

**JOB STRESS AND COPING STRATEGIES AMONG THE  
NURSES IN THE HOSPITALS OF POKHARA**

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## LETTER OF RECOMENDATION

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## LETTER OF APPROVAL

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## TABLE OF CONTENTS

	<b>Page No</b>
Letter of Recommendation	II
Letter of Approval	III
Acknowledgement	IV
Table of Contents	VII
Abstract	
Abbreviation	
<b>1</b>	
<b>CHAPTER : I INTRODUCTION</b>	
1.1 Background	1
1.2 Statement of the Problems	3
1.3 Objectives of the Study	5
1.4 Significance of the Study	6
1.5 Limitation of the Study	6
1.6 Operational Definition	6
1.7 Organization of Study	7
<b>2</b>	
<b>CHAPTER :II REVIEW OF LITERATURE</b>	
2.1 Concept Review	8
2.2 Theoretical Review	11
2.3 Review of Previous Study	15
2.4 Conceptual Frame Work	20
<b>3</b>	
<b>CHAPTER:III RESEARCH METHODOLOGY</b>	
3.1 Rational of Selection of Study Area	22
3.2 Research Design	22
3.3 Nature and Sources of Data	23
3.4 Universe and Sampling	23

3.5	Reliability and validity	23
3.6	Data Collection Method	23
3.7	Data Analysis Procedure	24
<b>4</b>	<b>CHAPTER : IV CASE STUDY PRESENTATION</b>	
4.1	Case I	25
4.2	Case II	25
4.3	Case III	29
4.4	Case IV	31
4.5	Case V	32
4.6	Case VI	33
4.7	Case VII	35
4.8	Case VIII	36
4.9	Case IX	38
4.10	Case X	39
4.11	Case XI	40
4.12	Case XII	42
4.13	Case XIII	43
4.14	Case XIV	44
4.15	Case XV	46
4.16	Case XVI	46
4.17	Case XVII	48
4.18	Case XVIII	49
4.19	Case XIX	50
4.20	Case XX	51
<b>5</b>	<b>CHAPTER:V DATA ANALYSIS AND INTERPRETATION</b>	
5.1	Nurses' understanding of stress in the workplace	53
5.2	Causes of job stress	54
5.3	Effect of job stress	56
5.4	Coping strategies to cope with job stress	57

<b>6</b>	<b>CHAPTER: VI SUMMARY, CONCLUSION AND RECOMMENDATION</b>	
6.1	Summary	59
6.2	Conclusion	61
6.3	Recommendation	61
	<b>List of Figure</b>	
	Conceptual Frame work	21
	<b>REFERENCES</b>	62
	<b>APPENDICES</b>	
	Appendix A: Informed Consent Form	66
	Appendix B: Research Instrument	67

## ABSTRACT

Nursing is generally perceived as a demanding profession. Nurses are exposed to many stressful demands and pressures. It is both physically and psychologically challenging. It is well known that prolonged stress is a precursor of burnout which is considered a major problem for many professions, and nurses are considered to be particularly susceptible.

This study entitled “Job stress and Coping Strategies among the Nurses in the Hospitals of Pokhara” a case study research design was carried out to assess job stress and coping strategies used by nurses. A total of 20 nurses who have more than five years experiences were purposively selected from Manipal and Western regional hospital for the study. Face to face interview and audio-record were used to collect information. Descriptive analysis was done for data analysis.

The results indicated that the major contributors of job stress among nurses are workload, shortage of staff, poor communication between co-worker, doctor, patient party, lack of recognition, inadequate equipments, lack of support from superiors, unnecessary blamed by doctor were found as major causes of stress in work place.

So far the consequences or effects of job stress are concerned, to physical health, psychological health and socio-cultural environment. Back pain, leg pain due to long standings, headache, gastritis and tiredness are found as physical problems. Anger, anxiety, sleeplessness, sadness and loss of motivation, lack of recognition are found as psychological problems among nurse. Likewise unable to maintain family and neighbourhood relation because most of time are spent at hospital, unable to attend important festival and social function were found as socio-cultural problems.

Regarding coping strategies commonly used among nurses were accepting the fact as it is, working as schedule, discussing the problems with colleagues, thinking for alternative solution, seeking support from superiors, make phone calls and take suggestion from others and engaging in hobbies such as listening music.

Based on these findings, it was recommended that the government and Hospital Management Boards should improve the welfare of the nurses.



## **ABBREVIATION**

OPD- Out Patient Department

OBG- Obstetric and Gynaecology

ENT- Ear Nose Throat

ICU- Intensive Care Unit

CCU- Cardiac Care Unit

NICU- Neonatal Intensive Care Unit

IDEA –Innovative Development Education Academy

CTEVT -Council for Technical Education Vocational Training

ANM-Auxiliary Midwife Nurse

PCL- Proficiency Certificate Level

MOHP- Ministry of Health and Population

# CHAPTER I

## INTRODUCTION

### 1.1 Background

Stress has become a common denominator in our fast-paced, complex society. Work stress, family stress, financial stress, chronic stress, and posttraumatic stress are common experiences shared by people from varied backgrounds and in differing social circumstances.

Job stress is a reality of current day life, the issue of job stress causes a great deal of stress to the employees. Job, or workplace stress has become one of the most serious health issues in the modern world as it occurs in any job. The working environment is significantly changing, longer hours, frequent changes in culture and structure, as well as the loss of lifetime career paths all of which leads to greater levels of stress.

Nursing job specifically have several kinds of stress, will not be found in other non health sectors, they are working in a unique environment; full of noise, pollution, susceptible to infections. It is a job seeks patience, high mental and physical capabilities.

Nurses in their daily basis practices are exposed to life and death situations, workload, long working hours in different shifts, competition, insufficient knowledge and information sharing with peers, doctors. The conflict between nurses and physicians could exaggerate the pace of stress and it's outcomes, the conflict between being involved emotionally with patients and their families (nursing attitude) and being neutral in their emotions and feelings. In addition to the moral distress caused by ethics contradiction between nurses beliefs of what it is right and wrong and the organizations' values and culture.

The nursing profession is known to be stressful throughout the world. Helping sick people and dealing with medical emergencies can be very stressful. Patients need 24 hrs care. Nursing duty is around the clock duty including night shifts. They often work nights, weekends and even on holidays. There is a considerable amount of health hazard from disease, infection and radiation. A nurse is 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.

Viewing the nursing from socio-cultural perspective, nursing is a service that can be practised with personal satisfaction, and earn a living at the same time. In earlier, the concept of nursing was limited. Now a days, concept of nursing is becoming wider in world-wide. Nurses can work in a variety of health areas. Such changes have also occurred in Nepal. In Nepal, nursing as any other emerging profession has contact with society. When nursing was first introduced, various difficulties were encountered. Few girls were educated and nurse training was socially unacceptable. The attitude of the society toward the nursing profession was negative. Nursing was considered to be a very low type of service in the society. Most parents from high classes were opposed to the idea of sending their children to study nursing.

Now a days, the concept of Nepali societies is changed, the nursing profession is considered as respectable profession in society. There are many girls coming from relatively higher class and of high quality in nursing. The training of nursing manpower is a big business boom in Nepal (Subedi, K.C, Pradhanang & Shrestha, 2007).

As our contemporary societies have changed, with a lot of advancement in technologies and the changing role of women, where married women have to take up paid jobs in order to meet up with family needs. They do not only take jobs, but they may have to run shifts in some of them. Some of these shifts have been identified by various researchers as stressful and may result in negative health effects by affecting their sleep, work performance, social and family lives .

Jose & Bhat (2013) found that increased workload among nurses, growing occupational stress and inability to cope with it, lack of social or family support and declining job satisfaction are major concerns in nursing.

The American Nurses Association found that 17% of surveyed nurses reported that they had been physically assaulted at work in the past year and 56.9% had been threatened or verbally abused. Physical violence against nurses is typically perpetrated by patients, patients' family members, or strangers (eg, in emergency departments), whereas nonphysical, or "lateral," violence in the form of incivility, disruptive behaviour, verbal aggression, and bullying tend to be perpetrated by other nurses, nurse managers, physicians, and other co-workers (Robert et al, 2012).

Coping is a cognitive and behavioural effort to manage specific external or internal demands. Coping helps advance a sense of increased control over the situation (Webster & Hackett, 1999).

Awareness of stress and its effective management is paramount for work performance and increasing productivity in any organization. Effective coping strategies facilitate the return to a balanced state, reducing the negative effects of stress. The major occupational stress management strategies were identification of the sources of stress and avoidance of unnecessary stress (90%), altering the situation, expressing their feelings instead of bottling them up, managing their time better (94%), and adjusting their standard and attitude (Olayinka, 2013).

## **1.2. Statement of Problems**

Nursing is a rewarding and satisfying profession. But, at the same time, nursing is one of the most stressful and challenging job, it can also be extremely stressful source of stress. Presently nursing profession has observed fast progress and facing challenges like revolution of technologies and complex work environment. Caring for clients who are experiencing high levels of anxiety can be stress provoking for nurses.

Nurses are the backbone of any healthcare unit. They remain in twenty four hours with the patient. In the absence of doctors, nurses are on the front line and have to

face verbal abuse from patients and relatives for issues that may not be directly connected to their work. Physical violence and aggressiveness is also on the rise in patients and their relations. Demanding patients and their relatives can cause conflict and lead to more stress.

