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Work Related Perceptions among Nursing Staff in Tertiary Care Hospital Of Mumbai, India

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Abstract: Objective: *(1) To assess the work load and job satisfaction among Nursing staff. (2) To assess special provisions available for them.*
Materials and Methodology: *The present descriptive epidemiological study which had adopted exploratory survey design was carried out during July 2009 to June 2010 in Topiwala National Medical College and Nair Hospital (Twin Institute), a Tertiary Health Care Hospital in Mumbai, India after taking prior approval from higher authorities. Representative group of 60 (females) nursing staff (48 staff nurses and 12 sister in-charge) were selected by simple random method and interviewed using pre-formed, pre-tested semi structured interview schedule.*
Results*: Majority of nursing staff members (88.3%) did not receive job orientation. Average number of problems stated by Sisters in-charge was 2.5 and that of Staff nurses was 5.14. Two third of Sisters in-charge (66.67%) and half of the Staff nurses (52.88%) had expressed dissatisfaction. Most common reason reported was shortage of staff and servants and hence the overwork, mental stress and burnt out phenomenon. None of the nursing staff had clear idea about expected 'nurses: bed ratio' as per the guidelines of the nursing council of India.*
Conclusion and Recommendations: *Dissatisfaction among most of the staff members deserves proper attention. The problems need to be appropriately quantified and whatever measures which can be undertaken immediately should be initiated at earliest. Emphasis should be given on long term planning of professional development of nursing staff rather than promoting only service aspects.*
Key Words: *Job analysis, Job satisfaction, Nursing staff, work load.*

I. Introduction

Nursing is a profession within the health care sector focused on the care of individuals, families and communities so they may attain, maintain or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training and scope of practice. Nurses practice in a wide diversity of practice areas with a different scope of practice and level of prescriber authority in each. Many nurses provide care within the ordering scope of physicians and this traditional role has come to shape the historic public image of nurses as care providers. The American Nurses Association (ANA) states nursing is the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.[1]

The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credentials, code of ethics, standards and competencies, and continuing their education.[2] Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social and spiritual needs. The profession combines physical science, social science, nursing theory and technology in caring for those individuals.

The nursing profession is increasingly characterized by occupational stress, frequent job turnover and job dissatisfaction.[3] Newer and innovative methods of patient care along with use of advance technologies in diagnosis and treatment poses a lot of challenges in the performance of job by the nursing staff. Also, nurses attend to the emotional needs of patients and their families as well as undertake managerial responsibilities such as supervising junior staff. The demands of these roles make nurses vulnerable to stress and psychological ill health.[4]

To smoothly run any Tertiary Health Care Hospital, a rational coordination of the activities of its employees (Administrator, Doctors, Nurses, Servants etc.) through division of labour, responsibility, authority and accountability is necessary. Each activity carries its own set of responsibilities and the employees are given appropriate authority to perform these activities. They are also accountable for the organization through their

immediate supervisors for accomplishing these activities according to specifications. Hence a clear understanding of what they are supposed to do becomes a prerequisite for effective utilization of organizational resources. Very little research has been conducted on Nursing job and job work load. Few studies that have been conducted and spread widely around the globe and tend to focus on job stress. A combined qualitative /quantitative needs assessment was conducted to address the issue of work related perceptions among them. This article will focus on the work load and job satisfaction among Nurses in Tertiary Health Care Hospital of Mumbai.

II. Materials and Methodology

The present descriptive epidemiological study which had adopted exploratory survey design was carried out during July 2009 to June 2010 in Topiwala National Medical College and Nair Hospital (Twin Institute), a tertiary health care hospital in Mumbai, India after taking prior approval from higher authorities. In this Twin Institute, about 4000 staff members working in various categories which include around 300 medical teachers, and around 600 nursing staff members. Major domain of the hospital services is patient care that is handled by the nurses. Study subjects were randomly selected i.e.15% staff members belonging to the category of sisters in-charge (SICs; 12 out of 80) and 10% of staff nurses (SNs) enrolled on pay roll (48 out of 480), thus constituting total number of 60 staff members. Due precaution was taken in selecting the study subjects from most of the wards in the hospital, including MACU, NICU (Neonatal Intensive Care Unit), Super specialty wards and Operation theatres. Pre devised, pre tested, semi-structured interview schedule was used for data collection. Initially informed consent was obtained from study participants. Through personal interview their work related perceptions were assessed. Inquiry about job satisfaction, work load, expectation from employer and special provisions available was done.

