Global Journal of Multidisciplinary Studies Available online at www.gjms.co.in
Volume 3, Issue3, Feb 2014
ISSN: - 2348-0459

TO IDENTIFY THE FACTORS OF STRESS MANAGEMENT AND ITS EFFECTS AMONGST NURSES

Mohd.Ashfaq Siddiqui[1]

Assistant Professor Infinity institute of Management and Technology, Sagaur MP

Kamlesh Jain[2]

(Assistant Professor Infinity institute of Management and Technology, Sagaur MP

Ashish Jain [3]

Assistant Professor**,** Infinity institute of Management and Technology, Sagaur MP

ABSTRACT

Stress is a well-known and identified problem within the nursing profession. Stress occurs when one is faced with events or encounters that they perceive as an endangerment to their physical or psychological well being. Additionally stress levels will increase when controllability and predictability in a situation decrease. There is an inverse relationship between stress and job satisfaction, as stress goes up, job satisfaction falls. As a result this increased stress could commonly results in decreased job satisfaction and decreased quality of life. This could potentially contribute to nurses leaving the profession and as an end consequence, account for the current nursing shortage. Nurses confront a range of occupational health and safety (OHS) risks in their roles providing care and comfort to the sick and aged. While much has been done to identify and control the physical risks associated with nursing work, such as manual handling, ergonomics, chemical and biological hazards, we have been less successful in recognizing the very real psychological risks encountered by nurses .

Keywords: - inverse, satisfaction, comfort

INTRODUCTION

Stress is the inability to cope with a real or imagined threat to one`s mental, physical, emotional and spiritual well being which results in a series of physiological responses and adaptation. It is your body's way of responding to any kind of demand. It can be caused by both good and bad experiences. When people feel stressed by something going on around them, their bodies react by releasing chemicals into the blood. These chemicals give people more energy and strength, which can be a good thing if their stress is caused by physical danger. But this can also be a bad thing, if their stress is in response to something emotional and there is no outlet for this extra energy and strength.

The word stress is derived from the Latin word "stringy", which means, "to be drawn tight".

:**Definition of Stress**

In medical terms stress is described as, "a physical or psychological stimulus that can produce mental tension or physiological reactions that may lead to illness." When you are under stress, your adrenal gland releases corticosteroids, which are converted to cortical in the blood stream. Cortisol have an immune suppressive effect in your body. Another Definition of Stress According to Richard S Lazarus, stress is a feeling experienced when a person thinks that "the demands exceed the personal and social resources the individual is able to mobilize."

2.REVIEW OF THE LITERATURE

Workload

The most obvious means of reducing the workload of practitioners is to ensure that staffing levels are adequate, including administrative staff who could reduce the paperwork burden on nurses (Finlayson et al. 2002).

Recent funding increases introduced by the Government promise improvements in staff recruitment (Department of Health 2002a),and the Department of Health (2003) has noted that there has been ‘excellent progress’ in both recruitment and retention of nurses during the past 2 years, even exceeding their own forecasts. The document also looks forward to the ‘largest substantial increase in funding (of the NHS) of any5-year period in its history’. ‘Emotional labour’

Moves during the 1980s and 1990s to promote a more holistic approach to care have altered the dynamic between nurses and patients, from one in which nurses might distance themselves from the emotional needs of patients to one in which development of a nurse–patient relationship is considered essential (Williams 2001).

Such 'emotional labour' places considerable demands on those delivering health care (Phillips 1996) and may reduce objectivity in caring (Williams 2001).

Identification of the need to cope with sick patients and their families as a source of distress for nurses, therefore, is not surprising. Smith and Gray (2001) suggest that new patterns in learning to care are required to enable nurses to cope better with the emotional demands of their work.

Pay and shift working

Pay and shift work schedules seem to be becoming more prominent as major sources of distress for nurses, to the extent that they are displacing other sources in importance. Lack of reward is an increasing source of frustration (Ball et al. 2002) and contributes to role disengagement, a component of burnout (Demerouti et al. 2000).

There remains a disparity of pay for newly qualified nurses when compared with that for police officers and teachers, two professional groups traditionally compared with nurses (Duffin 2001, Holyoake et al. 2002), and nurses are especially aggrieved by governmental failure to address the issue of salaries (RCN 2002). Furthermore, proposals to remove clinical grades and to link pay to competency indicators through the 'Agenda for Change' programmed (Department of Health 1999) have not helped to reduce anxieties over levels of pay (MacKenzie 2002).

Deeming and Harrison (2002) and Duffin (2002) suggest that improving pay is the only long-term answer to the UK's nurse recruitment and retention difficulties. Improved funding of the NHS (Department of Health 2002a) may go some way to improving the situation, but it is questionable whether the anticipated pay awards will be sufficient recompense for the current level of workload (RCN 2002).

Shift working,

Particularly night shifts, traditionally attracts pay enhancements but can have a significant effect on personal and social life. Prolonged shift work, especially night shift work, also has a health risk as it produces symptoms that correspond closely to those of mild or moderate distress (Efinger et al. 1995).

