Chapter - IV
Occupational Stress of Women Nurses
CHAPTER – IV

OCCUPATIONAL STRESS OF WOMEN NURSES

4.1. Introduction to research

The human body has a natural chemical response to a threat or demand, commonly known as the “Flight or fight” reaction, which includes the release of adrenalin. A stressor is an event or set of conditions that causes a stress response. Stress is the body’s physiological response to the stressor, and strain is the body’s longer-term reaction to chronic stress. Stress is a term that is widely used in everyday life with most people having some appreciation about its meaning. Commonly it is believed to occur in situations where there is excessive pressure on someone.

Occupational stress can be defined as the physiological and emotional responses that occur when workers perceive an imbalance between their work demands and their capability and/or resources to meet these demands. Importantly, stress responses occur when the imbalance is such that the worker perceives they are not coping with situations where it is important that they do. It is conceived as pressure from the environment, then as strain within the person. It is the psychological and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressures of the situation. Thus, occupational stress is more likely in some situations than others and in some individuals than others.

The current turbulent environment in the health care field requires nurses to reexamine their practices. Medicine is an inherently stressful profession with long working hours, ethical dilemmas, difficult patients and conflicting demands. Professionally, in true sense the nurses are on 24-hour duty. Many nurses work for long, irregular hours; over one-third of full-time nurses work for 60 or more hours in a week. The physical and psychological demands of the profession often make nurses more vulnerable to high levels of stress. The effects of stress on practice are evidenced as increased errors in prescribing, lack team spirit, more patients’ complaints and sickness absence. Occupational stress and burnout remain significant concerns in nursing, affecting both individuals and organizations.
For the individual nurse, regardless of whether stress is perceived positively or negatively, the response yields physiological reactions that may ultimately contribute to illness. In the health care organization, work stress may contribute to absenteeism and attrition, both of which detract from the quality of care. Hospitals in particular are facing a workforce crisis. The demand for acute care services is increasing concurrently with changing career expectations among potential health care workers and growing dissatisfaction among existing hospital staff. Occupational stress can no longer be considered an occasional, personal problem to be remedied with palliatives. It is becoming an increasingly global phenomenon, affecting all categories of workers, all workplaces and all countries. This trend coupled with its rising cost to the individual, to industry and to society as a whole has greatly heightened awareness of the need for effective and innovative ways of tackling occupational stress.

4.2. Nursing – Origin and Growth

Healthcare is defined as the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions. Healthcare is the maintaining and restoration of health by the treatment and prevention of disease especially by trained and licensed professionals (as in medicine, dentistry, clinical psychology, and public health). It is the prevention and treatment of illness or injury, especially on a comprehensive, ongoing basis.

Canadians should be proud of the legacy bequeathed to them by the nursing profession, which has been in the vanguard of innovation in healthcare from the very beginning of our history. In a society very much dominated by men in a way women of today can hardly imagine, nursing leaders over the last few hundred years have managed to create a highly ethical and capable profession with exacting standards and a reputation in the broader society that must be the envy of other professions.

The early history of nursing in England and North America is really a history of courageous women who ignored their society’s expectations of marriage and child rearing and instead led brave and unconventional lives in order to bring a higher standard of health care to their contemporaries. The record includes caring for soldiers
in times of war from the Riel Rebellion to the Korean War. In fact, the profession gained every time there was a war probably because the public, especially the soldiers, were grateful to nurses for the care they had received on the battlefield and repaid them by allowing them to advance the cause of nursing.

Madam Florence Nightingale, the founder of modern nursing, is a case in point. She gained fame and influence through nursing soldiers during the Crimean War (1854-1856). Her sanitary improvements brought the death toll among the wounded down from 40% to 2%. Because of her fame, she was able to found a nursing school, the Nightingale Training School, in England, which became the universal model for nursing schools. Canadian nurses trace their origins back to Jeanne Mance who by herself came from France to the French colony of Montreal in the 1600’s. She founded the Hotel Dieu hospital, still one of Montreal’s great hospitals and the tradition of Roman Catholic nurses, who were usually nuns, began, although Jeanne Mance herself was a layperson. At the same time, there was a different but parallel secular tradition that developed slowly but eventually became the more dominant one. Until the latter part of the nineteenth century in English Canada, relatives of the sick did informal, untrained nursing under the instruction of doctors.

It began to change in 1874. In that year, in St. Catherines, the Mack School of Nursing was founded the first Canadian nursing school to follow the Florence Nightingale system of nursing and just fourteen years after Florence Nightingale founded her school. In 1889, the Toronto General Hospital opened its own school of nursing again modeled on Nightingale’s principles. Since then, of course, many nursing schools have opened. Today they exist in most universities and many colleges. Since 1874, many nursing leaders have built upon this foundation. One pioneer was Elizabeth Breeze who graduated from Toronto’s Hospital for Sick Children. In 1910, she moved to Vancouver, where she became that city’s first school nurse. Later she was the first director of Public Health Nursing for the city. Just before her death in 1938, she published a text for high school students.
Gaining respect for the nursing profession and ensuring good working conditions and adequate pay has been a constant struggle for nurses. To take a recent example, the “large” pay equity rises of the nineties do not really reflect the value of the work nurses do. The evaluators for pay equity for nurses used a pastry chef as the male job of comparable value, and on that basis nurses were awarded pay rises—to the level of a pastry chef! To equate the responsibility for the life or death of patients with the responsibility of baking a pie is surely an insult to nurses! The fact that nursing has been, and still is, largely a female profession, is the likely reason for such unfair treatment. As we know, women in female dominated professions earn much less than other professions, which are male dominated or a mix of male and female. However, this treatment has history on its side. In the early days of professional nursing, that is, the end of the nineteenth and the beginning of the twentieth century, often only lip service was paid to the Nightingale Training School principles. According to historian Natalie Riegler, hospitals have always used nurses for their own benefit. At this time, many hospitals started their own training schools so that they would have free labour.

