Chapter-VII

SUMMARY

Background

Over the years stress at work has become the most pervasive and pervading feature of modern organization (Handy, 1988; Pareek, 1993; Sud and Malik, 1999) while considerable amount of research literature indicates that job stress is endemic in human services (Glazer, 2005; Gersch and Teuma, 2005; Cohen and Patten, 2005). Growing body of literature demonstrate that nursing in particular, a highly stressful profession both physically and emotionally forms the largest group among human services (Cherniss, 1980; Thomas, Riegel, Gross and Andrea, 1992; Hawley, 1992). There is an emerging body of work stress literature devoted specifically to the prevalence, sources, impacts of and responses of work stress among nurses (Cronin-Stubbs and Rooks, 1985, Healy and McKay, 1999; Lee, 2003; Kennedy, 2005).

Emotional vital signs (anger and depression) are pervasive in today’s workplace (Kiewitz, 2002) and received much attention from researchers (Robbins, 2000). According to international literature, it has been established that emotions of anger and depression is prominent among nurses (Scalzi, 1990; Faulkner and MacKay, 2000; Robert, 2000; Smit. 2003. 2005). Since nursing profession is highly stressful and emotionally demanding (Stechmiller and Yarandi, 1992; Buunk, Ybema, Vander Zee, Schaufeli and Gibbons, 2001; Aiken, Clarke and Sloane, 2002; Ledgister, 2003), nurses often experience negative feelings of anger and depression at their workplaces (Skinner and Scott, 1993; Allan, 2001; Hegney, Plank and Parker, 2003; Thomas, 2004; Habibollah Kavari. Movlalai and Bizavi, 2006). Investigator suggested that people caught in the burnout cycle usually experience these negative emotions more often until they become chronic (Potter, 1998).

The role of social support at work has been the subject of interest for researches and extensively studied among various groups of human service professionals (Buunk, 1990; Sand and Miyazki, 2000; Fletcher, 2001; Young, 2004). A growing body of research also provides evidences for the relative
importance of work related social support in reducing job stress and its negative consequences including burnout (Constable and Russell, 1986; Boyle, Grap, Younger and Thornby, 1991; Lim, 1996). However, group of researchers dealt with the role of social support in protection from stress, and its outcomes particularly burnout also presented mixed findings (Russell, Altamaier and Van Velzen, 1987; Plante, 1993; Sand, 1997; Greenglass, Burke and Konarski, 1998).

Burnout is a syndrome of extreme emotional and physical exhaustion due to the exposure to excessive environmental stressors, leading to state of negative job attitudes, a poor professional self-concept, and a loss of empathy for recipients. Thus, burnout could be considered as a type of professional stress, which results from the social interaction between the person who provides help, and the person who receives that help (Maslach, 1982). Burnout has been a frequent subject of interest for the past decade (Akroyd, Caison and Adams, 2002). It is well established that nurses are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their profession (Lindsey and Attridge, 1989; Foxall, Zimmerman, Standley and Bene, 1990). A growing number of recent studies have reported prevalence of burnout among nurses (Bakker, Le Blanc and Schaufeli, 2005; Silvia, Gutiérrez, Rojas, Tovar, Guadalupe, Tirado, Araceli, Cotoñieto and García, 2005; Zhu, Wang, Wang, Lan and Wu, 2006; Edwards, Burnard, Hannigan, Cooper, Adams, Juggessur, Fothergill and Coyle, 2006).

In recent years, the issue of occupational stress and burnout has received much attention (McGrath, Reid and Boore, 2003). Numerous studies have reported significant relationship between job stress and burnout among human service professionals (e.g. nurses, teachers, physicians) (Topf and Dillon, 1988; Schmitz, Neumann and Oppermann, 2000; Mearns and Cain, 2003; Petrova, Todorova and Mateva, 2005; Esteva, Larraz and Jiménez, 2006; Liivia, 2006). There are only very few studies in literature attempted to explore the relationship between emotional vital signs (anger and depression) and their relationship to burnout, indicating a significant relationship between these emotional vital signs and burnout (Keller, 1990; Zoccali, Campolo, Carroccio, Cedro, Muscatello, Pandolfo, Di Rosa and Meduri, 1999; Kaufmann, 2002; Toker, Shirom, Shapira, Berliner and Melamed, 2005).
7.1. **Objectives**

The present study addressed itself to the following objectives.

1. Whether the nurses differ from controls in overall job stress, and its severity and frequency.

2. Do the nurses differ from controls in terms of levels of trait-anger and modes of anger expression (Ax/In, Ax/Out, Ax/Con).

3. Whether there will be any difference between nurses and controls in terms of depression.

4. To study the difference between nurses and controls in terms of perceived overall support (non-organizational and organizational).

5. Do the nurses differ from controls in terms of burnout (emotional exhaustion, depersonalization and reduced personal accomplishment).

6. Do job stress (severity and frequency), emotional vital signs (trait-anger, modes of anger expression (Ax/In, Ax/Out, Ax/Con), and depression) and burnout correlate (emotional exhaustion, depersonalization and reduced personal accomplishment) differentially in terms of direction and magnitude in nurses and controls.

7. Do perceived overall support (non-organizational and organizational) would have a negative relationship with burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) in nurses and controls.

8. Optimal set of variables (overall job stress, trait anger, modes of anger expression, depression, perceived overall support and burnout) which in combination would separate nurses from their control counterparts.

7.2. **Hypotheses**

1. Nurses will report higher overall job stress, and its perceived severity and frequency of occurrence of job stress events than their controls.

2. Nurses would report higher trait anger and higher anger suppression (Ax/In) relatively lesser outward anger expression (Ax/Out) as well as higher anger control (Ax/Con) than their controls.

