

## PROFESSIONAL STRESS AND RESILIENCE AMONG NURSES WORKING IN MENTAL HEALTH HOSPITALS

Shahanas E.<sup>1</sup> and Hassankoya M.P.<sup>2</sup>

Researcher, Farook Training College Calicut

Assistant Professor, Farook Training College Calicut

---

### Abstract

*Nursing profession is known to be highly stressful occupation especially mental health nurses which will affect the physical and mental health of nurses. Studies have shown that those who have high levels of resilience are less likely to develop stress disorders and more likely to remain in the profession as healthy nurses. Both occupational stress and resilience may vary based on their gender and locality where they are working. This study aims to explore the relationship between job stress and resilience among male and female mental health nurses working in Urban and Rural areas of Calicut district. Participants included 75 nurses who were selected through a stratified random sampling method from different parts of Calicut district. The data were collected using occupational Stress Index by A.K Srivastava and A.P Singh (1981) and Resilience Scale (RS), created by Waglindand Young (1993) and were analysed using Pearson's Product Moment Correlation Coefficient and t-test. The findings revealed that resilience and occupational stress are correlated. It was also depicted that there is a significant difference in job stress and resilience based on the gender (Male & Female) of nurses and the locality (Urban & Rural) of their working place.*

---

### INTRODUCTION

“There has to be some relationship and corresponding association between job stress and level of resilience of nurses working in mental health care hospitals” Mental health care is an essential but often forgotten component of health care. Which means the services devoted to the treatment of mental illnesses and the improvement of mental health in people with mental disorders or problems. A mental illness is usually long lasting than mental health problems, and causes more distress and disruption to life. A mental health professional is a health care practitioner who offers services for the purpose of improving an individual's mental health or to treat mental illness. This broad category includes psychiatrists (D.O. or M.D.), psychiatric nurses (RNMH, RMN, CPN),

clinical psychologists (Psy.D or Ph.D.), clinical social workers (MSW or MSSW), mental health counsellors, professional counsellors, pharmacists, as well as many other professionals. These professionals often deal with the same illnesses, disorders, conditions, and issues; however, their scope of practice differs.

Although various countries have different systems for delivering health care to their citizens. Nurses comprise the largest employee group in the health care sector. Nurses also make a significant contribution to levels of patient satisfaction and quality of care. Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. As members of the largest health care profession, the nation's 2.9 million nurses work in diverse settings and fields and are frontline providers of health care services. Psychiatric nursing or mental health nursing is the specialty of nursing that cares for people of all ages with mental illness or mental distress, such as schizophrenia, bipolar disorder, psychosis, depression or dementia. Nurses in this area receive more training in psychological therapies, building a therapeutic alliance, dealing with challenging behaviour, and the administration of psychiatric medication. And this is invariably assumed to be a stressful area of nursing practice.

Nurses are considered to be the administrators and supervisors of patients. These manifold efforts add to occupation related stress amongst nursing sisters and staff nurses which end up in sharing most of the work burden. Time pressure, time to time need from patients, shift duties, doctors as well as hospital administrators, interpersonal relationships, death and a low pay scale significantly add to their stress levels. The fast-paced and unpredictable nature of health care places nurses at risk for injuries and illnesses, including high occupational stress. Nursing is a particularly stressful profession, and nurses consistently identify stress as a major work-related concern and have among the highest levels of occupational stress when compared to other professions, (Roberts, Rashaun; Grubb, Paula L.; Grosch, James W 2012). Nursing is a rewarding and satisfying profession. But, at the same time it can also be extremely stressful. Nurses in India, are overstrain as the ratio of the nurse-to-patient ratio is very low.

### **Stress**

In psychology, stress is a feeling of strain and pressure. Small amounts of stress may be desired, beneficial, and even healthy. Excessive amounts of stress, however, may lead to bodily harm.

