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Research Paper

A Study of Occupational Stress and Its Correlates Among Nurses

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ABSTRACT

Nurses play a crucial role in healthcare and are champions for health promotion in the society. They play an essential role in prevention as well as cure of health problems. Numerous studies have shown that nurses face a variety of pressures while working that go beyond their interactions with patients. Daily exposure to such pressures has the potential to harm their mental health. The aim of the present study was to explore Occupational Stress and its correlates viz. Burnout, Work Fatigue, Compassion Fatigue, Quality of Work Life and Neuroticism among nurses. In addition, the relationship between the aforesaid variables was also explored. The study was conducted on a sample of 160 nurses (80 males and 80 females) practicing public and private sector hospitals at Chandigarh, Mohali (Punjab, India) and Panchkula (Haryana, India). Their age range was 35 to 45 years. t-ratios were calculated to study differences among scores obtained by male and female nurses. Results revealed that in comparison to male nurses female nurses scored higher on Occupational Stress, Burnout, Work Fatigue and Neuroticism. Nurses practicing in public sector hospitals scored higher on all variables. Occupational stress was also found to be significantly and positively associated with all variables except Quality of Work Life.

Keywords: *Occupational Stress, Burnout, Work Fatigue, Compassion Fatigue, Quality of Work Life, Neuroticism, Nurses*

Nursing is a multi-dimensional concept that has been understood as an occupation, service, science and art. The objectives of nursing include prevention of diseases, promoting health, offering care and providing physical and psychological support. The genesis of the word 'nurse' is 'nourish' implying that nurses are individuals who nourish others by providing food and other resources that that are "necessary for growth, health and good condition" (Sochalski & Melendez-Torres, 2013). Brown (2015) stated that nurses saw patients as individuals with "physical, social, spiritual, and emotional needs" and strived to provide individualised care to the patient by identifying what is important to them. Given the weight of the responsibilities that are placed on nurses, stress is a major concern in the profession of nursing. Paul (2018) opined that stress in nursing is an endemic problem and found stress to be significantly related with psychosomatic symptoms (including backache, neck-stiffness, increased consumption of caffeinated products) among nurses practicing in hospitals in Indian setting. Faremi et al. (2019) stated among nurses, stress

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might lead to absenteeism owing to the physical, emotional and psychological impact that it has on an individual. This further may have considerable costs for functioning of the department and quality patient care. The present study attempts to explore gender differences in Occupational Stress and its correlates viz. Burnout, Work Fatigue, Compassion Fatigue, Quality of Work Life and Neuroticism among nurses practicing in selected public and private sector hospitals. The relationship between the aforesaid variables was also explored. In addition, a regression equation was also run with Occupational Stress as the dependent variable to determine the predictors of Occupational Stress among nurses.

Occupational Stress

Lazarus and Folkman (1984) defined stress as a "relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being". Occupational stress is the result of an interaction between work related factors and an individual such that there are physiological and/or psychological changes in the individual. Such changes deviate the individual from optimal functioning.

According to Srivastava and Singh (1984), occupational stress is the result of an interaction of various dimensions including role overload, role ambiguity, role conflict, unreasonable group and political pressures, responsibility for persons, under participation, powerlessness, poor peer relations, intrinsic impoverishment, low status, strenuous working conditions, and unprofitability. Incongruence between the requirement of the job and the capabilities, resources and needs of the employee to cope with the job demands brings about such "physical, mental and emotional wear and tear" in an individual (Akinboye et al., 2002). Occupational stress can thus be understood as an adverse reaction to workplace responsibilities or demands such that the demands outweigh the capabilities of the employee.

Job stress has been related to job attitudes, including job satisfaction, affective organizational commitment, and turnover intentions (Sweeney & Quirin, 2009). Excessive occupational stress has been linked with increased susceptibility for physical and mental health issues, decreased job satisfaction, role conflict, and role stress (Tatsuse & Sekine, 2013; Sousa, 2019; Liu et al., 2021). A high level of occupational stress and burnout has been found to reduce nursing practice quality (McCann et al., 2009). Occupational stress has also been negatively associated with organizational justice (Sehgal & Verma, 2017).

Stressors among Nurses

The interaction of organizational factors and individual characteristics lead to stress among nurses (Moustaka & Constantinidis, 2010). Wu et al. (2010) investigated sources of stress in nurse sand found that role boundary, role insufficiency, responsibility, social support, self-care, nurse-patient relationship, role overload, rational coping and night shift were significantly related with stress at work in a decreasing order. They also stated that nurses have to work in highly stressful situations which might have a detrimental effect on their well-being and mental health.

