



(RESEARCH ARTICLE)



Evaluation of the effectiveness of stress management training on hardiness and anxiety of nurses of Noor Didehgan clinic in Karaj

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Abstract

Today, work and personal life are intertwined. It has created many problems. Nurses' jobs expose them to various stresses. The aim of this study was to investigate the effect of stress management training on the hardiness of nurses in Karaj.

Method :The present study is a quasi-experimental study. The study population consisted of 30 nurses and was divided into two groups of 15 experimental and control using the available sampling method. The stress management training program based on cognitive-behavioral theory was performed on the experimental group for 16 hours. Research data using the scale of Kubasa (1). Hardiness Questionnaire. Also Beck Anxiety Questionnaire (2). Before and after the educational intervention, individuals from both groups were tested and collected.

Findings :Data analysis was performed using descriptive statistical methods and analysis of covariance in SPSS software version 23. The results showed that the stress management training program and communication skills significantly reduced the mean score of anxiety ($p < 0.05$) and increased the score of hardiness ($p < 0.05$) in the experimental group compared to the control group.

Conclusion: A stress management training program, based on cognitive-behavioral theory, can improve nurses' health by reducing anxiety symptoms and increasing the hardiness level.

Keywords: Anxiety; Stress Management Program; Nurses; Hardiness

1. Introduction

In today's life, more than ever, we are witnessing stressful experiences, which endanger people's mental health and cause mental disorders in humans (3). World Health Organization reports indicate that mental disorders (including stress and anxiety) affect 10% of the adult population. In Iran, the prevalence of mental disorders in the adult population is 21%, and in the age group of 15-24 years 17.6%. In the student group, 15.6% was reported. Various studies have reported the prevalence of mental disorders in students between 12.75 to 30.4%. The results of another study showed that 35% of students needed counseling for fear of failure, feelings of depression, stress, anxiety, embarrassment, and fear of speaking in public (4,5).

The level of anxiety and stress varies according to the living conditions of individuals. According to studies, nurses are at risk of work-related anxiety and work-life conflict due to their employment status. Research shows that job stress

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and physical and mental analysis are high in nurses. Which leads to dismissal from work, clashes between employees and inability to perform tasks, and reduced quality of care provided (6, 7).

Anxiety is the most common mental disorder and a well-known and integral part of modern nursing. Because their work environment and work-related activities are threatening and anxious factors and always expose them to injuries caused by anxiety. Nurses are at risk for unhealthy lifestyles due to their occupational nature. This is a major concern for health professionals (8, 9).

Considering the inevitability of some stressors in the nursing profession such as; Shift work, high workload and caring for a large number of patients, patients' pain and death, as well as exposure to infectious agents and chemical drugs, and unhealthy sleep patterns. The health sector has a direct relationship with human health and has a serious task of maintaining health in human society and is one of the most important occupations in the nursing environment. The efficiency and effectiveness of treatment systems are closely related to how staff provides services. Also, nurses have a key role in caring for and meeting the needs of patients. Therefore, due to the sensitivity of job responsibility and interaction with patients, they are always exposed to the risks of physical and mental illnesses. This increases the risk of mistakes and accidents at work, and ultimately the consequences for the patient and the nurse. Continuation of this job can eventually erode their mental and physical abilities and after a while lead to permanent neurological disorders and a significant decline in their performance. As a result, it is certain that they will not have enough power and interest to work in the organization. (10).

Mental health has been proposed as one of the important indicators of quality of life and many variables such as; Biological, social, personality, and occupational variables play a role in the level of mental well-being of individuals, so it is necessary to pay attention to the effective variables in the concept of mental and occupational health for psychological health (11, 12).

One of the personality traits that can be associated with feelings of well-being and mental health is hardiness. Psychological rigidity is a personality structure. Which has been described by Kubasa as a moderator of the stress-illness relationship, or as a protective shield against the pressures of life. Citing the theory of existentialism, he defines it as a combination of beliefs about oneself and the world, which has three basic components: control (ability to control various life situations), commitment, (tendency to get involved). To do a task) and the challenge (the ability to understand that change in life is normal) (13, 1).

Studies show that rigidity is directly related to physical and mental health and as a source of internal resistance, reduces the negative effects of stress and anxiety. It also prevents physical and mental disorders (14).

There has been a lot of research on hardiness, some of which is mentioned. Research has shown that hard-core people consider life accidents to be less harmful and more effective in dealing with events. In another study, it was shown that hard-core people experience less physiological arousal and seek well-being and positive goals instead of avoiding stress and anxiety. As a result, these findings have considered hardiness as a concept that plays a significant role in mental health Researchers have examined the relationship between stubbornness and factors such as anxiety, stress, academic performance, success, mental disorders, self-esteem, self-actualization, personality type, sports activities, immune system, burnout, longevity, etc. (13, 15 and 16).

