

A Comparative Study to Assess the Occupational Stress Level among Married and Unmarried Female Nurses Working in Selected Hospitals at Udaipur

Bhupendra Singh¹, Manila Manohar², Pooran Singh Bhati³, Ashok Kumar Vaishnav⁴, Govind Bharti⁵

¹Assistant Professor, Mental Health Nursing,

School of Nursing, Shri Sahdev Padhariya Ambedkar Sewa Sansthan, Rasra, Uttar Pradesh, India

²Associate Professor, Obstetrical and Gynecological Nursing,

Sultanpur Nursing Institute and Paramedical Sciences, Sultanpur, Uttar Pradesh, India

³Assistant Professor, Medical Surgical Nursing,

Smt. Dakuben Saremalji Sancheti Nursing Institute, Sumerpur, Rajasthan, India

⁴Lecturer, Child Health Nursing,

School of Nursing, Shri Sahdev Padhariya Ambedkar Sewa Sansthan, Rasra, Uttar Pradesh, India

⁵Lecturer, Medical Surgical Nursing,

Smt. Dakuben Saremalji Sancheti Nursing Institute, Sumerpur, Rajasthan, India

ABSTRACT

Stress is defined re-expressing of an event accompanied by symptoms of increased arousal and by evidence of stimuli associated by trauma, this affects the job performance. Occupational stress is defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, responses or need of the worker. Work place stress or job stress means any characteristic of the job environment that poses a threat to the individual, either excessive demands or insufficient supplies to meet the need and lead to a rising tension in a person. Nurse's working environment include an enclosed atmosphere, time pressures, excessive noise or undue quiet, sudden swings of from intense to mundane tasks, no second chance, unpleasant sights and sounds, and long standing hours. Night work can even be more negative impact for female nurses who also have family responsibilities such as pregnancy and child rearing. Thus, they undergo tremendous stress in their occupational life as well as their personal life. Title of the study "A comparative study to assess the occupational stress level among married and unmarried female nurses working in selected hospitals at Udaipur" objective of the study To assess the level of occupational stress among married & unmarried female nurses working in selected hospitals. To compare the level of occupational stress of married female nurses with unmarried female nurses working in selected hospitals. To associate the level of occupational stress of married and unmarried female nurses with selected demographic variables. Hypotheses H1: There will be significant difference on level of occupational stress among married and unmarried female nurses. H2: There will be significant association between levels of occupational stress of married staff nurses with selected demographic variables. H3: There will be significant association between levels of occupational stress of unmarried female nurses with selected demographic variables. Methods The data was generated by using structured questionnaire. Non probability purposive sampling was adopted to select 80 samples (40 married female staff nurse & 40 unmarried female staff nurse). The data was obtained from the study subjects were analyzed and interpreted in terms of the objectives and hypothesis of the study. Descriptive and inferential statistics were used for the data analysis and the P value set at 0.05 levels. Result revealed that In the present study it was found that the level of knowledge among respondents regarding occupational stress was assessed among the 40 subject of married female staff nurses in which 22 (55%) had very severe stress, 17 (42.5%) had severe stress & 01 (2.5%) of the subjects had moderate

How to cite this paper: Bhupendra Singh | Manila Manohar | Pooran Singh Bhati | Ashok Kumar Vaishnav | Govind Bharti "A Comparative Study to Assess the Occupational Stress Level among Married and Unmarried Female Nurses Working in Selected Hospitals at Udaipur" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-5, October 2024, pp.732-736, URL: www.ijtsrd.com/papers/ijtsrd69434.pdf



Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



stress and among 40 subject of unmarried female staff nurses 19 (47.5%) subjects had very severe stress as well as severe stress & 02 (5%) of the subjects had moderate stress. The independent 't' test was used to find out the difference of occupational stress among married and unmarried female staff nurses. The mean score of married female staff nurses was 110.57 and SD was 9.00 and the mean score of unmarried female staff nurses was 103.12 and SD 10.99 was found. The observed independent 't' test value was 3.14. This calculated value was greater than the table value (1.98) with df (78) at 0.05 level of significance, which showed that it was highly significant. So the researcher accepted the research hypothesis and concluded that there was a significant difference occupational stress among married & unmarried female staff nurses. This study revealed that there was a significant association between married female staff nurses and selected demographic variables such as professional qualification, In which type of setting you often work & place of stay. There was also association between unmarried female staff nurses and selected demographic variables such as professional qualification, years of experience, & In which type of setting you often work. Hence research hypothesis is accepted.

