement included a section for comments, enabling panellists to provide qualitative feedback based on the percentage frequencies achieved by each statement in the earlier rounds, in accordance with the predefined analysis rules [Table/Fig-2].

Analysis rules	
Rules	**Structured closed-ended statements**
1	Structured closed-ended statements that show a variable response pattern (<75%) spread across response options in a non skewed way will be removed.
2	Structured closed-ended statements that showed a skewed response pattern in round 1, with the majority of responses (≥75%) spread across options will be summed back in rounds 2 and 3.
3	3-point Likert scale questions in round 2 with responses ≥75% will be re-asked on a 3-point Likert scale in round 3.
4	3-point Likert scale structured closed-ended statements in round 3 with ≥75% of a response option will be considered consensus.

[Table/Fig-2]: Analysis rules.

Round 1: Initial questionnaire: The round 1 survey, conducted between September and December 2024, was completed by panellists through an online platform connecting the participants. Descriptive statistics (e.g., mean, standard deviation, and a cut-off point of 75% for "strongly agree") were used to assess the level of agreement among experts. Panellists were presented with 110 structured closed-ended statements to gather qualitative input. The qualitative feedback provided by panellists was used to revise and refine statements for the rounds 2 and 3 surveys [Table/Fig-1].

Rounds 2 and 3: Structured questionnaire and consensus-building questionnaire: In line with the modified Delphi methodology, all structured closed-ended statements that did not meet the minimum response threshold (75%) in round 1 were excluded from the survey. Only one statement was revised based on panellists' qualitative feedback on close-ended statements and their comments on pre-existing ones, resulting in a 49 item survey for round 2. This round was conducted between September and October 2024.

The round 2 survey was tailored for each panellist, including their individual responses alongside the group's mean, median, and IQR for statements carried forward from round 1. This round was conducted between October and November 2024. After analysing the round 2 data, seven statements that failed to meet the response threshold were removed as per the predefined analysis rules, leaving 42 items for the round 3 survey [Table/Fig-1]. Similar to round 2, panellists were provided with both individual and group responses in the round 3 survey. Consensus was achieved for all 42 statements, which was distributed between November and December 2024.

STATISTICAL ANALYSIS

Qualitative feedback from panellists in round 1 was reviewed and used to refine existing statements or create new ones for the round 2 survey. After each round, quantitative survey responses for each statement were recorded in a Microsoft Excel database and assigned a score or code (e.g., 1-5 or 1, 2) based on the corresponding Likert scale. The IQR was calculated to summarise the data spread. Measures of central tendency (mean, median) were calculated to present the group's responses to the panellists, and the percentage response frequencies for each statement were analysed to assess consensus. This analysis was conducted using the SPSS, version 29. The consensus definition was predetermined in collaboration with psychiatric researchers (nurses and academics) and later refined into a standardised set of analysis rules [Table/Fig-2].
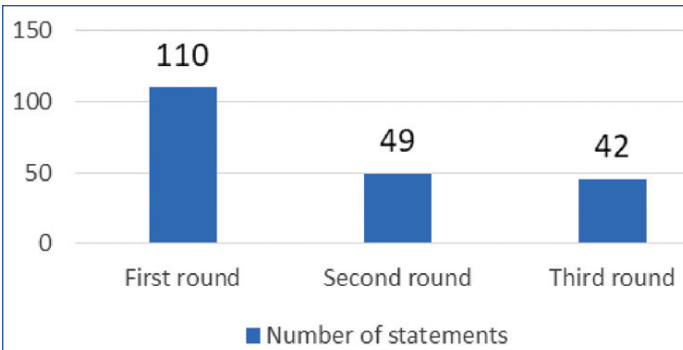
RESULTS

[Table/Fig-3] outlines the demographic characteristics of the panel group over the three rounds. The panel mostly comprised males, featuring more than 75% representation in every round. Most participants were in the 31-35 years age group, consistently comprising more than 60% of the panel in every round. A comparable pattern is seen in work experience, with most individuals (more than 62%) possessing between 6-10 years of experience.

