

Chapter 1

INTRODUCTION

Health behaviours are influenced by the several factors such as social, cultural and physical environments in which we live and work. World Health Organisation has explained about various factors which are associated with each other and their effects on the health of individuals. There are many elements which influence health of an individual like physical health, environment condition, psychological & behavioral aspects, education, social support, and socio-economic status (WHO, 2017).

This has shown from last many years in several studies which were investigated on the proficiency of nurses in patient care in different settings, nursing professionals need to demonstrate a high levels of skills in nursing care. The kind of work in the nursing profession, is a very high demanding and stressful that can be hazardous to the health of a nurse which also affects their quality of life (Cruz, 2017).

A good health is a dynamic condition of mental state which has a sensible coordination between employee's capabilities, requirement, and work demand and work scope. Wellbeing is a dynamic state of mind characterized by reasonable harmony between a worker's abilities, needs, and expectations and environmental demands and opportunities. The person's self-assessment is the only actual evaluations of wellbeing available, even if it may not match with the evaluation by others -for example, an employee might feel happy while execution a repetitive or even possibly risky task. Wellbeing is synonymous to the concept of quality of life. The quality of life a complex and interconnected concepts of physical, mental, environmental and social wellbeing. These factors may not remain same for all, sometimes one factor is good, but may not

be the same for others. While measuring the quality of life one must consider all the dimension.(Kalimo, El Batawi, & Cooper, 1987)

Experts in occupational health have observed that working conditions not only cause specific occupational diseases, but may play a much wider role among the many determinants of a worker's health. While an occupational disease is defined as a disease caused by certain well-defined factors in the working environment, a health impairment said to be work-related may result from multiple causation, the working environment having been one cause to a greater or lesser extent (Kanawaty, 1981).

The psychological and behavioral manifestations of stress may take different forms and be of varying intensity. Sometimes there are no outward manifestations, but those in distress suffer internally. At other times clearly observable, even dramatic, emotional and behavioral expressions of distress become apparent (Kalimo et al., 1987).

The key sources of strain at the workplace are the insufficient demands of a job in response to the employee's capabilities, frustrated ambitions, and disappointment with regard to valuing goals. Man is able to deal with these circumstances by means of a number of coping approaches. Coping has been defined as "efforts, both action oriented and intra-psychic, to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts which tax or exceed a person's resources"(Lazarus & Launier, 1978).

Stressors (psychological or physiological) at work or as a consequence of employment conditions are frequently long-standing, continuous, or often-repeated. In spite of the many ways in which a person can draw on his own resources to cope, the demands may exceed the resources, and his manner of coping may be inefficient, or in

the long run a new source of problems. The results can be seen as disturbances in the psychological and behavioral functions.(Kalimo et al., 1987).

The psychological stressor is literally a creation of the human brain. Brain interprets perceived information in relation to information stored in the memory and an appraisal of its own capacity to overcome any threat the perceived information conveys. The external psychosocial hazard is an event, or combination of events, that the brain interprets as a threat to its ability to maintain a comfortable state of equilibrium and/or a desired mode of behaviour.

The work factors which can cause emotional and physical stress includes; working time, work-load, working conditions, work content, abstaining in deciding how the work should be done, job insecurity, and social separation. The stress effects include psychosomatic complaints, general dissatisfaction with life, loss of self-esteem, and depression. Loss of interest in work, alienation, and even a decline in intellectual capacity have been reported as the outcome of a chronic lack of control over one's working situation (Kohn & Schooler, 1978). In the initial stage, indicators are negative feelings, such as irritation, frustration, worry, strain, depression and burnout.

Nurses working in critical care units are involved in several activities and roles at a time, all of which may be important for the patient but within limited working duty hours. Staff nurses are exposed to a number of stressors, ranging from work overload, multiple reporting, time pressures, and unclear role in handling with critically ill patients and their relatives. Such stressors can result into psychological and physical distress, absenteeism, high turnover, and health problems (Moola, Ehlers, & Hattingh, 2008; Preto & Pedrão, 2009).

