Job Stress Causes Attrition among Nurses in Public and Private Hospitals

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Abstract: *Nursing has been reported as a stressful speciality. Nursing staff working at the bottom of the hierarchy in hospitals are the ones who are more stressed out. The current nursing shortage and high turnover is of great concern because of its impact upon the efficiency and effectiveness of any health-care delivery system. Further, recruitment and retention of nurses are persistent problems associated with job stress. The researcher intends to understand the nurses' experiences and perceptions of job-related stress and its effect on their work behaviour. It aimed at addressing the issue of how stress at work can be effectively managed, reduced, or prevented by the government and hospital management boards in order to enhance the health of their nurses, as well as improving their work behaviour.*
Methods: *This paper presents the result of a research work of job stress on nurses .An extensive literature search was also performed aiming to identify and review research studies that investigate variables which influence job stress and work behaviour of nurses working in health settings.*
Results: *The study established a fact that job stress has significant negative effect on work behaviour of the nurses.*
Conclusion: *It is essential to reorganize work environment and remove as many as possible stressors, along with training of staff in ways with which they can manage job stress and achieve better adjustment in order to promote employees' health and safety.*
Keyword: *Job stress, turnover, job satisfaction, role conflict.*

I. Introduction

As the saying goes – "Health is Wealth", health is considered as the most important phenomenon in today's world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing professions. In order to create a balance between the provision and reception of health care, various strategies have been worked out which makes the industry effectively by health consciousness among people & welfare schemes. Nurses play the major role in health care industry and are the first ones who are thought about when we talk about health care .Nurse is an indispensable partner of the Health Care team and the liaison officer between doctors and patients. They are the principal group of health care personnel providing primary health care and maintaining links between individuals, families, communities and health care system. Nursing service is one of the most important components of hospital services. Nurses forms the largest technical group of personnel engaged in patient care in hospitals next only to doctors, consuming approximately one-third of hospital cost. The success of patient care and the reputation of the hospital depend to a large extent on the efficiency extended by the nursing staff. However, a shortage of nurses jeopardizes many aspects of health care delivery. It acknowledges job stress to be one of the main cause for the current nursing shortage.it is important to understand the effects of job stress on work behaviour in nurses because stress has a cost for individuals in terms of health, well-being and job dissatisfaction, as well as for organisation in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care.

OBJECTIVES
The objectives of the research work are framed in such a way that the entire research work would identify factors contributing towards the job related stress among nurses, impact of the same on their performance and the role of health care organisations, government authorities and unions in the entire scenario. The following goals are set for the study.
- ❖ To study the work behaviour pattern among the nurses.
- ❖ To study the job related stress among nurses.
- ❖ To study nurses attrition level and causes for the same.
- ❖ To recommend human resource practices to health care organisations to improve the nurse's work behaviour and to reduce job attrition.

NEED AND IMPORTANCE

In view of the global nursing shortage, the need to retain experienced staff has become an important organizational priority. By understanding the effect of work environments on nurse attitudes and behaviours that are relevant to staff retention, organizations can then introduce strategies to correct work environment deficiencies. Unless the healthcare setups acknowledge the problem and take preventive steps to tackle the growing menace of chronic stress, personnel costs will keep rising and add to the already soaring costs of care.

SIGNIFICANCE OF THE STUDY

The study is useful to the organisation and the investigator in the following ways:
- ❖ It helps in identifying those factors which cause stress, attrition and to work upon them.
- ❖ It helps to identify the factors which contribute to nurse's retention and to improve those.
- ❖ It is useful to assess the strategies being adopted by the hospital to retain nurse and to make changes in it if required.
- ❖ It helps to identify the major challenges in retaining nurses and converting few into opportunities.
- ❖ The study is important to find out improvement of the hospital facilities, the hospital needs, to find out what to provide, when to provide and how to be a service provider.

HYPOTHESIS

- ❖ "Work behaviour of nurses differs from hospital to hospital".
- ❖ "Job stress is significant factor affecting health and performance of nurses".
- ❖ "Attrition level of nurses is high due to low salary and lack of social recognition".

II.   Review Of Literature

It contains an overview of the development and establishment of approaches to stress, particularly in the nursing profession and organizational settings.

