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The Impact of Anger Expression Patterns and Social Support on the Job Stress of Clinical Nurses

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Abstract

This study attempted to provide the basic data to ultimately help mediate the stress related to the nurse's job by identifying the types of anger control, social support, and job stress for clinical nurses, as well as identifying factors affecting their job stress, based on the development of a program. This is a descriptive research study to determine the patterns of clinical nurses' anger expression, social support, job stress level, and related factors that affect their job stress. The participants in this study were 142 nurses working at a university hospital in Seoul who understood and consented to the study's purpose. Data were collected using self-reported questionnaires and analyzed using descriptive statistics, independent t-test, ANOVA, Pearson coefficient, and hierarchical multiple regression. As a result of the multiple regression analysis conducted to identify the factors influencing job stress, anger expression type and social support showed 12.3% of explanatory power for job stress, and among them, anger suppression (β=.284, $p<.003$) was the most important influencing factor. This study is significant because it recognizes the importance of job stress for nurses and identifies the factors that influence their stress, taking into account job characteristics as well as socio-psychological characteristics. It is hoped that this will serve as a foundation for developing an intervention program to manage job stress factors in the future.

Keywords: Elementary school students, physical activity program, community child care center, the science of nursing.

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1. Introduction

1. Need for Research

Nurses are constantly required to gain professional knowledge and information on their work in order to give high-quality nursing services in the recently increasing medical services environment, and the level of demand from patients, who are their consumers, is also constantly rising. This results in an increase in the workload and intensity faced by nurses, as well as a source of job-related stress (Koh & Kang, 2009). In addition, the nurses are reported to experience excessive stress due to their role conflicts with other medical professions, aspirations for independent nursing performance, conflicts with hospital management positions, conflicts from interpersonal relationships, poor working conditions and environments, and various needs of subjects (Geumseon et al, 2004; Jang et al., 2018). Nurses' job-related stress has a negative impact on their ability to provide high-quality nursing care and has a negative effect on their physical health, such as headaches, upper respiratory tract infections, gastrointestinal disease, insomnia, and mental health issues such as depression and anger. Furthermore, it can be a factor hindering job satisfaction (Greenglass et al, 2003; Han et al, 2004).

Anger is a negative emotion accompanied by a state of physiological excitement (Buss & Perry, 1992), as well as a negative emotional experience marked by intense discomfort brought on by external events (Spielberger, et al 1995). Nurses, in particular, are in a negative emotional state and are in conflict situations in a caring relationship where they constantly interact with patients with high unilateral demands due to the nature of their work, yet they frequently have to suppress their emotions while providing services face-to-face with patients. As a result, nurses feel a lot of unpleasant emotional rage. According to one study (Lee, 2003), 44.4 percent of nurses experienced anger, and 83 percent reported experiencing anger at least once a week. Because anger is comprised of subjective feelings, Spielberger et al. (1983) defined rage as a sort of expression of anger. As a result, even if the same amount of anger is experienced, the method of coping with anger may differ. The anger expression type is largely divided into anger control, anger expression, and anger suppression. Anger management is regarded as a functional anger expression type based on its influence on physical and psychological disorders, whereas anger expression is considered a dysfunctional anger expression type (Biodeau, 1992, Gottlieb, 1999).

That is, depending on how you express and relieve anger, it can have a positive or negative effect. According to a study that examined the effects of anger expression methods on the organization as well as individual psychological stability and physical health of the nurses (Lee et a., 2009), it was claimed that the anger control by the nurses improves organizational performance (Lee et al., 2009), and the job satisfaction and organizational commitment decreased when the anger expression increased (Yoo, 2011). As a result, as the need for improved service quality and patient satisfaction grows, nurses must make attempts to manage and control their emotional expressions (Byun & Yeom, 2009). Since the way of expressing anger has an important effect on the nurse's work, it is necessary to look at it as a variable related to job-related stress.

