CHAPTER V

DISCUSSION

The present research was conducted to examine the Quality of Life of nurses and its correlation with psychosocial variables. Study also examined the determinants of Quality of life and psychosocial variables with regard to demographic and work related variables. The sample was drawn from few selected tertiary care hospitals in Udupi and South Canara districts which cater to the health needs of population from five other districts of the Karnataka state located around these two and also the border districts of two neighboring states i.e. Goa and Kerala.

An extensive review was carried out by the researcher to identify the relevant information and outline existing knowledge related to the present research, to identify the gap in the earlier researches which could be addressed in the present research and also to produce a rationale or justification for the present study.

From the studies reviewed the researcher identified that most of the studies had very small sample size. Few studies which had larger sample size, only one or two variables were studied. The present study covered a larger population. Present study gives an explanation with formula used to calculate the sample size. Most of the studies covered in the review of literature used self-reported questionnaires through telephone or mail to get the subjects’ response, which reduced the response rate. But in the present study the researcher directly collected the information from the subjects which ensured the data collected were more valid and reliable.
Most of the studies covered in review included nurses from certain area of work such as oncology, operation room, or intensive care unit whereas in present study researcher included nurses from different areas of work in a general hospital to determine the differences in the variables under the study with reference to the area of work.

The researcher collected the total number of registered nurses working in the selected private medical college hospitals in the area from the administrators of the hospitals. Based on total number of registered nurses, proportionate stratified random sampling was planned to select the subjects from private medical college hospitals. As the population was comparatively very less in government hospitals, after consulting the statistician and the research guide it was decided to include all available subjects from government hospitals. But as the researcher started with data collection it was realised that the actual number of registered nurses in some of the selected medical college hospitals is very less and it was not feasible to go for proportionate stratified random sampling. Hence purposive sampling was used to select the samples from medical college hospitals.

The researcher also felt a need to compare the variables between nurses working in government hospitals and private medical college hospitals considering the differences which exist between the psychosocial variables and work atmosphere of nurses working in private hospitals and the government hospitals. The nurses working in government hospitals receive higher salaries compared to nurses working in private hospitals. But nurses working in government hospitals get transferred to other government hospitals. Though nurses working in private hospitals do not have
transfer, job security is less for them. Use of highly sophisticated equipment is more in private hospitals. Nurses working in government hospitals have legal access to protect their rights, whereas for nurses working in private hospitals this may not be easy. Another privilege which exist in government institutions is the pension scheme. When a nurse is working in private hospitals and is provided with accommodation facility, her spouse also gets a chance to be accommodated in the same institution with her. There is also difference in the leave facilities available for these groups of nurses, nurses working in government hospitals having better leave facilities.

Much care was taken by the researcher in selecting tools to collect the data. All the standardized tools used were culturally sensitive and had a satisfactory reliability. The present study used WHOQOL-BREF to collect data on QOL of nurses. Most of the studies reviewed also used the same tool which shows the wide usage of the tool. Other tools used in the present study also were adopted same in other studies.

Normality of the data was checked by the researcher to decide on choice of parametric or non-parametric statistics for the analysis of the data based on the objectives. Other studies conducted in related areas were designed to find whether there is a significant difference with regard to main variables and selected variables, whereas in the present study advanced statistics was computed to find out wherever the values with apparent significance were found. Wherever values were significant data were further analysed with Bonferroni correction. Median WHOQOL-BREF domain scores according to the demographic and work variables also were computed to know whether there is difference in Quality of life based on these variables. Study
also identified the predictors of QOL in nurses which only very few studies have addressed so far.

This discussion on the findings of the present study with reference to the findings of the other studies conducted among the nurses on same research variables are organized under the following headings in the following section.

