**CHAPTER I**

**EXECUTIVE SUMMARY**

**1.1 INTRODUCTION**

Nursing binds human society with a bond of care and affection. Nursing is a calling to care, which offers an oasis of poignant stories and pool of challenges. The scope of nursing practice has expanded and extended to different settings other than hospital only. Nurses deal with the most precious thing in this wide world-the human life.1 Nurses are often the linchpin component across a wide continuum of care. A nurse’s professional skills and training contribute significantly to successful patient outcomes in a variety of care settings--from acute and tertiary care to prevention and wellness programs. Their smiling face and compassionate touch and care provides great satisfaction to the patient.

Despite of urbanization and globalization in India, the healthcare system in the country continues to face formidable changes. The healthcare system has become increasingly detached from the curative aspect and more focusing on the satisfaction of material needs and enlarging the profit-earning aspects. This has led to unaffordability of the curative care to many common people due to the present framework of the healthcare system in the country. Subsequently the healthcare system is being plagued with various problems. The solution is to delve deeper into the roots of the problems and explore possible solutions to curb them.

Nurses play an integral role in the healthcare industry, providing care to the patients and carrying out leadership roles in hospitals, health systems and other organizations. Although nursing profession can be very rewarding but it is equally challenging and it entails a huge level of dedication and commitment. Nurses needs to be focused on not only the patient needs but also on the management of system of care. This often creates unfortunate hassles irrespective of how hard the nurse’s works towards patient care. They are coordinators and custodians of patient care. This entails lot of managerial skills where they need to possess apart from technical skills.

Reduced workforce and lack of quality care leads to overburdened workforce which further leads to higher morbidity and mortality. The importance of nurses in healthcare should be underlined for attempting to create a better task force for better quality care for all.

Healthcare in India features a universal health care system run by the constituent states and territories of India. The constitution charges every state with "raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National health policy was endorsed by the parliament of India in 1983 and update in 2002.

In between the 1950's and 1980's the health care facilities and personnel increased substantially, but gradually due to the fast population growth, the number of licensed medical practitioners per 10.000 individuals had fallen in the 1980's to 3 per 10000 from the 1981 1.000. There were approximately ten hospital beds per 10,000 individuals in1991. Primary health centers are majorly the cornerstone of the rural health care system.

In the year 1991, India constituted about 22,400 primary health centers, 11200 hospitals and 27400 dispensaries. Such facilities were the part of a tiered health care system with funnels more difficult cases into urban hospitals while attempting to provide routine medical care vast majority in the countryside. Primary health centers and sub-centers would majorly rely on trained paramedics to meet most of their needs.

Indian healthcare industry operates in both of the private and public sectors. The public sectors are health care system consists of facilities run by the central and state facilities are provided freely or at subsidized rates to lower income families in rural and urban areas. However, further the Indian health care industry is going through a growth phase due to its healthy economy. As the country's middle class continues to grow this industry's growth will increase. India's ever-growing middle class are able to afford quality such an increased ability to pay for better healthcare, the demand for healthcare service has grown from $4.8 billion in 1991 to $22.8 billion in 2001-2002. Today 50 million Indian are able to afford western medicine and over 150 million have annual incomes of more than 1000 US Dollars.

Indian health care industry growth story is moving ahead neck to neck with the pharmaceutical industry and the software industry of the nation. There has been much done in the health care sector for bringing the improvement like till date, approximately 12% of the scope offered by the industry has been tapped. In the year to come the healthcare industry in India is reckoned to be the engine of the Indian economy. Today the health care industry in India is worth $17 billion and there are anticipation & expectationof it to grow by 13% every year. The health care sector consists of healthcare instruments. Health care in the retail market, hospitals enrolled to the hospital networks etc.

Indian healthcare Industries include systems like Ayurveda and homeopathy which are increasingly gaining prominence overseas. Another major area for investment in India is the research industry of the Health Care. In India there is a tremendous prospect with a huge talent pool and the rise of biotechnology and bioinformatics. India is a rising and expanding destination for medical tourism. With affordable medical expenses and a sound technology in place goes good with the growing sector which would be bode well for the healthcare industry in India.

The healthcare sector is one of the most challenging and fastest growing sectors in India. Revenues from the healthcare sector account for 5.2 per cent of the GDP, making it the third largest growth segment in India.

**CHAPTER II**

**PROBLEM STATEMENT**

**OBJECTIVE OF THE STUDY**

* To study problems faced by nurses in the professional life
* To study the job satisfaction of nurses
* To study the work life balance of nurses

**SCOPE OF THE STUDY**

The study of job satisfaction is useful for the organization to identify the significant areas of dissatisfaction can conduct further research on it and take suitable measures to increase the productivity or adopt new policies to increase the satisfaction level of the employees and it helps to make managerial decisions.

**STATEMENT OF THE PROBLEM**

Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients’ needs. The job nature of a nurse is, basically they have to work in shifts, work for longer shifts with few breaks or without breaks. They have to work for varied people even for mentally retarded, criminals and stressed persons, etc… and hence they may even face violence too. Besides nurses are facing problems form other health care workers. Just like bullying, harassment, continuous unreasonable performance demands, improper or misleading communications, office politics and conflict among staff, etc creates a heavy pressure on nursing professionals and it may affect their productivity and performance. The research reported here aimed to provide the job satisfaction of nurses in Govt. medical college, Kannur.

