

A Study to Assess Occupational Stress among Staff Nurses at HSK Hospital and Research Centre, Bagalkot, with a View to Develop an Information Guide Sheet on Stress Management

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ABSTRACT

Background: Stress is not inherently deleterious, however, each individual's cognitive appraisal, their perceptions, and interpretations, gives meaning to events and determines whether events are viewed as threatening or positive. Nurses regularly face emotionally charged situations and encounter intense interpersonal and inter professional situations and conflict in the workplace while trying to make appropriate and safe decisions. Therefore, this study help to assess the level of stress among staff nurses and Information Guide Sheet may be help to manage that occupational stress among them.

Aims: The aim of the study was to assess the occupational stress among staff nurses at HSK Hospital and Research Centre, Bagalkot.

Methodology: The occupational stress was measured using Expanded Nurses Stress Scale from a convenient sample of 50 staff nurses working at HSK Hospital and Research Centre, Bagalkot in a cross sectional survey. Data were analyzed using descriptive and inferential statistics. Findings: Result indicates that majority 70% of respondents had mild stress level, 30% moderate stress level. There is no presence of normal and severe stress. The overall mean stress score was found to be 56.82% with SD as 7.3%. The mean stress score was found to be higher 64.1% in the aspect of interaction, followed by 63.8% in professional status and 60.3% payment and 56.4% in organizational policies. Further, the less stress score (45.08) found in the area of autonomy and 51.28% in task requirement. Chi-square test was

calculated to assess the association between socio- demographic variables and occupational stress among staff nurses, there is no significant relationship found between occupational stress of staff nurses and socio- demographic variables such as age, gender, religion, marital status, qualification, year of experience, family monthly income and number of beds.

Conclusion: The finding of the study concluded that most of the staff nurses having mild and moderate level of stress. This study is effective to identify the occupational stress among staff nurses and how to overcome the stress.

Keywords: Occupational stress, Staff nurses, HSK Hospital, Information Guide sheet.

INTRODUCTION

Stress is the feeling of being under too much mental or emotional pressure. Pressure turns into stress when you feel unable to cope. People have different ways of reacting to stress, so a situation that feels stressful to one person may in fact be motivating to another. Many of life's demands can cause stress, especially work, relationships and money problems, and when you feel stressed, it can affect everything you do¹.

Stress is not inherently deleterious, however, each individual's cognitive appraisal, their perceptions, and interpretations, gives meaning to events and determines whether events are viewed as threatening or positive².

Occupational stress is a recognized problem in health care workers. Nursing has been identified as an occupation that has high levels of stress. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope³.

Nursing is a stressful profession. Job stress in the nursing profession has been a persistent global problem for many years now. Caring for clients, individuals, families, groups, populations or entire communities, with multiple, complex and distressing problems can be overwhelming for even the most experienced person. Nurses regularly face emotionally charged situations and encounter intense interpersonal and inter professional situations and conflict in the while trying to make appropriate and safe decisions. Research has shown that nursing is a high-risk occupation in respect of stress-related diseases. It is very essential to determine the magnitude of the problem and study the factors responsible for it⁴.

Due to insufficient staffing, nursing experience difficulties in meeting patient needs. They become frustrated about their inability to complete their work to their professional satisfaction and express a wish to leave the nursing profession.⁵

Identifying the various sources of occupational stress among the nurses through an evidence-based mechanism to highlight the difficulties in order to ensure a better health care delivery service will help in streamlining the stress management programmers towards a specific direction, thereby ensuring that these health care providers remain healthy and stress free. This will lead to better delivery and enhanced quality of health services for the entire population⁶.

Although occupational stress is highly affecting to all the staff nurses. Hence formulating information guide sheet is help to manage stress among staff nurse working at HSK Hospital and Research Centre, Bagalkot,

MATERIAL AND METHODS

Study Design and Participants

Present study was a descriptive survey design conducted between March 2018 to Aug 2018. Convenient sample of 50 staff nurses working at HSK Hospital and Research Centre, Bagalkot were selected for the study. Staff nurses who are working at HSK Hospital, Bagalkot, who are willing to participate in the study and Staff nurses who are present at the time data collection are included in the study. Staff nurses who are not physically fit at the time of data collection and staff nurses involved in any other research study concerned with assessment or management of occupational stress were excluded from the study.

