

Occupational Stress among Nursing Staff of Public and Private Hospitals in Ranchi: An Empirical Investigation

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ABSTRACT:

Numerous studies have shown that nursing constitutes a strenuous job and occupational stress is prevalent among nurses. Research shows that growing occupational stress results in increasing turnover rate and is one of the leading factors that contribute to growing attrition in the nursing profession. In addition to these, high levels of occupational stress have been found to reduce the quality of nursing. In the last few decades researchers have devoted considerable time and attention in the area of occupational stress among nurses. While there exists extensive literature on occupational stress among nurses internationally, knowledge about the same in the Indian context is still inadequate. Even the literature that exists gives no clear agreement regarding differences in stress among nurses in public and private hospitals. The present study is designed to unfold the dominant sources of stress among nurses in Ranchi from private and government hospitals. The results show that occupational stress is higher among nurses in the public sector. The results of this study can be used as guidelines for framing suitable coping interventions to combat stress levels among nursing staff.

KEYWORDS: Occupational stress, nursing

INTRODUCTION:

Nurses play a significant role in patient care. However, heavy workload and the consequent occupational stress have serious consequences for nurses and their patients (Tarnow-Mordi et al., 2000; Stordeur et al., 2001; McGowan, 2001; Payne, 2001; Lee and Wang, 2007 ; Santos et al., 2003). Due to insufficient staffing, nurses face difficulties in meeting patient needs. They are often frustrated about their inability to complete their work to their professional satisfaction and express their desire to leave the nursing profession (Hegney et al., 2003). Furthermore, occupational stress has been found to be one of the major causes of work-related health problems (Gray, 2000). Numerous studies carried out in different parts of the world indicate that nursing is very strenuous and give rise to a variety of pathological symptoms (Elfering et al., 2002; Lavanco 1997; Stordeur et al., 2001). There is extensive literature on stress in nurses internationally, but published work on stress among nurses in the Indian context is less. Because of differences in working conditions, education, social status and the autonomy of nurses in different cultures, it can be assumed that occupational stress will differ across cultures and countries. Therefore, it is important to understand how work-associated stress affects nurses in India, and what factors in their working environment cause the greatest burden. Also, since healthcare institutions differ in size and nature, and nurses are faced with different work tasks and working hours (e.g., night shifts), working conditions (e.g., understaffing) and stress related situations, such as, the suffering and death of patients, there is evidence to suggest that these work-related stress factors vary, both in nature and frequency, across different sectors. Thus it is necessary to identify sources of job-related

stress factors specific to both public and private sector nurses. The current study thus attempts to compare levels of stress exclusively related to the nursing environment as perceived by both private and public sector

nurses. Findings of this study could support the previous studies on stress with numerical data and reveal how occupational stress among nurses is perceived in the Indian context. This empirical evidence could also support a systematic approach to adoption effective strategies for coping with stress. At a time when the quality of patient care is affected by stress (Brown and Edelman, 2000) and retention of staff is vital to ensure efficiency, quality and progress of the health service (McVicar, 2003; Hayes et al, 2006; McCarthy et al, 2007), this study is of extreme relevance.

The objectives of the study were:

1. To investigate and identify what are the perceived levels of occupational stress among nurses of public and private sector hospitals.
2. To identify the most dominant stressors among the two groups.
3. To determine if there exists a significant difference between the levels of stress in both the groups.

MATERIALS AND METHODS:

This study involves a cross sectional, comparative survey of two groups of people using a descriptive survey design. The groups are private and public sector female nurses practicing in six general nursing hospitals in Ranchi district of Jharkhand. This study aims to quantify and compare levels of occupational stress between these two groups in the nursing environment. Data was collected from a conveniently chosen sample of 100 nurses (50 private and 50 public). The data collection instrument used in the study was the 'Nursing Stress Scale', a 34 item questionnaire developed by Gray-Toft & Anderson (1981). This scale identifies perceptions of the sources of stress and perceived stressful situations in the nursing environment. The Nursing Stress Scale elicited the frequency to which respondents perceived themselves to be exposed to stressors pertaining to the nursing environment. Each item is scored according to the frequency with which these situations are assessed as stressful, from (1) never, (2) sometimes, (3) frequently, and (4) very frequently. This scale was sub-divided into 7 factors, which focused on different aspects that were considered potential stressors in nursing practice. Prior approval of hospital authorities was sought in order to access the respondents in the participating hospitals for which a copy of the research proposal and the detailed questionnaire had to be submitted in a few hospitals. Independent t-test was used to compare the two samples in order to see if the difference between the means was statistically significant.

RESULTS AND DISCUSSION:

The research was conducted to compare the occupational stress among nursing staff of private and public sector. The survey participants comprised of 100 female nurses working in different private and public hospitals of Ranchi. The analysis was done using descriptive and inferential statistics. Table 1 presents a comparative analysis of Occupational stress levels among public and Private sector nurses.

