



EFFECTS OF SELF ESTEEM AND FAMILY SUPPORT ON JOB RELATED STRESS AMONG NURSES IN HEALTH CARE PROFESSION

¹Sanjay Kumar Kulchania, ²Poonam Chaudhry, ³Manju Chawla

¹Lecturer, ²Lecturer, ³Principal

¹GURU NANAK COLLEGE OF NURSING,

²Lovely Professional University,

³MOTHER MARY'S INSTITUTE OF NURSING

Introduction

Stress is a common problem in modern society. Vickie A. Lambert (2001), stated that stress usually interfere all dimensions of an individual's life in the form of physiological, psychological or emotional. Occupational burden grows as like cancer cells and develops physiological as well as psychological problem such as depression, sleeplessness, lack of attention, fatigue and feelings of negative emotions. Each and every profession have some sort of stress but Nursing has been spotted as a high-stress profession that is not just physically demanding but also emotionally and intellectually demanding as explored by (Karen Sanders). Stress level is increased when an individual lost the self-control on situation. There are numerous stressors Included such as an intense work load with extended work hours, duty on weekends, night duty and disharmony. Leon Phipps (1988) enumerate that nurses may hamper in the form of stress due to: bounded time, carping decisions, provider-patient discrepancy, patient stress, professional relations the main treatment for reducing the stress are: positive self-esteem, family support, balance of working hours. Gray-Taft and Anderson describe the seven important sources of stress include: dealing with death and dying, lack of mutual understanding with doctor, deal with emotionally patients, poor psychological support from family, conflict with colleagues, burnout, faulty care of patient. Whenever a person is under stress at his/her workplace, it not only effect on the workplace only but its impact can also be seen on person's personal life. Etzion (1984) described that family support is non-formal community matrix that offers to individuals, practical assistance, psychological back up and self-esteem booster discussion with pronouncement of impassioned emotional concern or empathy. Occupational stress may overruled through primary family support which specifically oriented on collaborative occupational problem solving as well as sharing information, careful evaluation of circumstances and getting counseling from various sources such as colleagues, supervisors and managers as well as parents or family members. Johnson and Hall explored that in where the demands are more and control systems are low level, in these circumstances the occupational stress

level were low with high self-esteem as well as family support. This family and support model revealed that support from these groups minimizes the occupational stress and boost up the self-esteem to overcome the occupational stress. Gary A. (1996) opines that insufficient supportive relationship as well as unhealthy relationship with peers, colleagues, low self-esteem and dispute among family are also significant cause of stress as well as leading to social conflict and promote the discouragement towards resolving the issue. But in spite of all stress, everybody needs to live their life. A supportive and helpful tendency by a spouse, family members or colleague about occupational issues, offers the appropriate chance to sort out the issues and find alternative to the stressful situation. Family support provides relaxation and comfort to the person who is facing work place stress. Caplan, G. (1981) articulate that family support mechanism is found to be more positive and additive in spite of interactive or buffering in terms of reducing stress. Negative working environment and the perception of stress also influence self-esteem. Negative self-esteem has profound effects on cognition, feelings, prediction, values, commitment and goals. Low self-esteem results to major psychological problems and these psychological problems lead to deficit in self-esteem. Self-esteem functions as a regulator to control the psychological growth. Work-related stress is primary cause of depression in nurses. Stress among nurses has rarely researched in regard of a primary focus on the effects of perceived occupational stress life, can increase the incidence of stressful events thus leading to burnout. The strongest predictor of burnout is performance based self-esteem over time and it lies partially between the stressors and burnout, followed by private life stressors.

Hypotheses:

H^1 : There will be significant relationship between self-esteem and job related stress and family support.

H^2 : There will be significant contribution of self-esteem towards job related stress.

H^3 : There will be significant contribution of family support towards job related stress.

METHOD

Sample

The study was executed in Guru Nanak Mission Hospital, Dhahan Kaleran district of Punjab, India. A formal permission was taken from hospital management. Total 100 staff nurses were selected through simple random sampling technique. The researcher assured the staff nurses regarding their annoying of response as well as personal information. The data collection were carried out in total 5 days and each day only 20 staff nurses were selected for response to the questionnaires. There were total 85 questions administered to 100 staff nurses in the form of stress management scale, self-esteem scale and social support questionnaires scale. The responses filled questionnaires were collected on the same day, within 3 hours of administration. The demographic variables of the respondents about Age, sex, marital status, professional qualification, total years of experience and previous knowledge about occupational stress.

