

# **A longitudinal Cohort Study to Assess The Sources of Stress and Sources Evolve During in BSc Nursing Programme Among Nursing Students at Selected Nursing Colleges in Chhattisgarh**

Prof.Kirti Sharma, Vice Principal, Government Nursing College,Kavaratti,  
Lakshadweep.

## **Introduction**

Mental wellbeing is a condition of well-being in which people consider their ability to deal with stress levels. Students are the future of our country. Each student is ideal and considered an asset, who has to take responsibility for the country. The student period is a golden period, a period of dreams, and a period to live out their role models. Student life is the most impressionable period of life. The foundation should be strong to stand in a good way to lead the future. A student's life has many benefits but also comprises inevitable stressors. Each person's problems are unique based on current situations.

College life is challenging and requires more effort than schools. Students spend most of the time in college and experience more academic load. Stress is a part of our life and will always be around us. Stress refers to a 'state of the affair' requiring physical & mental energy demand as well as being a disorder or event that interferes with an individual's usual physiological function.

The term “stress” was introduced by Hans Selye in 1936<sup>1</sup>. Biological stress was defined by Selye as “the body's non - specific reaction to any request made upon it”. In his consecutive work, Selye further divided stress into two concepts. Distress, which occurs when stress exceeds the ability of individuals to cope with stressors, and eustress, which is considered as the positive type of stress that enhances individuals’ good feelings

The pathophysiology of stress can be explained by the stress response system. In response to a stressful situation, the body reacts by activating the components of that response system. Through hormonal regulation, both the hypothalamic - adrenal – pituitary and the autonomic axes of the stress response system are activated in an attempt to manage the situation. In addition to coping with stressful stimuli, activation of the stress response system leads to interaction with other body parts. Reproductive, endocrine, gastrointestinal, metabolic, and immune systems are all affected by the released regulatory hormones. As a result, growth, appetite, temperature, and thyroid may be influenced.

Prolonged stress has been related to several adverse health outcomes. Stress has been shown to affect individuals’ immune response systems, to increase the risk of heart disease and was related to negative psychological consequences such as burnout, depression and in extreme cases could lead to suicide. Besides,

behavioral changes like drug and alcohol abuse were also linked to stress. Individuals' vulnerability to these consequences varies depending on how they appraise and react to the stressors they face, .Thus individuals utilizing adaptive coping strategies tend to have fewer problems.

## **Methodology**

. The goal of this study was to examine the stress encountered at selected College of nursing in Chhattisgarh.in undergraduate nursing students over different batches. A longitudinal Cohort Study was developed to assess stress and stress among students The longitudinal Cohort design was the research design adopted for this investigation. The student's target population was BSc Nursing Students of the Shri Rawatpura Sarkar Institute of Nursing and Ravi Shankar Institute of Nursing.The sample size was 160 Purposive sampling methodology in the quantitative section was used. The instrument used for the collection of quantitative data includes two components: demographic output in Part A, Visual Analog Stress Scale in Part B (VAS) and the Stress Questionnaire (NES) in the C

Nursing Setting. Inference and descriptive statistics were used for the analysis of the results. In terms of stress, our findings have shown a steady rise over the four-year course. In February 2-3 months before graduation, 4-year-olds reported highest stress levels, while second-year-olds reported lowest stress levels during holidays in December. Researcher also established a statistically significant relation between gender, sleep period, student residence, family income, socioeconomic status, as well as the percentage of grades obtained during the first academic year of the first exams. During qualitative interviews, participants measured their levels of straining in each year and addressed the highest, this difference in stress levels was further confirmed.

## Results

In September (1st year average=84.4, SD=14.5) and August (1st year average=73.8, SD=14.68) the first years of their university review recorded highest average stress rates.

August (mean second year=73.8, SD=14.44) and September (second mean=72.4, SD=14.11) were recorded by the second students to achieve their highest mean stress levels due to their September second year university test.

In September (mean year 3 = 74.8, SD = 14.99) and August (mean year 3 = 73.7, SE = 14.56), students in three years recorded their highest mean stress levels because of their third university exam in September.

