Psychological and Financial Problems Among Female Staff Nurses: A Descriptive Study

Manisha Gupta[1], Karesh Prasad[2]

Abstract

The working environment is one of the most important recourses of occupational stress. Nurse's environment includes an enclosed atmosphere, time, pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds and long standing hours. Nurses are trained to deal with these factors but stress takes a toll when there are additional stressors. Stress is known to cause emotional exhaustion to nurses and this leads to negative feelings toward those in their care. The aim of the study was to assess the psychological and financial problems among female staff nurses working in selected government and private medical colleges of Madhya Pradesh. A descriptive survey was used. The 50 female staff nurses were selected by simple random sampling. The findings showed that 12 (48%) staff nurses were suffering from anxiety, 16 (64%) from stress and 5 (20%) staff nurses facing financial problem in government medical college whereas 10 (40%) staff nurses were suffering from anxiety, 8 (32%) from stress, 24 (96%) from depression and 10 (40%) were facing financial problem in private medical college.

Nurses are indispensable to the healthcare sys tem and their well-being and work perfor mance has a considerable effect on the quality of hospital healthcare. Nursing is invariably considered a stressful occupation within the healthcare system, and nurses experience a variety of occupational stressors (e.g., heavy workload, insufficient time for patient care, irregular work schedule, poor work environment, and difficult patients). These may negatively affect the health status of nurses, which might then hinder their professional performance and affect the quality of healthcare provided. These issues will inevitably have negative effects on patients' health (Piko, 1999).

Depression is a common mental disorder, with a prevalence of 14.6 percent among adults in high-income countries and 11.1 percent in developing countries. It is estimated that depression will become the second leading cause of disability-adjusted life years lost by the year 2020. Previous studies have suggested that depression may also be a pervasive problem among nurses. In the USA, a study showed that the prevalence of depressive symptoms among nurses was 41 percent, but another reported it to be 18 percent. In France, a third of nurse managers in hospitals were found to suffer from depressive symptoms. In Canada, 1 in 10 nurses show depressive symptoms. Although the discrepancy in depressive symptoms prevalence among nurses across countries may partly be due to the vast diversity of criteria used to measure depressive symptoms, it also indicates that there may be discrepancies in the incidence of depressive symptoms among nurses in different countries, which may be associated with social-cultural factors, nurses' personalities, and the healthcare system. Therefore, it is necessary to conduct further studies in different areas to obtain more comprehensive knowledge about the epidemiology and risk factors for depressive symptoms among nurses (Letvak et al, 2012).

Stress is considered as one of the main causes of absence from work. Anxiety, frustration, anger and feelings of inadequacy, helplessness or powerlessness are often associated with stress. Occupational stress in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates and errors in treating patient. Effective occupational stress management among nurses is geared towards reducing and controlling nurses' occupational stress and improving coping at work (Nakao, 2011). Work-related health problems have become increasingly common worldwide during the past decades. It is a common cause of work-related disability among workers, with substantial financial consequences due to workers compensation and medical expenses (WHO, 2011).

The authors are: 1. Professor & PhD Scholar; and 2. Principal, at People's College of Nursing & Research Centre, People's University, Bhopal (MP).

Various work-related factors have been established as predisposing the disorders among nurses; for example, frequent heavy lifting and awkward back postures for back pain, repetitiveness for neck and shoulder disorders, and psychosocial stressors for back, neck, and shoulder complaints.

Review of Literature

Doraiswamy & Deshmukh (2015), examined the relationship between meaningful work and role stress among 141 nurses working in different states of India. Significant correlation was found between meaningful work and role stress. The result indicated need to design job to enhance autonomy, support and flexibility for the benefit of organisation and the nurses.

Rawlance et al (2015), studied occupational health hazards among healthcare workers in Kampala (Uganda). A cross-sectional study utilising quantitative data collection methods among 200 respondents who worked in 8 major health facilities in Kampala. Overall, 50 percent of respondents reported experiencing an occupational health hazard. Among these, 39.5 percent experienced biological hazards while 31.5 percent experienced non-biological hazards. Predictors for experiencing hazards included not wearing the necessary personal protective equipment (PPE), working overtime, job related pressures, and working in multiple health facilities. Control measures to mitigate hazards were availing separate areas and containers to store medical waste and provision of safety tools and equipment.

Godwin (2015), studied the occupational stress among nurses in a hospital setting in Ghana. A purposive sampling technique and a self-administered questionnaire were used to select 73 nurses from the nursing and midwifery department. Weiman Occupational Stress Scale and other measuring tools on occupational stress were used to measure the stress level of the nurses. Descriptive statistics was also used to analyse and have an overview of the data generated by the study population. The study found out that nurses experienced above average levels of occupational stress with the mean score and individual average score of 37.01 and 2.47 indicating a 10 percent higher level than the established Weiman Occupational Stress Scale mean score of 33.75 and individual average of 2.25. Also, the most common stressors were workload, inadequate resources and conflicting demands whilst the most common strategies the workers used for managing stress were resorting to hobbies and identifying the source of stress and avoiding unnecessary stress, managing time better, adjusting to standards and attitudes and expressing their feelings instead of bottling them up.

