THE LEVEL OF STRESS AND COPING STRATEGIES AMONG CARDIAC AND PSYCHIATRIC WARD NURSES OF SELECTED HOSPITALS IN MADURAI, TAMIL NADU

BY

Mr. K.ELUMALAI

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI. IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH-2010

THE LEVEL OF STRESS AND COPING STRATEGIES AMONG CARDIAC AND PSYCHIATRIC WARD NURSES OF SELECTED HOSPITALS IN MADURAI, TAMIL NADU

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI. IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH-2010

Name **:Mr.K.Elumalai**

Registration No **: 30085442**

College Name **:Matha College of Nursing**
Vaanpuram,Manamadurai
Sivagangai.(Dt) TN.

Batch **:2008 -2010 (March 2010)**

Submitted to **: The Tamilnadu Dr.M.G.R.Medical University, Chennai**

MATHA COLLEGE OF NURSING

(Affiliated to the TN Dr. M.G.R. Medical University)

VAANPURAM, MANAMADURAI – 630 606

SIVAGANGAI DISRICT, TAMILANADU.

CERTIFICATE

This is the bonafide work of **Mr. K. ELUMALAI, M.Sc., Nursing (2008 – 2010 Batch)** II year student from Matha College Of Nursing, (Matha Memorial Education Trust) Manamadurai – 630606, Submitted in partial fulfilment for the **Degree Of Master Science In Nursing,** under The Tamilnadu Dr. M.G.R Medical University, Chennai.

Signature : _____

Prof. (Mrs). Jebamani Augustine, M.Sc., (N) RNRM.,

Principal,
Matha College Of Nursing,
Manamadurai.

College Seal

MARCH – 2010

A COMPARATIVE STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG CARDIAC AND PSYCHIATRIC WARD NURSES OF SELECTED HOSPITALS IN MADURAI, TAMIL NADU

Approved by the dissertation committee on: _____

Professor in

Nursing research : _____

Prof. (Mrs). Jebamani Augustine, M.Sc., (N) RNRM.,
Principal cum HOD, Medical Surgical Nursing
Matha College Of Nursing, Manamadurai

Guide : _____

Mrs. Thamarai Selvi., M.Sc (N).,
Professor,
Matha College Of Nursing, Manamadurai.

Medical expert : _____

Dr. Ganesh Kumar, M.D., DPM.,
Consultant Psychiatrist,
M.S.Chellamuthu Trust and Research Foundation,
Madurai.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI. IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH-2010

ACKNOWLEDGEMENT

I thank **God Almighty** for his abundant blessings, guidance, wisdom, courage and strength to do this research study.

The journey had been long, had to pass through bright & dark days, calm and storm. There were times when the path was rough and many at times it was smooth. There were many guiding and supporting hands in this journey, which made it easier. I take this opportunity to acknowledge them.

I am greatly indebted to our **chairman Mr. J. Jeyakumar, M.A., B.L.,** and **Bursar, Mrs. J. Jeya Packiam, M.A.,** for their support and encouragement by providing required facilities for the successful completion of this study.

I am extremely grateful to **Prof. (Mrs). Jebamani Augustine, M.Sc., (N) RNRM.,** principal cum HOD of the Medial Surgical Nursing, Matha college of Nursing, Manamadurai, for her elegant direction and valuable suggestion in completing this study.

I extent my special thanks to **prof. Mrs. Shabeera Banu, M.Sc., (N),** Vice principal cum HOD of Maternity Nursing, **prof. Mrs. Kalai Kuru Selvi, M.Sc., (N),** additional Vice Principal and HOD of Paediatric Nursing, Matha College Of Nursing, Manamadurai, for their guidance and encouragement.

It is my pleasure and privilege to express my sincere thanks and deep appreciation to my esteemed **Prof. Mrs. Thamarai Selvi, M.Sc., (N),** Matha college of nursing for her valuable suggestions in the fruitful outcome of the study.

My deep sense of gratitude to **Dr. Ganeah Kumar, M.D., D.P.M,** for his valuable guidance and encouragement make this study a great success.

I immensely owe my gratitude to **Mr. Prem Kumar, M.Sc(N), Mrs. Angelin Arputha Jothi, M.Sc., (N),** department of mental health nursing, for their valuable suggestions and guidance and encouragement to make this study a success.

I owe my sincere thanks to **Dr.K.Kannan, M.Sc., Ph.D, Professor of biostatistics,** for his immense help and guidance in statistical analysis.

I express my special thanks to **Mr. G. Ravichandran., M.A, B.Ed, M.phil.,** English lecturer for editing this manuscript.

I express my special thanks to all faculty members, Matha college of Nursing, Manamadurai, for their support and co- operation in completing this study,

I would like to thank all library personnel for extending necessary Library facilities.

Words are inadequate to express the affection, inspiration and devotion shown by my wife **Mrs. Amsa Elumalai M.Sc.(N),** my father **Mr. Kumaresan,** my mother **Mrs. Dhanam**, brothers, sisters, father-in-law **Mr. A.P Munusamy,** mother-in-law **Mrs. M. Alamelu,** brother & sister-in-laws and friends for their unending words of encouragement and constant support throughout this study. This study would not been possible without the co-operation and constant support of my family members for their prayer and motivation.

I want to single out a special note to my friends for their guidance and enthusiastic support.

Last but not least; I also thank all the respondents for their actively involvement showed to give correct answer for each items of questionnaires/ tools and for their trust, co operation & support which they extended in completing the endeavour without their support and co operation this dissertation completion would not been possible.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABSTRACT

Research approach used for this study was quantitative approach and design was descriptive design and the setting of the study was Meenakshi Mission Hospital and Research Centre Also M.S.Chellamuthu Trust & Research Foundation, in Madurai. The target population of the study was nurses who completed either Diploma / Graduate in nursing, a convenience sampling technique was used for this study and the sample size consists of 60 nurses who fulfil the inclusion criteria.

STATEMENT OF THE PROBLEM:

"A comparative study to assess the level of stress and coping strategies among cardiac and psychiatric ward nurses of selected hospitals in Madurai"

OBJECTIVES:

1. To assess the level of stress among cardiac and psychiatric ward nurses.
2. To assess the level of coping strategies among cardiac and psychiatric ward nurses.
3. To find out the correlation between the stress and coping strategies among cardiac ward nurses.
4. To find out the correlation between the stress and coping strategies among psychiatric ward nurses.
5. To compare the level of stress among cardiac and psychiatric ward nurses.
6. To compare the level of coping strategies among cardiac and psychiatric ward nurses.

7. To find out the association between the level of stress among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
8. To find out the association between the level coping strategies among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
9. To find out the association between the levels of stress among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
10. To find out the association between the level coping strategies among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

HYPOTHESIS:

1. There will be a significant relationship between the level of stress and coping strategies of cardiac ward nurses.
2. There will be a significant relationship between the level of stress and coping strategies of psychiatric ward nurses.

3. There will be a significant difference in the level of stress among cardiac and psychiatric ward nurses.
4. There will be a significant difference in the level of coping strategies among cardiac and psychiatric ward nurses.
5. There will be a significant association between the level of stress among cardiac ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
6. There will be a significant association between the level of coping strategies among cardiac ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
7. There will be a significant association between the level of stress among psychiatric ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
8. There will be a significant association between the level of coping strategies among psychiatric ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

ASSUMPTIONS:

- All the nurses who work in the hospital will experience stress.
- With experience, nurses will develop better coping strategies.
- Stress is the most common & serious health problem among nurses.
- Stress is the most common & serious health problem among psychiatric than the cardiac nurses.
- Nurses' stress can be reduced by improving coping strategies in working environment.

MAJOR FINDINGS OF THE STUDY ARE:

1. Level of stress among cardiac and psychiatric ward nurses

Table- II shows, the distribution of level of stress in cardiac ward nurses, among them 1(3.3%) had mild stress, 17 (56.7%) had moderate stress, 12 (40%) had severe stress. In psychiatric ward nurses, 13 (43.3%) had mild stress, 14 (46.7%) had moderate stress, 3 (10%) had severe stress.

2. Level of coping strategies among cardiac and psychiatric ward nurses

Table III shows, the coping strategies among cardiac ward nurses, among them 11 (36.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 3 (10%) had high coping strategies. In psychiatric ward nurses, 2 (6.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 12 (40%) had high coping strategies.

3. Correlation between the stress and coping strategies among cardiac ward nurses

Table –IV shows, the calculated r- value was (r= -0.3629) which indicated the presence of negative correlation in between the stress and coping among cardiac ward nurses.

4. Correlation between the stress and coping strategies among cardiac ward nurses

Table –V shows, the calculated r- value was (r= -0.4383) which indicated the presence of negative correlation in between the stress and coping among Psychiatric ward nurses.

5. Comparison of the level of stress and coping strategies of cardiac ward nurses

Table –VI shows, the calculated ‘t’ value (t-8.932) which indicate there is a significant difference in the level of stress among cardiac and psychiatric ward nurses.

6. Comparison of the level of stress and coping strategies of psychiatric ward nurses

Table –VII shows, the calculated ‘t’ value (t-3.353) which indicate there is a significant difference in coping strategies among cardiac and psychiatric ward nurses.

7. Association between level of stress and coping strategies among cardiac ward nurses with selected demographic variable

Table –VIII shows, there was consistent association between the level of stress with cardiac ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with cardiac ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

8. Association between level of coping strategies among cardiac ward nurses with selected demographic variable

There was no consistent association between the coping strategies with cardiac ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

9. Association between level of stress and coping strategies among psychiatric ward nurses with selected demographic variable

Table –IX shows, there was consistent association between the level of stress with psychiatric ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with psychiatric ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

10. Association between level of stress and coping strategies among psychiatric ward nurses with selected demographic variable

There was no consistent association between the coping strategies with psychiatric ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

CONCLUSION:

Stress in nursing practice is inevitable. Though it may vary from individual to another, the work set up also play a major role, for cardiac ward nurses work load is the major source of stress which can be handled with enhanced manpower and adequate resources. Since psychiatric ward nurses are away from physical care of the patients they tend to be less stress than cardiac nurses.

CHAPTER-I

INTRODUCTION

Rapid changes in health care technology, diversity in the workplace, organizational restructuring, and changing work systems can place stress on nurses. The relationship between stress and health care costs receives considerable attention, but the true price tag is far greater. Stress adds to the cost of doing business in many ways. Stressed-out nurses miss work both as a coping mechanism and to health related problems. Stress- related maladies are major cause for concern individuals, lives and productivity of concern individuals, studies on occupational stress have found that job stress can severely damage one's health if it persists. Growing documentations- effects of stress in the aetiology and development of variety of psychological and physical disorders. Work related stress respondents a major challenge to occupational health. Impact of stress cause a variety of symptoms of domains like somatic, emotional, cognitive and behavioural.

Nursing has been identified as a stressful profession. Staff nurses are often required to special considerable time in the presence of patients with physical and psychological problems. The patients often react in an unpredictable manner which consequently affects the staff nurse on duty. Unable to stand the stress, they feel, at end of the day, emotionally trained and exhausted.

Stress is a temporary imbalance of if it persists. It can have large physical and psychological side effects. It makes all the nurses irritable and inconsistent in their performance output.

In a recent health and safety executive, survey of around 3800 staff nurses almost 16% described their job as very “extremely stressful”.

Health care commission says that nurses are suffering from work related stress. In 2001 the RCN’S (Royal College of Nursing) working team found that 11% of nurse’s psychological health was 80 poor that they needed some system of cure. Sharon Horan, Chairperson of the RCN’S Society, says that nursing is a stressful occupation, but everyone needs a bit of stress in their relationship with their co-workers.

According to the Lancaster University Management, 85% of the occupational groups are stress. This study revealed that the nursing comes high on the stress list.

Definition of coping can be defined as the "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that they are appraised as taxing or exceeding the resources of the person." Coping activities may be problem-focused in that they are directed externally and involve attempts to manage or change the problem causing the stress. On the other hand, coping activities may be emotion-focused in that they are internally directed and involve attempts to alleviate emotional distress. Examples of problem-focused coping includes problem-solving activities, recognizing one's role in solving a problem and confronting the situation by using some degree of risk-taking behaviour; while emotion-focused coping includes wishful thinking, avoidance of confrontive behaviour, and detachment or disengagement from the situation. According to Lazarus and Folkman, individuals use both problem-focused and emotion-focused coping when dealing with stressful situations.

Eight coping strategies people use to contend with stress. These strategies tend to be either problem-focused or emotion-focused in nature. The eight strategies include: confrontive coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. Confrontive coping is described as aggressive efforts to alter a situation that involve using some degree of hostility and risk-taking behavior. Distancing is disengagement or detachment from a situation in an attempt to minimize the significance of the situation. Self-control involves efforts to regulate one's feelings and actions. Seeking social support involves efforts used to obtain informational, tangible and/or emotional support from others. Recognizing one's role in solving a problem describes accepting responsibility. Wishful thinking and behavioral efforts to avoid confronting a problem or stressful situation describes escape-avoidance. Planful problem solving involves efforts to alter the situation, including an analytic approach. Finally, positive reappraisal is described as a spiritual dimension that includes giving positive meaning to a situation by focusing on one' personal growth experience.(Lazarus and Folkman)

Coping strategies found to be most effective in dealing with nurses workplace stressors of interest is how nurses cope with workplace stressors based upon country of origin. In a series of research studies involving hospital nurses, it was found that although nurses identified the top two stressors (death and dying issues and workload) to be the same, regardless of country, there were variations in coping methods. Lambert et al. and Cheng et al. found the three most commonly used coping strategies, in descending order of preference were: planful problem-solving, self-control, and seeking social support for Australian nurses; positive reappraisal, self-control, and planful problem-solving for

Chinese nurses; self-control, seeking social support, and planful problem-solving for Japanese nurses; planful problem-solving, self-control, and seeking social support for New Zealand nurses; positive reappraisal, self-control, and seeking social support for South Korean nurses; self-control, planful problem-solving, and positive reappraisal for Thai nurses; and planful problem-solving, self-control, and positive reappraisal for USA (Hawaii) nurses. Thus, it can be seen that nurses, regardless of country, tended to prefer planful problem-solving, seeking social support, self-control, and positive reappraisal as coping strategies in the workplace. Some research has suggested coping strategies that are more problem-focused, rather than emotion-focused, tend to be associated with better mental health when dealing with workplace stress. However, this finding tends to occur more often in Western cultures rather than in Asian cultures, where emotion-focused strategies often have been found to be positively associated with mental health.

NEED FOR THE STUDY:

Chronic stress resulting from work related frustrations may decreases morals, lower productively and lead to emotional with drawl, reduced job satisfaction, poor delivery of health care, reduced quality of care, absenteeism somatic complaints and mental health problems.

Occupational stress is associated with a variety of negative emotions such as anxiety, depression, job dissatisfaction. If it is left unchecked it will lead to cardio vascular disease, diabetes and gastro intestine conditions. Immune functions, some cancers, infertility and irritability are associated with prolonged unresolved stressors.

Researchers have personally experienced that caring for patients who are struggling between life and death and whose future is uncertain has profound effect on emotional status of nursing personnel, suffering and death, work load and inter personal conflict can aggravate this further.

It is very difficult to work with the patient whose life is very unpredictable. They have come across nurses expressing that witnessing be is a day to day occurrence. Death of each patient after suffering from some illness is deep sorrow. This personal experience has been a strong motivating factors in pursuing this study.

In India, studies were done to identity the degree of stress and stressors and coping strategies among nurses in different Settings like ICU, OT, palliative unit. No such study has been reported among cardiac and psychiatric nurses in Madurai so the researcher felt the to undertake a systematic analysis to find out the level of stress coping strategies among cardiac and psychiatric nurses

No study has been reported on the level of stress and coping strategies among cardiac nurses and psychiatric nurses. Hence the researcher felt the need to undertake a systematic analysis to find out the level of stress and coping strategies among cardiac nurse and psychiatric nurse in selected hospitals in Madurai.

STATEMENT OF THE PROBLEM:

"A comparative study to assess the level of stress and coping strategies among cardiac and psychiatric ward nurses of selected hospitals in Madurai"

OBJECTIVES:

11. To assess the level of stress among cardiac and psychiatric ward nurses.
12. To assess the level of coping strategies among cardiac and psychiatric ward nurses.
13. To find out the correlation between the stress and coping strategies among cardiac ward nurses.
14. To find out the correlation between the stress and coping strategies among psychiatric ward nurses.
15. To compare the level of stress among cardiac and psychiatric ward nurses.
16. To compare the level of coping strategies among cardiac and psychiatric ward nurses.
17. To find out the association between the level of stress among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
18. To find out the association between the level coping strategies among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

19. To find out the association between the levels of stress among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
20. To find out the association between the level coping strategies among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

HYPOTHESIS:

9. There will be a significant relationship between the level of stress and coping strategies of cardiac ward nurses.
10. There will be a significant relationship between the level of stress and coping strategies of psychiatric ward nurses.
11. There will be a significant difference in the level of stress among cardiac and psychiatric ward nurses.
12. There will be a significant difference in the level of coping strategies among cardiac and psychiatric ward nurses.
13. There will be a significant association between the level of stress among cardiac ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

14. There will be a significant association between the level of coping strategies among cardiac ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
15. There will be a significant association between the level of stress among psychiatric ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
16. There will be a significant association between the level of coping strategies among psychiatric ward nurses with selected demographic variable such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

OPERATIONAL DEFINITION:

Level of stress:

In this study it refers to great worry caused by a difficult situation which may be graded as mild stress, moderate stress and severe stress. This is measured by Work Stress Scale (Chan et al 1990).

Coping strategies:

In this study it refers the ways through which the nurses handle the difficult situations. This was measured by Modified Brief Cope (Carver 1997).

Cardiac ward nurses:

In this study it refers to the male and female individuals who are working as staff nurses either Diploma / Graduate in nursing in the cardiac ward. **Psychiatric ward nurses:**

In this study it refers to the male and female individuals who are working as staff nurses either Diploma / Graduate in nursing in the psychiatric ward.

ASSUMPTIONS:

- All the nurses who work in the hospital will experience stress.
- With experience, nurses will develop better coping strategies.
- Stress is the most common & serious health problem among nurses.
- Stress is the most common & serious health problem among psychiatric than the cardiac nurses.
- Nurses' stress can be reduced by improving coping strategies in working environment.

LIMITATION:

- The study was limited to staff nurses either Diploma / Graduate in nursing working in cardiac and psychiatric wards.
- The data collection period was limited to 6 weeks.
- The study is limited to 60 samples.