Parameters	First round N=35	Second round N=28	Third round N=26
Gender			
Males	29 (82.9%)	22 (78.57%)	20 (76.9%)
Females	6 (17.1%)	6 (21.43%)	6 (23.1%)
Age (years)			
24-30	6 (17.1%)	5 (17.9%)	5 (19.2%)
31-35	22 (62.9%)	19 (67.9%)	18 (69.2%)
>35	7 (20.0%)	4 (14.2%)	3 (11.6%)
Years of experience			
1-5 years	6 (17.1%)	5 (17.9%)	5 (19.2%)
6-10 years	22 (62.9%)	19 (67.9%)	18 (69.2%)
>10 years	7 (20.0%)	4 (14.2%)	3 (11.6%)

[Table/Fig-3]: Characteristics of the panel group.

Based on the qualitative discussions, 110 statements were suggested as coping mechanisms towards occupational stress among psychiatric nurses. These statements were reviewed by the panellists, resulting in 49 statements that underwent a second review. Finally, there were 42 statements were included in the third round, which received a significant level of agreement, as shown in [Table/Fig-4,5].

The results shown in [Table/Fig-5] highlight a strong consensus among the panel regarding various coping mechanisms for occupational stress among psychiatric nurses. The findings emphasise a multifaceted approach that incorporating organisational skills, self-regulation, social support, professional development, and work-life balance as key strategies for managing stress in psychiatric nursing. Self-regulation and time management received the highest agreement rates (100%-96.2%), suggesting that nurses recognise the importance of structure and proactive stress management. Items such as "To cope with the

[Table/Fig-4]: Number of agreed statements suggesting the coping mechanisms toward occupational stress among psychiatric nurses along the three rounds.

S. No.	Items	n (%)
1	To cope with the pressure of work there is a need to be organised	26 (100)
2	Self-regulation and self-attitude	26 (100)
3	Positive reappraisal and developing a growth perspective	25 (96.2)
4	Using the time well can reduce the amount of stress I experience	25 (96.2)
5	Good communications make this job easier to do	25 (96.2)
6	Seeking professional development opportunities	25 (96.2)
7	Confidence in my own abilities to do the job well	25 (96.2)
8	Improving awareness about the problems faced by the patients and understanding the source of these problems	24 (92.3%)
9	Recreational activities and relaxation	24 (92.3)
10	Emotional comfort	24 (92.3)
11	Taking help from other nursing staff	24 (92.3)
12	Seek mentorship opportunities to learn from experienced nurses	24 (92.3)
13	Increasing knowledge may help to eliminate the stress	24 (92.3)
14	Believing in and feeling good about myself	24 (92.3)
15	Take deep breathing	24 (92.3)
16	Take a break to recharge energy	24 (92.3)
17	Positive involvement in treatment and Affective regulation	23 (88.5)
18	Knowing that my life outside work is healthy, enjoyable, and worthwhile	23 (88.5%)
19	Listen carefully to others and promote quite with different points of view	23 (88.5)
20	Deal with stress completely calmly and rationally to absorb that stress	23 (88.5)
21	Positive attitude towards one's work role	23 (88.5)
22	Prioritising work and maintaining proper timings	22 (84.6)
23	Being calm and controlling my temper	22 (84.6)
24	Strive to communicate better with the patients and offer them good care	22 (84.6)
25	Problem solving, avoidance and social support	22 (84.6)
26	Friends outside of nursing and good social contacts	22 (84.6)
27	Through having team supervision	22 (84.6)
28	Delegate tasks when feeling overwhelmed to lighten the workload.	22 (84.6)
29	Practice mindfulness meditation to cultivate awareness and presence	22 (84.6)
30	Avoid conflicts	22 (84.6)
31	Self-control	22 (84.6)
32	Balancing work and stress	21 (80.8)
33	Implementing time management techniques	21 (80.8)
34	More liaison with other health professionals would make my job less stressful	21 (80.8)
35	Family support is necessary to cope with a job like this	21 (80.8)
36	Having a stable home life that is kept separate from my work life	21 (80.8)
37	In this line of work, knowledge and expertise are the main ingredients needed to avoid stress	21 (80.8)
38	Supportive manager	21 (80.8)
39	Through being able to draw upon my own knowledge and experience when necessary	21 (80.8)
40	Avoid mistakes during work	21 (80.8)
41	Being optimistic that everything will work out in the end	21 (80.8)
42	Take security's support to deal with aggressive patients	20 (76.9)

