US Open Nursing Science Journal
Vol. 1, No. 1, October 2014, pp. 1- 7
Available online at http://arepub.com/Journals.php

Research article

A Study to Assess the Knowledge and Practices of Nurses Working in Maternity Wards Regarding Stress Management

Jyothi Prince (Corresponding Author)

Lecturer, college of nursing, King Saud Bin Abdulaziz University for Health Sciences

National Guard Health Affairs, Riyadh.

E-mail: jyothipeterprince@yahoo.co.in

Abstract

INTRODUCTION: Stress in the workplace is now widely recognized as a major problem all over the world. According to the U.S. National Institute of Occupational Safety and Health, job stress is a harmful response physically and emotionally **(Welker -Hood, 2006).**

AIM AND OBJECTIVES: 1.To assess the level of knowledge of nurses working in maternity wards about stress management 2.To assess the level of practices of nurses about stress management 3.To seek correlation of selected variables with level of knowledge about stress management 4.To seek correlation of selected variables with level of practices about stress management.

METHODS: A descriptive cross sectional survey was used to investigate the knowledge and practices of nurses working in maternity wards regarding stress management in Vijay Marie Hospital, Hyderabad. One group pre test design, 20 women were selected by purposive sampling technique. Tools consist of structured questionnaire in two sections. Part A: consists of demographic characteristics of participants, Part B: Structured knowledge and Practices questionnaire. Data was analyzed using descriptive and inferential statistics.

RESULTS: Majority (60%) of sample had poor knowledge scores on stress Management; whereas majority of the sample (55%) had good practice scores. while none of them (0%) had poor practice scores which reveals knowledge

of stress management had statistically no significant relationship (P=0.99) with practical management of their stress. There is statistically significant relationship between sample's BMI and their practice scores (P=0.00). Family monthly income (P=0.00) and type of family (P=0.02) has an association with increased knowledge and practice scores on stress management.

CONCLUSION: Women had poor knowledge but had good practices on stress management. There was significant association between women's monthly family income (P=0.00) and type of family (P=0.02) and knowledge and practices on stress management at 0.05 level of significance. Recommendations were, tools for assessing the readiness for behaviour change can be developed and assessed, the sample relationship building skills can be developed and educate the employees to reduce the stress.

Keywords: Nurses, Knowledge, Practices, Stress, Management,

Introduction

Stress in the workplace is now widely recognized as a major problem all over the world. A growing number of companies are offering some form of stress management intervention. However, for those seeking to introduce stress management activities, too little in the way of guidance and direction has been available **(Elkin AJ 1990).** According to the World Health Organization stress, especially that relating to work, is the second most frequent health problem, impacting one third of employed people in the European Union. **(WHO, 2011).**

A study done by **Lenthall (2009)** revealed that there is a lack of empirical evidence relating to stresses experienced by Remote Area Nurses (RAN). Some stresses of the nurses are related to high demands coupled with a deficit of appropriate resources. A variety of stress-management techniques was used in worksite studies, including muscle relaxation, meditation, biofeedback, cognitive-behavioral skills, and combinations of these techniques. The most common techniques used were muscle relaxation, cognitive-behavioral skills, and combinations of two or more techniques. Outcome measures to evaluate the success of stress interventions included physiologic and psychologic measurements, somatic complaints, and job-related measures. In general, studies using a combination of techniques (e.g., muscle relaxation plus cognitive-behavioral skills) seemed to be more effective across outcome measures than single techniques. **(Murphy LR, 1996)**

1.1 Need for The Study

Saudi nurses make less than 30% of the total nursing workforce Kingdom wide **(Gazzaz, 2009)**. The total nursing workforce of expatriates and Saudi nurses in all health sectors is 129792 and Saudi nurses represent 31.8 percent of the total workforce (Ministry of Health, 2010). According to the U.S. National Institute of Occupational Safety and Health, job stress is a harmful response physically and emotionally when the employee's skills, resources, and needs could not fulfil the requirement of the job **(Welker -Hood, 2006).** As a result there is a need to assess the knowledge and practices of nurses regarding stress management.

1.2 Clinical Significance

The structure of organizations and employment systems has recently begun to change, and the traditional employee-supervisor relationship is slowly disappearing in some enterprises, so that the role of supervisors with regard to stress management may need to be revised. **(David Zieve, 2012).**

1.3 Objectives:

1.To assess the level of knowledge and practices of nurses working in maternity wards about stress management
2.To seek correlation of selected variables with level of knowledge about stress management
3.To seek correlation of selected variables with level of practices about stress management.

