

OCCUPATIONAL STRESS AND JOB SATISFACTION AMONG NURSES AT A TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: This study was conducted to find the different sources of occupational stress and the level of job satisfaction among nurses working at a tertiary care hospital.

Design: Cross sectional study.

Place and Duration of Study: The study was conducted at Rawalpindi General Hospital from March 2005 to June 2005

Subjects and Methods: The sample comprised of 50 female staff nurses working in different departments in Rawalpindi General Hospital. The sampling technique was stratified random sampling to include nurses working in various departments of hospital. Occupational stress and job satisfaction was assessed by Pressure Management Indicator in terms of Job Satisfaction, Organization, Mental well-being, Physical well-being, a 120 item self-report measure, encompassing many areas of stress evident in the workplace.

Results: Majority of the sample (74%) was working on full time whereas 26% were working on contract basis. The mean working hours in a week were $51.16 \text{ hrs} \pm 8.98 \text{ hrs}$. On the scale of mental well being, which is comprised of various subscales, the mean score for resilience was 18.78 ± 4.32 and for confidence level it was 10.40 ± 4.19 . These scores were more than the standard score which were 17.66 and 10.37 respectively. Majority of participants (70%) felt secure in their organization. Similarly 74% of participants scored more than the standard on sub scale of job satisfaction (Mean = 24.5 ± 3.68). On the scale for sources of pressure, the mean score on workload was 19.28 ± 5.77 , on personal responsibility the mean score was 14.04 ± 2.99 and on the home/work balance the score was 19.92 ± 4.36 . The mean scores of participants on all these items were more than the standard scores.

Conclusion: It appears that the nurses at a tertiary care hospital have a high index of occupational stress and majority of it generates from the administrative disorganization of the firm and less from the personal or the monetary factors.

Key words: Occupational Stress Job Satisfaction Nurses.

INTRODUCTION

Occupational stress is any discomfort which is felt and perceived at a personal level and triggered by instances, events or situations that are too intense and fre-

quent in nature so as to exceed a person's coping capabilities and resources to handle them adequately.¹

Each individual is exposed to a range of stressors both at work and in their personal lives. Pressure at work can be positive leading to increased productivity. However, when this pressure becomes excessive it has a negative impact. The individual perceive themselves as being unable to cope and not to possess the necessary skills to combat their stress. Stress is acknowledged to be one of the main causes of absence from work.²

Job satisfaction is the contentedness of individuals with their job. Multiple factors can influence a person's level of job satisfaction; these factors range from the level of pay and benefits, perceived fairness of the promotion system within the organization, the quality of the working conditions to leadership and social relationships.

The occupational stressors can be categorized into four major groups. Firstly, the working conditions, including shift and week-end work, inadequate remuneration, hours of work, discrimination and safety at the work environment. Secondly, relationships at work includ-

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ing quality of relationships with peers, subordinates and supervisors. Thirdly, role conflict and ambiguity including ill-defined role, functions, expectations, and duties. Fourthly, organization structure and climate which includes communication policy and practice, major changes in the workplace, culture of the organization, and lack of participation in decision-making. Another cause is career development including under utilization of skills or failing to reach full potential. Another contributing factor is the nature of the job which might amount to an immense amount of physical and emotional exhaustion.

The surveys of work-related illness in UK estimated that 563,000 individuals suffered from work-related stress, depression or anxiety. Surveillance schemes indicated an estimated 6946 new cases of work-related mental ill health reported by psychiatrists and occupational physicians in Britain in 2002. Over 85% of these cases were categorized as work-related anxiety and depression or other work-related stress that probably together represent cases of work-stress related psychological ill health.³

Nursing is a stressful profession. Caring for clients, individuals, families, groups, populations or entire communities, with multiple, complex and distressing problems can be overwhelming for even the most experienced practitioner. Nurses regularly face emotionally charged situations and encounter intense interpersonal and interprofessional situations and conflict in the workplace while trying to make appropriate and safe decisions.⁴

A study conducted in Rawalpindi found that almost all nurses reported their work related stress as either severe or moderate. However, over two-third of them reported as being in control of work life⁵. Another study investigated the difference between female doctors and nurses regarding the home-work stress and burnout. Data were collected from 143 women (69 doctors and 74 nurses) working in public hospitals of Lahore. Results indicated that the nurses were significantly different from female doctors in the levels of depersonalization of others and reduced personal accomplishment dimensions of burnout. Results also suggested that the relationship between home-work stress and burnout was moderated by organizational sources of support predominantly in nurses.

It is therefore, pertinent to identify the various sources of occupational stress and job satisfaction among the nurses at a tertiary care hospital through an evidenced based mechanism to highlight the difficulties in order to ensure a better health care delivery service. The main purpose of the present study is to find out these sources of stress among nurses in a Tertiary Care Hospital.

