

Occupational Stress and Job Satisfaction among Nurses

Apeksha Gulavani¹, Mahadeo Shinde²

¹Krishna Institute of Medical Sciences University's, Krishna Institute of Nursing Sciences Karad 415539, India

²Professor, Krishna Institute of Medical Sciences University's, Krishna Institute Of Nursing Sciences Karad 415539, India

Abstract: *Job related stress and job dissatisfaction are becoming increasingly large disorder among nurses. Stress and job satisfaction has a cost for individual in term of health and well-being and for organization in term of absenteeism and turnover which is in directly affecting quality of care provided to the patient. OBJECTIVES- To assess occupational stress and job satisfaction among nurses working in tertiary care hospitals and to find out correlation between occupational stress and job satisfaction among nurses. Methodology: Descriptive study design was used with explorative research approach, study sample was 100 nurses selected by Convenient sampling technique .Results : maximum 88%of nurses were working as staff nurses,54% were in age group of 21to30 years, being female with sex 86% and 57%were married whereas maximum 45% with no child . maximum 60% nurses were with professional education of RGNM,51%were having below 5 years of experience and 68% belong nuclear family with maximum 35% were having more than three dependent member in their family. Majority of nurses reported there is frequent occurrence of stress associated with Uncertainty by concerning treatment(49%), Dealing with patient and families(48%), workload (59%), Conflict with doctors (49%), Death and dying (50%), Conflict with supervisors(52%). where as Inadequate emotional preparation (68%), Discrimination(48%), Conflict with peers (53%) as occasionally stress inducing causes as reported by nurses. Participant reported only average satisfaction with compensation (63%) and independence (54%). Participants have reported high level of satisfaction almost in all reinforcing factors namely Ability utilization(83%), Achievement (77%), Activity (60%) advancement (59%) ,Authority(79%), Hospital policy(62%), Co-workers(79%), Creativity(67%), , Security(65%), Social service(89%), Social status(75%), Moral value (75%), Recognition (68%), Responsibility(72%), Supervision human relation(54%), Variety(71%), Working condition(79%).but in case of compensation (63%)and independence(54%) they have reported only average level of job satisfaction. CONCLUSION: There was no significant association found between occupational stress, job satisfaction and age, sex, professional education, year of experience. Specific measure to reduce stress of nurse associated with frequently occurring causes and measures to improve job satisfaction associated with compensation and independence will be helpful to improve performance of the nurses.*

Keywords: occupation, stress, job satisfaction, nurses, hospital.

1. Introduction

Nursing is generally perceived as demanding profession. Along with the increased demand and progress in the nursing profession, stress among the nurses has also increased. Stress is experienced when demands made on us outweigh our resources [8]. When the person is subjected to a stressor, a characteristic syndrome of physical reactions will occur. The stress concept can also be seen as active in a holistic view of the person. The stress response can be physical, psychological, emotional or spiritual in nature and is usually a combination of these dimensions. Stress, similarly, can arise from one or more dimensions and can be either internal or external [6]. A moderate level of stress or "Eustress" is an important motivating factor and is considered normal and necessary. If stress is intense, continuous, and repeated, it becomes a negative phenomenon or "Distress," which can lead to physical illness and psychological disorders [10]. It is usually observed that nursing profession undergoes tremendous stress which effect on work performances of nurses and ultimately affects the patient care [11]. Chronic stress takes a toll when there are additional stress factors like home stress, conflict at work, inadequate staffing, poor teamwork, inadequate training, and poor supervision. Stress is known to cause emotional exhaustion in nurses and lead to negative feelings toward those in their care [9].

Research studies on stress in nursing have identified a variety of stressors include poor working relationships between nurses and doctors and other health care professionals, demanding communication and relationships with patients and relatives, emergency cases, high workload, understaffing and lack of support or positive feedback from senior nursing staff, role conflict, home-work imbalance,. Stress has a cost for individuals in terms of health, well-being and job dissatisfaction, as well as for organizations in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care [12]. Multinational study by WHO on migration and mobility of nurses found that inadequate working condition was main factor driving nurse's mobility.