III. Results

All females, in the category of SICs (12) and SNs (48) were included in the present study. Their general profile is described in table 1. In the entire hospital, out of 480 SNs, there were only 4 male nurses, mainly employed in Medical Acute care Unit (MACU) and Operation theatres. All SICs included in present study were above the age of 40 years. All the nursing staff had obtained diploma in General Nursing & Midwifery (GNM) and only 5 of them had completed Post Certificate B. Sc. (Nursing) in addition to GNM. Out of 60 sisters, 40 (66.7%) were spending more than 1 hour/day in traveling one way. Out of 48 SNs, 16 (33.3%) had children less than 5 years of age. Economic status of all study subjects was good. Table 2 reveals job profile of participants. Most of the sisters (48 out of 60, 80.0%) were working at Nair Hospital from the beginning, without any prior experience in other hospitals and 71.7% were employed at Nair Hospital for more than 10 years by now. All 12 (100%) SICs and 7 (14.6%) SNs had fixed duties and remaining all nursing staff included in present study was doing shift duties. Majority of nursing staff members (88.3%) did not receive job orientation. Those who admitted that they had received job orientation related it to the general duty guidelines given as a part of nursing education curriculum. Among SICs, 11 out 12 (91.7%) informed that they had received in-service education at Nair Hospital as well at other hospitals mainly on the topic of Cardio-Pulmonary Resuscitation, HIV/AIDS, Disaster management, Ward management, Palliative care etc. In service training on above mentioned topics was obtained by 19 out of 48 (39.58%) of SNs, mainly who were seniors in service.

Tables 3 and 4 describe, except 7 SNs who were doing fixed duties, 41 were performing shift duties. Hence an attempt was made to understand which duties/activities were perceived as heavy, moderate, optimum or of light nature. The perceptions were of course very subjective in nature. The overall response to this question was all the work was heavy in all duty hours. However, when specifically asked, few SNs had given above mentioned responses. It was apparent that, patients care had been main domain of work for all in all shifts and relatively less importance was given to other duties. All 12 SICs as well as all SNs performing ward duties in shifts had ranked their duties as very heavy all the time. SNs placed in fixed duties e.g. in department of PSM (2), Casualty (2), Radiology (1), and OPDs (2) duties did mention that their work was not very heavy like ward duties.

Table 5 reveals various problems enlisted by study participants. All 12 SICs as well as all 48 SNs were vocal to enlist at least one or the other problem in a day to working on duty. Average number of problems reported by SICs was 2.5 and that of SNs was 5.14. It means more problems were faced by SNs on duty. The main problems as evident in the table 5 were shortage of SNs and servants, and over work because of disproportionately more number of patients in the ward, as compared to bed strength of the ward.

Table 6 describes special provisions available for nursing staff. Even though maternity leave was mentioned as special provision, it was for all female working staff and not limited only to nursing staff. Nurses were provided with personal protective measures (gloves, aprons, masks, chemoprophylaxis drugs if required like post exposure prophylaxis against HIV infection, swine-flu etc.) to protect from occupational hazards. Free

of cost vaccines were provided to them if considered necessary based on level of exposure to risk e.g. Hepatitis B vaccine. Being professional service, they were also entitled for deputation to enhance their academic career in the form of opting for higher degree, fellowships, advanced trainings on new technologies etc. Nurses were also eligible for municipal quarters based on their need and seniority.

Table 7 describes expression of satisfaction of nursing staff. When specially asked 'Whether you are satisfied in your job?' 8 out of 12 SICs (66.67%) and 25 out of 48 SNs (52.88%) had expressed dissatisfaction. The average numbers of reasons reported by each respondent who had expressed dissatisfactions were 3.39. The various reasons given by these total 33 (55%) sisters for the feeling of dissatisfaction were enumerated in table 7. The most common among them was shortage of staff and servants and hence the overwork, mental stress and burnt out phenomenon.

