Internship Training

At

Park Hospital

STUDY ON STRESS AMONG NURSING STAFF OF PARK HOSPITAL GURGAON

By
Ms. Purnima Singh

Under the guidance of

Ms. Kirti Udayai

Post Graduate Diploma in Hospital and Health Management
2012-2014

International Institute of Health Management Research

New Delhi

Park Hospital
Super Speciality Hospital

The certificate is awarded to

Ms. Purnima Singh

In recognition of having successfully completed her Internship in the department of- **Human Resource.**

She has successfully completed her Project on

Study On Stress Among Nursing Staff of Park Hospital, Gurgaon

From 10th Jan - 10th April 2014

Park hospital, Gurgaon

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors.

PARK HOSPITAL HRY. GURGAON

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TO WHOMSOEVER MAY CONCERN

This is to certify that **MS. PURNIMA SINGH** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at PARK HOSPITAL,GURGAON from 10th January, 2014 to 10th April, 2014.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

18/05/2014

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
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Certificate Of Approval

The following dissertation titled **"Study On Stress among Nursing Staff of Park Hospital Gurgaon"** at **"Park Hospital Gurgaon"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr. A.K. Agarwal

Dr. Ramteke

Ms. Anupama Sharma

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Certificate from Dissertation Advisory Committee

This is to certify that **Ms. PURNIMA SINGH,** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "STUDY OF STRSS AMONG NURSING STAFF " at "PARK HOSPITAL, GURGAON" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Saumya

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **STUDY ON STRESS AMONG NURSING STAFF OF PARK HOSPITAL, GURGAON** and submitted by **PURNIMA SINGH** Enrollment No. **PG/12/067** under the supervision of **DR. A K. Agrawal** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 10/Jan/2014 to 10/Apr/2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Park Hospital
Super Speciality Hospital

FEEDBACK FORM

Name of the Student: Purnima Singh

Dissertation Organisation: Park Hospital

Area of Dissertation: Human Resource

Attendance: 96 %

Objectives achieved: Study on Stress Among Nursing Staff.

Deliverables: —

Strengths: Good Communication
Zeal to learn

Suggestions for Improvement: Keep up the good quality in you.

PARK HOSPITAL GURGAON

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 6/5/2014
Place: Gurgaon

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www.parkhospital.in

Organizational Profile

Park Hospital was founded by Dr. Ajit Gupta who believes in taking up challenging assignment where he can continue to apply his Social, Administrative & Hospital management skills in a wide exposure of medical services keeping a positive and committed & targeted attitude.

Park Hospital is a Multi super specialty tertiary care hospital which has attained supremacy in the field of health care services. Park hospital is religiously dedicated to provide latest, ultramodern and sophisticated medical care. The Hospital follows its principle of improving Health Care Processes via adopting exclusive equipments and technology in order to enhance the success rate & patient gratification. Park also has a team of highly proficient and veteran doctors & efficacious paramedical staff that link together to provide the most sophisticated & highest standard of care in all penchant of Health in conjunction with super specialties.

Park Hospital Units

1. **Park Hospital, West Delhi**

Location: Keshopur Mandi, West Delhi

Promoters: Park Group of Hospitals

Total number of beds: 305 beds

Multi-specialty hospital

2. **Park Hospital, Gurgaon**

Location: Q Block, South City 2, Sec 47

Promoters: Park Group of Hospitals

Total number of beds: 250 beds (Proposed to Make 400)

Multi-Super specialty hospital

3. Park Hospital, Faridabad

Location: Sec.10, opposite court Faridabad

Promoters: Park group of hospitals

Total no. of beds: 250 beds multi specialty hospital

4. Park Hospital, Hodal

Location: Opening shortly 200 bedded hospital

Promoters: Park group of hospitals

Total no. of beds: 200 bedded multispecialty hospital

Upcoming projects

1. Park hospital, Panipat
2. Park medical college, Gwalior

Park hospital, Gurgaon

Park Hospital Gurgaon is an ambitious initiative from the house of Park. Fully-equipped with all state-of-the-art medical facilities, this 250 bed super-specialty hospital is the beginning of a new era in taking healthcare services in Gurgaon to a new level. Park Hospital Gurgaon envisions of providing a comprehensive spectrum of advanced medical & surgical interventions with a perfect mix of inpatient and outpatient services to people of all social and economic backgrounds. It is the onset of a new experience where patients not only get medical services as per international standards but also receive an empathetic and humane treatment by the professionals attending to them. It is about pursuing a dream called 'wellness for all'

MISSION

"To deliver state-of-the-art personalized healthcare services to people of all social and economic background and achieve highest level of patient satisfaction."

VISION

"To be a leading name in the healthcare sector by providing holistic healthcare at affordable cost."

QUALITY PARAMETERS

•The hospital has been designed for maximum safety and comfort of the patients and healthcare providers. It complies with national &International standards for hospital accreditation.

•Clinical governance is an integral part of our practice.

•Robust quality and infection control practices are in place.

•Best in class modular OT's and ICU's with HEPA filters, laminar air flow & complete air changes per hour & access control minimize the risk of infection.

•Isolation rooms have been earmarked in the ICU to treat critically ill infectious patients thus preventing threat to other patients

•Green building: The hospital is designed to allow sunlight in most of the ICUs and patient rooms as it minimizes stress on the patients and gives them proper orientation of time.

•Stringent "Biomedical Waste Management" practices for segregation, storage, transport & disposal of hospital waste are in place.

•The hospital has one of the most advanced infrastructures which help in patient & employee safety & reduce the excessive burden on the environment.

•The "Hospital Information System" used is most advanced and user-friendly and helps to reduce medical errors as well as contributes to faster and better patient management.

Introduction

The existence and importance of stress in the industry was first recognized in America in 1956. A Machine Operator called James Carter cracked up while working on the General Motors Production line in Detroit Mr Carter had what is commonly known as nervous breakdown and he sued General Motors, claiming that the stresses of his job had contributed to his condition. It was an important lawsuit. Carter won and from that day onwards most executives and all lawyers in American industry took the relationship between stress and industry very seriously.

Every professional, administrator, woman and youth is facing increasing stresses from all quarters. And, so also the numbers are increasing, of these suffering and dying from stress related psychosomatic diseases. Every one of us knows of dear friends and close relatives suffering from high blood pressure, heart problems, diabetes, alcoholism, Psychological breakdown, and vague illnesses and so on.

75-90% visits to primary care physicians are for stress related problem. 89% of adults describe experiencing high level of stress over half complained of this at least once or twice a week & more than one in four said it occurred on a daily basis. The national safety council estimates that 1 million employees are absent on an average workday because of stress related problem. A 1992 United Nations Report, labeled job stress, the 20th century disease. More recently, it was described as a worldwide epidemic by the world health organization. Job stress is known to be the leading source of stress for adult. 78% of Americans describe their jobs as stressful. The majority also state this has worsened over the past ten year. In 1973 almost 40% of workers reported being extremely satisfied with their jobs while today less than 25% fall into this category.

Job stress is estimated to cost American industry $ 200-300 billion annually as assessed by absenteeism, diminished productivity, employees turnover, accidents, direct medical legal & insurance fees, workers compensation awards etc. Put into

perspective that more than the price for all strikes combined & the total net profit of the fortune 500 companies. 60-80% of accidents on job are stress related. Workers compensation claims for job stress, rare 2 decades ago have skyrocketed, with double digit. In premium annually in several states, threatening the entire system in California. Employers shelled out almost 1 billion for medical & legal fees alone. Nine out of ten job stress suits were successful with an average payout more than 9 times than for regular lying claims. 40% of workers turnover is due to job stress. The Xerox cap. Estimates that it costs approx $ 1.5 million to replace a top executive & average employee turnover costs in the range $ 2000 - $ 13000 per individual.

There were 11,000 violent workplace incidents reported in 1992 resulting in 750 deaths & cost to employees of $ 4.2 billion Homicides accounted for almost 20% of the 6000 workplace deaths. It was the leading cause of death for working women. Violent crime & mass murders in the workplace almost always stem from job stress.

Understanding the concept of stress

What is Stress?

All of us experience stress from the day we are born. Stress is the wear and tear of life caused by any excessive demand on the body system to cope. The pricks and pressures of daily life ranging from bodily adjustment to sudden temperature or humidity, or changes in the weather, an emotionally charged argument with your spouse or the boss, all constitute stress. Stress is any stimulus from the environment which demands some extra adjustment effort or survival effort from the body.

In general term “stress is the body’s physical, mental & chemical reaction to circumstances that frighten, excite, confuse, challenge surprise, anger, endanger or irritate a person”. The events that cause stress may be good or bad. Good stress (known as Eustress) can come from happy events such as job promotion, getting married or becoming a parent. Bad stress (distress) is much more common, coming

from such everyday events such as realistic job deadlines, money, worries &even the grind of daily commuting. Numerous definition of stress has been proposed.

"Stress is a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what he or she desires and for which the outcome is perceived to be both uncertain & important"(Robbins)

"It may be defined as a real or interpreted threat to the physiological or psychological integrity of an individual that results in psychological or behavioral response"(Encyclopedia of stress)

"Stress refers to demands that can challenge or tax the adaptive resources of the individual"(David Williams)

"Stress has been defined as a stimulus and also as a response"(Lazarus & Cohen 1977)

The stressful events as causes of illness have a long tradition in human history. In contemporary societies, stress of one or the other kind has become a common source of threats to mental & physical health & well-being of the people. These have become characteristic features of modern life.

WHO IS PROBABLE CANDIDATE OF STRESS?

Whether an individual experiences stress at work or in other situations is determined by a number of factors.

Perception

Perception is defined as a key psychological process whereby a person selects and organizes environmental information into a concept of reality. Employee perception of a situation can influence how (or whether) they experience stress. A change in duties may be perceived as lack of faith of higher management in the individual or an opportunity to prove his ability to be flexible by shouldering different responsibility.

Past experience

Past experience generally guides the present behaviour. The relationship between experience and stress is based on reinforcement. Positive reinforcement or success in a similar situation previously can reduce the level of stress that a person experiences in the present situation; punishment or past failure under similar conditions can increase stress in the present situation.

Social Support

The presence or absence of other people influences how individuals in work settings experience stress as well as their behaviour in response to stressors. The presence of co-workers may increase an individual's confidence, allowing that person to cope with stress more effectively. For example, working alongside a person who performs confidently and competently in stressful situation may help an employee behave in a similar manner.

Individual differences

Individual differences in needs values, attitudes, and abilities also influence how employees experience work stress. Not always the organizational or other life environment provides the demands, which trigger the stress response. Sometimes organizations only serve to provide arena in which individuals place demands upon themselves. This circumstance best describes the stressful syndrome what Friedman and Rosenman (1974) called TYPE A behaviour. TYPE B are the more deliberate easy going personalities. TYPE Bs also responds with haste and struggle to difficult pressing circumstances, but they have no problem dropping back to a more measures temp under less hurried conditions.

EFFECTS OF STRESS

The effects of stress should better be seen in their entirety; that is the combined effect of work stress (job stress) and life stress. stress has both positive and negative effects. To the extent that stress has positive effects. It is inherent in work life and perhaps needs no special attention. This possibly explains the reason that research

on work stress has tended to focus on its negative effects. The effects of work stress results in three major areas-physiological, emotional and behavioural effects of stress.

Physiological effects of Stress

Serious breakdown in health may result if the endocrine system is overloaded with so many demands that it cannot deal with all of them. Holmes and Rahe (1967) studied the varied source of stressors and their relative weights requiring the degree of adjustments on the part of the individual. The illness brought on by such demand for adjustment can appear in almost every specific form: digestive ailments, respiratory problems, back trouble, kidney malfunction, injuries to the bones or muscles, almost any breakdown in the body's economy. Explanation is same : Endocrine system provides the adaptation energy; it is the same endocrine system, which provides the basis for resistance to any agent (for example, bacteria), which threatens the body. If the endocrine system is constantly marshalling the body's energy for adjustment, the capacity for resisting those lurking microbes will be exhausted. Thus wherever body is most vulnerable, the breakdown can occur after a period of sufficiently great demands for social or psychological adjustments.

Physiological Symptoms

- A noticeable decline in physical appearance
    - Chronic fatigue
    - Frequent infections, especially respiratory infections
    - Health complaints, such as headaches, backaches, or stomach problems
    - Signs of depressions, such as a change in weight or eating habits

Emotional effects of stress

In our organizational perspective, this form of stress has more relevance. Human beings are susceptible to very strong emotional responses. These may be not only of unconditioned form but also of the conditioned variety so that emotional responses can come under the control cues in the form of wards and other social stimuli of the emotions are governed by a primitive part of the brain called the hypothalamus (which also regulates some other functions including hunger and body temperature). Under subtle lower other conditions of emotional arousal, the hypothalamus sends messages to the pituitary, which triggers much the same sequence of as described by Selve's GAS. So, consider the example events of an angry supervisor lashing out at a subordinate's mistakes. The words, the tone of voice, the facial expressions of the boss are the sorts of cues, which, in most of us evoke strong emotional responses- anger, fear, or anxiety. Thus, the stress response of the context of the body is triggered. But neither fight nor flight of the stress response of the body is appropriate in this context.

The quickened pulse, the increased sugar and levels in the blood, the quickened clotting time of blood, the constriction of the blood vessels – all part of the eventual effects of the adrenal response – do no good; they are waste of the body's fixed store of adaptation energy and they simply wear down our unoffending tissues. It is part of the Holmes Rahe's works that various emotions, which we distinguish from, and one another – fear, anger, ecstasy, thrill, hilarity – involve virtually among them the same internal physical responses. The distinctions are made by external cues and their interpretation by the information – processing centers of the brain – and by the hormones.

Emotional Symptoms

- Appearance of boredom
- Cynicism and resentfulness

- Depressed appearance, such as a sad expression slumped posture
- Expressions of anxiety, frustration, and hopelessness

Behavioural effects of stress

Behavioural effects of stress include decreased performance, absenteeism, higher accident rates, higher turnover rates, higher alcohol and other drug abuses, impulsive behaviour, and difficulties in communication. These effects have important implications for organizational behaviour. All stress forms influence the organizational performance.

Behavioural Symptoms

- Absenteeism and tardiness
- Abuse of drugs, alcohol, or caffeine, increased smoking
- Excessive exercise to the point of injury
- Hostile behaviour, easily irritated
- Reduced productivity, inability to concentrate or complete a task
- Withdrawal, listlessness

Stress and performance

We have seen that stress has physiological, emotional and behavioural effects. But these are the negative effects of stress. The fact that researchers have not examined positive effects of stress on these parameters may perhaps not be incidental. The relationship between stress and work performance may throw light on this. Since the, primary demand of any organization is high order of performance, let us see how stress influences performance on job. Researchers have found that stress has both positive as well as negative influence on job performance. At low levels of stress employees may not be sufficiently alert, challenged or involved, to perform at their best, and give no performance. As the level of stress is increased, the performance picks up, is improved but only upto a point. An optimum level of stress probably exists for many tasks. Past this point begins to deteriorate. At extreme

levels of stress, performance employees are too agitated, aroused, or threatened to perform at their best. Thus we see that certain degree of stress in working environment always exists and given our age of competitiveness it is invariably likely to increase rather than decrease. That explains the reason as to why the researchers work on the ill effects of stress. In fact, mind-body system exhibits tremendous resistance, and upto the manageable level of stress, it remains unaffected. The stress-performance relationship materially varies from person to person and situation to situation. It is a challenge for the manager to assess the optimum level of challenge stress for himself and for his employees for ensuring effective performance.

