

# Effectiveness of affirmation therapy on stress among nurses working in intensive care units at selected hospitals at Chennai: Pilot study

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## KEYWORDS

Stress,  
Nurses,  
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## ABSTRACT

The primary aim of the study was to assess stress among nurses working at selected hospital. Job related stress among nurses has a cost for individual in term of health, well being and for organization in term of absenteeism and turnover which affects quality of patient care. Objectives: To assess level of stress among nurses working in intensive care units, to assess and compare the pre and post assessment of clinical variables among nurses working in intensive care units with stress, to assess the effectiveness of affirmation therapy on stress among nurses working in intensive care units and to find out the association between stress and selected background of nurses. A study was conducted on 10 staff nurses working in intensive care units. Modified stress assessment scale was used and requires 15-30 min to solve for each questionnaire. There was no significant association found between occupational stress, and age, sex, education, year of experience. Nurses have to face stress which could have negative impact on organizational environment in the future. Out of all considered causes of stress, workload is the major factor responsible for frequent occurrence of stress among majority of nurses.

## INTRODUCTION

Nursing is perceived as a demanding profession. With the increased demand and progress in the nursing profession, stress among the nurses has also increased. Stress is a part of everyday life for health professionals such as nurses, physicians and hospital administrators. Workplace stress has long been recognized as challenge in specific in nursing profession. It has been the growing fact among health care professionals, especially nurses. It occurs when the demands of a working place overpower the capacities of workers to cope with. It can affect all types of workers and all professional occupations.

Work related stress causes physical and psychological disorders in common. The main stressors regarding nurses are workload, relationships with other clinical staff, leadership and management style, emotional needs of patients and their families, poor patient diagnosis, death and dying, shift working time and lacking of reward. The lack of supportive or improper relationship with colleagues and supervisors are also potential sources of stress. A study found that work overload, uncooperative patients, criticism, negligent colleagues, lack of support from supervisors, and issues with physician causes stress to hospital nurses. Sources of stress in nursing include physical labor, emotional demands of patients and families, work hours timing, shift work, interpersonal relationships like inter and intra-professional conflict, and other pressures that are included in the nursing work.

Affirmation is an emotional support or encouragement from within a person so that they take actions related to positive things. It can come from oneself and are only aimed at oneself in order to be able to see things from a positive point of view. Affirmations have many benefits for oneself, especially if these positive affirmations are injected regularly so that they can build self-confidence, keep stress away, provide comfort, make happier.

Affirmations involve the conscious practice of self-affirming statements that are aimed at promoting self-worth, resilience, and a positive mind-set. Shifting of concentration from negative thoughts to constructive beliefs, affirmations have the potential to modulate stress responses, promote coping mechanisms, and foster psychological resilience in case of chronic illness. It can promote relaxation and reduce the perception of stress, anxiety and depression.

They change focus away from negative thoughts and replace them with positive, calming messages. It enhances feelings of control and optimism, which are crucial for coping with challenges. This can lead to the improved mood and overall psychological well-being. The affirmation therapy helps them to concentrate and reducing stress which will lead to healthy ward environment and proper patient care.

## OBJECTIVES OF THE STUDY

- To assess level of stress among nurses working in intensive care units.
- To assess and compare the pre and post assessment of clinical variables among nurses working in intensive care units with stress within study and control group.
- To assess the effectiveness of affirmation therapy on stress among nurses working in intensive care units.
- To find out the association between stress and selected background of nurses.

## Assumptions:

- Intensive care nurses will have stress.
- Intensive care nurses with stress will be healed up by affirmation therapy.
- Affirmation therapy has influence in reducing the level of stress among intensive care nurses.

- Affirmation therapy will assist the intensive care nurses to resolve conflicts, deals with past losses, recognize and appreciate inner resources and find meaning in the significant past life events.

#### Hypothesis:

H1: There will be a significant difference between pretest and posttest mean scores of level of stress among the intensive care nurses.

H2: There will be a significant association between mean posttest score of level of stress with their selected demographic variables among intensive care nurses.

#### Delimitation:

- The study is limited to intensive care nurses who are working in Apollo groups.
- Intensive care nurses who can understand Tamil or English and respond verbally.

#### Criteria for sample selection :

The study sample was selected by the following inclusion and exclusion criteria

##### (a) Inclusion Criteria

- Nurses, with a minimum of 1 year experience, who are working in intensive care units of selected hospitals.
- ICU nurses who are willing to participate in the study.
- Nurses who are working in any of the shifts in all ICUs.

##### (b) Exclusion Criteria

- Stress score less than,15, more than 30.

- ICU nurses are not available at the time of data collection
- ICU nurses who are selected for Pilot Study.

#### Methodology:

##### Research approach:

Quantitative approach

##### Research design:

Pre - Experiment approach,One group pretest and posttest

##### Sampling technique:

Convenient sampling technique

##### Study population:

Nurses working in intensive care units.