Materials and Method

Fig.1 Conceptual Framework

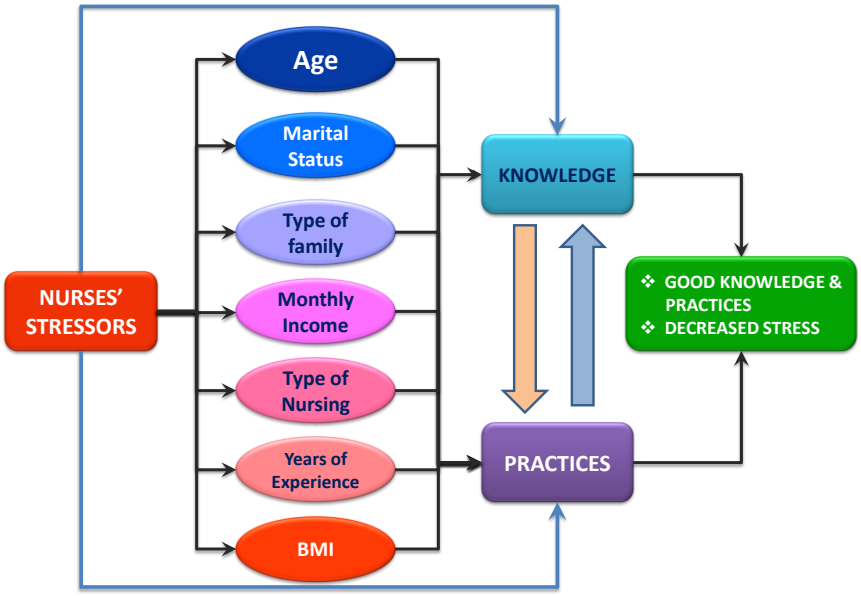
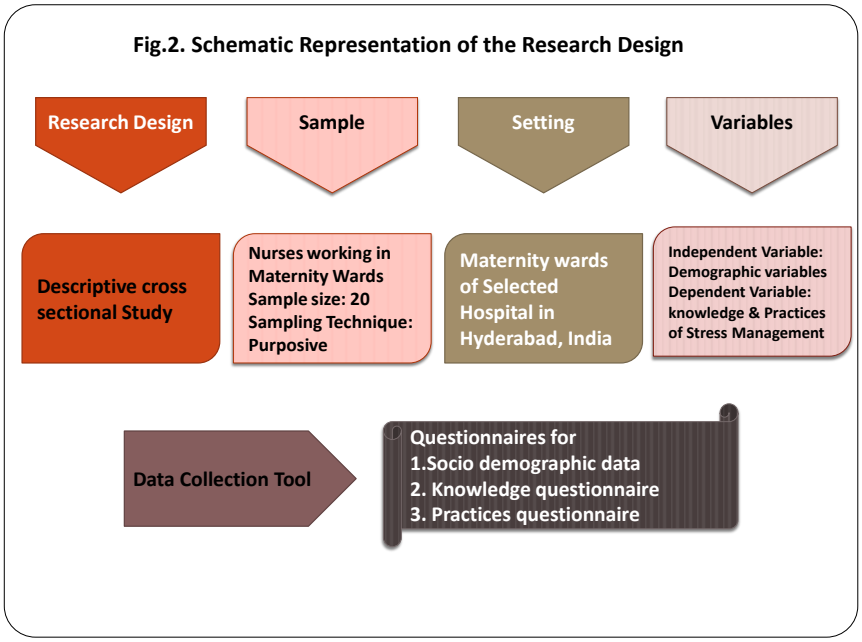


Fig.2. Schematic Representation of the Research Design



II. Methodology

2.1 Research Design: Descriptive cross sectional survey
2.2 Population: Staff Nurses
2.3 Sample size: 20
2.4 Sampling Technique: Purposive
2.5 Setting: Maternity Wards of selected hospital in Hyderabad

2.6 Variables:

Independent Variable: demographic variables such as age, marital status, type of family, number of family members, type of nursing, years of experience, BMI.

Dependent Variable: Knowledge and Practices regarding stress management

2.7 Data Collection Tools: 1. Questionnaire on demographic variables of participants 2. Knowledge questionnaire 3. Practices questionnaire

2.8 Content Validity: obtained from subject experts

2.9 Consent: obtained from hospital administration and participants

2.10 Sampling Criteria:

Inclusion Criteria:

- ✓ Nurses who are available at the time of data collection
- ✓ Nurses who are willing to participate in the study.