Stress, in general, and occupational stress in particular, is a fact of modern life that seems to have been on the increase. Hans Selye first introduced the concept of stress into the life science in 1936. He defined stress as “The force, pressure, or strain exerted upon a material object or person which resist these forces and attempt to maintain its original state”. Selye (1974) proposed four variations of stress. On one axis he locates good stress (eustress) and bad stress (distress). On the other is over-stress (hyper stress) and under stress (hypo stress). Selye advocates balancing these: the ultimate goal would be to balance hyper stress and hypo stress perfectly and have as much stress as possible.

### **Job Stress**

According to World Health Organization (WHO) Occupational or job stress is stress related to one's job. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope. Job stress can increase when workers do not feel supported by supervisors or colleagues, or feel as if they have little control over work processes.

Job stress results from various interactions of the worker and the environment of the work they perform their duties. Location, gender, environment, and many other factors contribute to the buildup of stress (NIOSH 1999). Some common causes of stress in the workplace include insufficient workload, making people feel that their skills are being under used and a lack of control over work activities, heavy workload, over promotion to bullying and blame culture. In an organizational context, occupational stress is also known as job stress and/or work stress. These terms are often used interchangeably in organizations, but its meaning refers to the same thing (Abu Al Rub, 2004; Larson, 2004). It has two major dimensions: physiological stress and psychological stress. Physiological stress is often viewed as a physiological reaction of the body (headache, migraine, abdominal pain, lethargic, backache, chest pain, fatigue, heart palpitation, sleep disturbance and muscle ache, as well as changes in eating, drinking, sleeping and smoking habits) to various stressful triggers at the workplace (Antonioni et al., 1998; Beehr et al., 2001; Critchley et al., 2004; Mansor et al., 2003). For example, psychological stress is often seen as an emotional reaction (anxiety and depression burnout, job alienation, hostility, depression, tension, anger, anxiety, nervousness, irritability and frustration) as a result of the stimuli at the workplace

(Antoniou et al., The Romanian Economic Journal Year XII, no. 34 (4) 2009 2003; Millward, 2005; World Health Organization, 2005).

## **Resilience**

British Mental Health Charity (MIND) says “if you experience feeling of stress, you might be at risk of developing a mental health problem like depression or anxiety and stress can also make existing problem worse.” building resilience can help you to adapt to challenging circumstances”. Resilience is the process of being able to adapt well and bounce back quickly in times of stress. This stress may manifest as family or relationship problems, serious health problems, problems in the workplace or even financial problems to name a few. Developing resilience can help you cope adaptively and bounce back after changes, challenges, setbacks, disappointments, and failures. To be resilient means to bounce back from a challenging experience.

Psychological resilience is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly (de Terte, Ian; Stephens, Christine, 2014) Resilience exists when the person uses "mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors". (Robertson, Ivan T.; Cooper, Cary L.; Sarkar, Mustafa; Curran, Thomas, 2015) In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences.

Resilience is generally thought of as a "positive adaptation" after a stressful or adverse situation (Hopf S.M, 2010) When a person is "bombarded by daily stress, it disrupts their internal and external sense of balance, presenting challenges as well as opportunities." However, the routine stressors of daily life can have positive impacts which promote resilience. It is still unknown what the correct level of stress is for each individual. Some people can handle greater amounts of stress than others. According to Germain and Gitterman (1996), stress is experienced in an individual's life course at times of difficult life transitions, involving developmental and social change; traumatic life events, including grief and loss; and environmental pressures, encompassing poverty and community violence. Resilience is the integrated adaptation of physical, mental and spiritual aspects in a set of "good or bad" circumstances, a coherent sense of self that is able to maintain normative developmental tasks that occur at various stages of life. It is important to note that

resilience is not only about overcoming a deeply stressful situation, but also coming out of the said situation with "competent functioning". Resiliency allows a person to rebound from adversity as a strengthened and more resourceful person (Richardson, Glenn E, 2002). Aaron Antonovsky in 1979 stated that when an event is appraised as comprehensible (predictable), manageable (controllable), and somehow meaningful (explainable) a resilient response is more likely (Aaron Antonovsky, 1979).