- Sample characteristics
- Quality of life
- Predictors of quality of life
- Stress and coping
- Psychiatric morbidity
- Self-esteem
- Social support
- Job satisfaction
- Relationship between Quality of life and psychosocial variables

**Sample characteristics**

In the present study the age of the subjects varied from 21 to 56 years, with mean age of 28.9 ± 7.67 years. Majority (70.2%) of the subjects were in the age group of 21 to 30 years. General Nursing and Midwifery was the professional qualification for 906 (87.1%) of the subjects. With reference to marital status, 555 (53.4%) were single. With regard to type of family, majority (82.5%) were from nuclear family. Data on number of children show that among 485 married subjects most of them i.e. 214 (44.13%) have two children and 17.32% have no children.
Similar findings are reported in a study conducted by Ergun F S (2005)\textsuperscript{15} on quality of life of oncology nurses in Turkey. For the variable age, the mean age was $29.7 \pm 6.74$ and the age of the subjects varied from 19 to 45 years. Most of the nurses were between the ages of 19 and 29 years. In Turkey, till 2005, nursing education was offered for four years following graduation from high school. That could be the reason the minimum age of the participant in this study was 19 years. Whereas in the present study minimum age of the subjects was 21 years because in India Diploma nursing programme is offered for three years after two years of Higher secondary course, and also subjects who had minimum six months of experience only were included in the present study. With regard to years in profession most (41.5\%) of the nurses were with the experience of 0-5 years, which in present study was 1-5 years as one of the sampling criteria was that the nurses had to be working in the hospital for at least six months. Data on marital status showed subjects with single status were more in both studies. This is because in both studies majority of the subjects were in younger age group. Data on number of children show that 81.63\% of subjects in this study had children whereas in the present study 82.68\% had children. In a study conducted by Alfaia dos Santos, Beresin (2009)\textsuperscript{58} to evaluate the quality of life of operating room nurses, 85.71\% of the subjects had children. This similarity in findings may be due to the active reproductive age of the subjects included in these studies. The study being referred to also tallies with the present study finding on age range of the subjects which is 22-52 years. However, the mean age of subjects in the present study is far less compared to the study being referred to i.e. 28.9 Vs.34 years.
Quality of life

In the present study median scores (4) of nurses’ overall perception of quality of life and general health were equal with the mean score 3.87 ± 0.62 and 3.91 ± 0.65 respectively. Similar finding is reported by Ergun (2005)\(^{15}\) where mean scores of QOL were 2.07 ± 0.69 for perceived general QOL and 3.34 ± 0.78 for perceived general health. Supportive findings are also reported by Cimet (2003)\(^{16}\) who conducted a study to determine whether there is a relation between job satisfaction and quality of life with the mean score of 2.8 and 3.22 for the perceived general QOL and perceived general health respectively. The reason for having similar findings may be because all these three studies used the same standardized tool (WHOQOL-BREF).

In the present study with raw score of quality of life of nurses, environmental domain obtained the highest score (26.5 ± 3.8) and social domain obtained the lowest score (11.6± 1.4), whereas in the transformed score within the range of 4-20, social domain obtained the highest (15.5 ± 1.85) score while the environmental domain had the lowest score (13.5 ± 1.93). The physical and psychological domain scores were 14.74 ± 1.86, and 14.4 ± 2.1 respectively. This finding is in agreement with Lee J I et.al (2004)\(^{52}\) who identified correlations between fatigue and quality of life in clinical nurses and found highest score in the social domain of Quality of life followed by physical, psychological, and environmental domains. This reveals that nurses in these studies are satisfied with their personal relationship, sex life and support from their friends. Like in the present study QOL was assessed in this study by using the same QOL scale.
In the study conducted by Alfaia dos Santos, Beresin (2009) the environmental domain obtained the highest score (27.08) and social domain obtained the lowest score (11.37), which supports the present study. With transformed score of QOL also environmental domain obtained the highest score (19.33) and psychological domain obtained the lowest score (13.99), which is contrary to the present study findings. The study being referred to was done among only Operation room (OR) nurses with the sample of 24. The hospital in this study was a large private hospital with a qualified modern structure that offers its employees some benefits, such as health care plan, transport service, day care facilities for employees’ children etc, whereas none of these facilities except health care plan in few hospitals were available for the population under present study. The pay received by the nurses under present study is comparatively less than the salary of the nurses in other countries. Due to the severe shortage of nurses, the subjects in the present study are not in a position to take their break or leisure time during duty. This could be the reason for getting a different finding. Usually in OR the nurses get a chance to receive information from other nurses and health team members during surgeries, and also the interpersonal relationship among the staff in OR seems to be better compared to other areas of work. Physical environment in OR is also safe compared to other areas.