Level of job satisfaction is an extent to which person likes or dislikes his job. Multiple factors can influence persons level of job satisfaction; this factor range from the level of pay and benefits, perceived fairness of promotion system within the organization, the quality of working conditions to leadership and social relationship [13]. Work account for large amount of waking hours per day of most people and there is evidence that work has substantial influence on people's self-concept and self-esteem. Job satisfaction and life satisfaction are positively and reciprocally related to each other [14]. Job satisfaction of the nurses is a crucial indicator of good working environment and management of the institution.

The low job satisfaction among nurses and the achievement of positive outcome such as a low patient fall rate are issues that affect both quality and cost of patient care. Although the cost of nurse job dissatisfaction has not been directly measured, the high cost of turnover rate has been well established. Poor patient outcome such as an increased patient fall rate also increases the cost of healthcare. Moreover, poor patient outcomes increase the length of stay, increase resource utilization, and increase the cost of treatment. Dissatisfied not only give poor quality, less efficient care. Nurses who were not satisfied at work were also found to distance themselves from their patients and their nursing chores [1].

Nurses perhaps are the best friend of patients. Though they get paid for the job, the care and concern they exhibit for the patient is unparalleled and most of the time goes beyond any financial remuneration. There are instances where nurses experience high stress level that leads to negative work environments that rob nurses of their spirit and passion about their job. Consequently, unsatisfied workers might lead to burnout, where burnout associated with stress has been documented in healthcare professionals including nurses and is considered as one of the potential hazards occurring among individuals who do "people work".

Studies have provided evidence that satisfied workers tend to be more productive, creative, committed and will eventually contribute to higher quality patient care and patient satisfaction, tend to care more about work quality and are more generally productive. However, there are times when nurses find themselves in "Burnout" situations manifested by emotional exhaustion, detachment, and lack of drive and enthusiasm to work and achieve. Among healthcare professionals, nurses have been found to be most prone to burnout. Moreover, studies have shown that burnout among nurses has a negative effect on the quality of patient care and patient satisfaction. Burnout and low Job satisfaction indeed contributes into the nurses' inefficiency and affects their dedication to job quality and care given [15].

2. Significance of the Study

Patients had always stressed about the role reversal with Spouse and had also always the stress about the role reversal with children. Sometimes stress of changes in family responsibility [9]. Stress is a part of everyday life for health professionals such as nurse's physicians and hospital administrators. Review of literature has revealed that there are various factors responsible for stress among nurses working in hospital areas. Workload, decreased job autonomy, inadequate supervisor support, less opportunities of learning on job and inappropriate feedback to be significant predictors of stress among nurses. Nurses with high levels of personal accomplishment perceived significantly lesser degree of stress [16]. Nurses are usually made responsible for non-nursing activities which cause extra burden of work on them.

Occupational stress is a major health problem for both individual employees & organizations and can lead to burn out, illness, labour turnover and absence in work performances [13]. Studies have proven that there is

negative correlation between occupational stress and organizational commitment and also performance of the nurses.

Learning is the addition of new knowledge and experience Interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [4]

This can have a negative influence on physical and emotional health and lead to psychosomatic disorders. Economic loss to the organization due to errors, wrong decisions, wrong choice, lack of attention, and injury are some of the serious effects of chronic stress. Nurses are more prone to get headache, insomnia, fatigue, despair, lower back pain, mood swing and certain diseases like myocardial infarction, stroke, and diabetes mellitus due to persistent stress.

Satisfied workers tend to be more productive, creative, and committed. Therefore, a highly satisfied and free from burnout nurses' will eventually be effective in rendering a quality nursing care since their ultimate goal is the patient satisfaction. Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in quality perception [1]. Nurse's job satisfaction has positive correlation with patients fall rate.