Professional resilience is about our individual capacity to thrive in situations of high demand and ongoing pressure. It involves being able to recover from significant challenges, difficulties and setbacks and then use these for learning and personal growth in the workplace. Resilience is an imperative quality for nurses to possess because of the stressful nature of the profession of nursing. Studies have shown that those who have high levels of resilience are less likely to develop stress disorders and more likely to remain in the profession as healthy nurses. The necessity for all nurses to be emotionally resilient is an essential characteristic if positive mental and physical health is to be maintained.

### **SIGNIFICANCE OF THE STUDY**

Nursing profession is known to be highly stressful occupation and high level of occupational stress is believed to affect the physical and mental health of nurses. Research studies on stress in nursing have identified a variety of stressors that depend upon the clinical specialities, however some common stressors across nursing specialty include poor working relationship between nurses and doctors and other health care professionals, demanding communication with and relationship with patients and relatives, emergency cases, high workload, under staffing and lack of support or negative feedback from senior staff.

Most studies on occupational stress in nursing have focused on general nursing specialties and relatively less attention been paid to nurses working in psychiatric units. A better understanding of factors contributing to stress in mental health nursing may allow identification of strategies to improve working condition and to provide quality-based nursing care. There is the need to develop effective interventions to reduce job stress and improve resilience among mental health nurses. So findings of this study could be used to help the nurses to provide good nursing care by improving their resilience. This study will make a substantial contribution to the existing body of knowledge regarding this topic. From practical perceptions, the results of this study will provide evidence to

guide authorities in hospitals and nurses. While much research has been conducted on job stress among nurses less has been done on combination of job stress and resilience. The proposed study will explore the relation between job stress and resilience. The nurses can be highly benefited from the results of the proposed study as they can device their own method to reduce stress and improve coping skills.

## **METHODOLOGY**

Method of research work is totality of procedure followed by the investigator to make it scientific and valid to the extent possible. As such it is very crucial that the success of any research depends upon the method adopted and the measures and techniques employed for data collection and analysis. This chapter represents the different steps followed by the investigator in conducting the study like sample selection, measures to collect data, procedure of data collection, statistical analysis etc. the method formulate for the purpose consists mainly of the following sections;

## **OBJECTIVES AND HYPOTHESIS**

The statement of the problem is “a study on job stress and resilience among nurses working in mental health hospitals of Calicut district”. This is a descriptive survey study. The proposed study will utilize an already tested instrument to assess the job stress and resilience among mental health nurses. In this study sample mental health nurses are chosen from different mental health hospitals in Calicut district. Due to the pandemic situation a Google form was prepared for the data collection.in which a personal data sheet and already tested instruments are attached to assess the job stress and resilience among mental health nurses. The nurses were briefed about the project, its purpose and all the questionnaires were explained in detail. They were told that true and prompt answers were expected and that correct responses shall ensure relevant outcomes.

The following are the major objectives of the study. To assess the job stress experienced by nurses working in mental health hospitals, To assess the level of resilience among nurses working in mental health hospitals, To find out the relationship between the job stress and resilience of nurses working in mental health hospitals. To find out the significant difference in job stress and resilience among nurses working in mental health hospitals with respect to gender and locality

The sample of the study is selected from various mental health hospitals in Calicut district using a simple random sampling method. As the proposed study comprise of two sub groups, (1) gender

(2) locality, a stratified random sampling method is employed to choose the sample. The sample comprises of 75 mental health hospital nurses. Out of this, 37 nurses are male and 38 nurses are females. The tools used for data collection are as stated below **Personal Data Sheet, Occupational Stress Index, Waglindand Young Resilience Scale**. The important statistical techniques used in the present investigation to facilitate the analysis and interpretations of data are presented below: Correlation, t-test and ANOVA.