**Table 4.1. Public Healthcare Infrastructure in India**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Centres</td>
<td>22669</td>
<td>72.06</td>
</tr>
<tr>
<td>Community Health Centres</td>
<td>3190</td>
<td>10.14</td>
</tr>
<tr>
<td>District Hospitals</td>
<td>4,400</td>
<td>13.99</td>
</tr>
<tr>
<td>State Owned Hospitals</td>
<td>1,200</td>
<td>3.81</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>31459</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: SRS Bulletin January 2011, Registrar General of India, New Delhi

Table 4.1. shows the total number and its proportionate percentage of public health care infrastructure in India. According to the sources it is evident that 22669 numbers of primary health care centres are available which is equivalent to the percentage of 72.06. Regarding the community centres it is around 10.14 percent, 13.99 percent of district hospitals which comprises the number of 4400 and 1200 state owned hospitals constituted the percentage of 3.81.
4.3.  Importance of Nursing in Health Care Sector

Health of the people has a great significance in terms of resources for socioeconomic development. Health programs are mostly established because they contribute to the satisfaction of primary human needs. Health is man’s most precious possession. It influences all his activities. It shapes the destines of people. Without health there can be no solid foundation for man’s happiness. Better health induces positive attitude, conducive to economic growth and modernization. The individuals become better citizens as they hope for the future and work hard to make it better, more pleasant and enjoyable. Health administration is an art as it can help to direct and guide the efforts of those involved in such an organization, towards some specific ends or objectives efficiently. There is a great need to make this art perfect and professional.

A professionally efficient and competent administration is able to serve the people better. Besides, the health personnel must be dedicated to their profession. Good health is a prerequisite to human productivity and development process. A nation’s development depends on the health of its people. Therefore, promotion of health is basic to national progress. The public administration aims at social objective of rendering services to the people. It does not rely on the profit motive as the private sector does. To provide proper health to the people of the nation, there should be a proper administration of health services. Health administration is a branch of public administration which deals with all aspects of the health of the people, with the emphasis on providing good health for its people.

Nursing’s past represents a movement from a role based on family and religious ties and the need to provide comfort and care (because that was perceived as a woman’s lot in life) to an educated person representing the glue that holds the healthcare system together. From medieval times through Nightingale’s time, nursing represented a role that women played in families to provide care. This care extended to anyone in need, but after Nightingale presented what a woman could do with some degree of education, physicians (in many countries the term is doctors) recognized that women needed to have some degree of training. Education was introduced, but
mainly to serve the need of hospitals to have a labour force. Thus, the apprenticeship model of nursing was born. Why would nursing perceive a need for greater education? Primarily because of advances in science, increased knowledge of germs and diseases, and increased training of doctors, nurses needed to understand basic anatomy, physiology, path physiology, and epidemiology to provide better care. To carry out a doctor’s orders efficiently, nurses must have some degree of understanding of cause and effect of environmental exposures and disease causation. Thus, the move from hospital nursing to university training occurred.

Today, many hospitals hold the same view. The view of health — doctors are defined by their scope of practice in treating diseases, whereas nurses are seen as health promoters — adds to the lesser status of nursing (Shames, 1993). The view that nurses are angels of mercy rather than well-educated professionals reinforces the idea that nurses care but really do not have to think; this view is perpetuated by advertisements that depict nurses as angels or caring ethereal humans (Gordon, 2005). Most patients, especially at 3 a.m., when few other professionals are available, hope that the nurse is more than just caring, but a critical thinker who uses clinical reasoning and judgment and knows when to call the rest of the team.

Today, nursing is an applied science, a practice profession. To appreciate the relevance of this statement requires an understanding of professionalism and how it applies to nursing. Nursing is more than just a job; it is a professional career requiring commitment. The current definition of nursing, as defined by the ANA (2010c), is “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.

4.4. Nursing in India – Origin and Growth

Nursing in the West was also characterised by endemic status anxiety, resulting from the gap between what leaders wanted nursing to be - middle-class, professional, ‘noble’ - and what it was in reality - dominated by working and lower middle-class women, requiring labour very close to that of a domestic servant, and often viewed by
the public as morally questionable. In colonial Indian society, working women’s claims about the status and importance of nursing found even less acceptance. Indian society tended to view nursing as not only menial and morally dubious, but also as polluting work typical of lower castes. Meanwhile, though the colonial state preached the importance of good nursing, it in practice treated nurses and the need for their services with contempt. Mission rhetoric was characterized by regret about the mainly low-caste and destitute Indian nursing candidates they attracted, and by a relentless focus on the possibility of attracting a ‘better class’ of students, which contributed further to the centrality of the status discourse. Concern over status also manifested itself in an intense division within nursing, with oppressive hierarchies of race and class coming to characterize the profession.

Nurses came to India from the eighteenth century onwards, and attempts to train Indian nurses are generally thought to have begun around 1867, when missionaries working at St Stephen’s Hospital in Delhi began the systematic instruction of Indian women as nurses. Serious professional development along the lines of the modern trained nursing that had emerged in Britain during the mid-nineteenth century began in India from the start of the twentieth century. The section below concentrates on the period between 1908 - 1947, and seeks to provide an understanding of the status issue as it emerged during this period.

4.5. Women in Nursing – Origin and Importance

The story of women's role in medicine in 19th century, Britain has been dominated by these two iconic figures. They died within a couple of years of one another, but Florence Nightingale was the elder by twenty years, and became an established national heroine when she returned from the Crimean war in 1856. In 1860 a school for nurses was set up under her name at St Thomas' Hospital. This happened nine years before Jex-Blake led her own small group of women students to matriculate in medicine at the University of Edinburgh. The interval of twenty years between their birthdates has some importance in their joint story. By the time that Jex-Blake was immersed in her publicity campaign and legal struggles, Florence Nightingale was already a legend. Although Nightingale continued a vigorous
campaign for reform of military hospitals, she was forever fixed in the public mind through her work in the Crimea. The Nightingale school caused her much trouble, and has not been judged a great success by historians, but it maintained a good public front, and helped to associate her name in the public mind with a particularly disciplined form of nurse training.

It was necessary for the nursing pioneers to hold that woman's natural tendency to heal and nurture overrode her delicacy, and to cite Florence Nightingale's heroism in the Crimea as the triumphant proof of the toughness of the female character. This argument should have been useful to women doctors, for if lady nurses could cope with such horrors in order to save lives, why should educated women be denied the chance of medical education? Yet Florence Nightingale's most famous work was not amongst women and children, but soldiers. The medical profession had no real answer to the argument that nurses were expected to perform the most intimate tasks for male patients, but the first women doctors had to accept that 'woman's ministry to women' was the only argument that counted in their favour. They were, of course, aided by the needs of empire, and well-publicized horror stories of women in purdah in India, dying through lack of medical help because no women doctors were available. Even the Queen dropped her opposition to medical women for the sake of the Indian argument. But the result was to confine women doctors almost entirely to women and child patients until the outbreak of the First World War. Meanwhile, nurses continued to attend to male patients, as they always had done.

