A STUDY ON STRESS MANAGEMENT AMONG NURSES IN SELECTED
PRIVATE HOSPITALS IN CHENNAI

P. Selva Kumar
Assistant Professor, Department of Commerce,
SRM University – Ramapuram Campus, Chennai – 600 089

ABSTRACT

Nursing has been identified as an occupation that has high levels of stress. Job stress brought about hazardous impacts not only on nurses health but also on their abilities to cope with job demands. This study aimed at finding out the various factors causing stress, their coping strategies to overcome the stress. Data’s were collected from 185 respondents on the basis of convenient sampling technique. Analysis used was Percent Analysis, Chi-Square, Weighted Arithmetic Mean and ANOVA. A statistical significance association (P < 0.000) between Experience Categories and Low Nurse-Patient Ratio, (P < 0.000) between Designation Categories and Issue of making mistakes. The main nurses occupational stressors were poor salary, too much of work, fear of making mistakes and so on. Thus, the hospital management should initiate strategies to reduce the amount of occupational stress and should provide more support to nurse to deal with the stress.

Key words: Job Stress, Nurse-Patient Ratio, Staff Nurse, Occupational Stressor


1. INTRODUCTION

Modern Hospitals need to address improving the patient experience not as a short term fix but as a long term strategic goal that leads to continued growth. “Improving patient satisfaction is key to future survival”, says Tequia Burt, (2006) in his book. The purpose of the study is to visualize the work related stress among nurses working in private hospitals in Chennai city. Apart from Physicians and Doctors who manage the health chain within hospitals, the nursing care profession is the key difference between efficient and inefficient hospital care. Nurses as employees also face challenges and difficulties and both the nature of the job as well as inefficient hospital administration could lead to both stress and strain to the nursing community both at personal and collective levels. This study seeks to investigate the existence of any such tension/stress on the job for the nurses in hospital. Existence of stress is obviously going against the ideal and smooth functioning expected of a well administered hospital. The study theme is therefore important investigations which help to enhanced patient care. Nurses are trained to consider patient’s quality of care and life but seldom their own; they rarely consider that they themselves or others in the profession may need care. Nurses often complain of overwork and underpay. Problems persist with nurse’s job satisfaction, stress, organizational commitment and intent to leave. Quality of working life is a system of analyzing how people
experience work, how the experience relates to job satisfaction, and intent to leave, turnover rate, personality and work stress.

2. NURSING IN INDIA

The history of professional nursing education in India began in the 19th century. British Military Hospitals and Christian Missionaries were responsible for initiating Public Health Nursing. In the beginning lady health visitors, rural midwives and maternity assistants were trained for 30 working days and later Auxiliary Nurse Midwives (ANM’s) and nurse midwives were also included. The first school to train midwives with an additional course in midwifery after nursing was started in 1854 in a lying-in hospital at Madras. The Indian Nursing Council (INC) designed the 2 year curriculum to prepare ANMs to provide basic nursing care, preventive services, midwifery and child care services in rural areas. The first such school came up in 1951 at St. Mary’s Hospital, Punjab. From two schools in 1952 the number of ANM training schools increased to 263 by 1962. Primarily the maternal healthcare was taken care of by ANMs. The University Education Commission headed by Dr. S. Radha Krishnan (1949) and the Education Commission headed by Dr. Kothari (1964) both recommended raising the standard of nursing education by linking it with higher education of academic value at the University Level. At the time of Radhakrishnan Commission only two colleges of nursing were enlisted – one at Delhi, affiliated to Delhi University, and another at Vellore affiliated to the University of Madras, both giving a B.Sc. degree in Nursing. The Trained Nurses Association of India, launched in 1905 was instrumental in the establishment of college education. Currently, available nursing courses in India are eighteen months Multiple Public Health Workers (F) trained after Class X, the General Nursing and Midwifery Diploma (GNM), B.Sc. Nursing, M.Sc. Nursing, M.Phil. and Ph.D. in Nursing. The Indian Nursing Council approves the State Nursing Councils, provides guidance, enforces standards, and formulates policies for equivalence and reciprocity of educational qualifications across the states in India. A study conducted in six states of the country indicates that Nursing Councils in India are largely headed and controlled directly or indirectly by the administrative in-charge of the medical and health services belonging to the medical profession. Only recently the INC has got a head with a nursing background (Rustomfram N, 1999)

Military nursing was the earliest type of nursing. In 1664 the East India Company started a hospital for soldiers in a house at Fort St. George, Madras. The first sisters were sent from St. Thomas Hospital, London to this military hospital. In 1797 a Lying - in - Hospital (maternity) for the poor of Madras was built with the help of subscriptions by Dr. John Underwood. In 1854 the Government sanctioned a training school for midwives in Madras. Florence Nightingale was the first woman to have great influence over nursing in India and had a close knowledge of Indian conditions, especially army. She was interested in the nursing service for the civilian population, though her first interest was the welfare of the army in India.