Nurse patient ratio in Nepal was 1.156.4 (Nepal Institute of Local Government Services, 2011). It was found to have 0.17 doctors per 1,000/population and 0.50 nurses per 1,000/population. This represents 0.67 doctors and nurses per 1,000/population, which is significantly less than the WHO recommendation of 2.3 doctors, nurses and midwives per 1,000/population and is low compared to other countries in South Asia. This indicates the huge shortage of nurses in Nepal (MOHP, 2013).

Due to the shortage, nurses experience lot of problems, and heavy workload can have a devastating effect and threaten the life and security of patients as the study by Tarnow et al (2000) found that inadequate nursing staffing in an Intensive Care Unit increased patients' mortality rate. In addition to these serious consequences, a high level of occupational stress has been found to reduce nursing quality ( Jose &Bhat 2013).

Mehta and Chaudhary (2005) in Nepal reported that the major causes of job related stress among nurses were shortage of nursing staff, high work load, lack of recognition of one's effort, aggressive relatives, demanding patients, poor promotion opportunity, poor evaluation system, poor nursing administration and low pay scale.

A moderate level of stress is an important motivating factor and is considered normal and necessary. If stress is intense, continuous, and repeated, it becomes a negative phenomenon or distress which can lead to physical illness and psychological disorders. Stress not only adversely affects the health, safety, and well-being of nurses at the individual level, it also negatively affects healthcare organizations.

When nurses are able to manage their stress levels effectively, it eliminates absenteeism, excessive workloads, promotes healthier and longer life and ensures stability of workforce and quality productivity.

Olayinka et al. (2013) suggested that nurses should adopt a positive ways of managing stress to keep up optimal care of the clients/patients. The more nurses are able to manage their own stress, the better they would positively affect those around them and the less others stress will negatively affect them.

Sources of job stress and its effect, and coping strategies among nursing are extensively investigated in abroad, but very few studies have been conducted in Nepal to identify nurses' problems.

Many studies suggested that effectively identifying and managing the sources of stress would be helpful in reducing the occurrence of bad stress. Hence, researcher curious to identify prominent causes of job stress and its effect on their health and existing patterns of coping behaviour adopted by nurses.

This study is designed to answer the following research questions

What situations commonly contribute the job stress among the nurses?

What are the effect of job stress among individual nurses?

What individual coping strategies do nurses frequently use to relieve their stress?

### **1.3 Objectives Study**

General objective of this research is to examine the job stress and coping strategies among nurses.

#### **Specific objectives are:**

To identify the most common sources of job stress among nurses

To investigate the most prominent effects of job stress among nurses

To explore the most preferred individual coping strategies they use to reduce job stress among nurses

#### **1.4 Significance of Study**

This study will attempt to identify the major sources of job stress, effects of job stress on an individual nurse and coping strategies adopted by nurses to reduce job stress. Though nursing is a stressful profession but in Nepal there is no any study about this issues. In fact, the research on job stress and how to overcome job stress among nurses in Nepal is still in initial stage. So, it is hoped that finding of this study will provide great understanding of major causes of job stress and its effect towards the nurses. The findings will also address some implication concerning the coping mechanism adopted by nurses when dealing with job related stress. Furthermore, The valuable information gathered in this study will provide helpful insights to public health services institution when dealing with job stress among nurses. Moreover, the findings will provide information on developing and implementing stress program to assist medical support staff in the hospital to cope job stress effectively.

#### **1.5 Limitations of the Study**

Study was done among the nurses working at Manipal Hospital and Western Regional Hospital.

Nurses who has job experiences more than 5years were included in this study.

Study included only female nurse age more than 25years.

Sample size was limited to 20 nurses.

Due to time and resources, its coverage was limited.

This study was done for the partial fulfilment of the requirement for the master's degree of Arts in Sociology/ Anthropology.

#### **1.6 Operational Definitions:**

**Job stress:** It denotes the state of physical and mental pressure experienced by nurses at work.

**Coping strategies:** -Refers to individual's cognitive and behavioural effort to manage the stress in the work place

**Nurses:** Refers to the registered nurses who passed Staff nurse, B.Sc and BN course and working in any unit of selected hospital.

## **1.7 Organization of Study**

This dissertation has been divided in to six chapters. The preliminary part contains approval sheet, acknowledgement, table of contents, abbreviation and abstract. The first chapter describes the background of the study, statement of problems, objectives of study, significance of the study and limitation of study. Second chapter deals with literature review. It gives an overview of the related literature done in the past related to this study. Third chapter deals with research methodology which includes research design, nature and source of data, universe and sampling, reliability and validity, data collection procedure and data analysis procedure. In the fourth chapter, the researcher has included the studied cases of all the respondents of whom she collected during her study. The fifth chapter of this research contains presentation of studied cases. Chapter six is summary, major finding, conclusion and recommendations of study.



## **CHAPTER II**

### **2. REVIEW LITERATURE**

The review of literature is the most essential part of the study. The main purpose of literature review is to find out what works have been done in the area of research problem and what has not been done in the field of the research study being undertaken. Focusing on causes of job stress and coping strategies, this chapter will discuss the relevant literature available that can be inter-related with the topics.

The researcher will use different books, reports, journals and studies published by various institutions and unpublished dissertations submitted by master level students which have been further divided as follows:

Concept Review

Theoretical Review

Review of Previous Study

#### **2.1 Concept Review**

The concept of stress has evolved over the centuries from an initial physiological definition (Selye, 1956) as the most commonly accepted description. Selye (1956) defined stress is “any external event or internal drive which threatens to upset the organismic equilibrium”. Selye (1956), the forefather of stress research, presents a widely accepted, fundamental stress theory that states that stressful life events are linked to the onset of distress or disorders.

According to Mojinyinola (2008), Stress is derived from the word “stringi”, which means “to be drawn tight”. Stress can be defined as a physical or psychological stimulus that can produce mental tension or physiological reactions that may lead to illness.

Stress is a physical or psychological stimulus that can produce mental tension or physiological reactions. Stressors are of two types namely positive and negative stressors. Negative stressors are uncontrollable and lead to maladaptive behaviour. Positive stressors are controllable and lead to growth (Thenarasu, 2005).

**Job stress:** Stress is something ordinary, unavoidable fact in anyone life, caused by many factors either at work, or with the family at home, or at the external environment (Jarinto, 2011). According to Wilton (2011) it affects both the human resources and the management at the same time. The concept and its effects were first introduced with documentation and research by Selye in 1974 as one of the main factors that can influence individuals' health and performance. Since then there was no specific definition of job stress, but most of the explanations has the meaning of deviation from the normal mental, psychological and physical state of the individual (Al-khasawneh & Futa, 2013).

Edward and Burnard (2003) classified stress in the workplace as “occupational stress”. The term refers to the pressure a person experiences due to work demands or problems which may lead to illness or “burnout”. Recent research explores the agents that may be responsible for stress and the effects of exposure to stressors for a person or organization. The problem affects not only the quality of services offered but also the psychology of the staff, driving employees to depression, absenteeism, or job resignations causing increased staff turnover with serious financial implications for an organization (Wykes & Whittington, 1999).

Stress is an unavoidable characteristic of life and work. In any job, there are wide variety of potential causes of stress. It is interesting to note that, stress has two faces. It is a good servant, but a bad master. In other words, it can be one's best friend or worst enemy. A certain amount of stress is necessary to achieve success, but undue stress causes distress.

Although we tend to think of stress as caused by external events, events in themselves are not stressful. Rather it is the way in which an individual interpret and react to events that makes them stressful. Stress is received by different people differently. If

two people experience the same amount stress or pressure, one may take it as positive or healthy types or the other may accept it as negative.

Stress can affect anyone-kids, teenagers, adults and the elderly. It is an inborn instinct which helps the person to deal with everyday difficulties. But, if it goes on for too long, it can harm the physical as well as psychological health, making it difficult to handle day-to-day living (Josephine, 2009).

Each individual is exposed to a range of stressors both at work and in their personal lives. Pressure at work can be positive leading to increased productivity. However, when this pressure becomes excessive it has a negative impact. The individual perceive themselves as being unable to cope and not to possess the necessary skills to combat their stress (Kakade, 2012).

The word coping has been used mainly with two meaning- ways of dealing stress and the effort to master harmful conditions, heat or challenge (Pareek, 1997).

Lazarus & Folkman (1984) categorized the stress coping behaviour as two strategies of “problem focused” and “emotion focused”. The former represents actions that are taken to solve the problem directly, and the latter refers to action that an individual change the personal attitudes towards emotion that was irritated by external stimuli.

Stress disturbs the equilibrium of the body. It affects physically, emotionally, and mentally. Therefore, attention has focused on the development of stress-coping strategies in order to enable people to cope successfully with it. Considerable effort has been given to the identification of external stressors which may be responsible for the problem. When individuals experience stress or face demanding situation, they adopt ways of dealing with it, as they cannot remain in a continued state of tension. How the individual deals with stressful situations is known as ‘coping’. There are two major targets of coping: changing ourselves or changing our environment. Coping refers to a person’s active efforts to resolve stress and create new ways of handling new situations at each life stage (Erikson, 1959).

## **2.2 Theoretical Review**

### **2.2.1 Perspective of Socio-Cultural Theory**

Culture in sociologist Durkheim's sense is an emergent web of representations, holistically encompassing the deepest value, belief, and symbolic systems of a natural collectively, such as the tribal societies to which he gave such close attention. Society binds individuals inextricably to it, and it represents the whole of their reality. Culture is the sum total of human beings' collective efforts to come to grips symbolically with a complex and uncertain world.

It is fundamental to Durkheim's concept of culture that individuals experience it as external constraint. People act in conformity with the culture not voluntaristically i.e., impelled by the values and norms that socialization has imprinted on their psyches--but in response to the social pressures to which they are made subject by others. Culture is exterior to individuals, networks of human relations, like those of atoms in a compound, cannot be construed as social facts (Tosti, 1898).