4.6. Women in Nursing Profession

Nursing is a health care profession, which is focused on the care of individuals, families, and communities; so that they can attain, maintain, or recover optimum health. Nurses care for individuals of all ages and cultural backgrounds based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs.

In ancient time, nursing care was provided by men and women serving punishment. It was often associated with prostitutes, widows, poor family women and other female criminals. Because of involvement of such type of people the reputation of nursing was low in society and the attitude of people towards it was negative. Ms
Florence Nightingale, the lady with the lamp, a well-educated woman from an affluent family became a nurse and improved the profession drastically in nineteenth century so that people gradually began to accept nursing as a respectable profession in the society. At that time, nursing was seen as employment that needed neither study nor intelligence. In India, nursing suffered due to various reasons like low state of women, system of "pardha" among Muslims, caste system among Hindus, illiteracy, poverty, and political unrest.

Nursing profession continued to grow and over the past 100 years the attitude of the society towards it has changed to some extent. The attitude of most nurses is believed to be negative towards this profession in India. A number of factors determine this negative attitude of nurses which includes low reputation of the profession in society, lack of job description for nurses, absence of criteria for various administrative posts in nursing.

In the 21st century, there is a growing demand of nurses worldwide. In India, there is acute shortage of nurses, and nurse patient ratio is not optimal leading to increased workload for the nurses which compromised patient care. Many strategies are currently needed to address the acute nursing shortage that is threatening health care quality. One strategy is to increase the interest of youth in the nursing profession.

4.7. Women Nurses in India

The initial stages nursing used to be considered a menial job and people had an aversion for persons engaged in the profession. Nurses had to do intensive physical work right from the beginning of the training period till the very end of their professional career. The intensity of work was all the more high during the early period when the number of employees and nursing staff were very small. The roots of the aversion to the nursing profession may be traced to the socio-cultural milieu of the period, shaped by a rigid caste system; even the decline of the system could not erase the attitudes completely from the minds of the people.
The advent of modernity could not make much difference in the casteist mentality of the people either, because modernity in India was not completely an exogenous idea but a fusion between indigenous culture and western ideas. Hence modernity could not erase the notion of cultural superiority embedded in the minds of the Malayalee, especially those who had more cultural capital. A discussion on social space was held with Dr Nizar Ahammed which helped the development of a framework of analysis based on Bourdieu’s notions of cultural capital and social/symbolic capital.

Women have been serving India admirably as doctors and nurses. Lady doctors have been found to perform efficient surgery by virtue of their soft and accurate fingers. They have monopolised as nurses in the hospitals and nursing homes. Very few men have been able to compete with them in this sphere because the women have natural tendency to serve and clean. It is thus natural tendency found in women which motivated Florence Nightingale to make nursing popular among the women of the upper classes in England and in Europe. She showed the way to women kind how nobly they can serve humanity in the hours of sufferings and agonies.

Women nurses are conventionally differentiated from and treated differently, within the common category of working women. Till the 1970s the number of women in the category of workers was quite small. The only major category was that of the teachers. The socioeconomic background of women, especially of the Christian community made them go in for an educational training programme wherein the financial investment was either absent or not burdensome (Oommen, 1978). Even Christians did not consider nursing a desirable career for their women. Parents with several daughters, experiencing economic stress, were heard to be stating bluntly that they have no daughters to be sent for nursing, when somebody makes a suggestion to them. But these parents are seen to have relented later and sent their daughters, most of them the eldest of the lot, for a nursing career. Compared to that of the other working women, the social, cultural, and economic background of the women nurses was invariably very poor.
Historically, nursing in India had evolved under British rule. The British Medical Services, later known as the Indian Medical Services, were the first to develop nursing as a profession in India. The formal education of nurses was started in India under various hospital-based training schools. It was mostly the women from among Anglo-Indians, Europeans and Indian Christians communities who formed the nursing workforce during British rule, and was considered a Christian profession. The participation of Indians in nursing services was considered important by the British for arranging a workforce of Indian nurses who could provide care to the patients and take up necessary administrative and teaching responsibilities (GOI1918). However, the British found out that it was difficult to train Indian nurses because they considered nursing work as menial. The caste and religious norms restricted Hindu and Muslim women from joining the nursing profession (The American Journal of Nursing 1907). The strong caste practices prevalent in India and low social status accorded to nursing profession impacted on the number of Indians taking up nursing (Noordyk 1921).

Under British rule, nursing training was organized and promoted as an educational field. The earliest efforts to regularize nursing education established nursing boards in different parts of India. These nursing boards conducted entrance examinations for nursing training (Gulani 2001). The first examination was held in 1910 under ‘North India United Board of Examiners for Mission Hospitals’. Similarly in 1913, a nursing committee of the South Indian Medical Association conducted examination for a nursing training program. Later on, many government hospitals joined the various nursing boards in India to gain from the public nursing examinations conducted by these boards and to avail recognition given by them (Jaggi 2001). Between the periods of 1920 to 1939, many nursing schools were set up in different parts of India with the objective of standardizing nursing training (Gulani 2001).

Most of the provinces had been able to establish their own nursing schools by the time India obtained her independence. The majority of them were however in South India. Nursing service has been considered an integral part of both the ‘preventive and curative’ aspects of the country’s health system. The development of nursing in India during the post independent period can be traced historically from the
reports prepared by various health committees, the Five Year Plans developed by the Planning Commission of India and other government sources. The estimates on nurses in the country are available from different government sources. The Indian Nursing Council, which was set up in 1950, provides nursing estimates of the country since its inception (Mathur & Manocha 1988).

