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Research Article

A COMPARATIVE STUDY TO ASSESS LEVELS OF STRESS BETWEEN GENERAL WARD AND OT NURSES AT SELECTED HOSPITALS, CHITTOOR DISTRICT

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ABSTRACT

Purposes: The aim of the study to identify the stress levels of staff nurses working in General ward and Operation theatre.

Methods: The study employed a non experimental design with a purposive sample of 64 participants. Data were collected by questionnaire.

Results: Majority [65.6%] of the nurses working in operation theatre were facing moderate level of stress followed by [34.8%] of the nurses faces mild levels of stress. Similarly around 65.2% of nurses in general ward nurses also were facing moderate levels of stress followed by 34.37% of nurses suffering from mild level of stress.

Conclusion: study shown that there is no difference in the stress faced by general ward and operation theatre nurses. Both areas have equal percentage of stress levels among nurses.

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INTRODUCTION

Silent killer is the best name applied to the stress. Day to day stress can result in changes of physiology which can lead to the state of illness. According to Atkinson (1991) stress occur when one is faced with events or encounters that they perceive as an endangerment to their physical or psychological wellbeing. Additionally stress levels will increase when controllability and predictability in a situation decrease. (Atkinson A. B., and Micklewrightj. 1991)

Nursing has been identified by a number of studies as a stressful occupation. There is an inverse relationship between stress and job satisfaction. As a stress goes up, job satisfaction falls. As a result this increased quality of life. This could potentially contribute to nurses leaving the profession and as an end consequence, account for the current nursing shortage. (Dolan1987)

In 1987 the first volume of international quarterly work and stress, nursing is by its very nature a "stressful profession". In a similar way, Hingly observed that "Every day the nurses confronts stark suffering, grief and death as few other people do. Many nursing tasks are mundane unrewarding. Many are, by normal standards, distasteful and disgusting. Others are

often degrading, some are simple frightening. (Moreton-Cooper1984)

Molassiotis A. (1995) surveyed 129 nurses and 29 doctors in bone marrow transplant units. Half of the samples were emotionally exhausted and 80% reported feeling of low personal accomplishments. The majority of these professionals had experienced difficulties in their personal lives which were directly linked to stress at work. In primary care general practitioners experienced stress due to patient's demands 'interruptions' practice administration, and job demands.

Although most nurses cope effectively with the emotion and physical demands of nursing in some situations nurses become overwhelmed and develop burnout, a complex syndrome of behaviours that can be linked to the exhaustion of general adaptation syndrome. Stress has a cost for individuals in terms of health, wellbeing organization in terms of absenteeism and , which in turn may impact upon the quality patient care. Nurses must first recognise their stress and become tuned to search responses as feelings of being over whelmed, fatigue, angry outbursts, physical illness and increase in coffee drinking, smoking or other substance abuse better understanding of these factors in nursing may allow identification of strategies to

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improve the working conditions for the nurses with resulting benefits for the quality of nursing care. (Hughes 2005)

A Study was conducted to assess stress and burnout among nurses in a multispeciality hospital. Results indicated levels of burnout and distress comparable with larger studies. Conflicts with doctor was the major source of stress, followed by workload, inadequate preparation in delaying with the emotional needs of patients and their families and dying, however, workload, death and are commonly identified as source in the literature. (Watson P. Feld A 2006)

A study was conducted on stress among district nurses: a preliminary investigation identified five major factors as the stress faced by the nurses like a demands of the job and lack of communication, working environment, problem with the patients, work/home interface, social life, career development and middot; The highest levels of satisfaction were reported for the amount of variety in their job and lowest level of job satisfaction was reported for chance of promotion. The results revile that the mental wellbeing of the nurses was higher than that of other population groups and middot: Further there more multivariate analysis revealed three major stressors that were predictive of high levels of job dissatisfaction demands of the job and lack of communication, working environment and career development.(Usharani Rout 2000)

A study done on work related stress among nurses, a challenge for health care institutions reported that the frequency of common psychosomatic symptoms (Ex: sleeping problems, tension headache, chronic fatigue or palpitations), regular alcohol drinking heavy smoking and frequent use of tranquilizers and sleeping pills can be read as indicator of nurses work related stress level . Nurses aged 51 to 60 years and those on rotating night shift proved to be vulnerable to the stress most frequently. No significant difference were found between nurses working in theatre nor was job satisfaction found to have a significant impact on the levels of stress experienced. The results suggested that supportive relationship with peers may reduce the occurrence of high stress levels among nurses, leading the author to conclude that social support and the psychosocial work climate should be improved in health care institutions. (B.PIK1999).