Assessing satisfaction is not one time action; Instead, it needs continuous monitoring and evaluation by adopting this procedure, services providers are able to learn about deficiencies in health delivery system and will be able to take timely appropriate alternative steps [2].

3. Literature Review

3.1 Occupational Stress of Nurses

Study conducted by Bhatia N, K had concluded that the prevalence of occupational stress amongst nurses was 87.4%. Time Pressure, High level of skill requirement, handling various issues of life simultaneously with occupation such as caring for own children/parents, own work situation and personal responsibilities was found to be the most stressful factor .Other significant work related stressors were the fact that their jobs required them to learn new things and that they had to attend to, too many patients at the same time [17].

As per study conducted by Nizami A, Rafique I, Aslam F, Minhas F, Najma It appears that the nurses at a tertiary care hospital have a high index of occupational stress and majority of it generates from the administrative disorganization of the firm and less from the personal or the monitory factors' [13] whereas other study conducted by Saini R, Kaur S, Das K found workload, decreased job

autonomy, inadequate supervisor support, less opportunities of learning on job and inappropriate feedback to be significant predictors of stress among nurses. Nurses with high levels of personal accomplishment perceived significantly lesser degree of stress. More than half (56%) prefer to choose the same job if they were given another chance and 11(44%) responded that they will try another job, if given an option to choose a job [16]. Kamel Al-Hawajreh found that the organizational commitment is statistically significantly negatively correlated to occupational stress among nurses[18].occupational stress is significantly correlated with emotional exhaustion and depolarization while social problem solving ability is significantly correlated with burnout among mental health professionals .

In study conducted by Mozhdah S, Sabet B, Irani M, Hajian E, Malbousizadeh M Findings showed that 44.4% (93 subjects) had low stress level, 55.1% (118 subjects) had moderate stress level, and 0.5% (5 nurses) had `severe stress level. There was no significant correlation with stress level and some demographic information. Negative correlation was found between Job stress and performance in study conducted by Azizollah A, Zaman A, khaled O, Razieh J [19]

Study results have shown that the most common type of work-related stress for Saudi nurses was due to job pressure followed by poor rapport with managers in study conducted by Al Hosis KF; Fathia A, Mersal and Keshk LI .Nearly half of nurses were suffering from physical and mental illnesses. Findings also revealed that a highly significant relation between mental problems and working stress and significant relation among working stress, physical problems and marital status. There was highly statistically significant relation between physical problems and mental problems [20].

Serbia by Dragana M, Boris G, Nina B,Bela P concluded that Nurses from ICUs rated situations involving physical and psychological working environments as the most stressful ones, whereas situations related to social working environment were described as less stressful. Socio-demographic determinants of the participants (age, marital status and education level) significantly affected the perception of stress at work. Significant differences in the perception of stressfulness of particular stress factors were observed among nurses with respect to psychological and somatic symptoms (such as headache, insomnia, fatigue, despair, lower back pain, mood swings etc.) and certain diseases (such as hypertension, myocardial infarction, stroke, diabetes mellitus etc.) [21].

As per study conducted by Sveinsdottir H, Biering P, Ramel Hospital nurses reported more work overload while nurses working outside the hospital complain of monotonous and repetitive work. The findings also suggest that the strenuous conditions of Icelandic nurses are felt more severely among the hospital nurses [22].

4. Job Satisfaction among Nurses

Study conducted by Charlotte Pietersen revealed 57% of the respondents (irrespective of age and rank) were not satisfied

with their working conditions at government hospital Capricorn District of the Limpopo Province, South Africa. . A more detailed analysis showed that the majority felt that the working were unpleasant (61%). They also indicated the working conditions at the hospital were the worst that they have experienced so far in their working lives (69%). However, most of them (59%) indicated that the working conditions were not bad for their health. Overall, most of the nursing staff (63%) was dissatisfied with their supervisors. The majority of respondents were unhappy with Pay (61%). However, most of them (73%) did not felt insecure and felt that the organization had enough resources to pay their salaries. Only 49% of the respondents were satisfied with their organization [23].