Social support means that an individual is provided with material help, emotional support such as love and recognition, and information necessary for basic needs through interaction with other people (Yoon et al, 2000; Jee et al., 2019). The Social support that can be obtained through meaningful interactions with others is known as a process of protecting mental health by reducing negative factors that cause stress and controlling factors affecting health (Social Support Research Society, 2002). That is, social support is one of the variables influencing psychological reactions in the interaction between the individual and the environment (Kim et al, 2009), which is associated with illness prevention and stress management (Han et a., 2004). In particular, social support in the organization is one of the stress prevention management strategies or control variables (Park and Kim, 2000), and it was claimed that the nurses use social support the most widespread among coping methods related to stress (Choi et al, 2012; Lee et al., 2018).

As a result, the relationship between job stress and anger expression type, which reflects personal and psychological characteristics, and social support, which is a variable that considers interpersonal and social aspects such as support from colleagues in the organization, was examined in this study in order to provide the basic data to eventually mediate the job-related stress of clinical nurses in the future by identifying the factors influencing the job stress of clinical nurses by related variables.

2. Purpose of Research

The purpose of this study is to determine the extent of the impact of the clinical nurses' anger expression patterns and social support on their job stress.

1. Identify the clinical nurse's anger expression type, social support, and job stress level.
2. Identify the types of anger expression, social support, and job stress according to the demographic characteristics of clinical nurses.
3. Identify the relationship between clinical nurses' anger expression patterns, social support, and job stress.
4. The effects of clinical nurses' anger expression patterns and social support on job stress are investigated.

2. Research Method

1. Research Design

This study is a descriptive research study to identify the clinical nurses' anger expression patterns, social support, job stress level, and the related factors affecting their job stress.

2. Research Subject

The 142 nurses who understood and consented to the goal of this study among the nurses working at a university hospital in Seoul served as the subjects of this study.

The number of the subjects was, in line with G-power 3.1.9.2(Faul et al, 2009), 114 people were calculated based on the significance level (α).05, power (1-β).80, effect size.15, the median effect size in regression analysis, 9 random predictors (age, marital status, number of children, working ward, work type, current position, clinical experience, anger expression type, social support). Based on this, the questionnaire was distributed to 150 people in

consideration of the dropout rate, and a total of 142 copies were used for the final analysis, excluding 8 copies that responded incompletely.

3. Research Tool

1) Anger Expression Type

The anger expression type was measured using the Korean version of the Anger Scale (STAX-K), which was modified and standardized by Gyeomgu Jeon et al. (1997) from the State-Trait Anger Expression Inventory (STAXI) developed by Spieberger (1985). The STAX-K consisted of 24 items with 8 items in 3 sub-domains of anger suppression, anger expression, and anger control. Each item is scored on a 4-point Likert scale ranging from 1 point for 'Not at all' to 4 points for 'Almost always', and the score range for each sub-area ranges from 8 to 32, with higher scores indicating higher levels of anger suppression, anger expression, and anger control. In a study by Gyeomgu Jeon et al. (1997), the reliability of Cronbach's α was.67 for anger suppression,.67 for anger expression, and.79 for anger control, and in this study, the reliability of Cronbach's α was.730 for anger inhibition,.753 for anger expression, and.516 for anger control.

2) Social Support

Social support was developed by Zimet et al (1988) and adapted by Shin and Lee (1999) with 12 items on the Multidimensional Scale of Perceived Social Support (MSPSS) scale, and 16 items corresponding to support from superiors and support from colleagues developed by Thomas & Ganster (1955), and revised by Yoon (2001), were used. The MSPSS consisted of 12 items in three sub-domains: support from family, support from friends, and support from major others. Each item is on a 5-point Likert scale, ranging from 1 point for ‘Not at all’ to 5 points for ‘Almost always’, with a higher score indicating a higher degree of support. In the study of Shin and Lee (1999), the reliability of Cronbach's α was.89. Yoon (2001)'s tool is a 5-point Likert scale, ranging from 1 for 'Not at all' to 5 for 'Almost always', with a higher score indicating a higher degree of support. The reliability of this tool was Cronbach's α, which was.88 for superiors and.84 for colleagues. The reliability of Cronbach's α in this study was.921.

