STUDY OF STRESS AMONG NURSES

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ABSTRACT

INTRODUCTION: Stress and burnout are common among healthcare professionals, including doctors and nurses. Stress in healthcare professionals can result in multiple negative consequences. Detecting stress early may have positive outcomes for doctors, their families and the patients they care for. There is growing concern about stress in healthcare professionals working in public hospitals, yet there is a paucity of studies on stress among these healthcare professionals in India.

METHODS: A explanatory study using a self-administered, standardised questionnaire was conducted among nurses working in B.P.S. Medical College & Hospitals of the Sonepat district, Haryana. The research questionnaire was distributed and returned anonymously to ensure confidentiality.

RESULTS: Of the 50 nurses in the study, most of the nurses were generally satisfied with the equipment and supplies except 34% perceived patient clothing non-satisfactory. The work load is another major cause of unsatisfaction. The nurses who are working in critical care areas in the hospital are having very little time for supervisory and clerical activities as they were constantly busy with serious patients. However this being a administrative function they were counseled for such lapses by the Medical / Nursing administrative authorities.

Frequent Night duty and long working hours are also the cause of stress among nurses. Majority of the nurses were satisfied as regards interpersonal relations. However the study revealed large Number of them (60 - 88%) was not satisfied with the organization as regards opportunity for higher education, opportunity to participate in professional meeting, library facilities and research work. 81 – 87% of them have shown dissatisfaction as regards recognition for outstanding work and recommendations for Awards and Medals. The hospitals having authoritative command structure, there is dissatisfaction as regards voice opinion, handling of grievances, participative management and performance evaluation.
CONCLUSION: Study revealed large number of them (60 - 88%) was not satisfied with the organization as regards opportunity for higher education, opportunity to participate in professional meeting, library facilities and research work. 81 – 87% of them have shown dissatisfaction as regards recognition for outstanding work and recommendations for Awards and Medals.

INTRODUCTION

Stress is a major global health problem among all human societies. In today changing and competitive work environment, stress level is increasing in all fields. Stress leads to reduced efficiency in even the best of individuals, which in turn leads to reduced productivity. Stress is a problem in almost all the countries of the world. In medical field the nurses also have stress because they have to work in most delectated and complicated field. Nothing is bigger than a human life.

Nurses have to work in a very stressful schedule. Sometimes stress is a friend that strengthens us for the next encounter. If handled poorly, it becomes an enemy which can cause diseases like high blood pressure, ulcer, asthma and overactive thyroid.

Organizational based factors have been known to induce job stress for employees at the workplace. Work related stress has been implicated as a major contributing factor to growing job dissatisfaction among nurses. It has been found that work stress impacts not only on nurses health but also their abilities to cope with job demands. This will seriously impair the provision of quality health care and the efficacy of health service delivery.

It has been estimated that 75-90% of all visits to health care professional are stress related symptoms and disorders. One estimate indicates that 52% of all deaths between the ages of 1 and 65 are the result of stress full life styles.

The present investigation was designed to study and predict organizational role in management of stress amongst Nurses working in critical care areas in hospital. The study was carried out in B.P.S. Medical Govt. College and Hospital, Khanpur.

STRESS

All of us experience stress from the day we are born. Stress is the wear and tear of life caused by any excessive demand on the body system to cope. The pricks and pressures of daily life ranging from bodily adjustment to sudden temperature or humidity, or changes in the weather, an emotionally charged argument with your spouse or the boss, all constitute stress.

Stress is any stimulus from the environment which demands some extra adjustment effort or survival effort from the body.

In general term “stress is the body’s physical, mental & chemical reaction to circumstances that frighten, excite, confuse, challenge surprise, anger, endanger or irritate a person”. The events that cause stress may be good or bad.

Good stress (known as Eustress) can come from happy events such as job promotion, getting married or becoming a parent.

Bad stress (distress) is much more common, coming from such everyday events such as realistic job deadlines, money, worries &even the grind of daily commuting. Numerous definition of stress has been proposed.

STRESS IN HEALTH CARE

Healthcare is a part of everyday life. A high number of people in need of medical assistance come through hospitals, primary health care centres and private practitioners every day. Thus, health
care is not like a store with a part-time, but it is a constant which, by the principle of solidarity, is there to help sick people. Because of its complexity and importance, healthcare is regulated by law and controlled by the Ministry of Health.

