

Stressors in Nursing- Revisiting literature from India and west

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Abstract

The aim of the paper is to collate literature on stressors among nurses. A noticeable number of studies have been conducted in past few decades in India and western countries. Present paper intends to synthesis the results for these studies and identify major themes in the field of nursing stress. The results of present study are expected to contribute in effective concept and model building by future researchers.

Keywords: Stress, Stressors, Nursing, Review

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I. Introduction

Nursing as a profession is generally perceived to be stressful and demanding. It is challenging in both physical and psychological terms. Substantial evidence is available in literature to prove that nursing is a stressful profession, which may lead to intrusion in both psychological and physical health and can negatively affect professional practice. With changing work environment and emerging stressors, nurses and nursing practice have to confront a variety of challenges in their work settings.

II. Review Of Literature

Literature from India and abroad was reviewed to gauge the realities of stressors in nursing profession. Various studies from India and west related to stress amongst nurses and across the different types of units/wards was referred and the results are presented in the subsequent sections.

Studies on Nursing Stress in the west

Tofta& Anderson, (1981) conducted a study to assess major stressors for nurses, they reported not enough preparation to provide emotional care to patients and their families, heavy work load, and death and dying as main stressor. Tofta& Anderson, (1986) further added that physical setup and administration of the unit and policy framework of staffing leads to conflicting situations and feelings of being aloof from colleagues in hospital. Janman, Payneand& Rick (1987) revealed that hospital nurses report higher level of stress than others. Death and dying situations and feelings of inadequate preparation to fulfil the emotional needs of patient's families' contribute to workplace stress. Whereas high workload and nursing work environment resulted in stress among nurses caring for patients who are mentally handicapped (Power & Sharp, 1988). The study of Cohen-Mansfield (1989) found that negative patient events are tapered by nurses focusing on positive patients events in order to avoid stress experience. Foxall, Standley& Captain (1990), in their study, found that nurses working in intensive care unit experience a variety of stressors, same was observed for nurses working in medical surgical wards. Heavy workload or problems associated with staffing policies were common stressors for medical and surgical nurses. However, death and dying situations emerged as the most stressful event for ICU and hospital nurses. Emery and Emery (1993) utilized State Trait Anxiety Inventory and developed Paediatric Oncology Nurse Stressor Questionnaire (PONSQ) to investigate stressors for nurses. It was found that concern for death and dying and caring and coordinating with patient's families were the main source of stress among nurses. The study reported that more than 68% of nurses are extremely stressed. This study also reported that nurses experienced stress while working with children. However, caring for patients and their families is a major source of satisfaction for nurses. Another study focusing on Paediatric Oncology Nurses with a sample of 95 nurses was conducted by Bond & Carlson (1994). The study aimed at measuring work-related stressors using Stressor Scale for Paediatric Oncology Nurses (SSPON). The findings revealed that cognitively appraised experiences or events linked to the work of nurses as highly stressful. The findings made known that