PROJECTED OUTCOME:

- This study helps the nurses to find out the stress in earlier stage in their working environment.
- The study helps to know the stress & coping strategies among cardiac and psychiatric ward nurses.
- It gives the awareness about the stress and coping strategies among nurses in different setting.
- The study findings will help to eliminate the stress among cardiac and psychiatric nurses by improving coping strategies.
- This study helps the nurses to select good coping mechanisms to reduce the stress.
- This study serves as a guide for future nursing researcher.
- The study findings help the administrators and the health professional to eliminate the stressors and promote coping strategies to reduce stress among cardiac and psychiatric nurses.

CONCEPTUAL FRAMEWORK

Conceptualization is the process of forming ideas, designs and plans. The conceptual model acts as a guide for the research process. The major goals of conceptual framework are to clarify the concepts used in the study to find the purpose and relationship between the concepts.

The present study was aimed to compare the relationship between "the level of stress and coping strategies among cardiac and psychiatric ward nurses in selected hospitals in Madurai". The framework for the study is used based on the Stuart's stress adaptation model.

PREDISPOSING FACTORS:

Author explained that predisposing factors are risk factors that influence both the type and resources the person can use to handle stress and are biological, psychological and socio-cultural in nature.

In this study, the predisposing factors are demographic variables includes age, sex, religion, education, years of experience in the same ward, ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel and supporting system during stress. A specifically theses factor helps an individual to ease from stress in day to day life.

APPRAISAL OF STRESSORS:

Appraisal of stressors is an evaluation of the significance of an event in relation to a person's wellbeing. It includes cognitive, affective, physiological, behavioural and social responses.

The current study is the appraisal of stressors of evaluation by determining the level of stress and coping strategies among cardiac and psychiatric nurses. Based on cognitive, affective, physiological, behavioural and social response

RESPONSE:

Response means an excitation of nerve impulse. The cognitive responses are classified are affective, physiological, behavioural and social responses.

The Stuart stress adaptation model reveals, stress- resistant people have a specific set of attitudes towards life, an openness to change a feeling of involvement in the events, and a sense of control our events, those who view stress as a challenge are more likely to transform events to their advantage and thus reduce their level of stress. In contrast, if a person uses passive, hostile, avoidant, or self-defeating tactics, the source of stress is not likely to go away.

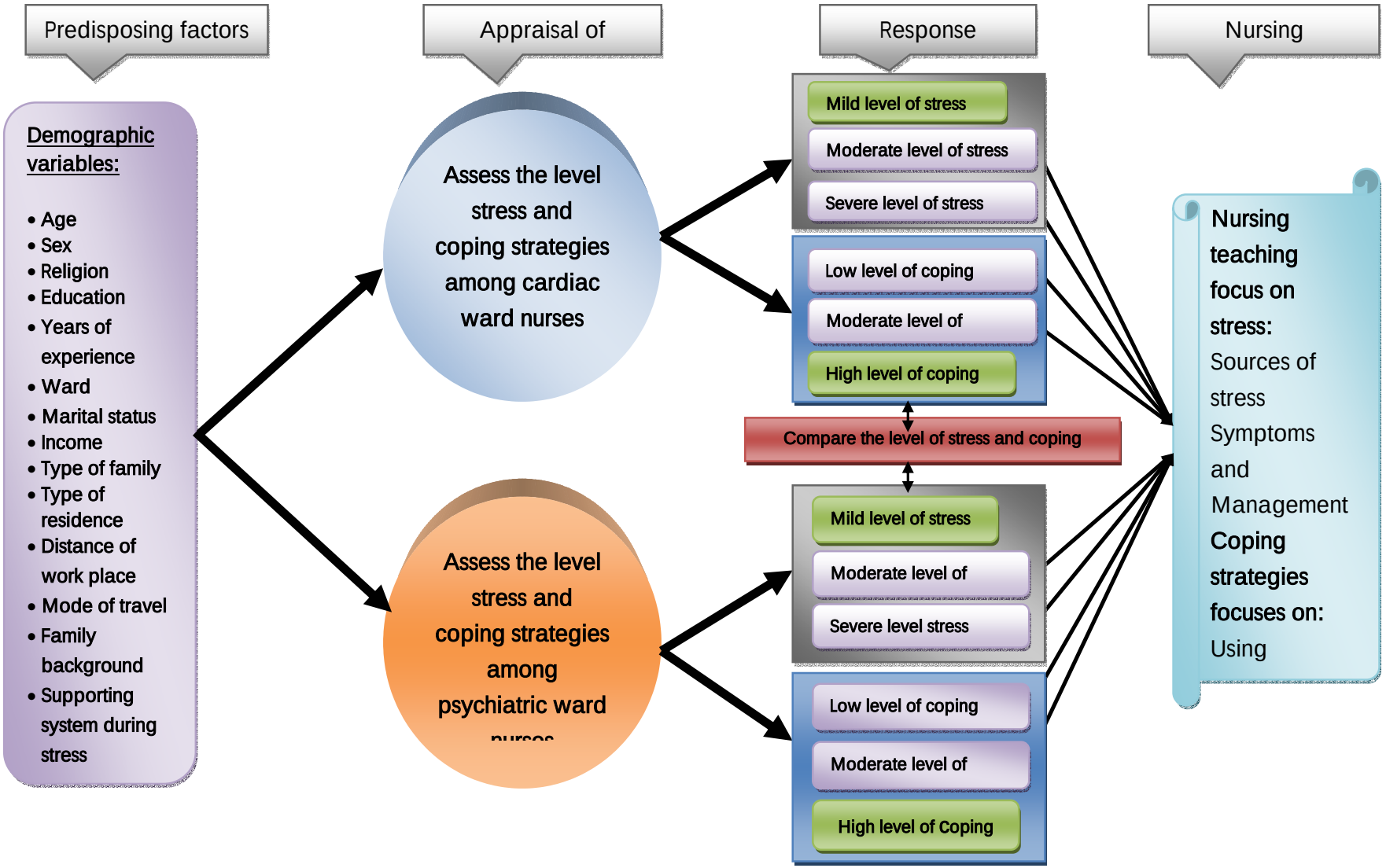
The author reveals the social response described as the seeking the information about their problem. This awareness helps an individual can come up with a reasonable response. In which, the person tries to identify the factors that contributed to the situation. Patients who see their problems as resulting from their own negligence may be blocked and not able to activate a coping response. They may see their problems as a sign of their personal failure and engage in self-blame and passive, withdrawn behaviour. Thus, the way patients and health professionals view cause can greatly affect successful coping.

And also people compare skills and capacities with those of others with similar problems. A person’s self assessment depends very much on those with whom comparisons are made. The outcome is an evaluation of the need for support from the person’s social network or support system.

In this study, response could be a expressed in a verity of ways like mild, moderate and severe stress similarly low, moderate, and high level coping strategies. Here the researcher has selected moderate and severe as well as low and moderate level coping nurses to give nursing intervention.

Nursing intervention:

In this study it refers to the giving nursing actions like stress management and improving coping skills like counselling, yoga, relaxation techniques.



CONCEPTUAL FRAME WORK BASED ON MODIFIED STUART'S STRESS ADAPTATION MODEL (1980s)

CHAPTER-II

REVIEW OF LITERATURE

The investigator carried an extensive review of literature relevant to the research topic to gain insight and collect maximum information for laying the foundation of the study.

The review of literature is presented under the following headings:

1. Literature related to stress and coping strategies among cardiac nurses.
2. Literature related to stress and coping strategies among psychiatric nurses.
3. Literature related to stress and coping strategies among cardiac and psychiatric nurses.

1. Literature related to stress and coping strategies among cardiac nurses.

Batista et al (2006) did “An exploratory study on stress among cardiac unit nurses” stress is clearly present in nursing work. The sample consisted of 73 cardiac unit nurses who work for public and private institutions in the city of Paulo. The data was collected through a structured questionnaire. The results indicated that cardiac unit nurses present more stress level, for cardiac unit nurses, in spite of the ready and effective actions towards the instability of the patient’s situation, conditions external to this situation are more stressful. Hospital needs to analyze these requisites to allow for decreased stress among cardiac nurses.

Rosenthal et al (2005) did a study on the stress and coping of NICU nurses were examined in this study. Questionnaires were designed to measure the coping strategies used by the nurses (n=30); the perceived helpfulness of the coping strategies; the frequency, controllability, and stressfulness of eight common NICU situations; and overall stress and satisfaction. The result suggested that nurses used a variety of problem-oriented and emotion- oriented coping strategies, which they found helpful. Common coping strategies were identified regardless of the NICU situation. Overall satisfaction was inversely related to experience and education, but unrelated to stress. The implication of theses findings for managing stress and reducing burnout were discussed.

McNeely (2004) did a study on stress and coping strategies in nurses from palliative , psychiatric and general nursing areas, briefly looks at the stress and coping strategies in nurses from palliative , psychiatric and general nursing areas, examine the results of recent study where 308 nurses completed questionnaire on sources of stress and coping strategies. Identifies five major sources of stress , concluding that if patients ate to receive quality care then the needs of nurses must also taken onto consideration.

Britto et al (2003) did a study on “stress, coping and cardiac nurses working at a care unit for patients with AIDS and hematologic diseases” based in Lazarus and Folkman’s theory about stress and coping, this research aimed at answering questions related to how nurses, who work in two specialized units of a general hospital, evaluate their working environment, their health and how they manage with stressing situations. In the unit haematological alterations, the results showed higher stress

levels. In both units, the evaluation of their health was considered as satisfactory and the coping strategies were similar.

Mcgowan. B (2001) did a “self reported stress its effects on nurses” . the sample size was 72 the method was regression, result of the study showed that job satisfaction was negatively affected by stress. The major source of stress were job context variables, such as shortage of resources, time management, lack of apprisasion and initiation.

Ceslowitz (2001) “A study on stress and coping strategies among hospital nurses” the study examined the relationship between use of coping strategies and stress among 450 randomly selected staff nurses from 4 hospitals, the instruments used were the frequency dimension of the coping (revised) (folleman and lazarus 1985). Nurses who experienced increased levels of stress used low level of coping strategies of planful problem solving positive reappraisal, seeking social support, and self controlling, self controlling coping, although present in both variants sets was used to a lesser extent by nurses with decreased stress level. the positive relationship between planful problem solving and reduced stress levels, the use of planful problem solving seeking social support and positive reappraisal has been reported to result in the offering of greeted social support than when controlling and self controlling coping were used.

Healy et al (2000) did “The effects of coping strategies and job satisfaction in a sample of Australian cardiac nurses” The sample consisted of 129 qualified Australian nurses who volunteered to complete standardized questionnaires, including the Nursing Stress Scale, Ways of Coping Questionnaire, the Coping Humour Scale, Job Satisfaction Scale of the Nurse Stress Index, and the shortened version of the Profile of

Mood States. Results revealed a significant positive relationship between nursing stress and mood disturbance, and a significant negative relationship between nursing stress and job satisfaction. No evidence was found to indicate that the use of humour had a moderating effect on the stress-mood relationship but there was support for the influence of job satisfaction upon this relationship. These results provided some support for a transactional model of stress since situational factors were found to influence the nurses coping and perceptions of stress.

Caldwell et al (1999) did a study on "stresses and coping strategies in ICU nurses" the literature on stresses in ICU nursing is reviewed to help the liaison psychiatrist facilitate nurses' coping with the considerable stresses in their work environment. Excessive workloads and understaffing have been found to be the most intense stresses. Also important are intrapsychic and interpersonal issues such as emotional reaction to loss, conflicts between ICU personnel, and insecurity stimulated by great responsibility in patients care. The studies reviewed suggest that nurses cope with these stresses by talking things out, by active mastery of complex technical procedure, and by drawing in mutually shared past experiences. Based on the above findings, the authors suggest means to reduce stress and enhance ICU nurses' coping.

Keller C. (1999) did a "Cardiovascular nursing research review. 1969 to 1999" In a review of 243 cardiovascular nursing research articles, eight themes of cardiovascular nursing research have emerged: health related behaviours, activity, cardiac output, family, adherence, patient education, stress-anxiety coping, and perception of care and treatment. Several conclusions are drawn from this review. First, the quantity of cardiovascular nursing research in the literature during 1985-1988 has

more than doubled from the number of articles published during 1981-1984. Second, cardiovascular nursing researchers are following earlier recommendations to engage in theory-then-research to build a scientific basis for nursing practice. Third, the topical trends identified in this review are congruent with priorities in nursing research established by the American Nurses' Association Cabinet on Nursing Research and the National Center for Nursing Research. Further suggestions for cardiovascular nursing research in the areas of technological dependency (such as implantable defibrillators) and individual and family responses (such as risk factor modification strategies in children, and behavioral responses to cardiovascular disease in the elderly and chronically ill) are proposed.

2. Literature related to stress and coping strategies among psychiatric nurses.

Purvi parikah (2007) did a study on “Occupational stress and coping among nurses” this paper explores nurses’ occupational stressors and coping mechanisms. In nurses occupational stress appears to vary according to individual and job characteristics, and work-family conflict. Common occupational stressors among nurses are workload, role ambiguity, interpersonal relationships, and death and dying concerns. Emotional distress, burnout and psychological morbidity could also result from occupational stress. Nurses’ common coping mechanisms include problem solving, social support and avoidance. Perceived control appears to be an important mediator of occupational stress. Coping and job satisfaction appear to be reciprocally related. Shift work is highly prevalent among nurses and a significant source of stress. The effects,

moderating influences, coping mechanisms and risk factors associated with shift work are considered in detail here. Prophylactic and curative measures are important for nurses at both personal as well as organisational levels.

Pongrugphant et al (2006) did a study on " when nurses cry: coping with occupational stress in Thailand" Anecdotal reports of people feeling better after they cry support theories that link crying to the reduction of stress after a period of prolonged sympathetic activation. A sample of 200 nurses were asked to rate their occupational stress, job satisfaction, and crying as a coping strategy. Crying was found to be an important symptom of home/work conflicts and pressures related to dealing with patients, but did not substantially reduce these sources of stress. Supporting the stress-buffering hypothesis, nurses with lower intrinsic job satisfaction seemed to benefit from emotional crying whereas dissatisfied nurses who cry infrequently reported the highest levels of stress.

Da costa et al (2003) did a quantitative study "strategies for nurses to cope with the stress caused by working with mental patients" the study evaluate the coping mechanism in order to face stress in the nurse's work the bearer of mental illness, the following instruments were used: socio demographic data to describe the sample, an inventory in order to identify individual coping features. The sample comprised 42 participants, most of them female, corresponding to 92.9% of the total. Conclusion can be drawn that in order to deal with these stressing situations, the majority of he nurses used strategies focused on the problem, solving it when it arose of trying to review the situation with the possibility of engaging attitude.

Edwards et al (2003) did a “systemic review of stress and stress management interventions for mental health nurses” A systematic review of research published in English between 1966 and 2000 and undertaken in the UK that specifically identified participants as mental health nurses was carried out to determine the effectiveness of stress management interventions for those working in mental health nursing. Results: The initial search identified 176 papers, of these 70 met the inclusion criteria. Seven studies have been reported since the completion of the review and have been included in this article. Sixty-nine focused on the stressors, moderators and stress outcomes and eight papers identified stress management techniques. Relaxation techniques, training in behavioural techniques, stress management workshops and training in therapeutic skills were effective stress management techniques for mental health nurses. Methodological flaws however, were detracted from the rigour of many of the studies.

Hummelvoll et al (2001) did a study on “coping with everyday reality: mental health professionals reflections on the care provided in an acute psychiatric ward” Data were collected using participant observation and interview methods. Three core themes were identified from a qualitative hermeneutic analysis. The first core theme, coping with uncertainty, uncovered a dialectical pattern of the factors contributing to thriving and strain in the working situation. The second core theme, caring for the patient, included the caring process, patients' pathway to acute psychiatric care, as well as the patients' needs and roles on the ward. The third core theme, coping strategies, included five different methods the primary nursing system, concealing versus integrating, milieu therapy, seclusion and the medical orientated model. It was

concluded that good mental health care is a result of collaboration between health professionals and the health services.

Sullivan (2002) did a study on “stress and burnout in psychiatric nurses” the purpose of this study literature review is to focus on the issue of occupational stress in psychiatric nursing and to examine academic wok related to the concepts of stress, coping and burnout. The review concludes with comments on the implications for nursing practice, education, research and management.

Burnard et al (2000) did a study on “community mental health nurses in Wales: self- reported stressors and coping strategies” There is evidence to suggest that community mental health nurses experience stress and burnout related to their work. Previous research has been limited by a number of methodological problems. The total population of CMHNs in Wales was surveyed (N = 614) and 301 (49%) responded. The questionnaire booklet contained a number of validated instruments to measure stress, burnout, and coping, together with a demographic questionnaire. The demographic questionnaire included three open ended-questions. The results from the other measures are reported in the companion paper (Edwards et al. 2000). The most frequently cited stressors included perceived workload, excessive paperwork and administration, and a broad spectrum of client-related issues. Coping strategies that CMHNs reported using included peer support, a range of personal strategies such as relaxation, and belief in self and supervision.

3.Literature related to stress and coping strategies among cardiac and psychiatric nurses.

Hughes et al (2005) did a study "work stress differentials between psychiatric and cardiac nurses" reducing occupational stress among nursing staff is a public health priority in many western countries. This study assessed differentials between psychiatric and cardiac nurses, and the moderating function of social support. It was expected that psychiatric nurses would report different (higher) stress level than the cardiac nurses, lower levels of of social support. A questionnaire was completed and returned by 73 nurses at several public hospitals in England. Multivariate analysis of variance shoed that social support moderated stress differentials between psychiatric and cardiac nurses. Albeit no as anticipated; the latter group reported significantly higher and lower stress levels when social support was low and high, respectively. This interaction was applicable to both the quality of social support. Overall, the benefits of social support seemed to accrue primarily to cardiac nurses. Implications of these findings for the development to stress-reduction interventions are considered.

Jaracz et al (2005) did a study on "stress and style of coping among cardiac and psychiatric nurses" a study sample consist of 227 set of 3 questionnaires was used, stress scale and coping inventory for stressful situations and subjectively perceived stress. The result was average and high levels of stress in the emotional present at 71%. 39.8% and 77% of nurses respectively. Significantly higher level of stress was noted in the psychiatric nurses. And the correlation between the stress and coping style was negative correlations. The correlation between stress and a coping style is rather weak, but statistically significant.

CHAPTER III

RESEARCH METHODOLOGY:

This chapter deals with the research approach, research design, the setting, the setting, the population, sample size, criteria for sample selection and sampling technique. It also deals with the research tool and technique, description of the tools and method of scoring, reliability and validity, data collection process, data analysis, pilot study and protection of human rights.

