ORIGINAL ARTICLE

The Effect of Stress Management Training on Nurse's Stress Based on the Extended Parallel Process Model(EPPM) in Selected Hospitals of Rasht University of Medical Sciences in 2018

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ABSTRACT

Background: In recent years, "stress" is one of the most important fields of research in various sciences. This issue has attracted the attention of scientists in various fields, and each has examined aspects of stress and its effects.

Aim: To investigate the effect of stress management training intervention on nurse's stress based on anextendedparallel process model in selected hospitals of Rasht University of Medical Sciences in 2018.

Methods: In this experimental study, 60 nurses working in Heshmat and Al-Zahra hospitals in Rasht in two groups of 30 intervention and control were selected by simple random sampling as a sample. Data collection tools included a standard Cohen questionnaire and a researcher-made questionnaire. Chi-square, Fisher, independent and paired t-tests were used to analyze the data using spss24.

Results: After training in the intervention group compared to before training and also in the intervention group after training compared to the second order in the control group, the effect of educational interventions on nurse's stress was clearly known (p-value <0.05) . In the second order of control group, compared to the first order and also in the pre-training intervention group compared to the first order in the control group, educational interventions did not have a significant effect on nurse's stress (p-value> 0.05).

Conclusion: The results showed that educational interventions based on extended parallel process model constructs could play an effective role in managing nurses' stress levels.

Keywords: Education, Stress Management, Extensive Parallel Process Model, Nurse, Hospital.

INTRODUCTION

Stress is one of the most common life problems that endangers human health in today's industrial world. Stress is one of the most important risk factors for many different mental and cardiovascular diseases. Thus, the World Health Organization has placed mental health on the agenda of member countries as one of the principles of primary health care[1]. In the United States, more than 40 million people suffer from anxiety disorders each year, and one in four people suffer from it[2]. The damage caused by workplace stress in the United States is estimated at $ 300 billion[3]. Various studies in Iran have reported a prevalence of mental disorders including anxiety of 30.4%[4]. When a person is stressed, he tries to reduce that unpleasant feeling. Trying to reduce stress is called coping. When coping with stress fails and does not subside, the person suffers from physical problems and psychological damage due to physiological arousal, and behavioral problems manifest as feelings of anxiety and depression. Therefore, when people are under stress, they should have the necessary coping skills to be able to reduce its effect[5].

The first coping skill during stressful life events is to be decisive and courageous in the face of it. Whenever people have the opportunity to assess the situation at these events, they can choose the most appropriate coping skills. Therefore, one of the best coping skills is stress management, which has been highly regarded by experts[6]. Some of the ways to dealing with stress are include stress management, time management, organizing skills, a set of activities such as helping others to get things done, embracing the support of others, being realistic, considering success, exercise, appropriate nutrition , sleep and rest[7]. Stress management is considered to be the ability of individuals to reduce stress and adapt appropriately to stressful situations and includes behavioral methods such as regular relaxation and desensitization or cognitive-behavioral methods such as coping skills training, courage training, mindfulness and cognitive reconstruction, time management, and reasoning educational topics. Sleep and rest are essential aspects of stress management that maintain the body's energy[8]. Nurses, as a specialist, need to have physical, mental and social health to play their role and create balance in work and life[9]. In our country, 80% of the employees in the health care system are nurses. Also, in this system, 80% of the work is assigned to them[10]. Stress is a well-known component of modern nursing that is useful in small amounts but in the long period causes chronic diseases such as hypertension, cardiovascular disease, asthma, etc[11].

The National Institute for Occupational Safety and Health has named nursing in the top 40 stressful professions. Studies show that 7.4% of nurses are absent each week due to burnout or disability due to stress, which is 80% more than other jobs. The prevalence of anxiety in Iranian nurses was the highest (43.2%) and in Japanese nurses was the lowest (7%) in the world[12]. The most important factors causing stress in the nursing profession are high workload, lack of participation in important decisions, lack of control over working conditions and lack of career advancement. Other factors such as gender, overweight, working hours and the number of night shifts are also directly related to stress in these people[3]. Numerous studies have shown that the most effective educational programs are programs based on theory-based

approaches that have emerged from patterns of behavior change and increase the likelihood of increasing the impact of health education programs and help to identify individual characteristics and the environment which somehow influence behaviors[13]. According to the extended parallel process model, the person is faced with two types of evaluation after encountering the message. First, the evaluation of the threat construct, which includes perceived intensity and perceived sensitivity, and then the evaluation of the two constructs of perceived response efficiency and self-efficacy[14,15]. Therefore, due to the appropriateness of the functional framework of stress management with a broad parallel process model that includes expressing the risks of stress and expressing strategies to dealing with stress and also the high level of stress in the nursing profession, the present study aimed to evaluate the effect of stress management training intervention on nurse's stress based on extended parallel process modeling.

