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Assertiveness Among Final-Year Nursing Students at SCPM College, Gonda: Impact on Communication and Patient Care

S. Balachandar¹, Aspin R.²

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Abstract

Background: Assertiveness is a critical skill for nursing students, particularly in their final year, as they transition to professional practice. It impacts their ability to communicate effectively, collaborate with healthcare teams, and provide quality patient care. However, assertiveness levels and their influencing factors are often overlooked in nursing education.

Objective: This study aimed to assess the assertiveness levels among final-year nursing students at SCPM College of Nursing, Gonda, identify influencing factors, and evaluate its impact on professional communication and patient care practices.

Methods: A descriptive cross-sectional design was employed with 40 final-year nursing students selected using convenience sampling. Data were collected using the Rathus Assertiveness Schedule (RAS) and a socio-demographic questionnaire. Descriptive and inferential statistics were used to analyze the data.

Results: The study revealed that 25% of students had high assertiveness, 50% moderate, and 25% low. Significant factors influencing assertiveness included age ($p=0.032$), academic performance ($p=0.015$), clinical exposure ($p=0.042$), and parental education ($p<0.05$). High assertiveness was associated with better professional communication (85%) and patient care (80%), while low assertiveness showed poorer outcomes (30% and 35%, respectively).

Conclusion: The findings highlight the importance of assertiveness in enhancing nursing competencies. Targeted interventions, including assertiveness training and mentorship programs, are recommended to bridge gaps and prepare students for effective professional roles. Further studies are suggested to explore cultural and institutional factors affecting assertiveness in nursing students.

Keywords: Assertiveness, Nursing Students, Professional Communication, Patient Care, Rathus Assertiveness Schedule.

INTRODUCTION

Assertiveness is a foundational interpersonal skill that empowers individuals to articulate their

thoughts, emotions, and needs clearly and directly, without undermining or infringing on the rights and perspectives of others. It represents a balance between passivity and aggression, enabling individuals to stand up for themselves while

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maintaining mutual respect and fostering positive interactions. This skill is particularly vital in contexts where effective communication and collaboration are key to achieving desired outcomes.¹

In the nursing profession, assertiveness holds exceptional importance as it directly influences the quality of professional communication, the dynamics of teamwork, and the overall standard of patient care. Nurses operate in high-pressure environments that demand clarity, confidence, and quick decision-making, all of which are underpinned by assertiveness. Assertive communication allows nurses to express their concerns, advocate for patients, and contribute their insights to healthcare teams without hesitation or fear of reprisal. This leads to more informed and collaborative decision-making processes.²

Moreover, assertiveness enhances the nurse's ability to manage conflicts effectively. In the dynamic healthcare environment, disagreements and misunderstandings are inevitable, whether with colleagues, patients, or families. Assertive nurses approach such situations constructively, addressing issues directly and diplomatically to reach resolutions that respect all parties involved. This approach not only resolves immediate conflicts but also builds trust and improves working relationships over time.³

Perhaps most importantly, assertive nurses are better positioned to make confident clinical decisions. In scenarios requiring rapid judgment and action, assertiveness ensures that nurses can prioritize patient needs, question ambiguities, and implement necessary interventions without hesitation. This level of confidence and self-assurance contributes to safer, more efficient patient care, which is a cornerstone of nursing practice.⁴

In essence, assertiveness is not merely a communication style but a critical professional competency that shapes the nurse's role as a patient advocate, team collaborator, and clinical decision-maker. Developing this skill is essential for nursing students and professionals alike, as it forms the bedrock of their effectiveness in delivering high-quality care and fostering a positive healthcare environment.⁵

Nursing students, particularly those in their final year, find themselves at a pivotal stage in their educational journey as they prepare to transition from a predominantly academic environment to the demanding realities of professional practice. This period is marked by increased responsibilities, as they begin to apply theoretical knowledge in clinical settings, engage with multidisciplinary

teams, and directly care for patients. The ability to navigate these challenges effectively hinges significantly on the development of assertiveness—a skill that ensures clear, confident, and respectful communication.⁶

During this critical phase, assertiveness becomes indispensable for nursing students. It enables them to articulate their thoughts, raise concerns, and seek guidance without hesitation, fostering a conducive environment for learning and professional growth. Effective communication with patients and their families is essential for providing holistic care, ensuring informed consent, and addressing concerns empathetically. Similarly, assertiveness is vital in interactions with healthcare teams, where students must convey observations, ask questions, and contribute to discussions, all of which enhance patient safety and care outcomes.⁷

The development of assertiveness in nursing students, however, is influenced by a variety of factors. **Demographic characteristics**, such as age, gender, and socio-cultural background, can shape communication styles and confidence levels. **Educational background** plays a role in shaping their assertiveness, as students with a strong academic foundation and exposure to assertive role models may exhibit greater confidence in their interactions. **Clinical exposure** is another critical factor, as hands-on experiences in real-world settings often challenge students to step out of their comfort zones, assert themselves, and take active roles in patient care.⁸

Understanding these influences is essential for identifying areas where targeted interventions, such as assertiveness training programs or mentorship initiatives, can be implemented to support nursing students during this transformative period. By fostering assertiveness, educators and institutions can empower students to transition more effectively into their professional roles, ensuring they are equipped to meet the demands of modern healthcare environments.⁹

This study is designed to assess the level of assertiveness among final-year nursing students at SCPM College of Nursing, Gonda. Assertiveness is a key skill that supports students in expressing themselves clearly, maintaining professional boundaries, and contributing effectively to patient care and team interactions. The study also aims to explore the various factors influencing assertiveness, such as demographic characteristics, educational background, and clinical exposure, to uncover patterns or disparities that may exist among students.¹⁰

Furthermore, the study evaluates the impact of assertiveness on professional communication and patient care practices. Effective communication and confident clinical decision-making are essential in nursing practice, and assertiveness plays a pivotal role in ensuring these competencies are well-developed. By analyzing the interplay between assertiveness and these critical aspects of nursing, the study seeks to highlight areas where improvements can be made to enhance overall performance.¹¹

Ultimately, the insights gained from this research will form the basis for evidence-based recommendations to improve assertiveness among nursing students. Targeted interventions, such as assertiveness training programs, mentorship initiatives, or curriculum enhancements, may be proposed to address identified gaps. By fostering assertiveness, this study aims to prepare nursing students to transition seamlessly into professional practice, equipping them to excel in the demanding and dynamic healthcare environment with confidence and effectiveness.

Need for study

Assertiveness is an essential skill for nursing professionals, enabling them to advocate for patients, effectively communicate with healthcare teams, and navigate challenging clinical situations. For final-year nursing students transitioning from academic learning to professional practice, developing assertiveness is particularly critical. This skill not only enhances their ability to express themselves confidently but also contributes to improved patient care outcomes and professional relationships.¹²

In the demanding environment of healthcare, nursing students often face situations that require clear communication, decision-making, and conflict resolution. Lack of assertiveness can lead to misunderstandings, errors in patient care, and an inability to advocate effectively for patients. Conversely, students who demonstrate assertiveness are better equipped to handle these challenges, ensuring safety and quality in clinical practice.¹³

Despite its importance, the level of assertiveness among nursing students is often influenced by various factors, including demographic characteristics, academic performance, and clinical exposure. Limited research exists in the Indian context, particularly focusing on nursing students at SCPM College of Nursing, Gonda. Understanding the factors influencing assertiveness levels in this

population is crucial for identifying gaps and areas for improvement.

There is a growing emphasis on professional communication and patient care practices in nursing education. Exploring the relationship between assertiveness and these competencies can provide valuable insights into how this skill impacts overall professional readiness.

