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A DESCRIPTIVE STUDY ON JOB STRESS ASSESSMENT OF NURSING STAFFS WORKING IN SELECTED HOSPITALS AT BANGALORE WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET

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ABSTRACT

Background: Occupational stress is one of the major health hazards of the hospital sectors. It accounts for much of physical illness, work load, family problems experienced by the hospital staff. In general care professional are more prone to stress and professional burn out, because they are responsible for human lives and their actions or lack of action can have serious impact on their patients. This study conducted to assess the level of stress with selected demographic variables. **Methods:** A descriptive research design and quantitative approach has been used in the study. Reliability of the tool was tested and validity was ensured in consultation with guide and experts in the field of medicine and nursing. Convenient sampling technique was used to collect data from the selected samples. The tool used for the study was modified job stress inventory. The data was collected from 100 nursing staffs who meet the inclusion criteria. The obtained data was analyzed by using descriptive and inferential statistics and interpreted in terms of objectives of the study. **Results:**

- Assessment of the stress level among the nursing staffs shows that the majority 57% nursing staffs had moderate level of stress, 43% had mild level of stress and 0% had severe level of stress. The mean was 26.17 , mean percentage 32.7 % and standard deviation 5.59 % of standard deviation 7% for the stress level. This findings showed that most of the staff nurses have moderate level of stress.
- Findings of the study revealed that there was a significant association between stress and selected demographic variables.

Conclusions: The study showed that the majority of respondents are suffering from a moderate level of stress the study found an association between stress and selected demographic variables like age group, sex, educational status, living with spouse, income, type of family, distance from home, previous source of information on stress and its management.

KEYWORDS: The key words of this study are job stress, nursing staffs, hospital.

INTRODUCTION

"If you treat every situation as a life and death matter, you will die a lot of times".

DEAN SMITH

Stress is derived from the Latin word stringere meaning "to draw tight." It is a condition which happens when one realize the pressure on them or requirements of situation are wider than they handle, and if these requirements are huge and continue for a long period of time without any interval, mental, physical or behavioral problems may occur. It is an environmental situation in which a person is required to perform the tasks that threaten to exceed the person's ability and resources for meeting it, under condition where he or she expects a large difference in the rewards from meeting the demand versus not meeting it.

Stress is a central concept for understanding both life and evolution. All creatures face threats to homeostasis, which must be met with adaptive responses. Stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden. However, if the threat is unremitting, particularly in older or unhealthy individuals, the long- term effects of stressors can damage on health.[1]

Job stress is a common work place problem experienced by all professionals, irrespective of their nature of work. Occupational stress can be defined as the harmful physical and emotional responses that occur when the requirement of the job does not match the capabilities, resources or need of the worker. The job stress can leads to poor health and even injury.[2]

Stress is a fact of life and can affect individuals in a variety of ways. At some point in life, every individual experiences some degree of stress and some individuals experience stress more often than others and some have difficulty dealing with stress. Stress can be manifested from any situation or thought that causes an individual to experience frustration, anger, and nervousness, whereas anxiety is a feeling of fear and apprehension. Stress can have serious health implications, increasing the risk of cardiovascular disease and some medical conditions such as asthma, diabetes, and hypertension. It is unavoidable, but learning to manage it effectively is critical.[3]

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or need of the worker. It can lead to poor health and even injury. As the nature of work is changing at whirlwind speed, it poses a threat to the health of workers and in turn to the health organizations. On the basis of experience and research, NIOSH favour the view that working conditions play a primary role in causing job stress. According to NIOSH view exposure to stressful working condition can have a direct influences on worker safety and health.[4]

Healthcare professions are among the first six most stressful ones. Not all health professionals develop the same level of stress, and not all of them develop signs of professional burn-out. According to several studies, Intensive Care Unit medical/nursing staff report that dealing with death is their first source of stress, compared to nurses who work in Internal Medicine or Surgical Departments. For those professionals, workload and adequate manning is their most important stress source. According to other studies, surgical nurses assess the emotional aspect as less important compared to their colleagues in oncology and hematology departments. In general, healthcare professionals are more prone to stress and professional burn-out, because they are responsible for human lives and their actions or lack of action can have a serious impact on their patients.[5]

Health care staff is widely regarded as a group that is at high risk of work stress and job dissatisfaction. High levels of work stress are related to higher sickness absenteeism rates and decreased performance, thereby jeopardizing patient safety. In a survey data from 95499 nurses, they found much higher job dissatisfaction and burn out among nurses who were directly caring for patients in hospitals and nursing homes than among nurses working in other job settings, such as the pharmaceutical industry.[6]

A great deal of research has indicated that long-term exposure to job-related stress can lead to burnout. In the modern society, job stress and burnout are important issues for healthcare professionals. Burnout not only endangers their health and well-being, but also it associated with higher medical errors and sub-optimal quality of care. There has been a lot of research on burnout in nurses, presumably because of the intense nature of their contact with patients and clients. Among the five medical professions, the prevalence of high work-related burnout from highest to lowest was nurses (66%), physician assistants (61.8%), physicians (38.6%), administrative staff(36.1%) and medical technicians (31.9%).[7]

Burn out not only leads to the appearance of negative effects on the physical and mental health of personnel, but also leads to reducing efficiency, reducing quality of nursing services, and increasing hospital costs. Burnout was defined for the first time by Freudenberg in 1974 when he observed the symptoms of tiredness in his employees. He determined this phenomenon to be the physical and mental exhaustion of one's energy. Those who are broken down by stress and tiredness are called burned out. Hence, burnout causes disability, tiredness, and exhaustion because of inappropriate or excessive use of one's energy.[8]

Job-related stress has been reported to have an important effect on the performance and effectiveness of workers. In particular, the job stress experienced by health-care workers significantly affects the quality of medical services provided. There is a great deal of research on the assessment of job stress among health-care providers, including doctors and nurses who are employed in various medical fields such as oncology, anesthesiology, and surgery.[9]

METHODS

RESEARCH APPROACH

A quantitative approach was found to be suitable to describe the perception of death anxiety and it's coping responses among nurses working in critical care units. Survey approach situations as they exist in the world and

provide an accurate account of characteristics of particular individuals, situation or groups. The outcome of descriptive research provides a basic for future quantitative research.

RESEARCH DESIGN

A research design is a blue print for conducting the study that maximizes control over factors that could interfere with the validity of the findings. The design of a study is the end result of a series of decisions made by research concerning how the study will be implemented.

For the present study, non-experimental descriptive design was adopted, as it was a virtue of a situation that naturally happens. The schematic representation of the study design is presented below.

Variables

Variable is "an attribute of a person or object that varies, that is taken on different values "(polit & Hungler).

Research variables: The research variables include job stress of nursing staffs working in hospital at Bangalore.

Demographic variable: Age, gender, qualification, year of experiences, area of work, income, marital status of nursing staffs in selected hospital at Bangalore.

Setting of the study: Setting is the location where a study is conducted.

For the present study, hospitals at Bangalore were selected as the settings. Nursing staffs in selected hospitals, who meet the inclusion criteria, were selected as study sample.

The researcher selected this setting for the following reasons.

- Availability of the sample.
- Economic feasibility for conducting the study.
- Familiarity with the setting.

Population: The population is the entire aggregation of cases that meet a designated set of criteria. The population selected for the present study is accessible and can best represent the study sample. The population selected for the present study was all the employees working in hospitals, Bangalore.

Sample: Sample refers to subset of a population that is selected to be participated in a particular study. It is a portion of the population, which represents the entire population. The study consisted of 100 nursing staffs working in selected hospitals at Bangalore.

Sample Techniques: Sampling technique refers to the process of selecting a portion of the population to represent the entire population. In the present study the samples were selected through convenience sampling technique.

RESULTS

The data themselves do not provide us with answers to our research questions. Ordinarily the amount of data collected in a study is extensive to be reliably described by more perusal. In order to meaningfully answer the research questions, the data must be presented and analyzed in order, so that relationship can be described.

This section presents the analysis and interpretation of data collected from 100 nursing staffs in order to assess the level of job stress. The data collected from nursing staffs was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics. The data collection was done based on the objectives of the study.

Organization of findings and presentation of data analysis:

The data is organized, analyzed and presented in six sections.

Section A

Demographic characteristics of respondents.

Section B

Overall and aspect wise job stress and its management level;

- Classification of respondent job stress and its management level
- Aspect wise mean, mean percentage and standard deviation for job stress and its management level

Section C

Association between demographic variables and job stress.

Section - 1: Demographic Characteristics of Respondents

Table 1: Classification of Respondents by Personal Characteristics.

