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## Effectiveness of Structured Nursing Interventions on Perceived Stress, Self-Efficacy, Coping Strategies and Quality of Life among Adults Residing at Selected Displaced Community Chennai, Tamilnadu

S. Vijayakumar<sup>1\*</sup> and Rebecca Samson<sup>2</sup>

<sup>1</sup>Right College of Nursing, Chennai, Tamilnadu, India

<sup>2</sup>Pondicherry Institute of Medical Sciences, Pondy, India

\*Corresponding author

### Abstract

Disaster induced displacement is one of the most stressful human experience which have an important effect on the development of psychological morbidity or psychopathology as much as the direct experience of the disaster together with losses of personal, social and material resources which aggravate the psychological responses arising out of the direct experience of disaster. The study aims to find the effectiveness of a structured Nursing Intervention on Perceived stress, Self-efficacy, Coping Strategies and quality of life among displaced people to prevent psychiatric morbidity and inculcate a mental health support system in the disaster response strategies. A Quantitative approach with one group pretest and post test was designed to collect data from 60 displaced adults who were selected randomly. The collected data were analyzed by both descriptive and Inferential Statistics. There is a statistically significant difference between the pre and post interventional scores at 0.05% level. There is significant co-relationship between post intervention levels of perceived stress, self-efficacy, coping strategies with quality of life among adults

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### Keywords

Effectiveness,  
Nursing interventions,  
Self-efficacy,  
Coping strategies

### Introduction

Natural disasters may cause massive loss of human life and destruction of resources but they also leave the affected population in state of uncertainty about their future by depleting all their personal and economic investments in a short span of time. People always measure the magnitude of the disasters by estimating the loss only in terms of lives and money and the relief measures are mainly concerned towards meeting the basic needs and attending to physical injuries of the affected population. But the dynamic relationship

between an individual and his living environment play a vital role in the perception of stress and their reaction to these stressful situations.

Disaster induced displacement is one of the most stressful human experience which have an important effect on the development of psychological morbidity or psychopathology as much as the direct experience of the disaster together with losses of personal, social and material resources which aggravate the psychological responses arising out of the direct experience of disaster. The increase in natural disasters expected to produce

massive human displacement from their homeland which can be temporary or permanent but it will be disruptive by leading to the problems of orientation and alienation among displaced people.

Millions are displaced by disasters each year within their own countries owing to natural disasters is one of the principal causes of displacement and this trend is set to increase as climate a change accelerates globally. The needs and problems of the displaced community are to be assessed on regular basis and necessary humanitarian beneficiaries can be provided with legal safeguards and support the implementation of desirable solutions

When displaced they were taken away from their means of livelihood, material and cultural resources, and access to traditional lifestyle that they had previously depended on. Displacing an individual from his home during a disaster event serve one of the major risk factor contributing to the increased prevalence rates of psychiatric morbidity.

The severity of the disaster, threat to life, loss of life, loss of family members and duration of exposure, female gender, children, elderly, physically disabled, single, ethnic minority, poverty, substance use like smoking, loss of economic livelihood, poor social support and family support also plays a significant contribution to the rates of psychiatric morbidity among disaster displaced population.

IDMC, Geneva (2014) expects that the disaster related displacement will rise in coming years due to a number of factors that include population growth in hazard prone areas, the growth of sub standard housing and increasingly intense and frequent weather related events due to climate change

UNHCR stated that global social and economic trend indicate that displacement will continue to grow in the following decades due to population growth, urbanization, natural disasters, climate change, rising food prices and conflict over scarce resources.

India has been traditionally vulnerable to natural disasters on account of his unique geo-climate conditions. Both natural and manmade disasters occur quite regularly in India. About 60% of the Indian landmass is prone to earthquakes of various intensities, over 40 million hectares are prone to floods, about 8% of the total area is prone to cyclones and 68% of the areas are susceptible to drought.

Shrivastava *et al.*, (2015) reported that the exposure of individuals to emergency conditions, such as natural disasters has diminished ability of the person to perform their day today routine functions.