A comparative study done by Dragana Milutinovic to identify and analyse the stress factors of nurses in four clinical departments identified that stressful situation in the psychological occupational environment are the greatest stress factor regardless of the workplace; Nurses working in settings without support from their superiors and engaged in inter professional conflicts, especially between the nurses and physicians, face a great problem. Researchers have recommended to promote conditions of work(work space ,providing new equipment),organization of work, as well as social relationship, which is in accordance with the recommendations of international council for nurses.(Nichols1981)

Mark Gillespie in their quantitative and qualitative study on emergency nurse burnout using the Malachi Burnout inventory conclude that stress and burnout have for reaching effects both for nurses in their clinical practice and personal lives.(Mark Gillespie and VidarMelly2003).

A comparative study of psychiatric nurses and nurses working in theatres, intensive care and general medicine using a sample of 269 female nurses found that psychiatric nurses experienced intense interpersonal involvement and stated that frequent conflicts with patients, families, physicians and colleagues took place in their working environment. This study demonstrated that interpersonal relationship were the most frequent sources of undesirable personal stress for psychiatric nurses and that it had a greater impact on them than on nurses of other specialities. (Cronin-Stubs and Brophy s1985)

MATERIALS AND METHODS

The research approach used was comparative and research design is non experimental design. The settings of the study was at Aragonda Apollo Hospital, district head quarters hospital Chittoor, SVRRG Govt. Hospital, maternity Govt. Hospital and Birdds Hospital, Tirupati The population of all nurses working in General wards and operation theatre with at late one year experience, who are falling under inclusive criteria sample size is 64.

Variables

Independent Variables

Demographic Variables such as age group, marital status and years of experience.

Dependent Variables

Comparison of stress levels of nurses working in operation theatres and general wards.

Criteria for sample selection

Inclusive criteria

- Those who had at least one year of experience.
- The nurse who are available at the time of data collection.

Exclusive criteria

- Unwillingness to participate in study.
- People who can not understand English.

Development and Description of tool

Tool consists of 2 sections

Section –A

- Demographic variables such as age group, marital status and years of experience.

Section-B

- Professional life stress scale is derived to assess the stress levels in nurses working in general ward and operation theatre.

Score

Level of stress	Score
Mild stress	0-15
Moderate stress	16-30
Severe stress	31-45
Extreme stress	46-60

- The pilot study was conducted on 7 samples. Analysis was done by using comparative and inferential statistics.

Method of Data Collection

The investigator introduced them self to the subjects in a calm and conducive environment and also developed rapport with the subjects. Consent was taken and data was collected by a written questionnaire from the samples of selected Hospitals.

Statistical analysis

The data was analysed by using comparative and inferential statistics.

Comparative analysis

- Demographic performance analysed by using frequency and percentage distribution.
- To know the level of stress in nurses working in general ward and operation theatre by means of frequency, percentage, mean, median and standard deviation.

Inferential statistics

Stress between general ward and operation theatre nurses was analysed by t’ test chi - square test was performed to find the association between the levels of stress in general ward and operation theatre nurses.

Ethical considerations

Ethical clearance of was approved from the research ethical committee, faculty of nursing, Apollo college of nursing Aragonda.

Ethical clearance was obtained from the authorities of Hospitals of Chittoor Dist., Informed consent was taken from the nurses who one willing to participate in the study.

RESULTS

Majority of population belongs to age group of 35-39years with mean value of 19.Majority of samples (80%)also belongs to the married category with a mean value of 16.4and 60%of the samples fall under 0-9 years of experience with a mean value of 16.