**RESEARCH METHODOLOGY**

The research methodology is a way to systematically solve the research problem; it’s a science of studying how research is done scientifically for getting information on a specific topic along with logic beyond it.

**RESEARCH DESIGN**

A research design is the arrangement of condition and analysis of data in manner that aims to combine relevance to the research purpose with economy in procedure. It is the conceptual structure with in which the research is conducted. The present study is descriptive in nature. These studies often describe the relationship between two or more variables. The relationship between the variables can be used for prediction purpose. Research design is needed because it facilitates the smooth sailing of the research operation. The design adopted for the study is descriptive research design. Descriptive study is concerned with describing the characteristics of a particular individual or a group or phenomenon.

**SAMPLE DESIGN**

The sample design is a definite plan for obtaining a sample from given population. The design of samples is a particularly important aspect of survey methodology, and provides a basis for the sound measurement of economic and social phenomena from surveys of businesses.

**SAMPLE SIZE**

Time and cost are the two basic factors influencing each and every research. Taking the above factors into consideration the sample size was determined. In this research work, the researcher collected data from 100 respondents, which is the sample size.

**SAMPLING UNIT**

Sampling unit is a single section selected to research and gather statistics of the whole. The sampling unit taken for the research was limited to puthige village.

**SOURCESOF DATE**

**Primary Data**

Primary data were collected from the nurses working in private hospitals in puthige village.

**Secondary Data**

Secondary data was collected from the official record of the organisation. These data are those already gathered having been collected have already originally for some other purpose. These are those which have been collected by someone else and which have already been passed through the statistical process. The secondary data was collected from the company by their booklets, magazines, websites, etc.

**LIMITATIONS OF THE STUDY**

* Some respondents have not answered the questions seriously.
* As the top management employees are very busy and time conscious, it was not possible to meet them personally to have discussion with them.
* Due to the limitation of time research could not be made more detailed

**REVIEW OF LITERATURE**

The professional nurse is concerned with helping people get well and keep well, and since many factors contribute to the well-being of the individual, the activities of nurses cover a wide range. A nurse may give bedside care to the sick or emergency care after accident or disaster. She or he may be a staff member or a director of a hospital nursing service, working in one of the various clinical specialities such as surgery, psychiatry, tuberculosis, paediatrics. She may participate or assist in nursing, medical or related research projects. She may be a staff nurse, or a director or a consultant in a public health or industrial nursing service. She may teach health to individuals or groups or direct a health education program where she will use public speaking, writing, and preparation of exhibits. She may be an instructor or a director in a school of nursing or in the nursing division of a college or university. She may be the expert nurse member of a surgical operating team. These are some of the varied activities open to the professional nurse today. Professional nursing is a well-developed aptitude for using scientific knowledge and technical skills to answer the physical, psychological and emotional health needs of people (Laird, 1947).

According to 2001 population norms, there is still a shortage of 4,477 primary healthcare centres and 2,337 community healthcare centres in India. India would require 1.75 million beds by 2025. Over 6800 more hospitals are needed in India to provide basic health facilities to people in rural areas. The various hospitality brands have started aggressive expansion in the country. Some of the companies that are planning to expand include Anil Ambani’s Reliance Health, Hindujas, Sahara Group, Apollo Tyres and Panacea Group. There is a shortage of 3,50,000 nurses in India, partly because many qualified nurse’s leave for better prospects abroad. The private sector provides 60 per cent of all outpatient care in India and as much as 40 per cent of all in-patient care. The cause of low recruitment, migration, attrition and drop-outs due to poor working conditions. The quality of nurse training is also poor affecting their ability to take advantage of job opportunities within and outside the country. Poor training is due to the non-adherence to teacher: student norms, inadequate infrastructure, insufficient budget, inadequate clinical facilities and insufficient hands-on training for students. There are about 74% private sector hospitals and 26% is government sector hospitals in India. India’s medical tourism business is predicted to generate USD2.4 billion a year by 2012 and is growing at 30 per cent a year. The occupation ratio for private hospitals in Delhi is between 70-90%. There are approximately 523 hospitals in Delhi out of which 380 are private hospitals. The nurse supply is of ratio approximately only two out of one thousand. Thus there is an urgent need to study the need for increasing the number and their work efficiency, for which it is important for us to know the problems which they face and motivate people to enter into nursing profession. The current study intends to explore the various dimensions of career development, stress experienced in nursing profession and their association with work family conflict for all the four groups namely, male nurses working in private hospitals, female nurses working in private hospitals, male nurses working in government hospital nurses and female nurses working in government hospitals.(Doshi,2010)

Job satisfaction is the most salient aspect of subjective career success (Boudreau, Boswell, & Judge, 2001). On the other hand, Wilensky (1960) described how graduate students defer gratification by working long hours for little direct compensation, in the hope of being well-rewarded following graduation. Finally, high job satisfaction does not necessarily lead to subjective career success when it exacts a high toll in terms of health, family relationships, or other salient personal values. Subjective career success thus includes sense of identity (Law, Meijers, &Wijers, 2002), purpose (Cochran, 1990), and work-life balance (Finegold&Mohrman, 2001). Career satisfaction is most often assessed using the widely career satisfaction scale developed by Greenhaus et al. (1990).