N=100

Characteristics	Category	Respondents	
		Number	Percent
Age group (years	21-30	61	61.0
	31-40	39	39.0
Sex	Male	21	21.0
	Female	79	79.0
Marital status	Single	41	41.0

	Married	59	59.0
Educational status	GNM/Diploma	47	47.0
	BSc (N)	53	53.0
Living with spouse	Yes	52	52.0
	No	48	48.0
Number of children	No	69	69.0
	One	11	11.0
	Two	20	20.0
Religion	Hindu	78	78.0
	Muslim	12	12.0
	Christian	10	10.0
Income	Rs.10,000-25,000	66	66.0
	Rs.25,001-50,000	34	34.0
Type of family	Joint	42	42.0
	Nuclear	58	58.0
Distance from home	0-5 kms	48	48.0
	6-10 kms	32	32.0
	11 kms & above	20	20.0
Experience (years)	0-5	41	41.0
	6-10	39	39.0
	11-15	10	10.0
	16 & 16 above	10	10.0
Area of current work	Medical ward	20	20.0
	Surgical ward	10	10.0
	Operation theatre	10	10.0
	Intensive care unit	21	21.0
	Casuality/Emergency	19	19.0
	Special ward	20	20.0
Experience in current working area	0-1	10	10.0
	2-3	39	39.0
	4-5	31	31.0
	6 & above	20	20.0
Daily working hours	8 hours	100	100.0
	10 hours	0	0.0
Previous source of information on stress and its management	Family	32	32.0

Table 1 represent that, Among 100 nursing staffs, the majority 61(61%) were in age group of 21-30 years followed by 39 (39%) in age group of 31-40 years.

In regards to sex, 21 (21%) of nursing staffs were male and 79 (79%) were female.

With respect to marital status, the majority 59 (59%) of nursing staffs were married and 41 (41%) were single.

In relation to educational status, 47 (47%) of nursing staffs had GNM degree and 53 (53%) had B.Sc. nursing degree.

Living with spouse reveals that, majority 52 (52%) of nursing staffs were living with spouse and 48(48%) not live with spouse.

In regards to the no. of child, 69(69%) of nursing staffs had no child, 11(11%) nursing staffs had one child and 20(20%) nursing staffs had two child.

In relation to the type of religion, majority 78(78%) of nursing staffs were Hindu, 12(12%) were Muslim and 10 (10%) were Christian.

The range of income reveals that 66(66%) nursing staffs income range 10000-25000 and 34(34%) nursing staffs income were in- between 25001-50000.

In regard to the type of family, 42(42%) nursing staffs live in joint family and 58(58%) live in nuclear family.

In relation to the distance from home, 48(48%) nursing staffs were staying in distance of 0-5kms, 32 (32%) were staying in between 6-10km distance and 20(20%) were staying in between 11kms and above distance.

Working experience reveals that, out of 100 nursing staffs 41(41%) had working experience in between 0-5, 39 (39%) had working experience in between 6-10, 10(10%) had working experience in between 11-15 and 10(10%) had working experience 16 & above

experience. In regards to the current working area, 20 (20%) of nursing staffs were working in medical ward, 10 (10%) were in surgical ward, 10(10%) were in operation theatre, 21 (21%) were in intensive care unit, 19 (19%) were in causality ward and 20(20%) were in special ward.

With respect to the working experiences in current working area, 10(10%) of nursing staffs had their working experience in between 0-1 years, 39(39%) had 2-3 years of work experience, 31(31%) had 4-5 years of experience and 20(20%) had 6 & more than 6 years of working experience.

Working hours reveals that, 100(100%) had 8 hours of working duty.

In regards to the previous source of getting information on stress and its management, 32 (32%) of nursing staffs got information from their family, 48(48%) from friends and 20(20%) from others source.

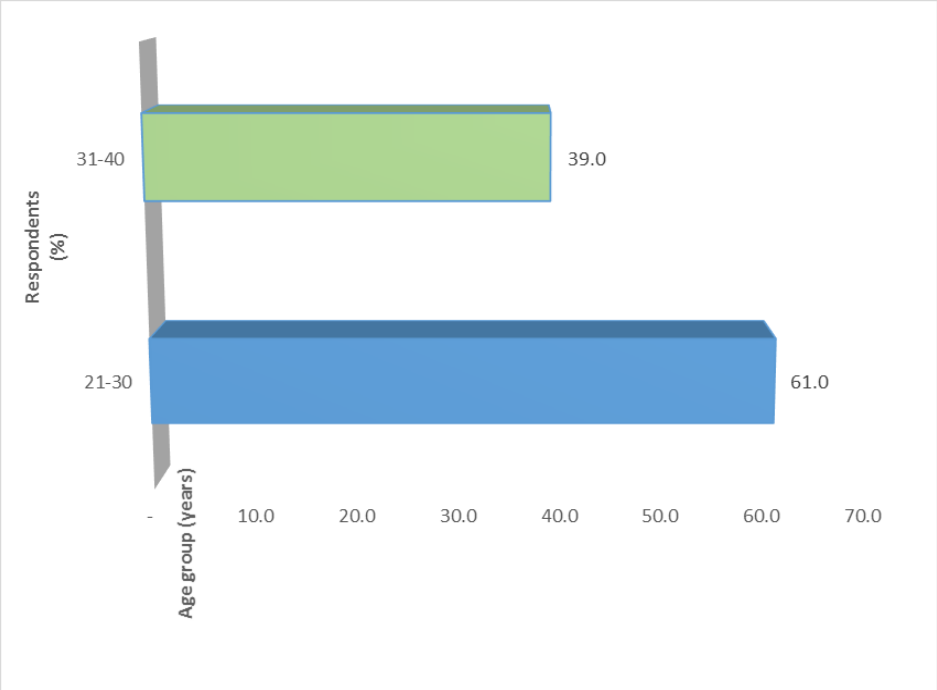

Figure 3: Classification of Respondents by Age group.

The above figure 3 shows that maximum numbers of nursing staffs 61(61%) were of 21-30 year, 39(39%) were of 31-40 year.

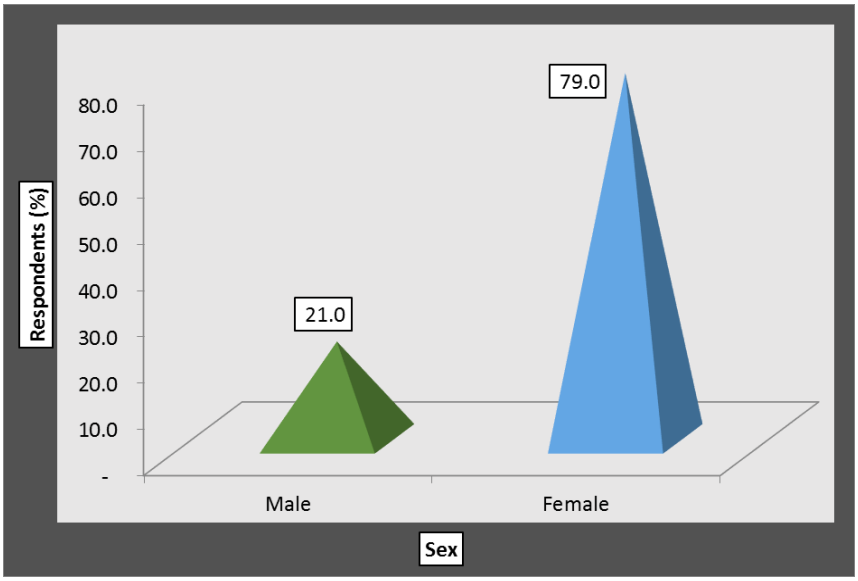

Figure 4: Classification of Respondents by Sex.

The above figure 4 shows that out of 100 nursing staffs 79(79%) were male and 21(21%) were female.

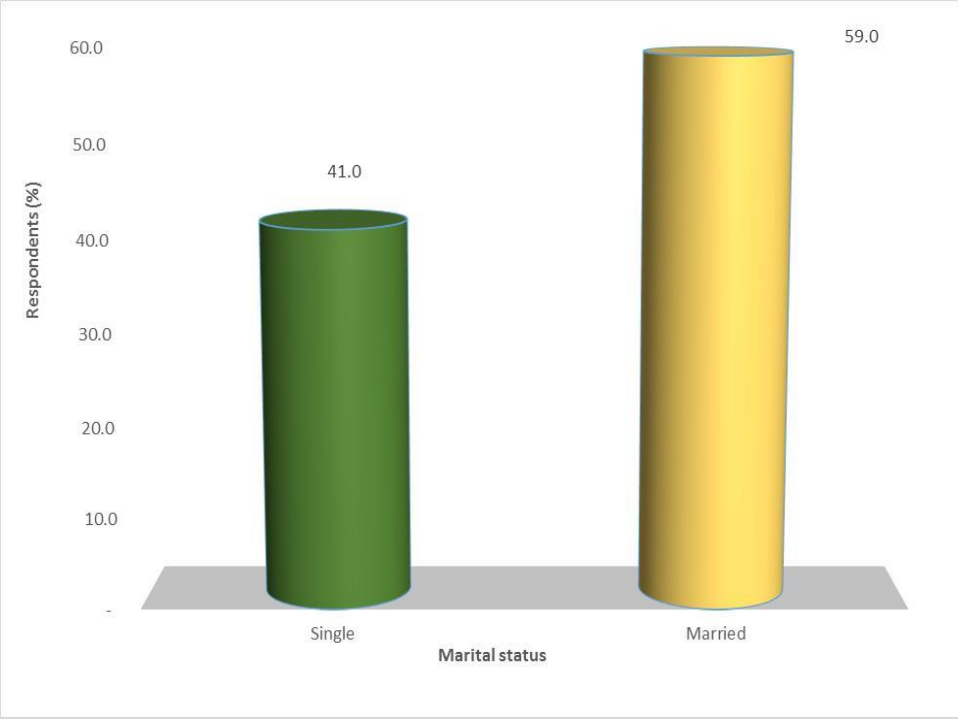

Figure 5: Classification of Respondents by Marital status.