3) Job Stress

Job stress was measured with a tool developed by Koo and Kim (1984) and a tool modified and supplemented by Moon (2012). There were a total of 30 items, with 5 items for excessive workload, 4 items for role conflict, 5 items for work conflict with doctors, 5 items for conflict with employees, 5 items for conflict with senior positions, and 6 items for lack of professional knowledge and skills. The scale is a 5-point Likert scale, with higher scores indicating higher stress. In the study of Moon (2012), the reliability of Cronbach's α was.91, and in this study it was.917.

4) General Characteristics and Job Related Characteristics

General characteristics included age, marital status, number of children, educational background, religion, and the job-related characteristics included working ward, work type, current position, and total clinical experience.

4. Data Collection Method

The data collection period for this study occurred from October 1, 2015, to October 14, 2015, after receiving approval from the H University Hospital's Institutional Bioethics Committee (HYUH-IRB). After explaining the purpose of the study, only the subjects who agreed in writing to participate in the study were distributed with the questionnaire. Considering the fact that the research director and the research participants belong to the same hospital and can become vulnerable subjects, the principal investigator did not have to face the subjects in distributing and collecting the questionnaire to ensure their voluntary participation in the research, and the joint researchers were responsible for the data collection. Furthermore, a questionnaire collection box was provided in the ward to protect the personal information of the research subjects, and the completed questionnaires were collected by a collaborator visiting the ward. A total of 150 questionnaires were distributed, and a total of 142 copies were used for the final analysis, excluding 8 copies with incomplete responses.

5. Data Analytical Method

The collected data were analyzed by using the IBM SPSS WIN 21.0 statistical program.

1. Demographic characteristics were calculated as frequency and percentage, mean and standard deviation.
2. Anger expression type, social support, and job stress was expressed as mean, standard deviation, range, maximum, and minimum values.
3. Differences between anger expression type, social support, and job stress according to demographic characteristics were analyzed by t-test and ANOVA, and the post-hoc test was analyzed by Sheffe´s test.
4. Correlation between anger expression type, social support, and job stress was analyzed by Pearson's correlation coefficient.
5. In order to identify the factors affecting job stress, the multiple regression analysis of the enter method was used.

6. Ethical Considerations

To help protect the rights of research subjects, prior to the study, approval from the H University Hospital's Institutional Bioethics Committee (HYUH-IRB) was obtained (approval # HYUH 2015-11-001-004). In compliance with the Declaration of Helsinki, the consent form for participation in the study included a description of voluntary participation and the subject's anonymity and confidentiality. It can be withdrawn at any time if any subject does not want to, even during the survey, and explained that the questionnaire will be used only for research purposes. After fully hearing about the purpose and method of the study, the research subjects formalized the research participant's rights by signing a written

consent form for consent to participate in the study, taking into consideration the ethical aspects of the research subject.

3. Research Method

1. General Characteristics of the Subjects

Among the general characteristics of the study subjects, 139 (97.9%) women accounted for gender, and the average age was 31.17 years. As for age distribution, 80 people (56.3%) were in their 20s, followed by 36 (25.4%) in their 30s, and 26 (18.3%) in their 40s or older. As for marital status, 97 people (68.3%) were single, more than 45 people (33.7%) married, and 103 (72.5%) had no children. 77 people (52.1%) had a religious background, and 75 (52.1%) had a degree from nursing college (4-year system), 50 people (35.2%) graduated from nursing school (3-year system), 18 people (12.7%) attended graduate school or higher. Examining the wards where the subjects worked, the ward had the most patients (69.7 percent), the intensive care unit had 19 patients (13.4 percent), the emergency room had 10 patients (7.0 percent), and the outpatient department and the emergency rooms had 14 subjects (9.9 percent). The average clinical experience was 8.11 years, and the number of nurses with more than 10 years of experience was 45 (31.6%), being the most.