By addressing these areas, the study aims to contribute to the professional development of nursing students, ensuring they are prepared to meet the challenges of modern healthcare environments with confidence and competence.

OBJECTIVES

1. To assess the level of assertiveness among final-year nursing students at SCPM College of Nursing, Gonda.
2. To identify factors influencing the assertiveness of final-year nursing students.
3. To explore the relationship between assertiveness and demographic variables.
4. To evaluate the impact of assertiveness on students' professional communication and patient care practices.
5. To provide recommendations for improving assertiveness skills through targeted interventions, such as training programs or workshops.

HYPOTHESES

H₁: There is a significant relationship between the level of assertiveness and demographic variables among final-year nursing students at SCPM College of Nursing, Gonda.

REVIEW OF LITERATURE

A cross-sectional study conducted in the United States assessed assertiveness levels among 150 nursing students using the Rathus Assertiveness Schedule (RAS). The results revealed that 56% of students demonstrated moderate assertiveness, while 18% exhibited high assertiveness. The study also found a significant positive correlation ($r = 0.65$, $p < 0.05$) between assertiveness and communication skills, highlighting that students with higher assertiveness levels were better at expressing their concerns and opinions during clinical practice.¹⁴

In a multicenter study conducted across three nursing colleges in India, 200 final-year nursing

students were assessed for assertiveness using a standardized questionnaire. The study found that 62% of students had low assertiveness, while only 12% demonstrated high assertiveness. Key influencing factors included clinical exposure ($p = 0.03$), age ($p = 0.02$), and gender ($p = 0.04$), with older and male students showing higher assertiveness levels. This study emphasized the need for assertiveness training in Indian nursing colleges.¹⁵

This study evaluated the impact of assertiveness on patient care among 180 nursing students in South Korea. Using a pre-post experimental design, students underwent assertiveness training for 8 weeks. The results showed a significant improvement in assertiveness scores, from a mean of **35.4 (± 7.6)** to **52.1 (± 6.9)** on the Rathus Assertiveness Scale ($p < 0.01$). Additionally, patient care performance scores increased from 68% to 85%, demonstrating the direct benefits of assertiveness training on clinical performance.¹⁶

In a comparative study conducted in Egypt, 120 nursing students were divided into two groups: those with prior assertiveness training (Group A) and those without (Group B). The results indicated that 75% of Group A exhibited moderate to high assertiveness compared to only 42% in Group B ($p = 0.001$). Furthermore, students in Group A scored significantly higher in professional communication assessments (mean score: 87.5%) compared to Group B (63.2%). The study concluded that structured assertiveness training programs significantly enhance both assertiveness and communication skills in nursing students.¹⁷

METHODOLOGY

1. Research Design

This study adopts a **descriptive cross-sectional research design** to assess the level of assertiveness among final-year nursing students at SCPM College of Nursing, Gonda. Additionally, the study explores the factors influencing assertiveness and its impact on professional communication and patient care practices.

2. Study Setting

The study was conducted at **SCPM College of Nursing, Gonda**, utilizing classrooms and clinical training areas to facilitate data collection.

3. Population

The target population comprised **final-year nursing students** enrolled at SCPM College of Nursing.

4. Sample Size

A total of **40 final-year nursing students** were included in the study.

5. Sampling Technique

A **convenience sampling technique** was used to select participants who met the inclusion criteria and were available during the data collection period.

6. Inclusion Criteria

- Final-year nursing students willing to participate.
- Students present during the data collection period.

7. Exclusion Criteria

- Students who were absent during the data collection period.
- Students unwilling to provide consent.

8. Data Collection Tool

The study employed a standardized tool to measure assertiveness and collect socio-demographic data:

1. Rathus Assertiveness Schedule (RAS):

- ◆ A 30-item Likert scale used to assess assertiveness levels.
- ◆ Scores ranged from -90 to +90, with higher scores indicating higher assertiveness.

2. Demographic Data Questionnaire:

- ◆ Collected data on age, gender, academic performance, clinical exposure, type of schooling, and parental education and occupation.

9. Data Collection Procedure

1. Ethical clearance was obtained from the Institutional Ethics Committee.
2. Written informed consent was secured from all participants.
3. The questionnaire was administered in a structured format during a pre-arranged session.
4. Participants completed the RAS and demographic questionnaire within 30 minutes under the researcher's supervision.

10. Data Analysis

- **Descriptive Statistics:** Used to summarize assertiveness scores and demographic variables. Results were presented as frequencies, percentages, and mean scores.

- **Inferential Statistics:** Relationships between assertiveness and demographic factors were analyzed using appropriate statistical tests such as the Chi-square test and ANOVA.
- **Significance Level:** A p-value of <0.05 was considered statistically significant.

11. Ethical Considerations

- **Informed Consent:** Participants provided written consent before data collection.
- **Confidentiality:** Data were kept confidential and used solely for research purposes.
- **Voluntary Participation:** Participants could withdraw from the study at any time without repercussions.

12. Limitations

- The use of a convenience sampling method may limit the generalizability of the findings.
- Self-reported data from the RAS might introduce response bias.

RESULT

Table 1: Frequency and distribution of sociodemographic variables

S.No.	Sociodemographic Variables	Frequency	Percentage
1	Age		
	a) 18–20 years	10	25
	b) 21–23 years	20	50
	c) 24 years and above	10	25
2	Gender		
	a) Male	15	37.5
	b) Female	25	62.5
3	Academic Performance		
	a) Distinction (75% and above)	8	20
	b) First Class (60%–74%)	12	30
	c) Second Class (50%–59%)	15	37.5
	d) Pass (40%–49%)	5	12.5
4	Clinical Exposure		
	a) Less than 500 hours	10	25
	b) 500–1000 hours	15	37.5
	c) More than 1000 hours	15	37.5

S.No.	Sociodemographic Variables	Frequency	Percentage
5	Type of Schooling		
	a) Urban	18	45
	b) Rural	22	55
6	Mother's Education		
	a) Primary	5	12.5
	b) Secondary	10	25
	c) Higher Secondary	15	37.5
	d) Graduate and above	10	25
7	Mother's Occupation		
	a) Medical profession	5	12.5
	b) Non-medical profession	20	50
	c) Homemaker	15	37.5
8	Father's Education		
	a) Primary	8	20
	b) Secondary	12	30
	c) Higher Secondary	10	25
	d) Graduate and above	10	25
9	Father's Occupation		
	a) Medical profession	5	12.5
	b) Non-medical profession	20	50
	c) Homemaker	15	37.5
10	Participation in Extracurricular Activities		
	a) Yes	25	62.5
	b) No	15	37.5
11	Previous Training on Assertiveness		
	a) Yes	12	30
	b) No	28	70

Table 1 implied that most students (50%) were aged 21–23 years, with a female majority (62.5%). Academic performance varied, with 37.5% in the “Second Class” category, and clinical exposure was evenly distributed, with 37.5% each having 500–1000 hours and more than 1000 hours of experience. A higher proportion (55%) came from rural backgrounds, and most mothers (50%) worked in non-medical professions, while fathers (50%) did the same. Participation in extracurricular activities was high (62.5%), yet only 30% had prior assertiveness training, highlighting the need for structured programs to develop this critical skill.