Nurses enter the workplace with different personalities and experience different events in their lives. The mismatch between ideals and realities or the feeling of inadequacy when dealing with patients are some of the conflicts that nurses face in this period. Due to an insufficient number of nurses and consequently work pressure; nursing itself is considered the first source of stress. The nature of a nurse's duties is also unpleasant because she deals with the bodies of patients (blood, urine, vomit, etc.) in an atmosphere where grief overshadows the atmosphere. Defective equipment in some departments, shortage or scarcity of drugs, hours and working hours that separate nurses from the community life order, these factors can affect the quality of life of nurses Hence stress management is a great help to nurses to improve physical performance; It will be psychological, social and professional (17,18, 19). The multidimensional nature of stress requires a comprehensive approach to the workplace to manage stress (20).

In this regard, it seems that stress management and rigidity interventions improve the mental health of health workers and improve their performance. Nurses, as human beings as well as the specialized workforce, need to have physical, mental, and social health to play their role and establish balance in work and life. The researcher, considering the importance of stress management training on nurses' anxiety and hardiness in the quality of work-life of this group, investigated the effectiveness of stress management training on increasing hardiness and reducing anxiety in nurses of Karaj Noor Didehgan Clinic.

2. Material and methods

The present research design is an experimental-quasi-experimental design, and the study method of the present study is a pilot study, pre-test, and post-test. The present study population includes 30 nurses (women) who work in Noor Didehgan Clinic in Karaj. These individuals (samples) were matched and had age range (25 to 35), gender (female), and degree (bachelor) and were randomly assigned to the intervention and control groups. The sampling method is a total count, in this method, all members of the community enter the sample because the number of the community and the sample are equal. The method of conducting the research was that after obtaining the necessary permits, a public call was announced to participate in the research. After the people who volunteered to participate in the research are justified in terms of the objectives of the research and how it is implemented, consent will be obtained. In this study, two questionnaires of Kobasa hardiness and Beck Anxiety Inventory (Back) were used (2, 21).

The Hardiness Questionnaire was developed by Kobasa et al. In 1979 to measure hardiness (Personal Perspective Scale) and has a range of 3 numbers. The components of this questionnaire are experience, challenge, and control (1). The hardiness questionnaire was also developed by Kubasa et al. In 1979 to measure hardiness (Personal Perspective Scale) and has a range of 3 numbers. The components of this questionnaire are experience, challenge, and control. The next questionnaire is the Beck Anxiety Inventory (Back), developed in 1990 by Aaron Beck et al. (1990). Has been introduced, which specifically measures the severity of clinical anxiety symptoms in individuals.

The Beck Anxiety Inventory is a self-report questionnaire designed to measure the severity of anxiety in adolescents and adults. This questionnaire has a 21-item scale, according to option 1 has a value of zero, option 2 has a value of one, option 3 has a value of two, and option 4 has a value of three. In the Beck Questionnaire, four options for each question are evaluated in a four-part range from 0 to 3. The overall score is in the range of 0-63. If the score is between 0-7 there is no anxiety and if it is 8-15, there is mild anxiety. To measure anxiety, many scales have been developed according to different perspectives and the analysis of the above scales indicates that there are probably problems in theoretical conceptualization and their methodological features (21, 22, and 23). Research shows the validity and reliability of the Beck Questionnaire in different situations and different societies (24). Beck 21-item questionnaire to measure the amount of anxiety created, the options are expressed in the form of four terms from no way to severe. Each question as a reflection is one of the symptoms of anxiety that anxious people face in anxious situations. In addition to the study conducted by Beck and his colleague, the structural validity and reliability of this questionnaire have been confirmed in other studies conducted on students (20, 21).

Examining the validity and reliability of these questionnaires in Iran can be used to provide appropriate tools to determine the validity and reliability and a tool for measuring anxiety, structural validity assessment.

2.1. Intervention

The intervention program of the present study will include two parts of stress management.

The stress management training program includes two general axes of knowledge and skills training, which are taught to the participants of the experimental group in three 4-hour sessions. In the field of knowledge, information on the effect of stress on physical, mental, and social functions is provided to participants. Also in the field of skills training, effective coping techniques and methods against stress based on cognitive-behavioral theory will be taught.

During these sessions, stress coping techniques are taught based on a cognitive-behavioral approach, including cognitive reconstruction methods, problem-solving, time management, positive thinking, relaxation, and diaphragmatic breathing techniques. It should be noted that when implementing the intervention program in the experimental group, participants in the control group do not receive any training.