Study conducted by Ergun (2005) tallies with the present study finding where environmental domain ($11.8 \pm 1.94$) had the lowest score. The highest score was in physical domain ($14.52 \pm 2.18$) which differs from the finding of present study. Study conducted by Cimet (2003) also agrees with the present study for the minimum score in environmental domain (11.2).
In the present study significant association was found between quality of life and marital status, monthly income, area of work, working hours and total years of experience \((p<0.05)\). Further analysis of the present study data revealed that nurses who are married, having less work hours, having more years of experience are having better QOL. The reason could be, in India, after marriage the support from the spouse is very significant in playing dual role for a nurse, and also with short work hours (8 hours) they get reasonable time to meet the family needs. By gaining more experience in the profession they are able to adapt to the situation and maintain a balance between job and family. Low income was also associated with low QOL of nurses. Similar findings are reported by Cimet (2003)\(^6\) who found significant association between quality of life and age, economic level, marital status, and duration of working life. Present study finding did not show any significant association between QOL and age.

**Predictors of quality of life**

Stepwise Multiple regression analysis of the present study data revealed variable social support (Standardized Coefficients \(\beta = 0.27\)) followed by job satisfaction (Standardized Coefficients \(\beta = 0.16\)), marital status (Standardized Coefficients \(\beta = 0.13\)), and self-esteem (Standardized Coefficients \(\beta = 0.114\)) as the predictors of QOL. Variables which are negatively related to quality of life are psychiatric morbidity (Standardized Coefficients \(\beta = -0.14\)), stress (Standardized Coefficients \(\beta = -0.13\)), and working hours (Standardized Coefficients \(\beta = -0.07\)). Yu, Hung, Wu, Tsai, Wang, Lin (2008)\(^51\) conducted a cross-sectional research to explore the Quality of life and job satisfaction and their inter-relationships among nurses. Factors affecting quality of life were job satisfaction, happiness of life, health...
status, work stress, and age ($R^2 = 51.0\%$). Job satisfaction as a predictor of quality of life in the study being referred matches with the inference of the present study.

Social support is very important for nurses as it helps individuals to cope with stress. In the present study social support was considered with regard to support from family members, friends and significant others as support from these three sources are very important for them to deal with stressors which in turn improve QOL. There is positive acceptance of nursing as a profession in this part of the country. After higher secondary school many select nursing as their profession, and parents do support the decision of their children. After they complete their nursing course they receive same support from their parents and after marriage spouse becomes another source of support ensuring physical as well as emotional security. Nurses also receive good support from their colleagues and they help them even with financial matters. Indian families have quality time with their family members where they discuss their concerns and issues and get help from others. This might have resulted in getting social support as the main predictor of QOL of nurses in the present study.

**Stress and coping**

In the present study majority of the samples i.e. 60.38% experienced low stress and 38.46% experienced moderate stress and stress was high among 1.16% of the subjects. This is similar to the findings of Snelgrove (1998)\(^74\) which compared stress and job satisfaction in a sample ($N = 143$) of health visitors (HV), district nurses (DN), and community psychiatric nurses (CPN) in mostly urban and some rural areas of a health districts in England and found that the subjects were sometimes to some extent stressed ($M = 57.31; SD = 15.75$). Findings of Williams (2003)\(^77\) also
report the similar finding where nurses surveyed showed a moderate level of job stress (M = 145.2; SD = 31.04; range of 86 - 210). Findings of the present study are also consistent with the findings of Kane (2009) who reported that significant stress of varying severity was experienced by 73.59% of nurses.

