The International Journal of Indian Psychology ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)

Volume 9, Issue 3, July-September, 2021

[⊕]DIP: 18.01.107.20210903, [⊕]DOI: 10.25215/0903.107

http://www.ijip.in

Research Paper



Why the Occupational Stress is More for the Private Nurses than Government?

Anwesha Mohanty¹*

ABSTRACT

Being part and parcel of our existence, stress has its roots in every aspect of our lives like personal life, professional life, family life, academic life, etc. Owing to the professional side, people on different levels have been hit by occupational stress resulting from different sources in a broad spectrum. Out of many causes, the most overwhelming cause has been the sectors under which people serve, that is, the Government and Private sectors. The focus of this study revolves around the comparison of occupational stress faced by nurses working in Government and Private Hospitals. The tool used for this study is the "Work-related Stress Questionnaire" developed by Health and Safety Executive (HSE). The sample consists of 40 subjects, 20 nurses from Government sector and 20 nurses from Private sector, are selected on the basis of the convenient sampling method. The results are computed using the appropriate statistical technique and are analyzed thoroughly. The results indicate a significant difference in the occupational stress faced by the nursing staff working under Government and Private Hospitals.

Keywords: Stress, Occupational Stress, Nurses, Government, Private, Hospitals

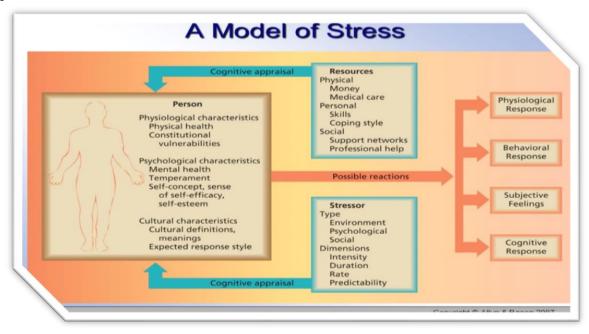
ountless events create stress. Some are major changes affecting large numbers of people – events such as war, nuclear accidents, and earthquakes. Others are major changes in the life of an individual – for instance, moving to a new area, changing jobs, getting married, losing a friend, suffering a serious illness. Everyday hassles can also be experienced as stressors – losing your wallet, getting stuck in traffic, arguing with the lecturer. Some stressors are acute: They only last a short time, such as when we are caught in an unusual traffic jam on the way to an important job interview. Other stressors are chronic: They go on for an extended period, even indefinitely, as when we are in an unsatisfying marriage. Finally, the source of stress can be within the individual, in the form of conflicting motives or desires. Events that are perceived as stressful can usually be classed into one or more of the following categories: traumatic events outside the usual range of human experience, uncontrollable or unpredictable events, events that represent major changes in life circumstances, or internal conflicts.

¹Assistant Professor (Guest Lecturer), Sashi Bhushan Ratha Government (Autonomous) Women's College, Berhampur, Odisha, India.

^{*}Corresponding Author

Stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive and behavioral changes that are directed either towards altering the stressful events or accommodating to its effects. Stress can show itself in many ways. Physical problems can include unusual fatigue, sleeping problems, frequent colds and event chest pains and nausea. People under stress may behave differently, too: pacing, eating too much, crying a lot, smoking and drinking more than usual, or physically striking out at others by hitting or throwing things. Emotionally, people under stress experience anxiety, depression, fear and irritability, as well as anger and frustration. Mental symptoms of stress include problems in concentration, memory and decision making and people under stress often lose their sense of humor.

In 1936, Hans Selye developed his theory of the General Adaptation Syndrome (GAS), which is a stress model that explains the body's physiological response to stress. These stress responses are divided into three stages: alarm, resistance and exhaustion. During the initial phase of the body's reaction to stress (alarm), the fight or flight mechanism is triggered in order to prepare the body for physical activity, thus allowing it to defend itself against a potential threat. The second stage of the body's stress response is characterized by a lowering level of stress due to the body's allocation of energy to damaged tissue. As a result, the stress response during this phase is minimized. Finally, in the exhaustion phase, the body can no longer fight against the stressors because of the depletion of energy resources. Thus, if the cause of stress is not resolved immediately, health issues may occur. Selye's theory of GAS represents a biological explanation of how the body responds and adapts to the presence of stressors.



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 is a dynamic process in which subjective cognitive appraisals of job-related stressors produce negative health and/or behavioral strain outcomes.

