



Research Article

A comparative study of causes of job related stress of nurses working in different government and private hospitals in a metro city of India

Arunabha Dasgupta¹, Nabarun Karmakar²

1. Associate Professor & I/C HOD, Dept of Medicine, Agartala Govt. Medical College, Agartala Tripura

2. Assistant Professor, Dept of Community Medicine, Tripura Medical College Agartala Tripura

Corresponding author: Dr.Arunabha Dasgupta, Associate Professor, Dept of Medicine, Agartala Government Medical College, Agartala, India

Publication history: Received on 08/12/2018, Accepted on 06/01/2019, Published online 06/01/2019

ABSTRACT:

Background: Organisations both government and private are undergoing changes due to changes in community's perception and awareness. So there are changes in work culture of a hospital. Hospitals are under great pressure to deliver service with minimum cost and quickly. This scenario has changed the administrative policy of a hospital and all care givers are under pressure to deliver best possible service quickly. Nurse's workload has increased with advancement in technology and also due to hospital and societal demands. Nurses are now pressurized to give more service and they are stressed at workplaces. This study was designed to evaluate the causes of job related stress of nurses working both in a private organisation and governmental set up. Aims & objectives: To study the causes of job related stress of nurses in both private and governmental setup and to compare the causes of stress in both set ups. Methodology: Sixty nurses were selected for the study from six government and six private hospitals, five from each hospitals. All nursing staffs are interviewed individually with a selected number of questionnaires which study the causes of stress in their places of work. The responses were analysed statistically by Fisher exact test and two tailed P value was calculated to study statistical significance & P 0.05 was considered to be significant. Observation: The study revealed that at private organisations lack of job security and inadequate salary are important causes of stress and are statistically significant. Indifferent doctor's attitudes towards nurses, unsympathetic management were also statistically important causes found. Increasing workload, working at erratic hours, lack of resources are other causes of stress at governmental setup. Conclusions: The study was designed to evaluate work place stressors of nurses and it was found that lack of job security, inadequate salary, increasing workload, indifferent doctor's attitude and unsympathetic administration are important causes of job related stress of nurses.

KEY WORDS: job related stress, nurses, private setup, governmental setup.

INTRODUCTION

Job stress and job satisfaction are important factors affecting work force productivity.¹ Occupational stress is defined as a stage where job related factors interact with an employee in such a way that the employee is pressurized psychologically and



physiologically so much that the person is forced to deviate from normal functioning.² Thus work related stress is damaging to a person's physical and mental health and is associated with low levels of productivity at workplace³

Occupational stress has been found to be hazardous not only on employee's health and abilities of the person to cope up with job demands but also seriously impairs the provisions of quality service.⁴

Stress has a cost for individuals in terms of health, well being and job satisfaction, as well as for the organization in terms of absenteeism and work force turn over.⁵ Occupational stress thus results in decreasing the efficiency of an organization and increasing the occupational hazards inside and also outside the working environment.⁶

British Health Education Authority has commented that four careers with high level stress are nursing, police, social work and teaching. The National Occupational Safety Association of America has placed nursing profession as more stressful than medical profession.⁷

The nurse's role has long been regarded as stress-filled based on the physical labour, human suffering they witness, working hours, staffing and interpersonal relationships that are central to the work nurses do.⁸

Organisations throughout public and private spheres are undergoing dramatic changes rather extensive ones due to changes in community's perceptions, awareness and demands.⁹ And so are hospitals. Hospitals are now under great pressure from the community not only in providing cure and care; but in providing the best care at minimum cost with elaborate comforts, clean surroundings and swift actions.¹⁰

The community no longer tolerates delay in diagnosis and treatment and demands best available facility whether it is a governmental setup or private setup. Such changes in the community affect the administrative and management policy of a hospital and simultaneously influences work culture.¹¹

Caring is an interpersonal activity by nurses which depends on knowledge, attitude and interpersonal relations including positive communication and implementation of professional skills.¹²

Job related stress of nurses is associated with loss of compassion for patients, increase incidence of practice errors hence unfavourably associated with quality of care provided.¹³

The purpose of the present study was to evaluate the causes of stress of nurses in working atmosphere and to compare the causes of stress in a private organisation and governmental hospital setup.