Half of the (51.7%) nursing staff thought that, to be highly efficient and effective, the nursing staff must be polite, soft spoken, considerate, have good patience even if under stress, good communication and counseling skills.(Non-tabulated data)

Tables 8 and 9 describe the expectations of nursing staff from employer. Increase number of nursing staff, had constant demand from all SICs. Need for computer-services in ward were also felt by the sisters. Some of them had also expressed the desire to take out the responsibility of managing the servants in the wards. None of the nursing staff had clear idea about expected 'nurses: bed ratio' as per the guidelines of the Nursing Council of India. However most of them were asking for increase number of staff nurses in the ward, without mentioning how many more at respective place. The need for female barbers for female patients was specially mentioned by 10 (20.9%) SNs. To fulfill all the expectations, few suggestions given by all SICs as well as SNs were:

1. Orientation to handle psychiatric patients, whenever place in psychiatry ward,
2. Night duty breakfast for SNs,
3. Measures to promote respect for SNs,
4. More quarters for the SN in the campus,
5. Eliminate night shift duty after 15 years of continuous service,
6. Matron post to be upgraded to Nursing Director level, with lot of independent administrative powers,
7. Less number of units in any individual ward.

Total numbers of 22 study subjects (36.66%) didn't give any specific suggestions.

Table I: Profile of Study subjects (n = 60)

Sr. No	Variables			Frequency
1	Age group (n=60)	≤ 30 years		7 (11.7%)
		> 30 ≤ 40		30 (50%)
		> 40		23 (38.3%)
2	Religion (n=60)	Hindu		51 (85%)
		All others		9 (15%)
3	Education (n=60)	Degree holder (B.Sc.)		5 (8.3%)
		Diploma holder		55 (91.7%)
4	Marital status (n=60)	Married		56 (93.3%)
		Unmarried		1 (1.7%)
		Widow/separated		3 (5%)
5	Residence (n=60)	In Mumbai		47 (78.3%)
		Outside Mumbai		13 (21.7%)
6	Travel time to work (n=60)	≤ 1 hour		20 (33.3%)
		> 1 ≤ 2 hours		28 (46.7%)
		> 2hours		12 (20%)
7	Type of Family (n=60)	Nuclear		44 (73.3%)
		Joint		16 (26.7%)
8	Children (n = 46)	≤ 5 years		16 (34.8%)
		> 5 ≤ 15 years		30 (65.2%)
9	Education of Husband (n=56)	Secondary School		21 (37.5%)
		Graduate & above		35 (62.5%)
10	Occupation of Husband (n= 56)	Self Employed		8 (14.3%)
		Service	Organized sector	43 (76.8%)
			Private sector	5 (8.9%)
11	Per capita family income per month in Rs (n=60)	Rs 3000 to ≤ 5000/-		14 (23.3%)
		> 5000/-		46 (76.7%)

Table II: Job Status of study subjects (n = 12 + 48)

Sr. No	Details			Frequency
1	Duration of Working at Nair Hospital	≤ 5 years	S N (n = 48)	12 (25%)
			S I C (n = 12)	0 (0%)
		> 5 ≤ 10 years	S N (n = 48)	5 (10.4%)
			S I C (n = 12)	0 (0%)
		≥ 10 years	S N (n = 48)	31 (64.6%)
			S I C (n = 12)	12 (100%)
2	Worked at other hospital before joining Nair Hospital	Yes	≤ 5 years	5 (8.3%)
			> 5 years	7 (11.7%)
		No		48 (80%)
3	Total experience as a Nursing Staff	≤ 5 years		1 (1.7%)
		> 5 ≤ 10 years		11 (18.3%)
		> 10 years		48 (80%)
4	Duty Schedule	Fixed		19 (31.7%)
		Shift duty		41 (68.3%)
5	Special qualification	Yes (2 – Onco, 2 – DNA, 1 – NICU, 1 – Haemodilasis, 1 – Stoma clinic		7(11.7%)
		No		53 (88.3%)
6	Job Description given at joining	Yes		7 (11.7%)
		No		53 (88.3%)