3. NURSING IN TAMIL NADU

- In 1664 the East India Company started the first hospital at St. George, Madras.
- In 1797 a Lying - in - Hospital (maternity) for the poor of Madras was started.
- In 1854, the Government sanctioned a Training School for running mid-wives course in Madras.

4. REVIEW OF LITERATURE

Lazarus and Folkman (1984) define stress as “a relationship between the person and environment that is appraised by the person as taxing or exceeding his resources and endangering his well-being”. In biological terms stress is a state of increased arousal necessary for an organism to defend itself when faced with actual or perceived threats to self. Thus stress may be referred to as pressure that threatens the ability of the person to continue to function adequately.

Hingley P. (1984) reveals Nursing is, by its very nature, an occupational subject to a high degree of stress. Every day the nurse confronts stark suffering, grief, and death as few other people do. Many nursing tasks are mundane and under warding. Many are, by normal standards, distasteful, even disgusting, others are often degrading; some are simply frightening.
A study was conducted by Healy, McKay (1999) to identify what the nurses perceived as the major causes of stress in the workplace using a standardized questionnaire Nursing Stress Scale (NSS) by Gray Toft and Anderson James (1981), and by way of written reports. Level of job satisfaction was measured using the Nursing Stress Index by Harris, Hingley and Cooper (1988). Results showed that the nurses rated their workload as highly stressful in terms of both frequency of its occurrence and its perceived effect upon themselves. A expected, higher levels of reported nursing stress were associated with lower levels of job satisfaction. Analyses of the written descriptions of a recent stressful work episode provided by 66 of the nurses included examples of relevant nursing stressors that were not covered by the NSS.

In a study by Kirkcaldy, Martin (2000) involving 276 nurses in a large hospital in Northern Ireland, a comprehensive set of questionnaire was administered to assess multiple job-related variables. Nurses in general appeared to display high scores on the stresses related to confidence and competency in role, home-work conflict, and organizational involvement. These are stresses which were related to psychological well-being. There were no gender differences on occupational stress or the health outcome variables. Age did not emerge as significantly related to total stress and mental health. Grade of nursing was unrelated to job stress and outcome health variables, including work satisfaction. Although no differences were observed between wards and stress, differences were revealed along satisfaction at work, and surgical nurses showing the lowest.

Lu, While, Barriball (2007) conducted a cross-sectional survey exploring nurses views and experience regarding their working lives in Mainland China. A total of 512 hospital nurses in Beijing participated in the study in 2004, representing a response rate of 81%. There was a negative relationship between nurses, job satisfaction and intention to leave their current hospitals, which was mediated by age (p < 0.05). About 40% of the variance in job satisfaction could be explained by the set of independent variables including organizational commitment, occupational stress, and professional commitment. In addition both nurses role perception and actual role content influenced job satisfaction as well as occupational stress, role conflict and role ambiguity (p<0.05). Nurses educational level was also a factor related to role perception, professional commitment and role conflict (p<0.05).

5. OBJECTIVES OF THE STUDY
The objectives of the study are as follows:

- To assess the influence of Stress among and to understand the various factors causing Stress among Nurses.
- To assess the Coping Strategies employed by Nurses to overcome Job Stress.
- To understand the association between Stress and Selected Demographic Variables among nurses.

6. NEED FOR THE STUDY
Nursing is widely acknowledged to be a stressful occupation. In an extensive review of literature, Moore, Simendinger (1989) suggested that factors contributing to occupational stress can be divided into sources related to the workplace and sources focusing on stress at the personal level. Eight major workplace sources of stress have been identified within nursing: Death and Dying, Conflict with Doctors, Lack of Support, Inadequate preparation, Conflict with other nurses, Work Load, Shift Work and Uncertainty over treatment. In addition to job characteristics, individual characteristics such as personality hardiness, social support and ways of coping are related to burnout.

7. PURPOSE OF THE STUDY
The term STRESS applies to most jobs. It is very commonly seen in the Nursing Profession too. The problem of stress related to Nurses is that the impart of stress not only affects them personally, but also the patients who are taken care by them. Because they are the ones who take care of the patients for the rest with the guidance of the Doctors, it is most critical. Stressed Nurses therefore affects the patients, doctors, hospitals apart from affecting them personally. Therefore this study aims to study & describe stress on nurses, causes and coping strategies used by them, and to suggest some solutions for the same. While helping the Nursing Community, this study is expected to benefit Hospital Administrations.
in general which consequently implies a better world for the patients & the enhanced reputation of the general medical community.

