

A Pilot Study To Assess The Effectiveness Of Coping Strategies On Quality Of Life Among Nurses Working In Selected Hospitals.

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Introduction

Nurses' professional and social status should be taken into account because they are under a lot of stress; otherwise, nursing services may suffer a significant decline. Certain stressful circumstances in nursing are inevitable and can have a negative impact on nurses' brains and behaviors; it is critical to identify ways to deal with these factors before we can take steps to improve nurses' professional quality and teach them coping strategies. When nurses are under a lot of stress, they use a variety of coping mechanisms, and their stress management style certainly affects the quality of their professional performance. Nurses are trained to think about the quality of care and life of their patients, but rarely about their own; they rarely contemplate that they or others in the profession may require care. Workplace quality of life is a system for analyzing how people experience work, how that experience relates to job satisfaction, intent to leave, turnover rate, personality, and work stress. Nursing is now almost commonly acknowledged to be a difficult profession by its very nature. Nurses are having difficulty meeting patient demands due to a lack of manpower. They feel dissatisfied with their inability to accomplish their work to their professional satisfaction, and they express a desire to leave nursing. To meet the challenges of the health-care delivery system and to ensure the quality of care provided and client satisfaction with the treatment received, it's critical to understand how satisfied nurses are with their quality of life and jobs, as well as what factors influence their quality of life.

Statement of Problem

A pilot study to assess the effectiveness of coping strategies on quality of life among nurses working in selected hospitals, Tamilnadu.

Objectives

1. To assess the level of quality of life among staff nurses in both experimental and control group.
2. To assess the level of coping strategies among staff nurses in both experimental and control group.
3. To assess the effectiveness of coping strategies among staff nurses in both experimental and control group.
4. To find out the pre-test association between coping strategies and quality of life among staff nurses working with selected demographic variables in experimental and control group.
5. To correlate the effectiveness of coping strategies and quality of life among staff nurses in experimental group.

Methodology

The design selected for this present study was true experimental pre and posttest with control group design conduct the study. The study was conducted at krishnagiri district, tamilnadu. The sample size was 40 with 20 staff nurses each in study and control groups. The sample of the study are staff nurses working in selected hospital. A simple random sampling technique method was used to select the samples.

Description of the tool

It consists of two section the section A consists of demographic characteristics of elderly people and the section B consists of WHO QoL - BRIEF scale. It is a standardized tool devised by WHO (1996) to measure the quality of life of individuals. It consists of 26 items. The items are rated on a five point scale. Section C consist of Brief-cope (brief-cope) its was a standardized tool and it had 28 questions.

Ethical consideration

Formal approval was obtained from Institutional Review Board / Ethical Committee. The purpose of

the study was well explained to the staff nurses and obtained informed consent.

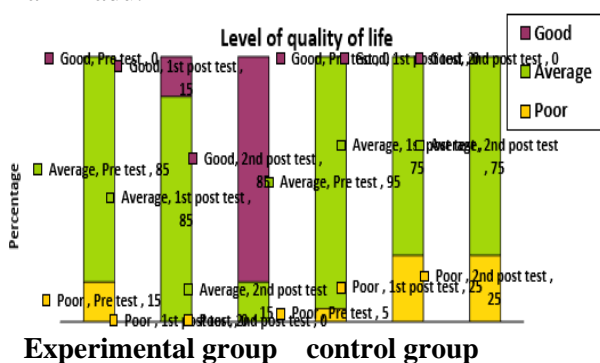
Procedure for data collection

Formal approval was obtained from Institutional Review Board / Ethical Committee. The purpose of the study was well explained to the staff nurses. Demographic variables were collected using Interview schedule. Pre- test assessment Pretest level of quality of life and coping strategies was conducted among staff nurses by Quality of life – WHO and Brief-cope (brief-cope). Intervention are (motivational enhancement therapy) given in experimental group and the post tests was conducted.

