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## Occupational stress among nurses: Associated factors & coping strategies

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### Abstract

This study conducted “To study about occupational stress, associated factors & coping strategies among nurses” The study of nurses at hospitals in Lucknow city. Work-related stress is a pattern of reactions to work demands unmatched to nurses’ knowledge, skills, or abilities; these challenges exceed their ability to cope, resulting in burnout, turnover, and low quality patient care. Objective is “Occupational stress among nurses: associated factors & coping strategies”. To assess the factor associated with occupational stress. To know out the coping strategies used to cope-up with occupational stress. To find out the association between dependent and independent variable. Methodology-this study carried out in government and private hospitals in Lucknow city. This study on 80 samples was selected from wards of Lucknow. The tool in this study pre designed and pre tested interview schedule. The professional stress scale developed by David Fontana used to assessing the professional stress. In this study there is no significant difference between age and associated factors, there is no significant difference between age & coping strategies and there is no significant difference between age and total stress among the nurses. Most of the nurses faced different associated factors of stress in the profession of nursing.

**Keywords:** Coping strategies, associated factors, assessing, occupational, nursing

### Introduction

Globally, the costs of work-related stress are estimated to be approximately \$5.4 billion each year (Health and Safety Executive, 2010) [15], second to the most frequent occupational health problem, low back pain, and estimated to affect one in three employees (Health and Safety Executive 2010, 2011) [15, 16].

A hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment. The best-known type of hospital is the general hospital, which typically has an emergency department to treat urgent health problems ranging from fire and accident victims to a heart attack. A district hospital typically is the major health care facility in its region, with large numbers of beds for intensive care and additional beds for patients who need long-term care. Specialized hospitals include trauma centers, rehabilitation hospitals, children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric treatment (see psychiatric hospital) and certain disease categories. Specialized hospitals can help reduce health care costs compared to general hospitals. Teaching hospital combines assistance to people with teaching to medical students and nurses. The medical facility available smaller than a hospital is generally called a clinic. Hospitals have a range of departments like: surgery and urgent care and specialist units such as cardiology. Some hospitals have outpatient departments and some have chronic treatment units. Common support units include a pharmacy, pathology, and radiology.

Hospitals are usually funded by the public sector, by health organizations (for profit or nonprofit), by health insurance companies, or by charities, including direct charitable donations. Historically, hospitals were often founded and funded by religious orders, or by charitable individuals and leaders.

Hospitals are largely staffed by professional physicians, surgeons, and nurses, whereas in the past, this work was usually performed by the founding religious orders and members of their order or by volunteers.

Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in

all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group "responses to actual or potential health problems". These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population. The unique function of nurses in caring for individuals, to assess their responses to their health status and to assist them in the performance of those activities contributing to health or recovery or to dignified death that they would perform unaided if they had the necessary strength, will, or knowledge and to do this in such a way as to help them gain full of independence as rapidly as possible. Within the total health care environment, nurses share with other health professionals and those in other sectors of public service the functions of planning, implementation, and evaluation to ensure the adequacy of the health system for promoting health, preventing illness, and caring for ill disable people. According to World Health Organization has viewed stress as a worldwide epidemic because stress has recently been observed to be associated with 90% of visits to physicians. The nursing profession is known to be stressful throughout the world and has detrimental effects on the physical and psychological well being of an individual, Nursing is emotionally, physically and psychologically demanding.

Nurse stress is defined as the emotional and physical responses resulting from the interactions between the nurse and her/his job environment where the demands of the work exceed abilities and resources. A major cause of such shortage is the workplace stressors due to nursing being a highly skilled profession.

**Material and Methods**

The material and methodological step incorporate to carry out the study of postural discomfort faced by employees working in post offices and its impact on their work performance. Different hospitals in Lucknow were selected for the study as it was the convenient for the researcher to conduct the study. The samples for the study consist of 80 respondents between different ages. The purposive random sampling technique was used to select samples from the selected post offices. In first phase- Random sampling techniques were used to select hospitals selected areas. In Second phase- Purposive random sampling techniques was used to select the sample from selected hospitals. In third phase- General and specific data was collected using different tools like interview schedule and standardized scale. In fourth phase- Coding, tabulation and analysis of data was done.

