Self Rated Assessment of Conflict at Work among Staff Nurses of Tertiary Care Hospital in Delhi

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Abstract

Introduction: Among the list of stressful professions all over the world, Nursing Profession tops the list. In most tertiary care hospitals, nurses are the ones who are most stressed out due to conflict at the workplace though working at the bottom of the hierarchy. There is a lack of data on stress among nurses due to conflicts at work and other work-related issues, which led to this study.Method: A hospital-based cross-sectional study was carried out on 102 randomly selected staff nurses working in a tertiary care teaching hospital of Delhi. Data were collected using a pre-tested and selfadministered questionnaire. Socio-demographic profile, general job information, conflict at work, and work hazards were assessed. The data was fed and analyzed using SPSS 16 software.Results: Out of the total 102 nurses, 80

Index terms—

1 Introduction

tress is one of the leading causes of morbidities prevalent worldwide thereby leading to disabilities. Certain fearsome and disturbing environmental factors lead to Stress in the form of the psychological and physiological response of the human body. One of the most important sources of stress in people's lives is Occupation. For every individual, social recognition, social requirements, and social contact are achieved by their occupation; therefore, it is thought to be an important factor causing stress. (1) As per the definition is given by Cooper, Occupational Stress is the result of the interaction Author ?: e-mail: drgurmeetkaurkumar@gmail.com Factors such as work overload, conflict at work, no autonomy, long working hours, abusive administration, poor relationship with coworkers, lack of promotions, etc. have been recognized causes of occupational stress. (3) Nursing profession gives immense satisfaction and accomplishment. But often it can also be enormously stressful. In India, the nurse to patient ratio is considerably low (1:2250), thereby overstraining of nurses often occurs. Along with other health care professionals, they share responsibility for the treatment, safety, and recovery of patients with acute or chronic illness, injuries, restoration of health, management of life-threatening emergencies and Research pertaining to the medical and nursing profession. Nurses sincerely not only fulfill the role of care-providers but also act as managers and superiors of patients (4). Nursing Staff acquires a substantial amount of Stress while fulfilling these roles at work (5), especially those working at the bottom of the Hospital pyramid (6) such as staff nurses and nursing brothers, who procure the maximum work burden. Nurses working in tertiary care hospitals exhibit more stress and lower levels job satisfaction and quality of work life than others. (7) It has been observed that nurses working in public hospitals are more stressful than those working in private hospitals. (8)Rotating hours duties, time-bound demands, disrespectful behavior of patients, doctors and hospital management, scanty staff, interpersonal relations, conflict at work, mortalities around and less salary drastically add to their stress levels. (5,9) Nursing profession is considered a highrisk profession in regards to stress associated morbidities. (10) It is therefore of utmost importance to estimate the magnitude of stress specifically among those working in tertiary care government hospitals and identify the etiology behind it. It will help in rationalizing the stress

management initiatives towards a definite course, thereby warranting that health caregivers remain healthy and stress-free which will lead to efficient delivery and improved quality of health services for the population at large. Thus, this study aimed to find out the prevalence of stress due to conflict at work among nurses and the factors associated with it. The role of a demographic variable was also assessed.

2 II.

3 Methodology a) Study Setting and Study Participants

This was a hospital-based cross-sectional study carried out among nursing personnel in a tertiary care hospital catering to a large population of Delhi and nearby states. Out of the total 2190 staff nurses and nursing sisters (junior nursing staff), 102 were randomly selected nursing personnel, aged between 18years to 60 years who were working in the hospital for at least 1 year, were free from physical disease, no history of neurological or psychiatric diseases and no drug addiction were included in the study. Nurses who were not willing to complete the questionnaire were excluded. This sample was calculated on the basis of expected prevalence of stress among nurses, which was 60% (11); the worst acceptable prevalence was taken as 50% with a 95% confidence interval. Nurses were also stratified according to their joining date in order to achieve adequate randomization. From each workstation, participants were selected using a random numbers' table. Informed consents were obtained before getting their personalized responses. Selected nursing personnel were contacted and informed consent was obtained from each participant before data collection.