The Health care systems are undergoing major structural and financial changes. Ongoing changes in health care delivery system include an increase in the complexity of cases, available treatment options and better informed patients, computer surveillance of production, fewer health and retirement benefits, and the feeling that professionals themselves have to work longer and harder just to maintain their current economic status.

The conflicts that arise from differing values and the misunderstandings that result act as stressors for all involved increasingly, healthcare organizations are recognizing the value of intentional approaches to assist employees to work effectively with co-workers who represent generations different from their own. Effective stress management for healthcare professionals requires flexibility in considering a variety of ways to reduce and manage stress.

**Stress and the Healthcare Professional: Nurses**

Studies of nurses have found the following factors to be linked with stress:

- Work overload
- Time pressure
- Lack of social support at work (especially from supervisors, head nurses, and higher Management)
- Exposure to infectious diseases
- Needle stick injuries
- Exposure to work-related violence and threat

**REVIEW OF LITERATURES**

Brown et al (2013) studied that factors that prevent burnout and employee attrition. Retention was significantly associated with initial job satisfaction, being married and low levels of stress with colleagues. They concluded that attrition of highly trained staff is a significant issue for patients and Hemophilia Treatment Centers. These data suggest the important role that a well-functioning team can have in buffering the inevitable stresses associated with HIV care.

Tyson et al (2012) did a prospective study on prevalence and predictors of suicidal ideation among Norwegian medical students and young doctors. They study-year prevalence of suicidal thoughts was 14%. The lifetime prevalence was 43%, while 8% had planned suicide, and 1.4% had attempted suicide. They concluded that the level of suicidal thoughts was high, but the level of attempts was low. Suicidal ideation in medical school was predicted by lack of control, personality trait, single marital status, negative life events and mental distress (anxiety and depression). In the first postgraduate year, mental distress was the most important predictor, but before controlling for this variable, job stress, vulnerability (neuroticism), single status, and less working hours were independent predictors.

Nedic et al (2012) established that doctors and nurses with hypertension registered in earlier life periods, were more vulnerable to angina pectoris, myocardial infarction and cerebral-vascular insult as complications, compared to the rest of employees in hospitals (if age as a risk factor is excluded).

T.kant,k.swaminathan (May 2012) A review is made department of Civil Engineering, Indian Institute of Technology Bombay, Powai, Mumbai 400 076, India on the different methods used for the estimation of transverse/interlaminar stresses in laminated composite plates and shells. Both analytical and numerical methods are considered. In numerical methods while the emphasis is given on finite element methods, other methods like the finite difference method is also briefly discussed.
Aspects considered are: effects of variation in geometric and material parameters, transverse shear and normal deformation, interface stress continuity and the interfacial bonding on the accuracy of prediction of transverse/interlaminar stresses.

Manjula p. aranda, 2012 The authors review the literature on ethnic minority caregivers and suggest that ethnicity and culture play a significant role in the stress and coping process for Latino caregivers. Caregivers of older Latinos face special challenges in the care giving for individuals at higher risk for specific chronic diseases, who are disabled at earlier ages, and who have more functional disabilities. Ethnicity and culture can also influence the appraisal of stress events, the perception and use of family support, and coping behaviors. Socioeconomic class and minority group status are discussed as additional sources of variation in the caregiver stress and coping model.

Rao, Arunina chaudhary (July 2012) A study is made systematically clinical studies providing empirical data on stress-management programs in medical training. The authors searched Medline and PSYCHINFO from 1966 to 1999. Studies were included if they evaluated stress-management programs for medical trainees (medical students, interns, or residents); reported empirical data; and had been conducted at allopathic medical schools.

Devidayal, Purushottan mehra (2012). The relationship between trauma, post-traumatic stress disorder, and physical health Neurobiological and clinical consequences of stress: From normal adaptation to post-traumatic stress disorder review the literature on the physical health outcomes associated with traumatic events / review the literature on the physical health outcomes associated with posttraumatic stress disorder (PTSD) / argue that PTSD is an important mediator through which trauma may be related to adverse outcomes / review biological and psychological correlates of PTSD that might predispose affected individuals toward increased risk for medical problems / [the] review includes 4 categories of health outcome: 1) self-reports; 2) utilization of medical services; 3) morbidity as indicated by physician diagnosis or laboratory tests; and 4) mortality (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Satyanarayan, Aruna pratap Article first published online: 2 DEC 2003, Journal of Advanced Nursing Stress perception is highly subjective, and so the complexity of nursing practice may result in variation between nurses in their identification of sources of stress, especially when the workplace and roles of nurses are changing, as is currently occurring in the United Kingdom health service. This could have implications for measures being introduced to address problems of stress in nursing

