

A Contemporary Study on Occupational Stress among Nurses in Mumbai

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ABSTRACT

In history of health care service management literature, various perspectives of Finance, Operations & Marketing have been addressed so well, however very little research was carried out from the view point of Human Resources. This research is an endeavor to address this small gap. Further, about health Care Service management, generally attention is more on various links of the customer, facilities, inputs and their interrelation and interaction. But, there are various environmental factors such as facilities and law and order climate supporting & within which the professionals operate. This can make or mar their performance especially with reference to logistics aspects. This research is an attempt to look at human aspects of the entities in the environment of the health care services.

Key Words: Occupational Stress, Work related stress, Job related stress, Work life balance, Nurse, Medical, Hospital, Health Care, Mumbai.

Introduction

Occupational stress is stress involving work. It is an individual's response to a stressor such as a condition of work environment or a stimulus. It is a body's method of reacting to a challenge.

Common internal causes of stress are (1) Chronic worry (2) Pessimism (3) Negative Self talk (4) Perfectionism or Unrealistic expectations (5) Lack of flexibility / Rigid thinking (6) All or nothing attitude

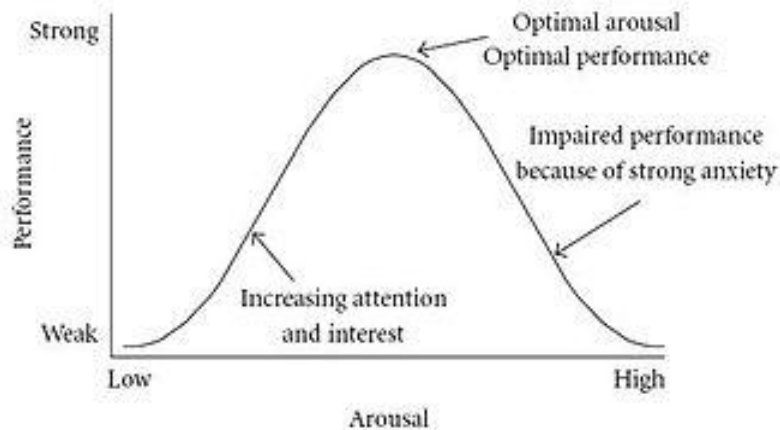
Common external causes of stress are (1) Major Changes in Life (2) School or Work (3) Difficulties in Relationship (4) Financial Problems (5) Being too busy (6) Family and Children

This research aims at reviewing the current evidence on work related stress in a systematic manner, and its relation with the occupational stress of nurses, it is pertinent to find various external causes of work related / occupational stress. World Health Organization's (WHO) has identified the work-related stress as a response of people at some situation when the required standard/magnitude of works are not matched to their knowledge, skill sets and competencies, that in turn poses great challenge at work place. Work pressure may be associated with a varied degree of work circumstances and even becomes more intense when the situation is evidenced with very little or no support from the environment/ boss/ colleagues or even not controllable to a great extent. Work pressure can also be perceived as acceptable by an individual to the extent to which it can keep an employee alert, motivate and challenge them to learn new things and grow within the constrained resources and help develop their interesting personal characteristics. It is considered healthy as long as it can lead to some success or overcoming obstacles. However, this pressure may turn into stress, when its degree and magnitude seems to be unmanageable under any circumstances and may lead to some serious impact on health and very serious adverse impact on professional performance.

Types of Stress:

Distress is the most commonly referred to type of stress, with negative implications, whereas eustress is usually related to desirable events in a person's life. Selye first differentiated the two in an article he wrote in 1975. Selye argued, in this article, that the persistent stress that is not resolved through coping or adaptation should be known as distress, and it may lead to depressive behavior, withdrawal, and anxiety. In contrast, if stress magnifies one's functioning it may be considered eustress. Both may be equally taxing on the body. Both are cumulative in nature, depending on an individual's way of adapting to the stressor causing it.