### **2.2.2 Culture, Stress and Coping**

Culture can be defined as the learned behaviours, beliefs, and attitudes that are characteristic of a particular society or population and as a shared system of a society (Triandis, 1994).

Culture can affect the stress and coping process in four ways. First, the cultural context shapes the types of stressors that an individual is likely to experience. Second, culture may also affect the appraisal of the stressfulness of a given event. Third, cultures affect the choice of coping strategies that an individual utilizes in any given situation. Finally, the culture provides different institutional mechanisms by which an individual can cope with stress (Lazarus, & Folkman, 1984).

The outcome of coping not only has psychological and physical outcomes, but also social and cultural outcomes (Aldwin & Stokols, 1988). How an individual copes affects not only that person but also others in the immediate social environment. Further, to the extent to which an individual (or groups of individuals) modify or

create cultural institutions in the process of coping with a problem, they also affect the culture, providing a means of coping for others facing similar problems. Grassroots movements such as Mothers Against Drunk Driving and the development of support groups for different illnesses or bereavement are good examples of this phenomenon. Thus, the socio-cultural viewpoint of coping emphasizes that coping behaviour nearly always occurs in a social context and is both affected by that context and contributes to its change (Gross,1970).

Mechanic (1974) argued that the ability of individuals to acquire coping skills and their success depends upon the efficacy of the solutions that the culture provides and the adequacy of the institutions that teach them.

Cultures may differ in both their preferred means of emotion-focused coping as well as problem-focused coping, such as preferences for external or internal control and direct versus indirect approaches to mastery. Shek and Cheung (1990) have argued that cultures may be divided into those that place greater reliance on the self (internal locus of coping) and those that rely more on others (external locus of coping). Differences in emotion focused coping centre around issues of emotional control versus emotional expression, as well as patterning of emotional expression.

Coping in a non culturally prescribed manner may result in greater stress. Hwang (1979) examined how men cope with residential crowding in Taiwan. Men who used coping styles that emphasized traditional cultural values and interpersonal cooperation experienced less interpersonal stress and lower symptom levels.

Narayanan et al. (1999) conducted a cross-cultural study that compared coping mechanisms between Indian and American employees. These authors found that Indian employees face job stress in two manners: talking to either family members or friends who provide emotional comfort, or accepting the situation; whereas American employees prefer to take more direct action by talking to co-workers. This tendency also appears between Swedish and Peruvian students. Both, Peruvians and Indians come from countries with collectivistic oriented cultures and they tend to handle stress by emotion-focused coping, while both Swedish and Americans prefer to manage stress using problem-focused coping. Notwithstanding, it is necessary to note

that the Peruvian students not only apply emotion-focused coping; they use problem-focused coping and social support in significant percentages as well, showing in this sense a greater variability of responses to face stress in studies.

In another study on stress effects between Chinese and American employees, the results show that both employees present fatigue, but whereas Chinese employees report sleeping alterations, Americans report stomach problems (Liu and Spector, 2005). According to cultural theories, China and Peru are countries with collectivistic cultures, while USA and Sweden are countries with individualistic cultures. Therefore, it is interesting that stomach problems is coincidentally a particular stress effect in both individualistic countries (none among the Peruvian students report this effect).

### **2.2.3. Perspective of Gender Theory**

Gender refers to those social, cultural, and psychological traits linked to males and females through particular social contexts. Sex makes us male or female; gender makes us masculine or feminine. Sex is an ascribed status because a person is born with it, but gender is an achieved status because it must be learned.

Feminist theory emerged out of the women's movement and aims to understand the position of women in society for the sole purpose of improving their position in society. There are four major frameworks that have developed out of feminist theory: liberal feminism, socialist feminism, radical feminism, and multiracial feminism.

Functionalist theorists argue that men fill instrumental roles in society while women fill expressive roles, which works to the benefit of society. Further, it is our socialization into prescribed roles that is the driving force behind gender inequality. For example, these theorists see wage inequalities as the result of choices women make, which involve family roles that compete with their work roles. ([www.dictionariboss.com](http://www.dictionariboss.com)).

Liberal feminists argue that gender inequality results from past traditions that pose barriers to women's advancement. It emphasizes individual rights and equal

opportunity as the basis for social justice and reform. Socialist feminists, on the other hand, argue that the origin of women's oppression lies with the system of capitalism. Because women are a cheap supply of labor, they are exploited by capitalism, which makes them less powerful both as women and as workers. Third, radical feminists see patriarchy as the main cause of women's oppression and argue that women's oppression lies in men's control over women's bodies. Finally, multiracial feminists examine the interactive influence of gender, race, and class, showing how together they shape the experiences of all women and men.

#### **2.2.4 Gender and Work Stress**

Workplace stress is a major problem, and it has been suggested that gender may be an important demographic characteristic to consider in the experience of stress. While on the one hand it has been reported that there are no differences between women and men in relation to workplace stress. It has also been noted that there are differences in both stressors and the severity of stress between the sexes. It has been reported that although women and men are exposed to the same stressors, women are also facing unique stressors. Indeed, Hofboll, Geller & Dunahool suggested that it is important to consider the stressors that are unique to employed women, as this can increase the understanding of the specific needs of working women. It also have found that the provision of workplace support was more effective in reducing occupational stress in men than in women (Gyllensten & Palmer, 2005).

There are important links between wider issues of discrimination and women's work-related health. More women are concentrated in low-paid, precarious work and this affects their working conditions and the risks they are exposed to. Issues such as sexual harassment and discrimination in the workplace are two stress factors that women face more than men. As gender inequality both in and outside the workplace can have an impact on women's occupational safety and health, it should be included or 'mainstreamed' into equality agendas. Women's weaker participation in all levels of occupational safety and health consultation and decision making will also contribute to less attention being paid to their needs.

According to Nelson & Burke women are particularly likely to suffer from role overload (conflicting demands from different roles). They also indicated that employed women experience greater stress than both non-employed women and men because of several unique stressors faced by employed women. Nelson & Quick (1985) concluded from their review of the literature, on stress and women, that the career-family conflict is one of the main sources of stress for working women. Similarly, Davidson & Cooper found that female managers reported greater pressure than men from work and home stressors. It was found that work and family interfaces were more often sources of stress among the female participants than among the male.

## **2.3 Review of Previous Study**

### **2.3.1 Literature related to Causes of Job Stress among Nurses**

Yeh and Huang (2006) found that the major sources of occupation stress in newly graduated nurses were workload, interpersonal relationships and ward management in turn. The top five stressor are “dealing with patient, emergency condition”, “caring of patients with unknown or infectious disease”, listening, speaking, reading, and writing medical terminology” “not known medication and their effects” and “caring of dying patients and their families.”

A study conducted to investigate the prominent causes and effects of job stress and coping mechanism among nurses in public health services. The results found that the major contributor of job stress among nurses is the job itself. Heavy workload, repetitive work, and poor working environment were among the stressors identified in the category of job itself. Respondents identified that inconsiderate and inequitable superior/matron, lack of recognition, and conflict within and between groups were the stressors ( Beh, 2012) .

Rodrigues & Chaves (2008) carried out a study to identify the stressful factors regarding oncology nurses, and to verify what coping strategies they use. Two questionnaires were used: a demographic data inventory, designed by the researcher, and the Folkman and Lazarus coping strategies inventory. The results showed that the main stressful factors for oncology nurses are patient death (28.6%), emergency



situations (16.9%), relationship issues with the nursing team (15.5%), and work-process situations (15.5%).

Peters et al. (2012) found that common causes of stress were work demand, work environment, role conflict, and issues with patients and their families were. Constructive coping styles appeared to help nurses to manage stress. Managers have a key role in providing education and training for palliative care nurses to support their personal development and to help reduce vulnerability to and the impact of stress in the workplace.

A study was conducted to identify the prevalence of stress among 67 staff nurses in Intensive care unit in Malaysia. Finding revealed that the working environment of intensive care unit (ICU) nurses is a constant source of stress and ICU as a stressful environment because of the complex nature of patients' health problems requiring an extensive use of very sophisticated technology. Hundred percent (n =67) of staff nurses experienced stress symptoms. Knowledge, working experience, critically ill patients, and environmental factors were one of the many factors contributing to the stress. Nurses working in ICU, are found to have a high level of stress (Lexshimi, 2007).

Olayinka (2013) in Nigeria found that the major causes of stress was poor salary (82%), handling a large number of patients alone, lack of incentives (83%) and job insecurity among others. The major types of stress experienced were, headache (49%) as physical stress; anger as emotional stress; lack of concentration and forgetfulness were the most psychological stress experienced in the ward.

A descriptive study was conducted among 31 subjects by using a simple random sampling technique. Among 31 samples, 3.2% perceived mild stress, 90.32% perceived moderate stress and 6.46% perceived severe stress. The study findings concluded that most of the nurses were in the moderate stress level (Das, 2006).

A descriptive study was carried out among 110 casualty nurses to assess the stress and coping by using convenient sampling technique. Out of 110 nurses, 46 were having high stress score and remaining 54 nurses were found having less

stress scores. The findings revealed that majority of nurses were having high stress scores and poor coping level (Mohindoen, 2009).

A study was conducted to assess the perceived stress among nurses working in a casualty. Sixty samples were selected for the study by using the simple random sampling. The study findings revealed that stress levels are high among the nurses with the sources of feeling nervous, irritating life hassles and inability to control the environmental problems (Sardesai, 2005).

