A study to assess the burden, stress and coping abilities among the staff nurses working in Covid-19 wards in RMMCH at Chidambaram

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ABSTRACT

INTRODUCTION:

BACKGROUND OF THE STUDY: The WHO has declared an alert about global pandemic, which represents a large family of viruses cause serve respiratory problems like SARS, MERS, etc. Severe acute respiratory syndrome Corona virus-2(SARS-CoV-2) is a novel Corona virus that was first identified in Wuhan, Hubei province, Central China and is responsible for the 2019-2020 pandemic. SARS-CoV-2 is the Seventh corona virus to date that is known to infect humans. This has been possible by frequent cross-species infection and occasional spill over events.**Cui J,LI F,Shi ZL(2019)**. **RESEARCH DESIGN AND METHODS** Descriptive design was used for this study to assess the burden, stress and coping abilities among the staff nurses working in Covid-19 wards in RMMCH at Chidambaram. A total of 30 staff nurses were selected by using convenience sampling technique. A pretest was conducted using modified standardized scale. The conceptual framework, used for this study, was Health Belief Model – Rosenstoch's (1974) and Becker and Maniman's (1975). **RESULTS** The results showed that, regarding burden level totaling 73% of them had Severe burden, 17% of them had Moderate burden, 7% of them had Mild burden and only 3% of them had Very severe burden. The mean score was 23.53 with the SD value of 4.918. It is inferred that the Severe level of burden is higher.Regarding Stress level totaling 57% of them had Moderate stress, 27% of them had Severe stress, 10% of them had Mild stress and only 6% of them had Very severe Stress. The mean score was 23.8 with the SD value of 6.530. It is inferred that the Moderate level Stress of is higher.Regarding the Coping abilities level totaling 47% of them had Moderate coping abilities, 37% of them had Severe coping abilities, 10% of them had Very coping abilities and only 6% of them had Mild coping abilities. The mean score was 41 with the SD value of 11.341. It is inferred that the Moderate level coping abilities of is higher. **CONCLUSION** The present study assessed the burden, stress and coping abilities among the staff nurses working in Covid-19 wards. The above findings would help in planning interventions for the staff nurses of COVID-19 patients, which would in turn reduce burden, stress and improve coping skills.

Key words: Staff nurses, COVID-19, Burden, Stress, Coping abilities

BACKGROUND OF THE STUDY:

The health of all the peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states. Communicable diseases are not novel for the world. Governments have learned from different infectious diseases in the past, such as Human Immunodeficiency Virus(HIV),Tuberculosis(TB),Ebola and Spanish influenza a century before. Hospital medical staff is always at the forefront of any particular epidemic and they risk their lives to perform their duties. As they are more likely to be in close contact with COVID-19 patients, they are particularly vulnerable to infection and spreading the virus among colleagues and family members. To date, more than 3,000 medical staff has been infected with COVID-19, with six deaths amongst them. Such high number of infected medical personnel is unique in modern history. In addition to physical stress, medical staffs also face huge mental burdens. It causes much more pain to nurses than doctors. This is due to the nature of their job, where it is important to be in close contact with infectious patients for long durations. A large part of their work had to be taken over by nurses. Therefore, the emotional problems of nurses during the COVID-19 epidemic deserve more attention **Huang et al.(2020).**

RESEARCH DESIGN AND METHODS Descriptive design was used for this study to assess the burden, stress and coping abilities among the staff nurses working in Covid-19 wards in RMMCH at Chidambaram. A total of 30 staff nurses were selected by using convenience sampling technique. A pretest was conducted using modified standardized scale. The conceptual framework, used for this study, was Health Belief Model – Rosenstoch's (1974) and Becker and Maniman's (1975).

INCLUSION CRITERIA :

The staff nurses who were working in RMMCH at Chidambaram.

- Who were the staff nurses working in COVID-19 wards.
- Who were able to understand and respond to the questions.
- Who were willing to participate in the study.

EXCLUSION CRITERIA:

- Who were not present at the time of data collection

DESCRIPTION OF THE DATA COLLECTION INSTRUMENTS:

- The instruments consist of 4 sections:
- Section – A: Demographic variables
- Section – B: Modified zarit burden interview scale
- Section – C: Modified Kingston Caregiver Stress Scale
- Section – D: Modified Coping strategies scale(Prof.A.Srivastava-2001)

DATA COLLECTION PROCEDURE

- The researcher selected 30 staff nurses among working in COVID-19 ward at RMMCH Annamalai Nagar, Chidambaram by using convenience sampling technique. Informed consent was obtained from each participant and they were explained about the purpose of the study. Then, the actual data collection was carried out.
- **Table-1: Frequency and percentage distribution of the demographic variables of staff nurses**

