Occupational Stress Amongst Nurses from Two Tertiary Care Hospitals in Delhi

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RESEARCH

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Abstract

Background
Nursing is known to be a stressful profession. Nursing staff working at the bottom of the hierarchy and in public hospitals are the ones who are more stressed out. There is a paucity of data on prevalence of stress amongst nurses in the Indian setting. The individual contribution of various stressors, operational in nurse's personal and professional life, to the overall stress levels also needs to be studied.

Method
A hospital based cross sectional study was carried out on 87 randomly selected staff nurses working in two tertiary care teaching hospitals of Central Delhi. Data was collected using pre-tested and self-administered questionnaire. Socio-demographic profile, stressors in daily life, stressors at workstation and total stress level was also assessed. The data was fed and analysed using WHO's EPI-INFO 2005 software.

Results
87.4% of nurses from the sample reported occupational stress. The prevalence of occupational stress amongst nurses was 87.4%. 'Time Pressure' was found to be the most stressful whereas 'Discrimination' was the least stressful of the given possible sources of stress in everyday life. Other highly stressful sources were: handling various issues of life simultaneously with occupation such as caring for own children/parents, own work situation and personal

responsibilities. 'High level of skill requirement of the job' was the most important stressor and 'helpfulness of supervisors/senior sisters' was the least significant stressor directly related to nursing profession. Other significant work related stressors were: the fact that their jobs required them to learn new things and that they had to attend to, too many patients at the same time.

Conclusion
High prevalence of stress was found amongst nurses, and suggests the need for stress reduction programmes targeting specific important stressors.

Key Words
Nurses, Stress, Occupational Stress, Tertiary Care Hospitals, India

Background

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury to the affected person. [1] Stress can reduce the enjoyment in life, cause hypertension, cardiac problems, reduce immunity, contribute to substance abuse, lead to frustration, irritability and reduce the overall status of mental and physical wellbeing. Stressful work may propagate substance abuse amongst workers, which they might use to reduce or cope with stress. [2]

Nursing is a rewarding and satisfying profession. But, at the same time it can also be extremely stressful. Nurses in India, are overburdened as the nurse to patient ratio is low (1:2250). They are responsible—along with other health care professionals—for the treatment, safety, and recovery of acutely or chronically ill, injured, health maintenance, treatment of life-threatening emergencies and medical and nursing research. Nurses don't only assume the role of caregivers but are also administrators and supervisors of patients [3]. These multiple work roles contribute to significant amount of occupation related stress amongst nursing staff [4], particularly those working at the bottom of the hierarchy [5] such as staff nurses and nursing sisters,

who end up sharing most of the work burden. Nurses working in large city hospitals show more distress (strain) and lower levels of morale, job satisfaction and quality of work life than others. [6] It has also been seen that those working in public hospitals are more stressed than their counterparts working in private hospitals. [7] Shift Duties, time pressures, lack of respect from patients, doctors as well as hospital administrators, inadequate staffing levels, interpersonal relationships, death and a low pay scale significantly add to their stress levels. [4, 8]

Research has shown that nursing is a high-risk occupation in respect of stress-related diseases. [9] It is very essential to determine the magnitude of the problem especially in those working in tertiary care government hospitals and study the factors responsible for it. This will help in streamlining the stress management programmes towards a specific direction, thereby ensuring that these health care providers remain healthy and stress free. This will lead to better delivery and enhanced quality of health services for the entire population. Thus, this study aimed to find out the prevalence of stress among nurses, factors responsible for it and how nurses dealt with stress.

Method

Setting and sampling: This was a hospital based cross-sectional study carried out in two of the tertiary care teaching hospitals of Central Delhi catering to a large population of Delhi and nearby states. Out of the total 1414 staff nurses and nursing sisters (junior nursing staff), 87 randomly selected female nursing personnel, who were working in either hospital for at least 1 year, were included in the study. This sample was calculated on the basis of expected prevalence of stress among nurses, which was 60% [10], worst acceptable prevalence was taken as 50% with a 95% confidence interval. Nurses were also stratified according to their discipline in order to achieve adequate randomisation. From each workstation, participants were selected using a random numbers' table. Informed consents were obtained before getting their personalised responses.

Study tool: The Occupational Stress Questionnaire was developed using a validated tool. [11] Questionnaire was modified according to the Indian settings and population and then it was pre-tested.

