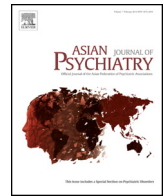




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# Impact of a stress management program on stress perception of nurses working with psychiatric patients

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## ABSTRACT

Nurses caring for psychiatric patients may have to face violent emotions and unpredictable behaviour which can be quite stressful. A stress management program may equip nurses with skills to cope effectively with the stress. A one group pre-test and post-test design was adopted to test this hypothesis. Both gender nurses caring for psychiatric patients were invited to undergo 10 consecutive, one hour sessions of a stress management program. The DCL Stress scale (The De Villiers, Carson & Leary Stress Scale; Carson et al., 1997a,b,c) was used to collect data immediately after intervention and four weeks later. RM ANOVA with SPSS 16 showed that pre-intervention mean stress reduced significantly ( $p = 0.000$ ) from  $57.45 \pm 16.42$  to  $41.06 \pm 16.51$  immediately following the intervention and  $26.43 \pm 12.82$  ( $p = 0.000$ ) four weeks after the intervention. The stress management strategies positively impacted on nurses' stress levels.

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## 1. Introduction

Nurses working with psychiatric patients may be confronted with intense interpersonal interactions, dynamic changes in patients, emotional lability and psychological distress that can be very stressful and challenging. Most studies on stress and job satisfaction in nursing have focused on general nursing specialities, and relatively little attention has been paid to nurses working in psychiatric units (Cronin-Stubbs and Brophy, 1985; Dawkins et al., 1985). Although there are educational programs in India that focus on psychiatric nursing speciality (from diploma to doctorate programs), many nurses caring for psychiatric patients in various psychiatric hospitals in India may not have actually undergone a speciality training program. When confronted by issues such as nurse shortage, violence in the unit, advances in technology, and demands from the multi-disciplinary team, these nurses can have high levels of stress. Worker injuries and verbally aggressive patients are reported to be increasing and are associated with higher rates of burnout of psychiatric nurses (Liu and Wuerker, 2005; Flannery et al., 2007). With robust clustered regression analysis, it was found that lower levels of psychiatric nurse burnout among 353 nurses was significantly associated with inpatient environments in 67 hospitals that had better overall

quality work environments, more effective managers, strong nurse–physician relationships, and higher psychiatric nurse-to-patient staffing ratios (Hanrahan et al., 2010). Most psychiatric hospitals in India have wards with 50–60 beds. Generally, in the morning shift there are at least two nurses with one ward supervisor, one nurse for the evening and one for the night shift. This inadequate nurse–patient ratio also can contribute to stress in the nurses. Programs for dealing with stress should be available on a routine basis (Sorgaard et al., 2010). The present research work focuses on testing of specific strategies to equip nurses with competencies to cope with stress when working with patients with mental illness. If this stress management program is found to be effective, it can be advocated for nurses working in other psychiatric hospitals in India.

### 1.1. Aim

To evaluate the effectiveness of a stress management program on stress reduction in nurses working in a psychiatric hospital.

### 1.2. Objectives

1. To assess the level of pre-intervention perceived stress in nurses working with psychiatric patients.
2. To develop a stress management program.
3. To evaluate the impact of the stress management program on stress perception of nurses working with psychiatric patients.

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### 1.3. Hypothesis

There will be a statistically significant change in the stress perception of the nurses after under-going the stress management program.

## 2. Materials & methods

### 2.1. Research design

A quasi-experimental one group pre test post test design.

### 2.2. Study population and setting

After approval by the Institutional Review Board and following informed consent as well as detailed explanation about the risks and benefits involved, 60 nurses working in a psychiatric hospital at Bangalore, India were randomly selected using the Tippet's Random number table and invited to participate in this study. Male and female registered nurses working with psychiatric patients for more than one year and possessing G.N.M. (diploma) or B.Sc. Nursing qualification (with/without additional qualifications) were included in the study. Nurses in the supervisory capacity, nursing trainees, nurses with chronic illness and those who had undergone stress management courses were excluded from the study. Of the 60 randomly selected subjects who fulfilled the inclusion criteria, there was seven-subject mortality due to reasons such as illness, death in the family and child's illness. The final sample consisted of 53 nurses, who fulfilled the inclusion/exclusion criteria. Nurses took part in the sessions while on duty. Since shift system was followed in this hospital, groups of 10 nurses participated in the sessions during the morning shift and evening shift. Maximum effort was taken to meet comfort needs, including providing refreshments. Nurses were encouraged to contact the researchers at periods other than the intervention sessions.