A five-year follow-up study of stress among nurses in public and private hospitals was conducted in Thailand. Results revealed that intrinsic job satisfaction was higher than extrinsic satisfaction and nurses in private hospitals were more satisfied than nurses in public hospitals. When job satisfaction was examined in terms of intrinsic factors, it was found that nurses in both public and private hospitals became increasingly satisfied with their social status and ability utilization after 5 years. 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 (Tyson and Pongruengphant, 2004)

Research evidence suggests stress experienced by male and female nurses working in private and government hospitals. Stress due to conflict with physician is experiences by nurses from both sectors. A study on nurse physician relations in private hospital in turkey, by Demir and Kasapoglu (2008), who found that there were genderbased conflicts among physicians and nurses, also there were conflicts due to the personal, professional, economic and gender-based inequalities of society. French et al. (2000) identified the following workplace stressors among nurses were conflict with physicians, inadequate preparation, problems with peers, problems with supervisor, discrimination, workload, uncertainty concerning treatment, dealing with death and dying patients, and patients and their families. Findings have suggested that registered nurses working in public hospitals have been exposed to stressful situations in their daily work. The major stressors they experienced from most stressful to least stressful were patient treatment, dealing with patients and their families, work overload, inadequate emotional preparation, conflict with doctors, problems relating to supervisors, death and dying, conflicts relating to peers, and discrimination (Damit, 2007).

**CHAPTER III**

**THE STUDY**

**NURSES**

NURSES In this world very few jobs are considered as noble & respectable. One among them is nursing. Nursing is more than a career: it is an art, a science, and a calling. Nursing includes caring for patients, advocating on their behalf, helping them to heal or providing comfort as they reach the end of life. It is incredibly a rewarding work. Nursing professionals are focused on assisting individuals, families, and communities in attaining, maintaining, and recovering optimal health and functioning. Nurses are responsible along with other health care professionals 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.

Nurses may also be involved in medical and nursing research and also to perform a wide range of non-clinical functions necessary to the delivery of health care. Nursing is defined in modern terms as a “science and an art that focuses on promoting the quality of life as defined by persons and families, throughout their life experiences to care from birth to the end of life”.

The word nurse in the medical books are defined as follows

1. One who is especially prepared in the scientific basis of nursing and who meets certain prescribed standards of education and clinical competency.

2. To provide services essential to or helpful in the promotion, maintenance, and restoration of health and well-being.

A Nurse Practitioner (NP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree) and training in the diagnosis and management of common as well as complex medical conditions. Nurse Practitioners provide a broad range of health care services.

**NURSING – ORIGIN AND GROWTH**

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.

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.

**NURSING IN INDIA – ORIGIN AND GROWTH**

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.

The history of professional nursing education in India began in the 19th century. British military hospitals and Christian missionaries were responsible for initiating public health nursing. In the beginning lady health visitors, rural midwives, and maternity assistants were trained for 30 working days and later Auxiliary Nurse Midwives (ANMs) and nurse midwives were also included. The first school to train midwives with an additional course in midwifery after nursing was started in 1854 in a lying-in hospital at Madras. The Indian Nursing Council (INC) designed the twoyear curriculum to prepare ANMs to provide basic nursing care, preventive services, midwifery and child care services in rural areas. The first such school came up in 1951 at St. Mary’s Hospital, Taran-Taran, Punjab. From two schools in 1952 the number of ANM training schools was increased to 263 by 1962. Primarily the maternal healthcare was taken care of ANMs. The University Education Commission headed by Dr. S. Radhakrishnan (1949) and the Education Commission headed by Dr. Kothari (1964), both, recommended raising the standard of nursing education by linking it with higher education of academic value at the university level. At the time of the Radhakrishnan Commission only two colleges of nursing were enlisted - one at Delhi, affiliated to the Delhi University, and another at Vellore affiliated to the University of Madras, both giving a B.Sc. degree in Nursing. The Trained Nurses' Association of India, launched in 1905 was instrumental in the establishment of college education. Currently, available nursing courses in India are the eighteen months Multiple Public Health Workers (female) (MPHW (F)) training after Class X, the General Nursing and Midwifery Diploma (GNM), B.Sc. (Nursing), M.Sc. (Nursing), M.Phil and Ph.D. in Nursing. The Indian Nursing Council approves the State Nursing Councils and provides guidance in all aspects of nursing. It enforces standards, and formulates policies for equivalence and reciprocity of educational qualifications across the states in India. A study conducted in six states of the country indicates that Nursing Councils in India are largely headed and controlled directly or indirectly by the administrative in-charge of the medical and health services belonging to the medical profession.

**Status of 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 form 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 ones 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.

**CHALLENGES FACED BY NURSES IN HOSPITALS**

**Workplace Workplace Mental Violence**

Workplace violence is widespread in healthcare settings. Huge amount of workload and responsibilities on the staff can often lead to disturbed mental peace, which ultimately leads to less efficient care. Multiple tasks can pose a problem in a healthcare unit. Workplace mental violence can be in the form of threats, verbal abuse, hostility, and harassment, which can cause psychological trauma and stress. At times, verbal assault can escalate to physical violence. In a healthcare setting, the possible sources of violence include patients, visitors, intruders and even co-workers. From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. Patients are the largest source of violence in healthcare settings, but they are not the only source. In 2013, 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients. Other incidents were caused by visitors, co-workers, or other people. At many instances, workplace violence is under-reported.