Stress in daily life: The degree and quantification of stress in the nurses' daily life was assessed by a scoring system based on the 5 point 'Likert Scale' such as:
1. Not at all (classified as No Stress); 2. Not very (Mild Stress); 3. A bit (Moderate Stress); 4. Quite a bit (Severe Stress); 5. Extremely (Extreme Stress).

Stress in daily life due to individual conditions: Nurses were asked to grade individual conditions, which may contribute to stress in their daily life. The questionnaire contained 12 possible conditions that may act as sources of stress in their day-to-day life and nurses were asked to grade them on a scale of 1 to 7. '1' was assigned to a

particular condition considered not to be a source of stress and '7' was given to a particular condition considered to be a source of stress of the highest degree. The scores given by each nurse to all the given stressors in their daily life were then summed up to obtain a stress score for each participant. The minimum score that could be obtained by each nurse would be 12 (12 X 1) and maximum would be 84 (12 X 7). On the basis of this score, the stress in everyday life of nurse was classified as: no stress: 12, mild stress: 13 to 25, moderate stress: 26 to 40, severe stress: 41 to 84.

Individual score for each stressor was also calculated by summing the score given by each nurse to a single stressor. Therefore for each stressful condition, the minimum score obtained was (1 X 87) '87' and the maximum score was (7X87) '609'. This was done to determine what sources were most significant contributors to stress in nurses' daily lives.

Occupational Stress: The questionnaire also included items to assess 11 probable sources of stress directly related to the nurses' jobs. Nurses were asked to express their opinions on a particular source actually contributing to stress in their jobs by choosing one of the five options such as (The score corresponding to each option is included in the bracket): Strongly Agree (1), Agree (2), Neither Agree/Disagree (3), Disagree (4) or Strongly Disagree (5).

On this scale, the scores were inversely related to level of stress, i.e., higher score meant less stress. Minimum points that could be obtained by each nurse were (1 X 11) '11' and maximum points that could be obtained were (5 X 11) '55'. Job Stress was then classified on the basis of total points for each nurse as: no stress: 55 points; mild stress: 41 to 54 points; moderate stress: 29 to 40 points; severe stress: 11 to 28 points.

Individual sources of Occupational Stress: The Stress level due to each of the given 11 possible stressors related to their job was obtained by adding the points given to each possible source of stress by each nurse. A stress score was then calculated for each source in order to determine which of these sources were the most stressful for the entire population under study. Higher the score, less stressful was the given condition. (Minimum possible score that could be obtained for each possible source of stress would be: 1 X 87 = 87 and Maximum possible score that could be obtained for each possible source of stress would be: 5 X 87 = 435).

Stress management: The ways by which nurses cope with stress were determined by asking them how often they used each of the 10 methods enlisted in the questionnaire The responses given, were: Often, Sometimes, Rarely or Never

Statistical Analysis: The Data collected was coded, fed into the computer and analysed using EPI-INFO 2005 software of World Health Organisation (WHO) by application of appropriate statistical methods.

Ethical Aspects: The study subjects were explained the purpose of the study and assured privacy and confidentiality of the information provided by them and their informed consent was taken before taking detailed information. Ethical Clearance was obtained from the Institutional Ethics Committee of Maulana Azad Medical College, New Delhi.

Results

Out of the total 87 nurses who participated in the study, 47 nurses were working in a super specialty hospital and 40 in a specialty hospital. The mean age of nurses participating in the study was 32.5 yrs (range – 22 to 41 yrs.) The mean age of nurses claiming that their jobs are extremely stressful was 33.71 yrs, whereas it was 28.73 yrs for those with stress free jobs. (p=0.14). The nurses had been working for an average duration of 7.8yrs at the time of study. Also, nurses claiming their jobs to be stress free had been working for a mean duration of only 5.64 years as compared to 10.14 years (p=0.23) for nurses finding their jobs extremely stressful. 70 (80.4%) nurses were married and 17 (19.6%) were unmarried at the time of study.

Prevalence of stress: An overwhelming majority of nurses (87.4%) found their jobs stressful with 32.2% (28/87) reporting severe or extreme stress. Similarly, in relation to stress in their daily life, 87.4% reported some stress while 28.7% (25/87) reported severe/extreme stress. However, there was not much difference in stress levels depending upon the type of hospital (p=0.54). There was no significant difference in the distribution of job stress amongst married nurses (88.6%) and unmarried nurses (82.4%) (p=0.63).

