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NURSES STRESS IS HUMAN RESOURCES DISTRESS

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ABSTRACT

Stress is a fact of everyday life. A situation, a thought or an unfavorable circumstance at workplace in particular act as an active catalyst for increasing the level of stress. In small quantities stress is good; however too much, or a strong response to stress can be harmful. Implications for the quality and efficacy of the health care an organization provides have been a particular focus of investigations on stress and burnouts, both generally and specifically with regard to workplace bullying and psychological aggression. Studies have proved that stress and burnout are strongly linked to suboptimal patient care. Stress related attrition continues to contribute to the reduced level of job satisfaction among the nurses. This paper aims to contribute to the field of research which reveals that the level of stress among the nursing fraternity has a negative impact on job satisfaction. More the level of stress, lesser is the nurses moral, motivation and efficiency.

Keywords: Burnout, Job satisfaction; Physiological Symptoms; Psychosocial Stressors; Stress

INTRODUCTION

According to Rafeli A and Sulton, R.I (1989), The nature of work is changing at a whirlwind speed. Perhaps now more that before, job stress poses a threat to the health of the workers and intern to the health care organizations. When stressful situations go unsolved, the body is kept in constant state of activation, which increases the rate of wear and tear to the biological systems. People can experience stress from four basic sources the Environmental, Social Stressors, Physiological – Situations and thoughts. Stress is simply the body’s response to the change that creates taxing demands. In our daily life, we often use the word 'stress' to describe negative situations. This leads many people to believe that a; stress is bad for, which is not true. Positive stress can motivate, focuses energy and improves performance. In contrast, negative stress can cause anxiety or concern and decreases our performance and lead to mental and physical problems.

Stressors are not always limited to situations where some external situations are creating an issue. Internal events such as thoughts, feelings, and habitual behaviors can also cause negative stress. The signs and symptoms of stress overload can be almost anything. Stress affects the mind, body and the behaviors ion many ways.

According to Fahy, A (2007), stress is difficult for professionals to define because it is a highly subjective phenomenon. Some people blush, some eat more while others grow pale or eat less. Some of the common signs and symptoms are frequent headaches, gritting, grinding teeth, tremors, trembling of lips, hands, necks ache, back pain, muscle spasms. All these after effects of stress reduce the work productivity, increases excessive defensiveness or suspiciousness, increase social withdrawal and isolation.

“Work related stress is when an individual’s emotional and physical response to the demands of the job that is incongruent with his or her abilities, resources or needs. This may be due to the lack of time to complete the necessary tasks of their job or the issue of a heavy work load. Additionally salaries are
not comparable to the task performed or salaries of the people in the similar profession who conduct the similar work. Workers feel they are poorly compensated for their work “as stated by Jaffee G, Smith, Larson, H, and Segal, J (2007).

Nursing has long been considered one of the most stressful professions. Stress in nursing is largely attributed to physical labour, suffering and emotional demands of patients and families, work hours, shift work, interpersonal relationships and other pressures that are central to the work that nurses do. Factors that have increased the level of stress among nurses since the 1980’s include the rising use of sophisticated health care technologies, budget cuts, increasing workload, and constant organization changes in the health care environment.

Risk factors for stress in nursing as shown by the “ Occupational Safety and Health Research and Practitioners “agree that nurses are heavily exposed to a myriad of “psychosocial stressors “in their daily work. Psychosocial stressors can be referring to management style, aspects of interpersonal relationships and work roles. Effect of stress on nurses shows that excessive exposure to psychosocial stressors produce considerable job stress, resulting in various problematic short and long term outcomes. Depression and sleep problems have been reported as frequent stress related outcomes. According to Roberson L, (1989) Job stress has been associated with reduced job satisfaction, increased psychological distress, physical complaints, absenteeism, and feeling of inadequacy, self-doubt, lower self-esteem, irritability, and somatic disturbances in nursing.

Researchers such as Weiss HM, Nicholas JP and Daus CS,(199) state that Stress not only adversely affects the health, safety and wellbeing of the nurse at the individual level, it also negatively affects the health care organization. Research indicated that the stress fostered by workplace bullying, psychological aggression, incivility and lawsuits. Moreover lateral workplace violence has shown to jeopardize patient safety, satisfaction and healthy outcomes.

According to a study conducted by Fisher, (2000), stress related attrition can generate considerable labour cost for health care organizations that are not recoverable form private or public insurance sources. Annual turnover rates for the registered nurses are estimated by the Joint Commission to range from 18% to 26% with costs estimating for each turnover ranging from $62,100 to $67,000.

Nurses are the vertebra of a healthcare institution and an immense labour force to reach the organizational goal and objective. Thus there is a need to study the level of stress and job satisfaction level so that efforts can be made at the very least by the management to improve the working conditions of the nurses and hence relieving stress. Other than relieving stress over all the moral of the employees will change. When one employee’s miserable in doing their job, all of the other employees that come into contact with are going to be affected by their negative attitude. If they see someone who is obviously miserable, it will begin to colour how they view their own jobs.