Students in the fourth year reported the highest medium stress peak (mean=84.4, SD=14.5) in September and the lowest average in May (mean=36.8, SD=27.5), the interval of the graduate and graduate studies.

The average stress level of BSc students. 15,63% of nursing students were found to be under mild stress, 55,62% moderate stress, 27,5% to be stressed seriously and 1,25% to have highly stressful conditions.

The difference in stress sources, as shown by NES variables in T1, showed a substantial increase in stress levels of 'workloads' (4.75,  $P < 0.05$ ) in the self-efficacy Community (4.57,  $P < 0.05$ ) during the fourth years of age. In the third cohort, over the year the stress rate of the factor for 'patient treatment' (4,15;  $P < 0,05$ ) and clinical training (4,9;  $P < 0,05$ ) significantly increased the 'personal factors' (4,55;  $P > 0,05$ ). The conclusion shows that T1 tests differ in the sources of stress, even among nursing students. Then, H02 has been denied.

There have been substantial rises in stress rates in 4th-year students, in stress factors, as seen in t2, for workload (4.66,  $P < .05$ ) group autoefficacy (4.50,  $P < 0.05$ ). In the third year cohort, too, stress concentrations were substantially improved with the "patient treatment" factor (4.82  $P < 0.05$ ) and clinical exercises (4.9,  $P < 0.05$ ). In the second evaluation of years of study there have been no substantial variations between comparisons of NES factors but at the beginning of this year a substantial gap was found between the variables 'self-

efficiency' [ $H(4)=10.6$ ,  $P<0.05$ ] and 'patient protection' [ $F(2,50)=3.7$  and  $P<0.05$ ] over the years.

Even though the majority of students reported 'examinations and grades' and 'workload' over the course of each year, this year's students also point out that the causes of stress are different across every single year.

Students in the third and fourth years of each month face the key reasons, the majority of which "in terms of their future." Stress factors vary from year to year, depending on the frequency distribution of these stressor researchers, while "checks and grades" and "job loads" are reported by all students during each year.

In the 2nd year of a year, the most important cause of stress in each cohort showed that the tests or grades of students were the most common (60 percent and 45.5 percent respectively) stressors in their 2nd year of study. The working load of their students (45.5 percent) was the most common stressor in the 3rd year of the study.

The stresses and demographic variations of BSc nursing students, such as gender, sleep length, the medium of study, residence for the study period, family income, socio-economic status, number of babies, percentage of marks obtained during the current academic year, are all larger than their value table.

Qualitative findings demonstrated the adverse impact of high pressures on the health and well-being of students.

## Conclusion

Findings from this study indicate that nursing students experience high levels of stress that vary according to their stage in the program and time during the academic year. In addition, our results suggest a negative effect of high stress level on students' health and well-being, and this needs to be addressed by nursing faculties and educators.

## Reference

- 1) Begum S, Rao KN.(1994). Psychiatric morbidity in college and illiterate youths. Indian journal of psychiatry, page no;36 -38
- 2) Chiauzzi, E., Brevard, J., Thurn, C., Decembrele, S., & Lord, S. (2008). My student body- stress. An online stress management intervention for college students. Journal of Health Communication. 13. Page no: 555-572. Retrived fromdoi:10.1080/10810730802281668
- 3) Datta, Damayanti (25 February, 2011)'Secret Life of Indian Teens' India Today,< [http://m.indiatoday ... com/2011/01/vrindavans-porn-swamy-arrested-cds](http://m.indiatoday.com/2011/01/vrindavans-porn-swamy-arrested-cds)
- 4) Godbey, K.L. & Courage, M. M. (1994). Stress-management program: Intervention in nursing student performance stress. Archives of Psychiatric Nursing, 3, page no:190-199.
- 5) Jones, M.C. & Johnston, D.W. (1997). Distress, stress, and coping in first-year nurses. Journal of Advanced Nursing, 26, Page no:475-482.
- 6) Kanji N, White A, Ernst E. (2006). Autogenic training to reduce stress in nursing students. Issues and innovations in nursing education. Page no: 729 – 735.