Fernandes & Nirmala (2015), in a work stress and coping study among 51 nurses working in different hospitals of Goa (India) using qualitative approach the majority of nurses reported their work as stressful. The work stress was related to supplies/equipment, staffing and workload, peer problems and relational problems among medical and support staff. "Staff shortage" was main stressor for majority of nurses. The coping strategies used were problem avoidance, mental disengagement, problem solving/planning, religious coping and social support.

Saini & Kaur (2016), conducted study on stress, stress reactions, job stressors and coping among 285 nurses working in general and intensive care units (ICU) at PG Institute of Medical Sciences, Chandigarh (India). The data was collected using modified Work Stress Symptom Scale (WSSS) and Coping Checklist (CCL). It was found that nurses working in ICU experienced moderate level of stress while nurses from general wards had high level of stress. Workload, role ambiguity and less social support accounted for stress experience. It was revealed that younger nurses had higher level of stress and female nurses had more stress than males. Higher stress was experienced by the married nurses. Coping strategies used were problem solving and religious coping.

Shiji & Mathew (2016), investigated stress and coping among married staff nurses using purposive sampling technique. The tools used for data collected were developed by the researcher. The stress score was highest in the professional area and overall stress score was moderate. The coping strategies used by the nurses included planned problem solving, confrontive coping, self-control, and seeking social support. Other ways included escape/avoidance and accepting responsibility, confrontive coping. The study revealed significant negative relationship between stress and coping strategies. No association was found between perceived stress level and coping strategies with the demographics of the nurses.

Objectives

The study was carried out with two objectives:

1. To assess psychological problems and financial problem among female staff nurses working in selected government medical and private colleges of Madhya Pradesh, and
2. To find out the association between psychological problems and financial problem among female

staff nurses with their selected socio-demographic variables.

Hypothesis

H_1- There will be significant difference between psychological problems and financial problem among female staff nurses working in government and private medical colleges.

H_2- There will be significant association between psychological problems and financial problem among female staff nurses and selected socio-demographic variables.

Methodology

A descriptive survey was used to assess psychological problems and financial problem among female staff nurses. 50 female staff nurses working in selected government and private medical colleges of Madhya Pradesh were selected by using random sampling technique by lottery method. A questionnaire was developed. It consisted of two sections: Section A with socio- demographic data and Section B having two parts, Part-I Structured Questionnaire related to assessment of psychological problems (Anxiety, Stress, and Depression) and Structured Questionnaire related to assessment of financial problem. Content validity was evaluated by various experts such as psychiatrist, psychologist, sociologist, and nursing experts. Reliability was calculated by test –retest method. The reliability was r =0.84.

Table 1: Distribution of female staff nurses according to socio-demographic data (n=50)

S.No.	Parameters	Government Medical College		Private Medical College	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1	**Age**				
	20 years or under	0	0	1	4
	21-30 years	6	24	9	36
	31-40 years	9	36	12	48
	41-50 years	6	24	2	8
	51 years or above	4	16	1	4
2	**Marital status**				
	Unmarried	2	8	5	20
	Married	20	80	20	80
	Divorcee / Separated	2	8	0	0
	Widow	1	4	0	0
3	**Present residence**				
	Within the hospital Campus	2	8	5	20
	Within 5 km from the hospital campus	7	28	6	24
	More than 5 km from the hospital campus	16	64	14	56
4	**Professional qualification**				
	GNM	3	12	8	32
	B.Sc. (N)	11	44	10	40
	Post Basic BSc (N)	9	36	7	28
	MSc (N)	2	8	0	0
5	**Years of service experience**				
	1-5 years or less	4	16	6	24
	6-10 years	5	20	3	12
	11-15 years	3	12	8	32
	16-20 years	12	48	7	28
	Over 20 years	1	4	1	4
6	**Salary per month**				
	Less than Rs. 5000/-	0	0	0	0
	Rs. 5001-10000/-	0	0	7	28
	Rs. 10001-20000/-	12	48	14	56
	Above Rs. 20000/-	13	52	4	16

Results & Discussion

The data was analysed and interpreted according to objectives by using descriptive and inferential statistics. Table 1 shows distribution of female staff nurses according to socio- demographic data.

Frequency and percentage distribution of female staff nurses according to psychological problems and financial problem encountered by female staff nurses working in selected government and private medical colleges are outlined in Table 2. Frequency and percentage distribution of nurses according to stress, depression and financial problems are shown in Table 3-5.