Table III: Assessment of work load of Staff Nurses

Shift	Perception	Areas/departments	Frequency
First	Heavy (n = 19)	Giving medications	10 (52.6%)
		General pt care like bed making	8 (42.1%)
		Admissions, discharge and take over	5 (26.3%)
		Medicine ward, ICU, Trauma ward	2 (10.5%)
	Moderate (n = 16)	Giving medications	7 (43.8%)
		Sending investigation, references & patients for procedure	6 (37.5%)
		Patient monitoring	4 (25%)
		Admissions	1 (6.3%)
	Optimum (n = 9)	Administration	3 (33.3%)
		Giving medications	3 (33.3%)
		Sending investigation, references & pt. for procedure	2 (22.2%)
		Checking pt after round	1 (11.1%)
		Intra-operative charting (I/O charting)	1 (11.1%)
		Sponge	1 (11.1%)
	Light (n = 4)	Nail cutting, hair combing	3 (75%)
		Checking vitals	1 (25%)
		Checking orders	1 (25%)
		Food distribution	1 (25%)
		Record	1 (25%)
		Admissions	1 (25%)
Second shift	Heavy (n =18)	Giving medications	9 (50%)
		Admissions, discharge	4 (22.2%)
		References	3 (16.7%)
		All work load	2 (11.1%)
		Pt. care	2 (11.1%)
		Relative management	2(11.1%)
	Moderate (n = 10)	Giving medications	4 (40%)
		Admissions, discharge	3 (30%)
		Doctor's call	2 (20%)
		TPR	1 (10%)
		References	1 (10%)
		Emergency t/t	1 (10%)
	Optimum (n = 7)	General pt care	4 (57.1%)
		I/O charting	2 (28.6%)
		Food distribution	1 (14.3%)
		Record	1 (14.3%)
		References	1 (14.3%)
Night shift	Heavy (n = 16)	Giving medications	5 (31.3%)
		Administrative work	4 (25%)
		Admission	4 (25%)
		Emergency management	4 (25%)
	Moderate (n = 7)	Administrative work	3 (42.8%)
		Records	3 (42.8%)
		following orders	2 (28.6%)

		Emergency management	2 (28.6%)
		TPR	1 (14.3%)
	Optimum (n = 5)	Record	4 (80%)
		Charting	3 (60%)
Fixed duty	Heavy (n = 4)	Pt. over	3 (75%)
		Indent	1 (25%)
		Pt. procedure	1 (25%)
		Taking round with doctor	1 (25%)
	Moderate (n= 3)	Giving medications	3 (100%)
		Pt. procedure	2 (75%)

Table IV: Perception of work load (n= 12 + 48 = 60)

Designation	Perception	Frequency
Sister in charge (n=12)	Heavy	12 (100%)
Staff Nurse (n=48)	Heavy	41 (85.4%)
	Moderate	7 (14.6%)

Table V: Common problems in day to day work (including safety related issues)

Designation	Common problems	Frequency
Sister in charge (n=12)	Shortage of servants	12 (100%)
	Shortage of staff nurses	12 (100%)
	Shortage of equipments and clothes	7 (58.3%)
	Improper segregation by servants	1 (8.3%)
Staff Nurse (n=48)	Shortage of staff nurses	48 (100%)
	Over work	48 (100%)
	Shortage of servants	46 (95.8%)
	Lots of patient	37 (77.9%)
	Shortage of clothes	22 (45.8%)
	Overanxious relatives of patients	21 (43.7%)
	Shortage of medicines	13 (27.9%)
	Patient reference	12 (25%)

Table VI: Special provisions to nursing staff (n=60)

Sr. No	Provisions	Frequency
1	Maternity leave	57 (95%)
2	Personal protection	30 (50%)
3	Vaccination	15 (25%)
4	Deputation	13 (21.7%)
5	Accommodation	4 (6.7%)

Table VII: Expression of satisfaction among nursing staff

Perception	Response	Frequency
Satisfied (n=60)	Yes	27 (45%)
	No	33 (55%)
Reasons for not satisfied (n=33)	Shortage of staff and servants	33 (100%)
	Difficulty in mobilization of patients	23 (69.7%)
	Overload of work	16 (48.5%)
	Shortage of drugs and equipments	16 (48.5%)
	No mental peace, doctors scolding	13 (39.4%)
	No safety and security	8 (24.2%)

Table VIII: Sister In charges – Expectations from employer

Sr. No	Expectations	Frequency
	Patient care (n=12)	
1	Increase staff	12 (100%)
2	Quality patient care	9 (75%)
3	Sufficient supply of drugs	7 (58.3%)
	Administrative work (n=7)	
1	All works should finish in time	4 (57.1%)
2	Computer services	4 (57.1%)
3	To solve patient related problem	3 (42.8%)
4	Support for Indent of drugs, instruments	1 (14.3%)
	Supervisory work (n= 6)	
1	Getting work done from servants	5 (83.3%)
2	Trainings for administrative and supervisory work	5 (83.3%)
3	Supervise availability of medicines	2 (33.3%)
	Academic work (n=7)	
1	Supervision on students work	7 (100%)

2	Giving education to staff	5 (71.4%)
	Other works (n= 5)	
1	Library facility and advanced training	4 (80%)
2	Duty allotments to staff and servants	2 (40%)
3	To help and advice patient	2 (40%)
4	To provide side room for nursing staff	1 (20%)

