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Occupational stress among nurses in multispecialty hospitals in Ludhiana city

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Abstract

Nursing is a job exposed to nerve wracking or stressful workload which is related to poor psychological and physical health. Similarly patients approaching hospitals are themselves suffering a considerable level of stress often being difficult, scared and resentful. Nurses working in hospitals can be finding themselves reacting with a growing sense of frustration and irritability. Stress is a harmful experience or distress which can lead to physical ill health and psychosomatic disorders. Stress is a major factor that nurses have to deal with often while in their work environment. Stress related impact can lead to job dissatisfaction and burnout (Zani and pietrantonio 2001). Joseph and Paniel (1986) also reported that stress among nurses appears to be a serious problem affecting the delivery of health care. Ergonomic intervention may change any of the risk factor which is related to stress and their performance can be enhanced and some exercise can decrease impact of stress among nurses. Therefore, the present study was undertaken to identify the stress related risk factors and to find stress related impact on health of the nurses.

Keywords: Burnout, stress, risk factors, psychosomatic disorders, dissatisfaction

Introduction

In India, nursing community lacks professional status due to low salaries and gets poor identification from the community for the services provided by them and also lack of motivation and encouragement for better performance (Gill 2009) ^[4]. The health organizations responsible for nursing training require human and physical resources for training of these nurses (Kumar 2005) ^[6]. Nursing is a highly stressful occupation, and high levels of occupational stress are believed to affect the physical and mental health of nurses. Occupational stress among nurses is the result of exposure to a combination of working environment and personal factors. Nursing is a profession which focuses on promotion, protection and optimization of abilities and health, prevention of injury, error and illness, through the treatment and diagnosis (Hui *et al.* 2010) ^[5].

Sometimes, staff nurses have to do night shift work or attend emergencies. The stress of shift work may also weaken their health condition. Low energy may lead to carelessness, error, fatigue and injury. Long working hours may lead to frustration, depression, lack of motivation and lack of morale. Shift workers are on the job in the evening and night or on weekend and they sleep during a day. Therefore, nurses mostly miss out on family and social activities and may have a negative effect on their emotional and physical wellness and hence lead to psychological disorders. The pressure of long working hours and shift work make a work-personal life difficult and weaken their relationship at home as well as on the work place. Occupational stress is reported to affect job satisfaction and job performance among nurses, thus compromising nursing care and placing patients' lives at risk (Rose 2011) ^[8]. So the present study has been undertaken with following objectives: to identify the stress related risk factors among nurses and to find stress related impact on health of the nurses.

Materials and Methods

The present study was conducted in multispecialty hospitals of Ludhiana city. Total numbers of 120 nurses were randomly selected. For collecting the relevant data, a pre-interview schedule, Frequency and percentage were used to collect the information regarding impact of stress on nurses. The mean score were calculated to find out risk factors faced by nurses analyzed by applying Z-test by using the following formula:

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$$\text{Mean score} = \frac{\sum Sn}{N}$$

S= Score assigned to respondents, n=Frequency distribution, N=Total number of respondents. Further the ranks were given on the basis of mean score.

$$Z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0(1 - p_0)}{N}}}$$

\hat{p} = sample proportion, p_0 = population proportion, n = sample size

Results and Discussion

The data collected on various aspects by respondents have been analyzed and presented in Table 1, 2, 3 and 4.

Personal risk factors faced by respondents: Data in Table 1 depict various personal factors faced by respondents at their work place. It was observed that over involvement in the work (43.33%), difficulty in child care (38.33) and low financial status (29.16%) were main personal factors felt by respondents followed by fear to lose job (13.33%). It was further observed that 10.83 per cent of respondents felt that

low work experience and low educational level (11.66%) as other personal risk factors. Whereas, ‘low education level’, ‘presenteeism’ and ‘absenteeism’ were felt by only 2-7 per cent of respondents. Presenteeism means the practice of being present at one’s place of work for more hours than is required especially as a manifestation of insecurity about one’s job which can lead to poor health and exhaustion. Personal factors may be expected to leave a special mark on their interrelationships with patients and thereby affect the quality of patient care. Michael and Alexander (2003) [7] also found that if nurses are over involved in their work they may face difficulty in child care and miss the social and family activities. Fear and insecurity regarding job may be a cause of stress.

Table 1: Personal risk factors faced by respondents

n=120		
Personal risk factors	Percentage (%)	Z Score
Over involvement in the work	43.33	5.83**
Difficulty in child care	38.33	4.35**
Low financial status	29.16	3.24**
Fear to lose job	13.33	1.85*
Low work experience	10.83	1.11NS
Low education level	6.66	-4.63NS
Presenteeism	5.83	-4.98NS
Absenteeism	1.66	-6.48NS