AIMS AND OBJECTIVES:

1. To identify the causes of job related stress of nurses working in both government and private hospitals in a metro city of India
2. To compare the stress factors involved in both governmental and private hospitals

METHODOLOGY:

It's a cross-sectional observational study done for a period of one year at The School of Health Sciences PSC ESI Hospital Basaidarapur Delhi.

Thirty nurses from governmental setup and thirty nurses from private setup have been included in this study.



All of them were fully explained beforehand about the purpose of the study and its pattern. Consent in written has been collected from all the participants. The nurses were selected from various government and private hospitals and they all took part in this study voluntarily. The names of the hospitals and the identity of the nurses have been kept anonymous.

There were six government hospitals and six private hospitals in this study and from each hospital five nurses were selected. The nurses were working at critical care units like ICU, ICCU, burn unit and emergency causality department as well as at general wards of various departments like medicine, surgery, paediatrics, orthopaedics and obstetrics. The nurses were all females and newly recruited nurses as well as experienced nurses at the verge of retirement were also included.

All nurses were interviewed individually with a selected number of questionnaires and answers were collected in YES & NO pattern. The questionnaires included the following topics of discussion:

1. Role understanding of nurses
2. Role responsibilities of nurses
3. Work overload
4. Psychological strain & burnout
5. Physical strain & disease
6. Interpersonal relations
7. Environmental and political influences
8. Social support
9. Nurses' personality
10. Recreation
11. Self care and practices

These questionnaires analyses nurses' educational status and experience. It also studies nurses' individual personality, ability to face and overcome stress, environmental and social support they receive from family, friends and the establishment where they work. It further analyses their own views regarding the workload they experience and ultimately the effect of the workload in their professional and personal lives. Lastly an attempt has been made to scrutinize how far the nurses were satisfied in their own jobs or they were really frustrated and burnout at their work places.

RESULTS AND OBSERVATION:

There were sixty nurses working at different hospitals both government and private in this study. They were working at different departments in diverse atmosphere. All nurses were females and their age ranged from 22 to 56 yrs. It included newly recruited nurses as well as experienced nurses with service period of several years and six of them were at verge of retirement.

Data collected were analysed statistically. Fisher exact test was employed to study statistical significance and a two tailed P value was estimated. P 0.05 was considered to be statistically significant.



The observations documented are:

Table-1: Distribution of participants according to: “Role understanding of nurses”

Role understanding of nurses	Government setup (n=30)		Private setup (n=30)		Significance : Fischer's test & P value
	yes	no	yes	no	
I am qualified for what I have to do	28	2	25	5	P = 0.4238
When faced with several problems at same time; I'm confused	6	24	4	26	P = 0.7306
My priorities are clear to me	30	0	30	0	P = 1.0000
I can identify the important elements of problems at work	25	5	27	3	P = 0.7065

Table-2: Distribution of participants according to “Role responsibility of nurses”

Role responsibility of nurses	Government setup (n=30)		Private setup (n=30)		Significance : Fischer's test & P value
	yes	no	yes	no	
My job requires to take important decisions	21	9	18	12	P = 0.5889
I feel inadequate & powerless to make changes at work	15	15	23	7	P = 0.596
I have job responsibilities of others	12	18	10	20	P = 0.7892



Table-3: Distribution of participants according to “Work overload of nurses”

Work overload of nurses	Government setup (n=30)		Private setup (n=30)		Significance : Fischer's test & P value
	yes	no	yes	no	
I'm asked to do too many works in too little time	17	13	10	20	P = 0.1188
My work responsibilities are increasing	22	8	10	20	P = 0.0040
Work has become very boring, tedious & routing	11	19	7	23	P = 0.3985
I work under tight deadlines	14	16	20	10	P = 0.1923