Many studies have shown that nurses have very high rates of burnout. Aiken and colleagues found that more than 40% of hospital staff nurses scored in the high range for burnout, with 43.2% of nurses reporting high levels of emotional exhaustion.

This study was performed to characterize nurses working at ICU and verify the presence of stress among them. A total of 21 ICU nurses from five hospitals located in the state of Sao Paulo answered a series of questions about the ICU and completed the Nurse Stress Inventory. Study results showed that 57.1% of nurses consider the ICU a stressful place, and 23.8% achieved a high score, indicating the presence of stress. Stress continues to affect these professionals, and institutions do not offer any special care for nurses in the sense of promoting comprehensive health care (Preto & Pedrao, 2009).

Another descriptive survey study was done to determine stress and coping among 1040 nurses in India. Purposive sampling was used to conduct this study. Data was gathered by self administered questionnaire. Finding revealed that 60.38% of nurses experienced low stress, 38.46% moderate stress and stress was high among 1.15% of the subjects.

Kakade and Devi (2014) carried out study to assessment of factors related to job stress and coping ability among staff nurses in selected hospitals in India. Result revealed that about 86 % of the staff from intensive care areas has severe stress and 14 % have moderate stress. Highest 27.78 % factors related to stress are organizational factors. Though majority of staff suffer from stress, 59 % have good coping.

### **2.3.2 Literature related effect of Job Stress among Nurses**

Olayinka et al. (2013) studied to determine the occupational stress management strategies among 100 nurses in Neigeria. The study revealed that the major types of stress experienced were, headache (49%) as physical stress; anger as emotional stress; lack of concentration and forgetfulness were the most psychological stress experienced in the ward.

Abu Ruz (2014) carried out comparative study to identify the sources of stress and to compare the effect of stress on job satisfaction between Jordanian and Saudi nurses. A total of 150 nurses from a private hospital in Amman Jordan and 100 nurses from a self-operated hospital in Saudi Arabia completed the study questionnaires. The results showed that the stressful situations for Jordanian nurses were: death and dying, workload, and patients and their families. There was a significant negative relationship between stress and job satisfaction for Jordanian nurses and Saudi nurses. Jordanian nurses were less satisfied with their jobs compared to Saudi nurses. In conclusion, stress is a global problem for nurses and negatively affects job satisfaction.

Repetti (1993) found strong evidence that jobs with the combination of high demand and low control constitute a risk factor for hypertension and heart disease. He observed that social environment at work is an important factor contributing to stress on the job, which play a role in both physical and mental health.

South African nurses have reported increased levels of stress; increased rates of burnout and, increased fear of being exposed to HIV. In addition, nurses have been discriminated against because of their work with HIV/AIDS patients. Although they express empathy and feelings of self-fulfilment with regard to caring for these patients, many nurses are concerned about their families' anxieties surrounding their work with AIDS patients (Hayter, 1999 as cited in Gibbens, 2007).

Rodrigue (2008) in India reported that the situations that most generated stress at work were patient death (28.6%), emergency situations (16.9%), relationship issues with the nursing team (15.5%), and work-process situations (15.5%). Stress in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates, and errors in treating patients (Molassiotis et al, 1995).

Whilst a certain level of stress is needed by each of us to deal with our everyday lives, it can also lead to serious illness, poor performance at work and eventually low productivity if not managed properly. Human beings can become sick if they work too long at a high sustained pace without stress management. They are at their most productive and healthy state if they can work at a manageable level (Olayinka, 2013).

### **2.3.3 Literature related to Coping Strategies used by Nurses**

A survey was conducted to assess the Deakin Coping Scale and in the qualitative reports of nurses' coping strategies among 201 nurses working in public and private hospitals. Finding revealed four reliable factors: appraisal, challenge/commitment, use of social resources and avoidance, which together explained 57% of the variance. (Kajiwara, 2002).

According to Sudhaker and Gomes (2010) majority of the nurses expressed the use of active coping strategies and few use avoidance coping strategies like blame someone else (8.33%), sleep more than usual (5%), and eat more (1.33%). There is strong negative relation between Job stress and coping ( $r = -0.920$ ) and variables of job quality indexes like time and support ( $r = -0.624$ ), Work environment ( $r = -0.538$ ). They also found that when active coping increases, job stress decreases and improvement in time and support will decrease the Job stress experienced by the nurses. There is a positive relationship between coping strategy and organizational support, and support from the nursing service. Motivation will help to improve the work environment thereby decrease the job stress ( $r = -5.38$ ).

A descriptive study was carried out among 124 nurses in Portugal. A questionnaire was used that included: socio-demographic and professional characterization, scale of overall satisfaction with work, stress perception scale, problem solving inventory and

questionnaire of coping strategies. The results found that the coping strategies most frequently used by nurses are planned resolution of problems and taking responsibility. The least used are escape, avoidance and detachment (Martin & Campos, 2013).

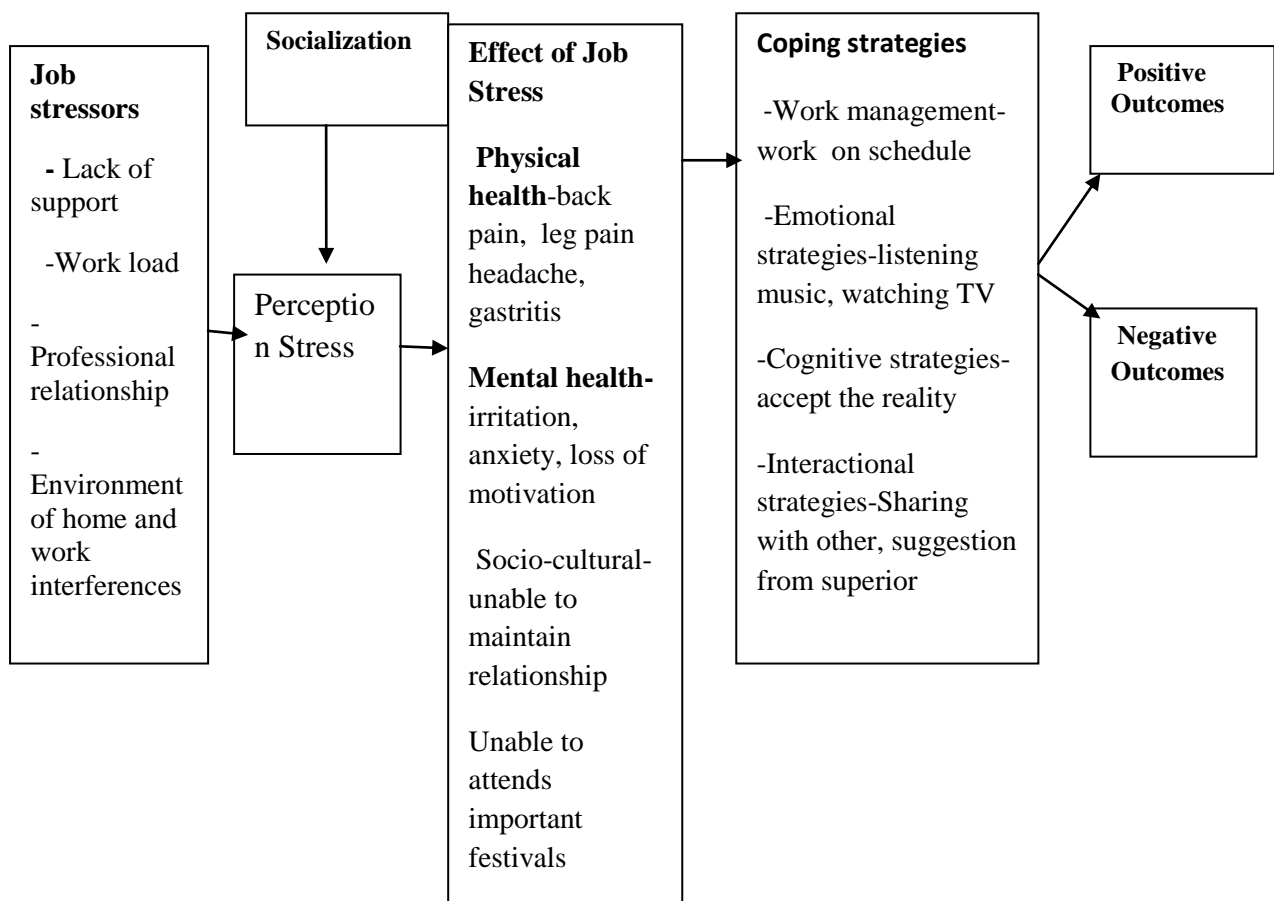
Lexshimi (2007) found that the five coping mechanisms adopted by ICU nurses were identified. Prayers (100%) and relaxation (100%) methods were the common methods used in coping stress. Physical exercises were only used by some (35.7%) of the nurses whereas more than half (60%) of the nurses relieved stress by ventilating their feelings and sharing their problems with others. Some (35.7%) nurses were found to relieve their stress by taking rest in between work.

#### **2.3.4 Summary of Reviewed Literature**

Most reviewed literature agreed that nurses only the person who is always with the patient, working with patient is stressful condition that can directly and indirectly affect nurses health. Coping strategies are the most important measures to balance their work as well as their health. Reviewed literature also shown that there is rare study on stress and coping among nurses in the context of Nepal. Since nurses individual stress level and way of dealing with stressor can play important role in recovery of patient as well as productivity of organization.

