CHAPTER - SIX
SUMMARY AND CONCLUSION

Adjustment is a behavioral attribute found in both human beings and animals. It means to overcome the obstacles presented by the environment in order to fulfill the needs. In psychological research, adjustment refers to both an achievement or outcome as well as a process. As an achievement, psychological adjustment is a phrase used to denote positive mental health. The concept of positive mental health refers to an individual's state of mind and overall wellbeing. Thus, as a process, psychological adjustment reflects the relative adaptation of an individual to changing environmental conditions. Psychological adjustment is a popular outcome measure in psychological research and often measures such as self-esteem or the absence of distress, anxiety or depression are used as indicators of adjustment. Thus, adjustment mechanism is a device used to achieve an indirect satisfaction of a need in order to reduce his or her tension. The types and frequency of the mechanism differ from individual to individual in his way. Generally, the normal people adopt a healthy mechanism, to protect his ego, which is more or less socially accepted. The hospital situations likely to evoke stress in nurses are familiar. The work arouses strong and conflicting feelings like guilt and state anxiety, the intensity and complexities of nurse's anxieties are to be attributed to the accompanying emotions and having impact on their work performance and their personal life. These negative feelings can act to disrupt or even to destroy mental stability leads to maladjustment (Timmins and Kaliszer, 2002). The research cited shows how high anxiety affects performance, they also show emotionally immature nursing staffs are likely to develop maladjustment, because of the climate that they create by their own inadequacies (Albini et al, 2010). Rafferty et al. (2001) found that nurses who report a higher level of stress were
more dissatisfied with their jobs, planned to leave their job and were likely to have a higher burnout score. They also reported low level of social support during times of difficulty or stress. This led to more negative work attitudes and lesser propensity to co-operate with others. They are disturbed, unhappy, confused and isolated detrimental to the healthy adjustment patterns (Blazer, 2002). Feelings of personal inadequacy, helplessness, inferiority or insecurity or worthlessness undermine the adjustment patterns of nurse and staff in hospital setting (Zerwekh and Claborn, 2003).

Anxiety is a sensation of intense nervousness or worry that most people experience on occasion. Anxiety motivates us to succeed or follow through on our responsibilities. Anxiety may prevent action and lead to failure. State anxiety is defined as an unpleasant emotional arousal in face of threatening demands or dangers. A cognitive appraisal of threat is a prerequisite for the experience of the emotion (Lazarus, 1991). Trait anxiety, on the other hand, reflects the existence of stable individual differences in the tendency to respond with state anxiety in the anticipation of threatening situations. Pierce (2007) also found that anxiety causes nurse and staff to use fewer of the available cues for problem solving. When nurses and staffs are anxious they simply look around less and take fewer environmental cues. Apparently anxious nursing staff usually fails to do well in performance in hospital setting than less anxious nursing staff those who are sufficiently efficient to overcome adverse effects of their anxiety. But within the middle range of intellectual ability anxiety interferes markedly with successful work performance (Smith, 2007). Bodden-Heidrich (2000) described a positive relationship between anxiety and performance in nursing staff of the psychiatric department. In the study, higher level of anxiety tended to be associated with poor performance and need support system. The unpredictability and uncertainty
of mentally ill patients may play role in increasing the level of state anxiety in the nurses when they interact with the patients of the psychiatric unit. In another study, working in the hospitals and facing different types of ill patients may make nursing staff redundant (Doyle, 1997). Such means both an increased workload for nursing staff with jobs and feelings of job insecurity that increases level of anxiety and stress. Other studies revealed that mental health nurses suffered a high degree of burnout because of increased anxiety and stress, sometimes leading to leaving their jobs (Edward and Bumard 2003). Lazarus (1993) advocated a psychological view in which stress is “a particular relationship between the nurse and the hospital environment that is appraised by the nursing staff as taxing or exceeding his or her resources and endangering his or her well-being.” Personality traits also influence the level of anxiety because what may be overtaxing to one person may be exhilarating to another person (Neff, 2007). In a study, psychiatric units have patients with high acuity, high census and rapid turnover related to safety concerns and a shortage of available psychiatric nurses. The findings suggest that mental health professionals confronted with constraints while interacting with the psychiatric patient, to deal with their uncertain behaviors that may influence emotional stability that may lead to state anxiety (Moyle, 2003).

