



## STRESS AMONG NURSES' IN THE PAEDIATRIC WARDS OF A TERTIARY LEVEL HOSPITAL, SOUTH INDIA

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### ABSTRACT

**Background:** Nurses are ideally placed to identify patients stress, provide necessary assistance and appropriate care to relieve it. However, it is observed that nurses' also experience stress for which they too require assistance and appropriate care. The quantity and quality of care provided by the nursing personnel can be of high standard if they are free from stress. Therefore, to ensure high quality care is given to patients admitted in the Pediatric wards, nurses should be free from stress.

**Objectives:** The purpose of this study was to investigate the level of stress, factors causing stress and coping mechanisms of the nursing staff to stress. To find the association between level of stress and selected demographic variables of staff.

**Design:** Prospective cohort study.

**Setting:** The study was conducted in a 2800 bedded tertiary level hospital in South India.

**Participants:** One hundred and two staff nurses working in Pediatric wards .

**Methods:** The purpose of the study was explained and written consent was taken. Demographic data was collected using a questionnaire. Data regarding the level of stress, factors causing stress and their coping mechanisms were assessed.

**Results:** 50% of the nurses had moderate level of stress and 49% had mild level of stress, 1% had severe stress. Majority of them (75.5%) were able to cope moderately to stress.

### KEYWORDS : Stress, Coping Mechanisms

#### Introduction:

Nursing has been identified as an occupation that has high level of stress. Job stress brings hazardous impacts not only on nurses' health but also on their ability to cope with job demands."(Sharma et al., 2014). Nursing basically is a stressful job. Stress in nurses can cause depression, isolation from patients, absenteeism and decrease in their productivity (Najimi, Goudarzi, & Sharifirad, 2012)

Stress is an inevitable consequence of modern life. It is also a major health threat in modern work place (Dewe, Driscoll and Cooper, 2012). Stress is defined as an unpleasant experience that has negative effect on emotional and physical condition of a person (Jennings, 2000). Normally stress is more common among employees at lower levels, since they have less control over their work situation (Zhou and Gong, 2013).

Nurses are expected to be technologically competent in nursing practice. Working in an environment bristling with technology may cause stress. Nursing staff are expected to work amicably and efficiently at all times .They work for 8 to 10 hours a day which can also lead to stress. Day to day pressures while caring for sick children can be demanding and stressful. Nurses also face stress when innocent children die, whom they have nursed carefully. Doctors may not be available in the unit while a nurse needs to take a critical decision about a patient leading to stress.

Nurses tend to experience workplace stress at higher degrees than many other professionals. As a nurse, we frequently witness the pain and sorrow of others (Stranks, 2005). Novice nurses lack professional expertise when compared to experienced nurses (Berman and Snyder, 2013, 19). This factor makes novice nurses more likely to have job stress than experienced nurses.

Sharma et al conducted a cross sectional study on occupational stress of diploma staff nurses in Swami Vivekanand Hospital, attached to Subharti Medical College, Meerut. The study aimed at finding out the degree of work-related stress among the staff nurses and various determinants, which have an impact on it. A statistically significant association ( $P < 0.024$ ) between department of posting and level of stress was noted. Nurses reported that they had no time for rest, of whom 42% were suffering from moderate-to-severe stress. The nurses who felt that the job was not tiring were found to be less stressed as those who perceived job as tiring (OR = 0.43).The main nurses' occupational stressors were poor doctor's attitude, posting in busy

departments (emergency/ICU), inadequate pay, too much work, and so on. Thus the researcher concluded that, hospital managers should initiate strategies to reduce the amount of occupational stress and provide more support to the nurses to deal with stress."(Sharma et al., 2014).

The investigator during her experience as a clinical nurse, felt that many situations in a patient care unit produce stress in nursing staff. Many reported with stress related sickness when the work load increased. Therefore the investigator felt the need to undertake a systematic study to find out the level of stress and the factors causing stress among the nurses working in pediatric wards.

#### Material and Methods:

The subjects in the study were the selected staff nurses working in pediatric department who were willing to participate in the study. 102 nurses were selected using a total enumerative sampling technique. The data was collected over a period of one week. The standardized checklist was administered to the participants and the data was collected. The Cronbach's alpha of reliability was 0.91. Concurrent and construct validity assessments provided strong support for the expanded nurses stress scale. The data collection instrument used for this study had three parts.

**Part A:** Socio demographic data such as age, marital status, educational qualification, institution of training, experience, travel distance to workplace, mode of travel, spouse's occupation, number of children, type of family and availability of help at home for household chores.

**Part B:** Consists of a standardized expanded stress scale check list to assess level of stress and factors responsible for stress.

**Part C:** This third section has a few open ended questions through which the nurses can express their concerns on the sources of stress

**Part D:** Comprises of the standardized coping scale called the Brief cope Scale which has 28 items to assess the coping mechanisms of staff nurses.

#### Rating, Scoring and Interpretation

The Stress level was rated using the following score: Most stressful – score of 4, Moderately stressful – score of 3, Mild stress – score of 2, No stress-1

**Scoring for level of stress:**

The level of stress was assessed as <40- no stress, 41 – 80 mild stress, 81 – 120 moderately stressful, 121 – 160 most stressful. The Brief cope scale to assess the level of coping mechanisms by the nursing staff were interpreted as <28 as inadequate coping, 29-56-coping but a little bit, 57-84-able to cope moderately, 85-112-Able to cope adequately.