Yerkes–Dodson curve for a difficult task



Signs and Symptoms of distress:

- a) Behavioral symptoms: (1) Nervous habits (e.g. nail biting, pacing) (2) Eating more or less, (3) Using alcohol, cigarettes, or drugs to relax, (4) Sleeping too much or too little (5) Procrastinating or neglecting responsibilities, (6) Isolating yourself from others
- b) Physical symptoms: (1) Frequent colds, (2) Aches and Pains, (3) Loss of sex drive, (4) Diarrhea or constipation, (5) Chest pain and rapid heartbeat, (6) Nausea and dizziness.
- c) Cognitive symptoms: (1) Constant worrying, (2) Memory problems, (3) Anxious or racing thoughts, (4) Inability to concentrate, (5) Seeing only the negative, (6) Poor judgment
- d) Emotional symptoms: (1) Depression or general unhappiness, (2) Moodiness, (3) Sense of loneliness and isolation, (4) Irritability or short temper (5) Feeling overwhelmed (6) Inability to relax, Agitation.

Background and Motivation of Research

First is due to the background of the author of this paper. The author runs DEEP-ARCHAN Social Service for enabling needy to solve their problems. Merriam Webster defines Problem as “a source of perplexity, distress, or vexation”. Hence, the subject “stress” is an effect of the social issue which is being addressed by the author’s social work.

Further, Times of India on 13.11.2017 published, “HealthCare Professionals are among 5 most stressful careers in India along-with people in hospitality industry, social work, maintenance work, military services.”

Further, the author has conducted several sessions on stress management for health care professionals primarily for nurses in many public sector hospitals in Mumbai. The details of the same are available on the social media like Facebook.

Another motivator is the news like the one reported by Shilpy Arora in The Times of India on 02.06.2016 “Long hours, work burden add to nurses' stress”.

Also, the author as a faculty member of b-school/s teaches the subject, Service Operations Management, which underlines relationship between service quality and people delivering the service in one of the topics. The recent news as reported by Desmond Ng in Channel NewsAsia Insider on 05.01.2018 “Mass child deaths at a hospital,

another has just one nurse: India's healthcare crisis” emphasizes need to focus on the relationship between people delivering the service and quality of the service.

Lastly, as the author is from Mumbai and it is the most populous city among the Indian cities. So, it will be interesting to study occupational stress of nurses in Mumbai.

Objectives of the Study:

- I. The first objective of the study was systematically to review the current evidence on work related stress, burnout, and mental health for the effectiveness of study on occupational stress of nurses.
- II. The second objective of this study was to review the literature on occupational stress with emphasis on manifestations as well as the symptoms of strain that facilitate identification of problem, recognition and delineation of the stressors experienced by nurses and coping behavior among them.

Research Methodology

The systematic review was conducted over few months, and was completed in April 2018. The study was based on the Pacific University’s guidelines for conducting systematic literature reviews. This review was focused on identifying sources of work related stress and symptoms of severe work related stress in nurses by reviewing research papers on stress, mental health and job performance. Studies included were research articles undertaken in different journals, conferences at national and international level by psychiatrists, psychologist, researchers and social science professors. Whenever the studies specific to nurses were not found, generic studies were taken as a basis.

Literature Review

For the purpose of establishing a conceptual framework, a comprehensive literature review has been carried out.

Parul Sharma, Anuradha Davey, Sanjeev Davey, Arvind Shukla, Kajal Shrivastava, and Rahul Bansal, in their article ‘Occupational stress among staff nurses: Controlling the risk to health’ concluded, “The level of occupational stress among a group of Indian staff nurses was measured using a questionnaire survey and professional stress scale and GHQ were applied. In addition, factors contributing to occupational stress were examined. Hospital nurses in this study reported moderate (51%) to severe (3%) levels of job-related stress. The main nurses’ occupational stressors were poor doctor's attitude, posting in busy departments (emergency/ICU), inadequate pay, too much work, time pressure, and tiring job with insufficient time for rest and meals. Stress decreases attention, concentration, and decision making, and judgment skills. Occupational stress is also negatively related to quality of care due to loss of compassion for patients and increased incidences of mistakes and practice errors. Thus, hospital managers should initiate strategies to reduce the amount of occupational stress among the nurses. They should provide more support to the nurses to deal with the stress.”