Table IX: Staff Nurses – Expectations from employer

Sr. No	Expectations	Frequency
	Patient care (n=36)	
1	Increase no. of nurses	34 (94.4%)
2	Adequate and proper supply of material and equipment	28 (77.7%)
3	Improve patient : staff ratio	26 (72.2%)
4	Limited admissions	20 (55.6%)
5	Efficient & quality patient care	17 (47.2%)
6	Computerized system	8 (22.2%)
	Administrative work (n=21)	
1	Increase number of staff	21 (100%)
2	Good administration	20 (95.2%)
3	Good record keeping	18 (85.9%)
4	Education of administration given	18 (85.9%)
5	Computerized system	11 (52.4%)
	Supervisory work (n=16)	
1	Supervision of servant & student	16 (100%)
2	Arrange training program for supervision	4 (25%)
3	Servant should be managed by Time keeper	2 (12.5%)
	Academic work (n=8)	
1	In service education	7 (87.5%)
2	Clinics & education for student	5 (62.5%)
3	Conferences	2 (25%)
4	Orientation of new instrument	2 (25%)
	Other works (n=14)	
1	Provide security	12 (85.7%)
2	Provide healthy work environment	12 (85.7%)
3	Provision of female barber	10 (71.4%)
4	Teaching session	10 (71.4%)

IV. Discussion

In our study, most of the nursing staff was not aware about their roles and responsibilities. Only 11.67% were got orientation about the job before joining. Matron of the hospital informed that there was no practice of compulsory well planned scheduled induction job orientation programme for a stipulated duration of time. Inability to explain the roles and responsibilities properly by the staff members as well as difficulties in providing desired information on all points were mainly due to lack of appropriate job orientation to the staff members. In contrary to our findings Mitchell et al. found that most of the nursing staff and SICs were aware about their significant role in facilitating the development of student's clinical skills and experience and act as a source of support. This might be due to orientation program they have received at the time of joining.[5] Also Malik et al. in their study described the pivotal role of a mentor for clinical learning experiences. They stated that, it is imperative to give adequate and ongoing training about job, support and preparation in carrying out their role of nursing staff, so that they become confident and competent practitioners.[6]

In our study investigator found that, certain duties were very specific to the shifts e.g. patients referrals to other departments, investigations, administrative works, academic nature work were done more commonly during morning shift, whereas management of relatives crowd and interactions with them, becomes more important during afternoon shift and preoperative preparation of the patient, was important during night shift duty. The information apparent in the table 3 however could not highlight the desired information. Even though these were experiences in day to day working in hospital, it was not appropriately documented in literature. Another important fact was, usually less number of (may be one or two sisters per ward of 30 - 40 patients) SNs were placed in the ward during afternoon and night shift, and they were also expected to undertake the work of administrative nature as well as handle medico-legal problems if any (in the absence of SIC on duty), and hence these shifts were considered more heavy by the SNs. This could be one of the common reasons for high level of absenteeism during night shift. There is no relevant study reference to have more information in this respect.

All SICs perceived their job as 'heavy work' compared to SNs who perceived their job as 'heavy work' only when it was in shifts. SNs having fixed duties didn't find their job as heavy work. This was mainly because of convenient working time, fixed duty hours of respective departments, flexibility in performing the duties and non emergency nature of work. It was routine practice at the administrative level to adjust the duties of SNs who

had certain problems, in the fixed duty category to overcome the crisis situation, e.g. after delivery, major health problems, major family level problems etc. All nursing staff was vocal to enlist at least one or the other problem in a day to working on duty. It was a usual scenario in most of the medical and surgical wards to have placed more number of patients on the floor than on the cots, sometimes, especially during monsoon season. Most of the SNs had mentioned that it was difficult to provide complete qualitative care to all patients because of this and this becomes again one of the important causes of dissatisfaction at their level. Even though, there was no published reference for this type of situation in many other hospitals also, various reports on functioning of nursing services had highlighted this problem. Some of the measures adopted to manage crisis situation were placement of student and intern nurses in the ward, overtime duties to the staff, one sister looking after two wards etc. Some of the Corporate, Charitable or Private hospitals, where there were no student-nurses, they have appointed contractual nursing staff as per the need. Simoni et al.[7] Tyler et al.[8] and Cushway et al.[9] reported that nurses experienced stresses commonly associated with organizational environment and work demands, such as meeting the demands of supervisors and doctors, dealing with the conflicting demands of administration and management, and meeting the needs of patients.