[Table/Fig-5]: Agreement of the panel group on the final list (third round) of the items suggesting the coping mechanisms toward occupational stress among psychiatric nurses.

pressure of work, there is a need to be organised" (100%) and "Self-regulation and self-attitude" (100%) reflect a strong preference for self-discipline and structured work habits in coping with workplace stress.

Strategies such as "Seeking professional development opportunities" (96.2%) and "Seeking mentorship opportunities to learn from experienced nurses" (92.3%) indicate that continuous learning and guidance from experienced colleagues are valued as important stress reduction strategies. The agreement on "Taking help from other nursing staff" (92.3%) further highlights the importance of collegial support and teamwork in managing occupational stress. Strategies related to emotional well-being and self-care were highly valued, with "Recreational activities and relaxation" (92.3%) and "Emotional comfort" (92.3%) being widely recognised as effective stress relief methods. Moreover, "Believing in and feeling good about myself" (92.3%) and "Take deep breathing" (92.3%) further emphasise the role of mindfulness and self-compassion in coping with workplace challenges.

However, there was relatively lower agreement on work-life balance strategies, such as "Family support is necessary to cope with a job like this" (80.8%), suggesting individual differences in how nurses balance their personal and professional lives. The agreement on "More liaison with other health professionals would make my job less stressful" (80.8%) indicates a perceived need for greater interdisciplinary collaboration to ease workload burdens.

Some coping strategies received a lower level of agreement, such as "Take security's support to deal with aggressive patients" (76.9%). This suggests that nurses may not fully trust security personnel to handle aggressive incidents or that alternative de-escalation technique is preferred.

DISCUSSION

The results underscore the strong consensus of the panel group concerning effective strategies for coping with occupational stress in psychiatric nursing. These findings align with existing literature, emphasising a multidimensional approach to stress management that integrates self-regulation, organisational skills, social support, professional development, and work-life balance [27,28]. The highest agreement rates were observed for self-regulation and time management strategies. This finding is in congruence with previous studies that underscore the role of personal coping strategies, such as emotional regulation and structured work habits, in reducing occupational stress among nurses [26]. Self-regulation, which includes self-awareness and emotional control, has been linked to lower stress levels and improved job satisfaction in high pressure healthcare environments [29].

The observed high agreement of the panel group about the support for professional development opportunities and mentorship emphasises the significance of ongoing learning and peer support in reducing stress. Studies indicate that access to mentorship and organised professional development initiatives improves coping abilities, fosters resilience, and decreases burnout in nurses [30]. Moreover, support from coworkers and managers has consistently been recognised as an important shield against work-related stress, promoting emotional health and job stability in psychiatric nursing

[31]. Work-life balance strategies were also strongly supported as coping mechanisms, such as relaxation, emotional support, and time management. Previous research has showed that psychiatric nurses engaged in work-life balance strategies, such as setting boundaries and prioritising self-care, experienced lower levels of stress and higher job satisfaction [32].

The high agreement rates on "Taking help from other nursing staff" and "Seeking support from other hospital staff when dealing with a difficult patient" reinforce the critical role of teamwork and collegial support in managing occupational stress among psychiatric nurses. These findings align with existing literature, which consistently identifies social and professional support as essential buffers against stress and burnout in high pressure healthcare environments [33]. Support among nursing colleagues promotes a cooperative work environment, reducing feelings of isolation and emotional exhaustion. Psychiatric nurses frequently encounter emotionally demanding situations, including patient aggression and ethical dilemmas, which can contribute to high levels of psychological distress [34]. A similar study suggests that nurses who actively seek and receive peer support experience lower levels of stress and higher job satisfaction [35]. Moreover, the support from other hospital staff was highly emphasised, underscoring the importance of interdisciplinary collaboration in psychiatric care. Effective teamwork between nurses, physicians, psychologists, and social workers has been shown to improve stress management by distributing workload and promoting a shared responsibility model. Extraprofessional support is particularly crucial in managing difficult patients [36].

