A STUDY ON STRESS MANAGEMENT AMONG DOCTORS AND NURSES WORKING IN GOVERNMENT HOSPITALS

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ABSTRACT:
This study aimed to analyze and compare differences in occupational stress, depressive symptoms, work ability and working environment among residents working in various medical specialties. Occupational stress will result in decreasing the efficiency and increasing the occupational hazards inside and outside the work environment. It have been introduced as the most important ones for job stress in nursing is equipment and medicine shortages, lack of standard equipments, inappropriate physical environment of hospital, disease transmission, lack of timely medical attendance, and poor communication with co-workers. In occurrence of emergency situations, conflict with the authorities, work rotation, and frequent change of tasks are among the stressful factors for nurses. Hence, conducting a qualitative study in this regard can help to clarify the stress factors in medical field. Considering the effects of stress on physical and mental health of nurses and doctors, lack of related studies and attention to personal.

Keywords: Depression, work ability, working conditions, mental health, occupational stress
INTRODUCTION:

Stress management, it mean that stress in working place which affects the person personally and mentally. Stress may cause accidently depends upon the instrument, patient not supporting and cooperation of the treatment. The stress response results in the release of cortical, a hormone that increases blood glucose levels, heart rate & blood pressure by inducing vasoconstriction. At the same time, the stress response temporarily suppresses non critical body functions to fight or flee like immune system, digestion, growth and reproductive system. However having short-term stress responses can be helpful in making a person more productive.

STATEMENT OF PROBLEM:

Stress among doctors affects the quality of health care. This paper assesses the level of stress among doctors in government and private hospitals. Doctors have higher degree of psychological morbidity, suicidal tendencies and alcohol dependence than any other social class.

OBJECTIVES OF THE STUDY:
1) To compare the stress levels among doctors in government hospitals.
2) To identify the major causes of stress among doctors of government and private sector

DOCTORS AND TOLL OF STRESS:

We are often told to talk to our doctors when we face stress that feels too challenging to handle, and this is good advice. Doctors have medical training so they understand the causes and effects of stress and can point us to health resources and plans to manage stress. They may also be quite adept at handling stress, but this isn’t always the case, and the stress that many doctors face is far beyond basic run-of-the-mill stress. One study found that the proportion of doctors experiencing "above threshold" levels of stress is 28 percent compared to the general population, 18 percent of whom experience this level of stress on the job. Another study by AMA and The Mayo Clinic found that doctors work an average of 10 hours more per week than the average population, experience emotional exhaustion at higher rates (43 percent versus 24 percent of the general population) and at significantly higher burnout rates (49 percent versus 28 percent) and lower life satisfaction rates as well (36 percent of physicians reported being satisfied with their work-life balance, compared to 61 percent of the general U.S. working population). Another Medscape survey reported that physicians in 26 or 27 specialties rated their burnout levels as a "4" or higher on a 1-7 scale and that nearly 60 percent of emergency room physicians felt burned
out in 2017 up from 50 percent in 2013. This problem can be difficult for doctors to cope with, but it can also affect patients. Another group of studies found that doctors who are more stressed have higher rates of medical malpractice claims, and hospitals with more stressed doctors have higher rates of malpractice claims as well.

NURSES PERCEPTIONS FROM THE JOB STRESS

Based on the experiences of the participants, the occupational stress was defined as a condition caused by working cases or environment in which nursing occurs, and put pressure on nurses. This condition negatively impacts the nursing care and also disrupts the family and personal life of the nurse. This condition (finally) will create or exacerbate the job dissatisfaction in nurses and make them exhausted. The participants’ experiences of stressors in the nursing profession were placed in the categories.

BEING IN CONSTANTLY ALARM SITUATION

Participations remembered the followings as the work-related stressors: “hard work,” “bitter events of employment,” and “fear of damage to the patient due to the nurse’s mistake.” But what affected them more than anything were “The critical and unpredictable situations” and “the vital necessity of action in the least possible time.” One nurse said: “The most influencing stress on me is about the patient. For example, the condition of a cardiac patient can be stable during a shift, but suddenly something will happen and affect me mentally very much …”(P5). A supervisor also pointed out that the nurses should always be on alarm status and it is stressful. As she said: “This state of being on constant alarm can confuse the nurse… Sometimes, when you are at home, suddenly at night, awakening from sleep by a small sound or noise, and think that someone is calling you .”(P11). He believed that such a situation kept the nurse in constant stress mode and a constant mental engagement which will wear her. Some participants noted that the stress intensity is associated with age, work experience, hours worked per week, the place of work, and the personality of the nurse.