#### **2.4 Conceptual Framework**

The following is the conceptual framework developed for this study. It is like a road map which shows that the sources of job stress and its effect and coping mechanisms used by nurses. The sources of job stress consists of lack of support, work load, professional relationship, environment of home and work interferences. Once a person is exposed to job stress, the effects of job stress on physical health, mental health and socio-cultural environment of a person will be identified. This model also suggests that good coping mechanisms play a vital role in reducing job-related stress in the workplace. The coping mechanisms used will determine the ability of a person to cope with job stress. Effective coping mechanism indicates positive outcome while a person with poor coping mechanism will show negative outcomes.



**Conceptual Frame Work on Job Stress and Coping Strategies among Nurses**

## **CHAPER III**

### **3.RESEARCH METHODOLOGY**

#### **3.1 Rational of the Selection of Study Area**

The area of this study was at Manipal Hospital and Western Regional Hospital in Pokhara. Both hospital are famous in western region that provide multiple inpatient and outpatient tertiary level services to peoples. More than 200 nurses are working in those hospital. So that researcher preferred those hospital because she can get respondents with varieties of experiences.

#### **3.2 Research Design**

Qualitative - Case study research design was used to conduct this study when the objective of this study is to gain familiarity with phenomena or acquire new insight about causes of stress and coping among nurses.

A case study research excels at bringing us to an understanding of a complex issue or object and can extend experience or add strength to what is already known through the previous research. Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. Researchers have used the case study research method for many years across a variety of disciplines. Social scientists, in particular; have made wise use of this qualitative research method to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods.

### **3.3 Nature and Sources of Data**

The nature of data was qualitative. The data was collected from primary and secondary sources. Nurses working in Manipal hospital and Western Regional hospital were primary sources of data. Existing literature about job stress and coping in nursing such as library, internet, nursing literature, other sources were secondary sources of data.

### **3.4 Universe and Sampling**

The population of this study were nurses working in either Manipal or Western regional hospital who had more than 5 yrs experiences and diverse ethnic group. In first stage western region was purposively selected, in second stage Manipal and western regional hospital were purposively selected. In third stage twenty nurses were purposively selected. Among them 12 respondents from Manipal hospital and 8 from Western regional hospital.

### **3.5 Reliability and Validity of the Data**

Reliability is an extent of accuracy of the instrument and tools used during the study and validity is the degree to which instrument measures what it is supposed to be measured. In order to ensure the extent of accuracy and validity of information.

The content validity of instrument was established by consultation with advisors. Reliability of instrument was done by pre-testing of instrument among 10% of sample. Then necessary modification was done and finalized the tool.

### **3.6 Data Collection Method**

The researcher's proposal was submitted and approved by Tribhuvan University, Sociology/ Anthropology Department Prithvi Narayan Campus. Verbal and written informed consent was obtained from all the subjects prior to data collection by explaining purpose of study. After obtaining written consent, researcher did face to face in-depth interview with each respondent separately at their convenient place and time. Audio recording was done. Privacy and confidentiality was maintained. The duration of data collection was 2<sup>nd</sup> January to 25<sup>th</sup> February 2015.



### **3.7. Data Analysis Procedure**

The data collected from various sources leads to the logical conclusion, only if the appropriate tools and techniques are adopted to analyze such data. The collected data has no meaning if such data are not properly analyzed. To analyze the data, the descriptive analytical method has been used. The collected data was organized and analyzed based on major theme and sub theme of the purpose of study.

## **CHAPTER IV**

### **CASE STUDY PRESENTATION**

In this chapter the researcher has reported the each case study as a single story case as follows .

#### **4.1 CASE I**

Case I is 42 yrs old, was born in Dhorphirdi-2, Tanahu. She lives in nuclear family. She got marriage in 2052 BS. Initially she used to live in Gandaki hospital staff quarter. Since 8yrs , she has been living in Phulbari, Pokhara. She was from middle class family and she is second daughter among three. Elder sister got marriage very earlier. After that, she was responsible daughter who had to help in every household and agricultural activities in the family. Father usually involved in political activities and worked as priest. So he did not have time to help in household work. She is hard worker since childhood. She could go school only after finishing most of household activities. Even though she did not have enough time to study at home, she used to get first position in class. So teacher used to like and appreciate her.

After SLC, father convinced her to attend entrance in forestry. She passed the entrance exam. But she did not know anything about nursing. Her father also did not like this profession. Actually, her sister used to work in public health office as a computer operator. Friend motivated her sister to admit her in nursing. Finally respondent got admitted in nursing. At that time, there was no entrance exam system in nursing, those who had got good marks in math, science and english in SLC, could easily get chance to admit in nursing. So, in 2046, she entered in nursing profession with inspired by her elder sister. After completing her study, in 2050, she joined her first job in western regional hospital Pokhara, as temporary staff.

She worked there for 1 ½ yrs . In 2052, she got permanent job in Nepal government. After become permanent she served for 10 month in Bandipur hospital. Then she was transferred in western regional hospital in 2053. she has been working there in different ward such as orthopaedic, surgery, maternity, and medicine.

She past almost 21 yrs in this profession, she is satisfied with job. She is always busy in running own pharmacy shop, job and family. Now her son become younger, they also help her. Compared to before she feel more comfortable life .

She pointed that due to the nursing profession, she felt many changes in her capabilities such as social relation, speaking abilities, confidence, tackling of any situation.

About job stress she described that job stress is type of pressure created by dissatisfaction in job. She pointed that the main causes of stress in their job are some doctor are not doing their work completely that has to be completed by nurses, so they unable to finish their work in time, work load, shortage of staff, inadequate equipment, that also not repaired on time, it is government hospital so process is long. Sometime matron is not listening their problems and lack of recognition of their work also create stress.

She past 1/3<sup>rd</sup> life in nursing, during this time, she did all the type of nursing duty, so she is having backache, tiredness, muscle cramps in leg. Similarly some time she get angry, irritation, anxiety and loss of motivation. She is always busy in duty, own pharmacy , and household work. So that, she hardly attend in any social and cultural function in neighbour.

While talking about how she adjust to daily stress. She described that friends and relative play important role in her life which helped to tolerate most stressful event in her life. She usually, cope many stress by sharing the problems with close friends, taking suggestion from superior, phone call to others. Some time, if she has time, she is usually visit to religious place and listening music. She visited many

religious places such as Dhorbarai, Manakamana temple, Muktinath and Pashupatinath .

## **4.2 CASE II**

Case II is 32 yrs old, born in Manglore Karnataka, India. Her husband is doctor who is working in Manipal hospital. She has 2 son. First son is 5yrs old and studying in LKG and second son is 2 yrs old.

She was from Christian family and married with Hindu. She is from middle class family. She was eldest child in family, so she wanted to earn early as possible. Comparatively, in those days, nursing profession had higher scope than other. So, she was motivated from her aunt. Her aunt used to tell that nursing profession is lucrative in national and international. So, with inspired by aunt, she entered in nursing profession in 2001 AD at Manipal school of nursing in Karnataka state in India.

In 2003, immediately after 3 days of completing final exam , she started first job in Unity Health Complex Hospital in India which was nearby her house. She worked there for 9 month. At the same time, there was free job application in Manipal Hospital in Nepal. If they worked in Manipal hospital in Nepal for 2yrs, they would get chance to transfer in India Manipal hospital which is in her hometown. Instead of doing so, it was very difficult to get chance to enter that hospital. So she came in Nepal with many of her friends and joined in MTH Nepal in 2004. Then after, all of her friends returned to India within 2yrs. But she got love marriage with Nepali Doctor and has been living in Nepal .

She has almost 12 yrs work experience. She worked in various ward in Manipal hospital such as post operative ward, Obstetric Gynae ward. As an in-charge, she has lot of responsibilities. She feels more comfortable duty than before and well adjusted in Nepali culture and society.

She has experienced a lot of changes within her , became independent, as an in charge she has to control staff, patients, visitors. Sometime she has to become

rude that is her compelle to do so. Earlier, she used to scare to discuss in any matter but now she become strong and bold .

She is satisfied with her job and want to continue her carrier. She completed bachelor of nursing. She is not interested to do further study because scope of nursing is decreasing and job should be safe.

She lives in joint family. Even though, she is from cross culture, her family is well supportive and understandable. She is able to maintain job and family. Mother in-law and father in-law are so supportive that they help looking after her children and managing house hold activities.

In her opinion, job stress means, stress that is created by job. It depends on type of job. The main causes of stress during duty are shortage of staff, poor communication between co-worker, doctor, patient party, death of patient. Even though, adequate staff, there is no adequate equipment to manage work. Moreover, despite working hard, sometime, they are blamed by doctor and patient's party. In addition, especially in Nepali culture, during Dashara and Tihar most of the staff ask for leave so that it is so difficult to manage ward. It create more stress to her. Sometime their superior is not listening their problems.

She has been suffering from tiredness, backache gastritis and headache. Similarly, sleeplessness, anxiety, irritation, anger occurs. In addition, she is unable to give time for children and family, maintain family and neighbourhood relation because most of time she has to spent at hospital.

About coping mechanism, she usually cope with job stress by accepting fact, preparing handle to next situation, discussing problems with colleagues, seeking support from superiorirs, withdraw from problems, watching TV and searching alternative solutions. Sometime, she takes the problem as temporary.

Moreover she told that for improvement of nursing problems, nursing council should be strong and government should make certain rule and regulation for safety, security and welfare of nurses. Job description should be cleared. In

addition, nurse also should have knowledgeable, dedicated, skilful and responsible. Likewise job promotion opportunities are more helpful to decrease job related problems in nurses.

