



Occupational Stress and Mental Health of Nursing Employees in Private Hospitals

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Abstract

Received: 16 Dec 2017
Revised: 22 Dec 2017
Accepted: 31 Dec 2017

Keywords:

Occupational stress, Mental health status, Nurses.

Nursing is a rewarding as well as satisfying profession. Nurses in India not only assume the role of care givers but are also administrators and supervisors of patients. These multiple work roles contribute to significant amount of occupational stress amongst nursing staff. The present aims to study stress, mental health and its relation with gender and marital status of nurse. The participants of the study were 60 nurses working in a private hospital, Kerala state. Using occupational stress inventory and mental health status scale needed data were collected and analyzed using t-test, and correlation. The results indicated a significant positive correlation between the occupational stress and the mental health, but no significant sex difference in occupational stress and mental health. Study also revealed no significant difference between married and unmarried nurses on occupational stress and mental health status

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The word 'nurse' comes from the Latin word *nutricious* which means that 'nourishes, fosters and protects'. Nursing is one of the noblest professions. A nurse spends most of her time in the service of humanity with a strong sense of responsibilities and duties. Nursing is a profession by which render, service to human beings to help him to regain or to keep a normal state of body and mind and when it cannot achieve this, provide them the relief from physical pain, mental anxiety or spiritual discomfort, indicating that The basic function of nurse may be considered as providing physical care and emotional support for the sick, injure and disabled by helping in diagnosing and carrying out the treatments prescribed by the physicians. The nurses in India face numerous problems both in their profession as well as familial life. There are many sources of stress to a nurse. Most important is patients, were a nurse is involved in a curious relationship with the patient. The patient is concerned with his own personal problem and desires the best of exclusive attention from the nurse, the nurse on the other hand is responsible for number of patients at the same time. Similarly the bystanders, some may be aggressive, demanding and rude. Work load, irregular work schedules, salary package and other entitlements, promotional opportunities of nurses shows that they are not optimal and this had created frustrations, coupled with their domestic chores and duties. Then like any other professions Wages and co -works may sometimes create stress for nurses also. (Rajasree, 2000)

Stress is a widespread phenomenon, excess of which results in intense and painful experience. Stress can be referred to as a state of tension or pressure experienced by an individual, who may be facing strange or unexpected demands, constraints or opportunities. These pressures in life, combined with the demands of a job, may sometimes lead to emotional imbalances that are collectively labelled 'occupational Stress'. Occupational stress refers to a situation where occupation related factors interact with employee to change, that is, disrupts or enhance his or her psychological and physiological conditions such that the person is forced to deviate from normal functioning (McGrath, Reid & Boore, 2003).

Mental health is an important aspect of one's total health which is related to stress related job conditions. Since a worker or employee spend most of their life working in organizational setting, their mental health is of particular importance (Kornhauser, 1965). Mental health status has been used generally in two ways (Murrell, 1978). First the mental health status is associated more directly with clinical or medical set up, being defined in terms of absence of mental illness. The second is the notion of positive mental health. This refers to behaviour, attitudes and feelings that represent an individual's level of personal effectiveness, success and satisfaction. It has no direct connection with mental illness, in clinical sense. For the present study a measure of positive aspect of mental health was taken into consideration.

According to Kapildev, Khudaniya and Kaji (2014) there is no significant difference in occupational stress, job satisfaction and mental health with respect to both sectors and gender. And that job satisfaction and mental health dimensions were found positively correlated and job satisfaction and mental health were found negatively correlated with occupational stress.

Mark and Smith (2011) suggested that job demands, extrinsic effort and over commitment were associated with higher levels of anxiety and depression. Social support, rewards and skill discretion were found between the variables. Coping behaviours significantly added to the explanations of variance in anxiety and depression outcomes, over and above the use of demand - control - support, and effort reward factors alone. They could also demonstrate the importance of coping factors in work- stress research, in accordance with the multi factorial premise of transactional stress models.

Aghaei, Hasanzadeh, Mahdad, and Atashpuor (2010) in a study on occupational stress and mental health of employees of a petro chemical company before and after privatisation concluded that after privatisation the job stress of employees increased significantly. This increase was associated with a decrease in mental health. To lessen the side effects of privatisation, the process should be performed cautiously.

Kopp, Stauder, Purebl, Janszky and Skrabsky (2008) in their study work stress and mental health in a changing society, indicates that a cluster of stressful working and psychosocial conditions are responsible for a substantial part of variation in self- reported mental and physical health with work related factors.