The relatively lower agreement on work-life balance strategies, such as "Having a stable home life that is kept separate from my work life" and "Family support is necessary to cope with a job like this," suggests that psychiatric nurses have diverse approaches to managing their personal and professional responsibilities. This variation may be influenced by individual coping methods for balancing their personal and job requirements. The relatively lower agreement on these items suggests that some nurses may integrate their professional and personal life instead of keeping them strictly separate. While some professionals find that discussing work-related challenges with family members helps them process stress, others might prefer to separate their experiences to avoid bringing work-related distress into their home life [37]. Additionally, cultural variations may influence how psychiatric nurses perceive family involvement in coping with occupational stress [38].

The low agreement on "Taking security's support to deal with aggressive patients" suggests that psychiatric nurses may not completely depend on security personnel when dealing with violent or aggressive incidents. This could be due to several reasons, such as doubts about the effectiveness of security interventions, and preference for alternative techniques, or institutional policies that encourage non-physical conflict resolution strategies. Another explanation is that psychiatric nurses may feel that security personnel lack the specialised training required to handle aggressive patients effectively. Research has highlighted that security staff in healthcare settings often have limited training in psychiatric crisis intervention, which can lead to the escalation rather than the resolution of violent incidents [39]. Moreover, some nurses may have encountered previous unfavourable experiences with security interventions, where the use of excessive force or poor communication aggravated the situation rather than calming the patient [40].

The research offers evidence supported coping techniques that can be incorporated into mental health nursing to alleviate work-related stress and enhance overall wellness. Results can guide hospital leaders and policymakers in creating workplace policies that emphasise mental health resources, peer support initiatives, and stress management training for psychiatric nurses. Nursing schools and training programmes may incorporate the identified coping strategies into their curriculum to better equip future psychiatric nurses for the challenges they will face in the profession. Organised workshops focused on emotional regulation, mindfulness, and stress management can be conducted in the future to enhance nurses' coping abilities. Mentorship initiatives can be created that match seasoned nurses with newcomers to support stress management. Career growth centred on resilience and mental wellness can be promoted. Teamwork can be encouraged by promoting peer assistance and cross-disciplinary cooperation. Work-life harmony can be supported through adaptable scheduling and wellness routines can be encouraged. Security protocols can be improved through crisis intervention training, and supportive workplace policies for mental health can be established.

Limitation(s)

The Delphi method depends on expert opinions, which may be subjective. The understanding of coping strategies might differ among participants, affecting the ultimate agreement. Also, the decline in panel participation over rounds (from 35 in the initial round to 26 in the third) may suggest attrition bias, as individuals with varying opinions might have exited, possibly influencing the ultimate consensus. Future studies should investigate the appropriateness of the provided list of strategies agreed in the current study to cope with occupational stress in nurses working in psychiatric and mental health departments.

CONCLUSION(S)

This study emphasises the strong agreement among psychiatric nurses regarding the significance of self-regulation, time management, professional growth, and collaboration in handling occupational stress. Strong consensus on mentorship and peer support underscores the necessity for ongoing education and teamwork in building resilience. Nonetheless, differences in consensus regarding work-life balance strategies indicate personal variations in handling personal and work obligations. The reduced support from security staff for managing aggression suggests a favouring of different de-escalation methods, highlighting the necessity for enhanced security training in mental health environments.