Table 4.2. Details of availability of Nurses – Country Wise

<table>
<thead>
<tr>
<th>Countries</th>
<th>Physicians/10000 Population</th>
<th>Nurses/1000 Population</th>
<th>Number of deaths under 5 per 1000 live births</th>
<th>Maternal deaths per 100000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>6</td>
<td>13</td>
<td>72</td>
<td>450</td>
</tr>
<tr>
<td>South Africa</td>
<td>8</td>
<td>41</td>
<td>59</td>
<td>400</td>
</tr>
<tr>
<td>Iran</td>
<td>9</td>
<td>16</td>
<td>33</td>
<td>140</td>
</tr>
<tr>
<td>Brazil</td>
<td>12</td>
<td>38</td>
<td>22</td>
<td>110</td>
</tr>
<tr>
<td>China</td>
<td>14</td>
<td>10</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td>Russia</td>
<td>43</td>
<td>85</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>USA</td>
<td>26</td>
<td>94</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Norway</td>
<td>38</td>
<td>162</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Australia</td>
<td>25</td>
<td>97</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Indian Nursing Council

Table 4.2. indicates the availability of health care employees in various countries. As per the statistics the physician available is 6 out of 10000 and which is 0.0006 percent, the availability of physician is high in Russia which is around. Regarding the availability of nurses out of the population of 10000 is only 13 and which is the percentage of 0.0013 and which is also high in Russia around 0.0085 percent. China and India are the most populated countries employ lesser percentage of nurses for health care while compared to other countries.
4.8. Status of Women Nurses in India

There were times when Nursing was considered as low profile profession in India but the definition has changed entirely now. In fact, Nursing has become one of the noblest professions in India as well as across the world. Nursing has been tagged with the term profession because nursing is not everyone’s cup of tea. It is an art in which you need skills to care for sick people. Along with it, you must possess the science of health care and medicine too. Though it is one of the few professional domains in which women are more dominant but these days, even men are becoming successful in it.

Nursing duties cover various kinds of responsibilities, ranging from taking bedside care of patients to managing psychiatric, pediatric, and intensive care patients. There are various levels of skills required in this profession. For critical patients, there are nurses required which have gained experience in specialized skills. Some of the basic duties of a nurse involve dispensing medication, maintaining patient’s progress record, handling and setting of medical equipment, and other administration and assisting chores. Since it requires a lot of hard work and patience, and there are very few who can do justice to this type of work. This is the reason that nursing has become one of the most sought after professions of today’s times. Approximately 10000 students pass out from nursing courses which are held in various colleges and universities across India. On the top of it, the demands for nurses in India and abroad are increasing and they are being paid a handsome salary for the noble deed.

A nurse is a healthcare professional, who along with other health care professionals is responsible for the treatment, safety, and recovery of acutely, or chronically ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings. Nursing requires gentleness, compassion and sensitivity. These are innate qualities of a woman and for this reason women dominate the nursing profession. However, it is a field in which men also have and must continue to contribute. The largest group of workers in the health sector is those in the nursing occupations as nurses and nursing assistants. In a hospital from the general ward to the operating theater, nursing forms an integral part. This is one of the few domains of work that is almost totally dominated by women.
Nursing duties are manifold and cover a wide range of functions and responsibilities that depend with the level of qualification and the working environment. At the initial level, nurses are required for the bedside care of patients, while at senior level they are required to manage special group of people like psychiatric, pediatric, intensive care patients, etc., which require specialized skills. They are also involved in dispensing medication, keeping records of the patients’ progress, setting up and operating medical equipment, administration and several other routine chores. This field is both mentally and physically demanding and nurses are often exposed to health risks from infectious diseases. As such this profession demands long hours of work and duties which incorporate both skill and understanding of patients needs. Those who come forward to take up this as a career has to be patient, courageous, have a service mentality and at the same time be ready to work for extra hours even night shifts.

Changes in society undoubtedly influence the process of professionalization. Nursing, as an occupation, is not at all detached from most recent trends and practices and this is evidently the current vital issue in the field of nursing. Johnson (1972) considers how the term professionalization can be considered in variety of ways. Firstly it may be used to refer to broad changes in occupational structure whereby professional jobs got increased numerically in relation to other occupations. Secondly it may be used in a way of implying an increase in the number of occupational associations which make constant attempt to regularize recruitment and practice in a specific occupation. Another major issue in nursing is viewing nursing profession as only a support service whose duties are directly dictated by and auxiliary to both physician and the hospital administration. It is rarely considered as an autonomous body. Despite with its own skills and area of responsibilities, nursing has constantly suffered indescribable indignities in our society in the past.

Healthcare Institutions like Hospitals, Nursing Homes, Clinics and others present numerous hazards in common with other complex application settings and industries as well as having some unique hazards. A great variety of jobs had performed in medical groups in healthcare facilities like, direct patient care, laboratory and research projects and record keeping, waste disposal, front office, etc., at the
minor part of commitments at the regular intervals in routine assignments. The myriad of occupational hazards to which healthcare workers may be exposed can be classified into five broad categories: biological, chemical, physical, and ergonomic/safety and psycho-social hazards.

The profession of nursing has for long been regarded as one of the noblest profession. This profession involves caring for the sick with due regards to the science of health care. The increase of health consciousness in India had led to a rise in demand for skilled and specialized nurses. This has greatly enhanced the scope for nursing in India.

The nursing duties have a wide range of functions and responsibilities associated with them. The level of qualification of the nurse and the working environment largely determines the functions and responsibilities of the nurse. The nurses at the entry level are required to serve and take care of the patients staying at their bed side. On the other hand, the responsibilities of nurses at senior level include managing special groups of people like psychiatric, pediatric and intensive care patients. The nurses have other responsibilities too, like keeping track of medication dispensed, recording the progress of the patient’s health, setting up and operating medical equipments, administration and several such other routine chores.

