CHAPTER II
REVIEW OF LITERATURE

2.1 INTRODUCTION

Every researcher has to review related literature. The term ‘literature’ refers to books, journals, and previous studies. Review of previous study or relevant literature includes the review of problems analysed, objectives of these studies, tools used for the analyses, findings of these studies, suggestions offered by the researchers and conclusion drawn by them. It gives an insight into the current research problem and helps the researcher to design the step by step process of the study.

The review of literature made in this study is classified as Studies in India and Studies in Abroad.

2.2 STUDIES IN INDIA

Reddy and Ramamurthy (1991)\(^1\) analyzed the influence of age on stress experience of a person. The sample consisted of 200 executives. The results revealed that executives in the age group of 41-50 experienced more stress than the age group of 51-60. Moderating Variables among executives experiencing stress include not only age but also the years of Service in the employment.

Ansari (1991)\(^2\) had studied the nature and extent of stress in agriculture university teachers. Sample consisted of 235 respondents comprising 30 professors, 74 associate professors and 135 assistant professors. The result revealed that the correlation between the nature of stress and qualification of teachers in different cadres was found to be non significant.
Beena and Poduval (1992)\(^3\) conducted a study on a sample of 80 (40 male and 40 female) executives in different organizations. They found that when age increases, experienced stress also increased due to the increase in the responsibility of the executives. Female executives showed a higher rate of stress because women experience a greater amount of work change than men do.

Mishra and Dixit (1995)\(^4\) attempted to reveal the coping styles of 300 allopathic doctors. It was found that each of the four types of job stress namely role-based stress, task-based stress, boundary-spanning stress, and conflict-mediating stress influenced burnout among the doctors, and role-based stresses such as role conflict and role ambiguity are related with feeling of lack of personal accomplishment.

Basha and Ushashree (1997)\(^5\) studied job stress and coping as related to perceptions of organizational climate. Significant negative relationships were found between perception of organizational climate and the amount of stress experienced by the employees.

Upamanyu (1997)\(^6\) explored the stress management techniques used by the educated working women. The sleep & relaxation, exercise, time management, diet, and yoga are the best ways adopted to manage stress by educated working women.

Kapur N et al. (1998)\(^7\) in their study, "Psychological morbidity and job satisfaction in hospital consultants and junior house officers: multicentre, cross-sectional survey" have observed that doctors have a higher degree of psychological morbidity, suicidal tendencies, and alcohol dependence than controls of comparable social class.

Upadhayay and Singh (1999)\(^8\) studied the level of occupational stress experienced by the 20 college teachers and 20 executives. The executives
showed significant higher levels of stress than college teachers on role over load, role ambiguity, role conflicts factor.

Gaur and Dhawan (2000)\(^9\) examined that the relationship between work related stressors and adaptation pattern among women professionals. A sample of 120 women professionals (30 teachers, 30 doctors, 30 bank officers and 30 bureaucrats) participated in the study. It showed that the four professionals groups have shared almost similar level \(^10\)of stress except in the categories of career development and stressors specific to working women.

Hasnain et al. (2001)\(^10\) in his study “role stress and coping strategies in different occupational groups” assessed the coping strategies in three different occupational groups (20 engineers, 20 managers and 20 teachers). No significant difference was obtained among the coping strategies of the three groups. The two coping strategies used by these three groups were extra-persistive and inter-persistive (approach coping). In a nutshell it can be said that in all the three groups approach coping strategies were more frequently used than avoidance strategies.

Pradhan and Khattri (2001)\(^11\) studied the effect of gender on stress and burn out in doctors. They have considered experience of work and family stress as intra-psychic variables. The sample consisted of 50 employed doctor couples. Mean age was 40 years for males and 38 years for females. The result indicated no gender difference in the experience of burn out, but female doctors experience significantly more stress.

Harshpinder and Aujla (2002)\(^12\) found in their study that working women were more stressed due to sociological factors where as non working women were more stressed due to environmental factors.
K.S. Rajeswari and R.N. Anantharaman (2003)\textsuperscript{13} investigated sources of negative pressure among software professionals, from the perspective of the software development process. The results indicate that stress resulted from fear of obsolescence and individual team interactions accounted maximum.

Osmany and Khan (2003)\textsuperscript{14} conducted a study on Organizational stress in working women by taking 30 married and 30 unmarried working women. He found that unmarried working women reported high stress at work place due to political pressure and for married women, it may be due to poor peer relation.