According to Bogg and Cooper (1995) The main sources of stress were "factors intrinsic to the job" such as poorer comparative pay and working conditions, and a strong feeling of possessing little control over their job and their organisation in a study conducted on senior UK civil servants. Study also indicates a significant job dissatisfaction along with mental and physical ill health than their private sector counter parts.

Revicki and May (1989) concluded that organizational climate, supervisor behaviour and work group relations directly influenced role perception. Increased role ambiguity led to decreased job satisfaction and increased perceived stress. The organisational environment directly influenced job stress. Occupational stress exerted a strong direct influence on the development of depressive symptoms in nurses.

Objectives

1. To find out the relationship between occupational stress and mental health.
2. To find out the sex difference among nurses on occupational stress and mental health.
3. To know whether there is any significant difference between married and unmarried nurses on the occupational stress and mental health.

Hypotheses

1. There is no significant relationship between the occupational stress and mental health.
2. There is no significant difference between male and female nurses on the occupational stress and mental health.
3. There is no significant difference between married and unmarried nurses on the occupational stress and mental health.

Method

Participants

The participant of the study consists of 60 nurses, who were working in different private hospitals of Malapuram and Kozhikode districts of Kerala. There were 31 (51.7%) male nurses and 29 (48.3%) female nurses participated in the study. The age of participants ranges from 25 to 60. The participants included both staff and head nurses.

Instruments

1. Occupational Stress Inventory: The Occupational Stress Inventory developed by Joseph and Dharmangadan (1986) was used to measure the occupational stress of the participants. Occupational Stress Inventory consists of 15 dimensions viz: Quantitative work load, Qualitative over load, Role ambiguity, Role conflict, Lack of participation, Lack of autonomy, Group pressure, Lack of challenges, Lack of control, Interpersonal relations, Responsibility, Promotion, Security, Alienation, Strenuous physical working conditions. The reliability was calculated separately by split half method for each of the 15 subtests and found to be acceptable. The test was validated against the occupational stress index (Srivastava & Singh, 1981). The correlation between the 12 sub scale of the occupational stress index were found to have significant correlation with the corresponding subscales of this test ('r' range from .56 to .85). The co efficient of correlation between the total stress scores of the 2 tests is found to be .93.
2. Mental Health Scale: The mental health status scale developed by Gireesan and Sanandaraj (1988) was used to measure the mental health of the nurses. The test comprises of 72 items covering 6 dimensions of mental health like Attitude towards self, Self actualization, Integration, Autonomy, Perception of reality, Environmental mastery. The split-half reliability coefficients are given below: .78, .84, .73, .76, .81, .89 and for and retest reliability coefficients are .74, .71, .68, .65, .76, .63 respectively. The M. H. S scale has been validated against another scale, measuring the same variables, viz, Mental health status scale by Abraham and Presanna (1981). The coefficient of correlation attained are given below .87, .79, .82, .78, .83, .73

Procedure

The needed data were collected from a sample of 60 nurses who were randomly chosen from the nursing employees of private hospitals from various districts of Kerala. The participants were contacted by prior permission of the concerned authority and had a discussion about the purpose, importance, nature and application of the study after giving a self introduction and rapport. They were told that, since it was a research work their response should be too sincere and the assurance was given to each nurse that the information gathered from them would be used only for research purpose and that everything including their identity would be kept confidential. Then the research instruments namely Occupational stress inventory and Mental health status scale were administered to the subject by the investigator.

Results and discussion

Analysis is the key of any research work and it is the way to test hypothesis formulated by the investigator. The different statistical analysis carried out in the study can bring some definite results.

To verify the hypothesis there is no significant relationship between the occupational stress and mental health correlation was done and the results is presented in table 1.

Table1

Correlation between Occupational Stress And Mental Health

Variables	Occupational stress	Mental health
Occupational stress	-	-
Mental health	0.483**	-

**p< .01

In the case of correlation analysis between occupational stress and mental health it can be seen that, correlation between occupational stress and mental health is 0.483 which is significant at 0.01 level. Also the correlations between these two variables are positive. Generally when occupational stress increases mental health decreases. But in this case when occupational stress increases mental health also increases. This might be due to their positive approach towards their work. That is, they consider their work as a social commitment. Another reason is that they had already been adjusted to the occupational stress by knowing that they have to suffer stressful conditions, which resulted in reducing the effect of occupational stress on mental health. Another point is that the occupational stress of the samples taken for this study is in a moderate level so that mental health is not affected. Due to this reason the first hypothesis "there is no significant relationship between the occupational stress and mental health" is been rejected.