Studies of the performance-stress relationship in organizations often show a strong negative correlation between amount of stress in a group, work team, or department and its overall performance. The negative relationship suggests that these work settings are operating on the excessive stress. Managers and employees in these settings need to find ways to reduce the number and magnitude of stressors.

SOURCE OF STRESS IN ORGANIZATIONAL LIFE

All managers and professionals are faced with stress in their organizational life. Stress in one's organizational role is related to three major aspects of the organizational role, namely, (i) one's professional growth, accomplishment or obsolescence, (ii) organizational climate and pressures and, (iii) individual characteristics which determine one's reaction to the organizational and professional pressures. For example, favourable organizational factors for one's professional growth and development combined with one's own motivation for professional development will promote fulfilment in organizational life. At the same time, equally important for work satisfaction is the organizational climate in which you work the formal and informal relationships and procedures in the organization which influence your functioning.

A Organizational Pressures

The following are some of the organizational characteristics which are likely to cause stress:-

(i) Underutilization of one's skills and abilities due to management's philosophy and policies leads to stress.

(ii) Uncertain professional role and status, leads to stress.

(iii) Perceived job insecurity leads to stress.

(iv) Insufficient authority commensurate with the responsibilities leads to stress. Thus, when one is expected to show results and performance, but without sufficient authority to ensure execution of the work, the manager will experience stress.

(v) Exorbitant work demands lead to stress.

(vi) Conflicts within the organization due to interpersonal relationships, conflict of power and authority, conflicts between organizational and departmental goals, allocation of resources, poorly defined responsibilities and clashes of values and interest-these conflicts serve as stresses for the managers and executives.

(vii) Organizational size and bureaucratic system have certain rules and regulations, which are inherent parts of the system to serve as checks and balancing forces. However, they are likely to serve as constrains and stress for the managers.

(viii) Each organization has its own personality. The organizational climate demands conformity. The pressures for conformity serve as stress for the executive.

(ix) The job design systems and the associated socio-technical problems serve as stress for the managers and professionals.

(x) Inappropriate leadership style as perceived by the manager serves as a stress for the managers and professionals. If there are differences

between the perceived leadership style and the expected style of leadership there is likely to be conflict and stress for both manager as well as subordinate. For example, the subordinate expects to be directed by an authoritarian manager who should clearly give instructions for simple tasks. But the manager believes in developmental or participative leadership style, who outlines the requirements and thereafter, provides only guidance but not detailed instructions. These situations will give rise to conflict and stress for both manager and subordinates.

(xi) The present day political and economic climate is marked with uncertainty. Due to frequently changing policies of the Government, decision making is extremely complex and risky for executives, which puts them under stress.

(xii) The present day labour relations climate is growing more and more complex with factors of militant labour and political affiliations coming into play. This results in greater degree of threat from lower levels as well as uncertainty of their performance to meet the needs of the organization. This puts the managers and professionals under stress, who have to achieve the targets and objectives through their subordinates.

B **<u>Professional Development Pressures</u>**

(i) Information Explosion: All managers and professionals are faced with the need to keep up with recent developments. A virtual information explosion is taking place often with contradictory information being presented at the same time. Whether it is an executive trying to make decisions about modernizing the industrial or medical technology, or the professional faced with fast changing body of technical information, all of us in organizational life, are faced with the pressure of too much or contradictory information.

(ii) Resources to keep up with the growing information? Apart from the bewildering nature of information, many managers and professionals, particularly in India, are faced with tightness of resources to keep up with the growing information. Most of the managements, private, public or government sector, do not recognize the need for spending on the professional development of their professionals and managers. In India, the personal resources are frequently not adequate to meet the high costs of professional periodicals and books, many of which are published abroad.

C **<u>Individual Variables Causing Stress</u>**

The individual variables greatly influence the effect of the organizational and professional pressures on the manager. Thus favorable individual factors enable the manager to face the organizational stresses better and unfavorable individual factors may aggravate the effect of even small job related stresses. Some of the individual factors are as follows :

(i) Existential neurosis is felt when the individual finds meaninglessness in life, since he cannot find an opportunity for making relevant contributions and / or for making an impact in the society. Thus, lack of opportunity for meaningful contribution serves as a stress for the professional.

(ii) Unrealistic ambitions or environmental constraints inhibiting the pursuit of ambitions, result in frustrated ambitions, which serve as a stress for the professional.

(iii) The conflict between career demands vs family demands also serves as a stress for the professionals and managers. Since the job factors influence behaviour at home, and the home factors influence on-the-job behaviour, the manger/professional-may find himself boxed in a

home-job-conflict situation. Worry and conflict at home tends to influence unfavourably, the job behaviour, which increases job stress, which further influences behaviour at home. Thus a vicious cycle is created.

(iv) The period from the age of 35-45 years is a very critical period for the managers and professionals since this is the mid-career period for them. At this stage, the professionals go through a process of change, relocation and possibly, change of career altogether. At this stage, those managers and professionals who have not made their mark by middle age develop obsolescence tendencies and thus experience stress during the remaining years of their working career.

Professionals and managers face stressful conditions on account of the above factors.

Response to Stress

Individuals' reaction or response to stress will vary according to a number of factors. The nature of the stressor or demand, as well as the direct or indirect extent of individual involvement is some of the considerations to be reckoned with. However, it must be noted that what may be seen as a challenge by one individual, may be perceived as an impossible task or a boring and repetitious task to another (DCEP, 2001:8). Individual differences, the nature of coping skills and the assessment as well as the management of stress are all factors influencing the response an individual exhibits following an encounter with a stressor.

There are two types of intrinsic stress responses: the short-term fight-or-flight response and the long-term 'General Adaptation Syndrome'. These two responses are important for a better understanding of stress and stress management. The fight-or-flight response is considered a basic survival instinct, while the General Adaptation Syndrome is a long-term effect of exposure to stress. A third mechanism appears to be a result of the way an individual perceives and understands a stressor.

An important point should, however, be kept in mind: these three responses, although discussed separately, can be incorporated into a single stress response.

FIGHT-OR-FLIGHT RESPONSE

Walter Cannon theorized the existence of this response during the earlier stages of stress research in 1932. His work documented the release of hormones in an animal subjected to shock or a perceived threat (Taylor, 1999:12).

This same response applied to humans throughout the ages; in the Stone Age humans had to run for their lives or be prepared to be eaten alive – they had to flee or fight. In the current day and age, this response is still activated, although the stressors are no longer as visible as a predator on the hunt. The demands of everyday life within and outside of the work environment pose a certain danger from which individuals can either flee or remain to fight. In modern times, the stressors faced by individuals are more cognitive and subjective in nature. Something as simple as an unexpected encounter can elicit the fight-or-flight response. People may also experience this response when frustrated or interrupted, or posed with an unfamiliar or challenging situation.

The adrenaline released during this response has a profound physiological effect, helping individuals to 'run faster and fight harder'. The heart rate is increased; blood pressure heightened and more oxygen and blood sugar are delivered to the essential muscles, all in an effort to increase the physical strength of an individual. Sweating increases in an attempt to cool the muscles, ensuring efficiency. Blood is diverted away from the skin towards to core of the body, reducing blood loss in the event of injury. The salivation response diminishes, the forehead tenses, eyes are strained and the jaw and teeth are clenched Breathing becomes shallow and fast, while the stomach registers a butterfly sensation as the digestive system is suspended, the bladder relaxes and white blood cells increase. The release of adrenaline also causes the individual's attention to be focused on the threat while excluding everything else. All these changes are a direct result of the hormones excreted and work together to enhance the individual's ability to survive a life-threatening event.

This response does, however, have a negative component: an individual's ability to work effectively with other people is reduced. During this mobilisation for survival, the individual's general performance might be influenced negatively, resulting in feelings of excitement, anxiety, and irritability. Trembling and the effects of a pounding heart influence precise and controlled skills. The intensity and focus on survival interferes with the individual's ability to make fine judgements based on drawing information from various sources. The individual tends to be more accident-prone and less able to make informed decisions.

This hormonal fight-or-flight response is a normal part of everyday life, resulting from everyday stresses, often with an intensity that is so low that it passes unnoticed.

Currently, there are very few situations within the working environment where this response is considered as useful. Most situations benefit from a calm, rational, controlled and socially sensitive approach.

GENERAL ADAPTATION SYNDROME

Hans Seyle, however, took a different approach to that of Cannon. He observed that various illnesses and injuries to the body appeared to cause similar symptoms in patients. He identified a general response known as the General Adaptation Syndrome. According to this response, the body reacts to a major stimulus. While the fight-or-flight response is more focussed on the short term, this second response occurs as a result of long-term exposure tostress.

Seyle's animal studies revealed three phases of reaction after laboratory animals were subjected to extreme stressors. The initial phase is that of an alarm response. Thereafter a resistance phase sets in, characterised by the increased resistance presented by the animal as a way of adapting to and/or coping with the stimulus. It was found that the duration of this phase depends on the amount of time that the animal is able to sustain this heightened state. Ultimately, however, exhaustion sets in, and the animal enters the exhaustion phase and this leads to the decline of resistance.

Seyle also referenced research conducted during World War II. The target group, bomber pilots, completed a number of successful tactical operations over enemy territory. Subsequent to a number of flights, fatigue set in and neurotic manifestations presented. It is clear that the findings of the animal studies correlated positively with that of human reaction. Exhaustion within humans is observed as burnout, which sets in after an individual has been subjected to long-term stress.

MENTAL RESPONSE

Within a normal work setting, most of the stressors experienced by individuals are subtle and occur without being perceived as a threat. On its own, each of these stressors will not harm an individual unless he/she experiences the stressor as stressful.

As the individual becomes stressed, two important judgement calls are made: he/she must perceive the stressor as threatening, and doubt of personal capabilities and available resources must be acknowledged. The severity of stress experienced is then governed by the extent of the expected damage as perceived by the individual, as well as the realisation of sufficient or insufficient resources. This sense of threat is also experienced on physical level as the hormonal fight-or-flight response is triggered, along with all its negative consequences.

INTEGRATED STRESS RESPONSE

To recap: the fight-or-flight response, General Adaptation Syndrome and mental response have been discussed briefly as separate mechanisms. However, these three responses can be grouped together to form a single response: the key Seyle's Alarm Phase of the General Adaptation Syndrome. This phase is similar to that of Walter Cannon's fight-or-flight response. In perspective, mental stress triggers the fight-or-flight response. If this level of stress is sustained over a long period of time, the end result will most likely be exhaustion (physical, mental or emotional), possibly depression and eventually burnout, with the latter considered as the most severe consequence of long-term stress.

Stress in Nursing Staff

It has been agreed that, in the caring profession, nurses form the largest group of which the principal mission is the nurturing of and caring for people in the human health experience. They provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, as well as to clients using supportive and preventative programs and related community services (Kipping, 2000:207).

The nursing profession follows a holistic approach, taking account the person in totality in his or her environment. Nurses provide presence, comfort, help and support for people confronted with loneliness, pain, incapacity, disease and even death. The fact that nursing has been extensively and unfailingly recognized worldwide as a stressful job is therefore not surprising (Farrington, 1995:574).

As a result, researchers have linked occupational stress to disease and illnesses experienced by nursing professionals (Norrie, 1995:294). In the first half of the 1990s nurses, midwives and other health care workers topped the record board for the most female suicides in the United Kingdom (Day, 1995:7). Nurses who are stressed are more likely to have an increased incidence of absenteeism (Easterburg, Williamson, Gorsuch & Ridley, 1994:1233), which in turn not only results in a lack of continuity in care but also contributes to the nursing turnover (Kipping, 2000:207). Furthermore, an increased amount of interpersonal conflict has been noted in work context; nurses experience feelings of inadequacy, suffer from self-doubt, lowered self-esteem, irritability, depression, somatic disturbances and sleep disorders, all of which jeopardize the quality of care they provide (Hillhouse & Adler, 1996:297). Eventually burnout will set in due to chronic stress and may impact negatively on the nurse-patient relationship (Kipping, 2000:207).

Since occupational stress is more prominent in this caring profession, it is not surprising that many researchers emphasise the high risk for burnout noted in the nursing population

(Omdahl & O'Donnell, 1999:1352; Shimomitsu, Ohya & Odagiri, 2003:147; Visser, Smets, Oort & de Haes, 2003:272; Duquette, Kerouac, Sandhu & Beaudet; 1994:338). Globally, the science of occupational health has gained momentum since the late 1970s, with South African burnout and occupational stress research studies appearing from the 1980's (Van Graan, 1994:22).

The South African perspective has focused mostly on stress-related factors within the nursing environment. For example, a research article revealed that there is a number of nurses who lack the authority to act – but do not comply and act out of sheer desperation, using their own frame of reference in the hesitancy or absence of the physician (Aitken, 2004/5:45; Cronqvist, Theorell, Burns & Lützén, 2001:233). This issue not only increases the level and severity of stress endured by the nurse but also increases the risk of serious ethical dilemmas.

The above-mentioned example of unauthorised and out of scope autonomy is only one of numerous factors affecting nurses' physical, psychological and emotional experience of stress. Some of these factors are also better known as push and pull factors, with specific reference to international/global migration of nurses from South Africa (Mafalo, 2005/2006:14). One such a push factor is the contribution of job-related stress to nurses leaving the profession, switching to an alternative career path (Hospital Association of South Africa, 2005), the consequent brain drain (Sanders & Lloyd, 2005:76) and a subsequent critical shortage of nurses (Mzolo, 2005:9).

Rationale of the study

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. 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. 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.

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 Private 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 what organisation can do to reduce this stress.

Review of Literature

CBNNON – 1932 – The first attempt to define stress in Western World was done by Cbnnon. According to him, stress is a syndrome of "fight or flight" which explain that if an organism is stressed, it responds in two ways i.e. either if flights with the stressor or it run away from it.

SRIVASTAVA & SINHA (1963) – Investigated the effect of employees' ego strength and job involvement on their experience of role stress arising from role overload, role ambiguity, and role conflict. It concluded that employees with high ego strength experience less stress by role overload, role ambiguity, and role conflict than the employees with low ego strength. High ego strength enables employees to cope effectively with excessive demands and conflicting expectations & job involvement to job satisfaction and enhances the level of intrinsic motivation.

Work in America (1973) – It stated that dull routine meaningless jobs and the extent and significance of the resultant job – dissatisfaction induce stress at work. Under stimulation or underutilization of abilities also creates stress. (Stress at work)

MAUSNER AND STEPPACHER (1973) – Among professionals groups such as physicians and psychologists, women have higher suicide rates than men, even though the reverse is true in the general population. Among physicians, the specialties with above average suicide rates include dentistry, psychiatry, ophthalmology, and anaesthesiology, while paediatricians, pathologists and surgeons tends to have low rates. Further optometrists whose suicide rate is about one tenth of the rate of ophthalmologists. Nurses working in critical care units are more exposed to stress than working in other wards / department in hospital.

NOVACO (1979) - According to him, the routine exposure to the demands made upon the individual by traveling long distance to work is bound to have an effect on his health, psychological well-being, job performance and relationships within his/her family. Further traffic congestion is a stressor, which produces adverse effects on the commutes over a long period of time (Occupation stress – C.B. Dobson).

HOLMES NAD RAHE (1967), DUBE (1983) – The study was done to find out the effect of life events in creating stress in human beings e.g. like marital separation, death of spouse, sent to jail, marriage, illness etc. They found out that although the life events are subjective, these create stress and the coping will depend upon the co-operation from the associated people.