The nurses’ role has long been regarded as stress-filled, associated with physical labor, dealing with human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. This will be same whichever setting/place they work. Present study measured the stress nurses experienced at work place only, through nursing stress scale rendering it specific to tap the stress they experience as related to work place. The matter here is whether they are able to overcome the stress they experience. The very good social support received by majority of the subjects possibly has helped them in coping. However further exploration is needed in this area.

Present study revealed a significant association between stress and professional qualification (p= <0.05). Stress is experienced more by the nurses who are qualified with General Nursing and Midwifery. This could be due to inadequate preparation at the basic level as there are many schools of nursing which do not meet the requirements laid down by the Indian Nursing Council as observed by the researcher during the conduct of the study. Many of these schools where the students get their clinical experience do not have well equipped hospital facilities. Those who complete nursing courses in these hospitals are not adequately trained to meet challenges in tertiary care hospitals from where the current sample was drawn. Significant association is also observed between stress and marital status, married
subjects being more stressed than subjects who are single. It may be due to the added responsibilities of the married life which in turn may contribute to the stress at work. Significant association is also observed between stress and area of work, i.e. the nurses working in special ward experience more amount of stress. Patients who are admitted in special wards are usually from higher socio-economic class paying more for the hospital services they receive. Meeting the demands of such a class of service receivers can be naturally stressful. This factor along with compromised training received, could be a major determinant of this finding. No significant association was found between stress and age, type of family, number of children, income per month, working hours, total years of experience and experience in current area of work.

Study carried out by Williams (2003)\textsuperscript{77} reported that the level of stress was more among nurses working in the Newborn Intensive Care Unit (NICU). But this study was conducted among 30 nurses who worked in maternal and child health areas. Kelly, Cross (1985)\textsuperscript{82} report that nurses who were not working in ICUs reported higher levels of burnout than those working in ICUs and Wu, Zhu, Wang, Wang, Lan (2007)\textsuperscript{86} found the scores for burnout of surgical and medical nurses were significantly higher than those of other nurses (P < 0.05). Jaracz, Gorna, Konieczna (2005)\textsuperscript{92} noted a significantly higher level of burnout in general medical nurses. All these studies used different tools for measuring stress. The findings of present study on age does not agree with the study by Kirkcaldy, Martin (2000)\textsuperscript{84} involving 276 nurses in a large hospital in Northern Ireland, who found age as a significant variable related to total stress. Ernst, Mesmer, Franco, Gonzalez (2004)\textsuperscript{24} identified a set of factors that describe nursing satisfaction and stress in the pediatric setting. Job stress correlated significantly and inversely with age, years as a nurse, and years in the organization.
This could be because the nurses get adjusted with the work environment as they gain experience and become older.

Mean stress score was high for the nurses in the sub area of death and dying (7.03±3.1) followed by workload (6.9 ± 3.3) and lowest mean stress score was in the area of lack of staff support (2.7±1.6) and inadequate preparation to deal with emotional needs of patients and their families (2.8 ± 1.6) in the present study. Nurses witness suffering of the patients every day and sometimes death of the patients whom they have cared for. They also deal with patients who do not improve in spite of providing maximum possible care and treatment. They need to perform painful procedures on patients. All these may result in experiencing more stress related to death and dying. As there is acute shortage of nurses in majority of the hospitals in India nurses face problems due to increased work load. They are unable to complete their tasks in time, and have inadequate time to meet emotional needs of the patients, unpredictable staffing may be there and also in most of the hospitals nurses have to do too many non-nursing tasks such as clerical work. Similar findings are reported by Healy, McKay (1999)
72 and Chang, et al (2006)102 who found most common source of nursing stress as workload followed by death and dying. The least reported stressors were perceived lack of staff support and inadequate preparation to deal with emotional needs of patients and their families.

