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A STUDY ON OCCUPATIONAL STRESS AMONG PRIMARY HEALTH CENTRE NURSES (PHC) IN CHENNAI

S. Viswambaradevi[1] and Dr. A. A. Ananth[2]
[1]PhD. Research Scholar, Manomaniam Sundaranar University, Tirunelveli .
[2]Associate Professor, Department of Business Administration, Annamalai University.

ABSTRACT

Work performance is an essential characteristic of organisational behaviour directly related to the production of goods and the delivery of services. Both the effort and the outcome comprise the good performance. People in organisations learn from the consequences of their actions. As the nurses performance improves, tasks become easier. The nurses performance is influenced by the personal characteristics like skills and abilities, personality, attitudes as well as the environmental factors such as the occupational stress. The nurse performs tasks using the knowledge he acquired. When he uses the knowledge effectively, he attains a feeling of fulfillment. Thus satisfied nurses will soon contribute to their hospital, by way of giving training and sharing their past experiences to the new nurses and giving suggestions for innovations and development of their skills. Because of all these they receive higher performance ratings. The present study made an find out the Occupational Stress among Primary Health Centre Nurses (PHC) in Chennai. In the present investigation a sample of 147 nurses were selected randomly. Primary data were collected from the respondents using questionnaire developed by researcher. After collecting the data, they were coded using Microsoft excel. The data were analysed in Statistical Package for Social Science (SPSS) ANOVA, Regression, and Correlation analysis were applied to test the hypotheses.

KEYWORDS: *Occupational Stress, Primary Health Centre, Nurses, Demographic variables .*

INTRODUCTION

Occupational stress viewed as the 'non-specifically induced changes within a biological system.' It is non-specific because any adaptation to a problem faced by the body, irrespective of the nature of the problem, is included. It has defined stress as 'an adaptive response, mediated by individual characteristics and of psychological processes, that is consequence of any external action, situation, or event that places special physical and/or psychological demands upon a person." In a simplified way, stress can be defined as an adaptive response to an external factor that results in physical, psychological, or behavioural deviations in an individual. Based on this definition, following features of stress can be identified.

Occupational stress may result in any kind of deviation-physical, psychological, or behavioural in the person. This deviation is from the usual state of affairs. From this point of view, stress is different from anxiety, which operates, solely in the emotional and psychological sphere. Thus, stress may be accompanied by anxiety but it is more comprehensive than the later.

Occupational stress may be the result of an individual's interaction with environmental stimuli. Such stimuli may be in any form, interpersonal interaction, event and so on. The impact of the stimuli produces deviation in the individual.

It is not necessary that stress is always dysfunctional. On the contrary, there may be some stresses, called eustress, like stress for creative work, entrepreneurial activities, keen competition, etc., which stimulate better productivity. It is only the dysfunctional stress, called distress, which is bad and must be overcome.

Occupational stress can be either temporary or long term, mild or severe, depending mostly on how long its causes continue, how powerful they are, and how strong the individual's powers are. If stress is temporary and mild, most people can handle it or atleast recover from its effects rather quickly. Similarly, persons who have strong power for tolerating stress can cope with stress more quickly.

The growth and development of nurses at higher levels of competency is much expected in organisations. Human resource management approach helps people to develop self-control and responsibility, and also tries to create a climate in which all the nurses may contribute to the best of their improved abilities.

People acquiring expanded capabilities and opportunities will lead directly to improvements in operating effectiveness. Work satisfaction also will have been a direct result, when nurses make fuller use of their capabilities. Essentially, the human resources approach means that capable people achieve better results. Working men undergo much stress while they are on the work. Such occupational stress vary from person to person, occupation to occupation and time to time.

REVIEW OF LITERATURE

Lakshminarayanan and Prabakaran (2014) studied job stress and job satisfaction among the hospital nurses. The sample consisted of 100 hospital nurses selected randomly. They were given adopted version of Vernimont's Job Satisfaction Scale and stress diagnostic survey. The t-test was used to analyse the data. The hospital nurses with more job satisfaction were found to have less job related stress.

Mishra (2014) conducted a study relating job stress and job satisfaction. He examined the role overload as a moderator of the relationship between job satisfaction and job involvement. Further he examined the potential moderator effect of role overload (ROL) on job satisfaction and job involvement. The sample of the study was 400 hospital employees in private and government hospitals. Their mean age was 45 years. Moderated regression and sub-group analysis was used. The results indicated that role overload did not have moderating effect on the relationship between job satisfaction and job involvement.