SRIVASTAVA AND SEHGAL (1984) – A study was conducted taking into the account "The occupational stress index and the employees motivational schedule. It revealed that employees who maintain high work motivation experienced significantly lower occupational stress. Such as role overload, role ambiguity, role conflict, unreasonable group and political pressure, responsibility for persons, poor peer relations, strenuous working condition and unpredictability as compared to the low achievement group. Employees with high need for production, goal achievement, and competition also experienced lower occupational stress. It was concluded that high need for achievement, moderates the effectiveness of stress.

SRILATA - She tried to find out whether stresses like role conflict, role ambiguity, role overload and self-role distance may arise because of certain structural factors of the organization, job factors, perception of the focal person of his role set members and of his own self five categories of variable were covered :-

(i) Type of organization, size of the organization and span of control.

(ii) Job related factors of the focal person such as job tenure, career growth and role perception.

(iii) Particular dimensions, which play an important role in the experience of stress such as superior colleague, subordinates.

(iii) Individual factors e.g. are salary, educational qualification, self-confidence etc.

(v) Consequences of organizational such as job satisfaction and job performance.

COOPER (1984) discusses a number of stressors that have been found to predict job dissatisfaction. These stressors include factors on the job, role ambiguity, role conflict, poor relationship at work and problems associated with the interface between work and woman life.

LIE & WILBUR (1985) performed a multivariate analysis of 1,707 employees classed into 3 age groups (30 years, 30-49 years, 50 years) corresponding to early, middle and late career stages, for age, education, job tenure and satisfaction. Results show that job satisfaction increases with age. Younger employees were less satisfied over all with their jobs. When the effects of salary, tenure, and education were removed independently and simultaneously, the same differences were found.

HENEMAN & SCHWAB (1985) studied the one-dimensional perspective of job satisfaction viz. pay satisfaction. It was felt that employees perceive and experience differential satisfaction with the four relatively independent dimensions of pay in organization. These dimensions are : level, benefits, raises and structure.

GREENHAUS & BANTELL (1985) explained the sources of stress and conflict between work & family roles. It is suggested that work family conflict exists when time devoted to the requirement of one role makes it difficult to fulfill requirements of another role. Strain from participation in one role makes it difficult to fulfill the requirement of role.

MADHU & RAO (1987) studied the role ambiguity. Three types of role ambiguity were measured; those were role ambiguity, task ambiguity, and feedback ambiguity. On the basis of the findings it was concluded that organizational climate, particularly interpersonal relations have a significant influence on employee performance. The organizational role also determined the extent to which an individual experienced role clarity. The management of new organizations must concentrate on making job characteristics and leader behaviour as appropriate as possible because it facilitates adequate role performance.

GUPTA AND PRATAP (1987) – They conducted a study to determine the role of service length on organizational role stress, trait anxiety coping strategies. They found that, as the length of the service increases, there is higher trait anxiety; higher inter role distance, maximum role stagnation. Role expectation conflict was higher among executives of more than ten years of service. Role isolation, higher personal inadequacy, increase in role ambiguity, more role inadequacy is found to be more in executives whose service length is more than 5-10 years.

MAKIN AND COLLEAGUES (1988) did a pilot study on the occupational stress among general practitioners and found that unpredictable interruptions of various kinds, especially outside "normal working hours" were the greatest source of stress. Factor analysis revealed four major sources of stress; interruptions, emotional involvement, administrative workload and work/home interface and routine medical work. They concluded that the major sources of stress for general practitioners were not medical, but social. They also found that overwork, both in terms of quantity and quality, role conflict and role ambiguity which have been historically reported as main sources of stress in many work groups, did not appear important in the context of general practitioners.

PASTOR ET AL (1989) found that rural physicians and paramedics were well-satisfied with their jobs. Examination of subgroups shows that women are statistically less satisfied with their living situations; younger physicians are less satisfied with their

work, their living situations, and their leisure activities; physicians who spend more than 10 hours per week on administrative duties are less satisfied with their living and social situations; and physicians who see more than 100 patients per week are less satisfied with their social relations.

WINEFIELD AND ANSTEY (1991) surveyed South Australian general practitioners regarding four indicators of job stress: the burnout components of emotional exhaustion, depersonalization, and personal accomplishment, and a three-item measure of job dissatisfaction. As job stress can arise from discrepancies between the nature of the work and the expectations of the worker, attitudes to general practice form and content were surveyed, using an existing Australian scale. Up to one third of respondents reported significant levels of job stress, which varied according to age and sex as well as attitudes to general practice.

SIMPSON AND GRANT (1991) studies four scales of sources of job stress among Medical Professionals: patient relationships, business / financial issues, time pressures, and competence concerns. The latter was a stronger source of stress for them in early practice. Sources and intensity of job stressors did not vary significantly by gender, but medical practice problems are more stressful in non-profit than in for-profit practices. Early-career doctors / Nurses appeared to experience only moderate levels of stress, and stressors were not related to impaired mental health.

A Swiss study found that workload and shortage of time, combined with specific responsibility in decision making were most prominent stressors in Health Care Personals. (Heim, 1991)

AASLAND AND FALKUM (1992) presented a review of Scandinavian and English literature on physicians' health and well-being. A simple model with three groups of effect (dependant) variables (health, well-being and job satisfaction) and 16 groups of possible affect (independent) variables (gender, age, personality, family

background, childhood conditions, student years, house Staff period, working conditions, specialty, conditions and attitudes in society, patients, colleagues, lifestyle, living conditions, social network and family) are used as a framework for the review. Suicide mortality is higher among physicians than in other occupations. Female and young physicians seem to be most at risk of experiencing stress and psychosocial problems. Having an "instrumental" specialty and working style, and not having to cope with too much professional uncertainty, seem to protect against stress and burnout.

SUTHERLAND AND COOPER (1993) attempted to identify sources of job stress and personality factors as predictors of psychological ill health and job dissatisfaction among a large sample of general practitioners in the United Kingdom. Compared to a normative sample, male doctors exhibited significantly higher levels of anxiety and depression, whereas female doctors compare favourably to the population norms. Women were found less job dissatisfied than men. The main predictors of lack of mental well-being were the job stressors associated with the 'demands of the job and patients' expectations', 'practice administration and routine medial work', 'role stress' and the use of 'social support' as a coping strategy.

HEYWORTH ET AL (1993) conducted a mail survey was of consultants and senior registrars practicing accident and emergency medicine in the United Kingdom. The respondents comprised consultants and senior registrars, who provided demographic information and completed inventories measuring stress, depression, task and role clarity, work group functioning and overall satisfaction with work. The respondents did not report particularly high levels of stress or depression and generally evaluated aspects of their work environments favourably. Higher levels of stress were reported by consultants and respondents from district general hospitals. Levels of stress were similar to those reported by other groups of health care providers. Respondents generally considered tasks and roles to be clearly defined, work groups to be supportive, efficient units and work satisfying. There was no

statistically significant correlation on the affective scales for the number of patient attendances, on call commitment or staffing numbers. Senior staff with more than 10 years' experience in the specialty reported more satisfaction with work and work group functioning, and perceived their tasks and roles to be significantly clearer. Consultants over 45 evaluated their work groups favourably and were more likely to view them as cohesive, smoothly functioning units than senior registrars. The results probably reflect the adhoc coping strategies adopted by a group of doctors, who have already demonstrated appropriate personality characteristics by completing a long training programme, with no realistic alternative late career opportunities.

DUNN (1994) conducted a survey to examine stress in care staff working in a nursing home. A total of 375 were taken as sample and out of which on 112 (30%) responded the questionnaire.

The result of the survey showed that the major stressor where unsatisfactory wages, shortage of essential resources, not enough staff per shift, feeling undervalued by management, lifting heavy patients and working with colleagues who are happy to let others do the work.

ARNETZ (1997) studied was to assess Nurse's perception of their work, organization and professional development. The results showed that even though Nurses are overall very satisfied with their work, they list high workload, lack of influence on daily work and work processes as dissatisfactory. Skills utilization and development were some major areas for improvement.

MYERSON (1997) found that integrating a family or home life and a medical career was an important problem for both men and women. Their stresses included competing pressures of home and work; lack of "gaps", e.g. lunch, lack of flexibility and part-time work; night calls and fear of violence : and, lastly, pensions. Other issues included partnership problems; advantages and disadvantages of single-handed practice; staff problems; targets.

JOHN C NEUNAN & JOHN R HUBBARD (1997) did a study on stress in the work place. The study brought out that about 60-80% of accidents on the job are stress related. Industry looses about 550 million work days per year due to absenteeism and it is estimated that 54% of these absenteeism are in some way stress related. The study also brought out the cause of work stress and outlined four major categories of organizational stressors. The study focused on analyzing the many causes, costs and consequences of organizational stress and also encouraged adoption of numerous approaches in reducing it.

ANDREW J TATTERSALL (1999) did a study on stress and coping in hospital doctors. The study suggest that many doctors experience high levels of psychological distress and this is associated both with key aspects of their job and how they cope with them. Some job changes in particular reduced working hours have been suggested by study. An alternative approach suggested is use of affecting coping strategies through training.

CARRY L COOPER, SHARON CLARKE (1999) did a study on occupational stress, job satisfaction and well being in Anesthetists. The study brought out that stress experienced by professional groups within hospitals will be subject to different type and degrees of stress. They found that nurses reported highest levels of stress while general administrators reported the least.

ASHWORTH AND ARMSTRONG (1999) reported that despite reported difficulties in recruiting new young principals to the inner-city-and despite their reported high levels of stress-few have regrets about their decision to join the practice. The greatest source of stress were, in order, patient expectations, fear of complaint, out-of-hours stress and fear of violence. For those who did regret joining their practice, the three principal associations were partnership stress, patient expectations and not possessing the MRCGP. Each of these factors may be amenable to intervention by policies geared to improve GP retention.

FRANK AND DINGLE (1999) studied the prevalence of psychopathology among women physicians. They concluded that depression is approximately as common among U.S. women physicians as among other U.S. women, but suicide attempts may be fewer. An estimated 1.5% of U.S. women physicians have attempted suicide, and 19.5% have a history of depression. Those who were born in the United States, were not Asian, had histories of cigarette smoking, alcohol abuse or dependence, sexual abuse, domestic violence, poor current mental health, more severe harassment, or a family history of psychiatric disorders were significantly more likely to report suicide attempts or depression. Depression was more common among those who were not partnered, were childless, had a household gun, had more stress at home, drank alcohol, had worse health, or had a history of obesity, chronic fatigue syndrome, substance abuse, an eating disorder, or another psychiatric disorder and among those who reported working too much, career dissatisfaction, less control at work, and high job stress. Strata reporting higher rates of depression tended to show higher although usually non significant) rates of suicide attempts.

NEWBURY-BIRCH AND KAMALI (2001) measured stress, anxiety, and job satisfaction and the influence of personality factors on these in a group of house Staffs in the north east of England. Results showed that 37.5% of women and 24% of men house Staffs suffered from possible psychological stress. Altogether 38.9% of women and5.4% of men were suffering from possible anxiety and 8.3% of women and 2.7% of men were suffering from possible depression. Stress, anxiety, and depression scores significantly correlated with neuroticism scores in both men and women. The personality characteristic of neuroticism was predisposing factor for stress and anxiety in the junior doctors, which may be taken into consideration when offering support and counseling.

LERT ET AL (2001) undertook a cross-sectional study was undertaken among the population of doctors & Nurses caring for HIV/AIDS patients in French hospitals to assess stress and satisfaction related to HIV medical work and its impact on

psychological well-being . Eleven per cent of staff in the sample sought help from professionals for psychological problems. Work overload and stress derived from social relationships at work are the main predictors of psychological distress, emotional exhaustion and depersonalization, while the moderator effect of satisfaction is weak.

Health care professional working with individuals with chronic medical illness, especially those infected with the Human Immunodeficiency Virus (HIV) may be at risk for burnout and departure due to various job stresses such as the death of patients and social stigma. Brown et al (2002) studied that factors that prevent burnout and employee attrition. Retention was significantly associated with initial job satisfaction, being married and low levels of stress with colleagues. They concluded that attrition of highly trained staff is a significant issue for patients and Hemophilia Treatment Centers. These data suggest the important role that a well-functioning team can have in buffering the inevitable stresses associated with HIV care.

TYSSEN ET AL (2001) did a prospective study on prevalence and predictors of suicidal ideation among Norwegian medical students and young doctors. They study-year prevalence of suicidal thoughts was 14%. The lifetime prevalence was 43%, while 8% had planned suicide, and 1.4% had attempted suicide. They concluded that the level of suicidal thoughts was high, but the level of attempts was low. Suicidal ideation in medical school was predicted by lack of control, personality trait, single marital status, negative life events and mental distress (anxiety and depression). In the first postgraduate year, mental distress was the most important predictor, but before controlling for this variable, job stress, vulnerability (neuroticism), single status, and less working hours were independent predictors.

NEDIC ET AL (2001) established that doctors and nurses with hypertension registered in earlier life periods, were more vulnerable to angina pectoris, myocardial infarction and cerebro-vascular insult as complications, compared to the rest of employees in hospitals (if age as a risk factor is excluded).

NEDIC ET AL (2002) examine sources and causes of job stress in health workers in Novi Sad. The study group included health workers-doctors, nurses and laboratory workers, and the control group included the rest of non-medical staff. Three factors were examined : extrinsic efforts (disturbances at work, sense of great job responsibility and the need for overtime work); intrinsic efforts (major criticism, thinking about the job from the early morning, getting nervous because of minor problems, discontentment because of unsolved problems at work, relaxation at home and so on), and low reward (respect from the superiors and colleagues, support and security at workplace), it has been noted that health workers are exposed to greater job stress, great sense of very high job responsibility and frequent overtime work than the control group. In regard to answers from the second group-intrinsic effort and low reward, there was no statistical significance between the study and control group. Generally, high level of risk factors was established, especially presence of one or more risk factors. Job stress was found to increases absenteeism, reduce work productivity, and cause higher expenses of medical treatment, rehabilitation and staff retraining.

COOMBER ET AL (2002) found that the most stressful aspects of work for ICU Nurses in UK were bed allocation, being over-stretched, effect of hours of work and stress on personal/family life, and compromising standards when resources are short. Logistic regression revealed mental health problems were predicted by five stressors : 'lack of recognition of one's own contribution by others', 'too much responsibility at time', 'effect of stress on personal/family life', 'keeping up to date with knowledge', and making the right decision alone'.

WILHELMSSON ET AL (2002) analysed the psychosocial working conditions of general practitioners (GPs) in Sweden. Factor analysis included five items : strains and symptoms, professional content, social support at work, workload and job control. Professional content was the most positively rated aspect, whereas workload was the most negatively rated. They found that female GPs perceived more unfavourable psychosocial working conditions than both male GPs did in the same organizational setting.

MING-CHEN YEH ET AL (2004) conducted a study to explore perceived occupational stress among newly graduate nurses and examine the relationship between stress and demographic and work related characteristics. The data was collected using questionnaire distributed to 62 nurses. The finding showed that the major source of stress is workload, inter personal relationship and ward management. The top five stressor include dealing with patient, emergency condition, carrying of patient with unknown or infectious disease and caring of dying patient and their family.

ROSE CURTIS (2006) conducted a study to identify source of occupational stress on nurses working in rehabilitation hospital. Data was collected using questionnaire modified from the work positive programme questionnaire from the health and safety authority.

The report concluded that the main stressor identified in nurses are staffing level, staff conflict, communication, organisation support and shift work.