**REVIEW OF LITERATURE**

According to Polit and Hungler (1999),“Literature review is a critical summary of research on a topic of interest generally prepared to put up a research problem in context or to identify gaps and weaknesses in prior studies so as to justify a new investigation”

A Review of Literature helps to determine how well the theory and research are developed in the field of study, to define the concepts and to examine research designs, methods, tools and techniques of data analysis used by other investigators.

Thus review of literature helped to relate the present study to the previous works in the related field. The studies are divided into the following headings/areas.

Section 1: Stress and nursing practices
Section 2: Job satisfaction in nursing
Section 3: Factors resulting in stress in nursing
Section 4: Symptoms of stress among nurses

Section 1: Stress and nursing practices

Judith A (2008) had conducted a study relating to systematic research linking aspects of ethical decision making in practice. A cross-sectional study was conducted which examined the relationship the selected aspects of ethical decision making and selected nurse characteristics. 61 critical care nurses completed the Nurse Ethical Decision Making – ICU Questionnaire sand and Health Professionals Stress Inventory. Findings revealed that nurses had significantly higher nurse autonomy scores that perceived anxiety had a negative association with nurse autonomy and that workplace restrictions and stress were interrelated.

This study revealed that there was no linking between ethical decision making and stress as the staffs had higher autonomy scored. Hence it was concluded that being autonomous helped reduce stress among nurses.

Andrew MC Vicar (2003) conducted a study based on workload, leadership style/management style, professional conflict and emotional cost of caring have been the main source of distress for nurses for many years, but there was a disagreement as to the magnitude of the impact. Organizational interventions are targeted at most but not all the sources, and their effectiveness is likely to be limited, at least in the short to medium term. Individuals must be supported better, but this is hindered by the lack of understanding of how resources of stress vary between different practice areas, lack of predictive power of assessment tools, and lack of understanding of how personal and workplace factors interact. Stress intervention measures must focus on stress prevention for individuals as well as towards organizations.

This study revealed that distress among nurses is due to workload, leadership style/management style, professional conflict and emotional cost of caring the organization should effectively intervene at these issues with a proper support system.

Section 2: Job satisfaction in nursing

Mineko Yamashita (2008) conducted a study that investigated job satisfaction among the nurses in Japan. The questionnaire was administered to 613 nurse’s practicing in a large, acute care hospital in a Southern part of Japan. The results from psychometric properties of the translated version of the instrument were satisfactory. It may be concluded that nurses in the study were not satisfied but not dissatisfied either on all items. However extrinsic factors such as having little opportunities for promotion or less favorable working conditions appeared to negatively influence job satisfaction in this study. Promotions should be based on merit instead of the current practice of seniority system.

In this study the reason for dissatisfaction in the job was based on seniority ad not merit. This gave a very little opportunity for nurses to get promoted.

Section 3: Factors resulting in stress in nursing

Jane S. Norbeck (2011), through this study tested the relationships among perceived job stress, job satisfaction, and psychological symptoms of critical care nurses. A self-administered questionnaire was sent to a sample of 180 critical care nurses from eight hospitals. The results supported the hypothesis that higher levels of perceived job stress are related to lower level of job satisfaction (r= -.24, p=.001) and to higher levels of psychological symptoms (r= .33, p =.000). These effects remained even when years of experience in nursing and shift were controlled.

This study clearly revealed that job stress is related to job satisfaction and level of psychological symptoms.

Section 4: Symptoms of stress among nurses

Meredith L. Mealer, April Shelton, et al (2007) Conducted a study on Intensive Care Unit (ICU) nurses who work in demanding environment where they are repetitively exposed to traumatic situations and...
stressful events. The physiological effects on as nurse are a result of working an ICU are relatively unknown. To determine whether there is an increased prevalence of physiological symptoms in ICU nurses when compared to general nurses. Survey of ICU and general nurses from three different hospitals (n=351) and then surveyed ICU nurses throughout the metropolitan area (n=140). In both cohorts of nurses, the author determined the prevalence of symptoms of post traumatic disordered (PTSD) anxiety and depression using validated survey instruments. 24% (54/230) of the ICU nurses tested positive for the symptoms of PTSD related to their work environment , compared with 145 (17/121) of genera nurses (p=0.03). ICU nurses did not report to a greater amount of stress in their life outside the hospital than general nurses. There was no difference in symptoms of depression a or anxiety between ICU and general nurses. In the second survey of ICU nurses from another metropolitan area, 29% (41/140) of their respondents reported symptoms of PSTD, similar to the first cohort of ICU nurses.

This study revealed that nurses have increased prevalence of PTSD symptoms when compared to other general nurses. These results many increase awareness of these symptoms in nurses and lead to future interventions that improve their mental; health h and level of job satisfaction

Through this exhaustive review it can be concluded that stress can lead to burnout among nurses. Various symptoms can impair their physical health and this may lead to impaired judgments, absenteeism, and increased turnover. The healthcare organizations must take active measures to reduce the level of stress among the nurses so that optimal work output can be achieved.

