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Scientific Paper Presentation

A Descriptive Study to Assess the Stress Levels and Coping Strategies of Staff Nurses Working in a Selected Hospital of Shillong, Meghalaya

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In the high demand for effectiveness and efficiency of public health service delivery, nursing staff has great responsibility to ensure that the demand of public is satisfied. Prior research has suggested that nurses, regardless of workplace or culture, are confronted with a variety of stressors. Coping methods can help to dominate on physical, mental, social relationships, individual contradiction problems, can be considered as one of the effective factors in general and mental health of nurses.

Nursing has always been recognised as a stressful profession. Researchers suggested that the causes of nursing stress vary from constant shift duties, interpersonal conflicts in performing tasks not related to nursing and dealing with life-threatening emergencies.

Need and Significance in Nursing

Nursing practice is dynamic and is highly influenced by the medical and technological developments, but the core of "care" has remained the same. In recent years work environment is given importance and organisations are keen to know how stress and burnout affect nurses' work, health and life. Efforts had been made to identify the stressful situations affecting nurses and to recognise the early signs of stress so that adverse health effects and nurses' turnover can be avoided. The World Health Organisation (WHO) has estimated shortage of nurses in India in 2020.The world will be short of 12.9 million healthcare workers by 2035; today, that figure stands at 7.2 million. World Bank predicts a shortage of 80.2 million workers by 2030 globally and India 2 million 6 million nurses by that time. India's have a shortage of 4 million nurses.

Objectives

The study was set with three objectives:

1. To identify the level of stress and coping level in staff nurses working in hospital; 2. To determine the association between stress levels in staff nurses and selected demographic variables; 3. To correlate the stress and coping levels of staff nurses.

Operational Definitions

Stress: A state of physical, emotional instability of nurses working in hospital.

Coping: The cognitive and behavioural efforts adopted by nurses to alleviate emotional distress.

Staff nurses: Staff nurses working in that selected hospital.

Hypothesis

H_1: There will be a significant association between the stress level of staff nurses and their selected demographic variables at 0.05 level of significance.

Review of Literature

Tiwari S & Bhagat D (2018) conducted a study on Occupational Stress among Healthcare Professionals in West Garo Hills, District, Meghalaya that included 97 doctors and 189 nurses employed in both government and private hospitals and community health centers. It was found that the healthcare professionals suffered from extensive occupational stress, which was more among nurses than doctors. The stressors affecting the healthcare professionals include high demand, strictness, time pressure, and harmful exposures. It was also found that occupational stress varies according to job sector, age, work experience and income among healthcare professionals.

Jose & Bhat (2013) conducted a descriptive study on stress and coping of nurses working in hospitals. The study population consisted of 1040 registered nurses working in selected medical college hospitals and government hospitals of Udupi and Mangalore districts. Majority of the subjects (60.38%) experienced low stress, 38.46 percent experienced moderate stress and stress was high among 1.15 percent of the subjects. Significant association was found between stress and professional qualification, marital

Table 1: Frequency and percentage distribution of stress and coping level scores (N=60)

Stress level	f	%	Coping level	f	%
No stress (0)	0	0	No coping (0)	0	0
Mild stress (1 – 30)	4	6.67	Low coping (1 – 20)	8	13.33
Moderate stress (31 – 60)	53	88.33	Moderate coping (21 – 40)	52	86.67
Severe stress (61 – 90)	3	5	High coping (41 – 60)	0	0

Table 2: Correlation between stress and coping in staff nurses (N=60)

Level	Mean	'r' value
Stress level	45.5	-0.68
Coping level	28.75	

Table 3: Chi-square values between stress scores of staff nurses and demographic variables (N=60)

