



Received: 11-12-2024
Accepted: 21-01-2025

ISSN: 2583-049X

A Comparative Study to Assess the Level of Stress among Married and Unmarried Staff Nurses Working in Selected Hospital

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Abstract

“A Comparative Study to Assess the Level of Stress among Married and Unmarried Staff Nurses Working in Selected Hospital”.

Objectives

Primary Objective

1. To assess the level of stress among married staff nurses and unmarried staff nurses working in selected hospital.
2. To compare the level of stress among married staff nurses and unmarried staff nurses working in selected hospital.

To find out the association between level of stress among married and unmarried staff nurses working in selected hospital with selected socio - demographic variables.

Material and Methods

The present study aimed to compare the level of stress among married and unmarried staff nurses working in selected hospital. Conceptual framework of the present study was based on Nola J. Pender's health promotional model. Quantitative research approach was considered appropriate for this study. Comparative Descriptive Research design was used for the study. The research settings selected for the present study were hospital. The Sample chosen for the study was staff nurses. Convenient sampling technique was been used. The sample size selected for the study was 30 married staff nurses and 30 unmarried staff nurses working in selected hospital. The data was collected by assessing the level of stress among married and unmarried staff nurses working in selected hospital. Through perceived stress rating scale.

Results

The assessment of level of stress among married staff nurses working in selected hospitals showed that, 23.33% of staff nurses had mild stress, 76.67% of them had moderate stress and no one of them had severe stress.

The average stress score was 13.70 with standard deviation of 2.08. The minimum score was 9 with the maximum score 18.

The assessment of level of stress among unmarried staff nurses working in selected hospitals showed that, 26.67% of staff nurses had mild stress, 73.33% of them had moderate stress and no one of them had severe stress.

The average stress score was 13.36 with standard deviation of 1.62. The minimum score was 9 with the maximum score 16.

The average score of stress among married staff nurses was 13.70 with standard deviation of 2.09. The average score of stress among unmarried staff nurses was 13.37 with standard deviation of 1.63.

The test statistics value of unpaired t test was 0.69 with p value 0.49. The p value more than 0.05, hence accept the null hypothesis. Concludes that, there was no

significant difference in the average level of stress among married staff nurses and unmarried staff nurses working in selected hospital.

Association between demographic variables with stress among married staff nurses revealed that there are significant association between educational qualification are mode of journey to the hospital only others all demographic variables like age, gender, type of family, per capita monthly income, religion and mode of stay, are not significant with stress among married and unmarried staff nurses.

Association between demographic variables with stress among married staff nurses revealed that there is no significant difference between age, gender, type of family, per capita monthly income, religion, and mode of stay, mode of journey to the hospital, educational qualification.

Conclusion

The nurses commonly more prone to get stress while working in other department, for the reason of work load and shortage of nursing personnel, time pressure, death dying uncertainty of treatment, lack of knowledge in advancement of technology and equipment. It is clear from the results of this study that staff nurses are exposed to a variety of stressors from clinical perspectives. Effectively managing stress is a priority for staff nurses. Overall time management for the staff nurses will determine their ability to successfully negotiate their way through the remaining times of their job. Including holistic care studies for staff nurses have shown to result in the ability to study better, better sleeping habits and general health improvement. Requiring stress management within the nursing curriculum assists nurses with teaching coping techniques to clients and hospital visitors. An effective nursing program provides ongoing stress management workshops during the off-working time. There are unique interpersonal and environmental stressors for staff nurses. Administrators can address these with an assigned counselling management that supports at-risk of staff nurses. They are essential for managing the workload of nurses but can also directly contribute to the care of their clients. For staff nurses away from home, creating a support system may fall last in their list of priorities. Providing support within the hospital system may involve group and individual counselling as well as direct access to resources. Creating a support system with family and friends is a primary stress reduction technique because having the ability to enjoy time away from nursing and studies supports self-care. Nurses must prioritize their own care with the other care they are required to provide. A positive outcome of these study findings indicate that the coping strategies appeared to be more effective in reducing the level of stress for staff nurses.

Keywords: Stress, Nurses, hypothesis

Introduction

Stress is nothing but more than a socially acceptable form of mental illness.