Descriptive and inferential statistics were used to analyze the data.

**Results and Discussion:**

Among 102 subjects, majority of the nurses (38.2%) age was between 26 and 30 years.55.9% were married and 52.5% had their training from a mission hospital . 45.1% had experience of more than 5 years and the husbands of 67.9% of them were skilled workers. 63.2% of them live in a nuclear family, 58.8% had help from their family to do household chores.

**FIGURE 1:**

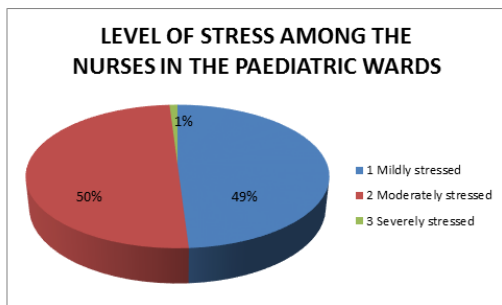


Figure 1 reveals that 50% of them were moderately stressed,49% were mildly stressed and only 1% were severely stressed.

**Figure 2: Level of coping to stress among the Pediatric nurses**

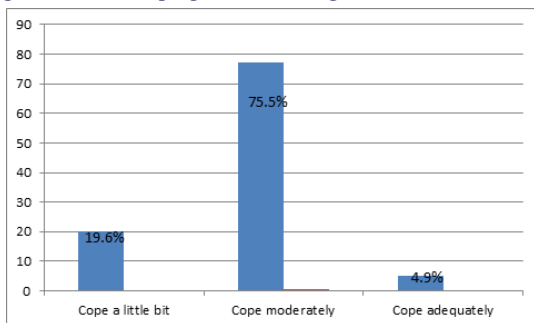


Figure 2 explains that 75.5% of the nurses were able to moderately cope with the stress.19.6% were able to cope a little bit and only 4.9% of them could cope adequately.

**Table 1: Association between help in household tasks and the stress levels**

S NO	STRESS LEVELS	Mild stress	Moderate stress	Severe stress	Total	P value
1	YES	56.7%	43.3%	--	100.0%	0.04**
2	NO	23.1%	76.9%	-	100.0%	

This table infers that there was a significant association between the level of stress and the help rendered for household chores by the family members with a P value <0.05. There was no association with stress and any of the other demographic variables such as age,marital status, educational qualification, institution of training, experience, travel distance and mode of travel,spouse's occupation,number of children and type of family.

**Table 2: Association between coping level of nurses and their husband's occupation:**

S NO	Husbands occupation	Copes little bit	Moderately copes	Copes adequately	Total	P value
1	Skilled	5.3%	89.5%	5.3%	100.0%	0.042**
2	Unskilled	30.8%	69.2%	0%	100.0%	
3	Unemployed	40%	60%	0%	100.0%	
	P value					

This table infers demographic variables with the coping levels. It was found that there is a strong association between the husbands occupation and the coping levels of nurses.

On analysing the open ended questions regarding the factors affecting stress, the nurses responded that there was lack of encouragement by the supervisors, lack of time and competence, lack of autonomy, inadequate information from doctors regarding patient. A few of them also felt that bias and lack of constructive criticism caused stress. Most of them had stated that they had work overload, inadequate staffing, lack of support from colleagues and performing non nursing tasks added to the stress. Some of them had expressed that they were not given adequate opportunities to equip them with knowledge, barrier in language, inadequate availability of resources and their health issues caused stress.

Other stressors in the ward included un co-operative patients, interpersonal conflicts among the staff, unexpected patient death, demand of work by doctors, dissatisfaction with duty timings, being blamed for everything, making decisions under pressure, not being given leave when needed, inadequate ward helpers and lack of transport facilities after nightshift.

The nurses also had family problems and many of them expressed having family problems such as misunderstanding in the family since they reach home late after duty, marriage conflicts, lack of help in house hold tasks, lack of support from family, financial crisis, inability to do higher studies, travelling long distance, not being able to attend social gatherings as a family and health problems of family members as other causes of stress.

**Conclusion:**

In this study, majority (50%) had moderate level of stress and 49% had mild level of stress. There was a significant association between the level of stress and help rendered by the family members in their household chores. Also, there was significant association between the level of coping and their husbands' occupation, with a P value <0.05. Majority of them (75.5%) were able to cope moderately to stress. The common stressors among the nurse are personal and family problems, work overload and failure to give quality care. It was sad to note that the common stressors in work were work overload, not being recognised and not getting enough support from the team members. Therefore this study highlights the necessity to have counselling sessions for nurses in the ward and also appreciate and recognize them. Scheduling the duty ahead and allowing them to spend more time with their families to tackle family problems could also reduce stress. Getting regular feedbacks from the staff nurses and also empowering nurses with adequate training, skill and knowledge would boost their confidence and self esteem.

This study throws light into the various stressors the nurses' go through. It also shows that supervisors play an important role in handling conflict situations, supporting, encouraging, recognizing and teaching the staff nurses so that they will become more confident and highly assertive in handling stressful situations.

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