Effects of stress and coping with stress: Only 35.7% of the nurses reporting severe or extreme job stress, opined that if given a chance they would again choose nursing as their profession whereas of all nurses reporting extreme job stress, 57.1% (4/7) believed that they would not chose nursing as their profession if they had to do it all over again. On the other hand, only 1 out of 11 nurses reporting 'no job stress' wanted to change her profession (p=0.04).

All nurses reporting no job stress claimed to have gone for vacation at least once during the last 12 months, whereas of the seven nurses reporting extreme job stress, none had gone for a vacation more than once in the past 12 months. (p<0.01)

Only 1 nurse (1.1%) reported feeling suicidal since she had started her job whereas 79 (90.8%) had never felt suicidal and 7 nurses (8%) were not sure if they had ever felt suicidal.

When asked about their ability to handle unexpected and difficult problems in daily life e.g. a family/personal crisis, none of the nurses reporting severe and extreme job stress claimed that their ability was excellent. 35.7% considered their ability was fair whereas the rest rated their ability as Good (64.3%).

Stressors in everyday life such as worry about children & their studies not being properly supervised, home life getting disturbed due to nature of the job, dependent relatives and inability to attend to the household activities properly further add on to their occupational stress[12]. Because they perceived that worry about all these issues compromised their efficiency at their workplace: Out of the given possible sources of stress in nurses' everyday life, 'Time Pressures' was considered the most stressful whereas 'Discrimination' was the least stressful. (Table-1) 'High level of skill requirement of the job and learning new things' were found out to be the most important sources, whereas ' supervisors/senior sisters were not helpful' was the least significant source of stress directly related to nursing profession (Table-2).

Coping with stress: Out of the given possible coping strategies, most nurses resorted to positive strategies. While 34.5% reported that talking to people is the most effective strategy adopted by them in coping with stress, 57.5% resorted to not to avoid people in stress. Also most nurses did not follow negative strategies like smoking or drinking and neither did they alter their eating or sleeping habits to handle their stress (Table-3).

Total stress score: On classifying the total stress in daily life according to the score obtained after adding the ratings given to each stressor by the participants, number of nurses reporting "No Stress" (score =12): 1 (1.1%), "Mild stress" (score >12 and <=25): 46 (52.9 %), "Moderate stress" (score >25 and <= 40): 30 (34.5%) and "Severe stress" (scores >40):10 (11.5%).

On classifying the total occupational stress according to the score obtained after adding the points given to each stressor by the participants, number of nurses reporting "No Job Stress" (points = 55): NIL, "Mild Job Stress" (points 41 to 54): 1 (1.1%), "Moderate Job Stress" (points 29 to 40): 50 (57.5%), "Severe Job Stress" (points 11 to 28): 36 (41.4%).

Discussion

A very large percentage (87.4%) of Indian nurses reported stress in the present study. However, the 'high levels' work stress was found in 32.2% nurses, which is similar to a survey conducted in 2005 on 314,900 Canadian nurses, where 31% of nurses reported 'high work stress'. Other studies have also found a similar stress levels. [9, 10]
No statistically significant difference was found between stress levels in specialty and super specialty hospital, thereby suggesting that stress levels are not influenced by the type of hospital and stress management programmes should focus on nursing occupation holistically irrespective of type of setting.

Although it did not reach statistical significance, married nurses showed a trend towards being more stressed than those who were unmarried. This could suggest that the additional responsibility of married life may adversely increase the stress levels. However, Callaghan et al [5] reported that single nurses had marginally higher stress scores than married nurses. This was again not statistically significant. Hence, to ascertain the association between marital status and stress further studies are required.

This study reveals a statistically significant relationship between stress levels and vacationing. By incorporating compulsory vacations in stress management programmes, nurses could be de-stressed. Previous studies have also stated the positive effect of vacationing on overall wellbeing, especially mental health. [13, 14]

Increasing age and longer duration of the job did not have a statistically significant relationship with job stress. However other studies have demonstrated that increasing age and longer duration of job lead to increased stress. [15, 16] Therefore, it would be desirable to address the issue of stress management early in the career of nurses to prevent adverse consequences later.