Richard Carlson

Stress is a universal phenomenon that affects everyone, specifically those in the healthcare professions. In the 17th century, the term “stress” was used to describe suppression, sorrow, adversity, and discomfort, but the term changed in the 19th century to have the meaning of a strong influence exerted on a person or on a physical object. The word “stress” is derived from “stringere” which is the Latin word that means to “draw tight”^[1].

Stress can be defined as ‘any challenge to homeostasis’, or to the body’s internal sense of balance. It can manifest itself either as eustress or as distress. Eustress, literally translated as ‘good stress’, is a positive form of stress that motivates an individual to continue working. It is when this stress is no longer tolerable and/or manageable that distress manifests. Distress, or ‘bad stress’, is the point at which the good stress becomes too much to bear or cope with. The general characteristics of a person in distress are: Being overaroused; tense or unable to relax; touchy, easily upset or irritable; easily startled or fidgety, and demonstrating intolerance of any interruption or delay. Excessive stress results in an increased prevalence of psychological problems like depression, anxiety, substance abuse and suicide ideation^[2].

World Health Organization has considered stress as a global epidemic, which has recently observed to be associated with 90% of visits to physicians. Work-related stress is one of the most important workplace health risks for employees worldwide. Work-related stress results in substantial costs to employees and organizations, related to employees absenteeism and turnover, decreased productivity, physical illness, poor quality of health care services, and increase risk of medical errors^[3].

“The greatest weapon against stress is our ability to choose one thought over another”.

William James

Stress everyday life reality, everyone is stuck by in one way or the others. no-one is safe from it and no one can avoid it, because we are living in and unpredictable world. stress creates other positive or negative affect on life positive stress is motivating leads to progress, new invention and awareness. On the contrary, negative stress develops feeling of stress, rejection, depression and leads to physical or mental problems or trauma^[9].

The Industrial Revolution in part was fueled by economic necessity of many women single and married to find waged work outside their home. according to clinic community health, [2010] we may be motivated events of our lives or we may respond to some stressful events in a manner that have negative effects on our physical mental social well being. The lifetime prevalence of depression, anxiety and stress among adolescents and young adult around the world is currently estimated to range from 5% to 70%. The Prevalence of stress and burnout in critical care nurses working at Aga Khan University hospital Nairobi Kenya was found to be 64%. Prevalence of stress-related illnesses were found to be 15.6% for hypertension, 9.1% stomach ulcer, 4.5% diabetes, 3.3% minor mental distress, 3.1% major mental distress and 3.5% asthma in South Africa among nurses^[10].

The staff nurses undergo various stressors one of which is extended work shifts. The extended work shifts and overtime has escalated as hospitals cope with a shortage of

registered nurses. However, about the prevalence of these extended work periods effects patient safety. Logbooks completed by 393 hospital staff nurses revealed that participants usually worked longer than scheduled and that approximately 40% of the 5,317 work shifts they logged exceeded 12 hours. The risks of making an error were significantly increased when work shifts were longer than 12 hours, when nurses worked overtime, or when they worked more than 40 hours per week. Similarly several stressors are a cause of nurses burnout.

Review of Literature

Review of literature “Knowing what data are available often serves to narrow the problem itself as well as the techniques that might be used”. Literature review allows the researcher to acquaint himself with current knowledge in the field or area before delving into a new area of study. “Review of literature is a summary of research on a topic of interest, often prepared to put a research problem in the context or as the basis for an implementation project”. A literature review helps to play the foundation for the study and can also inspire new research ideas. The present study is assess the effectiveness of stress reduction intervention in reducing occupational stress among staff nurses working in Rajiv Gandhi Government General Hospital, Chennai- setting. The investigator did an extensive search of the existing literature, organized it under the following topics:

Review of related studies: The literature of review will be presented to research study related the level of stress among married and unmarried staff nurses working in selected hospital.

1. Literature related to level of stress among staff nurses.
2. Literature related to level of stress among unmarried staff nurses.
3. Literature related to level of stress among unmarried and married staff nurses.