paediatric oncology nursing is a stressful speciality, in particular to those nurses providing care to children suffering and dying. Elliott et al. (1996) in his study found a significant relationship between higher burnout scores and emotion focused coping. Few coping efforts can themselves be understood as indications of burnout, for example, going up against a supervisor or requiring some time off from work. Keeping in mind the end goal to catch the rising stressors among nurses in their working environment. French et al. (2000) additionally extended the generally utilized Nursing Stress Scale (NSS) and recognized extra sub-scales of working environment stressors which may leads to stress among nurses. Despite the fact that developing stressors were recognized by the specialists, the stressors distinguished by NSS still keep on being of significance to nursing working environments. Nurses interact with patient's families more frequently than some other health care colleagues. It is discovered that managing the patients' families was an often times announced working environment stressor for Nurses. (Bratt, Broome, Kelber and Lostocco 2000). In another investigation by Edwards et al. (2000), distinguished a few stressors particular to the network psychological wellness nurses, for example, increment in workload and administration, issue in managing time, issues identified with security and wrong referrals. It was likewise discovered that role ambiguity and role conflict leads to stress. They felt that stress experience is result of absence of wellbeing and supervision in community. A few scientists endeavored to discover more up to date working environment stressors among nurses. In 2000 Seth, Gueritault-Chalvin and Demi found that nurses encounter eight particular sub groups of stressors, for example, personnel, death, institutions, informing patients, challenging patients and families, biohazards and treatment dilemmas. It was discovered that nurses encountering stress from their work environment utilize evasion, planful critical thinking, and unrealistic reasoning as coping strategies, though stress originating from patient care was managed by utilizing acceptance and positive evaluation coping strategies. Coffey and Coleman (2001) detailed that the stress experience can be diminished if required help from colleagues and managers is promptly accessible during stress stage and can be one of the vital elements to prevent the harmful effects of stress. It was additionally revealed that the alcohol is utilized for soothing behaviour when an individual encounters high stress levels. The investigation of Stordeur, D'Hoore and Vandenberghe (2001) recognized that stress among nurses occurs because of physical and social condition and role ambiguity. In 2003 McVicar conducted literature review on work environment stress among nurses and found that workload; professional conflicts and emotional demands of caring emerged as major stressors among nursing professionals. The author also reported that the relationship between sources of stress and practical working of nurses is not completely explored. Abu Al Rub (2004), finished up in light of his investigation discovered that the level of job stress can be lessened when seen social help from co-workers is high. Perceived job stress caused by frequent occurring of events further leads to depression that in turn lowers job performance of nurses (Motowidlo, Packard, and Manning, 2007). Likewise, Hall (2007) found that there are more positive and less negative results including less work related stress when nurses saw more prominent levels of supervisory help. Shaha and Rabenschlag (2007) expressed that while tending to the nursing stressful circumstances, group activities play a critical part. Mojinyinola (2008) found that stress due to working environment significantly affects physical and psychological wellbeing of nurses. The difference in professional and personal work related behaviour between less stressed and highly stressed nurses was due to the impact of stress. Rodrigues and Chaves (2008) revealed crisis circumstances, passing of patient, relationship issues with peers as the principle stressors experienced by the oncology nurses and a positive appraisal as a coping strategy used to manage these stressors. In a study conducted by Rosnah and Azmi (2008) to determine the personality characteristics and occupational stress of nurses. The sample comprised of 158 nurses from a government hospital working in the child care and maternal health services. The study revealed low rate of occurrence of occupational stress. No critical affiliation was found between the personality type and occupational stress; however the examination affirmed that there is a huge relationship between presence of stress and perceived stress. Lambert and Lambert (2008), evaluated cross-cultural studies conducted in several parts of world to discover the reasons for stress among nurses and to know whether they adapt up in comparable ways. The study established that numerous stressors and the way nurses adapt are comparative in nature and stressors beginning from relationship among health professional expert and patients' unrelieved enduring and their sadness were the most specified work related stressors. Positive reappraisal, critical thinking, self-control, and looking for social help were observed to be the most preferred coping strategies among nurses. In 2009 Wu et al. investigated factors related with occupational stress among female nurses in China. The sample comprised of 2613 nurses from 20 distinct hospitals. The occupational stress inventory revised (OSI-R) was utilized to gather information. The study established that Chinese nurses are at a higher risk of experiencing occupational stress. It is additionally discovered that personal resources, demographic variables and working situations were related with occupational stress. Role Insufficiency and Role Boundary were the most critical indicators of occupational stress. The most imperative factor related to occupational stress in working circumstances was the nurse– patient relationship. Golubic, Milosevic, Knezevic and Mustajbegovic (2009), contemplated workplace stressors among 2364 staff nurses and looked at occupational stress among two groups of nurses to anticipate their work capacity based on their different educational background. Data was gathered utilizing Occupational Stress Assessment Questionnaire