(statistically significant)

Table-4: Distribution of participants according to” Social support of nurses & salary structure”

Social support of nurses & salary structure	Government setup (n=30)		Private setup (n=30)		Significance : Fischer's test & P value
	yes	no	yes	no	
I'm expected to do more work than required without any additional benefits	23	7	25	5	P = 0.7480
I am not paid adequate remuneration as per qualification & experience	20	10	23	7	P = 0.5675
If I require help I know whom to approach	28	2	25	5	P = 0.4238
I have a circle who values me	30	0	30	0	P = 1.0000
I am unappreciated for my work by my family & it is a cause of conflict	3	27	8	22	P = 0.1806



Table-5: Distribution of participants according to “Psychological strain & burnout of nurses”

Psychological strain & burn out of nurses	Government setup (n=30)		Private setup (n=30)		Significance: Fischer's test & P value
	yes	no	yes	no	
I am frustrated & depressed at work	6	24	16	14	P = 0.0150
I respond badly to situations that normally did not bother me before	2	28	8	22	P = 0.0797
Lately I am insensitive & callous to clients and co workers	0	30	2	28	P = 0.4915
I feel negative about work & focus on bad aspects	2	28	4	26	P = 0.6707
I feel tired and exhausted at work and carry frustrations at home	18	12	14	16	P = 0.4379

(statistically significant)

Table-6: Distribution of participants according to “Physical strain & diseases of nurses”

Physical strain & diseases of nurses	Government setup (n=30)		Private setup (n=30)		Significance: Fischer's test & P value
	yes	no	yes	no	
I am increasingly absent from work	2	28	0	30	P = 0.4915
I had headache when I leave for work	10	20	6	24	P = 0.3817
I do not find work exciting any more	0	30	0	30	P = 1.00000
I am committing mistakes increasingly at my work	0	30	0	30	P = 1.0000
I am having various symptoms at work for which I need medical help	18	12	10	20	P = 0.0692
I'm always tense	6	24	6	24	P = 1.0000



Table-7: Distribution of participants according to “Recreation, self-care & healthy practices of nurses”

Recreation, self care and healthy practices of nurses	Government setup (n=30)		Private setup (n=30)		Significance: Fischer's test & P value
	yes	no	yes	no	
I am careful about my diet	19	11	20	10	P =1.0000
I enjoy vacations & weekends with family & friends	24	6	19	11	P = 0.2516
Work issues do not go home with me	23	7	24	6	P = 1.0000
I analyse my working schedule and can make changes as per priority	22	8	12	18	P= 0.0182
I practice relaxation techniques and engage in exercise & mediations	6	24	8	22	P = 0.7611

(statistically significant)

The tables analyse that a significant number of nurses felt that their work load were gradually increasing and it is statistically significant (P=0.0040). Simultaneously they were also frustrated and stressed at their place of work and this finding is also statistically significant (P=0.0150).

The analysis of causes of job related stress of nurses in both government and private set up were:

Table-8: Distribution of participants according to “Causes of Job related stress of nurses”

Causes of job related stress	Government setup (n=30)	Private setup (n=30)	Significance: Fischer's test & P value
Lack of Job security	16	30	P < 0.0001
Inadequate salary	22	30	P = 0.0046
Increasing workload	22	19	P = 0.5796
Tight schedule	24	20	P = 0.3817
Work conflicts	16	28	P = 0.0009
Lack of appreciation by doctors	15	24	P = 0.0292
Unsympathetic management	12	27	P < 0.0001
Lack of resources	22	18	P = 0.4118
Continuous physical strain	18	19	P =1.0000
Lack of supervision	18	20	P = 0.7892
Place of posting of duty	16	20	P= 0.4296

(statistically significant)



This table analysed the causes of job related stress of nurses in both government and private set up and all of them concluded that lack of job security , inadequate salary, work conflicts, poor doctor's attitude and an unsympathetic management were the main causes and all these findings were statistically significant ($P < 0.05$).

