Worklife Balance & Career Satisfaction of Critical Care Nurses in Private Hospitals at Coimbatore

R.manju Shree

Assistant Professor, RVS Institute of Management, Kumarankottam Campus, Kannampalayam, Coimbatore, Tamilnadu, India- 641 402.

ABSTRACT *Health service is one of the industries that provide a continuous service around the clock for the benefit of all citizens in any country. Health service personnel is responsible for provision of health care through application of medical science knowledge, skill and expertise in meeting the health needs of all people within each country. It is therefore expected that a healthy and psychologically balanced workforce provides health care. WFI is linked with reduced family/marital satisfaction and FWI results in decreased job satisfaction. Life satisfaction is an amalgamation of both family and job satisfaction, and therefore spans both the work and family domains. While some research indicates that wives' increased work hours were associated strongly with a greater likelihood of divorce. So it may be important to consider whether it is husbands' or wives' work hours that are at issue to understand the effects of increased work hours on marriage.*

HOSPITALS

A striking feature of India's healthcare system is the significant and growing role of the private sector in healthcare delivery and total healthcare expenditures. An estimated 60 per cent of hospitals, 75 per cent of dispensaries, and 80 per cent of all qualified doctors are in the private sector. The number of diabetic patients in India more than doubled from 19 million in 1995 to an estimated 50.7 million in 2010 (International Diabetes Federation, 2009).

Cost of Key Health care Procedure				
Currency:USD	US	Thailand	India	India healthcare cost % of US
Cardiac surgery	50,000	14,250	4,000	12.5
Bone marrow transplant	62,500	62,500	30,000	13.33
Liver transplant	500,000	75,000	45,000	11.11
Orthopaedic surgery	16,000	6,900	4,500	3.56

Source IBEF

CRITICAL CARE UNIT:

A critical-care unit (CCU) is a specialized department in a hospital that provides intensive-care medicine. Many hospitals also have designated intensive-care areas for certain specialties of medicine, depending on the needs and resources of the hospital. Critical care services are atypical in the wide heterogeneity of their patients. This is in part a reflection of the way in which these services have evolvedAn ICU provides specialist expertise and facilities for the support of patients and their families, utilizing the skills of medical, nursing and other staff trained and experienced in the management of critically ill patients.

WORK LIFE BALANCE

Work-life balance has been defined as "a satisfying, healthy, and productive life that includes work, play, and love; that integrates a range of life activities with attention to self and to personal and spiritual development; and that expresses a person's unique wishes, interest and values. It contrasts with the imbalance of a life dominated by work, focused on satisfying external requirements at the expense of inner development, and in conflict with a person's true desires." the 1990s, the term "work-life balance" (WLB) emerged and replaced discussions of "work and family". Work-life debates are now concerned with the needs of both genders, and the needs of those with family responsibilities as well as organizational need.

CAREER SATISFACTION:

Career is defined by the Oxford English dictionary as a person's course or progress through life (or a distinct portion of life)".It can also pertain to an occupation or a profession that usually involves special training or formal education, and is considered to be a person's life work. There are a number of good reasons for studying career satisfaction. Career satisfaction is an important variable in its own right. There has also been interest in the relationship of personality factors to career satisfaction. Research on Career satisfaction may be of:

• Continue to invest in practices that promote healthy workplaces.
• Invest in leadership at all levels of practice and in all sectors of care.
• Enhancing career satisfaction and interest
• Encourage new nursing school graduates to consider positions in all care settings

When we genuinely know we'll accept ourselves no matter what, we start having room to relax and actually enjoy what we do.

• When we're no longer so deathly afraid of making mistakes, we become able to take healthy risks — a factor particularly important to current and would-be entrepreneurs.
• We become more creative and productive, as we no longer get paralyzed by indecision and second-guessing our work.
• We find room to actually become passionate about what we do once working no longer seems burdensome and frightening.

REVIEW OF LITERATURE

Mills and Blaesing (2000); reported on results from a survey conducted during the last nursing shortage in 1989. The survey of 3298 Missouri nurses showed a serious problem then between how much support they Meaningful Recognition received from managers versus their career satisfaction. Apparently 20 years ago support and recognition was as important to nurses as it is today, yet researchers today must still inculcate this message to get it heard.

Lounsbury, Loveland, et al. (2003); discovered that 13 different personality traits were correlated significantly with career satisfaction in their sample of 5932 individuals undergoing career transitions. They determined that a core set of three traits – emotional resilience, optimism and work drive – accounted for most of the explainable variance in their measure of career satisfaction.

ANALYSIS & INTERPRETATION

Level of Career Satisfaction:
Table 1: Career Satisfaction

Factors	Yes	No	Not Sure	No Response	Total
Overall, I am satisfied with my choice of nursing as a career	398 (68.5)	179 (30.8)	4 (.7)	0 (0)	581 (100)
I am satisfied with the quality of care I am able to provide in my job	500 (86)	81 (14)	0 (0)	0 (0)	581 (100)
Overall, I am satisfied with my current job	368 (63.3)	180 (31)	30 (5.2)	3 (.5)	581 (100)
I would encourage others to become a nurse	299 (51.5)	200 (34.4)	80 (13.8)	2 (.3)	581 (100)
If I have my way, I will not be working in this job a year from now	188 (32.5)	303 (52.1)	85 (14.6)	5 (.8)	581 (100)
I worry that this job is affecting my health	350 (60.3)	96 (16.5)	132 (22.7)	3 (.5)	581 (100)
I usually have the time I need to spend with my patients	402 (69.1)	98 (16.9)	77 (13.3)	4 (.7)	581 (100)
I often feel like resigning from my position	202 (34.8)	346 (59.6)	31 (5.3)	2 (.3)	581 (100)

Note: The values in brackets are in percentage.