4 b) Study Tool

A pretested, self-administered, structured questionnaire was used for data collection. It included items to record socio-demographic characteristics and assess the presence of factors regarding stress among the nursing personnel. The questionnaire contained items to assess Stress due to Conflict at work and its associated factors which are issued by The National Institute for Occupational Safety and Health (NIOSH). A questionnaire is a screening tool for identifying the stressors at work leading to stress. Questions to assess Stress among Nurses working in tertiary care hospitals along with their socio-demographic profile and job specifications were included based on a literature review. (12) The questionnaire was reviewed for suitability, relevance, and accuracy in the Indian context. It was pretested in the English language with ten staff nurses and was suitably modified. Internal consistencies of the items on Stress due to conflict at work were obtained through a Cronbach's alpha coefficient (0.90). The questionnaire was divided into 3 sections. The first section consisted of 4 questions pertaining to the sociodemographic profile of nurses. The second section consisted of General Job Information including work experience, job title, job situation, work shift, and rotation patterns and the third section consisted of 16 questions to screen for work situation associated with Stress due to conflict at work. The degree and quantification of stress due to conflict at work was assessed by a scoring system based on the 5 point 'Likert Scale' such as 1. Strongly Agree (Classified as No Stress); 2. Moderately Agree (Mild Stress); 3. Neither agree nor disagree (Moderate Stress); 4. Moderately Disagree (Severe Stress); 5. Strongly Disagree (Extreme Stress). Nurses were asked to grade individual conditions, which may contribute to stress in their daily life due to conflict at work. The questionnaire contained 16 possible conditions that may act as sources of stress in their day-to-day life due to conflict at work and nurses were asked to grade them on a scale of 1 to 5. '1' was assigned to a particular condition considered a source of no stress and 5was given to a particular condition with stress of the highest degree. The scores given by each nurse to all the given stressors in their daily life were then summed up to obtain a stress score for each participant. The minimum score that could be obtained by each nurse would be 16(16 X 1), and the maximum would be 80 **??**16 X 5). On the basis of this score, the stress in everyday life of nurse was classified as: no stress: 16, mild stress: 17 to 32, moderate stress: 33to 48, severe stress: 49 to 64 and Extreme Stress: 65 to 80. Individual score for each stressor was also calculated by summing the score given by each nurse to a single stressor. Therefore for each stressful condition, the minimum score obtained was (1 X 102) '102' and the maximum score was (5X102) '510'. This was done to determine what sources were the most significant contributors to stress in nurses'lives due to conflict at work.

5 c) Survey Procedure

Questionnaires were distributed to the study subjects after obtaining written informed consent. The subjects were given between 15 and 30 minutes to complete the questionnaires. The questionnaires were scrutinized at the time of collection and if any information was missing, nurses were asked again for that information to be completed.

6 d) Analysis

Data were entered in Microsoft Excel and transferred into SPSS version 17 for analysis. Findings were presented as group proportions, and a difference in proportions for a given factor was assessed by the Chi-square test. A P value cut off for statistical significance was set at 0.05. Factors which were significantly associated ($P < 0.05$) with Conflict at work in univariate analysis were further analyzed in Binomial Logistic regression analysis. Odds

Ratios (ORs) were calculated indicating the relative odds of occurrence of stress due to conflict at work due to the presence of a particular factor.

7 e) Ethical Issues

All nursing staff who participated in the study were informed about the purpose of the study and full free and voluntary consent was taken before their inclusion. Each nurse who participated in the study was free to withdraw from the study at any point in time and was ensured confidentiality of the responses. The study was approved by the institutional ethics committee of the medical college.

8 f) Results

Table 1 shows the characteristics of Stress due to Conflict at Work of the revised NIOSH generic questionnaire. Out of the total 102 nurses, 80% of nurses were females and 98% were married. The mean age of the study group was 38.52 (7.107). Mean age of nurses found with severe stress included 39.67 years. Mean work experience in this profession was 16.40 (5.880) years and with the present employer is 4.57(1.680) years. Out of the total, 75.5% were a fulltime permanent employee and 38.2% had permanent day shift. Mean work duration per week is 49.90 (7.976) hours. All the nurses (100%) found their jobs stressful with 54.9% reported severe or extreme stress. Among the total nurses, 73.5% agreed there was dissension in the group and 70.6% agreed that other groups created problems for their group while 45.1% agreed that there were clashes between subgroups within their group. 42.1% agreed that there is 'we' feeling among members of their group, 42.1% agreed on a difference of opinion among members of their group and 43.1% revealed that the relationship between my group and others groups is harmonious in attaining the overall organizational goals. Table 2 describes the job profile of Staff Nurses, Out of 102 total nurses 81.3% were staff nurses while 18.6% were nursing sisters of which 50.1% have worked for more than 5 years in the present institution with 76.6% had overall work experience of less than 20 years. 83.3% work as permanent employees with 67.6% work in permanent work shift while 32.3% work in rotating work shifts and 68.6% have been working in their same shift from more than 2 years. 34.3% rotated in no set pattern while 30% rotated in 8hour shift Night to evening to Day. 27.5% agreed they changed their shift twice a week and 24.5% agreed they changed their shift more than twice a week. 76.1% work between 46-68 hours per week.