The priorities of nurses are:

Table-9 : Distribution of participants according to “ Priority of nurses”

Priority of nurses	Government setup (n=30)	Private setup (n=30)	Significance: Fischer's test & P value
Recognition	14	28	$P = 0.0001$
Security in job	17	30	$P = 0.0001$
Proper pay	17	24	$P = 0.0946$
Job challenges	27	12	$P < 0.0001$
Supervision	18	22	$P = 0.4118$
Medical help	15	21	$P = 0.0596$

(statistically significant)

The study reveals what priorities nurses seek in their professional lives & these are recognition, security in job and job challenges. All these finding were statistically significant ($P < 0.05$)

DISCUSSION

Most of the nurses whether working at a private organisation or a governmental organisation considered themselves that they are qualified, educated and trained for the job. They knew their job profile and what they are supposed to do. Their priorities in working atmosphere are clear to them and they can identify the important elements in their working fields which require focused attention and expertise.

They are aware that it is a very responsible profession requiring life saving decision making endeavours. Significant number of nurses working both in private and governmental setup felt that the work load are gradually increasing and this finding is statistically significant($P=0.0040$) . The increase in work load is without any salary increment and there are inadequate resources for work more in a governmental setup. The increase in workload is added up with an erratic time schedule and they need to work under tight time deadlines. Along with that there is much less appreciation from doctors and also from the establishment where they work. Further there is lack of supervision for the junior staff by senior staff and critical works are done without being properly supervised.

So a significant number of nursing staff are stressed at workplaces and they are frustrated. This finding is statistically significant ($P=0.0150$). The critical care service providers are more stressed than those working at general wards. Critical care work requires more expertise and supervision and serious works are done under tight deadlines. There are no extra incentives for those who work at critical care units but the workload is more difficult from those who work at general wards.



An analysis for the causes of job related stress for nurses revealed that lack of job security and inadequate salary as per experience and educational status are major causes of occupational stress. Lack of job security is statistically very significant cause of stress for nurses ($P<0.0001$) followed by inadequate salary ($P=0.0046$; statistically significant). Work conflicts at places of work with fellow peers, doctors and also with patient's attendants is another important cause of stress and is also statistically significant ($P=0.0009$). Another statistically important occupational stress inductive factor for nurses is poor doctor's attitude and lack of appreciation from doctor's end ($P=0.0292$). An unsympathetic management more in a private setup is very important cause of stress for nurses ($P<0.0001$). Apart from these causes, lack of family support, increasing workloads, working at erratic hours and under tight schedules are other important causes of stress for nurses.

A comparative analysis of causes of stress of nurses at governmental and private setup revealed that lack of job security, inadequate salary and non supportive management are important stress inducing factors for nurses working in a private organisation. In contrast increasing workload, working at erratic hours and under tight time lines are important stress inducing factors at a governmental organisation. Work conflicts and lack of appreciation by doctors are important cause of stress both in private and governmental setup. Lack of resources and inadequate supervision are other two important stress inductive causes in both setup.

A study into the priorities which nurses demand in their professional lives and will create an ambient atmosphere for work are recognition of nurses, reasonable salary, job security and permanency. These findings are statistically significant ($P<0.05$). Another factor which nurses look for are job challenges and this finding is statistically very significant ($P<0.0001$) and it is an important galvanizing element for work culture.

A recent study published at Indian J Occ Environ Med 2014 by Sharma P et.al¹⁴ which also analyse occupational stress of nurses too mentions working environment as a major stress inducer and thus critical service providers are more stressed. Poor doctor's attitude towards nurses and work conflicts are other causes of occupational stress. Insufficient rest, night shift duties, staff shortage are other important causes they found. Association in between place of posting and nurses' stress was found to be statistically significant ($P<0.01$).