8. LIMITATIONS OF THE STUDY

- This study is conducted only in Selected Private Hospitals in South Chennai.
- Due to limitation of time the sample size was fixed at 185, which is less than the One-Tenth of the total population. The sample therefore cannot represents the total nursing community in Chennai.
- The response of the respondents may be biased and its effects were not considered in the study methodology.

9. RESEARCH METHODOLOGY

RESEARCH DESIGN

A Research Design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.

A Research Design in this study is Descriptive and Evaluatory of the hospital philosophy and approach to Medical Care.

SAMPLING TECHNIQUE

Sampling Technique used in this study is Convenient Random Sampling and Snow Ball Method. Researcher collected the primary data with a structured questionnaire in private hospitals in southern part of Chennai. The number of private hospitals in Chennai south is 142, in which researcher collected samples from 37 hospitals.

SAMPLE SIZE

The sample size was fixed at 185 on the basis of convenience sampling from the category of Non-Probability Sampling Method. The respondents referred to in this study are Nurses of Selected Private Hospitals in Chennai.

10. TOOLS USED FOR ANALYSIS

1. Percentage Analysis using Frequency Table and Diagrams (Bar Chart, Pie Chart, Cylinder Bars, Cone Bars and Pyramid Bars)
2. Weighted Arithmetic Mean
3. Chi-Square Test (by using SPSS Software)
4. Anova (by using SPSS Software)

HYPOTHESIS

The relationships between Factors and/or Individual Variable Vs Demographic Variable were compared using Anova & Chi-Square respectively. The following Null Hypothesis relates relationship between selected Demographic Variable Vs selected Individual Variable across Stress issues,

- H0-1c: There is no significant difference between Designation categories on the issue of Very Low Nurse-Patient Ratio.
- H0-2c: There is no significant difference between Experience categories on the issue of Very Low Nurse-Patient Ratio.
- H0-3c: There is no significant difference between Experience categories on the issue of My Salary is Very Low.
FACTOR ANALYSIS

<table>
<thead>
<tr>
<th>Stress Negative &amp; Coping Negative</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors scold me in front of Patients</td>
<td>0.878</td>
<td>-0.014</td>
<td>-0.059</td>
<td>0.107</td>
</tr>
<tr>
<td>Doctors scold me in front of Juniors</td>
<td>0.813</td>
<td>0.141</td>
<td>0.328</td>
<td>0.093</td>
</tr>
<tr>
<td>My salary is very low</td>
<td>0.791</td>
<td>0.216</td>
<td>-0.103</td>
<td>0.171</td>
</tr>
<tr>
<td>I do not receive incentives for extra work</td>
<td>0.791</td>
<td>0.135</td>
<td>0</td>
<td>-0.099</td>
</tr>
<tr>
<td>There is no promotion on my job</td>
<td>0.742</td>
<td>-0.084</td>
<td>-0.002</td>
<td>0.287</td>
</tr>
<tr>
<td>Very long Duty Hours</td>
<td>0.688</td>
<td>0.397</td>
<td>-0.159</td>
<td>-0.002</td>
</tr>
<tr>
<td>No bonus given</td>
<td>0.624</td>
<td>0.335</td>
<td>0.329</td>
<td>0</td>
</tr>
<tr>
<td>I cannot manage my day-to-day life with my salary</td>
<td>0.605</td>
<td>0.382</td>
<td>0.323</td>
<td>0.051</td>
</tr>
<tr>
<td>There is no increments</td>
<td>0.584</td>
<td>0.081</td>
<td>0.128</td>
<td>0.158</td>
</tr>
<tr>
<td>Very low Nurse-Patient Ratio</td>
<td>0.512</td>
<td>0.262</td>
<td>0.458</td>
<td>-0.107</td>
</tr>
<tr>
<td>Familiarity with new medicines and their combinations</td>
<td>0.481</td>
<td>0.18</td>
<td>0.154</td>
<td>0.224</td>
</tr>
<tr>
<td>Shortage of essential resources</td>
<td>0.018</td>
<td>0.82</td>
<td>-0.098</td>
<td>0.178</td>
</tr>
<tr>
<td>No weekly off given</td>
<td>0.113</td>
<td>0.773</td>
<td>0.197</td>
<td>-0.262</td>
</tr>
<tr>
<td>Need to go for long distance to take essentials</td>
<td>0.296</td>
<td>0.741</td>
<td>0.165</td>
<td>0.268</td>
</tr>
<tr>
<td>Facing Verbal abuse from patient or relations</td>
<td>0.155</td>
<td>0.684</td>
<td>0.007</td>
<td>0.111</td>
</tr>
<tr>
<td>Fear of making mistakes while treating patients</td>
<td>0.232</td>
<td>0.604</td>
<td>-0.127</td>
<td>0.307</td>
</tr>
<tr>
<td>Handling Critical Cases</td>
<td>0.397</td>
<td>0.487</td>
<td>-0.136</td>
<td>-0.044</td>
</tr>
<tr>
<td>Treating sick patients in absence of Doctors</td>
<td>0.129</td>
<td>0.473</td>
<td>0.104</td>
<td>0.348</td>
</tr>
</tbody>
</table>

