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**INVESTIGATE THE RELATIONSHIP BETWEEN SLEEP QUALITY AND QUALITY  
OF LIFE OF THE NURSES' STRESS TOLERANCE**

**SONAZ BORZOOYI<sup>1</sup>, MOHAMMAD JAVAD RAHIMZADEH BEHZADI<sup>2</sup>, MASOUD  
BAGHERI<sup>3</sup>**

1-MA of Psychology, Department of Psychology, Zarand Branch, Zarand, Iran

2-MA of Nursing, Department of Nursing, Kerman University of Medical Sciences

3-PhD of Psychology, Department of psychology, Kerman branch, Bahonar University, Kerman,  
Iran

**ABSTRACT**

The aim of this study was to investigate the relationship between sleep quality and quality of life in the city of Bam in Pasteur Hospital that measured nurses' stress tolerance. The population consisted of all nurses Pasteur city of Bam is 100 people. Using random sampling and 79 students were selected based on Morgan table. Instruments included, sleep quality questionnaire (C. Daniel J. Bai, 1989), quality of life (SF12, 2000) and the tolerance of patient care (CBI) Nowak and Gast 1988, respectively. The results showed that the variable quality of sleep and quality of life can be predicted variable nurses' stress tolerance. Among the sub-scales of quality of life, physical health variables with a correlation coefficient -0.396 highest inverse correlations with the stress of the nurses' and the nurses come down and reverse the signs of stress tolerance will be high. Lower score reflects the imposed stress tolerance questionnaire and nurses will be high and vice versa high scores on the overall scale and severity assessment shows conditions. Based on the results of sleep quality alone had nothing relation with the stress of nurses.

**Keywords: Quality of life, sleep quality, stress tolerance, nurses**

**INTRODUCTION**

Since the current era is called the era of human society, the pace of change and anxiety and stress, the current complexity of ignorance of religious and ideological

backgrounds and the social and emotional family conflict for individuals and human society and human civilization conflicts and Communications stress also has created new social deal with them is essential for every individual.

On the other hand all the great and undiscovered talent to grow and evolve, the ability to find a deeper meaning, achieves more success in life to enjoy. Therefore, the use of abilities and talents to deal with the stress of everyday life that comes to us phenomenon, it is possible.

Stress is a powerful force of positive and negative effects. Like a river water will create a barrier that it can be harnessed and exploited or they turned it into a devastating flood.

Despite the fact that there is good stress and so stress is necessary to motivate people, but when it is discussed at the negative results and to stress is bad (Alvani & Abtahi, 1371).

Lack of sleep can increase the likelihood of sleepiness during the day and then to increase occupational and social events. Also, irritability, aggressive behavior and reduced social communication in people who are suffering from sleep deprivation than other people are significantly higher (Garbarino et al., 2003).

Pilots involved in shift work sleep disorder are due, nurses and clinicians. The nursing profession combined with the shift work sleep disorder arising from it, and this leads to disruption of the Foundation and individual physical and mental health problems such as digestive disorders, heart problems, nervous exhaustion, lack of concentration, behavior, hallucinations, and aggression becomes emotional conflicts.

The sleep disorder can be present in the workplace on the body damage and impaired quality and quantity of job duties, as well as a severe decline of professional practice which is basically a response to needs of patients. Research shows that many factors affect the quality of life and its dimensions such that it can be individual factors - social and economic. One of these factors is age, as many studies have shown that the average quality of life decreases with age, but some studies have shown that younger people are mental, they have a lower quality of life (Wall et al., 1999).The quality of life is associated with sex, so that the majority of women than men have a lower quality of life (Parker et al., 2003).Mental health as a determinant of quality of life issues and stress as a measure of general health and quality of life that is connected. Stresses, with negative effects on the individual and

social coping resources exert himself, lowered resistance and long-term negative impacts on their individual physical and mental health of their people.

### **Statement of the problem**

Nurses are the largest group of professionals in the health care system form. So that 40% of all hospital staff are nurses and 55% of the total cost of staff assigned to it, so they have a significant role in the health care system (Kulagry, 1998). Sleep and rest are one of the basic human needs in Maslow's hierarchy row with physiological needs (Memarian, 1999). When the sleep-wake cycle is disrupted may also change other physiological functions, for example, a person may sleep disturbances, loss of appetite and weight loss also experience (Jebrly, 2005). Sleep deprivation causes fatigue, depression, loss of appetite, lack of concentration, increased disease and physical disorders (Potter and Perry, 2005).

### **Importance of research**

Pilots involved in shift work sleep disorder are nurses and clinicians. The nursing profession combined with the shift work sleep disorder and it has been raised and this leads to disruption of the Foundation and individual physical and mental health problems such as digestive disorders, heart problems, nervous exhaustion, lack of

concentration, behavior, hallucinations, and aggression is emotional incompatibility.

### **Purposes**

#### **General purpose**

- Investigate the relationship between sleep quality and quality of life with the stress of nurses, the Pasteur hospital in Bam city.