Table 2: Impact of Assertiveness on Professional Communication and Patient Care

Assertiveness Level	Professional Communication (%)	Patient Care Practices (%)
Low Assertiveness	30.0	35.0
Moderate Assertiveness	60.0	55.0
High Assertiveness	85.0	80.0

The table 2 highlights the impact of assertiveness on professional communication and patient care practices among nursing students. Students with low assertiveness struggled, with only 30% demonstrating effective communication and 35% performing well in patient care, reflecting difficulties in expressing themselves and making confident decisions. In contrast, students with moderate assertiveness showed notable improvement, with 60% displaying effective communication and 55% providing better patient care. Those with high assertiveness excelled, with 85% demonstrating strong communication skills and 80% excelling in patient care practices. These students were more confident, proactive, and efficient in addressing patient needs and collaborating with healthcare teams. The findings emphasize that higher assertiveness levels significantly enhance critical nursing competencies, underscoring the need for assertiveness training to prepare students for professional roles.

Table 3: Corrected Relationship Between Demographic Variables And Assertiveness Levels

Demographic Variable	p-value	Significance
Age	0.032	Significant
Gender	0.078	Not Significant
Academic Performance	0.015	Significant
Clinical Exposure	0.042	Significant
Type of Schooling	0.067	Not Significant
Mother's Education	0.02	Significant
Father's Education	0.045	Significant
Mother's Occupation	0.083	Not Significant
Father's Occupation	0.049	Significant
Participation in Extracurricular Activities	0.065	Not Significant
Previous Training on Assertiveness	0.07	Not Significant

The table highlights the relationship between demographic variables and assertiveness levels

among nursing students. Significant factors influencing assertiveness include age ($p=0.032$), academic performance ($p=0.015$), clinical exposure ($p=0.042$), mother's education ($p=0.020$), father's education ($p=0.045$), and father's occupation ($p=0.049$). These factors demonstrate a strong correlation with assertiveness, suggesting that older age, higher academic achievements, greater clinical exposure, and higher parental education levels positively impact assertiveness.

Non-significant factors include gender ($p=0.078$), type of schooling ($p=0.067$), mother's occupation ($p=0.083$), participation in extracurricular activities ($p=0.065$), and previous training on assertiveness ($p=0.070$). While these variables showed some influence, their impact on assertiveness was not statistically significant.

Table 4: Impact of Assertiveness on Professional Communication and Patient Care

Assertiveness Level	Professional Communication (%)	Patient Care Practices (%)
Low Assertiveness	30.0	35.0
Moderate Assertiveness	60.0	55.0
High Assertiveness	85.0	80.0

The table 4 highlights the impact of assertiveness on professional communication and patient care among nursing students. Students with low assertiveness struggled, with only 30% demonstrating effective communication and 35% excelling in patient care. Moderate assertiveness improved outcomes, with 60% showing effective communication and 55% providing better patient care. Students with high assertiveness performed the best, with 85% excelling in communication and 80% in patient care, reflecting their confidence and proactive approach. This emphasizes the need for assertiveness training to enhance critical competencies in nursing practice.

DISCUSSION

The findings of this study highlight the critical role of assertiveness in enhancing professional communication and patient care among final-year nursing students. The majority of students with high assertiveness levels demonstrated superior communication skills (85%) and excellent patient care practices (80%), indicating their ability to confidently express themselves, advocate for patients, and actively participate in clinical

decision-making. In contrast, students with low assertiveness struggled in both areas, emphasizing the challenges faced by those who lack confidence and assertive communication skills.

These results are consistent with the study conducted by Rajeshwari and Kumar (2018), which found that only 12% of Indian nursing students exhibited high assertiveness levels, and a significant correlation was observed between assertiveness and clinical performance. The study also noted that students with higher clinical exposure and academic achievements were more assertive, aligning with the findings of the current research where these factors significantly influenced assertiveness levels ($p < 0.05$).

Furthermore, the importance of assertiveness training is underscored by previous research in India. A study by Patel *et al.* (2019) found that structured assertiveness training programs significantly improved students' confidence and communication skills, with post-training assertiveness levels increasing by 40%. This supports the current study's recommendation for incorporating assertiveness training into the nursing curriculum to prepare students for the demands of professional practice.

In the Indian context, cultural factors such as hierarchical workplace dynamics and traditional gender roles may also influence assertiveness levels. Female students, who constituted the majority in this study, may experience additional challenges in developing assertiveness due to societal norms. Addressing these cultural barriers through targeted interventions can further enhance assertiveness and equip students to navigate professional environments more effectively.

CONCLUSION

The findings highlight the pressing need for assertiveness training and mentorship programs to bridge the gap in communication and patient care competencies among nursing students. By addressing the influencing factors and incorporating culturally sensitive strategies, nursing education programs in India can better prepare students to meet the dynamic demands of modern healthcare.

Conflict of Interest

The authors declare no conflict of interest related to this study.

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Ethics Declaration

The study was approved by the Institutional Ethics Committee of SCPM College of Nursing, Gonda. Written informed consent was obtained from all participants, and confidentiality was maintained throughout the study.

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Women's Experiences in the Premenopausal Period

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Abstract

Background: The life stages of women are based on the reproductive cycle, which begins with the menstrual period and continues throughout the menstrual period. Natural amenorrhea is considered to have occurred when there is no menstrual period for 12 consecutive months, no other physical cause or disease is present, and no medical treatment is applied.

Method: This qualitative study was conducted using a content analysis method in Kakathop village, Thrissur. The data were collected using a Semi structured questionnaire to assess the socio-demographic data and Semi structured face to face in-depth interviews with 14 premenopausal women. The inclusion criteria were women who are in the age group of 40 to 50 years and willing to take part in the research. The exclusion criteria were the women having history of hysterectomy or oophorectomy, mental disorders and other diseases that can affect the menopausal symptoms and who have attained menopause. Purposive sampling technique was used and sampling continued until datasaturation.

Results: The findings revealed that the mean age of the participants was 47.5. The majority (57.1%) of the women had 2 children and duration of premenopausal changes were from 4-6 months. Six of them had completed secondary education and 8 were employed. 35.7% had monthly income of 15000-25000. The study revealed four themes and 18 sub themes such as physical changes (Hot flashes, Sweating, Physical pain, Tiredness, Sleep problems, Headache and giddiness), menstrual changes (Painful menstruation, Breast tenderness, Excessive amount and duration of bleeding and Irregular menstruation), psychological changes (anger, fear, irritated, frustration, frequent crying and anxiety) and sexual changes (vaginal dryness and reduced desire for sexual activities).

Keywords: Women, Experiences, Premenopausal changes.

BACKGROUND

Women's life stages are based on the reproductive cycle, beginning with menstruation and continuing through menopause. When menstruation begins during puberty, an egg is released from the ovary

during ovulation each month. It travels through the fallopian tubes where it can be fertilized by sperm. If fertilized, it implants in the uterine wall and begins pregnancy. Otherwise, the egg and lining are shed during pregnancy. This condition continues until perimenopause, when the body begins to transition into menopause. In other words, the ovaries stop

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producing eggs for fertilization. The timing and duration of menstruation can vary throughout a woman's reproductive life, but most women worldwide enter menopause between the ages of 45 and 55.

The early menopause may be due to some chromosomal abnormalities, autoimmune diseases or other unknown causes. Although there are correlations between the age at menopause and specific genetic, physical and demographic factors, it is impossible to predict when a woman will go through menopause. However, every woman's situation is different. There is no test that can predict when it will start in life or how easily it will start. In addition to desperate periods, women may also experience other physical and emotional symptoms. Hot flushes, poor sleep and mood swings are common. Some women experience vaginal dryness, weight gain and thinning hair. Bone density will also begin to decrease. Women may experience stress, anxiety or depression.

Menopause symptoms may include anger and irritability, worry, forgetfulness, low self-esteem, self-doubt, sadness, depression or melancholy and depression, often described as "brain fog" and/or loss of language. Many women who enter menopause or perimenopause experience sleep problems. Lack of sleep and fatigue can also cause symptoms such as irritability, difficulty concentrating, or anxiety.