Table 3 shows the sources of Conflict at work with their percent scores. Out of the given possible sources of stressors leading to conflict at Work, Dissension in group and withholding information among members was considered most stressful while agreement among members was considered least stressful. On univariate analysis

9 Discussion

This study showed that the selected scales of the NIOSH generic job stress questionnaire differed for groups according to age, marital status, work experience, work duration and work shift among staff nurses working in a tertiary care hospital. All the nurses reported stress in the present study. However, the very high levels of work stress were found in 54.9% nurses, which is similar to a survey conducted in 2013 among Nigerian nurses, where 52.3% of nurses reported 'high work stress'. Other studies have also found a similar stress level. 13, 14 No statistically significant difference was found between stress levels in this hospital, thereby suggesting that stress levels are not influenced by the type of hospital and stress management programs should focus on nursing occupation holistically irrespective of type of setting.

Although there is no statistical significance, married nurses were found being more stressed than those who were unmarried. This could suggest that the additional responsibility of married life may increase their stress levels. On contrary Callaghan et al 6 reported that single nurses had marginally higher stress scores than married nurses. This was again not statistically significant. Hence, to ascertain the association between marital status and stress further studies are required.

It was found in our study that with increasing age more nurses were stressed although Increasing age and longer duration of the job did not have a statistically significant relationship with job stress. However other studies have demonstrated that increasing age and longer duration of job lead to increased stress. (15) (16) Therefore, it would be mandatory to adopt the issue of stress management early in the career of nurses to prevent unfavorable consequences later.

In accordance with the findings of Keinan et al, who concluded that stress has a negative effect on decision making. (17) This study also highlights the perceived inability of 56.9% of the nurses to efficiently handle other stressful events in there in order to achieve harmonious goals for the organization. This reveals the adverse effect of stress on nurses' everyday life and the need for an efficient stress management system in order to improve the overall quality of life of the nurses. The important stressors have also been established by past studies. (4,8,18,19,20). The contribution of various stressors assessed by the study has established a Pyramid of precedence with which each of these must be tackled individually while conniving stress management programs in the Indian setting. An effective stress management program is especially achievable in a tertiary care setting where chains of training programs related to the nursing profession are conducted regularly. Workplace stress management program is a cost effectual psycho-educational intervention. (21). Some other alternative administrative interventions could be undertaken to increase the employment of nurses so that our nurses are not

overloaded. Paperwork can be imparted upon an administrative staff. Equitable distribution of shift schedule, as well as regular biweekly or monthly meetings by senior nurses and supervisors to discuss various causing stress to nurses, are some of the measures that can be undertaken to de-stress the nurses. Problem fixated and emotion-focused coping mechanisms are suggested for tackling the individual's perception of stress (22).

The study has shown that nearly two-fifth of nurses employ positive approach towards stress like Friendliness among all (37.3), we feeling among all (42.2), an agreement among all (21.5) which can be perceived as a common coping strategy amongst nurses which are consistent among Studies elsewhere (5,19, **??**0). Such methods should be encouraged in stress management programs. Also, a large majority did not resort to negative methods like smoking, drinking or taking drugs. This could be due to the presence of social norms in Indian society and must be encouraged further.

One of the limitations of the study was that since stress had no objective definition or criteria; hence different subjects may have interpreted it differently. Only a limited domain of stress was determined as the goal of the study was broad-based and descriptive. Although stratification was done to achieve equal representation from all workstations, the sample size of 102 may not reflect the true situation. Moreover, results were based on observation over the study period, which may vary over different periods of time. The authors firmly believe that the above limitations have not defeated the purpose of the study.

IV.

10 Conclusion

This study has provided an insight into the problem of occupational stress amongst nurses and deciphered the factors responsible for the same. It has also attempted to establish a hierarchy of priority, with which the stressors operational in the nurses' life as well as an occupation should be tackled in stress management programs. This should give a proper direction and aid in designing an efficient stress management programs for them. These findings may go a long way in improving the mental health and stress levels of nurses and thereby enabling them to provide better patient care. [1] [2]

III.

