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## A Study of Stress and Its Management Strategies among Nursing Staff at Selected Hospitals in South India

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### **ABSTRACT:**

*The impact of the job stress is an important problem of both the individual job holders and organizations in which they work. Nursing job is more stressful when compared with other professionals working in the hospitals. The present study aims to investigate the level of stress and stress management strategies among nurses working in selected government hospitals in south India. The data was collected from various selected hospitals through standard stress questionnaire. It is a five point scale having 66 questions. Convenience sampling method was used to select the sampled units within the hospitals for the study. A sample of five hundred (500) questionnaires was distributed to the nurses and four hundred (400) filled questionnaires were received. The results showed that, 47.3 percent of nursing staff feels high level of stress in the selected hospitals of both major and minor cities. The present study reveals that the stress levels among the nursing staff along with the physical and mental stress management techniques followed by them to overcome stress in the selected hospitals.*

**Key words:** *Stress, Stress Management, Nursing staff, Government hospitals*

### **INTRODUCTION:**

Over the past two decades, there has been a growing belief that the experience of stress at work has undesirable effects, both on the health and safety of workers and on the health and effectiveness of their organizations. Nursing has been identified by a number of studies as a stressful occupation. Stress has a cost for individuals in terms of health, well-being and job dissatisfaction, as well as for organizations in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care. Some common stressors across nursing specialties include poor working relationships between nurses and doctors and other health care professionals, demanding communication and relationships with patients and relatives, emergency cases, high workload, understaffing and lack of support or positive feedback from senior nursing staff. Nurses perceive various type of stressors depending on their specialty and characteristics of the ward or work environment.

Stress experiences a psychological state of being. It results through threat of exposure and tangible workplace hazards and the psycho-social hazards at work. Stress is an important outcome to exposure of hazards at work and the hazardous situations. The hazards at work, which are being experienced to stress, are termed as stressors.

Applied directly to nursing, contemporary theories of stress suggest that a situation which is typically experienced as stressful is perceived to involve (1) work demands which are threatening or which are not well matched to the knowledge, skills and ability to cope of the nurses involved, or (2) work which does not fulfill their needs, especially where those nurses (3) have little control over work and (4) receive little support at work or outside of work. (T. Cox, 1978). It is a mental and physical condition which affects an individual's productivity, effectiveness, personal health and quality of work (Holmlund-Rytkönen & Strandvik, 2005). Stress may result in high portion of absence from work and loss of employment (Meneze, 2005).

## **STRESS MANAGEMENT**

Stress management has become a big deal today. It is like a demon at our door step. We never heard of it so much a few years back. But now everyone is talking about it. Today stress has become a condition of living – a condition that cannot be eliminated from life. It's high time each one of us learn to manage it. Stress is not always bad. In fact, a minimum level of stress is required to lead a productive and a creative life. But if it surpasses the required and manageable level, the consequences can be highly counter-productive and even fatal. Capacity for stress tolerance varies from individual to individual. No absolute standard exists for that. According to Agrawal (2001), stress management strategies refer to the interventions designed to reduce the impact of stressors in the workplace. It provides guidelines for monitoring and evaluating of such control. This framework provides a basis for developing the strategies for managing stress in nursing.

The present study highlights the stress and its levels among the nursing staff and also stress management techniques followed by them in the selected hospitals of major and minor cities.

## **RESEARCH METHODOLOGY:**

The research is descriptive in nature. The data was collected from various selected hospitals through a standard questionnaire, known as "Hari, S. (2005) Stress Inventory".

### **Tools Used:**

The stress inventory was developed by Hari, S. (2005) is a tool to measure the amount of stress experienced in daily life. It is a 66 – item scale with five alternatives ( 5 point scale), 'fully agree' 'agree', 'undecided', 'disagree' 'fully disagree'. This Stress inventory is based on the writing of James (1982), Sutherland and Cooper (1990) and Pohorecky (1991).

This questionnaire identifies the stress among the health care professionals based on the behavior of the professionals. These are the questions pertaining to the behavior helpful in medical diagnosis. Each person is different. So there is no right or wrong answers. Here, we have to choose the answer to the question that is true.

### **Reliability of the Scale Sampling:**

Convenient sampling method was used to select the sampled units within the hospitals for the study. The data was collected from government hospital nurses from Hyderabad, Bangalore,

Tirupati and Nellore. A sample of 100 nursing staff were selected for sample from Victoria Government hospital, Bangalore and the sample of 100 nursing staff were selected from Osmania Government hospital, Hyderabad and the sample of 100 nursing staff were selected from each Ruya Government hospital, Tirupati and D.S.R government hospital, Nellore. Total of 400 sample were selected as sample from four different places respectively.