REFERENCES

[1] Bolliger L, Lukan J, Colman E, Boersma L, Luštrek M, De Bacquer D, et al. Sources of occupational stress among office workers- A focus group study. Int J Environ Res Public Health. 2022;19(3):1075.
[2] Babapour AR, Gahassab-Mozaffari N, Fathnezhad-Kazemi A. Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. BMC Nurs. 2022;21(1):75.
[3] Sarafis P, Rousaki E, Tsounis A, Malliarou M, Lahana L, Bamidis P, et al. The impact of occupational stress on nurses' caring behaviors and their health related quality of life. BMC Nurs. 2016;15:01-09.
[4] Dubazana SE. Experiences of emergency department nurses with occupational stress and their coping mechanisms at Chris Hani Baragwanath Academic Hospital. University of Johannesburg (South Africa). 2022.
[5] Yoshizawa K, Sugawara N, Yasui-Furukori N, Danjo K, Furukori H, Sato Y, et al. Relationship between occupational stress and depression among psychiatric nurses in Japan. Arch Environ Occup Health. 2016;71(1):10-15.
[6] De Leo D, Magni G, Vallerini A, Dal Palu C. Assessment of anxiety and depression in general and psychiatric nurses. Psychol Rep. 1983;52(1):335-37.
[7] Muscroft J, Hicks C. A comparison of psychiatric nurses' and general nurses' reported stress and counselling needs: A case study approach. J Adv Nurs. 1998;27(6):1317-25.
[8] Hasan AA, Tumah H. The correlation between occupational stress, coping strategies, and the levels of psychological distress among nurses working in mental health hospital in Jordan. Perspect Psychiatr Care. 2019;55(2):153-60.
[9] McVicar A. Workplace stress in nursing: A literature review. J Adv Nurs. 2003;44(6):633-42.
[10] Kumar MYS, Bhalla P. Stress among nursing staff in hospitals and its relation with job satisfaction, job performance and quality of nursing care: A literature review. J Nurs Care. 2019;8(3):129-36.
[11] Masa'Deh R, Jarrah S, AbuRuz ME. Occupational stress in psychiatric nursing. Int J Africa Nurs Sci. 2018;9:115-19.
[12] Bondarchuk O, Balakhtar V, Pinchuk N, Pustovalov I, Pavlenok K. Coping with stressfull situations using coping strategies and their impact on mental health. Multidiscip Rev. 2024;7:e2024spe034. Doi: 10.31893/multirev.2024spe034.

[13] Labrague LJ, McEnroe-Petitte DM, Leocadio MC, Van Bogaert P, Cummings GG. Stress and ways of coping among nurse managers: An integrative review. J Clin Nurs. 2018;27(7-8):1346-59.

[14] Biggs A, Brough P, Drummond S. Lazarus and Folkman's psychological stress and coping theory. Cooper CL, Campbell J, Quick (eds). Handb Stress Heal A Guid to Res Pract. 2017;349-64.

[15] Labrague LJ, McEnroe-Petitte DM, Gloe D, Thomas L, Papathanasiou IV, Tsaras K. A literature review on stress and coping strategies in nursing students. J Ment Heal. 2017;26(5):471-80.

[16] Taber KS. The use of Cronbach's Alpha when developing and reporting research instruments in science education. Res Sci Educ. 2017;48:1273-96.

[17] Dalkey N, Helmer O. An experimental application of the DELPHI method to the use of experts. Manage Sci. 1963;9(3):458-67.

[18] McKenna HP. The Delphi technique: A worthwhile research approach for nursing? J Adv Nurs. 1994;19(6):1221-25. Doi: 10.1111/j.1365-2648.1994.tb01207.x. PMID: 7930104.

[19] Fink A, Kosecoff J, Chassin M, Brook RH. Consensus methods: Characteristics and guidelines for use. Am J Public Health. 1984;74(9):979-83.

[20] Barrios M, Guilera G, Nuño L, Gómez-Benito J. Consensus in the delphi method: What makes a decision change? Technol Forecast Soc Change. 2021;163:120484.