METHODS

Participants: This was an experimental study that was conducted with two intervention and control groups to investigate the effect of stress management educational intervention on nurses' stress based on a broad parallel process model. The study population included all nurses working in eight hospitals of Guilan University of Medical Sciences. In this study, the samples were selected from nurses working in different wards of Al-Zahra and Heshmat hospitals in Rasht. The sample size was calculated according to similar studies and through the relevant formula, 30 people were considered for the control group and also 30 people for the intervention group who were selected by simple random sampling.Inclusion criteria included informed consent, non-participation in similar research and also having at least one year of work experience in selected hospitals, and exclusion criteria included cancellation of samples during the study, long-term leave or sick leave, transfer to another place of work and also the absence of more than three sessions of training classes.

Measuring tools: Data collection tools in this study included the Cohen standard questionnaire to determine the level of stress in nurses and also a researcher-made questionnaire consisting of two sections of demographic information and a questionnaire that was designed according to the structures of the extended parallel process model and Likert scale. To design and construct the theoretical variables of the EPPM model, which included four structures: perceived intensity, perceived sensitivity, perceived response efficiency, and perceived self-efficacy, using sample questionnaires used in the studies of Witt et al, and Mekeon and Allahverdi and according to the subject, questionnaires of theoretical variables of EPPM model for stress management in nurses were developed. This questionnaire consisted of a total of 31 questions, of which the constructs of perceived sensitivity, perceived intensity and perceived response efficiency each included 8 questions and the self-efficacy construct had 7 questions.

Statistical analysis: Descriptive statistics were used to analyze the data and inferential statistics were used to determine the significance. SPSS24 software was used for data analysis.

Ethical considerations: In this study, the approval of the Research Ethics Committee of the Research Institute of the Faculty of Medical Sciences with the ethics ID IR.IAU.TMU.REC.1397.275 was obtained and approved according to the charter and standards of research ethics of the Ministry of Science, Research and Technology.

RESULTS

Frequency and percentage of answers to perceived intensity questions before and after training in the intervention group show that the mean after the intervention have increased for all questions "decreased ability to learn", "migraine headaches", "cardiovascular disease", "cancer", "decreased body resistance", "decreased decision-making strength", "decreased self-confidence", "feelings of helplessness and quick-suffering".Frequency and percentage of answers to perceived intensity questions in the first and second time of the control group showed that the mean of the questions "decreased ability to learn", "decreased decision-making power", "migraine headaches", "decreased body resistance" and "feeling helpless and easily hurt" increased slightly, and the mean of the questions " cardiovascular disease " and "self-confidence" have declined slightly, and the average for "cancer" has remained the same.Frequency and percentage of answers to perceived sensitivity questions before and after training in the intervention group show that average for all questions "loss of life balance", "fear of stress", "feeling stressed", "stress due to heavy workload", "stress due to low sleep", "high stress during illness", "stress due to lack of support from others" and "anxiety due to stress" have increased. Frequency and percentage of answers to perceived sensitivity questions in the first and second time of the control group show that the average for the questions "loss of life balance", "high stress during illness" and "anxiety due to stress" was rarely increased, but this average for the questions "stress due to lack of support from others", "fear of getting Stress", "stress due to heavy workload", "stress due to low sleep" have decreased slightly. Also, the average for question of "feeling stressed" has remained the same.

Frequency and percentage of answers to questions of perceived response efficiency before and after training in the intervention group show that average after intervention has increased for all items of "time management", "proper nutrition", "smoking", "sports activities", "getting help from others", "fun and travel", "enough sleep" and "ability to problem solve". Frequency and percentage of answers to questions of perceived response efficiency in the first and second time of the control group showed that the average for the questions "proper nutrition", "leisure and travel" and "problem-solving ability" rarely increased, and decreased slightly for the questions "getting help from others" and "enough sleep". Also, this average has remained constant in the questions of "time management", "sports activities" and "smoking".Frequency and percentage of answers to self-efficacy questions before and after training in the intervention group showed that average score has

increased in all questions "stress management in any situation", "ability to do daily things", "resistance to stressors", "helping friends to control of stress", "stress management in critical situations", "ability to control of emotions" and "stress management in difficult situations".Frequency and percentage of answers to self-efficacy questions in the first and second time of the control group show that the mean after intervention in the questions "resistance to stressors" and "helping friends to control of stress" rarely increased, but has decreased in the questions "stress management in any situation", "ability to do daily things", "ability to control of emotions" and "stress management in difficult situations." This mean also remained constant for the question "stress management in critical situations" after the intervention.