Nedic et al (2002) examine sources and causes of job stress in health workers in Novi Sad. The study group included health workers-doctors, nurses and laboratory workers, and the control group included the rest of non-medical staff. Three factors were examined : extrinsic efforts (disturbances at work, sense of great job responsibility and the need for overtime work); intrinsic efforts (major criticism, thinking about the job from the early morning, getting nervous because of minor problems, discontentment because of unsolved problems at work, relaxation at home and so on), and low reward (respect from the superiors and colleagues, support and security at workplace), it has been noted that health workers are exposed to greater job stress, great sense of very high job responsibility and frequent overtime work than the control group. In regard to answers from the second group-intrinsic effort and low reward, there was no statistical significance between the study and control group. Generally, high level of risk factors was established, especially presence of one or more risk factors. Job stress was found to increases absenteeism, reduce work productivity, and cause higher expenses of medical treatment, rehabilitation and staff retraining.

Coomber et al (2002) found that the most stressful aspects of work for ICU Nurses in UK were bed allocation, being over-stretched, effect of hours of work and stress on personal/family life, and compromising standards when resources are short. Logistic regression revealed mental health problems were predicted by five stressors : ‘lack of recognition of one’s own contribution by others’, ‘too much responsibility at time’, ‘effect of stress on personal/family life’, ‘keeping up to date with knowledge’, and making the right decision alone'.
Wilhelmsson et al (2002) analyzed the psychosocial working conditions of general practitioners (GPs) in Sweden. Factor analysis included five items: strains and symptoms, professional content, social support at work, workload and job control. Professional content was the most positively rated aspect, whereas workload was the most negatively rated. They found that female GPs perceived more unfavorable psychosocial working conditions than both male GPs did in the same organizational setting.

Newbury-Birch and Kamali (2001) measured stress, anxiety, and job satisfaction and the influence of personality factors on these in a group of house officers in the north east of England. Results showed that 37.5% of women and 24% of men house officers suffered from possible psychological stress. Altogether 38.9% of women and 5.4% of men was suffering from possible anxiety and 8.3% of women and 2.7% of men were suffering from possible depression. Stress, anxiety, and depression scores significantly correlated with neuroticism scores in both men and women. The personality characteristic of neuroticism was predisposing factor for stress and anxiety in the junior doctors, which may be taken into consideration when offering support and cou

Lert et al (2001) undertook a cross-sectional study was undertaken among the population of doctors & Nurses caring for HIV/AIDS patients in French hospitals to assess stress and satisfaction related to HIV medical work and its impact on psychological well-being. Eleven per cent of staff in the sample sought help from professionals for psychological problems. Work overload and stress derived from social relationships at work are the main predictors of psychological distress, emotional exhaustion and depersonalization, while the moderator effect of satisfaction is weak.

METHOD

Research Design: The research design of the present study was mainly “explanatory” in nature as the main purpose of the study was to explore level of stress among nurses.

Sampling unit: Unit of the sample considered for conducting study was the nurses.

Sampling technique: For the present study, proportional stratified sampling technique is adopted.

Area covered under the sample: The area on field of the study was taken in BPS Govt. Medical College, Khanpur.

Sample size: It is universally accepted that “Bigger the size of the sample. Greater the representative of the whole universe it is”. But the above advantage becomes of little avail when we consider the time and cost involved to handles a large sample. The same has tried to do in the present case and so sample size is restricted to 50 nurses.

Data Collection

Collection of Primary Data: The primary data was collected through a questionnaire administered on nurses. Data was collected by an interview scheduled in advance. The information was noted on a pre-designed, pre-tested semi open ended questionnaire.