It is found from the table 1 that 398(68.5), 500(86), 368(63.3), 350(60.3)& 402(69.1) of the respondents respectively said Yes on "satisfied with my choice of nursing as a career", "quality of care I am able to provide in my job ", "satisfied with my current job", "worry that this job is affecting my health", & "I usually have the time I need to spend with my patients" as their level of career satisfaction working as a critical care nurse. Further 303(52.1) & 346 (59.6) respectively said No on "If I have my way, I will not be working in this job a year from now" & "I often feel like resigning from my position" as their level of career satisfaction working as a critical care nurse.

It is concluded that out of the total respondents a maximum of 86% of the respondents have career satisfaction about "quality of care I am able to provide in my job" as their level of satisfaction working as a critical care nurse.

FINDINGS:

- 86% of the respondents have career satisfaction about "quality of care I am able to provide in my job" as their level of satisfaction working as a critical care nurse.
- Shift systems: As per the current duty roster the critical care nurses work for 48 hours a week. This is as per norms. However, the nurses have no choice with regard to changing the shift timings for their personal emergencies. This is a matter of great discontent.
- The hospital service rules such as leave transfer and promotions have provided very limited benefit to the nursing staff. The nursing staff professional development opportunities are very limited and there was no scope for them to get such training during their work hours.

RECOMMENDATIONS

There are a number of steps an employer can take to make life easier for the shift worker. When workers feel awake, alert and satisfied these recommendations include: restricting successive evening or night shifts to three shifts; avoiding permanent night work; using forward or clockwise rotation in rotating systems, (morning to evening to night rather than backward or counterclockwise rotation) Providing adequate resting time (greater than 11 hours) between shifts; and limiting weekend work with their jobs, both safety and productivity will benefit, Provide shift schedules and rotation to workers ahead of time, Certain types of noise help to increase alertness and vigilance. Bright lights can help workers feel more alert, Encourage interaction between workers, Ensure ventilation is adequate and proper lighting, Provide healthy food options that are available at all hours, Provide other services, such as counseling and training, There are a number of steps an employer can take to make life easier for the shift worker, Exercise regularly; Proper diet; Napping during rest time; Marinating social contact; Frequent health check up.

CONCLUSION

There is a relatively large literature on possible connections between shift work and several aspects of marital satisfaction. The findings suggest that we still need more high quality studies to resolve some of the questions regarding the career satisfaction of critical care nurses, In particular, we need more studies that distinguish the different types of shift work, that examine the relative impact of different lengths of time spent on a shift work schedule, and that explore the question of whether some individuals are more susceptible than others to negative effects of shift work. We also need more research on the impact of interventions designed to mitigate the adverse consequences of shift work on health. That will require partnerships between workplaces and researchers in testing the potential benefits associated with different interventions.

REFERENCE 1. Aryee, S., & Luk, V. (1996). Balancing two major parts of adult life experience: Work and family identity among dual-earner couples. Human Relations, 49, 465-487. | 2. Costa, G. 2001. Shift-work Health Consequences. International Encyclopaedia of Ergonomics and Human Factors. Volume 2. Taylor Francis. London. Pages 1359-1361. | 3. French S.E., Lenton R., Walters V. & Eyles J. (2000) An empirical evaluation of an expanded nursing stress scale. Journal of Nursing Measurement 8, 161–178. | 4. Hartel C (2000). The consequences and distinctiveness of shift work. Journal of Occupational and organizational Psychology.42, 168 –177. | 5. Healy D, Waterhouse JM: Reactive Rhythms and endogenous clocks (ed). Psychol Med 21: 557, 1991. | 6. ILO: Psychosocial factors at work: Recognition and control, Occupational Safety and Health Series No. 56 (Geneva, 1986). | 7. International Diabetes Federation (2009), IDF diabetes atlas, International Diabetes Federation, Online document at http://www.diabetesatlas.org/map. | 8. IBEF, available at www.ibef.org . | 9. Janssen, P.P.M., deJonge, J., Bakker, A.B. 1999. Specific Determinants of Intrinsic Work Motivation, Burnout and Turnover Intentions: A Study among Nurses. J of Adv Nurs. 29:1360- 1369. | 10. Lounsbury, J.M. Loveland, E.D. Sundstrom, L.W. Gibson, A.W. Drost, and F.L. Hamrick. (2003): An investigation of personality traits in relation to career satisfaction. Journal of Career Assessment 11, no. 3: pp 287–307. | 11. Mills, A.C. & Blaesing, S.L, (2000): A Lesson from the Last Nursing Shortage: The Influence of Work Values on Career Satisfaction with Nursing. Journal of Nursing Administration, 30 (6), pp 309-315. | 12. Stevens RG, Rea MS. Light in the built environment: potential role of circadian disruption in endocrine disruption and breast cancer. Cancer Causes and Control. 2001; 12: 279–87. | 13. World Health Organization, 'Prevention of mental disorders. Effective interventions and policy options', 2004, pp. 1-67. Available at: http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf | 14. Vincent J-L (1999) Forgoing life support in western European intensive care units: the results of an ethical questionnaire. Critical Care Medicine 27, 1626–1633. |