

# Job Stress Perception Among Nurses

## *The ICU Scenario*

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STRESS is experienced by every human being irrespective of age, sex and nationality. The word stress is derived from a Latin word 'Stringers' that means to bind tight and it is the shortened form of distress which denotes noxious human experiences. It was Hans Selye who introduced stress in Life Sciences. He suggested that stress is the non-specific response of the body to any demand made upon it. (Selye, 1956).

Stress experienced by two individuals in the same situation is different and it can evoke both positive and negative effects on its victims. This is due to the difference in perception of stress. Stress can be originating from home, workplace or the society.

Work related stress, Job stress, is now a subject of concern to public and private health officials. They have found that stress can contribute to or make worse serious health problems such as heart diseases, hyper tension, alcoholism, drug addiction, ulcers and anxiety. Stress at work place can result in poor performance at work. Workers' personal life can become increasingly unhappy as a result of continuous stress at work (Dawis, 1989). Moreover, a person's major part of time is spent in the work place. So it is important to understand the stress inherent in the work situation and to explore how the stress is be-

ing perceived by the Nursing professional.

### In the ICU

Today, Intensive Coronary Care Unit and Intensive Cardiac Surgical Unit are integral parts of any well established hospital, and render intensive care to critically ill cardiac patients for restoration of their life and health. Many cardiac patients have regained new life after a period of serious illness. The most modern equipment and life saving Nursing management in these units are always challenging, rewarding and at the same time stress producing.

Nurses are no doubt the prime care givers undergoing tremendous stress in these units. Comprehensive Nursing care activities, interpersonal relationships, environmental factors, personal problems, increased workload, time pressure, handling hazardous equipment, emotional problems, lack of assertiveness and self-confidence, etc., are some of the sources of stress for the Nurses. Moreover, constant alertness, responsibility and accountability of a patient's life and unpredicted emergencies are also adding to the stress of Nurses in these units.

The research studies in this area had acknowledged the existence of Job Stress among various areas of Nursing. Studies also revealed that Job Stress is inversely proportional to job satisfaction. It is also known that stress in work area will be hampering the quality of care given, by reducing efficiency, morale and work

performance. Stress produces 'burn out' in which the previously committed Nursing personnel disengages from her work and loses respect for the very people she is supposed to help.

Stress is costly to the hospital organisation because of absenteeism and rapid turnover of staff. It is also costly to the Nurse due to psychosomatic illness and occurrence of accidents. Hence if the Job Stress of Nurses is persistently ignored, the price to be paid both in terms of individual suffering and patient's lives will be higher than any one could have thought possible. (David Mitchell, 1979).

So, it is high time to think over this problem and take necessary steps to minimise Job Stress among Nurses in order to hasten professional growth and development. For the same we have to find out as to what are the stress producing factors and how Nurses perceive these stressors in the specialised areas such as ICCU and ICSU. It will be worthwhile to elicit recommendations and suggestions for reducing Job Stress in their respective areas from the practising Nursing staff themselves. This study is an attempt to do so.

*Methodology:* A descriptive survey method was used for the present.

*Setting for the Study:* Five Intensive Coronary Care Units and three Intensive Cardiac Surgical Units from 4 selected hospitals in Mumbai constituted the setting for the study.

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*Sample:* 100 Nurses working in the ICCU and ICSU who fulfilled the following criteria were selected for the study: (1) one month's experience in the unit, (2) had experienced 3 shifts of duty in the same unit, (3) could communicate well in English.

*Development of Instrument:* The investigator developed an instrument after an extensive review of literature in consultation with 15 Nurses working in the ICCU and ICSU, experts in the field of Nursing and Psychology. Ten items were drawn from a stress check list developed by Anderson and Margaret for their study named "Stress and Critical Care Nurse Re-affirmed"<sup>17</sup>. 14 items were elicited from the ICCU and ICSU Staff Nurses. Thus a list of 24 Job Stress situations were prepared. These items were classified under 5 major headings: Administrative stress (7 items), Interpersonal Stress (8 items), Personal Stress (5 items), Situational Stress (2 items), Environmental Stress (2 items).