Job dissatisfaction was highly encountered, where 67.1% of the nurses & 52.4% of physicians working in Al- Madina Al- Munawwara, Saudi were dissatisfied. Professional opportunities, patient care and financial reward were the most frequently encountered domains with which physicians were dissatisfied. The dissatisfying domains for majority of nurses were professional opportunities, workload and appreciation reward [24].

Findings of the study conducted by Upreti PP shows that majority of the participants (78%) expressed average satisfaction, 21% dissatisfaction and only 1% was found to be highly satisfied. There was significant association between the level of satisfaction and present working wards/ units. Nurses working in critical areas are more satisfied than the nurses working in non-critical areas. Regarding satisfaction in different areas, majority of the nursing personnel were dissatisfied in areas such as job security, evaluation system, future benefits, transport facilities, authority, adequate supply, promotion, salary and communication. Average satisfaction was expressed in areas such as cooperation, training and experience, job description, sense of achievement, patient satisfaction, job based on interest, prestige of institution and status. Majority nursing personnel 57% were highly satisfied with responsibility [25]

No significant relationship was found between overall nurses' job satisfaction and patient fall rate was found in study conducted by Cecilia DA. Joyce J F but MD–RN interactions and decision-making were the job satisfaction subscales that showed a significant positive correlation with patient fall rate [26].

Sathyajith S, Dr. R. Haridas had conducted study to assess job satisfaction among nurses of private hospitals in kerala found that 30 (15%) are highly satisfied on their job, 144 (72%) are moderately satisfied and 26 (13%) shows low level of satisfaction. Significant relation was found between Job satisfaction and age, sex, experience [27]. Self-efficacy was significantly related to intention to leave the profession among new nurses, as per study conducted by Jessica Zara Peterson purpose [28].

Study conducted by RaoT, Maik S, to compare job satisfaction among nurses employed in government and privet hospitals concluded that government nurses are more satisfied as compared to privet nurses. Both group nurses are moderately satisfied with pay scale and having excessive

workload. Satisfaction among private nurses are satisfied with promotions on the other hand government nurses are more satisfied with their supervisors, social security scheme, growth opportunities, job security.

A review of research literature conducted by Comber B, Bariball KL concluded that stress and leadership issues continue to exert influence on dissatisfaction and turnover for nurses. Level of education achieved and pay were found to be associated with job satisfaction.

4.1 Correlation between occupational stress and job satisfaction of nurses

In study conducted by Ayman AL, Fouad A, Murad AY, Nabeel AY, Nazih A, most stressful subscale for staff nurses is the uncertainty concerning treatment, the major factor of high level of stress is the lack of autonomy and independency in making decisions. Shortage of staff and lack of resource in the work settings was also felt acutely and was frequently stressful. There is a significant negative relationship between job related stress and job satisfaction [29].

Desai A, concluded that there is need to improve the knowledge of stress among caregivers. Also need to formulate and implement the programme on awareness of mental illness [7]. Study highlights the urgent need for introducing measures in order to increase the knowledge, attitudes, practices Teaching Hospital, which may play a very important role in increasing hand hygiene compliance among the staff and reducing stress [6].

Study conducted by Rita A, Atindanbila S, Nyaledzigbor, Portia M Abepuoring P at Ridge and Pantang Hospitals at Ghana concluded that there is a weak negative correlation between work stress and job satisfaction of nurses. Kamal SM, AL-Dhashan M, Abusalameh A, Abuadas F, Mohammad M had found that most stressful subscale for nurses at Tarif governmental hospital in Kingdom of Saudi Arabia was dealing with patient and their families as frequently stressful and least stressful subscale was inadequate preparation to help with emotional needs of patient and their families as occasionally stressful. There was negative significant relation between perceived job related stress and job satisfaction [30].