Our study reported various kinds of provisions in the form of maternity leave, personal protection, Vaccination, deputation, accommodation were provided to nursing staff. All other benefits applicable to other municipal staff were also applicable to them. Nursing services fall under the category of essential services at the hospital level as there services are needed round a clock all the days of the week and months. Hence administrative rules governing provision of special privileges and benefits were enforced very strictly.

In our study, 55% nursing staff was not satisfied with their job and shortage of staff and servants was the commonest reason. Another important factor specific to nursing services was 'dual authority' i.e. they work under matron and medical administrators, for administrative issues, and under doctor/physician/surgeons for technical work. Nurses also reported about these situations leading to conflicts many times and hence the mental stress and dissatisfaction. Similar findings were noted by Wong et al. They found that nurses could not clearly separate clinical activities from administration. As a result, they were not sure who is responsible for making decisions on certain ward activities.[10] Mok et al. stated that nurses often find themselves torn between spending time on direct patient care and increased administrative duties because poor awareness about their roles and responsibilities.[11]

Eight staff nurses also expressed certain personal security issues especially when placed alone in male wards and no servants or security around or servants under the influence of alcohol, especially on night shifts. Evidences of sexual harassments were reported sometimes by them. Fujiwara et al.[12] Li-Chuan et al.[13] Skipper et al.[14] and McNeese-Smith et al.[15] also have reported similar findings in their studies.

To our surprise, none of the SICs as well as SNs had revealed exact 'nurses: bed ratio' as per the guidelines of Nursing council of India. This may be because of lack of orientation programme and exposure to the working at other places as well as limited scope for professional interactions at various levels. All SICs as well as SNs were aware about their promotion avenues in future but were dissatisfied for delay in promotions and compulsion for shift duties even for more than 20 years now. (Non-tabulated data)

Nursing is a profession and not simple service. The expectations of SIC do not reflect any demand for professional development e.g. greater involvement in teaching and technical supervision work, incentives for academic excellence, performance linked promotional benefits, flexibility to undertake independent research activity or assignment, existence of professional body at institute level to promote ongoing academic activities, enhance the basic qualification from diploma to degree level, etc. The expectations of staff nurses also do not reflect the demands for professional development. It was apparent at the time of taking interviews, that staff nurses were not aware about professional status of their service. This deserves attention at the higher level if status of nursing services is to be enhanced.

All the supervisors of the SICs and SNs have agreed for heavy patient care related duties by their subordinate staff mainly because of inadequate 'nurses: beds ratio'. Taking into account the guidelines of Nursing Council of India,[16] expected number of SNs at Nair Hospital should be around 700 to 750 as against present number of 480. It is equally important to promote the measures for reducing sickness absenteeism among staff nurses. Enhancing job satisfaction level among staff nurses, reduction in burnout phenomenon and promotion of professional development of nursing staff will not be possible unless the issue of shortages of staff is appropriately addressed.

V. Conclusion and Recommendations

All the study subjects, as well as their supervisors and the observations made by the investigator, confirmed that there was significant workload to all and it was mainly limited to patient care related activities at the cost of other professional development activities. Emphasis should be given on long term planning of professional development of nursing staff rather than promoting only service aspects. Upgrading diploma status to degree status would be one of the measures for the same. Dissatisfaction among most of the staff members

deserve proper attention The problem needs to be appropriately quantified and whatever measures which can be undertaken immediately should be initiated at earliest. The problem of sickness absenteeism should be studied scientifically and measures should be initiated to reduce the problem of sickness absenteeism. Services of professional counselors can be taken for this purpose. Administrative training to enhance administrative skills should be organized periodically. An exercise of job analysis can be undertaken periodically may be once in 3 years or so to assess the progress towards professional development of nurses.

Limitations of the Study

The results reported in this paper should be interpreted in light of the data limitations. First, the measure of job satisfaction, work load and job stress depended on self-report. Thus, it may be subject to reporting bias. The definition of what is satisfaction, heavy work load and high job stress may vary by respondent. The variation may also manifest itself if there are differences in interpretations of what is satisfaction among people who are in seemingly similar contexts (i.e., same sex, occupation, age). Second, we used cross-sectional data and cannot make statements about causality. There may be confounding variables that were not captured and better explain the relationship such as personality, mental disorders or coping styles. It would be important for future research to explore the relationship of these factors to the outcome.

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