The researcher has studied different materials like journals, articles, thesis, books and related websites in a sequential order to study the literature references: the literature review shows that there are varieties of common **stressors** leading to strain and stress reactions among nurses. .[1]**Kahn, Wolfe, Quinn, & Snoek, (1964)** identified **role ambiguity and roleconflict** as the two primary role stressors that have significant effects on the individuals' health outcomes. **Poulton, 1978)** The significance of **night shift** among hospital nurses can be considered as a quantitative under load also, as nurses may have difficulties trying to switch their sleeping mode to work mode when there is not enough stimulation in the work place to keep them alert .**Gray –Toft and Anderson, (1981)** finds that "**the nurse's workload, staffing and scheduling problem, and inadequate time to complete nursing tasks and to support patients emotionally** the most important components of stress-related physical environment in the hospital nursing profession. **Cooper et al., (2001)**, **Workload,** i.e., "the amount of work that has to be performed", is one of the most significant stressors, investigated in many studies. This source of physical and psychological strain affects the individuals' health and their well-being at both high and low levels of load. Workload can be quantitative (i.e., sheer amount of required work and a time frame for the work to be completed) or qualitative (i.e., individuals' affective reactions to their jobs). **Kelly & Cooper, (1981)Quantitative work under load**, which refers to **boredom and monotonous work conditions with lack of stimulation and challenges**, is also identified as a potential stressor at work. This stressor appears to predict anxiety, depression, and job dissatisfaction. **Cooper & Roden, (1985); Narayanan et al., (1999)** finds that **Quantitative work overload** refers to the amount of work that should be done under the pressure of time. These stressors appear to relate to high levels of strain and job performance. Similarly, Qualitative overload and under load, on the other hand, are also identified as sources of stress at the workplace. **Qualitative work overload** refers to the workers' low level of self-esteem: they believe that they do not have the necessary skills or capacities to perform the required tasks. **Qualitative under load** is also considered to be a substantial work-related stressor. This stressor affects mainly those employees who are "not given the opportunity to use acquired skills or to develop full potential ability. Employees who work on a supervisory level are more likely to interfere with these types of stressor.Studies by **Udris(1981); cited in International Labour Office, (1986**) have argued that **tension and low self-esteem** are closely related to **qualitative work overload**, whereas **depression, irritation, and psychosomatic complaints** are more associated with **qualitative work under load**. Both stressors, however, are found to predict job dissatisfaction significantly. **Cooper, (1987); Jones, (1983); Jewell, (1998)** identify a high correlation between an individual's physical and psychological health and well-being. The component of **physical environment** in the hospital setting may seem more specific in the nursing

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[1]Sayyed Mohammad Haybatollah Work Stress in the Nursing Profession An Evaluation ofOrganizationalCausal Attribution**,** Department of Social Psychology, University of Helsinki, 2009.

profession than in other health care professions. **Folkard, (1996**) has found that **workingunder rotating shifts, night shift in particular,** can affect individuals' as well as their families' health-related outcomes and overall subjective well-being. In this respect, night shift appears to be much more harmful for the individuals' health outcomes because they have to adjust to two very different routines simultaneously: night shift and a diurnal pattern of days off work. **Cartwright and Cooper, (1997)** distinguish six types of **environmental work stressors**: **1) factors intrinsic to the job, 2) organizational roles, 3) work relationships (e.g., with supervisors, subordinates, and colleagues), 4) career development issues, 5) organizational factors (e.g., structure, climate, culture, and policy), and 6) the work-home interface**. Furthermore, a study on military nurses serving in isolated installations of the South African National Defence Force indicates t**hat lack of support from supervisors, high responsibility, long working hours, and role overload** are the four most common work stressors reported by nurses **Van Wijk, (1997**). In their meta-analytic review, **Sparks, Cooper, Fried, and Shirom, (1997)** found that **excessive working hours** are associated with overall physical and psychological health. In a study on the determinants of the nursing profession, **Janssen, de Jonge, and Bakker, (1999**) find **job responsibility** to be one of the determinants of turnover intentions among nurses. **International Labour Organization, 1998; French et al., 2000)** indicate that specific work stressors such as **emotionally demanding patient contacts, lack of time to plan and prepare work, frequent interruptions, and responsibility in the absence of decision-making power** are important stressors in the nursing profession. **McVicar (2003)** shows that **workload, professional conflict and the emotional burden of caring, pay, and shift work** are the major work stressors in the nursing profession. **Ulrich et al., 2004; Andersen &Rasch, 2000)** underline more specific factors such as hospital-acquire infections and contact contamination as threats related to the physical environmental in the nursing profession.