The different sectors under which people work also counts under the causes of job stress. Lack of job security, low income, working for long hours, rigid timings, lack of respect, inflexible leave policy etc. are some of the reasons behind the occupational stress faced by people working in private sector than the government sector.

The signs & symptoms of excessive job & workplace stress include feeling anxious, irritable or depressed, apathy & loss of interest in work, sleeping problems, fatigue, trouble concentrating, social withdrawal and using drugs or alcohol to cope.



Extra organizational Stressors

Extra organizational stressors include things such as societal/ technological change, globalization, the family, relocation, economic & financial conditions. It is generally recognized that a person's family has a big impact on one's stress level.

Organizational Stressors

Some specific examples of the organizational stressors include responsibility without authority, inability to voice complaints, inadequate recognition & lack of clear job descriptions or reporting relationships.

Group Stressors

Lack of group cohesiveness: If an employee is denied the opportunity for togetherness or cohesiveness because of the task design, because the supervisor does things to prohibit or limit it, or because the other members of the group shut the person out, the resulting lack of cohesiveness can be very stress producing. Lack of social support: Employees are greatly affected by the support of one or more members of a cohesive group. By sharing their problems & joys with others, they are much better off. If this type of social support is lacking for an individual, the situation can be very stressful.

Individual Stressors: the role of dispositions

For example, individual dispositions such as Type A personality patterns, personal control, learned helplessness & psychological hardiness may all affect the level of stress someone experiences.

Stressful working conditions can lead to three types of strains: Physical Problems Due to Stress: Specific physical health concerns that have been linked to stress include the following: (i) immune system problems, where there is a lessened ability to fight off illness & infection; (ii) cardiovascular system problems, such as high blood pressure & heart disease; (iii) musculoskeletal system problems, such as tension headaches & back pain; & (iv) gastrointestinal system problems, such as diarrhea & constipation; Psychological Problems Due to Stress: High levels of stress may be accompanied by anger, anxiety, depression, nervousness, irritability, tension & boredom. One study found that stress had the strongest impact on aggressive actions such as sabotage, interpersonal aggression, hostility & complaints; Behavioral Problems Due to Stress: The behavioral unit of analysis may be most helpful in analyzing the effects of job stress & conflict. Direct behaviors that may accompany high levels of stress include under-eating or over-eating, sleeplessness, increased smoking & drinking & drug abuse.

An Organization Can Prevent Job Stress by: Ensuring that the workload is in line with workers' capabilities and resources; Designing jobs to provide meaning, stimulation, and opportunities for workers to use their skills; Clearly defining workers' roles and responsibilities; To reduce workplace stress, managers may monitor the workload given out to the employees. Also while they are being trained they should let employees understand and be notified of stress awareness; Giving workers opportunities to participate in decisions and actions affecting their jobs; Improving communications-reduce uncertainty about career development and future employment prospects; Providing opportunities for social interaction among workers; Establishing work schedules that is compatible with demands and responsibilities outside the job; Combating workplace discrimination (based on race, gender, national origin, religion or language); Bringing in an objective outsider such as a consultant to suggest a fresh approach to persistent problems; Introducing a participative leadership style to involve as many subordinates as possible to resolve stress-producing problems; Encouraging work-life balance through family-friendly benefits and policies. Telecommuting is another way organizations can help reduce stress for their workers. Employees defined telecommuting as "an alternative work arrangement in which employees perform tasks elsewhere that are normally done in a primary or central workplace, for at least some portion of their work schedule, using electronic media to interact with others inside and outside the organization."

Some of the coping strategies that can be helpful for workers facing job stress: Individual Coping Strategies: Exercise, Relaxation, Behavioral Self-Control, Cognitive Therapy and Networking. Organizational Coping Strategies are designed by management to eliminate or control organizational-level stressors in order to prevent or reduce job stress for individual employees. The Association for Fitness in Business estimates that thousands of companies today offer stress-coping programs ranging from counseling services, lunchtime stressmanagement seminars & wellness publications to elaborate company-run fitness centers where employees can sweat out the tension.

REVIEW OF LITERATURE

A literature review is a survey and discussion of the literature in a given area of study. It is a concise overview of what has been studied, argued, and established about a topic, and it is usually organized chronologically or thematically.