Nurses are educated and given training to deal with factors such as a closed atmosphere, work pressures in limited time, excessive sound or undue silence, no alternate option, unpleasant sights and noises, and long duration of standing hours. Chronic strain takes a charge when there are added stress reasons like family stress, fight with co-workers, insufficient staff, poor cooperation, insufficient educational training, and poor observation. These are the factors which create stress among nurses and gradually affects their health. Stress among nurses, not only affects their health, but also loss of working days, mistakes while delivering nursing care to the assigned patients. (Kane, 2009).

It was discovered by Menzies (1960) that there are four main causes of stress in nurses are; nursing care to patient, decision making, being accountable, and change. Nursing job has long been observed as stressed set upon the physical work, human misery, work times, nurse patient ratio, and professional relationships that are vital to the work nurses do.

From the mid-1980s, there has been a gradual raise in the technology used in health care sector, increasing health care cost and instability in the working environment which became additional factors in the nurses' stress. (Jennings, 2008).

Concern about the real risk and hazards of nursing, and exposure to the psychosocial threats related with that job can give escalation to the feeling of stress. In order, that experience and stressed feeling can deleteriously effect work satisfaction, emotional well-being and physical health (Cox, T. 1996).

In extreme conditions nurses may suffer from burnout, that mean they are emotionally exhaustion, developed depersonalization, and disengagement, and reduced personal accomplishment, and physiological problems such as symptoms of hypertension, coronary heart disease, gastro-intestinal problems, menstrual irregularities in women, frequent asthma attacks in nurses (McVicar, 2003).

There are mainly two factors either stressors or demand that stimulates the physical or psychological health. Demands at job for nurses are mostly based on, patient care and family concerns, co-worker demands, physical tiredness, organisational policies and job conditions. It may not possible to fulfill all these demands and can yield a substantial effect among employee which can be differed from one another.

These demand are fixed with pathological prospect of stress and health, sometimes these demands are in generally told as distressors. In terms of results, job stress and its related problems cost organizations a valued equal or more than \$200 billion every year in things such as reduced production, remained away from work, turnover, worker conflict, increased health cost, and high employee's reimbursement claims of all kinds. The point is that distress is not good for health, it is well-established "heart attack, stroke, cancer, peptic ulcer, asthma, diabetes, hypertension, headache, back pain, and arthritis are among the many diseases and symptoms that have been found to be caused or worsened by stressful events". It has proved that job related stress is connected with amplified report of medical symptoms and health-destroying behavior in men (Quick & Tetrick, 2003). In an investigation, to identify nurses' perceptions of workplace stress, it was found that stress can lead to multiple psycho-behavioral and physiological problems like unease, anxiety, sorrow, depression,

cynicism, lethargy, lack of self-esteem, deleterious attitudes, short temper, exhaustion, deprived sleep, increased smoking/alcohol consumption, persistently high arterial, blood pressure, heartburn, constipation or diarrhoea, obesity or loss in weight and maladaptive behaviour (McVicar, 2003).

Nurses' cognitive and emotional factors influence their work performance, this reflects on patients who may receive inadequate care. It was observed that the changes in behavior and nurses made mistake, became aggressive, took hasty decision, lost interest, depressed and became flustered. Further, nurses showed physical symptoms like headache, back pain, insomnia, etc. In terms of psychological symptoms among nurses, fatigue, anxiety, poor concentration etc. Results of work stress affect the quality of health, hence it is essential to instigate to explore the association between quality work environment and performance of nursing staff in hospitals (Raja Lexshimi, Tahir, Santhna, & Md Nizam, 2007).

To create a healthy environment, it is important to develop healthy and motivating atmosphere in the workplace through diverting focus from negative facets such as conflict between employee, stress, burnout, and employment uncertainty. It is vital to assess the role of: supportive behaviours, training about team building, job assets, job safety and helping others. A new concept of Positive Psychology also helps to productively manage institutional behaviours and to enhance efficiency at place of work by implementing encouraging institutional forces. It has been established that the implementing positive psychology at the workplace helped in job satisfaction, reduced turnover and improved productivity (Martin, 2005).

Frequently, the staff–client interaction is centred on the patient’s health problem such as psychological, psychological or and social and is thereof charged with feelings of irritation, blushing, fright, or despair. Always, it is not possible to have all the solutions of patient’s health problem, this creates more confusion and frustration. Nurses work endlessly with patients, under such conditions, may develop chronic stress, which emotionally drains and can lead to burnout.