Depression is more prevalent in anxious individuals. However, the construct of depression is clearly distinct from the construct of anxiety, since the latter is a response to perceived threat whereas the former is a response to perceived harm or loss (Lazarus, 1991). Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in
an individual's ability to take care of his or her everyday responsibilities. Increased prevalence of depression in mental health professionals has been associated with age, gender, family history, physical illness/disability, life events (recent and long-term), change in living patterns, social and interpersonal support, financial and educational status, urbanicity, loneliness and personality (Beekman et al., 1995) especially, associated with regular exposure to the mentally ill patients. Oxman et al. (1992) in a study of social support and depression found that poor work performance was significantly associated with depression. However, poor physical health is also correlated with level of depression. The study aims to investigate the extent of aggression exposure and the effects of exposure on the psychological health of nursing staff in hospitals. Results suggested that staff and nurse experienced psychological distress, also experienced moderate to severe depression. Results of the logistic analyses indicated that frequent exposure to aggressive mentally ill patients is detrimental to the mental health of nurses. These findings have implications for the provision of support and other related services for nurse and staff (Hood and Leddy, 2003). Predictors of depressive symptoms were identified in a sample of nursing staff of psychiatric department. The nursing staff developed higher level of depression, anxiety, insecurity regarding job performance that detrimental to the physical and psychological health. The information from this study can guide the development of interventions to reduce depressive symptoms among hospital nursing staff. Reductions in depressive symptoms can advance health and quality of life for the hospital nursing staff. Symptom alleviation or reduction may improve nursing care delivery because distressing symptoms interfere with professional performance among nurse and staff (Welsh, 2009). Clark et al (1991) estimated that the nursing staff of psychiatric ward had ‘significant psychiatric morbidity’ mostly characterized by depression and anxiety. Pascoe et al (2000) examined the
prevalence of depression and anxiety among nurse and staff those are working in psychiatric ward.

Personality is the entire mental organization of a human being at any stage of his development. It embraces every phase of human character: intellect, temperament, skill, morality and every attitude that has been built up in the course of one's life (Warren and Carmichael 1930). An individual's pattern of psychological processes arising from motives, feelings, thoughts and other major areas of psychological function. Personality is expressed through its influences on conscious mental life and through the individual's social behavior (Mayer, 2005). Research on the relationship between personality and burnout, it is found that neuroticism and extraversion appeared to be the most consistent predictors of burnout in a hospital setting. A tendency to underestimate self-performance and a tendency to react with strong emotions and self-criticism in stressful situations (Heck, 1997) seem to be associated with a higher vulnerability to all symptoms of burnout among individuals those are high in neuroticism. The tendency to engage in intense personal interactions among extraverts may counteract depersonalization whereas their optimism and self-confidence (Costa and McCrae, 1992) is expressed in terms of increased feelings of personal accomplishment. The nursing staffs whose personality traits are not suitable for the job find themselves in a potentially disastrous situation. The nursing staff of psychiatric ward placed a higher level of importance on the personality traits of endurance, harm-avoidance, nurturance, lower level of neuroticism, psychoticism, lie factor, stable condition of extraversion. The nursing staff needs to provide consistency in their performance to look after their patients more effectively concerning the importance of personality traits with respect to the competencies to deal with the patient's suffering (Lavoie et al., 2005). Multiple
regression analysis revealed that neuroticism was relatively strongly associated with all scales for burnout, namely personal burnout, work-related burnout, and client-related burnout. In this study, higher neuroticism was reported to be associated with increased reactions to stress, actually personality features are underlying important factors (Tyler and Cushway, 2007). Colucciello (1990) stated that personality traits are involved in the nature of socialization in case of the relationship between nursing staff and patients of psychiatric ward. Wilson (1988) asserted that the nursing staffs learn what knowledge, skills and behaviors are necessary for them to function appropriately in a specific role through the socialization process. The finding of another study indicated that those personality traits that are desirable for all nurses to possess (achievement, autonomy, nurturance, and understanding) the efficiency to deal with the patients. Another finding also indicated that those personality traits that are undesirable in nurses are abasement, aggression, impulsivity and succorance (Nieuwenhuijisen et al., 2010). A finding of the study presented that a positive relationship between neuroticism and burnout existed among nursing staff of general medical ward with many negative experiences. This finding is consistent with the prediction that individual differences in relation to burnout do not reflect an inborn tendency to develop the symptoms typically associated with burnout but rather differential reactions to stressful situations. In other words, certain nursing staff may be more capable of adapting to stressful conditions and of returning quickly to their original levels of well-being than others (Piedmont, 1993). The nurses and staffs who are high in neuroticism may show more emotional reactions whenever confronted with stressful situations (Heck, 1997). Moreover, they seem to use avoiding and distracting coping strategies, such as denying, wishful thinking, and self-criticism, rather than more approaching strategies (Heppner et al., 1995). Ineffective coping with stressful situations in the work environment makes
individuals who are high in neuroticism more vulnerable to the symptoms that are typically associated with burnout.