**Shortage of Staff**

Deficient Manpower leads to unmanageable patient load and disparity in the nurse-patient ratio. Nurse-patient ratio needs to be well maintained as it highly affects the patient care delivery system. When nurses are forced to work with high nurse-to-patient ratios, patients die, get infections, get injured, or get sent home too soon without adequate education about how to take care of their illness or injury. So they return right back to the hospital, often sicker than before. When nurses have fewer patients, they can take batter care of them.4 When there are sufficient number of nurses in a healthcare setting, the nurses have more time to discuss with the patients and their relatives the plan of patient care and s/he can ensure that the patient gets everything s/he needs, and thereby patients are more likely to thrive in such situations.

**Workplace Health Hazards**

Nurses confront a high risk of developing occupational health hazards, if not taken proper precautions and care. Nurses are confronted with a variety of biological, physical, and chemical hazards during the course of performing their duties.

**Long Working Hours**

Short-staffing pattern in a healthcare unit often results in long working hours and double shifts of staff nurses. It evidently affects the health of the nurses. It is quite difficult for a nurse to provide efficient nursing care with exhausted state of mind and body.

**Lack of Synchronicity**

Disharmony and lack of teamwork is an emerging challenge in the healthcare sector. Harmonious relationship amongst healthcare workers is an essential requirement for the healthcare system. Nurses bear the indirect opprobrium of every dreadful incident which occurs in the hospital. If a patient is not satisfied by the care rendered in the hospital, all the blame is accrued to the nurse, even if it is not her fault. Inadequacy in the care rendered may vary from ineffective medical care to non-availability of doctors, and yet nurses being blamed. For non-availability of equipment in hospital, which in turn affects the quality of care, although the responsibility is not necessarily of nurses, yet nurses are ultimately responsible for patient care environment in their wards.

**Lack of Recognition**

Hospitals must be safe places for sick folks and their nursing services carry responsibilities that are not always recognized.1 There is no support system for nurses and hence their performances are usually not projected well. During inspections conducted in hospitals by the Medical Council of India and Indian Nursing Council, nurses play a vital role in all facilitations, and at the culmination of the inspections, the outcomes are not shared with them and they are not acknowledged for the work performed.

**Non-Nursing Roles**

In almost all healthcare settings, nurses undertake roles which are not of their forte, hence they are left with minimal time to carry out their actual roles and responsibilities. They are spending more time than necessary doing non-nursing-related work, e.g., billing, record keeping, inventory, laundry, dietphysiotherapy, absconding of patients, etc., thereby diminishing time for patient care. If at any instance, there is any fault in these roles, the nurses have to bear the brunt of that in the form of cancellation of leaves, salary deductions, etc. Very little efforts have been made in any jurisdiction to explicitly address this.

**Solutions to Curb the Challenges**

All the listed challenges are somehow interlinked and interdependent. It is necessary for us to look deep within these problems and to reach the core of these challenges in order to find solutions for the same

**Positive Practice Environment**

Work Environment: Work environment plays a large role in the ability of providing quality care. It impacts everything from the safety of patients and their caregivers to job satisfaction. There needs to be employer-friendly work environment. Safety and security of the nurses should be given importance. To maximize the contributions nurses make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace.5 A healthy work environment is one that is safe, empowering, and satisfying. A culture of safety is paramount, in which all leaders, managers, healthcare workers, and ancillary staff have a responsibility as part of the patient-centered team to perform with a sense of autonomy, professionalism, accountability, transparency, involvement, efficiency, and effectiveness. All must be mindful of the health and safety for both the patient and the healthcare worker in any setting providing health care, providing a sense of safety, respect, and empowerment to and for all persons.

**Equipment/Materials**

The availability and adequacy of samples of equipment and consumable supplies is often a matter of concern. Usually staff report that they are crippled by unavailability or inadequacy of certain equipment and supplies. The problems range from the inadequacy of life saving supplies and equipment including IV drugs adrenaline, oxygen and autoclaves to relatively cheaper supplies including gauze and cotton wool. The hospital management should ensure at regular basis that the supplies and equipment are adequately available for the smooth functioning of the hospital.

**Positive Team Work**

A team needs to be taught about importance of team work and a good team can always conquer the goal of effective and quality patient care. It can also accelerate the focus on curative care of the patients.

Recruitment/Retention Policy A proper and well-planned policy for recruitment and retention has to be included in an organization in order to enhance the manpower for better support and care

**Closing Education-Service Gap**

Every healthcare organization should be focusing on eradicating the difference between what is taught to the nurses during their study period and what is being done practically by them in hospitals. Practical and theoretical things of nursing aspects should be merged to an extent to close the education-service gap. Nursing colleges, year by year are strengthening their educational programs and their supervision in an effort to develop thoughtful nurses and to safeguardatients whom they tend. Students need to be taught reverence for human life, as tragedy lurks round every corner in a hospital – any hospital, good or bad and that price of safety is eternal vigilance.