## MAJOR FINDINGS

The study was intended to estimate the relationship between resilience and occupational stress of mental health nurses in Calicut district. The study also intended to examine difference in resilience and occupational stress of mental health nurses based on gender and locality. The analysis of the data has been done to throw light on the major objectives of the study.

## PRELIMINARY ANALYSIS

As the first step of analysis, the important statistical constants such as Mean, Standard Deviation, Skewness and Kurtosis of the variables occupational stress and resilience were determined for the total sample. **Descriptive Statistics on Job Stress Descriptive Statistics on Resilience**

## STUDY OF GROUP DIFFERENCES

T value of resilience and job stress of mental health nurses with respect to gender and locality was done to know the significance of difference.

| Levene's Test for Equality of Variances |         | t-test for Equality of Means |                           | t-test for Equality of Means |                       |  |
|---|---------|------------------------------|---------------------------|------------------------------|-----------------------|--|
| F                                       | P value | T value                      | Sig. (2-tailed) (p value) | Mean difference              | Std. Error Difference |  |
| 97.259                                  | .000    | 96.437                       | .000                      | 122.80000                    | 1.27337               |  |

The calculated t value is 96.44. The t value is found to be higher than the table value at 0.05 and 0.01 level. The difference is significant at 4<sup>th</sup> level of significance. Hence the hypothesis H02 is accepted.

| Levene's Test for Equality of variances |         | t-test for equality of means | t-test for equality of means |                 |                       |
|---|---------|------------------------------|------------------------------|-----------------|-----------------------|
| F                                       | P value | t value                      | Sig. (2-tailed) (p value)    | Mean difference | Std. Error Difference |
| 96.147                                  | .000    | 96.888                       | .000                         | 123.38667       | 1.27350               |

The calculated t value is 96.89. The t value is found to be higher than the table value at 0.05 and 0.01 level. The difference is significant at 4<sup>th</sup> level of significance. Hence the hypothesis H03 is accepted.

| Levene's test for equality of variances |         | t-test for equality of means | t-test for equality of means |                 |                       |
|---|---------|------------------------------|------------------------------|-----------------|-----------------------|
| F                                       | P value | t value                      | Sig. (2-tailed) (p value)    | Mean difference | Std. Error Difference |
| 70.150                                  | .000    | 65.654                       | .000                         | 61.78667        | .94109                |

The calculated t value is 65.65. The t value is found to be higher than the table value at 0.05 and 0.01 level. The difference is significant at 4<sup>th</sup> level of significance. Hence the hypothesis H04 is accepted.

| Levene's test for equality of variances |         | t-test for equality of means | t-test for equality of means |                 |                       |
|---|---------|------------------------------|------------------------------|-----------------|-----------------------|
| F                                       | P value | t value                      | Sig. (2-tailed) (p value)    | Mean difference | Std. Error Difference |
| 68.972                                  | .000    | 66.266                       | .000                         | 62.37333        | .94126                |



The calculated t value is 66.27. The t value is found to be higher than the table value at 0.05 and 0.01 level. The difference is significant at 4<sup>th</sup> level of significance. Hence the hypothesis H05 is accepted.

### **ESTIMATION OF RELATIONSHIP BETWEEN JOB STRESS AND RESILIENCE**

The data collected in all respects of the variables was used to examine the nature and extent of relationship between jobstress and resilience estimated by Pearson’s Product Moment Coefficient of Correlation. The details of correlation obtained between job stress and resilience for the total sample is presented in Table

| Variables  | Job stress | Resilience |
|------------|------------|------------|
| Job stress | 1.000      | .119       |
| Resilience | .119       | 1.000      |

Table shows the Pearson’s Product Moment Coefficient of Correlation between study variables job stress and resilience for the total sample. It depicts that the job stress and resilience are positively correlated and correlation is significant at 0.119. Thus, hypothesis H01 is accepted which states that” there is a significant relationship between job stress and resilience”