**Statistical data analysis:** Data were analyzed using appropriate statistical techniques viz., frequency tables, cross tables and Chi-square tests (SPSS software, version 20).

**Limitations of the study:**

- The study was carried out on a very small sampling size and therefore does not give clear idea of the actual stress levels among the nursing health care professionals.
- The reluctance of respondents to fill the questionnaire was felt the major difficulty. As 500 questionnaires were distributed and 412 filled questionnaires were received. Most of them were not in a time to complete the questionnaire among them 12 questionnaires didn't furnish the required information, so they were rejected and rest 400 questionnaires were considered for the study.

**Results and Discussion:**

The level of stress among the nursing staff differ significantly ( $p < 0.01$ ) for the corresponding chi-square value 40.14 (Table: 1). The percentage of respondents and their levels of stress among the nursing staff working in the selected hospitals are shown in Fig:1. It reveals that 26.8% of nurses feel low level of stress, 26% and 47.3% of nursing staff feels moderate and high level of stress respectively. The number of aspects of working life has been linked to stress. Although some stressful situations are specific to a particular type of hospital, unit nurses are subject to more general which arises from the physical, psychological and social aspects of the work environment.

**Table 1: Total number of respondents and their level of stress among the nursing staff in the selected hospitals**

Level of stress	Nursing staff	Total number of respondents	Chi-square value
Low stress	107	400	40.145**
Moderate stress	104		
High stress	189		

\*\* ( $p < 0.01$ ) significance

Chi-square test is conducted to observe whether there is any association between the levels of stress among the nursing staff. The observed p-value ( $< 0.01$ ) for the corresponding chi-square value 40.145 is highly significant (Table: 1). This means level of stress among the nursing health care professionals differ significantly from one another. Fig 1 reveals that 26.8 % of nurses feel low level of stress and 26 % of nurses feel moderate stress and 47.3 % of nursing staff feels high level of stress. The nursing staff feels high level of stress.

Figure 1: Percentage of respondents and their levels of stress among nursing staff working in selected hospitals

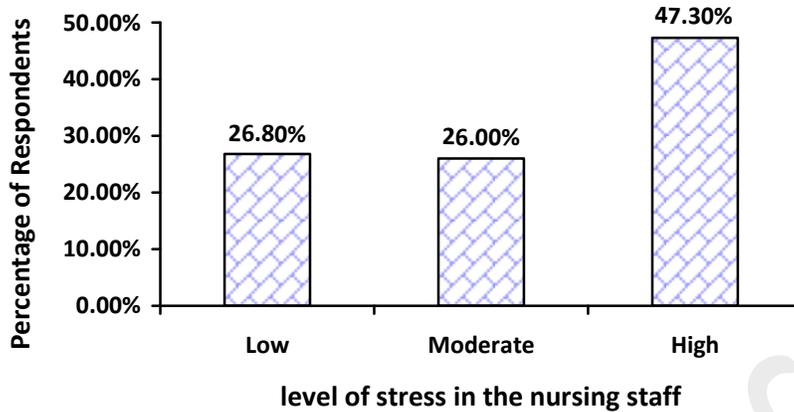


Table 2: The respondents about their agreement of the close friends about the nursing staff

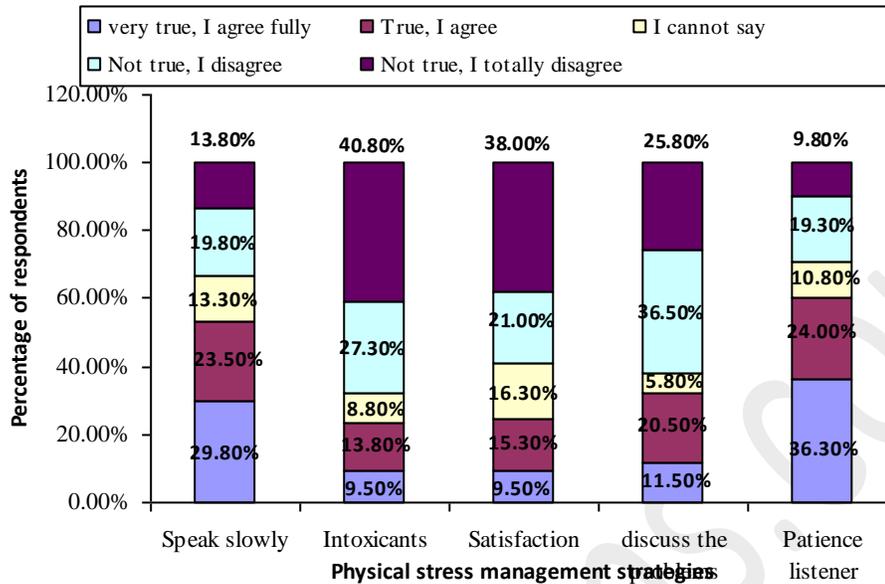
Agreement of the nursing staff close friends	Definitely No	Probably No	Probably Yes	Definitely Yes	Chi-Square value
Irritate easily	84	101	120	95	14.20*
	21.0%	25.3%	30.0%	23.8%	
Less energy than most people	45	84	150	121	14.27*
	11.3%	21.0%	37.5%	30.3%	
Work more seriously	22	98	141	139	17.95**
	5.5%	24.5%	35.3%	34.8%	