**Workload Balance (Quality/Quantity)**

Workload often leads to unwanted hassles and loss of mental peace, which ultimately leads to less efficient care. An organization should try to balance the workload by distributing it equally among all the healthcare members so as to get the desired results out of a healthcare team.

**Evidence-Based Practice**

Nurses should also deviate a part of their focus towards evidence-based practice. Various practices have related researches which can be read by the nurses to see if that practice is actually effective or not. Regular reading of research articles and studying various experimental studies can improve the knowledge and practice of nurses and thus can have a huge positive effect on patient health care and curative care too.

**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.

**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 psycho 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.

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’ wellbeing 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.

**CHAPTER IV**

**DATA ANALYSIS AND INTERPRETATION**

**TABLE NO. 4.1**

**CLASSIFICATION OF AGE OF RESPONDENTS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| 20-29 | 60 | 60 |
| 30-39 | 35 | 35 |
| 50 Above | 5 | 5 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.1shows that 60% of the respondents are in the age of 20-29 years, 35% of the respondents are in the age of 30-39 and 5% of the respondents are in the age of above 50 years.

**TABLE NO. 4.2**

**CLASSIFICATION OF GENDER OF RESPONDENTS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Male  | 26 | 26 |
| Female  | 74 | 74 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.2shows that 26% of the respondents are male and 74% of the respondents are female.

**TABLE NO. 4.3**

**SATISFACTION WITH THE FACILITIES PROVIDED BY THE HOSPITAL MANAGEMENT**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Highly satisfied  | 48 | 48 |
| Satisfied  | 30 | 30 |
| Dissatisfied  | 12 | 12 |
| Highly dissatisfied  | 10 | 10 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.1**

**SATISFACTION WITH THE FACILITIES PROVIDED BY THE HOSPITAL MANAGEMENT**

**INTERPRETATION:**

Table No. 4.3shows that satisfaction with the facilities provided by the hospitality management, 48% of the respondents are highly satisfied, 30% of the respondents are satisfied, 12% of the respondents are dissatisfied and 10% of the respondents are highly dissatisfied with the facilities provided by the hospitality management.

**TABLE NO. 4.4**

**ACCIDENTLY FACED CONFLICT WITH HOSPITAL AUTHORITIES**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 10 | 10 |
| No  | 70 | 70 |
| Many times  | 8 | 8 |
| One time  | 12 | 12 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.2**

**ACCIDENTLY FACED CONFLICT WITH HOSPITAL AUTHORITIES**

**INTERPRETATION:**

Table No. 4.4shows that 10% of the respondents say that they have faced accidently conflict with hospital authorities, 70% of the respondents say that they have not faced conflict, 8% of the respondents say that they have faced many times and 12% of the respondents say that they have faced one time conflict with hospital authorities.

**TABLE NO. 4.5**

**NECESSITY OF WORKING**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Interesting  | 10 | 10 |
| Salary  | 50 | 50 |
| Working condition  | 22 | 22 |
| Facilities  | 18 | 18 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.3**

**NECESSITY OF WORKING**

**INTERPRETATION:**

Table No. 4.5shows that 10% of the respondents say that they want to work because of interesting, 50% of the respondents say that they want to work because of salary, 22% of the respondents say that they want to work because of working condition and 18% of the respondents say that they want to work because of facilities.

**TABLE NO. 4.6**

**FACING MOST DIFFICULTY AT WORKING PERIOD**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Hospital management  | 68 | 68 |
| Doctor  | 15 | 15 |
| Colleagues  | 5 | 5 |
| Patient  | 12 | 12 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.4**

**FACING MOST DIFFICULTY AT WORKING PERIOD**

**INTERPRETATION:**

Table No. 4.6shows that 68% of the respondents say that they face most difficulty at work period is with hospital management, 15% of the respondents say that they face most difficulty at work period is with Doctor, 5% of the respondents say that they face most difficulty at work period is with colleagues and 12% of the respondents say that they face most difficulty at work period is with patient.

**TABLE NO. 4.7**

**SATISFACTION WITH SALARY**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Highly satisfied  | 5 | 5 |
| Satisfied  | 10 | 10 |
| Dissatisfied  | 85 | 85 |
| Highly dissatisfied  | 0 | 0 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.5**

**SATISFACTION WITH SALARY**

**INTERPRETATION:**

Table No. 4.7shows that satisfaction with salary, 5% of the respondents are highly satisfied, 10% of the respondents are satisfied, 85% of the respondents are dissatisfied and remaining none of the respondents are highly dissatisfied with salary.

**TABLE NO. 4.8**

**SATISFACTION WITH THE INCENTIVES SCHEMES IN THE HOSPITALS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Extremely satisfied  | 22 | 22 |
| Satisfied  | 58 | 58 |
| Not satisfied  | 11 | 11 |
| Extremely not satisfied  | 9 | 9 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.6**

**SATISFACTION WITH THE INCENTIVES SCHEMES IN THE HOSPITALS**

**INTERPRETATION:**

Table No. 4.8shows that satisfaction with the incentives schemes in the hospitals, 22% of the respondents are extremely satisfied, 58% of the respondents are satisfied, 11% of the respondents are not satisfied and 9% of the respondents are not extremely not satisfied with the incentives schemes in the hospitals.