Table 1- Comparison of the mean of perceived severity questions in the intervention and control groups

Perceived severity questions	Intervention		Control	
	Before	After	First T.	Second T.
Stress reduces my ability to learn	4.10	4.53	3.80	3.83
Stress causes migraine headaches	3.90	4.43	4.00	4.06
Severe stress leads to cardiovascular disease	4.10	4.30	3.90	3.83
Severe stress leads to cancer	4.23	4.27	3.87	3.78
Severe stress reduces my body's resistance	4.20	4.30	4.12	4.16
Stress destroys my decision-making power	4.00	4.47	4.06	4.13
Stress lowers self-esteem	3.93	4.53	4.10	4.06
Stress causes helplessness and quick-suffering	4.10	4.67	4.06	4.10

Table 2 - Comparison of the mean of perceived sensitivity questions in the intervention and control groups

Perceived sensitivity questions	Intervention		Control	
	Before	After	First T.	Second T.
I may lose my balance in times of crisis	4.00	4.10	3.73	3.80
.I'm always worried about being stressed	3.83	4.33	3.87	3.83
I always feel stressed	3.53	4.23	3.73	3.73
Low sleep causes stress	3.97	4.30	3.87	3.80
I often get stressed due to heavy workload	3.80	4.17	4.07	4.00
I feel more stressed when I am sick	4.26	4.33	3.83	3.90
If I do not have the support of others, I will be exposed to stress	4.07	4.10	4.07	4.00
Stress increases my anxiety	4.13	4.33	4.27	4.30

Table 3 - Comparison of the mean of questions of perceived response efficiency in the intervention and control groups

Questions of perceived response efficiency	Intervention		Control	
	Before	After	First T.	Second T.
Time Managing to get things done right can help to control my stress	3.90	4.50	4.20	4.20
Proper nutrition plays an important role in controlling my stress	3.47	4.40	3.40	3.50
.My stress is controlled when I smoke	2.33	2.37	2.43	2.43
Exercise keeps me safe from stress	3.37	4.23	3.40	3.40
Getting help from others and feeling supported by them is effective in control of stress	3.37	3.90	3.63	3.50
I believe in the effectiveness of leisure and travel in controlling my stress	3.43	3.97	3.70	3.76
Getting enough and on time sleep can reduce stress	3.47	4.13	3.56	3.50
Problem solving ability is effective in controlling my stress	3.30	4.40	3.50	3.56

Table 4 - Comparison of the mean of self-efficacy questions in the intervention and control groups

Self-efficacy questions	Intervention		Control	
	Before	After	First T.	Second T.
In any situation, I am able to control my stress	2.60	3.13	2.83	2.80
I am convinced that in stressful situations, I have the ability to do my daily work using stress management methods	2.93	3.00	2.70	2.66
I feel that I can resist stressors	2.87	3.07	2.83	2.86
In addition to myself, I can help my friends in control their stress	3.20	3.30	2.43	2.5
I can easily manage my stress in critical situations	2.63	3.47	2.50	2.5
When I am stressed, I have the ability to control my emotions	2.73	3.07	2.47	2.40
I control my stress even in very difficult situations	2.23	3.00	2.00	1.93

Table 5 - Statistical indicators of stress in the intervention group (before and after training)

Time / Variable	Before	After	
		Mean±SD	Paired-t test results
Perceived severity	4.07±0.60	4.43±0.36	T= -2.414, df= 29, P-value=0.022
Perceived sensitivity	3.94±0.58	4.23±0.40	T= -2.205, df= 29, P-value=0.036
Perceived response efficiency	3.33±0.51	3.98±0.31	T= -5.552, df= 29, P-value=0.001
Self-efficacy	2.39±0.52	2.75±0.51	T= -2.149, df= 29, P-value=0.040

According to the mean values, it is clear that stress management training has led to increased perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy in nurses.