Aujla et al. (2004)\textsuperscript{15} investigated to analyze the different stress management techniques used by 75 working women and 75 non working women of Ludhiana city. Results showed that majority of the respondents in both the categories were using various stress management techniques viz. relaxation, music, prayer, recreation with family, planning \textit{etc}. Planning and relaxation were most preferred techniques among both the groups.

Vashishtha and Mishra (2004)\textsuperscript{16} explored the relative contribution of social support and occupational stress to organizational commitment of supervisors (n=200) the result revealed that the social support and occupational stress significantly predict the degree of organizational commitment of supervisors.

A Study Conducted by Academy for Nursing Studies, Hyderabad, (2005)\textsuperscript{17} for Training Division, Ministry of Health and Family Welfare, Government of India, India, found that the critical factors which affect the Indian nursing systems are shortage of staff, poor infrastructure and facilities, weak administrative structure, lack of systematic training programmes on the job or off the job, lack of autonomy and gender disparities.
**Bhatia and Kumar (2005)**\(^1\) attempted to explore occupational stress and burn out among employees. A sample consisted of 100 employees belonging to supervisor and below supervisor level. Employees at supervisor rank experienced more occupational stress than below supervisor level due to more responsibility and accountability.

**S.R.L.M. and Sarada Devi (2006)**\(^2\) assessed the probable ratio of satisfaction to stress of women in different occupations. The total sample comprised of 120 working women in which 30 lawyers, 30 engineers and 60 clerks. The findings of the study revealed that among all the three categories of women employees, the probable ratio of stress was more than satisfaction in their role performance.

**Bhattacharya and Guha (2006)**\(^3\) conducted a study on stress and coping: A study on lady criminal lawyers of Kolkata city. A group of 34 lady criminal lawyers were selected for the study. The significant coping mechanisms as preferred by them are reading books, traveling or outing, listening to music.

**Sikthingnanavel (2006)**\(^4\) explored the effect of select yogic practices on stress of working women of 15 normal female volunteers. The suitable parameters were used before and after 10 days training programme. The results show that there is a greater improvement in the reduction of stress in the experimental group than the control group. All these studies have revealed that coping strategies of individuals has significant effect on mitigating of stress. The above studies explored different stress management techniques to reduce or minimize stress.

**Anitha Devi (2007)**\(^5\) aimed at identifying the degree of life stress and role stress experienced by professional women. A total sample of 180 women professionals belonging to six occupations were chosen for the study. The results revealed that, the older person experience lower life stress and role
stress. Younger people experience more stress as compared to older people. The greater the numbers of years of service the greater life and role stress. The lower the income, greater stress experienced i.e. stress decreases with increase in income.

**Kaur and Kaur (2007)** attempted to make a study on occupational stress and burn out among women police. The sample comprised of 80 women police and age ranges between 25-45. The results concluded that police work is most stressful occupation and as the occupational stress increases the level of the burn out also increases.

**Latha and Panchanatham (2007)** found out the job stressors and their implications on the job performance of 40 software professionals. Result showed that work load acts as major stressors for software professionals. Long work hours are indirectly associated with psychological distress.

**Pratibha(2009)**, in her study, stress causing psychosomatic illness among nurses has identified the major sources of stress, and finding the incidence of psychosomatic illness related to stress. She has identified that most important causes of stress were jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay. Psychosomatic disorders like acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger, and worry significantly increased in nurses having higher stress scores. Increase in age or seniority did not significantly decrease stress.

**Nirmanmoh Bhatia et al (2010)** in their study, “Occupational Stress amongst nurses from two Tertiary hospitals in Delhi”, have carried out a study on 87 staff nurses. They have observed that majority of the nurses undergo Occupational Stress due to their time pressure, handling various issues of life simultaneously with Occupation like caring for own children/parents, own work situation and high responsibilities.
Other significant stressors were the fact that their job required them to learn new things and that they had to attend to and too many patients at the same time.

**Monika Arya and Satyawan Baroda (2012)** in their study, “Occupational Stress Among Doctors: A Case Study Of Pt. B. D. Sharma University Of Health Sciences Rohtak” have observed that Scrutiny of daily routine ailments patients is one of the offshoot tools of management to reduce the stress of doctors. Further the study reveals that a large number of doctors feel stress at their work place due to lengthy working hours and high patient volume which directly affects their physical and psychological health. It is also noted that doctors were stressed at their work due to seniors pressure, dealing with critical patients, night duties and adverse press publicity. The management of the hospital should minimize the length of working hours up to 8-10 hours at a stretch which helps the doctors to manage and handle their work with less or no stress.