RESEARCH APPROACH:

Research approach used for this study was quantitative approach.

RESEARCH DESIGN:

The research design used for the study is descriptive design

SETTING OF THE STUDY:

The study was conducted at Meenakshi Mission Hospital and Research Centre in Madurai. This is a multi-specialty hospital. It consist of 575 beds in the hospital, and it consists of trained either Diploma / Graduate in nursing. Three shifts duties are there in the hospital. Also the researcher selected M.S.Chellamuthu Trust & Research Foundation, in Madurai. The study was conducted with psychiatric nurses in the hospitals.

POPULATION:

The target population of the study was nurses who completed either Diploma / Graduate in nursing and working in Meenakshi Mission Hospital and Research Centre and M.S.Chellamuthu Trust & Research Foundation in Madurai.

SAMPLING TENCHNIQUE:

A convenience sampling technique was used for this study. The concerned hospitals authorities were approached and oral consent obtained from cardiac and psychiatric nurses. The participants for the study were selected on the basis of selection criteria. Data collection was done from Monday to Saturday. Every shift 6 nurses were there in that the researcher selected the nurses who come under the inclusion criteria.

SAMPLE SIZE:

The sample size consist of 60 nurses who fulfilled the inclusion criteria among those 30 cardiac nurses and 30 psychiatric nurses in selected hospital in Madurai.

CRITERIA FOR SAMPLE SELECTION:

The samples were selected based on the following criteria.

INCLUSION CRITERIA:

- The age group between 22-65 years old.
- Who were willing to participate in the study
- Both the male and female staff nurses.
- The subject should have the experience about 6 months in same ward whether cardiac or psychiatric ward.
- About 3 staff should be there per shift.

EXCLUSION CRITERIA:

1. Those who were not willing to participate in the study.
2. Below 22 and Above 65 years.

INSTRUMENTS:

The Work Stress Scale (Chan et al, 1990) scale used for this study to assess the level of stress among cardiac and psychiatric ward nurses. As well as Modified Brief Cope (Carver, C.S, (1997) scale used

for this study to assess the level of coping strategies among Cardiac and Psychiatric ward nurses.

DESCRIPTION OF THE INSTRUMENTS:

Structured instruments consist of 3 parts.

PART I

DEMOGRAPHIC DATA:

The first part of the instrument demographic data consisted of questions related to demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

PARTII

It consists of The Work Stress Scale (Chan et al 1990) this scale was developed by Chan, Lai, Ko, and Boey (1990) to study occupational stress. There were 30 items in this scale. A 5 points scale was applied to measure the stress from no stress (0) to extreme stress (4). The range of score is from 0- 120. High score indicate high stress work stress. The work stress levels are divided into three categories like if the total scores lie down between 1 -59 is considered a “Mild stress”, similarly if the total score lie down between 60- 89 which is considered as “Moderate stress” and if the total score lie down between 90-120 which are considered as “Severe stress

Scoring procedure

Mild stress	1-59
Moderate stress	60-89
Severe stress	90-120

PART III

It consists of Modified Brief Cope scale (Carver, 1997) has 28 items self- report measure of both adaptive and maladaptive coping skills. The Brief cope was developed based on concepts of coping from Lazarus and Folkman (1984). It is a 4 point scale and the items are mentioned using 1-4 rankings. ie. 1- I usually don't do this at all, 2 – I usually do this a little bit, 3- I usually do this a medium amount, 4- I usually do this a lot.

Carver reported reliability and validity and with alphas ranging from .50 to .90. The cope inventory has been validated among Estinoian, Croatian, Chinese, Italian, and French populations and found having high validity and reliability. Both measures were widely used in Anglophone countries and translated in many languages. The brief cope is especially useful to minimize the time demands in participants. The range of score is from 1 to 112. The level of coping is follows.

Coping scores:

Low level coping	1-57
Moderate level coping	58-79
High level coping	80-112

TESTING OF THE TOOL:

Validity

Validity of the demographic tool was established by submitting the tool to five experts in the field of psychiatric nursing, psychologist, psychiatrist and psychiatric social worker. The tool was verified regarding the adequacy of the content and the sequence and framing the questions. Based on valid suggestion, reframing of the content of the

demographic tool was done. Since Work Stress Scale and Brief Cope was a standardized one the validity was not established.

Reliability

Reliability was established by test retest method. There was a significant correlation between the test and retest r=.82

PILOT STUDY:

The pilot study was conducted in Meenakshi Mission Hospital and Research Centre in Madurai. And M.S.Chellamuthu Trust & Research Foundation, Madurai. The pilot study was carried out on 6 nurses, (3 cardiac nurses and 3 psychiatric nurses). Who fulfilled the inclusive criteria; the samples were collected by purposive convenient sampling technique. The calculated 'r' value for the pilot study psychiatric nurses was -0.89 and for the cardiac ward nurses was -0.86. The calculated 't' value (t-10.2) which indicate that there was a significant difference in the level of stress among cardiac and psychiatric ward nurses. These subjects were not included in the main study. The pilot study was carried out in the same way as the final study in order to fine out the feasibility and practicability of the study. Data was analyzed by using descriptive and inferential statistics and the study was found to be feasible and practicable.

DATA COLLECTION PROCESS:

Before starting the study, the researcher met the hospital authorities and obtained permission for conducting the study. The data collection was done for 6 weeks. Each day two to four nurses chosen in both hospitals from 9 am to 4 pm using purposive convenient sampling technique. After explaining the purpose of the study, the verbal consent was obtained and the questionnaires separately in the interview room and

asked them answer appropriately. All samples were selected in the manner. The researcher stayed along with the each subjects and clarified the doubts until they completed the questionnaires. Each subject took 45-50 minutes to complete the questionnaires.

DATA ANALYSIS:

Data was analyzed using descriptive and inferential statistics. All the subjects who fulfilled the inclusion criteria were included in the study. The collected data were tabulated by using mean and standard deviation. The chi-squire test was used to associate the level of stress and demographic variables of nurses and also to associate coping strategies and demographic variables. Correlation test was used to find out the correlation between stress and coping strategies among nurses.

PROTECTION OF HUMAN SUBJECT:

The dissertation committees prior to the pilot study approved the research proposal. Permission was obtained from the Principal and Head of the Department of Psychiatric Nursing, Matha College of Nursing, and permission was also obtained the Dean and the chief of psychiatric department in M.S.Chellamuthu Trust & Research Foundation, K.K.Nagar, Madurai. And Meenakshi Mission Hospital & Research Centre, Madurai. The verbal consent was obtained form participants of the study before starting the data collection. Assurance was given to the study subjects that the confidentiality would be maintained.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation collected from 60 nurses from the psychiatric and specialty hospitals in Madurai. To assess the level of stress and coping strategies.

Analysis is a method for rendering quantitative, meaningful and providing intelligible information, so that the research problem can be studied and tested including the relationship between the variables. The purpose of the analysis is to reduce the data to an interpretable and meaningful form so that the result can be compared and significance can be identified.

The data collected through standardized and structured interview schedule. The obtained data were analyzed by using descriptive and inferential statistics which were necessary to assess the level of stress and coping strategies.

PRESENTATION OF DATA

The data were organized and presented under the following headings.

SECTION -I

Frequency and percentage distribution of samples according to selected demographic variables

SECTION -II

Frequency distribution level of stress among cardiac and psychiatric ward nurses

SECTION -III

Frequency distribution level of coping strategies among cardiac and psychiatric ward nurses

SECTION -IV

Correlation between the stress and coping strategies among cardiac ward nurses

SECTION –V

Correlation between the stress and coping strategies among psychiatric ward nurses

SECTION–VI

Comparison of the level of stress among cardiac and psychiatric ward nurses

SECTION –VII

Comparison of coping strategies among cardiac and psychiatric ward nurses

SECTION –VIII

Association between the level of stress among cardiac ward nurses with selected demographic variables

SECTION –IX

Association between the level of coping strategies among cardiac ward nurses with selected demographic variables

SECTION –X

Association between the level of stress among psychiatric ward nurses with selected demographic variables

SECTION –XI

Association between the level of coping strategies among psychiatric ward nurses with selected demographic variables

SECTION -I

Frequency distribution of demographic variables

TABLE-I

S. No	Demographic Variables		N=30 Cardiac Ward Nurses		N=30 Psychiatric Ward Nurses	
			Frequency	%	Frequency	%
1.	Sex	Male	10	33.3	4	13.3
		Female	20	66.7	26	86.7
2.	Age(in years)	20-25	23	76.7	16	53.3
		26- 30	7	23.3	14	46.7
3.	Religion	Hindu	19	63.3	20	66.7
		Christian	11	36.7	10	33.3
4.	Education	Diploma	12	40.0	22	73.3
		UG	18	60.0	8	26.7
5.	Years of experience in the same unit	2 months to 1 year	16	53.3	10	33.3
		1 to 3 years	11	36.7	10	33.3
		3 to 5 years	3	10.0	10	33.3
6.	Ward	Psychiatric ward	0	0	30	100
		Cardiac ward	30	100	0	0
7.	Marital status	Single/ unmarried	27	90.0	19	63.3
		Married	3	10.0	11	36.7

8.	Income	Below 5000	23	76.7	27	90
		5001-10000	7	23.3	3	10
9.	Type of family	Nuclear	26	86.7	21	70.0
		Joint	4	13.3	9	30.0
10.	Family background	Urban	10	33.3	16	53.3
		Semi-urban	9	30.0	6	20.0
		Rural	11	36.7	8	26.7
11.	Distance of work place	Less than ½ KM	10	33.3	7	23.3
		More then ½ KM	20	66.7	23	76.7
12.	Type of residence	Home	11	36.7	16	53.3
		Hostel	19	63.3	14	46.7
13.	Mode of travel	By walk	12	40	7	23.3
		By Office vehicle	5	16.7	5	16.7
		Private	13	43.3	18	60.0
14.	Supporting system	Friends	19	63.3	23	76.7
		Family members	11	36.7	7	23.3

Table-I shows the frequency and percentage distribution of samples based on the demographic variables such as sex, sex, religion, education, years of experience in the same ward, ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel and supporting system.

Regarding Sex, in cardiac ward, 10(33.3%) samples were males and 20 (66.7%) samples were females. In psychiatric ward, 4 (13.3%) samples were male and 26 (86.7%) samples were females.

Regarding Age, in cardiac ward 23(76.7%) samples were age between 20 -25 yrs were 7 (23.3%) samples were age between 26-30yrs. In psychiatric ward 16 (53.3%) samples were age between 20-25 yrs were 14(46.7%) samples were age between 26- 30 yrs.

Regarding Religion, in cardiac ward, 19(63.3%) samples were Hindu were 11(36.7%) samples were Christians. In psychiatric ward, 20 (66.7%) samples were Hindu and 10(33.3%) samples were Christians.

Regarding Education, in cardiac ward 12 (40%) samples were diploma were 18 (60%) samples were UG. In psychiatric ward 22 (73.3%) samples were Diploma and 8 (26.7%) samples were UG.

Regarding Years of experience in the same ward, in cardiac ward, 16 (53.3%) samples were 2 months to 1 yr were 11 (36.7%) samples were 1 t0 3 yrs and 3 (10%) samples were 3 to 5 yrs. in psychiatric ward 10 (33.3%) samples were 2 months to 1 yr were 10 (33.3%) samples were 1 t0 3 yrs and 10 (33.3%) samples were 3 to 5 yrs.

Regarding Marital status, in cardiac ward, 27 (90%) samples were unmarried and3 (10%) samples were married. In psychiatric ward, 19 (63.3%) samples were unmarried and 11 (36.7%) samples were married.

Regarding Income, in cardiac ward, 23 (76.7%) samples were below Rs 5000 per month and 7 (23.3%) samples were between Rs 5000-10000 per month. In psychiatric ward, 27 (90%) samples were below Rs 5000 per month and 3 (10%) samples were between Rs 5000-10000 per month.

Regarding Type of family, in cardiac ward, 26 (86.7%) samples were nuclear family and 4 (13.3%) samples were joint family. In

psychiatric ward, 21(70%) samples were nuclear family and 9 (30%) samples were joint family.

Regarding Family background, in cardiac ward, 10 (33.3%) samples were urban were 9 (30%) samples were semi-urban similarly 11 (36.7%) samples were rural. In psychiatric ward, 16 (53.3%) samples were urban were 6 (20%) samples were semi-urban similarly 8 (26.7%) samples were rural.

Regarding Distance of work place, in cardiac ward 10 (33.3%) samples were less than ½ KM were 20 (66.7%) samples were more than ½ KM. in psychiatric ward 7 (23.3%) samples were less than ½ KM and 23 (76.7%) samples were more than ½ KM.

Regarding Type of residence, in cardiac ward, 11 (36.7%) samples were in home and 19 (63.3%) samples were in hostel. In psychiatric ward, 16 (53.3%) samples were in home and 14 (46.7%) samples were in hostel.

Regarding Mode of travel, in cardiac ward 12 (40%) samples were by walk, 5 (16.7%) samples were by office vehicle similarly 13 (43.3%) samples were private. In psychiatric ward, 7 (23.3%) samples were by walk, 5 (16.7%) samples were by office vehicle similarly 18(60%) samples were by private.

Regarding Supporting system, in cardiac ward, 19 (63.3%) samples were friends 11 (36.7%) samples were family members. in psychiatric ward, 23 (76.7%) samples were friends, 7 (23.3%) samples were family members.

FIG: 2 Percentage distribution of demographic variables according to sex

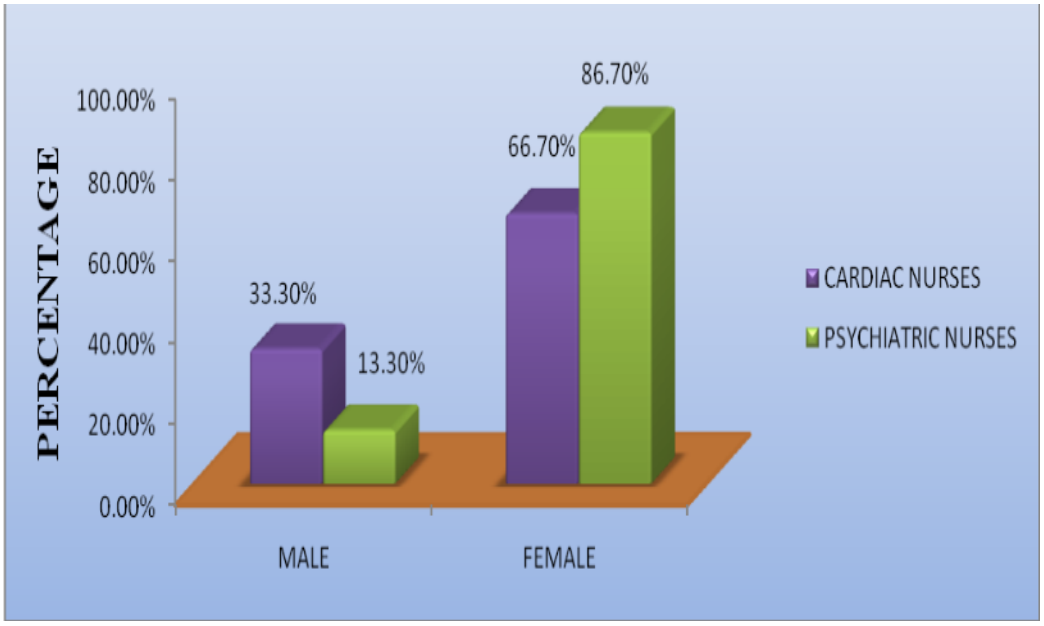


FIG: 3 **Percentage distribution of demographic variables according to Age**

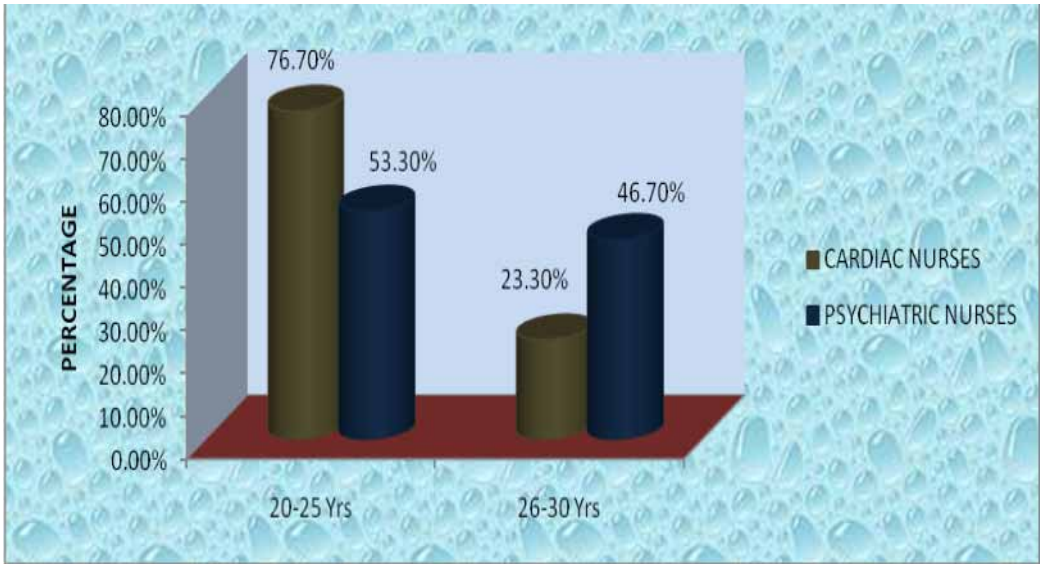


FIG: 4 **Percentage distribution of demographic variables according to religion**

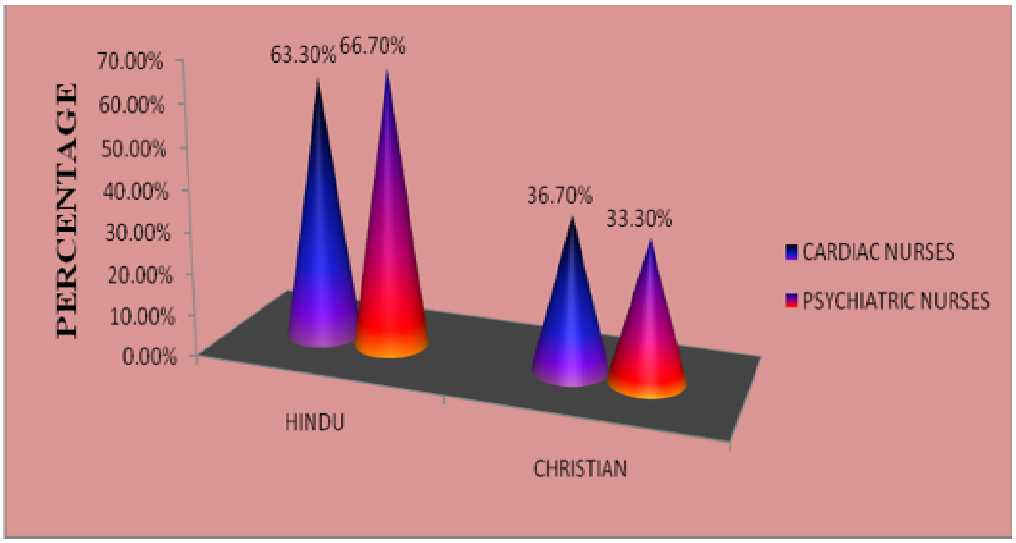


FIG: 5 **Percentage distribution of demographic variables according to education**