S. No	Demographic variables		No.	(%)
1.	Agein years	18-35	5	17%
		36-45	12	40%
		46-55	11	37%
		56-60	2	6%
2.	Gender	Female	30	100%
		Male	-	-
4.	Religion	Hindu	25	83%
		Christian	5	17%
		Muslim	-	-
		Others	-	-
5.	Educational status	GNM	8	27%
		B.Sc (Nursing)	19	63%
		Above	3	10%
6.	Family monthly income	Below 5000-10000	-	-
		Rs.10001- 15,000	3	10%
		Rs.15, 001-20,000	-	-
		21000 and above	27	90%
7.	Marital status	Married	26	87%
		Unmarried	4	13%
		Divorced	-	-
		Widow	-	-
8.	Type of family	Nuclear family	22	73%
		Joint family	8	27%
		Extended family	-	-
9.	Occupation	Government employee	-	-
		Contract	-	-
		Private employee	30	100%
10.	Residence	Rural	20	67%
		Urban	8	26%
		Semi urban	2	7%
11.	Duration of stay with the patient	7 days to 1 month	2	7%
		1 to 2 months	4	13%
		2 to 3 months	24	80%

		Above 3 months	-	-
12.	How many members are there in your family	<3	7	23%
		3	14	47%
		>3	9	30%
13.	How many members are above 18 years in your family	1	10	33%
		2	10	33%
		>3	10	33%
14.	How many members are below 18 years in your family	1	16	53%
		2	6	20%
		>3	8	27%

Table 1 shows the frequency and percentage distribution of demographic variables among the 30 staff nurses, 40% were in the age group of 36-45 years, 37% were in the age group of 46-55 years, 17% were in the age group of 18-35 and 6% were in the age group of 56-60years. Regarding gender, 100% were females and none of them had male. Among them, 83% of staff nurses were Hindus, 17% were Christians, none of them had Muslims, and others. Totally, 63% of them had GNM nurses’ 27% of them had B.Sc (Nursing) and 10% of them had higher education. Regarding family monthly income majority of them 90% were having the family monthly income was between 21000 and above, and remaining 10% of them were having income was Rs.10001- 15,000. Regarding gender, 100% were Private employee, regarding Residence of Staff nurses 67% of them had Rural, 26% of them had Urban and 7% of them had Semi urban. Totally, 80% of them had 2 to 3 months, 13% of them had 1 to 2 months, 7% of them had 7 days to 1 month and none of them had Above 3 months.

Table-2: Frequency and percentage distribution of the burden among the staff nurses working in COVID-19 wards.

S. No	Level of burden	Frequency	%	Mean SD
1.	Mild burden	2	7%	23.53±4.918
2.	Moderate burden	5	17%	
3.	Severe burden	22	73%	
4.	Very severe burden	1	3%	

Maximum score: 40 Minimum score: 20

Table 2 shows majority of the staff nurses, regarding overall status 73% of them had Severe burden, 17% of them had Moderate burden, 7% of them had Mild burden and only 3% of them had Very severe burden. The mean score was 23.53 with the SD value of 4.918. It was inferred that the Severe level of burden is higher.

Table-3: Frequency and percentage distribution of the stress among the staff nurses working in COVID-19 wards.

S. No	Level of stress	Frequency	%	Mean SD
1.	Mild stress	3	10%	23.8±6.530
2.	Moderate stress	17	57%	
3.	Severe stress	8	27%	
4.	Very severe stress	2	6%	

Maximum score: 50 Minimum score: 25

Table 3 shows majority of the staff nurses, regarding overall status 57% of them had Moderate stress, 27% of them had Severe stress, 10% of them had Mild stress and remaining 6% of them had Very severe Stress. The mean score was 23.8 with the SD value of 6.530. It was inferred that the Moderatelevel Stress of is higher.

Table-4: Frequency and percentage distribution of the coping abilities among the staff nurses working in COVID-19 wards.

S. No	Level of coping abilities	Frequency	%	Mean SD
1.	Very good	3	10%	41±11.341
2.	Good	11	37%	
3.	Average	14	47%	
4.	Poor	2	6%	

Maximum score: 80 Minimum score: 40

Table 4 shows majority of the staff nurses, regarding Coping abilities overall status 47% of them had Average coping abilities, 37% of them had Good coping abilities, 10% of them had Very good coping abilities and only 6% of them had Poor coping abilities. The mean score was 41 with the SD value of 11.341. It is inferred that the Moderatelevel coping abilities of is higher.

DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study based on the objectives of the study. The aim of the present study is to assess the burden, stress and coping abilities among the staff nurses working in Covid-19 wards in RMMCH at Chidambaram.

CONCLUSION

The study is an attempt to understand burden, stress and coping abilities in staff nurses of patients with COVID-19. All staff nurses experienced mild to severe burden, mild to severe stress and mild to very coping abilities. There was no significant association between level of burden, stress and coping strategies among staff nurses of COVID-19 patients and demographic variables. The above findings would help in planning interventions for the staff nurses of COVID-19 patients, which would in turn reduce burden, stress and improve coping skills.

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