



## Job Stress amongst Nurses: An Investigation

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### ABSTRACT

*This paper presents the results of a study investigating stress among nurses in the Jalgaon district of North Maharashtra region. A specific measure of stress was developed following in-depth interviews questionnaire with primary care professionals i.e. nurses. A total of 360 nurses took part in the study. The major sources of stress isolated by the nurses related to: time pressure, administrative responsibility, having too much to do, Factor analysis of stress questionnaire responses identified five major factors: demands of the job and lack of communication, working environment, communication with patients, work/home interface and social life, and career development.*

*The highest levels of satisfaction were reported for the amount of variety in their job and the lowest level of job satisfaction was reported for chance of promotion. The results revealed that the mental wellbeing of the nurses was higher than that of the other population groups.*

*Furthermore, multivariate analysis revealed three major stressors that were predictive of high levels of job dissatisfaction demands of the job and lack of communication, working environment, and career development. The implications of the findings for further research are considered.*

**Key word : Nurses, Stress**

### Introduction

Stress affecting nurses is receiving increased attention. A large number of studies on stress in nurses have been conducted in high dependency units, especially within general nursing. Researchers have shown that hospital nurses were under high levels of stress from a number of sources. Tyler et al. (1991) found that conflict with doctors was an important stressor for highly trained nurses in the private sector. In a number of studies, it was revealed that work overload was the most significant predictor. The majority of these professionals had experienced difficulties in their personal lives which were directly linked to stress at work. Leary et al. (1995) examined stress and coping strategies in nurses. The stressors included: professional isolation, ineffective communication channels, and inadequate support, supervision and training. While stress among nurses has been extensively studied in a variety of nursing groups. What is required is more up-to-date research that examines the specific nature of the pressures and the consequences of these as measured by stress outcomes. This investigation was aimed to identify sources of job stress associated with high levels of job dissatisfaction among nurses.

### Method

This study was carried out in two phases. Firstly, in-depth interviews were carried out with a pilot sample of primary care including nurses (n.360) in the Jalgaon, north region of Maharashtra. Secondly, a job stress inventory was formulated, together with other measures.

### Sample

The package of questionnaires was sent to a random sample of 360 primary care professionals in the Jalgaon, North-region of Maharashtra. They were distributed, selected to reflect a representative sample of practices in terms of urban vs. rural, social mix, and other demographic characteristics.

### Dependent Variables

#### *Job satisfaction*

The scale provides a short, reliable, valid and easy-to-use measure of job satisfaction. The 9 items, with five-point rating scales for each item, assess the degree of job satisfaction, ranging from 1 (dissatisfied) to 4 (extremely satisfied). Coefficient alpha for this scale for the present sample was 0.65

### Independent Variables

#### *Demographic variables*

These were seven items: gender, age, marital status, length of experience, full/part-time work, location (urban, rural), and qualification.

#### *Job stress questionnaire*

This inventory was developed on the basis of in-depth interviews and a survey. The final questionnaire comprised 9 items rated on a five point. This self-reporting instrument for measuring stress has strong content validity. Coefficient alpha for this scale is given.

### Job Stress And Job Satisfaction

Before carrying out multivariate analysis of the data, we assessed nurses' job satisfaction scores. Table 1 shows the pvalue and significant difference for each of the job satisfaction scales. pvalue is < 0.05 that it shows that there is a significant difference in the response of the nurses. Otherwise there is no significant difference in the response of the nurses. The highest levels of satisfaction were reported for the amount of variety in the job and fellow workers. The lowest levels of satisfaction were reported for chance of promotion and relations between management and coworkers in the organization.

This method of analysis relates independent and dependent variables in a manner which takes mathematical inter correlation into account. In addition, this statistical technique achieves the best linear prediction equation between a set of independent variables and the dependent variable. In this study, interaction between dependent variables was not considered. In attempting to isolate the independent variables that would yield the optimal prediction equation. Below this point the coefficient is insignificant and the amount of variance contributed by each additional variable (shown by pvalue ) is very small. The outcome of the chi-square analysis, with job satisfaction as the dependent variable and job stressor. Predictive of job satisfaction among nurses. The factors predictive of job dissatisfaction included demands of the job and lack of communication, working environment and career development. The factor predictive of job satisfaction was problems with patients. Another Chi-Square analysis was carried out with well-being as the dependent variable and job stressor, and demographic factors as the independent variables. There were no significant predictive factors in this analysis.