A recent study from Kenya highlighted the fact that as a result of working in an environment characterized by poor communication among hospital staff as well as a lack of resources and high numbers of patients with HIV/AIDS, residents' perceptions of themselves--their technical proficiency, their ability to care and feel for others and themselves, and for some their entire sense of self—were significantly affected. Also affected were the patients they work to treat (Raviola et al 2002).

Nakakis Konstantinos ET AL (2008) conducted extensive literature search to identify and review reseach studies that investigate variable that influences job satisfaction and stress among nurses working in mental health setting.

The review showed that factor such as clinical leadership and quality inter-professional collaboration between nurses are important factor affecting the job satisfaction and stress among the nurses.

PRATIBHA P. KANE (2009) conducted a study on nursing staff to establish the existing and extent of work stress, identifying the major source of stress and finding the incidence of psychosomatic illness related to stress. The sample comprises of 120 nursing staff and self-administered questionnaire was used as tool for primary data collection. The result of the study showed that shortage of staff, conflict with patient relative, overtime and insufficient pay are the major cause of stress. Psychosomatic disorders like acidity, back pain, anger, etc... Significantly increases with higher stress score.

NIRMANMOH BHATIA ET AL (2010) conducted a study to find out the prevalence of stress among nurses, factor responsible for it and how nurses dealt with stress. It was a cross sectional study carried out on 87 randomly selected nursing staff and a self-administered questionnaire was used as a tool for data collection. The result of the study showed that 87.4% of nurses reported occupational stress and time pressure was the leading cause of stress.

ELENI MOUSTAKA ET AL (2010) conducted a review search to examine the source and consequences of occupational stress on nurses' adequacy, productivity, efficiency. Aspect of work such as work load, role based factor like lack of power, role ambiguity and role conflict are more stressful. Other factor include threat of redundancy, being undervalued and unclear promotion prospect.

G. MARK ET AL (2011) conducted a study to investigate the relationship between job characteristics and coping in predicting levels of anxiety and depression in nurses.

870 nurses participated in this study. The result job demands, extrinsic effort, and over-commitment were associated with higher levels of anxiety and depression.

ROSE CHALO NABIRYE (2013) conducted a study to examine the relationship occupational stress, job satisfaction and job performance among hospital nurses in Kampala city, Uganda and to establish whether personal background characteristics affect the relationship between occupational stress, job satisfaction and job performance.

A total of 333 nurses completed the nurse stress index, the job satisfaction survey and the six dimensional scales of nurse performance scales. The finding showed that there were significant differences in levels of occupational stress, job satisfaction and job performance. There were significant negative relationships between occupational stress and job performance and occupational stress and job satisfaction.

ALI MOHAMMAD MOSADEGHRAD (2013) conducted a study to explore the status of occupational stress among the hospital nurses in Isfahan, Iran and to examine relationship between nurses' occupational stress and their intension to leave the hospital. The data was collected using questionnaire distributed to 296 nurses.

The result of the study showed that one third of the nurses rates their occupational stress as high and the major source of stress were inadequate pay, inequality at work, too much work, staff shortage, lack of promotion, job insecurity and lack of management support. More than 35% of nurses stated that they are considering leaving the hospital if they could find another job opportunity.

JAZREEL THIAN ET AL (2013) did a literature review to summarise empirical evidence concerning job stressor in nursing population and the interrelationship among job, positive affectivity and work engagement. After reviewing studies publish from 1992 to 2012, it was found that common job stressor among nurses were job demands, role stress and interpersonal conflicts at work. heavy work load, perception of

reward and appreciation, and stress relating to patient care were identified as potential predictors for work engagement.

ONASOGA A ET AL (2013) conducted a study to determine occupational stress management strategies among nurses. a questionnaire containing 45 item were developed and given to 100 nurses for data collection. The study finding showed that majority of the nurses were female and married. Major cause of stress includes poor salary (82%), handling a large no of patient alone, lack of incentives (83%) and job securities.

The strategies used by staff include measures like identifying and avoiding unnecessary stress, altering the situation, expressing their feeling instead of bottling them up, managing their time better and adjusting their standard and attitude.

NADEEM AKHTAR ET AL (2014) conducted a study to explore the level of role related stress and burnout among the nurses working in the private hospital and to examine the relationship between the roles related stressor and burnout.

The maslach burnout inventory and the occupational stress inventory were used to measure burnout and role related stress. The score indicated a moderate level of stress and burnout among the nurses and the role related stressors were significantly related to all burnout dimension. Role overload and role insufficient were significant predictors of emotional exhaustion.

Aim and Objective

The aim of the study is find the cause of stress among the nursing staff of PARK hospital Gurgaon and to recommend measure to reduce the stress.

Specific Objective

1. To measure the stress level of the nursing staff of PARK Hospital Gurgaon.
2. To identify the major cause of stress among the nursing staff of PARK Hospital Gurgaon
3. To recommend measure to reduce the stress level of nursing staff working in PARK Hospital Gurgaon.

Research Methodology

Study Design

Descriptive and cross- sectional design

Study Area

This study was conducted in PARK Hospital, Gurgaon. PARK Hospital Gurgaon is a 250 bedded super-speciality hospital.

Study Population

The Study population comprises of all the nursing staff of PARK Hospital Gurgaon.

Sampling Technique

Simple random sampling method has been used in the study

Sample Selection

Convenient sampling is used

Sample Size

50 nursing staff has been taken as sample for the study

Tool

Primary Data is collected using Semi- Structured questionnaire with close ended question. The questionnaire is divided into three part

- Part A deals with the demographic details of the respondents
- Part B deal with level of stress
- Part C deals with Cause of stress

Data Analysis

Data was analysed with the help of Microsoft Office Excel worksheet

Research Finding

The research findings of the study are discussed below

PART A: Demographic Details of respondents

Figure 1: Age profile of the respondents

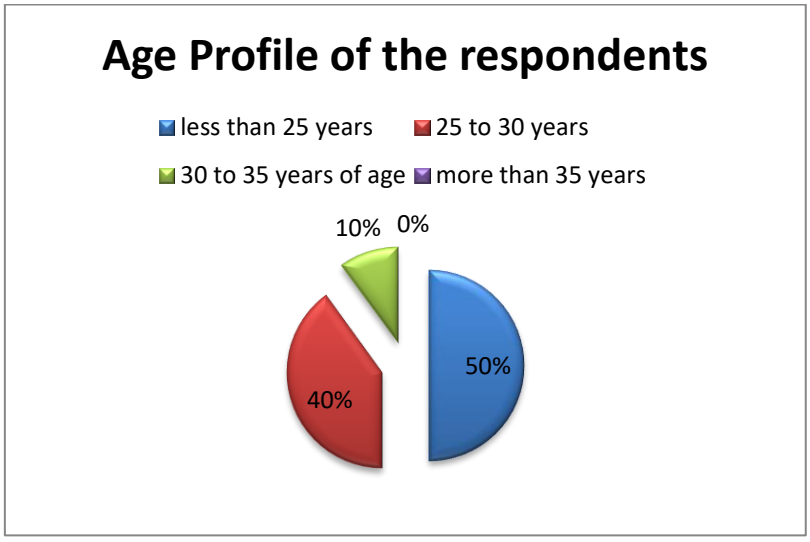

Figure1 represent the age profile of the respondent. 50% (25) of the respondent belongs to the age group of less than 25 years, 40% (20) belongs to the age group of 25 to 30 years, 10% (5) belong to the age group of 30 to 35 years and 0% belongs to age group more than 35.

Figure 2: Gender Profile of the respondents

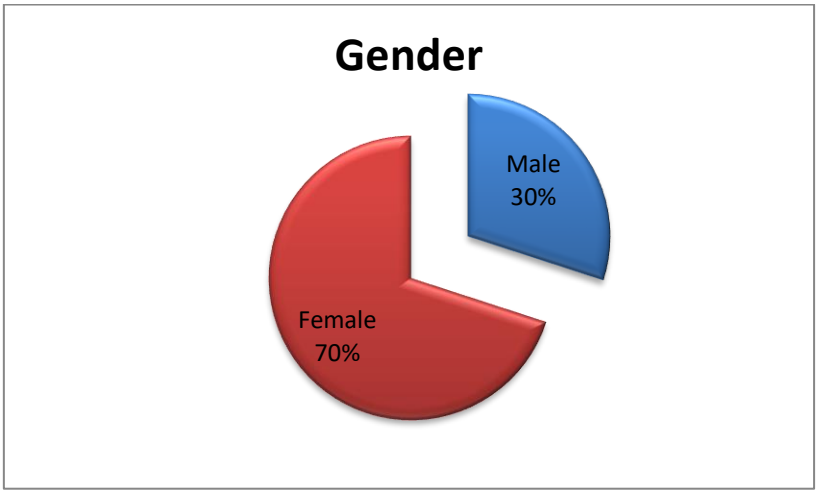

Figure 2 represents the gender profile of the respondents. 70% (35) of the respondents are female and remaining 30% (15) are male.

Figure 3: Marital Status of the respondents

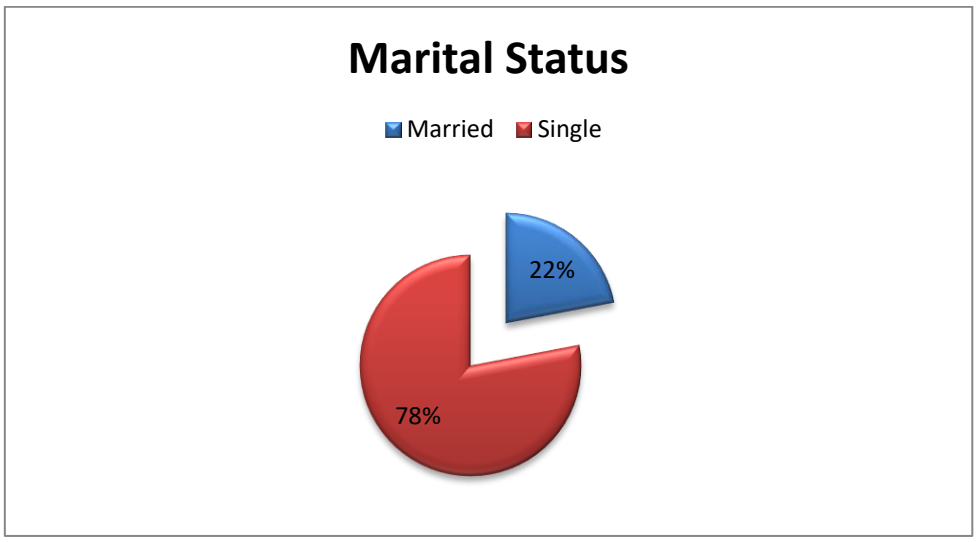

Figure 3 represent the marital status of the respondents.78% (39) of the respondents are single and remaining 22% (11) are married.

Figure 4: Basic Qualification of the respondents.

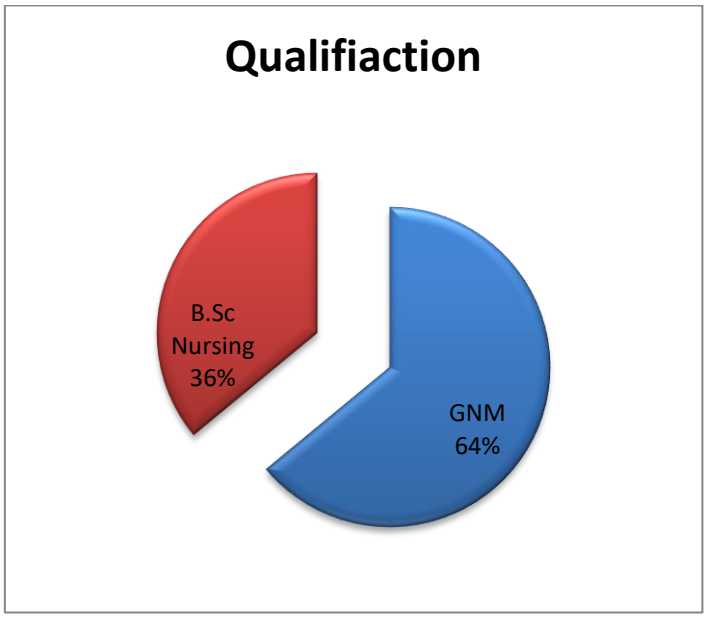

Figure 4 represent the basic education qualification of the respondents. 64% (32) of the respondents are GNM and remaining 36% (16) are B.Sc. Nursing.

Figure 5: No of dependent

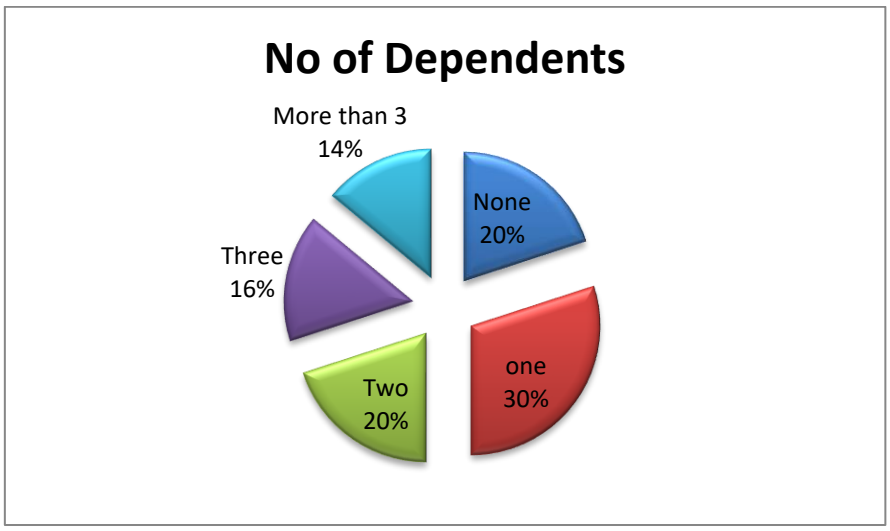

Figure 5 represent the no of dependent on the respondent. 20% (10) of the respondent have no dependent, 30% (15) of the respondent have only one dependent, 20% (10) of the respondent have two dependents, 16% (8) of the respondent have three dependents and 14% (7) have more than 3 dependent.

PART B: Level of Stress

The stress level is classified into three categories depending on the score to the questionnaire. The levels are

1. Mild- score range between 40-80
2. Moderate- Score range between 81-120
3. Extreme- Score Range between 121-160

Figure 6: Level of Stress among respondents

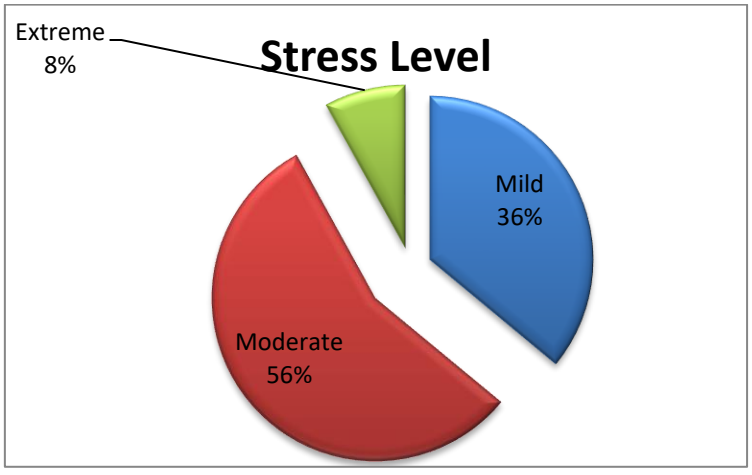

Figure 6 represents the level of stress among the respondents. Of all respondents, 36% (18) have normal stress level, 56% (28) have high stress and 8% (4) have very high stress.

PART C: Causes of stress

Figure 7: Nursing Staff response toward Function of organisation as whole

Figure 7 represent the respondents' response toward the functioning of organisation as a whole. 40% (20) of the nursing staff always felt that organisation as a whole does not function satisfactorily, i.e. the practices by top management is not at all satisfactory. 30% (15) of the staff has often felt it, 20% (10) has felt it sometimes and 10% (5) said that they have never felt it.

Figure 8: Nursing Staff Response toward nature of their work.

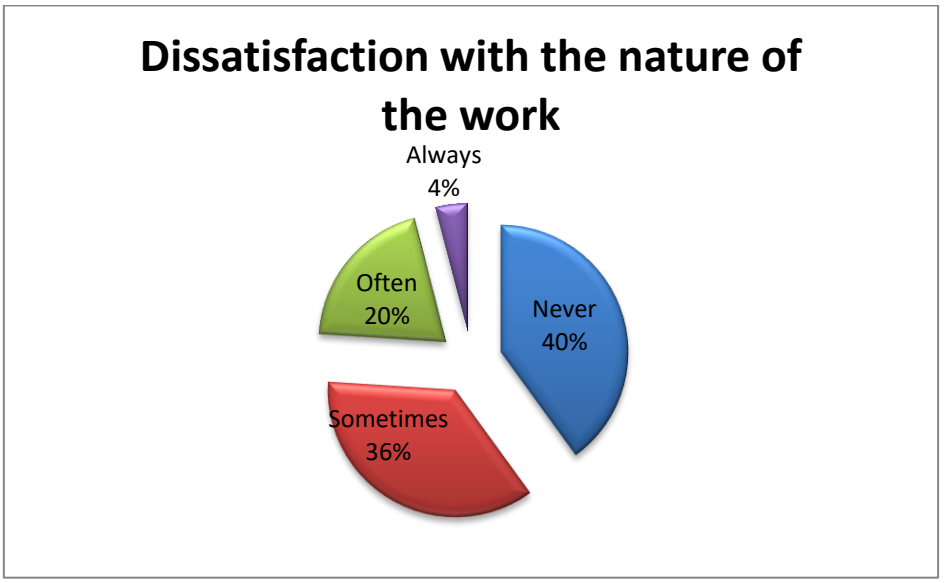

Figure 8 represent nursing staff response toward their nature of work. when asked how often do you feel that your are dissatisfied with the nature of your work, i.e. their job is not challenging enough or it does not correspond with your aptitude, 40% (20) of the nursing staff said that they never felt dissatisfied with their work nature, 36% (18) said that they sometimes felt dissatisfied, 20% (10) often felt dissatisfied and only 4% (4) said they always felt dissatisfied with the nature of their work.

Figure 9: Problem concerning Physical Working Condition

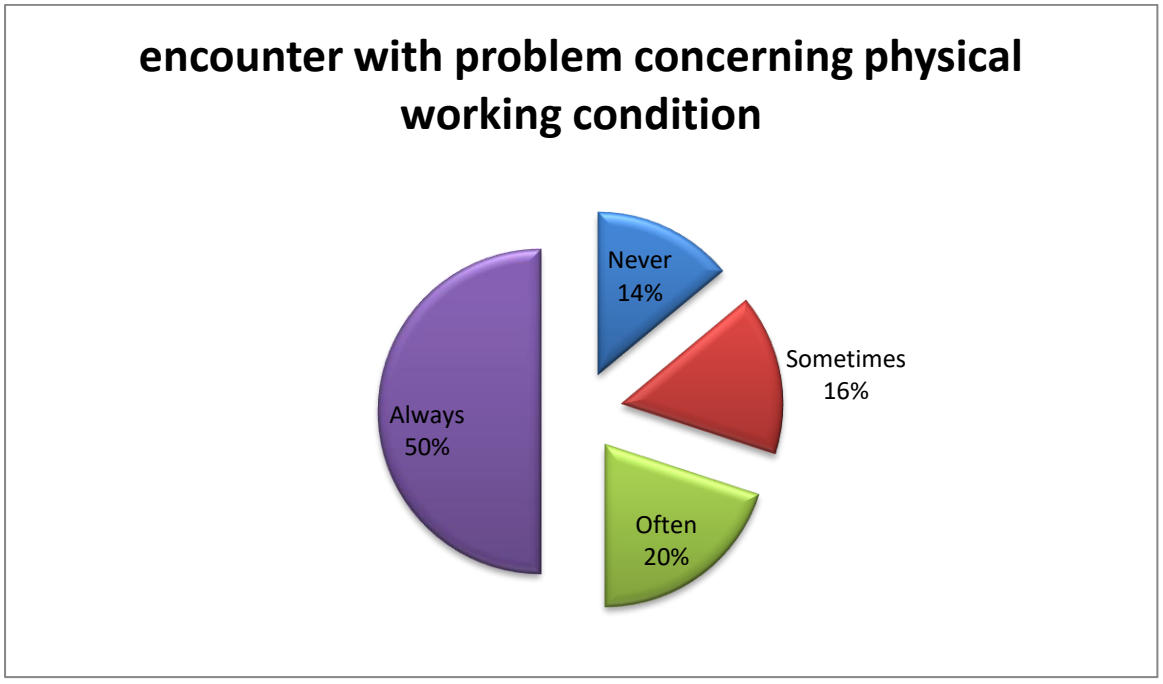

Figure 9 represents nursing staff response toward problem concerning physical working condition. When asked how often you have encounter problem like poor lighting, odour, noise, crowding of people, etc…, 50% (25) said they always encounter this type of problems, 20% (10) said they often encounter them, 16% (8) said they sometimes face them and 14% (7) said they have never encounter such problems.

Figure 10: Employees response toward lack of career development options

Figure 10 represent staff response toward career development option. When asked how often do you feel that there is not enough opportunity for progress to higher post or lack of career development option, 20% (10) said they always felt that way, 30% (15) said they often felt it, 30% (15) said they sometime felt it and 20% (10) said they never felt it.

Figure 11: staff response toward regulation toward HR policy

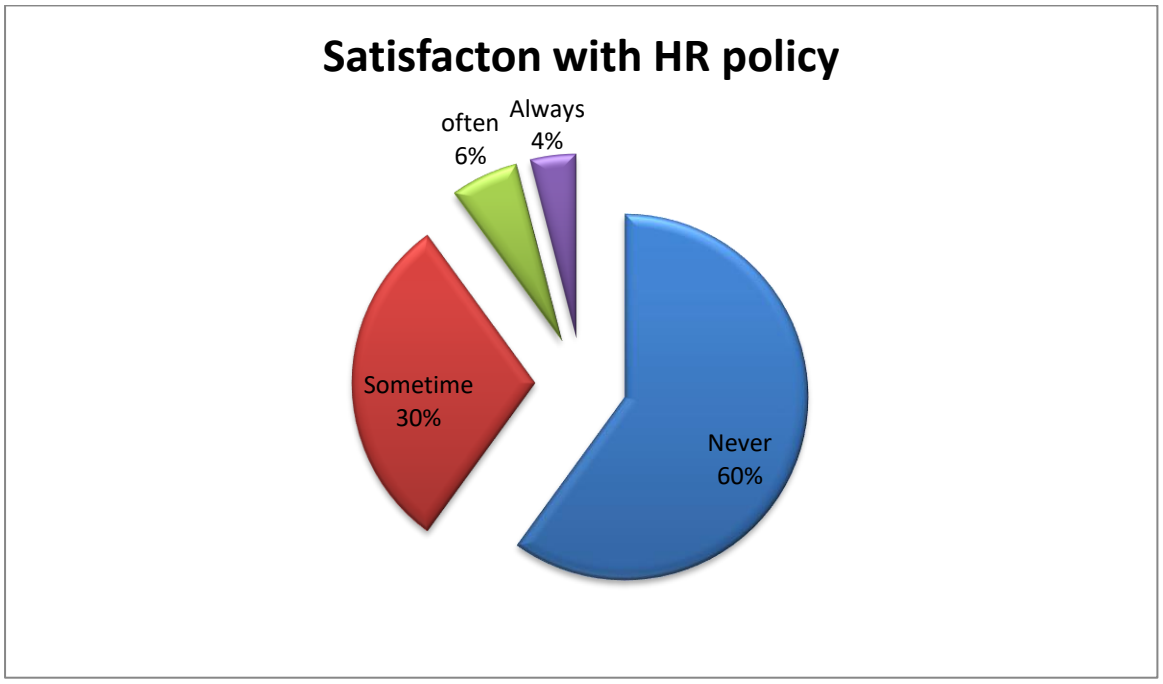

Figure 11 represent nursing staff response with the satisfaction level with theHR policies. When asked how often they feel satisfied with the personnel policies like working hours, leave policy, etc…, 60% (30) of the nurses said they never felt satisfied with the personnel policies, 30% (15) said they sometimes felt satisfied while 6%(3) said they often felt satisfied and the remaining 4% (2) always felt satisfied

Figure 12: staff response toward their emotional wellbeing

Figure 12 represent nursing staff response toward their emotional well-being. When asked how often do they feel that they are emotionally tired, 56% (28) said they are always tired, 8% (4) said they are often emotionally tired, 30% (15) said they sometime feel emotionally tired whereas only % (3) said they never felt this way. Emotional tiredness can be attributed to factors like dealing with difficult patient attendants, coping with deathly ill patients etc…

Figure 13: Staff Response toward health issue

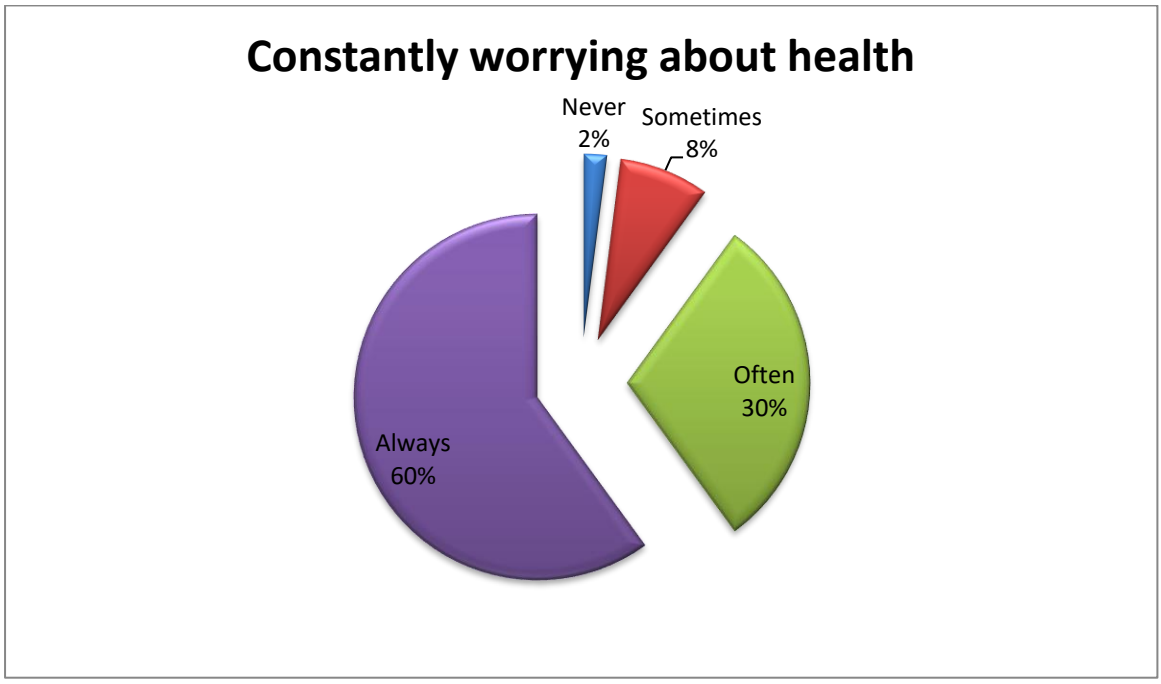

Figure 13 represent nursing staff response toward concern regarding their health. Nursing staff are in direct contact with patients. Many of the patients carry infectious or unknown disease. As a result of this factor along with the poor hygienic condition of the hospital, nursing staff is very concerned about their health. When asked how often do they worried about their health, 60% (30) said they are always worried about their health, 30% (15) said they are often worried, 8%(4) said they are sometime worried and only 2% (1) said they are never worried about their health.

Figure 14: Nursing staff response toward peer pressure

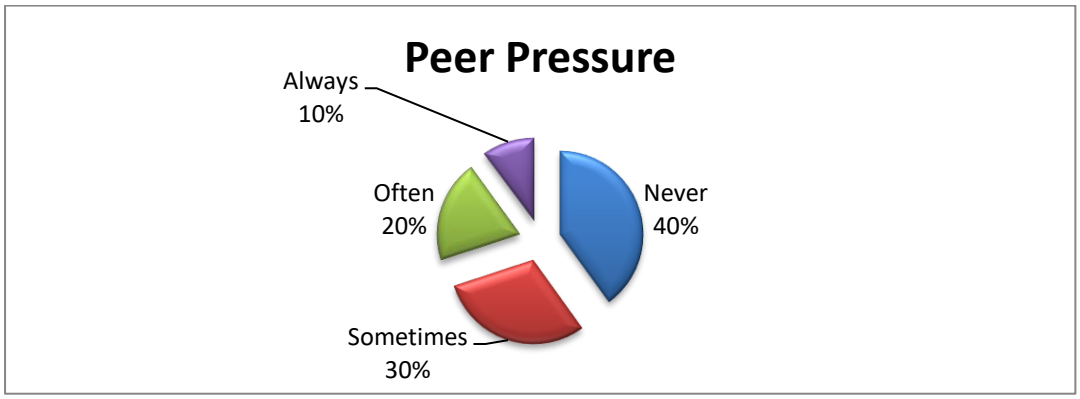

Figure 14 represent nursing staff response toward peer pressure. Peer pressure has always been one of the major factors for employee stress, this stress factor is also applicable in hospital industry. When asked how often they have experienced peer

pressure, 40% (20) nursing staff responded never, 30% (15) said sometime, 20% (10) said often and 10% (5) responded never.

Figure 15: Staff Response toward relationship with Superiors

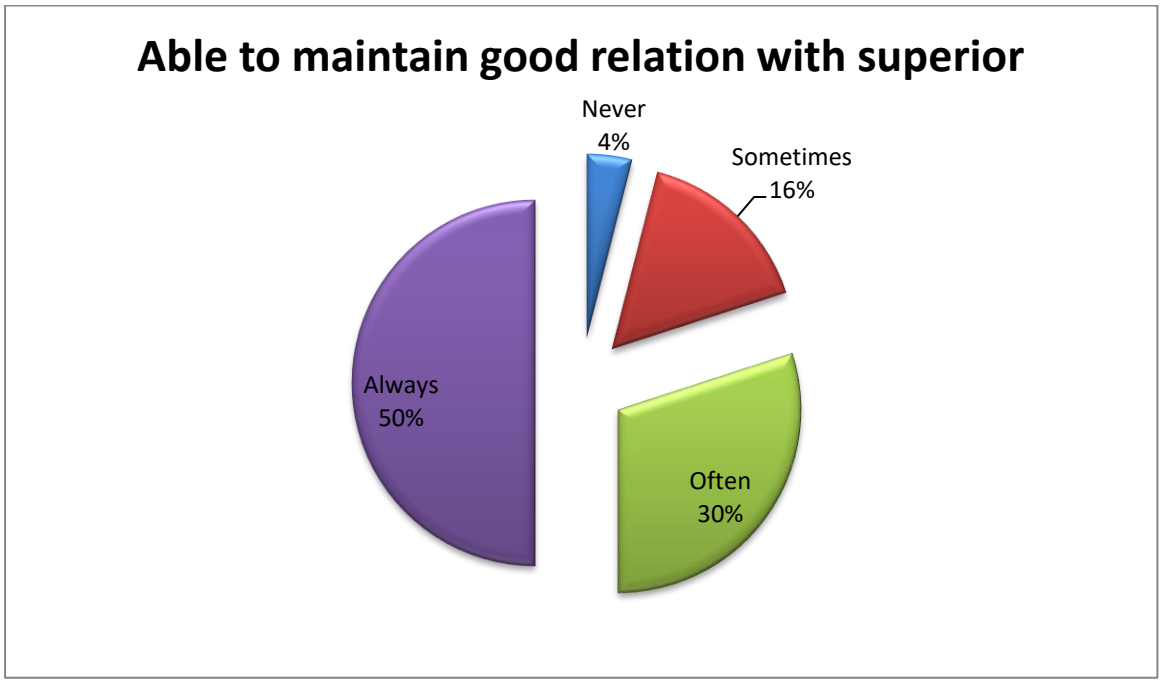

Figure 15 represents nursing staff response toward their relationship with superiors. For a staff, his or her relation with the superior has always a crucial factor for satisfaction. An employee having a good relation with his superior is far more motivated and satisfied than the employee having poor relation. Poor relation also leads to stress. when asked how often they feel that they are able to maintain a good relation with their superior, 50% (25) of the nursing staff responded always, 30% (15) responded often, 16% (8) responded sometimes and only 4% (2) said never.

Figure 16: Response toward staffing and workload

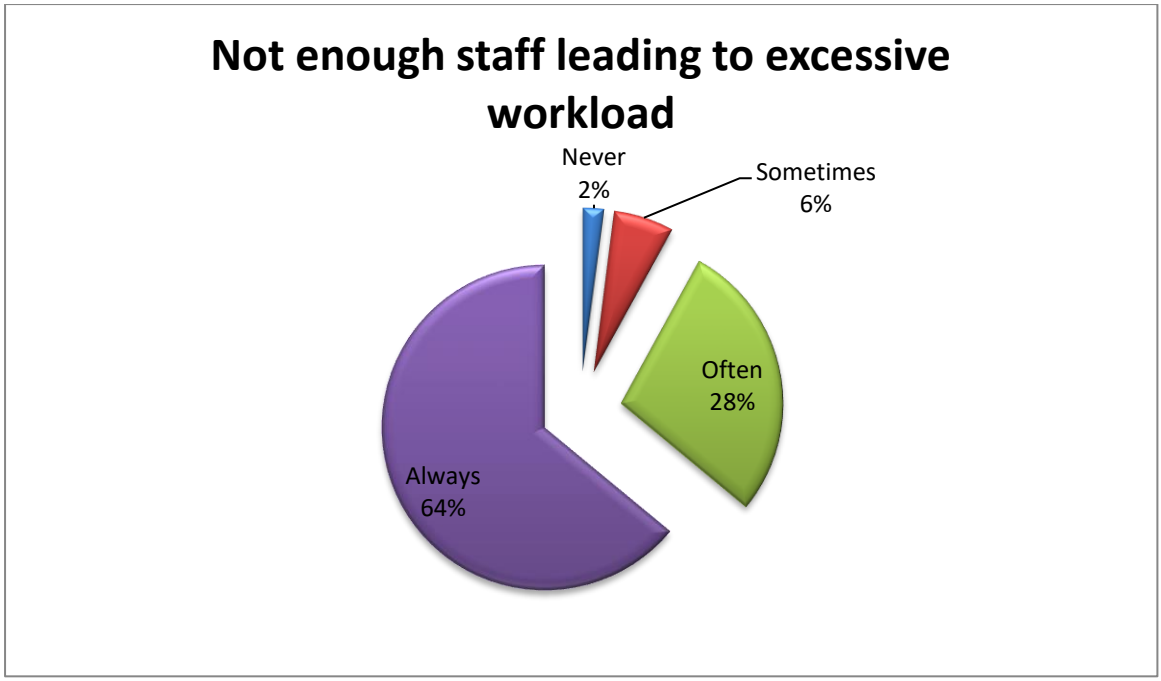

Figure 16 represent nursing staff response toward staffing and workload. Shortage of staff has always been one of the major problems faced by hospital industry. This problem leads to increased work load on the existing employee which in turn increase the stress level and hampers the performance of the employee. When asked how often do they feel that there are not enough staff leading to increased work load, 64% (32) of the nursing staff said they always feels this way. 28% (14) said they often feel that there are not enough staff, 6% (3) said they sometimes and 2% (1) said they nerve felt this way.

Figure 17: Staff response toward family crises

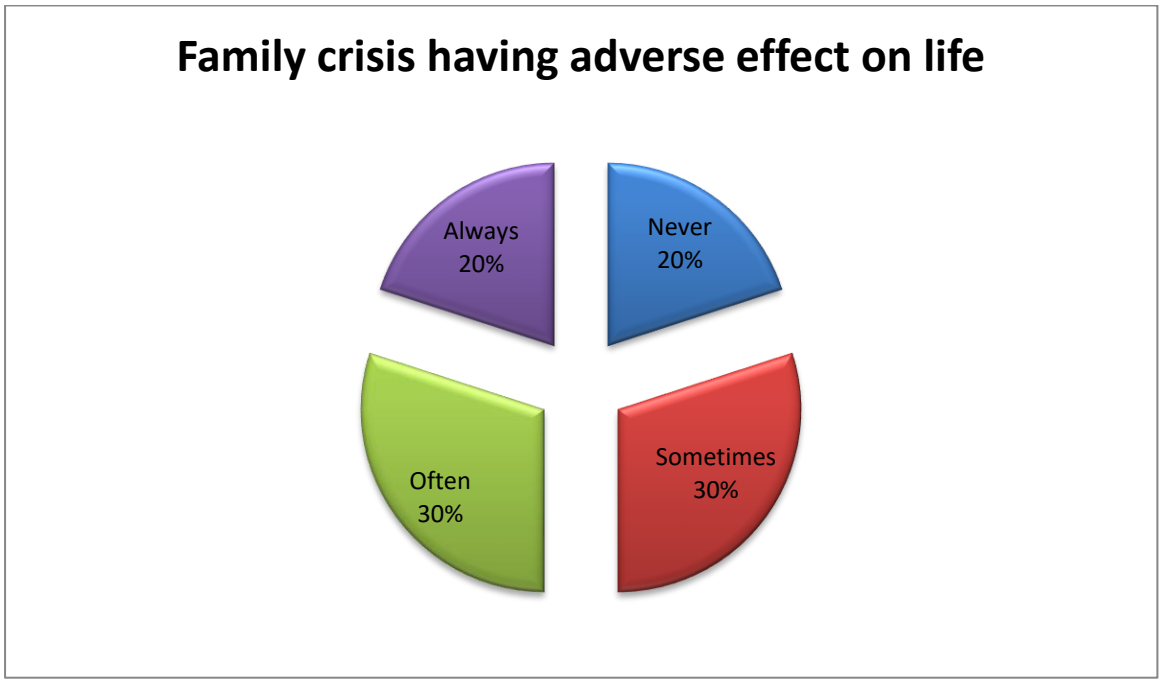

Figure 17 represent nursing staff response toward family crises. A family crisis is one of the major causes of stress in any individual life. What a person experience in his family has a bearing on his work life and manifest in the form of stress. When asked how often they feel that family crisis have a adverse effect on life, 20% (10) responded they always felt it, 30% (15) responded often, 30% (15) responded sometime and 20% (10) responded they never felt it.

Figure 18: Staff response toward financial obligation

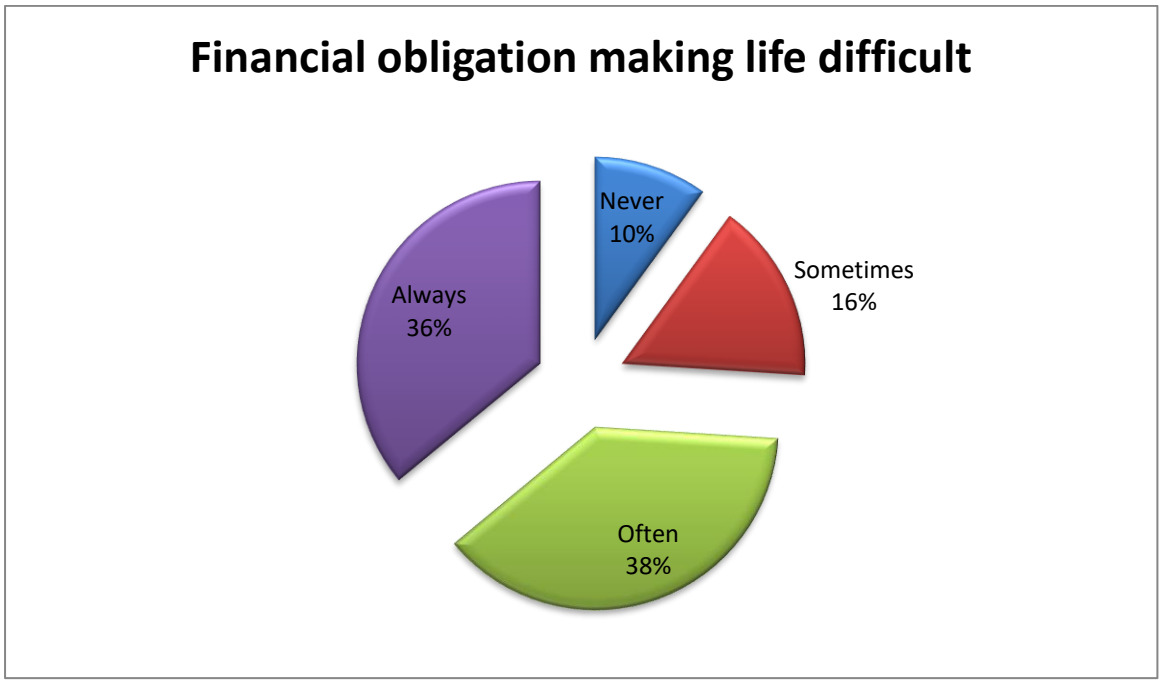

Figure 18 represent staff response toward his or her financial situation. Financial obligations like caring for sick parents, paying house loan, etc… are causes of stress. When asked about how often they feel that financial situation is making life difficult, 36% (18) responded always, 38%(19) responded often, 16% (8) responded sometimes and 10% (5) responded that they never felt it.

Figure 19: Staff response toward general economic situation in the country

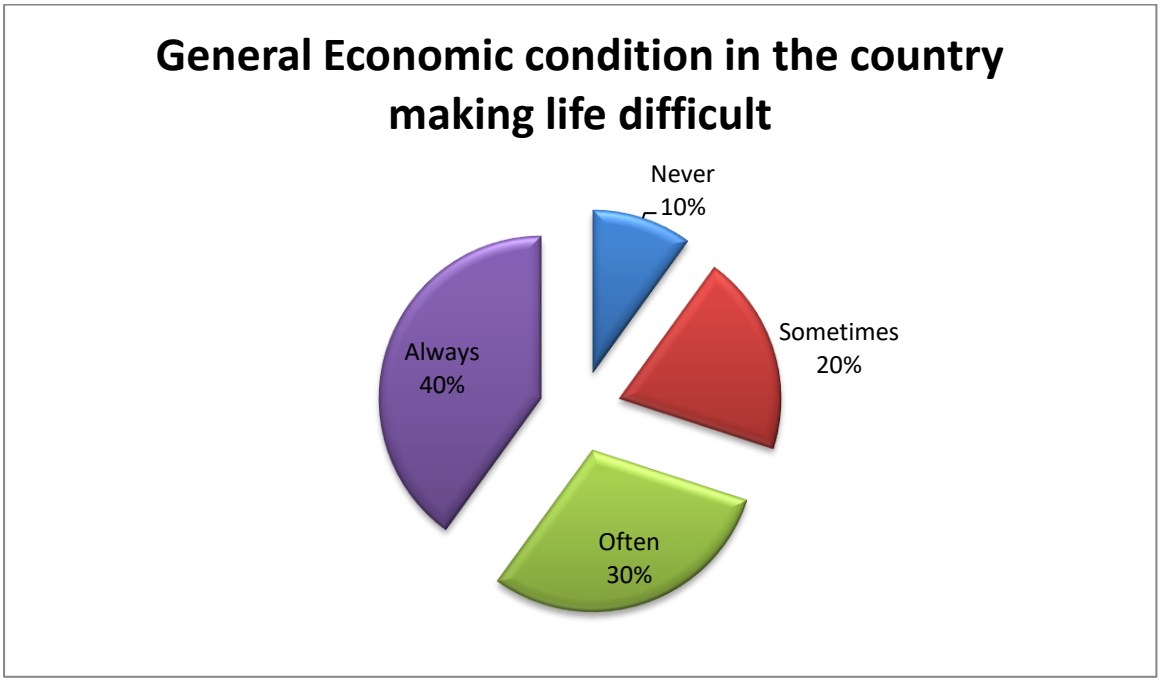

Figure 19 represent nursing staff response toward general economic condition of the country. General economic condition like inflation etc… leads to increased monetary pressure. Those who are the sole earner in the family are especially adversely affected by this. And in this way it is could be one of the cause of stress. when asked how often do they feel that the general economic condition in the country is making their life difficult, 40% (20) said they always, 30% (15) said often, 20%(10) said sometimes and 10% (5) said they never felt this way.

Figure 20: Staff response toward status among relatives and friends

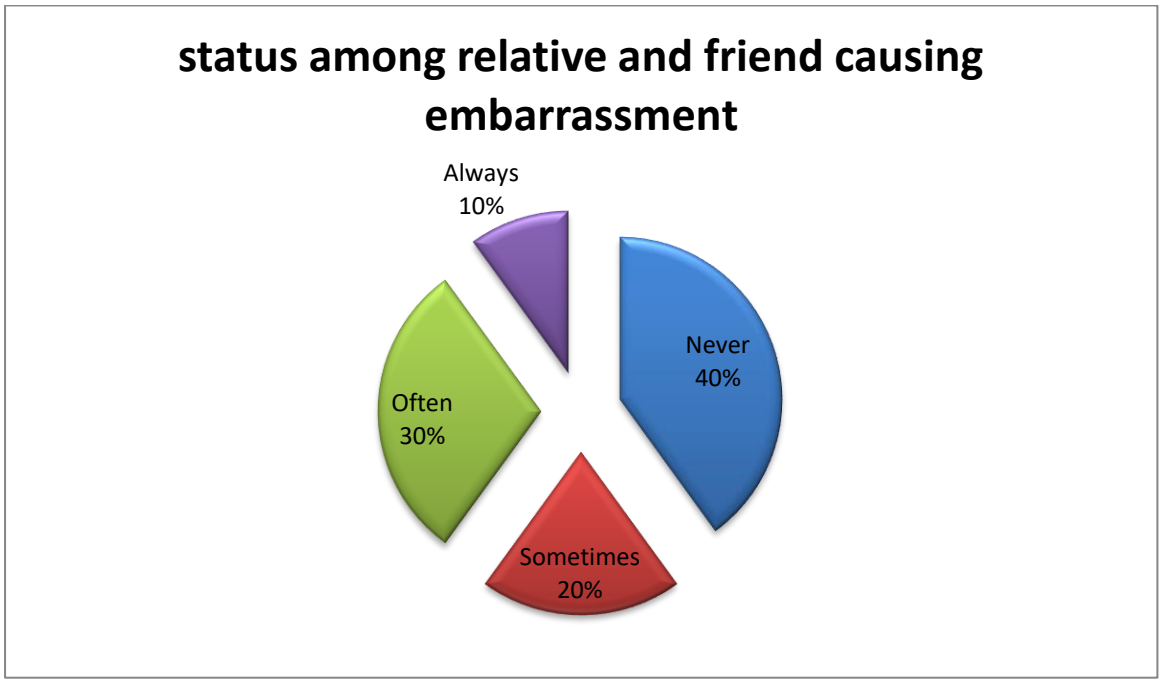

Figure 20 represent nursing staff response toward their status among relatives and friends. Most of people felt embarrassed by their status among their relative and friends. How other perceive them has always been a stressful. When asked how often do they feel that their status among relative and friend causes embarrassment, 40% (20) responded never, 20% (10) sometimes, 30% (15) often and 10% (5) responded they always felt it.

Figure 21: Staff Response toward their background.

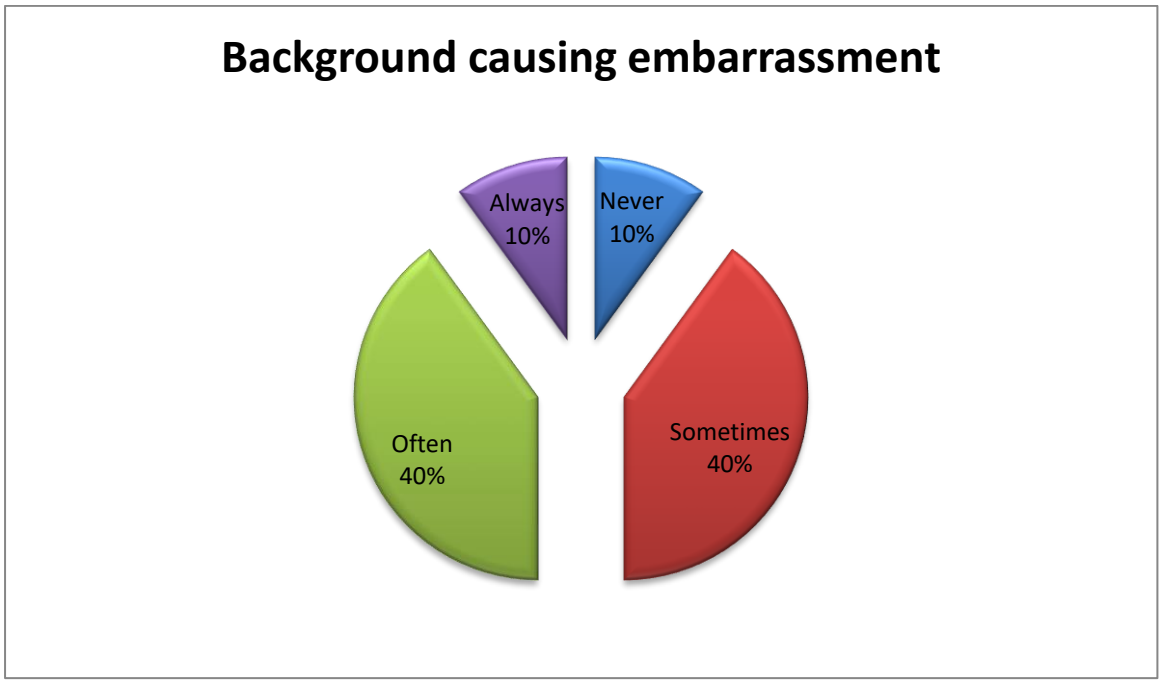

Figure 21 represent nursing staff response toward their background. People belonging to poor back ground or troubled past often feel embarrassed about it and are often feel stressed due to this. When asked how often do they feel that their background is causing them embarrassment, 10% (5) responded always, 40% (20) responded often, 40% (20) responded sometimes and remaining 10% (5) responded never.

Figure 22: Staff response toward accommodation provision

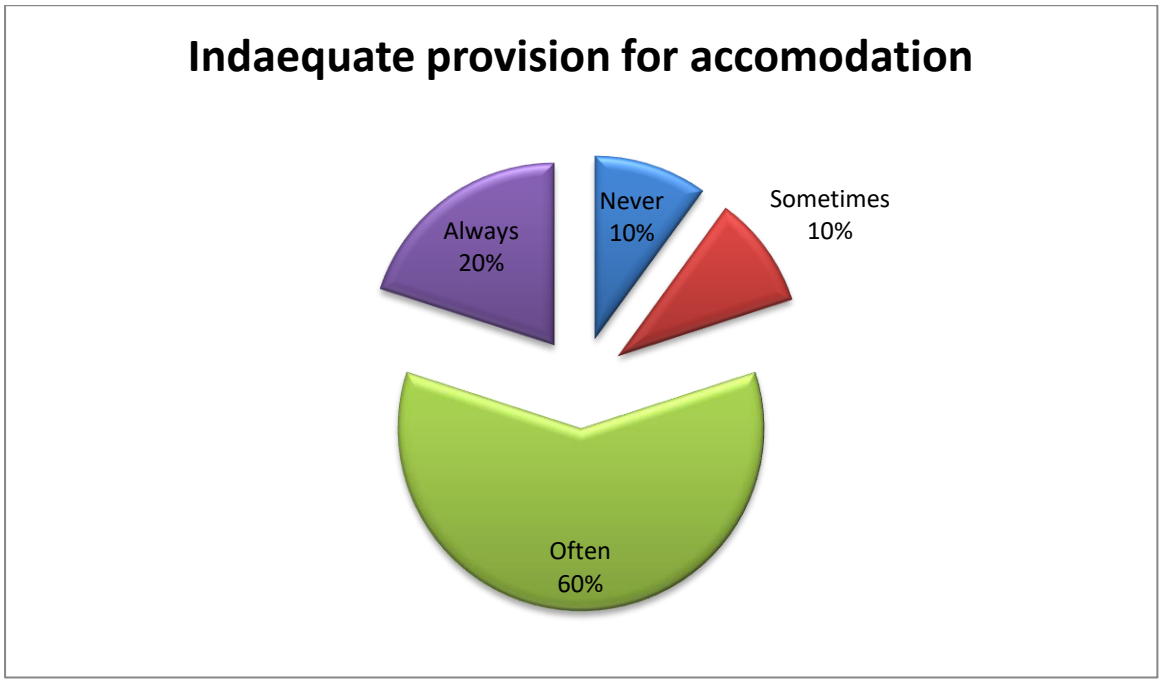

Figure 22 represent nursing staff response toward their accommodation provision. Where a person stays have a bearing on his stress. After working so hard, home is the place where one gets to relaxed. If that place is not appropriate or proper, this is only going to increase his frustration level which in turn will make his life more stressed. When asked how often they feel that the accommodation provisions are inadequate, 20% (10) responded always, 60% (30) responded often, 10% (5) responded sometimes and 10% (5) responded never felt this way.

Figure 23: staff response toward their health

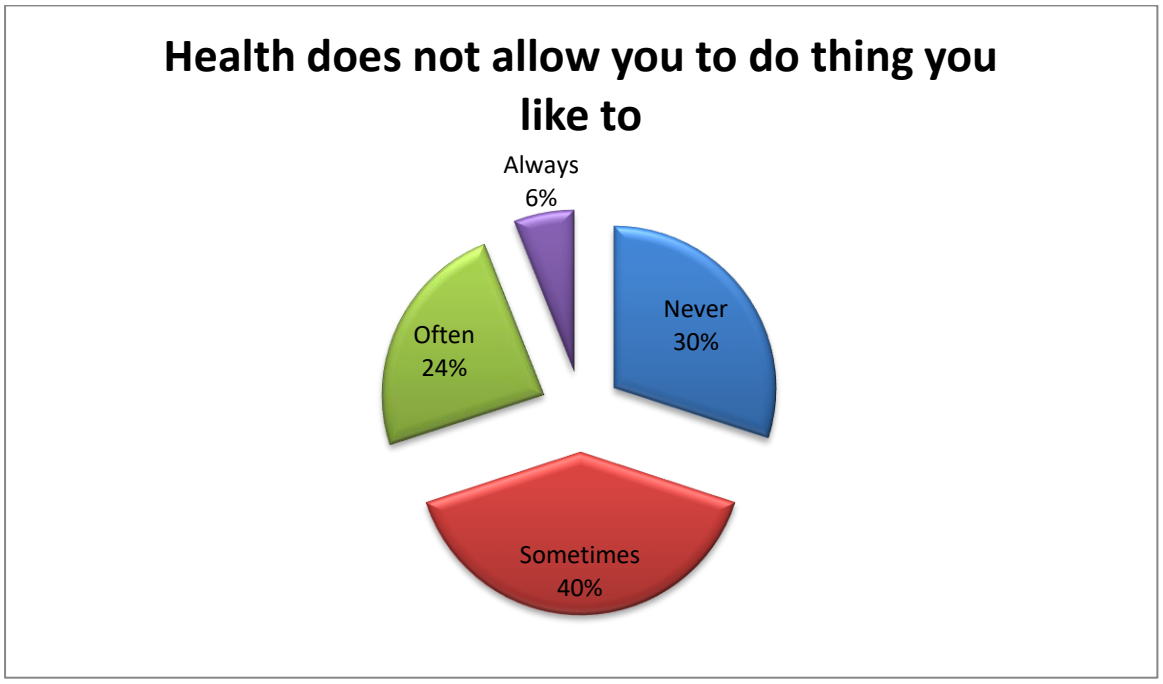

Figure 23 represent nursing staff response toward their general health. If a person is not healthy and is having any kind of health issue, he is not able to enjoy his life to the fullest and this leads to frustration and depression which in turn leads to stress. when asked how often they feel that their health does not allow them do thing they like to, 6% (3) responded always, 24%(12) responded often, 40%(20) responded sometimes and 30% (15) responded they never felt this way.

Figure 24: Staff response toward problems with transportation

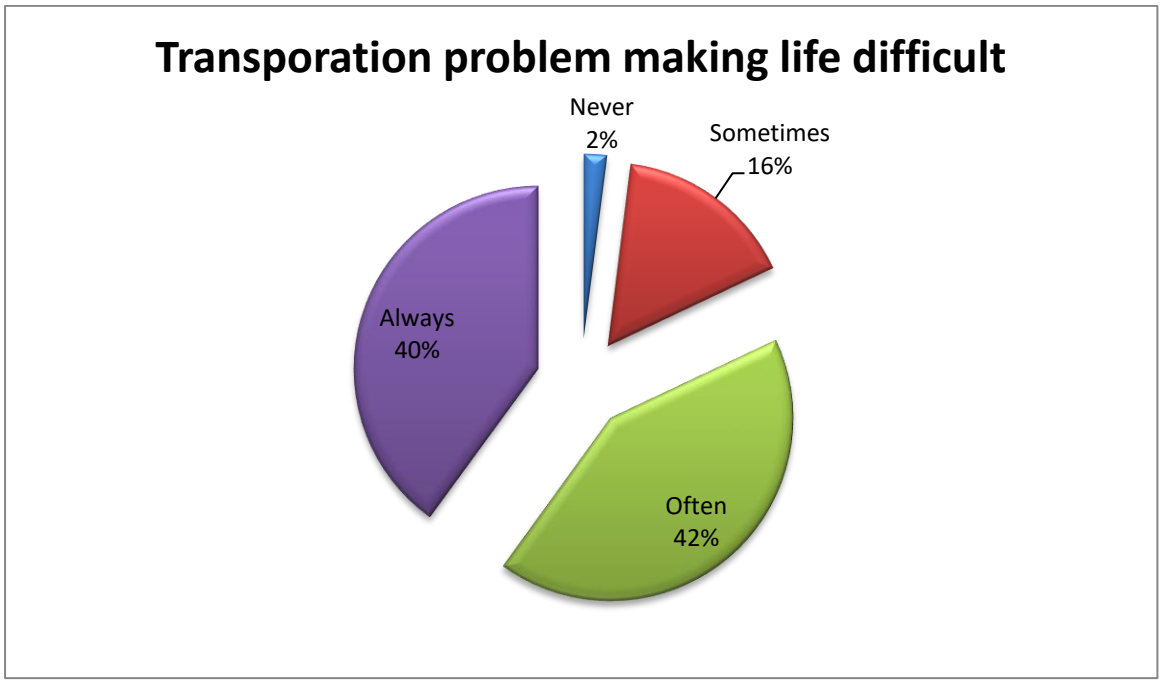

Figure 24 represent nursing staff response toward transportation issue. If an employee spends long time commuting to and from work, it makes his work life very hectic and frustrating which leads to stress. When asked how often they feel that transportation problem is making their life difficult, 40% (20) responded always, 42% (21) responded often, 16% (8) responded sometimes and only 2% (1) responded never.

Figure 25: Leading stress causing factors in highly stressed nurses

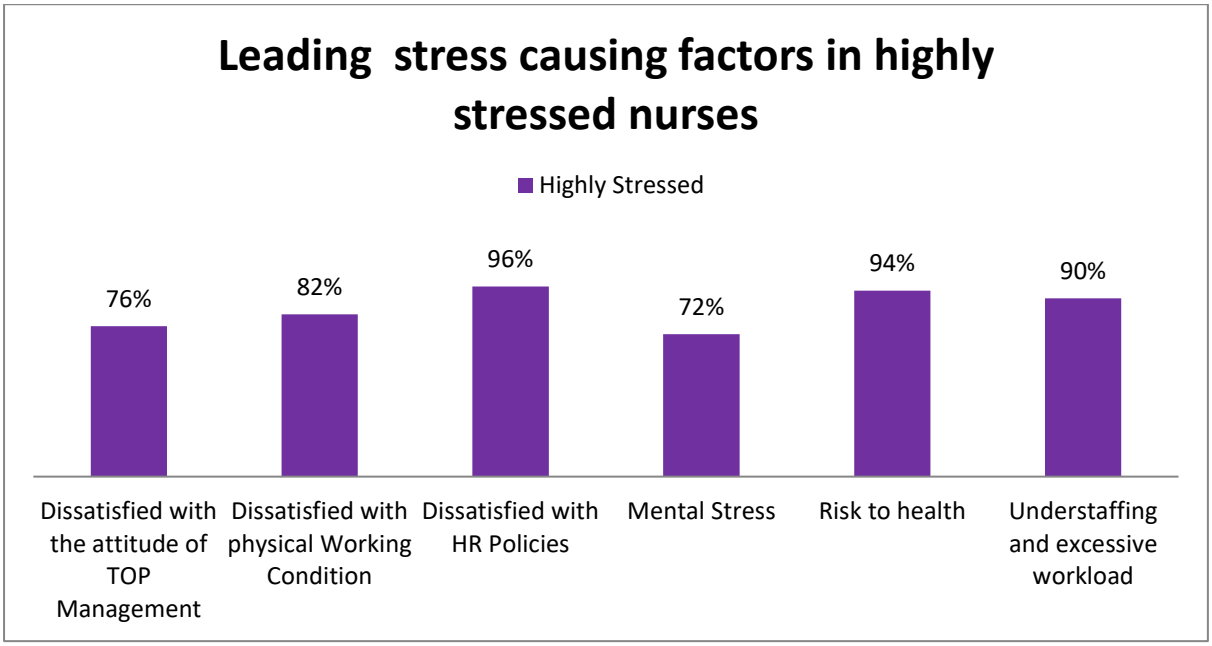

Figure 25 represent leading stress causing factor in highly stressed nurses. Top most stressful factor is unsatisfactory HR Policy (96%) which includes factors like working hours, salary, monthly offs etc… second top most factor is risk to health (94%), understaffing and excessive workload is third top most cause of stress (90%), then comes dissatisfaction with physical working environment (82%), dissatisfaction with the attitude of top management (76%) and last one is mental stress (72%).