Environment literally means surrounding and everything that affect an organism during its lifetime is collectively known as its environment. The environment is defined as the whole physical and biological systems in which man and other organisms live. The environment is the surrounding that includes the built environment, natural environment or it could be human environment. This is also known as the social environment and it includes elements like the emotional environment, home, family etc. A hospital is a health care institution providing patient's treatment by specialized staff and equipment. Hospitals may be public (government owned) or private (profit making or not for profit). All types of medical, surgical and special cases (children hospitals, mental hospitals etc), hospital serves in a different way to the patient as and when necessary. In the present study, the main focus is on the psychiatry and non-psychiatry (general medicine) department. General medicine is the branch of medicine that deals with the diagnosis and (non-surgical) treatment of diseases of the internal organs (especially in adults). On the other hand, psychiatric unit, in general, a basic unit of a hospital that provides acute or long-term care to emotionally disturbed patients including patients admitted for diagnosis and those admitted for treatment of psychiatric problems on the basis of physicians’ orders and approved nursing care plans. In a survey of nurses conducted by the American Nurses Association (2001), 76 percent of the nurses stated that unsafe working conditions interfered with their ability to provide quality care. The healthcare workforce is exposed to various occupational hazards on a daily basis. They are exposed to airborne infections in the hospital as well as those acquired through direct contact with patients (Becker, 2006). In addition, other
environmental stressors such as high noise levels, inadequate light and poorly designed workspaces create negative impact on staff health and safety. Proper design of healthcare settings, along with a culture that prioritizes the health and safety of the care team through its policies and values, that can reduce the risk of disease and injury to hospital staff and provide the necessary support needed to perform critical tasks (Zboril, 2002). The result that nearly 45% of nurses of psychiatric unit believed that work stress had directly influenced their health (Zelevinsky, 2002). The study predicted that extrinsic effort and over-commitment would be positively associated with depression and anxiety; and intrinsic reward would be negatively associated with anxiety and depression. The regressions also showed that rewards, extrinsic effort and over-commitment appeared to be more important in the prediction of anxiety and depression. An interaction between over-commitment and intrinsic reward was significant in the anxiety analysis (Brunetto et al., 2006). The work environment in psychiatric care has been found to differ from that of other general care settings. Working in psychiatric care has also been found to be associated with a higher risk for sickness and absence. The psychiatric work environment has been described as complex and characterized by high pressure levels (Cleary, 2010). Morrison et al. (2007) outlined that the lack of engagement and high turnover rates create impact on mental health care organizations. When nurse and staff feel unsatisfied and unappreciated, then they decide to leave the hospital. This puts higher workloads and stress levels on those who are still working there and ultimately this condition further drives down satisfaction for employees who still remain in the hospital.
Considering the above, the present investigation has been designed to study adjustment pattern of nurse and staff engaged in psychiatry and non-psychiatry (general medicine) department of different government hospitals at Kolkata. Accordingly ten hypotheses have been formulated for this investigation (The details of which have been presented under chapter – IV). Accordingly, a group of 200 nurse (100 from psychiatry department and 100 from non-psychiatry - general medicine department) and 200 staff (100 from psychiatry department and 100 from non-psychiatry - general medicine department) were selected as sample in this investigation. The pertinent characteristics of the sample are: (a) age : 25 – 34 yrs and 35 – 44 yrs, (b) educational qualification : at least higher secondary and (c) duration of service : at least 1 year. All the nurses were female and all the staff were male (the details of which have been under Chapter – IV). Seven instruments/ tools, viz., (a) General Information Schedule, (b) General Health Questionnaire, (c) Bell Adjustment Inventory, (d) State Trait Anxiety inventory, (e) Beck Depression Inventory, (f) Eysenck Personality Questionnaire, (g) Perceived Environment of Hospital Setting Questionnaire (developed by the investigator) were used as tools in this investigation (the details of which have been under chapter – IV). Appropriate descriptive statistics (frequency, percentage, mean, standard deviation were calculated for each group for each test separately. Both quantitative and qualitative analyses were done. Comparisons were made by applying t-test.