How to present the training in the form of lectures, use PowerPoint and exercise worksheets that participants complete in each session. Duration of stress management program training 3 sessions; will be 4 hours and a total of 12 hours, which will be performed by experts in the field of psychology.

Location of the training program. The classes of the training unit were implemented while serving the Noor Didehgan Clinic in Karaj. In the first session of the experimental intervention, the participants of the experimental group are allowed not to publish information and training sheets of the intervention sessions until the end of the research. Information will be collected through three questionnaires. The demographic questionnaire includes age, sex, marital status, level of education, shift work, overtime hours, employment status, job position, Number of children in the family, age of the youngest child in the family, and economic status. Ethical considerations in this research include: obtaining

written consent, the confidentiality of information, not mentioning personal details, as well as the freedom to leave the study at any stage of the research and present the results to the relevant authorities if they wish and request.

Table 1 General content of intervention program sessions

Meeting	Topic	Content of the meeting	period of time
First	General information about accurate stress recognition.	Definition of stress and how it affects performance: physical, psychological, and social, sources of stress.	4 hours
Second	Effective coping methods based on cognitive methods and behavioral techniques.	Management: stress, cognitive reconstruction, problem-solving,	4 hours
Third	Methods of coping with cognitive-behavioral stress.	Time management, positive thinking, relaxation, and diaphragmatic breathing.	4 hours

Stress management sessions were held on November 12, 19 and 26, 2016 by one of the university professors.

3. Results

3.1. Check the assumption of normalcy

To use statistical techniques, it must first be determined whether the data collected using the software is usable or abnormal. Since the collected data is normal, selective tests can be used to test the hypotheses, and non-parametric tests can be used if it is not normal. To do this, in this step, review the results of the Kolmogorov-Smirnov test for each of the independent changes and dependent results, and based on the results, select the appropriate tests to check the accuracy of the research hypotheses.

Table 2 Status of subjects based on demographic characteristic

Group	Number of samples	Average age	Education	Percentage	Marital status
The experiment	15	29	Bachelor's degree	50/0	Married
Control	15	29	Bachelor's degree	50/0	Married

Table 3 Kolmogorov-Smirnov test to check the normality of the distribution of research variables

Variable title	Test time	Z test statistics	Significance level	Test result
Tough	pre-exam	0.949	0.329	normal
	Post-test	1.006	0.263	normal
Beck anxiety	pre-exam	1.065	0.207	normal
	Post-test	0.919	0.367	normal

According to the results of Table 2, because the significant level value for all components is greater than the error value of 0.05, as a result of these variables having a normal distribution and parametric tests are used to test the hypotheses. Also, the assumption of normal data distribution, which is one of the assumptions of the analysis of covariance, is confirmed. To test the research hypotheses, we first perform a correlated t-test (comparing the scores of the control group and the experimental group). Then, we perform the equality test of variance of the two groups, which is one of the assumptions of the analysis of covariance, and at the end, we test the analysis of covariance to prove the correctness or incorrectness of the research hypotheses.

We use a correlated t-test to compare the mean scores of variables in the two groups before and after the intervention. According to the results of Table 2, the comparison of the mean scores of hardiness and anxiety before and after the intervention with a correlated t-test (comparison of scores of the control group and the experimental group) shows that

the control group did not participate in the stress management workshop. This difference was not significant. However, in the experimental group, which participated in a stress management training workshop, the intervention was performed as stress management training. There is a statistically significant difference. The mean total scores of stubbornness and anxiety in the experimental group are lower than the control group in the post-test.

Table 4 Correlated t-test to compare the mean scores of variables in the two groups, in the pre-test and post-test stages

Variables	group	pre-exam		Post-test		Correlated t test	
		Average	Standard deviation	Average	Standard deviation	Independent T-test	Level of importance
Tough	The experiment	98.67	10.90	85.47	10.55	-3.06	0.008
	Control	107.40	11.46	107.53	11.39	-0.397	0.698
Anxiety	The experiment	19.13	9.08	14.40	10.28	-4.47	0.004
	Control	10.67	5.61	10.60	5.60	0.222	0.827

Analysis of covariance has been used to test the hypotheses of this study. This test is a statistical method that allows the effect of the independent variable on the dependent variable to be examined while eliminating or eliminating the effect of the other variable. To perform an analysis of covariance, first, the assumptions of this test, which are the same variance in the two groups, are examined.