Table 2

Mean, standard deviation, t-value and significance of occupational stress among male and female nurses

Variable	Sex	N	Mean	S.D	t value
Occupational stress	Male	31	252.10	30.676	0.319
	Female	29	249.59	30.148	

Table 2 indicates that t value of occupational stress is 0.319. The mean and S. D of male and female nurses are 252.10 (30.676) and 249.59 (30.148) respectively. The result obtained after comparison of male and female group shows that, there is no significant difference between male and female nurses on the occupational stress. This suggests the possibility that there is no gender difference in the experience of occupational stress among male and female nurses. That is the occupational stress is same for both the genders. indicating that both male and female nurses have approximately the same amount of occupational stress. Because their responsibilities and work may be similar and due to this reason both of them may be experiencing similar amount of occupational stress and therefore there is no difference in the experience of occupational stress. So the second hypothesis "there is no significant difference between male and female nurses on the total occupational stress" is been accepted.

McCarty, Zhao, and Garland (2007) conducted on a sample of police officers working in a large metropolitan department in the Northeast using the model of Occupational stress

discovered by Robert. The findings indicate that male and female officers did not report significant difference in the levels of occupational stress and burnout.

Table 3

Mean, standard deviation, t-value and significance of mental health among male and female nurses

Variable	Sex	N	Mean	S D	t value
Mental health	Male	31	264.52	21.922	0.248
	Female	29	262.72	33.296	

Table 3 indicates that t value of mental health is 0.248. The mean and S. D of male and female nurses are 264.52 (21.922) and 262.72 (33.296) respectively. The result obtained after comparison of male and female group shows that there is no significant difference between male and female nurses on the total mental health. This may be because both males and females have similar responsibilities and this will have a similar effect on both of their mental health. Present study shows that the pressure from the family and from the working area leads to similar amount of stress to both male and female and their adjustment to stress will lead to lesser effect on mental health. So the third hypothesis "there is no significant difference between male and female nurses on the mental health" is been accepted.

Study by Kapildev, Khudaniya and Kaji (2014) on the topic "occupational stress, Job satisfaction and mental health among employees of government and non- government sectors in the year 2014 also showed that there is no significant difference in occupational stress, job satisfaction and mental health with respect to both sectors and gender. Their study also showed that job satisfaction and mental health dimensions were found positively correlated and job satisfaction and mental health were found negatively correlated with occupational stress.

Table 4

Mean, Sd, and t-value of Occupational Stress between Married and Unmarried Nurses

Variable	Group	N	Mean	S D	't' value
Occupational Stress	Married	31	248.16	32.961	0.724
	Unmarried	29	253.79	27.194	

By analyzing the result, table 4 indicates that t value of occupational stress is 0.724. The mean and S. D of married and unmarried nurses are 248.16 (32.961) and 253.79 (27.194) respectively. The result obtained after comparison of married and unmarried group shows that there is no significant difference between married and unmarried nurses on the occupational stress. This suggests the possibility that marital status do not have any effect on occupational stress. So it can be concluded that both married and unmarried nurses are similar in their experience of occupational stress. This may be due to the pressure they have to face from their families, partners and from the working place may be the same which are leading to occupational stress.

Table 5

Mean, standard deviation, t-value and significance of Mental health Among Married And Unmarried Nurses

Variable	Group	N	Mean	S D	't' value
Mental health	Married	31	263.81	28.393	0.045
	unmarried	29	263.48	27.654	

Table 5 indicates that t value of mental health is .045. The mean and S. D of married and unmarried nurses are 263.81 (28.393) and 263.48 (27.654) respectively. The result obtained after comparison of married and unmarried group shows that there is no significant difference between married and unmarried nurses on the total mental health. The results obtained after the comparison of married and unmarried group show that the two groups yield no significant t - value. This indicates that no significant differences exist between the married and unmarried group in mental health. This suggests the possibility that marital status do not have any effect on the mental health. So it can be concluded that both the married and unmarried nurses are equal in their mental health. This may be due to the adjustments they are taking in order to lead their life in a better way and so the stress will not affect their mental health in a heavy manner. Therefore the fifth hypothesis "there is no significant difference between married and unmarried nurses on the mental health" is accepted.

Conclusion:

The major objective of the present study is to identify the relationship between occupational stress and mental health among nurses. The results indicate that, there is a significant relationship between the occupational stress and the mental health. But there is no significant difference between male and female nurses on the total of occupational stress. Both male and females are experiencing stress in their job. Likewise the mental health and occupational stress of married and unmarried participants were compared and the results revealed that the marriage has no significant role on their mental health and occupational stress.

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