

# A descriptive study to assess the stress management techniques or strategies used by Nursing Staff while providing care to the Covid-19 infected patient.’

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**Abstract - Covid-19 infected many health care professionals and due to the fear of non-availability of beds in hospitals they refused to care the Covid-19 infected patients. In many hospitals nurses went on strike due to non-availability of good quality PPE Kit. Patients were kept non attending due to fear. Many hospitals in Mumbai start checking vital parameters of working staff and non- Covid patients outside the hospital premises. Nurses lost their jobs or they compromised their salary. Beside these circumstances many nurses worked 24 hrs for the betterment of the health of Covid-19 patients. They provided psychological support to the patient as well as to the family members of patient. During this pandemic period they made music videos with the patient to show their strong mental and emotional wellbeing.**

**Index Terms - Pandemic- Covid-19 - Stress - Mental Health - Techniques- Strategies – Coping.**

## 1.INTRODUCTION

The covid-19 – pandemic created stress in people worldwide and also impacted the life of people in many aspects like-health, economical status, mental health, social health. Millions of people globally are at risk of losing their livelihoods. Many of them are unable to feed their families. Poor health facilities and infrastructure also increased the stress among people. Mental health issues have been reported from all over the world. Various coping strategies established to combat the stress among the people especially for the frontline workers. The fear of becoming infected is in the mind of each and every human being while working with Covid-19 infected patient under less available or low-quality PPE Kit which increases stress among them. Long duty hours and being a female nurse appeared to confer greater risk to develop stress. Exposure to excessive stress for prolong period

may have harmful consequences on the emotional and mental wellbeing of frontline workers.

In context of mental health of the frontline workers many efforts have been made by various organizations to reduce stress among the frontline workers.

Frontline workers used various stress management techniques to reduce their stress like- -well informed themselves regarding current issues of Covid-19

- Avoid information overloading
- Maintain IPR with colleagues and family members
- proper diet plan
- maintaining good sleep pattern
- Stay connected with friends
- Stay well hydrated
- Speak out their own feeling

## 2. REVIEW OF LITRATUE

### PART-1

#### LITRATURE RELATED TO STRESS

Hans Seyle known as —father of modern stressl coined the term —stress. The word stress has come from the Latin word —stringere which means to "draw tight. Hans Seyle in 1936 defined stress as, —a syndrome produced by diverse nocuous agents. He described stress as a non-specific response of the body to —noxious stimuli. According to Lazarus, (1976), —Stress occurs when there are demands on the person, which taxes or exceeds his adjustive resources.

Richard Carlson defines stress as —Stress is nothing more than a socially acceptable form of mental illness. We are currently living in stressful times holding down two or more jobs, building and trying to hold up unreasonable performance parameters which all result in higher stress levels. Work stress can be referred as a strain, depression, fretfulness, anxiety, angst etc one’s faces in his workplace when he is overloaded

with copious demands and expectations which he/she has to complete within a limited timeframe. Work stress is also termed as —job stressl or —occupational stressl. Therefore, this paper has attempted to analyze the status of work stress in different countries and different sectors or unit by reviewing 203 research journal published from 1993 to 2017. The study includes the different meaning of work stress and its impact on physical and mental state of employees of different industries/ research unit.

Various definition of Stress and Work stress:

To have a better understanding about the work stress, various definitions of stress and work stress has been compiled by different authors from year 1993 to 2017 (below in the Table I).

Table I: Various definition of stress and work stress.

| SL.No. | Author(s)              | Stress definitions  |
|--------|------------------------|---|
| 1      | Jit, S. Chandan -1995  | Stress is a state of mind which reflects certain biochemical reactions in the human body and is projected by a sense of anxiety, tension and depression |
|        |                        | and is caused by such demands by the environmental forces or internal   |
|        |                        | factors that cannot be met by the resources available to the person   |
|        |                        |   |
| 2      | Levi (1996)            | Stress is cost by a multitude of demands (stressors) such an inadequate fit   |
|        |                        | between what we need and what we capable of, and what our environment   |
|        |                        | offers and what it demands of us.   |
| 3      | Bernik (1997)          | Stress designates the aggression itself leading to discomfort, or the consequences  |
|        |                        | of it. It is our organism's response to a challenge, be it right or wrong.  |
| 4      | Kristensen et al -1998 | Stress is an individual, arousal, psychophysiology, and subjective state,   |
|        |                        | characterized by a combination of high arousal and displeasure.   |

Stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden. However, if the threat is unremitting, particularly in older or unhealthy individuals, the long-term effects of stressors can damage health. The relationship between psychosocial stressors and disease is affected by the nature, number, and persistence of the stressors as well as by the individual's biological vulnerability (i.e., genetics, constitutional factors), psychosocial resources, and learned patterns of coping. Psychosocial interventions have proven useful for treating stress-related disorders and may influence the course of chronic diseases.