The organizations which demand service of skilled and professional nurses are hospitals, nursing homes, clinics and health department, orphanages and old age home, military, schools, industrial houses and factories, railways and public sector medical departments. Nurses can serve as educators in training institutes too. Some of the career options that are available for nurses are in the fields of hospital nursing, public health nursing, community health nursing, industrial nursing, occupational health nursing, psychiatric nursing, pediatric nursing and orthopedic nursing.
Table 4.3. Density of Human Resources for Health per 1000 Population

<table>
<thead>
<tr>
<th>Country</th>
<th>Physicians</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Dentists</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1.06</td>
<td>1.05</td>
<td>0.03</td>
<td>0.11</td>
<td>0.28</td>
</tr>
<tr>
<td>India</td>
<td>0.6</td>
<td>0.8</td>
<td>0.47</td>
<td>0.06</td>
<td>0.56</td>
</tr>
<tr>
<td>Japan</td>
<td>1.98</td>
<td>7.79</td>
<td>0.19</td>
<td>0.71</td>
<td>1.21</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0.55</td>
<td>1.58</td>
<td>0.16</td>
<td>0.06</td>
<td>0.06</td>
</tr>
<tr>
<td>Thailand</td>
<td>0.37</td>
<td>2.82</td>
<td>0.01</td>
<td>0.17</td>
<td>0.25</td>
</tr>
<tr>
<td>U.K.</td>
<td>2.3</td>
<td>12.12</td>
<td>0.63</td>
<td>1.01</td>
<td>0.51</td>
</tr>
<tr>
<td>U.S.A.</td>
<td>2.56</td>
<td>9.37</td>
<td>NA</td>
<td>1.63</td>
<td>0.88</td>
</tr>
</tbody>
</table>


Table 4.3. shows the density of human deployment in health care sector in different countries. The general employment of nurses is very high in U.K. around 12.12 percent and the same is low in India as 0.8 percent. It is seem to be 6.06 percent lesser than U.K. whereas the employment of midwives in India is 0.47 percent and which is reasonable while compared to other countries. It indicates the need of nursing is high in India according to the proportionate increase of population.

4.9. Status of Women Nurses in Indian Hospitals

In India nurses are employed in hospitals from the age group of 25 years to 60 years. It is specifically between 20 to 65 in private hospitals and more than 20 to 60 in government hospitals. The profession of nursing is filled by both male and female categories. In recent years the participation of male employees in nursing jobs is getting increased in addition to the proportionate increase of women nurses. The majority of the nurses employed in hospitals have the graduational background, only a small portion of them have schooling background. Compare to male, female nurses have graduational and post graduational qualifications in addition to the qualification of diploma in nursing. It is surprising to understand that most of the female nurses prefer to work after their marriage and especially nursing is the service industry which requires timeless contribution and it could be the reason for women nurses to encounter occupational stress.
The occupational background of women nurses are ranging from junior, senior, head, staff nurses and it could vary both in government and private hospitals. Some of the women nurses occupy the cadre of nursing superintendent, matron and head nurses in corporate based hospitals and rural public health care systems. Even though women prefer the career of nursing their emoluments are restricted to a maximum of 35000 and many of them still earn lesser than 15000 as their monthly income.

Due to the nature of their occupation, women nurses prefer to live in nuclear families in urban locations whereas women nurses in rural places prefer to live in joint families either by interest or by compulsion. The category of employment of women nurses revolve in government, private, public sectors, corporate hospitals and so on. The lengths of their experience lie between 10 to 15 years for majority of women nurses and those with less than 5 years of experience are negligible in number. It indicates that women prefer to continue in this career and managements concerned are effectively employing measures to retain the women nurses.

The reasons for the preference of nursing as profession in India, varies over one’s ambition, economic need of one’s family, innate service attitude and a love for a career. They may also be influenced by their families, friends, relatives, opinion leaders, reference groups, mentors, teachers and so on. The perception of women nurses about their present career of nursing significantly differs over working condition, environment, work description, packages, support, psychological match up, work pressure, relationship, level of commitment and involvement. In addition to that, their job satisfaction also significantly differs based on their job content, scope for growth, working environment, job flexibility, rewards and recognition.

Nurses form the backbone of medical services and patient care in the health sector. But in India, this important section of workers are highly exploited with lack of respect, dignity and job security at the workplaces and more importantly, paid extremely low salaries.
Men in nursing have expressed concern about gender discrimination. Generally women patients are not assigned to the care of male nurses without the express consent of the patient concerned whereas men are freely assigned to the care of female nurses. This may be the result of women being visualized in the mothering and nursing role.

Poor staffing and resultant mandatory over-time duties for nurses affect their personal work-schedule, including family functions, in addition to causing fatigue and loss of concentration in work. Floating from one practicing unit to an entirely new area unit is another problem affecting the competence of the nurses and the quality of nursing.

Transmission of infection while caring for infected patients, anaesthetic gases that emanate in operation rooms, toxic chemotherapeutic agents used in the treatment of cancer are other hazards likely to put at risk, the personal safety of the nurses as well as the patients. Contact with antibiotics during preparation and administration may cause sensitivity if absorbed through the skin. Cleansing agents and disinfectants are also hazardous if used improperly.

Most biological attacks will be covert and without warning. In general it is difficult to understand the bioterrorism and identify a potential covert event. An alert nurse can save lives, including her own, as she may have the first opportunity to recognize such an event. Anthrax, botulism, plague and smallpox are considered as the four top agents for potential bioterrorism because plague and small pox can spread (person-to-person) and botulism and anthrax can be disseminated to a population via airborne release.

4.10. Nursing and Occupational Stress

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury to the affected person. Stress can reduce the enjoyment in life, cause hypertension, cardiac problems, reduce immunity, contribute to substance abuse, lead to frustration, irritability and reduce the overall status of mental and physical wellbeing.
Nursing is a rewarding and satisfying profession. But, at the same time it can also be extremely stressful. Nursing staff working at the bottom of the hierarchy and in hospitals are the ones who are more stressed out. There is a paucity of data on prevalence of stress amongst nurses in the Indian setting. Stressful work of nurses may propagate substance abuse amongst workers, which they might use to reduce or cope with stress.

Nurses in India, are overburdened as the nurse to patient ratio is low. They are responsible along with other health care professionals for the treatment, safety, and recovery of acutely or chronically ill, injured, health maintenance, treatment of life-threatening emergencies and medical and nursing. Nurses not only assume the role of caregivers but are also administrators and supervisors of patients. These multiple work roles contribute to significant amount of occupation related stress amongst nursing staff particularly to those working at the bottom of the hierarchy, such as staff nurses and nursing sisters end up sharing most of the work burden. Nurses working in large city hospitals show more distress (strain) and lower levels of morale, job satisfaction and quality of work life than others.

It has also been seen that those working in public hospitals are more stressed than their counterparts working in private hospitals. Shift Duties, time pressures, lack of respect from patients, doctors as well as hospital administrators, inadequate staffing levels, interpersonal relationships, death and a low pay scale significantly add to their stress levels.