A higher percentage (21%) of samples in operation theatre belongs to age group of 35-39 years where as in general ward majority(49%)are belongs to 30-34years of age group.81.3%of nurses in operation theatre are married and almost a similar percentage of nurses i.e. 81.25% in general ward also were married.

With regard to years of experience as high as 16 nurses(50%)are having less than 9 years of experience closely followed by 15 nurses (46.8%) with 10 to 19years in operation theatres .Where as in general ward majority nurses(71 .8%) are having only one year of experience.

Related to percentage almost an equal percentage of nurses that 65.6 and 65.2 nurses in operation theatres and general ward respectively are suffering from moderate levels of stress with a mean score of 20.2.similar trends is seen in a lesser percentage of nurses suffering with mild levels of stress i.e. 34.37%in

general wards and34.8% in operation theatre with a mean score of 12 and 13.18 respectively.

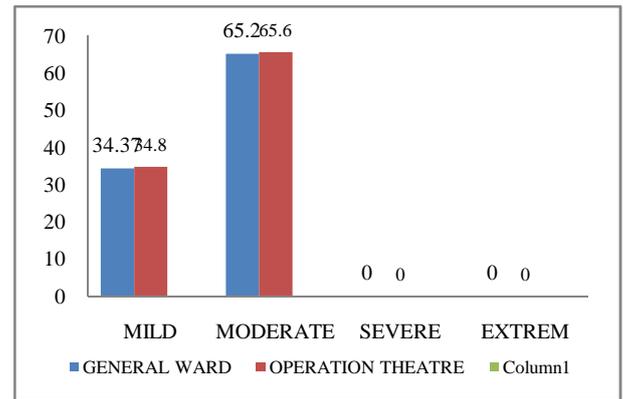


Table 1 comparison of stress levels among general ward and operation theatre nurses.

Related to mean values of operation theatre nurses stress is 14.25 with a SD value of 5.06 and general ward nurses with a mean of 18 and SD value of 4.

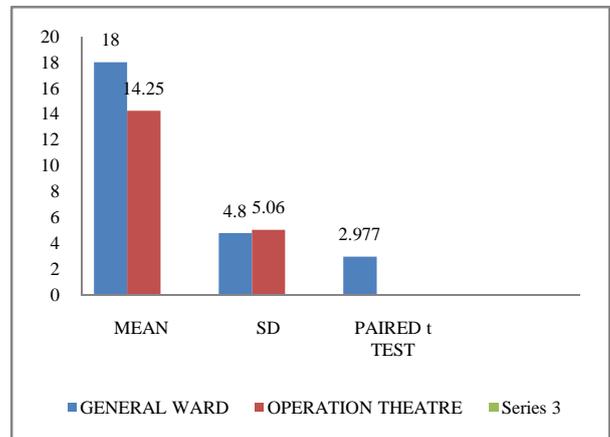


Table 2 comparison of mean levels of stress and paired t test in general ward and operation theatre nurses.

DISCUSSION

First objective of the study was to identify the stress levels of staff nurses working in operation theatres. This study finding revealed that majority that is 65.6%of nurses working in operation theatres were facing moderate levels of stress followed by mild levels of stress in 34.8% of the nurses.

The second objective of the study was to assess the stress levels of staff nurses working in general wards .similarly around 65.2% of nurses in general ward nurses also were facing moderate levels of stress followed by 34.37% of nurses suffering from mild level of stress.

Hence it is concluded that majority there is no difference in stress faced by general ward and operation theatre nurses both areas have equal percentage of nurses suffering from moderate and mild levels of stress so the hypothesis rejected.

CONCLUSION

The study finding reveals that majority of the nurses (65.6%, 65.2%) are suffering from moderate levels of stress followed by lesser percentage of nurses (34.8%and 34.37) suffering with

mild levels of stress in operation theatre and general ward respectively. it is also identified that the percentage of nurses suffering from mild and moderate levels of stress in general ward and operation theatre are almost equal. so the study hypothesis is rejected.

Recommendations

- Can be done on large sample size in tertiary care centres, institutions.
- An interventional approach to stress can be done.
- Can do experimental study by randomization and control groups.
- Same kind of study can be done between government and private institutions.

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