### **4.3 CASE III**

Case III is 50years old, was born in Tanahu- 3, Bandipur. She got married in Pokhara Nadipur. She lives with husband , mother in law and three children. Older daughter is doing PHD in forestry, got married while younger daughter and son completed bachelor level education and searching for job.

She passed SLC from Vanu Secondary Public School, Bandipur in 2041 BS. Then despite being interested to study nursing, her parents did not allow her to enrol in nursing as it was low level of job in society at that time. Her husband was educated and broad minded, so that he only inspired her to study nursing. So she started nursing carrier in 2045 from Tribhuvan University Institute of Medicine Pokhara campus. In those days, there was no entrance system in nursing and a very few girls used to study. That's why she easily got seat to study. It was so hard for her to study because she was from government school and most of the nursing books were written in English. At the same time her children were growing so it was so difficult to manage family as well as study. Her husband and mother in-law used to look after her children and support her.

In those days, there were very few nursing college in Nepal and government only ran such nursing school. There were huge shortage of nursing staff, so immediately after final exam, all the nurses could get job. Different organization and hospital used to request them to work in their hospital. So that soon after final exam, she got job in Western Regional Hospital(WRH). She worked in Obstetric Gynne ward for 5yrs in same hospital. Because of growing children, she did not want go in other government hospital, as they used to do frequent transfer in different places. Later on she left WRH and worked in Himalayan eye hospital for 8yrs.

In 2002 AD, she entered in Manipal hospital. She almost past 20yrs in this profession. So she does not want to change the profession in future. Now she works

as a in-charge in ENT department. Being a female, she has multiple responsibilities, but her husband is educate and supportive and her family help in every work. Thus she is able to manage job as well as family responsibilities.

She expressed that after entering nursing profession, she felt a lot of changes in her. She learnt about tackling with different stressful situation in work place as well as family. She became boldness and developed ability to control emotion and habit of politeness.

In her opinion job stress is usually created due to workload, shortage of staff, poor communication between co-worker, doctor, patient party, inadequate equipment to manage work. Moreover, despite working hard, sometime they are blamed by doctor and patient's party.

While talking about time of cultural festival. She said that ENT ward is quiet ward than others. So she does not have problems related to manage staff and most of the patients are discharged during festivals. There will be very less patient related to ENT problems. So that she need to send her staff in others ward.

She also has suffered from various job related problems like physical, socio-cultural and psychological. She feels tiredness, has muscle cramps in thigh, back pain and loss of sleep. Likewise she is unable to give time to family and neighbourhood because most of time she has to spent at hospital.

While talking about use of coping strategies to adjust problems related to job. She said she has to manage work stress anyway. So, she usually adjust with stress by accepting fact what it is, preparing handle to next situation, discussing the problems with colleague, seeking support from superiors, watching television and drinking tea more than usual.

Moreover she pointed that good relation among staff members, availability of adequate equipment, clear job description, staff in-service training in time to time, Job promotion opportunities would be more helpful to decrease job stress among nurses.

#### 4.4 CASE IV

Case IV is 27yrs old, was born in Shyanja -5 walling. She is single child of her parents. They migrated to Pokhara when she was 4yrs old. Her schooling was from Kumudini Homes in Pokhara.. Her father run own business and mother is house wife.

After SLC, she entered in nursing from motivation of her teacher in school. They used to motivate girls to select nursing for better future. So she did not tried in other faculty. She passed her certificate nursing from Trivhuvan University Institute of Medicine Pokhara campus in 2064.

In 2065, she got job at Western regional hospital after doing 6 months voluntership duty. Her family members are educated and supportive, so she can manage family and job without any difficult. She almost passed 6yrs in this nursing profession so she does not want to discontinue in future. And she is satisfied with her job and she added female should be independent.

About changes after entering in nursing, she told that - she developed capacity to deal with different people, knowledgeable, communicable abilities, counselling ability as needy people. As an in-charge, she learnt about management skill.

When responding about most common causes of stress in her work place are misunderstanding among staff, workload, staff shortage, lack of support from superiors, misplacement of equipment, death of patient, unnecessary blamed by doctor.

As she has suffered from leg pain due to long standings, headache, gastritis,-anger, anxiety, sleeplessness, sad. Sometime feeling to change job and loss of motivation.

She told that she usually cope this stress by accepting the fact, preparing to handle next situation, discussing about the problems with colleagues, thinking for alternative solution, seeking support from superiors, make phone calls and take suggestion from others.



#### 4.5 CASE V

Case V is 30 years old, was born in Shynja. She lives with mother in law at Phulbari-11, Pokhara. She has a 32 yrs brother, who passed BBS and is working in hydro project. Father and mother were retired from district public health officer and Auxillary Midwife Nurse respectively. They are running own pharmacy shop in home town. She got married 3 years ago.

There were very few nursing college in Nepal, Council for Technical Education and Vocational Training had just started to run few nursing college in Nepal. Her parents were health person, that inspired her to enter in nursing. Then she was enrolled in PCL nursing in 2000AD at Manipal School of Nursing Phulbari, Pokhara. There were shortage of nurses in those days. Soon after result, she got job in Manipal hospital Pokhara without any difficulty in 2004.

She past almost 10 years in nursing and does not want to change the profession. Instead she wants to study further education. She said, though nursing is stressful profession, due to her family support, she is able to manage family and job smoothly.

She described that nursing is not like other profession. It is stressful as well as rewarding profession. After entering in this profession, she felt a lot of changes in her. She developed humanity as well as tolerance, controlling her anger which was so difficult in earlier. She also told that because of different responsibilities, dealing with varieties of diseased patient and visitors, she developed ability to handle any situation accordingly.

In her opinion, job stress means, physical and mental stress that are created due to nature of job. She added main causes of stress in work place are workload, shortage of staff and unable to finish work on time, poor communication between co-worker, doctor, patient and patient's party. Even though, adequate staff, there is no adequate equipment to manage work.

Moreover, despite working hard, sometime, they are blamed by doctor and patient's party. Poor promotion policy of hospital also create job stress. She also said that, they are Nepalese and celebrate different festivals. On one hand, they become more stress because they cannot get leave to go home, on other hand increasing number of emergency patient during festivals time also create stress. There may occurs different incidents in festival like crimes, physical assault, gambling, drinking alcohol, road traffic accidents.

Due to nature of job, she has suffered from various physical, socio-cultural and psychological problems. She has tiredness, gastritis, muscle cramps in thigh, backache and headache. Likewise she feels anxiety and aggression, is unable to maintain family and neighbourhood relation because most of time she has to spent at hospital. So that, she does not have enough time to recreation. Sometime, she could not attend important festival, social function and could not communicate with family as well due to over anxiety. In addition, some time, she feels loneliness and sadness.

She also mentioned that there is impossible to stay stress free, So, she usually cope the job stress by accepting the situation as it is, seek the support from superior, discuss the problems with colleagues, think alternative solution, get prepared for next and sometime listening music.

According to her above problems in nursing profession can be decreased through maintaining interpersonal relation among staff members, availability of adequate equipment, clear job description, conducting in-service training and mass casualty training in time to time..

#### **4.6 CASE VI**

Case VI is 36 yrs old, was born in Chitre, in Parbat. Her father was Ex Indian army .They migrated to Pokhara when she was child. Her schooling was from Rastriya Mavi. Tundikhel , Bagar. She has two brother and one sister. Both brother are retired Indian army and now they are in Australia and sister is in UK. Most of her relatives are in foreign country. Her husband is also retired Indian army and currently working in Australia. She lives in joint family. Father in-law expired

before many yrs and mother in-law is with her. She has 17yrs daughter studying in 11 class and 12 yrs son studying in class 6.

After completing SLC, in 1998, she joined in Auxillary Midwife Nursing course in Innovative Development Education Academy (IDEA), ANM school in Pokhara. When she joined in nursing profession, she was unknown about the actual programme. They only knew that all the expenditure are beard by Ex Indian army offices in Pokhara for daughter of Ex Indian army. So that along with some friends, she joined in ANM. The members of Ex army office assured them that was staff nurse course. But after 6 month of study, they came to know that it was only ANM course. So some of her friends discontinued the study. But she thought that she had to complete the course anyhow.

In December 2000, she got job in Manipal hospital without any difficult. At that time, it had just started services but there was huge shortage of nursing staffs .So, Manipal hospital used to bring nursing staff from India . Initially she faced some difficult to adjust with Indian sister and doctor.

She completed almost 15 yrs in this profession and wants to continue it. Her husband also encourage her to do job not only for earning money but also for status of women and time engagement. Her 80 yrs old mother in-law is still helping her to manage children and house hold work.. But when children were growing, she faced many difficulties to manage job and family.

According to her the main causes of stress during duty are shortage of staff, poor communication between co-worker, doctor, patient party. Eventhough availability of adequate staff, there is no adequate equipment to manage work. Moreover, she expressed that partiality from superior is also main factors for demotivation in work. Because of nature of job, she has suffered from various physical, socio-cultural and psychological problems. She is suffering from tiredness, muscle cramps in thigh, headache, sad, anxiety , anger and loss of motivation when unfair treatment from superior.

Moreover , in especially Gurung community in Pokhara, celebrate various cultural festivals and many cultural rituals, social gathering. She is unable to involve in such programme and maintain family and neighbourhood relation.

About coping strategies, she usually cope with job related stress by accepting fact, trying not to show frustration to others, ignoring the problems, thinking about alternative solution and discussing about the problems with colleagues.

#### **4.7 CASE VII**

Case VII is 26yrs old, born in Lekhnath -11, Pokhara. She has one sister and two brother. Both of them have done master and doing job, sister also completed 12 class and works as a teacher. She got marriage before 4yrs who is doctor and works in Chitawan medical college.