III. Results and Discussion

3.1 Description of sample characteristics:

Majority age of the nurses in the sample (40%) is 20-24 years, work category (70%) were General Nurse Midwives (GNM), (50%) were having less than one year work experience, (70%) were unmarried, (95%) were earning the monthly family income of Rs. 5,000 to 15,000, (55%) have 3-5 children and (75%) have nuclear families. Majority (75%) of the sample's BMI (Body Mass Index) is normal weight.

3.2 Findings related to knowledge and practices:

Majority (60%) of the sample had poor knowledge scores on Management of stress; whereas majority of the sample (55%) of them had good practice scores on Management of stress in maternity wards. This reveals there was no relationship between knowledge on stress management and the practices of stress management. It was also found there was significant association between nurses' monthly family income and type of family with knowledge and practices on stress management.

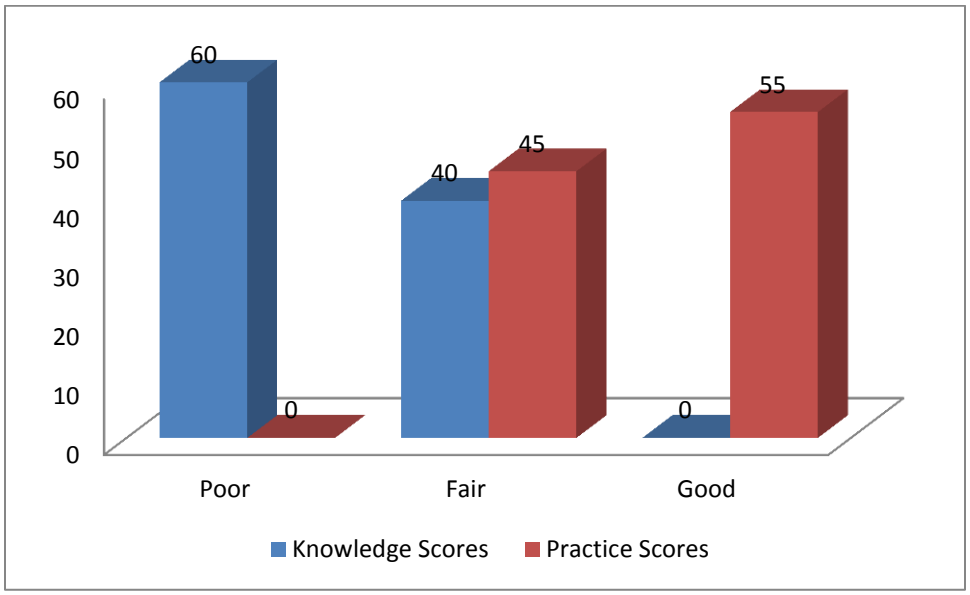


Fig. 3: Comparison between Knowledge and Practice Scores of Nurses on 'Stress Management'

Table (1): Correlation between BMI and Total Practice Scores of the Sample:

Item	Mean	SD	r	P Value
BMI	**22.77**	**2.93**	**0.30**	**0.19**
Practice Scores	**63.45**	**10.62**		

Table (1) shows Correlation between BMI and total Practice Scores of the Sample. The Mean and SD of BMI is 22.77 and 2.93 and Practice scores are 63.45 and 10.62 respectively. The 'r' value is 0.30. The P value of 0.19 reveals there is no statistically significant correlation between sample's BMI and their practice scores at 0.05 level.

IV. Discussion

In the present study it is revealed that majority of nurses had poor knowledge on stress management where as majority of them had good practice scores which can be inferred as knowledge had no impact on the practices of stress management. The findings of the current study were in agreement with **Holley Avey (2003)** a study done on 'Health care providers' training, perceptions, and practices regarding stress and health outcomes' reveals, (42%) of respondents reported receiving no instruction regarding stress and health outcomes during their medical/professional education. Majority (90%) of the health care providers believed instruction on stress management was "very" or "somewhat" effective in improving health outcomes.

Present study was also in consistent with **Zhou H, Gong YH. (2013)** which reveals Nurses preferred self-control as a coping strategy. Active coping was positively related to resource and environmental problems, and passive coping was positively related to workload and time pressure, and to interpersonal relationship and management issues. A study done by **Burke LE, Fair J. (2003)** suggest the skills and attributes of the health care provider, such as expertise and knowledge, skills for assessing readiness for behaviour change, relationship building skills, and skill in considering the patient's attitudes and beliefs about the disease or treatment are to be encouraged. Principles of communication to guide the patient-provider encounter, key behavioral change strategies, and use of technology to be used in training the health care providers to guide the patients to promote behaviour change and risk reduction.