The study also highlights the perceived inability of 30% of the nurses to efficiently handle other stressful events in their lives when they themselves are in stress. This is in accordance with the findings of Keinan et al, who concluded that stress has a negative effect on decision making. [17] This reveals the adverse effect of stress on nurses' everyday life and a need for an efficient stress management system in order to improve the overall quality of life of the nurses.

The important stressors have also been established by past studies. [4, 8, 18, 19, 20]. The contribution of various stressors determined by the study has established a hierarchy of priority with which each of these must be addressed individually while designing stress management programmes in the Indian setting. An effective stress management programme is especially feasible in a tertiary care setting where a series of training programmes related to the nursing profession are conducted regularly. Workplace stress management programme is a cost-effective psycho-educational intervention. [21] Some other alternative organisational interventions could be undertaken to increase the recruitment of nurses so that our nurses are not over burdened. Paperwork can be bestowed upon administrative staff. Equitable distribution of shift schedule as well as regular biweekly or monthly meetings by senior nurses and supervisors to discuss various issues causing stress to nurses are some of the measures that can be undertaken to de-stress the nurses. Problem focussed and emotion focused coping mechanisms are suggested for addressing the individual's perception of stress [22].

The study has shown that nearly two-fifth of nurses employ positive methods of handling stress like being optimistic, trying to look on the bright side of things(44.8%) or talking to friends (seeking social support)(34.5%), which has been shown to be a common coping strategy amongst nurses elsewhere as well [5,19,30]. Such methods should be encouraged in stress management programmes. Also a large majority did not resort to negative methods like smoking, drinking or taking drugs. This could be due to presence of social norms in Indian society and must be encouraged further.

Strengths and limitations of the study: one of the limitations of the study was that since stress had no objective definition or criteria; hence different subjects may have interpreted it differently. Only a limited domain of stress was determined as the goal of study was broad based and descriptive. Although stratification was done to achieve equal representation from all workstations, the sample size of 87 may not reflect the true situation. Moreover, results were based on observation over the study period, which may vary over different periods of time.

The authors firmly believe that the above limitations have not defeated the purpose of the study. This study has provided an insight into the problem of occupational stress amongst nurses and deciphered the factors responsible for the same. It has also attempted to establish a hierarchy of priority, with which the stressors operational in the nurses' life as well as occupation should be tackled in stress management programmes. This should give a proper direction and aid in designing of an efficient stress management programmes for them.

Conclusion

This study has provided an insight into the problem of occupational stress amongst nurses and deciphered the factors responsible for the same. It has also attempted to establish a hierarchy of priority, with which the stressors operational in the nurses' life as well as occupation should be tackled in stress management programmes. This should give a proper direction and aid in designing of an efficient stress management programmes for them. These findings may go a long way in improving the mental health and stress levels of nurses and thereby enabling them to provide better patient care.

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Figures and Tables

Table 1: Scores for various sources of stress in nurses' everyday life

Possible Source Of Stress in Daily Life	Degree Of Stress: 1= No Stress and 7= Extreme Stress							Total Stress Score for this source	Percent score of the highest stress
	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6 n (%)	7 n (%)		
1. Time Pressures/Not Enough Time	24 (27.6)	18 (20.7)	15 (17.2)	16 (18.4)	3 (3.4)	4 (4.6)	7 (8.0)	257	42,2
2. Own Physical Problems/Conditions	34 (39.1)	19 (21.8)	12 (13.8)	14 (16.1)	4 (4.6)	1 (1.1)	3 (3.4)	211	34.6
3. Own Emotional/mental health problem/condition	41 (47.1)	23 (26.4)	17 (19.5)	0 -	3 (3.4)	1 (1.1)	2 (2.3)	173	28.4
4. Financial Situation	48 (55.2)	12 (13.8)	11 (12.6)	5 (5.7)	6 (6.9)	1 (1.1)	4 (4.6)	189	31.0
5. Own Work Situation	28 (32.2)	24 (27.6)	15 (17.2)	9 (10.3)	5 (5.7)	5 (5.7)	1 (1.1)	219	36
6. Employment Status	43 (49.4)	14 (16.1)	14 (16.1)	6 (6.9)	3 (3.4)	3 (3.4)	4 (4.6)	198	32.5
7. Caring for own children/parents	34 (39.1)	15 (17.2)	11 (12.6)	14 (16.1)	7 (8.0)	4 (4.6)	2 (2.3)	226	37.11
8. Caring for Others	36 (41.4)	18 (20.7)	17 (19.5)	6 (6.9)	2 (2.3)	5 (5.7)	3 (3.4)	208	34.2
9. Other personal/family responsibilities	33 (37.9)	22 (25.3)	8 (9.2)	13 (14.9)	5 (5.7)	3 (3.4)	3 (3.4)	217	35.6
10. Personal Relationships	53 (60.9)	13 (14.9)	9 (10.3)	6 (6.9)	2 (2.3)	2 (2.3)	2 (2.3)	166	27.2
11. Discrimination	49 (56.3)	22 (25.3)	6 (6.9)	5 (5.7)	2 (2.3)	3 (3.4)	0 -	159	26.1
12. Personal/family safety	53 (60.9)	15 (17.2)	4 (4.6)	11 (12.6)	2 (2.3)	2 (2.3)	0 -	161	26.4