Measures

In order to execute the study, the researcher divided the measuring tool in two sections. These two sections are as follows: **Section I:** Includes items related to the demographic variables of the respondents about Age, sex, marital status, professional qualification, total years of experience and previous knowledge about occupational stress. **Section II:** This section is further divided in to 3 scales.

Stress management scale(SMS-kc): Stress management was invented by Dr.Vandana Kaushik and Dr.Namrata Arora Charpe. Stress management scale containing total 36 questions. A 6 point likert scale is used to execute the questions such as strongly agree, agree(high), agree(low), and disagree (low) disagree (high) and strongly disagree. In Stress management scale both negative and positive items are used to assess the level of stress and the scoring for positive items are awarded points as 5,4,3,2, 1 and 0 in positive questions and reverse points in negative questions as 0,1,2,3,4,and 5.

Self-esteem scale: This scale is created by Rosenberg and it is universally accepted scale to assess the level of self esteem. Self-esteem scale is formulated by total 10-items.this scale is measured the self worthlessness through the questions regarding positive and negative feelings .It is 4 point likert scale containing 10 questions. items no. as 2, 5, 6, 8, 9 are negative items so the scoring for them are as follows “Strongly Disagree” 1 point, “Disagree” 2 points, “Agree” 3 points, and “Strongly Agree” 4 points because these items are negative in form and rest 5 item no. 1,3,4,7 and 10 are in positive form have scoring as “Strongly Disagree” 4 point, “Disagree” 3 points, “Agree” 2 points, and “Strongly Agree” 1 points. High scoring means high self-esteem is the criteria of outcome.

Social Support Questionnaire scale: The basic foundation of this scale is, Management Standards Indicator tool, formulated from the HSE (Health and Safety Executive). These outstanding criteria explore the nature and cultural diversity, of a corporation with the consequences of work-related stress are being effectively managed by family and social support. This scale is consisted of 39 items with the 5 points likert scale response as follows never, seldom, sometime, often and always. Positive question’s scoring is given 1,2,3,4, and 5 marks and negative question’s scoring is 5,4,3,2 and 1.Total 26 questions are positive and total questions are negative manner.

RESULTS

A descriptive survey approach was adopted to assess the Effects of self-esteem and family support on job related stress among nurses in health care profession. Data collected from 100 nurses were arranged, scrutinized and explication through the descriptive and inferential statistical methods to keeping in mind the objectives of the study. The retrieved data on occupational stress were analyzed to find whether occupational stress any significant relationship with self-esteem and family support. The result of the study clearly depicted that there is a significant relationship among job stress, self-esteem and family support. Pearson correlations were adopted to estimate the relationship.

Table 1.1 shows correlation coefficient among study variables

Variables	Mean	SD	SE	JS	FS
SE	17.36	2.72	1		
JS	107.69	18.32	.41**	1	
FS	129.84	15.88	.30**	.62**	1

** $p < 0.01$, * $p < 0.05$

Note- SE: Self-esteem; **JS:** Job Stress; **FS:** Family Support

Table 1.1 shows correlation coefficient of variables in the study. A careful observation of the correlation matrix shows that the significant correlation between self-esteem and stress management ($r = .415$, $p \text{ value} < 0.01$), which means that when self-esteem of nurses goes high and improve their stress management also improves. Similarly, stress management and family support also have significant correlation ($r = .627 < 0.01$) which means that when stress management improves family support also increases. Furthermore, family support and self-esteem too have significant correlation ($r = .300 < 0.01$). Therefore, all three variables have significant correlation between each other. It is concluded that family support and self-esteem significantly affect the stress level. Hence, confirms hypothesis 1.

Figure1. Scatter diagram showing correlation between stress management and self-esteem.

