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Study on the level of Stress, among nurses working in Intensive Care Unit, New Delhi, India.

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Abstract –

Nursing is an occupation which leads to high degree of stress. Increased job expectation, work overload, inability to cope up, lack of social and administrative support are some factors contribute to growing occupational stress among nurses. Current study was undertaken with an objective to Study on the level of Stress, among nurses working in Intensive Care Unit, New Delhi, India. The standardized scale Nursing Stress Scale (NSS) was used to assess level of stress among nurses working in Present study includes Liver Coma Intensive Care Unit (LICU), Transplant Intensive Care Unit (TICU), Surgical Intensive Care Unit (SICU) and High Dependency Units (HDU) as a part of Intensive Care Units. Result showed that moderate level of stress was present among 23.95% of nurses; low stress was seen among 76.04% of nurses and none had high level of stress. It was evident that factors caused high stress was death and dying followed by work overload. The factors that caused low level of stress among nurses were lack of support (19.00%) followed by conflict with physicians (19.06%).

Key words – Stress, Coping strategies, Intensive care units, Nurses

Introduction

Work related stress is one of the major contemporary challenges in facing occupational health and safety (Hassard & Cox, 2015). Since 1990's stress has been widely recognized as one of the most problematic work related health problems. There is a growing consensus that stress is defined by a dynamic interaction between the individuals and their environment, and is often inferred by existence of problematic person, environment fit and emotional reaction which underpin that interaction (Leka, Griffiths & Cox, 2003).

Working in the healthcare field after required dealing with very demanding situations at the workplace, everyday healthcare professionals meet with pain, suffering injuries and death, overload, long shifts, lack of employees, pressure of responsibilities, all these aspects make healthcare of the most stressful sphere.

The healthcare work environment as a source of overwork and condition of typical work environment may lead to stress causing serious threat to the patient's safety. (Shirey, 2009). Occupational stress is a serious issue for both employee and organization. The workplace stress is considered as a major factor that decreases the quality of care rendered by health professionals, which directly affecting the organizational performance.

METHODS AND TOOLS

The research approach adopted in this study was Quantitative Research Approach with cross sectional research design. Study was conducted in various Intensive Care Units of selected hospitals, New Delhi. 96 nurses were selected who were working in ICUs and met the inclusion criteria. Tools used were Socio demographic profile, standardised Nurses Stress Scale to collect the data. Reliability of tool was tested and was found to be 0.81.

RESULTS

Table-1. Frequency and percentage distribution of nurses working in ICUs with regard to Socio-demographic profile

n=96		
Sample Characteristics	Frequency (f)	Percentage (%)
Gender		
Male	43	44.8
Female	53	55.2
Marital status		
Single	25	26.0
Married	71	74.0
Professional qualification		
General Nursing and Midwifery	65	67.7
Basic B.Sc. Nursing	23	24.0
Post Certificate B.Sc. Nursing	8	8.3
Additional qualification		
Yes	10	10.4
No	86	89.6
Monthly income (in Rs.)		
20,001-40,000	46	47.9
40,001-60,000	37	38.6
>60,001	13	13.5
Type of accommodation		
Hostler in campus	8	8.3
Own house	19	19.8
Living on rent	69	71.9
Type of family		
Nuclear	73	76
Joint	23	24

Table 1 depicts that 55.2% of nurses working in ICUs were female. Seventy four percent were married. In professional qualification of nurses, 67.7% were having GNM diploma, 24% were B.Sc. and 8.3% were having Post B.Sc. nursing degree. Very few nurses (10.4 %) have had additional qualification. Nearly

half (47.9%) of the nurses were having salary between ₹ 20,001 - 40,000 and very few nurses (13.5%) had salary more than ₹ 60,000. Majority (71.9%) of the nurses were living on rent and 19.8% of nurses were having own house. Majority (76%) of nurses working in ICUs belongs to nuclear family.

Table-2. Frequency and percentage distribution of nurses working in ICUs according to their personal and professional characteristics

n=96

Sample Characteristics	Frequency (f)	Percentage (%)
Designation		
Nurse	14	14.6
Patient Care Executive	65	67.7
Junior Nurse	17	17.7
Sole Breadwinner for family		
Yes	50	52.1
No	46	47.9
Dependent elderly family member at home		
Yes	43	44.8
No	53	55.2
Chronic illness among family member		
Yes	10	10.4
No	86	89.6
Distance of travelling for work (in Km)		
1-5	59	61.5
5-10	16	16.7
>15	13	13.5
Not applicable	8	8.3
Travelling time for work (in minutes)		
<5	8	8.3
5-30	62	64.6
31-60	16	16.7
>60	10	10.4

Table 2 depicts frequency and percentage of nurses working in ICUs according to their personal and professional qualification. It shows 67.7% of the nurses were working as patient care executive, and 14.6% were having designation as nurse. Nearly half (52.1%) of them were sole bread winner for the family. More than half (55.2%) the nurses were not having dependent family members. Majority (89.6%) of nurses working in ICUs were not having any family members with chronic illness. With regard distance of travelling, 61.5% of nurses use to travel less than 5 kilometres for their work. Time taken to reach workplace was less than 30 minutes for 64.6% of nurses.