An additional open question to elicit any situations other than the prescribed ones was also asked. At the end of the questionnaire a general question was asked regarding the ways and means to reduce stress in their own work place.

*Pilot Study:* A pilot study was conducted on 10 Nurses selected at random from the ICCU and ICSU of 2 hospitals who fulfilled the same criteria as that of the sample. As per the observations based on the pilot study the instrument was modified. The instrument was redesigned, questions were reworded, and situations were rearranged. The whole questionnaire was re-organised and divided into 4 main parts with clear instructions to fill up. The modified instrument consisted of a general note describing the purpose of the study and ensuring

confidentiality of the response: Part I dealt with demographic characteristics of the sample; Part II and III consisted of 24 stress producing situations along with 5 point rating scale ranging from 'not upset' to 'upset to a great extent'; Part IV consisted of a request for suggestions to reduce Job Stress in the area.

#### **Instrument Standardisation**

*Validity:* Content validity was checked by getting opinions from 3 experts in Psychology, 3 experts in Nursing and one Cardio-thoracic Surgeon. The content of the tool was found appropriate and adequate according to the experts consulted.

*Reliability:* Test-retest method was adopted for reliability on 10 Nurses selected at random from the different ICCU & ICSU of the selected hospitals with an interval of 3 weeks between test and retest. All these 10 Nurses were excluded from the final study. Co-efficient of correlation by product moment method ( $r$ ) was 0.76 for the Job Stress tool. Hence the tool was considered valid and reliable for the present study.

#### **Administration**

The 100 Nurses were visited in the ICCU and ICSU and at their residences on previous appointment. Rapport was established and clear instructions were given to fill up the questionnaire. The questionnaire was administered to one Nurse at a time and the questionnaire was filled by the Nurses in the presence of the investigator. The time taken to fill up the questionnaire varied from 15-45 minutes. The entire period of data collection extended to two months.

*Analysis:* Intensity of Job Stress perceived by Nurses under the study is analysed item-wise and area-wise

comparatively for ICCU and ICSU. ' $\chi^2$ ' test was used to find out the significance of difference in stress perception between the 2 categories of Nurses working in ICCU and ICSU.

For the intensity of stress, data was collected on a 5 point scale varying from 1-5, scores represented as 'not upset' to 'upset to a great extent' respectively.

The age ranged from 21 years to 60 years, with a mean of 29.6, Majority of them were in the age group of 21-30 years.

Majority of the Staff Nurses had less than one year of experience and 49% had more than one year of experience. The mean experience was 1.61 year. 94% had held a Diploma in General Nursing and Midwifery and 6% were B.Sc. Nurses. 93% of the sample were Staff Nurses. 52% of the sample were married and the rest were single.

The mean score of Job Stress showed no significant difference in the level of intensity of Job Stress perceived in the administrative, interpersonal and environmental areas of Job Stress in ICCU. There was significant difference in the situational and personal areas of Job Stress in the ICCU. In the situational area the majority responded in favour of 'upset'.

A similar pattern was seen between 'upset' and 'not upset' categories in ICCU except for environmental stress for which there was significant difference in the Job Stress perception among the two groups. Majority of ICSU staff also considered situational stress as the most stress producing area.

From this it was concluded that it was the situational area which was the major factor to induce stress among staff in ICCU and ICSU. The area which is least stress producing in ICCU and ICSU is personal stress.

The item-wise analysis of the

stress situation revealed the following results: Above 45% of the sample experienced stress for 12 items out of the 24 items under study. The outstanding item with above 90% of responses in ICCU & ICSU was death of the patients in the unit. Other items of stress producing ranged around 70%.

There was no significant difference in the Job Stress perceptions between those who were above 30 years and below 30 years of age in ICCU and ICSU. Similarly, there was no significant difference between those who have less than 1 year experience and those who have more than 1 year experience in their perception of Job Stress in ICCU and ICSU.

