INTRODUCTION
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The health care has become a serious concern in hospitals as well as at home. Second only to the doctors, nurses play an important role in looking after a patient. A nurse performs many roles. The complexity of disease or surgery enhances the complexity of the demands, expectations, duties and perceptions of and about the nurse. She is the link between the doctor and the patient and relatives. All this plus the pressures of job in a challenging situation creates a lot of stress. Generally, they are relegated to unimportant position. But there is a growing realization that they too deserve serious study of their problems. Perhaps, health care requires a team play in which doctors, nurses, technicians and others join hands. Any weakness or slackness on the part of any one of them can cause damage or death. In addition to this the analysis of personality, problems, stress and coping strategies of nurses has its significance.

The word Nurse comes from Latin word “NUTRICIUS” which means nourishes, fosters and protects. In the Webster’s New World Dictionary (1975), the word ‘Nursing’ has a wide range of meanings which, however, fall into the following three categories according to the basic ideas expressed. Nursing means (1) to nourish, to protect, to support, (2) to train, to educate and to supply with whatever promotes growth, development or progress; and (3) to give curative care and treatment to the sick and infirm.

Nursing has been described as a science as well an art, that helps an individual to regain or keep a normal
state of body and mind, it helps him to gain relief from physical pain, mental anxiety or spiritual discomfort. In its broadest meaning it covers not only the care of sick, the aged, the helpless and the handicapped but the promotion of health and vigour to those who are well, especially the young, growing creatures on which the future of the race depends (Price, A.L. 1959).

'Service' to the mankind is the primary function of the nurses and the reason for the existence of nursing profession. Accordingly, the nursing involves the following areas:

- Helping a patient to carry out therapeutic plan initiated by the doctor.
- Providing physical care and emotional support for the sick and disabled.
- Planning and teaching the patient and his family in relation to the restoration and promotion of health and prevention of diseases.
- Helping and receiving help from other members of the health team to plan and carry out a total programme of care for the individual, family and society.
- Observing and evaluating the patient’s illness and the response to his care.
- Participating in research related to health care.
- To provide basic nursing care.

Therefore, the primary responsibility of the nurse is to help the individual in his daily pattern of living or with those activities that he ordinarily performs without assistance. In other words, she is the
consciousness of the unconscious, the leg of the amputee, the eyes of the blind, the means of locomotion for the paralysed, the mouthpiece of the dumb, the ears of the deaf and love for life to the desperate (Nancy 1996).

During the ancient times nursing was based on the Biblical principal “Love your neighbor as yourself”. And thus it was considered as a service to the humanity. Florence Nightingale was the person, who wanted this service to flourish everywhere there are human beings. Thus in 1860 professional Nursing was established by Florence Nightingale (Price, A.L. 1959).

Brunner & Suddarth (1964) described nursing as “a service devoted to the prevention and the relief of physical suffering, inherent in nursing is the control of disease, the care and rehabilitation of the sick and the promotion of health through teaching and counseling. The nurse, applying her technical knowledge, experience and skill combats the physical disabilities of patients; and through the contribution of her wisdom and insight, she assists them to overcome their emotional difficulties”.

The work of the nurse is not only demanding but also very challenging. On the one hand, she helps deliver new lives; on the other, she prepares the dying for a peaceful end. She is herself an embodiment of cleanliness, but she is handling puss and sputum. She is herself a picture of radiant health, but is looking after patients with deadliest and incurable diseases. She handles ministers and millionaires as well as the helpless and homeless. She offers her helping hand not only to the elderly and the infirm, but also fondles the young and the
budding. A nurse is a unique person: maternal in her feelings, and metallic in her discipline; reasonable in her thinking, and responsible in her duty; scientific in her knowledge, and artistic in her working. She is the meeting ground of the opposites.

Nursing as a Profession

Nursing is a profession. A profession is defined as an occupation with ethical components that is devoted to the promotion of human and social welfare. The services offered by a profession are based on specialized knowledge and skills that have been developed in a scientific and learned manner. A profession is a form of employment especially one that is respected in society as honorable and is possible only for an educated person and after training in some special branch of knowledge. A profession has its own body of knowledge based on social and scientific principles. The members of a profession utilize this knowledge to identify and solve problems. A profession has a service aim as well as academic and theoretical aim. The services offered by a profession are in response to the needs of the society and are fundamental to the promotion of human and social welfare. A profession constantly enlarges its body of knowledge through research in order to improve its service to the society. A profession determines the qualifications necessary for those who enter into practice. It has a code of ethics. It recognizes its responsibilities to develop educational programmes in cooperation with the educational institutions in order to offer specialized study and practice required to learn the methods of service and develop skills for the better
service of the society. Professional nursing is a service for the promotion of human and social welfare. Nursing helps to attain this objective by applying scientific knowledge and skills to the services which include caring for the sick, promotion and restoration of health and prevention of diseases. These services are provided in cooperation with the medical and para-medical groups that are concerned with the health care. The professional nursing services meet the physical, psychological, spiritual and social needs of the human beings. Nancy (1996) gives the following as the important functions of a professional nurse:

- Provides basic nursing care to her patients.
- Administers the medications and treatments prescribed by the physician.
- Observes patient’s response and adaptation to illness and treatments.
- Teaches self care and counsel on health matters.
- Supervises or guides the patient in rehabilitative activities related to daily living.
- Participates in research work related to health care.
- Plans with the patient in such a manner as to develop a sense of trust, self worth and ultimately self realization.
- Teaches the patient and his family in relation to the restoration and promotion of health and prevention of disease.
- Coordinates the services of all groups contributing to the care of the patient, his family and the society.
- Teaches and supervises the nursing students and other auxiliary personnel.
- Maintains her own physical and mental health.

Nursing and Stress

According to Mcgrath et al (1989), "Nursing is, by its very nature, an Occupation Subject to high degree of stress. Every day the nurse confronts stark suffering, grief, and death as few other people do. Many nursing tasks are mundane and unrewarding. Many are, by normal standards, distasteful, even disgusting, others are often degrading; some are simply frightening".

Nursing is a profession with high level of Occupational Stress, especially for those employed in hospice settings. Occupational Stress has captured the attention of investigators from the variety of disciplines during past decade. Perhaps this is a consequence of the Department of Labour’s identification of nursing as a particularly stressful occupation (McLean, 1974). Not only does stress effect the patient in the environment, it can engulf the nurse as well.

According to Baglioni et al (1990), nurses, as members of a caring profession, have as their prime focus a responsibility for people rather than things. Researchers have noted that those with a close responsibility for the ‘lives of others’ are more often victims of a range of stress related diseases such as peptic ulcers, myocardial
infarctions, hypertension and diabetes. Workers in the caring professions are faced with a number of sources of Occupational Stress which are unique to the nature of their job.

The nursing profession and the stress commonly associated with it has been the subject of considerable concern for decades. This is perhaps not surprising given that nursing is widely perceived to be one of the most inherently stressful of occupations, often characterized by high rates of staff turnover, absenteeism and burnout. However, in drawing attention to this widely held assumption, much early research has failed to highlight presence of overwhelming stress as the proper justification for this assertion. There is nevertheless substantial evidence for higher rates of mortality (including deaths from suicide and stress-related diseases), psychiatric admissions and physical illness in nurses. Nursing is an occupation characterized by a number of features not experienced in most other professions. These include not only dealing with situations involving death and dying (on a regular basis), but also more 'mundane' stressors such as working long hours, and working shifts and working weekends. This provides an indication of the complex and demanding nature of this profession and has encouraged much recent research on specific issues, including shift systems, work organization, and violence in the work place. Common to most of the researches is the desire to establish the impact and consequences of such pressures on the quality of working life and well being of nurses (Kirkcaldy and Martin, 2000).
In recent years, a considerable body of evidence has accumulated on the effect of stress on health in a variety of health professions. In particular, hospital nurses have been well studied and found to be under high levels of stress from a number of sources. For example, Hipwell et al., (1989), found dealing with death and dying patients and excessive workload to be especially salient stressors in NHS general nurses, and Tyler and Cushway (1995), showed that in addition to these sources, conflict with doctors was an important stressor for nurses in the private sector. In several studies, work overload has been the most significant predictor of poor mental health outcome.

It might be expected that, in a stressful occupation such as nursing, the perception of being under high levels of stress from heavy workload; conflicts with other professionals etc., would be strongly associated with poor health outcome. In fact, there is evidence for such an association across occupations, as nursing has one of the highest rates of suicide and psychiatric outpatient referrals, and nurses have the lowest life expectancy of many of the professions.

Kipping (2000) pointed out that over recent years there has been growing concern about stress in nursing (e.g. Owen, 1995; O’Donnell, 1996; Dinsdol 1998). Stress in nursing is a concern for a number of reasons. It can have an effect on the individual nurse, in terms of both physical and psychological health. Stress can result in financial costs for employing organizations. Compensation claims are potentially a further cost. In a recent case an
out of court settlement was paid to the family of a mental health nurse who committed suicide, apparently triggered by stress at work (McMillan, 1998). Furthermore evidence suggests that stress may be a reason for nurses leaving their jobs (Seccombe and Ball, 1992). Absence and high nursing turnover will result in a lack of continuity of care. Moreover, nurse patient relationship will be damaged by a response to chronic stress (Maslach, 1982).