Instruments

Expanded Nurses Stress scale

Nursing stress scale developed by national nurses Association, USA, has modified and used for data collection. A Structured Questionnaire was selected to assess occupational stress among staff working in selected HSK Hospital, Bagalkot. The tool was based on the following aspects of professional performance - inadequate preparation, work load and work organization, interpersonal relationship at work, uncertainly in working environment, working with patients and family, safety and security. There were 40 questions on 6 aspects of occupational stress areas. Respondents were asked to rate on separate 5 point Likert type scale ranging from strongly agree 5 to strongly disagree 1. The extent to which they agreed that they are confident, competent and skilled. The higher they score the higher they agree. In order to establish reliability of the tool, the technique called Split Half method was used and reliability co-efficient was calculated by using raw score formula. The calculated 'r' value after spearman Brown's prophecy formula is 0.84 suggesting the developed tool was highly reliable.

Socio-demographic Variables and Clinical characteristics

Socio-demographic variables included Age, Sex, Religion, marital status, qualification, year of experience, family monthly income and number of beds.

Data Collection Procedures

Prior permissions were taken from relevant institutions before the beginning of data collection procedure. The study participants were working during the study period at HSK Hospital and Research Center, Bagalkot. Every staff nurses who fulfilled the inclusion criteria was approached for data collection. Consent was obtained by the interviewers before participants underwent the structured interview. Purpose of the study was explained to the participants and they were interviewed in Kannada or in the language understandable to them. All the information collected was based on nurses self report.

Data Analysis

The data obtained were analyzed in terms of the objectives of the study using Descriptive and Inferential statistics. A master data sheet was prepared with responses given by the participants. Frequencies and percentage for the analysis of demographic data. The mean and standard deviation of answered questions. The Chi Square test was used to determine association between stress level and selected demographic variables presented in tables and graphs.

RESULTS

A: Sample characteristics

Percentage-wise distribution of staff nurses according to their age group reveals that majority of the staff nurses (54%) were in the age group of 20-30 yrs. 52% of staff nurses were males and 92% were Hindus. Most of them (68%) were married. majority (86%) of them were Diploma/GNM qualification. Majority of them having (46%) 6-10 years of experience. (68%) of respondents had income between 10,001-20,000 per month. Most of the staff nurses (38%) dealing 21-30 beds.

B: Assessment of occupational stress among staff nurses.

Findings reveal that distribution of respondents by stress level (mild and moderate). 70% of respondents had mild stress level as compared to 30% moderate stress. There is no presence of normal and severe stress. (Table 1)

Table 1: Levels of occupational stress among staff nurses.

Stress level	Number	Percent
Normal	0	0%
Mild	35	70%
Moderate	15	30%
Severe	0	0%
Combined	50	100%

Study reveals the aspect wise mean stress scores of respondents. The overall mean stress score was found to be 56.82% with SD as 7.3%. The mean stress score was found to be higher 64.1% in the aspect of interaction, followed by 63.8% in professional status and 60.3% payment and 56.4% in organizational policies. Further, the less stress score (45.08) found in the area of autonomy and 51.28% in task requirement. (Table 2)

Table 2: Mean and standard deviation of level of stress among staff nurses in various aspects of occupation

No.	Stress Aspects	Statements	Max score	Range score	Stress score			
					Mean	Mean%	SD	SD%
1	Pay	7	35	7-35	21.12	60.3	2.26	6.4
2	Professional Status	6	30	6-30	19.16	63.8	1.86	6.2
3	Autonomy	7	35	7-35	15.78	45.08	2.09	5.97
4	Organizational Policies	6	30	6-30	16.94	56.4	3.03	10.1
5	Task Requirement	5	25	5-25	12.82	51.28	2.54	10.16
6	Interaction	9	45	9-45	28.88	64.1	2.39	5.31
7	Combined	40	200	40-200	114.7	56.82	14.17	7.3

C: Association between occupational stress with selected demographic variables of staff nurses.

Finding related to association between the occupational stress with their selected socio demographic variables among staff nurses reveal that there is no significant

relationship found between occupational stress of staff nurses and socio-demographic variables such as age, gender, religion, marital status, qualification, year of experience, family monthly income and number of beds (Table 3).