After SLC in 2060, she was interested to study in engineering , but she joined in nursing with the motivation of elder brother. Though she did not have knowledge about nursing, later felt happy when came to know about nursing. Initially, she felt so difficult to study due to poor in english language. As she failed in first internal exam and cried a lot. It was first experience in her life.

In 2008, she joined as voluntership work in Manipal hospital. After 4 months, she got job in same hospital. Currently she lives in joint and supportive family. Her husband is also medical person and support her. So, she is able to manage job and family .

Since 6 yrs she has been working in paediatric ward. After entering in nursing profession , she felt a lot of changes. Obviously, nursing is public services. Thus she learnt to dealing with varieties of people, competent in skill, as an in-charge she learnt handling of different problems, taking full responsibilities and controlling others.

In her opinion, job stress means, stress that is created by job. It depends of nature of job and responsibilities what he or she hold. The major causes of job stress are

workload, shortage of staff, poor communication between co-worker, doctor, patient party, inadequate equipment to manage work. Related to cultural festival, she pointed out that mainly in Dashain and Tihar, most of staff ask for leave. She also herself celebrate this grand festival. So it create more tension to manage staff. There is no alternative, ward should be manage smoothly as well as staff are allowed for leave. As an in-charge it is so stressful situation for her. Sometime number of patient are increased in festivals, on other hand it is more difficult to get doctor.

She also has suffered from various problems. She has been suffering from dizziness, tiredness, gastritis muscle cramps in thigh, backache, headache, anger, sadness and irritation. In addition, some time she is unable to maintain interpersonal relation with family and neighbourhood. She also said that, she feel so bad to leave family while they are gathering. In sometimes, all are enjoying but she has to come in night duty which is so difficult for her.

While talking about coping mechanism, she usually cope with stress by accepting fact as it is, preparing to handle next situation, discussing the problems with colleagues, sharing the problems with spouse or loved one, engaging in hobbies such as listening music, thinking for alternative solution, lose temper and displace to others and seek support from superiors.

She also expressed that, it would be far better if good communication among staff, availability of equipment, training about handling of new equipment, in-service education, clear job description in written form and increment of salary based on nature of work.

#### **4.8 CASE VIII**

Case VIII is 30years old, was born in Tamghas-5, Gulmi. She is eldest among four children in her family. All siblings of her have done higher education. She got married 5yrs ago. She has been living in Phulbari-11, Pokhara since 2004 AD. She has a 4yrs son, studying in Montessori.

She passed SLC, in 2057. Then she first attended entrance exam in forestry college and she was selected . But the interest of her father made her compelled to join nursing. Then she join in PCL nursing at Manipal school of nursing in 2000 AD. She actually did not know about nursing and was not interested at all. While studying first year, she came to know about what is nursing. When she had to do back massage to the patient. She became so frustrated but anyhow she had to pass nursing. She slowly adjusted in nursing. After completing the course, she got job in Manipal teaching hospital without any difficulty. Since then she worked in different ward- surgery, orthopaedic , emergency.

She almost past 9 yrs in this profession and want to continue. But she does not want to study further. Her family is supportive, so she can manage job as well as family, even though family is far. When her child fall sick, mother in-law come and look after him.

After entering nursing profession , she also felt lot of changes in her. she learnt about tackling of stressful situation in work place as well as family. She told that she was short temper in earlier, but nowadays, she developed habit of politeness, can control anger and manage accordingly.

In her opinion,. the main causes of stress during duty are shortage of staff, poor communication between co-worker, doctor, patient party. inadequate equipment to manage work, death of patient, poor support from superiors. Moreover, despite working hard, sometime, they are blamed by doctor and superiors.

She has suffered from various job related problems like tiredness, backache due to standing for long duration, leg pain, gastritis. She also feels, anxiety and sleeplessness, sad, and loss of motivation.

She usually cope with stress by accepting fact whatever it is, preparing handle to next situation, discussing with colleague, seeking support from superiors and watching television.

#### 4.9 CASE IX

Case IX is 40 years old, was born in Lamjung- Duradanda. She got married in Batulechaur, Pokhara. Her husband is working in CTEVTE office Pokhara. She has a daughter and son, of 14 yrs old and 2 yrs old respectively.

In 2050 she passed SLC from Amar Higher Secondary School, in Lumjung. She used to watch various health programme, serials and role of nurses on television when she was child. Since that, she was inspired and interested to serve the people through nursing.

In 2051 she joined for ANM course in Seti- Mahakali Nursing Campus in far western region. While there were no any ANM training centre in Pokhara. During study period, she faced some problems with community people due to different culture and language. After passing ANM course, she got first job in CTEVTE office at Pokhara, in 2053BS. There she used to runs various health activities for outpatient. But it was temporary programme so she joined at Manipal in 2056. Since then, she worked in different department such as Obstetric Gyane outpatient department, Radiotherapy, ENT ward, Medical ward and ICU ward. She past almost 14 years in nursing and does not want to change the carrier.

Her husband is supportive who helps in every activities. She also keeps one maid, So, she can manage job as well as family.

In her opinion, the main causes of stress during duty are- shortage of staff, no support from superiors, inadequate equipment, conflict between co-workers, doctors. Moreover, despite working hard, sometime, they are blamed by doctor and patient's party and no recognition from management.

Because of long hour duty she has suffered from various problems. She feels tiredness, anxiety, loss of sleep, sad and loss of motivation and has backache, gastritis. Likewise, sometime she is unable to maintain family and neighbourhood relation because she has to spent most of her time at hospital. Thus, she do not have enough time for recreation. Sometime she could not attend important festival, social

function due to her work. She feels bad when her neighbour used to tell that if anybody do not attend social function, we will forget to invite them.

When talking about coping mechanism, she usually cope with stress by accepting fact, preparing handle to next situation, discussing with colleagues about problems, seeking support from superiors, taking the problem as temporary.

#### **4.10 CASE X**

Case X is 28 yrs old, was born in Shyanja Alumdevi. She is a single daughter among 4 children of her parents. She got married with in Parbat. She has one 3 ½ old daughter studying in nursery. Husband is health assistant, works in Shyanga, health centre.

She passed SLC from government high school in Shyanja. She entered in nursing because she had heard about scope of nursing in Nepal as well as foreign country. As she was inspired with nursing for better future. She completed staff nurse from Pokhara Technical Multipurpose Institute in 2064. In 2065, she got job in Manipal hospital after working as volunteer service for 4 months.

She past almost 6 yrs in this profession. She is satisfied with her job because nursing is earning as well as rewarding profession. She has small kid and husband is also studying as well as working. So it is difficult for her to maintain job as well as family. But somehow she managed.

She described that nursing is stressful profession, nurses spent almost 24 hours with patients. They are important person who can solve most of problems of patient but their work is not given priority as that of doctor. So there are various factors that can create stress among nurses. The main causes are misunderstanding among staff, doctors workload, staff shortage, lack of support from superiors, no adequate equipments, misplacement of equipments.



She also suffered from leg pain due to long hour standings, headache, gastritis, anger, anxiety, sleepless, sad, feeling to change job, loss of motivation, unable to give time to child, family and relatives.

She also said that she usually cope with this stress by accepting the fact, preparing to handle next situation, discuss the problems with colleagues, think for alternative solution, seek support from superiors, make phone calls and take suggestion from others.

She also stated that job related stress can reduced in some extent if good cooperation among staff, strong support from superior, availability of necessary equipment, training about handling of new equipment , clear job description in written form and in-service education.

#### **4.11 CASE XI**

Case XI is 37 yrs old, was born in Lekhnath-1 , Pokhara. She got married in Baglung before 12yrs. Her husband has been working in Malaysia since 3yrs. She has two daughters and are studying in Lekhnath. She lives with father and family of brother. Among four sibling , she is only who studied health subject. She completed SLC from Janaprakash government school in Lekhnath in 2052. She had also completed 11 and 12 class.

In 2054, she joined in Auxullary Midwife Nursing course in Innovative Development Education Academy , ANM school in Pokhara. She chose this profession because she heard that after completing that course, job could be easily get in Manipal.

When she joined in nursing profession, she was unknown about the actual programme. They only knew that all the expenditure are beard by Ex Indian army offices in Pokhara for daughter of Ex Indian army. So that along with some friends, she joined in ANM. The members of Ex army office assured them that was staff nurse course. But after 6 month of study, they came to know that it was only ANM course. So some of her friends discontinued the study. But she thought that she had to complete the course anyhow.

There were many memorable event which she never forget while they were studying ANM. They quarrelled with hostel warden and all of them left hostel because hostel facilities were not good.

After passing ANM, most of her friends started job in hospital but she could not do because her children were too small, she was unable to manage duty and children. So, she started teaching job in school which was nearby her house.

In 2008, she got job in Manipal hospital after doing 9 month volunteer services. She is not much satisfied with nursing job because nursing is dominating profession, although they work hard, they are blamed by doctor, some time doctor used to scold without their fault. So that, sometime, she feel more pain and become frustrate when she blamed by doctor. Now her children are grown up, she lives in joint family so she does not have more problems to manage children.

She expressed that Manipal is private hospital and nursing is dominating job, so there are many stressful situation can occurs. She highlighted about the main sources of job stress are workload, dominated by doctor, some time lack of support from superiors and unnecessary paper work.

There is no doubt that she is also victim of various job related stress that are physical and psychological problems such as leg pain, backache, headache, varicose vein, anger and loss of motivation.

