



Descriptive Study to Assess the Level of Depression, Anxiety and Stress among Staff Nurses in Selected Hospital, Rajouri.

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ABSTRACT:

Background: "Nurses are the forefront workers of the health care team. They have to deal with everyday challenges, that the profession demands, say in the case of an epidemic outbreak such as Covid-19 or a routine, herculean workload in their health care settings. Also, less pay, a deteriorated staff ratio as well as unfavourable working standards often causes the nurses to experience stress, anxiety and depression in their profession". A Descriptive study was conducted to assess the level of Depression, Anxiety and Stress experienced among staff nurses working in selected hospital, Rajouri district, J&K. The objectives of the study were to assess the level of Depression, Anxiety and Stress among staff nurses and to find out the association between level of Depression, Anxiety and Stress among staff nurses with selected demographic variables. Materials and Methods: The study adopted a Descriptive design. 100 nurses from a selected hospital were enrolled using simple random sampling technique. The conceptual framework of the study was based on Rosenstock and Becker's Health Belief Model, 1974. Tools used for data collection were Demographic Performa and the Depression, Anxiety and Stress scale. [DASS-21]. Results: Findings of the study revealed moderate level of depression, Stress and Anxiety with a Mean Depression score (14.13±5.59), Mean Anxiety score (11.81±5.09) and a Mean Stress score (22.55±7.03) respectively. Significant association was observed between the level of Depression and demographic variables such as Gender, Type of family (p<0.01, p<0.05). Both level of anxiety and level of Stress were associated between demographic variables such as, Gender and Housing Loan. (p<0.01, p<0.05). Conclusion: The findings of the study confirmed that the Staff Nurses experienced a moderate level of Depression, Anxiety & Stress.

Key Words: Descriptive Study, Depression, Anxiety, Stress, DASS-21, Staff Nurses, Hospitals.

INTRODUCTION

"Chronic Stress give rise to chronic Anxiety & Chronic Anxiety forms in to Chronic Depression".

Generally speaking, stress is described as feeling overworked, wound up, tense, and worried. Stress is an inevitable part of day-to-day life, experienced while meeting demands made upon the body and mind. It is a disruptive condition that develops in reaction to harmful effects from the internal or external settings.^{1,2} The mental and physical challenges of nursing, even under normal conditions, are exceptional. Nurses work long hours doing physically demanding work, all while maintaining constant vigilance in making decisions and performing duties with potentially life-or-death consequences. Surrounded by sickness and death, nurses care not only for patients but also for patients' families, providing comfort to people who are often experiencing fear, anger, or grief. In general, nursing is seen as a difficult and stressful career. Numerous studies have shown that working in nursing is stressful, which can have an adverse effect on one's physical and mental health as well as their professional performance.^{3,4} In any healthcare facility, nurses make up the majority of the workforce and play a crucial role in patient care. Nurses provide direct care, and providing care is an interpersonal activity characterized by expert nursing, interpersonal sensitivity, and close connections, as well as by effective communication and the use of professional knowledge and abilities. Nursing staff members are occasionally asked to work lengthy hours without getting enough rest. Furthermore, the nursing profession is highly stressful. Furthermore, the occupation requires interacting with individuals who are under a great deal of stress themselves. Patients can occasionally be challenging, scared, or angry, and nurses may find themselves responding with an increasing irritation and anger that may result in quitting the profession.⁴ Chronic stress can lead to anxiety, which becomes chronic if unattended to. Such anxiety can easily result in self-destruction.⁵ People who have anxiety disorders frequently experience depression as well, or vice versa. Anxiety disorders are identified in about half of patients with depression.⁶ Depression is the common cold among psychiatric disorder.⁷ Depression is a common mental disorder affecting more than 264 million people worldwide. It is characterized by persistent sadness and a lack of interest or pleasure in rewarding or enjoyable activities.⁸ According to Mental Health Foundation (MHF), Stress can be defined as the degree to which you feel overwhelmed or unable to cope as a result of pressures that are unmanageable. Nurses remain at the forefront of patient care. However, their heavy workload as a carrier can leave them overworked and stressed. The demanding nature of the occupation exposes nurses to a higher risk of developing negative mental states such as depression anxiety and stress. The continuing coronavirus pandemic has massive impact on psychological health of healthcare as well as non-healthcare professionals.⁹ According to a systematic umbrella review of international research, nurses had an incidence of anxiety ranging from 22.8% to 27% and an incidence of depression of 28% among the category of health care