Rosales R A, Labrague J L, Rosales GL conducted study aimed to determine the level of job satisfaction and burnout among nurses in three government hospitals of Samar, Philippines. Findings revealed that the highest ranked subscale was Emotional exhaustion, On the other hand, Depersonalization subscale was the lowest scored subscale. Analyses also showed that there is a significant relationship between the respondent's level of burnout and their level of Job satisfaction. The result showed a statistically significant relationship between the nurse-respondents level of burnout and their level of job satisfaction which may affect on the quality of care given to their patients [15].

5. Statement of the Problem

A study to assess occupational stress and job satisfaction among nurses working at selected tertiary care hospitals, at Karad city.

5.1 Objectives

- To assess occupational stress and job satisfaction among nurses at tertiary care hospitals, in Karad city.
- To find out association between occupational stress and selected demographic variables among nurses at tertiary care hospital in Karad city.
- To find out association between job satisfaction and selected demographic variables among nurses at tertiary care hospital in Karad city.

5.2 Research Methodology

Research methodology involves the systematic procedure by the researcher which starts from the initial identification of programme to its final conclusion [3]

5.2.1 Research Approach

Exploratory approach is used to assess stress and job satisfaction among nurses

5.2.2 Research Design

In present study descriptive research design is adapted.

5.2.3 Study Area

Present study was conducted at Krishna hospital and medical research Centre, Karad.

5.2.4 Study Population

All nurses working at Krishna hospital Karad are considered as population of present study. During the period of data collection there were 256 nurses working at Krishna hospital Karad.

5.2.5 Sample Size

Statistical calculation of sample size is done with formula⁴¹ mentioned below

$$n = 4pq / L^2 \\ = 4 \times 70 \times 30 / 10^2 \\ = 84$$

(n= calculated sample size, p= Average satisfaction in %, q= %of nurses not satisfied, L= expected error in %). In present study 100 samples were included.

5.2.6 Sampling Techniques

Sampling technique used for the study was convenient sampling.

5.2.7 Criteria for selection of Sample

Inclusion criteria

1. Nurses working at Krishna hospital and medical research centre, Karad.
2. Nurses those who have registered at state nursing council.
3. Those who are present during period of data collection and are willing to participate.

Exclusion criteria

Nurses those who are not present during data collection period and those who are not willing to participate in the study

5.2.8 Description of tool and data collection procedure:

Self-answered questionnaire was used to collect data. The tool comprises of three sections;

- Section I: Demographic Performa.
- Section II: Modified Expanded nurses stress scale
- Section III: Modified Minnesota satisfaction questionnaire

6. Presentation of Findings**6.1 Findings related to Demographic Variable**

Data on sample characteristics revealed that out of 100 nurses maximum 88% of nurses were working as staff nurses, 54% were in age group of 21 to 30 years, being female with sex 86% and 57% were married where as maximum 45% with no child, maximum 60% nurses were with professional education of RGNM, 51% were having below 5 years of experience and 68% belong nuclear family with maximum 35% were having more than three dependent member in their family.

6.2 Findings related to Occupational Stress

Majority 49% of nurses had reported frequent occurrence of stress, 30% reported occasional occurrence of stress, 21% reported extreme occurrence of stress due to uncertainty of concerning treatment as a cause of stress. Whereas maximum 48% of nurses had reported frequent occurrence of stress, 30% reported occasional occurrence of stress, 21% reported extreme occurrence of stress due to dealing with patient and family as cause of stress. Majority 59% reported frequent occurrence, 29% reported occasional occurrence, 12% reported extreme occurrence of stress due to workload as cause of stress. Inadequate emotional preparation is reported by 68%, 24% and 8% of nurses as occasional, frequent and extremely occurring cause of stress respectively. Maximum 49% reported frequent occurrence, 38% reported occasional occurrence, 8% reported extreme occurrence of stress due to conflict with the doctors. 52% nurses reported frequent occurrence of stress, 32% reported extreme occurrence and 16% reported occasional occurrence of stress because of supervisors as a cause of stress. Maximum 50% nurses reported extreme occurrence of stress due to death and dying as cause of stress, 30% reported occasional occurrence and 20% reported extreme occurrence of stress because of it. 53%, 34% and 13% nurses reported occasional, frequent and extreme occurrence of stress due to conflict with peers as a cause of stress respectively. 48%, 33% and 19% nurses reported occasional, frequent and extreme occurrence of stress due to discrimination as a cause of stress respectively.