Table 2: Scores for various stressors directly related to nurses' jobs

Possible Stressor related directly to job	Response					Stress Score for this stressor	Percent score of the lowest stress
	Strongly Agree n (%)	Agree n (%)	Neither Agree/ Disagree n (%)	Disagree n (%)	Strongly Disagree n (%)		
1. Your Job required that you learn new things	33 (37.9)	42 (48.3)	5 (5.7)	7 (8.0)	0 -	160	36.8
2. Your job required a high level of skill	34 (39.1)	40 (46.0)	9 (10.3)	4 (4.6)	0 -	157	36.1
3. Your job did not allow you freedom to decide how you did your work	5 (5.7)	22 (25.3)	18 (20.7)	27 (31.0)	15 (17.2)	286	65.7
4. There was too much pressure/scolding from doctors	7 (8.0)	19 (21.8)	17 (19.5)	41 (47.1)	3 (3.4)	275	63.2
5. Your Job was very hectic	15 (17.2)	37 (42.5)	18 (20.7)	16 (18.4)	1 (1.1)	212	48.7
6. You had to attend to too many patients at the same time	25 (28.7)	39 (44.8)	11 (12.6)	11 (12.6)	1 (1.1)	185	42.5
7. You were exposed to hostility or conflict from the people you worked with	11 (12.6)	24 (27.6)	16 (18.4)	28 (32.2)	8 (9.2)	259	59.5
8. Your Supervisors/Senior Sisters were not helpful	1 (1.1)	13 (14.9)	6 (6.9)	50 (57.5)	17 (19.5)	330	75.9
9. There was pressure to learn new procedures/do multiple procedures	11 (12.6)	24 (27.6)	18 (20.7)	34 (39.1)	0 -	249	57.2
10. There was insufficient sleep and frequent call	15 (17.2)	33 (37.9)	11 (12.6)	27 (31.0)	1 (1.1)	227	52.8
11. There was stress of high rates of deaths among patients	9 (10.3)	24 (27.6)	17 (19.5)	30 (34.5)	7 (8.0)	263	60.4

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Table 3: Frequency of various methods used by nurses to handle stress

Way Of Dealing With Stress	Response			
	Often n (%)	Sometimes n (%)	Rarely n (%)	Never n (%)
1. Talk to Others	30 (34.5)	48 (55.2)	5 (5.7)	4 (4.6)
2. Avoid being with people	13 (14.9)	24 (27.6)	32 (36.8)	18 (20.7)
3. Sleep more than usual	11 (12.6)	23 (26.4)	25 (28.7)	28 (32.2)
4. Try to feel better by eating more/less than usual	19 (21.8)	21 (24.1)	19 (21.8)	28 (32.2)
5. Try to feel better by drinking alcohol	0 -	0 -	1 (1.1)	86 (98.9)
6. Try to feel better by smoking more than usual (if you smoke)	None of the nurses admitted to be smokers.			
7. Try to feel better by using drugs /medications	2 (2.3)	4 (4.6)	12 (13.8)	69 (79.3)
8. Try to look on the bright side of things	39 (44.8)	31 (35.6)	7 (8.0)	10 (11.5)
9. Blame yourself	11 (12.6)	30 (34.5)	18 (20.7)	28 (32.2)
10. Wish that the situation would go aw or somehow be finished	37 (42.5)	34 (39.1)	9 (10.3)	7 (8.0)