CONCLUSION
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Any research endeavour has fair amount of expectations as well as very uncertain amount of outcomes. Similarly this investigation on 300 staff nurses had possibilities, limitations and tentative outcomes.

Considering the fact that one of the main aims of the present investigation was to identify the Occupational stress and Burnout and also to identify the predictors. The results revealed that Hardiness (Challenge and Commitment dimensions) was associated with Occupational Stress in general. Implying thereby that the higher the Challenge and Commitment, the lower will be Occupational Stress. Problem-solving Coping Strategy was also found to be negatively associated with Occupational Stress.

Many of the earlier studies have reported that hardy persons use more of Problem-Focused Coping than the Emotion-Focused Coping Strategy. This research upholds the predictive relationship that Hardiness and an appropriate Coping style lowers the threatening appraisal of the stress. Self-Esteem also emerged as a negative predictor of Occupational Stress in younger age group. Control dimension of Hardiness was found to be negatively associated with Occupational Stress in the age group of 41-50 years. In case of Total Burnout and its components, Self-Esteem was found to be the most important predictor of its negation. Use of Religion and Negative Distraction as Coping strategies were found with younger age group in terms of Burnout.
However, Commitment and Control dimensions of Hardiness played a significant role only in the Older age group (41-50) for reducing the Burnout. It may be mentioned that Burnout is essentially a syndrome of the younger nurses. By the time nurses get older, they score higher on stress inspite of learning of new and effective Coping strategies. Emotional Exhaustion (dimension of Burnout) was found to be negatively associated with Commitment (dimension of Hardiness), Self-Esteem, Social Support, Denial and Use of Religion coping techniques in the majority of nurses in this study. Positive Distraction (dimension of coping) as well as the Challenge dimension of Hardiness played role only in the case of middle and older groups of nurses. However for Depersonalization dimension of Burnout, also Commitment and Challenge dimensions of Hardiness and self-Esteem emerged as negative predictors in most of the groups of nurses. In most of the groups of nurses Personal Accomplishment (dimension of Burnout) was, as expected found to be associated with Commitment and Challenge dimensions of Hardiness and Self-Esteem. Interestingly the nurses with Personal Accomplishment also used Religion as the Coping strategy.

In terms of age, the younger age group (21-30 years) used Denial and Problem-Solving Coping strategy and Older nurses (41-50 years) used Social Support as Coping strategy. Though researches end in terms of time, findings as well as implications but they can not be conclusive in their entirety because when you are dealing with human beings, most of the stress groups like nurses, you can not get straight forward conclusions.
The findings of this research study weren't that the nurses show different type of pattern of Occupational Stress as well as Burnout in terms of their age, experience, but deafness to use different Coping Strategies in terms of Problem-focusing, Social Support and Religious practices.

It may be said that the selection of right human material as well as greater training in terms of Stress inoculation, Stress management and above all the organizational re-arrangement could reduce their Burnout and Stress, thereby, enhancing their quality of life as well as their performance in terms of care of the patients.

A society which is willing to make organizational changes, improve selection and training procedure and above all humanize the working conditions of nurses working in highly stressful environment only then can hope to turn a job into a caring profession of the stature of Florence Nightingale.