Kirkcaldy and Martin (2000) reported that in line with its image as a stressful occupation, considerable attention has been paid to pinpointing specifically intrinsic sources of stress within the nursing profession. A discernible expansion of research interest over recent decades has resulted in the identification of stressors associated with or arising from within the nursing profession. Many of these prominent stressors have been frequently revealed in later research, which has highlighted dealing with death and workload as particularly potent sources of stress in and across groups of hospital nurses. Frequently, excessive workload has featured prominently among the leading occupational stressors, together with patient care, relationships with colleagues, self perceived competence, and bureaucratic constraints. Moreover, when examining workload in nursing one must consider not only quantitative overload, but also address the importance of qualitative overload in terms of job complexity, time constraints and resources.

Nursing and Burnout

Storlie (1979) painted a vivid picture of burnout as it occurs in the nurse: burnout is a highly personal
happening inside the nurse - the literal collapse of the human spirit. It would be more useful and certainly more compassionate to ask what goes on in a professional nurse that transforms caring into apathy, involvement into distance, openness into self-protection, and trust into suspicion.

It has been argued that professions such as teaching and nursing require high levels of commitment and interpersonal involvement and are most subject to burnout. So nursing is a profession where burnout is a major problem. Moreover, since burnout is often linked to stress (Maslach, 1981), it follows that nurses in high stress areas experience more burnout and vice versa.

In addition to descriptive papers on nursing burnout (Storlie, 1979; Maslach, 1982), recent empirical investigations have begun to describe this syndrome and to examine possible factors contributing to burnout among nurses (Jones, 1981; Maslach and Jackson, 1982; Yasko, 1983; West et al., 1984; Keane et al., 1985). Drawing upon these works and the larger literature on work stress and burnout, several potential predictors of nursing burnout can be identified, including situational, interpersonal and intrapersonal factors. Among the situational factors are demographic variables such as age, marital status and education (Cherniss, 1980), and work shift (Parasuraman et al., 1982). Given the differences in patient care responsibilities and resources experienced by professional vs paraprofessional nurses (e.g. certified nursing assistants) and in acute care vs long-term care facilities, the occupational role and work setting may also be
identified as situational factors which potentially influence burnout.

In a caregiver-recipient relationship the emotional pressure of working closely with people is a constant part of the daily job-routine. One’s tolerance for this continual stress changes over time under the never-ending onslaught of emotional tensions resulting in “emotional exhaustion”. In order to deal with this, caregiver gradually develops a detached, callous and even dehumanized attitude towards recipients signaling a second aspect of the burnout syndrome — “depersonalization”. This is manifested in various ways creating an imbalance in the ideal care-giver-recipient relationship. The providers develop a sense of inadequacy about their ability to relate to recipients resulting in a self-imposed verdict of “failure”. These feelings of reduced personal accomplishment constitute the third aspect of burnout (Maslach, 1982).

There is widespread evidence that job related stress and burnout can be a considerable problem for those employed in the caring professions. There have been studies of stress in most major groups of British health professionals and American studies of psychologists suggest that the level of distress and impairment among psychologists gives cause for concern (Cushway & Tyler, 1994).

Glory (2001) described that there are committed people working with those infected and affected with HIV/AIDS. It is a stressful work since they have to repeatedly face ill health, suffering and death of young people. This
work related stress becomes evident at home and at work place. In the work place, some professionals complain of "burnout", general insufficiency becomes evident; staff come late for meetings; there is increased absenteeism and morale is generally low. Emotionally, some members of staff feel more "brittle" and they become short tempered; they are less capable of doing their job effectively and efficiently. Some are unable to make decisions about which tasks and responsibilities require urgent attention and which can be delegated to colleagues. Burnout is seen to arise when there is discrepancy between the demands of the job and the ability of the member of staff to fulfill the demands for a variety of possible reasons.

Since Nursing is a highly stressful area and due to this stress there are chances of burnout also. So working in the same situation, dealing with the patients and staff members as a supervisor, investigator personally felt stress among nurses as an important issue. Therefore, a study on Occupational Stress and Burnout among nurses in relation to their Hardiness, Self-Esteem and Coping Techniques in the Indian population was planned.