The major findings of the study are as follows:

• Overall adjustment pattern reveals that the nurse who are engaged in psychiatry department are under the category of very unsatisfactory adjustment, on the other hand, nurse who are engaged in non-psychiatry department (general medicine) are under the category of average
adjustment. Comparative picture reveals significant difference between the two groups.

- Domain-wise adjustment pattern reveals that no significant difference was observed between the two groups of nurse engaged in psychiatry and non-psychiatry department in terms of home and health adjustment.

- Significant difference was observed in case of social adjustment. Nurse who are engaged in psychiatry department are under the category of retiring, on the contrary, nurse who are engaged in non-psychiatry (general medicine) department are under the category of average adjustment. Too much self consciousness during work in front of other people, having few friends than casual acquaintances, difficulty in sharing opinion in group conversation are the significant reasons behind the difference between the two groups of nurse engaged in psychiatry and non-psychiatry department.

- Significant difference was found in case of emotional adjustment. Comparatively better adjustment was observed among the nurses who are engaged in non-psychiatry (general medicine) department than those who are engaged in psychiatry department, although both the groups are under the category of average adjustment. Nervousness and worry are the main reasons behind the difference.

- Occupational adjustment of the nurse engaged in non-psychiatry (general medicine) department is average, on the contrary, unsatisfactory occupational adjustment was observed among the nurses who are engaged in psychiatry department. Dissatisfaction with the nature of job, non-
cooperation from the seniors, conflicts among the colleagues are the main reasons behind this.

- Overall adjustment pattern reveals that the staff who are engaged in psychiatry department are under the category of unsatisfactory adjustment, on the other hand, nurse who are engaged in non-psychiatry department (general medicine) are under the category of average adjustment. Comparative picture reveals significant difference between the two groups of staff engaged in psychiatry and non-psychiatry department.

- Domain-wise comparative picture reveals that no significant difference was observed between the two groups in terms of home, health and social adjustment.

- On the other hand, emotional adjustment differs significantly. Comparatively better adjustment was observed among the staffs who are engaged in non-psychiatry (general medicine) department than those who are engaged in psychiatry department although both the group are in the category of average adjustment. Uncomfortable feeling, excessive consciousness during the work are main reasons behind the difference this.

- Occupational adjustment of the staff engaged in non-psychiatry (general medicine) department is average, on the contrary, unsatisfactory occupational adjustment was observed among the staffs who are engaged in psychiatry department. Criticism, disagreement, interference into personal matters and conflict among the colleagues are the main reasons behind this.
• In connection with state-trait anxiety findings also revealed that no significant difference was observed between the two groups of nurse engaged in psychiatry and non-psychiatry (general medicine) department in terms of trait anxiety. This is true for the staff also.

• State anxiety is higher among the nurse and also among the staff who are engaged in psychiatry department than those who are engaged in non-psychiatry (general medicine) department. The reasons behind the difference are mainly uncomfortable and unpleasant feeling, insecurity and tension. This is opined by the nurse and also by the staff of psychiatry department.

• Considering the level of depression, it can be said that although both group of nurse are under the category of minimal level of depression, still level of depression is comparatively higher among the nurse who are engaged in psychiatry department than those of the non-psychiatry (general medicine) department. Comparative picture reveals significant difference between the two groups. Indecisiveness, loss of energy and irritability are the significant factors behind this.

• Further, it can be said that both group of staff are under the category of minimal level of depression, but, loss of energy, concentration difficulty, tiredness and irritability are more predominant among the staff who are engaged in psychiatry department than those who are engaged in non-psychiatry (general medicine) department. Comparative picture reveals significant difference between two groups.
• Considering personality dimensions (psychoticism, neuroticism, extraversion and lie factor) it can be said that both group of nurse and staff are within the normal range. But, comparative picture reveals that neuroticism is comparatively higher among the nurse who are engaged in psychiatry department than those who are engaged in non-psychiatry (general medicine) department. The reasons behind this are mainly more anxiety, irritation and worry. Further analysis of data reveals that in case of staff, irritation, tiredness, low self esteem and low sociability are more predominant among the staff who are engaged in psychiatry department than those of the non-psychiatry ((general medicine) department.

