The Impact Of Nursing Strategies On Quality Of Life

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ABSTRACT
This study aims to explore the psychological and manpower challenges faced by nursing staff. It seeks to identify the primary stressors affecting their mental health and job satisfaction, as well as the staffing and resource issues that influence their daily work experiences. The study highlights the complex interplay between psychological and manpower challenges faced by nursing staff. By identifying these challenges, the research provides a foundation for developing comprehensive support systems and policies aimed at improving the well-being and effectiveness of nursing staff. Addressing these issues is crucial for enhancing the quality of patient care and ensuring a sustainable and resilient healthcare workforce.

Keywords: Nursing, Quality of Life, Psychological, Patient and Healthcare

INTRODUCTION

The nursing profession in the West was characterized by widespread status anxiety due to the disconnect between the idealized portrayal of nurses by their leaders (as middle-class, professional, "noble") and the reality of the profession (as a low-class, demanding servant) and the public's perception of it (as morally dubious). Colonial Indian culture was even less receptive to working-class women's assertions on the status and worth of nursing. Nursing was seen by Indian culture as contamination labour, characteristic of lower castes, in addition to being unskilled and ethically dubious. Meanwhile, while teaching the significance of competent nursing, the colonial state viewed nurses and their job with disdain.

Nurses began arriving in India in the 18th century, and it is thought that efforts to educate Indian nurses began in 1867, when missionaries from Delhi's St. Stephen's Hospital established guidelines for Indian female nurses. Professional development in India began around the turn of the twentieth century, following in the footsteps of highly trained nursing that had arrived in Britain in the middle of the nineteenth century.

Nursing developed during the time when the British Empire ruled India, according to historical accounts. Nursing was first established in India by the British Medical Services, subsequently renamed the Indian Medical Services. Numerous hospital-based training hospitals in India were the first to formally instruct nurses. Under British administration, the majority of nurses were Christian women from Anglo-Indian, European, and Indian-Christian backgrounds. According to the Government of India (1918), the British placed a high importance on Indian nursing contributions since they helped organise a workforce of Indian nurses who could care for patients and also occupy crucial administrative and educational roles. The British, however, saw nursing as a lowly profession and found it difficult to teach Indian nurses. According to the American Journal of Nursing in 1907, women were not allowed to become nurses due to religious and caste restrictions in Hindu and Muslim societies. The low social standing of nurses and the pervasive caste system in India both contributed to the small pool of Indians interested in nursing.

During their time in power, the British government actively promoted and oversaw nursing education. In an early effort to standardize the nursing curriculum, certain regions of India formed nursing boards. Additionally, these nursing boards oversaw the administration of nursing hospital admission exams. 'North India United Board of Examiners for Mission Hospitals' administered the first examination in 1910. The South Indian Medical Association's nursing committee also administered a test for a new nursing curriculum in 1913. In the later time, many government health care facilities in India became members of the different nursing boards in order to benefit from the public nursing exams that these boards organized and to get recognition from them (Jaggi, 2001). Between 1920 and 1939, several nursing institutes were set up over India with the goal of standardizing nursing education.

LITERATURE REVIEW

Mishra (2024). The technological revolution has had far-reaching effects on people's professional and private life. Even if technology has made people's lives easier, it has also brought stress in the form of technostress, which occurs when people are unable to keep up with the rapid pace of technological advancement and therefore feel symptoms of stress. More study into technostress, delving into its origins and coping methods, is needed due to the rising severity of this stress. Successful and accurate stress assessment is essential for technostress research. Recent years have shown that stress biomarkers such salivary alpha amylase and cortisol are dependable. A small number of studies have employed biomarkers to evaluate technostress, while there are a number of cases where researchers have used surveys and questionnaires to do

so. In addition to surveys, biomarker testing is a crucial tool for studying technostress. In this article, we review the relevant research on technostress and its biomarkers, as well as the reasoning for their use.