Deborah (2015) studied the effect of work-stress on psychological well-being and job satisfaction. The sample of the study was 153 employees. Their age ranged from 20 to 63 years. They were working in a large public sector organization. Data were collected through standardized questionnaires. The authors hypothesized that high level of work stress would have negative impact on job satisfaction and psychological well being and that perceived availability of support for work-related problems would have positive effects on levels of well-being. Results revealed that after control for neuroticism there was some support for the proposed effects of work stress and social support on psychological well-being. The study found that role ambiguity and role conflict were significant predictors of psychological well-being and job satisfaction.

Sagar and Devender (2016) examined the relationship among organizational climate, job satisfaction and job anxiety. The sample was 50 officers and 50 sub-ordinates. They were working in different units of an institution of higher studies. Results indicated that the organizational climate was positively related to job satisfaction and negatively related to job anxiety in both officers and their sub-ordinates. These correlations were stronger for sub-ordinates in the leadership and communications dimensions and stronger for officers in the interaction influence, decision making and goal – setting dimensions of organizational climate.

Earlier studies showed that job performance is directly related to organizational factors such as climate, stress, job satisfaction and achievement motivation. Some studies that analysed job performance are quoted here.

Jordan and James (2017) examined "Distress and performance appraisal satisfaction". The sample of the study was 120 primary health centre nurses (PHC). The study indicated how frequently job stressors viz. causing distress related to role ambiguity, role conflict, role overload and career development are affected

them at work. Each stressor was computed as the mean of five statements. Subjects also indicated their satisfaction with their most recent performance appraisal. The results showed that satisfaction with performance appraisal was significantly but negatively correlated with each stressor.

Yitzhak, et.al (2017) studied the interactive effect of role conflict and role ambiguity on job performance. The sample of the study was 359 hospital nurses in private hospitals. Data were collected through questionnaires. The results indicated that simultaneous increase in both role conflict and role ambiguity was associated with lower levels of job performance.

OBJECTIVES

- To study the Occupational Stress among Primary Health Centre Nurses (PHC) in Chennai
- To find out the Primary Health Centre Nurses occupational stress on the basis of their demographic variables.
- To study if there is any significant relationship between occupational stress dimensions and employees demographic characters.

METHODOLOGY

This study was planned to be conducted among the primary health centre nurses (PHC), Chennai. Hence these nurses were chosen as target population of the study. The sample was chosen on a random basis. A random sample of 147 primary health centre nurses were studied. The data was treated using the statistical techniques such as ANOVA, correlation and regression analysis has also been done. The present study is an attempt to understand the occupational stress of nurses through questionnaire survey method. The researcher personally distributed the questionnaires to each nurses of the randomly selected sample. They were requested to answer the items in the questionnaire as per the instructions provided at the beginning of each questionnaire. Confidentiality of response was assured. The nurses were co-operative and took one hour to fill the information in all the questionnaires. The researcher collected the questionnaires from the nurses of primary health centre (PHC) in and around Chennai. The responses were scored as per the scoring key of the respective questionnaire. Then the results were tabulated, analysed and discussed.

TOOLS DESCRIPTION

Srivastava and Singh (1981) built up the Occupational Stress Index and this estimates the degree of stress experienced by mechanical workers. The scale comprises of 46 things each having five options, for example, firmly concur, concur, undecided, differ and unequivocally oppose this idea. Out of the aggregate things 28 are "Genuine keyed" and the rest of the 18 are "False keyed". The reactions were weighted from 5 to 1 for "unequivocally concur" through "firmly deviate" for True entered and in the turn around request for the False keyed things. The scale recognizes word related stressors, for example, job over-burden, job equivocalness, job struggle, preposterous gathering and political weight, duty regarding people, under cooperation, frailty, poor relations, natural impoverishment, low status, strenuous working conditions and unrewarding quality. The dependability record discovered by the creators, utilizing split half (odd-even things) technique and Cronbach's alpha co-productive for the scale were observed to be 0.935 and 0.900 individually. The scale was additionally observed to be very substantial.

Occupational stressors in occupational stress index

S.No	Occupational Stressors	Serial numbers of the items in the questionnaire
1	*Role overload*	1,13,25,36,44,46
2	Role ambiguity	2,14*,26,37,
3	Role conflict	3,15*,27,38*,45
4	Unreasonable group and political pressures	4,16,28,39
5	Responsibility for persons	5,17,29
6	Under participation	6*,18*,30*,40*
7	Powerlessness	7*,19*,31*
8	Poor peer relations	8*,20,32*,41*
9	Intrinsic impoverishment	9,21*,33*,42
10	Low status	10*,22*,34
11	Strenuous working conditions	12,24,35,43*
12	Unpredictability	11,23

Note: *False – keyed items

Methods of scoring

The 46-item scale consists of true keyed and false-keyed items. Each item, irrespective of its keyed position, has five alternate responses from strongly agree to strongly disagree. The true-keyed items alternatives are given a weight age of 5 to 1 from strongly agreed to strongly disagree and 1 to 5 false keyed items. The 46 items help identifying 12 stressors, which have been listed below with the item numbers that go into each stressor. The minimum score is 46 and the maximum is 230. The lowest score indicates lower the occupational stress and the highest indicates higher the occupational stress.

