

Original Research Article

Job stress among nurses in tertiary care hospital: identifying risk factor of poor mental health

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Received: 10 September 2022

Revised: 04 October 2022

Accepted: 15 October 2022

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ABSTRACT

Background: Occupational stress may have a negative effect on an employee's health when workplace stresses outweigh the capacity of an employee to exercise some control over their job or cope in those other ways. Nurses experience stress and health difficulties as a result of the nature of their employment, their interaction with patients, and their exposure to mortality. Given that emotions may influence job results, emotional intelligence (EI) may help explain why individuals respond differently to work stress.

Methods: The approach adopted for this study is quantitative research approach. A descriptive research design was taken to identify the study sample which were 105 staff nurses selected by non-probability purposive sampling technique. Occupational stress assessment was measured using the Srivastava and Singh (1984) occupational stress index.

Results: It was seen that occupational stress level among staff nurses. 60% participants showed the moderate stress level score (116-161) followed 36.2% in high level (more than 161) and 3.8% depicted low stress (71-115). No one expressed that there is no stress. Type of hospital administration showed a significant association with occupational stress.

Conclusions: The study concluded that the present study emphasis that majority of the nurses working in hospital at Pune city are affected with occupational stress and don't bear good psychological wellbeing. Occupational Stress has become the most important factor influencing individual efficacy and satisfaction in modern day work environment. Nursing profession is increasingly characterized by high occupational stress.

Keywords: Occupational stress, Nurses, Mental health

INTRODUCTION

Occupation refers to a person's regular or personal profession or business, particularly as a means to survive or vocation. Occupational stress is defined as a condition of tension that happens when an individual perceives a discrepancy between the difficulties of their work environment and their capacity to cope. While some work stress may be stimulating and energising, the issue becomes problematic when the stress is excessive or long-term, and there are few coping strategies available.

When confronted with a novel or difficult scenario, or when faced with very stressful conditions, the human body initiates an adaptation or stress response. This is a neurochemistry process that, among other things, accelerates the heart rate, quickens the breathing, and sharpens the perceptions of the individual.¹ Occupational stress may have a negative effect on an employee's health when workplace stresses outweigh the Capacity of an employee to exercise some control over their job or cope in those other ways. For instance, employees are overburdened with ongoing obligations. Their claims: the

load is the source of stress. Employees experience anxiety and a rapid heart rate as a result of their inability to regulate their workloads: this is called stress. Strain manifests itself in elevated blood pressure, sleeplessness, and frequent headaches. Stress has a physical, psychological, and behavioural impact: anxiety, irritability, demoralisation, depression, drug and alcohol abuse, feelings of powerlessness, and isolation from co-workers are some of the psychological and behavioural repercussions.²

Nurses experience stress and health difficulties as a result of the nature of their employment, their interaction with patients, and their exposure to mortality. Given that emotions may influence job results, emotional intelligence (EI) may help explain why individuals respond differently to work stress.³ Nurses often express dissatisfaction with management's lack of empowerment when choices must be made. Rather than that, they believe their knowledge is jeopardised by ineffective leadership and job uncertainty in general. Nursing units are often understaffed, which results in many nurses reporting that they lack the time necessary to execute their tasks well and hence are unable to give adequate care. Budget restrictions may force nurses to do their duties with insufficient resources, while an increasing focus on billing and regulatory compliance may also cause stress.⁴ It is critical for new nurses to understand that stress cannot be avoided and may be seen as either a good or unpleasant experience requiring adaptation to numerous changes in one's existing routine. Nurses seem to need to control their emotions and reactions to stress in order to minimise the detrimental impact on their job and personal life. Researcher has felt that nurses are more adaptable and understand their patients' requirements. Additionally, they may manage with stress more emotionally and enhance their social skills, which will boost their occupational health in the long run. Therefore, the author planned the study with the aim to assess the occupation stress among nurses.

METHODS

Study type, location and duration

Current study was based on quantitative research approach of descriptive research design. Study was conducted in selected hospitals from Pune i.e., Jupiter hospital Baner and AIMS Hospital Aundh. The data was collected from 1 July 2021 to 31 August 2022.

Selection criteria

Total 105 staff nurses were selected by non-probability purposive sampling technique. Inclusion criteria includes Staff nurses who are working in selected hospitals more than 3 months and Staff nurses who are able to understand English, Marathi, Hindi. The exclusion criteria were staff nurses who were not willing to participate and staff nurses with any form of disabilities.

Procedure

Permission was taken from the respective hospital heads. Consent of staff nurses available in particular time will be taken. Data collection will be done by providing questionnaire to the nurses demographic data were initially gathered to provide a baseline of information, which includes age, religion, education, family type, marital status, and years of experience. Occupational stress assessment was measured using the Srivastava and Singh (1984) occupational stress index. The scales have been verified and standardised for the developing world. It includes 46 items. Informed consent of the participants was also taken prior to data collection.