The above figure 5 shows that out of 100 nursing staffs 59(59%) were married and 41(41%) were single.

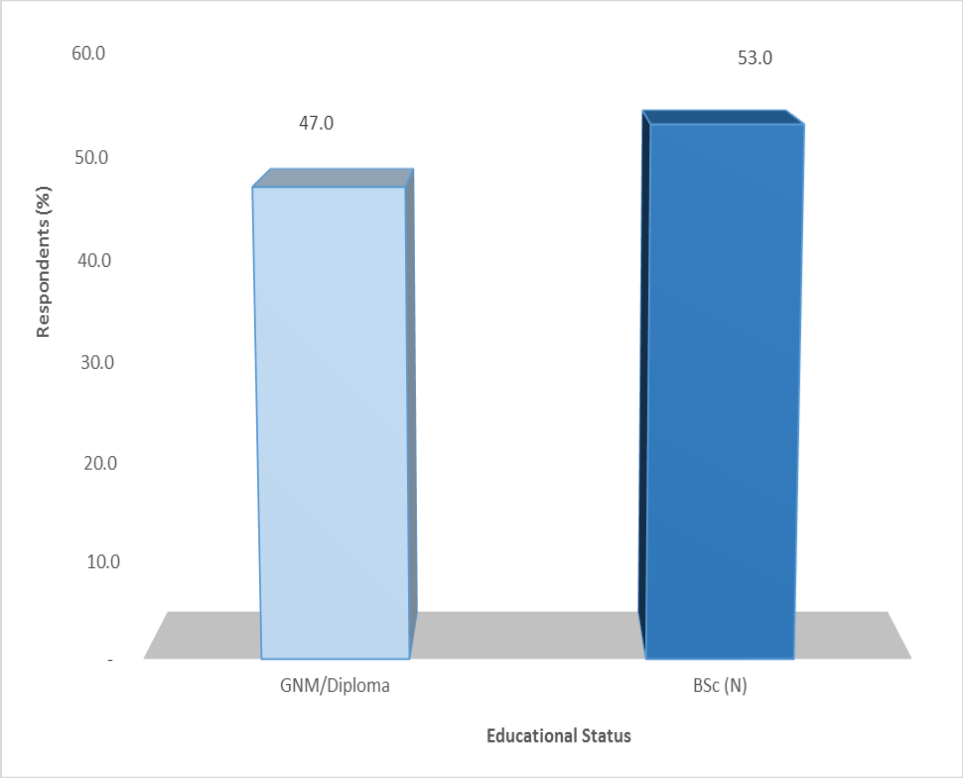

Figure 6: Classification of Respondents by Educational status.

The above figure 6 shows that out of 100 nursing staffs 53(53%) had BSc nursing degree and 47(47%) had GNM degree.

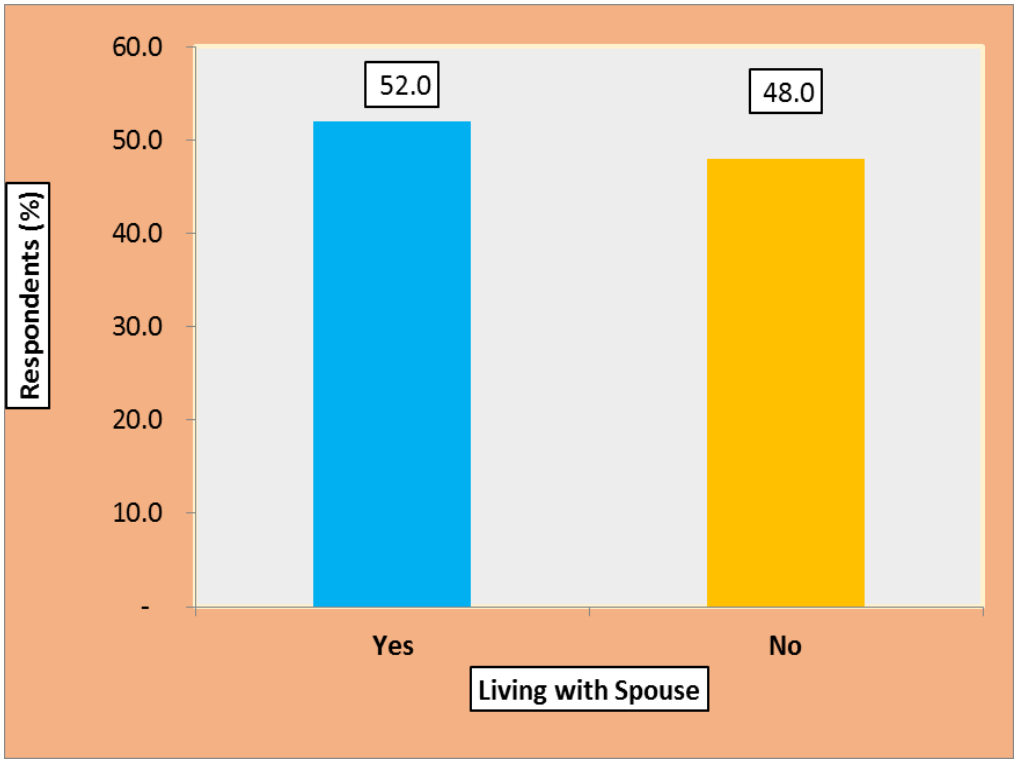

Figure 7: Classification of Respondents by Living with spouse.

The above figure7 shows that out of 100 nursing staffs 52(52%) were living with spouse and 48(48%) are not living with their spouse.

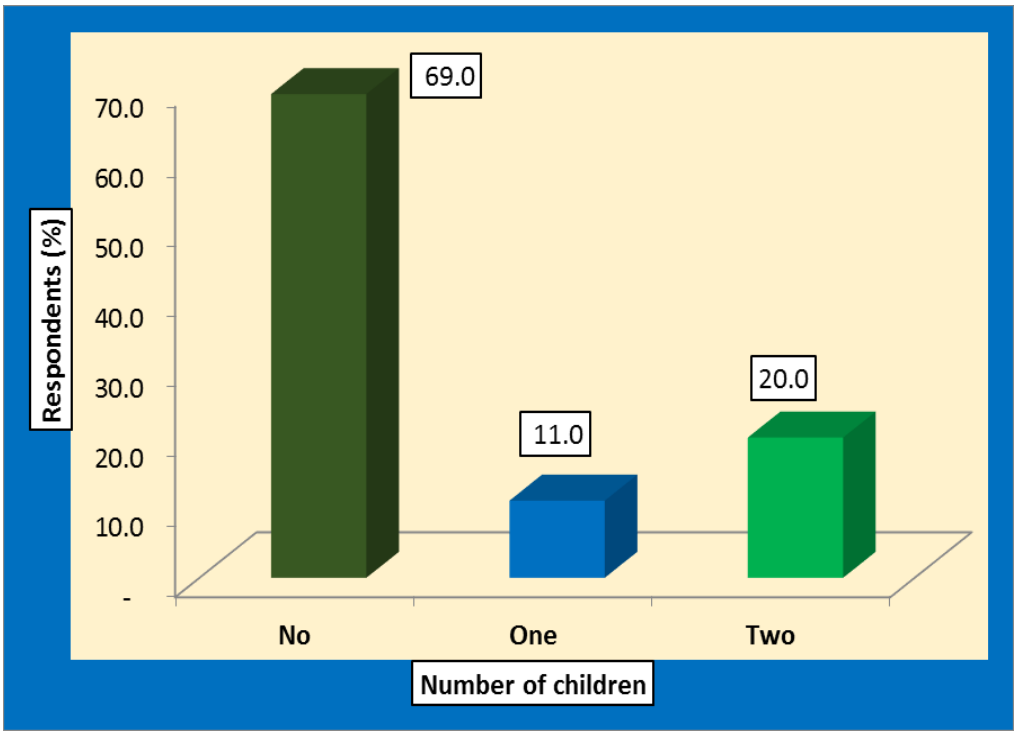

Figure 8: Classification of Respondents by Number of children.

