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RESEARCH PAPER

An Empirical Investigation of Stress Anxiety and Depression among Nurses Working at Tertiary Care Hospital in Lahore, Pakistan

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ABSTRACT

In any healthcare context, nurses are expected to provide patients with excellent care, and they are seen as a vital component of the medical workforce. To conduct the empirical investigation to assess the stress anxiety and depression among nurses working at a tertiary care hospital in Lahore. This study was a cross-sectional study conducted in the Jinnah Hospital Lahore. Data were gathered using the Depression, Anxiety, and Stress Scale 21 (DASS-21), which was self-completed. The data was entered and examined using SPSS version 24.0. In the current study, most of the nurses (34.66%) had moderate and 45 nurses (30%) had severe depression. Based on the distribution of stress, 75 nurses (or 50%) had mild anxiety, and 40 nurses (or 26.66%) had moderate anxiety. Neglecting these mental health disorders may hurt the performance of the nursing staff, which could affect the standard of patient care.

| **Keywords:** | Anxiety, Depression, Nurses, Tertiary Care Hospital |

Introduction

In any healthcare context, nurses are expected to provide patients with excellent care, and they are seen as a vital component of the medical workforce. They deal with a range of challenging situations in their field of work, particularly in hospitals (Maharaj, Lees and Lal, 2018). Stress can cause anxiety and sadness, which are psychological and physical symptoms. Stress can also lead to maladaptive behaviors including drug abuse, drunkenness, and eating disorders. In addition to creating physical and mental tension, stress can also be an emotional or mental health issue.

Compared to the general population, hospital nurses are more prone to feel stress, anxiety, and depression, according to numerous research (Gao et al., 2012). Between 40% and 90% of nurses reported experiencing stress, which is often between moderate and high levels; this range includes 35% to 41% of nurses in the United States and 11% to 80% of nurses in Iran (Subih et al., 2011). Additionally, research revealed that the rates of anxiety among nurses in China, Iran, and Brazil were high, ranging from 32-43%, 40-46%, and 44-66%, respectively (Kibria, 2018).

Given the high incidence of psychological problems amongst nurses globally, the paucity of research on the psychological wellness of nurses in Pakistan, the acute shortage of nurses, and the unfavorable working conditions in Pakistan, the present study was designed to investigate the degree of stress, anxiety, and depression among nurses working at Lady Wallington tertiary care hospital.

Literature Review

The research indicates that there are several circumstances in which being a woman raises your risk of stress, anxiety, and depression (Welsh, 2009). Certain psychological disorders among nurses are also thought to be caused by a variety of factors, including a

lack of resources, high expectations and demands, a hard workload, long hours, and professional disagreements (Zandi et al., 2011).

Recent epidemiological statistics show that nurses experience depression twice as frequently (18%) as the general population (9%), suggesting that stress, anxiety, and depression are common in the nursing profession (WHO, 2019).

Their social relationships and physical health are undoubtedly negatively impacted by these psychological problems. In addition, the quality of care that nurses offer is greatly impacted by their mental health problems (Khan and Khan, 2017).

When someone is depressed, they frequently struggle to perform to the best of their abilities when they are at work. Because medical professionals—especially nurses—are primarily relied upon by patients and their families, nurses must take better care of themselves to provide patients with high-quality treatment (Cheung and YIP, 2015).

Materials and Methods

The present cross-sectional study was conducted at the Jinnah Hospital, Lahore. The institute's IRB approved the study. 150 nurses were the sample size that was determined using the WHO sample size calculator. The study's inclusion criteria were willing to take part in our study of all nurses, regardless of age or gender. All nurses with serious medical disorders, such as HIV, diabetes mellitus, or hypertension, were excluded. We also omitted nurses who were expecting from our study. Written informed permission was obtained from each participant. Every nurse who met the requirements for inclusion received a pre-made questionnaire. Next, all the necessary data was gathered using a pre-made proforma.

Self-completed Depression, Anxiety, and Stress Scale 21 (DASS-21) questionnaires were used to collect data. The data were entered and examined using SPSS version 24.0. The qualitative variables were represented by percentages and frequencies. Quantitative variables were expressed in terms of Mean SD.