This inability is due to the consequences that are generally associated with an disaster event like displacement of a large number of people, massive damage to the health care establishments, interruptions in the supply of logistics including drugs, shift in the attention of the health workers toward the current emergency with minimal attention to the mental health component, breakdown of the referral system, and limited availability of specialists in the higher centers. It is a proven fact that prompt and sustained delivery of psychosocial support and mental health services plays a crucial role in restoring the health of the traumatized individuals both during and after emergencies and responding to the mental health needs of people will not only improve the mental health but also enhance the rate of recovery of the displaced community from such stressful conditions of life.

There is a great need for long term prospective studies on the effects of disaster and more interventional studies to find out the effectiveness of supportive interventional measures provided to the affected population. It is essential to find out the factors that can prevent psychiatric morbidity among victims and inculcate a mental health support system in the disaster response strategies in India.

Hence a comprehensive psychosocial and mental health intervention designed for the prevention of variety of psychiatric disorders, massive and wide spread trauma and loss which affect family and social processes causing coping strategies at the family, community and societal levels.

### **Statement of the problem**

Effectiveness of Structured Nursing Interventions on Perceived stress, Self-efficacy, Coping strategies and Quality of life among adults residing at selected displaced community Chennai, Tamilnadu.

### **Objectives**

To assess the pre interventional level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community.

To implement the selected nursing intervention among adults residing at selected displaced community.

To assess effectiveness of the selected nursing intervention on the post interventional level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community.

To correlate between the post interventional level of perceived stress, self efficacy, coping strategies with quality of life among adults residing at selected displaced community.

To associate the mean difference score between the pre and post interventional level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables among adults residing at selected displaced community.

### **Research hypothesis**

H<sub>1</sub>: There will be significant difference between the mean score of pre and post intervention level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community

H<sub>2</sub>: There will be significant co-relationship between post intervention level of perceived stress, self efficacy, coping strategies with quality of life among adults residing at selected displaced community

H<sub>3</sub>: There will be significant association of the mean difference score of post intervention level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables among adults residing at selected displaced community.

### **Materials and Methods**

#### **Description of the intervention**

The structured nursing intervention of the study includes guided imagery exercises to reduce their perceived stress level, group interventions to increase their self efficacy levels and community based interventions to improve their coping strategies and thereby enhancing their quality of life.

The draft for the guided imagery exercises, group interventions and community based interventions were developed keeping in mind the objectives, literature

review and the opinion of the experts. The interventions were made to be more focused towards the objectives of the study by including the suggestions of the experts by obtaining the validity for the interventions from them. The structured Nursing interventions are scheduled to be conducted for a period of ten weeks and the details for intervention along with data collection schedule is as followed.

#### **Ethical considerations**

The Ethical clearance was obtained from Institutional Ethics Committee. The study Participants were explained about the Scope and objectives of the study and obtained informed oral consent from them. The anonymity and confidentiality was assured to them and privacy was maintained throughout the data collection period.

#### **Data analysis**

The collected data were analyzed using both descriptive and inferential statistics.

### **Results and Discussion**

#### **Section: A - Description of study participants based on their baseline data**

##### **Socio-demographic variables**

With regard to Age, 42% of them belong to the age group of 31 -35 yrs; 38% of them belong to the age group of 26 -30 yrs ;15%of the belong to the age group of 36 – 40 yrs and 5% of them belong to the age group of 20 -25 yrs.

With regard to Sex, both male and female were 50% of the study participants respectively.

With regard to Educational status, 52% of them had Primary school education, 32%of them had Middle school education, 9% of them had high school education and 9% of them had no education.

With respect to Occupation, 50% of them were unskilled workers, 33% of them were semiskilled workers and 17% of them were skilled workers.

With regard to Monthly Income, 62% of them had a monthly Income of Rs.1,886 -5,546 ;35% of them had a monthly income of Rs.5,547 -9,248 and only 3% of them had a monthly income of Rs,9,249 -13,873.