Discussion

After analysing the data certain factor were identified as major causes of stress among nursing staff. These factors are-

- Poor leadership or organisation (70%)

  Majority of the nursing staff is dissatisfied with the leadership style of the organisation. They don't feel appreciated and valued working in the organisation. They feel that their role is not properly defined and their ideas and suggestion are never appreciated.

- Poor physical working environment (70%)

  Poor Working Condition has also been identified as a major cause of stress. On asking, the nursing staff said there so much noise in the hospital, the resources that they require are not available, there are overcrowding of people especially in ICUs, there is no separate wash room for staff and the changing room is very small and not at all in good condition.

- Dissatisfying HR Policy (90%)

  Nursing staff are highly dissatisfied with the HR Policy. factors such as working hour, performance appraisal and leave policies are leading cause of stress among nursing staff. Only three monthly leaves are given to the employee which is a major demotivating and stressful factor.

- Emotional stress (64%)

  Nursing staff is dealing with patients whose health spectrum ranges from mildly ill to highly sick patients, they even have to deal with death of patients. Apart from the caring for the patient they also have to provide emotional support to the family member of the patients. Sometimes they have to deal with difficult patient as well as difficult attendants. All this take a toll on the emotional state of the nurses. As a result of this encounters they often feel stressed

- Concern regarding health (90%)

  Nursing staff are in direct contact with patient, many of which carry highly infectious or unknown disease. Even the hygienic conditions are poor and there is lack of proper sanitisation. All this factors are major health concerning factor and result in stress.

- Understaffing and excessive workload (92%)

  Understaffing puts more pressure on employee. He has to do work additional to his normal workload, this increase workload causes stress.

The above factors are related with working environment. After analysing the factors responsible for stress due to personal issue following factor were identified as major cause-

- Financial obligation (74%)

  Financial obligation like caring for sick or elderly family member, paying home loan , being a sole bread earner in the family, etc…leads to stress.

- General economic condition (70%)

  General economic condition of the country like inflation also results in stress. With the increase in demand of product and services, their price is also increasing. Those who are able to afford them don't feel any stress but those who cannot afford them are depressed and stressed.

- Inadequate provision for accommodation (80%)

- Transportation (82%)

The findings of this Study is to be interpreted cautiously because of small size of sample and study was conducted in the Private Hospitals which are located in Delhi, where best of the equipment and infrastructure and staff are available. The results could have been different, if the study was conducted in hospitals located in the areas where there is problem of counter insurgency and the hospitals which are located in difficult areas / high altitude.

Majority of the Nursing Staff were satisfied as regards interpersonal relations. However the study revealed large Number of them (60 - 88%) were not satisfied with the organization as regards opportunity for higher education, opportunity to participate in professional meeting, library facilities and research work. 81 – 87% of them have shown dissatisfaction as regards recognition for outstanding work and recommendations for Awards and Medals. The hospitals having authoritative command structure, there is dissatisfaction as regards voice opinion, handling of grievances, participative management and performance evaluation. The Nursing Staffs have shown general satisfaction as regards Pay, Promotion, leave. However there is dissatisfaction as regards accommodation and frequent transfer.

Our study has indicated that advancing age and services have shown more stress score, may be because of their responsibilities in family front has increased. Married Nursing Staffs and Nursing Staffs having children have also shown more stress score. The middle years were noted to be danger in a study of anesthetists in United Kingdom by Seeley (1996) also. Low autonomy, work over load and lack of congruence between power and responsibility are probable. Under lying factors in this mid life crisis.

COOPER AND COLLEAGUES (1989) had found that male general practitioners were more affected by the work related aspects of the job, where as women general practitioners were, affected more by the job interfering with their family life. The same factors may be working with Nursing Staffs Working in critical care areas in the hospital.

BUXRUD (1993) had reviewed the Scandinavians and English literature on working environment and health of female health workers, with special reference to female physicians. Important themes are job satisfaction, stress and cause of stress, job-home interface and suicide. While the results concerning job satisfaction vary, most study show that, compared with their male colleagues, female physicians experience their work environment as more stressful and reports work related health problems more often. The relevance of these findings could have been made if the sample would have been taken from the Male Nurses who are working in critical care areas in hospitals.

The married Nursing Staffs displayed more stress than unmarried nursing Staffs contributes that married nursing Staffs have to spare time for more domestic activities in the house. The Nursing Staffs who are not married are staying in Nursing Staffs Mess hence they were free from domestic burdens. But the Nursing Staffs

who are married has shown more dissatisfactions over frequent transfer and not getting accommodation immediately reporting to a new station.

45% of Nursing Staffs have shown satisfaction on time for direct patient care activities, while 53% have shown dissatisfaction on this front. This is a important finding and co-relates with their dissatisfaction over Nurse Patient ratio.

Amenities at work place and nature of job are causing most of the Nursing Staffs significant dissatisfaction. The maximum dissatisfaction because of Lack of Physical facilities, equipment and supplies, unavailability of staff, high work load, lack of service education and incentives and no role in management and decision making. This aspect was also accepted by the Nursing and medical administrators.

Conclusion

The organization upto a great extent can control the external work related stressors by providing physical facilities, adequate equipment and supplies, adequate staff as per authorization, separate staff for clerical, administrative and supervising activities, improving with personal relations by taking remedial actions in times, giving facilities for in service education, recognition of outstanding work, correct performance evaluation and recommendation for awards and medals. Any research is much more meaningful if it has some practical applications. The quantitative and qualitative findings along with their result have been discussed in previous chapter. However some of its practical implication can be pooled together to consider their significance. The result of this study suggests that Nurses working in critical care areas in the hospital are stressed because of lack of organizational support on various parameters. This is a fact that if the employees are stressed they cannot perform their best and have the best in care of those patients who are fighting for their life. Hence it is the duty of organizations to reduce the stress of its employees to minimum by providing them better facilities, training, participative decision making, employees' welfare programme, and incentives. A focused approach to manage stress among Nurses working in critical care areas in the hospital is recommended both at the organizational level and health policy level.

Recommendation

Managing stress does not cost anything much to the organization or our self in terms of money, time of efforts, but if managed properly, it will give dividends to the organization. For management of stress various remedies have been offered by counseling agencies from all over the world, but an integrated day to day management of stress alone can keep it affecting employees.

Individuals and organization cannot remain in a continuous state of tension for a longer period. So there is a need to reduce stress in individuals life i.e. coping with stress. Here the coping is described at two levels :-

(i) Individual level

(ii) Organizational level.

There are different methods of managing stress but there is no clear consensus as to which coping strategies are most effective. Coping may have either be reactive or proactive approach.

Reactive or dysfunctional style is to avoid the stressful situation and proactive is confronting and approaching the problem. There are situations in the organizations which are unavoidable so it is better to know about the measures to reduce it.

Coping at individuals level :- First of all the individual has to find out whether he / she is really suffering from stress or not. If this is identified then only the person adopt measures to cope up with stress. The first step in overcoming stress is to take an honest in-depth look at physical, psychological health and the lifestyle. By studying it can be find out :-

(i) What is causing the stress?

(ii) How stress is effecting physically?

Some simple measures have been explained to reduce stress: -

(a) **Organize the life style**–Make lists of task to be accomplish and prioritize them. Take out some time for yourself. Don't put matters off too long because unfinished business can be stressful and take its toll on your mind and body.

(b) **Coping with anxiety** – Anxiety arises out of inefficiency and fear, which leads to stress. Learning more can reduce the anxiety, and if anything that is beyond your capabilities then one should learn to say no. People have tendency to accept too much responsibilities but one should not spread oneself too thin that health suffers.

(c) **Exercise and balanced diet:** – There is a definite role of balanced diet in reducing daily life stress, though it has not been studied extensively but (Greenbug 1993) eating health diet maintains health and helps in coping stress.

Exercise, Yoga, Meditation is the most effective way to reduce stress. The exact mechanism by which exercise operates to reduce the coronary heart disease is not clear but some researchers theorize that it is due to modifications of feelings such as anger (Czajkowski, Hindelang, Dembroski, Parks, Holland, 1990). While according to some physiological reasons like increased blood flow to brain or release of endorphins (Smith 1993) or it may be because of diversion of attention (Bahrke and Morgan 1978).

And finally one should avoid caffeine sleeping pills and muscles relaxants. Instead one should adopt deep breathing, exercises, relaxation.

At organizational level – The management in the organization can help in reducing the stress among their employees by lot of factors. Although there are some general measures to avoid or reduce stress at organizational level. Two major styles have been described by Pareek (1983 b) i.e. dysfunctional and functional coping styles.

Latack (1986) present construct validity evidence of three measures of coping behavior related to job stress: - Control, Escape and Symptom Management.

Many researches have taken place in coping style of stress but these all researches emphasize on the avoidance coping strategy. Singles (1988) conducted a study and found that avoidance strategy is the best method to deal with the organizational role stress.

In this study the coping is suggested according to the type of role stress or the effect of quality of work life, which is creating more stress.

Miki (2002) overviewed the characteristics of job stress in the nurses and the effectiveness of stress management. The important points in stress management in hospitals were summarized as follows: -

(i) Improvement of work environment.
(ii) Assurance of participation and autonomy.
(iii) Education or training to reduce job stress (ex. Coping behavior, self-care, and relaxation).
(iv) Career development.
(v) Total support among medical professions.

Some reports have demonstrated that the establishment of constant meetings is an effective method of reducing job stress and improving mental health in the nursing profession, but few prospective intervention studies have been carried out. Further

research is necessary to evaluate the effectiveness of stress reduction and to develop effective intervention programs for nursing professions in hospitals specially for the working in critical care area.

The management should be participative so that quality of work life can be improved.

It is obvious from the results of the study that the nurses are stressed because of lack of resource. It is the prime function of the management to reduce stress by providing the nurses best affordable resources.

Providing on job training etc. can reduce personal adequacy to update the knowledge of the employees so they don't feel stress due to lack of skills.

By increasing formal organizational communication with employees will reduce uncertainties by lessening role ambiguity and role conflict.

Finally the organization should start or support wellness programme. These programmed would focus on the employees' total physical and mental condition e.g. workshops to quit smoking, control alcohol, balance diet and regular exercises.

In this way the organization can save a lot by making their work force stress free which will lead to better productivity, less turnover and absenteeism.

Limitation

It must be emphasized that the findings of the present study suffer from several limitations :-

(i) The sample size was small (50).

(ii) The selection of sample was convenient. It should have been random sampling for better results.

(iii) The hospitals selected are located in Delhi, where all possible facilities are available. The result would have been different had the study was done in peripheral, rural or hospitals at high altitudes. The external work related stressors would have been much more.

(iv) Measurement of stress was subjective. The stress level was assessed based on pre-framed questionnaire with a scale. Ideally it should have also been measured clinically. That was not possible because of anonymity of subjects.

(v) One more issue was not addressed in this study was how Nurses fair to job stressors as compared with other professionals.

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Annexure

Questionnaire

Part A: Demographic Details

(Please Tick the most appropriate option)

1. Age of the respondent
   - ☐ Less than 25 years
   - ☐ 25 to 30 years
   - ☐ 30 to 35 years
   - ☐ More than 40 years

2. Gender
   - ☐ Male
   - ☐ Female

3. Marital Status
   - ☐ Married
   - ☐ Single

4. Basic Qualification
   - ☐ B.Sc. Nursing
   - ☐ GNM

5. Number of Dependent
   - ☐ None
   - ☐ One
   - ☐ Two
   - ☐ Three
   - ☐ More than 3

PART B: Level of Stress

(Please Mark X for the most appropriate options)

S. No	How Often in your work do you feel…….	Never	Sometimes	Often	Always
1	as if you are coming up against a wall and simply cannot make any progress				
2	afraid, not knowing of what exactly				
3	Uncertain (unsure, doubtful)				
4	Worried?				
5	Angry?				

6	That you are experiencing conflict?				
7	Bored?				
8	Irritated (annoyed)?				
9	That you depend too much on the help of others?				
10	You are alone?				
11	That you would like to attack another person?				
12	That you have no confidence in yourself?				
13	That you merely accept thins as they are?				
14	That you get disturbed whenever you work hard at something?				
15	That you are losing control of your temper?				
16	That no one wants to support you?				
17	That your work situation compares unfavourably with those of the others?				
18	Despondent (cheerless, down)?				
19	That you have broken some rule or other?				
20	Inferior (no self-confidence)				
21	That someone and/ or a situation is annoying you terribly?				
22	Guilty?				
23	Downhearted?				
24	Fearful?				
25	That you can do nothing about a situation?				
26	Aggressive (want to hurt someone/ break something)				
27	That you are getting sad?				
28	Overburdened (too much work/ responsibilities)				
29	Angry?				
30	Afraid without knowing whether you are afraid of a particular person/or situation?				
31	Not exactly sure how to act?				
32	That you are having trouble concentrating since you are worried about something?				
33	That you have no interest in the activities around you?				
34	That you need assistance continuously?				
35	That you do not wish to participate in anything?				
36	Afraid of colleagues and/or superiors?				
37	That it seems as if you will never get out of this mess?				
38	Dissatisfied?				
39	That you are tearful (weeping, sorrowful)				
40	That you have too many responsibilities and too many problems?				

PART C: Cause of Stress

(Please Mark X for the most appropriate options)

S. No	How often do you feel in your organisation that…	Never	Sometimes	Often	Always
1	The organisation as a whole does not function satisfactorily (for example owing to poor organisation, incorrect leadership, lack of support from top management, or any other problem related to top management)?				
2	You are dissatisfied about the nature of your work (for example it is not interesting and challenging or it does not correspond with your aptitudes or underutilization of your talent)				
3	you encounter one or more of the following: considerable noise, high/low temperature, odour, poor lighting, crowding of people and/or any other problem that concern your physical working condition?				
4	There is not enough opportunity for progress to higher post or lack of career development options?				
5	Regulation related to HR Policy(for example working hours, leave policy, work cloths etc…) are satisfactory?				
6	Your job related resources (stationary, tools, medical supplies, etc..) are always available?				
7	you are emotionally stressed (coping with the emotional need of the patients and their family, or poor patient diagnosis, difficult patient etc..)?				
8	you are constantly worrying about your health due to exposure to infectious diseases, work related violence, poor hygiene, etc….				
9	There is no peer pressure?				
10	You are able to maintain good relation with your superiors?				
11	There is not enough staff to do work properly resulting in excessive workload?		``		
Note that the following question deals with circumstances of your daily life					
12	Family crises (death , illness and strife) have an adverse effect on your life?				
13	Financial obligations (payment of house loan, taking care of sick parents, etc..) make life difficult for you?				
14	The general economic situation in the country (inflation etc….) makes life exceptionally difficult for you?				
15	Your status among relatives and friend sometimes causes you embarrassment?				
16	Your background/(i.e. your past life/where you come from) causes you embarrassment?				

17	Inadequate provision is made for accommodation (your housing in not suitable)?				
18	Your health does not allow you to do things that you like to?				
19	Problem with transport make life difficult for you?				

Thank You for you Cooperation