workers.¹⁰ A cross sectional study conducted among Nursing students by Manikandan Et al. to compare the levels of depression, anxiety and stress experienced by first year, second year, third year and final year B.Sc. Nursing students found that the mean Depression, Anxiety and Stress scores among final year students were significantly higher than other groups [$p < 0.01$].¹¹

OBJECTIVES OF THE STUDY

1. To assess the level of Depression, Anxiety and Stress among Staff Nurses.
2. To find out the association between the level of Depression, Anxiety and Stress among Staff Nurses and selected Demographic variables.

HYPOTHESES

- ❖ H₁- There is significant association between the level of Depression, Anxiety and Stress among Staff Nurses with selected Demographic variables.

METHODOLOGY

Research Approach: Quantitative research approach.

Research Design: Descriptive research design.

Population: Staff Nurses; Rajouri District.

Settings: Selected Hospital Rajouri, J&K.

Sample Size: 100 Staff Nurses from selected Hospitals, Rajouri.

Sampling Technique: Simple Random Sampling method.

TOOLS AND TECHNIQUE

Tool-A: A Demographic Performa was used to assess the variables such Age, Gender, Religion, Type of family, Family Income/Month, Dietary pattern, Area of residence, Type of Stay, Housing Loan and Hobbies.

Tool-B: The Depression, Anxiety, Stress scale [Dass-21], having an excellent reliability [0.94] was used to assess the level of Depression, Anxiety and Stress among Staff Nurses.

Method of Data collection: Data was collected for a period of one month [10/05/2023 to 10/06/2023] from Medical College in Rajouri district, J&K using a Simple random sampling method. After acquiring formal permission from the concerned authorities, the investigator(s) then obtained informed consent from the samples. Both Demographic Performa and DASS-21 were used for data collection.

Inclusion criteria: All Staff Nurses who were willing to participate in the study and available during the period of data collection.

Full time Nurses working for at least for 6 months in the hospital.

Exclusion criteria: Nurses who were not willing to participate in the study and unavailable during the period of data collection.

Nurses who were sick as well as those undergoing treatment and on Neuro drugs for Depression/Anxiety/Stress.

Statistical analysis: Both Descriptive and Inferential statistics were used to analyse the data [using SPSS version 25. Descriptive statistics such as Frequency distribution and Percentage were used to describe Demographic data and Inferential statistics such as Chi Square was performed to find out the association between level of Depression, Anxiety and Stress with selected Demographic variables. The level $P < 0.05$ (95% CI) was the minimum acceptable level of significance.