With regard to Duration of stay in the displaced community, 53% of them were staying for a period of less than 3 yrs and

47% of them were staying for more than 3yrs.

On considering Religion, 48% of them were Christians, 40% of them were Hindus and 12% of them were Muslims.

With regard to marital status, 67% of them were married, 17% of them were Widowhood, 13% of them were separated and only 3% of them were Single.

Regarding the Type of family, 73% of them belong to Nuclear family and 27% of them belong to Joint family.

With regard to Habits, 40% of them had betel nut chewing.38% of them had alcoholism, 12% of them had pan masala and 10% of them were cigarette smokers.

Nearly 85% of them watch televisions as their Leisure time activities and 13% of them use Chit chating as their leisure time activities.

**Socio-demographic variables**

Nearly 72% of them had recent hospital visit and 79% of them were treated with tablets and 21% of them had Injections.

Nearly 42% of the study participants were chronic hypertensive clients, out of them 76% of them were under oral antihypertensive agents.

Nearly 37% of the study participants were Chronic Diabetic clients, out of them 86% of them were under oral hypoglycaemic agents.

Nearly 40% of them had Jaundice and 83% of them were under strict dietary management.

**Displacement related variables**

Nearly 58% of them were displaced from 6 -10 km from their original residence and 42% of them were displaced within 5km from their original residence.

Nearly 58% of them were displaced only one time from their original residence and 42% of them were displaced twice from their original residence

Nearly 80% of them had loss of their economic belongings due to displacement.

Nearly 73% of them received inadequate government support and 20% of them received no support from government.

Nearly 77% of them were received social support from NGOs, 13% from religious people and 10% from friends.