Another study conducted at Iran and published at Iran J Nurs Midwifery Res 2012 by Nijami A et.al concluded that work load as the main cause of stress and the working environment ($P<0.05$).¹⁵ Conflicts at tasks and working under several bosses at the same time also induce working stress.

The present study which was conducted both in private and government hospitals showed lack of job security and inadequate salary along with a non supportive management as the major stress inducers in a private hospital. In governmental setup increasing workload, working under tight deadlines and work conflicts are the major causes of stress. Poor doctor's attitudes towards nursing staff are important cause of stress in both setups.

**CONCLUSION**

The present study was conceptualized to study the causes of occupational stress of nurses working in both governmental and private hospitals in a metro city. Sixty nurses were selected from six governmental and six private hospitals of Delhi. The nurses took part in this study voluntarily and responded to the questionnaires provided. Lack of job security and inadequate salary were found to be statistically significant cause of stress along with an unsympathetic management in a private setup.

Work conflicts & indifferent doctor's attitude were statistically significant finding and important causes of stress. Increasing workload, lack of resources and working at erratic hours are important cause of occupational stress of nurses working in a governmental setup. Critical care service providers are stressed in both the organisation.

Acknowledgement: 1. School of Health Sciences Indira Gandhi Open University New Delhi India as a part of the study of Post graduate Diploma in Hospital & Health management. 2. ESI Hospital Basaidarapur New Delhi India

Financial support and sponsorship: None

Conflict of interest : None

REFERENCES:

1. Naseer H, Alireza C, Fatemeh KG, Sareh K, Ali AH. Impact of job stress and job satisfaction on work force productivity in an Iranian Petrochemical industry. *Saf Health Work* 2017; 8(1):67-71
2. Richardson KM, Rothstein HR. Effects of occupational stress management intervention programme: a Meta analysis. *J Occup Health Psy* 2008; 13(1):69-93
3. Atkinson W. Stress: risk management serious challenge? *Risk Manage* 2004;51: 20-24
4. Farrington A. Stress and nursing. *Br J Nurs* 1995;4: 574-78
5. Cronin SD, Brophy EB. Burnout: Can social support save psychiatric nurses? *J Psch Nurs Mental health Ser* 1985;23:8-13
6. Adib HM. Factors facilitating & inhibiting evidence based nursing in Iran. *J Adv Nurs* 2007; 58:566-75
7. Jennings BM. Stressors of critical care nursing. Thaelan LA, Davie JK editors. *Critical care nursing*. St Louis MO: Mosby 1994:75-84
8. Rogers B. *Clinical practice in occupational & environmental health nursing*. 2nd edition. Saunders. USA. 2003.
9. Anderson WR, Copper CL. Sources of Stress in NHS: a comparison of seven occupational groups. *Work and Stress* 1996;10(1):88-95
10. Carole JB, Sandra S, Lisa W, Leen MR, Susan Z et.al. Curricular Change in medical schools: How to succeed. *Academic medicine* 2000;75(6):56-59
11. Harold T. Technology and future of Healthcare. *J Public Health Res*. 2003; 2(3):28-30
12. Finfgeld-Connett D. Meta synthesis of caring in nursing. *J Clin Nurs* 2008;17:196-204
13. Teng CI, Hsiao FJ, Chou TA. Nurse-perceived time pressure and patient-perceived care quality. *J Nurs Manag*. 2010;18(3):275-84.43.
14. Sharma P, Davey A, Davey S, Sukla A, Shrivastava K et.al. Occupational stress among staff nurses: Controlling the risk to health. *Indian J Occu Env Med* 2014;18(2):52-56
15. Najimi A, Gaudarzi AM, Sharifrid G. Causes of job stress in nurses: a cross sectional study. *Iran J Mid Nurs Res* 2012;17(4):301-305.

Paper cited as: Arunabha Dasgupta, Nabarun Karmakar. A comparative study of causes of job related stress of nurses working in different government and private hospitals in a metro city of India. *International Journal of Medical and Applied Sciences*. 2018;7(4): 01-10.