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Determination of the Effect of C.B.T on Stress, Anxiety and Depression among Nurses at Yasuj Shahid Beheshti Hospital in 2014

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ABSTRACT

Stress is one of the most important phenomena in this century that has had a great impact on people's mental and physical health and has become one of the main topics of organizational management. Primarily, nursing and taking care of patients is stressful itself. Therefore, in the working environment, any menace to organizational goals and reduction in the quality of nursing cares are due to stress. There are different therapeutic ways to deal with stress which cognitive behavioral therapy is one of them. The goal of this study was to examine the effects of cognitive behavior therapy on stress among nurses who worked at Yasuj Shahid Beheshti hospital in 2014. This was an experimental research that was carried out among 100 nurses working at Yasuj Shahid Beheshti hospital in 2014. The sampling type was available samples. After filling the DASS-42 questionnaire, we chose 30 cases that had the worst status from point of stress and were randomly divided into two groups: case and control groups. Each group consisted of 15 nurses. The cases were trained in 8 weeks, an hour a week, by a single clinical psychologist specialized in cognitive behavioral therapy. After the therapy, questionnaires were filled again by the two groups. Finally, two groups were compared together in view point of stress scores. For analysis of data we used the SPSS software and descriptive statistics, t-test and ANOVA. The mean and standard deviations of stress in case group on the pre-test were 7.96 ± 18.73 and on the posttest were 6.295 ± 12.266 respectively, the mean and standard deviations of stress in the control group for pre-test were 8.413 ± 21.066 and for posttest were 9.019 ± 20.733 respectively. The mean and standard deviations of stress in case group on the pre-test were 7.96 ± 18.73 and on the posttest were 6.295 ± 12.266 respectively, the mean and standard deviations of stress in the control group for pre-test were 8.413 ± 21.066 and for posttest were 9.019 ± 20.733 respectively. There were not any significant differences between two groups before the intervention, but there were significant differences between case groups after the intervention. ($P = 0.03$). According to the findings of the study, cognitive behavioral techniques' training significantly reduces stress in nurses. Therefore, it is recommended to reduce nurses 'stress and increase the level of nursing services and promoting patients' satisfaction by establishing a psychology consulting unit in hospitals.

Keywords: nurses, stress, cognitive behavior therapy

INTRODUCTION

And exacerbate the incidence of psychological reactions such as stress, anxiety and depression are the most important phenomena of life in the present century that due to the impact on people's mental and physical health has become one of the main topics of organizational behavior management [1]. Chronic psychological stress in accelerating the growth of cancer, heart disease, muscle tension and fatigue, high blood pressure, migraine headaches, respiratory disorders, gastrointestinal disorders and mental disorders such as: Anxiety, depression and stress has an important role. Avoid stressful situations as accepting stagnation in life and the effects of stress experienced persistent disturbances in the flow and order of life [2]. The health sector is directly related to human health due to one of the most important areas of sustainable development of human society is considered. This requires personnel to achieve healthy and vigorous and is motivated including the therapists, nursing staff nosocomial [3]. Member Group Health Services nurses and especially those who have high levels of psychological reactions in everyday life, their professional experience and psychological reactions known component of modern nursing [4]. Different ways to deal with stress, anxiety and depression noted that such methods are cognitive behavioral therapy. In this method of showing the relationship between thinking, feeling and behavior, the treatment is justified. There have been many studies in this regard [5]. Konnert C and colleagues in 2009 suggested that implementation of nurses at risk of cognitive behavior group therapy was more cost-effective depression and coping with stress, decrease negative thoughts and increase happiness and joyful events were a significant improvement was noticed that exposed a group of nurses in CBT [6]. Turkinton D and colleagues in a study conducted in 2006 in connection with the effectiveness of cognitive behavioral therapy on depression, they concluded that one year on patients who received CBT were exposed to the negative relieve the symptoms of depression and were better insight and were hospitalized less than the control group [7]. A study by Ahmadi et al. 2006 was conducted to determine the effect of designed exercise program on stress, anxiety and depression in women with breast cancer who were receiving chemotherapy. DASS-21 was conducted using a questionnaire. People were divided into two groups. In the case group exercise programs designed for the home, 30-20 minutes a day, 5-3 days a week for nine weeks. The results indicate that the two groups before the intervention, there was no significant difference between the two groups but after intervention between stress, anxiety and depression was significant difference between groups [8]. Yaghoubi Nasrabadi et al, 2006 during a study to assess the efficacy of cognitive behavioral group therapy in reducing depression and anxiety in patients with mood disorders is concluded that cognitive behavioral group therapy significantly ($P < 0.05$) has been instrumental in reducing depression in patients with mood disorders. However, this method had a significant effect in reducing anxiety [9]. The aim of this study was to determine the effects of cognitive behavior therapy on stress, anxiety and depression in nurses working at Yasuj Shahid Beheshti hospital.