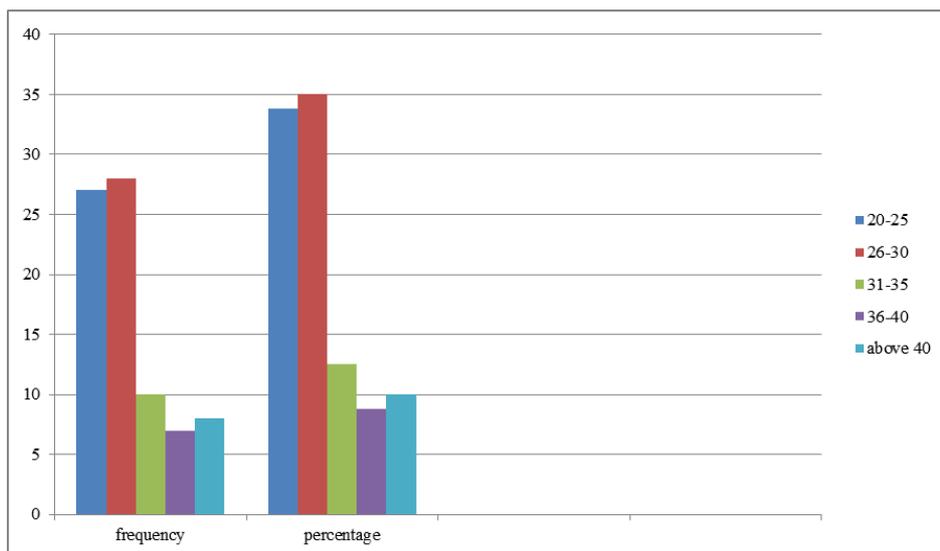
**Results and Discussion**

**Table 1: [a]** Distribution of the respondents according to age.

S. No	Age Of The Respondent In Years	Frequency	Percent %
1	20 -25	27	33.8
2	26 – 30	28	35.0
3	31 – 35	10	12.5
4	36 – 40	7	8.8
5	Above 40	8	10.0

The above table showed that 33.8% respondent were belonging to age group 20 – 25 years and 35% respondent belonging to 26 – 30 years and 12% respondent were

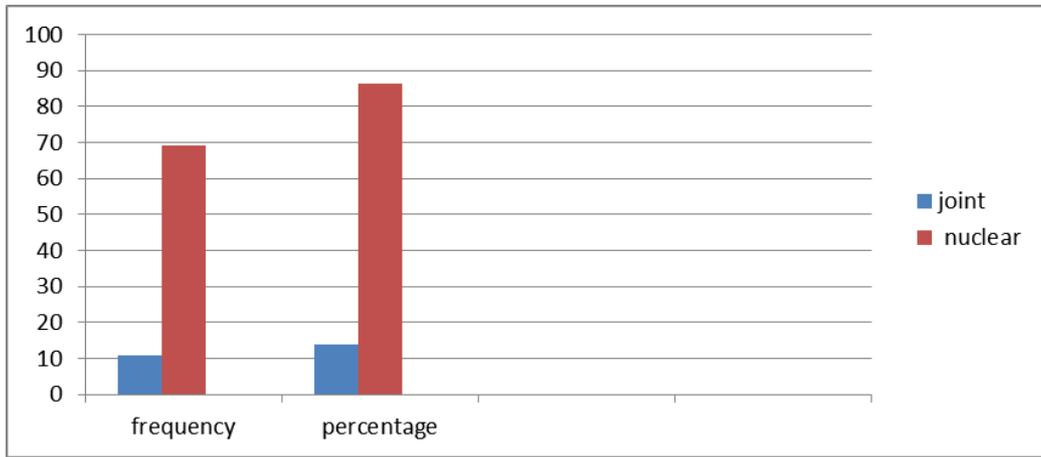
belonging to age group 31- 35 years and 8.8% respondent were belonging to age group 36 -40 where as 10% respondent were belonging to above 40 years.



