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## A study on stress among nurses

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### Abstract

Stress is with us every day of our lives. It is conversed in books, movies, and in support groups. Nurses deal with the stress of safely caring for patients on a daily basis, sometimes not realizing that they, themselves are stressed. It has been agreed that, in the caring profession, nurses form the largest group of which the principal mission is the nurturing of and caring for people in the human health experience. They provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, as well as to clients using supportive and preventative programs and related community services (Kipping, 2000:207). Occupational stress is more prominent in this caring profession and the result is absenteeism, anxiety, suicide and depression. The present study is an attempt to find out the difference in stress level among the nurses working in the government hospitals and private hospitals. The data was gathered from the hospitals in Delhi and Faridabad. A sample of 100 nurses was considered for study. Random convenient sampling technique was used to collect the data. Nursing Stress Scale given by Gray-Toft and Anderson (1981) was used to measure perceived stress among nurses. Results revealed that there was no significant difference amongst the nurses of government hospitals and private hospitals.

**Keywords:** Caring profession, Nurses, Occupational stress

### 1. Introduction

Stress is with us every day of our lives. It is conversed in books, movies, and in support groups. Popular definitions of stress include Webster's Dictionary's, "mental or physical tension or strain" (1988, p. 1326). Synonyms used for stress by J. Rodale include pain, grief, suffering, filtration, conflict, and trauma (1978). In the book "The Nation's Health" Lee and Estes (1990) point out that nurse everywhere are under great stress. They discuss that salaries have not kept up with the increased skills and responsibilities that are required, and that staffing levels and inflexible schedules add additional stress to an already pressured group. Nurses deal with the stress of safely caring for patients on a daily basis, sometimes not realizing that they, themselves are stressed. It has been agreed that, in the caring profession, nurses form the largest group of which the principal mission is the nurturing of and caring for people in the human health experience. They provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, as well as to clients using supportive and preventative programs and related community services (Kipping, 2000:207). The nursing profession follows a holistic approach, taking account the person in totality in his or her environment. Nurses provide presence, comfort, help and support for people confronted with loneliness, pain, incapacity, disease and even death. The fact that nursing has been extensively and unfailingly recognized worldwide as a stressful job is therefore not surprising (Farrington, 1995:574)

### Literature Review

Researchers have linked occupational stress to disease and illnesses experienced by nursing professionals (Norrie, 1995:294). In the first half of the 1990s nurses, midwives and other health care workers topped the record board for the most female suicides in the United Kingdom (Day, 1995:7). Nurses who are stressed are more likely to have an increased incidence of absenteeism (Easterburg, Williamson, Gorsuch & Ridley, 1994:1233), which in turn not only results in a lack of continuity in care but also contributes to the nursing turnover (Kipping, 2000:207). Furthermore, an increased amount of interpersonal conflict has been noted in work context; nurses experience feelings of inadequacy, suffer from self-doubt, lowered self-esteem, irritability, depression, somatic disturbances and sleep disorders, all of

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which jeopardize the quality of care they provide (Hillhouse & Adler, 1996:297). Eventually burnout will set in due to chronic stress and may impact negatively on the nurse-patient relationship (Kipping, 2000:207). Since occupational stress is more prominent in this caring profession, it is not surprising that many researchers emphasize the high risk for burnout noted in the nursing population (Omdahl & O'Donnell, 1999:1352; Shimomitsu, Ohya & Odagiri, 2003:147; Visser, Smets, Oort & de Haes, 2003:272; Duquette, Kerouac, Sandhu & Beaudet; 1994:338). Globally, the science of occupational health has gained momentum since the late 1970s, with South African burnout and occupational stress research studies appearing from the 1980's (Van Graan, 1994:22). Stress among nurses has been related to not only burnout and job dissatisfaction but also to absenteeism, turnover, coping skills, anxiety, and quality of care (Oehler, Davidson, Starr, & Lee, 1991; Leveck & Jones, 1996)

**Objective of the Study**

The objective of the study was to measure the stress level amongst nurses.

**Hypotheses of the Study**

**H<sub>01</sub>:** There is no significant difference in the stress level between the government hospital nurses and private hospital nurses.

**H<sub>11</sub>:** There is significant difference in the stress level between the government hospital nurses and private hospital nurses.

**Research Methodology**

The study used both primary and secondary data. The purpose of the study was to compare the stress level of nurses. The data was gathered from the nurses who were employed in government hospitals and private hospitals. The study was confined to Delhi and Faridabad only. A total of twelve hospitals were used to select the sample (six government hospitals and six private hospitals). Three government and three private hospitals were taken from Delhi and other three government and three private hospitals were taken from Faridabad. Random convenient sampling technique was used to collect the data. A sample of 100 nurses was taken randomly. Fifty nurses from Delhi and fifty nurses from Faridabad district were selected. Nursing Stress Scale given by Gray-Toft and Anderson (1981) <sup>[9]</sup> was used to measure perceived stress among nurses. There were 34 questions in the questionnaire. Four point likert scale was used. The Nursing stress scale had seven subscales:

1. Work Load
2. Death and Dying
3. Inadequate preparation to deal with emotional needs of patients and their families
4. Lack of staff support
5. Uncertainty concerning treatment
6. Conflict with physicians
7. Conflict with other nurses and supervisors.

**Analysis and Interpretation**

**Table 1:** Respondents Profile

Hospitals	Delhi	Faridabad	Total
No. of Respondents			
Government	25	25	50
Private	25	25	50
Total	50	50	100

**Table 2:** Comparison between government and private hospital nurses in Delhi

Nurses	N	Mean	S.D	't' value
Government hospital nurses	25	21.40	5.02	1.48
Private hospital nurses	25	19.07	5.84	

Table 2 shows that 't' value is 1.48 which is less than the table value. So our null hypothesis (H<sub>01</sub>) that there is no significant difference in the stress level between the government hospital nurses and private hospital nurses is accepted.

**Table 3:** Comparison between government and private hospital nurses in Faridabad

Nurses	N	Mean	S.D	't' value
Government hospital nurses	25	20.22	5.25	1.23
Private hospital nurses	25	17.10	5.92	

The calculated 't' value is less than the table value so there is no significant difference between the stress level of government hospital nurses and private hospital nurses in Faridabad. Our null hypothesis is accepted that there is no significant difference in the stress level between the government hospital nurses and private hospital nurses is accepted.

**Conclusion**

Work-related stress is seen as the natural response manifested by individuals being subjected to intense pressure at work over a period of time, short- or long-term for that matter. Many individuals are motivated by the challenge and difficulties posed by normal work demands and react by improving their performance. Meeting those challenges and overcoming the difficulties causes feelings of satisfaction and perhaps relaxation (Devereux, Buckle, & Vlachonikolis, 1999:343). However, when the pressure of the demands at work become excessive and prolonged, individuals may perceive a threat to their well-being or interests and as a result experience unpleasant emotions such as fear, anger or anxiety. Furthermore the negative psychological state, with cognitive and emotional components, of work-related stress also affects the health of both individual employees and their organizations. Management should take steps to minimize the stress level among nurses. A healthy work environment, role clarity, feedback system, performance rewards and supporting staff will prove a helping hand to minimize the stress level.

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