Gray-Toft and **Anderson** (1981) in their study titled "Stress among Hospital Nursing Staff: its Causes and Effects" of patient-care units including medical, surgical, cardiovascular, surgery, oncology and hospice nursing found that the major sources of stress experienced to be workload, death and dying and feelings of inadequacy in meeting the needs of the patients and their families.

According to **Pines** and **Kanner** (1982) in their research work titled "Nurses' burnout: Lack of positive conditions and presence of negative conditions as two independent sources of stress" found that workload has a negative impact on the relationships among nurses, as they have no time for social contact, interpersonal interaction and positive feedback, discussions on professional issues, determination of the healthcare unit targets and assurance on the importance of their work.

According to Callaghan (1991) in his study titled "Organization and stress among mental health nurses" identified that increased workload has been confirmed as a stressor.

Paul D Tyson and Rana Pongruengphant (2004) in their study related to "Five-Year Follow-up Study of Stress among Nurses in Public and Private Hospitals in Thailand" examined sources of occupational stress, coping strategies, and job satisfaction. He revealed a significant increase in nurses' workload, involvement with life and death situations, and pressure from being required to perform tasks outside of their competence. Although nurses working in public hospitals generally reported more stress than private hospitals, surprisingly nurses' satisfaction with their job increased particularly in public hospitals, which may be attributable to age, improvements in monetary compensation, and organizational support.

Ouzouni (2005) conducted a study on "A research study of the factors causing stress in nursing staff in short treatment psychiatric units" on 89 mental health nurses has shown that among the most frequent sources of occupational stress for nursing staff is the role conflict between family and work. He also identified another important factor which is lack of support and positive feedback to the nursing staff by the administrative executives in the nursing services.

Poncet MC, Toullic P. Papazian L, Kentish-Barnes N, Timsit J F, Pochard F, Chevret S, Schlemmer B, Azoulay E, (2007) studied "Burnout syndrome in critical care nursing staff", Burnout syndrome (BOS) associated with stress has been documented in health care professionals in many specialties. The intensive care unit (ICU) is a highly stressful environment. Little is known about BOS in critical care nursing staff. The study aimed to identify determinants of BOS in critical care nurses.

"Stress in nurses working in intensive care units", conducted by **Cavalheiro-AM**; **Moura-DF Jr**; **Lopes-A** (2008). The present study aimed to identify the presence of stress in nurses working in intensive care units, the stressing agents and symptoms associated to the nurses' perceptions of stress, and to assess the correlation between the occurrence of stress, sources of stress, and symptoms shown by the nurses. Seventy-five nurses took part in the study. The data were collected from questionnaires, analyzed with the Pearson correlation coefficients, and adjusted by general linear models. The study showed the presence of stress related to work dissatisfaction, activities regarded as critical situations in intensive care units, symptoms related to cardiovascular, digestive and musculoskeletal disorders.

Hirak Dasgupta and **Suresh Kumar** (2009) in their study titled "Role stress among Nurses working in a Government Hospital in Shimla" concluded that role overload, self-role distance, role isolation, inter role distance, role stagnation, role expectation conflict, role ambiguity and role inadequacy are the factors causing role stress among nurses.

V. J. C. McCarthy, S. Power and B. A. Greiner (2010) conducted a study on "Perceived occupational stress in nurses working in Ireland". Stress has been seen as a routine and accepted part of the health care worker's role. The study aimed to examine the levels of stress experienced by nurses working in an Irish teaching hospital and investigate differences in perceived stress levels by ward area and associations with work characteristics. The findings suggest that perceived stress does vary within different work areas in the same hospital. Work factors, such as demand and support, are important with regard to perceived stress. Job control was not found to play an important role.

Nirmanmoh Bhatia et al (2010) in their study titled "Occupational Stress amongst Nurses from Two Tertiary Care Hospitals in Delhi" analysed the individual contribution of various stressors; operational in nurse's personal and professional life, to the overall stress levels. Time Pressure' was found to be the most stressful whereas 'Discrimination' was the least stressful of the given possible sources of stress in everyday life. Other highly stressful sources were: handling various issues of life simultaneously with occupation such as caring for own children/parents, own work situation and personal responsibilities.

