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ABSTRACT

The aim of the current study was to investigate the relation between coping strategies and self-esteem, as well as to determine the existence of differences in coping strategies based on experience, and self-esteem based on social status among nurses in hospital institutions. The study employed a descriptive approach with a sample of 55 nurses selected using simple random sampling method. Two scales were utilized:-Lazarus and Folkman's (1984) Coping Strategies Scale-Rosenberg's (1965) Self-Esteem Scale The study found the following results:-There was a statistically significant positive correlation between coping strategies (confrontation and taking control, problem-solving, positive re-evaluation, self-control) and self-esteem among nurses in the Bougara Abdelkader Hospital in the city of Aflou. Conversely, there was a statistically significant negative correlation between coping strategies (distancing, self-blame, seeking social support, avoidance and escape) and self-esteem.- There were statistically significant differences in coping strategies (confrontation and taking control, problem-solving, distancing) in favor of more experienced nurses. However, there were no statistically significant differences in coping strategies (self-blame, seeking social support, avoidance and escape, positive re-evaluation, self-control) among nurses in the hospital institution based on experience.-There were significant differences in self-esteem among nurses in the hospital institution based on marital status, favoring married individuals.

Keywords: Coping Strategies, Self-Esteem.

INTRODUCTION

Our era is often referred to as the age of pressure and anxiety due to the immense technological advancements, rapid cultural evolution, and social changes that have burdened individuals with unending demands. Consequently, everyone is caught in a whirlwind, striving to fulfill their myriad needs. However, every pursuit comes at a cost, often at the expense of one's psychological and physical well-being. This cost manifests in various forms of pressure stemming from the perpetual struggle individuals face within their environments.

Moreover, women, particularly in Algerian society, have become the nucleus of the community, vigorously striving to assert themselves, compete, and challenge prevailing social norms and beliefs, especially in the professional sphere. In doing so, they add additional layers of pressure to their already complex roles, bearing significant burdens. Working in public institutions or organizations, they contend with the physical strains of their jobs and the interpersonal challenges within their work environments.

The endeavor to balance these roles may demand further emotional, mental, and physical effort, leading to feelings of failure and inadequacy, which can result in psychological disturbances such as anxiety, stress, and frustration.

Therefore, our current study aims to highlight the role of coping strategies and self-esteem levels among nurses in general mental health. Firstly, from a theoretical standpoint, psychological pressure is a human phenomenon experienced at various stages of life, resulting from individuals' interactions with their environment. It is a consequence of the rapid cultural evolution that leads to the emergence of numerous problems and deviations, challenging individuals' capacity to cope. This necessitates adaptation and readaptation, often requiring patience and resilience, leading individuals to employ

coping strategies to deal with these pressures, which have garnered the attention of researchers. Lazarus and Folkman (1984) found that individuals attributing their experiences to internal causes tend to use problem-focused coping strategies compared to those attributing their experiences to external causes, whom they cannot control. Consequently, adaptive coping behaviors, such as lifestyle adjustments through adherence to specific programs, contrast with withdrawal, surrender, excessive dependency, and self-destructive behaviors such as alcoholism or suicide, which can lead to psychological incapacitation, hindering individuals' ability to cope with

the remaining aspects of their lives.

Furthermore, Al-Sharif (2008) suggests a relationship between stressors and the coping strategies employed, describing cognitive and behavioral efforts individuals undertake to confront the pressures they face. In recent years, numerous labor sectors have experienced significant pressure, as evidenced by various protest demands, including frequent strikes. Particularly, the healthcare sector, especially during the COVID-19 pandemic, has subjected its workers to significant pressures arising from the complex health situation, with nursing professionals bearing the brunt. Khalil Hajjaj's (2008) study indicated that nurses at Al-Shifa Hospital in Gaza experienced high levels of stress. Additionally, Yahya Jouda's (2003) study found statistically significant differences in the levels of work stressors based on experience and social status. In light of these pressures, healthcare workers require social and psychological support, with primary emphasis placed on nurses' self-esteem, which is crucial for their personal development and psychological well-being.