**Table 1: [b]** Distribution of the respondent according to Type of family.

S. No.	Type of family	Frequency
1	Joint	11
2	Nuclear	69

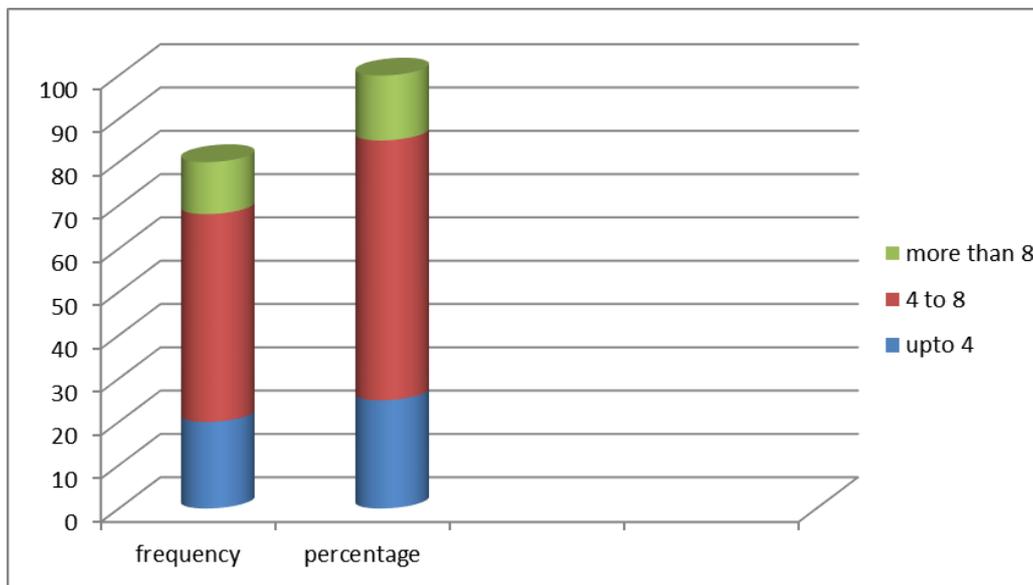
The above table showed that 13.8 percent respondents were belonging to joint family and 86.3 percent respondent was belonging to nuclear family.



**Table 1:** [c] Distribution of the respondent according to Family members.

S. No.	Family members	Frequency	Percent
1	upto 4	20	25.0
2	4 to 8	48	60.0
3	more than 8	12	15.0

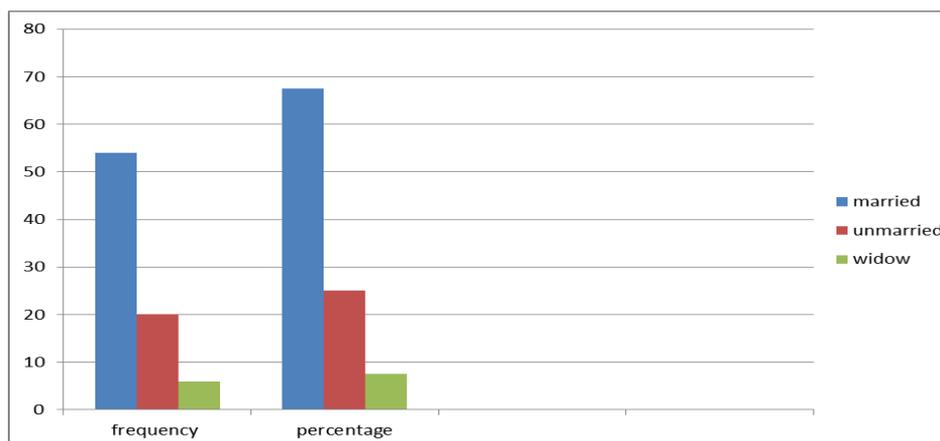
The above table showed that 25 percent respondent were belonging to upto 4 member in family and 60 percent respondent were belonging to 4 to 8 members in family and 15 percent respondent were belonging to more than 8 family member in family.