A descriptive study was analytical study of job stress among nurses working in teaching hospitals at Iran. In this study 180 nurses were participated, Finding indicated that average working experienced of nurses was 7.31 ± 5.95 and their average age was 30.97 ± 6.49 and 136 nurses were female. Mean job stress score also was 115.44 which is moderate stress score. 142 nurses experienced moderate stress. 38 of them were experienced high stress and none of nurses experienced are stress. The relationship between age, gender, and experience with job stress variable.¹⁷

A descriptive study was conducted occupational stress among nurses in a hospital in Ghana, in this study 73 nurses were participated, stress measure with the tool of Weiman Occupational Stress Scale and study resulted average level of occupational stress with mean score and individual average score of 37.01 and indicating a 10% higher than the hospital were found to experience above average levels of occupational stress with the mean score and individual average score of 37.01 and 2.47 indicating a 10% higher than the established Weiman Occupational Stress Scale mean score of 33.75 and individual average of 2.25. The study also found that the most common stressors were workload, inadequate resources and conflicting demands whilst the most common strategies the workers used for managing stress were resorting to hobbies, identifying the source of stress and avoiding unnecessary stress, managing

time better, adjusting to standards and attitudes and expressing their feelings instead of bottling them up^[1]. A cross sectional study, of stress among nurses in a tertiary hospital, in this 200 nurses were selected by simple random sampling, result revealed 1% had mild stress, 39.5% had moderate stress, 11% had severe stress. In associating demographic variables with level of stress, the variables like age, sex, marital status, educational qualification, designation, area of work relaxation technique used have no significant association at the level of $p < 0.2023$.¹⁹ Conducted descriptive study on stress causing psychosomatic illness among nurses to establish the existence and extent of work stress in nurses, identify the major sources of stress, and find the incidence of psychosomatic illness related to stress in a hospital setting. Sample size was 106. Stressors due to four main factors: Work related, work interactions, job satisfaction, and home

stress weighted as mild, moderate, severe, and burnout according to the severity were included. It was revealed that most important causes of stress were jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay. Even psychosomatic disorders like acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger, 8 and worry significantly increased in nurses having higher stress scores which showed that incidence of psychosomatic illness increases with the level of stress.

**Section I
Result**

Deals with analysis of demographic data of the staff nurses working in selected hospitals in terms of frequency and percentage.

Table 1: Frequency & Percentage distribution of the staff nurses working in selected hospital.

Variable	Groups	Married		Unmarried		
		Frequency	Percentage	Frequency	Percentage	
Age	20-30	26	86.67	30	100.00	
	31-40	4	13.33	0	0.00	
	41-50	0	0.00	0	0.00	
	51-65	0	0.00	0	0.00	
Gender	Male	0	0.00	0	0.00	
	Female	30	100.00	30	100.00	
Educational Qualification	ANM	7	23.33	10	33.33	
	GNM	14	46.67	14	46.67	
	Basic BSc	5	16.67	6	20.00	
	MSC	4	13.33	0	0.00	
Type of family	Nuclear	15	50.00	13	43.33	
	Joint	15	50.00	14	46.67	
	Extended	0	0.00	3	10.00	
Per capita monthly Income	10000 Rs	3	10.00	9	30.00	
	12000 - 16000 Rs	21	70.00	16	53.33	
	18000-20000 Rs	3	10.00	4	13.33	
		20000-23000 Rs	3	10.00	1	3.33
Religion		Hindu	27	90.00	25	83.33
		Muslim	0	0.00	4	13.33
		Other	3	10.00	1	3.33
Mode of Journey to Hospital		Own Vehicle	26	86.67	17	56.67
		Public Transport	4	13.33	13	43.33
Mode of stay		Hostel	6	20.00	18	60.00
		Own House	19	63.33	7	23.33
		Paying Guest	5	16.67	5	16.67

Table 2: Frequency and Percentage distribution of staff nurses working in selected hospitals according to age.

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
1	Age	20-30	26	86.67	30	100.00
		31-40	4	13.33	0	0.00
		41-50	0	0.00	0	0.00
		51-65	0	0.00	0	0.00

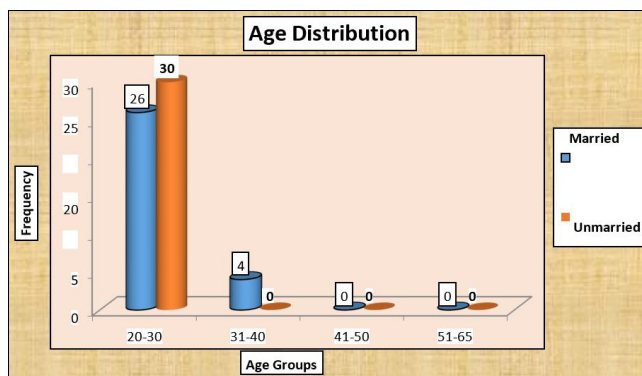


Fig 1: Distribution of staff nurses working in selected hospitals according to age

Result

The above table and following figure shows that, in the study, according to age of the married staff nurses 86.67% of them from age group 20-30 years of age and 13.33% from 31- 40 years of age. According to age of the unmarried staff nurses all 100% of them from age group 20-30 years of age and no one from 31-40 years of age.