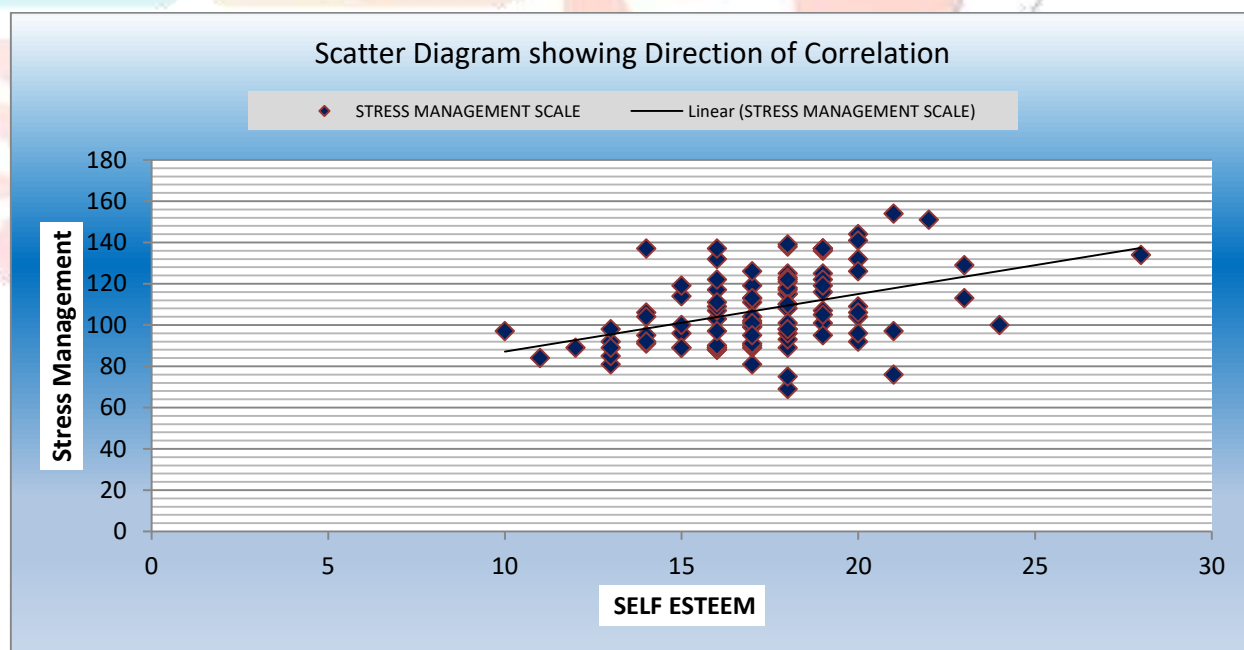


Figure 1.2 Scatter diagram showing correlation between stress management and self-esteem.

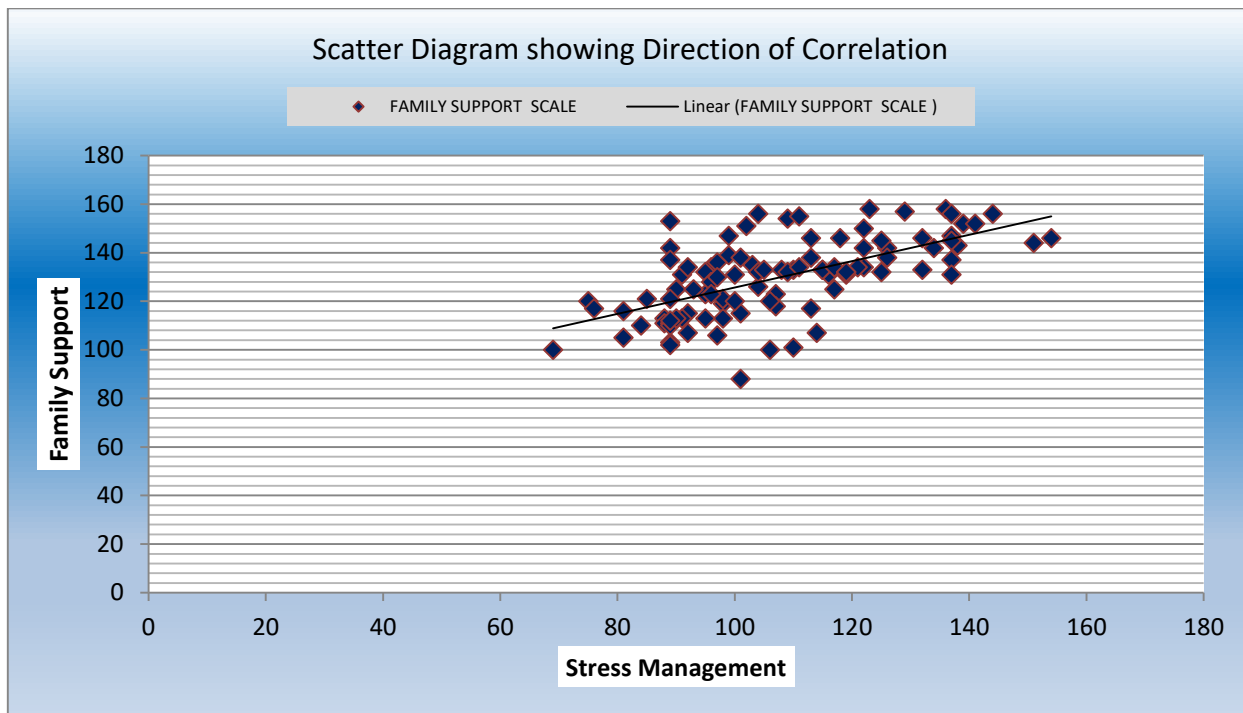


Figure 1.3 Scatter diagram showing correlation between family support and self-esteem.