**Table 1:** [d] Distribution of the respondent according to Marital status.

S. No.	Marital status	Frequency	Percent
1	Married	54	67.5
2	Unmarried	20	25.0
3	Widow	6	7.5

The above table showed that 67.5 percent respondent was married and 25 percent respondent was unmarried and 7.5 percent respondent are widow. On the basis of frequency distribution the majority of married respondents



**Table 2:** Distribution of the respondent according to departments.

S. No.	CATEGORY	YES	%	No	%
1.	O.P.D	00	00%	80	100%
2.	General Surgery	00	00%	80	100%
3.	Obstetrics & Gynaecology	15	18.8%	65	81.3%
4.	Dermatology	3	3.8%	77	96.3%
5.	Orthopaedics	6	7.5%	74	92.5%
6.	Psychiatry	11	13.8%	69	86.3%
7.	Anaesthesiology	00	00%	80	100%
8.	Nephrology	00	00%	80	100%
9.	Cardiology	9	11.3%	71	88.8%
10.	Pathology	00	00%	80	100%
11.	Gastroenterology	00	00%	80	100%
12.	Endocrinology	00	00%	80	100%
13.	Paediatrics	17	21.3%	63	78.8%
14.	Emergency	3	3.8%	77	96.3%
15.	Pulmonary	00	00%	80	100%
16.	Medicine	16	20%	64	80%

The table showed that different department of hospitals 78.8 percent of the respondents were belonging to pediatrics department.

**Table 3:** Distribution of the respondent according to associated factors [frequency]

S. No.	Particular	Frequency/ %					
		frequently	%	sometime	%	Never	%
1	Have too much work.	29	36%	51	63%	0	0%
2	The bulk of work is unrelated to duties.	20	25%	55	68%	5	6.3%
3	Have little support or network to solve work related problem.	22	27.5%	58	72%	0	0%
4	Suffer from an ambiguity about own role & position with the hospital.	29	36%	51	63%	0	0%
5	Lack of sufficient support staff at workplace.	20	25%	55	68.8%	5	6.3%
6	Under estimation of work performance.	27	33.8%	53	66.3%	0	0%
7	Indifferent opinion of higher authorities towards nurses regarding improvement in their work condition and environment.	25	31.3%	55	68.8%	0	0%
8	I feel conflict between the responsibility for safety & health of the employees & protection of their privacy.	24	30%	55	68.8%	1.3	1.3%
9	Conflict among other colleagues of the hospital.	16	20%	64	80%	0	0%
10	Family's limited understanding of my work.	18	22.5%	62	77.5%	0	0%
11	No time for leisure	25	31.3%	55	68.8%	0	0%
12	Lack of family support	24	30%	55	68.8%	1.3	1.3%
13	Lack of sleep/ Late night	16	20%	64	80%	0	0%
14	Pressure from patient relatives.	18	22.5%	62	77.5%	0	0%
15	Can not take decision related to work.	19	23.8%	61	76.3%	0	0%
16	Lack of resources & facilities	20	25.5%	60	75.5%	0	0%
17	Harassment from- Doctors / Colloquies /Patient	11	13.8%	69	86.3%	0	0%
18	Tiredness	29	36.3%	51	63.8%	0	0%
19	Night shift	20	25%	55	68.8%	5	6.3%
20	Frequent skipping of meals due to workload	22	27.5%	58	72.5%	0	0%
21	Not getting enough holidays	29	36.3%	51	63.8%	0	0%
22	Not enough time to rest	20	25.0%	55	65.8%	5	6.3%

The above table showed that the level of associated factor [Frequently, Sometime, Never] of occupational stress among nurses. Data showed that most of respondents said that [sometime] Reason of associated factor in the profession of

nursing. And these associated factors are more affecting their daily life and she faced more problems for these factors.