52 variables were included in the analysis to understand & evaluate stress & coping strategy among nurses reduce the enormity of this list, factor analysis procedure was adopted. Two factors related to Job Stressor on the basis of Poor Monetary Benefits and Job Stressor on the basis of Incapability of Risk Handling at Work was identified. The factors along with the Cronbach’s Alpha Value for each group of variables are presented below:

<table>
<thead>
<tr>
<th>Si no</th>
<th>Coding</th>
<th>Variables</th>
<th>Rotated value</th>
<th>Cronbach Alpha Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Stressor on the basis of Poor Monetary Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>StrQ10</td>
<td>Doctors scold me in front of Patients</td>
<td>0.878</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>StrQ9</td>
<td>Doctors scold me in front of Juniors</td>
<td>0.813</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>StrsQ1</td>
<td>My salary is very low</td>
<td>0.791</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>StrQ4</td>
<td>I do not receive incentives for extra work</td>
<td>0.791</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>StrQ5</td>
<td>There is no promotion on my job</td>
<td>0.742</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>StrQ19</td>
<td>Very long Duty Hours</td>
<td>0.688</td>
<td></td>
</tr>
</tbody>
</table>

P. Selva Kumar, “A Study On Stress Management Among Nurses In Selected Private Hospitals In Chennai” – (ICAM 2016)
11. PERCENTAGE METHOD ANALYSIS

TABLE & FIGURE SHOWING SALARY OF THE NURSES

<table>
<thead>
<tr>
<th>Salary</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5,000</td>
<td>81</td>
<td>43.8</td>
<td>43.8</td>
<td>43.8</td>
</tr>
<tr>
<td>5,001-10,000</td>
<td>71</td>
<td>38.4</td>
<td>38.4</td>
<td>82.2</td>
</tr>
<tr>
<td>10,001-15,000</td>
<td>33</td>
<td>17.8</td>
<td>17.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Above table shows that 43.8% of the Nurses earns below 5,000 as Salary, 38.4% of the Nurses earns below 10,000 and 17.8% of the Nurses earns below 15,000 as their Salary.

TABLE SHOWING EXPERIENCE OF THE NURSES

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 Years</td>
<td>129</td>
<td>69.7</td>
<td>69.7</td>
<td>69.7</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>32</td>
<td>17.3</td>
<td>17.3</td>
<td>87.0</td>
</tr>
<tr>
<td>11-15 Years</td>
<td>19</td>
<td>10.3</td>
<td>10.3</td>
<td>97.3</td>
</tr>
<tr>
<td>21-25 Years</td>
<td>5</td>
<td>2.7</td>
<td>2.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Above table shows that majority 69.7% of the Nurses has below 5 years of Experience, 17.3% of the Nurses have below 10 years of Experience, 10.3% of the Nurses have below 15 years of Experience and only 2.7% of the Nurses have more than 20 years of Experience.
P. Selva Kumar, “A Study On Stress Management Among Nurses In Selected Private Hospitals In Chennai” – (ICAM 2016)
12. INTERPRETATION

Here, Null Hypothesis (H0) is rejected as the P Value is < 0.05, which means there is a significant difference between Qualification categories on the issue of Handling Critical Cases.

Here whatever be the Qualification either Diploma or Under Graduate there is uniformity in stress caused on the issue of Handling Critical Cases. Here both the degree holder and diploma holder are stressed in handling critical cases. This is not a good sign. All the Nursing Institutes should train the nurses in such a way that they can handle any cases without fear.