Iqbal (2021) In addition to being the source of many societal issues, stress is known to exacerbate a number of potentially fatal medical diseases and increase the likelihood of acute cardiovascular events. More and more people are feeling the effects of stress, and that has piqued people's interest in finding ways to monitor stress levels for the sake of prevention and connected health, especially via the use of wearable sensing devices. Modern advances in miniaturised and flexible biosensors have paved the way for the creation of interconnected wearable solutions that can detect stress levels and act before stress-related health problems worsen. This study provides a literature overview on several stress indicators, including physiological and chemical markers, and the sensor technologies that are routinely employed for quantitative stress evaluation.

Vage (2023). At some point in their lives, every person experiences a severe psychological crisis. A heightened state of arousal is brought on by venepuncture for certain people who suffer from needle fear. The hypothalamic-pituitary-adrenal and sympathetic-adrenal-medullary axis are activated, among other physiological changes, in response to acute psychological stress. The reaction of humans to sudden, intense stress is the primary focus of this review piece. We proceed by outlining the main biochemical indicators that have been investigated in studies seeking to measure stress, as well as how a subject's psychological stress might potentially contribute to pre-analytical variability for certain measurable variables. Therefore, we draw attention to the fact that stress can make it harder to interpret some lab results (especially those involving growth hormone, cortisol, prolactin, and metanephrines) and we suggest that biochemical analysis could be useful in future research on how stress affects human behaviour.

He, Jiayu. (2023). The stress levels of college students are caused by a multitude of things. Headaches, fatigue, inability to focus, and depression are just some of the physical and mental health issues that might develop as a result. Consequently, students' academic performance might be affected, leading to more absenteeism and lower motivation. Lots of things may put a strain on kids' mental health, which in turn affects their physical fitness and ability to focus in the classroom. Theoretically, these consequences are discussed in this article. The significance of coping mechanisms in assisting pupils in managing stress is also addressed. This review of the literature looks at these connections and finds places to go from here in terms of interventions and research.

Gick, Mary. (2011). New studies on problem-solving techniques and how they connect to learning and problem-solving procedures are summarised in this article. We differentiate between schema-driven and search-based approaches to addressing problems, and we talk about how experts and novices employ these approaches differently. We compare and contrast general techniques that help people learn the issue schemata related to expertise with tactics that make it harder for them to acquire these schemata. The discussion focuses on the limitations of problem-solving processes and their impact on education. The impacts of training on strategy utilisation and search-based tactics in experts are two areas that should be investigated further in future studies.

RESEARCH METHODOLOGY

This study included all patients working in private and publicly-funded hospitals, all students in grades 10–12, all patients aged 25–60 (male and female), all patients with high or moderate burnout, all patients with mild or moderate stress, and all patients with poor or average quality of life. A total of 200 willing and eligible nursing staff members from both public and private hospitals in both urban and rural regions were recruited for the research using a sequential sampling technique. The Mann-Whitney rank sum test and Wilcoxon signed rank test were used for the examination of occupational burnout, stress, and quality of life.

DATA ANALYSIS

Table 1 Comparison of quality of life among man power challenges in control and experimental groups:

Median scores before and after testing for the control group were 12, 17, 19, and 23, respectively. Similarly, for the experimental group, the median scores before and after testing were 12, 17, 19, and 23. Through the use of the Mann Whitney rank sum test (unpaired test), it was demonstrated that there were statistically significant changes in the following areas: work environment, development of human capacities, growth and security, social integration, constitutionalism, total life space, and social relevance ($p=0.001$). Workplace, human capacity development, social integration, constitutionalism, total life space, and social relevance did not exhibit statistically significant changes after the intervention. However, fair and adequate compensation did show a statistically significant change in the control and experimental post-test median values ($p=0.001$) according to the Mann Whitney rank sum test. There was no statistically significant difference ($p=0.089$) when comparing the median control pre- and post-tests using the Wilcoxon signed rank test (paired test). Statistically significant changes were observed in the following areas: work environment, development of human capacities, growth and security, social integration, constitutionalism, total life space, and social relevance ($p=0.001$), while no significant change was observed in adequate and fair compensation. The Wilcoxon signed rank test was also used to compare the median values of the experimental group's pre- and post-tests. It shows that the intervention improves quality of life across the board, with the exception of a small number of characteristics in the control group.