Namrata Mohite, Mahadeo Shinde, and Apeksha Gulavani in their article ‘Occupational Stress among Nurses Working At Selected Tertiary Care Hospitals’ concluded, “Nurses have to face frequent occurrence of stress which could have negative impact on organizational climate in the future. Out of all considered causes of stress, workload and supervisors are two major factors responsible for frequent occurrence of stress among majority of nurses. Special measures to reduce work load and conflict with the supervisors and also improve independence and compensation of nurses will help to improve their performance and hence will positively affect on quality of care given to the patients.”

Dr. Tessy Treasa Jose and Dr. Sripathy M Bhat, in their article ‘A descriptive study on stress and coping of nurses working in selected hospitals of Udupi and Mangalore districts Karnataka, India.’, concluded, “Significant number of nurses experience stress, which may diminish nursing care quality. Dual roles of the nurses after marriage could

be one of the contributing factors for married nurses to have more stress and less coping. Nurses make efforts to create positive meaning by focusing on personal growth and make efforts to seek informational support, tangible support and emotional support. The limitations identified were: current research was focused on self-report measurement where researcher had to assume that the respondents were truthful, non-random selection of sample, sample size from different units/wards was not balanced and only nurses in a hospital setting were included in the study which limits the generalization of findings. Nursing shortage could be one of the reasons for having increased stress as the mean score of workload in the subscale of stress was more. Excessive work load require attention from management especially because safe work environments are legally required. Reducing the effect of environmental stressors such as workload, staffing, and assisting nurses to balance priorities may be effective interventions. Attempts to deal with the sources of stress and their consequences need to be made at individual, inter-personal, and organisational levels.”

Purvi Parikh, Atish Taukari, Tanmay Bhattacharya in their article ‘Occupational Stress and Coping among Nurses’ suggested, “Improved coping is important for prevention and cure at multiple levels. At the personal level, individual therapy that may include identification of stressors and coping skills can reduce work stress. Facilitating the use of problem-solving skills and support networks via nurse support groups could be implemented. The use of critical incident stress debriefing could be used for nurses who are exposed to traumatic experiences. However, research investigating the effectiveness of this mode is scarce. At the organisational level it is recommended that attention be paid to the remuneration of nurses, a better nurse–patient ratio and the promotion of interdisciplinary teamwork. The use of team-oriented approach contributes to employee well-being in nursing and facilitates the development of nurses’ professional roles. Moreover, group activities and training programmes for nurses can facilitate social support and decrease work-related stress. Changes in work organisation, such as focusing on resources that reduce negative effects of geriatric work stressors, are also suggested. Promoting an increased sense of perceived control over the work environment by introducing flexi-work hours, rest breaks, personalised work areas, choice of holiday leaves and choice of shift work can reduce stress of job demands. When the psychological demands of the job are high and the workers’ control over the task is low, the most adverse reactions of psychological strain will occur (fatigue, anxiety, depression, risk of physical illness). Conversely, it is when the demands of the job are high and the workers’ control over the tasks is high that learning occurs. Job control appears to increase job satisfaction regardless of the perceived levels of demand. Job satisfaction has been shown to play a significant role in both worker health and performance, and has been linked with outcomes such as depression, anxiety and tension. In summary, increased awareness of extrinsic and intrinsic stressors, their influence on nurses’ mental and physical health, and the implementation of adaptive or coping strategies can enhance wellbeing and reduce occupational stress among nurses.”