### Reducing Job Stress

In response to the question in Part IV of the questionnaire to elicit suggestions for reducing Job Stress in the present working conditions 80 suggestions were obtained. On scrutiny these were reduced to 21 items by eliminating the respective items. These items were grouped under 4 major headings: Administrative Area, Interpersonal Area, Personal Area, Environmental area.

65% of the staff reported the need for adequate number of well trained staff to maintain a Nurse-Patient ratio of 1:1 or 1:2 and restrict duty hours to 8. Another outstanding suggestion was the need for special training and orientation programme for new staff and to request to post the new staff with senior staff. Majority of Nurses also requested to provide adequate emergency equipment in the unit.

### Conclusions

Staff Nurses working in the ICCU and ICSU perceived stress in their respective work places in all the five

areas under study. The areas that caused more stress were situational, administrative and environmental areas in the ICCU. Similarly, in ICSU the Staff Nurses perceived Job Stress in situational, interpersonal and administrative areas. Situational stress was the outstanding area of stress experience by both ICCU and ICSU staff in Government and Private Hospitals.

The outstanding items causing stress in ICCU and ICSU were 'death of patients in the unit', rapid turnover of patients due to shortage of bed, too many bosses at the same time, giving different instructions and emergencies in the absence of doctors. Irrespective of age, experienced Nurses perceived the intensity of Job Stress alike. It would finally lead to the conclusion that stress experience was common to the staff working in the ICU and ICSU.

As situational stress due to death and emergency situations is the major stress perceived by Nurses, it would be worth considering some orientation programme for Nurses regarding how to handle stress and cope with such situations. In-service education programmes, seminars, workshops, etc. can be conducted by specialists in this field. The valuable suggestions given by the Nurses in this study are sure to minimise stress in the ICCU and ICSU and hence it should be given due importance to minimise job stress in the ICCU and ICSU thereby improve standard of Nursing care and hasten professional growth and development.

It should be noted that majority of Nurses in the ICCU are between 21-31 years of age and less than 1 year's experience. This points out the seriousness of the massive migration of efficient Nurses for foreign countries. It is time for the leaders of Nurses to think seriously about this problem of migration of expert Nurses.

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Procedure: Handwashing before giving the injection was practised by 12 (75%) subjects and only one subject dried the hands. Whereas majority of the subjects cleaned the site with antiseptic solutions to reduce the entry of pathogens into the tissue.

Majority of Nursing staff (81.25%) did not use the file cutter to break the ampoules rather they have used other methods which resulted in reduction in the amount of drug prescribed.

All the subjects inserted the needle quickly with one prick which lessens the pain (Sacharin, 1969) and 50% subjects inserted the needle at 90. Only 9 (56.25%) subjects ensured the penetration of blood vessel by aspirating slightly the medicine back and 11 (68.75%) subjects injected the drug slowly so that pain can be reduced.

Maximum, 13 (81.25%) subjects massaged the area to aid dispersal of drug.

*Care After Procedure:* 11 (68.75%) subjects made the neonates comfortable after the procedure and 12 (75%) subjects disposed off the disposable articles like syringes and needles. Only 2 (12.5%) subjects out of 16 subjects washed their hands after the procedure. All the subjects put their initials on the treatment sheet. Whereas observation of neonates after giving injection was practised by 9 (56.25%) subjects only which is very important.

*Immediate Complications:* Practices of 2 (12.5%) subjects resulted in redness, of 3 (18.75%) subjects resulted in slight bleeding and of 2 (12.5%) subjects resulted in irritation/pain in neonates whereas practices of rest of subjects did not show any complications.

### Conclusion and Suggestions

It is concluded that some of the practices like handwashing, before and after the procedure, cutting the ampoule with file cutter, use of right size of syringes according to the dosage, and observation of neonates after the procedure were not up to the mark. Hence based on the results it is suggested that the Nursing personnel should be made aware of importance of handwashing and proper technique for giving intramuscular injection and practices need to be enhanced through demonstrations by experts. Further time to time evaluation is must to ensure better Nursing care and prevention of complications.

**Promote  
the use of  
Oral  
Rehydration  
Solution**

### Job Stress

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