To estimate the prevalence of natural menopause in India and its major states and secondly to investigate factors associated with natural menopause in India and selected states, a population-based study of natural menopause was conducted among women aged <50 years in India. Overall, menopause before the age of 40 years was reported in about 1.5% of women. In the national dataset, significant associations with age at natural menopause were found to be being married or widowed, poverty, Muslim religious affiliation, scheduled caste status, lack of education, living in rural areas, non-use of contraceptives, non-use of sterilization or abortion, low parity and living in the western region.

A cross-sectional study was conducted in 2020 using a door-to-door survey using a semi-structured questionnaire among 400 rural women in Kerala to determine the prevalence and factors associated with menopausal symptoms in rural Kerala. Of the surveyed women, 79.9% (318) had at least one of the 23 symptoms studied, the most common being

joint pain (35.8%) and fatigue (32.3%).

**Life Span** As they age, most women will experience pregnancy-related changes and spend a significant portion of their lives in pregnancy. The menopausal transition involves many physical, endocrine, and psychological changes that are influenced by race, ideology, and culture. Each woman's experience of changing bodies is unique. Although menopause can cause negative physical symptoms, there is evidence that women in Asian cultures report fewer menopausal symptoms. Women's experiences, thoughts, and reactions to pregnancy affect their daily lives and health and may vary across societies and traditions.

A systematic review of pregnancy and body image was conducted in London in 2023. Six studies examining menopause symptoms and body image found an association between frequency, intensity and number of symptoms and greater body image concerns. Menopause symptoms in general are also associated with a range of negative feelings about the body. The impact of signs and symptoms related to a pregnant woman's weight on quality of life, disability, healthcare utilization and costs. The average age of women included in the analysis was 49.8 years. The results showed that women with menopausal symptoms had lower health-related quality of life, functional disability and healthcare utilization than women without menopausal symptoms. Depression, anxiety and joint pain are symptoms commonly associated with poor health. Therefore, the researchers felt that this study was necessary to investigate the experiences of women before their bodies became weak.

### **Purpose**

The purpose of the study is to explore the women's experiences in the premenopausal period

### **METHODS**

This study adopted a qualitative research phenomenological design. The inclusion criteria were women aged 40-50 years who were willing to participate in the study. The exclusion criteria were women with a history of hysterectomy or ovarianectomy, mental illness, and other illnesses affecting menopausal symptoms, and those who had attained menopause. Purposive sampling techniques and continuous sampling until data saturation was reached.

### Tools used in the study includes:

Tool 1: Semi structured questionnaire to assess the socio-demographic data.

Tool 2: Semi structured face to face in-depth interviews using open-ended questions to explore the women's experiences in the premenopausal period.

The Formal permission for data collection was obtained from concerned authorities and the informed consent from participants were obtained. The investigator conducted the face to face in depth interview with the participants. By using an electronic device the data were recorded and then transcribed. After each interview, the content were typed in Microsoft word and was considered as a unit of analysis which was analysed using thematic analysis.

## RESULTS

The mean age of the participants was 47.5.

**Table 1:** Frequency and percentage distribution of socio-demographic variables

| Demographic Variables | Frequency (n) | Percentage (%) |
|-----------------------|---------------|----------------|
| <b>Age</b>            |               |                |
| 40-45                 | 7             | 50             |
| 46-50                 | 7             | 50             |

| Demographic Variables                    | Frequency (n) | Percentage (%) |
|------------------------------------------|---------------|----------------|
| <b>Number of children</b>                |               |                |
| 0                                        | 1             | 7.1            |
| 1                                        | 2             | 14.3           |
| 2                                        | 8             | 57.1           |
| 3                                        | 3             | 21.4           |
| <b>Duration of premenopausal changes</b> |               |                |
| 1-3 months                               | 0             | 0              |
| 4-6 months                               | 8             | 57.1           |
| 7-9 months                               | 4             | 28.6           |
| 10-12 months                             | 2             | 14.3           |
| <b>Education</b>                         |               |                |
| Primary                                  | 5             | 35.7           |
| Secondary                                | 6             | 42.9           |
| Higher secondary                         | 1             | 7.1            |
| Undergraduate                            | 2             | 14.3           |
| Postgraduate                             | 0             | 0              |
| <b>Employment</b>                        |               |                |
| Employed                                 | 8             | 57.1           |
| Unemployed                               | 6             | 42.9           |
| <b>Monthly income</b>                    |               |                |
| <5000                                    | 0             | 0              |
| 5000-15000                               | 2             | 14.3           |
| 15001-25000                              | 5             | 35.7           |
| >25000                                   | 1             | 7.1            |

**Table 2:** Women's experiences in premenopausal period

| Theme             | Sub Themes                                                                                                        | Quotations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical changes  | Hot flashes<br>Sweating<br>Physical pain<br>Tiredness<br>Sleep problems<br>Headache and giddiness                 | Sample 1: I have body pain, backpain and not able to do all household works.<br>Sample 2: I feel like very hot and sweating, giddiness at times and leg pain.<br>Sample 4: I feel like tired not able to do my routine works. I have back pain and knee pain.<br>Sample 6: I feel increased body heat and sweating, not able to sleep during night<br>Sample 7: I get severe headache most of the days and sometimes feel giddiness<br>Sample 10: I have body pain, backpain and not able to do all household works.<br>Sample 13: I have disturbed sleeping pattern and increased sweating. |
| Menstrual changes | Painful menstruation<br>Breast tenderness<br>Excessive amount and duration of bleeding<br>Irregular menstruation. | Sample 1: I had irregular periods with excessive bleeding.<br>Sample 3: I have severe pain and breast tenderness during menstruation which was not present in the past<br>Sample 5: I have irregular menstruation and excessive bleeding at times.<br>Sample 7: I have irregular menstruation with pain<br>Sample 8: I felt like excessive duration of bleeding when compared to the past.                                                                                                                                                                                                   |

|                       |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Psychological changes | Anger<br>Fear<br>Irritated<br>Frustration<br>Frequent crying<br>Anxiety | Sample 1: I get angry at times and feel to be alone.<br>Sample 3: I got very angry with family members. I used to cry and be alone.<br>Sample 5: I have fear and anxiety regarding these changes.<br>Sample 6: I feel anxious and frustrated at some times.<br>Sample 9: I have fear regarding any underlying disease of reproductive system.<br>Sample 14: I feel like irritated while talking to others and wants to be alone. |
| Sexual changes        | Vaginal dryness<br>Reduced desire in sexual activities.                 | Sample 4: I have reduced interest in sexual activities.<br>Sample 12: I feel vaginal dryness and reduced desire for sexual intercourse.<br>Sample 14: I feel lack of interest in sexual activity.                                                                                                                                                                                                                                |

## DISCUSSION

According to the analysis results, the average age of the participants was 47.5 years. Most of the women (57.1%) had 2 children and the premenopausal transition period was 4-6 months. Six of them had completed secondary education and eight were employed. 35.7% of people had a monthly income between 15,000 and 25,000. These results are consistent with the quality of education provided in Iran in 2020 using the content analysis method. The average age of the participants was  $47 \pm 2.98$  years. Data analysis revealed five categories: menopause and aging, life transitions, fear of hopelessness, life transitions, and the need for support during the transition. In addition to finding answers to questions from friends, family, and doctors, studies show that women with erectile dysfunction are characterized by a fear of the future and its consequences, as well as a need for approval<sup>7</sup>. Current study results have Four themes and 18 subthemes such as physical changes (hot flashes, sweating, body aches, fatigue, sleep problems, headaches, and dizziness), behavioral attire (cold, milk, heavy, and prolonged bleeding), menstrual irregularity, emotional changes (anger, fear, irritability, depression, crying, and anxiety), and sexual changes (dry vagina and lack of desire to have sex).