Moreover, according to Marwa Abdul Mohsen (2020), self-esteem is essential for individuals' psychological and emotional well-being. Low self-esteem makes life challenging, as individuals with low self-esteem are susceptible to interpreting events negatively. In contrast, individuals with high self-esteem feel happy, effective, build good relationships with others, and are more resilient to psychological and physical disturbances. Consequently, an individual's self-esteem significantly influences their attitudes, goals, responses to others, and themselves.

From these premises, the study's problem statement emerges with the following questions:

- Is there a significant relationship between coping strategies for psychological stress and self-esteem among nurses at the Bougara Abdelkader Hospital in the city of Aflou?
- Are there differences in coping strategies for psychological stress among nurses at the Bougara Abdelkader Hospital in the city of Aflou based on experience?
- Are there differences in self-esteem among nurses at the Bougara Abdelkader Hospital in the city of Aflou based on social status?

Study Hypotheses

- There is a significant relationship between coping strategies for psychological stress and self-esteem among nurses at the Bougara Abdelkader Hospital in the city of Aflou.
- There are differences in coping strategies for psychological stress among nurses at the Bougara Abdelkader Hospital in the city of Aflou based on experience.
- There are differences in self-esteem among nurses at the Bougara Abdelkader Hospital in the city of Aflou based on social status.

Study Objectives: The current study aims to:

- Identify the relationship between coping strategies for psychological stress and self-esteem among nurses at the Bougara Abdelkader Hospital in the city of Aflou.
- Examine differences in coping strategies for psychological stress based on years of experience among nurses at the Bougara Abdelkader Hospital in the city of Aflou.
- Investigate differences in self-esteem based on marital status among nurses at the Bougara Abdelkader Hospital in the city of Aflou.

Study Importance: The importance of the study lies in

- Considering the study variables, coping strategies, and self-esteem as indicators of mental health.
- The significance of the sample itself, as it is more susceptible to psychological stress, especially in exceptional circumstances (such as the COVID-19 pandemic).
- Enriching field studies in this area.
- This study can benefit specialists, educators, and university students interested in health issues. It may also contribute to finding solutions, alternatives, and new ideas related to coping strategies for psychological stress among nurses in hospital settings.

Theoretical Conceptualization of the Study

Definition of Coping Strategy

The term "strategy" derives from the Greek word "strategos" or "Strategos," which denotes the art of war and the management of battles. According to Webster's dictionary, strategy is defined as "the science of planning and directing military operations" (Tabi Saham, 6200, p.101).

Furthermore, Lazarus and Folkman (1984) provided a comprehensive definition of coping: Coping encompasses the individual's cognitive and behavioral efforts, which are variable, non-patterned, aimed at interpreting, controlling, and managing internal or external demands, and the resulting conflict stemming from the individual's interaction in an environment evaluated to exceed the individual's adaptive capacities.

Lazarus and Folkman distinguished between two types of coping strategies

Emotion-focused coping strategies, which focus on affect and involve efforts by the individual to regulate their emotional state resulting from stressful events.

Problem-focused coping strategies, which aim either to reduce the demands of the stressful situation or to increase the individual's personal resources to deal with the pressure they are experiencing (Folkman, 1984, p. 141).

From the foregoing, it can be concluded that coping strategies are a subjective state that individuals resort to when situations surpass their adaptive capabilities, thereby achieving psychological harmony that enables them to control, manage, and navigate stress.

Definition of self-esteem

Various definitions of self-esteem exist, among which are:

- Born (1983) defines self-esteem as the judgment or evaluation that individuals make of their actions and desires. These judgments are centered on the values that individuals live by, believe in, and adopt.
- Gurad defines self-esteem as an individual's view of themselves, encompassing sufficient self-confidence and a sense of competence or readiness to accept new experiences (Mohammed Al-Tahir Abdullah Al-Mahmoudi, 2006, p. 110).
- Jabir Abdul Hamid and Alaa Al-Din Kafafi (1995) define self-esteem as an orientation towards self-acceptance, satisfaction, and respect. They argue that feelings of self-worth and adequacy are fundamental components of mental health. Conversely, low self-esteem and feelings of inadequacy are common symptoms of depression (Ibrahim Fawzi Fouad, 1998, p. 92).
- Rosenberg defines self-esteem as the individual's comprehensive attitudes, either positive or negative, towards themselves. High self-esteem implies that individuals consider themselves valuable and significant, whereas low self-esteem entails dissatisfaction with oneself, self-rejection, or self-contempt. Therefore, an individual's self-esteem reflects their perception of how others view and evaluate them (Rosenberg, 1979, p. 133).