[21] Manyara AM, Purvis A, Ciani O, Collins GS, Taylor RS. Sample size in multistakeholder Delphi surveys: At what minimum sample size do replicability of results stabilize. J Clin Epidemiol. 2024;174:111485.

[22] Joseph P. Occupational stress in psychiatric nursing. J Adv Nurs. 1993;18(4):591-601.

[23] Shankaraiah S, Lalitha K. Stress and coping among psychiatric nurses. Nurs J India. 1990;81(2):64-65, 70.

[24] Alharbi S, Hasan AA. Occupational stress, coping strategies, and quality of life among nurses in general and psychiatric setting in Jeddah City- KSA. Open J Psychiatry. 2019;09(02):124-37.

[25] Mctiernan K, Mcdonald N. Occupational stressors, burnout and coping strategies between hospital and community psychiatric nurses in a Dublin region. J Psychiatr Ment Health Nurs. 2015;22(3):208-18.

[26] Parikh P, Taukari A, Bhattacharya T. Occupational stress and coping among nurses. J Health Manag. 2004;6(2):115-27.

[27] Hange A, Khare S. Challenges faced and coping strategies adopted by nursing students in psychiatric ward. Innov J Nurs Healthc. 2021;7(1):22-27.

[28] Joseph N, Chopra K, Shiva RK. Assessment of occupational burnout and its determinants, causes of occupational stress, and its coping strategies among nurses working in the psychiatric wards: A mixed-method study. Asia Pacific Journal of Health Management. 2023;18(3):121-32.

[29] Delgado C, Upton D, Ranse K, Furness T, Foster K. Nurses' resilience and the emotional labour of nursing work: An integrative review of empirical literature. Int J Nurs Stud. 2017;70:71-88.

[30] Hookmani AA, Lalani N, Sultan N, Zubairi A, Hussain A, Hasan BS, et al. Development of an on-job mentorship programme to improve nursing experience for enhanced patient experience of compassionate care. BMC Nursing. 2021;20:01-18.

[31] Lim J, Bogossian F, Ahern K. Stress and coping in Australian nurses: A systematic review. Int Nurs Rev. 2010;57(1):22-31.

[32] Mumuni R. Work-life balance and psychological well-being of mental health nurses in ankaful psychiatric hospital: The moderating role of personality trait: University of Cape Coast; 2020.

[33] Moreira AS, Lucca SRd. Psychosocial factors and Burnout Syndrome among mental health professionals. Revista Latino-Americana de Enfermagem. 2020;28:e3336.

[34] Huang X, Wang L, Dong X, Li B, Wan Q. Effects of nursing work environment on work-related outcomes among psychiatric nurses: A mediating model. J Psychiatr Ment Health Nurs. 2021;28(2):186-96.

[35] Rotenstein LS, Berwick DM, Cassel CK. Addressing well-being throughout the health care workforce: The next imperative. JAMA. 2022;328(6):521-22.

[36] Al Sabei SD, Labrague LJ, Al-Rawajfah O, AbuAlRub R, Burney IA, Jayapal SK (eds). Relationship between interprofessional teamwork and nurses' intent to leave work: The mediating role of job satisfaction and burnout. Nursing Forum. Wiley Online Library; 2022.

[37] Amin Mohamed SM, Mosa SAE, Mahmoud AA. Job stress and emotion regulation relation to workplace wellbeing among psychiatric nurses. Egyptian Journal of Nursing and Health Sciences. 2023;4(2):168-97.

[38] Lester W. Work-life balance. Nephrol Nurs J. 2024;51(3):231-36.

[39] Gaynes BN, Brown CL, Lux LJ, Brownley KA, Van Dorn RA, Edlund MJ, et al. Preventing and de-escalating aggressive behavior among adult psychiatric patients: A systematic review of the evidence. Psychiatr Serv. 2017;68(8):819-31.

[40] Konttila J, Holopainen A, Pesonen HM, Kyngäs H. Occurrence of workplace violence and the psychological consequences of it among nurses working in psychiatric outpatient settings. J Psychiatr Ment Health Nurs. 2021;28(4):706-20.

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