A community based crosssectional study was conducted among 106 postmenopausal women living more than 6 months in Anjarakandy, Kannur, Kerala in 2013 to understand the prevalence of pregnancy symptoms and responses. The mean age at menopause is 48.26 years. The majority of women's symptoms are 90.7% emotional problems (crying, depression, irritability), 72.9% headache, 65.4% fatigue, 58.9% difficulty urinating, 57% forgetfulness, 53.3% musculoskeletal problems (joint pain, muscle pain) and sexual problems (loss of libido, dyspareunia) 31.8%, genital problems

(itching, soft dryness) 9.3%, voice change 8.4%. Only 22.4% of women know the real cause of impotence. Studies have shown that all women will experience one or more menopause symptoms.

### Limitations

As such the investigator did not face any difficulties and limitations in conducting the study.

### Conflict of Interest

The author has no conflict of interest.

## CONCLUSION

The results of this study shed light on the experiences of menopausal women. Providing education and awareness will promote understanding of the changes that occur before and after menopause and the resources available. Health care providers should provide tailored care that addresses individual concerns and health needs and emphasizes physical activity, mental well-being, and stress management for menopausal women.

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# A Study to Evaluate the Effectiveness of Computer Assisted Planned Teaching Programme on Knowledge and Attitude Regarding Mental Hygiene among School Teachers in Selected Schools of Bhilai, C.G

Smita Ranjana Kindo

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## Abstract

**Background:** Today, adolescents face increasing mental health challenges due to family conflicts, academic pressure, and societal expectations, leading to higher rates of suicide and mental disorders. Schools play a vital role in promoting mental health through mental hygiene programs. This study evaluates the knowledge and attitude of school teachers regarding mental hygiene and the effectiveness of a computer-assisted teaching program in improving both. The study aims to assess teachers' awareness and attitudes towards mental hygiene, with a focus on improving their ability to support students' mental well-being.

**Methodology:** Using a pre-experimental design with a one-group pre-test post-test approach, the study involved 60 school teachers from Bhilai, Chhattisgarh. Data were collected using a multiple-choice questionnaire for knowledge and a Likert scale for attitude.

**Results:** Statistical analysis showed significant improvements. Knowledge mean scores rose from 13.26 to 20.48, and attitude mean scores increased from 41.96 to 53.51 after the program. A strong positive correlation ( $r = 0.89$ ) was found between knowledge and attitude.

**Conclusion:** These improvements can better equip teachers to support students' mental health, ultimately benefiting the overall well-being of adolescents in schools.

**Keywords:** Effectiveness, Computer assisted planned teaching programme, Knowledge, Attitude, Mental hygiene, School teachers, School.

## INTRODUCTION

Mental hygiene refers to the science of maintaining mental health and preventing mental disorders like psychosis and neurosis.<sup>1</sup> The World Health Organization (WHO) defines health as complete

physical, mental, and social well-being, highlighting the importance of mental health. It includes all measures taken to promote and preserve health, rehabilitation of the mentally disturbed, prevention of mental illness, and aid in coping in a stressful world.<sup>2</sup> The history of mental hygiene dates back to ancient times. In India, Ayurveda developed

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early methods for treating mental illness. In the early 20th century, the mental hygiene movement gained momentum in the West, largely due to Clifford Beers, who, after recovering from mental illness, wrote "*A Mind That Found Itself*". This book raised awareness about mental health and led to the establishment of mental hygiene institutes worldwide. In 1919, Beers founded the International Committee for Mental Hygiene, and by the 1930s, mental hygiene societies were formed in 25 countries. The World Federation for Mental Health was established in 1948 to promote mental health globally.<sup>3</sup>

Today, adolescents face increasing mental health challenges due to family conflicts, academic pressure, and societal expectations, leading to higher rates of suicide and mental disorders.<sup>4</sup> Schools play a vital role in promoting mental health through mental hygiene programs.<sup>5</sup> Additionally, multimedia technologies, such as computer-based training (CBTs), are used in education to raise awareness about mental health, making the content more engaging and accessible. These innovations are transforming how mental hygiene education is delivered, especially in schools.

According to researcher's opinions that teachers should be more cognizant of the pressure and stress that increasingly faster-paced lifestyle in adolescence like physical, emotional and social problems. Researcher is interested to take up the study to enhance their knowledge on prevention and helping us to have good physical and address positive mental health, in their local setting such as schools can have a better mental status of the adolescents population.

## METHODOLOGY

**Research Approach:** quantitative research approach

**Research Design:** Pre-experimental one group pre test- post test design.

**Population:** The school teachers of bhilai(C.G)

**Sample:** 60 School teachers and the study was conducted in Nalanda English Medium Higher Secondary School, Jamul, Durg, Bhilai (C.G)

**Sampling techniques:** Non- probability, Convenience Sampling technique.

**Setting of the study:** The study was conducted in Nalanda English Medium Higher Secondary School, Jamul, Durg, Bhilai (C.G)

**Tools and Techniques:** Self structured knowledge questionnaire and likert scale self structured statements of attitude widely used to measure attitude.

**Data collection:** The computer assisted planned teaching programme was distributed including the knowledge and attitude assessment with the time taken 30 minutes. After 7 days of administration of computer assisted planned teaching programme, post test was conducted.

**Ethical Consideration:** Obtained written permission from school of principal prior to data collection. The investigator assured the confidentiality to the subjects and to their responses and consent was obtained.

### Content validity and reliability:

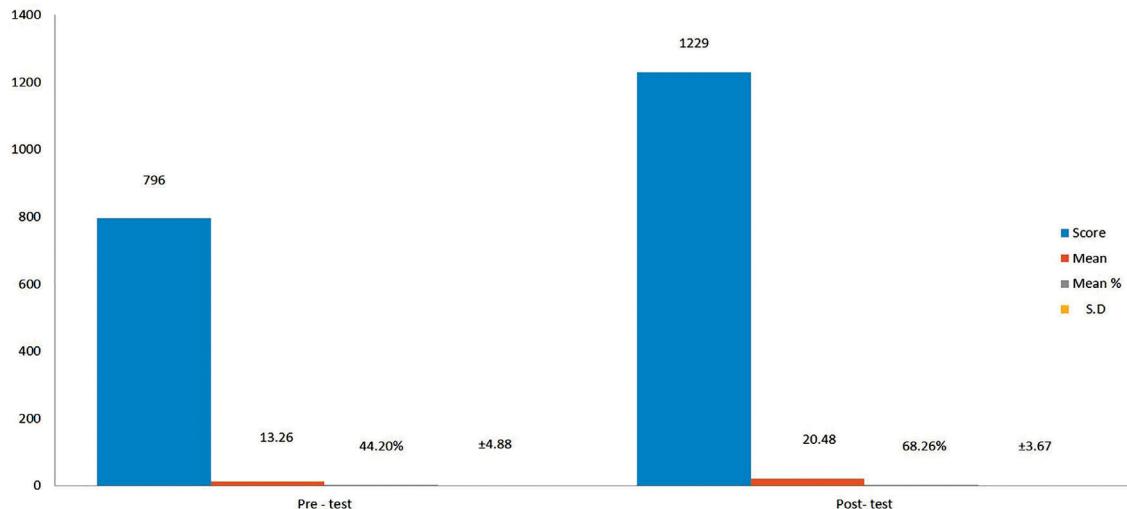
The correlation co-efficient of knowledge test was found  $r = 0.98$ . Since the computed correlation of knowledge is high, the tool is found to be reliable.