KEYWORDS: arousal, stimuli, trauma, emotional

Need for the study

The health care industries have experienced profound changes, during the past several decades. Nursing as a health care profession and a major component of the health care delivery system is significantly affected by changes in the health care industry. Thus, they undergo tremendous stress in their occupational life as well as their personal life. Large scale research suggested level of occupational stress was higher in nurses, in national health services (NHS) than in other professions. According to a survey, 11,000 NHS staff found more than 26% of nurses to be suffering at least minor health problem (typically anxiety and depression). Stress in work place is often referred to as occupational stress. The basic rationale under pinning the concept is that the work situation has certain demands and those problems in meeting these can lead to illness or psychologically distress. Occupational stress is a major health problem for both individual employees and organizations and can lead to burn out, illness, labor turn over and absence in work performances. A cross sectional study was conducted among 121 male nurses on occupational stress, achievement motivation and occupational stress in Taiwan. Among them most were registered nurses 56.2% (n=68), 12.4% (n=15) were licensed practicing nurse, 10% (n=12) were head nurses, 6.6% (n=8) were nurse practitioner, 6.6% (n=8) were physician assistant and 8.2% (n=10) were supervisors. Descriptive statistics were used for the analysis. The greatest source of job stress was organizational interaction (mean=3.32, SD=0.71) followed by job load (mean=3.13, SD=0.62) and finally role conflict (mean=2.60, SD=0.82). The most important source was turnover intention (mean=2.95, SD=0.73), emotional exhaustion (mean=2.94, SD=0.73) and personal unconcern (mean=2.71, SD=0.81). The job stress of male nurses was strongly correlated with occupational stress [$r=0.64$, $p<0.001$]. The study concluded that job stress is a predictor of occupational stress.

PROBLEM STATEMENT

"A comparative study to assess the occupational stress level among married and unmarried female nurses working in selected hospitals at Udaipur."

RESEARCH OBJECTIVES

1. To assess the level of occupational stress among married & unmarried female nurses working in selected hospitals.
2. To compare the level of occupational stress of married female nurses with unmarried female nurses working in selected hospitals.
3. To associate the level of occupational stress of married and unmarried female nurses with selected demographic variables.

HYPOTHESIS

Hypotheses will be tested at 0.05 level of significance.

H1: There will be significant difference on level of occupational stress among married and unmarried female nurses.

H2: There will be significant association between levels of occupational stress of married staff nurses with selected demographic variables.

H3: There will be significant association between levels of occupational stress of unmarried female nurses with selected demographic variables.

Methodology:-

Research approach:- Quantitative research approach was used in the study

Research design:- In the present study a Non-experimental Descriptive comparative research design was adopted.

Research setting:- The present study has been conducted in Pacific institute of medical sciences (PMCH) hospital Udaipur.

Variables

Research Variable: - In this study the research variables are the occupational stress on female staff

nurses which influenced by personal as well as working areas.

Demographic variables: -

In this study demographic variables age in years, marital status, types of family, professional qualification, years of experiences, in which type of setting you often work, and place of stay are selected.

POPULATION

In the present study population consists of female staff nurses working in hospitals at Udaipur having more than one years of experience.

SAMPLE

The samples selected for the present study comprises female staff nurses (married or unmarried) who working in PMCH Hospital, Ambua road, Umarda at Udaipur.

Sampling technique;- :- Non probability purposive sampling

Sample size:- 80 female nurses (40 married and 40 unmarried) in selected hospitals.

SAMPLING CRITERIA

Inclusion Criteria

1. Female staff nurses willing to participate in study
2. Nurses who are registered
3. Nurses who are available on the day of data collection

Exclusion criteria

1. Nurses who have less than one year of experience
2. Nurses who are not accessible during the data collection
3. Female staff nurse not willing to participate.