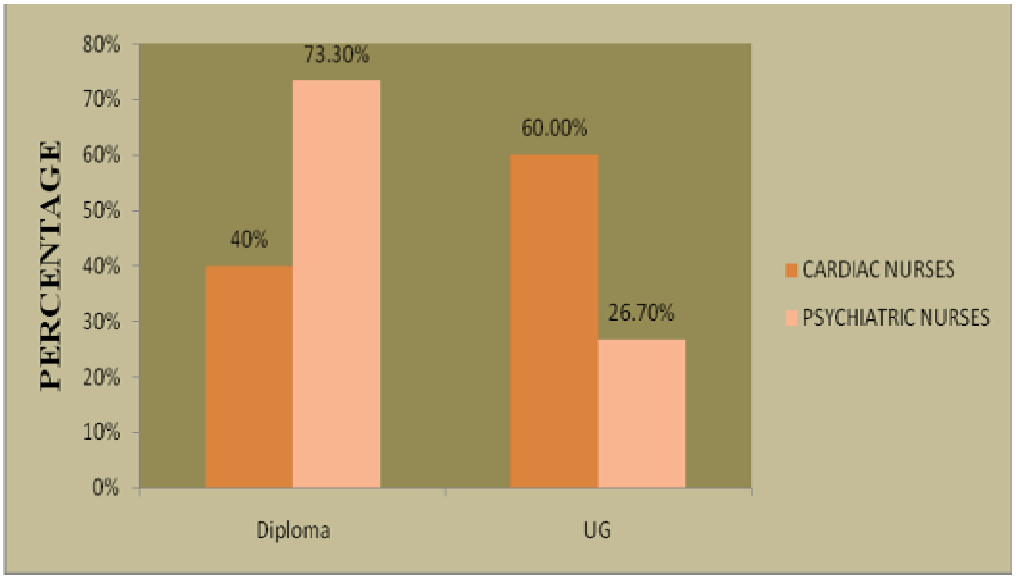


FIG: 6 **Percentage distribution of demographic variables according to an experience in the same ward**

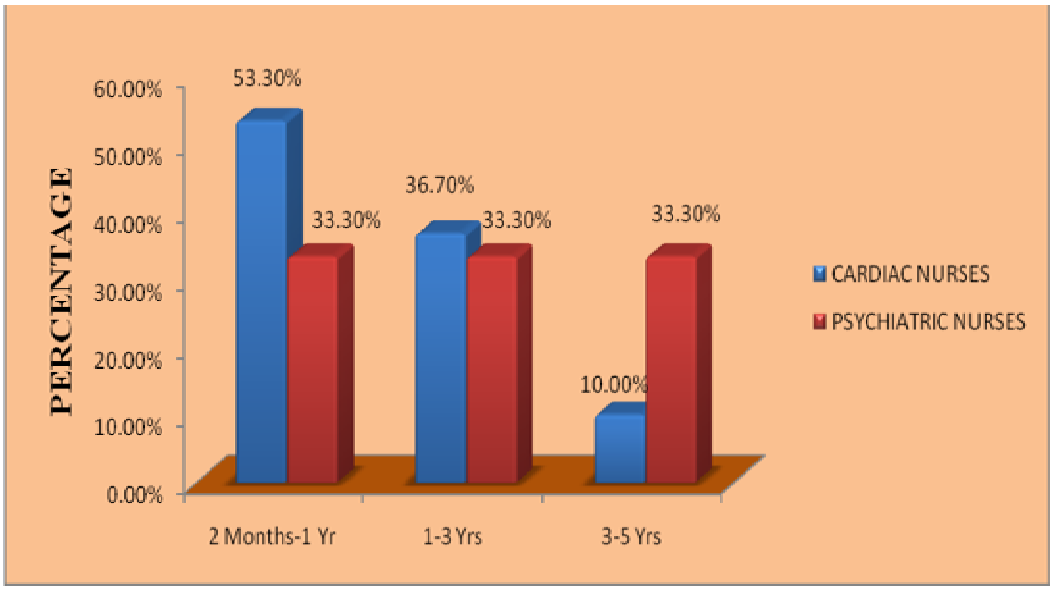


FIG: 7 **Percentage distribution of demographic variables according to ward**

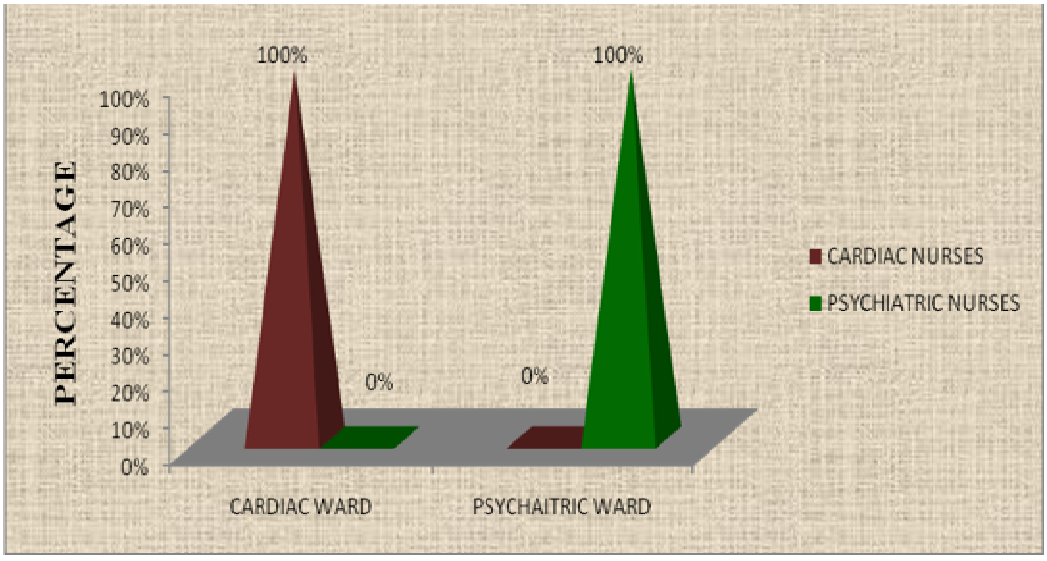


FIG: 8 **Percentage distribution of demographic variables according to marital status**

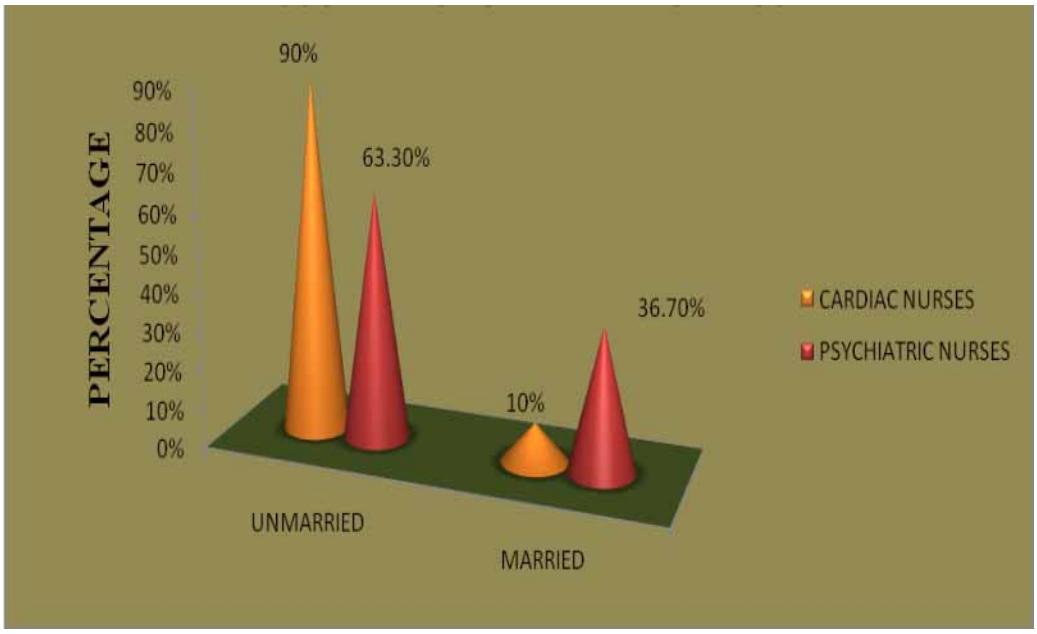


FIG: 9 **Percentage distribution of demographic variables according to income**

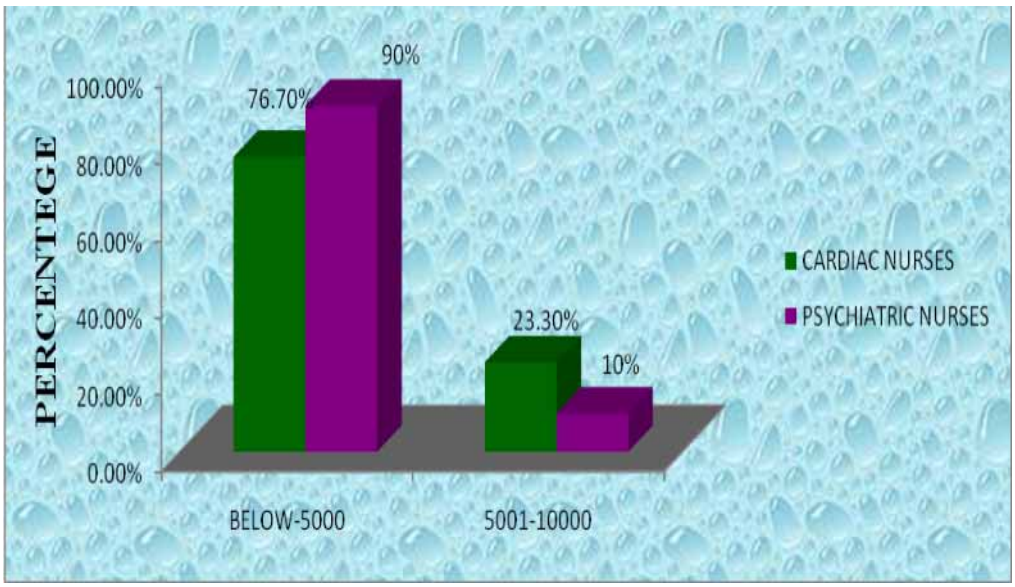


FIG: 10 **Percentage distribution of demographic variables according to type of family**

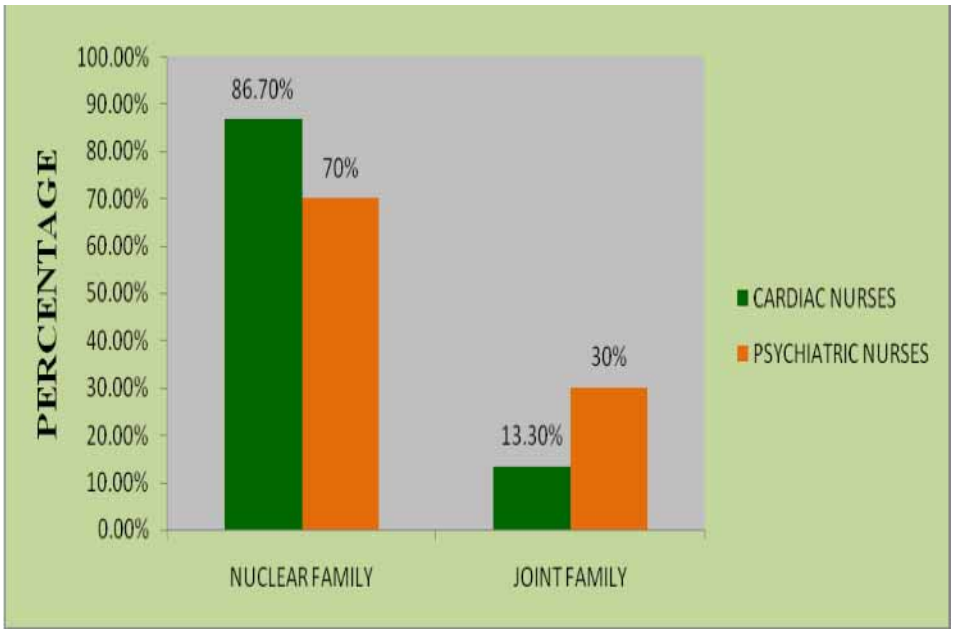


FIG: 11 **Percentage distribution of demographic variables according to family background**

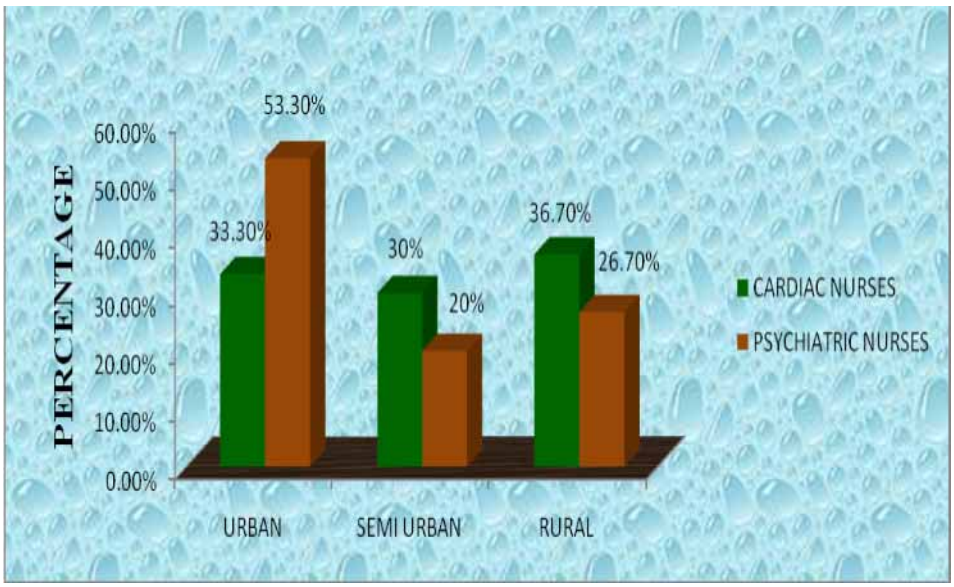


FIG:12 **Percentage distribution of demographic variables according to distance of work place**

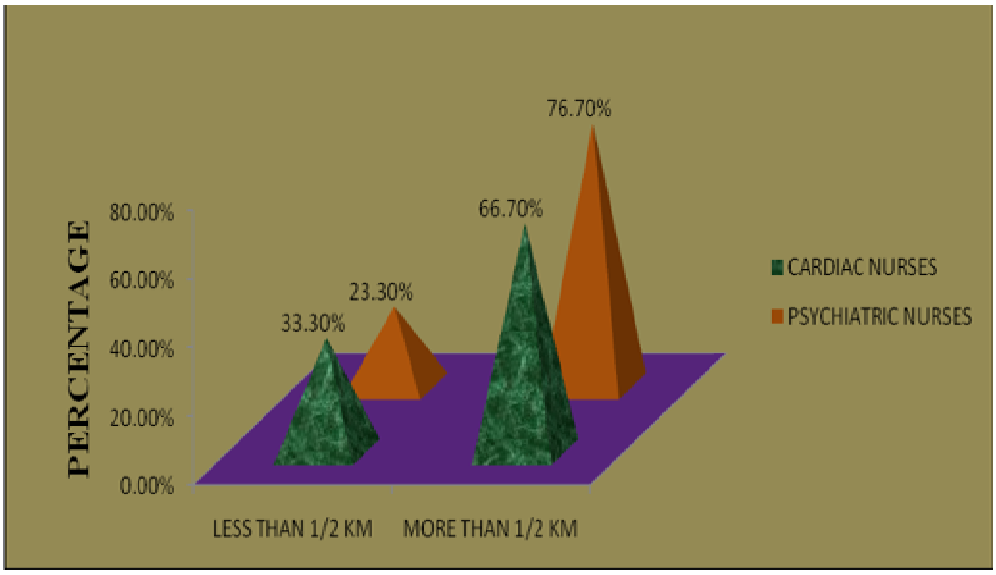


FIG: 13 **Percentage distribution of demographic variables according to type of residence**

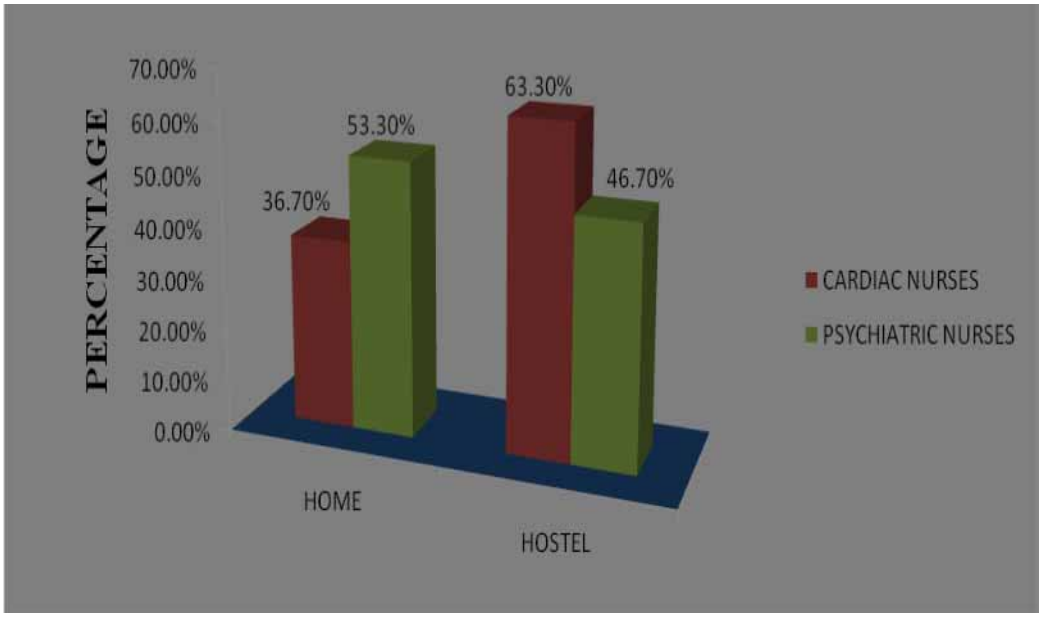


FIG: 14 **Percentage distribution of demographic variables according to mode of travel**