## RESULTS

Findings related to socio-demographic variables

- The majority of subjects shows that 46.67 % (28) belongs to 25-35 year of age group, 33.33% (20) belongs to 36-45 year and 20% (12) belongs to 46 – 55 year of age group.
- The majority of subjects 90% (54) had female and 10% (6) had male group.
- The majority of subjects teaching experience 53.33% (32) were 3.1 – 6 years, 28.33% (17) had 1- 3 years experience, 18.34% (11) had 6.1 – 9 years experience and 0% (0) had above 9 years experience.
- The majority of subjects 36 (60%) annual income belongs to 120,000-220,000/-, 17 (28.84%) belongs to 220,001 – 320,000/-, 7 (11.66 %) belongs to 320,001 – 420,000 and least 0 (0) belongs to >420,001/-.
- The majority of subjects area of residence 52 (86.66 %) had live in urban area and least 8 (13.34 %) live in rural area.
- The 70 % (42) majority of subjects marital status had married, 25% (15) had unmarried, 0% (0) had divorce and 5% (4) had widow.
- The majority of subjects religion 70% (42) had hindu, 16.66% (10) had christian, 8.34 % (5) had muslim, 5% (3) had sikh and 0 % (0) had others.
- The 70 % (42) majority of subjects attend any workshop / seminar and 30 % (18) had attend any workshop / seminar regarding mental hygiene.

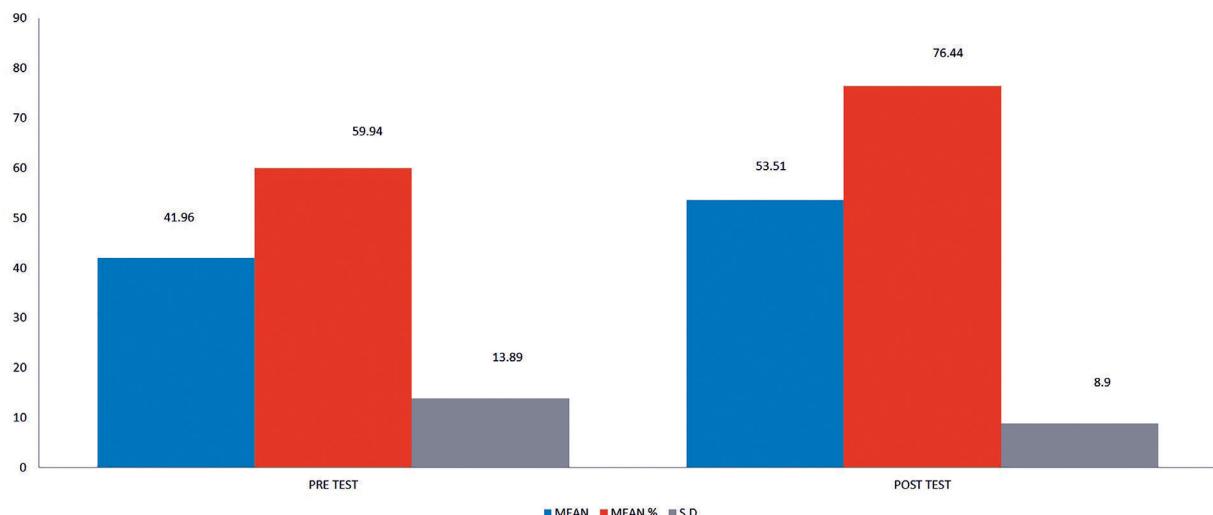
- The majority of subjects source of information 33.34% (20) gain information from internet, 20 % (12) gain information from newspaper and peer group, 16.66% (10) gain information from books and least 10% (6) gain information from journals/articles.
- The majority of subjects educational status 36.67% (22) had post graduate with B.ED, 30% (18) had graduation with B.ED and Graduation/Post graduate, 1.67% (1) had Intermediate with D.ED and any other educational status.



**Fig. 1:** Distribution of school teachers according analysis of pre-test and post-test knowledge score using mean, mean % and standard deviation

The knowledge regarding mental hygiene pre test mean is 13.26, mean % is 44.2 % and SD is 4.88 where

as in post- test mean is 20.48, mean % is 68.26 % and SD is 3.67, therefore Gain % is 24.06 %.



**Fig. 2:** Distribution of school teachers according to analysis of pre-test and post-test attitude score

**Table 3.A:** Effectiveness of pre -test and post - test knowledge score of computer assisted planned teaching program

| Computer Assisted planned teaching program | Mean ± SD   | Df. | Paired 't' Value | Table Value | Inference at 0.05   |
|--------------------------------------------|-------------|-----|------------------|-------------|---------------------|
| Pre - Test                                 | 13.26± 4.88 | 59  | 9.25             | 2.02        | Highly Significance |
| Post - Test                                | 20.48±3.67  |     |                  |             |                     |

It represents that there was highly significant difference between the pre - test and post - test knowledge score of planned computer assisted

teaching program as calculated value 9.25, ( df.59) was greater than table value 2.02 at 0.05 level of significance.

**Table 3.B:** Effectiveness of pre-test and post-test attitude score of planned computer assisted teaching programme on knowledge and attitude regarding mental hygiene

| Planned computer assisted teaching programme | Mean ± SD   | DF | Paired 't' value | Table value | Inference at 0.05   |
|----------------------------------------------|-------------|----|------------------|-------------|---------------------|
| Pre-test                                     | 41.96±13.89 |    |                  |             |                     |
| Post-test                                    | 53.51±8.90  | 59 | 5.44             | 2.02        | Highly Significance |

It represent that there was highly significance between pre test and post test attitude score of planned computer assisted teaching programme as

calculated value 5.44, (DF. 59) was greater than table value 2.02 at 0.05 level of significance.

**Table 4:** Analysis of correlation in knowledge and attitude score

| Study Variables | Mean  | Correlation coefficient | Inference                     |
|-----------------|-------|-------------------------|-------------------------------|
| Knowledge       | 13.26 |                         |                               |
| Attitude        | 41.96 | 0.89                    | Towards positive co-relation. |

It represent that towards positive correlation about 0.89 between knowledge (mean 13.26) score and attitude (41.96) score.

15.18 an 14.78 respectively in pretest and 75.53 and 17.03 in post-test respectively. Study summarized that conducted programme was successful to leave impact on teachers, regarding the topic.

## DISCUSSION

The findings of the present study are compared and contrasted with those of other similar studies. Findings of present study were compared with a following findings.

A study was conducted on Anand (2005) Attitude and knowledge regarding mental hygiene of class X high school students in the age group 14-15 years age was investigated. A sample of 262 high school students (169 boys and 93 girls) participated in the study. A Likert-type mental hygiene scale developed by the investigator was used. Correlation and chi square were used for data analysis. The mental hygiene of adolescents, their academic achievement and the educational and occupational status of parents were positively related.

Lal (2008) studied An experimental study in Kerala, Kalamassery, in terms of knowledge, attitude and practices in 120 school teachers, divided both in experimental and control group respectively. Mean scores of teachers in experimental group on 'perception of supportive role to be played in handling problem in children' had increased from 45.45 to 102.20. Knowledge on 'awareness of developmental needs of growing children and its relevance to promotion of mental health' revealed,

The study findings showed that there was a significant increase in knowledge and attitude in school teachers regarding prevention and helping us to have good physical and address positive mental health, in their local setting such as schools can have a better mental status of the adolescents population.