Stress-related outcomes also vary according to personal and environmental factors. Personal risk factors for the development of depression, anxiety, or PTSD after a serious life event, disaster, or trauma include prior psychiatric history, neuroticism, female gender, and other sociodemographic variables (Green 1996, McNally 2003, Patton et al. 2003). There is also some evidence that the relationship between personality and environmental adversity may be bidirectional (Kendler et al. 2003). Levels of neuroticism, emotionality, and reactivity correlate with poor interpersonal relationships as well as “event proneness.” Protective factors that have been identified include, but are not limited to, coping, resources (e.g., social support, self-esteem, optimism), and finding meaning. For example, those with social support fare better after a natural disaster (Madakaisira & O'Brien 1987) or after myocardial infarction (Frasure-Smith et al. 2000). Pruessner et al. (1999) found that people with higher self-esteem performed better and had lower cortisol responses to acute stressors (difficult math problems). Attaching meaning to the event is another protective factor against the development of PTSD, even when horrific torture has occurred

**PART-II  
LITRATURE RELATED TO STUDY**

In the last 15 years, three global viral infectious diseases, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and coronavirus disease (COVID-19), have occurred worldwide, putting human lives at risk and challenging the health care providers working in the

frontline. The SARS pandemic was declared as “contained” by the World Health Organization (WHO) in 2003 (World Health Organization, 2003). It was reported by the Centers of Disease Control and Prevention that a total of 8,096 people in 29 countries were infected by it, out of whom 774 of them died (Centers for Disease Control and Prevention, 2016). After the SARS pandemic occurred, population studies have shown that these kinds of events can cause anxiety, depression, stress, sleep disorders, and post-traumatic stress disorder (PTSD) (Hawryluck et al., 2004; Wu et al., 2005). Specifically, it is an experience of uncontrollable and excessive concern related to a number of situations or activities. Symptomatology includes restlessness, fatigue, and difficulty in concentrating, irritability, muscle tension, and sleep disturbances. It is not surprising that the health care workers who find themselves working in this situation encounter a lot of stress linked to both their personal safety and the safety of their families; this is an addition to the burden of dealing with patients who can experience severe psychological distress. In a cross-sectional study of 1,257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress. It was suggested that, among Chinese health care workers exposed to COVID-19, women, nurses, those in Wuhan, and frontline health care workers had a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions (Lai et al., 2020). Among the health care providers, the frontline workers involved directly in handling COVID-19 patients are exposed at greater risk than others. Many reasons were found in adverse psychological outcomes ranging from excessive workload/work hours to inadequate personal protective equipment, over-enthusiastic media news, and feeling inadequately supported (Spoorthy et al., 2020).

### 3 RESEARCH DESIGN

Objectives of the study-

- 1] To understand the stress management techniques.
- 2] To identify the effectiveness of techniques

- 3] To understand the value of mental health maintenance among frontline workers to improve patient care
- 4] To assess the stress causing factors
- 5] To assess the strategies used by the nursing staff to overcome their stress

### 4. RESEARCH METHODOLOGY

**RESEARCH DESIGN** -A descriptive research design was chosen to assess the stress management techniques used among the nursing staff in IIMT LIFELINE HOSPITAL, Meerut.

**Population-**

the population of this effectiveness includes all staff nurses.

**Sample-**Staff nurses who are using the stress management techniques in IIMT Lifeline Hospital Meerut

**Sample size-**Sample size is consisting of 50 staff nurses working in I.I.M.T Lifeline hospital, Meerut.

**Data collection Tools and Methodology**

1-Questionnaire USED TO ASSESS THE LEVEL OF STRESS

2-The COPE Inventory USED FOR ASSESSMENT OF COPING STRETEGIES

**Reliability and validity**

COPE stands for Coping Orientation to Problems Experienced.