RESULTS AND DISCUSSION

Table 1

The Mean, S.D., F-ratio and level of significance for twelve dimensions of occupation stress on the basis of their number of years of service

Dimensions	Number of years of service	N	Mean	SD	F-value	LS
Role Overload	Below 5 years	47	18.63	4.00	13.30	0.01
	5 to 10 years	68	18.16	3.04		
	Above 10 years	32	15.75	3.62		
	Total	147	17.45	3.73		
Role Ambiguity	Below 5 years	47	11.91	1.49	10.12	0.01
	5 to 10 years	68	12.80	2.71		
	Above 10 years	32	11.07	2.55		
	Total	147	11.96	2.48		
Role Conflict	Below 5 years	47	14.68	2.67	2.40	NS
	5 to 10 years	68	15.45	3.25		
	Above 10 years	32	14.40	3.14		
	Total	147	14.88	3.09		
Unreasonable Group and Political Pressures	Below 5 years	47	11.67	3.14	1.56	NS
	5 to 10 years	68	10.88	2.57		
	Above 10 years	32	10.75	3.64		

	Total	147	11.05	3.14		
Responsibility for Persons	Below 5 years	47	8.88	1.94	6.38	0.01
	5 to 10 years	68	8.30	2.42		
	Above 10 years	32	9.66	2.56		
	Total	147	8.93	2.41		
Under Participation	Below 5 years	47	10.77	2.38	3.95	0.05
	5 to 10 years	68	11.61	2.83		
	Above 10 years	32	10.51	2.30		
	Total	147	11.00	2.57		
Powerlessness	Below 5 years	47	7.60	2.42	0.32	NS
	5 to 10 years	68	7.80	2.56		
	Above 10 years	32	7.51	1.90		
	Total	147	7.64	2.30		
Poor Peer Relations	Below 5 years	47	12.56	2.14	1.02	NS
	5 to 10 years	68	12.23	2.44		
	Above 10 years	32	11.95	2.66		
	Total	147	12.22	2.44		
Intrinsic Impoverishment	Below 5 years	47	11.56	1.68	5.57	0.01
	5 to 10 years	68	10.44	2.29		
	Above 10 years	32	10.56	2.09		
	Total	147	10.79	2.11		
Low Status	Below 5 years	47	10.65	7.10	3.18	0.05
	5 to 10 years	68	9.41	2.28		
	Above 10 years	32	8.75	2.80		
	Total	147	9.52	4.33		
Strenuous Working Conditions	Below 5 years	47	11.33	1.52	4.83	0.01
	5 to 10 years	68	9.79	3.12		
	Above 10 years	32	10.56	3.38		
	Total	147	10.48	2.94		
Unprofitability	Below 5 years	47	5.00	1.25	0.01	NS
	5 to 10 years	68	4.96	1.62		
	Above 10 years	32	4.97	1.97		
	Total	147	4.98	1.66		

Hypothesis: The Mean level of primary health centre nurses occupational stress dimensions is same for the different number of years of service groups.

Table 1 gives the Mean, Standard Deviation and F-proportion for the essential wellbeing focus medical attendants who pursue job over-burden, job equivocalness, job struggle, nonsensical gathering and political weights, sensibility for people, under investment, feebleness, poor friend relations, characteristic impoverishment, low status, strenuous working conditions and unbeneficial quality word related pressure measurements dependent on their number of long periods of administration. From the significant F-ratios of Role Overload (13.30), Role Ambiguity (10.12), Responsibility for Persons (6.38), Under Participation (3.95), Intrinsic Impoverishment (5.57), Low status (3.18) and Strenuous Working Conditions (4.83) at 0.01 and 0.05 level, it is understood that primary health centre nurses service do have a good impact on their occupational stress dimensions.

The below 5 years service groups primary health centre nurses dominantly adopt Role Overload (18.63), Unreasonable Group and Political Pressures (11.67), Poor Peer Relations (12.56), Intrinsic Impoverishment (11.56), Low status (10.65), Strenuous Working Conditions (11.33) and Unprofitability (5.00) than the primary health centre nurses with other groups. But it is observed that the primary health centre nurses with 5 to 10 years groups are more Role Ambiguity (12.80), Role Conflict (15.45), Under Participation (11.61) and Powerlessness (7.80) when compared to the primary health centre nurses with other service groups.