### Result

#### Sources Of Job Stress

Respondents indicated the level of stress , sources of stress, factors are working environment, communication with patients, work/home interface and social life, and career development, job stress and secured.

Table 1: Chi Square Test results are shown

Dimension	pvalue	X <sup>2</sup>
<b>Working Environment</b>		
Working condition	0.001	11.180
Patient is aim of work	0.04	4.235
<b>Communication</b>		
Communication with different type of hospitals	0.001	8.76
Good Communication	0.001	10.976
Communication is clear and to point	0.180	1.798
<b>Work Interface and Social Life</b>	0.0001	100.62
<b>Career Development</b>		
Provide work related training for continuing education	0.0001	33.333
Progressive Future	0.0001	77.512
<b>Job Stress</b>		
Job Stress free	0.293	1.108
Job Secured	0.0001	141.337

### Discussion

The sources of stress reported by nurses felt into five categories. These were: demands of the job and lack of communication, working environment, career development, problems with patients and work/home interface and social life. Analysis of individual stressor items showed that administrative responsibility. Some of these stressors are similar to the findings from other studies of stress in doctors and nurses. Another important source of stress was time pressure. Related to this source of pressure was the stress associated with 'having too much to do'. Because of this excessive workload the nurses had to take work home. In general, the nurses' job is the source of considerable

satisfaction. They obtain most satisfaction from the variety in their job and from their coworkers. On the other hand, they were least satisfied with their promotion prospects and management structure.

These nurses require training and guidance in the management of people and in career development. More opportunities should be provided for them to develop their administrative and managerial skills. In this study, the job stressors had an important impact on job dissatisfaction. Stress associated with demands of the job and lack of communication issues, in particular, seemed to have a negative influence on how satisfied the nurses were in their jobs. Inadequate communication systems are sometimes a symptom of rapid change. Another factor, working environment ('to do the work of other people', 'no appreciation of nurses work by colleagues and patients', 'lack of support at work') also led to increased job dissatisfaction. In addition, stress associated with career issues seemed to have a negative influence on job satisfaction. This may be a direct result of the lack of career structures. This is also reflected in the lack of satisfaction with promotion prospects. Furthermore, problems with patients were associated with job satisfaction (significant positive relation). It is possible that nurses manage to cope well with stress from characteristic features of the occupation but not with organizational problems. This may be an area for further research. These effective strategies appeared to reduce the anxiety, depression and somatic anxiety often resulting from stress. For example, the nurses talked about their feelings and about their problems to someone who could do something.

Our results provide support for the hypothesis that females are socialized to express emotion and seek social support. Although we have failed to find a relationship between work stressors in the sample, it appears that, while nurses as a group exhibit moderately high. It is interesting to find that the present sample used groups of nurses. The results should be interpreted with caution, as the study is based on a small sample limited to the Jalgaon district North- Maharashtra region. However, it does provide a useful first insight into sources of stress and satisfaction.

### Findings

There is a need to study a larger sample of nurses, to compare how the stresses they experience may differ from those of nurses working in hospitals. In fact, during the initial interviews the nurses were asked about their opinion of working in community and hospital environments. All the nurses interviewed preferred to work in the community. The researchers has find out that the 93% nurses agree that working conditions are good in the hospitals, there is very fair , clear and to the point communication are possible within hospitals. Security of the job and job stress is a matters among the nurses, those who are working in the private hospitals. As one district nurse said:

"I get a lot of satisfaction in this job. In hospital the sister sorts out your work. The buzzer goes on all the time. In community we have more freedom. We have good relations with GPs (general practitioners). We go out a lot but in hospital you have to stay in a ward. We have a variety in our job".

This contradicts the previous findings of Tyler et al. (1991) that conflict with doctors was one of the main stressors for nurses. Further research is required in this area. A larger study is now being conducted by the author in order to investigate these findings further.

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