Table-3. Frequency and percentage distribution nurses working in ICUs according to working environment

n=96

Sample Characteristics	Frequency (f)	Percentage (%)
Presence Adequate Physical facilities in ICU		
Never	9	9.4
Some times	16	16.7
Most of the times	37	38.5
Always	34	35.4
Conflicts with physicians		
Never	69	71.9
Occasionally	27	28.1
Conflicts with supervisors		
Never	72	75.0
Occasionally	24	25.0
Conflicts with colleague		
Never	63	65.6
Occasionally	33	34.4
Availability of doctor in emergency situation		
Sometimes	21	21.9
Most of the times	30	31.3
Always	45	46.9
Help available from supervisors		
Sometimes	21	21.9
Most of the times	30	31.3
Always	45	46.9

Table 3 depicts frequency percentage distribution of nurses according to their working condition. The data indicates 38.5% of the nurses reported that most of the times they were having adequate physical facility to care patients, whereas 9.4% reported that they never had adequate facility to render their care. Nearly three-fourth of nurses (71.9%) reported that they never had conflict with physicians. Seventy five percent reported that there were no conflicts between nurse and their supervisors. Nurses (65.6%) never had Conflicts with colleagues. More than half (65.6%) nurses reported that sometimes only doctors were present in emergency situations and half (55.2%) of the nurse said doctors were always present in emergency situations in ICUs. Less than half (46.9%) of the nurses got help from their supervisors.

Description of level of stress among nurses working in Intensive Care Units

Table - 4. Level of stress perceived by nurses working in ICUs

n=96

Level of Stress	Frequency	Percentage
Low (0-33)	73	76.04
Moderate (33-66)	23	23.95
High (66-102)	00	00

Table 4 demonstrates perceived level of stress among nurses working in ICUs. It is evident from the data that 76.04% of nurses had low level of stress where as 23.95% of the nurses had moderate level of stress. None of the nurses had high level of stress.

Table-5 Mean, Median, Standard Deviation, Range of various component NSS of Nurses Working in ICUs

n=96

Components of nursing stress scale	Max. possible score	Mean	Mean %	Median	SD	Min. score	Max. score	Rank
Lack of support	9	1.71	19.00	1.50	1.41	0	6	VII
Inadequate Preparation	9	2.41	26.77	3.00	1.39	0	6	III
Conflict With Other Nurses	15	3.30	22.00	3.00	2.29	0	10	IV
Conflict With Physicians	15	2.86	19.06	3.00	2.12	0	10	VI
Uncertainty Concerning Treatment	15	2.98	19.86	3.00	2.14	0	8	V
Workload	18	5.49	30.5	5.00	2.95	0	13	II
Death And Dying	21	6.57	31.28	6.00	2.61	0	15	I

Table 5 depicts mean, mean%, median, SD, and range of stress score of nurses in various components of NSS. It is evident from mean% of score data that 31.28% nurses working in ICUs showed stress due to death and dying followed by work load (30.5%). The factors that caused low level of stress among nurses were lack of support (19.00%) followed by conflict with physicians (19.06%).

DISCUSSION

Discussion related to level of stress among nurses working in ICUs.

The current study suggests that 76.04% of the nurses had low stress, 23.95% of nurses had moderate stress and none had high stress. In contrast to this finding of the study, Panwar (2014) reported that 42% of the nurses showed severe stress, 34% showed moderate stress 14% showed mild stress and 10% showed very severe stress. Inconsistent findings were also depicted in a study done by Andolhe et al., (2015) where majority of the nurses (74.47%) had moderate stress, 13.29% had low stress and 12.24% had high stress.

Analysis showed that death and dying was the area where nurses were stressed more (31.28%) as compared to other components. This finding was similar with the study conducted by Jose and Bhatt (2013) which depicts that more nurses were stressed due to death and dying. Finding of current study also showed that after death and dying the area in which nurses were stressed was work overload (30.5%). Work overload has been confirmed stressors in many studies (Callghan 1991 and Chiriooga 1986). According to Pine (1982), workload can negatively affect relationship among nurses due to lack of time for social contact, interpersonal interaction and positive feedback, discussions on professional issues, determination of the healthcare unit targets and assurance on the importance of their work. This finding also resembled to the study done by Panwar (2014) in which 20% of nurses had stress due to work overload.

Conclusion - It was found that nurses who have less experience had more stress. Conflict with physicians and supervisors, colleagues significantly increased the stress level. Death and dying scenarios, work overload, lack of time for social life and less social interactions made nurses more stressful.

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