Table 2: Comparison of quality of life among man power challenges in control and experimental groups

S. No	Parameter	Group	Median (25-75) percentile)	Significance Mann Whitney Rank Sum Test		Significance Wilcoxon Signed Rank Test	
				Con Pre-test	Con Post-test	Exp Pre-test	Exp Post-test
1.	Adequate and fair compensation	Con pre test	16.00 (14.75- 18.25)	T=284 P=0.001	T=253 P=0.022	W=46 P=0.110	W=37 P=0.216
		Con post test	17.00 (11.75- 18.00)				
		Exp Pre test	12.00 (10.75- 13.00)				
		Exp Post test	13.00 (10.75- 13.25)				
2.	Work environment	Con pre test	23.50 (19.00- 24.50)	T=276 P=0.001	T=230 P=0.211	W=30 P=0.266	W=74 P=0.017
		Con post test	21.00 (18.75- 24.00)				
		ExpPre test	18.00 (16.75- 19.00)				
		Exp Post test	20.50 (18.00- 22.00)				
3.	Development of human capacities	Con pre test	19.50 (17.00- 24.00)	T=277 P=0.001	T=223 P=0.365	W=21 P=0.322	W=80 P=0.002
		Con post test	18.00 (17.00- 23.25)				
		ExpPre test	14.50 (13.75- 17.00)				
		Exp Post test	18.00 (14.50- 19.00)				
4.	Growth and security	Con pre test	16.00 (14.00- 16.25)	T=281 P=0.001	T=227 P=0.261	W=36 P=0.176	W=91 P=0.001
		Con post test	14.00 (12.00- 17.00)				
		Exp Pre test	12.00 (10.75- 13.00)				
		Exp Post test	13.00 (12.00- 14.00)				
4.	Social integration	Con pre test	16.00 (12.50- 16.00)	T=264 P=0.004	T=202 P=0.981	W=18 P=0.583	W=91 P=0.001
		Con post test	12.00 (12.00- 17.25)				
		ExpPre test	12.50 (10.75- 13.00)				
		Exp Post test	14.00 (12.75- 14.25)				
6.	Constitutionalis m	Con pre test	16.00 (14.50- 16.00)	T=274 P=0.001	T=223 P=0.354	W=40 P=0.168	W=50 P=0.052
		Con post test	14.50 (12.00- 17.00)				
		ExpPre test	13.00 (11.75- 13.25)				
		Exp Post test	13.50 (12.75- 14.00)				
7.	Total life space	Con pre test	12.00 (10.75- 13.00)	T=281 P=0.001	T=227 P=0.269	W=11 P=0.735	W=91 P=0.001
		Con post test	11.50 (10.00- 13.00)				
		Exp Pre test	9.00 (8.00- 11.00)				
		Exp Post test	11.00 (10.00- 11.25)				
8.	Social relevance	Con pre test	20.00 (16.75- 23.00)	T=265 P=0.004	T=224 P=0.342	W=30 P=0.89	W=105 P=0.001
		Con post test	21.00 (14.00- 23.00)				
		ExpPre test	14.50 (14.00- 17.50)				
		Exp Post test	19.00 (16.00- 20.00)				

No statistically significant difference (p=0.860) was found between the control and experimental groups in terms of salivary cortisol mean levels prior to the test. Following the intervention, a statistically significant difference was found (p=0.023) between the control and experimental post-test means using an unpaired„t‟ test. The paired t-test comparing the control group's mean pre- and post-test scores did not reveal a statistically significant difference (p=0.367). The paired t-test was used to compare the experimental pre- and post-test mean values, and it revealed a statistically significant (p=0.003) change in salivary cortisol. This indicates that the intervention was successful in bringing about the desired change in salivary cortisol.

