REVIEW OF LITERATURE

Researchers almost never conduct a study in an intellectual vacuum; their studies are usually undertaken within the context of an existing knowledge base.

A literature review is a synthesis of the literature that describes what is known or has been studied regarding the particular research question.

The literature review is more than listing or summary of relevant research; it entails the combination of several elements or studies to provide a different or new focus on the research problem. The research community uses the term literature review in two ways. The first refers to the activity involved in identifying and searching for information on a topic and developing & understanding the state of knowledge on that topic. Other than that, it is used to designate a written summary of the art on a research problem. Both the search and the write up are important in the research process.

The literature review is guided by the variables that have been identified in the research purpose and aim to give the reader an over view of what is known about those variables, how these variables have been studied in the past and with whom they have been studied.

1. Van Laethem et al., (2016) conducted study on stress, fatigue and sleep quality leading up to and following a stressful life event among PhD students. Forty-four PhD students completed evening and morning questionnaires on eight days from 1 month before their dissertation defence until one month thereafter. Results showed increased stress leading up to the defence, while fatigue and sleep quality remained unchanged. Comparing the night before the defence with the night after, stress rapidly decreased, whereas fatigue and sleep quality increased. Following the defence, stress and sleep quality remained stable, whereas fatigue declined. Stress 1 month before the defence was higher than 1 month thereafter. Regarding day-level relations, stress was adversely affected by negative anticipation and favourably by positive outcome expectancy, whereas positive anticipation had no influence.

2. Liu X et al., (2015) did a study on associations of Perceived Stress, Resilience and Social Support with Sleep Disturbance Among Community-dwelling Adults. A total of 1471 adults, between 18 and 60 years old, from eight selected community settings in Jinan, China, were surveyed using the Pittsburgh Sleep Quality Index, Perceived Stress Scale, 10-item Connor-Davidson Resilience Scale and Multidimensional Scale of Perceived Social Support and provided socio demographic information. We found that the prevalence of sleep
disturbance was 33.9%. After adjusting for age, employment status and physical co-morbidity, perceived stress was significantly associated with sleep disturbance [odds ratio (OR) = 1.14, \( p < 0.001 \)], while resilience and social support were associated with a low likelihood of sleep disturbance (OR = 0.90, \( p < 0.001 \); OR = 0.97, \( p < 0.001 \)). Furthermore, regression analysis showed that the interaction between perceived stress and resilience was significant (\( p < 0.05 \)). Resilience buffered the negative impact of perceived stress on sleep disturbance.

3. Murray K, Rieger E, Byrne D (2013) conducted a relationship study between stress and body satisfaction in female and male adolescents. This study investigated the relationship between stress and body satisfaction in adolescence. A sample consisting of 515 adolescents aged 12-16 years completed a series of self-report questionnaires assessing general and specific aspects of adolescent stress, body satisfaction and the psychological constructs of self-esteem, depressive symptoms and body importance. Results revealed a significant association between higher body dissatisfaction and higher ratings of peer stress, lower self-esteem and greater body importance for female and male adolescents. These findings suggest that adolescent stress relates to satisfaction with the body and that this stress is specifically focused on the peer environment for both genders during adolescence.

4. Alzayyat A, Al–Gamal E (2012) did a correlate study of Stress and Coping among Jordanian Nursing Students during Clinical Practice in Psychiatric/Mental Health Course A descriptive, correlational, longitudinal design was used. Sixty-five undergraduate nursing students were recruited randomly from five Jordanian universities. Self-report questionnaires were administered. The findings showed that students who utilized avoidance or transference strategies reported high stress degrees. Moreover, the results showed that those students who were in the fourth year, with a low family income, who avoid extracurricular activities, with a low academic grade or who registered in other clinical course(s) reported high stress degrees. These findings present a worthy data for the clinical instructors that facilitate students training in psychiatric settings and promote their psychosocial well-being.

5. Lee JS, Jo EJ, Choi KS (2012) conducted study on perceived stress and self-esteem mediate the effects of work-related stress on depression. Two hundred and eighty-four Korean nurses participated in the study. The participants completed four questionnaires, including the Korean short version of the occupational stress scale, the perceived stress scale, the Rosenberg self-esteem scale and the Beck depression inventory. Structural equation modelling was used to
determine the relationships among work-related stress, perceived stress, self-esteem, and depression. Work-related stress was positively associated with depression. Perceived stress was inversely related to self-esteem and positively associated with work-related stress and depression, respectively. Self-esteem was negatively associated with work-related stress and depression. Structural equation modelling revealed that self-esteem and perceived stress fully mediated the relationship between work-related stress and depression.