Table 3: Frequency and Percentage distribution of staff nurses working in selected hospitals according to Educational Qualification. F=60

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
3	Educational Qualification	ANM	7	23.33	10	33.33
		GNM	14	46.67	14	46.67
		Basic BSc	5	16.67	6	20.00
		MSC	4	13.33	0	0.00

Result

The above table and following figure shows that, in the study, according to Educational Qualification of the married staff nurses 23.33% of them from ANM, 46.67% from GNM, 16.67% from Basic BSc and 13.33% from MSc qualification. According to according to Educational Qualification of the unmarried staff nurses 33.33% of them from ANM, 46.67% from GNM, 20% from Basic BSc and no one from MSc qualification.

Table 4: Frequency and Percentage distribution of staff nurses working in selected hospitals according to Type of family. F=60

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
4	Type of family	Nuclear	15	50.00	13	43.33
		Joint	15	50.00	14	46.67
		Extended	0	0.00	3	10.00

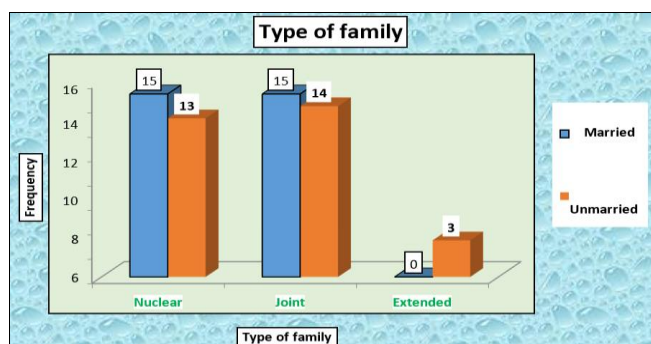


Fig 2: Distribution of staff nurses working in selected hospitals according to Type of family

Result

The above table and following figure shows that, in the study, according to type of family of the married staff nurses 50% of them from nuclear families, 50% from joint families and one from extended families. According to type of family of the unmarried staff nurses 43.33% of them from nuclear families, 46.67% from joint families and 10% from extended families.

Table 5: Frequency and Percentage distribution of staff nurses working in selected hospitals according to per capita monthly Income. F=60

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
5	Percapita monthly Income	10000 Rs	3	10.00	9	30.00
		12000 - 16000 Rs	21	70.00	16	53.33
		18000-20000 Rs	3	10.00	4	13.33
		20000-23000 Rs	3	10.00	1	3.33

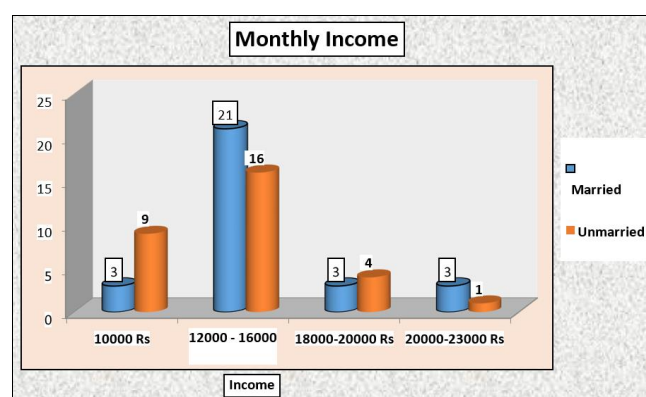


Fig 3: Distribution of staff nurses working in selected hospitals according to per capita monthly Income

Result

The above table and following figure shows that, in the study, according to Per capita monthly Income of married staff nurses 10% of them from had below 10000 Rs, 70% in the 12000-16000 Rs, 10% from 18000-20000 Rs and 10% from 20000-30000 Rs. According to Per capita monthly Income of unmarried staff nurses 30% of them from had below 10000 Rs, 53.33% in the 12000-16000 Rs, 13.33% from 18000-20000 Rs and 3.33 from 20000-30000 Rs.