2. The Subjects' Anger Expression Type, Social Support, and Job Stress Level

<Table 1> illustrates the types of anger expression, social support, and job stress. Examining the scores for each anger expression type domain, anger control had the highest average score of 19.83±3.93 points, anger suppression showed an average of 16.48±3.28 points, and anger expression averaged 13.35±2.63 points. The average social support score was 3.78±0.48. Examining the scores for each sub-domain, the average social support of family and friends was 4.05±0.60, and the social support of colleagues and superiors was 3.57±0.52. The average score of the subject's job stress was 3.20±0.47.

Table 1. The Subjects' Anger Expression Type, Social Support, and Job Stress Level

Variable	Possible scoring range	Mean ± Standard deviation	Minimum value	Maximum value
Anger expression types				
Expression of anger	8-32	13.35±2.63	8	23
Suppression of anger	8-32	16.48±3.28	9	26
Regulation of anger	8-32	19.83±3.93	11	32
Social support	1-5	3.78±0.48	2.00	4.89
Family and friends Social support	1-5	4.05±0.60	2.00	5.00
Colleagues and	1-5	3.57±0.52	2.00	5.00

supervisors Social support				
Job stress	1-5	3.20±0.47	1.70	4.43

3. Differences in Anger Expression Type, Social Support, and Job Stress According to the Subjects' General Characteristics

Table 2 illustrates the differences in the anger expression, anger suppression, anger control, social support, and the job stress, which are the sub-domains of anger expression type according to the general characteristics of the subjects. The expression of anger according to the general characteristics of the subjects turned out to be higher in the emergency room nurses on duty wards than in general wards, intensive care units, and other (outpatient, operating rooms) (t=2.216, p=0.089), yet this showed a statistically significant difference. Anger control showed more anger control than the case without children (t=-0.697, p=0.487), yet this did not show a statistically significant difference. Anger suppression showed a statistically significant difference according to gender (t=2.241, p=0.027) and clinical history (F=3.290, p=0.013). That is, it turned out that women significantly suppressed anger more than men (p=0.027), and the group with more than 1 year of clinical experience and less than 3 years of anger suppression was found to have the most anger suppression. This turned out to be statistically significantly higher than that of the group less than 1-year-old (p=0.013).

There was no statistically significant difference in social support according to the general characteristics of the subjects.

The difference in job stress according to the general characteristics of the subjects turned out to have a statistically significant difference according to gender (F=2.624, p=0.010) and clinical experience (F=4.601, p=0.002). That is, the females had significantly higher job stress than males (p=0.010), and the group with less than 1 year of clinical experience showed significantly lower job stress than other groups (p=0.002). Other than this, there was no statistically significant difference in job stress according to age, marital status, number of children, religion, educational background, and working ward.

Table 2. Differences in the Anger Expression Type, Social Support, and Job Stress According to the General Characteristics of the Subjects (N=142)

		Expression of anger			Suppression of anger			Regulation of anger			Social support			Job stress		
		M±SD	t or F	p (scheffe)	M±SD	t or F	p (scheffe)	M±SD	t or F	p (scheffe)	M±SD	t or F	p (scheffe)	M±SD	t or F	p (scheffe)
Gender	Men	12.33±1.53	0.673	0.502	12.33±3.51	2.241	0.027*	20.67±3.21	0.371	0.711	3.92±0.27	0.51	0.611	2.51±0.37	2.624	0.010*