**Fig.1** Frequency distribution of Pre and post Interventional Level of Perceived Stress among displaced people

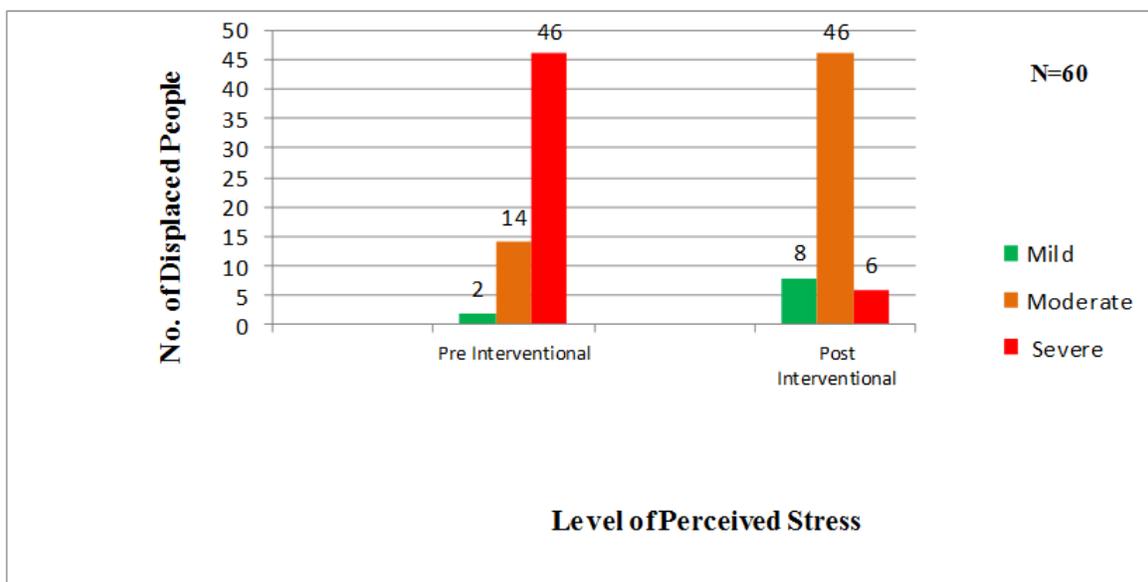
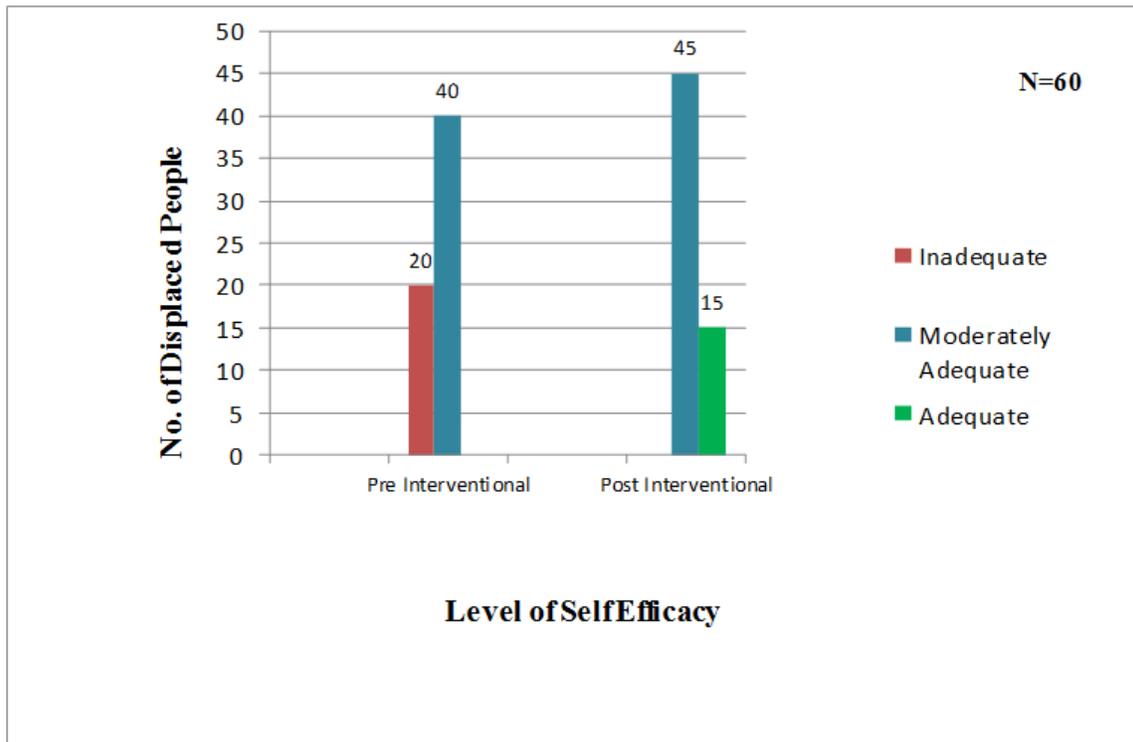


Fig.2 Frequency distribution of pre and post interventional level of self efficacy among displaced people



Methodology	Description
Research Approach	Quantitative approach
Research Design	Quasi experimental one group pretest and post test design
Setting	Ezhil nagar, one of the resettlement area of displaced people in Chennai.
Sample size	60 displaced adults (includes both male and female)
Sampling technique	<ul style="list-style-type: none"> <li>• Random selection of houses by Simple Randomization method</li> <li>• Selection of one sample in each randomly selected house by lottery method technique.</li> </ul>
Tool	<ul style="list-style-type: none"> <li>▶ <b>Section A :</b> It includes baseline socio demographic information, Heath related information and displacement related details of the displaced adults</li> <li>▶ <b>Section B:</b> It comprises of modified <b>Cohen and Sheldon’s Perceived stress scale</b> to assess the level of perceived stress among adults in the displaced community.</li> <li>▶ <b>Section C:</b> It comprises of modified <b>Schwarnger’s General Self Efficacy Scale</b> to assess the level of self efficacy among adults in the displaced community.</li> <li>▶ <b>Section D:</b> It comprises of modified <b>Carver’s BRIEF COPE</b> to assess the level of coping strategies among adults in the displaced community.</li> <li>▶ <b>Section E:</b> It comprises of modified <b>WHOQOL – BREF</b> to assess the level of quality of life among adults in the displaced community.</li> </ul>