**Jeetendra (2012)** in his work “A comparitive study of stress among nurses working in Private and Government hospitals” has observed that problems such as having to work unpaid overtime and being expected to perform tasks outside their training, cause private sector nurses to experience good amount of stress.

**Irfana Baba (2012)**, in their study, “Workplace stress among doctors in government hospitals: An Empirical Study”, has studied the levels of stress among male and female doctors. He has found out that the doctors were serious sufferers of organizational role stress.

**Anap et al (2013)**, in their study, Work related musculoskeletal disorders among hospital nurses in rural Maharashtra, India: a multi centre survey, have concluded that high prevalence of Shoulder, neck and Knee pain over a 12-month period among nurses working in Rural hospitals in
Maharashtra state, and certain risk factors like working in the same position for long time, bending, twisting, lifting and treating excessive number of patients were strongly associated with Work related Musculoskeletal Disorders.

**Devi and Raju (2013)**\(^3^1\), in their study among 100 employees that almost all employees feel stress in their job due to job satisfaction, suspension and dismissal from job. Also, the employees prefer coping strategies personally by getting counseling and doing physical exercise.

### 2.3 STUDIES IN ABROAD

**Stephan J. Motowidlo et al. (1986)**\(^3^2\) in the study, "Occupational Stress: Its Causes and Consequences for Job Performance", report two studies of occupational stress and its relation with antecedent variables and job performance. The first study, in which 104 nurses participated in group discussions and 96 nurses completed a questionnaire, identified 45 stressful events for nurses and identified that feelings of stress lead to depression, which, in turn, causes decrements in interpersonal and cognitive/motivational aspects of job performance.

In the second study, 171 nurses who completed another questionnaire were also rated by a supervisor and/or a co-worker. Ratings of interpersonal aspects of job performance (such as sensitivity, warmth, consideration, and tolerance) and cognitive/motivational aspects (such as concentration, composure, perseverance, and adaptability) correlated significantly with self-reported perceptions of stressful events, subjective stress, depression, and hostility.

**Cooper et al. (1989)**\(^3^3\) conducted a study among 1817 general practitioners and identified that women general practitioners had job satisfaction whereas male general practitioners showed higher anxiety levels and less job satisfaction and drank more. Further, they observed that high
levels of job satisfaction and lack of mental well-being were the demands of the job and patients' expectations, interference with family life, constant interruptions at work and home and practice administration.

Kandolin (1993)\textsuperscript{34} in a study on "Burnout of female and male nurses in shift work", reports that the stress symptoms experienced by workers often reported as connected with objective working conditions but also role clarity and perceptions of organizational aspects have demonstrated to be potential stressors affecting burnout.

Warr (1994)\textsuperscript{35} in his work on "A conceptual framework for the study of work and mental health" has presented five main components of mental health in Western societies: a) affective well-being, b) degree of competence, c) level of aspiration, d) level of autonomy and e) basic functioning. But he pointed out that in occupational research the first three aspects usually receive most of the attention, and in his own research three facets are mentioned: depression, anxiety and job satisfaction.

Caplan (1994)\textsuperscript{36} in his study, "Stress, anxiety, and depression in hospital consultants, general practitioners, and senior health service managers" has reported that about half of senior medical staff suffers from high level of stress and a similar proportion suffers from anxiety.

Peterson (1995)\textsuperscript{37} explored role conflict, role ambiguity and role overload as reported by industrial workers and also found that managers are more stressed due to role overload from his study “organizational issues for managers”.

Mayes (1996)\textsuperscript{38} conducted a study on police officers, fire fighters, electrician and executives aged 18-63 years. Multiple regression revealed that age moderated the relationship among various stressors and physiological symptoms as well as psychological depression and life satisfaction.
Orpen (1996) examined the moderating effects of cognitive failure on the relationship between work stress and personal strain. He compared the work stress among 136 nurses and 12 college lecturers. The results found that nurses experienced more stress than the lecturers.

Wheeler (1997) “A review of nurse occupational stress research” identified a wide range of stressors for nurses, including work overload, role conflict and ambiguity, resource shortages and pressure from patients and management.