**Anova:**

S.NO	Age	Mean	S.D	Df	F	P	Conclusion
1	20-25	48.5556	3.44555	4,75,79	1.833	0.131	NS
2	26-30	51.0000	3.81032				
3	31-35	50.4000	4.16867				
4	36-40	48.5714	3.82349				
5	Above 40	49.7500	2.37547				

P > =0.5 level of significance

Result in table showed that the p > =0.131 thus null hypothesis was accepted. This means that there is no

significant difference between age and associated factor of occupational stress. Thus it could be concluded that

respondent of any age can have any reason of occupational stress.

### Conclusion

Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group "responses to actual or potential health problems". These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population. The unique function of nurses in caring for individuals, to assess their responses to their health status and to assist them in the performance of those activities contributing to health or recovery or to dignified death that they would perform unaided if they had the necessary strength, will, or knowledge and to do this in such a way as to help them gain full of independence as rapidly as possible. Within the total health care environment, nurses share with other health professionals and those in other sectors of public service the functions of planning, implementation, and evaluation to ensure the adequacy of the health system for promoting health, preventing illness, and caring for ill disable people.

Occupational stress is stress related to one's job. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope. Occupational stress can increase when workers do not feel supported by supervisors or colleagues, or feel as if they have little control over work processes.

### Sources of occupational stress

A toxic work environment, Negative workload, Isolation, Types of hours worked, Role conflict & role ambiguity, Lack of autonomy, career development barriers, Difficult relationships with administrators and/or coworkers, Managerial bullying towing to the wrong gates, Harassment, Organizational climate.

**Coping stress:**-Everyone—adults, teens, and even children—experiences stress at times. Stress can be beneficial by helping people develop the skills they need to cope with and adapt to new and potentially threatening situations throughout life. However, the beneficial aspects of stress diminish when it is severe enough to overwhelm a person's ability to take care of themselves and family. Using healthy ways to cope and getting the right care and support can put problems in perspective and help stressful feelings and symptoms subside. Stress is a condition that is often characterized by symptoms of physical or emotional tension. It is a reaction to a situation where a person feels threatened or anxious. Stress can be positive (e.g., preparing for a wedding) or negative (e.g., dealing with a natural disaster).

Sometimes after experiencing a traumatic event that is especially frightening—including personal or environmental disasters, or being threatened with an assault—people have a strong and lingering stress reaction to the event. Strong emotions, jitters, sadness, or depression may all be part of this normal and temporary reaction to the stress of an overwhelming event.