Present study found high mean score (12.2) for Positive reappraisal (efforts to create positive meaning by focusing on personal growth) in the subscale of coping followed by seeking social support which had the mean score of 8.8. Similar finding is reported by a study conducted by Bianchi (2004)89 where nurses used positive
reappraisal, self-controlling skills, and social support to cope with job stress. But these findings are in disagreement with the findings of the study conducted by Chang et al (2006)\textsuperscript{102} who found planful problem solving as the most used coping strategy by nurses followed by self-control and seeking social support. In the cross cultural comparative study conducted by Lambert et al (2004)\textsuperscript{25}only nurses from United States were found to exercise planful problem solving as the most frequently used coping when compared with nurses from Japan, Thailand and South Korea. The reason could be that the problem solving technique might have been inadequately dealt in the nursing curriculum in these countries. This could suggest that planful problem solving is a coping strategy more often used in western countries, such as Australia and the US rather than in eastern cultures.

**Psychiatric morbidity**

A study was conducted by Tzeng (2009) to estimate the prevalence of psychological morbidity among 1,269 health care workers in military hospitals in Taiwan. The survey was completed by 65 physicians, 416 nurses, and 304 other specialists. Nurses had the highest GHQ scores (nurses 32.1% vs. physicians 28.3% and other specialists 22.4%).\textsuperscript{152} Researcher could not locate any prevalence studies conducted on psychiatric morbidity among health care professionals/nurses in India.

With regard to Psychiatric morbidity present study revealed that among 1040 nurses 0.9% had severe distress and 5.6% had some evidence of distress. Normal subjects were 93.5%. Percentage of severe distress (0.9%) in the present study is in agreement with the lower range of the prevalence study on psychiatric morbidity conducted in India which is 0.95%.\textsuperscript{153} Findings of the present study differs from the
Chapter V

Discussion

finding of Yang, Pan, Yang (2004)\(^{132}\) who conducted a study on job strain and the minor psychiatric disorders in hospital nurses in Kaohsiung, Taiwan and identified a total of 443 (48.8%) respondents as having minor psychiatric disorder. Poor social support was identified as one of the factors associated with psychiatric morbidity. Similar finding is also reported in a study conducted by Tabolli, Ianni, Renzi, Di Pietro, Puddu (2006)\(^{154}\) to assess burnout and psychiatric disorders, such as anxiety and depression among nurses working at the IDI-Sanità in Rome. About 33% of respondents showed a GHQ-12 score typical for disorders such as anxiety or depression. Arafa, Nazel, Ibrahim, Attia (2003)\(^{133}\) who assessed psychological well-being of nurses in different job settings in Alexandria found 21.67% of nurses as having moderate to severe psychological symptoms on General Health Questionnaire (GHQ-30). The study by Yussuf (2007)\(^{135}\) compared the levels of morbidity in 3 groups of health professionals (Consultants, Residents, and Nurses) working (who are identified as having probable psychiatric morbidity) in University of Ilorin Teaching Hospital. Fifty (17.9%) nurses with mean scores of 5.2 (SD=2.1) scored four or more on the 30-item GHQ, and were considered as having probable psychiatric morbidity (F=5.7, p=0.005). These differences in findings could be due to the differences in the job description and responsibilities of the nurses working in India and abroad. In countries where the nurses are having equal responsibility as physicians with regard to the care of the patients are also important members of the health care team contributing treatment plans. Thus accountability towards patient care is more for the nurses in these set ups, so also the demands put on them which in turn must be causing increased stress among them. This might be related to psychiatric morbidity rate among nurses working abroad. In present study 66% had very good social support and only 22 (2%) subjects reported poor social support. There was also a weak but
significant negative correlation between psychiatric morbidity and social support, i.e. better social support is associated with lesser score on psychiatric morbidity. This could be the reason for having less percentage of nurses having psychiatric morbidity in the present study.