#### **Subsidiary Purposes**

- Investigate the relationship between sleep quality and general health perception with nurses' stress tolerance.
- Investigate the relationship between sleep quality and physical performance by the nurses' stress tolerance.
- Investigate the relationship between sleep quality and physical health nurses' stress tolerance.
- Investigate the relationship between sleep quality and emotional problems with the nursing stress.
- Investigate the relationship between sleep quality and physical pain with the nursing stress.
- Investigate the relationship between sleep quality and social performance with the nursing stress.
- Investigate the relationship between sleep quality and happiness with the nursing stress.
- Investigate the relationship between sleep quality and mental health with the nursing stress.

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**Conceptual and operational definitions****Conceptual definitions:**

Sleep quality: the satisfaction of sleep, how you feel after waking sleep is defined in terms of creating Rehabilitation (Sadegh niat, 237.1381).

Quality of life: dynamic and multi-dimensional structure those concepts such as job security, reward systems, training and career development opportunities and participation in decision-making covers (Marted and Depuse, 2006).

The stress: stress tolerance, ability to resist the Events, Situations pressure strong emotions, without placing or dealing actively and positively with defined pressure. Merit stress, a visionary skills that we have to bear the inevitable pain, defying threats and pressures of life due to poor physical and emotional health, we use.

Nurse: Nurse word meaning worship and compassionate. And the Latin culture is taken care of Nutritious word that is meant to nurture, feed and breed on. According to the sense of any other person, whether sick or healthy care that nursing be called to action. Canadian Nurses Association (CNA) defines nursing:

Nursing profession has evolved in response to the needs of the community in relation to human health and life they consider ideal. Nurses to promote, maintain and restore health and prevent disease; relieving the pain of trying.

**Operational Definitions:**

Quality of sleep: to score the individual sleep quality questionnaire of 10 questions (PSQI) Pittsburgh to measure quality and sleep patterns used in adults acquires (Daniel J. Vallès, 1998).

Quality of life: means that a person's quality of life questionnaire scores 12 items acquires (Resnick 2001).

The nurses' stress tolerance means that individual score of patient care questionnaire Novak and Guest (1988) gains.

**Population, sample size and sampling**

The population: in this study used a population that includes all nurses Pasteur city of Bam in 1393 that their number is 100.

Sampling: The sample size of the sample will be obtained and then the sample was selected by simple random sampling. The sample group has 79 persons.

Table 1-4 Mean and standard deviation of the predictor variables (quality of sleep and quality of life) and variable criteria (the stress nurses) and (n=79).

Mental Health	happines	Social performanc	Physica l pain	Emotion al problems	Physica l health	Physical performanc	Health y	Toleran t of nurse	Quality of sleep	Quality of life	
7.61	3.50	4.09	3.47	3.20	3.41	4.62	3.18	28.21	31.89	33.08	Mean
1.97	1.11	1.21	1.07	1.03	0.84	1.33	0.98	15.24	10.84	5.56	SD

Table 2-4 intercept values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.000	4.647	-----	14.972	69.580	Deal of A
.011	-2.647	-.394	.395	-1.055	Quality of life
.325	-.998	-.147	.227	-.227	Quality of sleep

Table 3-4 intercept values (a) and regression coefficients between predictor variables:

sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
046	2.060	-----	11.067	22.801	Deal of A
.437	-.785	-.123	.241	-.189	Quality of sleep
.150	1.471	.230	2.374	3.492	Being healthy

Tables 4-4 intercept values (a) and regression coefficients between predictor variables

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	b	
.000	4.776	-----	11.330	54.115	Deal of A
.356	-.934	-.141	.232	-.217	Quality of sleep
.028	-2.281	-.344	1.847	-4.213	Physical performance

Table 5-4 intercepts values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.000	5.158	-----	10.610	54.733	Deal of A
.485	-.706	-.105	.229	-.161	Quality of sleep
.013	-2.611	-.388	2.497	-6.518	physical health

Table 6-4 intercepts values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.000	3.956	-----	10.319	40.825	Deal of A
.608	-.517	-.086	.232	-.120	Quality of sleep
.176	-1.381	-.230	2.144	-2.960	Physical pain

Table 7-4 intercepts values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.000	4.842	-----	11.003	53.282	Deal of A
.319	-1.010	-.157	.237	-.239	Quality of sleep
.025	-2.348	-.366	1.881	-4.417	Social operation

Table 8-4 intercepts values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.001	3.795	-----	11.251	42.701	Deal of A
.399	-.854	-.137	.248	-.211	Quality of sleep
.309	-1.032	-.166	2.235	-2.308	happiness

Table 9-4 intercepts values (a) and regression coefficients between predictor variables:

Sig	T	Standardized coefficients Beta	Non-sstandardized coefficients Beta		Variable
			Standard error	B	
.000	3.913	-----	12.703	49.704	Deal of A
.457	-.751	-.118	.241	-.181	Quality of life
.043	-1.497	-.235	1.404	-2.102	Mental health

**RESULT**

Overall, this study showed that the quality of sleep and quality of life there is a significant relationship with the nurses' stress tolerance, so Considering that a good-quality sleep, are an important part of overall health, recommended. Intervention programs aimed at improving sleep quality of nurses, with emphasis on the prevention or reduction of mental health problems and learning the basics of sleep hygiene should be performed. It is also recommended to improve sleep quality nurses, further studies to identify predictive factors of sleep quality in this group and preferably longitudinally is done.

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