RESULTS

The result was divided into following sections; section I: distribution of socio-demographic characters, section II: level of occupational stress and section III: association of stress with socio demographic variables. Maximum participant falls in the category of 21-30. Maximum participants were female and rest were males. Maximum participants were unmarried. Maximum participants were BSc Nursing. Maximum participants were Hindu and were from nuclear family and rest were from joint family. Maximum participants were from urban area and rest were from rural area. Maximum participants were from private hospitals. Maximum participants were having experience between 0-5 years. Maximum participants were working in ICU/OT/CCU. Maximum participants utilised personal transportation. The occupational stress level among staff nurses is depicted in (Table 2). 60% participants showed the moderate stress level score (116-161) followed 36.2% in high level (more than 161) and 3.8% depicted low stress (71-115) in preintervention scores. No one expressed that there is no stress.

Association of stress with socio demographic variables

The results showed that the demographic variables age, gender, marital status, education, religion, type of family, place of residence, working experience, area of work and mode of transportation have no association with level of occupational stress. Type of hospital administration showed a significant association with occupational stress.

DISCUSSION

The study results revealed that maximum participant's i.e., staff nurses have moderate to high level of stress. The mean score of was 152.84 with SD 24.701. This result may be because the nurse is the first person that the client usually comes in contact within any hospital setting. They were usually faced the most severe emotional situations as well as continuously meet the demands of patients and their relatives. Therefore, they are confronted with the heavy workload which is one of the most important factors influencing their stress level. The results are similar with Saffa et al who conducted a

study to determine the relationship between occupational stress and level of staff nurses performance at Belkas central hospital affiliated to ministry of health.

Table 1: Distribution of socio-demographic characters.

Demographic variable	N
Age (years)	
21-30	61
31-40	36
41 & above	8
Sex	
Male	38
Female	67
Marital status	
Married	49
Unmarried	54
Widow	2
Educational status	
GNM	39
B Sc. (N)	54
M Sc./PhD (N)	12
Religion	
Hindu	62
Muslim	2
Christian	38
Others	3
Type of family	
Joint	35
Nuclear	70
Place of residence	
Urban	93
Rural	12
Type of hospital administration	
Government	48
Private	55
Corporation	2
Years of experience	
0-5	46
6-10	25
11-15	23
16 and above	11
Area of work	
Ward	33
ICU/OT/CCU	45
OPD	21
Other	6
Mode of transportation	
Personal transport	72
Public transport	22
Hospital transport	4
No	7

The study revealed that, staff nurses suffering from high level of occupational stress.⁵ The results are also in consistent with Najimi et al who conducted a study to determine the causes of job stress in nurses of Kashan, Iran where they revealed that nurses have medium stress level.

Table 2: Level of occupational stress.

Occupational stress score	N (%)
<70 (No stress)	0
71-115 (Low)	4 (3.8)
116-161 (Moderate)	63 (60)
>161 (High)	38 (36.2)
Total	105 (100)

Job factors were more involved in job stress than demographic and other factors.⁶ The results are also supported by Ismail et al examines the relationship between workplace stress and job performance. A survey method was employed to gather self-administered questionnaires from executive and non-executive employees of a leading private investment bank in Peninsular Malaysia. The outcomes of Smart PLS path model analysis of the data showed that nurses have moderate to high level of physiological and psychological stress which act as important predictors of job performance.⁷ The results are in consensus with Adenike et al who conducted a study on assessment of occupational related stress among nurses in two selected hospitals in a city south western Nigeria. A descriptive design was adopted. The results concluded that Nurses are vulnerable to occupational stress because of intense daily activity. The most stressful aspect are, not enough staff to adequately cover the load of the ward; lack of drugs and equipment required for nursing care; death of patient with whom you develop a close relationship; the death of a patient.⁸

Limitations

Limitations of current study were; the study was limited to only occupational stress assessment, only staff nurses occupational stress were assessed and the nurses during the time of data collection were only selected in study.

CONCLUSION

Occupational Stress has become the most important factor influencing individual efficacy and satisfaction in modern day work environment. Nursing profession is increasingly characterized by high occupational stress. The present study emphasis that majority of the nurses working in hospital at Pune city are affected with occupational stress and don't bear good psychological wellbeing. Nursing profession is increasingly characterized by high occupational stress. The present study emphasis that majority of the nurses working in hospital at Pune city are affected with occupational stress and don't bear a good psychological wellbeing.

Recommendations

The study findings recommend to regulatory bodies of nursing to incorporate the emotional intelligence training in curriculum so that the revised curriculum can enhance

the affective domain of students to avoid occupational stress.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Jiju L, Singh M. Job stress among nurses in tertiary care hospital: identifying risk factor of poor mental health. *Int J Res Med Sci* 2022;10:2573-6.