(\* P<0.05; \*\*P<0.01)

Chi-square test is conducted to test whether there is any significant difference among the nursing staff about the respondent's agreement of the close friends whether they tend to irritate easily, whether they have less energy than most people and whether they do their work more seriously (Table : 2). The agreement of the close friends about the nursing staff, 21% of respondents agreed definitely no in irritating easily and 25.3 % of respondents agreed probably no and 30 % of respondents agreed probably yes, 23.8 % of respondents agreed definitely yes in irritating easily. The respondents close friends about the nursing staff agreed that, 11.3% of respondents agreed definitely no in having less energy than most people and 21% of respondents agreed probably no and 37.5% of respondents agreed probably yes and 30.3% of respondents agreed definitely yes in having less energy than most people. The respondents close friends about the nursing staff agreed that, 5.5% of nursing staff agreed definitely no in doing their work more seriously and 24.5% of respondents agreed probably no and 35.3% of respondents agreed probably yes and 34.8% of respondents agreed probably yes in doing their work more seriously.

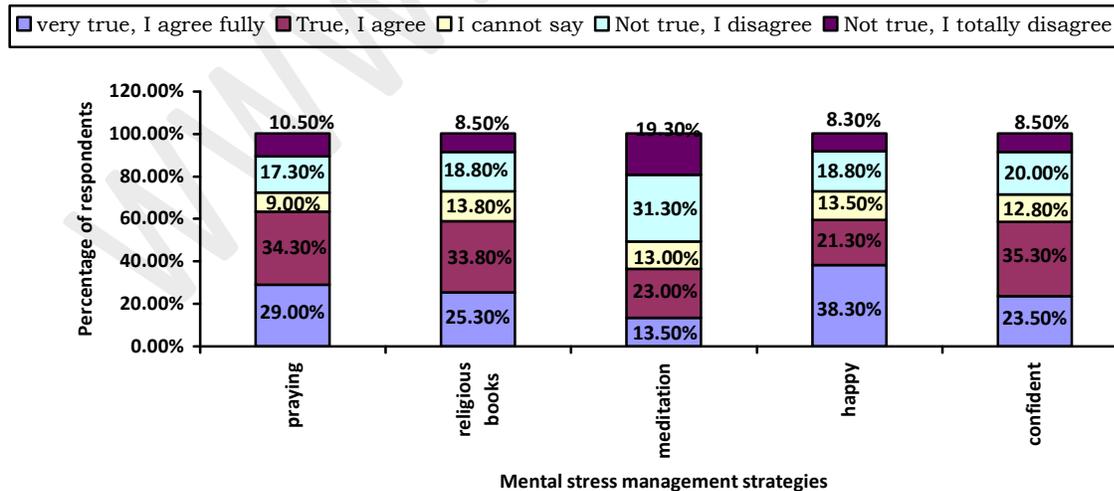
**Coping Strategies:**

Figure 2: The percentage of respondents and their physical stress management strategies followed by the nursing staff.



The nursing staff is following the coping mechanisms to overcome the stress among the selected hospitals. The present study also observed that, the physical stress management techniques are some of the coping mechanisms followed by the nursing staff (Figure: 2). Only 29.8 % of respondents agreed fully that they speak slowly, 40.8 % of respondents accepted that they do not take intoxicants and 36.5 % of respondents accepted that they do not discuss their problems with their family members and also 36.3 % of respondents agreed fully that they were the patience listeners. The respondents of 38 % agreed fully that their sexual life is satisfactory.