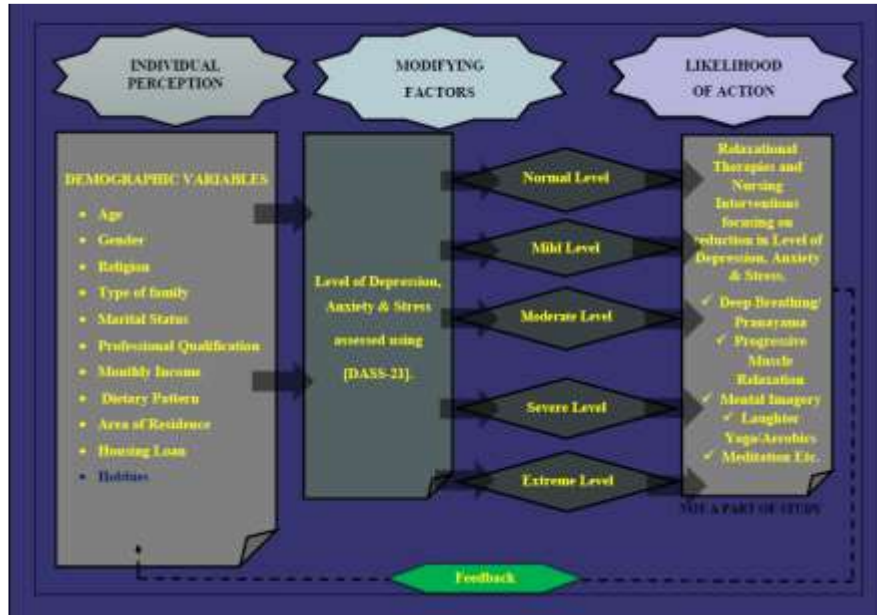


Figure 1: Conceptual framework based on Rosenstock and Becker’s Heath Belief Model

RESULTS

Section-I: Description of Sample characteristics of Staff Nurses.

Table 1: Frequency distribution and Percentage of Staff Nurses.

[N=100]

SL NO.	DEMOGRAPHIC VARIABLES		
01	Age (In years)	f	%
	Below 25 yrs.	22	22%
	25-45 yrs.	66	66%
	Above 45 yrs.	12	12%
02	Gender	f	%
	Male	32	32%
	Female	68	68%
03	Religion	f	%
	Hindu	41	41%
	Muslim	50	50%
	Others	9	9%
04	Type of family	f	%
	Nuclear	66	66%
	Joint/Extended	34	34%
05	Marital Status	(f)	(%)
	Married	56	56%
	Single	32	32%
	Widow/separated	12	12%
06	Professional Qualification	(f)	(%)
	GNM	48	48%
	BSc/Post Basic BSc(N)	40	40%
	M.Sc. (N) and above	12	12%
07	Income/Month	(f)	(%)
	Up to 10000 ₹	10	10%

	10001-20000 ₹	18	18%
	20001-30000 ₹	50	50%
	More than 30000 ₹	22	22%
08	Dietary Pattern	(f)	(%)
	Vegetarian	34	34%
	Non-Vegetarian	66	66%
09	Area of Residence	(f)	(%)
	Rural	71	71%
	Urban	29	29%
10	Housing Loan	(f)	(%)
	Taken	70	70%
	Not Taken	30	30%

Section-II: Level of Depression among Staff Nurses

Table 2: Frequency distribution and Percentage of level of Depression among Staff Nurses.

(N=100)

LEVEL OF DEPRESSION									
Normal		Mild		Moderate		Severe		Extreme	
f	%	f	%	f	%	f	%	f	%
08	8%	56	56%	24	24%	09	9%	03	3%

Section-III: Level of Anxiety among Staff Nurses

Table 3: Frequency distribution and Percentage of level of Anxiety among Staff Nurses.

(N=100)

LEVEL OF ANXIETY									
Normal		Mild		Moderate		Severe		Extreme	
f	%	f	%	f	%	f	%	f	%
12	12%	40	40%	23	23%	17	17%	8	8%

Section-IV: Level of Stress among Staff Nurses

Table 4: Frequency distribution and Percentage of level of Stress among Staff Nurses.

(N=100)

LEVEL OF STRESS									
Normal		Mild		Moderate		Severe		Extreme	
f	%	f	%	f	%	f	%	f	%
06	6%	26	26%	44	44%	16	16%	08	8%

Section-V: Mean Depression, Anxiety and Stress level(s) among Staff Nurses.

(N=100)

SL NO.	PARAMETER	MEAN	SD
01	DEPRESSION	14.13	5.59
02	ANXIETY	11.81	5.09
03	STRESS	22.55	7.03

Section-VI: Association between Level of Depression, Anxiety, Stress with selected Demographic variables.**Table-8:** Association between Level of Depression among Staff Nurses with selected

Demographic variables.

