

A Study to Assess the Level of Stress Among Nurses Working in Selected Hospitals of Ferozepur District Punjab

Gurmeet Singh Sarla* and Manreet Sandhu

Senior Registrar 159 GH, India

*Corresponding Author: Gurmeet Singh Sarla, Senior Registrar 159 GH, India.

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Abstract

Aim: A study was conducted to evaluate the level of stress among the nurses working in selected hospitals of Ferozepur district of Punjab.

Methods: A quantitative research approach with a descriptive design was selected for the present study. Selective sampling technique was used and 100 subjects were selected. A socio demographic sheet and the perceived stress scale was used to analyse the magnitude of stress among nurses working in selected hospitals of Ferozepur district of Punjab. Both descriptive and inferential statistics were used to scrutinise the data.

Results: 30% of the nurses were in the age group of 20-30 years, 50% in the age group between 30-40 years and 20% were above 40 years of age. 40% of nurses were GNM qualified and 60% of them possessed a degree of B.Sc. Nursing. 38% of the nurses considered in the study were married and 62% of them were unmarried. 48% nurses had a work experience between 10-20 years and 52% had an experience between 20-40 years. 37% of the nurses involved themselves in gardening, 13% of them spent their free time in working out and in aerobic exercises, 32% of them involved themselves in reading books and 18% performed various religious activities as recreational activities during free time.

Conclusion: The study shows that 22% of the working nurses have no stress, 24% of them have mild levels of stress, 12% suffer from moderate levels of stress and 42% nurses have severe stress.

Keywords: Stress; Nurse; Hospital; Stress Scale

Introduction

As per WHO Expert committee nursing services is defined as that part of health organisation which aims to satisfy the nursing needs of the community in the form of prevention of disease, promotion of health and provision of mental and physical comfort to the patient in co-ordination with doctors, social workers and technicians. A large number of hospitals were built and an equally large number of nurses were enrolled by Emperor Ashoka. As per Charaka Samhita and writings of Sushruta, nurses in that era were supposed to be proficient in cooking, empathetic, patient listeners, god fearing and good in caring for bed patients. Lord Buddha in

500 B.C. created monasteries and hospitals and established an order of nuns for nursing in the hospitals. Florence Nightingale, a pioneer in nursing laid down the standards for nursing care and started a school of nursing in London in 1860. The purpose was to probe and inspect the association between occupational stress, caring behaviours and quality of life of nurses with respect to their health.

Objectives

- To assess level of stress among nurses working in hospitals in the state of Punjab.

- To determine the association between stress levels and socio-demographic statistics.

Materials and Methods

Research approach

Quantitative research method.

Research design

Descriptive design.

Research setting

The study was conducted on nurses deployed in different hospitals of Ferozepur District in Punjab.

Study population

The study was carried out on nurses working in various hospitals of Punjab.

Sample and sampling technique

Sample size was 100 nurses working in various hospitals of Punjab. Convenient sampling technique was used in the study.

Criteria for the sample selection

Inclusion criteria

- Nurses working in various hospitals of Ferozepur District in Punjab.
- Nurses available during the period of data collection.
- Nurses keen to take part in the study.

Exclusion criteria

- Nurses working in various hospitals outside Ferozepur District.
- Nurses unavailable during the period of data collection.
- Nurses unwilling to participate in the study.

Selection and development of tool

After ample review of literature and discussion with professionals, a tool was developed which had the below mentioned parameters.

Tool I

Socio-demographic profile of the study subjects.

Tool II

Perceived stress scale developed in 1983.

Data analysis

Data was scrutinised as per the purpose of the study. Statistical analysis was performed using SPSS version 0.80 and IBM SPSS version 20.0.