Firth-Cozens (1997), in the study, Predicting stress in general practitioners: 10 year follow up postal survey has identified that, although early stress levels are much less important, high self criticism is a strong predictor of stress symptoms over a long period during which environmental factors such as marriage, children, and several different jobs and homes are likely to have occurred—life changes that might have been expected to overrule the influence of disposition. Nevertheless, some work related stressors, such as tiredness, are likely to contribute independently to stress, whereas others might interact with self criticism to exacerbate its effect.

Swanson et al. (1998) in their study, "Occupational stress and family life: A comparison of male and female doctors Characteristics of medical work" concluded that doctors are especially vulnerable to stress between work and home. Higher levels of occupational stress were also recorded for both male and female doctors, confirming the asymmetric permeability of such roles, and failing to identify significant gender differences in this asymmetry. Role complexity was related to reduced occupational workload for females only, and to increased domestic workload for male and female doctors. Aspects of occupational and domestic stress were significantly related to increased role complexity, although role complexity was not significantly related to job satisfaction.
Coyle et al. (1999) in the work, "Measuring and predicting academic Generalist’s work satisfaction: implications for retaining faculty" have observed that the delivery of high-quality medical care contributes to improved health outcomes. Doctor Job satisfaction affects quality of medical cares that they provide patient’s satisfaction with the doctor, patient’s adherence to treatment and decrease doctors turnover.

Baba et al. (1999) addressed the issues of occupational mental health among nurses in the Caribbean. The results indicated role conflict, role overload social support predicted stress, which along with social support predicted burnout.

Sharon et al. (2000) in “The Risk Management Of Occupational Stress” have suggested that a risk management approach is both informative and cost-effective. High risks, which may require more expensive organisational development solutions, can be differentiated and prioritized from lower risks, which may be effectively controlled through stress management or Employee Assistance Programmes.

Potter et al. (2002) concluded that the interpersonal stressors at work place have the influence on the employees. Interpersonal conflicts experienced in the work place also predict diseases and well being declines. Results proved that psychosocial environment of work place have unique effects on employee.

Burbeck et al. (2002) in their work, "Occupational stress in consultants in accident and emergency medicine: A national survey of levels of stress at work" have observed that Job stress is a recognized problem in health care workers and doctors are considered to be at particular risk of stress and stress related psychosocial problems.
Pereystein et al. (2002)\(^{48}\) in their study, "A Process Evaluation of Individual and Organizational Occupational Stress and Health Interventions", have conducted as a process evaluation of seven different individual and organizational interventions. Interviews were conducted in 22 post offices, 12 organizational units (such as care homes and local administrative units) of a Norwegian municipality, and in 10 shops in a shopping mall and identified: (1) the ability to learn from failure and to motivate participants; (2) multi-level participation and negotiation, and differences in organizational perception; (3) insight into tacit and informal organizational behaviour; (4) clarification of roles and responsibilities, especially the role of middle management; and (5) competing projects and reorganization.

The American Nurses Association (2002)\(^{49}\) for the Institute of Medicine's Committee on Work Environment for Nurses and Patient Safety (ANA September 24, 2002, Ann E.K.Page, 2004) reported that the conducive work environment should first enable nurses with decision-making authority and professional autonomy at the point of care delivery and in all arenas where decisions related to care delivery are made. Second, provide safe and appropriate nurse staffing levels. Third, all healthcare facilities and agencies should be required to participate in the collection and external reporting of standardized nursing-sensitive data - both to assess the sufficiency of staffing and to quantify the safety and quality of care for consumers and payers. Fourth, it is time to actively invest in research around staffing, fatigue, safety, and outcomes.

Tanya et al. (2005)\(^{50}\) in their study, "Job Stress in the Nursing Profession: The influence of Organizational and Environmental Conditions and Job Characteristics", have examined the influence of organizational and environmental work conditions on the job characteristics of nurses and on their health and well-being among 807 registered nurses working in an academic hospital. The direct influence of work conditions on outcomes was
examined. Mediation of job characteristics in the relationships between work conditions and outcomes was tested by means of regression analyses. The results indicated that job characteristics, such as demands and control, mediated the relationship between work conditions, such as work agreements and rewards, and outcomes. By managing organizational and environmental conditions of work, job characteristics can be altered, and these in their turn influence nurses’ job satisfaction and distress.

Talma Kushnir and Avner Herman Cohen (2006) in their study “Job structure and burnout among primary care pediatricians” have concluded that Burnout was associated with infrequent performance of satisfying activities (e.g. research, tutoring medical students); and frequent engagement in disliked duties (e.g. administrative work). Burnout may be reduced by modifying work structure to include more involvement in professional interactions with other professionals, more varied and challenging activities such as teaching medical students, participating in research and community health promotion.