6. Darling CA, Coccia C, Senatore (2011) did a study on women in midlife: stress, health and life satisfaction. This study examined the relationship of family strains/changes and weight to life satisfaction, as mediated by family coping, physical activity, sleep and health stress. The findings indicated that women in midlife, who experienced more stressful life changes and had higher body mass index scores, slept fewer hours and had greater health stress, which resulted in lower life satisfaction. These results have implications for family health professionals and programs that deal with family and health problems, including sleep, weight and stress.

7. Largo – Wight E et al., (2011) conducted a study on healthy workplaces: the effects of nature contact at work on employee stress and health. A study was designed to examine the effects of nature contact experienced at work on employee stress and health. Office staff at a south-eastern university (n = 503, 30% response rate) participated in the cross-sectional study. We used a 16-item workplace environment questionnaire, the Nature Contact Questionnaire, to comprehensively measure, for the first time, nature contact at work. The Perceived Stress Questionnaire and 13 established health and behavioral items assessed the dependent variables, general perceived stress, stress-related health behaviors, and stress-related health outcomes. The study results showed that there was a significant, negative association between nature contact and stress and nature contact and general health complaints. The results indicate that as workday nature contact increased perceived stress and generalized health complaints decreased.

8. Bjorling EA, Singh N (2009) did a study on exploring Temporal Patterns of Stress in Adolescent Girls with Headache. This study explores a temporal analysis of the patterns of stress, as well as an analysis of momentary and retrospective stress-related symptoms compared by level of headache activity. Adolescent girls (N = 31) ages 14-18 were randomly
cued by electronic diaries 7 times per day over a 21-day period responding to momentary questions about level of head pain, perceived stress and stress-related symptoms. Multivariate general linear modelling was used to determine significant differences among headache groups in relation to temporal patterns of stress. Significant headache group differences were found on retrospective and momentary stress-related symptom measures. A total of 2841 diary responses captured stress levels, head pain and related symptoms. The chronic headache (CH) group reported the highest levels of hourly and daily stress, followed by the moderate headache (MH) and low headache (LH) groups. Patterns of stress for the three headache groups were statistically distinct, illustrating increased stress in girls with more frequent head pain.

9. Augusto Landa JM et al., (2008) did a relationship study between emotional intelligence, occupational stress and health in nurses: a questionnaire survey. A questionnaire survey (anonymous) has been carried out to detect these interrelationships at general public hospital in Spain. The study results showed that a differential effect of the emotional intelligence components in stress and health. As far as stress is concerned, the results show that the nurses who score high in clarity and emotional repair report less stress, whereas those with high scores in attention to emotions experience greater levels of stress. Furthermore, we find a positive relationship between age, length of service and stress, with younger nurses and those with a shorter length of service experiencing less stress. However, emotional intelligence and health are not related to age or to length of service. Also, we find that married nurses report better general health.

10. Hildingh C et al., (2006) did a study on stress, health complaints and self-confidence: a comparison between young adult women in Sweden and USA. A health survey study was performed among Swedish women (n = 386) and American women (n = 201) living in urban areas at the West coast of Sweden and in Minnesota. Both Swedish and American women reported stress in their everyday life, with higher figures for the Americans. There was a difference between groups in self-confidence with higher figures for excellent self-confidence among American women. However, low self-confidence was reported by more American than Swedish women. A good work situation predicted self-confidence in Swedish women and financial confidence in American women. Physical fitness was associated with self-confidence in both groups. Young women in both cultures experienced high level of stress but health related complaints were more common among Swedish women.
11. **Paul D Tyson & Rana P.** (2003) conducted a five-year fellowship study of stress among nurses in Thailand the study was conducted in 14 hospitals and 200 staff nurses. The study revealed that a major source of stress among nurses was management’s misunderstanding of the needs of the hospital ward but this form of organizational stress decreased in public hospitals from 3.35 to 2.90 (p<=0.001). In public hospitals lack of support from senior staff improved slightly from 1.83 to 1.78. The workload increased in the following years that required more shifting of priorities, involvement with life and death situations and functions outside their competence.