DATA COLLECTION TOOL

Description of the tool

The tool comprises of two parts:

Part I: Demographic variables

It consists of 7 items, which include age in years, marital status, types of family, professional qualification, years of experiences, in which type of setting you often work, and place of stay for obtaining baseline information about the female staff nurses.

Part II: Modified Expanded Nursing Stress Scale

This part consist 8 areas related to stress, consisting of 36 items. The tool was a Likert type, 5 point rating scale consisting of 5 options namely never, rarely, sometimes, often and always. 'Never' carries a score of 0, 'Rarely' a score of 1, 'Sometimes' a score of 2, 'Often' a score of 3 and 'Always' a score of 4.

Area I: Consisted of 6 items related to death and dying. The highest possible score is 24.

Area II: Consisted of 4 items related to conflict with doctors and the highest possible score is 16.

Area III: Consisted of 3 items related to inadequate emotional preparations and the highest possible score is 12.

Area IV: Consisted of 2 items related to problems relating to peers, and the highest possible score is 8.

Area V: Consisted of 3 items related to problems relating to supervisors, and the highest possible score is 12.

Area VI: Consisted of 7 items related to work load and the highest possible score is 28.

Area VII: Consisted of 7 items related to uncertainty concerning treatment and the highest possible score is 28.

Area VIII: Consisted of 4 items related to patients and their families and the highest possible score is 16.

Content Validity

The prepared tool along with the objective, blue print, criteria checklist, and requisition letter were submitted to five experts. The experts were from the teaching field of psychiatric nursing and psychiatrist.

Reliability

The reliability of the tool was established by using the data collected from 8 staff nurses from a selected hospital in Udaipur.

Demilation

The study is delimited to 40 married and 40 unmarried female nurses working in selected hospitals at Udaipur, Rajasthan.

1. Married and Unmarried female nurses.
2. Nurses who are working in selected hospitals.

RESULT ANALYSIS AND INTERPRETATIONS:-

Section I: Description of the samples on selected socio demographic variables of married & unmarried female staff nurses

- Age in years: About age group in married staff nurses the most of the subjects 16 (40%) belongs to 26-30 years, but in Unmarried staff nurses most 14(35%) subjects belongs to 21-25 years.
- Marital Status: In this 40 subjects were selected in both married & unmarried female staff nurses category.
- Types of Family: About types of family in married staff nurses the most of the subjects 21 (52.5%) belongs to nuclear family, but in Unmarried staff nurses most 27(67.5%) subjects belongs to joint/extended family.

- Professional Qualification: In qualification of married female staff nurses category most of 15(37.5%) were having Diploma in nursing but in unmarried female staff nurses category most of 17(42.5%) were having B.Sc. Nursing course.
- Years of Experience: About Years of Experience in married female staff nurses category most of 19(47.5%) were having 4-6 years experience and in unmarried female staff nurses category 18(45%) subjects belongs to both 1-3 years and 4-6 years experience.
- In which type of setting you often work: Working area of married female staff nurses category 15(37.5%) often works in ward and unmarried female staff nurse category 17(42.5%) often works in ward also.
- Place of stay: About place of stay of married staff nurses, the most of the subjects 16 (40%) were staying in hostel/rental as well as own residence and in unmarried staff nurses, the most of the subjects 17 (42.5%) were staying in hospital quarters as well as hostel/rental.

Section II: Level of occupational stress of married & unmarried female staff nurses

The level of knowledge among respondents regarding occupational stress was assessed among the 40 subject of married female staff nurses in which 22 (55%) had very severe stress, 17 (42.5%) had severe stress & 01 (2.5%) of the subjects had moderate stress and among 40 subject of unmarried female staff nurses 19 (47.5%) subjects had very severe stress as well as severe stress & 02 (5%) of the subjects had moderate stress.

Section III: Comparative analysis of occupational stress among married & unmarried female staff nurses

The independent 't' test was used to find out the difference of occupational stress among married and unmarried female staff nurses. The mean score of married female staff nurses was 110.57 and SD was 9.00 and the mean score of unmarried female staff nurses was 103.12 and SD 10.99 was found. The observed independent 't' test value was 3.14. This calculated value was greater than the table value (1.98) with df (78) at 0.05 level of significance, which showed that it was highly significant. So the researcher accepted the research hypothesis and concluded that there was a significant difference occupational stress among married & unmarried female staff nurses.