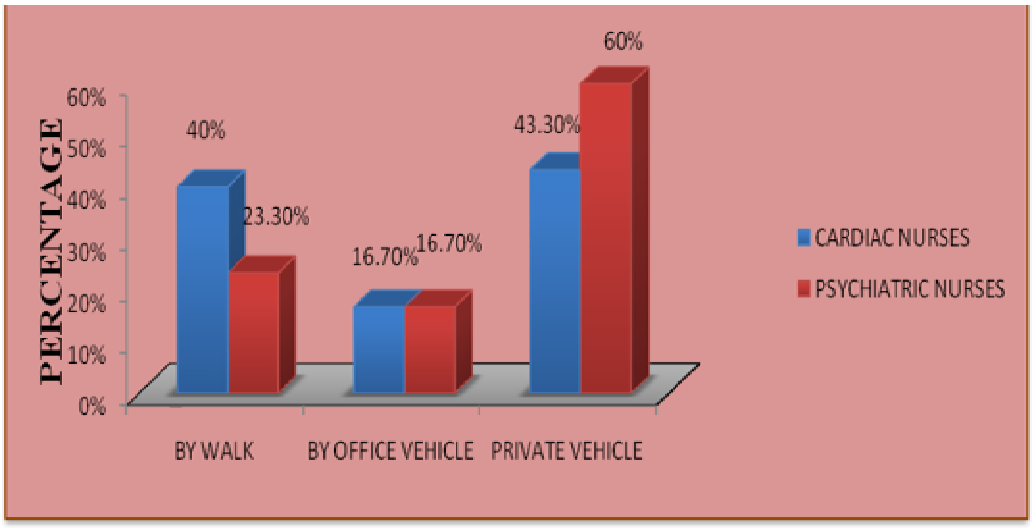
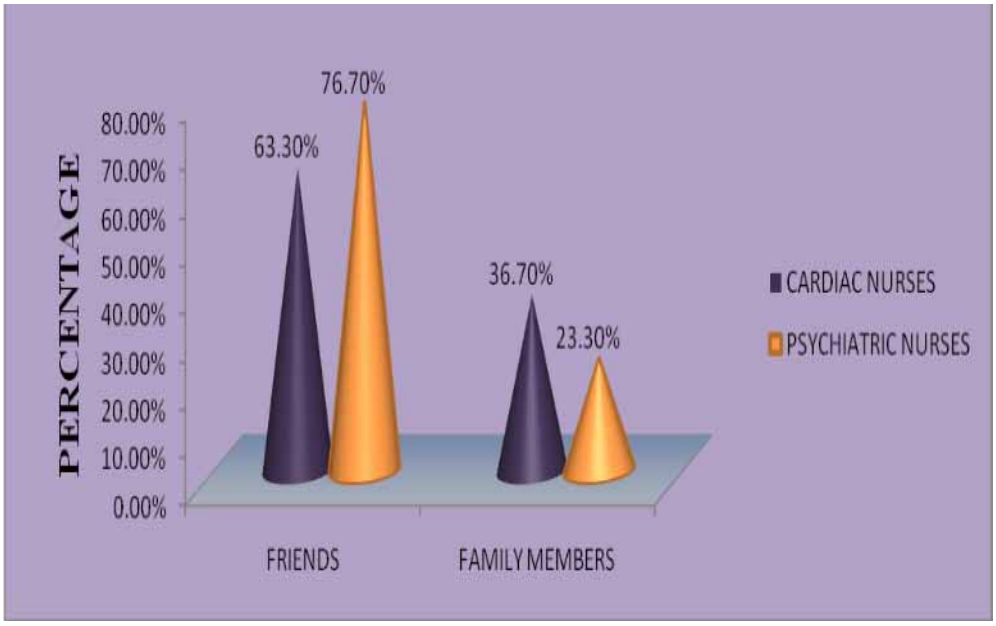


FIG: 15 **Percentage distribution of demographic variables according to supporting system**



SECTION -II

Frequency distribution level of stress among cardiac and psychiatric ward nurses

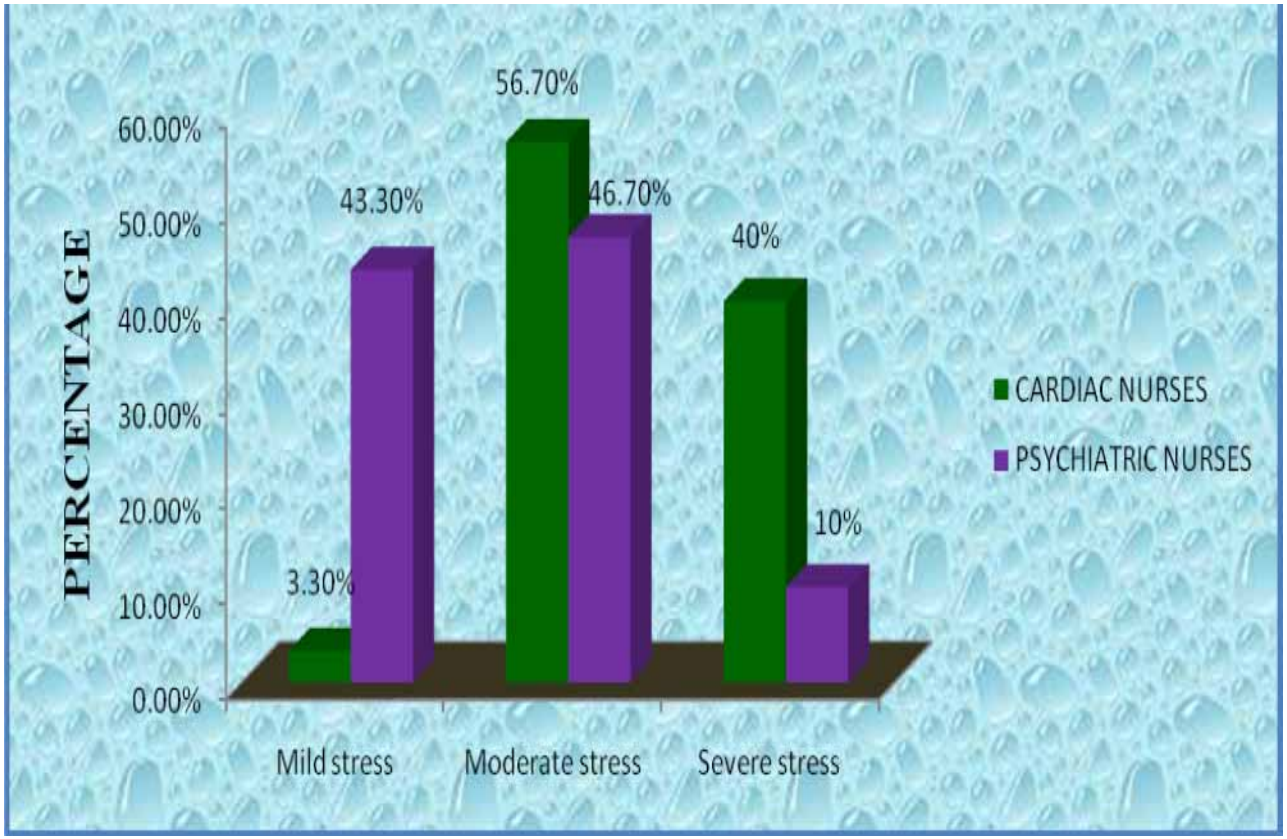
TABLE- II

S. No	Level Of Stress	Cardiac Ward Nurses N=30		Psychiatric Ward Nurses N=30	
		Frequency	Percentage%	Frequency	Percentage%
1	Mild	1	3.3	13	43.3
2	Moderate	17	56.7	14	46.7
3	Severe	12	40.0	3	10.0

Table- II shows that the distribution level of stress in cardiac ward nurses, among them, 1(3.3%) had mild stress, 17 (56.7%) had moderate stress and 12 (40%) had severe stress.

In psychiatric ward nurses, 13 (43.3%) had mild stress, 14 (46.7%) had moderate stress and 3 (10%) had severe stress.

FIG: 16 **Percentage distribution level of stress among cardiac and psychiatric ward nurses**



SECTION -III

Frequency distribution of level of coping strategies among cardiac and psychiatric ward nurses

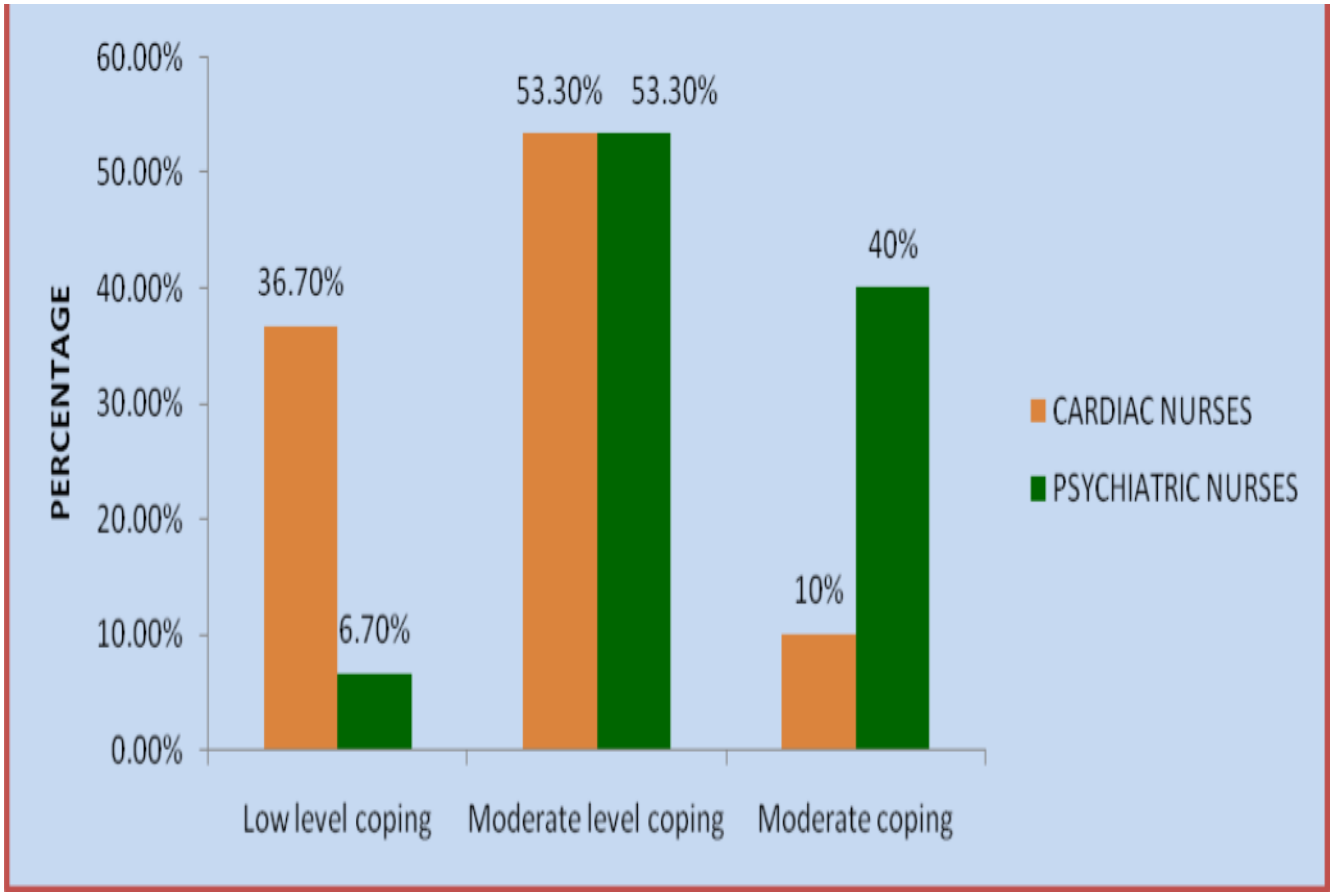
TABLE- III

S. No	Level Of Coping Strategies	Cardiac Ward Nurses N=30		Psychiatric Ward Nurses N=30	
		Frequency	Percentage	Frequency	Percentage
1	Low	11	36.7	2	6.7
2	Moderate	16	53.3	16	53.3
3	High	3	10	12	40

Table III shows that the coping strategies among cardiac ward nurses, among them 11 (36.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies and 3 (10%) had high coping strategies.

In psychiatric ward nurses, 2 (6.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies and 12 (40%) had high coping strategies.

FIG: 17 **Percentage distribution of coping strategies among cardiac and psychiatric ward nurses**



SECTION -IV

Correlation between the stress and coping strategies among cardiac ward nurses

TABLE –IV

Variables	Mean	Standard Deviation	Correlation
Stress	74	15.37	r= -0.3629
Coping Strategies	68	10.8	

Table –IV shows the calculated r- value was (r= -0.3629) which indicated the presence of negative correlation in between the stress and coping among cardiac ward nurses.

SECTION -V

Correlation between the stress and coping strategies among psychiatric ward nurses

TABLE –V

Variables	Mean	Standard Deviation	Correlation
Stress	38	16.2	r= -0.4383
Coping Strategies	78	12	

Table –V shows that the calculated r- value was (r= -0.4383) which indicated the presence of negative correlation in between the stress and coping among Psychiatric ward nurses.

SECTION -VI

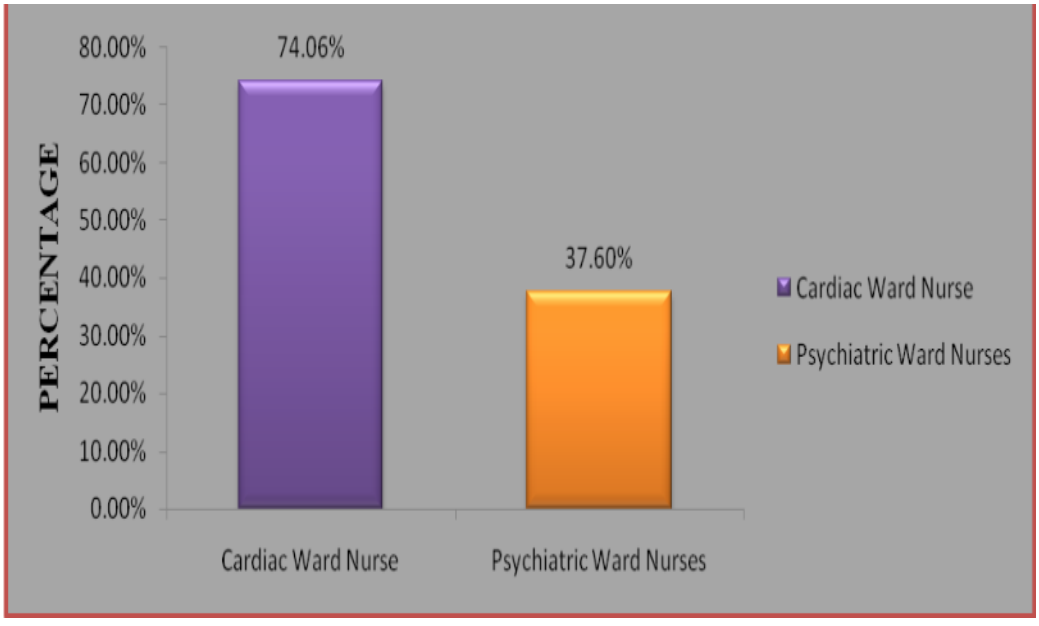
Comparison of the level of stress among cardiac and psychiatric ward nurses

TABLE -VI

S. No	Group	Numbers	Mean	SD	'T' Value	Statistical Value
1.	Cardiac ward nurses	30	74.06	15.37	8.932	*P<0.05
2.	Psychiatric ward nurses	30	37.6	16.24		

Table –VI shows that the calculated 't' value (t-8.932) which indicate that there was a significant difference in the level of stress among cardiac and psychiatric ward nurses.

FIG: 18 Comparison level of stress among cardiac and psychiatric ward nurses



SECTION -VII

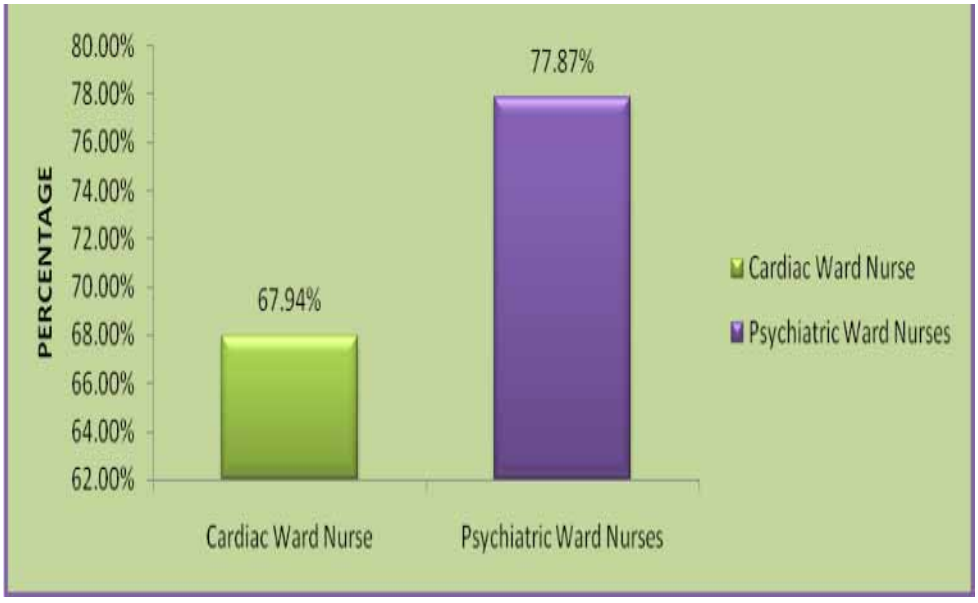
Comparison of coping strategies among cardiac and psychiatric ward nurses

TABLE -VII

S. No	Group	Numbers	Mean	SD	'T' Value	Statistical Value
1.	Cardiac Ward Nurses	30	67.94	10.99	3.353	*P<0.05
2.	Psychiatric Ward Nurses	30	77.87	12..02		

Table –VII shows that the calculated 't' value (t-3.353) which indicate that there was a significant difference in coping strategies among cardiac and psychiatric ward nurses.