12. **Lambert V.A. Lambert C.E, Ito M.** (2002) has undertaken a study to examine the relation among various workplace stressors, coping mechanism, demographic characteristics and the best predictors of both physical & mental health. Data’s were obtained from 310 Japanese nurses who are working in central western and southern parts of Japan. The result shows that the workload was entered on the first step of regression analysis and accounted for 1.7%. The demographic characteristics have likelihood to leave current nursing position accounted for 8.6% of variance (p=0.001) of mental health score. Entry of the workplace stressor, lack of support increases the explained variance to 16% (P=0.001).

13. **Coffey and Coleman** (2001) shows that statistically significant associations were found between caseload size and level of stress. The results also suggest that support from management and colleagues were an important factor in ameliorating the experience of stress. Kilfdder et al. (2001) undertook a study to investigate burnout in Psychiatric nurses using psychological model of stress moderators and strains. The study was undertaken in Scottish National Health Services in U.K. on 1045 nurses. The response rate was 510 (49%). The study findings showed that two percent of total sample could be classified as having high burnout. Emotional exhaustion in (41.9%) was increased by role conflict, non-occupational concern, nursing stressors, negative affectivity and psychological distress and was decreased by predictability of job related events, certainty in relation to job security, social support, positive affectivity and job satisfaction. Depersonalization (16.4%) was increased by negative affective and reduced by predictability in job related events. Personal re-accomplishment (25%) was increased by control over job related events and positive affectivity, while being reduced by being in a post for longer period, having higher levels of job related predictability and role ambiguity.
14. Gladys E. R., et al. (2000), the study done on general and T.B.unit nurses working in hospitals in Netherlands. The study showed autonomy and emotional exhaustion are higher in Psychiatric nurses. The workload is primarily considered as low job involvement and less social support. One in seven experienced little or no satisfaction or sense of achievement in their work, whilst one in four admitted to negative attitudes towards those in their care. Emotional exhaustion is a reliable predictor of sickness absence.

15. Avinash Supe (2000) conducted a study on 90 staff nurses in KEM hospital Mumbai regarding occupational stress. The study reveals that 65.5% perceived stress. Stress was not found to differ significantly on the years of service, stay at hostel, mode of travel, time spent in travel every day, medium of study, place of school education etc. Conflict between work and home was the major factor for stress. Stress is more common in nurses who have dominant strategy of coping as positive re-appraisal, accepting responsibility and will-planned problem solving. Stress is more common in nurses between age group 31-40 than younger groups. The corelation between age and stress was 0.22% suggesting that there was low positive corelation.

16. Edward D. Burnard P. Coyle D.Fothergill A & Hannigan B. (2000) conducted a stepwise multivariate analysis study of factors contributing to stress on the mental health nurses working in a community in UK. Data was collected from 301 CMHNS having a response rate of 49%. There were found to be four demographic predictors of a high stress score measured on the stress questionnaire. They were happiness in life, number of patients on caseload, sickness absence and relationship with the manager.

17. Steve Cottrell (2000) on occupational stress and job satisfaction of mental health nursing was done in 32 nursing staff, working in mental health directorate of a North Wales, NHS Trust. The study revealed that 25 nurses showed medium score and n=7 showed high score. The study showed high sources of pressure in the area of relationship with colleagues (35.71 mean score), home and work balance (21.71means score) and workload (25.14 mean score) (P= 0.001). Other factors like recognition to organizational climate, management role also plays a significant role in producing occupational stress.

18. C.J. Kipping (1999) conducted study on stress in mental health nursing. The response rate was 80%. The total no of samples are 556 who agreed to take part. The result shows that the scores of stress are identified as exams or written work (17%), placement issues (28%), other student issues (19%), personnel issue (4%), physical environment (2%) etc. Anticipated sources
of stress had been identified as patient care (59%), staff attitude behavior (34%), time factors (11%), aspect of job (27%), lack of support/supervision (14%), career issue (12%), poor care (1%), organizational change (2%) and miscellaneous categories (6%).

19. Ryan and Quayle (1999) a study was conducted to measure the level of stress among mental health nurses at all grades and in all work locations as well as the sources of any stress located. The sample of the study was mental health nurses working in mental health service in five catchments areas in South Eastern Health Board U.K. The study found that the most frequently reported stress is related to organizational issue. The most frequently reported measure of coping was the self-controlling strategies. The mean score for GHQ 60 was 4.74. 7% respondents reporting stress level which are unlikely to remit without intervention.