Table 6- Statistical indicators of stress levels of the first and second turn in the control group

Time / Variable	First	Second	Paired-t test results
		Mean±SD	
Perceived severity	3.99±0.39	4.00±0.49	T= 0.732, df= 29, P-value=0.470
Perceived sensitivity	3.93±0.65	3.92±0.72	T= 0.488, df= 29, P-value=0.629
Perceived response efficiency	3.47±0.51	3.48±.46	T= -0.820, df= 29, P-value=0.419
Self-efficacy	2.22±0.65	2.20±0.72	T= 0.447, df= 29, P-value=0.658

The results showed that there was no significant difference between the mean scores of the first and second time in the control group.

Table 7- Statistical indicators of stress in the intervention group before training and the first time of the control group

Group / Variable	Intervention - before training	Control- first time	Independent-t test results
		Mean±SD	
Perceived severity	4.07±0.60	3.99±0.39	T= 0.951, df= 58, P-value=0.346
Perceived sensitivity	3.94±0.58	3.093±0.65	T= -0.131, df= 58, P-value=0.896
Perceived response efficiency	3.33±0.51	3.47±0.51	T= -1.275, df= 58, P-value=0.208
Self-efficacy	2.39±0.52	2.22±0.65	T= 1.376, df= 58, P-value=0.174

The results show that there is no significant difference between the mean scores before stress management training in the intervention group and the first time in the control group.

Table 8- Statistical indicators of stress in the intervention group after training and the second time in the control group

Group / Variable	Intervention - after training	Control- second time	Independent-t test results
		Mean±SD	
Perceived severity	4.00±0.54	4.43±0.36	T= 4.988, df= 58, P-value=0.001
Perceived sensitivity	3.92±0.72	4.23±0.40	T= 2.570, df= 58, P-value=0.013
Perceived response efficiency	2.48±0.46	3.98±0.31	T= 3.543, df= 58, P-value=0.001
Self-efficacy	2.30±0.72	2.75±0.51	T= 3.649, df= 58, P-value=0.001

The results of the present study showed that the stress management training led to a significant increase in perceived intensity, perceived sensitivity, perceived response efficiency and nurse's self-efficacy.

DISCUSSION

The findings obtained in this study are discussed in relation to the general purpose and specific objectives. The frequency distribution of the age of the studied units in the intervention and control groups showed that the majority of the studied units in the intervention group (36.7 %) Were less than 30 years old and (36.7%) were between 30 and 40 years old and in the control group most of the subjects (53.3%) were between 30 and 40 years old. The mean and standard deviation of age in the intervention group was 34.37 ± 8.47 years and in the control group was 33.73 ± 7.19 years. Also, based on the results of Chi-square test, the two groups are homogeneous in terms of age (P= 0.40). The frequency distribution of the sex of the subjects in the intervention and control groups included 27 females and 3 males for each group, which based on the results of Fisher's exact test, showed that the two groups are homogeneous in terms of gender (P= 1.0).The frequency distribution of marital status of the studied units in the intervention and control groups showed that in the intervention group 12 people are single and 18 people are married and also in the control group 7 people are single and 22 people are married. In fact, according to the results of Fisher's exact test, 60% in the intervention and 73.3% in the control groups are married and the two groups are homogeneous in terms of marital status (P= 0.27). Frequency distribution of the number of household members of the studied units in the intervention and control groups showed that the number of household members in the majority of the studied units in the intervention group was 4 people (36.7%) and in the control group was 2 people (26.7%). Also, based on the results of Fisher's exact test, the two groups are homogeneous in terms of the number of household members (P= 0.30).

The frequency distribution of the level of education of the studied units in the intervention and control groups showed that the education level of the majority of the studied units in the intervention group (93.3%) and the control group (73.3%) was bachelor. In the intervention group, 28 people have a bachelor's degree and two people have a master's degree. Also in the control group, 22 people have a bachelor's degree, 6 people have a master's degree and two people have a PhD and according to the results of Fisher's exact test, the two groups are homogeneous in terms of education (P = 0.09).The frequency distribution of the employment status of the