Association of Anxiety with socio-demographic data: No significant association between Anxiety with age (0.276), marital status (0.252), present residence (0.175) and professional qualification (0.197) and year of service experience (0.197) were found. Whereas significant association between Anxiety with salary per month (0.046) was observed.

Association of Stress with socio-demographic data: No significant association between stress with age (0.522), marital status (0.366), present residence (0.526) and professional

qualification (0.211), year of service experience (0.510) and salary per month (0.388) were found.

Association of Depression with socio-demographic data: No significant association between Depression with marital status (0.968), present residence (0.712) and professional qualification (0.306) were found. Whereas significant association between Depression with age (0.057) and years of service experience (0.00) were observed.

Association of Financial Problems with socio-demographic data: No significant association between financial problems and marital status (0.316), present residence (0.712) and professional qualification (0.925), year of service experience (0.261) and salary per month (0.737) were found. Whereas significant association between financial problems with age (0.034) was observed.

Table 2: Frequency and percentage distribution of female staff nurses according to psychological problems (Anxiety) (n=50)

Psychological problems (anxiety)	Government Medical College		Private Medical College	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Yes	12	48	10	40
No	13	52	15	60
Total	**25**	**100**	**25**	**100**

Table 3: Frequency and percentage distribution of female staff nurses according to psychological problems (stress)

Psychological problem (stress)	Government Medical College		Private Medical College	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Yes	16	64	08	32
No	09	36	17	68
Total	**25**	**100**	**25**	**100**

Table 4: Frequency and percentage distribution of female staff nurses according to psychological problems (depression)

Psychological problem (depression)	Government Medical College		Private Medical College	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Yes	0	0	24	s96
No	25	100	01	4
Total	**25**	**100**	**25**	**100**

Table 5: Frequency and percentage distribution of female staff nurses according to financial problems

Financial Problem	Government Medical College		Private Medical College	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Yes	05	20	10	40
No	20	80	15	60
Total	**25**	**100**	**25**	**100**

Discussion

Various studies have been done on work stress, depression and other psychological problems but the assessment of psychological problem among female staff nurses in medical colleges is scanty.

Anbazhagan et al.(2016), found anxiety and depression 17.6 percent and 23.8 percent individuals, respectively. A significant association of shift work disorder was found with increasing age, more number of nights worked in a year, and longer duration of working hours. According to the BSWSQ, 53.8 percent nurses were found to have sleep problems. The present study also showed that 12 (48%) staff nurses were suffering from anxiety, 16 (64%) from stress in government medical college whereas 10 (40%) staff nurses were suffering from anxiety, 8 (32%) from stress and 24 (96%) from depression in private medical college. Above study supported the present study.

Kaur (2015) reported that the recent global economic recession has affected nursing working conditions in terms of salary reductions, increased workload and staff shortages. Poor nursing working conditions are associated with higher levels of burnout. The present study shows that 5 (20%) staff nurses were having financial problem in government medical college whereas 10 (40%) were facing financial problem in private medical college. Above study supported the present study.

Limitations: The study was limited to 50 female staff nurses due to time constraints. However the present study suggested that the assessment of work related health problems are essential to prevent the future diseases among nurses.

Nursing Implications

Nursing Practice

Our study showed that female staff nurses have psychological and financial problems in their workplace. It is implied that an assessment of psychological problems and financial problem among female staff nurses would bring out the probable risk factors of stress, anxiety, and depression and help to minimise the stress, anxiety, and depression.

Nursing Administration

With increased awareness about psychological problem among female staff nurses, the

nurse administrators have a responsibility to organise staff orientation / development programme, regular medical check-up, counselling services for the staff nurses, nurses. This will help to update their awareness about stressors.

Nursing Education

Policies should be established in the hospitals to help staff awareness about concept of stress, type of stress, level of anxiety and depression. Curriculum emphasis on yoga, meditation and recreational activities can relieve stress, anxiety and depression to a certain extent, provision of recreational and motivational activities is necessary for staff nurses.

Nursing Research

Nursing research on assessment of psychological problems and financial problem helps in exploring and updating the awareness of stress, anxiety and depression and coping strategies for relieving the stress. Further research should be conducted on coping strategies for staff nurses and evaluating the level of stress, anxiety and depression.

Recommendations

1. A similar study can be conducted on (a) a large sample size for the generalisation of findings; (b) knowledge and practices regarding work related health problems
2. A similar study can be conducted in other states.
3. An informational booklet can be developed on work-related health problems.

Conclusion

The finding shows that the psychological problems such as anxiety and stress are common in government medical colleges and hospitals, while depression and financial problems are more common in private medical colleges and hospitals. The study emphasises the need to educate the staff nurses to prevent the future diseases.

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