From these definitions, it is evident that self-esteem is a cognitive state involving a set of perceptions about oneself and one's capabilities, either positively or negatively, which significantly impact an individual's mental health. These perceptions may stem from internal evaluations or external influences.

Defining the study concepts procedurally

Procedural Definition of Coping Strategies for Psychological Stress

These are the behaviors performed by nurses working in the hospital facility in Joury Abdelkader in the city of Aflou to cope with psychological stress they experience. This is evidenced by the scores obtained through the scale of coping strategies for psychological stress adopted in the current study, consisting of eight strategies inferred from varying scores.

Self-esteem

It is the individual's evaluation of themselves, taking into account both positive and negative aspects, and their feeling of importance and ability to make decisions comfortably. This is indicated by the total scores obtained through the Rosenberg Self-Esteem Scale adopted in the current study.

Secondly Field Procedures

Study Methodology

In this study, we employed the descriptive approach as it is deemed the most suitable method for such studies, focusing on the examination of reality or phenomena as they exist, describing them accurately either qualitatively or quantitatively.

Study Boundaries

- Spatial Boundaries: Abdelkader Hospital in Joury, Aflou city.
- Temporal Boundaries: The study was conducted during the year 2023.
- Human Boundaries: The study sample consisted of 55 nurses from Abdelkader Hospital in Joury, Aflou city.

Study Sample

- Initial Sample:
- This was initially applied to a sample of (30) nurses from hospitals in Aflou city to ensure the validity and suitability of the measures.
- Primary Sample: The primary study sample consisted of 55 nurses from Abdelkader Hospital in Joury, Aflou city, selected through simple random sampling.

Characteristics of the Primary Sample

Table 1: Characteristics of the Sample According to Experience and Social Status.

Percentage %	Number	Category	Variables
40%	22	Less than 9 years	Experience
28.2%	21	10 to 19 years	
21.8%	12	More than 20 years	
100%	55	Total	
47.7%	26	Single	Marital status
52.3%	29	married	
100%	55	Total	

Study Instruments

Coping Strategies Scale

This scale was designed by Lazarus and Folkman (1984). The list of coping strategy patterns consists of eight strategies, two of which fall under problem-focused strategies, and the remaining six fall under emotion-focused strategies. These strategies are as follows:

Table 2 : Coping Strategies

Items	strategies	
1-2-26-39-49-52-62-63.	Strategies for problem-solving planning	The strategies focused on the problem.
5-6-7-17-28-34-46-48-61	Confrontation strategy	
4-12-13-24-32-41-44.	Distance-taking strategy	Strategies focused on emotion regulation
15-20-23-27-30-36-38-60.	Positive re-evaluation strategy	
10-14-35-37-43-51-54-56-65.	Self-control strategy	
9-25-29-53.	Self-blame or self-reproach strategy	
8-18-22-31-42-45-64.	Social support-seeking strategy	
:3-11-16-19-21-33-40-47-50-55-57-58-59-66.	Escape-avoidance strategy	
4-12-13-24-32-41-44.	Distance-taking strategy	

The response follows a hierarchical structure based on four alternatives according to the indicated weights (Not at all 1, To some extent 2, A lot 3, A lot 4).

A. Scale Validity: The validity of the scale was assessed by calculating the internal consistency reliability using the correlation coefficient of each dimension with the total score on a sample of nurses comprising 30 items. The results were as follows: Problem-solving planning (.610**), Confrontation (.530**), Distance-taking (.440**), Positive re-evaluation (.70**), Self-control (.710**), Self-blame (.510**), Seeking social support (.60**), Escape-avoidance (.410**). Based on these results, the scale demonstrates acceptable validity.

B. Scale Reliability: The reliability of the scale was assessed by calculating the test-retest reliability on a survey sample of the eight dimensions, using the Pearson correlation coefficient. The results showed high and statistically significant stability coefficients as follows: Problem-solving planning (.72**), Confrontation (.81**), Distance-taking (.75**), Positive re-evaluation (.76**), Self-control (.79**), Self-blame (.69**), Seeking social support (.75**), Escape-avoidance (.71**). Thus, the scale exhibits acceptable stability.