Collection of secondary Data: Secondary Data
• The secondary data which are collected from the relevant source on internet, that is the college website.
DATA ANALYSIS AND INTERPRETATIONS

LEVEL OF STRESS AMONG NURSES: BUREAUCRATIC FACTORS

TABLE 1

<table>
<thead>
<tr>
<th>NO.</th>
<th>Questions</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Some times</th>
<th>Often</th>
<th>Very often</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you feel mental stress due to your job?</td>
<td>0</td>
<td>16</td>
<td>28</td>
<td>6</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Are you satisfied with your job?</td>
<td>0</td>
<td>15</td>
<td>25</td>
<td>10</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Are you satisfied with your co-workers and team?</td>
<td>0</td>
<td>10</td>
<td>33</td>
<td>7</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Do you find yourself getting easily irritated by small problems?</td>
<td>0</td>
<td>33</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>Do you feel that you are achieving less than you should?</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>28</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>6</td>
<td>Are you satisfied with your professional productivity on your job?</td>
<td>0</td>
<td>7</td>
<td>19</td>
<td>24</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>7</td>
<td>Do you feel that you are in the wrong profession?</td>
<td>13</td>
<td>29</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>8</td>
<td>Are you becoming frustrated with your job?</td>
<td>7</td>
<td>33</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>9</td>
<td>Do you feel that organizational policies or bureaucracy?</td>
<td>7</td>
<td>32</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>10</td>
<td>Do you find that you do not have time to do your personal works due to your job?</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>27</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Total (%)</td>
<td>5.4%</td>
<td>37.2%</td>
<td>36.4%</td>
<td>20.8%</td>
<td>0.2%</td>
<td>100</td>
</tr>
</tbody>
</table>

It was concluded that most of the nurses agreed that sometimes they feel mental stress due to their job and no one said that they did not feel stress due to their job because in the survey it was found that not at all & very often are zero (0 %) percent.32 percent nurses said that rarely they feel stress due to their job. So we found that most of the nurses felt stress due to their job.
In second question, according to survey 50 percent of nurses said sometimes and 20 percent said often, so we can say that most of them are satisfied with their job and against this 30 percent says they satisfied rarely.

In third question, we can say that most of the nurses were satisfied with their co-workers and team because 80 percent of nurses under the survey said that they are satisfied and only 20 percent said rarely they satisfied.

In the fourth question we found from our survey that most of the nurses are not irritate by small problems and it is good, because nurses should be calm in any situation so that they do their best in any situation. In this survey 66 percent nurses said that they are rarely irritated and 34 percent said that they sometimes irritated by some problems and no one said that they are irritated often.

In fifth question according to our survey we analyze that most of the nurses are unhappy in achievements because they feel that they are not achieving much as they can or as much they should. 56 percent of nurses said that they are not achieving as much as they should and only 22 percent said sometimes and same percentage of nurses said rarely. So we can say that nurses are not happy with their achievements, because they feel they are more capable but achieve less than their capabilities.

In these questions we found that no one nurses said that “not at all” or “very often”, so we can say that in most of the situations no one nurses is very happy or very unhappy, they are doing their job with their full potentials and honesty.

**FACTORS OF STRESS AMONG NURSES: - BASED UPON DIFFERENT FACTORS**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Factors of Stress</th>
<th>YES</th>
<th>NO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Political and bureaucratic interference</td>
<td>14%</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Composition of populations catered</td>
<td>62%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Stagnation in service</td>
<td>98%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>Problems due to administrative office</td>
<td>92%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>Salary and wages</td>
<td>96%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It was found from our survey that most of the nurses are not feeling that organizational politics or bureaucracy interference in their job and it is not the reason of stress because 86 percent nurses said that politics or bureaucracy interference not interrupt their job and only 14 percent of nurses in our survey believe that sometimes political interference may affect their job so that it is one of the factor of stress. In second question, according to survey nurses feel that composition of populations catered is one of the reasons of stress, because 62 percent of nurses said it is the reason of stress and against of this 38 percent says “no” and they believe that composition of populations catered is not the reason of their stress.

In third question, we can say that most of the nurses are agree on that stagnation in service is the one of the important reason of stress because 98 percent of nurses said in survey that stagnation is one of major factor of stress and only 2 percent of nurses are not agreed with this reason of stress.

In the fourth question we found from our survey that most of the nurses are agreed that they are facing stress because of the problems due to administrative-office. In our survey we found that 92 percent of the nurses are agreed on this and they said “yes” on this question that they are feeling stress because of problems due to administrative-office and only 8 percent of nurses believed that this is not the reason of stress.

In fifth question according to our survey most of the nurses are unhappy because of their less salary, because in the survey we found that 96 percent of nurses saying that they got less salary as
per their capability and they are not satisfied on this front, and only 4 percent of nurses are satisfied with their wages and salaries.