	Women	13.37±2.65			16.52±3.23			19.81±3.95			3.77±0.49			3.21±0.46		
Age	20s	13.39±2.65	1.511	0.224	16.85±3.68	1.285	0.25	19.66±4.31	0.369	0.692	3.78±0.47	0.261	0.771	3.16±0.52	0.531	0.589
	30s	13.78±2.68			16.17±2.48			19.78±3.08			3.73±0.51			3.26±0.42		
	40s or older	12.62±2.42			15.77±2.89			20.42±3.81			3.82±0.50			3.20±0.35		
Marital status	Sin gle	13.34±2.57	-0.032	0.974	16.72±3.60	1.296	0.197	19.76±4.11	-0.302	0.763	3.78±0.48	0.327	0.744	3.18±0.50	-0.597	0.552
	Married	13.36±2.78			15.96±2.42			19.98±3.55			3.76±0.50			3.23±0.38		
Number of children	None	13.33±2.62	-0.111	0.913	16.64±3.53	0.954	0.342	16.69±4.02	-0.697	0.487	3.80±0.48	0.962	0.338	3.19±0.50	-0.411	0.682
	Yes	13.38±2.68			16.05±2.50			20.21±3.71			3.71±0.51			3.22±0.38		
Religion	Yes	13.45±2.61	0.476	0.635	16.43±3.18	-0.175	0.861	19.93±4.39	0.32	0.749	3.82±0.52	1.239	0.217	3.19±0.40	-0.061	0.951
	None	13.24±2.66			16.53±3.42			19.72±3.38			3.72±0.44			3.20±0.53		
Educational bac	Graduate nurs	13.04±2.55	0.604	0.548	16.04±2.95	0.713	0.492	20.32±4.81	0.91	0.405	3.77±0.57	0.013	0.988	3.23±0.48	0.242	0.785

kground	ing school (3 year program)															
	Graduate nursing school (4 year program)	13.57±2.77			16.76±3.71			19.41±3.12			3.77±0.44			3.18±0.50		
	Attending graduate school or higher	13.28±2.27			16.56±2.09			20.22±4.22			3.79±0.42			3.16±0.27		
Place of service	Hospital ward	13.43±2.48	2.216	0.089	16.32±3.09	0.434	0.729	19.94±4.17	0.551	0.648	3.80±0.46	0.61	0.609	3.24±0.47	1.537	0.208
Hospital ward	Emergency room	14.80±3.82			16.80±2.74			18.60±3.86			3.86±0.37			3.24±0.45		
	Inte	12.2			16.4			19.4			3.6			3.1		

	nsive care	6±2.18			7±4.13			2±3.31			6±0.44			1±0.44		
	Other	13.14±2.91			17.36±3.91			20.50±3.01			3.71±0.75			2.98±0.44		
Clinical	Less than 1 yeara	12.44±1.79	1.079	0.369	14.81±3.51	3.29	0.013*	20.69±7.01	0.97	0.426	3.88±0.42	0.343	0.849	2.75±0.55	4.601	0.002*
Experiences	1 year or longer and less than 3 yearsb	13.93±2.93			17.85±3.79		a<b	19.34±3.32			3.74±0.43			3.26±0.45		a<b,c,d,e
	3 years or longer and less than 5 year c	12.93±2.43			15.93±2.84			20.64±4.11			3.76±0.60			3.28±0.61		
	5 years or longer and less than 10 yearsd	13.35±2.73			16.08±2.95			18.92±2.88			3.73±0.57			3.27±0.37		
	10 year s or longere	13.27±2.57			16.22±2.64			20.24±3.41			3.81±0.48			3.23±0.38		

*p<.05

4. Correlation between the Subjects' Anger Expression Type, Social Support, and Job Stress

<Table 3> illustrates the correlations among the subjects' anger expression type, social support, and job stress. Anger expression (r=.218, p<.01) and anger suppression (r=.323, p<.01) turned out to have a positive correlation with job stress, and the social support (r=-.039, p =.644) demonstrated a negative correlation with job stress, yet it was not statistically significant.

Table 3. Correlation between Anger Expression Type, Social Support, and Job Stress of the Subjects

(N=142)

	Expression of anger	**Suppression of anger**	**Regulation of anger**	**Social support**	**Job stress**
Expression of anger	1				
Suppression of anger	.328(<.001)	1			
Regulation of anger	-.240(.004)	.181(.031)	1		
Social support	-.087(.304)	-.362(<.001)	-.007(.935)	1	
Job stress	.218(.009)	.323(<.001)	.143(.089)	-.039(.644)	1

5. Factors Affecting the Job Stress of the Subjects

The multiple regression analysis was performed by using anger expression type and social support as explanatory variables to identify the factors affecting the subjects' job stress. To confirm the basic assumption of regression analysis, the multi-collinearity between independent variables was tested with tolerance and variance inflation factor (VIF). Since the tolerance was 0.70 to 0.98 or the variance expansion factor (VIF) was not large, 1.018 to 1.414, it was confirmed that all variables had no problem with multi-collinearity. As a result of the residual analysis, linearity of the model, normality of the error term, and homoscedasticity were confirmed.