Self-esteem

Present study revealed that 211 (20.3%) of subjects had low self-esteem, 813 (78.2%) had normal self-esteem and 16 (1.5%) had high self-esteem. Different finding is reported by Fothergill, Edwards, Hannigan, Burnard, Coyle (2000)\textsuperscript{130} who conducted a survey of community mental health nurses (CMHNs) in Wales, UK to determine the levels of stress, self-esteem, coping and burnout and they found a large group of CMHNs (40%) as having low self-esteem. This could be due to the population selected for the study (community mental health nurses). But the present study did not have anyone working in the community set up. In addition and there are differences in role functions of the nurses working in hospital and community set up. On the contrary Balseiro AL, Valle AMJ, Gracida JL, Guerrero OF, Hernandez PML (2006)\textsuperscript{54} in a study in Mexico city found 78.77% of the nurses as having higher self-esteem. Present study did not find a significant association between self-esteem and other selected variables, making it difficult to explain this finding. Study conducted by Harue F, Chiaki A, Kahoru S, Motoi S, Satokok K, Michio O, et.al (2001)\textsuperscript{129} in Japan reported that the mean scores for self-esteem showed a tendency to rise significantly with years of experience which is natural as the years of experience adds to their skill and knowledge in their work. In addition the appreciation they receive from the patients, superiors and other health team members may also contribute to their gaining a better self-esteem.
Social support

In the present study 686 subjects i.e. 66% had very good social support, 32% had good social support and 21 (2%) reported poor social support. Rezaei, Ghaljeh (2009)\textsuperscript{139} conducted a study among 373 nurses who worked in hospitals affiliated to Iran University of medical sciences to determine the state of social support. Eighty five percent of nurses mentioned that the support they receive from their coworkers, head nurses, and supervisors were moderate, whereas 10.7% reported higher social support. Rest 4.3% of the sample reported poor social support. Present study identified a significant association between social support and marital status, which is consistent with study finding reported by Yang, Pan, Yang (2004)\textsuperscript{132} and Hamaideh (2008)\textsuperscript{138}. Further analysis of the present study revealed that nurses who were single had more social support. This could be because most of the unmarried nurses continue to get support from their family members. Further, staying in hostels provides opportunity to form friend circle, resulting in additional accessible support system. However whether single subjects stayed with parents or in the hostel was not explored in the present study to substantiate this explanation. The speculations made are based only on the basis of our culture.

Job satisfaction

Out of 1040 subjects, based on the transformed score majority i.e. 977 (93.94%) were in the category of low job satisfaction and 53 (5.1%) had moderate satisfaction and only 10 (0.96%) subjects had high job satisfaction. This finding is in agreement with the study by Ravindran, Sood (1996)\textsuperscript{143} in a sample of 75 staff nurses working in a large hospital in Delhi. Fifty three percent of nurses in general wards and 48% of nurses in special wards had their scores exceeding mean value, indicating a
higher degree of dissatisfaction. Mrayyan (2005)\textsuperscript{117} conducted a descriptive survey among convenience sample of 438 Jordanian nurses on job satisfaction and retention. They found that subjects were moderately satisfied in their jobs in contrast to the findings of present study. This could be due to the differences in pay scale and the role functions of nurses in India as compared to the other countries. In India nurses are underpaid in most of the private institutions which was evident from the present study (Table 2). Al-Ahmadi (2002)\textsuperscript{125} examined the magnitude and determinants of job satisfaction in nurses working in Ministry of Health hospitals Riyadh, Kingdom of Saudi Arabia and reported the findings similar to the study on Jordanian nurses, i.e. nurses had a moderate level of job satisfaction, or that they are somewhat satisfied with their job. Sparks, Corcoran, Nabors, Hovanitz (2005)\textsuperscript{118} in a study conducted among 152 nurses in US to determine the job satisfaction reported that majority of the sample (59\%) were satisfied with their job. Balseiro, Valle, Gracida, Guerrero, Hernández (2006)\textsuperscript{54} in a study in Mexico city found that 79.23\% of the nurses had satisfaction in the work. The findings of the present study are supported by Al-Doski, Aziz (2010)\textsuperscript{155} who found that most nurses working at a hospital in Iraq were dissatisfied with their job description. In both of these studies salary was rated as the least satisfying aspect of work.