V. Recommendations

- The study can be replicated on a large sample
- Tools for assessing the readiness for behaviour change can be developed and assess the sample
- Relationship building skills can be developed and educate the employees to reduce the stress
- Establishment of counselling unit for helping nurses to manage their stress.

VI. Limitations

1. Study is limited to nurses working in maternity wards
2. It is a Pilot study as a result the sample size is small
3. Nurses who are willing to participate in the study
4. Nurses who are available at the time of data collection.

VII. Conclusion

1. Nurses had poor knowledge on stress management
2. But nurses had good practices on stress management.
3. There was significant association between nurses' monthly family income and type of family and knowledge and practices on stress management.

Acknowledgement

I wish to thank the Lord Almighty and all persons who have been instrumental in completion of my present study. The study has been undertaken under the inspiration of my husband who is in general a good manager of stress, and to my daughter who gave me right hand support for data collection. I express my sincere and deep gratitude to both of them for their keen interest and constant encouragement in the study. I express my special words of gratitude to Sr. Anne Ponnattil, Director of Nursing Services, Vijay Marie Hospital, Hyderabad for granting the permission to conduct the study in their esteemed institution. I also appreciate the contribution of Head Nurse and Staff nurses of Maternity Wards of the hospital for their cooperation. I express my sincere gratitude to Dr. Farida, Head of the Department of Maternity Department for her constant guidance in the study and in statistics.

References

[1] Lenthall.S. What stresses remote area nurses? Current knowledge and future action. Australian Journal of Rural Health. 2009 Aug;17(4):208-13.

[2] Burke LE, Fair J. Promoting prevention: skill sets and attributes of health care providers who deliver behavioral interventions. J Cardiovasc Nurs. 2003 Sep-Oct;18(4):256-66.

[3] Bodenheimer T. Helping patient improve their health-related behaviors: what system changes do we need? Dis Manag. 2005;8(5):319–330.

[4] Chambers R, Miller D, Tweed P, Campbell I. Exploring the need for an occupational health service for those working in primary care. Occup Med (Lond) 1997 Nov;47(8):485–490.

[5] Chambers R. Health and lifestyle of general practitioners & teachers.OccupMed (Lond)1992 May;42(2):69–78

[6] Committee on Communication for Behavior Change in the 21st Century . Speaking of Health: Assessing Health Communication Strategies for Diverse Populations.The National Academies Press; Washington, DC: 2002. p. 1.

[7] Doran D, editor. Nursing-Sensitive Outcomes: State of the Science. Jones & Bartlett; Sandbury, MA: 2003.

[8] Dancey CP, Taghavi M, Fox RJ. The relationship between daily stress and symptoms of irritable bowel: a time-series approach. *J Psychosom Res.* 1998 May;44(5):537–545.

[9] Gazzaz, L., (2009): Saudi Nurses' Perceptions of Nursing as an Occupational Choice: A Qualitative Interview Study, Doctorate thesis, Faculty of Medicine and Allied Health Science School of Nursing, University of Nottingham, 1-10

[10] Holly Avey, Kenneth B. Matheny, Anna Robbins, and Terry A. Jacobson Health care providers' training, perceptions, and practices regarding stress and health outcomes. J Natl Med Assoc. 2003 September; 95(9): 833, 836-45.

[11] Institute of Medicine . Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences: Committee on Health and Behavior: Research, Practice and Policy Board on Neuroscience and Behavioral Health. National Academy Press; Washington, DC: 2001.

[12] Jackson R, Sutton GC. Workplace health in primary care premises. BMJ. 1995 Jul 15;311(6998):140–141.

[13] Lenthall.S. What stresses remote area nurses? Current knowledge and future action. Australian Journal of Rural Health. 2009 Aug;17(4):208-13.

[14] Leserman J, Petitto JM, Golden RN, Gaynes BN, Gu H, Perkins DO, Silva SG, Folds JD, Evans DL. Impact of stressful life events, depression, social support, coping, and cortisol on progression to AIDS. *Am J Psychiatry.* 2000 Aug;157(8):1221–1228.

[15] Light Irin C, Bincy R. Effect of stress management interventions on job stress among nurses working in critical care units. Nurs J India. 2012 Nov-Dec;103(6):269-71.

[16] McGregor, B.A., Antoni M.H. Psychological intervention and health outcomes among women treated for breast cancer: a review of stress pathways and biological mediators. Brain Behav Immun, 2009; 23(2), 159-166.