Table 3: Association between occupational stress with selected demographic variables of staff nurses

Sl No	Socio demographic variable	Degree of freedom	Chi- square value
01	Age	1	0.8102
02	Gender	1	0.55
03	Religion	1	01
04	Marital status	1	0.0175
05	Qualification	1	0.0079
06	Years of Experience	1	0.192
07	Family monthly Income	1	0.857
08	Number of beds	1	2.992

*P<0.05

DISCUSSION

The main objective of the present study was to find the occupational stress among staff nurses at HSK hospital and research centre, Bagalkot, with a view to develop an information guide sheet on stress management. Findings revealed that, Majority (70%) of the respondents had mild level stress and remaining of 30% had moderate level stress. Hence most of staff nurses having mild level of stress. In order to ensure a better health care delivery service will help in streamlining the stress management programmers towards a specific direction, thereby ensuring that these health care providers remain healthy and stress free. This will lead to better delivery and enhanced quality of health services for the entire population.

The findings related to occupational stresses among staff nurses are discussed under the following. Majority (70%) of the respondents had mild level stress and remaining of 30% had moderate level stress. The findings revealed that overall mean stress score was 56%.The highest mean percent score 64.1 noticed in Interaction and lowest mean percent score 45.08 noticed in Autonomy.

The findings of the study similar to the studies conducted by Shen HC (2005) which reveal that occupational stress among nurses belong to the” High strain” , “Low Strain”, “Active’ and Passive” groups

respectively perceived occupational stress was associated with young age, widowed/ divorced/ separated marital status , high psychological demand, low workplace supported and threat of assault at work. Lower general health score was associated with low job control, high psychological demand and perceived occupational stress.⁷

The findings revealed that higher percentage of lower age group respondents had moderate stress level as higher age group ($\chi^2=0.37, p<0.05$). Higher percentage of female respondents had moderate stress level as compared to male respondents’ ($\chi^2=0.46, p<0.05$). Higher percentage of them is Hindu religion compared to other religions ($\chi^2=0.05, p<0.05$). Higher percentage of stress seen in married respondents compared to unmarried respondents ($\chi^2=0.89, p<0.05$). Higher percentage of respondents with Degree level of qualification had low stress level as compared to respondents with qualification of Diploma/GNM level ($\chi^2=0.93, p<0.05$). Higher percentage of respondents with higher professional experience had low stress level as compared to low or less period of experience ($\chi^2=0.66, p<0.05$). Higher percentage of higher income group had low stress level as compared to lower income group ($\chi^2=0.36, p<0.05$). Higher percentage of stress seen in respondents who handle with 21 to 30 beds compared to other respondents ($\chi^2=0.084, p<0.05$). Hence, there

is no significant association between stress levels with their selected socio demographic variables.

Similar findings were found in the studies conducted to assess the occupational stress among staff nurses, where there is no significant relationship between stress levels with their selected socio demographic variables. Nursing has been identified as an occupation that has high levels of stress.

Limitations

Although present study has able to explain that occupational stress among staff nurses, some limitations need to be taken into account. Sample size was limited to 50 staff nurses; hence the results cannot be generalized to wider population. Limited variables were included in this, as other aspects like work load, types of area working, administrative support could be also associated with occupational stress. Hence further researches may consider these limitations to update the knowledge on occupational stress and this study helps to reduce the occupational stress by future interventional researches.

Recommendations

Interventions should be aimed at reducing the occupational stress among staff nurses at hospitals as it has been shown that higher reduction in their occupational stress. Similar study can be replicated on a large sample to generalize the findings. An experimental study can be undertaken with control group for effective comparison. A comparative study can be conducted between Critical Care Unit and other areas of the hospital and also can be conduct the study to assess the impact of stress management techniques in reducing the perceived stress in staff nurses.

CONCLUSIONS

The study is helpful to find the occupational stress among staff nurses working at HSK Hospital and Research Centre, Bagalkot and suggests that interventions focusing to reduce the

occupational stress among staff nurses would contribute to the improvement of their quality of life. Future researches can investigate the effect of various psychological measures to reduce the stress level with the aim of improving their overall quality of life.

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