OBJECTIVES

1. To identify the various stress relating factors among the nurses.
2. To study the existing factors which are potential reasons for the increase in the level of stress among the nurses
3. To identify the after effects of stress among the nurses in their personal and occupation lives.
4. To provide an effective stress management strategy for the nurses

CONCEPTUAL FRAMEWORK

A framework is the overall conceptual underpinning of the study. When a study is based on a theory, the framework is a theoretical framework i.e. the study has its roots in a specific concept. Conceptual frameworks are a means of organizing a phenomenon

Stress at work is on the increase. It has been estimated that U.K. spends around 370 million to 3.75 billion pounds each year as the information provided by the 1996/96 Health and Safety Executive Publications in 2001. Lately the estimated cost of work related stress costs has increased. This comes to no surprise given the fact that many employers have not addressed the British long hours culture. It leads to increased stress and sickness absence.

Palmer developed a simple model of stress that could be used to explain the relationship between the main stress related hazards, this is represented through Figure no 1 A model of work stress

Figure 1. “A model of work stress

The Six Hazards

Demands: include exposure to issues such as workload, work patterns and work environment (for example volume and complexity of work, shift work, unrealistic deadlines)

Control: how much say and involvement the person has in the way they do their work (for example control balanced against demands, lack of autonomy, too much supervision)

Support: includes the encouragement, sponsorship and resources provided by the organization, line management and colleagues (for example training for core functions of job; catering for individual differences)

Relationships: includes promoting positive working to avoid conflict and dealing with unacceptable behavior (for example bullying and harassment, conflicts)

Role: refers to whether people understand their role within the organization and whether the organization ensures that they do not have conflicting roles (for example conflicting roles avoided, vague job descriptions)
**Change:** how the organizational change (larger small) is managed and communicated in the organization (for example staff understanding why change is necessary, little or no communication to staff, redundancy fears)

**Symptoms of Stress**

**Individual symptoms**- The employees are at a risk of individual symptoms. The above model focuses on the individual symptom which are assessed by the job stress inventory. In due course of time these symptoms have led to further deterioration of health which results in dissatisfaction of job, and job related stress.

**Organizational Symptoms**- Due to increase in sickness, increased absenteeism and long work hours, there is a reduction in the staff performance, and also an increase of hostility and non cooperation among colleagues.

**Negative Outcomes**

**Individual outcomes**- The physical problems related to chronic stress include the lowering of the immune response, chronic muscle Tension, Heart Disease, RSI, Clinical Anxiety Depression, Burnout and increased blood pressure. These problems can eventually lead to serious illnesses

**Organizational outcomes**- There is a significant relationship between work-induced stress and perceived workers' productivity. Employees suffering from high stress levels have lower engagement, are less productive and have higher absenteeism levels than those not working under excessive pressure.

The model of stress described in this article provides an exhaustive presentation to explain in a cohesive manner the causes of work related stress (i.e. hazards that need to be assessed), the impact upon the individual and the organization. When hazards are minimized the stress level reduces thereby resulting in an increased outcome and a greater job satisfaction.

**Strategies for Managing Stress**

Stress experienced by the nurses in their job has negative impact on their health, performance and their behaviour in the organization. Thus, stress needs to be managed effectively so as to set off these harmful consequences. Strategies for managing stress are as follows-

**Organizational strategies for managing stress**

1. Encouraging more of organizational communication with the nurses so that there is no role ambiguity/conflict.
2. Encourage nurses’ participation in decision-making.
3. Grant the nurses greater independence, meaningful and timely feedback, and greater responsibility.
4. The organizational goals should be realistic, stimulating and particular. The nurses must be given feedback on how well they are heading towards these goals.
5. Have a fair and just distribution of incentives and salary structure.
6. Promote job rotation and job enrichment.
7. Create a just and safe working environment.
8. Have effective hiring and orientation procedure.
9. Nurses should be appreciated on accomplishing and over-exceeding their targets.
Individual strategies for managing stress

1. The nurses should make a “to-do” list daily, prioritize the acts in the list and plan the acts accordingly.
2. Nurses must take regular breaks during work to relax.
3. By effective time management, the nurses can achieve their targets timely and can meet work pressures and, thus, avoid stress.
4. Indulge in physical exercises. It helps in effective blood circulation, keeps you fit, diverts mind from work pressures.
5. Encourage a healthy lifestyle. Take a regular sleep, have plenty of water, have healthy eating habits. Promote relaxation techniques such as yoga, listening music and meditation.
6. Nurses must have optimistic approach about their work. They should avoid connections with negative approach employees.
7. Nurses should build social support. They should have close connections with trustworthy peer who can listen to their problems and boost their confidence level. This social network will help the employees to overcome stress.

CONCLUSION

Stress is difficult to define because it is a highly subjective phenomenon that differs for each. The effect of stress on nurse’s show that excessive exposure to psychosocial stressors produce considerable job stresses, resulting in various problematic short and long term outcomes. Stress related attrition can generate considerable labour costs for health care organizations that are not recoverable from private or public sources. Through this article the author aims to prove that stress does create a negative impact on the nurse’s job satisfaction level.

REFERENCES