research units in the intervention and control groups showed that the majority of the research units in the intervention (63.3%) and control (56.6%) groups are formal employment. Exactly in the intervention group, 19 people were formally employed, 9 people were projected and 2 people were contracted. Also, in the control group, 17 people were formally employed, 8 people were projected, and 5 people were contracted, which according to the results of Fisher's exact test, the two groups are homogeneous in terms of employment status (P= 0.71). The frequency distribution of the workplace ward of the research units in the intervention and control groups showed that the workplace ward for the intervention group includes 5 internal medicine, 6 surgical, 7 operating room, 8 intensive care and 4 emergency. Also, the service department for the control group includes 6 people for the internal medicine department, 6 people for the surgery department, 7 people for the operating room, 5 people for intensive care and 6 people for the emergency department. The places of service are homogeneous (P-value = 0.88). Frequency distribution of work experience of research units in intervention and control groups showed that the work experience of the majority of research units in the intervention group (36.7%) is less than 5 years and in control (36.7%) between 11 to 15 years. Also, according to the results of Chi-square test, the two groups are homogeneous in terms of work experience (P-value = 0.70). Frequency distribution of the average monthly income of the research units in the intervention and control groups showed that the average monthly income of the majority of the research units in the intervention group (70%) and in the control group (63.3%) is less than 2 million and 500 thousand Tomans. Also, based on the results of Fisher's exact test, the two groups are homogeneous in terms of average monthly income (P-value = 0.57).The frequency distribution of work shifts of the studied units in the intervention and control groups showed that the work shifts of the majority of the studied units are in circulation in the intervention (73.4%) and in the control group (83.3%). Also, based on the results of Fisher's exact test, the two groups are homogeneous in terms of work shifts (P= 0.53).

Regarding the "determination and comparison of nurses' stress levels before and after stress management training, based on the extensive parallel process model in the intervention group", statistical indicators of stress levels of the study units showed that p-value for 4 variables of perceived severity, Perceived sensitivity, perceived response efficiency, and self-efficacy are less than 0.05, indicating a significant difference between the mean scores of before and after training in the intervention group. Therefore, the results showed that stress management training increased perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy in nurses. These results are in line with the results of the studies of Ghaffari et al. (2018), Karsipwal et al. (2013), Popova et al. (2012) and Hong et al. (2011), which by increasing the mean of all structures of the EPPM model, they showed that one of the applications of the extended parallel process model for educational interventions is to behaviors of disease-preventing and reduce the individual's exposure to the risk factor. In relation to "determining and comparing

the stress levels of first and second time nurses in the control group", statistical indicators of stress levels of the studied units showed that p-value for 4 variables of perceived severity, perceived sensitivity, perceived response efficiency and self-efficacy is greater than 0.05, which indicates that there is no significant difference between the mean scores of the first and second rounds in the control group. In relation to "comparison of nurse's stress before stress management training based on a extended parallel process model in the intervention group and the first run in the control group" Statistical indices of stress level of the studied units showed that the p-value for the four variables of perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy is greater than 0.05. Which indicates that there is no significant difference between the mean scores before stress management training in the intervention group and the first time in the control group. These results are in line with the results of Niknami et al.'s study in 2014, which showed that before training in the intervention group and the first time in the control group, there is no significant difference between the risk control process and fear control among drivers and based on the EPPM model.

Regarding "comparison of nurse's stress levels after stress management training based on aextended parallel process model in the intervention group and the second time in the control group" statistical indices of stress level of the studied units showed that the p-value for the four variables of perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy was less than 0.05, which indicates that there is a significant difference between the mean scores after stress management training in the intervention group and as well as in the second time for the control group.Therefore, the results showed that perceived severity, perceived sensitivity, perceived response efficiency and self-efficacy of nurses after training in the intervention group had a significant increase compared to the control group. These results are in line with the results of the study of Karimi et al. (2013), which was shown that by the increase in the average of EPPM model structures in the control and intervention groups, the rate of self-medication in individuals decreased significantly after the test.

CONCLUSION

Educational interventions in the present study based on extensive parallel process model constructs could play an effective role in managing nurses' stress levels.One of the important reasons for the success of the present study is the development of educational programs to reduce the level of nurses' stress and the accurate implementation of educational interventions and the use of teaching aids including lectures, educational booklets and PowerPoint. According to the findings and based on statistical indicators of the amount of stress in the study units in this research, since the p-value in the intervention group after training compared to before training and also in the intervention group after training in comparision to the second time in the control group of four constructs of perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy is less than 0.05, so the effect of educational

interventions on nurse's stress levels is clearly known. But since the p-value in the second time in the control group compared to the first time and also in the pre-training intervention group compared to the first time in the control group for four constructs perceived intensity, perceived sensitivity, perceived response efficiency and self-efficacy was greater than 0.05, therefore, educational interventions did not have a significant effect on nurse's stress. Therefore, according to the results, this model can play an effective role in health-related behaviors and be good determinants for people's response to behaviors, and in the prevention and control of many high-risk behaviors and the promotion and strengthening of health behaviors, as well as especially play an effective role in preventing diseases. Studies by Rachel et al. (2013) and Kutowski et al. (2011) can confirm this result.

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