13. MAJOR FINDINGS OF THE STUDY

FINDINGS REGARDS TO DEMOGRAPHIC PROFILE

- 100% of the Nurses are Female.
- 69.7% of the Nurses has below 5 years of Experience, 17.3% of the Nurses have below 10 years of Experience, 10.3% of the Nurses have below 15 years of Experience and only 2.7% of the Nurses have more than 20 years of Experience.
- 47.6% of the Nurses Family Monthly Income falls within 10,000 – 15,000, 31.9% of them has 15,001 – 20,000 as their Monthly Family Income and 20.5% of the Nurses have above 20,000 as their Monthly Family Income.
- 45.4% of the Nurses sleep for 7 Hours per day, 37.3% of the Nurses sleep for 6 Hours and remaining 17.3% of the Nurses sleeps for 8 Hours per day.

FINDINGS REGARDS TO CAUSES OF STRESS FACTOR

- 45.4% of the Nurses Agree, 36.2% of the Nurses Strongly Agrees that their Salary is very low, 15.7% of the Nurses has No Opinion and 2.7% of the Nurses Disagree that their Salary is Very Low.
- 43.8% of the Nurses Agrees and 38.4% of the Nurses Strongly Agrees that Doctor scold them in front of Patients, 9.7% of them has No Opinion and 8.1% of the Nurses Disagrees with this statement.
- 66.5% of the Nurses Agrees & 23.2% of them Strongly Agrees that they are Facing Verbal Abuse from Patients/Relations and 10.3% of them have No Opinion on this statement.

FINDINGS REGARDS TO TYPES OF STRESS

- 61.6% of the Nurses agrees Headache is Applicable most often and 38.4% has No Opinion.
- 59.5% of the Nurses agrees that Aggression is Not applicable at all, 37.8% of them has No Opinion and 2.7% agrees that it is Applicable most often.
- 71.4% of the Nurses agrees that Depression is Not applicable at all, 23.8% of them has No Opinion and 4.9% of the Nurses agrees that it is Applicable most often.

FINDINGS REGARD TO COPING STRATEGIES USED

- 29.7% of the Nurses Agrees that they do not engages in hobbies such as reading, singing, listening music etc, 46.5% has No Opinion and 23.8% Disagrees with this statement.
- 53.5% of the Nurses Disagrees % 38.9% Strongly Disagrees that they do not seek help from seniors, 5.4% has No Opinion and 2.2% Agrees with this statement.
- 33% of the Nurses Agrees that they will sleep more than usual, 34.1% has No Opinion and 28.6% Disagrees & 4.3% Strongly Disagrees with this statement.
14. SUGGESTIONS
The following are the suggestions proposed by the researcher for the profitable benefits of Hospital Administration, Government & Other stakeholders of the Hospitals.

- Hospitals should appoint a Human Resource Manager, so that Nurses can easily solve their problems within the Hospitals. Most of the private hospitals do not have any authorized person to solve Nurses Grievances.
- Nursing Institutes as well as the Hospitals should give proper Training to the Trainee Nurses. They should also give orientation about the duties to be done and the Value of Nursing.
- There should be good salary, increments, incentives & bonus available to them, so that it will become a positive motivating factor to work more efficiently and effectively. Their work should be recognized and it should be appreciated also.
- Government should monitor and regulate the Private Nursing Institutes which educates only the Diploma courses, as they send the students before proper theory classes for training in Private Hospitals. As a result they don’t know the value, ethics of Nursing.
- Senior Nurses should be treated well by the doctors. Because in many hospitals doctors scolds them in front of juniors and patients. It hurts them mentally and juniors might not give respect to seniors.
- On an average Duty Timings in most of the private hospitals is 10 hours, for trainees it is 12 hours. Because many hospitals does not have appropriate number of nurses which results in increasing the duty timings and adjusting among themselves. So, the appropriate duty timings for nurses can be no more than 8 hours.
- Few parents compel their daughter to take Nursing as their profession. It should not be encouraged. Because nursing is the profession, where it needs 100% commitment & dedication. It will spoil their future and they will not have commitment on their jobs.
- Few Institutions offer nursing diploma courses who fails in 10+/2. It should be regulated because there should be proper primary education for nursing profession. Because this will create a platform for all the failure students to take Nursing Profession, just like that as other profession.

15. CONCLUSION
In the modern world medical expense has also included in the family monthly budget. Medical expenses is also increasing day-by-day. So every person going to hospital believing the doctors there, but in most of the cases the nurses should be equally competent to doctors. Because they are the ones who are going to take care of the patients in the post-operative period. So, the nurses’ service in any hospital is very important and we can say Nurses are the backbone to the Hospitals. Researcher concludes by saying that Nursing Community should be taken care of much better by both the hospital administrators and other stakeholders like the Government & the Doctor’s Community.

REFERENCES


Books


Websites

[1] Number of Registered Nurses in India as per S.N.R.C. Available from http://www.indiannursingcouncil.org/Statistics.asp.