MATERIALS AND METHODS

This study is a clinical trial that was conducted in 2014 at Yasuj Shahid Beheshti hospital. The study population consisted of all nurses in the hospital. After obtaining permission from the head of the hospital, with the principle of informed consent and confidentiality, questionnaires DASS, Form 42 questionnaire was distributed among 100 nurses. Depression, anxiety and stress DASS was prepared in 1995 by Lovibond. This scale has two forms. For its original form has 42 questions, each of psychological constructs stress, anxiety and depression is evaluated with 14 different question. The questionnaire used in the Iranian population has been standardized [10]. Inclusion criteria included not using drugs, psychotherapy or psychotherapy at least one week before the study until the end of the study. After completing the questionnaire, 30 of those with the highest score achieved and the stress, anxiety and depression were worse off were selected and divided randomly into two equal groups of case and control. In this research to final confirmation having problems (stress, anxiety, severe depression) as well questionnaire and a clinical interview was used. Then the experimental group for 8 to 10 one-hour sessions a week for a meeting attended classes' cognitive behavioral techniques. At the end of this period, both groups were tested again and were compared DASS. The data was analyzed using SPSS software and T-Test and ANOVA were analyzed.

RESULTS

Based on the findings of this study of 100 nurses at Yasuj Shahid Beheshti hospital in June 2014, in terms of stress, 30 patients had normal, 20 patients with the mild, 35 had moderate status, 10 patients had severe situation, and 5 statuses were very severe. The anxiety level 27 normal subjects, 18 patients with mild condition, 38 with moderate, severe and 4 of 13 patients with a very severe situation. In terms of depression, 29 patients had normal status, 22 patients with mild condition, 35 with moderate, severe and 10 cases of 5 patients had very severe situation. In groups of 6 patients (40%) were married and 9 patients (60%) were single, as well as in the control group, 7 cases (64.6 percent) were married and 8 patients (4/53 percent) were single. In the experimental group, 10 patients (66.6%) were female and 5 patients (33.3%) were male. In the control group, 10 patients (66.6%) were female and 5

(3/33 percent) were male. In terms of employment status in the experimental group, 5 patients (33.33%) formal, 4 patients (66/26%) of the Treaty, 3 patients (20%) Contract and 3 patients (20%) had a plan. In the control group, 4 patients (66/26 percent) official, 4 patients (66/26%) of the Treaty, 4 patients (66/26 percent) contracts and 3 patients (20%) had a plan. In the experimental group, 6 patients (40%) in 2722 year age group, 5 patients (33.33%) in the age group 33 to 28 years, 3 patients (20 percent) in the age group of 3934 years and 1 (6.66 percent) in the age group 45 to 40 years. In the control group, 5 patients (33.33%) in 2722 year age group, 5 patients (33.33%) in the age group 33 28, 4 patients (66/26 percent) in the age group 39 34 years 1 (6.66%) in the age group of 4540 years. Comparison of demographic characteristics between the two groups was not significantly different shows; two groups are identical in this regard. Comparison of the mean and standard deviation of stress scores were not significantly different between the two groups before the intervention, but after intervention showed significant differences ($P = 0.03$), the mean and standard deviation of stress score in the test group before the intervention, 7.96 ± 18.73 and after 6.29 ± 12.26 that no significant difference was observed before and after the intervention ($P = 0.03$). The mean and standard deviation in the control group pre-test score of 8.41 ± 21.06 and post 9.01 ± 20.73 that there was no significant difference in pre-test and post-test (Table 1).