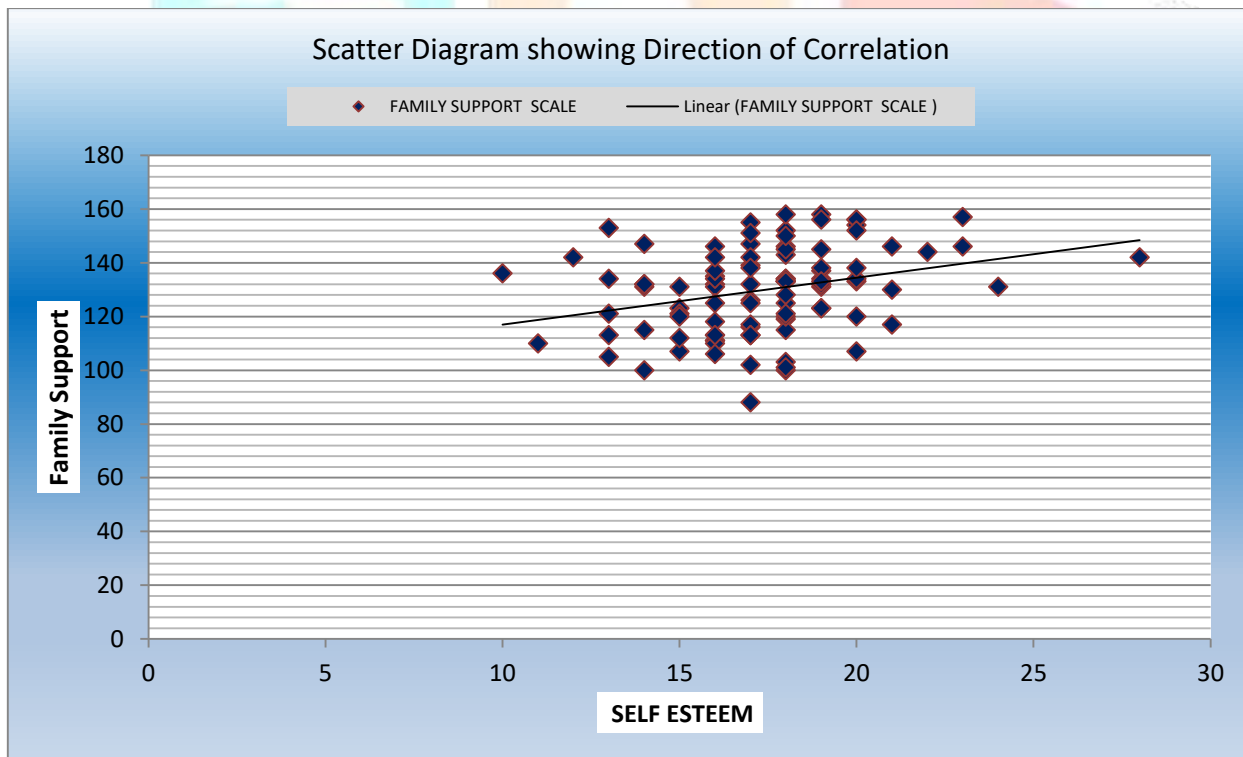


Table 2. Regression analysis of self -esteem of nurses with family support

Predictor Variable	Family Support
	B
SE	.30**
R	.30
R²	.90
ΔR²	.081
F	9.70

**p<0.01, *p<0.05

Note: **FS:** Family support, **SE:** Self-esteem

Table 2 displays the result analyses of linear regression. Independent variable self-esteem was entered. It showed that there is a significant contribution towards the dependent variable (Family Support). It is clearly showed that there is a significant impression of family support on self-esteem ($\beta = .30$, $p < 0.01$). Multiple correlation came out as $R = .30$. Here we have considered ΔR^2 or R^2 change which is the actual influence of the independent variable on the dependent variable. Therefore the real covariance, the magnitude of independent variable which contribute to the dependent variable (family support) and $F = 9.70$, $p < 0.01$ is also significant. Therefore the result of linear regression confirms hypothesis 2.