Table 6: Frequency and Percentage distribution of staff nurses according to Mode of Journey to the Hospital

F=60

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
7	Mode of Journey to the Hospital	Own Vehicle	26	86.67	17	56.67
		Public Transport	4	13.33	13	43.33

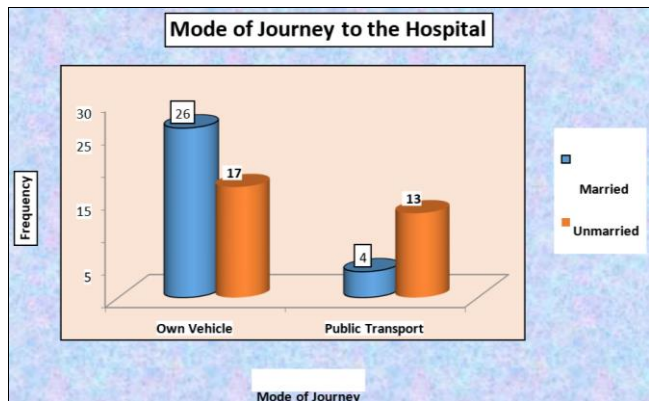


Fig 4: Distribution of staff nurses according to Mode of Journey to the Hospital

Result

The above table and following figure shows that, in the study, to the question mode of journey to the hospital 86.67% of married staff nurses answered by own vehicle and 13.33% answered by public transport.

To the question mode of journey to the hospital 56.67% of unmarried staff nurses answered by own vehicle and 43.33% answered by public transport.

Table 7: Frequency and Percentage distribution of staff nurses working in selected hospitals according to mode of stay. F=60

S. No	Variable	Groups	Married		Unmarried	
			Frequency	Percentage	Frequency	Percentage
8	Mode of stay	Hostel	6	20.00	18	60.00
		Own House	19	63.33	7	23.33
		Paying Guest	5	16.67	5	16.67

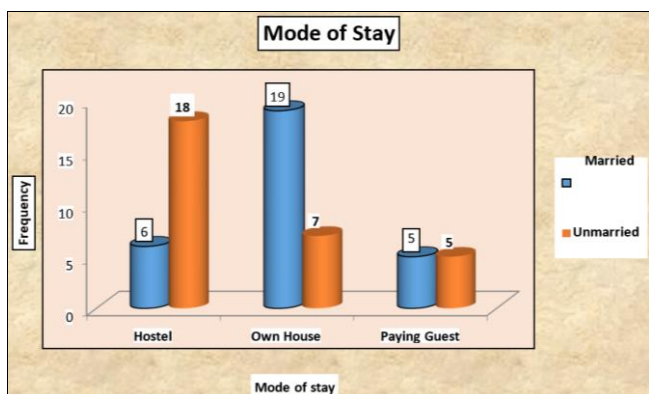


Fig 5: Distribution of staff nurses working in selected hospitals according to mode of stay

Result

The above table and following figure shows that, in the study, to the question mode of stay 20% of married staff nurses answered at hostel, 63.33% answered at own house

and 16.67% answered as paying guest. To the question mode of stay 60% of unmarried staff nurses answered at hostel, 23.33% answered at own house and 16.67% answered as paying guest.

Section II

Deals with analysis of data related to assessment of the level of stress among married staff nurses working in selected hospital.

Stress Assessment – Married Staff Nurses

Table 8: Item wise assessments of the level of stress among married staff nurses working in selected hospital

F=60

Stress	Scores	Frequency	Percentage
No Stress	< 6	0	0.00
Mild Stress	7-12.	7	23.33
Moderate Stress	13-18	23	76.67
Severe Stress	14-24	0	0.00
Stress	Mean	SD	Min
	13.70	2.08	9
		Max	18