FIG: 19 Comparison of coping strategies among cardiac and psychiatric ward nurses



SECTION -VIII

Association between the level of stress and coping strategies among cardiac ward nurses with selected demographic variables

TABLE –VIII

S. No	Demo variables		Level of stress			Chi-square value
			Mild	Moderate	Severe	
1.	Sex	Male	0	7	3	#1.35
		Female	1	10	9	
2.	Age(in years)	20-25	1	15	7	#3.84
		26- 30	0	2	5	
3.	Religion	Hindu	0	14	5	*6.81
		Christian	1	3	7	
4.	Education	Diploma	1	8	3	#2.98
		UG	0	9	9	
5.	Years of experience in the same unit	2 Months To 1 Year	1	10	5	#2.19
		1 To 3 Years	0	6	5	
		3 To 5 Years	0	1	2	
7.	Marital status	Single/ Unmarried	1	15	11	#0.21
		Married	0	2	1	
8.	Income	Below 5000	1	12	10	#0.96
		5001-10000	0	5	2	
	Type of family	Nuclear	1	15	10	#0.31
		Joint	0	2	2	

10.	Family background	Urban	1	4	5	#7.10
		Semi-Urban	0	8	1	
		Rural	0	5	6	
11.	Distance of work place	Less Than ½ KM	0	5	5	#0.10
		More Then ½ KM	1	12	7	
12.	Type of residence	Home	0	6	5	#0.73
		Hostel	1	11	7	
13.	Mode of travel	By Walk	1	6	5	#2.99
		By Institution Vehicle	0	2	3	
		Private	0	9	4	
14.	Supporting system	Friends	1	11	7	#0.73
		Family Members	0	6	5	

Table –VIII shows that there was consistent association between the level of stress with cardiac ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with cardiac ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings accept the null hypothesis.

SECTION -IX

Association between the level of coping strategies among cardiac ward nurses with selected demographic variables

TABLE –IX

S. No	Demo variables		Coping strategies			Chi-square value
			Low	Moderate	High	
1.	Sex	Male	4	5	1	#0.08
		Female	7	11	2	
2.	Age(in years)	20-25	8	12	3	#1.04
		26- 30	3	4	0	
3.	Religion	Hindu	5	12	2	#2.47
		Christian	6	4	1	
4.	Education	Diploma	6	5	1	#1.54
		UG	5	11	2	
5.	Years of experience in the same unit	2 Months To 1 Year	6	8	2	#0.56
		1 To 3 Years	4	6	1	
		3 To 5 Years	1	2	0	
6.	Marital status	Single/ Unmarried	8	16	3	#5.76
		Married	3	0	0	
7.	Income	Below 5000	6	15	2	#5.79
		5001-10000	5	1	1	
8.	Type of family	Nuclear	10	14	2	#1.22
		Joint	1	2	1	

9.	Family background	Urban	4	5	1	#4.36
		Semi-Urban	4	3	2	
		Rural	3	8	0	
10.	Distance of work place	Less Than ½ KM	2	7	1	#1.99
		More Then ½ KM	9	9	2	
11.	Type of residence	Home	3	7	1	#0.78
		Hostel	8	9	2	
12.	Mode of travel	By Walk	4	6	2	#2.36
		By Institution Vehicle	3	2	0	
		Private	4	8	1	
13.	Supporting system	Friends	8	9	2	#0.79
		Family Members	3	7	1	

Table –IX shows that there was no consistent association between the coping strategies with cardiac ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings accept the null hypothesis.

SECTION -X

Association between the level of stress among psychiatric ward nurses with selected demographic variables

TABLE-X

S. No	Demo Variables		Level Of Stress			Chi-Square Value
			Mild	Moderate	Severe	
1.	Sex	Male	0	4	0	#5.28
		Female	13	10	3	
2.	Age(in years)	20-25	7	7	2	#0.28
		26- 30	6	7	1	
3.	Religion	Hindu	12	5	3	*11.39
		Christian	1	9	0	
4.	Education	Diploma	12	8	2	#4.39
		UG	1	6	1	
5.	Years of experience in the same unit	2 Months To 1 Year	4	6	0	#4.08
		1 To 3 Years	3	5	2	
		3 To 5 Years	6	3	1	
6.	Marital status	Single/ Unmarried	8	10	1	#1.58
		Married	5	4	2	
7.	Income	Below 5000	13	11	3	#3.82
		5001-10000	0	3	0	

8.	Types of family	Nuclear	8	11	2	#0.95
		Joint	5	3	1	
9.	Family background	Urban	5	9	2	#6.11
		Semi-Urban	2	4	0	
		Rural	6	1	1	
10.	Distance of work place	Less Than ½ KM	2	4	1	#0.85
		More Then ½ KM	11	10	2	
11.	Type of residence	Home	7	7	2	#0.28
		Hostel	6	7	1	
12.	Mode of travel	By Walk	3	3	1	#2.03
		By Institution Vehicle	1	3	1	
		Private	9	8	1	
13.	Supporting system	Friends	10	11	2	#0.92
		Family Members	3	3	1	

Table –X shows that there was consistent association between the level of stress with psychiatric ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with psychiatric ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings accept the null hypothesis.

SECTION -XI

Association between the level of coping strategies among psychiatric ward nurses with selected demographic variables

TABLE-XI

S. No	Demo Variables		Coping Strategies			Chi-Square Value
			Low	Moderate	High	
1.	Sex	Male	0	3	1	#0.98
		Female	2	13	11	
2.	Age(in years)	20-25	1	8	7	#0.21
		26- 30	1	8	5	
3.	Religion	Hindu	2	10	8	#1.13
		Christian	0	6	4	
4.	Education	Diploma	2	11	9	#0.92
		UG	0	5	3	
5.	Years of experience in the same unit	2 Months To 1 Year	1	7	2	#3.88
		1 To 3 Years	0	4	6	
		3 To 5 Years	1	5	4	
6.	Marital status	Single/ Unmarried	1	10	8	#0.22
		Married	1	6	4	
7.	Income	Below 5000	2	14	11	#0.37
		5001-10000	0	2	1	
8.	Types of family	Nuclear	1	10	10	#1.83
		Joint	1	6	2	

9.	Family background	Urban	1	8	7	#3.31
		Semi-Urban	0	5	1	
		Rural	1	3	4	
10.	Distance of work place	Less Than ½ KM	0	2	3	#3.92
		More Then ½ KM	2	14	7	
11.	Type of residence	Home	1	10	5	#1.21
		Hostel	1	6	7	
12.	Mode of travel	By Walk	1	1	5	#6.02
		By Institution Vehicle	0	3	2	
		Private	1	12	5	
13.	Supporting system	Friends	2	11	10	#1.47
		Family Members	0	5	2	

Table –XI shows There was no consistent association between the coping strategies with psychiatric ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings accept the null hypothesis.

CHAPTER V

DISCUSSION

The aim of the study was to compare the level of the stress and coping strategies cardiac and psychiatric nurses. The methodology of the study was a descriptive research design. The settings were Meenakshi Mission Hospital and Research Centre for Cardiac Nurses and M.S. Chellamuthu Trust and Research Foundation for psychiatric ward nurses in Madurai. The sample size was 60.

The objective of the study:

1. To assess the level of stress among cardiac and psychiatric ward nurses.
2. To assess the level of coping strategies among cardiac and psychiatric ward nurses.
3. To find out the correlation between the stress and coping strategies among cardiac ward nurses.
4. To find out the correlation between the stress and coping strategies among psychiatric ward nurses.
5. To compare the level of stress among cardiac and psychiatric ward nurses.
6. To compare the level of coping strategies among cardiac and psychiatric ward nurses.
7. To find out the association between the level of stress among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

8. To find out the association between the level coping strategies among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
9. To find out the association between the levels of stress among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.
10. To find out the association between the level coping strategies among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

The first objective was to assess the level of stress among cardiac and psychiatric ward nurses.

Table- II shows that the distribution of level of stress in cardiac ward nurses, among them 1(3.3%) had mild stress, 17 (56.7%) had moderate stress, 12 (40%) had severe stress.

In psychiatric ward nurses, 13 (43.3%) had mild stress, 14 (46.7%) had moderate stress, 3 (10%) had severe stress. This result was supported

Bianchi et al (2004) “A study of stress and coping strategies among cardio vascular nurses” design was descriptive and co relational

survey used, completed questionnaires was used for 76 nurses in cardio vascular hospital in panlo city , Brazil. The measures were the Nursing Stress Evaluation Questionnaire (NSEQ) By Bianchi and Ways of Coping Questionnaire (WCOQ) BY Folkman and Lazarus. A high response rate of 76.3% was achieved. The result of the study are identifies work conditions as the major source of stress for nurses and use of positive reappraisal self-controlling skills, ad social support to cope with job stress. Nurses are using coping strategies based on personal resources but the use of organizational strategies and encouraged to improve life quality. Mental health nurses could play an essential role in preventive stress management programs for hospital nurses.

The second objective was to assess the coping strategies among cardiac and psychiatric ward nurses.

Table III shows that the coping strategies among cardiac ward nurses, among them 11 (36.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 3 (10%) had high coping strategies.

In psychiatric ward nurses, 2 (6.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 12 (40%) had high coping strategies. This result was supported

Ehrenfeld et al (2002) "A study of coping with stress among cardiac nurses" this paper describes issues relating to coping with stress as expressed by nurses in cardiology. The data were collected at a 1 day workshop on coping with stress sponsored by the Israel cardiac nursing association in response to repeated requests from nurses in cardiology. The included theoretical presentations group work focused on the nurses self evaluation of coping with stress rather than on patients needs. 22

groups of 15 nurses each worked with pre trained group leaders on the following issues; causes and origins of stress; coping strategies and mechanism; feelings and alternative for improving coping skills. The group process also included experiential exercises analysis of the nurses coping strategies in relation to staff patient and their families and work related issues suggests four distinct coping modes. The result was nurses overall response were positive and emphasized practical benefits for future work.

The third objective was to find out the correlation between the stress and coping strategies among cardiac ward nurses.

Table –IV shows the calculated r- value was (r= -0.3629) which indicated the presence of negative correlation in between the stress and coping among cardiac ward nurses. This result was supported

McNeely (2004) a study on stress and coping strategies in nurses from palliative , psychiatric and general nursing areas, briefly looks at the stress and coping strategies in nurses from palliative , psychiatric and general nursing areas, examine the results of recent study where 308 nurses completed questionnaire on sources of stress and coping strategies. Identifies five major sources of stress , concluding that if patients are to receive quality care then the needs of nurses must also taken onto consideration.

The forth objective was to find out the correlation between the stress and coping strategies among psychiatric ward nurses.

Table –V shows the calculated r- value was (r= -0.4383) which indicated the presence of negative correlation in between the stress and coping among Psychiatric ward nurses. This result was supported

Hall DS (2004) a qualitative study "work related stress of registered nurses in a hospital setting" This qualitative, explorative study identified work-related stressors and coping mechanisms of registered nurses (RNs) within a hospital setting. A sample of 10 RNs was interviewed about work-related stressors and observed under normal working conditions. RNs identified stress related to failure to meet patients' needs, self-expectations, workload, and inexperienced colleagues. Staff development implications include education of clinical nurses and administrators in identifying systems barriers to providing patient care, interventional staffing, stress debriefing, patient assessment, and active coping.

The fifth objective was to compare the level of stress among cardiac and psychiatric ward nurses.

Table –VI shows that the calculated't' value (t-8.932) which indicate there is a significant difference in the level of stress among cardiac and psychiatric ward nurses. This result was supported

Batista et al (2006) "A exploratory study on stress among cardiac unit nurses" stress is clearly present in nursing work. This article presents an exploratory study carried out among cardiac unit nurses from hospital institutions, and aimed at determining these professionals stress level. The sample consisted of 73 cardiac unit nurses who work for public and private institutions in the city of Paulo. The data was collected through a structured questionnaire. The results indicated that cardiac unit nurses present medium stress level, and that participants considered E- work conditions to perform nursing activities, F- activities related to personnel administration, as the most stressful areas. For cardiac unit nurses, in spite of the ready and effective actions towards the instability of the patient's situation, conditions external to this situation are more stressful.

Hospital needs to analyze these requisites to allow for decreased stress among cardiac nurses.

The sixth objective was to compare the level of coping strategies among cardiac and psychiatric ward nurses.

Table –VII shows that the calculated 't' value (t-3.353) which indicate there is a significant difference in coping strategies among cardiac and psychiatric ward nurses. This result was supported

Park et al (2007) "a study on job stress and the coping of cardiac nurses" method of study was co relational survey used, completed questionnaires was used 206 cardiac nurses were conducted. The result of the study is the extent of the job stress of cardiac nurses was relatively high, and received heaviest stress from job circumstances.

The seventh objective was to find out the association between the level of stress among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

Table –VIII shows, there was consistent association between the level of stress with cardiac ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with cardiac ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of

residence, mode of travel, supporting system during stress at the level of p>0.05. The above findings reject the null hypothesis. This result was supported

Leary et al (1999) "stress and coping strategies in community psychiatric nurses" with the development of the concept of community care there has been a significant expansion of the community psychiatric nurse (CPN) profession. The present study attempts to examine which aspects of their work CPNs currently find stressful. The study also examines the various strategies which CPNs feel to be useful in attempting to cope with such occupational stress. 44 CPNs in four health districts participated in this Q-methodological study which provided the opportunity for CPNs to construct their own concepts of stressors and coping strategies. The results obtained indicated that CPNs identified nine district areas of stress within their work, along with 12 district coping strategies which they considered useful in attempting to deal with such stress. The implications of these findings were discussed.

The eighth objective was to find out the association between the level coping strategies among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

Table –IX shows, There was no consistent association between the coping strategies with cardiac ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system

during stress at the level of p>0.05. The above findings accept the null hypothesis. This result was supported

Da costa et al (2003) did a quantitative study "strategies for nurses to cope with the stress caused by working with mental patients" the study evaluate the coping mechanism in order to face stress in the nurse's work the bearer of mental illness, the following instruments were used: socio demographic data to describe the sample, an inventory in order to identify individual coping features. The sample comprised 42 participants, most of them female, corresponding to 92.9% of the total. Conclusion can be drawn that in order to deal with these stressing situations, the majority of he nurses used strategies focused on the problem, solving it when it arose of trying to review the situation with the possibility of engaging attitude.

The ninth objective was to find out the association between the levels of stress among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

Table –X shows, there was consistent association between the level of stress with psychiatric ward nurses and demographic variables such as religion at the level of p<0.05. The above findings support the research hypothesis.

There was no consistent association between the level of stress with psychiatric ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income,

type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of p>0.05. The above findings accept the null hypothesis. This result was supported

Tully (2004) a study on "sources of stress and ways of coping among psychiatric nurses" this study measured levels of distress, sources of stress and ways of coping of a convenience sample of psychiatric nurses (N=35). Instruments used were the 30- item general health questionnaire, the jones and Johnson (1997) nurse stress index, Parkes (1985) Ways of Coping Questionnaire and demographic questionnaire. Findings revealed that all nurses were significantly distressed, exceeding a conventional cut- off score of 5 on the 30- item General Health Questionnaire. Nurses were found to have limited coping skills. This study provides a baseline from which to address the problem of stress among diploma psychiatric nurses.

The tenth objective was to find out the association between the level coping strategies among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

Table –XI shows that there was no consistent association between the coping strategies with psychiatric ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting

system during stress at the level of p>0.05. The above findings accept the null hypothesis. This result was supported

Sullivan (2002) did a study on “stress and burnout in psychiatric nurses” the purpose of this study literature review is to focus on the issue of occupational stress in psychiatric nursing and to examine academic wok related to the concepts of stress, coping and burnout. The review concludes with comments on the implications for nursing practice, education, research and management.

CHAPTER VI

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter present the summary, major findings, implications, recommendations and conclusion of the study. The aim of the study was to compare the level of the stress and coping strategies cardiac and psychiatric wad nurses.

Summary of the study

The current study was undertaken to find the relationship between the level of stress and coping strategies among cardiac and psychiatric ward nurses.

The objectives of the study were to;

1. To assess the level of stress among cardiac and psychiatric ward nurses.
2. To assess the level of coping strategies among cardiac and psychiatric ward nurses.
3. To find out the correlation between the stress and coping strategies among cardiac ward nurses.
4. To find out the correlation between the stress and coping strategies among psychiatric ward nurses.
5. To compare the level of stress among cardiac and psychiatric ward nurses.
6. To compare the level of coping strategies among cardiac and psychiatric ward nurses.
7. To find out the association between the level of stress among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units,

ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

8. To find out the association between the level coping strategies among cardiac ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

9. To find out the association between the levels of stress among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

10. To find out the association between the level coping strategies among psychiatric ward nurses with selected demographic variables such as age, sex, religion, education, years of experience in the same units, ward, income, type of family, distance of work place, type of residence, mode of travel and supporting system during stress.

The review of related literature enabled the investigator to develop the conceptual frame work, methodology for the study and plan for analysis of data in effective and efficient way. The conceptual frame work adapted for this study was based on Stuart’s stress adaptation model, which focuses on the adaptive and maladaptive response of the nurses.

The research approach was adopted for this study was quantitative approach and the design was descriptive. Here the main goal is to compare the level of stress and coping strategies among cardiac and psychiatric ward nurses, in order to improve the level of adaptive response among the nurses.

Meenakshi Mission Hospital and Research Centre and M.S.Chellamuthu Trust & Research Foundation, Madurai were selected for the study. Data was collected by distributing the questions to the nurses and it includes socio demographic schedules (developed by researcher), Work Stress Scale (WSS) and Modified Brief cope (Carver,C.S 1997) . Purposive sampling method was used for the sample selection. Sample size of 60 nurses was taken for the study according to the inclusion criteria. The data collection was obtained to 4 weeks. The statistical analysis was done using percentage, frequency percentage, Pearson's correlation and t- test.

MAJOR FINDINGS OF THE STUDY ARE:

11.Level of stress among cardiac and psychiatric ward nurses

Table- II shows, the distribution of level of stress in cardiac ward nurses, among them 1(3.3%) had mild stress, 17 (56.7%) had moderate stress, 12 (40%) had severe stress. In psychiatric ward nurses, 13 (43.3%) had mild stress, 14 (46.7%) had moderate stress, 3 (10%) had severe stress.