The above figure 8 shows that out of 100 nursing staffs 69(69%) had no child; 20(20%) had two children and 11(11%) had one child.

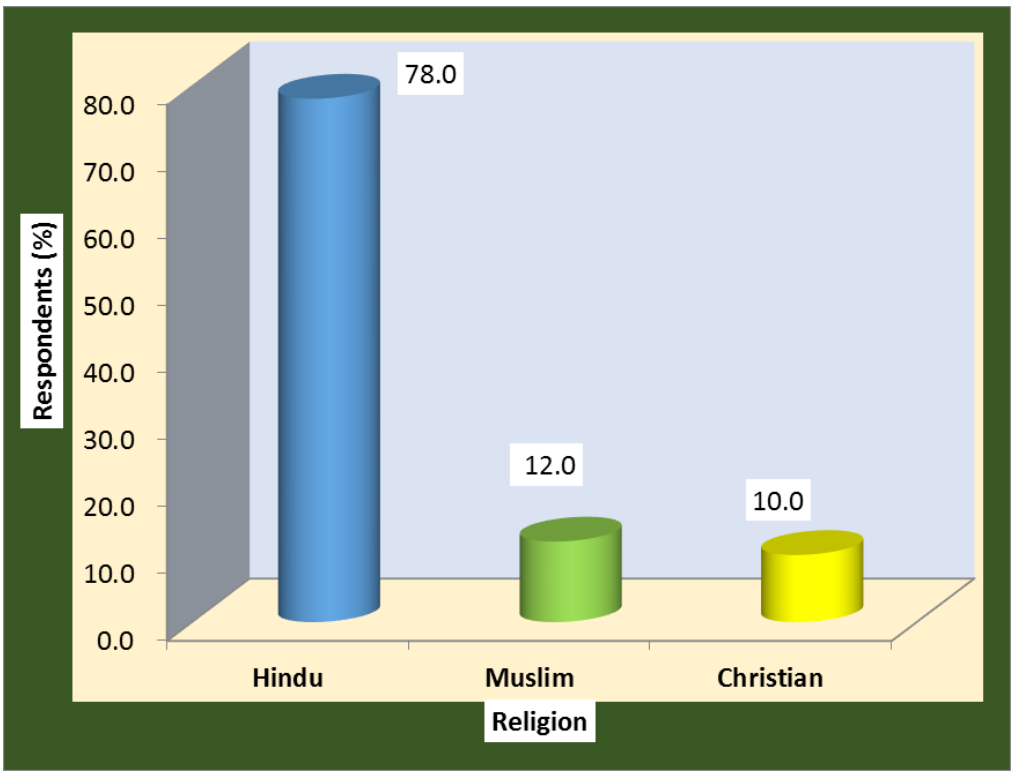

Figure 9: Classification of Respondents by Religion.

The above figure 9 shows that out of 100 nursing staffs 78(78%) were Hindu; 12 (12%) were Muslim; and 10 (10%) were Christian.

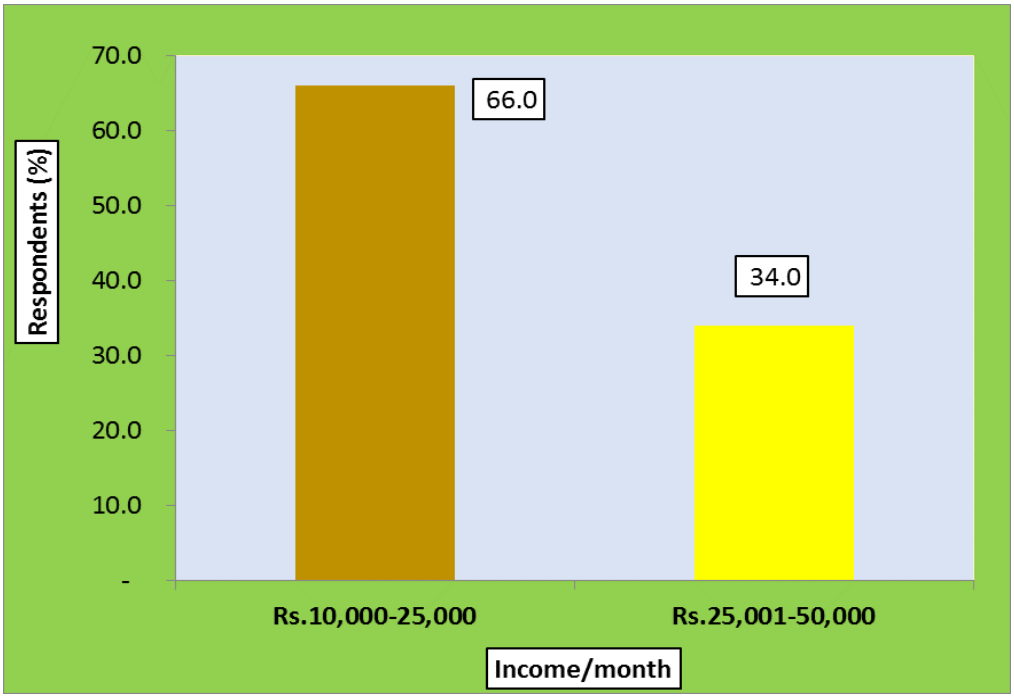

Figure 10: Classification of Respondents by Income.

The above figure 10 shows that out of 100 nursing staffs 66 (66%) were getting salary of 10,000-25,000 and 34(34%) were getting salary of 25,001-50,000.

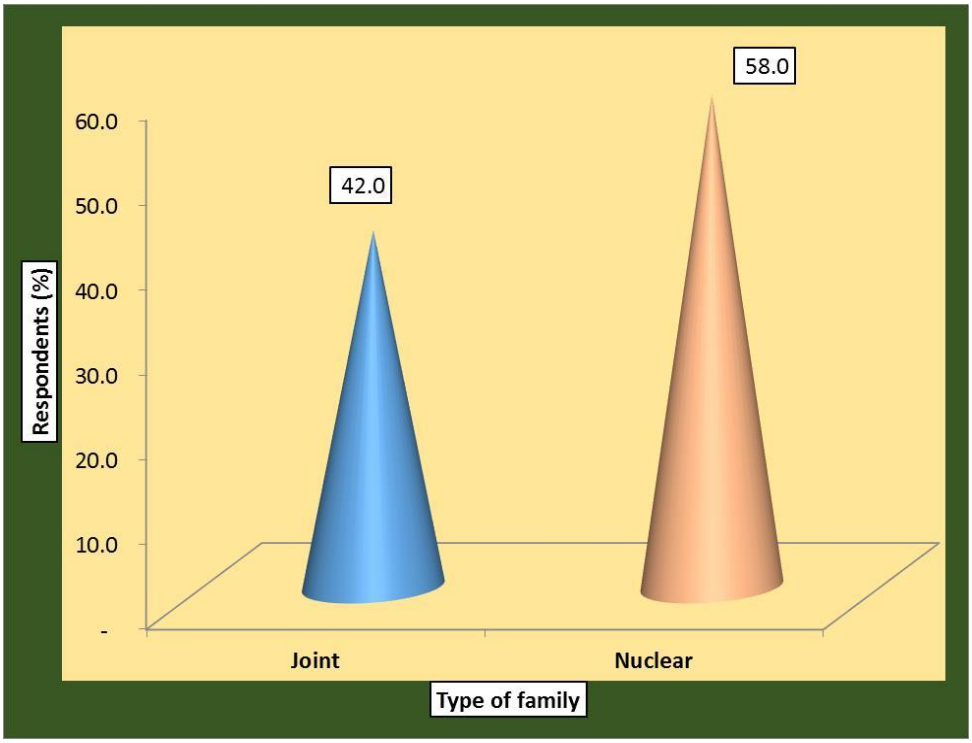

Figure 11: Classification of Respondents by Type of family.

The above figure 11 shows that the maximum number 58(58%) were live in nuclear family and 42(42%) were live in joint family.