Variables	Stress scores		Chi square	df	Significance at 0.05 level
	Above median	Below median			
Age (in years)					
a) Below 30	12	18	14.47	3	S
b) 31 – 40	11	18			
c) 41 – 50	0	0			
d) 51 – 60	0	1			
Professional qualification					
a) GNM	12	30	7.01	2	S
b) BSc (Nursing)	7	8			
c) MSc (Nursing)	3	0			
Working experience					
a) 1 – 5 years	5	14	1.47	2	NS
b) 6 – 10 years	11	14			
c) 11 – 15 years	6	10			
d) 16 – 20 years	0	0			
e) Above 21 years	0	0			
Monthly income					
a) Below Rs. 25,000	1	7	4.38	2	NS
b) Rs. 25,001 – Rs. 35,000	0	0			
c) Rs. 35,001 – Rs. 45,000	11	17			
d) Above Rs. 45,000	10	14			
Marital status					
a) Married	11	21	0.012	1	NS
b) Unmarried	10	18			
c) Separated	0	0			
No. of children					
a) 0	15	21	3.76	2	NS
b) 1 – 2	6	13			
c) 3 – 4	0	5			
d) More than 4	0	0			
Type of Family					
a) Nuclear	19	33	0.009	1	NS
b) Joint	3	5			
Daily working hours					
a) 5 – 6	2	14	11.25	2	S
b) 7 – 8	19	16			
c) Above 8	1	8			
Gender					
a) Male	5	2	45.5	1	S
b) Female	17	36			

χ^2 (df 1)=3.84 , χ^2 (df 2)=5.99 , χ^2 (df 3)=7.82 at 0.05 level of significance.

status, and area of work. There was significant association between coping and marital status. There was no significant association between coping and other demographic variables.

Jordan (2016) conducted a study on the impact of perceived stress and coping adequacy on the health of nurses. This study examined the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance; 92 percent had moderate-to-very high stress levels. Nurses in the "high stress/poor coping" group had the poorest health outcomes and highest health risk behaviours compared to those in other groups. The combined variables of perceived stress and perceived coping adequacy influenced the health of nurses.

Methodology

It was a non-experimental descriptive survey with descriptive survey design. The study setting was, Civil Hospital, Shillong. Staff nurses working in hospital constituted the study population. Sample size 60 Staff nurses working in Civil Hospital, Shillong Staff nurses willing to participate in the study were included. Staff nurses who were not present at the time of data collection were excluded. Sampling technique: Non-Probability Convenient sampling technique was employed.

Data collection tool: It consisted of three parts:

Tool I: Demographic Performa.

Tool II: Stress rating scale – Score was assigned as: Always – 3, Most of the time – 2, Sometimes – 1 and Never – 0. The total number of items was 30. The highest possible score was 90 and lowest possible score was 0. The stress level was scored as: No stress = 0, Mild level of Stress= 1-30, Moderate level of stress=31-60, Severe level of stress=61-90.

Tool III: Coping rating scale – Score was assigned as: Always – 3, Most of the time – 2, Sometimes – 1 and Never – 0. The total number of items is 20. The highest possible score was 60 and lowest possible score was 0. The coping level was scored as: No coping = 0, Low coping= 1-20, Moderate coping=21-40, High coping= 41-60.

Table 1 indicates that 6.67 percent of staff nurses had mild stress, 88.33 percent had moderate stress and 5 percent had severe stress. 13.33% of staff nurses had low coping, 86.67 had moderate coping.

Table 2 shows the 'r' value. There was a moderately negative corelation between stress and coping of staff nurses indicating "high stress/poor coping".

Table 3 shows that there was statistically significant association between stress and age, professional qualification, daily working hours and gender of staff nurses. Hence the formulated research hypothesis is accepted and null hypothesis is rejected except for working experience, monthly income, marital status, number of children and types of family.

Recommendations

The following recommendations are made:

- More studies can be conducted on larger samples.
- Comparative research studies can be conducted on the same study.
- Studies can be conducted on stress and coping among student nurses.
- Cross sectional and longitudinal studies can be conducted on stress and gender among working nurses.

Conclusion

In the present study, conducted to assess the stress levels and coping strategies of staff nurses working in Civil Hospital, Shillong, it was found that majority of staff nurses had moderate stress level, majority had moderate coping and stress was significantly associated with age, professional qualification, daily working hours and gender.

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