6.3 Findings related to Job Satisfaction

Majority of nurses 83 %, 77% and 60% had reported high level of job satisfaction with subscale namely ability utilization, achievement, activity respectively. Whereas,

majority 59%, 79% and 62% had reported high level of satisfaction with advancement, authority and hospital policy. Majority 63% of nurses had reported only average level of satisfaction with subscale compensation. 79% and 67% nurses had reported high level of satisfaction with coworker and creativity but maximum 54% nurses reported only average level of satisfaction with subscale of independence. Maximum 72% nurses with moral values, 68% with recognition, 72% with responsibility, 65% with security had reported high level of job satisfaction.

Majority 89%, 75% and 54% reported high level of satisfaction with subscale of social service, social status and supervision (human relation) respectively, where as 57% with supervision (technical), 71% with subscale of variety and 79% with working condition had reported high level of satisfaction.

6.4 Findings related to correlation between occupational stress and job satisfaction:

Mean score of occupational stress is 83.7600 and of job satisfaction is 75.300 indicating frequent occurrence of stress and high level of job satisfaction among nurses but there is no significant correlation found between occupational stress and job satisfaction ($r = 0.006$).

6.5 Findings related to association between occupational stresses**Job satisfaction and selected demographic variables**

There was no significant association found between occupational stress, job satisfaction and age, sex, professional education, year of experience.

7. Discussion of Findings**7.1 Related to demographic variable**

In present study among 100 respondent 86% were female, 88% were working as staff nurses and 54% belong to age group to age group 21 to 30 years. Similar findings were noted in the study by department of maternity and gynecology nursing, Alexander university, Egypt where majority samples were younger than 30 years, 77% being female with sex and all were ($n=148$) working as staff nurse.

In this study majority 57% nurses were married, 45% were married, 45% were with no child, maximum 60% were RGNM nurses and 51% were having less than 5 year of experience. Majority 68% belonged to nuclear family with more than three dependent member in 35%. Majority 51% were having income more than Rs 20,000 per month. Study conducted by Krutideepa Mohanty noted similar results where majority 74% nurses married, 34% were not having child, 92% were GNM nurses, maximum 38% were having more than 5 year of experience followed by 30% nurses having less than five year of experience, 72% nurses belong to nuclear family but minimum 10% nurses were having income more than Rs 15,000.

7.2 Related to Occupational Stress

In present study majority of nurses reported frequent occurrence of stress at work place. Among all considered causes of stress at work place uncertainty of concerning treatment, dealing with patients and families, workload, supervisors, death and dying, conflict with physician were responsible causes for frequent occurrence of stress among majority of nurses. Whereas inadequate emotional preparation, conflict with the peers, discrimination were causes causing occasional occurrence of stress in most of the nurses.

Findings observed in study conducted in Egypt by department of maternity and gynecology reported patient and their families as most subscale (mean=2.8725) followed by workload (mean=2.8356) and problems with supervisors (mean=2.88014). Inadequate emotional preparation was least stressful subscale (mean=2.4212) which looks similar to present study present study. Workload as a cause of stress is significantly observed factor for occurrence of stress among nurses in studies conducted at Iceland and Ghana where as uncertainty of concerning treatment as highly stressful event among new nurses was found in study conducted by Damit AR at Brunei Darussalam. Discrimination is least stressful source of stress as concluded in study conducted at selected tertiary care hospital in Delhi. In other study conducted at Saudi Arabia dealing with patient and their family as frequently stressful event and inadequate emotional preparation as least stressful event.