LEVEL OF STRESS IN NURSES: - PROFESSIONAL FACTORS

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Questions</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you satisfied with your professional productivity on your job?</td>
<td>0%</td>
<td>14%</td>
<td>38%</td>
<td>48%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Do you feel that you are in the wrong profession?</td>
<td>26%</td>
<td>58%</td>
<td>16%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Are you becoming frustrated with your job?</td>
<td>14%</td>
<td>66%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>Do you feel that organizational politics or bureaucracy interfere in your job?</td>
<td>14%</td>
<td>64%</td>
<td>16%</td>
<td>4%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>Do you find that you do not have time to do your personal works due to your job?</td>
<td>0%</td>
<td>0%</td>
<td>46%</td>
<td>54%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It was showed that most of the nurses are satisfied with their professional productivity on their job. Only 14 percent said that “rarely” they satisfied with their professional productivity. But no one said that they are fully satisfied or not satisfied with their professional productivity in the job because in the survey it was found that “not at all” & “very often” are zero percent. So we found that most of the nurses are feel satisfaction on their professional productivity on their job.

In second question, according to survey 26 percent of nurses said “not at all” and 58 percent said “rarely” that they feel they are not in wrong profession and they are doing their job with full of dedication and with honesty, so we can say that most of them are satisfied with their profession and against this only 16 percent said as sometimes they feel that they are not satisfied with their profession and no one nurses said that he/she is not happy or satisfy with his job or profession.

In third question, we can say that most of the nurses are satisfied with their profession and job because 80 percent of the nurses in our survey feel that they are not becoming frustrated with their job and only 20 percent says sometimes they are frustrated with their job and from our survey we can found that no one nurses feels frustration in their profession because in this survey no doctor said as “often” and “very often” they are becoming frustrated with their job. So we can say that most of the nurses feel good and they are happy with their job.

In the fourth question we found from our survey that most of the nurses are not feel that organizational politics or bureaucracy interfere in their job because 14 percent nurses said “not at all” and 64 percent said “rarely”,

In fifth question according to our survey we found that most of the nurses are unhappy because they found that they have no time to do their personal works due to their job.

In this survey 46 percent of feels sometime they found that they do not have much time for their personal work because of their job and 54 percent said that often, they do not have proper time for their personal work. We believe that the job of nurses is very tough and in emergency they do not
have time even for rest or to do relax. So we can say that nurses are not happy with their tough time schedule.

In these questions we found that only 2 percent of nurses said that “not at all” and “very often”, so we can say that in most of the situations no one nurses is very happy or very unhappy, but they are doing their job with their full potentials, honesty and capability.

DISCUSSION AND CONCLUSION

The study indicates that majority of nurses have perceived the Physical facilities like change room, toilets, clinical and teaching room as unsatisfactory. The nurses were generally satisfied with the equipment and supplies except 34% perceived patient clothing non-satisfactory.

The work load is another major cause of un-satisfaction. The nurses who are working in critical care areas in the hospital are having very little time for supervisory and clerical activities as they were constantly busy with serious patients. However this being a administrative function they were counseled for such lapses by the Medical / Nursing administrative authorities.

Frequent Night duty and long working hours are also the cause of stress among nurses. Majority of the nurses were satisfied as regards interpersonal relations. However the study revealed large Number of them (60 - 88%) was not satisfied with the organization as regards opportunity for higher education, opportunity to participate in professional meeting, library facilities and research work. 81 – 87% of them have shown dissatisfaction as regards recognition for outstanding work and recommendations for Awards and Medals. The hospitals having authoritative command structure, there is dissatisfaction as regards voice opinion, handling of grievances, participative management and performance evaluation.

Nurses have shows general satisfactions as regards Pay, Promotion, leave. However there is dissatisfaction as regards accommodation and frequent transfer.

The married nurses displayed more stress than unmarried nurses contributes that married nurses have to spare time for more domestic activities in the house. The nurses who are married have shown more dissatisfaction over frequent transfer and not getting accommodation immediately reporting to a new station.

Most of the nurses are satisfied with their professional productivity on their job but no one said that they are fully satisfied or not satisfied with their professional productivity in the job because in the survey it was found that “not at all” & “very often” are zero percent. So we found that most of the nurses are feeling satisfaction on their professional productivity on their job.

In the current study most of the nurses are satisfied being in a noble health profession. In this study most of the nurses are not feeling that organizational politics or bureaucracy interfere in their job but some nurses responded that somehow politics and bureaucracy interference may affect the nurses’ job and they feel discomfort in political interference.

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