      In view of the above findings it can be said that [2] [3][4]Low job control, high job demands, low supportive relationships in the workplace;[5]concern about quality nursing and medical care.; [6][7]dealing with death and dying ;[8]workload ; [9]being moved among different patient care units within the health care organization and being short on resources ;[10] being on one particular clinical unit for extended periods of time,[11] dealing with uncooperative family members, conflict with physicians, inadequate preparation to deal with the emotional needs of patients and their families, conflict with other nurses and supervisors, and   uncertainty concerning treatment have all been found to be major stressors experienced by nurses.

III.   Research Methodology

Data Collection Types-Both Primary and Secondary Method of data collection:
Primary Method of data collection-For the purpose of getting the representative data, the researcher has selected the public hospitals and private hospitals in various parts of the Pune City, Maharashtra, India. The geographical areas are divided region-wise as follows:

Northern Pune city and area – Hadapsar

Western part i.e.PCMC area

Eastern Pune city of Nagar road and camp area

Southern Pune includes Kothrud and Sinhgad road

Central zone – central city

From each of the above zones, the researcher has selected some hospital and contacted the nurses, administrators, doctors and patients. The basic reason for the differentiation of the regions is getting acquainted with the job stress of nurses in various private and public or government hospitals located in these areas. They include small, medium and big hospitals.

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[2]Chapman J. Collegial support linked to reduction of job stress. Nurs Manage 1993.

[3]Webster L, Hackett R. Burnout and leadership in community mental health systems. Admin Policy Ment Health 1999.

[4]Cheng Y, Kawachi L, Coakley E, Schartz J, Colditz G. Association between psychosocial work characteristics and health functioning in American women: Prospective study. Br Med J 2000.

[5]Aiken L, Clarke S, Sloane D. Hospital staffing, organization and quality of care: Cross-national finding. Nurs Outlook 2002.

[6]Lambert V, Lambert C, Itano J, Inouye J, Kim S, Kunaviktikul W, et al. Cross-cultural comparison of workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health among hospital nurses in Japan, Thailand, South Korea and the USA (Hawaii). Int J Nurs Stud 2004.

[7] Lambert V, Lambert C, Ito M, workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health among hospital nurses in Japan, Thailand, South Korea and the USA (Hawaii). Int J Nurs Stud 2004.

[8]Lambert V, Lambert C, Ito M, workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health among hospital nurses in Japan, Thailand, South Korea and the USA (Hawaii). Int J Nurs Stud 2004.

[9]Snelgrove S. Occupational stress and job satisfaction: A comparative study of health visitors district nurses and community psychiatric nurses. J Nurs Manage 1998.

[10]Magennis C, Slevin E, Cunningham J. Nurses' attitudes to the extension and expansion of their clinical roles. Nurs Stands 1999.

[11]Walcott-McQuigg J, Ervin N. Stressors in the work-place: Community health nurses. Pub Health Nurs 1992.

Division for data collection:

BED SIZE	PUBLIC HOSPITALS		PRIVATE HOSPITALS	
SMALL-LESS THAN 100	35	11	151	45
MODERATE- 100-500	17	05	72	22
LARGE-500&ABOVE	03	01	17	05
TOTAL	55	17	240	72

For the data collection and analysis purpose around 850 nurses were selected. Around 500 doctors, around 300 patients and 90 administrators/medical directors were interviewed for the process.

Secondary Method of data collection: It includes sources like Books, Journals, Articles, Thesis, Bulletins, Reports and related Websites.

Data Analysis: For the purpose of Presentation and Analysis of the data, following statistical packages were used:

❖ SPSS
❖ MS – EXCEL

The data here is parametric data i.e. a quantitative and qualitative data hencefor the purpose of drawing concrete conclusions based on above analysis, following statistical tools were used:

❖ Descriptive Statistics
❖ Correlation and
❖ Z test

The researcher has prepared MS excel sheets for the data entry purpose as follows: the excel sheets were divided mainly into nurses, directors and administrators, doctors and patients. After the broad division, the sheets are compiled with hypothesis related in one sheet i.e. nurses, directors and administrators, doctors and patients of hypothesis 1 in one sheet called hypothesis 1 and so on for hypothesis 2 and hypothesis 3 etc.

This helped us to get the opinion of the nurses, directors and administrators, doctors and patients compared on one type of view related to job stress or the impact on the health and performance on the nurses. This also helps us to analyse the attrition level of nurses and its relation with the salary paid to them and the recognition they receive from various ends of the hospital.

Thus total excel sheets containing responses were 12 in numbers. The question wise and category wise comparison was made and then the data was applied descriptive statistics, correlation and z test for analysis. As mentioned it was not symmetric neither it was the dependency of one factor on other. This was merely a consistency in one form of the data with the other form of data by separate source and other source in different type of hospital. The comparison of the set of data of nurses were made with other three i.e. directors and administrators, doctors and patients to know the consistency of the answers and the agreement on the stress issues by various angles.

The analysis included descriptive statistics which was helpful to know the average of the data, the consistency for a specific observation etc. This reflects on the unanimous response of the employees for a specific question. The descriptive statistics included deviation of the values i.e. more the deviation more is the inconsistency in the responses of the employees. This reflects that there is no unanimous opinion for a specific option in the question.

After this the correlation analysis was used to get the correlation between the various parameters. Positive correlation shows that they are all in the same direction and not carrying any significant impact. Whereas the negative correlation analyses that there is an impact of one factor on the other but in reverse direction.

It was done for all sources including nurses, directors and administrators, doctors and patients. This was helpful in analysing whether the two samples reflect the same response or not. If it is not then what is the difference and which sample follows more than the other sample any specific practice is reflected in this case.

The z values are helpful in acceptance or rejection of the said proposal or assumption. In the table there are two z values, one is calculated z and other is z table value for the sample. The test was if z calculated is greater than the table value of z then the proposition or assumption was rejected and vice versa.

This table of correlation, z test and descriptive statistics were calculated with the help of the excel tool of MS office2007.

On the basis of 12 z test tables, the conclusions were drawn.

Procedure for hypothesis testing:

For the testing of hypothesis, the researcher has followed the procedure as below:

❖ Data cleaning for all the resources
❖ Clubbing of the questions with respect to parameters which are related to the hypothesis
❖ Combining the individual findings of the related questions

❖ Calculation of descriptive statistics for all the sheets
❖ Calculation of correlation of factors in the hypothesis with the parameters under study
❖ Applying z test on the selected parameters with the parameter under study
❖ Comment to prove or disprove the hypothesis

The data is studied by the researcher and it is presented in the chapter 'analysis of data'. The chapter that presents the analysis of data gives the relevant inferences with charts and graphs wherever possible. On the basis of this study the researcher has made three types of conclusions viz.:

❖ **Hypothesis specific conclusions**
❖ **Objectives specific and general conclusions**
❖ **Area for further research**

Limitations of the Study:
The researcher locates the following limitations for conducting the study of the topic:

❖ Coverage of the majority of the nurses, directors and administrators, doctors and patients in diversified areas in Pune is putting limitations due to distances and large numbers.
❖ Sharing the knowledge about job stressors by the respondents due to work loads and reluctance were putting boundaries.
❖ Awareness among respondents about job stressors, work behaviour and work life balance   concepts across various hospitals put some margin for more queries on the issues.
❖ The data was purely on the basis of the nature of performance, knowledge and up datedness of the employees in the organization. Thus anything beyond their areas are always a limitation for researcher
❖ Due to the time constraint and other reasons stated above were limitations in the sample study.

IV.   Findings

A) Hypothesis Specific Conclusions:

❖ Job stress is showing some positive relationship with health and performance of the nurses but that is not the only key indicator is creating stress on nurses.
❖ Every hospital has different HR policies. According to such policies the stress factors and its sequencing importance differs. Hence the work behavior patterns are different in hospitals.
❖ In some hospitals overtime becomes major cause while in others critical job conditions are on priority.

B) Objectives Specific and General Conclusions:
Job Stressors for Private Hospitals: In Private Hospitals it was found that nurses are not paid regularly. Hospital authorities can terminate nurse's service anytime. Pay on roll is not same as actually paid. Working hours as long as 12 hours a day. Many private hospitals take the original certificates of the nurses on appointment. Then they are asked to sign that they will stay for a period of two years, say. Since the documents are retained by the employer, they are unable to leave, and further they have to accept whatever they are paid. It was found that Nurses are supposed to be submissive workers who take orders well and do not question the doctors. They do not seem to have any room for innovation in their work. Thus in Private Hospitals job stressors found were:

❖ Over duty and excessive timings.
❖ Feeling of exploitation to nurses
❖ Low salary and slow increments
❖ Heavy work pressures
❖ Physical exertions with less or no breaks

Common set of Job Stressors in both the types of hospitals:

❖ Over time
❖ Critical nature of job
❖ Work life imbalance
❖ Low salary
❖ Less recognition

It is predominantly observed that work life balance and prioritization of jobs of nurses always put on the secondary importance by the hospitals as well as nurses themselves. This is causing the serious issues on those fronts. Research shows that salary is the major component of attrition for nurses. At the same time recognition is carrying low impact on the attrition of nurses.