Figure 3: The percentage of respondents and their mental stress management strategies followed by the nursing staff



The mental stress management strategies followed by the nursing staff shown in Figure 3. The

respondents of 34.3 % accepted that they pray regularly and 33.8 % of respondents agreed that they are interested in reading religious books and only 23 % of respondents agreed that they practice meditation. Further 38.3 % of nursing staff agreed fully that they are happy. 35.3 % of respondents agreed that they were confident. These mental stress management strategies were followed by the nursing staff.

The current study indicates that the experience of stress was found to influence the job negatively. The individual traits and learnt coping skills have been associated with decreased propensity to stress or strain although most studies perceive selected individual qualities as moderators of the relationships between stressors and stress symptoms (Beehr and Newman, 1978; Cooper and Marshall, 1976; Kirkcaldy et al., 1999).

### **10 strategies to cope with Stress in Nursing** (Albany, NY: Delmar, 2002)

1. Striving to communicate well at all levels.
2. Trying to be as non-threatening as possible in all dealings.
3. Developing a consistent reputation of being approachable.
4. Maintaining a routine of regular exercise and good nutrition.
5. Continuing in faith practices, which provide a steady focus and centering.
6. Taking advantage of the mentors or preceptors provided.
7. Participating in hobbies for recreation.
8. Guarding against compassion fatigue through self awareness.
9. Attaining a certification in one's nursing specialty.
10. Considering further one's education as a life-long learner.

### **The control cycle approach to stress management for nursing** (S.E. Jackson, 1983)

#### **Risk Assessment**

- **Recognition** that nurses are experiencing stress through work.
- **Analysis** of potentially stressful situations confronting nurses, with the identification of the psycho-social and other hazards involved the nature of the harm that they might cause, and the possible mechanisms by which the hazards, the experience of stress and the harm are related.
- **Estimation and evaluation** of the risk to nurses' health associated with exposure to those hazards through the experience of stress, and the justification of intervening to reduce stress and its effects.

#### **Risk Management**

- **Design** of reasonable and practicable stress management (control) strategies.
- **Implementation** of those strategies.
- **Monitoring and evaluation** of the effects of those strategies feeding back into a reassessment of the whole process from steps 1 and 2 forwards.

### **FINDINGS AND CONCLUSION:**

Through the observed results it is identified that the levels of stress is very high among nursing staff and they are following only a very few coping techniques to overcome their stress. This is

the reason why, they are feeling high level of stress. If the nursing staff follows the above mentioned both the physical and mental stress management techniques to cope with stress and they can overcome stressors and free from stress in their daily life.

#### REFERENCES:

1. T. Cox: *Stress* (London, Macmillan, 1978); T. Cox and A. Griffiths: "The nature and measurement of work stress: Theory and practice", in N. Corlett and J. Wilson (eds.): *Evaluation of human work: A practical ergonomics methodology* (London, Taylor and Francis, 1994).
2. Holmlund-Rytkönen and Strandvik, N. (2005), *Organizational Behavior*. Tsing Hua University Press, 2005:569~576.
3. Agrawal, R. 2001. Stress in life and at work. Response Books. London P-60.
4. Hari S., D. (2005). Stress Inventory. <http://ezinearticles.com/?Stress-Inventory&id=48173>.
5. James, CN, (1982). Stress at work. Introduction to medical Psychology New York; Free press.
6. Sutherland.V.J and Cooper.C.L, (1990). Understanding stress: A Psychological perspective for Health professionals, London: Chapman and Hall.
7. Pohorecky.L.A, (1991). Stress and alcohol interaction, an update Human Research, Journal of Alcoholism, Clinical and Experimental Research (3) 438-59.
8. Beehr, T.A. and Newman, J.E. (1978), "Job stress, employee health and organizational effectiveness: a facet analysis, model and literature review", Personnel Psychology, Vol. 31, pp. 665-99.
9. Cooper, C.L and Marshall, J. (1976), "Occupational sources of stress: a review of the literature relating to coronary heart disease and mental health", Journal of Occupational Psychology, Vol. 49, pp. 11-28.
10. Kirkcaldy, B., Cooper, C.L. and Furnham, A.F. (1999), "The relationship between type A, internality-externality, emotional distress and perceived health" Personality and Individual Differences Vol.26 pp. 223-35
11. M. A. Burkhardt and A. K. Nathaniel, Ethics & Issues in Contemporary Nursing (2nd ed.) (Albany, NY: Delmar, 2002) 396. - See more at: <http://www.nursetogether.com/10-strategies-cope-stress-nursing#sthash.1NlnOcQr.dpuf>.
12. S.E. Jackson: "Participation in decision-making as a strategy for reducing job-related strain", in *Journal of Applied Psychology*, Vol. 68, 1983, pp. 3-19.