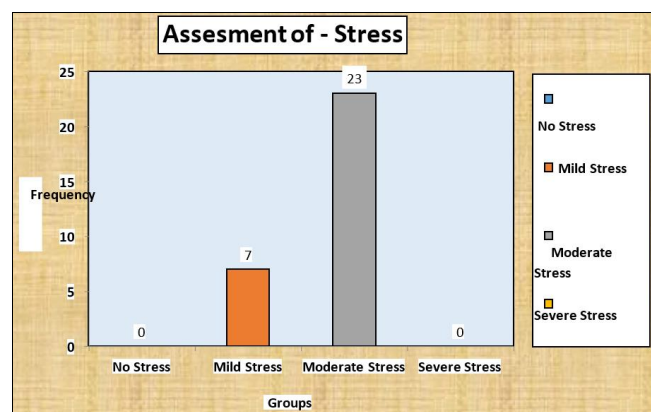


Fig 6: Item wise assessments of the level of stress among married staff nurses selected hospital

Stress Assessment – Unmarried Staff Nurses

Table 9: Item wise assessments of the level of stress among married staff nurses working in selected hospital. F=60

S. No	Stress	Never		Sometimes		Always	
		Freq	%	Freq	%	Freq	%
1	Do you feel like not to go to duty?	1	3.33	28	93.33	1	3.33
2	Do you skip your meals due to more workload?	2	6.67	28	93.33	0	0.00
3	Do you have to face scolding from authorities?	2	6.67	18	60.00	10	33.33
4	Do you have enough time to meet your health needs?	2	6.67	19	63.33	9	30.00
5	Do you have enough time to complete all your nursing task?	0	0.00	21	70.00	9	30.00
6	Do you have to continue duty in the absence of other staff?	5	16.67	24	80.00	1	3.33
7	Is there any pressure to learn new procedures in the hospital?	6	20.00	17	56.67	7	23.33
8	Do you feel fatigued even when you wake up after an adequate sleep?	1	3.33	23	76.67	6	20.00
9	How often have you felt that you were unable to control important things in your life due to your work?	4	13.33	20	66.67	6	20.00
10	Have you felt that you were effectively coping with important changes that were occurring in hospital?	1	3.33	20	66.67	9	30.00
11	In the last month, how often have you felt confident about your ability to handle job related /hospital related?	1	3.33	21	70.00	8	26.67
12	Are you able to adapt with the sudden stressful situation faced by you?	0	0.00	20	66.67	10	33.33

Stress Assessment – Unmarried Staff Nurses

Table 10: Item wise assessments of the level of stress among unmarried staff nurses working in selected hospital.F=60

S. No.	Stress	Never		Sometimes		Always	
		Freq	%	Freq	%	Freq	%
1	Do you feel like not to go to duty?	5	16.67	19	63.33	6	20.00
2	Do you skip your meals due to more workload?	5	16.67	23	76.67	2	6.67
3	Do you have to face scolding from authorities?	10	33.33	20	66.67	0	0.00
4	Do you have enough time to meet your health needs?	6	20.00	19	63.33	5	16.67
5	Do you have enough time to complete all your nursing task?	0	0.00	13	43.33	17	56.67
6	Do you have to continue duty in the absence of other staff?	6	20.00	20	66.67	4	13.33
7	Is there any pressure to learn new procedures in the hospital?	13	43.33	14	46.67	3	10.00
8	Do you feel fatigued even when you wake up after an adequate sleep?	11	36.67	11	36.67	8	26.67
9	How often have you felt that you were unable to control important things in your life due to your work?	2	6.67	26	86.67	2	6.67
10	Have you felt that you were effectively coping with important changes that were occurring in hospital?	3	10.00	12	40.00	15	50.00
11	In the last month, how often have you felt confident about your ability to handle job related /hospital related?	2	6.67	3	10.00	25	83.33
12	Are you able to adapt with the sudden stressful situation faced by you”.	0	0.00	13	43.33	17	56.67

Section III

Deals with analysis of data related to the comparison of level of stress among married staff nurses and unmarried staff nurses working in selected hospital.

Table 11: Comparison of the Stress - married vs unmarried (unpaired t test).F=60

Groups	N	Mean	S.D.	t value	P value
Married	30	13.70	2.09	0.69	0.49
Unmarried	30	13.37	1.63		