Long-term night shift working has even been suggested to increase the risk of cardiovascular disease, A. McVicar 638 _although the data are inconclusive (Steenland 1996, Scott 2000).

There has to be equity in the allocation of shift schedules, and flexibility to reduce the social and personal impacts of shift working. A possible reason for the recent appearance of shift work scheduling as a source of distress is that staff shortages make it more difficult for nurses to choose when to work unsocial hours. This lack of choice runs contrary to NHS proposals (Department of Health 1998c).

The situation will not be improved if prescriptive patterns of shift working for staff are introduced (Waters 2002).

Indeed, the situation may worsen if current pay modernization plans lead to reduced payments for working unsocial hours (Buchan 2002).

The scheduling of shifts seems likely to remain a source of distress until the problems, exacerbated by staff shortages, are resolved satisfactorily. Difficulties with internal shift rotation are common reasons for nurses leaving the profession (Learthart 2000).

Individuality of stress perceptions

The preceding discussions suggest that organizational measures to reduce stress for nurses are likely to have limited impact, at least in the short-term. This is partly because of their limitations, but also because perceptions are not consistent. An important finding from the current review is that there is a lack of commonality between nurses' perceptions of sources of stress, even where the main sources seem to be identified strongly by a sample (Demerouti et al. 2000, Stordeur et al. 2001).

Consequently, a collective evaluation of sources of distress for nurses in any given clinical area cannot be predictive of ensuing distress in an individual. In addition, there is some evidence that different clinical areas

may influence perceptions of which sources are the most important (Foxall et al. 1990, Tyler & Ellison 1994).

Measures introduced for the majority within a hospital, or even within a single practice area, are therefore unlikely to meet the needs of other staff. Variation between individuals in their perception of the workplace must be addressed. The variation between individual perceptions is most likely to arise from differences in personal factors, as personal stress 'hardiness' influences ability to cope (Boyle et al. 1991, Simoni & Paterson 1997), as do the levels of companionship and social interaction at work (Ceslowitz 1989, Morano 1993, Healy & McKay 2000).

In view of the importance of personal factors in influencing the perception of stress, it is important for the NHS to consider just how individual nurses might be supported, enabling them to utilize the most effective coping strategies that work for them as individuals, supported by colleagues and senior staff. Two principal coping strategies have been proposed: emotion-focused coping and problem-focused coping (Folkman et al. 1986).

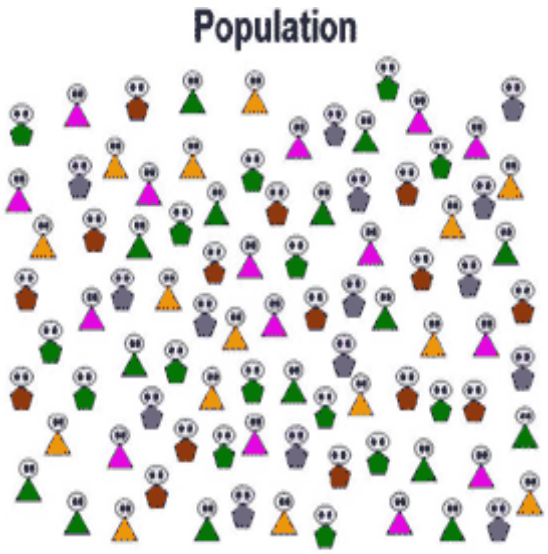
3. METHOD AND PROCEDURE

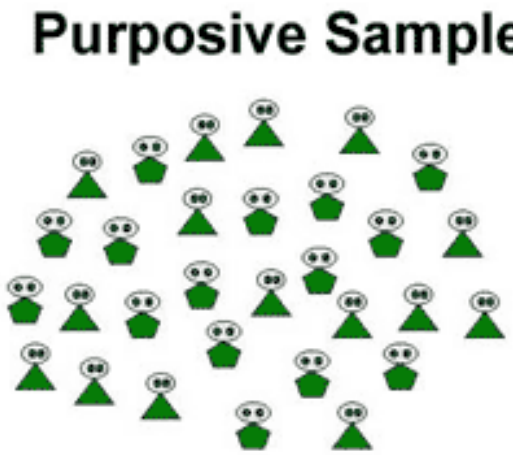
1.SAMPLE DESIGN SAMPLING

For the study purposive sampling has been done. The present study is a survey method where nurses of selected hospitals are chosen.

Purposive sampling targets a particular group of people. When the desired population for the study is rare or very difficult to locate and recruit for a study, purposive sampling may be the only option

Let's see what a purposive sample from our population might look like.





2. TOOLS USED

In the absence of standardized measuring tool, questionnaire was formulated by the researcher herself , keeping in mind the suitability with samples.

3. COLLECTION OF DATA

Questionnaire is used for the collection of data.

4. TECHNIQUES USED

For the analysis of result t- test is used.