Christian Negeliskil and Liana Lautert (2011) in their article titled "Occupational Stress and Work Capacity of Nurses of a Hospital Group" aimed to evaluate the relationship between occupational stress and the work capacity index of nurses of hospital group. Social support constitutes a pillar of the occupational conjunctures and a strategy of social organization in the institutions in order to prevent and/or to reduce occupational stress. The aspects considered in the present study are elements that can contribute to the conception and development of measures aimed at preserving the work capacity, prioritizing the monitoring and control of occupational stress with emphasis on the psychosocial work relationships, thus improving the promotion, the protection and the restoration of the health of the workers.

Roberts (2012) explained how stress is related majorly to physical labour, needs of patients and their attendants, untimely working hours and compulsion to work in shifts.

A study by Moradi, Jafarizadeh, Zhiyani, Aghakhani and Alinejad (2017) revealed that challenges faced by the nurses are due to unbalance between needed environmental motivation to work and the heavy workload.

Nandita Kshetrimayum, Darshana Bennadi, Sibyl Siluvai (2019) conducted a study on stress among staff nurses: A hospital-based study where they found a positive correlation between perceived stress and occupational stress among staff nurses of Mysore city.

A study was conducted by **Funmilola Adenike Faremi et. al (2019)** for assessing the occupational related stress among nurses in two selected hospitals in a city southwestern Nigeria where they concluded nurses are susceptible to occupational stress because of intense daily activity.

Aditi Veda and Rishu Roy (2020) conducted a study on occupational stress among nurses: A Factorial study with special references to Indore city where they found that the nine factors like monetary and non-monetary appraisal, ability utilization, time pressure, organization culture, conflicting demands, job climate, matching responsibilities, identification with organization and role expectation responsible for occupational stress among nurses in Indore city.

Krupal Jagdishchandra Joshi et. al (2020) reported a cross-sectional study on the level of job stress among nursing staff and its relation with demographic variables and their work pattern in a tertiary care teaching hospital in Surendranagar, Gujarat which revealed nurses were suffering from mold to severe level of job stress especially young age groups and female nurses were commonly affected.

Objective

To find out the difference between 20 government & 20 private nursing staff in job stress.

Hypothesis

There would be a difference in job stress between government & private nursing staff members.

METHODOLOGY

Type of organization/hospital	Sample size (N)	Tools Required	Mode of data collection
Government	20	Work-related stress	Individual
Private	20	questionnaire developed by	administration
		Health & Safety Executive	

Sample

The sample consists of forty nurses, categorized into two groups, Government and Private. Each group consisting of 20 nursing staffs were selected through convenient sampling method from City Hospital, MKCG Hospital, Namrata Hospital, Amit Hospital, Abhay Hospital, and Safe Cure Hospital of Berhampur town, Odisha state.

Description of the tool used

The "WORK-RELATED STRESS" questionnaire is based on the Managements Standards Indicator Tool produced by the HSE (Health & Safety Executive). The Management Standards define the characteristics or culture of an organization where the risks from workrelated stress are being effectively managed & controlled. It is a data-based questionnaire consisting of 39 statements. It is a questionnaire which consists of number of statements related to individuals engaged in occupation. Each statement is rated on a five-point rating scale having the following five options:

- 1-Never
- 2-Seldom
- 3-Sometimes
- 4-Often
- 5-Always

Procedure

Two convenient samples of government & private hospitals were selected for the present study. The first sample consisted of 20 nursing staff from government hospitals of Berhampur town. The second sample also consisted of 20 nursing staff from private hospitals of Berhampur town.

For collecting data from Government hospitals, the investigator personally approached the CDMO of City Hospital & the Principal & Superintendent of MKCG College located in Berhampur town of Odisha state & explained them the purpose behind conducting the study. After being permitted, she met the staff nurses individually & elucidated their task in the study. Then the nurses were handed over the questionnaires for their responses appropriate to the statements. Sometimes the responses were gathered by the investigator from the nurses by explaining the meaning of the statements concerning the questionnaire & marking their responses accordingly. Proper care was taken to see that all the 39 items in the questionnaire were responded by the 20 Government staff nurses properly. Then the questionnaires were collected from the staff nurses & were thanked for their kind cooperation.

The same process was adopted by the investigator for the second sample (consisting of private nursing staff) to gather responses of 20 staff nurses by meeting the Directors of Namrata Hospital, Abhay Hospital, Amit Hospital & Safe Cure Hospital located in Berhampur town of Odisha state for seeking permission to conduct the study.

(Table I) Data sheet I (Government staff nurses)

Subjects	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Items																				
1	5	5	5	5	5	5	3	5	5	5	5	5	1	5	5	5	5	5	4	5
2	5	3	1	1	1	3	3	1	5	1	1	1	1	1	4	1	5	5	3	1
3	3	1	2	3	3	1	1	3	3	1	3	5	2	4	4	3	3	4	3	5
4	4	5	3	5	5	5	3	5	2	5	3	5	5	5	3	3	4	5	2	4
5	5	1	3	1	4	2	3	1	1	1	3	1	4	3	1	3	3	4	1	3
6	1	1	1	3	1	3	1	1	3	1	1	1	1	4	1	1	4	5	1	1
7	5	5	3	3	5	5	5	5	5	5	5	5	4	2	4	5	5	4	5	5
8	4	3	3	2	2	1	3	5	3	5	3	5	1	2	5	3	2	4	5	3
9	5	5	5	5	5	5	5	5	4	5	3	5	5	5	5	3	4	5	5	5
10	5	5	1	5	5	5	5	5	4	5	2	5	5	3	4	2	5	4	5	1
11	5	5	4	5	5	1	3	5	5	5	5	5	5	5	5	5	5	5	5	5
12	3	1	1	3	5	5	3	1	3	3	1	4	1	2	2	1	3	4	1	3
13	5	5	1	5	2	1	5	5	5	5	5	5	5	5	5	5	5	5	5	5
14	1	1	3	3	1	1	3	4	3	1	3	1	1	4	1	3	3	3	2	3
15	5	4	2	4	1	1	3	5	2	5	1	3	3	4	4	1	5	5	4	3

Subjects	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
16		_	4	_	4	_	4	1	2	1	2	_	1	2	_	_	_	_	5	_
17	5	5	4	5	4	5	4	1	2	1	3	5	1	3	5	5	5	5	3	5
	5	3	4	1	3	5	5	5	3	5	5	5	3	5	4	5	4	5	4	5
18	3	1	2	1	3	1	3	1	4	1	1	1	4	3	1	2	4	3	1	3
19				1	,	-	3	1		-	•	-	7	3	-		-	3	1	
20	5	5	4	5	1	5	3	4	5	5	1	1	5	1	4	1	5	4	1	3
20	5	1	3	1	1	1	5	5	4	3	3	3	5	4	3	3	5	2	5	5
21		,		_	_	_	2				_							_		
22	1	4	1	3	3	5	3	4	1	1	3	1	1	1	1	1	1	3	1	3
	5	4	2	3	1	5	1	4	1	1	3	1	2	5	1	1	1	3	1	5
23	5	5	4	3	4	5	3	5	5	1	2	2	2	5	4	5	1	3	5	5
24	3	3	7	3	4	3	3	3	3	1	2	2	2	3	4	3	1	3		3
25	3	3	2	1	5	1	1	5	3	4	3	5	4	2	3	2	3	3	5	3
25	4	5	3	3	5	3	3	1	4	1	5	4	4	4	2	3	3	5	1	3
26				_	_	_		_	_	_		_							_	
27	5	5	4	3	5	3	4	3	5	5	1	5	3	4	4	5	3	5	5	5
	5	5	1	1	3	5	5	3	5	5	1	5	5	3	5	5	5	4	5	3
28	4	5	3	3	4	3	3	1	3	5	3	1	1	2	4	1	3	3	5	3
29		<i>J</i>	3	3	_	3	3	1	3	3	3	1	1		7	1	3			3
30	5	5	5	3	1	5	3	4	2	5	5	5	4	1	2	3	1	3	3	5
30	4	5	5	5	3	5	5	5	4	1	1	5	5	2	5	5	4	4	4	5
31	_	_		_	_	_	_		_	_		_	_		_	_	_		_	
32	5	5	1	5	3	3	3	1	5	5	1	5	5	2	5	5	5	3	5	3
	5	1	5	1	1	5	1	1	4	3	3	5	5	1	5	4	5	4	4	3
33	2	1	1	2	1	5	3	5	1	1	1	1	1	1	1	1	5	4	1	1
34		1	1		1	3	3	3	1	1	1	1	1	1	1	1	3			
35	1	5	2	4	5	5	1	4	1	1	3	1	1	2	2	1	3	4	3	5
33	4	5	3	5	4	5	5	3	5	3	5	5	5	4	4	5	3	5	4	1
36	,																			
37	4	5	4	2	1	5	3	1	4	4	3	5	2	1	4	4	5	5	5	3
	5	1	3	3	3	1	1	1	4	3	3	3	3	4	3	3	3	5	4	3
38	1	5	1	1	3	5	1	3	1	1	1	1	1	2	1	1	4	1	1	2
39	1	ر	1	1	3	J	1	3	1	1	1	1	1		1	1	4	1	1	
	5	3	5	5	4	3	5	5	4	5	5	5	5	5	5	5	5	3	5	4

(Table II) Data sheet II (private staff nurses)

(Tubie II) Data sheet II (private staj) harses)																				
Subjects	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Items																				
1																				
	5	5	5	5	3	5	5	3	5	3	4	5	5	5	5	5	5	5	5	5
2																				
	3	2	2	3	2	3	5	3	2	2	5	3	4	3	4	3	2	3	3	4
3																				
	5	3	3	2	1	4	4	1	3	4	3	1	5	4	4	1	1	3	2	3
4																				
	4	3	3	3	5	5	4	4	3	3	3	3	4	5	5	4	4	4	5	5
5																				
	4	4	1	5	4	5	5	5	4	4	3	2	3	4	4	3	5	3	4	3
6																				

Subjects	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	4	4	4	2	1	4	4	1	4	5	2	2	5	2	3	2	2	2	4	3
7	5	5	3	5	5	1	3	5	3	5	4	5	3	3	5	3	4	3	4	3
8	4	3	5	4	4	5	4	3	3	4	3	4	4	3	3	3	3	4	5	4
9																				
10	5	5	4	5	5	5	5	3	4	5	5	5	5	5	5	5	4	4	4	4
11	5	5	5	5	5	5	5	2	5	4	3	3	3	2	2	3	3	3	4	4
12	5	5	4	5	4	4	5	5	5	5	4	5	5	4	3	2	2	5	5	3
13	4	2	4	2	3	5	1	3	2	5	2	2	3	3	3	3	3	3	4	3
	5	5	3	5	5	3	5	3	4	3	4	5	4	4	4	3	3	5	4	4
14	5	1	3	1	1	5	1	3	2	5	2	2	5	2	2	2	2	2	3	3
15	4	4	5	3	5	4	5	3	3	5	4	3	4	3	4	4	4	5	4	4
16	5	4	4	4	4	5	5	4	4	5	5	3	5	4	3	3	3	3	4	4
17	5	4	5	4	4	1	5	4	3	5	4	4	5	5	2	2	3	4	5	5
18																				
19	5	1	5	1	4	5	4	2	2	5	4	4	5	4	4	4	3	4	3	5
20	5	5	4	3	5	3	4	3	3	5	5	3	3	3	4	5	2	5	5	5
21	4	4	4	2	3	5	5	4	4	4	4	4	5	3	3	5	4	4	4	4
	1	1	5	1	5	5	4	5	5	5	3	5	5	3	4	4	1	3	4	5
22	4	5	5	2	5	2	1	5	5	4	4	3	5	4	3	4	1	4	4	5
23	4	2	3	1	4	5	5	5	4	5	5	4	5	4	2	3	5	5	4	4
24	5	3	3	3	4	4	4	4	4	2	5	4	3	5	4	5	5	3	5	4
25	4	3	5	5	5	5	3	2	2	5	5	5	5	5	3	5	4	5	3	4
26																				
27	5	5	5	5	5	5	3	5	3	3	4	5	5	3	3	3	4	5	4	5
28	5	5	3	4	5	4	5	5	5	4	4	4	5	3	5	5	4	5	3	5
29	4	2	4	3	5	5	4	3	4	4	5	4	3	5	4	5	3	2	5	3
30	4	4	5	5	4	4	5	3	3	5	4	4	5	3	3	5	5	5	5	4
	5	5	5	5	5	5	5	4	5	4	5	5	4	3	5	3	5	3	3	5
31	5	5	4	4	5	5	5	4	5	5	4	5	3	3	3	4	4	3	3	5
32	4	4	4	4	4	4	5	5	4	4	4	4	5	4	5	5	3	5	4	3
33	3	4	4	4	3	4	1	5	3	4	4	2	4	5	3	5	5	4	4	4
34																				
35	3	4	3	3	4	5	5	5	3	4	5	4	3	3	3	3	3	3	5	5
36	4	5	4	4	3	5	5	5	4	4	4	5	3	5	5	4	5	5	3	3
37	4	4	5	4	4	4	5	4	4	5	2	4	1	5	4	4	4	2	4	4
	4	4	3	3	4	4	3	5	3	4	4	5	3	4	5	3	3	5	3	3
38	<u> </u>	1	<u> </u>			<u> </u>	<u> </u>	<u> </u>				4	<u> </u>							

Subjects	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	3	4	3	1	4	2	3	3	2	5	1		4	4	4	4	2	4	4	4
39												5								
	5	5	5	5	5	5	5	5	5	4	5		5	5	5	5	5	5	5	5

RESULTS

Table III Subjects & two Organization/Hospital.

Subjects	Government (total)	Private (total)
S_1	157	162
S_2	142	148
S ₃	110	154
S ₄	122	135
S ₅	122	155
S ₆	138	164
S ₇	123	160
S ₈	131	146
S ₉	133	141
S ₁₀	123	166
S ₁₁	109	150
S ₁₂	136	149
S ₁₃	121	161
S ₁₄	117	147
S ₁₅	131	145
S ₁₆	120	144
S ₁₇	147	133
S ₁₈	156	150
S ₁₉	134	156
S ₂₀	138	158

(Table IV) Details information of the two Organization/Hospital.

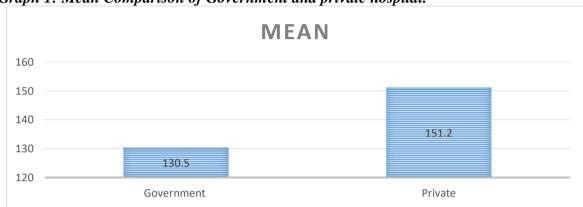
Organization/ Hospital	Sample size (N)	Total	Mean	Standard Deviation (SD)	't'	Degree of freedom (df)	Level of significance
Government	20	2610	130.5	13.11	5.83	38	0.05 = 2.02 0.01 = 2.71
Private	20	3024	151.2	8.98			Significant at both the levels

DISCUSSION

The present study is to find out the difference in job stress of 20 government & 20 private nursing staff working in hospitals. The tool used for this study was the work-related stress questionnaire developed by the Health & Safety Executive (HSE). With the help of the questionnaire, responses of the staff nurses working in different government & private hospitals were collected. Then the responses were analyzed using various statistical measures like Measure of Central tendency (Arithmetic Mean), Standard Deviation (SD) & the 't' test for inferring results. The data sheet I represents the responses of 20 government staff nurses to all the 39 items in the questionnaire. Similarly, the data sheet II presents the responses of 20 private staff nurses. Then the total scores of each government & private staff nurse are exhibited in the table no. III.

The final result table was drawn in which the arithmetic mean, standard deviation & 't' of both government & private hospitals were calculated. The analysis of results shows that the total score of government staff nurses (N=20) is 2610 & its mean score is 130.5. Likewise, the total score of private staff nurses (N=20) is found to be 3024 & mean score to be 151.2. Then the standard deviation for both government & private hospitals was calculated as 13.11 & 8.98. Then the 't' value was calculated by dividing the mean score difference (20.7) with Standard Error of Difference (SEd, which is 3.55) & is found to be 5.83.

Consulting the table no. C of the Statistics in Psychology and Education book by S. K. Mangal, the table value of 't' with the degree of freedom 38 is found 2.02 at 0.05 level & 2.71 at 0.01 level respectively. The obtained or calculated value of 't' is 5.83 which is significant at both 0.05 level & 0.01 level because it is greater than the tabular value.



Graph 1: Mean Comparison of Government and private hospital.

CONCLUSION

Stress is a part and parcel of life which, under control, can be innocuous but when it becomes uncontrollable, can drain out a person in resources leading to many different disorders. Empirical data of the present study concludes that there is a significant difference between the work stress level of nursing staff working in Government and Private hospitals. Private hospital nursing staff suffer from extreme work stress than the Government hospital nursing staff with regards to salary, personal harassment in the form of unkind words or behaviors, working for long hours, bullying at work and more strained relationships among colleagues or managers and employees etc. making it more difficult for them to earn a better livelihood, maintaining proper interpersonal relations at work and looking after their personal life.

LIMITATIONS

The samples used/taken for the study are convenient basis.

- The tool used is a survey questionnaire developed by HSE; the sample size taken is only 20.
- Only the type of organization like Government & Private hospitals is given due emphasis.
- More numbers of female nurses are included in the study.
- Other biographical factors like age, educational qualifications, duration of service (experience), personality etc. are not taken into consideration.