Figure 1:

1

N %

[Note: K]

Figure 2: Table 1 :

1

Mean (SD) Those who agreed (%)

Figure 3: Table 1 :

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2

Gender	Male	19.6%
	Female	80.4%
Marital status	Married	98%
	Unmarried	02%
Age	25-40 years	62.7%
	41-60 years	37.3%
Children	Less than 2	88.2%
	More than 2	9.8%
Work experience with present employer	Less than 5 years	50%
	More than 5 years	50.1%
Job title	Staff Nurse	81.3%
	Nursing sisters	18.6%
Overall work experience	Less than 20 years	76.6%
	More than 20 years	15.8%
Job situation	Permanent employee	83.3%
	Temporary employee	16.7%
Work Shift *	Permanent	67.6%
	Rotating	32.3%
Working in this shift **	Less than 2 years	31.4%
	More than 2 years	68.6%
Work duration per week	25-45 hrs	23.9%
	46-68 hrs	76.1%

Figure 4: Table 2 :

3

Possible source of conflict at work	Degree of Stress:1=No stress and 5= Extreme stress 1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	Total stress score for this source	Percent score of the highest stress
Harmony within my group	5 (4.9)	20 (19.6)	32 (31.4)	31 (30.4)	14 (13.7)	335	65.7
Bickering over work	9 (8.8)	28 (27.5)	23 (22.5)	30 (29.4)	12 (11.8)	314	61.6
Difference in opinion	9 (8.8)	22 (21.6)	28 (27.5)	29 (28.4)	14 (13.7)	293	57.4
Dissension in my group	10 (9.8)	17 (16.7)	21 (20.6)	41 (40.2)	13 (12.7)	336	65.9
Supportive of each other	8 (7.8)	23 (22.5)	28 (27.5)	28 (27.5)	15 (14.7)	325	63.7
Clashes between subgroups	10 (9.8)	18 (17.6)	28 (27.5)	26 (25.5)	20 (19.6)	334	65.5
Friendliness among members	9 (8.8)	23 (22.5)	32 (31.4)	29 (28.4)	9 (8.8)	312	61.2
”we” feeling among members	10 (9.8)	18 (17.6)	31 (30.4)	30 (29.4)	13 (12.7)	324	63.5
Disputes within groups	10 (8.8)	21 (20.6)	26 (25.5)	32 (31.4)	13 (12.7)	323	63.3
Agreement among members	18 (17.6)	32 (31.4)	30 (29.4)	19 (18.6)	3 (2.9)	263	51.6
With-holding information among groups	3 (2.9)	24 (23.5)	28 (27.5)	34 (33.3)	13 (12.7)	336	65.9
Harmony in attaining overall organizational goals	12 (11.8)	19 (18.6)	27 (26.5)	31 (30.4)	13 (12.7)	320	62.7
Lack of mutual assistance	13 (12.7)	20 (19.6)	32 (31.4)	27 (26.5)	10 (9.8)	307	60.2
Cooperation between groups	7 (6.9)	21 (20.6)	31 (30.4)	31 (30.4)	12 (11.8)	326	63.9
Personality clashes	7 (6.9)	21 (20.6)	31 (30.4)	28 (27.5)	15 (14.7)	329	64.5
Create problems for each other	9 (8.8)	21 (20.6)	26 (25.5)	32 (31.4)	14 (13.7)	327	64.1

Figure 5: Table 3 :

4

	Univariate analysis		
	OR	95% CI	P value
Age	0.561	0.24-1.26	<0.05
Marital status	1.439	0.87-23.67	>0.05
Difference in opinion	0.635	0.28-1.42	>0.05
Disputes among group	0.577	0.25-1.30	<0.05
Lack of Mutual assistance	0.382	0.15-0.91	<0.05
Personality clashes	1.462	0.65-3.25	>0.05
Withholding information	0.802	0.36-1.77	>0.05
Rotation pattern	5.625	0.60-52.71	<0.05
Harmony in group	0.917	0.41-2.03	>0.05
Friendliness in group	0.523	0.22-1.21	>0.05
”we feeling” amongst all	1.462	0.65-3.25	>0.05
Supportive of each other	0.889	0.39-1.97	>0.05
Agreement amongst all	0.600	0.22-1.63	>0.05
Dissension in group	0.695	0.31-1.53	>0.05
Work-shift	0.800	0.33-1.88	

Figure 6: Table 4 :

5

	coefficient	S.E	Wald	d.f	P value	Odds Ratio	95% Confidence Interval Lower	
Lack of Mutual Assistance	-1.399	0.549	6.489	1	0.01	0.24	0.84	0.72
Age	1.188	0.509	5.458	1	0.01	3.28	1.21	8.89
Constant	1.105	0.729	2.297	1	0.13	3.019		

Figure 7: Table 5 :

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