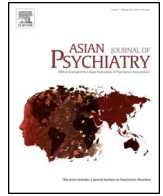




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Somatic symptoms, perceived stress and perceived job satisfaction among nurses working in an Indian psychiatric hospital

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ABSTRACT

Background: High stress perception by nurses caring for psychiatric patients can lead to somatic symptoms which impact on their job satisfaction perception.

Objective: To assess and correlate the level of somatic symptoms, perceived stress and perceived job satisfaction among the subjects.

Design: The authors used a descriptive correlation design to invite 150 nurses of both genders working for more than one year with psychiatric patients. The Scale for Assessment of Somatic Symptoms (Chaturvedi et al., 1987) and a Visual Analogue Scale (VAS) for stress and job satisfaction perception were used to collect data.

Results: The nurses (128) reported mainly pain related (4.87 ± 2.97) somatic symptoms. Somatic symptoms positively correlated ($r = 0.302$) with stress perception and negatively correlated ($r = -0.231$) with perceived job satisfaction, while perceived stress and perceived job satisfaction were negatively correlated ($r = -0.460, p = 0.000$).

Conclusion: The results indicate a need for stress management interventions.

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1. Introduction

Nurses are important members of the multi-disciplinary team who cater to the needs of psychiatric patients. The median number of nurses working for mental health in India is only 0.05 per 100 000 population as compared to the global median of 2.0 per 100 000 population (WHO, 2005) which indicates the shortage of nurses. In most Indian psychiatric hospitals, nurses have to work in a highly stressful environment where they face stressors some of

which are shortage of nurses, unpredictable patient behaviour as well as aggression and violence on the unit. Due to exposure to psychosocial risks, nurses develop depression, violent behaviour and other diseases (Robinson et al., 2005).

Accountability to the hospital as well as the profession also adds to the stress. When nurses are unable to cope with the stress, there are possibilities that somatic symptoms such as palpitations, feeling of fullness – gas in the stomach, giddiness, lethargy, fatigue, reduced sleep and appetite as well as pain anywhere in the body may present in them which in turn can become another stressor. This vicious cycle can affect nurses' perception of job satisfaction negatively and may lead to rapid nursing turnover as well as be detrimental to patient care.

Kawono (2008) reported somatic symptoms among 1599 full time Japanese hospital nurses such as fatigue among those working in operating rooms, anxiety in those working in intensive care units (ICU) and anxiety as well as depression among those working in surgery and internal medicine. Milutinović et al. (2012) evaluated stress levels of 1000 nurses working in intensive care

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units in health centres of Serbia and found that the nurses suffered from headache, backache and fatigue. Doef et al. (2012) in a cross-sectional survey of 309 female nurses in private and public hospitals in Kenya, Tanzania and Uganda found that the East African nurses showed high levels of somatic complaints, and nearly one-third of the sample could be labelled as burned out. Vargas et al. (2005) assessed 109 nurses in a health facility in the Distrito Federal and reported a significant correlation between burnout and cardiovascular somatic symptoms ($r = 0.348$, $p \leq 0.01$). Welsh (2009) identified predictors of depressive symptoms in a sample of 150 medical surgical nurses. The primary somatic complaints were fatigue or low energy (43%), pain in the extremities or joints (30%), trouble sleeping (29%), back pain (28%), and headache (18%). Somatic symptoms ($\beta = 0.39$, $p < 0.01$), occupational stress ($\beta = 0.18$, $p < 0.05$), major life events ($\beta = 0.18$, $p < 0.05$), and income ($\beta = -0.15$, $p < 0.05$) accounted for 34% of the variance in nurses' depressive symptom scores. Abdelrahim and Humaida (2012) found presence of psychosomatic symptoms such as hypertension, headache, ulcers, bronchitis, back pain and eczema among 56 randomly sampled nurses in Tabarjal Hospital.