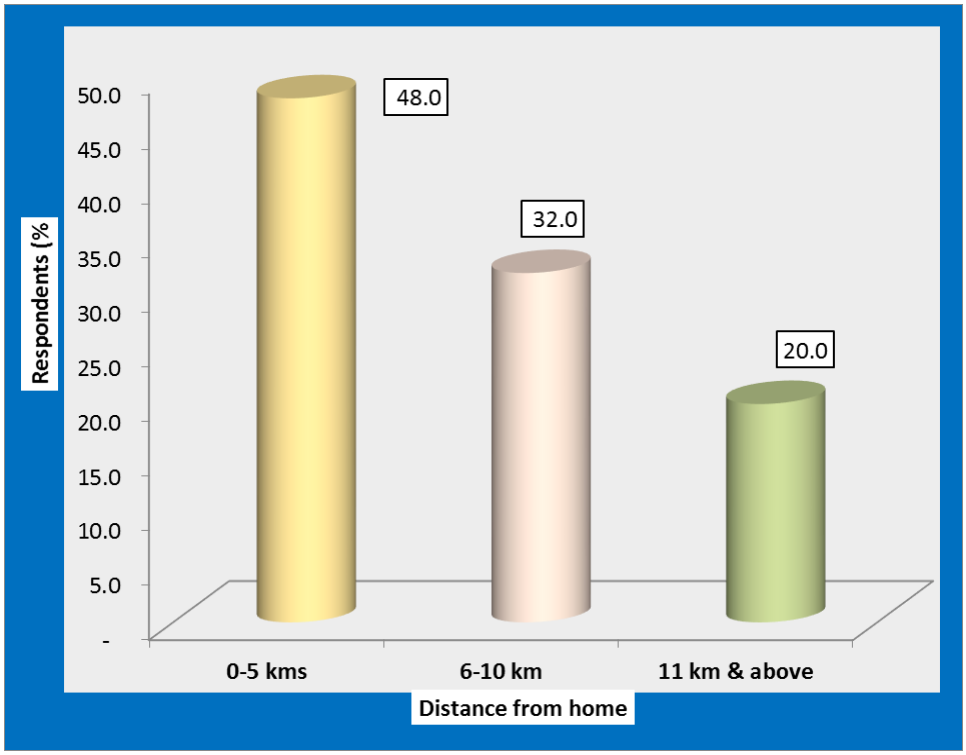

Figure 12: Classification of Respondents by Distance from home.

The above figure 12 shows that 48(48%) nursing staffs live in 0-5 kms distance from home; 32(32%) nursing staffs live in 6-10 kms distance from home and 20(20%) nursing staffs are live in 11kms or more than 11 kms distance from home.

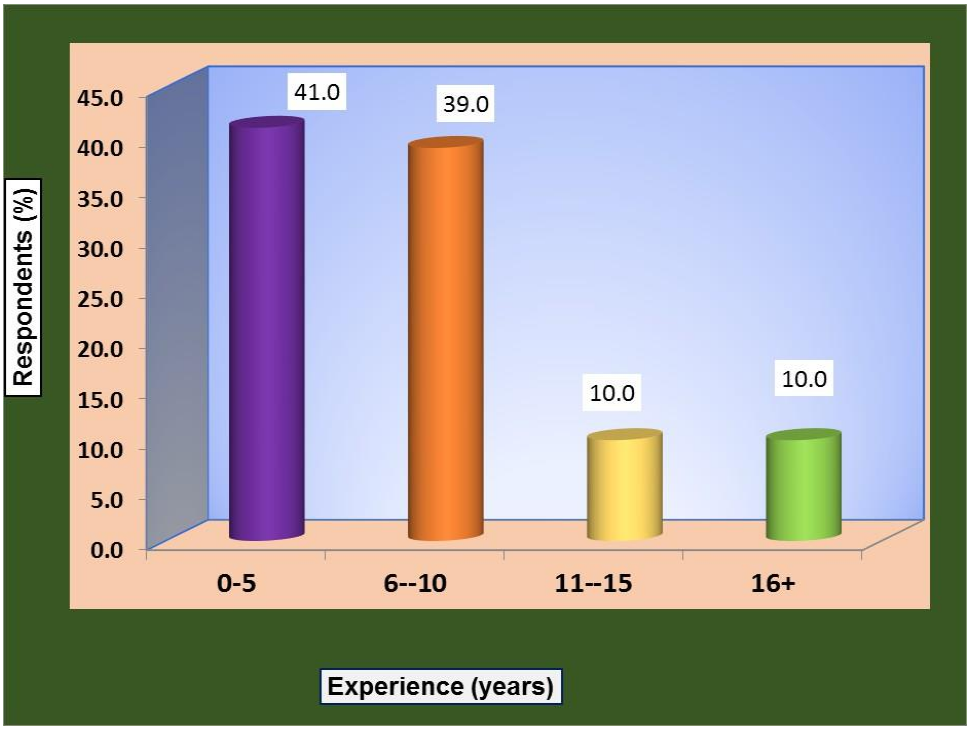

Figure 13: Classification of Respondents by Experience.

The above figure 13 shows that out of 100 nursing staffs maximum 41(41%) had 0-5 years of working experience; 39(39%) had 6-10 years of working experience; 10(10%) had 11-15 years of working experience and others 10(10%) has 16 & 16+ years of working experience.

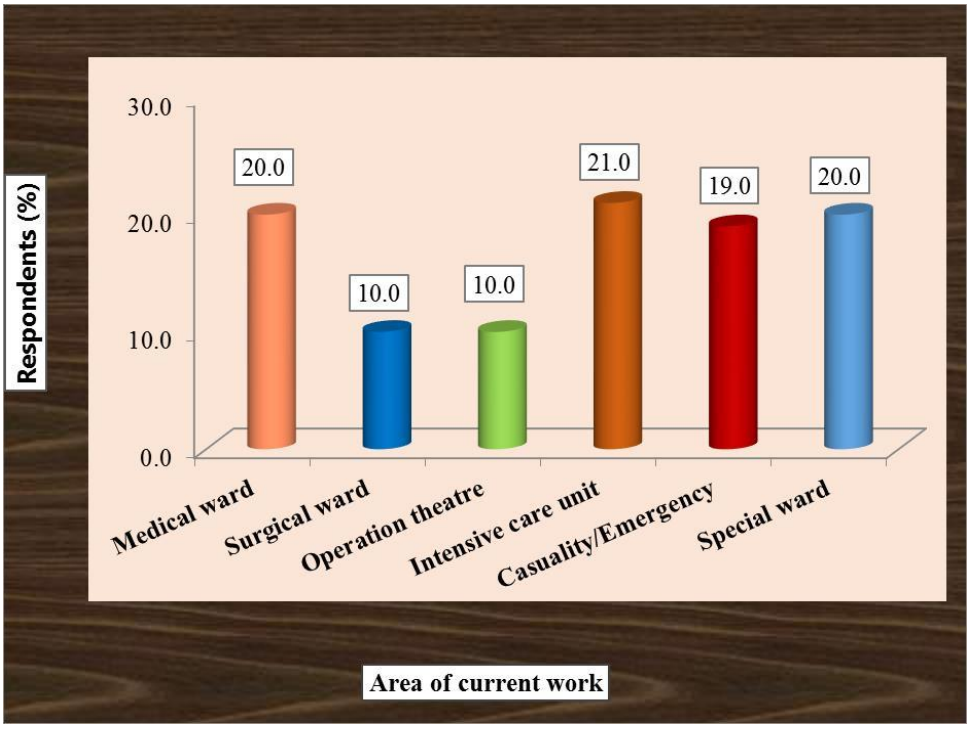

Figure 14: Classification of Respondents by Area of current work.

The above figure 14 shows that out of 100 nursing staffs maximum 21(21%) were currently working at Intensive Care Unit; 20(20%) were currently working at Medical Ward; other 20(20%) were currently working at special ward; 19(19%) were currently working at Causality/Emergency Ward; 10(10%) were currently working at Surgical Ward and others 10(10%) are currently working at Operation Theatre.

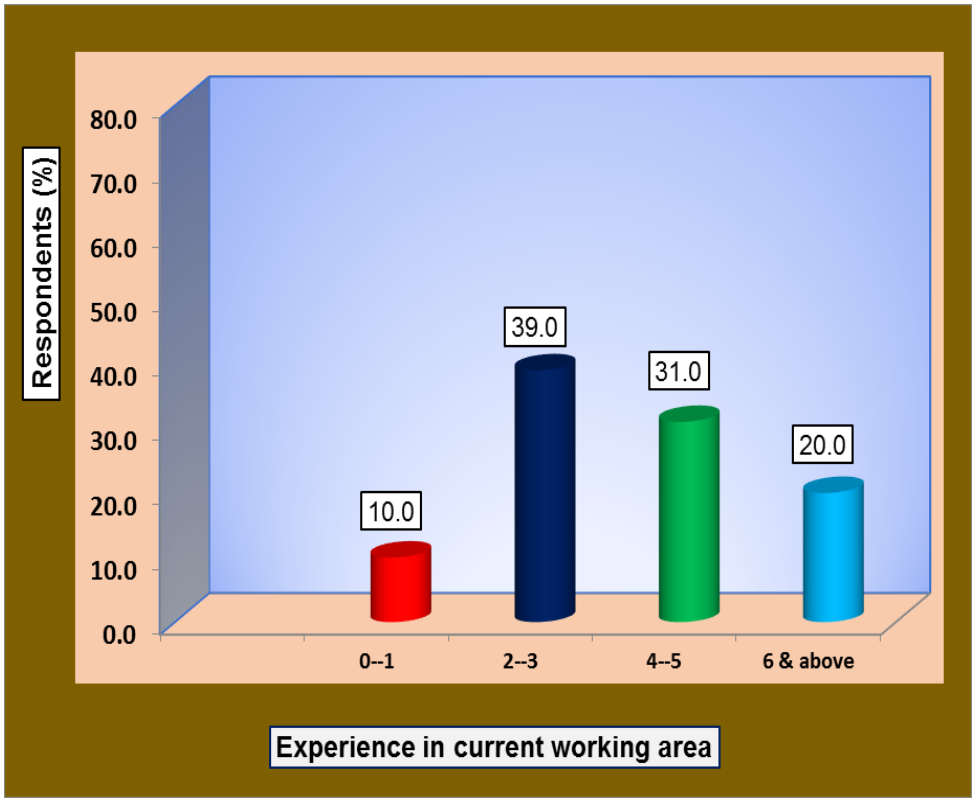

Figure 15: Classification of Respondents by Experience in current working area.