Table 2

Showing the correlation between occupational stress dimensions and primary health centre nurses demographic characters

	RO	RA	RC	UGPP	RP	UP	P	PPR	II	LS	SWC	U	OS
Age	-.268**	-.152*	-.136*	.034	.103	.068	.271**	-.056	.215**	.047	-.052	.077	-.011
Education qualification	.076	.087	.027	-.027	-.070	-.017	-.024	.006	-.102	.060	.089	-.086	.040
Religion	.042	.240**	.060	.340**	.117	-.036	.157*	-.141*	-.098	.053	-.095	.087	.207**
Birth Place	.029	-.045	-.026	-.392**	-.180**	-.372**	-.249**	-.117	-.148*	.030	.090	.022	-.337**
Monthly income	-.450**	-.201**	.151*	.165*	.511**	.035	.275**	-.126	.048	.061	-.155*	-.100	.000
Number of dependents	-.232**	-.053	-.190**	.184**	.097	-.090	-.155*	.099	.055	-.054	-.142*	.115	-.137*
Number of years of service	-.313**	-.153*	-.047	-.110	.142*	-.055	-.019	-.099	-.175*	-.169*	-.089	-.006	-.301**
Number of subordinates	.110	-.017	.140*	-.017	.055	-.266**	-.114	-.054	-.321**	.030	.308**	-.154*	-.030

RO - Role Overload **RA - Role Ambiguity**
RC - Role Conflict **UGPP - Unreasonable Group and Political Pressures**
RP - Responsibility for Persons **UP - Under Participation**
P – Powerlessness **PPR - Poor Peer Relations**
II - Intrinsic Impoverishment **LS - Low Status**
SWC - Strenuous Working Conditions **U - Unprofitability**
OS - Occupational Stress

The present table shows that age is positively correlated with Powerlessness and Intrinsic Impoverishment. Religion is positively correlated with Role Ambiguity, Unreasonable Group and Political Pressures, Powerlessness, Occupational Stress. Monthly income is positively correlated with Role Conflict, Unreasonable Group and Political Pressures, Responsibility for Persons, Powerlessness. Number dependents are positively correlated with only Unreasonable Group and Political Pressures. Number of years of service is positively correlated with only Responsibility for Persons. Number of subordinates is positively correlated with role overload and Strenuous Working Conditions.

Table 3
Showing the Stepwise regression analysis predicting of occupational stress

Sl.No	Step/Source	Cumulative R^2	ΔR^2	Step t	P
1.	Education qualification	0.058	0.059*	3.993	0.01
2.	Birth Place	0.087	0.084*	3.492	0.01
3.	Monthly income	0.075	0.079*	4.611	0.01
4.	Number of dependents	0.069	0.076*	4.331	0.01
5.	Number of years of service	0.071	0.068*	4.942	0.01

Constant value = 23.914 * P < 0.01

An attempt was made to find out whether the variables of primary health centre nurses like Education qualification, Birth Place, Monthly income, Number of dependents and Number of years of service would be possible predictors of occupational stress. The results indicate that the five variables are very significant in predicting the consequence of occupational stress. The primary health centre nurses educational qualification is poised to predict consequence of occupational stress to an extent of 0.058 which is found to be statistically significant at 0.01 level. The second variable Birth Place is able to 0.087, Monthly income is able to 0.075, Number of dependents is able to 0.069 and Number of years of service is able to 0.071 significant at 0.01 level.

FINDINGS

- The Mean level of primary health centre nurses occupational stress dimensions is same for the different number of years of service groups.
- Nurses demographic variables significantly correlated with occupational stress dimensions.
- Primary health centre nurses Education qualification, Birth Place, Monthly income, Number of dependents and Number of years of service would be possible predictors of occupational stress.

SUGGESTIONS

- Nurses can manage their stress well by adopting regular practice of spiritual methods such as yoga, meditation etc.
- Nurses must invest in their health. Good nutritional habits such as balanced diet, and checking of overweight will certainly yield an stress-free life.
- Employees are needed to be more flexible so that they can reduce there tension to a greater extent

CONCLUSION

The present research yield certain suggestion to the primary health centre. Reduce work load to the nursse will help to reduce to their occupational stress. Maximum welfare measures also change the nurses attitude. Thus their mental health is improved. Further the superiors in the primary health centre should try to motivate the nurses and allow them freely to do their work. Occupational stress is inevitable. It affects everyone and from all findings, it is still predominant in the primary health centre. There is need to put up a stress management policy and put in place all necessary measures to alleviate stress so that performance will not be hampered. They should ensure that they give adequate training on stress and its management to their nurses.

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S. Viswambaradevi
PhD. Research Scholar, Manomaniam Sundaranar University, Tirunelveli .