LACK OF EXPERIENCE

Doctors and nurses working in hospitals have less experience and lack of knowledge may cause stress. Doctors had undergone medical training so they understand the causes and effects of stress and can point us to health resources and plan to manage stress.
SHORTAGE OF NURSES

Lack of nurses can cause stressful consequences, such as “forced overtime,” “physical and mental exhaustion,” “loss of family entertainment and interaction,” and “increase the likelihood of error. “The hospital nurses are low. We have to work overtime.” A supervisor, in reference to the effect of the staff shortage on their fatigue and the increase in the likelihood of error, said: “Our nurses are tired … they have forced for overtime and this issue increases the probability of error”. In order to show the negative effects of excessive shifts (due to the shortage of nurses) on family relations, said: one nurse said that “When I go home in the morning after the night shift, I only want to sleep. The family expects to go somewhere with them, but I am not able to go there, or if go, I only take a nap there.

IRREGULARITIES IN THE ORGANIZATION

It have mentioned about the irregularities and inconsistencies between different parts of the hospital as a cause of stress. “For example, when you send an emergency test, we know that up to 3 hours, we will not receive the answer. If I call the lab, we do not get it anyhow. These things will cause the inconsistency and increasing the occupational stresses”. Two nurses mentioned about the lack of coordination, delay, unavailability of doctors, disputes between doctors and nurses, which all of them are stressful. They said: “When a patient is very ill, it takes half an hour for coming the intern or the resident… to give you an order. It caused stress will be doubled, especially in the evening and night shifts”. The nurse does not know to execute which of the commands… and it is really confusing”. One of the instances of irregularities in the system was “the lack of a clear job description” and “nurses deviated from their main tasks. One nurse said: “While we need to be at the patient bedside and give him the needed health care training, instead we should do the secretary jobs, labour work and work as of the Guardians”. In this situation, the consequences of failure are transferred to the nurses and they will be called into account. So, in many cases, the nurses’ minds should deal with these disorders and are involved with their consequences. This issue increases the mental stress. One nurse said: “Your mind is engaged. You are doing your best. But the system will put all the problems on your neck… such cases makes the nurse to be tired”.

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DIRECTORS OF NURSING PERFORMANCE

The behavior of nursing directors as a source of tension. Terms such as the following were used by the participants in abundance (in relation to nursing managers): “in gratefulness and poor magnitude,” “incorrect attitude,” “condemning all the situations,” and “unfair punishment.” One nurse told about the stressful behavior of the authorities said: “Once, I went to pray the Morning Prayer. The supervisor came and saw that I was not there and reported me that I was sleeping. When I protested…they told me that it is not possible to do anything”. Another nurse, referring the nursing officials’ ingratitude said: “A patient recently came from the emergency room to the CCU. Upon his arrival, the arrest and CPR were happened…I did my best and the patient returned to normal condition. (On this situation), I was forgotten to write his name above his bed. The supervisor reported me”. Many of the behaviors of the directors are not just “supporting” but are “spirit destructive” for nurses. Some participants also noted that the managers maintain their authority by using the following cases: “making gap,” “insincerity,” “permanently complained,” and “creating stress in their subordinates.” One nurse said: “the directors maintain their authorities by making a series of tensions. For that reason, there is no intimacy in the high-ranking officials”.

UNDESIRABLE RELATIONS AMONG COLLEAGUES

Lack of cooperation and intimacy between the staff will lead to increased occupational stress. A nurse pointed to this issue that lack of intimacy between the female partners is more common: “Working in the female sections which constantly make problems for each other, is very difficult”. The stress related to the partner is not always relevant to intimacy. But, it is sometimes due to the inadequate scientific and technical knowledge of the partners and sometimes is related to the stress and anxiety which is transferred to another colleague.