The above figure 15 shows that out of 100 nursing staffs maximum 39(39%) had 2-3 years of experiences in their current working area; 31(31%) had 4-5 years of experience; 20(20%) had 6 and more than 6 years of experience and 10(10%) had 0-1years of experience.

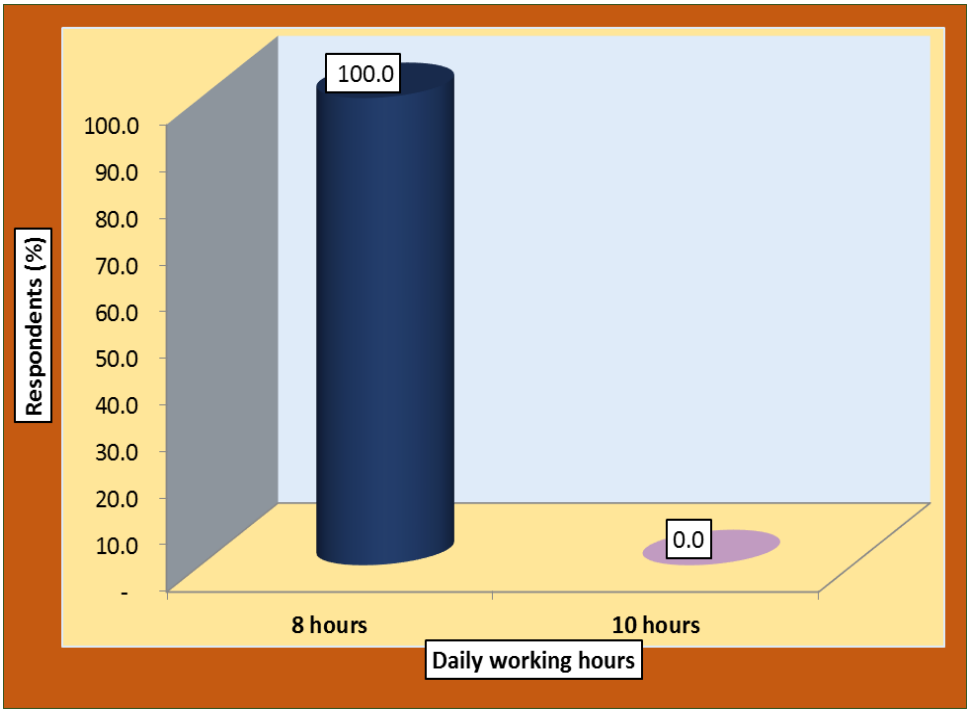

Figure 16: Classification of Respondents by Daily working hours.

The above figure 16 shows that out of 100 nursing staffs 100(100%) have 8 hours of daily working duty.

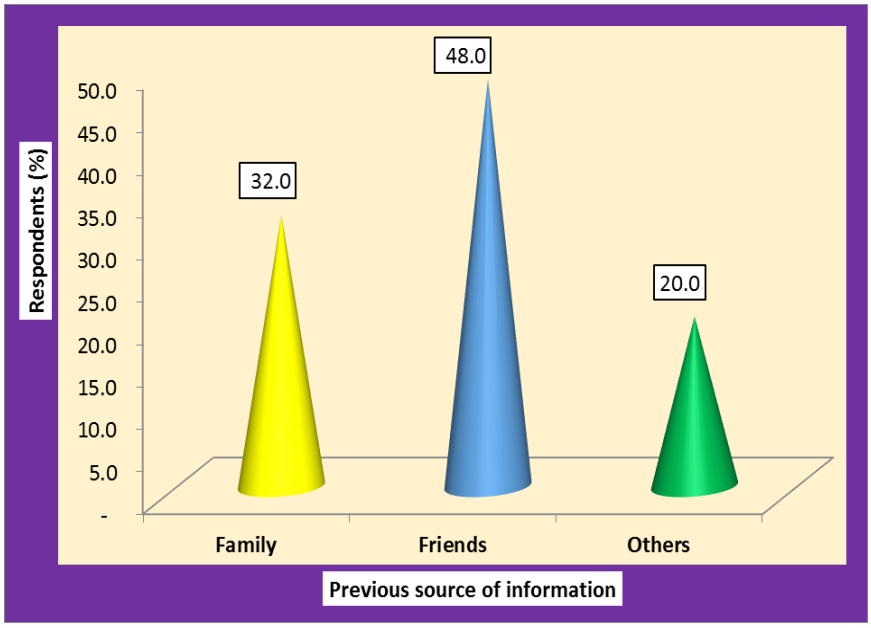

Figure 17: Classification of Respondents by Previous source of information on stress and its management.

The figure 17 shows that, out of 100 nursing staffs maximum 48 (48%) got the information about stress and its management from friends, 32(32%) from family and 20 (20%) from others sources.

Section – 2a: Overall and Aspect wise Job Stress and its management level.

Table 2: Classification of Respondent Job Stress and its management level.

Stress Level	Category	Respondents	
		Number	Percent
Probably coping adequately	0-25 Score	43	43.0
Suffering from job stress	26-40 Score	57	57.0
Preventive action to avoid burnout	41-55 Score	0	0.0
Comprehensive job stress	56-80 Score	0	0.0
Total		100	100.0

Assessment of stress level revealed that majority 57(57%) suffering from job stress and 43(43%) were probably coping adequately and no one have comprehensive job stress.

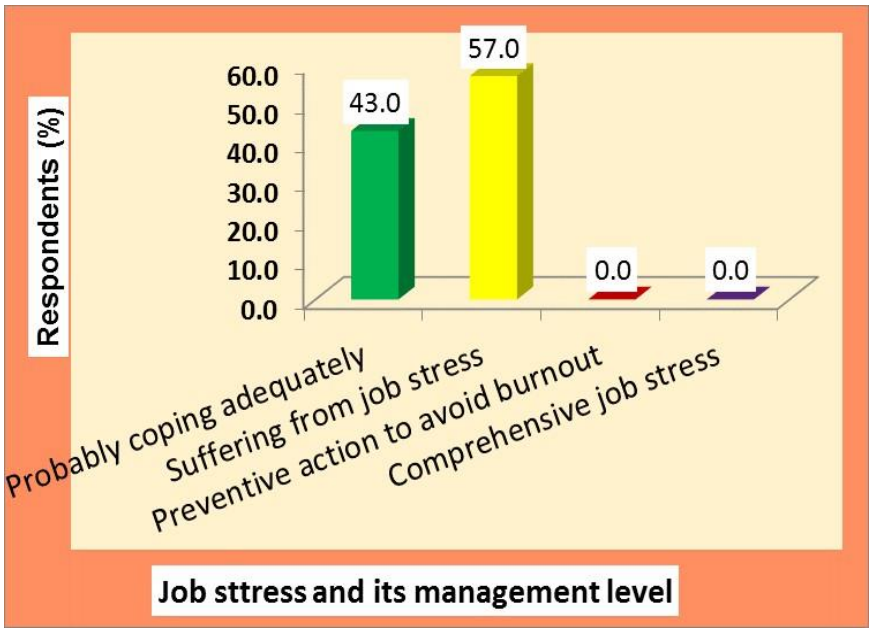

Figure 18: Classification of Respondent Job Stress and its management level.

The above figure shows that out of 100 nursing staffs maximum 57(57%) were suffering from job stress; 43(43%) probably coping adequately.

Table 3: Aspect wise Mean Job Stress and its management level.

N=100

No.	Aspects	Statements	Max. Score	Stress Scores			
				Mean	SD	Mean(%)	SD(%)
	Stress	**20**	**80**	**26.17**	**5.59**	**32.7**	**7.0**

The mean was 26.17, mean percentage 32.7% and standard deviation 5.59,percentage of standard deviation 7% for the stress level.