12.Level of coping strategies among cardiac and psychiatric ward nurses

Table III shows, the coping strategies among cardiac ward nurses, among them 11 (36.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 3 (10%) had high coping strategies. In

psychiatric ward nurses, 2 (6.7%) had low coping strategies, 16 (53.3%) had moderate coping strategies, 12 (40%) had high coping strategies.

13. Correlation between the stress and coping strategies among cardiac ward nurses

Table –IV shows, the calculated r- value was (r= -0.3629) which indicated the presence of negative correlation in between the stress and coping among cardiac ward nurses.

14. Correlation between the stress and coping strategies among cardiac ward nurses

Table –V shows, the calculated r- value was (r= -0.4383) which indicated the presence of negative correlation in between the stress and coping among Psychiatric ward nurses.

15. Comparison of the level of stress and coping strategies of cardiac ward nurses

Table –VI shows, the calculated ‘t’ value (t-8.932) which indicate there is a significant difference in the level of stress among cardiac and psychiatric ward nurses.

16. Comparison of the level of stress and coping strategies of psychiatric ward nurses

Table –VII shows, the calculated ‘t’ value (t-3.353) which indicate there is a significant difference in coping strategies among cardiac and psychiatric ward nurses.

17. Association between level of stress and coping strategies among cardiac ward nurses with selected demographic variable

Table –VIII shows, there was consistent association between the level of stress with cardiac ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with cardiac ward nurses and demographic variables such as sex, age, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

18. Association between level of coping strategies among cardiac ward nurses with selected demographic variable

There was no consistent association between the coping strategies with cardiac ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

19. Association between level of stress and coping strategies among psychiatric ward nurses with selected demographic variable

Table –IX shows, there was consistent association between the level of stress with psychiatric ward nurses and demographic variables such as religion at the level of $p<0.05$. The above finding supports the research hypothesis.

There was no consistent association between the level of stress with psychiatric ward nurses and demographic variables such as sex, age,

education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

20. Association between level of stress and coping strategies among psychiatric ward nurses with selected demographic variable

There was no consistent association between the coping strategies with psychiatric ward nurses and demographic variables such as sex, age, religion, education, years of experience in the same ward, marital status, income, type of family, family background, distance of work place, type of residence, mode of travel, supporting system during stress at the level of $p>0.05$. The above findings reject the null hypothesis.

NURSING IMPLICATIONS:

The findings of the study have implication to nursing education, nursing practice, nursing administration, and nursing research.

NURSING EDUCATION:

- Content of experience related to stress and coping strategies and its management is an important part of basic nursing education programme.
- The primary tasks to identify the essential contents for nurse to master at basic level, evaluate and update the content as an ongoing future, only this updated information will enhance confident to teach nurses about the correct care of the stress and coping strategies.
- Student nurses should expose more clinical duties then the stress level may reduce.

NURSING PRACTICE:

- The staff nurses can be equipped to identify the appropriate cause for their stress in the working area and switch on to the correct coping mechanism on order to reduce the stress.
- Suggest the staff nurses to practice complimentary therapies like yoga, meditation to reduce their stress.
- The staff nurses can be counselling periodically to come out of their stress.
- Annual gathering, jolly trips/ tours can be arranged for staff nurses.

NURSING ADMINISTRATION:

Nurse administrators need to acknowledge the findings of the present study and orient their nurses adequately to work with lack of resources in an effective manner. Nurses need adequate man power, money and material to work effectively and also favourable environment provided by the organization to avoid stress and improving the coping strategies. The organization can arrange for counselling service and staff welfare programme for the purpose of managing the stress and facilitates the coping strategies.

NURSING RESEARCH:

There is a need for extended and intensive nursing research in nursing education. The increasing need to enhance the nurses capacity for management of stress and coping strategies. The magnitude of the problem of nurses should be assessed and learning needs of the nurses have to be identified.

RECOMMENDATIONS:

On the basis of the present study, following recommendations were made.

- A study could be replicated by taking large samples to generalize the findings.
- Experimental study could be conducted with urban and rural prevention of stress and strengthening the coping abilities
- The study could be replicated in similar and different settings with large sample to validate the findings.

CONCLUSION:

Stress in nursing practice is inevitable. Though it may vary from individual to another, the work set up also play a major role, for cardiac ward nurses work load is the major source of stress which can be handled with enhanced manpower and adequate resources. Since psychiatric ward nurses are away from physical care of the patients they tend to be less stress than cardiac nurses.

REFERENCES

1. Ahmed ,S. Nurala, B.S. (2003). “A study of stress among executives” journal of personality and clinical studies, vol. 1, No (2), pp.45-50.
2. Alper, S., Tjosvold,D. & Law S.K. (2000). “Conflict management efficacy, and performance in organizational, personal psychology, vol.53. no.3. pp 625-642.
3. Bajpai, B.L.(1992),” stress management”. Financial Express. Bombay, june 2000.
4. Barling J. Kelloway EK, Frone MR (2005). Had book of sage publication, New Delhi.
5. Beehr, T.A & Newman , J.E.(1999). “Job stress, employ Health & Organizational Effectiveness- a fact analysis Model and literature review,” personal psychology Vol, B1. PP 665- 669.
6. Bhavana Verma, (2000). Stress management in executive and comparative study of different modalities, Un published M.Phil theses submitted to Dept of M.H & Clinical psychology NIMHANS . Bangalore.
7. Carroll, S.J. & Tosi, H.L (2002). Organizational behaviour, St. Clair press . Chicago.
8. Cartwright,S,& Cooper,C.L, (1999). Managing work place stress. C.N.Sage.
9. Chan,K.B Lai,. Ko,Y.C and Boay. K.W. (2000). “ Work stress among six professional groups; social science and medicine. 50, 1415-1432.
10. Channabasavana, S.M., Gururaj, G., Chaturvedi, S.K., Chandra, P.S., and subbakrishna, D.K (1999). Occupational stress and mental health of police personal in inida. NIMHANS. Bangalore.

11. Collins, S and parry- Jones, B (2000) " stress the perception of social work, 30. 769-794.
12. Dewe , P. J. (2004) " examining the nature of work stress; individual evaluations of stressful experience and coping" Journal of human relations vol. 42, no 11, pp 993-1013.
13. Cushway , D, and Tyler , P.A. Nolan, P. (1999) " Development of a stress scale for mental health professional; British journal of clinical psychology, 35, 279-299.
14. Dileep Kumar, M (2006) "Employee commitment resultant manifestation of organizational culture and approaches, unpublished M.B.A Thesis. Pune.
15. Esquivel , M.A & Kleiner B.H. (2000). "The importance of conflict in work team effectiveness ; team performance management" vol. 2, no.3, pp 42-53.
16. Elovainio,M., Kivimaki,M., Steen, N., & Kalliomateslevanto, T. (2000) organizational and individual factors affecting mental health job satisfaction; multilevel analysis of job control & personality, Journal of occupational health psychology, 5, 269-277.
17. Filley , A.C. (1999) " some normative issues in conflict management; California management review vol.21. no.2, pp. 61-66.
18. Folkman, S. & Lazarus. R.S. (2005) An analysis of coping in a middle aged community sample. Journal of Health and Social Behaviour. 21, pp 219- 239.
19. Folkman, S. & Lazarus. R.S. (2003) way of coping questionnaire research edition. Palo A to, CA: consulting psychologists press.

20. Halt. RR. “Occupational stress”. (1999). Handbook of stress; theoretical & clinical aspects, Leo Golberger & Shlome Breznalts (Eds). Free press. London.
21. Harkness, A.M.B., Long, B.C., Bermbach, N, Patterson, K., Jordan,S., & Kahn,H.(2005) Talking about work stress; discuss analysis and implication for stress interventions. Work & stress, vol.19,pp.121-136.
22. Ivancevich, J.M.& Matteson, M.T., (2001) “ Stress and work ; A managerial perspective”. Scottforesman &co., Glen view Illinois.
23. Ivancevich , J.M.& Matteson, M.T., and preston (2005). “Occupational stress ; Type A behaviour and physical well being”. A.M.J., Vol.25., pp 373-391.
24. Karoly.P., (2000) A goal system self- regularity perspective on personality. Psychopathology and change. Review of general psychology. No.3., pp. 264-290.
25. Kaban, E. (2000) “workplace stress will be a bigger threat to global productivity that Aids by 2020. Business Report 18 oct 2000.
26. Kothari, C.R. (2004) Research methods and techniques. New Delhi. Wishwa prakashan.
27. Krishnaswamy, D.R. (2002). Methodology of research in social science members. Himalaya publishing house.
28. Krishnan, T,S (1999). Job stress and cardiovascular diseases, A theoretic critical review. Journal of occupational health psychology, 3. 246-260.
29. Lazarus, R.S. (2003). Psychological stress and coping process. New York. Mc Graw-Hill.
30. Lazarus, R.S. (2005). Theory based stress management, psychological inquiry. No. 1., pp 3- 13.

31. Lazarus, R.S. (1999). Emotional adaptation; New York: Oxford university press.
32. Lazarus, R.S. & Folman.S, (2000) Stress and appraise & coping. New York; Springer.
33. Levi. L (2003). Preventing work stress. London Addison-wesley publishing Co.
34. Loun. D. A . (1999) Human development cape town ABC Book printers.
35. Mc Donald , L.M., & Korabik. (1999). Source of stress and way of coping among male & female managers " Journal of social behaviour and personality, vol 6., pp 185- 198.
36. National institute of occupational safety & health N,O SH (1999) stress at work US. Department of health and human services.
37. Noriega, M., Laurell. L., Martines S., Mendez. I, & villegas , J. (2000) Interaction of work demands in the genesis of mental suffering. Cad Saude publication 16 (4), pp 1011- 1019.
38. Parasuraman, S., & Cleek.M.A. (1999) Coping behaviour and managers, reactions to role stressors. Journal of vocational behaviour 24, 179-193.
39. Patra, S., (2005) A study on stress in professional and effectiveness of stress management workshop. Unpublished M.D dissertation submitted to department of psychiatry. NIMHANS. Bangalore.
40. Phillips_Miller. DC., Campball, N.J., & Morrison, C. R (2000) work and family; satisfaction. Stress and spousal support, journal of employment counselling. 16-30.
41. Rao, K. Subbakrishna, D.K., & Prabhu G.G., (1992) " development of a coping cheek list"., Indian journal of psychiatry. 31, 126-133.

42. Schabracq, M.J, & Cooper. C.L (2002) “The changing nature of work and stress” journal of managerial psychology, 15(3), 221-241.
43. Sparks. K., & Cooper. C.L. (2001) “wellbeing and occupational health in the 21st century” journal of occupational and organizational psychology, 74. 489-509.
44. Srivastiva. K., & Srivastav.AK. (1999), compared dual and single job stress, marital adjustment social relation and mental health of dual career and traditional couples; A comparative study. Indian psychology abstract. 23-24.
45. Adrian Dowd (2005) “Nurses quitting over work load pressure” journal of Nursing times, volume 101, Pg 2-4.
46. Edwards. D (2005) “Systemic review of stress and stress management interventions for mental health nurses” Journal of Advanced Nursing, Volume 42, Pg 169-173.
47. Kate Henderson –Nichol (2002) “is stress an inevitable part of Nursing?” Nursing Times, volume 98, Pg 16-17.
48. Polit D.F and Cheryl Tatano Beck, (2008) “Nursing Research” 8th Edition, Wolters Kluwer/Lippincott, New Delhi. Pg 150-151 and 210.
49. Selvarani (2004) “Handling workplace stress” Heath action, Pg 7-9.

Net References

www.medline.com
www.pubmed.com
www.pubmed.org
www.google.co.in
www.yahoo.com

APPENDIX I

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

Mr. K. Elumalai
M.Sc., Nursing II year
Matha College of Nursing,
Manamadurai,

To

Respected sir/madam,

Sub:

Requesting opinion and suggestion of experts for content validity of **"A comparative study to assess the level of stress and coping strategies among cardiac and psychiatric ward nurses of selected hospitals in Madurai"**

I request you to kindly validate the tool and give your opinion for necessary modification and also I would be very great full, if you could refine the problem statement and the objectives.

ENCLOSURES:

- Statement of the problem
- Objectives
- Hypothesis
- Research tool

Thanking you.

APPENDIX II

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL:

1. **Prof. JEBAMANI AUGUSTINE M.SC. (N),**
   Principal,
   Matha College of Nursing,
   Manamadurai.

2. **Dr. ARUN,**
   Senior Resident,
   Department of Psychiatry,
   NIMHANS

3. **Dr. K. REDDAMMA, Ph.D,**
   Professor and Head,
   Department of Nursing,
   NIMHANS
   Bangalore.

4. **Dr. RAMACHANDRA,**
   Assistant professor,
   Department of nursing,
   NIMHANS
   Bangalore.

5. **Dr. NAGARAJAIAH,**
   Associate professor,
   Department of nursing,
   NIMHANS
   Bangalore.

6. **Dr. JAMUNA,**
   Assistant professor,
   Department of mental health & social psychology,
   NIMHANS
   Bangalore.

7. **Mr. RADHA KRISHNAN, M.sc.(N)**
   Principal,
   Bharatesh College of nursing,
   Belgam

APPENDIX III

MATHA COLLEGE OF NURSING

VAANPURAM, MANAMADURAI, SIVAGANGAI Dt-630606

LETTER SEEKING PERMISSION TO CONDUCT STUDY IN SELECTED HOSPITALS AT MADURAI

To

Respected Sir/Madam,

Sub: Project work of M.Sc (Nursing) student at selected hospital in Madurai.

I am to state that **Mr. K. Elumalai,** is a final year M.Sc., Nursing student has to conduct a project, which is to be a partial fulfilment of university requirement for the degree of Master of Science in Nursing. The topic of research is **"A comparative study to assess the level of stress and coping strategies among cardiac and psychiatric ward nurses in selected hospital at Madurai".**

Kindly permit him to do the research work in your esteemed institution under your valuable guidance and suggestion.

Place: Thanking you

Date:

(PRINCIPAL)

APPENDIX IV

PART I

DEMOGRAPHIC DATA

1. **Sex**
    i. Male
    ii. Female
2. **Age (in years)**
    i. 20 – 25
    ii. 26 – 30
    iii. Above 31
3. **Religion**
    i. Hindu
    ii. Christian
    iii. Muslim
    iv. Others
4. **Education (in nursing)**
    i. Diploma
    ii. UG
    iii. PG
5. **Years of experience in the same unit**
    i. 2 months to 1 year
    ii. 1 to 3 years
    iii. 3 to 5 years
    iv. Above 5 years
6. **Ward**
    i. Psychiatric ward
    ii. Cardiac ward
7. **Marital status**
    i. Single / Unmarried
    ii. Married
    iii. Separated
    iv. Divorced
    v. Widowed

8. Income

i. Below 5000
ii. 5001-10000

9. Types of family

i. Living alone
ii. Nuclear
iii. Joint
iv. Extended

10. Family background

i. Urban
ii. Semi-urban
iii. Rural

11. Distance of work place

i. Less than 1/2 km
ii. More than 1/2 km

12. Type of residence

i. Home
ii. Hostel
iii. Private

13. **Mode of travel**

i. By walk
ii. By institution vehicle
iii. Private

14. Supporting system during stress

i. Friend
ii. Family members

PART II

WORK STRESS SCALE (WSS)

INSTRUCTIONS:

The tool was developed by Chan et al (1990) this tool has 30 work related items and this is the 5 point scale and the total score is 120.according to the score the it has divided into three level of stress .

Score: Mild stress 1-59

Moderate stress 60-89

Severe stress 90-120

0. No stress, 1. Mild stress, 2. Moderate stress,

3. Severe stress & 4. Extreme stress

S. NO	ITEMS	0	1	2	3	4
1.	Work overload					
2.	Time pressure and dead lines to meet					
3.	Difficulty in maintaining relationship with superior					
4.	Lack of support from superior					
5.	My beliefs contradict with those of my superior					
6.	Unfair assessment from superior					
7.	Discrimination and favouritism					
8.	Feeling of being under paid					
9.	Feeling of insecure in this job					
10.	Insufficient resources and facilities to get work done					
11.	Working with incompetent colleagues					

12.	Working with uncooperative colleagues					
13.	Relationship problems with colleagues/subordinates					
14.	Jealousy and competition among colleagues					
15.	Too much administrative work or paper work					
16.	High staff turnover					
17.	Cannot participate in decision making					
18.	Lack of authority to carry out my job duties					
19.	Unable to make full use of my skills and ability					
20.	Having to do work out side of my competence					
21.	My work is mentally straining					
22.	Society does not think highly of my profession					
23.	Inadequate time for professional development and self development					
24.	My life is to centred on my work					
25.	Work demands affect my home/personal life					
26.	Absence of emotional support from ability					
27.	Difficult to distance myself from my work					
28.	Under pressure to do things against my professional ethics					
29.	Advancing a career at the expense of home/personal life					
30.	Lack of promotion prospects					

PART III

MODIFIED BRIEF COPE

The tool was initially created by Carver (1997) it has 28 items, this is the 4 point scale and the total score is 112.