### References

1. Adejumo O, Lekalakala-Mokgele E. A 2-Decade appraisal of African Nursing Scholarship: 1986–2006. *Journal of Nursing Scholarship*, 2009, 41(1).
2. Alam M, Mohammad J. Level of job satisfaction and intent to leave among Malaysian nurses, *Business Intelligence Journal*. 2010, 3(1).
3. Aoki M, Keiwkarnka B, Chompikul J. Job stress among nurses in public hospitals in Ratchaburi province, Thailand. *Journal of Public Health and Development*. 2011; 1:19-27.
4. Apeksha Gulavani. Mahadeo Shinde Krishna Institute of MedicalSciences University's, Krishna Institute of Nursing Sciences Karad 415539, India.
5. Asad Nizami, Irum Rafique. Occupational Stress and Job Satisfaction among Nurses at a Tertiary Care Hospital", *Journal of Pak Psychiatric Society*, June, 2006.
6. Bailit J, Blanchard M. The effect of house staff working hours on the quality of obstetric and gynaecologic care, *Obstetrics and Gynaecology*. Barnard D, Street A and Love A. 2006, 2004; 103(4):613-616.
7. Berkelmans A, Burton Page K, Worrall-Carter L. Registered Nurses' smoking behaviours and their attitudes to personal cessation, *Journal of Advanced Nursing*. 2011, 67(7).
8. Blaug R, Kenyon A, Lekhi R. Stress at work: A report prepared for The Work Foundation's Principal Partners. Retrieved from, 2011. <http://www.theworkfoundation.com>
9. Department of Health, Children. The nursing and midwifery resource, final report of the steering group: Towards workforce planning, 2002 Dublin: Author. Available from, [http://www.dohc.ie/publications/towards\\_workforce\\_planning.html](http://www.dohc.ie/publications/towards_workforce_planning.html) (Accessed September 16, 2012).
10. Dessalegn Haile Kassa, Abebe Dilie Afenigus, Bekele Tesfaye Meteku, Benalefew Lake Mengisitie, Berhanu Dessalegn Telila. Assessment of Occupational Stress and Associated
11. Dollard MF, La Montagne AD, Caulfield N, Blewett V, Shaw A. Job stress in the Australian and International health and community services sector: A review of literature. *International Journal of Stress Management*. 2007; 14:417-445.
12. Emilia Z, Hassim N. Work-related stress and coping: A survey on medical and surgical nurses in a Malaysian teaching hospital, *Jabatan Kesihatan Masyarakat*, 2007, 13(1).
13. Essar N, Ben-Ezra M, Langer S, Palgi Y. Gender differences in response to war stress in hospital personnel: Does profession matter? A preliminary study, *Eur. J Psychiat*. 2008; 22(2).
14. Hamaideh SH, Mrayyan R, Mudallal G, Faouri IG, Khasawneh NA. Jordanian nurses' job stressors and social support. *International Nursing Review*. 2008; 55:40-47.
15. Health and Safety Executive. Stress-related and psychological disorders. Sudbury, UK: Author. Retrieved from, 2010. <http://www.hse.gov.uk/statistics/causdis/stress>
16. Health, Safety Executive. Tackling work-related stress: A managers' guide to improving and maintaining employee health and well-being. Sudbury, UK: Author. Retrieved from, 2011. <http://www.hse.gov.uk/pubns/indg406.pdf>
17. Kane PP. Stress causing psychosomatic illness among

- Indian nurses. *Indian Journal of Occupational and Environmental Medicine*. 2009; 13:28-32.
18. Makie VV. Stress and coping strategies amongst registered nurses in tertiary hospitals in South Africa (master's thesis). University of the Western Cape, South Africa, 2006.
  19. McCarthy VJC, Power S, Greiner BA. Perceived occupational stress in nurses working in Ireland. *Occupational Medicine*. 2010; 60:604.
  20. McVicar A. Workplace stress in nursing: A literature review. *Journal of Advance Nursing*. 2003; 44:633-642.
  21. Mehrabi T, Parvin N, Yazdani M, Rafat NA. A study of the severity of some occupational stresses in nurses. *Iranian Journal of Nursing and Midwifery Research*. 2007; 12:34-41.
  22. Mojinyinola JK. Effects of job stress on health, personal and work behavior of nurses in public hospitals in Ibadan Metropolis, Nigeria. *Journal of Ethnobiology and Ethnomedicine*. 2008; 2:143-148.
  23. Relationships between stressors, work supports, and burnout among cancer nurses, *Cancer Nurse*, 2009, (4).
  24. Battles E. An exploration of post-traumatic stress disorder in emergency nurse following Hurricane Katrina, *Journal of Emergency Nursing*. 2007, 33(4).
  25. Rosnawati B, Robat M. Occupational stress among nurses in the district hospital and health centers of Temerloh, Pahang. Kuala Lumpur: University of Malaya, 2008.
  26. Sadock JB, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry Philadelphia: Lippincott, Williams & Wilkins, 2007, 814-818.
  27. Shen H, Cheng Y. Occupational stress in nurses in psychiatric institutions in Taiwan. *Journal of Occupational Health*. 2005; 47:218-255.
  28. Wong D, Leung S, So C, Lam D. Mental health of Chinese nurses in Hong Kong: The roles of nursing stresses and coping strategies. *Online Journal of Issues in Nursing*. 2001; 5:43-47.