##### Sample size:

10 staff nurses received structured positive affirmation intervention.

Duration: 4 weeks.

##### Description of Tool:

The tool consisted of Section A and B

##### Section A: Socio - demographic profile

It includes socio demographic details such as age, gender, marital status, education, family, number of children, professional qualification, years of experience, monthly family income were questioned.

##### Section- B: The Modified Stress assessment scale

The investigator collected the data by structured questionnaire method. The items were assessed by the tool scores, which was given based on the nature of questions that is in positive manner for positive type questions.

Table 1: Frequency and percentage distribution of demographic variables of the nurses working in ICU.

N = 10

Demographic Variables	Frequency	Percentage
<b>Age in years</b>		
21 - 23 years	9	90.0
24 - 26 years	1	10.0
Above 26 years	-	-
<b>Education</b>		
DGNM	4	40.0
B.Sc. (N)	6	60.0
M.Sc. (N)	-	-
Ph.D	-	-
<b>Distance (km) of working area from residence</b>		
2 km - 5 km	10	100.0
5 km - 10 km	-	-
More than 10 km	-	-
<b>Gender</b>		
Female	6	60.0
Male	4	40.0
<b>Marital status</b>		
Married	1	10.0
Single	9	90.0
Divorced	-	-
Widowed	-	-
Separated	-	-
<b>Number of children</b>		
1 (or) 2	1	10.0
More than 2 or 3	-	-
No children	9	90.0
<b>Type of family</b>		
Nuclear family	10	100.0
Joint family	-	-
Extended family	-	-
<b>Monthly family income</b>		
≥135169	2	20.0
67587-135168	4	40.0
50560 - 67586	4	40.0
33793 - 50559	-	-
20274 - 33792	-	-
6768 - 20273	-	-
≤6767	-	-
<b>Recreation activity</b>		
Watching TV	3	30.0
Listening music	3	30.0
Reading books	4	40.0

Demographic Variables	Frequency	Percentage
Others	-	-
<b>Years of experience</b>		
Below one year	6	60.0
1 - 2 years	3	30.0
2 - 3 years	1	10.0
More than 3 years	-	-

Table 2: Frequency and percentage distribution of pretest and post test level of stress among nurses working in ICU

N = 10

Level of Stress	Pretest		Post Test	
	F	%	F	%
Very low stress (0 - 10)	-	-	1	10.0
Faily low stress (11 - 15)	-	-	6	60.0
Moderate stress (16 - 20)	5	50.0	3	30.0
Severe stress (21 - 25)	5	50.0	-	-
Dangerous stress (26 - 30)	-	-	-	-

Table 3: Effectiveness of affirmation therapy on stress among nurses working in intensive care unit.

N = 10

Stress	Mean	S.D	Mean Difference	Paired "t" test & p-value
Pretest	19.40	3.56	5.60	t=10.340
Post Test	13.80	2.85		p=0.0001, S***

\*\*\*p<0.001, S - Significant

Table 4: Association of post test scores of stress among stress working in ICU with selected demographic variables

N = 10

Demographic Variables	F	Post Test Mean±S.D	One Way ANOVA / Student Independent "t" test & p-value
<b>Age in years</b>			t=0.641 p=0.539 N.S
21 - 23 years	9	14.00±2.95	
24 - 26 years	1	12.00±	
Above 26 years	-	-	
<b>Education</b>			t=0.795 p=0.450 N.S
DGNM	4	13.00±1.82	
B.Sc. (N)	6	14.33±3.44	
M.Sc. (N)_	-	-	
Ph.D	-	-	-
<b>Distance (km) of working area from residence</b>			
2 km - 5 km	10	13.80±2.85	
5 km - 10 km	-	-	
More than 10 km	-	-	t=0.445 p=0.669 N.S
<b>Gender</b>			
Female	6	13.50±3.56	
Male	4	14.25±1.70	
<b>Marital status</b>			t=0.641 p=0.539 N.S
Married	1	12.00±	
Single	9	14.00±2.95	
Divorced	-	-	
Widowed	-	-	
Separated	-	-	t=0.641 p=0.539 N.S
<b>Number of children</b>			
1 (or) 2	1	12.00±	
More than 2 or 3	-	-	
No children	9	14.00±2.95	-
<b>Type of family</b>			
Nuclear family	10	13.80±2.85	
Joint family	-	-	
Extended family	-	-	F=0.206 p=0.818 N.S
<b>Monthly family income</b>			
≥135169	2	15.00±4.24	
67587-135168	4	13.25±2.75	
50560 - 67586	4	13.75±3.09	
33793 - 50559	-	-	
20274 - 33792	-	-	
6768 - 20273	-	-	
≤6767	-	-	F=7.086 p=0.021 S*
<b>Recreation activity</b>			
Watching TV	3	12.33±2.51	
Listening music	3	11.66±0.57	