4.11. Causes of Occupational Stress among Nursing Professionals

In an investigation conducted by the National Institute for Occupational Safety and Health in the USA, nursing was found to be one of the occupations that had a higher than expected incidence of stress-related health disorders. It was found that job stress brought about hazardous impacts not only on nurses’ health but also their abilities to cope with job demands. This will seriously impair the provision of quality care and the efficacy of health services delivery. In a study of job stress among
hospital nurses, it was found that 27% of the subjects experienced physiological symptoms of stress and 38% reported consulting a doctor in the past 6 months. It has also been found that different nurses experience job stress differently.

In recent years stressors are experienced by members of “high risk” occupations and professions; for instance, nursing and emergency workers, whose role is to support others through traumatic conditions. There is a growing recognition that health care professionals, especially emergency department staff, are at risk of experiencing critical incidents. Emergency Department nurses are in a position to deal with additional stressors. These include unexpected numbers of patients at any time, unexpected rapid changes in patients’ situations and response, distressing incidents such as sudden death, patient violence, inappropriate attendees and physical or verbal abuse on a daily basis. Emergency nursing is a highly stressful profession.

Nursing is generally perceived as a stressful and demanding profession. It is both physically and psychologically challenging. There is substantial evidence that nursing is a stressful occupation, which can lead to disruptions in both psychological and physical health and can impair professional practice. Stress is a pervasive and insidious part of everyday life and in the work environment. It is a common theme in nursing. There is a growing body of evidence, which validate that health care providers particularly nurses experience stress in the course of carrying out their work. Occupational stress exists in all professions. But nursing appears to be particularly stressful. In a review of over 100 occupations, using stress rating scale to compare work pressures, nursing had one of the highest scores among the service occupations. Organizational commitment is characterized by a number of desirable outcomes including a strong belief in and acceptance of the goal and values of the organization, a willingness to work hard for the organization, and a desire to maintain membership in the organization.

Sources of occupational stress for nurses can be divided into four areas: workload, organizational pressures, interpersonal interactions, and professionalism. In reality, it is rare that only one source of occupational stress is present. Sources of stress are frequently interrelated and synergistic effects are observed due to a variety
of sources of stress. Interpersonal conflicts may be due to organizational and management issues. The sources of occupational stress among nurses vary between regions, countries, organizations, departments, nursing specialties and individuals. This has been attributed to the different health systems, their culture, availability of resources, nature of work, different educational levels, age, employment contract, work experience and personality traits.

4.12. Factors Inducing Occupational Stress among Nurses

It has been agreed that, in the caring profession, nurses form the largest group of which the principal mission is the nurturing of and caring for people in the human health experience. They provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, visiting oldage homes as well as to clients using supportive and preventative programs and related community services. The nursing profession follows a holistic approach, taking into account, the person in totality in his or her environment. Nurses provide presence, comfort, help and support for people confronted with loneliness, pain, incapacity, disease and even death. The fact that nursing has been extensively and unfailingly recognized worldwide as a stressful job is therefore not surprising.

Work load, shift work, overtime, and covering for absent colleagues were the most common identified stressors. Workload has been demonstrated to be one of the most frequent stressors. Excessive workload was the most frequently cited source of workplace stress. This was a result of the nursing shortage with fewer nurses to care for more patients. Organizational pressure and management issues are also causes for occupational stress - perceived lack of organizational support, lack of resources, lack of autonomy, lack of competence and confidence, lack of communication and guidance apart from low salaries. Absence of reward systems tops it all. Personal responsibility, lack of consultation, lack of materials or resources, inadequate manpower, and having to take risks to complete tasks are sources of institutional stress. Working with different patients, the nurses’ feelings about life, interpersonal conflicts, managing the patients’ pain and the presence of the family also contribute to occupational stress. Ethical conflicts have also been identified as sources of job related stress and anxiety.
Nursing environment includes an enclosed atmosphere, time, pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights, sounds and long standing hours. Nurses are trained to deal with these factors but stress takes a toll when there are additional stressors. Occupational stress is known to cause emotional exhaustion to nurses and this leads to negative feelings towards those in their care. It is acknowledged to be one of the main causes of absence from work. Anxiety, frustration, anger and feelings of inadequacy, helplessness or powerlessness are emotions often associated with occupational stress. If these are exhibited by a nurse, then the customary activities of daily living will be distorted. A nurse who is angry will find it difficult to give holistic care to patients, this makes her negligent in her duties. Occupational stress in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates and errors in treating patient. Effective occupational stress management among nurses is geared towards reducing and controlling nurses’ occupational stress and improving coping at work.

4.13. Women Nurses and Occupational Stress

A nurse is a healthcare professional, who along with other health care professionals is responsible for the treatment, safety, and recovery of acutely, or chronically ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings. Nursing requires gentleness, compassion and sensitivity. These are innate qualities of a woman and for this reason women dominate the nursing profession. However, it is a field in which men also have and must continue to contribute. The largest groups of workers in the health sector are those in the nursing occupations as nurses and nursing assistants. In a hospital from the general ward to the operating theater, nursing forms an integral part. This is one of the few domains of work that is almost totally dominated by women.

Nursing duties are manifold and cover a wide range of functions and responsibilities that depends with the level of qualification and the working environment. At the initial level, nurses are required for the bedside care of patients, while at senior level they are required to manage special group of people like
psychiatric, pediatric, intensive care patients etc., which require specialized skills. They are also involved in dispensing medication, keeping records of the patients’ progress, setting up and operating medical equipment, administration and several other routine chores. This field is both mentally and physically demanding and nurses are often exposed to health risks from infectious diseases. As such this profession demands long hours of work and duties which incorporate both skill and understanding of patients needs. Those who come forward to take up this as a career has to be patient, courageous, have a service mentality and at the same time be ready to work for extra hours even night shifts.

Health sector employs large number of women. Public health nurses in general are burdened with different work. In addition to routine activities like immunization, family planning, and other services, they are also expected to do report writing, attend meetings and so on. Further, they are also engaged in different national programs. Factors such as transfers, postings, poor working conditions and so on add to their work load. The extent of services delivered by the female health workers in public health sector, their work allocation and work load handled by them is a considerable area of research in public health. But the vast area of literature in the area of nursing focuses either on the official duties or the practices of the nurses at hospitals.