3. Nurses will report higher depression than their control counterparts.
4. There will be a difference between nurses and controls on perceived overall support (non-organizational and organizational).

5. Nurses would report higher emotional exhaustion, depersonalization, and reduced personal accomplishment than their controls.

6. Job stress (severity and frequency), emotional vital signs (trait anger, modes of anger expression (Ax/In, Ax/Out, Ax/Con), and depression) and burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) will correlate differentially in terms of direction and magnitude in nurses and controls.

7. Perceived overall support (non-organizational and organizational) would have a negative relationship with burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) in nurses and controls.

8. A subset of overall job stress, trait anger, modes of anger expression, depression, perceived overall support and burnout would be a significant discriminator of nurses from their controls.

7.3. Sample

65 nurses in the age group of 27 to 50 years, working in Indira Gandhi Medical College, Din Dayal Upadhayay, and Kamala Nehru Hospitals participated in this study. All the participants were full time regular nurses with minimum 5 years of work experience. The mean age of the nurses was 36 years and 1 month (SD=5.87). The control group comprised of 65 non-nursing female staff that provided support to the diagnostic and administrative service to the hospital with only incidental contact with patients visiting the hospital. They were full time employees with minimum 5 years of service. The controls were matched with the nurses so as to have similar distribution of age range (25 to 35 yrs; 36 to 45 yrs and 45+ yrs). The mean age of control group was 36 years and 1 month (SD = 6.28). These control group subjects were matched with nurses in terms of occupational status, marital status, age, gender, and socio-economic background.
7.4. Tools Used

The following tools were used in the present study:

1. The Job Stress Survey (JSS) (Spielberger, 1994; Spielberger and Vagg, 1999).


3. The Hindi version of the Beck's Depression Inventory (BDI) (Kaur, 1994).

4. Functional Social Support Questionnaire (FSSQ) (Singh and Srivastva, 1997).

5. The Maslach Burnout Inventory (MBI) (Maslach and Jackson, 1986).

7.5. Procedure

Each scale was administered to the subjects individually. The scales were administered according to standard instructions and arranged in the following order: (i) The Job Stress Survey (JSS), (ii) The State Trait Anger Expression Inventory (STAXI), (iii) Beck's Depression Inventory, (BDI) (iv) Functional Social Support Questionnaire (FSSQ), and (v) The Maslach Burnout Inventory (MBI). The cover sheet of the scales elicited the demographic data about age, sex, educational qualification, occupation and length of service. The standard instructions pertaining to each scale were followed by the subjects who responded to the test items. Subjects were assured that their results would be kept confidential and would be used only for research purpose.

7.6. Statistical Techniques

1. The t-test was used to compare the nurses and control group with regard to Job Stress (Severity and Frequency), Emotional Vital Signs (Trait Anger, Modes of Anger Expression (AX/In, AX/Out, AX/Con), and Depression), Overall Perceived Support (Non-Organizational and Organizational), and Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).
2. Correlation analysis was used to study the degree of relationship among scores on Job Stress Survey (JSS), T-Anger, Anger Expression Scale (STAXI), Beck Depression Inventory (BDI), Functional Social Support Questionnaire (FSSQ) and Maslach Burnout Inventory (MBI) in both the nurses and control groups.

3. Stepwise discriminant analysis was used to study the difference between nurse and controls with respect to thirteen variables namely Job Stress and its Severity and Frequency, T-Anger, Modes of Anger Expression (AX/In, AX/Out, AX/Con), Depression, Perceived Non-Organizational and Organizational Support and Burnout (Emotional Exhaustion, Depersonalization and Reduced personal accomplishment) simultaneously for interpretation purpose only.

7.7. Findings

The major findings of the present study are as follows

1. Nurses reported greater overall job stress and its severity and frequency of occurrence of stressor events.

2. Nurses reported lesser anger out, higher anger control, and greater depression.

3. Nurses reported greater emotional exhaustion and depersonalization.

4. A positive and significant relationship emerged between overall job stress (severity and frequency) and emotional exhaustion among nurses as well as controls.

5. A positive and significant relationship emerged between overall job stress (severity and frequency) and depersonalization among nurses. Further, a positive and significant relationship emerged between overall job stress, frequency of occurrence of job stress events and depersonalization among controls.

6. A positive and significant relationship emerged between overall job stress (severity and frequency) and reduced personal accomplishment in case of
nurses. Likewise, a positive and significant relationship emerged between severity of job stress and reduced personal accomplishment in case of controls.

7. A positive and significant relationship emerged between trait anger and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) among nurses. However, a negative and significant relationship emerged between trait anger and reduced personal accomplishment in case of controls.

8. A positive and significant relationship emerged between anger-in and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) among nurses as well as controls.

9. A positive and significant relationship emerged between anger-out and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) in case of nurses. However, a negative and significant relationship emerged between anger-out and emotional exhaustion and reduced personal accomplishment in case of controls.

10. A negative and significant relationship emerged between anger-control and reduced personal accomplishment among nurses.

11. A positive and significant relationship emerged between depression and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) in case of nurses as well as controls.

12. A negative and significant relationship emerged between overall perceived support and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) among nurses as well as controls.

13. A negative and significant relationship emerged between non-organizational support and emotional exhaustion and depersonalization among nurses as well as controls. Likewise, a negative and significant relationship emerged between non-organizational support and reduced personal accomplishment in case of nurses.
14. A negative and significant relationship emerged between non-organizational support and burnout (emotional exhaustion, depersonalization and reduced personal accomplishment) in case of nurses as well as controls.

15. Stepwise discriminant analysis revealed that the greatest discrimination resulted from severity of stress, followed by anger-out, depersonalization and reduced personal accomplishment.

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