Results and Discussion

A total of 150 nurses were enrolled in this trial. There were 45 (30%) male nurses and 105 (70%), female nurses. In the current study, the mean age with standard deviation was 36 (±4.12) years. Based on the distribution of ages, 90 (or 60%) of the nurses were under 30, 45 (30%) were between 31 and 40 years old, and 15 (10%) were between 41 and 50 years old. Anxiety, sadness, and stress had mean scores of 19.11 (±2.12), 119.36 (±3.11), and 13.1 (±0.9), in that order. According to the distribution of depression, among the nurses, 30 (20%) had normal depression, 18 (12%) had mild depression, 52 (34.66%) had moderate depression, 45 (30%) had severe depression, and 5 (3.33%) had extremely severe depression. The distribution of nurses by anxiety level reveals that 20 nurses (20%) had normal anxiety, 10 nurses (10%) had mild anxiety, 45 nurses (30%) had moderate anxiety, 10 nurses (10%) had severe anxiety, and 40 nurses (26.66%) had extremely severe anxiety. 75 (50%) nurses were found to be in a normal stress distribution, 18 (12%) to have mild anxiety, 40 (26.66%) to have moderate anxiety, 15 (10%) to have severe stress, and 2 (3%) to have extremely severe stress.

Table 1
Background Characteristics of the Respondents

Background Characteristics	Sub-category	Frequency (%)

Gender	Male	45 (30%)
	Female	105 (70%)
Age (years)	≤ 30	90 (60%)
	31-40	45 (30%)
	41-50	15 (10%)

Table 2
Distribution of nurses based on depression, anxiety and stress

Parameter	Sub-category	Frequency (%)
Depression	Normal	30 (20%)
	Mild	18 (12%)
	Moderate	52 (34.66%)
	Severe	45 (30%)
	Very severe	5 (3.33%)
Anxiety	Normal	30 (20%)
	Mild	15 (10%)
	Moderate	45 (30%)
	Severe	15 (10%)
	Very severe	40 (26.66%)
Stress	Normal	75 (50%)
	Mild	18 (12%)
	Moderate	40 (26.66%)
	Severe	15 (10%)
	Very severe	2 (3%)

Discussion

Stress, anxiety, and sadness are among the mental health issues that nurses who work at the bedside worldwide frequently experience. Some of the reasons for this include a lack of resources, an unpleasant work environment, a high workload, and working shifts. These problems might directly affect the patients' ability to get high-quality care.

A total of 150 nurses were enrolled in this trial. There were 45 (30%) male nurses and 105 (70%), female nurses. In the current study, the mean age with standard deviation was 36 (±4.12) years. Based on the distribution of ages, 90 (or 60%) of the nurses were under 30, 45 (30%) were between 31 and 40 years old, and 15 (10%) were between 41 and 50 years old. Anxiety, sadness, and stress had mean scores of 19.11 (±2.12), 119.36 (±3.11), and 13.1 (±0.9), in that order. According to the distribution of depression, among the nurses, 30 (20%) had normal depression, 18 (12%) had mild depression, 52 (34.66%) had moderate depression, 45 (30%) had severe depression, and 5 (3.33%) had extremely severe depression. According to the distribution of anxiety, 20 percent of the nurses were normal, 10 percent had mild anxiety, 30 percent had moderate anxiety, 10 percent had severe anxiety, and 40 percent (26.66 percent) of the nurses were seen to have very severe anxiety. 75 (50%) nurses were found to be in a normal stress distribution, 18 (12%) to have mild anxiety, 40 (26.66%) to have moderate anxiety, 15 (10%) to have severe stress, and 2 (3%) to have extremely severe stress. These mental illnesses eventually affect the standard of nursing care, and they also negatively affect the professional performance and quality of life of the nurse (Gong et al., 2014). An earlier study conducted in Pakistan found that 81% of people had stress, which is far higher than our findings. This could result from the different ways that tolls are used to collect data (Kibria, 2018). A similar prevalence of stress was documented by other South Asian research that used the DASS 21 method to collect data (Lovibond, 1995). Compared to earlier studies that found 30–60% of nurses had anxiety, ours found a higher level of anxiety (Khodadadi et al., 2016). Our results are inconsistent with previous studies' reports of a 29.2–53% incidence of stress among nurses (Psych et al.,