Iyer Ramajanaki Doraiswamy, Mahesh Deshmukh, in their article ‘Workplace Spirituality and Role Stress among nurses in India’ discussed, “The results show that workplace spirituality and the four dimensions of workplace spirituality [meaningful work, inner life, community and organizational values] were negatively correlated to role stress. Organizations with high levels of spirituality characterized by climate of hope, altruism, social support, non-threatening environment and trust enables employees to be more adaptable and less prone to stress. Nurses derive their social identity from their workplaces and hence their experiences in the workplace are important for their physical and mental well-being. Higher the sense of community, lower are stress levels and this is similar to the suggestions, that to alleviate stressful situations, people reach out to their friends and family for help and reassurance. The findings of this study suggest that when person organization values are in harmony there are lower stress levels and this is similar to suggestions that companies whose management practices ensured that employee-organization values are in harmony, performed well. In a study on adult residents it was found that most believed in prayer and a higher power that supported them and guided them thus enabling enhanced physical and mental health and well-being. Higher the levels of inner life (prayer, spiritual health and hope) lower are the stress levels. It has also been reported that a workplace low in spirituality suffers from low morale, high turnover, burnout and stress. Theoretical as well as empirical findings in suggesting that an organization high on workplace spirituality results in perception of lower stress by the employees.”

Dr. J. Mohamed Ali, Mrs. N. Thahira in 'A Study on Job Stress among Private Hospitals Employees in Theni District' suggested, "Work should be properly delegated to the employees to avoid overload of work which could cause stress. Many tasks can be delegated to subordinates without losing effectiveness so that overload of work can be reduced. Good relationship should be maintained within the employees to make the working environment healthy. Proper grievance handling system should be practiced to help the employees to overcome their problems. Employees should be motivated by giving rewards for their excellent performances. The motivation program conducted by the organization will assist the employees to perform well. Meditation, yoga, exercises on a daily routine basis will keep the mind and body fresh." Further, the authors concluded, "Stress is a slow and insidious malady which is an unavoidable one and a common problem in the workplace. The level of stress and its amount of consequences vary within and between hospitals based on the nature and type of work practices. Hospitals must begin to manage people at work differently, treating them with respect and valuing their contribution. Recognition, participation and continuous training of employees are required to retain the skilled employees. It is the responsibility of the private hospital's organization to see that its employees undergo stress relaxation practices to overcome hospitals employees' stress which maintains the sound health of the employees."

Marina Ciccarelli, Trevor Goddard and Judith Merritt, in their paper 'Minimising Mental Stress among Workers' brought forward how technological improvement / advancement, globalization with respect to the work, etc. contributing to the occupational stress.

J.D.Prabu , T. Ramesh Babu, and K.Vimalanathan in their paper 'A Study on Night-shift Schedule Effect in Human Health and Well Being By Considering Ergonomics' conclude that based on the factor loading analysis, totally 10 factors were affecting the human health and well-being in night shift work at BPO sector. These factors were general health and fitness, eating habits, short duration to complete a task, sitting posture and arrangement, sleep quality, sleep period, Lack of memory, depression, stress / mental load, and decision making. The paper shows that, most of the cognitive ergonomic factors were highly contributing to affect human health and well-being in the BPO sector is because working with permanent night shift schedule. Ultimately other factors such as physical ergonomic, nature of job, and personal factor effects were very less in the BPO sector.

K. Chandraiah, S.C. Agrawal, P. Marimuthu and N. Manoharan, in their paper 'Occupational Stress And Job Satisfaction Among Managers', concludes "Individuals under excessive stress tend to find their jobs less satisfying. Some of such individual's intrinsic or extrinsic needs may be thwarted or not met adequately. Confirming many studies in the literature (Hollingworth et. al. 1988; Keller, 1975), the findings of the present study also disclose the same. The subjects having lower job satisfaction were found to experience more stress in the form of overload, role ambiguity, and role conflict, powerlessness, under participation, and low status compared to those with higher job satisfaction. Therefore, age was found to be of significance in these study findings. The results of the study reiterate the significance of demands at each career development level as pointed out by Hallingworth. And the persons encounter crisis at each developmental stage as hypothesized by Erickson. Significantly, diminishing stress and growing job satisfaction with increasing age was found among the managers and these confirm the importance of the developmental process".