Table 4: Aspect wise Mean Job Stress and its management level.

N=100

No.	Stress Aspects	Statements	Max. Score	Stress Scores			
				Mean	SD	Mean(%)	SD(%)
I	Work load	3	12	5.18	1.33	43.2	11.1
II	Emotion aspect	7	28	8.20	2.18	29.3	7.8
III	Physical response	5	20	7.18	1.71	35.9	8.6
IV	General aspect	5	20	5.60	1.46	28.0	7.3
	Combined	**20**	**80**	**26.17**	**5.59**	**32.7**	**7.0**

Table 4 shows that, stress score based on some aspect. the mean was 5.18, mean percentage 43.2% and standard deviation was 1.33, percentage of standard deviation was 11.1% for work load. Mean value for emotion aspect was 8.20, mean percentage was 29.3% and standard deviation for emotion aspect was 2.18, percentage of emotion aspect was 7.8% . Mean value for physical response was 7.18, percentage of mean value was 35.9% and standard deviation was 1.71, percentage of standard deviation 8.6%. mean value for general aspect was 5.60, percentage of mean value 28% and standard deviation was 1.46, percentage of standard deviation was 7.3%.

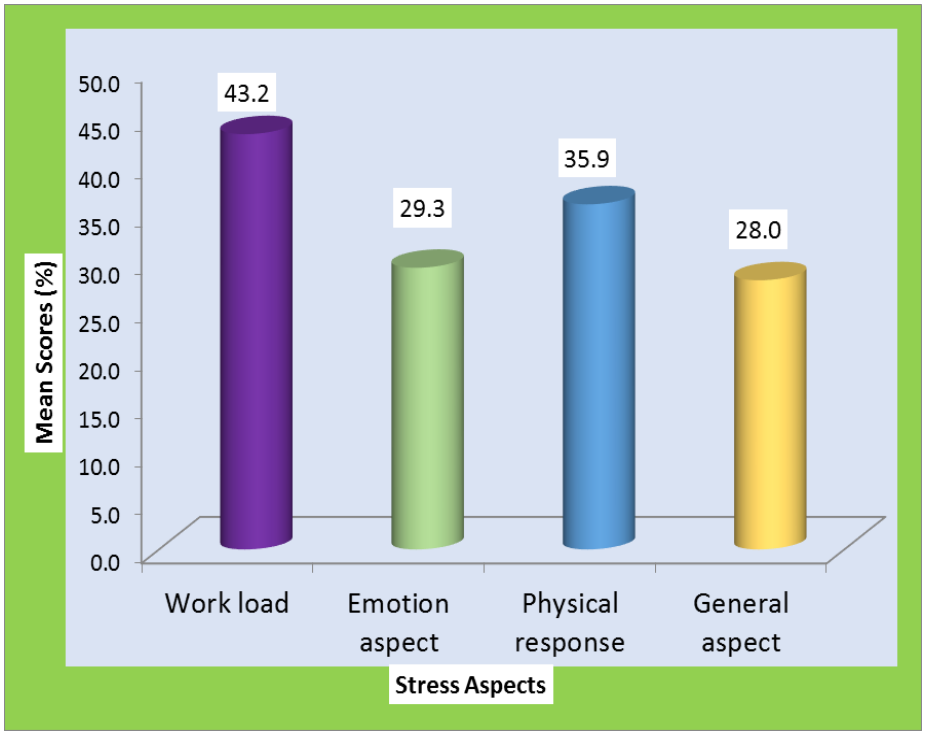

Figure 19: Aspect wise Mean Job Stress and its management level.

The above figure 19 shows that 43.2% job stress comes from work load; 35.9% from physical response; 29.3% from emotional aspect and 28% from general aspect.

Section 3: Association between Demographic variables and Job Stress level.

Table 5: Association between Demographic variables and Job Stress level.

N=100

Demographic Variables	Category	Sample	Stress Level				χ^2 Value	P Value
			Probably coping adequately		Suffering from job stress			
			N	%	N	%		
Age group (years	21-30	61	31	50.8	30	49.2	3.90*	P<0.05 (3.841)
	31-40	39	12	30.8	27	69.2		
Sex	Male	21	13	61.9	8	38.1	3.88*	P<0.05 (3.841)
	Female	79	30	38.0	49	32.0		
Marital status	Single	41	19	46.3	22	53.7	0.32 NS	P>0.05 (3.841)
	Married	59	24	40.7	35	59.3		
Educational status	GNM/Diploma	47	15	31.9	32	68.1	4.45*	P<0.05 (3.841)
	BSc (N)	53	28	52.8	25	47.2		
Living with spouse	Yes	52	17	32.7	35	67.3	4.70*	P<0.05 (3.841)
	No	48	26	54.2	22	45.8		
Number of children	No	69	30	43.5	39	56.5	0.24 NS	P>0.05 (5.991)
	One	11	4	36.4	7	63.6		
	Two	20	9	45.0	11	55.0		
Religion	Hindu	78	34	43.6	44	56.4	0.67 NS	P>0.05 (5.991)
	Muslim	12	4	33.3	8	66.7		
	Christian	10	5	50.0	5	50.0		
Income	Rs.10,000-25,000	66	23	34.8	43	65.2	5.26*	P<0.05 (5.991)
	Rs.25,001-50,000	34	20	58.8	14	41.2		
Type of family	Joint	42	23	54.8	19	45.2	4.09*	P<0.05 (3.841)
	Nuclear	58	20	34.5	38	65.5		
Distance from home	0-5 kms	48	27	56.3	20	43.8	8.15*	P<0.05 (5.991)
	6-10 km	32	12	37.5	20	62.5		
	11 km & above	20	4	20.0	16	80.0		
Experience (years)	0-5	41	18	43.9	23	56.1	0.31 NS	P>0.05 (7.815)
	6-10	39	16	41.0	23	59.0		
	11-15	10	5	50.0	5	50.0		
	16+	10	4	40.0	6	60.0		
Area of current work	Medical ward	20	9	45.0	11	55.0	0.15 NS	P>0.05 (5.991)
	Surgical ward	10	4	40.0	6	60.0		
	Operation theatre	10	4	40.0	6	60.0		
	Intensive care unit	21	9	42.9	12	57.1		
	Casuality/Emergency	19	8	42.1	11	57.9		
	Special ward	20	9	45.0	11	55.0		
Experience in current working area	0-1	10	4	40.0	6	60.0	0.19 NS	P>0.05 (7.815)
	2-3	39	16	41.0	23	59.0		
	4-5	31	14	45.2	17	54.8		
	6 & above	20	9	45.0	11	55.0		
Previous source of information on stress and its management	Family	32	8	25.0	24	75.0	6.71*	P<0.05 (5.991)
	Friends	48	26	54.2	22	45.8		
	Others	20	9	45.0	11	55.0		
	Combined	**100**	**43**	**43.0**	**57**	**57.0**		

*** Significant at 5% Level, NS: Non-significant Note: Figures in the parenthesis indicate Table value**

The above table 5 shows the association between demographic variables and job stress level. The association between demographic variable such as age, sex, educational status, living with spouse, income, and type of family, distance from home and previous source of information on stress and its management and job stress level were significant at .05 levels.

Hence H1: "There is a significant association between job stress among staff nurse at selected hospitals in Bangalore with selected demographic variables" was accepted.

DISCUSSION

This section attempts to discuss the findings of the study. The present study was designed to The present study was designed to assess the level of job stress among nursing staffs **"A descriptive study on job stress assessment of nursing staffs working in selected hospitals at Bangalore with a view to develop an information booklet"**

In order to achieve the objectives of the study a known experimental descriptive quantitative approach was adopted and convenient sampling technique was used to select the samples. The study was conducted over four week from 22th April, 2021 to17th May,2021. The data was collected from 100 nursing staffs from hospitals who fulfilled the inclusion criteria. The main findings have been organized and discussed based on the study objectives and hypothesis.

Findings are discussed under the following sections:

- **Section 1:** Findings related to the demographic characteristics of nursing staffs.
- **Section 2:** Findings based on objectives of the study and testing of the hypothesis.

OBJECTIVES OF THE STUDY

1. To assess the level of stress among nursing staff in selected hospitals, Bangalore related to job pressure.
2. To find out association between job stress among nursing staff in selected hospitals, Bangalore and selected demographic variable.
3. To develop an informational booklet to cope with extreme stress.

Section 1

Findings related to the demographic characteristics of nursing staffs.

In this section, 100 nursing staffs were selected for research study from Raksha Multi- speciality Hospital, Bangalore.

Among 100 nursing staffs, the majority 61(61%) were in age group of 21-30 years followed by 39 (39%) in age group of 31-40 years.

In regards to sex, 21 (21%) of nursing staffs were male and 79 (79%) were female.

With respect to marital status, the majority 59 (59%) of nursing staffs were married and 41 (41%) were single.