2011). The levels of stress, anxiety, and depression were significantly higher than those reported in previous studies, in light of the previously cited findings. Poor intellectual and social functioning brought on by the neglect of some mental health issues may result in subpar care. Research revealed a strong and positive correlation between anxiety and depression, indicating a direct relationship between the two. More stress has been connected to depression, and more anxiety has been linked to depression, according to studies that suggest there is a close relationship between these three psychiatric problems.

Conclusion

According to the results of our study, tertiary care hospital nurses in Lady Wallington were frequently affected by stress, anxiety, and depression. Neglecting these mental health disorders may hurt the performance of the nursing staff, which could affect the standard of patient care.

Recommendations
In the light of findings, it is recommended that a fixed duty hour's policy should be introduced at the ward level. Moreover, it is suggested that counselling sessions should be conducted with nurses to cope with the anxiety and disorders.

References

Cheung, T., & Yip, P. S. (2015). Depression, anxiety and symptoms of stress among Hong Kong nurses: a cross-sectional study. *International journal of environmental research and public health, 12(9), 11072-11100.*

Gao, Yu-Qin, Bo-Chen Pan, Wei Sun, Hui Wu, Jia-Na Wang, and Lie Wang. "Anxiety symptoms among Chinese nurses and the associated factors: a cross sectional study." *BMC psychiatry 12 (2012): 1-9.*

Gong, Y., Han, T., Yin, X., Yang, G., Zhuang, R., Chen, Y., & Lu, Z. (2014). Prevalence of depressive symptoms and work-related risk factors among nurses in public hospitals in southern China: A cross-sectional study. *Scientific reports, 4(1), 7109.*

Khan, S., & Khan, R. A. (2017). Chronic stress leads to anxiety and depression. *Ann Psychiatry Ment Health, 5(1), 1091.*

Khodadadi, E., Hosseinzadeh, M., Azimzadeh, R., & Fooladi, M. (2016). The relation of depression, anxiety and stress with personal characteristics of nurses in hospitals of Tabriz, Iran. *International journal of medical research & health sciences, 5(5), 140-148.*

Kibria, M. G. (2018). Prevalence of stress and coping mechanism among staff nurses of intensive care unit in a selected hospital. *Int J Neurosurg, 2(1), 8.*

Lovibond, S. H. (1995). Manual for the depression anxiety stress scales. *Sydney psychology foundation, 4(5), 101-109.*

Maharaj, S., Lees, T., & Lal, S. (2019). Prevalence and risk factors of depression, anxiety, and stress in a cohort of Australian nurses. *International journal of environmental research and public health, 16(1), 61.*

Psych, T. O. B., Sue Lenthall, R. N., B AD Teach, M. T., John Wakerman, M. B. B. S., Martha MacLeod, R. N., Sabina Knight RN, M. T. H., ... & ADN, B. (2011). Occupational stress in the Australian nursing workforce: a comparison between hospital-based nurses and nurses working in very remote communities. *Australian Journal of Advanced Nursing (Online), 28(4), 36.*

Subih, M., Alamer, R., Al Hadid, L., & Alsatari, M. (2011). Stressors amongst Jordanian nurses working in different types of hospitals and the effect of selected demographic factors: a descriptive—explorative study. *Jordan Med J, 45(4), 331-40.*

Welsh, D. (2009). Predictors of depressive symptoms in female medical-surgical hospital nurses. *Issues in mental health nursing, 30(5), 320-326.*

World Health Organization. (2017). Depression and other common mental disorders: global health estimates (No. WHO/MSD/MER/2017.2). *World Health Organization.*

Zandi, A., Sayari, R., Ebadi, A., & Sanainasab, H. (2011). Frequency of depression, anxiety and stress in military Nurses. *Iranian Journal of Military Medicine, 13(2), 103-8.*