As a result of analyzing the regression model, the regression model turned out to be significant (F=4.939, p<.001), and the modified coefficient of determination (R2) indicated the explanatory power of the model was.123, thereby indicating that the explanatory variable adopted in this study was.123, which showed 12.3% of explanatory power for job stress. Among them, anger suppression (β=.284, p<.003) was the most important influencing factor <Table 4>.

Table 4. Effects of Anger Expression Type and Social Support on the Job Stress of Clinical Nurses

(N=142)

	B	**Standard error (SE)**	**Beta (β)**	**t**	**p**	**Collinearity statistics**	
						Tolerance	VIF
(Constant)	1.492	.479		3.116	.002		
Clinical experience	.001	.000	.116	1.454	.148	.983	1.018
Expression of anger	.030	.016	.169	1.913	.058	.797	1.255
Suppression of anger	.040	.013	.284	3.028	.003**	.707	1.414
Regulation of anger	.015	.010	.125	1.461	.146	.856	1.169
Social support	.077	.082	.080	.943	.347	.861	1.162
Adj R^2=.123, F=4.939, p<.001							

VIF=Variation inflation factor.
*p<.05, **p<.01, ***p<.001

4. Discussion

This was a descriptive research study that intended to give fundamental data for establishing a program to manage and mediate nurses' job stress by analyzing the impacts of clinical nurses' anger expression patterns and social support on job stress. The factors influencing clinical nurses' anger expression patterns, social support, and occupational stress are the subject of this study.

In this study, the average score of anger expression type of clinical nurses was highest for anger control with an average of 19.83±3.93 points (range 8 to 32 points), and 16.48±3.28 points for anger suppression (range 8 to 32 points) and anger expression. It appeared in the order of 13.35±2.63 points (range 8~32 points), indicating that anger control was used more than anger suppression and anger expression. Anger expression type is classified into functional anger expression type and dysfunctional anger expression type according to their effects on physical and psychological diseases (Biodeau, 1992; Gottlieb, 1999), and anger control is a functional anger expression behavior, and anger expression and anger suppression are classified as dysfunctional anger expression behaviors. It was found that the subjects of this study used adaptive anger control more than maladaptive anger suppression and anger expression as a method of resolving anger. This was similar to the results of Lee and Kim's (2006) study of the clinical nurses using the same tool, anger control at 18.48 points, anger suppression at 14.69 points, and anger expression at 13.20 points.

Furthermore, the subjects of this study used anger suppression more than anger expression among the dysfunctional anger expression behaviors, anger expression and anger suppression, which is consistent with Oh's (2012) study of clinical nurses who used anger suppression more than anger expression. Even though anger suppression can lead to

emotional problems such as depression and vulnerability (Park, 2010), as well as risk factors for physical problems such as stroke (Nam, 2011), nurses must be encouraged to express their anger in a healthy way rather than simply suppressing it, and an interest in the establishment of an intervention program or hospital organizational culture is required.

The average level of social support was 3.78±0.48 points (range 1 to 5 points), and examining the scores by domain, social support from family and friends was 4.05±0.60 (range 1 to 5), and social support from colleagues and bosses was 3.57. With a score of ±0.52 (range of 1 to 5), the social support of family and friends was higher. This is a result similar to that of Ran Kim et al. (2003), who looked at social support for nurses using other tools, and reported that the spouses obtained the greatest social support among the forms of social support. Considering that the degree of support at the organizational level was lower than the social support at the individual level, it is necessary to find a way to increase the support among the supervisors and colleagues within the organization of clinical nurses. In addition to the operation of various in-hospital programs for smooth communication, measures to increase emotional support such as continuous emotional exchange to increase a sense of belonging and improve self-confidence should be prepared.