• Existing environmental condition as perceived by the nurse who are engaged in psychiatry department is more uncongenial and unhealthy than that of the other group. The same opinion was given by the staff also.

• Physical environment, relationship with colleagues and supervisors, interaction with the patient are comparatively better perceived by the nurse who are engaged in non-psychiatry department than that of the psychiatry department. The same opinion was expressed by the staff also.

• Disagreement among the colleagues, unreasonable demands of patient, inadequate infrastructural facilities, lack of maintainance of proper duty charts and working hours are the significant reasons behind the difference as opined by the nurse. On the other hand, non-cooperation from seniors, lack of necessary equipments, lack of opportunities to utilize own
efficiencies and poor relationship with colleagues are the main reasons behind the difference as opined by the staff.

- Besides this, comparison was made between the two groups of nurse and also two groups of staff who are 25-34 yrs and 35-44 yrs old in terms of adjustment pattern. Findings reveal that the more the age the better is the adjustment pattern. This is true for both the nurse and also the staff engaged in psychiatry and in non-psychiatry (general medicine) department respectively.

- Consider the trait anxiety level, it can be said that no significant difference was observed in connection with age difference. But, state anxiety differs. The findings reveal that the more the age, the less is the state anxiety level. This is true for the nurse and the staff also.

- The findings also revealed that the more the age, the less is the level of depression of the nurse and also the staff engaged in both psychiatry and non-psychiatry department.

- Personality dimensions do not differ significantly in connection with age difference. This is also true for the nurse and the staff also.

- Existing environment of hospital setting as perceived by the nurse and also by the staff who are 35-44 yrs old is comparatively better than that of the other group i.e. who are within 25-34 yrs old. Thus, it can be said that the more the age the better is the perceived environment of hospital setting and it is mainly due to adaptation as opined by them.
Applied Value:

- The findings of the present study help to know the adjustment patterns, level of anxiety, depression, personality dimensions and environmental condition as perceived by the nurse and staff of the psychiatry and non-psychiatry department of government hospitals at Kolkata. Nurses and staff experience anxiety and adjustment problems in the clinical setting on a daily basis, nursing staff may be vocationally maladjusted even though he is mentally sound, sometimes vocational difficulties lead to chronic frustration, unhappiness, resentment then there may be indication of mental health problems with maladjustment. From an existential viewpoint, people are apprehensive because of a threat to their existence. Humans are valuing beings who interpret their life, world, and identity with the existence of self. When nurse and/or staff experiences anxiety, depression, they may sense a threat to physical life, which could be death; a threat to psychological life, which could be loss of freedom; or a threat to some value that he or she holds in esteem and views as an essential part of their existence, there is a link between maladjustment and mental ill health. A long time of a day is spent by the nurse and also by the staff in hospital setting. So, measures may be taken to create better environmental condition both physically and psychologically, so that they may adjust with the environment properly.

- It can be said tin this context that there is a need to improve the existing environmental condition of the hospital setting specially by providing adequate infra-structural facilities, supervisory support and proper communication, openness and team work. Job satisfaction and commitment which are adhered to influence hospital productivity and the
performance. Job satisfaction and commitment may help to reduce turnover and absenteeism. Special care may be taken for the psychiatry department than that of the non-psychiatry (general medicine) department so that the level of anxiety, tension and depression will be reduced in comparison to the existing condition.

- Minimization of conflict among the colleagues and the seniors is a dire need to reduce the problem. The restructuring of health care delivery systems and the redesign of nursing roles is creating dramatic changes in the work environment for nurses. A cohesive peer group may compensate for other frustrations from the work environment, and a supportive manager may buffer nurses from effects of less desirable environments. Eight satisfaction factors; extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition and control/responsibility are the significant factors to reduce the problem and also to increase the adjustment level of the nurse and staff of the hospital setting.

- Attention should be given to prepare proper duty-chart, work assignments and leave, reward-based climates, high levels of communication openness and accuracy explained quality of patient care.

- Considering the time schedule, small group meeting may help the nurse and also the staff to get rid of the problem. Professional work-related counselling may give mental support and to develop the skill. The counsellor is expected to treat the matters confidentially and to possess interactional skills as much as expertise in the field of health care.