Tankha (2006) in his work “A comparative study of role stress in Government and Private hospital nurses” has reported that private male nurses scored higher than government nurses on eight out of ten dimensions of the Organizational Role Stress Scale and the private male nurses were more stressed than private female nurses.

Yemn and Graham (2007) in their work, “Is your workplace suffering from contagious stress” have concluded that Stress is likely to create problems within the organization, which will have the direct or indirect effect on the bottom line. The operating costs certainly rise because of lower productivity, incorrect or random work and mistakes. The employer needs to pay attention on stress factors at the workplace.
Hallin and Danielson (2007)\textsuperscript{54} Registered nurses’ experiences of daily work, a balance between strain and stimulation: A qualitative study have observed that, challenges faced by the nurses are due to unbalance in their daily work and nurses work under stressful environments. However, they are expected to provide holistic and good quality care to the patient. This proved unbalance between motivation and work. It was also revealed that patients remain under the risk of prolonged illness whereas the risks are associated with poor quality of care and directed to individual nurses.

Mark and Smith (2011)\textsuperscript{55} in their study, "Occupational Stress, Job Characteristics, Coping, And The Mental Health Of Nurses", investigated the relationships between job characteristics and coping in predicting levels of anxiety and depression among 870 nurses. The results showed that job demands, extrinsic effort, and over-commitment were associated with higher levels of anxiety and depression. Social support, rewards, and skill discretion were negatively associated with mental health problems. Also, the study demonstrated the importance of coping factors in work-stress research, in accordance with the multi-factorial premise of transactional stress models. It is argued that multi-factor research is needed to help develop effective organizational interventions.

Aija Koivu et al. (2012)\textsuperscript{56} in their study, Does clinical supervision promote medical-surgical nurses' well-being at work? A quasi-experimental 4-year follow-up study, has observed that, Stress is a developmental challenge in the professional growth of individual nurses. One option for management to sustain nurses' well-being at work is to develop a learning organization in the workplace.

K Josefsson (2012)\textsuperscript{57} in the study, Registered nurses' health in community elderly care in Sweden, has reported work-related health problems, such as neck/back disorders, dry skin/dry mucous membranes, muscles/joints disorders, sleep disorders and headache. They had periods of
fatigue/unhappiness/sadness because of their work. Most of the Registered Nurses felt at times psychologically exhausted after work, with difficulties leaving their thoughts of work behind. They also stated high sickness presence and high sickness absence. They perceived high time pressure, adequate competence and emotional pressure at work.

**Choi Wan Chan, Lin Perry (2012)** in their study, “Lifestyle health promotion interventions for the nursing workforce: a systematic review”, have concluded that the workplace is a potentially fruitful location for health promotion intervention but nurses have seldom been recognised as a target participant group. Given the international priority ascribed to nursing workforce retention, this is a missed opportunity for occupational health planning. Nurse leaders have a key role in driving recognition, spearheading commitment and development of targeted, whole-organisation programmes to promote health profile improvement for the nursing workforce.

**Loo-See Beh and Leap-Han Loo (2012)**, in their study, “Job stress and coping mechanisms among nursing staff in Public Health Services”, have investigated the causes and effects of job stress and coping mechanism among nurses in the job itself. Heavy workload, repetitive work and poor working environment were the major stressors. Also, the inconsiderable superior, lack of recognition and conflict within work groups were the stressors.

**Klinisk Sygepleje, Argang (2013)**, in the study, Nurses’ Experience Of Stress And Burnout: A Literature Review, has observed that Nurses felt a responsibility towards their patients, colleagues and management. However, due to external impulses, they are unable to perform as required, leading to stress and burnout. This can be described in six themes: A desire to provide ideal nursing, self-imposed demands, experiencing behavioural symptoms, experiencing physical symptoms, experiencing psychiatric symptoms, having a mental breakdown.
2.4 CONCLUSION

The studies reviewed in this chapter reveal that most of the studies have concentrated on the causes and effects of occupational stress of employees in various fields. Very few studies have been conducted to analyse the occupational stress of employees in the service sector especially in healthcare. It is understood that an extensive study is required to analyse the occupational stress of healthcare employees since there are limited number of studies relevant to the occupational stress of healthcare employees.
REFERENCES


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