In addition to the task demand and shortage of nurses as sources of job stress, it is important to consider the stress associated with the physical nature of the working environment at workplace. The issue on deterioration of working condition due to faulty air-conditioning has created a hostile working environment for medical staff and patients. Air conditioning has become a key element in the running of a hospital, apart from electricity and water.

The women nurses in hospitals encounter the occupational stress due to physical, psychological and other environmental cues. The physical based stress is realized by them due to the age, family and body condition. The psychological based stress is realized by them due to their personality, perception, types of motives, sources of learning and attitude. In addition to that other environmental sources like social support, peer interaction, relations, moral support, travelling time, mode of
operations and so on. In addition to that, the women nurses realize occupational stress in the circumstances of inconvenient working hours, dead line work pressures, heavy patient complaints, improper work schedule, bring family matters at the work place and shift systems.

In addition to that women nurses encounter occupational stress due to personal reasons like age, marital status, life style significantly differ based on their designation, nature of hospitals employed and sources of employment. The aspects related to job like nature of job, working condition, work pressure, work time/schedule, responsibility also significantly differs. The role of income, benefits, other sources of income also influence them to encounter occupational stress. The family related aspects like nature of family, number of members in the family, family issues, children welfare and place of residence also influence them to encounter occupational stress. The nature of personal traits, personality models and make up, the perception towards job, content, work place, nature of work, benefits, supports, relation, the embedded values of individual towards work, the sources of learning, its nature, circumstances also encounter the reason for occupational stress among women employees. The ability to manage the work time with schedules, relationship existence in family and towards work, sharing of feeling, emotions, work values also attribute the occupational stress among the women nurses.


Nurses occupy a particularly interesting position in the provision of health care. Often they are the sole intermediary between the doctor and the patient and in the front line of health services. Nursing requires a great deal of collaboration with people of different professions, social backgrounds, cultures, as well as the ability to take on various roles during a single workday. These might include participation in teams, attendance during rounds and meetings, field trips, palliative work, providing counseling to patients and their families, and social services. These stressful situations obviously caused problems for nurses in their daily work.
Occupational stress that is not well managed will bring negative consequences not only to an employee, but also to the organization. Stress that is not well managed can cause emotional and physical illnesses such as coronary heart disease, cancer, lung problems, diabetes, accident and committing suicide. Also there are some types of occupations which can cause an individual experiencing stress dilemma particularly occupations that involve public citizen and high risk of life, illness and safety. Even though stress is hardly to be eliminated in our daily life, a proper way of coping with stress can be practiced in order to reduce stress understandably a holistic approach in stress management has to be practiced in order to effectively reduce stress. The Ministry of Health Malaysia in 1991, had initiated reducing stress drive through the National Healthy Lifestyle Campaign till to-date. In sum, job stress reduces the employees’ effectiveness in their workplace. In order to reduce job stress, it is vital to understand the contributory factors and their effects on an individual and organization. Although job stress is often detrimental to an individual or organization, effective coping with job stress can often result in substantial benefits.

Occupational stress occurring as a result of work relationships is governed by a poor social environment, which in turn is recognised by a lack of support or help from colleagues or supervisors, poor communication or deficient consultation between managers and employees or bullying and harassment. Even a negative culture based upon blame and denial of a problem, misguided jokes or initiation ceremonies contribute to the disharmony in work relationships. Management style is also grouped amongst these characteristics. Lack of participation by employees in decision-making, poor communication within the organisation and lack of family-friendly policies all form part of the management style influencing work relationships.

Occupational stress resulting from the working conditions to which individuals are subjected. The conditions found in these environments can be unpleasant or may threaten the physical well-being of employees. Conditions such as poor physical working conditions, overcrowding, noise, lack of proper ventilation, air pollution, reduced lighting, poor ergonomics and inflexible or unpredictable hours have been recorded as contributory factors. Individuals in contact with human suffering and people’s reactions to it, or even single incidents of armed robbery or workplace fatality
can be included as factors affecting the workplace environment. Organisational changes, or the threat thereof, have also been documented as stressors that employees have to contend with.

Symptoms of stress can vary among individuals; however, according to Help Guide, they tend to be categorized as cognitive, physical, emotional, and behavioral. Cognitive symptoms can include: memory problems, indecisiveness, inability to concentrate, poor judgment, trouble thinking clearly, seeing only the negative side of an issue, anxious or racing thoughts, constant worrying, loss of objectivity, and fearful anticipation that something will happen. Physical symptoms can include: headaches or backaches, muscle tension and stiffness, diarrhoea or constipation, nausea, dizziness, insomnia, chest pain, rapid pulse, weight gain or loss, skin breakout (i.e. hives or eczema), loss of sex drive, and frequent colds. Emotional symptoms include: moodiness, agitation, restlessness, short temper, irritability, impatience, inability to relax, feeling tense, feeling overwhelmed, a sense of loneliness or isolation, and depression.

Finally, behavioral symptoms can include: eating more or less, sleeping too much or too little, isolating oneself from others, procrastinating, neglecting responsibilities, using substances (i.e. alcohol, cigarettes, or drugs) to relax, nail biting, pacing, teeth grinding, jaw clenching, overdoing activities (i.e. exercising or shopping), overreacting to unexpected problems, and picking fights with others. It should be kept in mind that any of these symptoms may also be the result of other psychological or physical conditions. Therefore, it is imperative for anyone experiencing stress to see his/her health care provider to rule out a medical or psychological condition.

The consequence of occupational stress among the women nurses leads to feeling of tiredness, gender discrimination, self prophecy, reduce learning scope and disturb self motivation. In addition to that it affects the work concentration, work place relationship, commitment on work, consistency of execution and negotiation powers are the aspects that highly require for the career of nursing. In addition to that, occupational stress also attributes the involvement in social gatherings and social
status. The health aspects of women nurses are also affected by occupational stress like temporary disablement, mild diseases, major health hazards, rust out, mental depression, frequent agitation and non co-operative attitude.

Chronic or long-term stress can have devastating effects. A number of medical conditions are related to, or exacerbated by, stress and include: chronic pain, migraines, ulcers, heartburn, high-blood pressure, heart disease, diabetes, asthma, obesity, premenstrual syndrome, musculoskeletal conditions, anxiety, depression, eating disorders, and substance abuse. Thus, it is important for anyone experiencing workplace stress to bring his/her stress level under control in an effort to prevent long-term effects that can result in disruption of physical and psychological well-being.