Table 1: Comparative Level of Occupational Stress among Public and Private Sector nurses

STRESSORS	Public Sector Sample=50	Private Sector Sample=50	t	p
Workload	Mean=2.974	Mean=2.642	2.578	0.011**
	SD= 0.546	SD=0.729		

Death and Dying	Mean=2.226	Mean=2.015	1.346	0.181
	SD=0.846	SD=0.716		
Inadequate preparation	Mean=1.683	Mean=1.325	2.2181	0.029**
	SD=0.734	SD=0.874		
Lack of staff support	Mean=1.596	Mean=1.475	0.6183	0.538
	SD=1.021	SD=0.934		
Uncertainty concerning treatment	Mean=1.546	Mean=1.242	1.996	0.048**
	SD=0.876	SD=0.626		
Conflict with physicians	Mean=1.022	Mean=1.116	0.495	0.622
	SD=0.835	SD=1.052		
Conflict with other nurses	Mean=1.273	Mean=1.142	1.062	0.291
	SD=0.527	SD=0.695		

****Note: $p < 0.05$**

Stress level differences due to workload

The above analysis reveals that workload is the most dominant source of occupational stress among nurses of both public and private sector hospitals. This has concurrence with almost all of the previous studies carried out internationally. (McCarthy et al, 2002; Gillespie and Melby, 2003; Murphy, 2004; Mooney, 2007a, Maben and MacLeod Clarke, 1998; Charnley, 1999; Taylor et al, 1999; Edwards and Burnard, 2003; Healy and McKay, 2000; Demerouti et al, 2000; Evans et al, 2008). The study also reveals that occupational stress due to workload is significantly higher for public sector nurses (Mean=2.974) than private sector nurses (Mean=2.642), though both groups scored comparatively high. Inadequate staffing was frequently cited as a stressor in this study, particularly for public sector hospitals. The shortage of nurses put pressure on management to provide quality care with limited resources requesting staff to work overtime. Moreover, time pressure also resulted in lack of opportunity to provide emotional care to the patient.

Stress level differences due to death and dying

Death of a patient was reported as a key factor that contributed to stress among nurses. Public sector nurses reported higher stress (Mean=2.226) than private sector nurses (Mean=2.015). However, statistically there is no significant difference between stress levels of the two groups on the basis of this factor. Watching a patient suffer, listening to a patient about his approaching death and performing procedures that patients experienced as painful were also frequently cited reasons contributing to stress among nurses.

Stress level differences due to inadequate preparation

Public sector nurses scored significantly higher (Mean=1.683) than private sector nurses (Mean=1.325) in relation to this factor. They expressed dissatisfaction at not having time to learn new skills and felt unsure about new procedures. Moreover shifting between wards was considered an obstacle in consolidating nursing skills.

Stress level differences due to lack of staff support

Occupational stress due to lack of staff support was reported higher among nurses of public sector (Mean=1.596) than private sector nurses (Mean=1.475). However there is no significant difference between the stress levels of the two groups.

Stress level differences due to uncertainty concerning treatment

Uncertainty concerning treatment contributed to significantly higher level of stress among public sector nurses (Mean=1.546) than private sector nurses. Inadequate information from a physician regarding the

medical condition of a patient and most often not knowing what a patient or a patient's family ought to be told about the patient's medical condition and its treatment adds to nurses' stress.

Stress level differences due to conflict with physicians

Conflict with physicians ranked lowest for both public and private sector nurses in the Nursing Stress Scale. However private sector nurses experienced more stress (Mean=1.116) than the public sector nurses (Mean=1.022) based on this factor. Nurses reported lack of confidence to challenge any doctors decisions when not equipped with sufficient knowledge, experience and nursing skill as perceived by both public and private sector nurses.

Stress level differences due to conflict with other nurses

Both public and private sector nurses reported low levels of stress arising due to conflict with other nurses. No significant difference was found between the stress levels of the two groups based on this factor.

CONCLUSION:

This study adds to our knowledge of dominant sources of occupational stress among nurses of public and private hospitals. The findings of this study have several practical implications. The findings alert healthcare managers to become more knowledgeable about key factors associated with occupational stress among nurses. Since occupational stress is correlated with employees' productivity, it is imperative to reduce it by applying the right human resources policies. Appropriate policies need to be framed by the hospital authorities to combat these occupational stressors. They can decrease the level of occupational stress in the organization by increasing nurses' satisfaction with policies and work conditions. Besides, nurses should be trained to use appropriate strategies to cope with stress easily and effectively. The findings of this should be interpreted with caution since the participants were hospital nurses from a particular district and do not represent all hospital employees in this country. More research in this area is needed before generalizing the study findings. Future research also needs to explore the effects of variables that were not measured in the current study, which can also directly or indirectly influence occupational stress, such as external environmental factors. Despite the limitations, the results of this study can be used as guidelines for framing suitable coping interventions to combat stress levels among nurses.

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