S. No.	Variables	Frequency (n)	Percent distribution %
1.	Age (in years)		
	20-30	30	30%
	30-40	50	50%
	40-50	20	20%
	50 and above	-	-
2.	Education		
	GNM	40	40%
	B.Sc. Nursing	60	60%
3.	Marital status		
	Married	38	38%
	Unmarried	62	62%
4.	Work experience		
	0-20 years	48	48%
	20-40 years	52	52%
5.	Recreational activity		
	Gardening	37	37%
	Reading books	32	32%
	Exercise	13	13%
	Religious activity	18	18%

Table 1: Frequency and Percentage distribution of Socio-demographic characteristics N = 100.

S. No.	Demographic data	Chi-sqaure	p-value
1.	Age	3.8265	0.2808
2.	Education	7.306	0.293
3.	Marital status	12.609	0.006
4.	Working experience	3.392	0.947
5.	Recreational activity	4.914	0.993

Table 2: Association of level of stress with demographic variable.

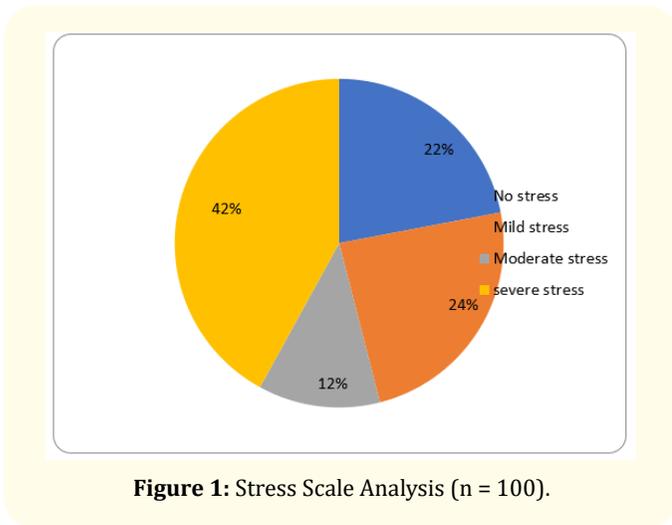


Figure 1: Stress Scale Analysis (n = 100).

Discussion

Nursing is adjudged as an arduous job. A strenuous or a stressful job is defined as one when demands do not match the resources, capabilities and needs of an employee [1]. Socioeconomic factors, occupation, day to day scheme of things, tough assignments having strict deadlines and affective disorders have escalated the stress levels in the present day lifestyle [2]. Job related stress leads to loss of empathy for patients and escalates practice errors adversely affecting quality of care [3].

Stress has an indirect role causing changed health behaviours leading to smoking [4], alcohol consumption, neglect of oral hygiene or poor compliance with dental care [3,5]. This affects the quality of the dental hygiene, increases tobacco use and causes changes in food habits [6], or overeating, especially a high-fat diet which can cause immunosuppression through increased cortisol production [3] leading to a diminution of the general health.

Stress, depression and anxiety have been identified as causatives of periodontal disease in a few studies [7-11].

Occupational stress was evaluated because according to the WHO report, "Raising Awareness of Stress at Work in Developing Countries" in 2007 [12], it is the most common forms of stress in developing countries. This is because the socioeconomic states, social inequalities and overpopulation forces employees to work based on job availability without a choice. People with different jobs experience different forms and loads of stress. Selye

indicated that nursing is one of the most demanding and nerve racking professions [6]. Nursing is an occupation with an array of occurrences leading to stress [13]. Stress affecting nurses all over the world has been convincingly documented in studies done by Mojinyinola, Kane, Bhatia., *et al.* and Watson., *et al.* [14-17]. Nurses in India are overworked as the nurse-to-patient ratio is low (1:2250) [18]. They are responsible for the treatment, protocols, standard operating procedures, safety, and recovery of acutely or chronically ill, injured, health maintenance, treatment of life-threatening emergencies, equipment maintenance, biomedical waste disposal and medical and nursing research. Nurses are not only caregivers but are also administrators and supervisors for the paramedical staff and the patients. These multiple work roles, immense responsibilities with too little authority contribute to stress among nurses, particularly those working at the bottom of the hierarchy. Shift duties, odd working hours, time pressures, family pressures, lack of respect from patients, doctors as well as hospital administrators, inadequate staffing levels, interpersonal relationships, death of patient, and a low pay scale add to their stress levels [19]. Environmental factors such as difficult patients and their relatives, not so cordial relationships with physicians, low institutional recognition for nursing further add to the stress levels [13]. Studies have shown that nursing is a high-risk profession and nurses are exposed to stress-related diseases [20].