**Data collection schedule**

<b>WEEKLY SCHEDULED ACTIVITY DURING ORIENTATION AND WORKING PHASE (5 Weeks - 1st to 5th week)</b>		<b>WEEKLY SCHEDULED ACTIVITY DURING REINFORCEMENT PHASE (4 Weeks - 6th to 9th week)</b>		<b>WEEKLY SCHEDULED ACTIVITY DURING EVALUATION PHASE (1 Week - 10th week)</b>	
<b>DAYS</b>	<b>PLANNED ACTIVITY</b>	<b>DAYS</b>	<b>PLANNED ACTIVITY</b>	<b>DAYS</b>	<b>PLANNED ACTIVITY</b>
Monday to Friday	Orienteing to the subjects. Explaining the nature and scope of the study. Obtaining informed consent. Pre Interventional assessment of the subjects using structured data collection tools. Demonstrating the Guided Imagery Practice to the subjects and clarifying their doubts and ask to redo the same practice under the guidance of the researcher.	Monday to Friday	Encouraging the client to practice the Guided Imagery exercises at their home twice daily(morning and Night) as per demonstrated. Encouraging the client to discuss their practice during group meetings planned to held at week ends.	Monday to Friday	Post Interventional assessment of the subjects using structured data collection tools
Saturday & Sunday	Conducting Group Interventions	Saturday & Sunday	Conducting Community Based Interventions		

**Table.1** Mean and standard deviation of pre and post interventional level of self efficacy among displaced people

<b>TYPE OF COPING STRATERGIES</b>	<b>Pre Interventional Level</b>		<b>Post Interventional Level</b>	
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b>EMOTION FOCUSED</b>	<b>20.06</b>	<b>0.41</b>	<b>25.71</b>	<b>0.34</b>
<b>PROBLEM FOCUSED</b>	<b>12.51</b>	<b>0.23</b>	<b>16.13</b>	<b>0.21</b>
<b>DYSFUCTIONAL COPING</b>	<b>26.21</b>	<b>0.51</b>	<b>23.06</b>	<b>0.39</b>

**Table.2** Mean and Standard Deviation of Pre and post Interventional Level of Quality of Life among displaced people

<b>DOMAINS OF QOL-BREF SCALE</b>	<b>Pre Interventional Level</b>		<b>Post Interventional Level</b>	
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b>OVERALL GENERAL</b>	5.05	<b>0.12</b>	7.02	<b>0.13</b>
<b>PHYSICAL DOAMIN</b>	17.2	<b>0,32</b>	19.15	<b>0.3</b>
<b>PSYCHOLOGICAL DOMAIN</b>	13.88	<b>0,34</b>	15.87	<b>0.29</b>
<b>SOCIAL DOMAIN</b>	5.87	0.21	8.25	0.19
<b>ENVIRONMENTAL DOMAIN</b>	13.98	0.34	15.97	0.3

**Table.3** Comparison of the Pre and Post interventional scores on the Perceived stress, Self efficacy, Coping strategies and Quality of life among displaced adults residing at selected displaced community

N =60

Variables	LEVEL OF INTERVENTION	MEAN SCORE	STANDARD DEVIATION	CALCULATED "t" value
PERCEIVED STRESS	PRE TEST LEVEL	28.75	0.289	18.67* df = 59 p <0.05 <b>S</b>
	POST TEST LEVEL	23.2	0.38	
SELF EFFICACY	PRE TEST LEVEL	19.45	0.321	27.71* df = 59 P<0.05 <b>S</b>
	POST TEST LEVEL	27.95	0.414	
COPING STRATERGIES	PRE TEST LEVEL	58.78	0.943	11.299* df = 59 P<0.05 <b>S</b>
	POST TEST LEVEL	64.91	0.826	
QUALITY OF LIFE	PRE TEST LEVEL	55.98	0.882	18.64* df = 59 P<0.05 <b>S</b>
	POST TEST LEVEL	66.25	0.975	

**Section: B - Assessment of pre and post interventional level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community**

From the above Figure 1, it is evident that in the Pre interventional level of Perceived stress, 2 of them had mild stress,14 of them Moderate level of stress and 46% of them had severe level of stress. But in the Post Interventional level 8 of them had mild stress, 46 of them Moderate level of stress and 6 of them had severe level of stress.