Table 3: Comparison of salivary cortisol among man power challenges in control and experimental groups

S. No	Parameter	Group	Mean ± SE	Significance Mann Whitney Rank Sum Tes t		Significance Wilcoxon Signed Rank Test	
				Con Pre-test	Con Post-test	Exp Pre-test	Exp Post-test
1.	Time management	Con pre test	0.105 (0.055-0.014)	T=0.179 P=0.860	T=2.432 P=0.023	T=0.934 P=0.367	T=3.578 P=0.003
		Con post test	0.107 (0.054-0.014)				
		Exp Pre test	0.108 (0.013-0.003)				
		Exp Post test	0.161 (0.062-0.016)				

Patients in the urban experimental group had a significant improvement in their quality of life after receiving nursing strategy intervention, according to the current research.

Table 4: Comparison of pre-test and post-test scores of qualities of life in control and experimental groups

S. No	Parameter	Area	Groups	Median	Percentile (25-75)	Statistical Information
		Urban	Con-pre test	113.50	(105-130.25)	Figure 1
			Con-post test	128	(116-134.50)	
			Exp- Pre test	110	(102-116)	
1	Quality of life (overall)		Exp- Post test 2	126.50	(117-132)	
		Rural	Con-pre test	108	(99-114)	
			Con-post test	120.50	(112-129)	
			Exp- Pre test	110.50	(102-116.75)	
2	Quality of life (overall)		Exp- Post test 2	128.50	(125-137)	
		Urban	Con-pre test	16	(10.75-19.25)	Figure 2
			Con-post test	16	(12-19.25)	
			Exp- Pre test	16	(10.75-19.25)	
3	Adequate and fair compensation		Exp- Post test 2	18	(14.75-20.25)	
		Rural	Con-pre test	16	(10.75-19.25)	
			Con-post test	16	(12-19.25)	
			Exp- Pre test	16	(10.75-19.25)	
4	Adequate compensation and fair		Exp- Post test 2	18	(15-21)	
		Urban	Con-pre test	16	(10.75-19.25)	Figure 3
			Con-post test	16	(12-19.25)	
			Exp- Pre test	16	(10.75-19.25)	
3	Work environment		Exp- Post test 2	18	(15-21)	
		Rural	Con-pre test	16	(11.75-20)	Figure 4
			Con-post test	15	(11-18)	
			Exp- Pre test	16	(12.75-19.25)	
4	Work environment		Exp- Post test 2	19	(14.75-21)	