Table 1: Comparison of two standard deviation of the mean stress score in the test and control groups before and after intervention

Group	Before	After	Significance level
Test	7.96 ± 18.73	6.29 ± 12.26	0.03
Control	8.41 ± 21.06	9.01 ± 20.73	NS*
Significance level	ANS*	NS*	

*NS: Not Significant

Comparison of the mean and standard deviation scores of anxiety in two groups showed no significant difference before intervention, but after the intervention showed significant differences ($p = 0.03$), the mean and standard deviation of anxiety in the experimental group before the intervention 5.139 ± 10.466 and after the intervention was 1.684 ± 5.139 that a significant difference was observed before and after the intervention ($p = 0.03$). The mean and standard deviation of pre-test anxiety scores in the control group 5.680 ± 11.866 and in the post-test 5.576 ± 11.666 that there was no significant difference in pre-test and post-test (Table 2).

Table 2: Comparison of mean and standard deviation of anxiety in experimental and control groups before and after intervention

Group	Before	After	Significance level
Test	10.466 ± 5.139	10.466 ± 5.139	0.03
Control	11.866 ± 5.680	11.866 ± 5.680	NS*
Significance level	NS*	NS*	

Comparison of the mean and standard deviation of the scores of two groups showed no significant difference before intervention, but after the intervention showed significant differences ($p = 0.03$), mean and standard deviation depression scores in the test group before the intervention 7.478 ± 15.066 and after intervention 4.705 ± 10 was a significant difference was observed before and after the intervention ($p = 0.03$). The mean and standard deviation of pre-depression score in the control group 8.506 ± 15.066 and in the post 8.051 ± 15.600 that a significant difference in pretest and posttest was observed (Table 3).

Table 3: Comparison of mean and standard deviation depression scores in the test and control groups before and after intervention

Group	Before	After	Significance level
Test	15.066 ± 7.478	10 ± 4.705	0.03
Control	15.066 ± 8.506	15.600 ± 8.051	NS*
Significance level	NS*	NS*	

DISCUSSION

There have been many studies on the role and importance of cognitive behavioral therapy in reducing stress, anxiety, depression and other mental stress [11, 12]. This study was conducted to determine the effects of cognitive behavior therapy on stress, anxiety and depression in nurses working at Yasuj Shahid Beheshti hospital. The results show that stress, anxiety and depression with cognitive behavioral therapy reduced nursing. And this means that the implementation of cognitive-behavioral therapy techniques to reduce stress, anxiety and depression that the issue with the findings of studies Konnert et al (2009), Turkinton D and colleagues in 2006 Ahmadi et al (2006) and Yaghoubi Nasrabadi et al (2006) are consistent and are the effect of CBT on reducing stress, anxiety and depression are confirmed (9: 6). One of the main sources of workplace stress, lack of accurate understanding of stress and lack of control over these resources, in dealing with anxiety symptoms and how these symptoms affect a person's anxiety and also identify a set of physical and mental symptoms and psychological effect on a person's anxiety. People who are depressed may be more than non-depressed people with thinking about the person of unhappiness and negative

expectations and low self-esteem and distress are involved. Since, one of the proposed reform in addition to cognitive behavioral therapy training classes, introduction of stressful situations and identify stressors in terms of duration, intensity, predictability, degree of loss of control, systematic dispensation and sudden onset, respectively. Get ready to deal with feelings of internal control such situations. Adaptation, face and deal with any problems logic and methods of using problem-solving skills or possible deficiencies, also being prepared and the appropriate response is to decrease stress, anxiety and depression [13-15]. Given the important role of implementing the techniques of cognitive behavioral therapy in reducing the stress levels of nurses, also on the nursing profession such as job stressful, it requires all health authorities pay more attention to this important issue, it is recommended that the hospital unit called in psychology and counseling for all employees including nurses has been created and thereby stress, anxiety, depression and other psychological components of nursing staff regularly be measured and after that effective interventions to be mentally troubled personnel, to thereby improve the quality of nursing care and patient satisfaction and other Hospital dramatically increase.

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