SUBJECTS AND METHODS

This cross sectional study was conducted at Rawalpindi General Hospital. Over a four month period

the female staff nurses, serving in the morning and evening shifts of various departments of a tertiary care facility were recruited for the study. The sample comprised of 50 female staff nurses working in different departments in Rawalpindi General Hospital. The sampling technique was stratified random sampling to include nurses working in various departments of Hospital. Two nurses were selected randomly from all the major departments of the hospital, one nurse from day shift and one from the evening shift. The nurses having any chronic physical or psychiatric problem were excluded.

Occupational stress and job satisfaction was assessed by Pressure Management Indicator. Pressure Management Indicator was developed by Williams and Cooper (1998) from the Occupational Stress Indicator developed by Cooper, Sloan & Williams in 1988 in order to address shortcomings in some scales of the Occupational Stress Indicator. The Pressure Management Indicator is a 120 item self-report measure, encompassing many areas of stress evident in the workplace. Pressure Management Indicator contains a demographic sheet and 8 subscales, which examines the following areas.

1. Satisfaction	12 Items
2. Organization	26 Items
3. Mental Well-being	12 Items
4. Physical Well-being	9 Items
5. Sources of Pressure	40 Items
6. Type A Behavior	15 Items
7. Influence and Control	15 Items
8. Coping and Interpersonal Support	17 Items

For the present study Pressure Management Indicator was translated and back translated in Urdu with the help of mental health professionals and bilingual persons. After completing the translation process a pilot trial was carried out on the sample of 10 staff nurses of another tertiary care facility of Rawalpindi, to find out the reliability of the instrument. The pre-testing of the instrument indicated the satisfactory reliability of all the 24 subscales of the instrument.

All participants participated in the study voluntarily, they read and signed an informed consent form prior to participating in the study. Researcher gave a brief orientation to each selected participant about the instrument. Pressure Management Indicator was administered to each participant, which took approximately 25 to 30 minutes. The scores of the participants on the test were recorded. All the data was entered and analyzed in Statistical Package for Social Sciences (SPSS 10). Descriptive statistics like means, standard deviations, proportions and frequencies were calculated.

RESULTS

All of the fifty participants completed the scales. The majority of the sample 37 (74%) was working on full

time whereas 13 (26%) were working on contract basis. The mean working hours in a week of our sample were 51.16 hours (S.D± 8.98 hours). The duration of the current job was 1-10 years for 52 % (n=26) of the staff nurses whereas 28 % (14) worked for last 11-20 years and 20% (10) had been working for last 21-30 years. All the participants (n=50,100%) stated that they were non smokers and all considered themselves to be in good physical health. When inquired about any sad event or negative pressures in last three months, 9 (18%) had experienced it whereas 41 (82%) did not.

35 (70%) nurses scored above the normative score of 17.44, (mean=17.44 SD=3.84) on the subscale of organization security indicating that the majority of participants felt secure in their organization. As regards the organizational commitment which shows how committed a person is to his or her organization and the extent to which he or she feels that work improves the quality of life, 39 (78%) scored above the normative score of 19.48 (mean=21.7, SD=3.49) . Similarly 38 (74%) participants secured more than the normative score of 23.54 on the subscale for job satisfaction (mean=24.5, SD=3.68) thereby showing satisfaction about the types of work they were involved in, in terms of tasks and functions. Regarding the organizational satisfaction subscale that depicts that how satisfied one feels about the way an organization is structured and the way it works, 60% of the participants scored less than the normative score of 20.23 (mean=19.3 SD=5.02).

The table 1, shows the mental and physical health of the participants. Physical symptoms mean how calm a person feels in terms of physical tension or other uncomfortable sensations. The standard score on this subscale is 14.95 and mean score of the sample is almost half of it. The scores on the energy level of the participants that refers to the amount of energy and vitality someone has before he or she feels tired and worn out were also less than the normative levels. Similarly scores

Table 1
Normative mean score, respondents mean score, and standard deviation of the subscales State of mind, Resilience, Confidence level, Physical Symptoms and Energy Level (N=50).

Mental Well-being	Normative score	Mean	Standard deviation
State of mind	20.67	17.84	±7.49
Resilience	17.66	18.74	±4.32
Confidence level	10.37	10.40	±4.19
Physical well-being	14.95	7.54	±3.64
Energy level	14.95	11.28	±5.50

on resilience confidence level and mental well being were less than the normative score for those subscales.

The scores of the subscales of influence and control were also calculated. Control refers to how much one feels able to influence and control events and personal influence refers to the extent to which someone is able to exercise discretion in his or her job. 31 participants who comprised 62% of the total sample showed good controlling abilities by securing higher than the normal level. Equal number of participants scored above and below the cut off point for normative scores.