The subjects' job stress turned out to be higher than the median score of 3.20±0.47 out of 5 points, which is similar to the result similar to the 3.61 points of job stress in the study of clinical nurses Kim and Kim (2011). On the other hand, it is difficult to make a direct comparison with job stress in other occupations because the tools are different, but in a study by Bae (2012) targeting hotel employees, the average job stress was 2.65 out of 5, indicating that clinical nurses in other occupation, and it was found that the job stress score was higher than that of the nurse, which supported the study result (Rub, 2004) that nurse is one of the high-stress jobs. The results of this study are thought to be the cause of heightened stress as a result of the heavy workload and working environment, as well as the uniqueness of the nursing profession, which deals with the lives of patients while satisfying their needs through direct interaction with patients, in contrast to other occupations. Hence, it is considered that institutional support is needed to reduce the level of job stress for nurses or to effectively cope with it.

Job stress according to general characteristics was different by gender and clinical career. The highest job stress was found between 3 to 5 years of clinical experience, which is similar to the study result of Kwon and Lee (2012), who showed that the subjects with over 3 years of clinical experience and less than 6 years of clinical experience were significantly higher than subjects with more than 9 years of clinical experience. This result is thought to be because as the clinical experience increases, the sense of achievement increases due to the increase in skill level, and the job stress is relatively less felt.

The correlation between anger expression type, social support, and job stress of subjects showed that anger expression ($r=.218$, $p<.01$) and anger suppression ($r=.323$, $p<.01$) were positively correlated with job stress. As a result of the multiple regression analysis conducted to identify the factors influencing job stress, anger expression type and social support showed 12.3% of explanatory power for job stress, and among them, anger suppression ($\beta=.284$, $p<.003$) was the most important influencing factor.

To express anger in a most desirable manner through this study, it is necessary to have an active attitude and effort at the nursing organizational level to ensure that the desired expression of anger can be expressed through continuous comfort and encouragement based on equality or respect among colleagues. It is considered that there is a need for institutional support to lower the level or effectively cope with it.

Furthermore, since this study was conducted for the nurses working in a single general hospital, caution is needed for generalization. Hence, a repeated study that can generalize the research results by expanding the sample size to nurses working in various hospital sizes is recommended.

5. Conclusion and Recommendations

Based on the development of a program, this study attempted to provide the basic data to eventually help mediate the stress related to the nurse's job by identifying the types of anger control, social support, and job stress for clinical nurses, as well as identifying factors affecting their job stress. As a result of this study, the subjects demonstrated the highest level of anger control among anger expression types, and in terms of social support, the social support of family and friends was higher than that of colleagues and bosses. The difference in job stress according to the general characteristics of the subjects was found to have a statistically significant difference according to gender ($F=2.624$, $p=0.010$) and clinical experience ($F=4.601$, $p=0.002$). The correlation between anger expression type, social support, and job stress of subjects demonstrated that anger expression ($r=.218$, $p<.01$) and anger suppression ($r=.323$, $p<.01$) were positively correlated with job stress. As a result of the multiple regression analysis conducted to identify the factors influencing job stress, anger expression type and social support showed 12.3% of explanatory power for job stress, and among them, anger suppression ($\beta=.284$, $p<.003$) was the most important influencing factor. This study is considered to be meaningful in that it recognizes the importance of job stress for the nurses and identifies the factors affecting their stress in consideration of the characteristics of the job itself and socio-psychological characteristics, and it is expected that this will serve as a grounds for developing an intervention program that can manage factors related to job stress in the future.

Summarizing the research results as in the above, I would like to make the following recommendations based on the results of this study.

1. It is necessary to conduct studies to identify the job stress and related variables according to the characteristics of work such as various hospital sizes and various personal characteristics.
2. It is recommended that an intervention program be developed to reduce the job stress of clinical nurses and improve and manage job satisfaction.

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