Score: low level coping 1-57
Moderate level coping 58-79
High level coping 80-112

1.Never 2. Rarely 3. Sometimes 4. Always

S. NO	RESPONSE INDICATOR	1	2	3	4
1.	I have been turning to work or other activities to take my mind off things				
2.	I have concentrating my efforts on doing something about the situation in am in				
3.	I have been saying to myself “this isn’t real”				
4.	I have been using alcohol or other drugs to make myself feel better				
5.	I have been getting emotional support from others				
6.	I have been giving up trying to deal with it				
7.	I have been taking action to try to make the situation better				
8.	I have been refusing to believe that it has happened				
9.	I have been saying things to let my unpleasant feelings escape				
10.	I have been getting help and advice from other people				

11.	I have been using alcohol or other drugs to help me get through it				
12.	I have been trying to see it in a different light, to make it seem more positive				
13.	I have been criticizing myself				
14.	I have been trying to come up with a strategy about what to do				
15.	I have been getting comfort and understanding from someone				
16.	I have been giving up the attempt to cope				
17.	I have been looking for something good in what is happening				
18.	I have been making jokes about it				
19.	I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping				
20.	I have been accepting the reality of the fact that it has happened				
21.	I have been expressing my negative feelings				
22.	I have been trying to find comfort in my religion or spiritual beliefs				
23.	I have been trying to get advice or helps from others about what to do				
24.	I have been learning to live with it				
25.	I have been thinking hard about what steps to take				
26.	I have been blaming myself for things that happened				
27.	I have been praying or meditating				
28.	I have been making fun of the situation				

gFjp - 1

jdp egh Gs sp tpguk

gpd tUtd twiw ftdkhf gbjJ rhpahd gjpiyj jUf

1. ghypdk
   m) M z ( )
   M) ng z ( )

2. taJ (tUljjpy)
   m) 20 -25 ( )
   M) 26 - 30 ( )
   ,) 31-fF Nky ( )

3. kjk
   m) ,eJ ( )
   M) fpwp]bad ( )
   ,) K]yk ( )
   <) kwwit ( )

4. fytpjjFjp (nrtpypah gbgG)
   m) bgsNkh ( )
   M) ,sqfiy gllggbgG ( )
   ,) KJfiy gllggbgG ( )

5. mNj gphptpy Ntiy nraj mDgtk (tUljjpy)
   m) 2 khjqfs 1 tUlk ( )
   M) 1 - 3 tUlqfs ( )
   ,) 3 -5 tUlqfs ( )
   <) 5 tUljjpwF Nky ( )

6. gphpT (thhL)
   m) kdeyggphpT ( )
   M) ,Uja rpfpr irggphpT ( )

7. jpUkzkhd tuh?
   m) ,yiy ( )
   M) Mk ( )
   ,) gphpeJ ,Uggth ( )
   <) tpthfujJ Mdth ( )
   c) tpjit ( )

8. khj tUkhdk
   m) &. 5000fF fo ( )
   M) 5001 - 10000 ( )
   ,) 10001 - 20000 ( )

9. FLkg tif
   m) jdpjJ trpggth ( )
   M) jdp FLkgk ( )
   ,) $lLfFLkgk ( )
   <) nghpa FLkgk ( )

10. tshej #oepiy
   m) efuk ( )
   M) Cuhlrp ( )
   ,) fpuhkk ( )

11. Ntiy ghhfFk ,ljjpwF css njhiyT
   m) ›½ fp.k. ( )
   M) 2 fp.kfF Nky ( )

12. t rpf Fkpl k
    m) t L ( )
    M) tpL jp ( )
    ,) j dpahh ( )

13. ga z pf Fk K i w
    m) e leJ n rygth ( )
    M) mY t y f thf d k ( )
    ,) j dpahh ( )

14. k d c i s rrypd NghJ m jpf k gfpheJ n fhs t J
    m) e z ghf spl k ( )
    M) cw tpdhf spl k ( )

gFjp - 2

Ntiyggs tpd;kdmOj;j msTNfhy;

WORK STRESS SCALE (WSS)

Kdndrrhpfif

gpdtUk gffjjpy 30 #oepiy kwWk epfoTfs rkkejggll 30 Ntiyfs nfhLffgglLssd.vdNt gpdtUtdtwiwftdkhf thrpjJ mtwwpy jqfsJ mDgtk cssjh (m) ,yiyah vdW gpdtUk Fwpallfspy %yk njhptpff.

0. kd cisrry ,yyhik
1. Fiwthd kd cisrry
2. kpjkhd kd cisrry
3. mjpfkhd kd cisrry
4. fLikahd (or) kpf mjpfkhd

t.vz;	tpguk;	0	1	2	3	4
1	mjpf Ntiygs					
2	Fwpjj Neujjpy Ntiyfis nraJ Kbjjy					
3	cah mjpfhhpfs ld elGwT nfhstjpy rpukk					
4	cah mjpfhhpfspd xjJiogGpdik					
5	cah mjpfhhpfspd fUjJ> vdDila fUjjpwF NtWglbUffpwJ.					
6	cah mjpfhhpfspd KiwNflhd fz fhzpgG					
7	ghFghL ghhjjy					
8	Fiwthd Cjpak fpilggjhfepidjjy					
9	Ntiyapy ghJfhggpdikahf czhjjy					
10	Ntiy nratjwF NghJkhd trjp ,yyhik					

11	F i w t h d j F j ℘ A s s g z ℘ a h s h f S l d g z ℘ G h ℘ j y					
12	r f C o ℘ a h f i s x j J i o g g ℘ d i k					
13	r f c l d g z ℘ G h ℘ N t h h ℘ l k V w g L k e l G w t ℘ d g ℘ u r r i d					
14	r f C o ℘ a h ℘ i l N a V w g L k N g h l b k w W k n g h w h i k					
15	m j ℘ f m Y t y f k w W k v O j J g S					
16	g z ℘ a h s h f s ℘ d N t i y k h w w k					
17	K b n t L g g j ℘ y g q F n g w K b a h i k					
18	j d D i l a N t i y f i s n r a t j ℘ y F i w t h d c h ℘ i k					
19	j d D i l a j F j ℘ f i s A k › j ℘ w i k f i s A k K O i k a h f g a d g L j j , y y h i k.					
20	j d D i l a j F j ℘ f F k w ℘ a N t i y f i s n r a a N t z b a e ℘ h g e j k					
21	v d D i l a N t i y k d c i s r r i y j U f ℘ w J.					
22	r K j h a k v d D i l a g z ℘ f F F i w t h d k j ℘ g i g N a j U f ℘ w J.					
23	v d D i l a t s h r r ℘ f F k › f y t ℘ K d N d w w j j ℘ w F k N g h j ℘ a N e u k ℘ d i k					
24	v d N t i y i a n g h U j J j h d v d t h o f i f c s s J.					
25	N t i y g S › v d i d A k › F L k g t h o f i f A k g h j ℘ f f ℘ w J.					
26	f \ l q f i s g f ℘ h e J n f h s s , a y h i k					
27	v d D i l a N t i y a ℘ y ℘ U e J j h N d t ℘ y f ℘ a ℘ U g g j ℘ y f b d k					
28	t ℘ j ℘ K i w f F k h w h f n r a y g l f l l h a g g L j J j y					
29	v d D i l a n r h e j t h o f i f k w W k F L k g t r j ℘ i a n r y t o ℘ j J t h o t ℘ y t y k n g W j y					
30	g j t ℘ c a h t ℘ d i k					

gFjp - 3

rpwpa rkhspfiFk jpwd;

BRIEF COPE

gpd tUtdtwiw ek thotpy gy tofspy ehk ngwf$ba kd cisrryfspy ngwf$ba rpwpa rkhspfFk jpwd ntspggLjJfpwJ. ,itfis ifahstjwF gy gpurridfs cssd. NtWgll kffs NtWgll tofspy NtWgll mDgtqfis ngWfpwhhfs. gpdtUk FwpgGfs %yk jqfs mDgtjij njhptpff.

1. xU nghOJk ,yiy 2. mhpjhf 3. toffkhf 4. vgnghOJk

t.vz;	tpguk;	1	2	3	4
1	kd cisrriy kweJ› vddhy gzpapy <Lgl Kbfpwj.				
2	ehd VjhtJ Ntiy nratjpd Nehffkhf mjpf ftdk nrYjjpf nfhzbUeNjd.				
3	elggJ cz ikayy vdW jdfFjhNd nrhyypfnfhsNtd.				
4	kd cisrrypd NghJ› kJ (m) kUeJfis gadgLjJNtd.				
5	kdFoggjjpd NghJ› kwwthfspd cWJiz vdfF fpilfFk.				
6	kd Foggjjpwfhd› jhTfhz Kayhky vdDila Kawrpia iftplL tpLjy				
7	#oepiyia rpwgghf cUthfFtjwF Kawrp vLjJfnfhzbUjjy				
8	elejij xgGfnfhss kWffpNwd.				
9	Rfkhd czhTfspypUeJ jggpff Ntzbfnfhzbujjy				
10	ehd kd cisrrypd NghJ kwwthfsplkpUeJ cjtpfisAk› mwpTiufisAk ngWfpNwd.				

11	kJ (m) kUeJ f i s ga d gL j j p dh y j h d g p u r r i d f i s r k h s p f f K b f p w J.				
12	g p u r r i d i a n t t N t W N f h z q f s p y g h h j J › m i j r h j f k h f (or) N e h k i w a h f g a d g L j j p f n f h s N t d.				
13	v d i d e h N d t p k h r d k n r a J n f h s S j y				
14	, d p N k y v d d n r a t J v d W x U r p w g g h d e p i y A l d t h o t p y K d N d W t j w F K a w r p n r a J n f h z b U j j y				
15	k w w t h f s p l k p U e J N g h J k h d x j J i o g G f p i l f f p w J.				
16	g p u r r i d f i s v j p h n f h s s h k y t p l L t p L N t d.				
17	e l e j J e d i k f N f v d W v L j J f n f h s N t d.				
18	g p u r r i d i a F w p j J g h p f h r k n r a N t d.				
19	g p u r r i d f i s k w g g j w f h f j p i u g g l k g h h j j y › g b j j y › g f y f d T f h Z j y (m) n t s p N a n r y Y j y N g h d w K i w f i s g p d g w W j y.				
20	e l e j t w i w x g G f n f h s N t d.				
21	v d D i l a v j p h k i w a h d v z z q f i s n t s p g g L j J N t d.				
22	f l T s t o p g h l b d % y k › g p u r r i d f s p y , U e J t p L g l K a Y N t d.				
23	v d d n r a a N t z L n k d W k w w t h f s p l k p U e J m w p T i u f i s n g w K a Y N t d.				
24	g p u r r i d f S l d t h o f w W f n f h s N t d.				
25	g p u r r i d f i s F w p j J K b n t L f f r p u k g g L N t d.				
26	e l e j t w w p w f h f v d i d e h N d j p l b f n f h s N t d.				
27	g p u r r i d a p y p U e J k s j p a h d k (m) g p u h h j j i d n r a N t d.				
28	g p u r r i d i a t p i s a h l l h f v L j J f n f h s N t d.				

APPENDIX VI

HEALTH EDUCATION

STRESS AND COPING STRATEGIES

STRESS

INTRODUCTION

A worldwide shortage of nurses has been acknowledged by the Global Advisory Group of the World Health Organization (WHO). As a result, nurses cannot avoid encountering an increase in workplace stressors. In addition, with the global increase in the aged population, the intensity of health care problems, the incidence of chronic illnesses and advanced technology, nurses are faced with a variety of work-related stressors. Nurses working in cardiac and psychiatric wards are no exception. Working in cardiac and psychiatric wards brings an additional set of workplace issues, such as constantly dealing with death and dying, controlling patients' chest pain, and helping patients and family members contend with patients' end-of-life illness and in psychiatric ward the patients are very aggressive and assaultive to wards nurses.

DEFINITION:

Stress is an unpleasant psychological and physiological state caused due to some internal or external demands that go beyond our capacity.

SOURCES OF STRESS:

1. **The environment stressors**
   - Noise pollution, traffic, crowding and the weather.

2. **Physiological stressors**
   - Illness injuries hormonal, fluctuations.
3. **Social stressors**
   - Financial problems, work demands, social events, losing a loved one etc.
4. **Thoughts**
   - Negative self talk, catastrophizing and perfection
5. **Change of any kind can induce stress**

   - Fear of the new, the unknown
   - Feelings of personal insecurity
   - Feelings of vulnerability
   - Fear of rejection
   - Need for approval
   - Fear of conflict
   - Fear of talking a risk
   - Fear of inability to cope with changed circumstances
6. **Individual personalities that can induce stress**

   - Low self- esteem
   - Feelings of over-responsibility
   - Fear of loss of control
   - Fear of failure, error, mistakes
   - Chronic striving to be perfect
   - Chronic guilt
   - Chronic anger, hostility of depression

7. **Interpersonal issues that can induce stress**
    - A lack of adequate support within the relationship
    - A lack of healthy communication with the relationship
    - A sense of competitiveness between the people
    - Struggle for power and control in the relationship
    - Poor intimacy or sexuality within the relationship
    - Over dependency of the person on another
8. **System (family, job, school, club, organization issues that can induce stress)**
    - Lack of leadership
    - Up co-operative atmosphere
    - Autocratic leadership
    - Lack of team work
    - Confused communication

SYMPTOMS OF STRESS

Symptoms of stress appear in many forms. Some symptoms only impacy the person who is directly experiencing stress, while other symptoms may have an impact on our relationships with others.

Physical symptoms

- Muscle tension
- Colds or other illnesses
- High blood pressure
- Rapid breathing or pounding of the heart
- Indigestion
- Ulcers
- Difficulty in sleeping
- Fatigue

- Headache, back or neck problems
- Increased smoking or drinking alcohol
- Backaches
- Being more prone to accidents

Cognitive symptoms:

- Forgetfulness
- Unwanted or repetitive thoughts
- Difficulty in concentrating
- Fear of failure
- Self criticism
- Emotional symptoms
- Irritability
- Depression
- Anger
- Fear or anxiety
- Feeling overwhelmed
- Mood swings

STRESS MANAGEMENT STRATEGIES:

1. **Take a deep breath**

When you feel 'uptight' try taking a minute to slow down and breathe deeply. Breathe in through your nose and out through your mouth. Try to inhale enough do that your lower abdomen rises and falls. Count as you exhale- slowly.

2. **Practice specific relaxation technique**

Relaxation techniques are extremely valuable tools in stress management. Most of the techniques like meditation; self hypnosis,

and deep muscle relaxation work in a similar fashion. In this state both the body and the mind are at rest and the outside world is screened out for a period of time. The practice of one these techniques on a regular basis can provide a wonderfully calming and relaxing feeling that seems to have a lasting effect for many people.

3. **Manage time**

One of the greatest sources of stress is poor time management. Give priority to the most important ones and do those first. Particularly if an unpleasant task faces you, tackle it early in the day and get it over with; the rest of your day will include much less anxiety. Most importantly, do not overwork yourself, schedule time for both work and recreation.

4. **Connect with others**

A good way to combat sadness, boredom and loneliness is to see ouot activities involving others.

5. **Talk it out**

When you feel something, try to express it, “Bottled Up” emotions increase frustration and stress, share your feelings. Talking with someone else can help clear your mind of confusion so that you can focus on problem solving. Also consider writing down thought and feelings. Putting problems on paper can assist you in clarifying the situation and allow you a new perspective.

6. Take a “Minute” vacation

Imagining a quiet country scene can take you out of the turmoil of a stressful situation. When you the opportunity, take a moment to close your eyes and imagine a place where you feel relaxed and comfortable. Notice all the details of your chosen place, including pleasant sounds, smells and temperature of change your mental “channel” by reading a good book or playing relaxing music to create a sense of peace and tranquillity.

7. Monitor your physical comfort

Wear comfortable clothing. If it’s too hot, go somewhere where it’s not. If your chair is uncomfortable, change it. If your computer screen causes eyestrain or backache, change that too. Don’t wait until your discomfort turns into a real problem. Taking five minutes to arrange back support can save you several days of back pain.

8. Get physical

When you feel nervous, angry or upset, release the pressure through exercise or physical activity. Running walking or swimming are good options for some people, while others prefer dance or martial arts. Working in the garden, washing your car, or playing with children and relieve that “uptight” feeling, relax you and often will actually energies you. Remember, your body and mind work together. Most experts recommended doing 20 minutes of aerobic activity daily will reduce stress.

9. Take care of your body

Healthy eating and adequate sleep feels your mind as well as your body. Avoid consuming too much caffeine and sugar. Take time to eat breakfast in the morning, it really will help keep going through the day. Well- nourished bodies are better prepared to cope with stress. If you are irritable and tense from lack of sleep of not eating right, you will be less able to “go the distance in dealing with stressful situations”. Increase the amount of fruits and vegetables in daily diet. Take time for personal interest and hobbies. Listen to one’s body.

10. Laugh

Maintain your sense of humour including the ability laugh at yourself.

11. Know your limits

There are many circumstances in life that we beyond your control, consider the fact that we live in an imperfect world, know your limits if a problem is beyond your control and cannot be changed at the moment, don’t fight the situation, learn to accept what for now, until such time when you can change things.

12. Think positively

Refocus the negative to be positive. Make an effort to stop negative thoughts.

13. Clarify yours values and develop a sense of life meaning

Clarify your values and decide what you really want out of your life. If can help feel better about yourself. Have that sense of satisfaction

and centeredness that help you deal with the stresses of life. A sense of spirituality can help with this.

14. Compromise

Consider co-operation r compromise rather than confrontation. A little give and take on both sides may reduce the strain and help you feel more the strain and help you feel more comfortable.

15. Have a good cry

A good cry during periods of stress can be a healthy way to bring relief to your anxiety, and it might prevent a headache or other physical consequences of “botting” thinks up.

16. Avoid self medication

Alcohol and other do not remove the conditions that cause stress. Although they may seem to offer temporary relief, these substances only mask or disguise problems. In the long run, behaviour while “under the influence” increases rather than decreases stress. Medications should be taken only on the advice of doctors.

17. Look for the “pieces of Gold” around you

Pieces of gold are positive or enjoyable movements or interactions. These may seem like small events but as these “pieces of gold” accumulate as they can often provide a big lift to energy and spirits and help you begin to see things in new, more balanced way.

COPING SKILL

Definition

Virtually all living beings routinely utilize coping skills in daily life. These are perhaps most noticeable in response to physical disabilities. An easy example of the use of coping skills in the animal kingdom are three-legged dogs, which typically learn to overcome the obvious disability to become as agile and mobile as their four-legged counterparts, whether born with the disability, or having received it due to an injury.

When helping humans deals with specific problems, professional counsellors have found that a focus of attention on coping skills (with or without remedial action) often helps individuals. The range of successful coping skills varies widely with the problems to be overcome. However, the learning and practice of coping skills are generally regarded as very helpful to most individuals. Even the sharing of learned coping skills with others is often beneficial.

Coping mechanisms

One group of coping skills are coping mechanisms, defined as the skills used to reduce stress. In psychological terms, these are consciously used skills and defence mechanisms are their unconscious counterpart. Overuse of coping mechanisms (such as avoiding problems or working obsessively) and

defence mechanisms (such as denial and projection) may exacerbate one's problem rather than remedy it.

There are two primary styles of coping with problems such as stress.

Action-based coping

Action-based coping involves actually dealing with a problem that is causing stress. Examples can include getting a second job in the face of financial difficulties, or studying to prepare for exams. Examples of action-based coping include planning, suppression of competing activities, confrontation, self-control, and restraint.

Emotion-based coping

Emotion-based coping skills reduce the symptoms of stress without addressing the source of the stress. Sleeping or discussing the stress with a friend is all emotion-based coping strategies. Other examples include denial, repression, wishful thinking, distraction, relaxation, reappraisal, and humour. There are both positive and negative coping strategies that can be defined as emotion-based. Emotion-based coping can be useful to reduce stress to a manageable level, enabling action-based coping, or when the source of stress can not be addressed directly.

Harmful coping methods

Some coping methods are more like habits than skills, and can be harmful. Overused, they may actually worsen one's condition. Alcohol, cocaine and other drugs may provide temporary escape from one's problems, but, with excess use, ultimately result in greater problems.

****