**Conflict of interest:** No any conflict of interest declared by the author

**Funding:** Author have not received any fund from any sources

**Ethics declaration:** The study was ethically approved by Shri Shankaracharya College of Nursing, Bhilai.

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## Psychological Distress among Nursing Students

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### Abstract

Psychological distress refers to a state of emotional suffering that can manifest as symptoms of anxiety, depression, and stress. It is a growing concern among nursing students. Nursing students often encounter multiple stressors, including academic pressures, clinical workloads, financial concerns, and a lack of social support, which may predispose them to experience higher rates of psychological distress. This psychological strain has a direct impact on their emotional well-being, academic performance, and the ability to provide quality patient care as future healthcare providers. Studies suggest that nursing students exhibit varying levels of anxiety, depression, and stress, and these levels tend to peak during critical periods such as clinical placements or examinations.<sup>1</sup>

This review aims to synthesize existing research related to psychological distress among nursing students. It will explore studies investigating levels of psychological distress, contributing factors, coping strategies, and interventions. By doing so, the review seeks to identify gaps in the literature and offer insights into effective strategies for addressing psychological distress in this vulnerable population.<sup>2</sup>

**Keywords:** psychological distress, Nursing students, Academic pressure, clinical workload, emotional well-being, coping strategies.

## INTRODUCTION

Psychological distress refers to a state of emotional suffering that can manifest as symptoms of anxiety, depression, and stress. It is a growing concern among nursing students. Nursing students often encounter multiple stressors, including academic pressures, clinical workloads, financial concerns, and a lack of social support, which may predispose them to experience higher rates of psychological distress. This psychological strain has a direct

impact on their emotional well-being, academic performance, and the ability to provide quality patient care as future healthcare providers. Studies suggest that nursing students exhibit varying levels of anxiety, depression, and stress, and these levels tend to peak during critical periods such as clinical placements or examinations.<sup>1</sup>

This review aims to synthesize existing research related to psychological distress among nursing students. It will explore studies investigating levels of psychological distress, contributing factors,

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coping strategies, and interventions. By doing so, the review seeks to identify gaps in the literature and offer insights into effective strategies for addressing psychological distress in this vulnerable population.<sup>2</sup>

### Reviews Related to psychological distress among Nursing students.

**Patel, M. et al. (2017)** conducted a Descriptive correlational study to assess the relationship between academic stress and psychological distress of 100 BSc. nursing students. The tools used for the study is Academic Stress Scale (ASS) and DASS-21. Results show that strong positive correlation between academic stress and psychological distress. The study concluded that reducing academic stress may help alleviate psychological distress among students.<sup>3</sup>

**Jones, K. & Wilson, D. (2018)** Conducted a Descriptive study to identify the impact of personal and academic factors on the emotional adjustment of 250 BSc. nursing students from two universities. The tools Used for the study is Self-reported questionnaire covering emotional adjustment, academic stress, and personal factors. Results shows that high academic workload, financial concerns, and lack of family support were significantly associated with poor emotional adjustment. The study concluded that a holistic approach addressing both academic and personal factors is essential for enhancing the emotional well-being of nursing students.<sup>4</sup>

**Kumar, R. et al. (2018)** conducted a cross sectional study to assess the level of psychological distress among 150 BSc Nursing students from single institution. The Tool used for the study is Depression Anxiety Stress Scales (DASS-21). The results shows that 45% of students had moderate to severe psychological distress. The study concluded that high levels of psychological distress are prevalent among nursing students, necessitating mental health interventions.<sup>5</sup>

**Sharma, P., & Verma, S. (2019)** conducted a Descriptive study to evaluate the prevalence of anxiety and depression among 200 BSc. Nursing students from multiple colleges. The Tools used for the study is Hospital Anxiety and Depression Scale (HADS). Results shows that 30% exhibited symptoms of anxiety, and 20% showed signs of depression. The study concluded that Psychological distress is a significant issue in nursing education, affecting student performance and well-being.<sup>6</sup>

**Singh, A., & Gupta, R. (2020)** conducted a cross sectional study to identify factors contributing

to psychological distress of 180 BSc. nursing students. The Tools used for the study is General Health Questionnaire (GHQ-12). Results shows that major factors included academic pressure, clinical workload, and lack of support. The study concluded that interventions should focus on stress management and supportive environments.<sup>7</sup>

**Reddy, S., & Rao, P. (2021)** conducted a longitudinal study to track changes in psychological distress levels over the course of nursing education of 20 BSc nursing students followed for 3 years. The tools used for the study is Perceived Stress Scale (PSS). Results shows that Psychological distress peaked during clinical placements in the second year. The study concluded that continuous support and counseling are needed throughout the nursing education Journey.<sup>8</sup>

**Thomas, J., & George, K. (2022)** Conducted a Mixed-method study to explore the coping strategies used by nursing students to deal with psychological distress of 80 BSC. Nursing students. The tool used for the study is Coping Strategy Inventory and semi-structured interviews. Result shows that Common strategies included seeking social support, exercise, and time management. The study concluded that teaching effective coping mechanisms can significantly reduce psychological distress.<sup>9</sup>

### Conclusion:

Studies highlight that psychological distress is a significant concern among nursing students, with varying levels of anxiety, depression, and stress. Academic stress, clinical workload, financial concerns, lack of family support, and lack of coping strategies were identified as major contributors. Seeking social support, engaging in exercise, and employing time management are common coping mechanisms. Stress management strategies, counseling, and teaching coping mechanisms were identified as effective approaches to alleviate psychological distress. Psychological distress levels peak during clinical placements, emphasizing the need for continuous support throughout the nursing education journey.<sup>10</sup>

**Conflict of Interest:** No

**Funding:** No

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## Stress of Nurses Whose Spouse is not Employed: Challenges and Coping Strategies

Aspin R.

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### Abstract

Nursing is a profession characterized by high demands and significant stress, often compounded by personal circumstances. Nurses whose spouses are not employed face unique challenges, including financial strain, emotional disconnect, and role overload, which can adversely impact their mental and physical well-being. This article explores the multifaceted stressors encountered by nurses in single-income households, examining their effects on marital relationships, workplace performance, and overall quality of life. Evidence-based coping mechanisms such as open communication, financial planning, mindfulness, and institutional support are discussed as strategies to mitigate stress. The article also emphasizes the role of healthcare organizations in providing flexible schedules, counseling services, and employee assistance programs to support nurses in distress. By addressing these challenges through individual, relational, and systemic interventions, this article aims to contribute to the well-being and professional sustainability of nurses in single-income families. Real-life examples, research insights, and practical recommendations are included to provide a comprehensive understanding of the issue.

**Keywords:** Nurses, Stress, Single-income household, Flexible scheduling, On-site counseling, Employee Assistance Programs, Burnout, Work-life balance, Healthcare workforce.

## INTRODUCTION

The nursing profession is a cornerstone of healthcare systems worldwide. However, the emotional and physical toll on nurses is often exacerbated by personal circumstances. When a spouse is unemployed, the resulting challenges ranging from financial strain to emotional dissonance can create a unique stress dynamic. Understanding the multifaceted impact of this stress and identifying

effective coping strategies are critical for ensuring nurses' well-being and professional efficacy.

### Understanding the Stressors

#### 1. Financial Strain

Financial insecurity is one of the most significant stressors for single-income families. According to the World Health Organization (2022), financial instability is linked to higher rates of stress and burnout among healthcare workers. Nurses in this

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situation often feel compelled to take additional shifts, which increases their workload and limits time for personal rejuvenation.

**Example:** A study of 500 nurses in single-income households in India found that 68% reported financial strain as their primary source of stress, with 45% admitting to working overtime to compensate for their spouse's lack of income.