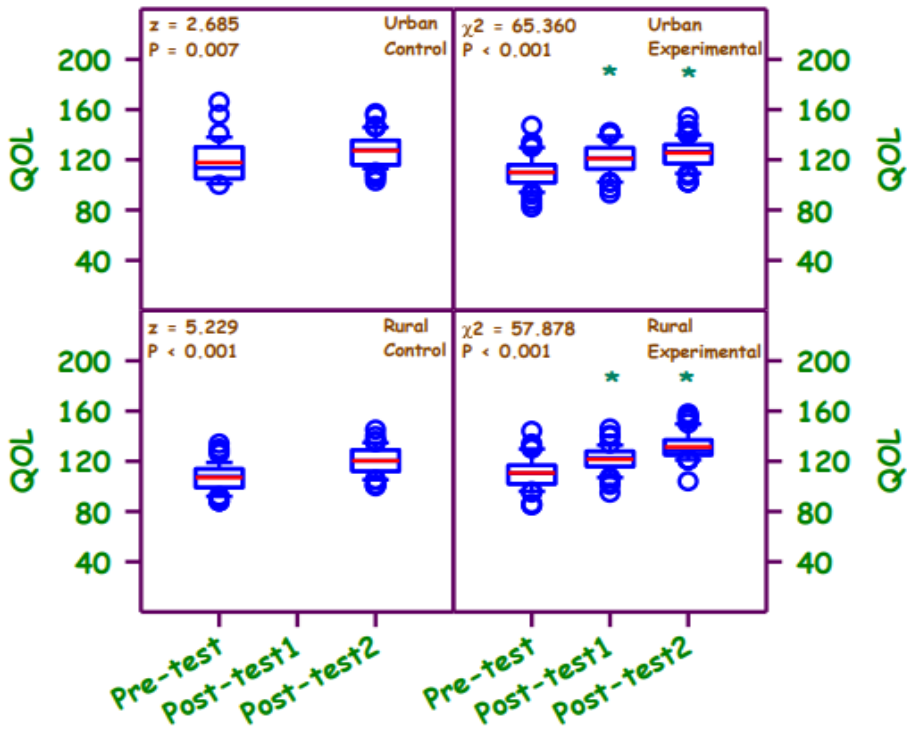

Figure 1 Effect of nursing strategies on quality of life (total), in urban and rural man power challenges.

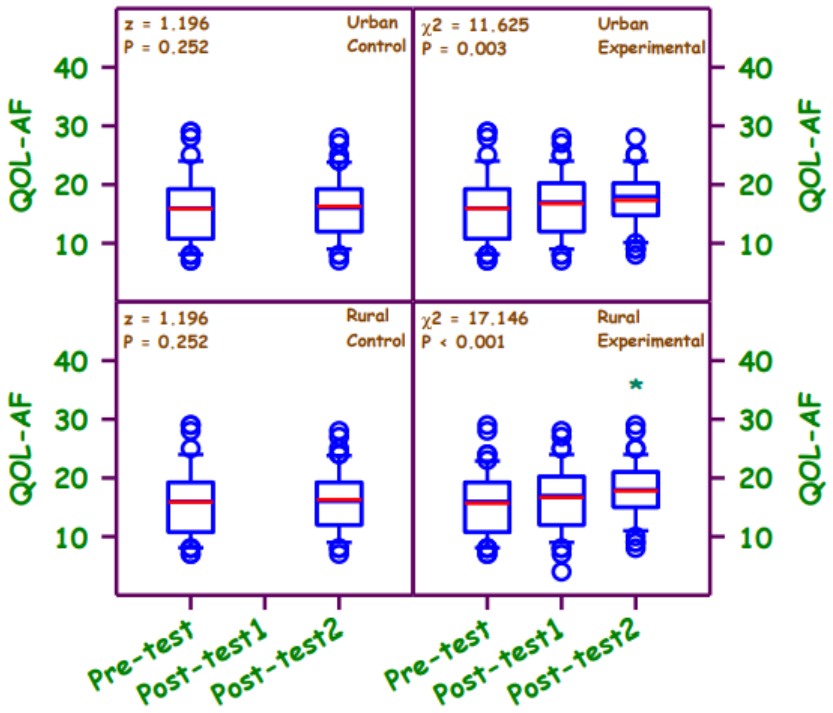

Figure 2: Effect of nursing strategies on quality of life (QoL), adequate and fair compensation (AF) in urban and rural man power challenges.