The studies mentioned so far are restricted to nurses working with patients without psychiatric illness. It is possible that working in a psychiatric unit could be very stressful as the patient behaviour is highly unpredictable. Death or violent preventable incidents (such as patients escaping from the unit, aggression towards other patients/staff, breaking hospital equipment) in the unit may directly impact on nursing care. Although physical work may be less when compared to working in a trauma care unit, the emotional burden may be tremendous and very stressful. The researchers were unable to find published research on somatic symptoms in nurses working with adult psychiatric patients which led to the genesis of this study.

1.1. Aim

To explore somatic symptoms, perceived stress and perceived job satisfaction among nurses working with psychiatric patients.

1.2. Objectives

1. To assess the level of somatic symptoms, perceived stress and perceived job satisfaction among nurses working with psychiatric patients.
2. To correlate somatic symptoms, perceived stress and perceived job satisfaction among nurses working with psychiatric patients.

1.3. Hypothesis

There will be a statistically significant correlation between somatic symptoms, perceived stress and perceived job satisfaction among nurses working with psychiatric patients.

2. Materials and methods

2.1. Research design

A cross-sectional, descriptive correlation research design.

2.2. Participants

After approval by the Institute Ethics Committee and following informed consent as well as detailed explanation about the risks and benefits involved, 150 nurses of both genders working in the Psychiatric Wing of a super-specialty hospital at

Bangalore, India were invited to participate in this study. All the nurses accepted the invitation. They were all Indians with no ethnic differences among them and had more than one year experience of working with psychiatric patients. Nurses working in the casualty had to take care of patients with traumatic brain injury and neurological disorders in addition to those with psychiatric diagnosis. They were also included in the study.

2.3. Research tools

The Scale for Assessment of Somatic Symptoms (SASS, Chaturvedi et al., 1987), Visual Analogue Scale (VAS) for stress and job satisfaction perception as well as a socio-demographic performa were used for data collection. The scale for assessment of somatic symptoms (SASS) was developed and standardized by the last author (Chaturvedi et al., 1987; Chaturvedi and Sarmukaddam, 1988; Chaturvedi and Maguire, 1998; Chaturvedi et al., 2006; Duddu et al., 2006; Chaturvedi and Desai, 2013). This scale quantifies somatic symptoms on four sub-scales: Pain related symptoms, sensory somatic complaints, non-specific somatic complaints and biological function related symptoms. The scale has 20 items, is easy to administer and is rated on a scale of 1–3 (Criteria for severity were: 1: *mild* – symptom of low intensity without affecting biological symptoms (sleep, appetite, libido), social and occupational functions; 2: *moderate* – symptom causes disturbances of sleep, appetite and libido but not of social or occupational functions and 3: *severe* – symptoms cause disruption of biological, social and occupational functions). It has high test–re-test reliability (0.98, $p < 0.01$) and has been used in several Indian studies (Chaturvedi et al., 1987; Chaturvedi and Michael, 1993; Chaturvedi and Maguire, 1998). Nurses stress and job satisfaction perception were assessed on a VAS of 0–100%. The VAS (Aitken, 1969) is a self-report device that basically measures variables that are subjective such as stress perception and job satisfaction perception. It is a line that is 100 mm long with anchors at each end that help indicate the extremes of subjective variables. It is a simple and valid measure that has been observed to be consistent (Gift, 1989).

2.4. Analysis

The data obtained was analyzed using SPSS 16 with descriptive statistics, *t* test and Pearson's correlation coefficient and tested at $p < 0.05$ level of significance.

3. Results

3.1. Descriptives

Frequency distribution of the subjects based on socio-demographic variables and on age and years of experience are shown in Tables 1 and 2.

3.2. Nature of somatic symptoms

Magnitude of somatic symptoms are shown in Table 3.

Paired *t* test showed that the nurses seemed to have more pain related somatic symptoms than sensory somatic symptoms ($t = 11.88$, $p = 0.000$), more pain related symptoms than non-specific symptoms ($t = 13.77$, $p = 0.000$) and more pain related symptoms than biological related symptoms ($t = 14.10$, $p = 0.000$) (Table 3).

The nurses reported somatic symptoms related with pain (4.87 ± 2.97) such as headache, body ache, backache, abdominal pain

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