Sharma et al. (2014) studied stress among nurses practicing in a private sector tertiary hospital in India. They stated that stress was a state, not an illness, that was a consequence of exposure to a number of demands at the workplace. They found that nurses had moderate to severe levels of stress and key stressors at workplace included doctor's attitude towards nurses, department of posting, inadequate pay, excessive work, time pressure and tiring job

with insufficient time for rest and meals. Adzakpah et al. (2016) identified "inadequate motivation, inadequate staffing levels, handling a large number of patients alone, lack of break during shifts, and nursing difficult patients" as major causes of stress in nursing. Chaudhari et al. (2018) studied the prevalence and causes of stress in nurses depending upon the years of experience on an Indian sample and found that "conflicts with supervisors, patients as well as their families, and workload" were the primary causes of Stress among nurses.

Earlier researches in this areas have explored how occupational stress is influenced by other factors. Dartey at al. (2023) identified major contributors to the development of occupational stress among nurses and highlighted general body pain and fatigue as one of the factors. Aslan et al. (2022) found that compassion fatigue and work stress were positively related in nurses working at a university hospital. Xie at al. (2023) also reported occupational stress as one of the predictive factors of compassion fatigue. Neuroticism and compassion fatigue are also associated in research (Mirutse et al., 2023). Quality of work life has also been studied as a correlate of work stress (Hwang, 2022).

Gender and Nursing

According to Evans (1997) nursing, as a profession, is characterized by stereotypical feminine traits of "nurturing, caring, dependence, and submission" that contrast sharply with masculine traits like "aggression, dominance, self-control, and objectivity". Consequently, male nurses are channelled into areas of specialization that reflect such masculine traits (Evans, 2004). Yada et al. (2014) noted that male nurses were aware of the stereotype that identified nursing as a female profession and were, thus, more gender conscious than female nurses. Male nurses were aware that some female patients might not prefer accepting personal care from them or be treated by them. This, coupled with the perception that the workplace is dominated by female nurses, might lead to anxiety in male nurses.

Nabirye et al. (2011) found that in comparison to female nurses, male nurses scored higher on Occupational Stress. Yada et al. (2014) examined job Stress among nurses practicing in psychiatry department. They stated that nurses exhibited a tendency to engage in certain tasks on the basis of their sex even though the job profile of nurses remained same for both sexes. While female nurses invested more time in building rapport with patients and developing relationships with colleagues, male nurses were more involved with patients who turned aggressive. Further, Lee and Cho (2016) concluded that male job stress was higher among male nurses. Male nurses had higher scores on stress than female nurses in the areas of autonomy, interpersonal conflict, and lack of reward.

Hypotheses

- **H1:** Gender differences were expected in Occupational Stress and its correlates viz. Burnout, Work Fatigue, Compassion Fatigue, Quality of Work Life and Neuroticism among nurses.
- **H2:** Occupational Stress was expected to be positively related with Burnout, Work Fatigue, Compassion Fatigue and Neuroticism among both male and female nurses.
- **H3:** Occupational Stress was expected to be negatively related with Quality of Work Life among both male and female nurses.
- **H4:** Nurses practicing in Public sector hospitals were expected to score higher on Occupational Stress, Burnout, Work Fatigue, Compassion Fatigue and Neuroticism and score lower on Quality of Work Life.

METHODOLOGY

Sample

The sample comprised of 160 nurses (80 males and 80 females). The age range of the nurses was 35-45 years. All were married. They had been practicing at least for 8 years. They were employed in public and private sector hospitals in Chandigarh, Mohali (Punjab) and Panchkula (Haryana).

Tests and Tools

The following standardized tests were used-

1. **Occupational Stress Index (OSI):** 46-item OSI questionnaire developed by Srivastava and Singh (1984) was used to measure occupational stress in nurses. It comprised of 12 sub-scales. The reliability of OSI by split half method and Chronbach's Alpha was .935 and .90 respectively.
2. **Burnout:** 22-item Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981) was used to assess Burnout. It comprised of 3 sub-scales namely Emotional Exhaustion, Depersonalization, and sense of Personal Accomplishment. Cronbach's alpha for Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment was found to be 0.90, 0.79 and 0.71 respectively.
3. **Three-Dimensional Work Fatigue Inventory (3D-WFI):** Work Fatigue was assessed using 18-item 3D-WFI developed by Frone and Tidwell (2015). It comprised of 3 sub-scales namely Physical, Mental and Emotional Work Fatigue. The Cronbach's co-efficient alpha for Physical Work Fatigue, Mental Work Fatigue and Emotional Work Fatigue was 0.94, 0.95 and 0.96 respectively.
4. **Compassion Fatigue:** Compassion Fatigue was measured using Professional Quality of Work Life Scale IV-R developed by Stamm (2005). The sub-scale had 10 items and had a high internal consistency of 0.87.
5. **Quality of Work Life:** This variable was assessed using Quality of Work Life Inventory developed by Sinha and Sayeed (1980). The inventory had a alpha reliability of 0.97 (Sinha & Sayeed, 1980).
6. **Neuroticism:** Neuroticism dimension was assessed using the same dimension on NEO- Five Factor Inventory by Costa and McCrae (1989).