THE PATIENTS’ CONDITIONS

Based on the experience, the lack of congruence between the patient and nurse, the number of critically ill patients, and working with high-risk patients are some other stress factors relating to the condition of the patients. One nurse said: “One night…I was alone in the ward. Suddenly, one of the male patients had been ill and had fallen in the bathroom. Now, a woman alone, think that how much stress I felt and how I got out the patient out of the bathroom”. It also
mentioned about the stressful items such as “mistrust of the patients and their relatives and arguing with them,” “tolerating abuse and insult,” and “ingratitude of some of the patients and their families.” One nurse said: “Once, we had a patient with SK (streptokinase) and a hematoma was formed in the stomach...we really worked for him...but as the patient’s friend saw the bad condition, he had grabbed a chair and threw it towards us”.

PROFESSIONAL INTEREST

In addition to the occupational stress factors, we understood that the interest in their profession can act as a stress reducer. They believed that the professional interest has a large effect on the perception of occupational stress and ways of dealing with it. Stress could be divided into two groups of interested and uninterested. However, some of them were noted that the professional interest is required for further work. One nurse said: “If there is no love in our profession, one cannot continue. We have reported that some factors were the cause of their interest in nursing including “rising medical information,” “ability to identify and solve health problems in the family,” “improvement of patient satisfaction,” and “spiritual reward.” One of them said: “The spiritual side of the job worth very much for me, and because the public information increases and it will be possible to answer every persons’ questions, mostly with no wrong answer. So I love the nursing”. Although the interest in the profession reduced the stress perceived by the participants, when there was a lack of interest, the intensity of perceived stress were added. “Labour of work” and “facing with the injustice in the system” was the other stress factors which affected some of the nurses. One of the nurses said: “I am satisfied with the job of nursing… especially its spiritual aspect and the importance of our work. But there are a series of side issues (such as injustice), that they are causing discontent”.

PRIORITIZING CAREER OVER FAMILY LIFE

According to the participants’ beliefs, the stressors of nursing profession affect all aspects of the nurses’ living. “Prioritizing career over family life due to the business requirements” and “impaired personal life” were issues that were creating stress for most of the nurses. A doctor and nurse regarding the priority of career on family life said: “Being in a rotating shift makes you not to be able to plan properly for your family”. Another nurse said: “One of the major stresses which affects on my family is when my husband asks to do something
or there is a family celebration and due to my shift work requirements, I cannot do or go”. Nurses believed that the occupational stress has affected their body and mind. They mentioned about factors such as chronic fatigue, aggression, impatience, irritability, isolation, and depression as some consequences of job stress. One nurse said: “When I get home from the work, I’m tired and bored. Even I am not able to get a simple greet with my husband”. Another nurse said: “When you go home after a shift full of intensive work, just you need to sleep. While you are cooking the food, you sleep and it will burn your food. Pressures and job requirements not only were the cause of not observing their agenda and family programs, but sometimes they are denied to perform their personal interests and entertainment. Some of these nurses remembered these conditions with the words of “removing yourself from your life.” One nurse said: “I like music and sports. But it does not remain any opportunities for me to get my favorite. In total I have removed and left myself aside”. Another nurse regarding the lack of opportunity to address her personal interests said: “Since I have come to work, I had no time to exercise and any power and energy for exercising. I have knee and shoulder pain.

CONCLUSION

The present study indicated that there are many stressors in the medical profession. The most important items among these cases can be noted as follows: the shortage of nurses, the adverse authorities, developing critical and unpredictable situations, disharmony, and poor social status. According to the research findings, the job stressors influence the private and family life of the nurses. According to these findings, the attention of the hospital authorities for the required action should seek to reduce the occupational stress. This can help to reduce the job stress to a large extent. Avoiding frequent handling without the consent of the nurses and improving the relations between the ranks of management and the nurses can be offered. Some actions also seem to be necessary in order to improve the social status of nursing profession in the society and media. The study results suggest that a qualitative study to be done for investigating the nurses’ family problems and disorders of their personal life. It also recommended a study to identify practical solutions to reduce the nurses’ occupational stress. In the end, it should be noted that the low number of samples in this study may limit the generalization of the results. Of course, this is considered as the inherent limitations of the qualitative studies.
REFERENCES: