CHAPTER - IV

CONCLUSIONS AND SUGGESTIONS
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SECTION A

CONCLUSIONS

The study was undertaken to investigate the incidence and correlates that are associated with the occupational stress in nursing professionals.

The research study showed that the occupational stress index test developed by Srivastav and Singh is a reliable and valid tool for the investigation. A population of 400 nursing professionals was subjected to this investigation, and was subdivided into two groups of 200 each, according to their mode of job in government and private hospitals.

The original test spelt out 12 factors of occupational stressors, viz, Role-overload, Role-ambiguity, Role-conflict, Unreasonable group & Political pressures, Underparticipation, powerlessness, poor-peer relations, intrinsic-impoverishment of the test, low status, strenous working conditions and unprofitability. In addition to this, the researcher found it necessary to include the observations and interview technique to supplement the investigation data. Accordingly, nurses opinion about doctors and patients was also collected.
It was also considered essential to include 1) doctors' opinion about the nursing profession and 2) the patients' opinion about the nursing profession, which was not a part of Srivastava occupational stress-index (OSI). To investigate life stress among nurses, comprehensively an additional questionnaire was also included on the physiological symptomatology, indicative of stress (such as: Hypertension, Asthma, Arthritis, back pain, migraine, uro-genital discomforts, dermatological problems, etc.) And also it was considered critical to observe the behaviour of the nursing professional, on duty through a freefield study.

Before the findings of this study are summarised, this researcher observes that it was a multivariable set-up for analysing the dependent variables. For example the effect of age could be observed on life stress situations. Same way the effect of experience on the stress. So strict isolation was not possible. However, the stressors were sub grouped according to age, experience, marital status, religion and type of organisation. An attempt was made to get specific information, and the severity of stress was correlated significantly with the statistical differences in the sub groups impact.

The ultimate aim of all systems of health care can be defined in the apt language of the World Health Organisation.
According to them, "Health is a state of complete physical, mental and social well being and not merely the absence of disease". Nurse is a backbone of health care. Nursing is a non curative role. The nurses must provide best care to patient while he is in the hospital. As nurses, they cannot control the destiny of the patients, but they can give them the best possible care at the time of the need. Nurses need commitment to their profession and to the patients, if they have to deliver the best services.

The nurses have crucial role to play in the hospital, dealing with the patients and taking care of the quality of work. They do not need to discuss their ideas with the management, as far as the minor details of the treatment are concerned. They themselves have the freedom to go about in caring the patient. They have to exercise this freedom in a creative and human way. However, major decision making by them is not permitted.

The quality of nursing care and quality of training to the nurses depend upon the economical and social setup of a country. As we view the medical profession in our country, many hospitals in the past decades were established by many voluntary organizations with dedication and missionary zeal in work. Their objective was to establish quality health service to the man kind. Parallally, the Governments too in India were spending huge
amounts of money in medical as well as rehabilitation care to its citizens. As a result, the nursing profession expanded tremendously in the recent past in India. The medical and nursing professionals in these hospitals have committed to their work and rendered selfless service to the sufferings of the sick.

But at the end of the present century, enormous social changes have taken place in our country. The rapid growth of population, unhygienic conditions and mercenary motive lead to the surging of many illnesses, which ultimately have driven the individual to seek medical help in various hospitals, and nursing homes. However, most of the private hospitals or polyclinics were established in the recent years with the motive of getting high returns on their investment, but not with the motive of altruism and service.

Lack of proper work-environment in unstable organizations further caused problems to the nurses. The introduction of the advanced and sensitive instruments in the medical treatment made it essential for the caring professionals (nurses) to update their knowledge in this field. The code of ethics and job performance in the nurses were found to be deteriorating in many hospitals in the recent past. Due to the fast changes in traditional nursing role and due to the increased demands on them, the nurses could not cope-up with these changes. This has led to the lack of intensity in patient-care and finally to the diminished individual attention to the patients.
The patients of all illnesses admitted in the hospitals need proper nursing care. But the nurses were not able to individualise and humanise their care due to some reason or other. However professional and loving care in nursing is of foremost important and for the recovery of patients as well as for promoting both mental and physical health of the patients. In order to show the optimum level of the quality health care, the nurses have to take care of their own mental and physical health in the first instance.

This study was based on the personal experience regarding the nursing professionals and their behaviour towards doctors, patients and other hospital staff. Nurses' problems were studied comprehensively from the psycho-social angle. The study dwells upon occupational stress, life stress and perceived stressful agents like doctors and patients. Further, nurses' mental health and psycho-physical problems were also analysed and correlated to their stress. The professional image of nurses was found to be distorted in the recent years. Attempts have also been made to examine this observation through the scientific methodology. In general, nurses working in the hospitals perceived high degree of occupational stress.
The following Occupational stressors were identified as per this study.

Overload of Work and Strenuous Working Conditions:

Among the stressors, the overload of work due to inadequate staffing and strenuous working conditions, had been perceived as the major stressor by the nurses. This condition is further aggravated due to ergonomic problem, arising from the bad posture maintenance while performing various nursing duties (like bed making, lifting of patients, etc). The posture of patients have to be frequently changed by a nurse, so as to avoid bed sores and neural compression in the bed ridden patients. This particular nursing procedure or duty is found to be important in the job of the nurses. However, this causes postural disturbances to nurses especially when they change the beds very fast.

Role Ambiguity:

Role ambiguity is found to be the important source of psychological stress among the nurses. They were not very clear about their job role and its outcome. The objectives of their work are not clear to them and were not properly communicated. Nurses are expected to do many things other than nursing job in the hospitals and nursing homes. The authorities of the hospitals expected nurses to perform various procedures and duties in a
pressing time. Some times the nurses are entrusted with some administrative functions and other duties of maintenance of wards and stores in the hospitals. Therefore, under the pressure, the nurses were unable to perform their expected duties fully and smoothly. Further uncertainty and ambiguity of the job description add to the stress in them.

**Intrinsic Impoverishment of the Profession:**

Quite a number of nurses were found to be dejected in their work. They were treated as low level workers in the hospitals. Most of the additional assignments or duties undertaken by the nurses were not recognised and compensated adequately. Competence and the length of experience do not make much difference in enhancing the professional status in nursing. Further, they were not given enough freedom in day-to-day functioning. Apart from this, they were not given adequate opportunities to develop in the profession through Training and Development programmes.

**Lack of Involvement in Framing the Policies:**

The nurses were not given due importance in framing the policies of the hospitals. As the nurses were not considered to be the administrators coming under the managerial group, they were not involved in framing the policies, though their experience in patient-care (with regard to various problems of
the patients) would have given added knowledge to the management in policy framing. In framing the policies like modifying the working systems or conditions, introduction of various biomedical and other advanced equipments into the departments, nurses opinion would have been highly useful. The nurses also resent for not involving them in solving the administrative problems in relation to hospital management.

Professional Role-conflict:

The conflict between nurse-patient relationship was found to be one of the major stressors in the work life of the nurses. The conflict between her personal opinion towards the patients and demands of her duty contribute to the great stress. The hospital authorities and the doctors often interfere in the nursing function. As the rules and regulations of the hospitals are frequently modified, the nurses are under constant tension in dealing with the demanding patients. It becomes sometimes difficult for them to implement, the new procedures and policies of the hospital.

Patients who are admitted in the surgical ward invariably suffer from some chronic disease in the structure or function of an organ or system. Such patients are under great depression. At the time of surgery, they would have great anxiety. In such condition, the nurses have to assess the home background of the
patient and his/her personality and life style and determine how he can be prepared for surgery, particularly for the major one. The nurses with others in the team should care for and meet the physical, social, psychological and spiritual needs of the patient. The nurses have to tackle the problem of anxiety in such patients. Nursing skill in relaxation techniques used on the patient would contribute to a better prognosis after the surgery. When the nurses themselves are under stress, using of such relaxation technique is not possible. Thus, it results in negligence of patients leading to longer stay of the patient in the hospital.

In caring the patient with an acute illness, the nurse makes unique contribution. It is also important that in carrying out the nursing care process the nurse has to coordinate her work with all others in the caring team, so as to restore the patient with full health in a shorter period of time. Thus, a nurse has to act not only as a nurse in the surgery ward, but also as a counsellor and social worker to the major surgery patients. With the existing unmanageable ratio of patients, the nurses experience great stress in discharging their duties, particularly in surgical wards.

Children ward can be a happy place for both children and nurses. However, the death of a child causes profound grief, and the bereaved parents require counselling and comforting.
which the nurse has to do. Nursing children needs a great skill involving co-operation with the social workers and community nurses so as to ensure the continuity of care to the children. But such a skill and care seems to be lacking among the nurses working in the paediatric wards.

The nurses need to develop the great art of listening, especially in the psychiatry-wards, for these patients may feel great relief in being able to talk about and share their problems with the sister nurse.

**Significant Relationship Between the Degree of Stress and the Biographic Variables of Nurses:**

In general, more experienced nurses perceive lesser stress. Nurses' experience plays an important role in coping with the stress. Nurses at the beginning of their career experience only a mild degree of stress in their work. The long work experience plays an important role in the coping up process; while the highly experienced nurses perceive a lesser degree of stress, whereas the nurses with moderately lesser experience perceive greater stress.

Other bio-graphical variables like age, marital-status and religion are found to be insignificant in relation to their stress. Extreme stressors are role conflict and role ambiguity.
These led to the decreasing motivation in nurses, thus affecting their performance in nursing duties. This, in turn, led to low job satisfaction and dysfunctional behaviour among the nurses.

Organisational Climate:

The Nurses working in the government hospitals perceive higher degree of stress, for they have to follow often changing rules and regulations. Frequent transfers also contribute to the stress in them. The pressing demands of the patients contribute to mental and physical excessive stress leading to fatigue. Further, overload of work in relation to number of patients in the ward acts as an additional source of stress. The ratio between the nurse and patients in these hospitals is six times higher than the norm.

The nurses felt the strain of learning new concepts and practices, new skills and techniques in such a tense environment. They also felt the heavy pressure from the doctors, forcing them to keep abreast the field of fast sweeping sophisticated technological changes.

With regard to job description, nurses experienced confusion and role strain. Nursing rules are frequently changed, But job descriptions are not adequately defined. The nurses perceive a lack of support, lack of respect and positive reinforcement from the hospital administration.
The degree of job security and the size of pay package are lesser in private hospitals, while the same are reasonably good in the government hospitals. However, most of the nurses felt that their compensation is not adequate, when compared with the other professions like bank employees, etc.

In government hospitals, most of the patients are treated in general wards. It is important to realise that all patients have basic needs, no matter what their illness is, which must be met in the most suitable way. However, most of the government hospitals suffer from the inadequate facilities.

Perceived inequity in the distribution of work assignments also contributed to the job dissatisfaction. Further, biased supervision and evaluation by the superiors, and arbitrary promotion decisions have contributed to the conflict and job tension in them.

Life Stress:

Life stress does not play a significant role among nurses, and in their profession. Of course, the profession resulted in the change of eating and sleeping habits. Nurses' eating and sleeping habits do contribute to a high degree of life stress in them. This disturbance might be due to their shift duty as well as due to the emergency situations where one nurse alone has to
shoulder and manage the crisis responsibility. Pressure of other sisters and the junior doctors must relieve them of this type of stress.

Life stress also does not have any significant relation with their biographical variables like age, experience, marital-status, religion and the type of hospital in which they work.

Psychological Deviations:

Emotionality is one of the important problems in nursing profession. Work-related psycho-social stressors originate in social structures and processes; affect the human organism through psychological processes, and influence health through four types of closely interrelated mechanisms such as: emotional, cognitive, behavioral and physiological. The health outcome could be modified by situational (social support) and individual factors (personality coping repertoire).

The work-environment-stress-health was a dynamic one with many feedback relationships, between the work related psycho-social stressors and the incidence and prevalence of occupational morbidity and stagnation.
Nurses manifested emotional instability and maladaptive behaviour due to stress at the preliminary stage. In later part of life, the psychological deviations manifested in them. These are Hysteria, Anxiety, Reactive Depression, Neurasthenia and Obsessive–Compulsive Reactions, etc. Majority of the nurses showed emotional instability and some severe psychological deviations.

Long term prolonged stress caused mental problems, specifically, depression in nursing profession. These nurses were less productive and more often become sick. Lack of control over workplace (ward) and poor human relations at the hospital were significantly associated with the depression symptoms in them. Further, the trouble from superiors and nursing orderlies was also found to be related to the level of depression in them. Support from friends, co-staff nurses and family on the other hand did not come forward in adequate measure to them. Hence, the effect of inter-personal (job) conflict on their mental health.

In this study it was found that the majority of the nurses were maladjusted. According to the view of Fredenberg (1971), adjustment involves transactions with the environment, which may result in a change in one's behaviour, or a change in the environment or both. The adjustive behaviour of nurses showed that the nurses were not meeting the psychological and the sociological needs of them. Their needs and desires have not been
fulfilled in the working environment. Hence, the nurses could not function independently and creatively. Even in case of patient care, the nurses were not given sufficient freedom/independence.

Further, the degree of dissatisfaction with regard to occupation, working-conditions, relationship with fellow nurses and hospital management had contributed to maladjustment in them.

The maladjusted nurse experienced conflicts and tackled her problems in a non realistic manner. To a mentally maladjusted nurse emotional and social needs were not satisfied. She suffered from emotional craving and social isolation. She felt highly insecure and not able to maintain her self esteem.

Maladjustment was deviant behaviour that goes beyond the limits of permissible behaviour established by the social norms, thus creating deviant individuals and social problems. When the nurse suffers from the emotional tension and disturbed behaviour, she was frustrated, and hence her behaviour was the result of maladjustment.

The maladjusted nurses showed symptoms of anxiety. This had been proved in this study, for all these nurses complained about the patient behaviour. Most of the nurses were not able to cope-up satisfactorily with the occupational stress and strain. This resulted in their maladjustment and neurosis.
Another important finding of this study was that the majority of the public (Government) hospital nurses were heading towards reactive depression state. The general appearance of nurses was found to be of a state of dejection, discouragement and sadness. They sit idly with lowered self confidence and diminishing patient care.

Some nurses were found to be maladjusted with hysterical-neurosis, by which they complained of various physical problems, without any organic disorders.

Well experienced and married nurses working in government hospitals were found to be highly maladjusted. And many of them manifested reactive depressions and anxiety neurosis symptoms. Less experienced and unmarried nurses were found to be relatively well adjusted to the profession.

The organisational climate in the private sector had a definite impact upon the nurses' perceived stress and its adjustment. Longer the experience, more the adjustment problems and more neurotic syndromes they faced. Shorter the experience, lesser the adjustment problems among the nurses.

The maladjusted nurses with severe adjustment problems were also found to be emotionally upset. Such frequent incidence of stress might have caused neurotic and psychosomatic disorders in
them. The assumption was proved in this study. The findings in this regard were significantly correlated. The well adjusted nurses were found to be emotionally stable and had least psychosomatic disorders. Whereas the maladjusted nurses had more emotional stress and severe psychosomatic disorders.

The study revealed that, apart from the professional stress, the nurses' family background of lower socio-economic status had indirectly contributed to her adjustment problems. The affluent family nurses were better adjusted and had least psychosomatic disorders. In contrast, those nurses who come from impoverished families, suffered from severe maladjustment. This findings was also significantly attested by the opinions of the doctors and patients.

The nurses coming from poor families, adjusted to their day-to-day life demands. With a great difficulty they entered into the school of nursing at the Government hospital. They were to satisfy with the insufficient stipend. Families having severe financial limitations, many of them helped their parents with their stipend, while studying in the school of nursing. The family problems continue to exist among such nurses, even after their employment. Further, they had to attend the hospital which was far away from the home, in time, by spending heavily on auto transport.
Because of these additional problems, they were always in stress and tension state and hence were easily susceptible to psycho-somatic illnesses. But this was not the case with the nurses coming from affluent families. Most of the nurses who worked in private hospitals and nursing homes had studied at private schools of nursing. They paid heavy amount as donation. They had also paid heavy tuition fees from time to time, until the completion of long nursing course. However, these nurses did not perceive stress, coming from the poor families. Of course, they too had the emotional instability at the beginning of their professional career. But later on, they were well adjusted. Therefore, they could do better service and provide better care to the patients, for they had kept themselves emotionally stable. Thus, they did not manifest any psycho-somatic illnesses.

The cultural factor had not played a major role in determining the degree and level of stress in the life of nurses. Nurses' stress score and psychological deviation score were not significantly different. As the economic and social status of Hindu and Christian nurses was almost similar, their perspective towards nursing profession was also more or less similar. Therefore, the stress and its manifestation were equally seen in them.
Psycho-somatic (psycho-physiological) Illnesses:

This study has also found that the majority of nurses had suffered from mild to moderate psycho-somatic illnesses. It was highly prevalent in the more experienced group and married group, while it was severe in the Government hospital nurses.

The concept of psycho-somatic disorder, as defined by Halliday (1943) was found to be true and applicable to nurses. He defined "psycho-somatic disorder as a bodily disorder, whose nature can be appreciated, only when emotional disturbances like somatic happenings occur".

Based on the findings of this study, it was understood that the higher percentage among the least experienced group of nurses (below 3 years) had manifested milder psycho-somatic illness, while the lesser percentage among them had severe psycho-somatic disorders. Among the nurses, the milder and moderate psycho-somatic illness does not seem to manifest any serious disorder. This might be an expression of fantasy in a body language and directly accessible to psycho-analysis in the same way as a dream (Fenichel, 1939). The severe type disorder is physical in nature and consists of physiological changes caused by the inappropriate response of the body. Those nurses who manifested it in severe form (8%) had consulted the doctor for appropriate treatment and they were given specific treatment according to their illness.
Frequent uro-genital illnesses were found to be prevalent among the less experienced nurses. They had discomfort in uro-genital systems: like irregularities and pain in menstrual cycle. Further, this study paves way to future study on possible impact of stress factors on sexual deviation among the nurses. Cardiovascular disorders, like coronary heart disease was not found to be associated with the professional stress among the nurses. Though the stress is supposed to be one of the contributing factors for the heart attack and other coronary heart diseases, but in the nursing profession, although the stress was prevalent, other contributing factors like cholesterol, smoking, alcohol consumption did not exist much. Thus, their cardio-vascular system was intact. Further, due to strenuous working condition and overload of work, the vascularity increases and hastens the fat metabolism among the nurses thus leading to non accumulation of cholesterol in their body.

And finally, respiratory and skin disorders were found to be least associated with the occupational stress. The personal hygiene and the pollution free environment in the hospital, contributed to the general hygienic condition among the nurses. Thus stress has no impact on these diseases.
Opinion of Doctors:

Doctors opinions towards nurses are positive in regard to their patient care and submission to the doctors authority. But young doctors have negative opinion towards nurses in regard to their morality, family background and economic status.

Opinion of Patients:

Patients too have negative opinion towards nurses' morality though they have positive opinion towards patient care and the family background of nurses. This reflects on the nurses low profile image in the society, though they try their level best to uplift, their image and profession, but still the image of nurses continues to be distorted in the society. This, in turn, creates negative attitude towards them and ultimately aggravates their stress.

Stress in nursing and its consequence-cycle are given in the following model, as per the findings of this study.
NURSES' DISTRESS CYCLE

Where stress comes from

Occupational Stressors
- Strenuous working condition

Psychological Stressors
- Role conflict
- Role ambiguity

Social Stressors
- Negative attitudes of doctors & patients towards moral image of nurses.

PERCEIVED STRESS LOADING

Immediate effects

Behavioral
- Blaming
- Rough handling of patient

Physiological
- Heightened muscles tension
- Pain and menstrual irregularity

Emotional
- Heightened anxiety
- Depression and anger

Cognitive
- Increased error in nursing procedure
- Decreased concentration

Behavioral disorders
- Abusing the patient
- Negligence

Psychosomatic disorders
- Headaches
- Joint pains
- Amenorrhea

Emotional disorders
- Chronic reaction
- Depression
- Hysteria
- Neurostheneia

Cognitive disorders
- Obsessive thoughts
- Sleep disorder

Long Term Effect

Decreased Job Satisfaction
Decreased patient care
Decreased happiness
Decreased intimacy

Distress Cycle
The cycle reveals that the stress induced emotional dysfunction, and work impairment act as accelerating phenomena in the nursing profession.

B. The following are the important conclusions of the present study.

1. The stress scores revealed that there is a positive association between stress and psychological deviation in the case of nursing professionals.

2. The findings suggest that Role overload, Strenuous working condition and Role-ambiguity cause to their perception of stress.

3. Excessive demand or stress in one domain can interfere with life in the other. Such conflict operates equally in both directions. The findings revealed that the Role conflict mostly arises in the nurse-patient relationship.

4. The factors which cause stress in them were lack of recognition of their professional knowledge, low reward and inappropriate physical environment.

5. There was significant association between the degree of stress and the biographical variables, of nurses such as the age, experience and service conditions.
* The organizational-climate, doctors' behaviour and work group relations, directly influenced perception of stress in professional role. Increased Role Ambiguity led to decreased job satisfaction and intensified perceived stress. The organizational environment directly influenced the job stress.

* The study has found that there is a system defect in hierarchy of nursing profession.

* The nurses from the Private Hospitals are well adjusted and have least psychiatric and psycho-somatic symptoms, whereas the nurses from Government Hospitals have more adjustment and psycho-somatic problems.

* The well adjusted nurses are emotionally stable and are least prone to psychological deviations. The maladjusted nurses are emotionally unstable and are more prone to psychiatric and psycho-somatic disorders.

* The perceived stress, in the absence of coping and strong support groups (Doctors/Patients) result in Anxiety and depression.

* Occupational stress exerted a strong direct influence on the development of depressive symptoms in nurses.

* Stressors are identified in both professional role and private lives. But the stressors in professional role are found to be predominant than in the life stress.
There was significant correlation between occupational stress and nurses' negative attitude toward the patients.

Most of the in-experienced and young doctors expressed negative opinions about the nurses' social status.

Majority of the patients also expressed negative opinions about the nurses social status.

Both the doctors and patients expressed positive opinion about the nurses with regard to the patient care.
SUGGESTIONS:

Based on the findings of the present study, the following suggestions are made in order to reduce stress and job-related health problems on the nurses, and consequently ensure their health, safety and well-being with the ultimate goal of improving the quality of work life.

Measures for Tackling Stress in the Nursing Profession:

The problem of health protection to nurses including their stress care must be understood comprehensively, not only in conjunction with the general social and professional environment, but also in relation to her specific working environment and conditions and particularly in context of the morbidity of doctors, nurses and other health care workers. This disfunctions involves a complicated and specific factors which ensue from the complexity of the nursing profession and its risks. The stresses may not cause a specific disorder but nevertheless, increase the susceptibility for decreased performance and morbidity.
At present the nursing profession is associated with neuropsychic stress. Therefore, prevention of negative stress in the nursing profession must ensue from an endeavour to neutralize these negative factors, i.e. to create optimal working conditions and optimal inter-personal relations and from improving the standard of the personality profile of nurses. In view of the above findings and observations, the following stress reduction and stress tackling measures are suggested for better management in the profession.

The nursing profession must continue to be a powerful and innovative force in health care, by first "caring for themselves" and next by delivering the adequate care to the patient on the bed. The negative effects of stress, both internal and external, major and minor, are rooted in the nurses occupational stress level and how that level influences the delivery of her care. Stress assessment and specific stress management sessions need to be integrated with the health care environment by task analysis, etc. Therefore, such analysis is to be done periodically.

Stress has become a significant part of the daily lives of nursing professionals, yet little attention has been paid to this experience by them and concerned authorities. To survive in today's health care environment, administrators must address the effects of stress and develop stress tackling management
responses. While many traditional stress management techniques may be effective, humour is a naturally occurring phenomenon as variable and individualized as stress. Humour helps us make sense of understanding and coping with the reality. This also serves as nature's bio-feedback for stress control system. Humour plays an important role in stress management and its use should be recognized and encouraged.

Nurses manifested skeleto-muscular disorders due to strenuous working conditions. An ergonomic intervention strategy may be adopted to reduce backstress in nursing personnel.

Mechanical patient transferring devices could be used, for these devices are found to produce less physical stress than existing manual patient handling methods. To get a better efficiency, the nurses must be trained in the use of these devices, modifying toilets and shower rooms and in using these to patient care.

The misconception about the nursing profession, among the public is to be eliminated by public education through various measures like display of posters on the role of nurses in the hospitals.
Improvement in salary scale and amenities provided particularly in the private hospitals will attract more talented people to the profession.

An insurance scheme has to be planned for nurses and other paramedical workers, (part of the money to be paid by the management of the hospitals) so as to cover the occupational hazards in this profession.

All the nurses should have periodical orientation and refresher training programmes. This helps them to update their professional knowledge and understanding of the modern advancements in this profession. Their sound knowledge in their field would reduce embarrassment and inter-personal conflicts, with the patients and doctors.

Nurses should build a better self esteem and work as professionals, rather than involving in unnecessary talk or gossip (with fellow nurses and patients attendents). Dignity comes through the respect from others. This has to be deserved by them through their proper behaviour.
Nursing is a very old and noble profession. Still, its social acceptance is very low. In India, its image being low in the Indian public. This is a matter of shame to our society. First of all, nurses should be given orientation training in the methods of inter-personnel relations and communication, so that they could communicate in a better manner with the doctors, patients and other hospital staff. This helps them to reduce a part of their stress.

Nurses have to be motivated for caring the patients with all honesty and sincerity. Thus, the patients will respect them. The society always admires those nurses who do good work.

As far as possible, more nurses have to be appointed in the hospitals so that the nurse-patient ratio will be reduced considerably. This would result in reduction of overload of work. It is suggested that a 1:10 ratio would be optimum.

Selection rules for Nursing Courses have to be changed. The existing rules and regulations by the Government should be modified. Admissions to the private schools of nursing need to be and should be regulated by the Government. Reservation of seats and Capitation fee have to be discouraged or minimised. More importance and weightage should be given for attitude and aptitude tests as criteria for admission. Thus, suitable personnel for this profession can be selected and admitted.
Special counselling sessions to nurses should be conducted once in a week. This session should be purely devoted to teach them on how to withstand the stress in various situations and in various wards: like emergency, casualty, operation as well as paediatric complication (death of a child). Senior nurses and the trained psychologists have to do these counselling sessions. The understanding of coping up process and stress management would considerably reduce the stress and improve the mental state of nurses.

A stress test has to be administered before the selection for nursing job. Personnel with low stress tolerance should be discouraged in the appointments.

Training to cope with the stress may also be introduced into the curriculum. Further, relaxation exercises could also be taught to the nurses. Student Career guidance cells have to be established in every school of nursing, so that only motivated persons would choose this profession.

The syllabus of the nursing course should be redressed and revamped. More theoretical lessons and explanations have to be incorporated. These are found to be deficient in the present syllabai.
The nurses should strictly follow the ethics of the profession. The defaulter should be suitably punished by the professional bodies or organisations.

Primary Health care is a very important part of the nurse-training. Nurses should be posted to work in peripheral hospitals like primary health centres for at least minimum period of 3 years, so that the professional image percolates to the grass-root level thus serving the rural poor.

Doctors with higher qualifications command respect and get closer to the patients, and they have both chances for career advancement. In the case of nurses, the higher qualification would result in less contact with the patients, for they are appointed as tutors or administrators and not directly in contact with the patients. Hence, well qualified nurses should be made ward incharges, in addition to their teaching job. They may be able to manage the nursing care in a more advanced manner. Professional conflicts are also prevented by their being incharge of the wards.

Nurses' dual involvement, both in teaching and practice, is essential. Untrained nurses should not be made ward incharges.

Well trained nurses always get better opportunities. Hence, adequate salary scale and good working environment must be provided in the hospitals, if they have to be retained.
Doctor looks at a nurse as his subordinate, not as a colleague. In team work, doctor is the leader of the team, and not mere boss. Undue authority over the nurses should not be exercised. Patients select particular doctors in whom they have confidence to attend them. Likewise, patients are also to be encouraged to select their nurse, as per the preference of patients.

Charts depicting good relationship between the nurses and patients should be put on the walls of wards/rooms in the hospitals so as to show the patient-nurse ideal relationship.

Managements should care for the personal problems of nurses, particularly in private hospitals. Then only they could be composed enough to attend the patients with attention.

Appropriate disciplinary action should be taken against errant nurses. At the same time their good work should be recognized and rewarded.

Regular physical exercise and meditation can play a significant role in reducing any kind of stress including occupational stress experienced by the nursing professionals.

Inclusion of a chapter on moral science in the nursing course curriculum might help in the maintenance of personal dignity by the nurses.
Need for Future Research:

The scope for the future research is identified and presented below.

Health Status and Fitness and Stress:

The health status and fitness of an individual play a very important role in experiencing stress while performing a task. An individual, having good health, will experience less stress whether originating from work or environment, compared to an individual with poor physical status. While analysing stress, this factor need to be studied among the nurses, as it could provide valuable information and thus a fitness programme can be developed for reducing stress among them.

Personality Stress:

As we know, there are individuals having different types of personalities, viz. Type A and Type B. Type A belongs to the group characterised by aggressiveness and is easily susceptible to stress and is affected mostly, whereas, Type B group is submissive in nature. These traits have got a great impact on experiencing stress. Thus, it would be, of great value, if this aspect, could be studied, among the nursing population and suitable guidelines provided for reducing the stress by altering their personality character.
Socio-economic Status and Stress

The socio-economic status is one of the major contributing factors in the modern industrial society, producing undue stress among the people. This aspect also need to be thoroughly investigated and necessary guidelines provided for relieving stress among the nurses.

Shift Work and Stress

Shift work alters circadian rhythm of an individual producing an adverse effect on health, leading to undue stress and health problems in the long run. While numerous studies have been carried out in the developed countries, very little information is available on this subject in India, a country having different working conditions and environment and socio-economic culture. It would be of great value to identify the possible health effects on the nurses through a well-planned scientific study, and ascertain the magnitude of stress produced among the nurses due to shift work and especially due to the night shift. Findings would be of great value for suggesting possible measures to reduce shift related stress.
Attitude of Management and Public and Stress:

It would be interesting to study the attitude of managements of the concerned hospitals and the nursing homes and of the public to elicit their opinion towards the nurses, and find out its impact on producing the stress among the nurses.

In addition to the above measures, nursing profession has to be viewed as a whole in the context of our new economic and social policy of India.

In view of the new policy of economic liberalization and privatization and deregulation, more and more Health Care Institutions, hospitals and Nursing Homes may come up in the private sectors. These may be run purely on the profit motive and money making considerations instead of altruistic motives (as in the case of some of the missionery Hospitals established in the past).

In the process of commercializing the health care and hospitals, nursing profession along with other paramedical services and junior doctors may suffer more. The nurses, particularly in the private hospitals may come under more stress, due to the lack of job security, low compensation, bad working conditions, restless schedule of work and role overload. They may also be exploited more, and more by mere profit seeking hospital authorities in different ways: Physically, Professionally and Morally.
On the other hand globalization movements along with this patenting policy of drugs and hospital equipments (as part of World Trade Organisation) may further complicate the health care scene and hospital administration in India. It may make the health care more competitive and more profit seeking in nature. This process is likely to affect nurses in Indian Hospitals adversely by creating additional stress in them and through the varied forms of exploitation.

Hence, Government of India should visualize and draft a comprehensive health care policy and hospital administration policy, which will ensure proper working conditions, good compensation and sufficient job security to the nurses who play the central role in the patient care in hospitals. A stress free nurse and stress free nursing profession alone can play this crucial role in the vast health care system in Indian context.

If this study could be of some use in this context, the researcher feels more than rewarded.