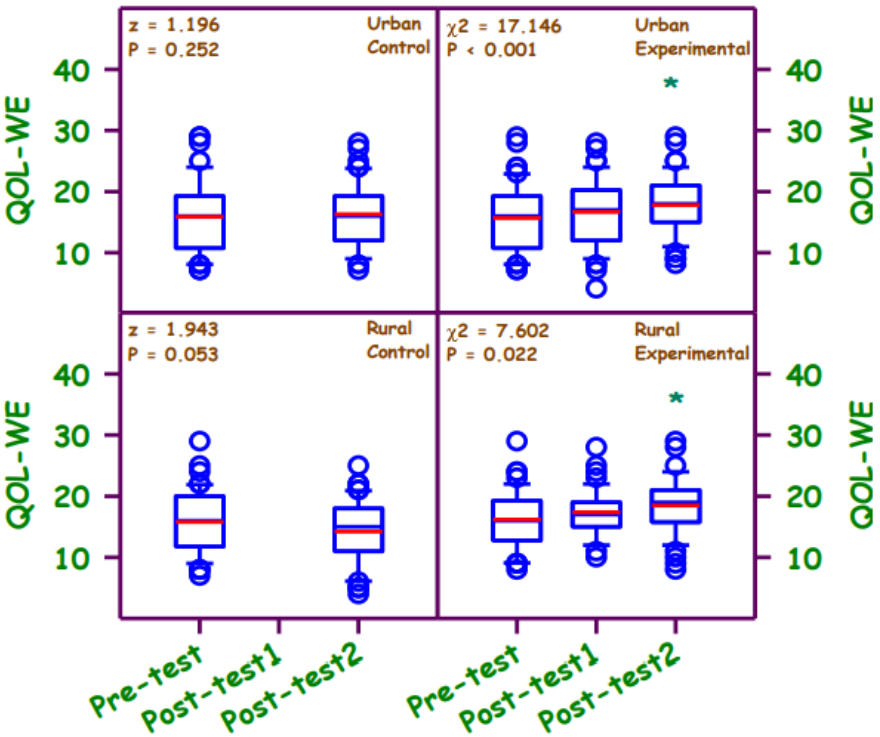

Figure 3: Effect of nursing strategies on quality of life (QoL), work environment (WE) in urban and rural man power challenges.

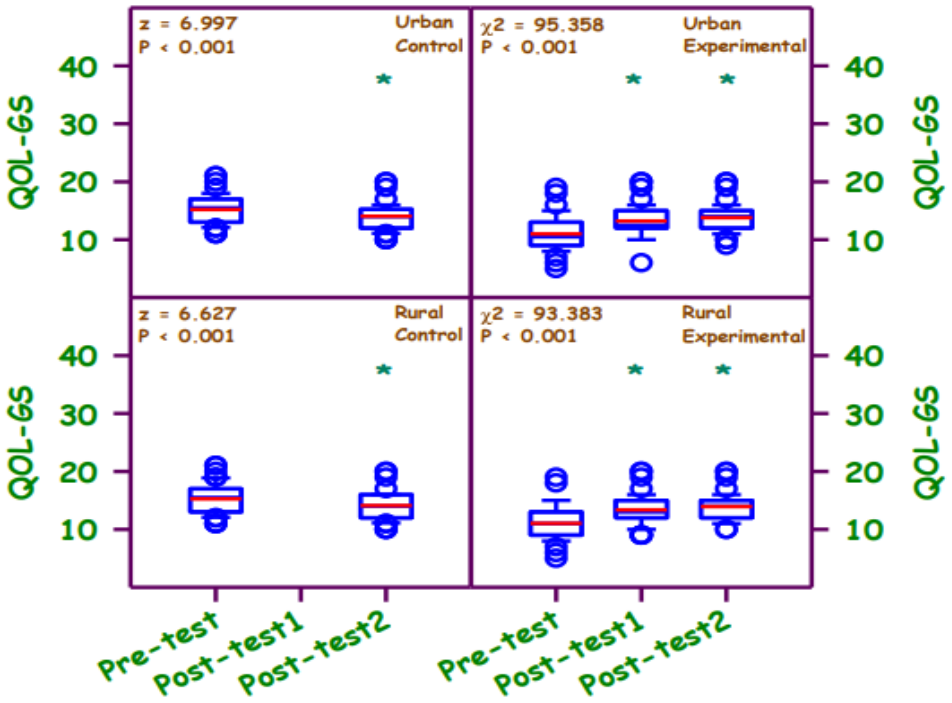

Figure 4 : Effect of nursing strategies on quality of life (QoL), growth and security (GS) in urban and rural man power challenges.

The quality of life is negatively impacted by a bad work environment, which leads to stress and poor work. At long last, a patient might consider quitting their job. As a patient's stress levels rise, they are more likely to act aggressively, experience disappointment and worry, skip work, avoid it altogether, and perform poorly. In addition, educational changes push teachers to exert additional pressure in pursuit of the goals. Reward, work environment, organisational commitment, recognition, work life balance, effective grievance handling, job satisfaction, welfare facilities, and other factors are all important to patients' quality of life at work, according to the literature study. Therefore, nursing strategy intervention was determined to be a successful self-help approach for lowering occupational stress, burnout, and patients' quality of life in rural hospitals.

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