Naomi Lawless and John Allan, in their paper 'Understanding and reducing stress in collaborative e-Learning' put forward how technology and collaboration need enhance the mental stress.

Secondary Research

Further, the website, list25.com, provides the following ranking of the most stressful jobs. List25 says about itself "List25 combines the pursuit of interesting intriguing facts with the innate human desire to rank and list things". It adds "We currently have 260 thousand likes on Facebook, 1 million subscribers on our YouTube channel, over 22 thousand followers on Google+, and Over 12000 followers on twitters". "

- 1) Enlisted Military personnel

- 2) Police Officer
- 3) Miner
- 4) Taxi Driver
- 5) Firefighter
- 6) Commercial Airline Pilot
- 7) Newspaper Reporter
- 8) Photojournalist
- 9) Loss Prevention Officer
- 10) Mental Health Case Manager
- 11) Medical Professional
- 12) Chaplain
- 13) Assisted Living Manager
- 14) Military General
- 15) Purchase Agent
- 16) Social Worker
- 17) Athletic Coach
- 18) Barista
- 19) Veterinarian Assistant
- 20) Teacher
- 21) Benefits and Payroll Administrator
- 22) Job Coach
- 23) Concierge
- 24) Public Relations Executive
- 25) Senior Corporate Executive”

Further, salary.com stated, “We did a bunch of research on stressful occupations and there were tons of opinions. Many publications publish annual lists on the topic and some even reach out to experts who examine factors such as hours, working conditions, and consequences of mistakes. We examined the jobs in these articles, compared them to the jobs in our database, and chose our own top ten stressful jobs” They states Registered Nurse is 6th Most stressful job / role.

Observation and Findings

The eleventh ranking in top 25 most stressful jobs has shown very high stress in medical profession. Significant number of nurses report moderate to severe levels of frequent occurrence of work-related stress.

The main factors causing occupational stress are doctor's poor attitude, position in busy sections / divisions (ICU/emergency), insufficient salary, heavy workload, time pressure, tiring job with inadequate time for meals and rest, and dual role of married nurses. Technological advancement and need for collaboration also results into stress. Role ambiguity, role conflict, inadequate power, under participation, and low status are some more factors contributing work-stress.

Occupational Stress reduces concentration, attention, judgment skills, decision making, and job satisfaction. This results in loss of compassion for patients leading to decreasing quality of care and increased incidences of practice errors and mistakes. The most cognitive ergonomic factors were highly contributing to affect human health and well-being.

Thus, healthcare management should initiate strategies to reduce the amount of role stress among the nurses and provide safe work environment, assistance to balance priorities, and more support to the nurses to deal with the stress. The management shall achieve better nurse to patient ratio. Nurses should be given more independence in their work and perceived control over work environment. Specific steps like flexi-work-hours, choice of leaves & shifts, and

personalized work areas are required to be taken. Various skills such as problem solving, conflict management, etc., shall be developed in them. Specific remedies like critical incidence debriefing may be required for the nurses exposed to traumatic experience. The management may need to promote interdisciplinary teamwork, respect for individuals, value for their contribution, better interpersonal relationships, recognition and participation. The management shall develop highly spiritual organization characterized by altruism, climate of hope, trust, social support, and non-threatening environment enables staff to be less prone to stress and more adaptable.

Final Conclusion and Recommendations

Substantial Studies regarding occupational stress of nurses are available for explaining us causes and remedies. However, the few studies were found with respect to specific roles / sections at specific locations such as private clinic, public OPD, private hospitals, public hospitals in Mumbai. In future studies, more attention can be paid towards difficulties in implementing the remedies and the ways to overcome the stress.

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