Self-esteem Scale

A. Validity: The internal consistency was calculated by correlating each item with the total score. The results from the initial sample ranged as follows: 0.755**, 0.70**, 0.55*, 0.60**, 0.67**, 0.58**, 0.77**, 0.47*, 0.72**. These results were statistically significant, indicating acceptable validity.

B. Reliability: Rosenberg reported a reliability coefficient of 0.80. In the current study, the split-half reliability coefficient was calculated to be 0.89, indicating high reliability.

Third Presentation and Discussion of Study Results

1. Presentation and Discussion of the First Hypothesis: Hypothesis Text

"There is a correlational relation between coping strategies and self-esteem among nurses at the Aflou Hospital." To confirm this hypothesis, the Pearson correlation coefficient was calculated between the total self-esteem score and the total score for each coping strategy.

Table 3 : Detailing the correlational relation between coping strategies and self-esteem.

Self-esteem			Strategies for coping with psychological stress		
correlation coefficient	coping strategies,		Correlation coefficient		
0.77**-	Self-blame	5	0.57**	Planning to solve the problem	1
0.62**-	Avoidance and escape	6	0.60**	Confrontation	2
0.56**-	Search for social support	7	0.41**-	Take the distance	3
0.37*	Self-control	8	0.33*	positive re-evaluation	4

Significance levels: (**) significant at 0.01, (*) significant at 0.05

From the values presented in Table 03, it is observed that the hypothesis of the study has been confirmed. Thus, there is a statistically significant correlational relationship between the coping strategies used by nurses in facing psychological pressures and their self-esteem.

This relationship was positively significant for the following strategies: problem-solving planning, confrontation, self-control, and positive re-evaluation. Conversely, the relationship was negative (inverse) for the following strategies: self-blame, avoidance and escape, distance-taking, and seeking social support.

The statistical results indicated a positive correlational relationship between self-esteem level and coping methods. This positive relationship was evident in problem-focused coping strategies, such as planning, confrontation, and coping, as well as emotion-focused coping strategies like self-control and positive re-evaluation. This suggests that as nurses engage in planning, confrontation, and coping with pressure, and demonstrate self-control and positive re-evaluation, their self-esteem levels increase. This is indicative of a positive level of mental health. These results align with a study by "Mekboul Moulouda Hedibel Yamina" (2009), which found a statistically significant positive relationship between self-esteem and coping strategies.

The statistical results also indicated a negative correlational relationship between self-esteem and the following coping strategies: self-blame, avoidance and escape, distance-taking, and seeking social support. This indicates that when nurses resort to coping strategies that involve negative handling of the stressful situation, such as self-blame, avoidance, escape, or seeking social support, their self-esteem tends to be low. This suggests a lack of confidence in oneself and a depreciation of one's abilities. These findings are consistent with the study by "Mekboul Moulouda Hedibel Yamina" (2009), which found a statistically significant negative relationship between self-esteem and coping strategies.

These results illustrate that self-esteem is one of the most important dimensions of personality as it is a concept consistent with mental health. Most studies suggest that low self-esteem accompanies psychological and mental disorders. A clear understanding of human personality or behavior cannot be achieved without considering self-esteem. "Allport" believes that all emotional qualities of the individual intervene in self-esteem assessment.

High self-esteem is considered one of the most important tools an individual can use to achieve harmony, enabling them to face failure and tackle new situations without feeling sad or collapsing. Conversely, low self-esteem makes one feel defeated even before encountering new situations because failure is anticipated. These results align with studies conducted by "Fleischmann" on "Terry" indicating that individuals with high self-esteem use effective strategies to overcome stressful situations. "Ashford" also found a positive correlational relationship between an individual's belief in their self-efficacy and a high level of self-esteem, as well as with information-seeking strategies. "Filk Rand" believes that the most important factors affecting self-esteem are the individual's relationships with people of psychological importance to them, those with whom they interact continuously or perceive as esteemed individuals holding high social status.

Furthermore, "MacCurry" (1944) found that individuals who negatively assess themselves and lack trust in themselves tend to use avoidance, escape, self-blame, and non-confrontational coping strategies when facing stressful and frustrating situations.