Demographic Variables	F	Post Test Mean±S.D	One Way ANOVA / Student Independent "t" test & p-value
Reading books	4	16.50±1.91	F=1.923 p=0.216 N.S
Others	-	-	
Years of experience			
Below one year	6	12.50±2.16	
1 - 2 years	3	16.00±3.46	
2 - 3 years	1	15.00±	
More than 3 years	-	-	

\*p<0.05, S - Significant, N.S - Not Significant

## CONCLUSION

This study investigated effectiveness of positive affirmation as psychological intervention for reducing stress among the nurses working in critical care units. Participants in the experimental group demonstrated statistically significant reductions in perceived stress levels and there was a notable decrease in stress scores among critical care nurses receiving positive affirmations.

### Clinical Implications

The observed reductions in stress suggest that positive affirmations can serve as an effective supportive therapy for the nurses working in critical care units. By improving emotional resilience and promoting a positive mind-set, it may contribute to improved psychological well-being.

### Limitations and Future Directions

**Sample Size:** Larger studies with more diverse participant size could further validate these findings and assess the generalizability of affirmations across different demographic and clinical profiles.

**Long-term Effects:** Longitudinal studies are needed to evaluate sustainability of benefits beyond the study period and to identify optimal strategies for integrating affirmations into long-term care plans.

**Psychosocial Support:** Future research could explore the synergistic effects of affirmations in combination with other psychosocial interventions to maximize the therapeutic outcomes.

## REFERENCES

- Ali, W. U., Raheem, A. R., Nawaz, A., & Imamuddin, K. (2014). Impact of stress on job performance: An empirical study of the employees of Private Sector Universities of Karachi, Pakistan. *Research Journal of Management Sciences*, 3(7), 14-17.
- Burman, R., & Goswami, T. G. (2018). A systematic literature review of work stress. *International Journal of Management Studies*, 3(9), 112-132.
- Burnard P. Coping with stress in the health professions. *Health Educ Res.* 1992; 7 (2): 316-17. Available from URL: [www.wrongdiagnosis.com](http://www.wrongdiagnosis.com).
- Pandey, D. L. (2020). Work stress and employee performance: an assessment of impact of work stress. *International Research Journal of Human Resource and Social Sciences*, 7(05), 124-135.
- Harris, P. R., Griffin, D.W., Napper, L., Bond, R., Schütz, B., Stride, C., & Brearley, I. (In press). Individual differences in self-affirmation: distinguishing self-affirmation from positive self-regard. *Self and Identity*. doi: 10.1080/15298868.2018.1504819
- Armitage, C. J., Harris, P. R., & Arden, M. A. (2011). Evidence that self-affirmation reduces alcohol consumption: Randomized exploratory trial with a new, brief means of self-affirming. *Health Psychology*, 30, 633-641.
- Guerrer F. J., Bianchi ER. Characterization of stress in intensive care unit nurses. *Rev Esc Enferm USP.* 2008 Jun ; 42 (2) : 355 - 62. Available from: URL: <http://www.ncbi.nlm.gov/pubmed>
- Kawano Y. Association of job related stress factors with psychological and somatic symptoms among Japanese hospital nurses: effect of departmental environment in acute care hospitals. *J Occup. Health.* 2008 ; 50 (1) : 79- 85. Available from: URL: <http://www.searo.who.int>
- Knezevic B, Milosevic M, Golubic R, Belosevic L, Russo A, Mustajbegovic J. Work-related stress and work ability among Croatian university hospital midwives. *Midwifery* 2011;27 (2): 146-53.
- Lee E-H. Review of the psychometric evidence of the perceived stress scale. *Asian Nursing Research* 2012; 6 (4): 121-7.
- Lim J, Bogossian F, Ahern K. Stress and coping in Australian nurses: a systematic review. *International nursing review* 2010;57 (1): 22-31.
- Nixon AE, Mazzola JJ, Bauer J, Krueger JR, Spector PE. Can work make you sick? A meta-analysis of the relationships between job stressors and physical symptoms. *Work & Stress* 2011; 25 (1): 1-22.
- Sulistiyawati, Ari. 2019. *Asuhan Kebidanan Pada Masa Kehamilan*. Salemba Medika. Jakarta.
- Sweeney, A. M., & Moyer, A. 2020. SelfAffirmation and Responses to Health Messages: A MetaAnalysis on Intentions and Behavior. 34(2), 149- 159.
- Polit D. F., Hungler B.P., *Nursing research: Principles and methods*. 6th edition. Philadelphia: Lippincott: 2000.
- Wu H, Chi TS, Chen L, Wang L, Jin YP. Occupational stress among hospital nurses: cross-sectional survey. *Journal of advanced nursing* 2010; 66 (3): 627-34.