(OSAQ) created by analyst and Work Ability Index Questionnaire. The distinction in observation among the two educational groups was found in things identified with shift work and dangers at the workplace. It was likewise discovered that absence of co-staff was extremely stressful and influenced the work capacity of nurses. Shirey et al. (2010), explored the perception of nurse managers regarding work stress. Performance expectations, people and resources, workload affected the perception of work stress. Experienced nurse managers were found using more effective strategies like problem focussed coping than those with less experience. McCloskey & Taggart (2010) used a qualitative approach to assess the experience of stress among nurses involved in offering palliative care for young adults. It was found that four aspects namely, Support and roles, control mechanism, relationships and demands lead to stress. Few unique role specific stressors were also identified in the study. Qiao, Li & Hu (2011), examined the relationship between stress, coping and psychological well-being. The study considered inability to cope with transition as a major stressful experience for new nurses. The study administered Nursing Stress Scale and the Brief Cope Questionnaire and reported that dimensions of Death and dying, inadequate preparation and workload are the major stressors. The study also reported a positive and significant correlation between workplace stressors and various coping strategies. Gholamzadeh, Sharif & Rad (2011), explored major reasons causing stress among nurses and identified them as difficulties related to physical environment, caring and handling patients or their relatives, work load and dealing with their anger, being exposed to health and safety hazards, non availability of doctor in the emergency room, less support from nursing administrators and inadequate equipments. The study also focused on the emotion centric coping strategies of self control and positive reappraisal adopted by nurses to cope with stress. Beh& Loo (2012) investigated job stress and coping mechanism among nurses working in public health services. The study found that the main cause of job stress was the job itself, i.e., heavy workload, poor working environment and repetitive work. The study also identified the problems faced by nurses at workplace as unfair matron/superior, peer conflicts and lack of recognition. Coping mechanisms such as seeking support and building relationship with colleagues and superiors were identified to cope with the stressors. Kath, Stichler& Ehrhart (2012), assessed high level of stress among nurse managers which was found to reduce with age. Autonomy, predictability and social support tend to be an effective shield for stress experience. Arslan et al. (2015) conducted a study to assess stress level among a sample of 49 nurses working in emergency care services. The major causes of stress among emergency care nurses were identified as the nature of job and organisational factors such as work load, information load and time constraint. Sheta, Elwan&Niaz (2016), examined the intensive care stressors using risk assessment matrix in Intensive Care Units (ICU). The highest risk was found in workload and nurse patient ratio followed by dealing with patients sufferings. It was also reported that imbalance between work and home responsibilities was a stressor. Married female nurses with less than 35 years of age showed higher stress levels and nurses with lesser experience perceived higher workload than more experienced nurses. The nurses working in ICU's showed mal-adaptive coping as the preferred choice of coping strategies. The study concluded that the workplace stress is precipitated due to the factors present within the work place situations. Yvonne Halpin, 2015 reported workload and inadequate staffing as major stressors among newly qualified nurses in UK and highlighted the relationship between stress; coping mechanism; hardiness and resilience among nurses using a longitudinal study design.

Studies on Nursing Stress in India

A limited number of studies have been conducted in India regarding the workplace stress experienced by nurses. Stress and other variants of stress in nursing professionals have been extensively researched internationally; however the findings may not be very relevant in Indian settings. Taking into consideration the differences in services offered by international hospitals, health care infrastructure and changing environment, it might not be appropriate to use the results of previous international studies to explain stress among Indian nurses. For the purpose of better understanding and insights ,following studies are reviewed from Indian context.