20. Carson and Kuiper (1998) conducted a study to evaluate the effects of a social support based intervention with Mental Health Nurses using a randomized controlled design. The study was conducted on 64 mental health nurses who were working with in Bethlem and Maudsley hospitals U.K. The study identifies seven factors, as self-esteem, social support network, hard work emotional stability increases the stress in the nurses. From them individuals’ self-esteem is the important moderator of stress. The mbi score shows 20.04 in emotional exhaustion, 8.37 in depersonalization and 33.52 is personal accomplishment.

21. Wykes and Willington (1998) conducted a study to report on the effect of work place violence in a group of mental health nurses. The samples were 51 nurses who were from acute psychiatric wards of a teaching hospital in U.K. He made a comparison between the nurses who had not been assaulted by a patient in the previous month and who have been assaulted within one month (once or twice). The study was done by prospective design control groups matched for age and occupational grade. The study showed that assaulted victims reported poorer mental health than control group. Psychological distress was higher following assaults. The general health questionnaire score shows 38% threshold.

22. Munro L.J. Rodwell and Harding L. (1997) assessed the occupational stress among Psychiatric nurses using full job strain model. The job strain model consists of the aspects of job demands, job control, social support, employee’s well-being and job satisfaction. The study was conducted at private inpatient faculty. Response rate was 60 % (i.e. n=60). The result shows, a large number of significant co-relation between worker health (n=45) and job satisfaction (n=44). Non-work support and work support had significant effects on both worker health and
job satisfaction. Social support in the model demonstrates a significant main effect on the wellbeing.

23. Wall, et al. (1997) found that 27% of health care staff suffered serious disturbances compared to 18% general working population, which may be a reason for nurses leaving their jobs.

24. T. Sai et al. (1997) a study shows that stress occurs when institutional demands exceed a person’s adjustive resource. Following this view, work stress exists when people perceive that they have difficulty in coping with the demands relating to work and that their sense of well-being is being threatened. Many stressors associated with nursing have been identified as having shortage of staff, workload, too much administrative work, lack of support from supervisors & peers, uncertainty concerning treatment etc.

25. Arnetz et al. (1996) found that the relative risk of exposure to violence was 16 times greater for psychiatric nurses compared to general nurses and 24 times greater the threats of violence. The majority of studies carried out so far has been cross-sectional survey and cannot adequately address the issues of etiology.

26. Fagin et al. (1996) conducted a study to examine stress in ward based mental health nurses. The study sample was 150 nurses and the response rate was 95, who were working in two health authorities U.K. The study finding revealed that inadequate staffing to cover potentially dangerous situations had the highest mean stress score. Emotional exhaustion scores 32%, personal re accomplishment score 26% and depersonalization scores 22% in the total.

27. Jerome C. et al. (1996) conducted study on 648 nurses in UK. The study result showed that 49% of the nurses fall in the low fitness group. They showed the negative outlook towards life. Sickness rate was higher in low fitness group. The result also suggested that fitness level may be an important moderator of stress in mental health nurses.

28. Bachmen (1994) conducted survey on Violence in work place is also a cause of stress to the psychiatric nurses. 40% of respondents did not report a violent incident because they believed it to be a private matter, 27% reported the incident to a company official but not to the police. A survey conducted by North Western National life shows that 58% of employees did not report harassment, 43% did not report threat and 24% did not report attack as the fear of being harassed again. This leads to stress and also a cause of burn out in psychiatric nurses.
29. **Barton Folkard** (1991) to examine the perceived differences in stress levels between day and night nurses in a Psychiatric Hospital. The samples were 126 nurses working in Psychiatric hospitals in U.K.. The study shows that night as opposed to day workers report significantly higher level of stress and that on night shift temporary as opposed to permanent nurses reported the highest levels. Age was found to be an important predictor of self-reporting levels of stress. Younger workers tend to report higher levels of stress than older workers.

30. **Peacock** (1991) conducted a study to assess stress experience and issues related to coping. The study was conducted on 278 long term unit nurses working in general hospital in UK. The response rate was 40%. The study shows that stress factors emerged accounting for 60% of variance. The most dominant stress factor was staff shortage (18.54 of variance). Day shift workers scored significantly higher than night shift workers.

**PROBLEM STATEMENT**

**ASSESSMENT OF PERCEIVED OCCUPATIONAL STRESS AND IT’S IMPACT ON HEALTH BETWEEN VARIOUS POSITION OF CLINICAL NURSE AND NURSE ACADEMICIAN AT RAJKOT, GUJARAT.**