Job stressors For Public Hospitals:

❖ No recognition
❖ Monotonous nature of job

❖ Peer colleague relationship issues
❖ Danger and legal exploitation by patients
❖ Less technical knowledge leading to job dissatisfaction

Study demonstrated that interpersonal relationships were the most frequent sources of undesirable personal stress for nurses and that it had a greater impact on them. Nurses experienced intense interpersonal involvement and stated that frequent conflicts with patients, families, physicians and colleagues took place in their working environment

SUGGESTIONS FOR PRIVATE HOSPITALS
❖ Comparative pay packages scheme
❖ Incentives scheme for motivation
❖ Duty and time allotment with proper time management issues
❖ Adequate no of nurses recruitment
❖ Participation of nurses in decision making process
❖ Work life balance practices by emergency leaves, arrangement of extra nurses during emergency etc.

SUGGESTIONS FOR PUBLIC HOSPITALS
❖ Participation in decision making
❖ Protection of nurses from patients abuse
❖ Proper Duty allotment during emergencies
❖ Sessions for motivation of nurses in terms of Personality Development or communication sessions
❖ Training for hi tech machines
❖ Proper Human Resource policies for Nursing issues in hospitals

FUTURE SCOPE FOR STUDY
This is an initial stage study as the health sector is major factors of the economy and important in life saving of the humans. It is actually a comprehensive study which will create a basis for further minute analysis of the various aspects of job stressors, work life balance and attrition of nurses from various angles in health sector. While studying the chapter, the researcher could analyse the various areas for further research as follows:
1. Sector specific list of job stressors
2. Comparative list of stress in various other hospitals with different nature
3. Identifying key job stressors in public hospitals and private hospitals of the area under study
4. Getting the convergence on the common list of job stressors etc.

References

[1]. Abasyn Journal of Social Sciences; Vo. 4 No.1
[2]. Nursing and Midwifery Research Journal, Vol-5 No-4, Oct 2009.
[3]. The Causes of Stress and Job Satisfaction among Nurses **-** International Journal of Asian Social Science.
[4]. Nursing Journal of India -coverage and analysis of nursing.
[5]. Quality Improvement of Nursing Care in Hospitals in India: the Dynamic Approach-International Journal for Quality in Health Care.
[6]. Stress causing psychosomatic illness among nurses- Indian Journal of Occupational and Environmental Medicine, Vol. 13, No. 1, January-April, 2009, pp. 28-32
[7]. Anxiety and Depression in Nurse working in Government Tertiary Care Teaching Hospitals of Peshawar Khyber. Pakhtunkhwa and Their Relationship with Job Stress- JPMI 2012 Vol. 26No.01:34-38.
[8]. Occupational Stress Amongst Nurses from Two Tertiary Care Hospitals in Delhi- Australasian Medical Journal AMJ 2010, 3, 11, 731-738.
[9]. Nurses should be treated in a better way-Thursday. May 12 2011 Place-Pune Agency –DNA.
[10]. Aditya Birla Memorial Hospital Nursing Staff demand higher pay, better working conditions-Indian Express News Service: Pune, Sun Aug 14 2011, 03:29 hrs.
[11]. Nursing Career –http://www.careers360.com/home.aspx.
[12]. Stress Management For Nurses-: http://www.nswnurses.asn.au/
[13]. Job Stress and Performance-http://www.tejas.iimb.ac.in/
[14]. Job Satisfaction among Nurses- a Literature review-file: //c:/pub med?
[15]. Work Stress and Burnout among Nurses: Role of the Work Environment and Working Conditions.
[16]. Work Environmental Factors Affecting Staff Nurses Retention.
[17]. A Study to Assess the Occupational Stress and Interpersonal Needs among Staff Nurses in Selected Hospital at Bangalore.
[18]. www.gconnect.in/.../more-cghs-approved-private-hospitals-in-pune.html
[19]. northbridgeasia.com/.../PUNE%20HOSPITAL%20REPORT.pdf
[20]. www.indiacom.com/yellow-pages/hospitals/Pune/