4. RESULT AND DISCUSSION OF THE RESULT

1.On the basis of gender

	Mean	SD	N	Df
Male	19	3.17	19	18
Female	18	3.17	21	20

t = 1/.22 = 4.45, and the degree of freedom is equal to 38, it is found the entries is significant at 0.5 which means that the difference as large as or larger than 2.02 under null hypothesis, therefore male nurses are more stressed than female nurses. The present results are in agreement with the Studies which show that under long-term stress, men exhibited more effects of stress than women. Specifically, men had higher blood pressure, used more maladaptive coping strategies, drank more alcohol and made unhealthy eating decisions. Women were more likely to use adaptive stress coping mechanisms than men. Gender differences were also apparent in an Australian study rural doctors that showed male physicians were more stressed than female physicians. This, once again, may be attributed to differences in coping mechanisms employed by both genders.

2. On the basis of salary

	Mean	SD	N	Df
Less than 5000	19.9	3.19	10	9
More than 5000	17.9	3.19	30	29

t = 2/0.43 = 4.65 and the degree of freedom is equal to 38, it is found the entries is significant at 0.5 which means that the difference as large as or larger than 2.02 under null hypothesis, therefore nurses who receives salary less than 5000 are more stressed as compare to those who receives salary more than 5000. The present results are in agreement with studies done by Deeming and Harrison (2002) and Duffin (2002) which suggest that improving pay is the only long-term answer to the nurse recruitment and retention difficulties.

3. On the basis of shift

	Mean	SD	N	df
Night shift	19.2	3.22	20	19
Day shift	17.7	3.22	20	19

t = 1.5/0.33 = 4.54 and the degree of freedom is equal to 38, it is found the entries is significant at 0.5 which means that the difference as large as or larger than 2.02 under null hypothesis, therefore nurses who have to do night shifts ere more stressed as compare to those who works in day shift. The present result is in agreement with the results found by Efinger et al. (1995) which states that

night shifts, traditionally attracts pay enhancements but can have a significant effect on personal and social life. Prolonged shift work, especially night shift work, also has a health risk as it produces symptoms that correspond closely to those of mild or moderate distress.

4. O N THE BASIS OF AGE

	Mean	SD	N	df

More than 25	16.86	2.91	21	20
Less than 25	19.16	5.06	19	18

t = 2.3/0.53 = 4.34 and the degree of freedom is equal to 38, it is found the entries is significant at 0.5 which means that the difference as large as or larger than 2.02 under null hypothesis therefore the one who are younger and less than 25 are more stressed than the one who are more than 25 years of age. The result is in agreement with the studies done by Chang & Hancock (2003) which states that the relationship between job satisfaction and role stress in graduate nurses in. The results revealed that the nurses experienced a moderate level of role stress, which was related to role ambiguity and role overload. In terms of role ambiguity, the graduate nurses reported higher stress levels as a result of being 'unable to influence others', of 'not knowing what is expected' and of having 'too little authority'. They concluded that when the graduate nurses experienced role stress and role ambiguity, job satisfaction was affected in the process.

5. ON THE BASIS OF WORK LOAD

	Mean	SD	N	Df
Less than 10 patients	18.42	3.30	19	18
More than 10 patients	18.42	3.30	21	20

t= 0/0.33 = 0. which is not significant.

	Mean	SD	N	Df
Married	18.6	3.32	22	21
Unmarried	18.2	3.32	18	17

T = 0.4/ 0.3 = 1.33 , which is not significant.

These values are not found significant at 0.5, perhaps because the sample size is not sufficient or more study has to be done in the

big hospitals which works for specialized diseases particularly in the urban areas.The result in according with the studies done by Demerouti et al. 2000, Stordeur et al. 2001. This is partly because of their limitations, but also because perceptions are not consistent. An important finding from the current review is that there is a lack of commonality between nurses' perceptions of sources of stress, even where the main sources seem to be identified strongly by a sample .

6. CONCLUSION

The present study is on the identification of factors of stress amongst nurses. It is gender, age, shift and salary are the main sourses of distress for nurses. An individual`s stress threshold, sometimes reffered as stress `hardiness` is likely tpo be dependent upon their characteristics , experiences and coping mechanism and on the circumstances under which demand is made. A single event may nut necessarily constitute a source of stress for all nurses, or for all individual at all times, and may have a variable impact depending upon the extent of the mismatch. This project attempted the implication of the subjective aspects of stress perception for nurses who are a professional group most likely to report very high level of workplace stress. Cognitive theory of stress that has become the most widely applied theory in the study of occupational stress and stress management.

REFERENCE

1. Bartlett D. (1998) *Stress, Perspectives and Processes. Health psychology Series. Chapter 1. Stress and Health,* OUP, Buckingham, pp. 1-21.

2. Deeming C. & Harrison T. (2002) The long view. *Nursing Standard* 16, 12-13.

3. Duffin C. (2001) Relatively speaking. *Nursing Standard* 15, 12-13.

4. Finlayson B., Dixon J., Meadows *S,* 8c Blair G. (2002) Mind the gap: policy response to the NHS nursing shortage. *British Medical Journal* 325, 541-544.

5. Department of Health (2002a) *Human Resources and the NHS Plan; A Consultation Document.* DH, London.