**TABLE NO. 4.9**

**CLASSIFICATION OF SUFFICIENT HOLIDAYS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 32 | 32 |
| No  | 68 | 68 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.9shows that 32% of the respondents say that they are getting sufficient holidays and 68% of the respondents say that they are not getting sufficient holidays.

**TABLE NO. 4.10**

**CLASSIFICATION OF WORK SCHEDULE IN HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 90 | 90 |
| No  | 10 | 10 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.10shows that 90% of the respondents have a work schedule in hospital and 10% of the respondents do not have a work schedule in hospital.

**TABLE NO. 4.11**

**SATISFACTION WITH WORKING TIME SCHEDULED**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Highly satisfied  | 9 | 9 |
| Satisfied  | 56 | 56 |
| Dissatisfied  | 20 | 20 |
| Highly dissatisfied  | 15 | 15 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.7**

**SATISFACTION WITH WORKING TIME SCHEDULED**

**INTERPRETATION:**

Table No. 4.11shows that satisfaction with working time scheduled, 9% of the respondents are highly satisfied, 56% of the respondents are satisfied, 20% of the respondents are dissatisfied and 15% of the respondents are highly dissatisfied with the working time scheduled.

**TABLE NO. 4.12**

**DIFFICULTIES TO HANDLE WITH NEW MACHINES, EQUIPMENTS OR CHANGING TECHNOLOGY IN MEDICAL FIELD**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Difficult  | 50 | 50 |
| Very difficult  | 22 | 22 |
| Less difficult  | 11 | 11 |
| No difficult  | 17 | 17 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.8**

**DIFFICULTIES TO HANDLE WITH NEW MACHINES, EQUIPMENTS OR CHANGING TECHNOLOGY IN MEDICAL FIELD**

**INTERPRETATION:**

Table No. 4.12shows opinion about difficulties to handle with new machines, equipments or changing technology in medical field, 50% of the respondents say that it is difficult, 22% of the respondents say that it is very difficult, 11% of the respondents say that it is less difficult and 17% of the respondents say that it is not difficult to handle with new machines, equipments or changing technology in medical field.

**TABLE NO. 4.13**

**PROVISION OF TRAINING IN HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 85 | 85 |
| No  | 15 | 15 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.13shows that 85% of the respondents say that they are getting provision of training in their hospital and 15% of the respondents say that they are not getting provision of training in their hospital.

**TABLE NO. 4.14**

**HOSPITAL PROVIDING HOSTEL FACILITY**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 80 | 80 |
| No  | 20 | 20 |
| **Total** | **100** | **100** |

 Source: Primary data

**INTERPRETATION:**

Table No. 4.14shows that 80% of the respondents are providing hostel facility in the hospital and 20% of the respondents are not providing any hostel facility in the hospital.

**TABLE NO. 4.15**

**SATISFACTION WITH THE FOOD AND ACCOMMODATION IN HOSTEL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Highly satisfied  | 14 | 14 |
| Satisfied  | 62 | 62 |
| Dissatisfied  | 22 | 22 |
| Highly dissatisfied  | 2 | 2 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.9**

**SATISFACTION WITH THE FOOD AND ACCOMMODATION IN HOSTEL**

**INTERPRETATION:**

Table No. 4.15shows that satisfaction with the food and accommodation in hostel, 14% of the respondents are highly satisfied, 62% of the respondents are satisfied, 22% of the respondents are dissatisfied and 2% of the respondents are highly dissatisfied with the food and accommodation in hostel.

**TABLE NO. 4.16**

**HOSPITAL PROVIDING FREE FACILITIES FOR EMPLOYEES**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes | 72 | 72 |
| No  | 28 | 28 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.10**

**HOSPITAL PROVIDING FREE FACILITIES FOR EMPLOYEES**

**INTERPRETATION:**

Table No. 4.16shows that 72% of the respondents are providing free facilities for employees and 28% of the respondents are not providing free facilities for employees.

**TABLE NO. 4.17**

**GENDER HARASSMENT FROM OTHER PERSONS IN HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Faced  | 5 | 5 |
| Not faced | 95 | 95 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.11**

**GENDER HARASSMENT FROM OTHER PERSONS IN HOSPITAL**

**INTERPRETATION:**

Table No. 4.17shows that 5% of the respondents say they faced gender harassment from other persons in hospital and 95% of the respondents say they have not faced any gender harassment from other persons in hospital.

**TABLE NO. 4.18**

**SATISFACTION LEVEL OF WORKING CONDITION**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Extremely satisfied  | 24 | 24 |
| Satisfied  | 56 | 56 |
| Dissatisfied  | 14 | 14 |
| Highly dissatisfied  | 6 | 6 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.12**

**SATISFACTION LEVEL OF WORKING CONDITION**

**INTERPRETATION:**

Table No. 4.18shows that satisfaction level of working condition, 24% of the respondents are extremely satisfied, 56% of the respondents are satisfied, 14% of the respondents are dissatisfied and 6% of the respondents are highly dissatisfied with the working condition.

**TABLE NO. 4.19**

**LABOR UNION IN HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes  | 35 | 35 |
| No  | 65 | 65 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.13**

**LABOR UNION IN HOSPITAL**

**INTERPRETATION:**

Table No. 4.19shows that 35% of the respondents say they have labor union and 65% of the respondents say they don’t have labor union in hospital.