## 2. Emotional Disconnect

The unemployed spouse may experience a loss of identity or self-worth, leading to increased irritability or withdrawal. This emotional disconnect can affect communication within the marriage, contributing to feelings of loneliness for the working partner.

### Research Insight:

Studies suggest that marital satisfaction is 23% lower in households where only one partner is employed, particularly when traditional gender roles are challenged (Brown *et al.*, 2020).

## 3. Professional Implications

Stress from personal circumstances often spills over into the professional domain. Nurses facing stress at home may find it challenging to concentrate, leading to errors or reduced efficiency at work. Research published in the *Journal of Nursing Management* highlighted that nurses with significant personal stress reported a 15% higher rate of workplace errors.

## Impact on Mental and Physical Health

Stress has well-documented effects on both mental and physical health. The constant pressure of balancing professional responsibilities with financial and emotional challenges can lead to the following:

- Burnout:** Characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment, burnout is a prevalent issue among nurses in high-stress environments.
- Chronic Health Issues:** Prolonged stress is associated with hypertension, cardiovascular disease, and weakened immune function (APA, 2019).
- Mental Health Disorders:** Anxiety and depression are common outcomes, with research showing a 40% higher prevalence among nurses compared to the general population.

## Coping Mechanisms: In-Depth Analysis

### 1. Leveraging Social Support

Nurses must actively seek support from family, friends, and colleagues. Peer support groups within

the workplace can provide an outlet for sharing experiences and strategies.

### Case Study:

In a hospital in Mumbai, a peer-support initiative for nurses with personal stress resulted in a 30% reduction in reported burnout symptoms within six months of implementation.

## 2. Financial Planning Workshops

Healthcare institutions can support nurses by organizing financial literacy workshops. These sessions can empower nurses to create sustainable budgets, explore investment opportunities, and manage debts effectively.

## 3. Mindfulness and Stress Reduction Techniques

Mindfulness-based interventions such as meditation and yoga have shown significant benefits in reducing workplace stress. A randomized controlled trial involving 200 nurses found that those who participated in an eight-week mindfulness program reported a 28% decrease in stress levels and improved focus.

## 4. Strengthening Marital Bonds

Open communication and shared responsibilities can help reduce stress. Nurses should work with their spouses to redefine household roles and responsibilities.

## Institutional Support for Stressed Nurses

Healthcare organizations can play a pivotal role in alleviating nurses' stress. Suggested interventions include:

- Flexible Scheduling:** Allowing nurses to adjust their schedules can help them manage personal responsibilities.
- On-Site Counseling Services:** Providing easy access to mental health professionals ensures timely support for nurses in distress.
- Employee Assistance Programs (EAPs):** These programs can offer resources such as financial counseling, stress management workshops, and family support initiatives.

## Flexible Scheduling: Supporting Work-Life Balance for Nurses

Flexible scheduling is a vital strategy to alleviate stress among nurses, particularly those balancing professional demands with personal responsibilities as sole income providers. It allows nurses to manage household duties, prioritize self-care, and reduce stress while maintaining productivity. Studies highlight its benefits:

- **Reduced Burnout:** Nurses with flexible schedules experience a 30% decrease in burnout (*American Nurses Association*, 2022).
- **Improved Job Satisfaction:** Self-scheduling systems increase satisfaction by 21% and reduce absenteeism by 17% (*Journal of Nursing Management*, 2018).
- **Enhanced Patient Care:** Rested nurses provide better care, with facilities reporting a 20% rise in patient satisfaction scores (*Journal of Nursing Care Quality*, 2020).

#### Implementation Approaches:

- **Self-Scheduling:** Empowers nurses to choose shifts based on availability.
- **Shift Swapping:** Allows flexibility without disrupting coverage.
- **Compressed Workweeks:** Offers more personal time by consolidating shifts.

A 2021 study by the *National Institute for Nursing Research* found that flexible scheduling reduced burnout by 32% and turnover by 28%. By embracing this strategy, healthcare organizations can foster a resilient, satisfied workforce and enhance patient outcomes.

#### On-Site Counseling Services: Supporting Nurses' Mental Health

On-site counseling services provide nurses with immediate mental health support, helping them manage personal and professional stress effectively. Key benefits include:

- **Burnout Prevention:** Counseling reduces burnout by 29% (*Journal of Occupational Health Psychology*, 2021).
- **Enhanced Mental Health:** Nurses with access to counseling report 25% improved mental health outcomes (*American Nurses Association*, 2020).
- **Improved Job Performance:** Emotional support enhances focus, teamwork, and decision-making.

#### Implementation:

- Establish private counseling spaces.
- Offer flexible scheduling for sessions.
- Conduct stress management workshops.

A 2021 New Delhi hospital study found a 34% burnout reduction and 22% lower turnover rates after implementing on-site counseling. Providing such services fosters a resilient workforce and enhances patient care.

#### Employee Assistance Programs (EAPs): Supporting Nurses Holistically

Employee Assistance Programs (EAPs) offer a comprehensive framework to support nurses' well-being by addressing personal and professional challenges. These programs provide access to resources such as mental health counseling, financial planning, and stress management, fostering a healthier and more productive workforce.

#### Key Benefits of EAPs

1. **Mental Health Support:** EAPs offer confidential counseling services to help nurses manage stress, anxiety, and burnout. A 2021 study in the *Journal of Workplace Health Management* found that 80% of employees using EAPs reported improved mental health and coping skills.
2. **Financial Guidance:** Resources like financial planning workshops help nurses in single-income households manage budgets, debts, and long-term savings, reducing financial stress.
3. **Workplace Conflict Resolution:** EAPs mediate workplace conflicts, improving communication and teamwork among nursing staff.
4. **Crisis Intervention:** Immediate support during personal or professional crises helps nurses recover faster and return to work with renewed focus.

#### Implementation Approaches

- **Accessibility:** Ensure 24/7 availability of EAP services, including phone and online consultations.
- **Awareness Campaigns:** Promote EAPs through workshops, posters, and team meetings to reduce stigma.
- **Tailored Services:** Customize programs to address the specific needs of nursing staff, such as high-stress work environments and long shifts.

#### Supportive Study

A 2020 study at a multi-specialty hospital in Bengaluru showed significant benefits of EAPs for nurses:

- **Burnout Reduction:** 28% decrease in reported burnout.
- **Improved Job Retention:** Nurse turnover reduced by 18%.
- **Enhanced Productivity:** 20% increase in reported job satisfaction and efficiency.

## Example Initiative

In 2021, a hospital in Bengaluru introduced an EAP specifically for single-income families, resulting in a 25% increase in job satisfaction among participating nurses.

## Encouraging Employment for Spouses

When circumstances allow, encouraging the unemployed spouse to explore career opportunities or part-time work can ease financial stress. Freelance work, online courses, or vocational training programs can provide the spouse with a renewed sense of purpose and contribution.

## Real-Life Narratives

Adding real-life stories of nurses who have successfully navigated the challenges of having an unemployed spouse can add depth to the article. These narratives can serve as powerful examples of resilience and adaptability.

## CONCLUSION

The stress experienced by nurses whose spouses are not employed is a multifaceted issue requiring holistic solutions. By combining personal resilience, marital collaboration, and institutional support, these challenges can be effectively addressed. It is imperative for healthcare organizations and policymakers to recognize and support the unique needs of this demographic to ensure their well-being and sustained contribution to the healthcare system.

## Conflict of Interest

The author declares no conflict of interest in the preparation of this article.

## Funding

No external funding was received for this study/article.

## Ethics Declaration

This article does not involve any primary research involving human or animal subjects. Ethical approval is not applicable.

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