Though there is variation in causes for occupational stress among nurses in different work setting, average level of stress is been reported by all nurses around world.

7.3 Related to Job Satisfaction

In present study mean score of general satisfaction reported by nurses is 75.300 indicating high level of general satisfaction with consideration to specific subscale in modified version of Minnesota job satisfaction scale. Majority 63% nurses had reported only average satisfaction with compensation and 54% had reported with independence. With all remaining job reinforcing factor namely Ability utilization, Achievement, Activity advancement, Authority, Hospital policy, Co-workers, Creativity, Security, Social service, Social status, Moral value, Recognition, Responsibility, Supervision, Variety, Working condition high level of job satisfaction was reported by majority of sample.

Study conducted in South Africa by Pitersen C found majority 61% nurses were dissatisfied with payment they were getting from their job .specific intrinsic factor like promotion and extrinsic factor like reutilization, pay, interaction with supervisors and organizational support could have negative impact on retention of nursing staff. Whereas Midwestern state of USA by Conrad, Conrad and parker reported controversial finding where nurses were significantly more satisfied with compensation, creativity and independence .Another study conducted in Satara district (Maharashtra , India) to assess job satisfaction of health worker and satisfaction of community with services

provided by health worker found that health workers were averagely satisfied with their job. They were highly satisfied activity (59.6%), advancement (81.7%), authority (62.5%), coworker (74%), security (97.1%) social service (100%), supervision human relations (100%) and supervisors and working condition (100%).All participant reported high satisfaction with compensation and independence where as in present study majority of nurses had reported only average satisfaction with compensation ,independence.

7.4 Related to correlation between occupational stress and job satisfaction

In present study no correlation ($r=0.006$) was found between occupational stress and job satisfaction. Empirical study conducted by Azman Ismail to find out relationship between occupational stress and job satisfaction in Malaysia has shown psychological stress has no correlation with job satisfaction. Study conducted by Ritta A to assess causes of stress and job satisfaction among nurses at Ghana where weak negative correlation was found between stress and job satisfaction ($r = -0.0255$).Controversial result was found in study conducted by department of maternity and gynecology nursing, Alexander university, Egypt where negative correlation was found between stress and job satisfaction ($r = -0.437, P<0.05$).

7.5 Related to association between stress, job satisfaction and selected demographic variable

In present study there was no significant association found between occupational stress, job satisfaction and selected demographic variable namely age, sex, professional education, year of experience. In study conducted by Krutideepa Mohanty noted significant relationship between stress and age ($\chi^2= 8.212$),year of experience ($\chi^2= 8.194$).but similar to present study there was no association found between above mentioned demographic variables and job satisfaction. Whereas study conducted at Serbia concluded that demographic determinants of the participants (age, marital status, educational level) significantly affected perception of stress at work place.

8. Conclusion

Assessing satisfaction is not one time action; Instead, it needs continuous monitoring and evaluation. Study concluded that nurses in selected tertiary care hospital are highly satisfied in their job with respect to almost all job reinforcing factor namely Ability utilization, Achievement, Activity, Advancement, Authority, Hospital policy, Co-workers, Creativity, Security, Social service, Social status, Moral value, Recognition, Responsibility, Supervision, Variety, Working condition. Whereas, in case of independence and compensation they have reported only average level of satisfaction. Though nurses working at selected tertiary care hospital are highly satisfied with their job, they have to face frequent occurrence of stress which could have negative impact on organizational climate in the future. Out of all considered causes of stress, workload and supervisors are two major factors responsible for frequent occurrence of stress among majority of nurses. Special measures to reduce work load and conflict with the

supervisors and also improve independence and compensation of nurses will help to improve their performance and hence will positively affect on quality of care given to the patients.

9. Scope of Study

9.1 Nursing administration

9.1.1 To reduce stress of nurses

Nurse administrators could target specific source of stress like problem with the supervisors, workload and inadequate emotional preparation and can plan measures to reduce stress among nurses.