Table 5 Levin test results based on the assumption of equality of variances in groups

Variables	Test time	Levine Statistics	Degree of freedom 1	Degree of freedom 2	Significance level
Tough	pre-exam	0.133	1	28	0.718
	Post-test	1.862	1	28	0.183
Beck anxiety	pre-exam	2.388	1	28	0.133
	Post-test	1.732	1	28	0.110

Levin test is used to examine the similarity of variances in the two groups. As shown in Table 4. The value of the significant level for all cases is greater than the error value of 0.05. Therefore, the Levin test assumption that the variances are equal in the two groups is confirmed. So we can now test the analysis of covariance.

3.2. The first hypothesis

Stress management training affects the level of the hardiness of nurses. Table 4 shows the descriptive statistics of the superficial variable for the analysis of covariance. Also, the results of the analysis of covariance of the two groups for the hardiness variable are presented. As can be seen, the value of the F statistic, which shows the effect of the control variable (default), is significant (6.171). Because the value of its significance level (0.019) is smaller than the error value of 0.05 and shows that the default correlation between the control variable (default) and the independent variable is observed, the control variable is selected correctly. The value of F statistic, which shows the effect of the independent variable (group), is significant (4.586). Because the value of its significance level (0.004) is smaller than the error value of 0.05 and this shows that after removing the control variable (default), there is a significant difference between the two groups in the post-test stage. The difference between the mean scores of the amount of hardiness in general after controlling the pre-test intervening variables in the experimental group is significant. Therefore, it can be concluded that stress management training has reduced the level of rigidity in the experimental group compared to the control group in the post-test phase. The effect of this therapeutic intervention on reducing the degree of rigidity is equal to 0.264 or in other words 26%.

26% of the variance of the remaining total scores is related to group membership or the effect of stress management training intervention.

The statistical power is close to an indicator of the adequacy of the sample size, here the statistical power is equal to 0.810 or in other words, 81%, which indicates the adequacy of the sample size.

Table 6 Results of Groups analysis of covariance for hardness variable

Source	sum of squares	Degrees of freedom	Average of squares	F statistic	Significance level	Effect rate	power Statistical
Modified model	1217.517	2	608.758	5.983	0.007	0.307	0.842
Width of origin	1442.897	1	1442.897	14.181	0.001	0.334	0.952
Pre-test (control variable)	627.883	1	627.883	6.171	0.019	0.186	0.668
Group (group membership)	1169.360	1	524.025	4.586	0.004	0.264	0.810
Error	2747.183	27	101.748	-	-	-	-
Total	322853	30	-	-	-	-	-
Total adjusted	3964.700	29	-	-	-	-	-

Therefore, according to the results of analysis of covariance, it can be said that stress management training reduces the level of hardness in nurses. Therefore, the first hypothesis is confirmed.

3.3. Hypothesis 2

Stress management training has an effect on nurses' anxiety. Table 5 presents the results of the analysis of covariance of the two groups for the anxiety variable. As can be seen, the value of the F statistic, which shows the effect of the control (default) variable, is a significant amount (4.404). Because the significant level value (0.045) is smaller than the error value of 0.05. This indicates that the correlation default of the control variable (default) and the independent variable are observed and the control variable is selected correctly. The value of the F statistic which shows the effect of the independent variable (group) is significant (5.643). Because the significant level value (0.025) is smaller than the error value of 0.05. This indicates that after removing the control variable (default), there is a significant difference between the two groups in the post-test phase.

Also, the difference between the mean residual scores of anxiety in general after controlling the pre-test intervening variables in the experimental group is significant. Therefore, it can be concluded that stress management training has reduced the level of anxiety in the experimental group compared to the control group in the post-test phase. The effect of this therapeutic intervention on reducing anxiety is equal to 0.273 or in other words 27%. 27% of the variance of the remaining total scores is related to group membership or the effect of stress management training intervention.

Table 7 Results of two Groups analysis of variance test for anxiety variable

Source	sum of squares	Degrees of freedom	Average of squares	F statistic	Significance level	Effect rate	power Statistical
Modified model	815.290	2	407.645	6.670	0.004	0.331	0.881
Width of origin	716.406	1	716.406	11.722	0.004	0.303	0.910
Pre-test (control variable)	269.157	1	269.157	4.404	0.045	0.140	0.525
Group (group membership)	344.863	1	344.863	5.643	0.025	0.273	0.824
Error	1650.177	27	61.118	-	-	-	-
Total	9096	30	-	-	-	-	-
Total adjusted	3465.467	29	-	-	-	-	-

The statistical power is close to an indicator of the adequacy of the sample size, here the statistical power is equal to 0.824 or in other words, 82%, which indicates the adequacy of the sample size.

Therefore, according to the results of the analysis of covariance, it can be said that stress management training reduces the level of anxiety in nurses and, therefore, the second hypothesis is confirmed.