### **CONCLUSION**

The investigators found that enrolling participants in this study was relatively easy. However, despite the low intensity of the intervention (total time of 150 minutes), a high proportion (84%) of nurses in the intervention group were not able to participate in the follow-up session, mainly because of scheduling conflicts. The participants noted that the inability to attend the follow-up session negatively impacted their practice. A more streamlined scheduling system and protected nurse time are required to effectively implement such a program. In addition, nurse participants who voluntarily dropped out of the study indicated that it was because of an inability to make time for the program. Those who elected not to consent were feeling overwhelmed during the orientation period and thus were unable to commit to additional time, suggesting that the optimal time to offer such a program is prior to the start of the nurses' first orientation session to provide them with the skills to deal with the stress of orientation. Alternatively, a stress management and

resilience training program could be offered after the initial orientation to avoid the sense of overload that some of the nurses expressed.

## REFERENCES

- Abiola, T., and Udofia, O. (2011). Psychometric assessment of the Wagnild and Young's  
Allan, J. F., McKenna, J., and Dominey, S. (2014). Degrees of resilience: profiling psychological  
resilience and prospective academic achievement in university inductees. *Br. J. Guid.  
Couns.* 42, 9–25.
- Alva, S. A. (1991). Academic invulnerability among Mexican American students: the  
Amble, M (2003). Putting a name to Cultural resilience. *Tribal College Journal.* 14(4):89.
- Andersson, N., Ledogar, R J (2008) The CIET Aboriginal youth resilience studies: 14 years of  
capacity building and methods development in Canada. *Pimatisiwin: Journal of  
Aboriginal and Indigenous Community Health.* 6(2):65–88.
- Anthony, E J (1994)The syndrome of the psychologically invulnerable child. In:  
Anthony EJ, Koupernik C, editors. *The Child in His Family: Children at Psychiatric Risk.*  
New York: Wiley; pp. 529–545.
- as shapers of children's aspirations can career trajectories. *Child Dev.* 72, 187–206.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educ.  
Psychol.* 28, 117–128.
- Bandura, A. (1997). *Self-efficacy: The Exercise of Control.* New York, NY: Freeman.
- Bandura, A. (ed.). (1995). *Self-efficacy in Changing Societies.* New York, NY: Cambridge
- Bandura, A., Barbaranelli, C., Caprara, G. V., and Pastorelli, C. (2001). Self-efficacy beliefs
- Bandura, A., Pastorelli, C., Barbaranelli, C., and Caprara, G. V. (1999). Self-efficacy  
pathways to childhood depression. *J. Personal. Soc. Psychol.* 76, 258–269.
- Chandler, M J, Lalonde, C. (1998) Cultural continuity as a hedge against suicide in Canada's First  
Nations. *Transcultural Psychiatry.* 1998;35:191–219.
- Duran, E., Duran, B. (1995) *Native American Post-Colonial Psychology.* New York:  
StateUniversity of New York Press.
- Fergus, S., Zimmerman, M., (2005) Adolescent resilience: A Framework for understanding health  
development in the face of risk. *Annual Review of Public Health.* 26:399–419.

- Fleming, J, Ledogar, R J. (2008) Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. *Pimatisiwin: Journal of Aboriginal and Indigenous Community Health*. 6(2):7–23.
- Fonagy, P, Steele, M, Steele, H, and Higgitt, A, Target M. (1992) The Emmanuel Miller Memorial Lecture 1992 — The theory and practice of resilience. *Journal of Child Psychology and Psychiatry*. 35(2):231–257.
- Garmezy, N, Masten, A S, Tellegen, A. (1997) The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*. 1984;55:97.
- Hallett, D., Chandler, M J., Lalonde, C E.. (2009) Aboriginal language knowledge and youth suicide. *Cognitive Development*. 22:392–399.
- importance of protective resources and appraisals. *Hisp. J. Behav. Sci.* 13, 18–34.
- resilience scale in Kano, Nigeria. *BMC Res. Notes* 4:509.
- University Press.
- Wagnild, G M., Young, H M. (2005) Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*. 1:165–178.