The table 2 shows the scores of the 8 subscales of Sources of pressure. Mean scores of all the sources of the Pressure in the staff nurses were higher than the normative scores.

Table 2
Normative mean score, respondent's mean score, and standard deviation of the subscales of the Section Sources of Pressure in Nurses. (N=50).

Sources of pressure	Normative score	Mean	Standard deviation
Workload	17.79	19.28	±5.77
Relationships	25.46	27.74	±7.84
Recognition	12.49	13.76	±4.43
Organization climate	13.02	15.28	±3.58
Personal responsibility	12.26	14.04	±2.99
Managerial role	9.54	11.10	±3.65
Home / work balance	13.92	19.92	±4.36
Daily hassles	11.41	12.94	±4.17

The scores for the subscales of the section coping and interpersonal support were also calculated where problem focus refers to the extent to which one plans ahead and manages his or her time to deal with problems. 38 (76%) of the participants scored above the normative score. Normative Score is 24.52 and the mean score of staff nurses on this subscale is 25.32. Life/work balance means the extent to which a person is able to separate home from work and not let things get to him or her. The normative score on this subscale is 16.90 and only 9 (18%) of the staff nurses scores were above the normative score. Social support refers to the help one gets by discussing problems or situations with other people. The normative score on social support is 10.75

Table 3
Normative mean score, respondents mean score, and standard deviation of the subscales of Problem focus, Life / Work balance, and Social Support. (N=50).

Coping and interpersonal support	Normative score	Mean	Standard deviation
Problem focus	24.52	25.32	+3.52
Life/work balance	16.90	15.46	+2.62
Social support	10.75	11.74	+2.61

and only 17 (34%) participants scored less than the normative scores.

DISCUSSION

The present study was conducted to identify various sources of occupational stress among nurses in a tertiary care hospital. Pressure Management Indicator was used as an instrument to highlight the different sources of occupational stress among staff nurses in a standardized manner.

The high scores regarding the satisfaction with the organization, indicates that the staff nurses feel satisfied about the types of work they are involved in, in terms of tasks and functions. Majority felt satisfied with their actual job, the type of work they are doing or the work they are required to perform. However they were unsatisfied with the style of supervision that their supervisors use and the way conflicts are resolved in the hospital. Apparently discrimination in our hospital environments between the administrators, clinical and the paramedical staff underlies the poor quality health service outcome. It is well documented that undesirable work schedules, lack of autonomy, and lack of input into decision-making can affect satisfaction with supervisors.⁶

When questioned about the Organizational aspects, majority felt secure about the stability of their organization and level of job security. They believed that their job improved their quality of life despite many sources of pressure. Lack of communication and cooperation between professionals was major sources of distress and dissatisfaction among nurses.

It is a common practice to assess the physical health of the health care providers but the assessment of their mental health has generally been ignored. Fewer years of experience, negative family and friend support, and negative total work satisfaction were found to be significant predictors of psychological ill health among nurses⁷. The assessment of the mental health of the

nurses showed that majority were anxious and felt upset.

The physical health parameters showed lower than normal scores indicating that the participants may have some feeling of physical discomfort. They felt that they had less energy and were more tired. This again raises the question that despite medical examination which is done yearly as per official protocol and indicating no abnormality, could exhaustion be a somatic presentation of the underlying deteriorating mental health culminating into anxiety and depressive symptoms?

Higher scores on the impatience and feeling angry when they could not get things done on time or when they were kept them waiting may indicate that the respondents had some type A personality traits. Studies indicate that Type A scores are correlated positively with scores on burnout and negatively with ratings of job satisfaction^{8,9}.

Exploring the internal strengths and the coping skills indicates that the staff nurses do more use of problem focusing. Majority try to deal with the situation objectively in an unemotional way. The majority use effective time management to plan ahead. Coping and job satisfaction appear to be reciprocally related^{4,10}. On a personal level there was more use of social support and majority talked to an understanding friend. The nurses' common coping mechanisms included problem solving, social support and avoidance. Perceived control appears to be an important mediator of occupational stress. Coping and job satisfaction appear to be reciprocally related.

It can be concluded that the nurses working at a tertiary care hospital encounter various occupational stresses, which can affect their job satisfaction and professional capabilities. Sources of occupational stress are clinical workload, difficulty in relationships, poor recognition of handwork, non conducive organizational climate, immense personal responsibility, managerial role difficulties, home/work imbalances and daily hassles. Sources of satisfaction included organizational security, organizational commitment, job satisfaction, personal influence and control but a general dissatisfaction with the organizational functioning or the monetary factors.

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