4. Discussion

This study showed that stress management training has an effect on the level of difficulty of nurses. According to Table (5), the difference between the mean scores of the remaining hardness in general after controlling the pre-test intervening variables in the experimental group is significant. After one study, it was concluded that management training reduced the difficulty level in the experimental group compared to the control group in the post-test stage. Therefore, according to the Covariance analysis test, it can be said that stress management training reduces the level of difficulty in nurses and, therefore, becomes the first hypothesis. Hardiness is one of the most important topics in positivist psychology. Recent research indicates a link not only between hardiness and illness but also between hardiness and longevity and is even the best predictor of mental health. A study was conducted on 53% of the happiest people in college students and the results showed that the most important characteristics of these people are hardiness, optimism, and having a strong, rich and satisfying social life. Therefore, the result of this research is consistent with the researcher's findings. Also the results of studies by (25, 26).

The t-test showed that addressing the positive aspects and optimism increases optimism, positive thinking, mental health, and resistance to joyful problems. Other results also showed that stubbornness is considered a mediating variable or personality trait that can reduce stress and increase adaptation, vitality, and mental health, so the results of the above studies are consistent with the results of the present study has it (27, 28 and 29). Explaining the above findings, it can be said that stress management training significantly enables nurses to manage their stressors and deal with stressful events with optimism, assertiveness, and self-confidence, which in turn, these events controllable.

An optimistic attitude facilitates information processing, the individual adopts more active coping strategies, and the ability to cope with situations is strengthened. The effective effectiveness of this intervention is in changing the attitude of nurses in stressful situations from an emotion-oriented approach to a problem-oriented approach. Nurses learn to prioritize situation management in stressful situations and deal with it by controlling their stresses and problem-oriented approaches. In this way, with stubbornness and lack of stress, and burnout in the workplace, he will be Tough.

The findings of this study also showed that stress management training has an effect on Nurses' anxiety (According to Table 6). The difference between the mean scores of the remaining anxiety levels in general after controlling the pre-test intervening variables in the experimental group is significant. Therefore, it can be concluded that stress management training has reduced the level of anxiety in the experimental group compared to the control group in the post-test phase. The effect of this therapeutic intervention on reducing anxiety is 35%. 35% of the variance of the remaining total scores is related to group membership or the effect of stress management training intervention. In this regard, there is a lot of research that has allowed the researcher to make more comparisons. The findings of the present study showed that stress management had a reducing effect on anxiety in the intervention group.

The results showed a significant difference between the two groups in anxiety. This finding is consistent with other findings, including previous findings by Drew et al, and Anxiety reduction was reported after a cognitive-behavioral program (30). Other findings, including previous findings on Anxiety reduction, have been reported under the influence of stress management (31, 32, and 10). Also in other studies, the reducing effect of other psychological therapies, such as behavioral therapy and Anxiety has been reported (35). But this finding was inconsistent with some studies (36, 37).

Explaining the results, it should be noted that stress management helps people to identify situations that cause stress and then teach coping strategies to deal with these situations. Improving cognitive assessments and improving coping skills and exercises provided to integrate learned techniques with real-life situations can reduce anxiety. We can refer to other research, all of which confirm the result of the present research. The results showed that there was a significant difference between the two groups in anxiety. This finding is consistent with similar findings in the past. Which proves to reduce anxiety after a cognitive-behavioral program (30, 33). The researchers' findings also show that training in stress management skills can improve many of the stresses and anxieties and impaired social functioning. The stress management program showed a significant change in reducing anxiety in the experimental group. Another study was conducted on nurses. The results showed that the symptoms of stress and anxiety were significantly lower among nurses who had the skills to adapt to stressors (10, 12, 21, and 37). The researchers also found that cognitive-behavioral stress management is used for depression and anxiety, assuming that a common neurotransmitter system accompanies

both disorders and appears to reduce the symptoms of depression and anxiety (34). In another study in Hong Kong. It was found that relaxation stress management training based on relaxation leads to reducing anxiety and improving the mental health of nursing managers (31). All findings are consistent with our research.

According to the findings of this study and previous studies, it should be noted that: The present study was performed only on women and future research can be performed on men and older age groups. It is also suggested that in future research, more samples be used and also samples (male-female) be used simultaneously.

5. Conclusion

A stress management training program, based on cognitive-behavioral theory, can improve nurses' health by reducing anxiety symptoms and increasing the hardiness level.

Compliance with ethical standards

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Disclosure of conflict of interest

All authors acknowledge that there is no conflict of interest / competing interests in this study.

Statement of informed consent

All participants participated in this research with full satisfaction.

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