**TABLE NO. 4.20**

**GETTING SUPPORT FROM THE LABOR UNION**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Very likely  | 20 | 20 |
| Likely  | 48 | 48 |
| Not likely  | 25 | 25 |
| No support  | 7 | 7 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.14**

**GETTING SUPPORT FROM THE LABOR UNION**

**INTERPRETATION:**

Table No. 4.20shows that 20% of the respondents say that they are very likely to get support, 48% of the respondents say that they are likely, 25% of the respondents say that they are not likely to get support from the labor union in hospital.

**TABLE NO. 4.21**

**FACING DISCRIMINATION FROM THE SOCIETY DUE TO WORK IN A PRIVATE HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes  | 4 | 4 |
| No  | 96 | 96 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.15**

**FACING DISCRIMINATION FROM THE SOCIETY DUE TO WORK IN A PRIVATE HOSPITAL**

**INTERPRETATION:**

Table No. 4.21shows that 4% of the respondents say that they face discrimination from the society and 96% the respondents say that they did not face any discrimination from the society due to work in a private hospital.

**TABLE NO. 4.22**

**OPINION ON GOVERNMENT HOSPITAL EMPLOYEES ENJOYS MORE BENIFITS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes  | 98 | 98 |
| No  | 2 | 2 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.16**

**OPINION ON GOVERNMENT HOSPITAL EMPLOYEES ENJOYS MORE BENIFITS**

**INTERPRETATION:**

Table No. 4.22shows that 98% of the respondents opinioned that government hospital employees enjoys more benefits and 2% of the respondents opinioned that government hospital employees did not enjoys benefits.

**TABLE NO. 4.23**

**PROVISION OF CAREER ADVANCEMENT**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Yes  | 24 | 24 |
| No  | 76 | 76 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.17**

**PROVISION OF CAREER ADVANCEMENT**

**INTERPRETATION:**

Table No. 4.23shows that 24% of the respondents say that they are getting provision of career advancement and 76% of the respondents say that they are not getting any provision of career advancement.

**TABLE NO. 4.24**

**SATISFACTION WITH THE CAREER ADVANCEMENT SCHEMES AND JOB BENEFITS**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Extremely satisfied  | 8 | 8 |
| Satisfied  | 12 | 12 |
| Dissatisfied  | 18 | 18 |
| Extremely dissatisfied  | 62 | 62 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.18**

**SATISFACTION WITH THE CAREER ADVANCEMENT SCHEMES AND JOB BENEFITS**

**INTERPRETATION:**

Table No. 4.24shows that satisfactions with the career advancement schemes and job benefits, 8% of the respondents are extremely satisfied, 12% of the respondents are satisfied, 18% of the respondents are dissatisfied and 62% of the respondents are extremely dissatisfied with the career advancement schemes and job benefits.

**TABLE NO. 4.25**

**MAJOR PROBLEM FACED BY THE HOSPITAL**

|  |  |  |
| --- | --- | --- |
|  **Category** | **No. of respondents** | **Percentage** |
| Financial problem  | 20 | 20 |
| Technical problem  | 64 | 64 |
| HR problem  | 11 | 11 |
| Other problem  | 5 | 5 |
| **Total** | **100** | **100** |

 Source: Primary data

**CHART NO. 4.19**

**MAJOR PROBLEM FACED BY THE HOSPITAL**

**INTERPRETATION:**

Table No. 4.25shows that 20% of the respondents say that the major problem faced by the hospital is financialproblem, 64% of the respondents say that the major problem faced by the hospital is technical problem, 11% of the respondents say thatthe major problem faced by the hospital is HR problem and 5% of the respondents say that they are facing other problems.

**CHAPTER V**

**FINDINGS, SUGGESTIONS AND CONCLUSION**

**5.1 FINDINGS**

* From the age wise classification of respondents it is seen that majority of respondents are in the age group of 20 – 29
* Gender wise classification of respondents it is seen that 70% of respondents re female
* 48% of respondents are satisfied with the facilities provided by the hospital management
* 70% of respondents opinioned that they have not ever faced any conflict with hospital authorities.
* Majority of respondents say that salary is the most important factor to work in the hospital
* From the study it is found that 68% of respondents face most difficulty with hospital management
* From the study it is found that 85% of respondents are not satisfied with their present salary
* 58% of respondents are satisfied with the incentives schemes provided by the hospital.
* From the study it is found that 68% of respondents opinioned that they don’t have sufficient holidays.
* 90% of respondents stated that their hospital has work schedule
* From the study it is found that 56% of respondents are satisfied with the work time schedule
* From the study it is found that 50% of respondents face difficulty with new machines, equipments or changing technology in medical field.
* 85% of respondents stated that there is provision of training in their hospital
* From the study it is found that 85% of respondent’s hospital provides hostel facility
* 62% of respondents are satisfied with the food and accommodation in the hospital
* 72% of respondents stated that hospital provides free facilities for the employees
* 95% of respondents stated that they don’t have faced gender harassment from other person in the hospital.
* 56% of respondents are satisfied with the working conditions in the hospital
* 65% of respondents say that there is no labour union in the hospital
* 48% if respondents like to get support from labour union
* 96% of respondents say that they are not facing any discrimination from the society due to work in a private hospital.
* 98% of respondents stated that Government hospital employees enjoys more benefit that the employees in private hospitals.
* 76% of respondents say that there is no provision of career advancement in the private hospitals