Suggestions

- Random method of sampling should have been used rather than convenient sampling method.
- A standardized test/ tool should have been taken instead of a survey questionnaire.
- Biographical factors like age, sex, educational qualifications, salary (monthly income), and personality of the subject could also have been included in the study.
- In further studies, other organizational areas like banking sector, defense area, police department, technical setup, industrial setup etc. can be included.

REFERENCES

- Bhatia, N, Kishore, J, Anand, T, Jiloha, R C, (2010), "Australasian Medical Journal". Vol 3 (11), 731, DOI: 10.4066/AMJ.2010.289.
- Cavalheiro, A M, Junior, D F M, Lopes, A C, (2008) "National Library of Medicine". Vol 16 (1), DOI: 10.1590/S0104-11692008000100005. https://pubmed.ncbi.nlm.nih.gov/18392527/
- Cheema, S K, Lal, R, (2019) "The International Journal of Indian Psychology". Vol 7 (4), 1125, DOI: 10.25215/0704.130. https://ijib.in/wp-content/uploads/2020/09/18.01.130.2019070.pdf
- Cicarelli, S K, White, J N, Mishra, G, (2018) "Psychology" (5th Ed.), Pearson India education Services Pvt. Ltd. India, ISBN: 978-93-528-6179-8.
- Faremi, F A, Olatubi, M I, Adeniyi, K G, Salau, O R, (2019), "International Journal of Africa Nursing Sciences". Vol 10, 68-73, DOI: 10.1016/j.iijans.2019.01.008 https://www.sciencedirect.com/science/article/pii/S2214139118300696
- Hoeksema, S N, Fredrickson, B L, Loftus, G R, Wagenaar, W A, (2014) "Atkinson & Hilgard's Introduction to Psychology" (15th Ed.), Wadsworth Cenage Learning, United Kingdom, ISBN: 978-1-84480-728-4. https://www.scribd.com/document/292373536/289-2330-1-PB
- Joshi, K J, Kishor, S M, Kartha, G P, (2020), "Indian Journal of Community Health". Vol 32 (2), DOI: 10.97203/IJCH. 2020.v32i02.018 https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/1543
- Kshetrimayum, N, Bennadi, D, Siluvai, S, (2019), "Journal of Nature & Science of Medicine". Vol 2 (2) https://go.gale.com/ps/anonymous?id=GALE%7CA581134987&sid=googleScholar &v=2.1&it=r&linkaccess=abs&issn=&p=AONE&sw=w
- McCarthy, V J C, Power, S, Greiner, B A, (2010), "Occupational Medicine" 60:604-610, DOI: 10.1093/occmed/kqq148
 https://docplayer.net/15913095-Perceived-occupaional-stress-in-nurses-working-in-ireland.html
- Negeliskii, C, Lautert, L, (2011), "Rev.Latino_Am.Enfermagem". Vol 19 (3), DOI: 10.1590/S0104-11692011000300021. www.scielo.br/scielo.php?script=sci_arttext&id=S0104_11692011000300021&Ing=en&tIng=en
- Taylor, S E, (2018) "Health Psychology" (10th Ed.), McGraw Hill Education, New York, ISBN: 978-1-259-87047-7.
- Tyson, P D, Pongruengphant, R, (2004) "International Journal of Nursing Studies". Vol 41 (3), DOI: 10.1016/S0020-7489(03)00134-2 https://www.researchgate.net/publication/8691515_Five_year_follow_up_study_on_stress_among_nurses_in_Public_&_private_hospitals_in_Thailand.

Veda, A, Roy, R, (2020), "Journal of Health Management". Vol 22 (1), DOI: 10.1177/0972063420908372.

https://journals.sagepub.com/doi/full/10.1177/0972063420908392

Acknowledgement

The project is the result of the dedicated effort. It gives me immense pleasure to convey my heartfelt thanks to my former HOD, Ms. Naina Rawal for her co-operation, valuable suggestions and able guidance in working out on the project. I am extremely grateful to my parents for their constant encouragement and support without which the project couldn't have been an easy journey.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Mohanty A. (2021). Why the Occupational Stress is More for the Private Nurses than Government? International Journal of Indian Psychology, 9(3), 1159-1172. DIP:18.01.107.20210903, DOI:10.25215/0903.107