Procedure

Nurses from three major public sector hospitals and three major private sector hospitals in Chandigarh, Mohali (Punjab) and Panchkula (Haryana) were approached. The participants were briefed about the nature and purpose of the present study. Participants were assured of the confidentiality of their personal information in order to elicit their true responses without any fear of inhibitions. Standardized psychological tests were administered to the participants.

RESULTS

Means and standard deviation were calculated. t-ratios were calculated to find out significant differences between means of the following groups: male nurses vs female nurse and nurses practicing in public sector hospitals vs nurses practicing in private sector hospitals. Table 1 shows means, standard deviations and t-ratios comparing mean scores obtained by male and female nurses on Occupational Stress and its correlates viz. Burnout, Work Fatigue, Compassion Fatigue, Quality of Work Life and Neuroticism. The results reveals that in comparison to male nurses (Table 1), female nurses scored higher on Occupational Stress ($t=11.64$, $p<.01$), Burnout ($t=4.64$, $p<.01$), Work Fatigue ($t=7.75$, $p<.01$) and Neuroticism

(t=23.18, p<.01). Therefore, H1 stating that gender differences were expected on the said variables was majorly accepted.

Table 1

Variables	Male Nurses (n=80)		Female Nurses (n=80)		t
	Mean	SD	Mean	SD	
Occupational Stress	124.59	14.25	168.35	30.47	11.64
Burnout	72.09	13.41	81.52	12.31	4.64
Work Fatigue	41.09	6.26	48.59	5.98	7.75
Compassion Fatigue	20.65	5.53	24.51	9.21	0.89
Quality of Work Life	87.51	6.92	87.92	5.92	0.09
Neuroticism	21.21	6.36	23.18	4.84	10.73

t value significant at .05 level = 1.99
t value significant at .01 level = 2.64

Table 2

Variables	Nurses in Public sector (n=80)		Nurses in Private sector (n=80)		t
	Mean	SD	Mean	SD	
Occupational Stress	163.50	35.46	129.44	16.01	7.83
Burnout	85.68	12.69	67.94	7.49	10.78
Work Fatigue	46.61	7.00	43.06	6.93	3.23
Compassion Fatigue	28.10	6.58	17.06	4.23	10.81
Quality of Work Life	89.89	6.45	85.05	5.43	5.13
Neuroticism	22.71	7.28	18.94	2.80	2.96

t value significant at .05 level = 1.99
t value significant at .01 level = 2.64

In relation to sector, Nurses practicing in public sector hospitals scored higher than nurses practicing in private sector hospitals on Occupational Stress (t= 7.83, p<.01), Burnout (t=10.78, p<.01), Work Fatigue (t=3.23, p<.01), Compassion Fatigue (t=10.81, p<.01), Quality of Work Life (t= 5.13, p<.01) and Neuroticism (t= 2.96, p<.01). Thus, H4 stating that nurses practicing in public sector hospitals were expected to score higher on all variables under study except Quality of Work Life was majorly accepted.

Inter correlational analysis was done to study the relationship between Occupational Stress and its correlates among nurses practicing different hospital settings. Occupational Stress was found to be significantly and positively correlated with Burnout (r=0.71), Work Fatigue (r=0.63), Compassion Fatigue (r=0.42) and Neuroticism (r=0.35). Thus, H2 and H3 were largely accepted.

Table: 3 Showing intercorrelation matrix for nurses practicing in different hospital settings (n=160)

Sr. No.	Variables	1	2	3	4	5	6
1	Occupational Stress	-	0.71*	0.63*	0.42*	0.09	0.35*
2	Burnout		-	0.51*	0.57*	0.09	0.09
3	Work Fatigue			-	0.26*	-0.09	0.22*
4	Compassion Fatigue				-	-0.20*	0.11
5	Quality of Work Life					-	0.11
6	Neuroticism						-

Value of correlation significant at 0.05 = 0.15
Value of correlation significant at 0.01 = 0.21