Significant difference in job satisfaction was observed in the present study based on monthly income, area of work, and working hours. Nurses who are having the income of $\textless$5000 rupees per month, are less satisfied with their job. Nurses working in Intensive care unit and nurses working for eight hours per day are having higher job satisfaction. Similar finding is reported by Cimete, Gencalp, Keskin
who found a significant difference in job satisfaction according to their age, economic level, marital status, duration of working life, and position at work.

**Quality of life and psychosocial variables**

In the present study a positive but weak correlation is observed between quality of life and self-esteem, social support and job satisfaction, indicating that Quality of life is dependent on these variables. Quality of life has weak inverse relationship with stress and psychiatric morbidity, which is to be expected. Yu, Hung, Wu, Tsai, Wang, Lin (2008) and Cimete, Gencalp, Keskin (2003) also identified a positive correlation between quality of life of nurses and job satisfaction which supports findings of the present study. Lerner, Levine, Malspeis, Agostino (1994) indicated that job strain was significantly associated with five of nine components of health related QOL including physical functioning, role functioning related to physical health, vitality, social functioning and mental health, once again agreeing with the findings of the present study.

Present study also demonstrated a weak positive relationship between stress and coping, psychiatric morbidity and weak negative relationship between stress and self-esteem, social support and job satisfaction. It may be inferred that when nurses experience high stress, coping ability increases as a measure to overcome stress. But with continued stress chance for psychiatric morbidity becomes more and higher stress tends to affect self-esteem, social support and job satisfaction negatively. Le Sergent, Haney (2005) undertook a survey to identify stressful situations of rural hospital nurses in UK and to examine their stress level in relation to coping strategies and social support. Results indicated a positive relationship between nursing stress
and emotion-focused coping which is also found in the present study; but contradicts the finding on stress and social support. Han, Kim, Kim, Lee (2004)\textsuperscript{97} identified the factors influencing symptoms of stress among hospital staff nurses in Korea. The symptoms of stress showed significantly negative correlation with the score on social support, which is consistent with the findings of the present study.

Jaracz, Gorna, Konieczna (2005)\textsuperscript{92} have reported weak but statistically significant correlation between burnout and coping style which is in line with the findings of the present study. Healy, McKay (2000)\textsuperscript{21} examined relationships between nursing work-related stressors and coping strategies, and their impact upon nurses' levels of job satisfaction and mood disturbance, among a sample of 129 Australian nurses. Results revealed a significant positive relationship between nursing stress and mood disturbance, and a significant negative relationship between nursing stress and job satisfaction which again is in agreement of findings of the present study. A relationship among nurses' job satisfaction, organizational work satisfaction and job stress, is also reported by Ernst Mesmer, Franco, Gonzalez (2004)\textsuperscript{73} and Healy, McKay (1999).\textsuperscript{72} The intensity of stress experienced by nurses correlated positively and significantly with their mental health, as indicated by GHQ-30 in a study conducted by Wong, Leung, Lam (2001).\textsuperscript{17}

With regard to coping positive correlation exists with self-esteem, social support and job satisfaction. It is inferred that when nurses’ coping ability is high their self-esteem increases and when their social support and job satisfaction are high they develop better coping. Weak negative correlation was observed in psychiatric morbidity with self-esteem, social support and job satisfaction which indicates that
psychiatric morbidity erodes self-esteem, social support and job satisfaction. Tabolli, Ianni, Renzi, Pietro, Puddu (2006)\textsuperscript{154} support this finding with regard to psychiatric morbidity and job satisfaction.

Data on self-esteem show a weak positive correlation with social support and job satisfaction in the present study. Harue, Chiaki, Kahoru, Motois, Satokok, Michio, et.al (2001)\textsuperscript{129} also report a significant positive relationship between self-esteem and job satisfaction.

**Summary**

This chapter dealt with the discussion on the findings of the present study with reference to the findings of the other studies conducted among the nurses on similar research variables. It appears that QOL of nurses depends on marital status, monthly income, area of work, daily working hours, total years of experience stress, psychiatric morbidity, self-esteem, social support and job satisfaction and also relationship exist among all the psychosocial variables under the present study.