Table 2: Situational risk factors faced by respondents

n=120		
Situational risk factors	Percentage (%)	Z Score
Horizontal violence (by colleagues)		
Foul language	34.16	4.72**
Hostile attitude	30.83	3.61**
Dirty signaling (Winking, Whistling)	14.99	2.22*
Bullying		
Humiliating by verbal abuse	47.49	6.20**
Threatening	7.50	-4.07 ^{NS}
Physical abuse	3.33	-5.74 ^{NS}
Chemical occupational exposures		
Infection through needles	30.00	3.61**
Latex allergy	19.16	-0.27 ^{NS}
Sterilants	17.50	2.59**
Volatile organic compound	5.00	-5.00 ^{NS}
Medication	5.00	-5.00 ^{NS}

Multiple responses

NS-Non significant *Significant at 5% level **Significant at 1% level

Situational risk factors

Situational factors are the situation having horizontal violence, bullying and chemical occupational exposures. It was observed (Table 2) that under horizontal violence, foul language (34.16%), hostile attitude (30.83%) and dirty signaling like winking or whistling were the main factors which were faced by nurses. Whereas, humiliating by verbal abuse (47.49%), threatening (7.50%) and physical abuse (3.33%) were the main situation under bullying. Chemical occupational exposures are the main situational risk factors faced by nurses. Data also show that approximately 15-30 per cent of respondents felt that infection through needles, latex allergy and sterilants are the main cause of situational risk factors followed by volatile organic compound and medication (5.00 per cent each). Some researchers have also reported hazardous chemical exposures can occur in a variety

of forms including aerosols, gases, and skin contaminants from medications used in practice. Horizontal violence can be defined as a deliberate and harmful behavior shown at the workplace by one employee to another and can be harmful in the nursing profession. Horizontal violence can be costly to organizations, leading to job dissatisfaction, burnout and physical stress (Cohen *et al.* 1997) [2]. Workplace bullying affects significantly all professional groups, both gender and all work setting in the health sectors. The highest rate of offence however was reported by nurses (Alison and Chris 2004) [1]. Therefore, strict action should be required so that violence against nurses can be stopped at workplace and nurses should be provided with proper security by the hospital administration especially during night shift.

Psychological risk factors

It is evident from table 3 that respondents reported work load (46.66%), lack of time for performing dual role (35.00%), poor working environment (34.16%) as the major psychological risk factors which were significantly affecting

their performance and decrease the efficiency of work. Some other psychological risk factors were also reported by respondents included job insecurity^o (23.33%), lack of appreciation^o (14.16%) and social negative attitude for working women (3.21%). Therefore, it can be concluded that any kind of risk factor may affect the working efficiency of respondents. Moreover, it may lead to stress and sometimes musculoskeletal and postural difficulties to the respondents.

Few researchers also indicate that psychological factors such as too much workload, poor working environment, job insecurity and lack of social support may cause stress among nurses. Gerbrich *et al.* (2004) [3] suggested that ergonomic intervention may change any of the risk factor are of potential use to reduce musculoskeletal problems and if the working condition of the nurses are comfortable and free from stress, their performance can be enhanced.

Table 3: Psychological risk factors faced by respondents

Psychological risk factors	Percentage (%)	Z Score
Too much workload	46.66	6.57**
Lack of time for performing dual role	35.00	5.46**
Poor working environment	34.16	5.09**
Job insecurity	23.33	3.33**
Lack of appreciation of work	14.16	2.19*
Social negative attitude for working women	3.21	-5.74NS

n=120

Multiple responses

NS-Non significant *Significant at 5% level **Significant at 1% level

Stress related impact faced by nurses

Stress is a harmful experience or distress which can lead to physical ill health and psychosomatic disorders. Stress is a major factor that nurses have to deal with often while in their work environment. Stress related impact can lead to job dissatisfaction and burnout (Zani and Pietrantonio 2001) [9]. The data presented in table 4 reveal that half of the respondents (50.83%) felt improper sleep, indigestion (45.00%), frustration (34.16%) and panic and tension (26.66%) as the major impacts of stress on their lives. Whereas, very little number of respondents (i.e. approximately 5-13 per cent) felt depression, loss of weight and unnecessary conflict with family members as the impact of stress they were facing at their workplace.

Table 4: Stress related impact faced by respondents

Impact	Percentage (%)	Z-Score
Improper sleep	50.83	10.27**
Indigestion	45.00	8.61**
Frustration	34.16	4.72**
Panic and tension	26.66	2.22*
Depression	13.33	2.22*
Loss of weight	5.83	-4.70 ^{NS}
Unnecessary conflict with family members	3.33	-5.74 ^{NS}

n=120

Multiple responses

NS-Non significant *Significant at 5% level **Significant at 1% level.

Conclusion

Nurses may face many situations each day that are out of their control, such as handling of very sick, difficult patients and care of patients. By maintaining a positive outlook, staying healthy and sharing concerns with trusted colleagues, nurses can better cope with potential stressors, leading to better patient care, and increased job and personal satisfaction. It is important to reduce occupational stress in nurses and to strengthen their coping resources to prevent burnout. This could be achieved with job redesign, modification of shiftwork systems, and by offering occupational health

education. Occupational health education and occupational training programmes may be necessary to improve the knowledge and ability of nurses to cope with job demands and reduce occupational stress.

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