DISCUSSION

In the present study, occupational stress and burnout was found to be significantly higher among female nurses and nurses practicing in public sector hospitals (Tables 1 & 2). Additionally, occupational stress was found to be significantly and positively associated with burnout among nurses practicing in different hospital settings. The results are in line with earlier researches in this area. Earlier researches have found a significant differences in burnout experienced by nurses practicing in public and private sector hospitals with the former reporting higher levels of burnout (Katyal, 2013). In a cross-sectional study done by Parmar et al. (2015) on nurses in hospitals in Mumbai, female nurses scored significantly higher than male nurse on workplace stress. Similar results were found by Amritharaj and Sreelashmi (2017) on a sample of nurses practicing in a private sector hospital in Kerala. Tiwari (2019) explored occupational stress and burnout among nurses practicing in Meghalaya. Results revealed a positive relationship between occupational stress and burnout. Occupational stress was also found to be a significant predictor of burnout among nurses. Johnson et al. (2020) examined stress and burnout in a study on healthcare professionals including nurses, doctors, lab technicians, nursing aids and ancillary departments in Bangalore, India. They found that healthcare professionals who scored higher on stress had a three-times higher likelihood of experiencing burnout. They also found that self esteem directly affected burnout and indirectly affected stress. In another study, Raju et al. (2021) found that among nurses, about four-fifth of nurses who responded reported high levels of burnout. In relation to public and private sector hospitals, nurses practicing in government hospitals in Mohali and Chandiagrh, India obtained higher scores on burnout. Chegini (2019) reported that occupation stress experienced and reported by nurses working in critical care department was higher in public sector hospitals in comparison to private sector hospitals.

In relation to Work Fatigue and Compassion Fatigue, it was found that Work Fatigue was significantly higher in female nurses. Both Work Fatigue and Compassion Fatigue were significantly higher in nurses practicing in public sector hospitals (Table 1 & 2). Table 3 also shows that Occupational Stress was also significantly and positively associated with Work Fatigue and Compassion Fatigue. Kumari and Bist (2020) examined compassion fatigue, compassion satisfaction and burnout in nurses including junior staff nurses, senior staff nurses, sister-in-charges and ward-in-charges in hospitals in Uttar Pradesh. They found that in comparison to male nurses, female nurses scored significantly higher on both compassion fatigue and burnout. In a cross sectional study, Bahari et al. (2022) examined secondary traumatic stress, burnout and compassion satisfaction among nurses practicing in public sector hospitals in Saudi Arabia. The researchers found that female nurses practicing in public sector hospitals scored higher on secondary traumatic stress. However, with respect to burnout, male nurses scored significantly higher. Burnout was also significantly and positively associated with secondary traumatic stress. Ganeti et al. (2025) also found that in comparison to male nurses, female nurses reported higher frequency of compassion fatigue. In a study on nurses practicing in educational hospitals, Jalilian et al. (2019) found that scores of nurses on overall exhaustion, physical fatigue, mental fatigue, decreased motivation, and decreased activity ranged from mild to high. General weariness was strongly and favourably correlated with both psychological and physical job demands. Ruiz-Fernandez et al. (2020) examined compassion fatigue, burnout and compassion satisfaction among nurses working in public healthcare system. They reported that nurses experienced higher levels of compassion fatigue as well as burnout. Compassion fatigue was influenced by factors such as healthcare setting, location of hospital, level of hospital (primary, secondary, or tertiary care), and work shift. Burnout was affected only by work shift. Additionally, Wang et al. (2021) found that in comparison to private sector hospitals, public sector hospitals scored higher on compassion fatigue.

Quality of Work Life was found to significantly and positively associated with compassion fatigue only. It was significantly higher among nurses practicing in public sector hospitals. This is contrary to most researches in this area (Akbar et al., 2023). The stability provided by public sector jobs and the positive perception of government jobs in India may have a role to play. Lastly, Neuroticism was found to be significantly higher in female nurses and nurses practicing in public sector hospitals and was significantly negatively related with Occupational Stress and Work Fatigue. In research, both occupational stress and burnout are found to be positively related with neuroticism (Lu et al., 2022, Zhang et al., 2024).

CONCLUSION

The aim of the present investigation was to study occupational stress, burnout, work fatigue, compassion fatigue, quality of work life and neuroticism among nurses practicing in public and private sector hospitals. Female nurses and nurses who were practicing in public sector hospitals were found to be in a more disadvantageous position. The findings of this investigation have profound implications for healthcare sector especially hospital management and policy making. The study has created opportunities for more research into the psychology of healthcare. It is possible to appropriate some of the results into organisational interventions.

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Conflict of Interest

The author(s) declared no conflict of interest.

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