[N=100]

Demographic Variables		Level of Depression										df	χ^2	p
Gender		Normal		Mild		Moderate		Severe		Extreme				
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)			
Male		06	75	10	18	12	50	03	33.3	01	33.33	04	15.53**	0.004
Female		02	25	46	82	12	50	06	66.7	02	66.7			
Type of Family												df	χ^2	p
		Normal		Mild		Moderate		Severe		Extreme				
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)			
Nuclear		03	37.5	44	78.6	13	54.2	05	55.6	01	33.3	04	10.20*	0.037
Joint		05	62.5	12	21.4	11	45.8	04	44.4	02	66.7			

**Significant at 0.01 level. * Significant at 0.05 level.

Table-9: Association between Level of Anxiety among Staff Nurses with selected Demographic variables.

[N=100]

Demographic Variables		Level of Anxiety										df	χ^2	p
Gender		Normal		Mild		Moderate		Severe		Extreme				
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)			
Male		06	75	10	17.9	12	50	03	33.3	01	33.3	04	19.96**	0.001
Female		02	25	46	82.1	12	50	06	66.7	02	66.7			
Housing Loan												df	χ^2	p
		Normal		Mild		Moderate		Severe		Extreme				
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)			
Taken		04	33.3	30	75	20	87	11	64.7	05	62.5	04	11.75*	0.019
Not Taken		08	66.7	10	25	03	13	06	35.3	03	37.5			

**Significant at 0.01 level. * Significant at 0.05 level.

Table-10: Association between Level of Stress among Staff Nurses with selected Demographic variables.

[N=100]

Demographic Variables		Level of Stress										df	χ^2	p
Gender		Normal		Mild		Moderate		Severe		Extreme				
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)			
Male		04	66.7	08	30.8	08	18.2	09	56.3	03	37.5	04	11.63*	0.02
Female		02	33.3	18	69.2	36	81.8	07	43.7	05	62.5			

Housing Loan													
Taken	01	16.7	20	76.9	34	72.3	11	68.8	05	32.5	04	10.21*	0.037
Not Taken	05	83.3	06	23.1	10	22.7	05	31.2	03	37.5			

* Significant at 0.05 level.

DISCUSSION

The current study reveals moderate level(s) of Depression, Anxiety and Stress among Staff Nurses. The results are consistent with a comparable cross-sectional study carried out in Central India by Verma et al., which reports the prevalence of stress symptoms (17.7%), moderate to severe anxiety (61.9%), and moderate to severe depressive symptoms (34.1%), respectively. Family relationships are shown to be substantially correlated with stress [P = 0.002, Odds Ratio 0.582] and depression [P = 0.00, odds ratio 0.638] in binomial logistic regression analysis. Also, the present study, found out significant levels of association between depression and sociodemographic variables such as gender and type of family. Anxiety and stress on the other hand had significant association with gender and housing loan taken by the study participants. All these findings are corroborated by a Kerala based correlational study on Nursing students, conducted by Manikandan and Vijayan. L Etal., which revealed a significant association between depression, anxiety, stress with selected demographic variables such as Gender and type of family (P<0.01**, P<0.05* levels).¹¹ Based on the study findings it is ascertained that, more mental health surveys are required because there is a dearth of information about nurses. Stress management and anxiety reduction programmes as well as ensuring better working standards will help control of Stress, Anxiety, and Depression experienced among nurses.¹²

CONCLUSION

The study was conducted to assess the level of Depression, Anxiety and Stress experienced among Staff Nurses. The results confirms that the Mean Depression, Anxiety and Stress scores are at moderate level(s). Also, there was significant association (P<0.01**, P<0.05*) between depression, anxiety and stress levels with selected demographic variables.

LIMITATIONS

- ❖ This study was limited to Staff Nurses working in selected hospital, Rajouri.
- ❖ Limited to 100 samples.

RECOMMENDATIONS

- ❖ A large sample cross sectional study can be replicated among staff nurses in different settings.
- ❖ A similar interventional study can be conducted.
- ❖ A comparative study can be performed between Staff Nurses working in both Government and Private hospitals.

ETHICAL CONSIDERATIONS

The researchers obtained Ethical/formal permissions from the concerned authorities. An informed consent was obtained from the samples after explaining the purpose of the study.

BUDGET

Self-Funding

CONFLICTS OF INTEREST

There are no conflicts of interest.

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