Gupta & Adhikari (2008), measured role stress among 89 nurses working in a civil hospital in West Bengal, India. Data was collected using Organizational Role Stress (ORS). Inter-role distance, role expectation conflict and role overload were found to be the highest factors resulting in stress experience among nurses. The respondents in the study reported that they were either highly stressed or moderately stressed and the impact of stress was seen on their psychological and physiological functioning. Bhatia, Kishore, Anand & Jiloha (2010), conducted a cross- sectional study among 87 nurses working in two of the tertiary care teaching hospitals of Central Delhi. The study reported that 87.4% of nurses experience job stress. 32.2% nurses reported experiencing extreme stress. The major source of stress was identified as time pressure and the least was discrimination. Interacting with people was reported as the most effective coping strategy. Marital status of nurses does not make any significant difference in experiencing job stress. However, workplace stress tends to disturb the personal lives of nurses due to reduced efficiency to handle stressful events. Eswari& Saravanan (2011), explored stress level among women nurses working in various nursing homes in Coimbatore city, Tamil Nadu. The study findings revealed that around 50% of the respondents experience moderate stress on the

dimensions of conflict with supervisor, torture higher authorities, lack of recognition, inadequate supply of equipments and work overload. The study found multiple other issues that cause stress among nurses namely, insufficient training, shift duties, lack of security etc. Vijay & Vazirani (2012) developed a questionnaire to perform a comparative study to assess stress and stress busters among nurses. Low compensation, job security, interpersonal relations and inappropriate behaviour of relatives and friends were found to be the main stressors for the nurses working in private hospitals. On the other hand, nurses working in government hospital encountered different set of stressors such as increased number of working hours, frequent change in shifts; inadequate infrastructure, number of patient handled everyday and dealing with patients with contagious disease. Katyal, (2013) conducted a comparative study on burnout among nurses working in government hospitals and private hospitals in Chandigarh and Punjab. To assess burnout among nurses, Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was administered. The study findings revealed that nurses working in government hospitals experienced a higher level of burnout in terms of emotional exhaustion, depersonalization and low level of personal accomplishment as compared to nurses working in the private hospitals. Jose & Bhat (2013) in their study, assessed level of stress and coping among 104 nurses in Udupi and Mangalore district, Karnataka. Nursing Stress Scale (NSS) and Ways of Coping Questionnaire was used to measure stress and coping respectively. The results revealed that nurses experience low level of stress. The dimensions contributing towards stress were death and dying and workload. The study also revealed that nurses working in intensive care units experience higher stress than others. Also qualification and marital status leads to higher level of stress among nurses. Divinakumar, Pookala & Das (2014), conducted a study to investigate perceived stress among 298 female nurses working in 30 different government hospitals in central India. Data was collected using Perceived Stress Scale (PSS-10). The study revealed that nurses experience high level of stress with 48.32% of the sample scoring above 17 score using PSS-10. No significant difference was reported between PSS-10 score and demographic variables of marital status and professional qualification. But significant difference was found between PSS-10 score and day and night duty nurses at the time of study. Pawar (2014) investigated the level of stress among nurses working in the intensive care units of hospitals in Navi -Mumbai, Maharashtra, India. The study also aims at assessing its association to selected demographic variables. The stress level was identified using a modified version of Expanded Nursing Stress Scale. Results of the study revealed that nurses working in intensive care units of hospitals experience varied levels of stress. The stress experienced by nurses can be attributed to interaction with patient and their families and problems related to supervisors. Demographic variables of age, years of experience and educational qualification have a significant relationship with level of stress experienced by nurses. Mohite, Shinde & Gulavani (2014), examined job stress among nurses working at a tertiary care hospital in Karad city, Maharashtra. The Expanded Nurses Stress Scale (ENSS) was used for the study. The study found that demographic variables of age, gender, years of experience and professional qualification are not significantly related to stress. The study findings attributed workload situations and supervisors as a cause of stress among nurses. The study concluded that strategies need to be formulated to decrease work load and measures should be taken to resolve conflicting situations among nurse supervisors. Saini, Kaur & Das (2014) collected data of 73 nurses working in medical surgical units (ICU) at Nehru Hospital, Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh using modified Work Stress Symptom Scale (WSSS) and Coping Checklist (CCL). The study reported that more than 50% of the nurses experienced high level of stress. Lack of clarity regarding goal, poor interpersonal relationships, role ambiguity, role conflict, workload, non satisfactory performance appraisal, lack of autonomy at job and challenges associated with the job are the major factors responsible for occurrence of stress. Shastri (2014) carried out a study to identify causes behind professional stress and its impact on mental health of nurses. Dimensions like Inadequate information, lack of support from peers and superiors, events of harassment leads to professional stress at the workplace. The study also revealed that the intensity of Stress experience further increases due to communication gap, inadequate resources and work overload. The study also establishes the impact of psychological stress on mental health fitness of the nurses. Doraiswamy & Deshmukh (2015) approached 141 nurses working in different states of India to explore the relationship between meaningful work and role stress. The findings of the study reported a significant correlation between meaningful work and role stress. The study concluded that enhanced autonomy, support and flexibility are desirable in designing jobs so as to benefit the organisation and the nurses. Fernandes & Nirmala (2015) conducted a qualitative study with an aim to investigate work stress and coping among 51 nurses working in different hospitals of Goa, India. Majority of the nurses reported that they experienced stress at work due to lack of supplies/equipments, staffing shortage and workload, interpersonal conflicts. "Staff shortage" emerged as the main stressor in the study. Problem avoidance, mental disengagement, problem solving/planning, religious coping and social support were some of the coping strategies used by nurses to cope with stress. Saini, Kaur & Das (2016), further conducted a study among 285 nurses working in general and Intensive Care Units (ICU) at Post Graduate Institute of Medical Sciences, Chandigarh, India. The authors used modified Work Stress Symptom Scale (WSSS) and Coping Checklist (CCL) to collect data. The study found that nurses working in general wards experience higher level of stress as compared to nurses working in the Intensive care Units who experience moderate level of