**5.2 SUGGESTIONS**

* Most of the nurses are satisfied with the salary. So management should try to increase the salary of nurses
* The study revealed that majority of nurses are facing problems with the new technologies, so hospital management should give more training programmes to the nurses about the new technologies and machineries.
* The company should provide training and development programs to the workers on regular basis so they can efficiently and increase productivity.
* Majority of respondents are quite happy with their present pay but still the company should revise structure as per the going se the pay rate in the similar companies and competitors.
* Majority of respondents feel stress in their job. So more measures should be taken to reduce the stress of every nurses.
* Most of the respondents needed changes in the leave policy and welfare measures. So management have to hear the nurse regarding this matter and should take appropriate measures to improve the welfare measures and job satisfaction of nurses.

**5.3 CONCLUSION**

Patient and the public have the right to the highest performance from the healthcare professionals and this can only be achieved in a workplace that enables and sustains a motivated and well-prepared workforce. Catering to the needs of nurses and combating their challenges can make nurses empowered, encouraged, challenged and affirmed to continue doing what they do best without any barriers.

Hospitals are the key of health care delivery system. The primary aim of a hospital is to provide patient care of the highest quality. The human resource is of paramount importance in the success of any organization because most of the problems in the organization setting are of human/social rather than physical, technical or economic. No industry can exist long if they do not consider the human aspect. So, nowadays the modern organization is concerned not only with the attainment of company goals but also with the fulfillment of employee's economic, social and psychological needs.

The project entitled "Problems faced by Nurses in Private Hospital" was undertaken with view to get in depth knowledge about the what are the problems faced by nurses in their career. From the study it is understood that majority of nurses faced problems with their present salary, behavior of hospital management and the handling of new medical equipments etc.

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**QUESTIONNAIRE**

1. Name:
2. Age
* 20-29 [ ]
* 30-39 [ ]
* 40-49 [ ]
* 50-above
1. [ ]
2. Gender
* Male [ ]
* Female
1. [ ]
2. Are you satisfied with the facilities provided by the hospitality management?
* Highly Satisfied [ ]
* satisfied [ ]
* Dissatisfied [ ]
* Highly dissatisfied [ ]
1. Have you ever accidently faced conflict with hospital authorities?
* Yes [ ]
* No [ ]
* Many times [ ]
* One time [ ]
1. Why do you want to work here?
* Interesting [ ]
* Salary
* Working condition [ ]
* Facilities
1. Who is the person with you face most difficultly at work period?
* Hospital Management [ ]
* Doctor [ ]
* Colleague [ ]
* Patient [ ]
1. Are you satisfied with your salary?
* Highly satisfied[ ]
* Satisfied[ ]
* Dissatisfied [ ]
* Highly dissatisfied [ ]
1. Are you satisfied with the incentives schemes in the hospitals?
* Extremely satisfied [ ]
* Satisfied [ ]
* Not satisfied [ ]
* Extremely not satisfied[ ]
1. Did you get sufficient holidays?
* Yes[ ]
* No[ ]
1. Do you have a work schedule in your hospital? 1
* Yes[ ]
* No[ ]
1. Are you satisfied with the working time scheduled?
* Highly Satisfied[ ]
* Satisfied[ ]
* Dissatisfied[ ]
* Highly Dissatisfied[ ]
1. Is there any difficulties to handle with new machines, equipments or changing technology in medical field?
* Difficult [ ]
* Very difficult [ ]
* Less difficult[ ]
* No difficult[ ]
1. Do you get provision of training in your hospital?
* Yes[ ]
* No[ ]
1. Is the hospital providing any hostel facility?
* Yes[ ]
* No[ ]
1. Are you satisfied with the food and accommodation in your hostel?
* Highly Satisfied[ ]
* Satisfied[ ]
* Dissatisfied[ ]
* Highly dissatisfied[ ]
1. Is the hospital providing free facilities for employees?
* Yes[ ]
* No[ ]
1. Do you face any gender harassment from other persons in your hospital?
* Faced[ ]
* Not faced[ ]
1. What is the satisfaction level of your working condition ?
* Extremely Satisfied[ ]
* Satisfied[ ]
* Dissatisfied[ ]
* Highly dissatisfied[ ]
1. Do you have labor Union in your hospital?
* Yes[ ]
* No[ ]
1. How likely do you get any support from the labour Union?
* Very likely[ ]
* Likely[ ]
* Not likely[ ]
* No support[ ]
1. Do you face any discrimination from the society due to work in a private hospital?
* Yes[ ]
* No[ ]
1. Do you think government hospital employees enjoy more benefits?
* Yes[ ]
* No[ ]
1. Do you get any provision of career advancement?
* Yes[ ]
* No[ ]
1. Are you satisfied with the career advancement schemes and job benefits?
* Extremely satisfied[ ]
* Satisfied[ ]
* Dissatisfied[ ]
* Extremely Dissatisfied[ ]
1. What is the major problem faced by the hospital?
* Financial problem[ ]
* Technical problem[ ]
* HR problem[ ]
* Other problems[ ]