Analysis and Interpretation

Data analysis was done using the following statistical methods, descriptive methods like number, percentage, mean and standard deviation and Inferential statistical methods like paired ‘t’ test and independent ‘t’ test were used to determine the effect of coping strategies on quality of life and chi-square test was used to associate the demographic variables with quality of life and coping.

Table-4.2.1: Frequency and percentage wise distribution to assess the level of quality of life among nurses working in selected hospitals, Tamilnadu.



Percentage wise distribution of pre and post tests level of quality of life among nurses in control group depicts that in pretest, most of them (85%) had average quality of life, 15% of them had poor level quality of life and None of them had good quality of life level during pretest, whereas In 1st posttest, majority of the nurses (85%) had average quality of life and 15% of them had poor level of quality of life, none of them (0%) had good level quality of life status among nurses during 1st post test . whereas In 2nd posttest, majority of the nurses

(85%) had average quality of life and 15 % of them had poor level of quality of life. In 2nd post test It shown not even much level improvement from pre test to post test after the intervention.

Percentage wise distribution of pre and post tests level of quality of life among nurses experimental group depicts that in pretest, most of them (95%) had average quality of life, only 5% of them had poor level quality of life and None of them had good quality of life level during pretest, whereas In 1st posttest, majority of the nurses (75%) had average quality of life and 25% of them had good level of quality of life and lower percentage of them (0%) had poor level quality of life status among nurses during 1st post test. whereas In 2nd posttest, most of the nurses (75%) had good level of quality of life and only 25% of them had average level of quality of life and lower percentage of them (0%) had poor level quality of life status among nurses during 2nd post test It shown improvement from pre test to post tests after the intervention. Hence, it can be interpreted that Level of quality-of-life scores was improved in experimental group with **intervention**.

Table-4.2.2: Frequency and percentage wise distribution to assess the level of coping among nurses working in selected hospitals, Tamilnadu.

Coping	Experimental group						Control group					
	Pre test		1 st Post test		2 nd post test		Pre test		Post test		2 nd post test	
	f	%	f	%	f	%	f	%	f	%	f	%
Unfavourable	14	70	2	10	4	20	14	70	14	70	13	65
Moderate	6	30	18	90	15	75	6	30	6	30	7	35
Favourable	0	0	0	0	1	5	0	0	0	0	0	0
Overall	20	100	20	100	20	100	20	100	20	100	20	100

Percentage wise distribution of pre and post tests level of coping among nurses in control group depicts that in pretest,70% of them had unfavorable coping status and 30% of them had moderate level coping, whereas None of them had favourable coping level during pretest. However, In 1stposttest, 70% of them had unfavorable coping status and 30% of them had moderate level coping ,whereas None of them had favourable coping level during pretest. whereas In 2nd posttest, 65% of them had unfavorable coping status and 35% of them had moderate level coping ,whereas None of them had favourable coping level during pretest It shown not even much level improvement from pretest to post test.

Percentage wise distribution of pre and post tests level of coping among nurses in experimental

group depicts that in pretest, 70% of them had unfavorable coping status and 30% of them had moderate level coping, whereas None of them had favourable coping level during pretest, whereas In 1st posttest, majority of the nurses (90%) had average coping and 10% of them had unfavorable level of coping and none of them had favourable level of coping status among nurses during 1st post test. whereas In 2nd posttest, majority of the nurses (70%) had moderate level of coping and 5% of them had favourable level of coping and lower percentage of them (20%) had unfavorable level coping status among nurses during 2nd post test. It shown improvement from pretest to post tests after the intervention. Hence, it can be interpreted that Level of coping **scores** was improved in experimental group with **intervention**.

Conclusion:

The present study to assess the effectiveness of coping strategies on quality of life among nurses working in selected hospitals, Tamilnadu. This study is a first step toward better understanding the quality of life of staff nurses in selected hospitals. The majority of staff nurses had good quality life and coping strategies after given intervention of motivational enhancement therapy. The study concludes that the level of quality of life and coping strategies among staff nurses is more effective by motivational enhancement therapy.

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