In relation to educational status, 47 (47%) of nursing staffs had GNM degree and 53 (53%) had B.Sc. nursing degree.

Living with spouse reveals that, majority 52 (52%) of nursing staffs were living with spouse and 48(48%) not live with spouse.

In regards to the no. of child, 69(69%) of nursing staffs had no child, 11(11%) nursing staffs had one child and 20(20%) nursing staffs had two child.

In relation to the type of religion, majority 78(78%) of nursing staffs were Hindu, 12(12%) were Muslim and 10 (10%) were Christian.

The range of income reveals that 66(66%) nursing staffs income range 10000-25000 and 34(34%) nursing staffs income were in- between 25001-50000.

In regard to the type of family, 42(42%) nursing staffs live in joint family and 58(58%) live in nuclear family.

In relation to the distance from home, 48(48%) nursing staffs were staying in distance of 0-5kms, 32 (32%) were staying in between 6-10km distance and 20(20%) were staying in between 11kms and above distance.

Working experience reveals that, out of 100 nursing staffs 41(41%) had working experience in between 0-5, 39 (39%) had working experience in between 6-10, 10(10%) had working experience in between 11-15 and 10(10%) had working experience 16 & above experience. In regards to the current working area, 20 (20%) of nursing staffs were working in medical ward, 10 (10%) were in surgical ward, 10(10%) were in operation theatre, 21 (21%) were in intensive care unit, 19 (19%) were in causality ward and 20(20%) were in special ward.

With respect to the working experiences in current working area, 10(10%) of nursing staffs had their working experience in between 0-1 years, 39(39%) had 2-3 years of work experience, 31(31%) had 4-5 years of experience and 20(20%) had 6 & more than 6 years of working experience.

Working hours reveals that, 100(100%) had 8 hours of working duty.

In regards to the previous source of getting information on stress and its management, 32 (32%) of nursing staffs got information from their family, 48(48%) from friends and 20(20%) from others source.

Section 2

To find out the association between ages and stress the chi-square test was done. The chi-square value 3.90 is greater than the table value at 5% level of significance. So there is an association between age groups and stress level.

With regards to gender the chi-square value 3.88 is greater than the table value at 5% level of significance. So there is an association between sex and stress level.

To find out the association between marital status and

stress the chi-square test was done. The chi-square value .32 is less than the table value at 5% level of significance, hence there is no association between marital status and stress level.

The table revealed that there is an association between educational status and stress level. The chi-square value 4.45 is greater than the table value at 5% level of significance.

To find out the association between livings with spouse and stress the chi-square test was done. The chi-square value was 4.70 is greater than the table value at 5% level of significance. So there is an association between living with spouse and stress level.

With regard to the number of child, the chi-square value .24 is less than the table value at 5% level of significance. Hence there is no association between number of child and stress level.

The chi-square test was done at 5% level of significance to find out the association between religion and stress. The chi-square value is .67 which is less than the table value. Hence there is no association between religion and stress.

The table revealed that the chi-square value for the income is 5.26% at 5% level if significance is greater than the table value. Hence there is an association between stress and income.

Regarding type of family, the chi-square value is 4.09 which is greater than the table value at 5% level of significance. Hence there is an association between stress and type of family.

With regard to distance from home , the chi-square value is 8.15 which is greater than the table value at 5% level of significance. Hence there is an association between distance from home and stress.

The table revealed that there is no significant association between experience and stress. The chi-square value is .31 which is less than the table value at 5% level of significance.

Regarding area of current work the chi-square value is .15 which is less than the table value at 5% level of significance. Hence there is no association between area of current work and stress.

The chi-square value for experience in current working area is .19 which is less than the table value at 5% level of significance. Hence there is no significance between experience in current working area and stress.

With regard to previous source of information on stress and its management the chi- square value is 6.71 which is greater than the table value at 5% level of significance. Hence there is an association between previous source of information on stress and its management and stress.

Hence H1: "There is a significant association between job stress among staff nurse at selected hospitals in Bangalore with selected demographic variables" was accepted.

The third objective was to develop an informational booklet to cope with extreme stress

A short information booklet was prepared which contains information regarding introduction, common stress symptoms, nursing stress point, causes of stress, 20 most common mistakes made by employee that often lead to stress, way to handle job stress, stress buster, stress management strategies, easy exercise for busy nurses, some practical way to overcoming work overload. The main emphasis was given on the importance of stress reduction, exercise and some stress management strategies. The information booklet was provided to respondents after the data collection.

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Alfred North Whitehead

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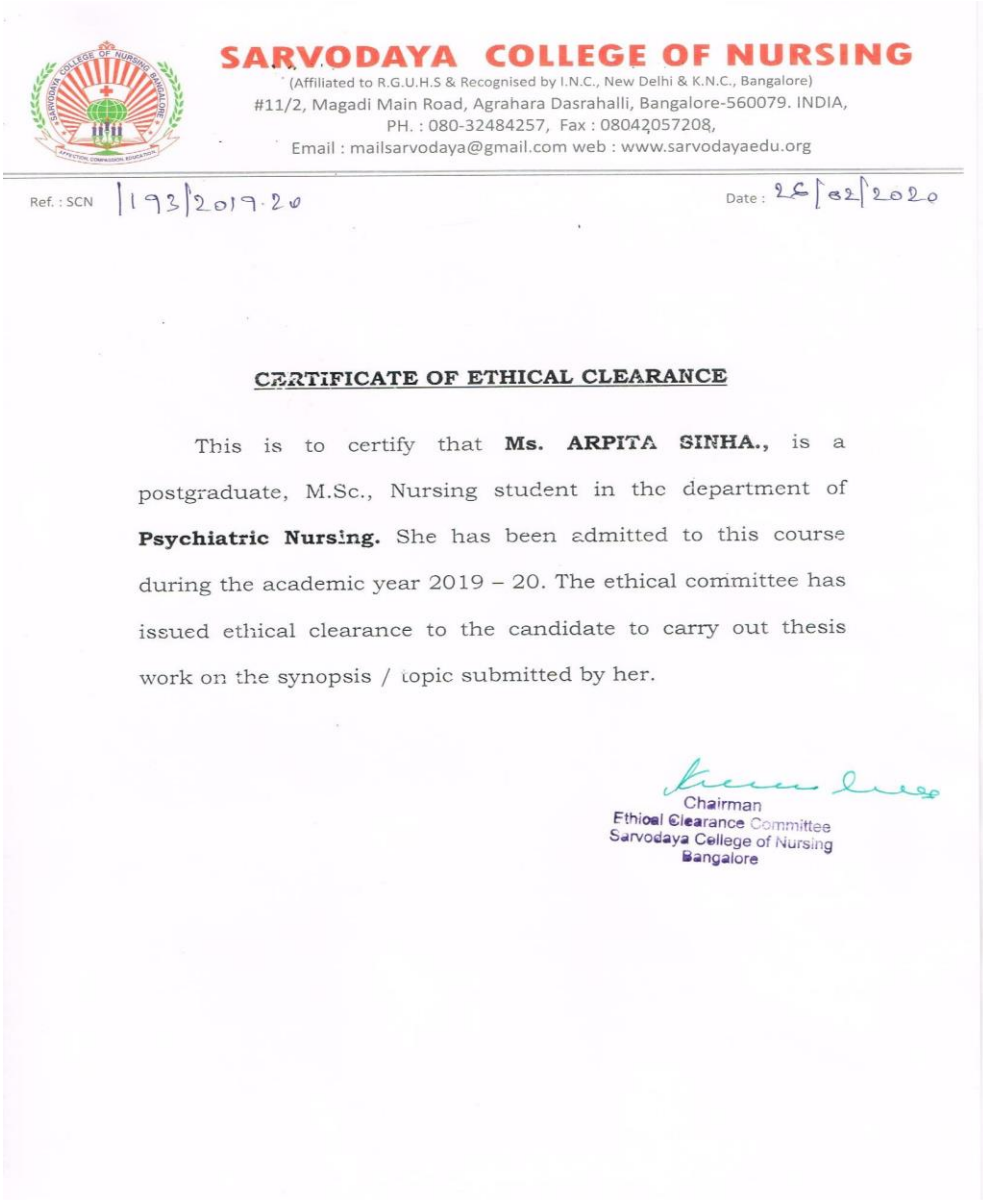
DECLARATIONS

Ethical approval



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CERTIFICATE OF ETHICAL CLEARANCE

This is to certify that **Ms. ARPITA SINHA.,** is a postgraduate, M.Sc., Nursing student in the department of **Psychiatric Nursing.** She has been admitted to this course during the academic year 2019 – 20. The ethical committee has issued ethical clearance to the candidate to carry out thesis work on the synopsis / topic submitted by her.

Chairman
Ethical Clearance Committee
Sarvodaya College of Nursing
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