4.15. Consequences of Occupational Stress among Women Nurses

In reality, stress is the driving force that keeps individuals alert and helps them to achieve higher levels of performance. If individuals are not exposed to the driving force, they often lack positive tension or commitment and boredom, sluggishness and even lethargy may result. It is therefore important to strike a balance between insufficient and excessive stress. This balance is, however, considered to be almost impossible. It is important to note that stress may have negative and positive consequences – depending on the intensity of the stressor and the individual’s perceptions occupational stress has been reported to result in a significant monetary cost for health care systems. This is due to lack of productivity as a result of staff conflicts and health care consumption.

The World Health Organization estimates the cost of stress and stress related problems to organizations to be in excess of $150 billion annually. According to the Health Enhancement Research Organization, a depressed employee is estimated to spend $3,189 annually on health care expenses as compared with $1,679 for a no depressed employee in the UK.

Occupational stress negatively affects individuals’ health and wellbeing. Individual effort-reward imbalance has been associated with burnout, which results from prolonged intense stress. In a study of burnout among nurses in Germany, the
nurses who experienced effort reward imbalance reported higher levels on two of the three core dimensions of burnout. The nurses who identified a negative imbalance between efforts spent on their job and the reward they felt from the job reported feeling more emotionally drained than those who did not. The feelings of personal accomplishment were lowest among nurses who had a mismatch between demands and rewards, and who had high intrinsic effort in their jobs. Emotional exhaustion and burnout have been recognized as occupational hazards for people-oriented professions such as nursing. Brown and colleagues examined demanding work schedules and mental health in nursing assistants working in nursing homes, and reported that working two or more double shifts per month was associated with an increased risk for all negative mental health indicators.

Working 6 - 7 days per week was associated with depression and somatization. In a study of stress, coping and managerial support and work demand among nurses, consistent relationships between work stress and depression, anxiety and job satisfaction were identified. Lack of management support, having job overspill, making decisions under time pressure and lack of recognition by the organization were key predictors of negative effect. Chronic health problems such as cardiovascular disease, musculoskeletal disorders, physical injuries and cancers have also been associated with occupational stress. Mental illness and serious health compromising behaviors such as increased risk for suicide, poor diet, and lack of exercise were also associated with occupational stress.

Individuals’ reaction or response to stress will vary according to a number of factors. The natures of the stressor or demand, as well as the direct or indirect extent of individual involvement are some of the considerations to be reckoned with. However, it must be noted that what may be seen as a challenge by one individual, may be perceived as an impossible task or a boring and repetitious task to another. Individual differences, the nature of coping skills and the assessment as well as the management of stress are all factors influencing the response an individual exhibits following an encounter with a stressor.
The impact of occupational stress creates physical illness, mental pressure, lack of interest in work, conflicts with others and poor presentation in jobs among women nurses. In addition to that occupational stress is felt as an unavoidable aspect in their job. They are also realizing the outcome of the occupational stress towards their patients. The extent of management and institutional support alone cannot avoid occupational stress.

4.16. Strategies Employed by Women Nurses to Manage Occupational Stress

Stress in the workplace is often referred to as occupational stresses. The basic rationale underpinning the concept is that the work situation has certain demands, and that problems in meeting these can lead to illness or psychological distress. Occupational stress is a major health problem for both individual employees and organizations, and can lead to burnout, illness, labour turnover, absenteeism, poor morale and reduced efficiency and performance. Stress is part of everyday life for health professionals such as nurses, physicians, and hospital administrators since their main responsibility focuses upon providing help to patients who are usually encountering life crises. Typically, nurses from both public and private hospitals report a similar pattern of stressful experiences.

Women nurses normally plan their time schedule to manage occupational stress. In addition to that they augment their family bondage, sharing their grievances and feelings with peers, work group and subordinates. In addition to that they involve in the area of mini exercises, relaxation reservoirs and so on. In order to assist the women nurses to manage occupational stress organizations also engage in the periodical training, counseling, reschedule the work, flexible working hours, family care plans, holidays with salary, special trips, establishing relaxation centers and so on.

4.17. Conclusion

Nursing is the category of complementing service which translates the efforts of trained nurses towards healthcare and saving life. The job of nursing always needs sense of commitment, patience and attitude towards sacrifice. It is very hard to devote time for others’ safety and well being. Nurses continuously look for others’ well-being and that to the level of their life saving. In addition to that the individuals
devote their career on nursing jobs to inculcate the character of care, sense of sympathy, attitude of empathy and situation management. In addition to that they also need to develop the character of emotional intelligence and management. The hardest situation encountered by every nurse is managing the behavior of patients in turmoil. But in this aspect, in order to deliver effectively, most of the hospitals and industry prefer women nurses to men. But women nurses under this career and occupation need to execute individual, family, social, environmental, ethical and occupational responsibilities. While compared to male, female nurses need to be cautious in their work place in order to execute their responsibility.

In addition to that, this job of nursing demands relentless work culture, work pressure, rigid working condition, sensitive work atmosphere and care management. All these aspects bring occupational stress among them which seems to be unavoidable and inevitable in limited circumstances. The causes for occupational stress among the women nurses reasonably vary based on their nature of job, type of hospitals employed, experience, designation and personal backgrounds. This chapter also explains the consequences due to occupational stress on personal, social, cultural, psychological, occupational aspects among women nurses. It also describes the ways and means employed by women nurses to manage occupational stress and the sources of support needed to manage the same.

The present chapter narrates the nursing career and the role of women in nursing industry, in addition to that it evaluates the problem faced by women in occupation as general and nursing in particular subsequently, it also covers the basic of occupational stress, its reasons, occupational stress among women employees and women nurses. The impact of occupational stress among women nurses in various dimensions; general undertaking of women nurses socioeconomic and career background and its influence on occupational stress. Finally it also tells the strategies employed by women nurses, in order to manage occupational stress.

The chapter covers the critical review of occupational stress on personal, social, family psychological on work related dimensions among women nurses. In addition to that the previous studies and its outcomes have been critically analyzed through conceptual framework about the occupational stress of women nurses.
References