As for positive re-evaluation, high self-esteem is followed by positive and optimistic evaluations of the stressful situation, whereas low self-esteem is followed by negative evaluations of the stressful situation. In self-control, the relationship is logical to some extent; the higher the self-esteem, the more likely it is to control and regulate oneself, and vice versa.

"Abdel Rahim" (2016) indicates that self-esteem is a set of attitudes and beliefs that individuals evoke when facing the world around them, judging themselves either positively or negatively.

In conclusion, there is a close correlation between the types of coping strategies adopted by nurses and their self-esteem. The more strategies are based on confrontation, challenge, and courage rather than avoidance, the higher the nurses' self-esteem.

2. Presentation, Discussion, and Interpretation of the Results of the Second Hypothesis

Hypothesis Text

"There are differences in coping strategies for psychological pressures among nurses in the Abdul Qadir Hospital in Aflou city based on the variable of experience."

To verify the validity of the second hypothesis, the (F) ANOVA test, Analysis of Variance, was utilized to calculate the differences between the mean scores of nurses according to years of experience, as illustrated in the following table:

Table 4: Results of the One-Way Analysis of Variance for the Means of Sample Individuals on the Coping Strategies Scale by the Variable of Experience.

Decision	Value "F"	Mean Square within Groups	Mean Square Between Groups	Degrees of Freedom Within Groups	Sum of Within-Groups Variance	Sum of Between-Groups Variance" or "Between-Groups Variance	Strategies
Significant 0.05	3.06	32.2	98.18	52	1976.2	197.7	Planning to solve the problem
Significant 0.05	2.7	28.5	74.76	52	1484.2	149.5	confrontation
Significant 0.01	4.31	8.1	34.99	52	421.4	69.99	Take the distance
Not Significant	0.84	8.88	7.50	52	462.2	15.01	positive re-evaluation
Not Significant	0.239	6.26	3	52	325.99	2.99	Self Blame
Not Significant	0.92	9.53	8.73	52	495.88	17.46	Search for social support
Not Significant	1.30	14.5	18.8	52	754.9	37.58	Self-control
Not Significant	0.87	32.82	28.76	52	1706.5	57.5	Avoidance and escape

Table 5: Scheffé Test for Post-Hoc Comparisons

	(I) Years of experience	(J) Years of experience	Differences in means	Standard error	Level of significance
Planning the problem	Less than 9 years	From 10 to 19 years	-2,773*	1,367	,030
		More than 20 years	-2,937*	1,223	,024
Confrontatio	Less than 9 years	10 to 19 years	-2,737*	1,367	,030

n and confrontation		More than 20	-2,973*	1,354	,037
Take distance	Less than 9 years	10 to 19 years	1,186*	1,223	,024
		More than 20	2,596*	1,354	,017

The hypothesis was verified in three strategies

problem-solving, confrontation and coping, and distancing. There were statistically significant differences among nurses with less than 9 years of experience, those with 10 to 20 years of experience, and those with more than 20 years of experience, in favor of the more experienced in each of the problem-solving, confrontation, and coping strategies. However, in the withdrawal strategy, the group with less experience showed more propensity towards withdrawal compared to the more experienced group, as indicated by the Scheffé post-hoc comparisons table. Regarding other strategies (positive reappraisal, self-blame, seeking social support, self-control, avoidance, and escape), no statistically significant differences attributable to experience were recorded.

From this, it is evident that longer experience, over ten years, creates a difference in the planning and management of psychological pressures among nurses due to accumulated experience and familiarity with the work environment, enabling them to cope and confront more effectively compared to their less experienced counterparts. On the other hand, less experienced nurses tend to be more cautious in dealing with pressure, especially in using withdrawal strategies, possibly because they have not spent a long period in their job and still need more experience and skill to understand the nature of work and choose appropriate methods to overcome work pressures and stressful situations as a whole. Therefore, they prefer to distance themselves as much as possible from the source of pressure and annoyance, which they do not know how to handle, leading them to resort to emotional reactions as a means of stress relief. These findings align with the results of "Jad Allah's" study (2002), which indicated that those with more adaptable experience to stressors were more experienced.