### 2.3. Research tools

A semi-structured, researcher constructed proforma was used to collect socio-demographic data. The DCL (De Villiers, Carson & Leary) Stress Scale (Carson et al., 1995, 1996, 1997a–c, 1999) was used to measure stress levels. This is a 30 item Likert rating scale consisting of five domains – patient demands (8 items), organizational and managerial issues (8 items), staffing (7 items), future concerns (4 items) and job satisfaction (3 items). Cronbach's alpha reliability coefficient was 0.96. The test–re-test correlation (Spearman's Rho) was 0.91. There is high content as well as criterion validity (with Maslach's Emotional Exhaustion and the GHQ – 28). Each item is scored as a Likert scale ranging from 0 to 4. Thus, the total score ranges from 'no' stress (score of 0) to 'extreme' stress (score of 120).

### 2.4. Stress management program

The nurses were enrolled for 10 sessions, each lasting for one hour, on a daily basis. Five sessions in a week from Monday through Saturday for two weeks were conducted keeping in mind weekly off duty days. Sessions focused on stress education, problem solving, time management, taking time off, communication skills, assertiveness training, responding to criticism, negotiation skills and humour. Various teaching strategies were used such as lecture cum discussion, brain storming, role play, group work and behaviour rehearsal. Communication skills, assertiveness skills, responding to criticism and negotiation skills were role played and video graphed. These video slides also were used as

teaching aids. Sessions were very interactive and nurses were encouraged to clarify doubts and participate actively. Nurses were encouraged to prepare case scenarios based on their experience of stressful situations in the wards and then discuss how these stress management techniques could be implemented during these situations. Pre-assessment was done using the socio-demographic proforma and the DCL Stress Scale. The subjects were then exposed to these specific strategies for ten days continuously. Immediate post-assessment as well as assessment four weeks later was done. The subjects were encouraged to narrate their experiences while adopting the various techniques taught to them. A discussion was held about the difficulties, practicability and utility of the techniques followed by post assessment as well as evaluation of the sessions that they had undergone. All nurses including those who were not part of the study were given information manuals on the stress management interventions after the final data collection. The content validity of this stress management program as well as the audio–visual aids used during the sessions were determined by experts comprising of three psychiatrists, three psychiatric nurses, two clinical psychologists and two psychiatric social work consultants.

### 2.5. Analysis

It was decided to express the data obtained using descriptive statistics and to analyze the effectiveness of intervention by computing repeated measures ANOVA using a 0.05 level of significance. Data analysis was performed using spss16.

## 3. Results

### 3.1. Descriptives

Majority of the nurses (90.57%) were female. Married nurses comprised 84.91% of the study sample. 32.08% of the nurses were from a joint family and the remaining 67.92% belonged to nuclear families. 83.02% of the nurses had family support in day-to-day activities (Table 1).

The mean age of the study sample ( $n = 53$ ) was  $33.19 \pm 6.90$  years ranging from 24 years to 50 years. The mean basic salary was Rs.  $5887.55 \pm 783.46$  ranging from Rs. 5250 to Rs. 9060. The nurses experience of working with psychiatric patients ranged from 2 years to 29 years with a mean experience of  $9.58 \pm 6.04$  years (Table 2).

While 15.09% of the nurses worked in the Psychiatry special wards, 33.96% worked in the emergency unit, 18.87% in the closed psychiatry wards and the rest (32.08%) worked in the open psychiatry wards. 24.53% of the nurses were professionally

**Table 1**

Frequency distribution of the study sample based on sex, marital status, type of family and family support in day to day activities ( $n=53$ ).

Sample characteristics	Number	Percentage
Sex		
Female	48	90.57
Male	5	9.43
Marital status		
Married	45	84.91
Unmarried	6	11.32
Separated	2	3.77
Type of family		
Joint	17	32.08
Nuclear	36	67.92
Family support in day to day activities		
Yes	44	83.02
No	9	16.98

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