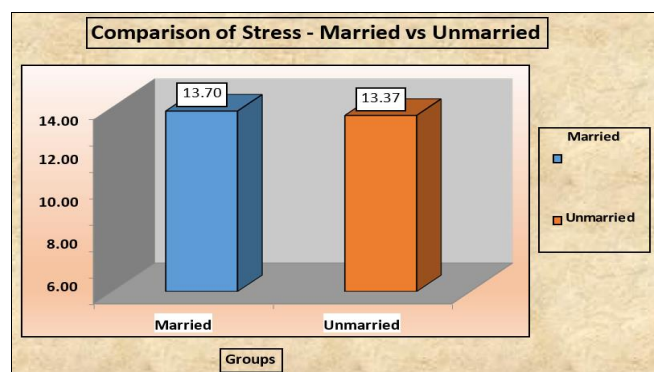


Fig 7: Comparison of the Stress - married vs unmarried

Result

The comparisons of average stress level among the married and unmarried staff nurses were done by the unpaired t test. The average score of stress among married staff nurses was 13.70 with standard deviation of 2.09. The average score of stress among unmarried staff nurses was 13.37 with standard deviation of 1.63. The test statistics value of unpaired t test was 0.69 with p value 0.49. The p value more than 0.05, hence accept the null hypothesis. Concludes that, there was no significant difference in the average level of stress among married staff nurses and unmarried staff nurses working in selected hospital.

Section IV

Deals with analysis of data related to the association of

between levels of stress among married staff nurses with selected demographic variables.

Married – Stress

Table 12: Association between demographic variables with stress among married staff nurses

Variable	Groups	STRESS		Chi Square	d.f.	P Value	Significance
		below Md	above Md				
Age	20-30	6	20	0.007	1	0.93	Not Significant
	31-40	1	3				
	41-50	0	0				
	51-65	0	0				
Gender	Male	0	0	* Cannot compute Chi-Square			
	Female	7	23				
Educational Qualification	ANM	1	6	11.15	3	0.011	Significant
	GNM	2	12				
	Basic BSc	4	1				
	MSC	0	4				
Type of family	Nuclear	3	12	0.18	1	0.67	Not Significant
	Joint	4	11				
	Extended	0	0				
	10000 Rs	0	3				
Per capita monthly Income	12000 - 16000 Rs	6	15	2.31	3	0.51	Not Significant
	18000-20000 Rs	1	2				
	20000-23000 Rs	0	3				
	Other	2	1				
Religion	Hindu	5	22	3.49	1	0.062	Not Significant
	Muslim	0	0				
	Other	2	1				
Mode of Journey to the Hospital	Own Vehicle	4	22	6.88	1	0.009	Significant
	Public Transport	3	1				
Mode of stay	Hostel	2	4	1.71	2	0.42	Not Significant
	Own House	3	16				
	Paying Guest	2	3				

Result

Association between demographic variables with stress among married staff nurses revealed that there are significant association between educational qualification are mode of journey to the hospital only others all demographic variables like age, gender, type of family, per capita monthly income, religion, and mode of stay, are not significant with stress among married and unmarried staff nurses.

Unmarried - Stress

Deals with analysis of data related to the association of between levels of stress among unmarried staff nurses with selected demographic variables.

Table 13: Association between demographic variables with stress among unmarried staff n.

Variable	Groups	STRESS		Chi Square	d.f.	P Value	Significance
		below Md	above Md				
Age	20-30	8	22	* Cannot compute Chi-Square			
	31-40	0	0				
	41-50	0	0				
	51-65	0	0				
Gender	Male	0	0	* Cannot compute Chi-Square			
	Female	8	22				
Educational Qualification	ANM	3	7	0.39	2	0.82	Not Significant
	GNM	4	10				
	Basic BSc	1	5				
	MSC	0	0				
Type of family	Nuclear	5	8	2.09	2	0.35	Not Significant
	Joint	2	12				
	Extended	1	2				
	10000 Rs	2	7				
Per capita monthly Income	12000 – 16000 Rs	4	12	1.59	3	0.66	Not Significant
	18000-20000 Rs	2	2				
	20000-23000 Rs	0	1				
	Other	7	18				
Religion	Muslim	1	3	0.39	2	0.82	Not Significant
	Other	0	1				
	Own Vehicle	5	12				
Mode of Journey to the Hospital	Public Transport	3	10	0.15	1	0.69	Not Significant

Mode of stay	Hostel	4	14	1.23	2	0.54	Not Significant
	Own House	3	4				
	Paying Guest	1	4				

Result

Association between demographic variables with stress among married staff nurses revealed that there are no significant difference between age, gender, type of family, per capita monthly income, religion, and mode of stay, mode of journey to the hospital, educational qualification.

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