Table 2.1 Regression analysis of self-esteem of nurses with job stress

Predictor Variable	Job Stress
	B
SE	.41**
R	.41
R²	.17
ΔR²	.16
F	20.39

**p<0.01, *p<0.05

Note- **JS:** Job Stress; **SE:** Self-esteem

Table 2.1 displays the result analyses of linear regression. Independent variable self-esteem was entered. It showed that there is a significant contribution towards the dependent variable (stress management). The table also clearly demonstrates that there is a significant effect of stress management on self-esteem ($\beta = .41$, $p < 0.01$). Multiple correlation came out as $R = .41$. Here we have considered ΔR^2 or R^2 change which is the actual influence of the

independent variable on the dependent variable. Therefore the real covariance, the magnitude of independent variable which contribute to the dependent variable (stress management) and $F = 20.39$, $p < 0.01$ is also significant. Therefore the result of linear regression confirms hypothesis 3.

DISCUSSION

The main aim of the study was to find out the influence of social support and self-esteem on job related stress among nurses. It is clearly explored in various research studies that nurses have undergoing various kind of occupational stress, so the self-esteem and family support have might have positive impact on these stressors to minimizes the level of stress. Through this study researcher tried to find out that whether self-esteem and family support have impact on occupational stress. As previous studies results revealed that the correlation between self-esteem, family support and occupational stress found to be quite significant. This study also shows link between these variables. The results of the study clearly indicated that nurses have significant occupational stress and its need to be considered from bottom level (Blom, V.2012). Majority of nurses who participated in this study were females (85%) and only 15% were males. The age group 22-32 was added in study. Majority of nurses (56%) were married. In the term of experience about 48% had 5-7 years of experience and only 17% nurses attended the program on occupational stress. The result of the study carried out through correlation and multiple regressions analysis and result of the study revealed that the correlation between self-esteem and occupational stress as well family support and occupational stress found to be significant. It means, it is clearly concluded that family support and self-esteem give impact on occupational stress. So, positive self-esteem minimizes the stress level and family support also gives positive effect on occupational stress. Both family support and self-esteem are function as stress booster. As per Hypothesis² it is clearly supported by study that the there is a significant impact of self-esteem on occupational stress, so hypothesis 2 is accepted. A similar study was depleted by Kirupa P. in 2010 on planned intervention on self-esteem among nurses through the experimental approach. The level of self-esteem among nurses was assessed through inventory formulated by Kannanthi. The study revealed that positive self-esteem has significant relationship between self-esteem and occupational stress. Result showed that positive self-esteem minimizes the stress level among nurses. Hypothesis³ also supported by study that the there is a significant correlation between self-esteem and family support, so hypothesis 3 is accepted. Another similar study conducted by Catherine A. Heaney in 2007 to assess the effect of family support on unavoidable stressors of work place. In the present study as well as above mentioned study revealed that family support acts as an essential stress coping source. Family support could modify, thus family support have significant effects on occupational stress.

CONCLUSION

Occupational stress in the field of nursing has become a burning issue in this present era. Nurses play a vital role in health care system. A healthy nurse can render better care to the needful. Nurse's psychological level directly influences the patient's health. Positive self-esteem boost the nurses to render comprehensive nursing care to the patients and on other hand nurses with negative or poor self esteem are less likely to do so (Randle, 2003). Except that,

lack of family support to the nurses, pushes towards more occupational stress. Sufficient family support provide basic platform to meet the demands of their new responsibilities, work load pressure etc. (AARP 2012). Hauge, Skogstad & Einarsen (2015) explored that occupational anxiety maximizes the vulnerability of psychological violence because such stress develops the negative environment. Mindfulness is outstanding intervention for occupational stress faced by nurses and worldwide accepted. The Mindfulness Based Stress Reduction (MBSR) program is "paying attention on purpose, in the present moment, and nonjudgmental, to the unfolding of experience moment to moment".

Negative self esteem is a burning issue in present era and one can overcome on this issue through self regulation, continuous struggle and willingness to modify the self interpretation. Our present study suggested that family support as well as positive self-esteem should be boosted up through various kinds of strategies adopted by the every health care agency such as periodically workshops, in service educational program, journals reviews, peer reviews and formulation of new policies.

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