Section IV: Associate between married female staff nurses with selected demographic variables

This study revealed that there is a no significant association between demographic variables such as age in years (1.45; t value 3.18), marital status (00; t value 12.71), type of family(0.10; t value 12.71) & years of experience(2.11; t value 4.30) of married female nurses who working in hospital. Hence the research hypothesis is rejected at 0.05 level of significance.

There is a significant association between married female staff nurses and selected demographic variables such as professional qualification (3.36; t value 3.18), In which type of setting you often work (4.77; t value 3.18) & place of stay (4.50; t value 4.30). Hence research hypothesis is accepted and null hypothesis is rejected.

Section V: Associate between unmarried female staff nurses with selected demographic variables

This study revealed that there is a no significant association between demographic variables such as age in years (1.16; t value 3.18), marital status (00; t value 12.71), type of family (6.03; t value 12.71) & place of stay (3.25; t value 4.30) of unmarried female nurses who working in hospital. Hence the research hypothesis is rejected at 0.05 level of significance. There is a significant association between unmarried female staff nurses and selected demographic variables such as professional qualification (6.15; t value 3.18), years of experience (6.47; t value 4.30), & In which type of setting you often work (4.77; t value 3.18). Hence research hypothesis is accepted and null hypothesis is rejected.

CONCLUSION

The present study was done to assess the effectiveness of occupational stress on among married & unmarried female staff nurses in selected hospitals at Udaipur. Over the recent years there has been growing concern about stress in nursing, various studies have shown that stress not only effects the individual nurse but also, her family, her patients and the organization. Also the various levels of stress and sources have been identified. In this study researcher mainly focuses to identify stress level and compare between married & unmarried female nurses regarding their working areas so that it helps to manage it. In respondents showed that among the 40 subject of married female staff nurses in which 22 (55%) had very severe stress, 17 (42.5%) had severe stress & 01 (2.5%) of the subjects had moderate stress and among 40 subject of unmarried female staff

nurses 19 (47.5%) subjects had very severe stress as well as severe stress & 02 (5%) of the subjects had moderate stress.

BIBLIOGRAPHY

- [1] Becker, M. H. (1999). The health belief model and sick role behavior. *Health Education Monographs*, 2, 409-419.
- [2] Boyer, T. W. (2013). The development of risk-taking A multi-perspective review. *Developmental Review*, 27, 293-342
- [3] Braunserger, K., Wybenga, H., Gates, R. (2016). A comparison of reliability between telephone and web—based surveys. *Journal of business Research*, 66, 778-794.
- [4] Briggs, N. (2006). estimation of the standard error and confidence interval of the indirect effect in multiple mediator models. Unpublished doctoral dissertation, Ohio State University. Columbus, OH.
- [5] Burt, C.W., & Fingerhut, L.A. (2008). Injury visits to hospital emergency departments: united states 2006. *Vital health statistics, series* 13, 9, 1-78.
- [6] Nancy A. Flanagan. Testing the relationship between job stress and satisfaction in correctional nurses nursing research. 2006; 55(5): 316- 17.
- [7] Colver, A., Hutchinson, P., & Judson, E. (2002). Promotion of children first aid safety. *British medical journal*, 433, 1177-1180.
- [8] Davis, R. (1999). Web- based administration of a personality questionnaire: comparison with traditional methods. *Behaviour Research Methods, Instruments, and computers*, 32, 577-589.
- [9] Shen HC, Cheng Y. Occupational stress in nurses in psychiatric Institutions. *Journal of occupational health*. 2012; 47(3): 218- 25.
- [10] Fagin L. et al. Stress, coping and burnout in mental health nurses” *International journal of social psychiatry*, Random 2000; (60): 84 -96. Lee I Wang HH. Perceived occupational stress and related factors in national health nurses services (NHS), *journal of nursing management* 2010; (9): 101-106.