Workload can be minimized by reducing non nursing activities, proper planning of duty schedule, reducing turnover of nurses and recruitment of qualified and skilled nurses and also by training nurses to plan their priorities.

To reduce inadequate emotional preparation among nurses, Manager in hospital setting could give nurses opportunities to enhance their technical skill and also and also provide them with the means to strengthen their communication and helping nurses to keep abreast of recent technology and knowledge. Conduction of workshops in-service education programme will help nurses to update their knowledge and to improve their confidence. Refresher courses for new nurses will help them to get oriented with routine policies of the hospital and hence reduces stress among new nurses.

Problems with supervisors can be resolve by training and counseling of supervisors in field of administration as well as planning measures to improving interpersonal relationship among team members. Stress reduction programme targeting specific important stressors will be helpful manages occupational stress of nurses.

9.1.2 To maintain job satisfaction of nurses

Specific job reinforcing factors like compensation and independence in which group have shown only average satisfaction can be more focused to changing nurses satisfaction from average to high level.

Some measures recommended to improve job satisfaction with compensation are extra pay for extra working hours, periodical increment depending on performance of particular nurse. Seniority cum merit type promotion policy would help to improve satisfaction of nurses.

Independence of nurses can be fostered with clear description of job of each cadre of nursing profession eg. ANM nurses, diploma nurses, graduate nurses ,master nurses etc, also by making clear demark able line between nursing and non-nursing activity. Recruitment of specialty nurses in specialty areas (e.g. cardiothoracic nurses in CVTS area) will help get gain more independence;

- To maintain job satisfaction of nurses at high level following measures need to take in the organization
- Providing work as per interest of the person

- Appreciating good work done by individual in terms of words, awards, increments etc.
- Providing challengeable work by recognizing capacity and ability of each individual so that they can remain active all the time at work site.
- Seniority cum merit promotion policy can be adapted in order to give chance for advancement to nurses working in hospitals.
- Promoting leadership qualities among nurses and providing them opportunities to lead small projects in work settings.
- Formulating clear policies regarding promotions, salary increments and retirements.
- Promoting team spirit among nurses.
- Providing opportunity to nurses to tryout their new ideas and creates something different from traditional methods of patient care.
- Respecting religious belief of each individual.
- Recognizing good work done by the individual nurse and appreciating her for it
- Involving all the nurses in decision making process may be even for small task.
- Providing assurance about security of job
- Providing opportunities to work for people
- Improving interpersonal relationship among supervisors and staff nurses.
- Organizing training programs for supervisors in field of administration.
- Providing variety in work of each individual.
- Improving safe and secure environment at hospital

Nursing Education

Stress is experienced when demand made on us outweigh our resources. Stress has cost for individual in term of health and well-being .Education of nurses for stress management and skilled training for conflict resolution, assertiveness will help to reduce stress among nurses. Nurse educators can equip budding nurses with strong knowledge and skill base so that they can work independently in clinical field. Stress management programme can be added in syllabus of nursing education so that they could manage their own stress in future.

Nursing Practice

Nursing in itself is a stressful job .it can be reduced by spreading nursing activity over a day, balancing and scheduling work. Active participation in team work with adequate importance to independence can increase job satisfaction.

Nursing Research

Assessing stress and job satisfaction is not a onetime action; it requires continuous monitoring and evaluation. Present study have contributed in nursing research to find out source of stress in nurses at tertiary care hospital and areas where there is scope to improve job satisfaction of nurses .Researcher in nursing field can use these findings and carry out some experimental study for managing stress and improving job satisfaction of nurses.

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Author Profile



Appeksha Gulavani is a student of Krishna Institute of Medical Sciences University's, Krishna Institute of Nursing Sciences Karad 415539, India



Mahadeo Shinde is working as a Professor in Krishna Institute of Medical Sciences University's, Krishna Institute of Nursing Sciences Karad 415539, India