From the above Figure 2, it is evident that in the Pre interventional level of Self efficacy, 20 of them had inadequate level of self efficacy and 40 of them had Moderate level of self efficacy. But in the Post Interventional level 45 of them had moderate level of self efficacy and 15 of them had adequate level of self efficacy.

The above table 1 depicts the Mean and Standard deviation scores at Pre and post interventional levels in the three types of coping strategies such as Emotion focused, Problem Focused and Dysfunctional coping Strategies among the displaced adults.

The above table 2, depicts the Mean and Standard deviation scores at Pre and post interventional levels in

the Five domains of Quality of Life such as Overall general, Physical, Psychological, Social and Environmental domain Among the displaced adults.

**Section: C - Effectiveness of the Structured Nursing intervention on the level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community**

From the above table 3, on comparison of the pre and post test scores on the Perceived stress, Self efficacy, Coping strategies and Quality of life among displaced adults, it clearly depicts there is a statistically significant difference between the pre and post interventional scores at 0.05% level. Hence the Research hypothesis (RH<sub>1</sub>) stated that there will be significant difference between the mean score of pre and post intervention level of perceived stress, self efficacy, coping strategies and quality of life among adults residing at selected displaced community is accepted.

**Section: D - Correlation between the post interventional level of perceived stress, self efficacy, coping strategies with quality of life among adults residing at selected displaced community**

On Correlating the post interventional scores on the level of Coping strategies and Quality of life, the data clearly depicts that there exists a highly positive relationship (r =

+0.819) between the post interventional scores of coping strategies and Quality of life among displaced adults.

On Correlating the post interventional scores on the level of Self efficacy and Quality of life, the data clearly depicts that there exists a positive relationship ( $r = +0.678$ ) between the post interventional scores of Self efficacy and Quality of life among displaced adults.

On Correlating the post interventional scores on the level of Perceived stress and Quality of life, the data clearly depicts that there exists a negative relationship ( $r = -0.635$ ) between the post interventional scores of Perceived stress and Quality of life among displaced adults. From the above findings the Research Hypothesis (RH<sub>2</sub>) stated that there will be significant co-relationship between post intervention levels of perceived stress, self efficacy, coping strategies with quality of life among adults residing at selected displaced community will be accepted.

**Section: E - Association of the mean difference score between the pre and post interventional level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables among adults residing at selected displaced community**

On association of the mean difference score between the pre and post interventional level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables, the data depicted that there is no statistically significant association of the mean difference score between the pre and post interventional level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables among adults residing at selected displaced community. From the above findings the Research Hypothesis (RH<sub>3</sub>) stated that there will be significant association of the mean difference score of post intervention level of perceived stress, self efficacy, coping strategies and quality of life with their selected demographic variables among adults residing at selected displaced community has been rejected.

The findings of the study suggested for establishing and implementation of interventions and policies that rescue post disaster instability and prioritize mental health services for displaced communities. The psychosocial interventions planned for displaced victims were intended to provide important components of psychosocial rehabilitation such as normalizing, stabilizing, socializing, defusing of emotions and feelings, and restoration of a sense of identification with others and of safety and security. These planned interventions will not only help in the recovery of milder and sub-syndrome symptoms, but also in the prevention of adverse mental health consequences.

The disaster related researches and the community based rehabilitative interventions should be carried out at the affected community itself than in clinical settings as it reduces stigmatization and resistance to mental health services. These interventions should be made available to the displaced for treating them even months and years after the exposure and displaced from the disaster prone environment.

The researcher suggested on establishing mental health services that are community-based, family-focused and culturally sensitive in the post-emergency situations which can help the survivors to shape their lives and enhance a recovery from disaster.

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