Less experienced nurses prefer not to engage in confrontation and coping, avoiding the effort of planning. In contrast, in the rest of the strategies, experience does not make a significant difference, indicating that their performance in these strategies is similar, as they evaluate situations similarly and approach them with the same perspective. Self-blame is similar, and seeking social support proceeds at a consistent pace. This was supported by "Lina Sabri's" study (1993), aiming to identify whether teachers' choice of problem-solving strategies depends on the seniority variable, with one of its results being the similarity in teachers' choice of some strategies.

3.Presentation and Discussion of the third Hypothesis

Hypothesis Text

"There are differences in self-esteem among nurses in the Abdul Qadir Hospital in Aflou city based on marital status."

To verify the hypothesis, we utilized a "t-test" to calculate the differences between the mean scores of nurses' self-esteem based on the marital status variable (single, married), as outlined in the table below:

Table 6: Differences in the Mean Scores of Nurses' Self-Esteem Based on Marital Status

Decision	Level of significance	T value	Standard deviation	Mean	Social status	Indicators Characteristic
Significant at 0.01	0.002	3.30-	5.77	25.56	Single	Self esteemed
			3.65	29.83	Married	

Based on the values in the table, statistically significant differences at the 0.01 level were observed among the sample individuals in self-esteem, attributed to the marital status variable and in favor of married individuals. Hence, the hypothesis was accepted.

The statistical analysis of the data revealed significant differences in the level of self-esteem among nurses attributed to marital status. These differences favored married individuals compared to unmarried ones. This can be explained by the innate instinctual demand for marriage, through which women exercise maternal feelings. Despite women's education, participation in the workforce, good health, and improved socio-economic conditions, marriage remains a crucial factor in achieving women's psychological well-being. Marriage completes their happiness, fulfills their aspirations, and fosters positive self-esteem due to achieving a significant life goal, stability, tranquility, and social support found in the family environment. Marriage meets women's needs in society, and the benefits of their success contribute to their families. This fosters balanced personalities and positive self-perception.

This is consistent with "Abdul Salam Zahrani's" study (1966), which found that positive self-esteem correlates with personality variables such as social acceptance, emotional stability, and establishing good relationships

with others, feelings of psychological comfort, security, and social-psychological harmony.

These findings are also consistent with studies conducted in Arab environments such as those of "Samiya Hussein Al-Sa'ati" (1981), "Fawzia Diab" (1981), "Sulaiman Khawaldi" (2005), and "Salem Al-Yahyawi" (2006). These studies concluded that delayed marriage in Arab societies diminishes women's status, affecting their self-perception. Unmarried women experience psychological problems such as frustration, despair, feelings of inferiority, and inadequacy.

Separating from the original family to establish a new family enhances self-esteem and identity assertion. "Avari's" study (1976) illustrated that couples achieve self-actualization through marriage.

Deprivation of this innate need deprives women of maternal feelings, love, sexual fulfillment, and diminishes their self-esteem, even if they have adequate financial conditions and excel in various fields. They will always feel lacking, insecure, and incompetent when comparing themselves to married women.

The difference in self-esteem levels between unmarried and married women primarily stems from the innate unsatisfied desire of unmarried women for fulfillment, a desire not met by societal norms. Married women, in contrast, exhibit balance in their self-perception.

CONCLUSION

Psychological pressures significantly affect individuals' mental health, both in general life and professional environments. Our realistic examination in this current study of the work environment in hospitals reveals a tremendous amount of psychological pressure faced by workers in these institutions, especially nurses. These pressures increase in critical circumstances, such as during the COVID-19 pandemic, where the healthcare sector bears the greatest burden. This necessitates the adoption of more effective coping strategies by healthcare workers, especially nurses, given their added burdens related to family and social requirements, considering them a sensitive group requiring special training and care. Another specificity imposed by the social status of unmarried nurses, as indicated by our current study, is their lower self-esteem compared to married nurses. Therefore, it is the responsibility of supervisory authorities to care for this group by:

- Providing training courses supporting the psychological aspect of nurses, such as training on stress coping strategies.
- Creating stress-relief spaces within hospital institutions.
- Improving the work environment in general to reduce stress.
- Organizing social awareness meetings regarding the nursing profession and the services it provides.

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