A Study to Assess the Stress Level among Staff Nurses Working in Clinical Settings of Delhi, NCR during Covid Crisis

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Abstract

Back ground of the study: The novel coronavirus disease (COVID-19) pandemic has presented an unprecedented challenge to healthcare systems across the globe. The rapid spread of the disease in late 2019 and early 2020 caught many healthcare systems off guard and scrambling to provide intensive care unit beds, ventilators, and personal protective equipment (PPE) for both healthcare workers and patients. With the pandemic, nurses have confronted a perfect storm of conditions that threaten their health, well-being, and ability to perform their jobs. Media reports from many of the world's COVID hotspots document extreme exhaustion, physical discomfort from long working hours with face masks and other PPE, fear of contagion, and emotional distress in nurses. This combination of physical and emotional strain on an already stressed nursing workforce has become a hallmark of the COVID-19 pandemic.

Problem statement: A Study to Assess the Stress Level among Staff Nurses Working in Clinical Settings of Delhi, NCR during Covid Crisis.

Objectives: To assess the stress level of staff nurses working in clinical settings during covid crisis.

Keywords: Personal protective equipment (PPE), Depression, Anxiety, Insomnia, Psychological Distress, Post-Traumatic Stress

Introduction

Stress and burnout were recognized internationally as work hazards for nurses before the pandemic. Although research suggests that both occupational and personality factors play a role in The onset of the COVID-19 pandemic has increased work stress among an already strained nursing corps, putting their mental health and well-being at risk. Recent research from China and Italy, two nations that experienced the early phase of the pandemic, found that nurses directly involved in the care of COVID-19 patients were at increased risk for mental health problems compared to other healthcare professionals. These early papers concerning the pandemic's impact on healthcare workers pinpointed frontline exposure to COVID patients as a main risk factor but identified few other variables explaining the reported symptoms of depression, anxiety, insomnia, psychological distress and post- traumatic stress among nurses. Nurses' reactions to the stress of the current pandemic must be viewed from an occupational health and safety perspective. It is therefore critical to study nurses' experiences and level of stress who were working in the aftermath of the current crisis in order to identify risk groups for ill health and potential sources of organizational intervention.

Material and Methods

Research Approach: in the present study **"Descriptive Approach"** was used to assess the stress level of staff nurses during this covid situation

Research Design: The research design is concerned with the overall frame work for conducting the study. Non-Experimental design was adopted for the present study.

Variables: a variable is an attribute to a person or object that varies that it takes on different values.

Back Ground Variable: In the Study the Back Ground Variables Are Age, Gender, Educational Status, Income, Area of Work

Setting: Based on the setting and availability of the sample, the present study was conducted at selected Covid Hospitals, Delhi, NCR.

Population: population is the entire aggregation of cases that meet a designed set of criteria Polit and Hungler (1999). The population in this study is termed as accessible population.

Target population: it refers to the elements, people, objects to which the investigator wants to generalize the research findings. In the present study the target population of the study was staff nurses working in clinical settings during covid crisis.

Accessible population: accessible population refers to the aggregate of cases which confirm to the designed criteria and which is accessible to the researcher as a pool of subjects or objects. In the present study the population consists of staff nurses working in clinical settings during covid crisis at selected covid hospitals, Delhi, NCR.

Sample and sample size: The sample for the present study was 50 staff nurses working in clinical settings during covid crisis at selected covid hospital, Delhi, NCR.

Sampling technique: Convenient sampling technique was adopted for the present study.

Criteria for Selecting the Sample Inclusion Criteria:

   ❖ Staff nurses who are available at the time of data collection

   ❖ Staff nurses who are willing to participate

   ❖ Staff nurses who are working in clinical settings during covid crisis

Exclusion criteria:

   ❖ Staff nurses who are not willing to participate in the study

   ❖ Staff nurses who were tested positive for covid-19 or any other infectious diseases

   ❖ Staff nurses who are un available at the time of studyStaff Nurses who are not Working in Covid Centre attached hospital

Findings

Results: The present study selected to assess stress level among staff nurses working in clinical settings of Bangalore during covid crisis, revealed that staff nurses reported high prevalence of stressful symptoms while caring for COVID-19 patients at the same time there are no of factors that had induced stress among them besides covid – 19 pandemic and the data is mentioned as below.

S. NO	FACTOR INDUCING STRESS	PERCENTAGE
1	Performing procedures that patients experience as painful	35.6%
2	Criticism by a physician	33.8%
3	Feeling inadequately prepared to help with emotional needs of a patient's family	35.2%
4	Lack of opportunity to talk openly with other personnel about their problems in the work setting	27.8%
5	Conflict with a partner	30.4%
6	Inadequate information from a physician regarding the medical condition of a patient	32.4%
7	Patients making unreasonable demands	34.3%
8	Being sexually harassed	42.3%
9	Feeling helpless in the case of patient who fails to improve	42.3%
10	Conflict with a physician	36.2%
11	Being asked a question by a patient for which I do not have a satisfactory answer	39.4%
12	Lack of opportunity to share experiences and feelings with other personnel in the work setting	28.2%
13	Unpredictable staffing and scheduling	28.2%
14	A physician ordering what appears to be in appropriate treatment for a patient	26.8%
15	Patients family making un reasonable demands	33.3%
16	Experiencing discrimination because of race or ethnicity	27.9%
17	Listening or talking to a patient about his / her approaching death	21.7%
18	Fear of making a mistake in treating a patient	28.2%
19	Feeling inadequately prepared to help with the emotional needs of a patient	34.3%
20	Lack of an opportunity to express to other personnel on the unit my negative feelings towards patients	30%
21	Difficulty in working with a particular nurse (or nurse) in my immediate work setting	26.1%
22	Difficulty in working with a particular nurse (or nurses) outside my	31%

	immediate work setting	
23	Not enough time to provide emotional support to the patient	37.3%
24	A physician not being present in a medical emergency	32.4 %
25	Being blamed for anything that goes wrong	29.2 %

Conflict of interest: There is no conflict.

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Ethical Clearance: Ethical Clearance Has Taken From Institutional Ethical Committee.

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