stress. Nurses experienced stress due to Workload, role ambiguity and less social support. The findings also revealed that female nurses experience higher level of stress as compared to their male counterparts. Also, younger nurses experienced higher level of stress than the older ones. Marital status of nurses also affects the level of stress experienced as married nurses were more stress. Purohit and Vasava (2017) reported Role overload, role stagnation and inter-role distance as major stressors among Auxiliary Nurse Midwives (ANMs) working with rural government health centres from Gujarat, India. Verneker & Shah (2018) administered Expanded Nursing Stress Scale in a cross sectional study to assess level and sources of stress among Nurses of tertiary care hospital in Goa. The study reported Death and Dying; and Workload as major stressors among nurses.

III. Discussion and findings

Collating the evidence from the literature led to the identification of some main themes for the sources of stress among nursing professionals. A summary of the identified stressors in various studies is given in the Table below:

Table 1: Major themes of Stressors

Role overload	Gupta & Adhikari, 2008; Saini et al., 2016; Gulavani et al. 2014, Purohit, 2017
Workload	Qiao et al, 2011; Jose & Bhatt, 2013; Dagget et al., 2016; Verneker & Shah, 2018
Death and dying	Parikh, 2004; Damit, 2007 (T); Qiao et al, 2011, Jose & Bhatt, 2013; Banovcinova, 2014; Yvonne Halpin, 2015 (T); Dagget et al., 2016; Verneker & Shah, 2018.
Inadequate preparation; Personal Inadequacy; Uncertainty concerning treatment	Damit, 2007 (T); Qiao et al, 2011; Jathanna, 2012; Gulavani et al. 2014; Das & Baby 2014; Yvonne Halpin, 2015 (T)

In light of the reviewed literature Role Overload; Workload; Death and Dying; Inadequate preparation, Personal Inadequacy, Uncertainty concerning treatment were identified as major themes depicting sources of stress among nursing professionals. Due to multiplicity of measuring instruments, meta-analysis was not suitable for the review hence, a narrative review was done in the study. The identified themes of stressors comprise of stressors from different scales like Nursing Stress Scale, Expanded Nursing Stress Scale, Organisational Role Stress Scale and alike.

Present study can be helpful for future researches in terms of concept development and most importantly model development in specific nursing situations and working conditions. The insights from the study are an addition to the existing body of knowledge that intends to bring some consistency in models of stress in the field of nursing.

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