What causes stress in Nurses:

Repeated exposure to dying and death, aggrieved patients and their helpless families, conflicts with administrators and supervisors and uncertainty about the therapeutic effect causes high stress among nurses [1]. High job demands, an exhausting schedule, frequent night duties, odd hours of working without being relieved even to attend for nature's call and a combination of too much responsibility and too little authority have been identified as the primary source of occupational stress amid nursing staff [21]. Dealing with death and dying, unmet expectations and being apologetic about not being able to prevent an inevitable death may be a great source of stress [22]. The persistent communication both verbal and non-verbal, the lack of teamwork and collaboration and the nurse's inability to grapple with the multiple and sometimes unreasonable emotional needs of patients and their relatives create feelings of anger, anxiety, fear, frustration and disappointment in nursing staff causing higher stress levels [23].

Health effects of stress in Nurses:

Occupational stress is associated with anxiety, dysthymia, low self-esteem, depression and feelings of inadequacy and is an important risk factor for mild psychiatric morbidity [24]. Occupational stress is associated with a number of physical health problems such as migraines, muscle, back and joint pain [25].

Effects of stress in Nurses on health care delivery.

Occupational stress causes loss of empathy, sensitivity and concern for patients and increased incidences of practice errors and adversely affecting quality of care [3]. Increased stress may result in suboptimal care, increased safety breaches, and higher incidence of errors in while providing patient care [26] and reduction of caring behaviours.

Measures to reduce stress amongst Nurses:

Managerial support [27] and continuous medical education [28] significantly reduce job stress. When doctors and nurses have an effective co-operation, patients report enhanced satisfaction with their care [29].

Result

Our study revealed that 30% of the nurses were in the age group of 20-30 years, 50% in the age group between 30-40 years and 20% were above 40 years of age. 40% of nurses were GNM qualified and 60% of them possessed a degree of B.Sc. Nursing. 38% of the nurses considered in the study were married and 62% of them were unmarried. 48% nurses had a work experience between 10-20 years and 52% had an experience between 20-40 years. 37% of the nurses involved themselves in gardening, 13% of them spent their free time in working out and in aerobic exercises, 32% of them involved themselves in reading books and 18% performed various religious activity as recreational activities during free time.

Conclusion

This study shows that majority of staff nurses are exposed to severe levels of stress. The quantum of exposure to stress is inversely proportional to their caring behaviours. Conflicts with colleagues, co-workers, doctors, administrators and supervisors and uncertainty with respect to outcome of the treatment enhances occupational stress. Awareness about occupational stress and training programs and workshops that impart knowledge about

factors which increase job stress play an important role of stress busters. Workshops that expedite venting out pent up emotions and verbalization of feelings, teach relaxation techniques and keeping one's cool, conflict solving and positive reappraisal helps stress coping [30]. Administrative support, recognition, rewarding and appreciation, and day offs may help preventing job stress [30]. Patients bond, connect and relate more with nurses, since they take care of their day-to-day needs. They support patients and their families both physically and emotionally, while their key role is obviously more relational than technical [31] hence every effort should be made to help Nurses work in a stress free environment so that they are able to deliver quality health care and improve the clientele satisfaction. Patient satisfaction, which reflects patient's perception of care received compared to the care expected, is an indicator of quality of services provided by health care personnel specially the nursing staff [32].

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