The inventory is a list of statements that participants review and score. There are two main components to the COPE inventory: problem-focused coping and emotion-focused coping.

Five scales aim to measure each of these:

Problem-focused coping

1. Active Coping
2. Planning
3. Suppression of Competing Activities
4. Restraint Coping
5. Seeking of Instrumental Social Support

Emotion-focused coping

1. Seeking of Emotional Social Support

2. Positive Reinterpretation
3. Acceptance
4. Denial
5. Turning to Religion

3 = I usually do this a medium amount

4 = I usually do this a lot

Each statement in the inventory is then connected to a specific coping strategy that sits under either the problem-focused, emotion-focused, or coping response measures. Your scores will inform you which form of coping strategy you are more engaged in.

This scoring can help you ascertain which measures are your most reliable coping strategies from the different ones utilized in the inventory.

It also contains three scales aimed at measuring coping responses:

1. Focus on and Venting of Emotions
2. Behavioral Disengagement
3. Mental Disengagement

scoring

To score the COPE Inventory, you need to first respond to each of the statements with a score from 1 to 4, as follows:

1 = I usually don't do this at all

2 = I usually do this a little bit

Data analysis and Interpretation

Presentation of Data- The analysis data has been organized and presented in the following sections-

Section -1 : Problem focused Statements

Section-2: Emotion focused Statements

| s.no. | statement PROBLEM FOCUSED            | usually don't do this at all | usually do this a little bit | usually do this a medium amount | usually do this a lot |
|-------|--------------------------------------|------------------------------|------------------------------|---------------------------------|-----------------------|
| 1     | ACTIVE COPING                        | 0                            | 24.5                         | 25                              | 50.5                  |
| 2     | PLANNING                             | 0                            | 0                            | 49.5                            | 50.5                  |
| 3     | SUPPRESSION OFCOMPING ACTIVITY       | 12.5                         | 18                           | 44                              | 25.5                  |
| 4     | RESTRAINT                            | 0                            | 12.5                         | 75                              | 12.5                  |
| 5     | USE OF INSTRUMENTAL SOCIAL SUPPORT   | 12.5                         | 37.5                         | 37.5                            | 12.5                  |
| 6     | SUBSTANCE ABUSE                      | 87.5                         | 12.5                         | 0                               | 0                     |
|       | %                                    | 18.75                        | 17.5                         | 38.5                            | 25.25                 |
|       |                                      |                              |                              |                                 |                       |
| s.no. | statement EMOTION FOCUSED            |                              |                              |                                 |                       |
| 1     | USE OF EMOTIONAL SOCIAL SUPPORT      | 18.5                         | 37                           | 25.5                            | 19                    |
| 2     | POSITIVE REINTERPRETATION AND GROWTH | 0                            | 24.5                         | 37.5                            | 38                    |
| 3     | ACCEPTANCE                           | 0                            | 24.5                         | 37.5                            | 38                    |
| 4     | DENIAL                               | 18                           | 44                           | 19                              | 19                    |
| 5     | RELIGIOUS COPING                     | 18                           | 18                           | 26                              | 38                    |
| 6     | FOCUS ON AND VENTING OF EMOTIONS     | 6                            | 37.5                         | 55.5                            | 0                     |
| 7     | BEHAVIOURAL DISENGAGEMENT            | 31                           | 37.5                         | 12.5                            | 19                    |
| 8     | MENTAL DISENGAGEMENT                 | 31                           | 37                           | 6.5                             | 25.5                  |
| 9     | HUMOR                                | 31                           | 25.5                         | 31                              | 12                    |
|       | %                                    | 17                           | 31.7                         | 27.8                            | 23                    |

## 5.CONCLUSION

A total of 50 Nursing staff participated in the study. Nursing staff were using problem focused as well as emotion focused strategies to overcome their stress.

In problem focused- 50% were using Active coping and planning strategies.

- 25% staff usually tried hard to prevent other things from interfering with their efforts.

- 12.5% Nursing staff restraint themselves and they force themselves to wait for the right time to do something.

-12.5% staff usually used instrumental social support like- tried to get advice from other people who could

do something concrete about the stress causing situation.

In emotion focused - 38% Nursing staff were used religious coping strategies most of the time.

-38% were using acceptance and positive reinterpretation and growth.

-19% were using emotional social support.

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