Burnout is a syndrome which includes multiple sign and symptoms such as emotional exhaustion, depersonalisation and reduced personal accomplishment which can be developed among those who work with human beings. The main feature of the burnout syndrome is increased feeling of emotional exhaustion – as emotional resources are exhausted, employees experience that they are now unable to provide their services at a psychological level (Schaufeli, Bakker, Hoogduin, Schaap, & Kladler, 2001).

In general, an individual chooses his or her profession with lots of interest and motivation. After getting a job, if the job is not supportive and unhealthy work environment and the individuals’ expectation are not met, then he /she diverge towards foiling and disappointment. The person becomes unhappy and unsatisfied with the job and subsequently reduced outcome. Such feelings can lead to job dissatisfaction, resulting in decreased productivity, reduced self-confidence and passion, and behavior changes.

At this stage if the problem of an individual is not addressed, stress piles up and produce a significant stress related symptoms. These physical symptoms which combines with psychological deprived state signify the first stage of burnout i.e. mental and physical exhaustion (Maslach, 1982).

At this stage, if the situation is not addressed, the individual develops four more stages which are frustration and irrelevance, feelings of hopelessness and failure as a professional, loneliness and apathy, and true burnout. Nurses passes through these stages affects their personal and professional life and also deteriorate in delivering nursing care to the patients.

In acute pressure situation body is activate multiple physiological response to stressors. These physiological responses are rises heart rate, respiration rate, sweating, butterflies in the stomach, vomiting, widened pupils, and many more.

These symptoms are caused by the response to activation of sympathetic nervous system and release of adrenaline hormones in the body while a person in the stressful situation. The moment a person is out of the stressful situation or there is no longer any stressors, the release of adrenaline declines to the normal level and body returns to the normal condition in few minutes. If, stressors continue remains in the life of a person for a longer time, the hypothalamus release corticotropin releasing factor which helps the pituitary gland to release adrenocorticotrophic hormone. This adrenocorticotrophic hormone travels to the adrenal gland and activates in the release of cortisol.

There are multiple effect of cortisol in the body, such as increases blood pressure, perspiration, more attentiveness, enhanced emotional remembrance, high metabolism of glycogen in the liver to produce glucose, and deteriorates the immune system. (Smith & Vale, 2006).

In a study conducted at US among 79109 female nurses working in rotating night shift, between 42 to 76 years old, healthy and did not have history of congestive heart diseases and stroke were studied prospectively. In the next 4 years, 292 nurses developed congestive heart diseases. The relative ratio of congestive heart diseases was 1.38 who were ever doing shift duty compared with who never done. The risk of congestive heart diseases was more among with the history of cigarette smoking. These results showed that, there were more possibility that six or more years of work in shift duty may increase the risk of congestive heart diseases in female nurses. (Kawachi et al., 1995).

Psycho-behavioral determinants at work place are affected by many factors which produces psychological and physiological strain and result in burnout and ultimately affects the quality of life.

The job circumstances that cause stress and following burnout fluctuate from one occupation to another and among individual to individuals. The source of psychological strain and work stress is exist within in the work setting, but then as not all employees working in a single environment will experience burnout, own attributes must have a role in creating an individual vulnerable. These factors are working environment, personal attributes include demographic variables, personality traits and cognitive (Cañadas-De la Fuente et al., 2015).

Work environment: multiple tasking while caring critically sick patient, various sounds of bio-medical machines, exposure to drugs, chemical substance, multiple quarry from family regarding their patients, minute to minute monitoring of vitals and communication with physician, different protocols, recording and reporting creates a psychological and physiological stress.

Demographic variables: young age, initial job, lack of family, superior level of qualification.

Personality traits: low self-confidence, no awareness of personal limits, the need for consent, aver achieving, intolerance, fanaticism, empathy, highly conscious, perfectionism, self-giving, type of personality etc.

Cognitive factors: expert in performing nursing procedure need knowledge and skill. In India, nurses get training from a different nursing institution which may or may not have proper training facilities. Hence, their level of knowledge and skill also differs. Incompetency or less competent nurse always has fear of error while delivering nursing care which can produce anxiety and stress among nurses. Clegg (2001), has shown that inappropriate tasks for skills, inappropriate feedback, lack of priorities and ranking principles significantly affects the level of stress among nurses.