Although she wants to change the profession, she has to continue this job. As there is huge unemployment in the market. So that, any way she has to adjust with problems. she usually adjust with problems by accepting fact as it is, some time she try not to show frustration to others, discuss problems with others in unit, think about alternative solution, watching television using internet, listening some favourite folk music and song.

#### 4.12 CASE XII

Case XII is 31 years old, was born in Nayabazar Pokhara. She got married 9yrs ago. Her husband runs own business at Nayabazar, Pokhara. Her father was expired with lungs disease when she was childhood. She lives in joint family and has a daughter. She had studied in Balodaya boarding school in Birauta and completed her SLC from same school in 2000 AD. .

She was impressed in medical service since childhood. Her father was suffered from lungs disease and expired due to same disease. Since that, she was so impressed to serve sick people. Actually she was more interested to study medicine but it was so difficult to get seat. So she joined nursing in Manipal school of nursing in 2001.

After completing her study, first she did volunteer service in Gandaki hospital for 9 month. At that time she was pregnant, so she could not get chance to do voluntership in Manipal. After six month of delivery, she was selected for job in Manipal hospital in 2006. Since then she worked in different department such as OBG ward, medical ward and presently she is in-charge of intensive care unit.

She almost past 9years in this profession so she wants to continue it. She completed her bachelor of nursing from Charak Academy before 2yrs. Her family is supportive so she is able to manage job as well as family. After involving in nursing she felt great changes in her. She is the key person in the family who can give all decision related to health matter.

She pointed out that job stress is unavoidable threat, that are created by many stressor in work place such as shortage of staff, communication gap with doctor and staff, domination by doctor, un-cooperative patient party, inadequate equipment and delay repairment. She also focused that increasing number of patient during cultural festival also cause conflict between staff .

As nursing profession is stressful, nurses have to do long hour shift duty. Obviously, it can cause many problems. She has suffered from back pain, leg pain, tiredness,

headache., loss of sleep, anxiety, irritation and unable to involve in many important social function.

She described that anyhow she has to adjust with various job stressor, so, she usually cope stressors by accepting fact what it is, try not to show frustration to others. Sometimes she thinks about alternative solution, discuss the problems with colleagues, watching television, using internet and listening music.

She mentioned that job related stressor can be decreased through proper recognition of work, creation of various post for nurses according to their educational qualification. There is no scheme for in-service training, so it would be more better if there is in-service education on needed topic. She also added that meeting with superior in time to time, discussing about problems, recreation scheme, night allowance, in-charge allowance based on responsibilities, sufficient equipment and repairment on time would more helpful to reduce job among nurses.

#### **4.13 CASE XIII**

Case XIII is 30 years old, was born in Arjun Danda-5, Jhapa. She got married 8yrs ago. Her husband is working in Malaysia. She has one daughter and lives at Nayabazar with her sister because it is easy to manage. She was from middle class family, so she wants to be independent as early as possible. She completed 12 class but there was no chances of getting job. So that, she got frustrated and her relative suggested her if she wants to get job earlier, nursing is easy way.

She entered in ANM in 2006 at Janasakti Development Research Institute in Kathmandu. It was 18 month course, then they had to do 6 month under job training. Immediately after finishing training, she worked in polyclinic in Kathmandu for 4 month then came to Pokhara in 2008. She worked at Aviyan Hospital Pokhara for 9 month. Thereafter, in 2008 she entered in Manipal hospital and worked in surgery and medicine ward.

As she lives with her sister and sister looks after her daughter. With the support of matron, she usually have 8am -4pm fixed duty, she does not need to do shift duty. So, she can maintain job and family.

She pointed out that job stress is unavoidable threat. There are many stressor such as inadequate equipment, as she is responsible of dressing , she need enough equipment to finish work on time, poor communication between staff, communication gap with doctor and staff. No recognition from superiors according job responsibility and no listening the voice. Superiors usually make the decision without proper judgement from both side that create the stress and dissatisfaction among nurses.

Job stress can affect on physical and mental status of staff, she has also suffered from back pain, leg pain, tiredness and gastritis.

About coping strategies, she has to adjust with problems. She usually cope with job stress by working as a schedule, accepting fact as it is, think about alternative solution. Sometime she try to forget her tension by watching television, playing with daughter, using internet and listening music.

#### **4.14 CASE XIV**

Case XIV is 42 yrs, was born in Khudi -7, Pokhara. She has nuclear family and has two children. Both are studying MBBS in Manipal Teaching Hospital, Pokhara. Her husband is a teacher and works in many social organization.

Actually she wanted to join in medicine but could not get seat. Finally she joined nursing in 2051, in TUIOM Pokhara. After completing PCL nursing, She joined first job in Family Planning Association in 2055BS. But she wanted to work in hospital. So she entered Western Regional Hospital in 2059. After became permanent in government, she worked in primary health centre in Gorkha for 2 yrs. Then, again she was transferred to WRH in Pokhara. She has almost 14 yrs experiences in this field.

Her family is well educated and supportive, they support her in every step of life. She said that when she is in family she try to forget about stress of workplace, and when she is in job she try to forget everything and concentrate in care of patient so that she give equal important to job as well as family.

About changes. After entered in nursing profession, she really felt changes. There was a big gap among seniors and juniors, doctors and nurses and administrative staff and clinical practitioners. New technology, new places, job responsibilities and accountability really made her troubles for some times but slowly she adjusted. Irregular shifting of duty hours uneducated patient and their relatives and their health seeking behaviours really made her learn more.

In her opinion job stress is the physical and emotional state created by the job related factors, e.g low salary, workload, conflict between co-workers. Main causes of stress are mismatch in nurse and patient ratio, not getting special and on the job training, not getting promotion instead of having qualification, misunderstanding around seniors and juniors etc

She also wanted to described one stressful event that one day she was busy on duty in psychiatric ward, meanwhile, one psychiatric patient ran away from the ward, immediately visitor informed to her. She became more stressed and called the police to catch that patient, his relatives went outside and found the patient on the ground outside hospital which was so stressful event.

She also mentioned that we are the Hindus and celebrate Dashain and Tihar. When Dashara there was a very enjoy full gathering of her five brother and two sisters but she has to come in duty so she feel so bad.

About coping with job stress. She has various experience dealing with patient, so minor stress she can cope easily and she try to become calm by sharing the situation with seniors and colleagues.

#### **4.15 CASE XV**

Case XV is 48yrs old, born in Baglung- Rankhani. She has two son who are student of master level. She passed SLC in 2041. She was inspired to study in nursing by her brother and sister. Then, she joined in nursing in TUIOM Pokhara. In those days there were very few nursing colleges. If they got good marks in math, science and english can easily enter in nursing. After completing PCL nursing, she got job at western regional hospital in 2045 BS.

She past almost 25yrs in nursing profession and somehow satisfied with her job. While her children were growing, she had struggled more to manage family and job. Nowadays she is managing family by convincing family and doing hard work.

She has long experiences in nursing job so she pointed out the main causes of job stress in nursing duty are no facilities according to job responsibilities, workload, no promotion system, training and there is no proper evaluation system. Moreover when visitors come with drinking alcohol and quarrel with staff that also create more stress to them.

She also described that nursing job is scarifying job, nurse should have ability to tolerance. She usually cope with job stress by sharing problems with friends, thinking that we are serving for humanity.

She also suggested that for the improvement of condition nurses, government and organization need to make proper evaluation, providing training, in-service education, and promotion system.

#### **4.16 CASE XVI**

Case XVI was born at Chandistan-5, Lamjung , She got married with 11 yrs ago. She has a son and daughter. Currently, she lives in Phulbari- Pokhara in her own house. Her husband teaches in government school. Her father is Ex Indian army, nowadays, actively involves in political activities and works as social leader in own village. After completed 11 class, she joined in nursing due to inspired by her Aunt, who was staff nurse in teaching hospital Kathmandu. She was so impressed

while her aunt was working actively in hospital, and began to think any how she will be like her aunt and will serve sick people.

After completing nursing course, she started to work in outpatient department in Indian embassy Kathmandu, where she used to register, counsel and distribute the medicine to outpatient for 6 month. At that time, there were shortage of nurses, so she did not face any problems to get the job. In 2058, she joined at Manipal as receptionist. She worked for 4yrs in there, then transferred in medicine OPD for 6 month. Thereafter, she was shifted in medical ward.

Her husband is so supportive, he teaches as well as help in household work. So she is able to manage job as well as her family. When her children were small, she used to managed by keeping maid.

She pointed out that mainly job stress are created while dealing with different type patient and visitors, misunderstanding between the staff due to huge variation between age and work experiences, workload, lack of support from superior. She said, if children falls sick, we inform to superior, but they answer like, you should come to duty, why did not you inform yesterday ? She complained that before falling sick, how can we inform?. Sometime they cannot get leave even child is sick. Especially night duty create more stress when children are too small. She also focused that difficulty to get leave in festivals like Dashain and Tihar also create more stress to them.

She also described that due to nature job, she has suffered from many problems such as back pain, leg pain, tiredness, headache, anxiety, irritation etc and maintaining inter personal relation with neighbourhood.

Respondent mentioned that there is impossible to be stress free. So, she usually cope the job stress by accept the situation as it is, seek the support from superior, take tea more than others, discuss the problems with colleagues and think alternative solution.



#### 4.17 CASE XVII

Case XVII is 29 yrs, was born in Hasara -4, Gulmi. Her husband is medical doctor and works in Butwal hospital. She lives in hostel in Manipal, as she is from far town and has no relatives in Pokhara. She has a 3yrs old son. She got arranged marriage before 5yrs ago. Unfortunately, her mother-in-law was expired before 7years and father-in-law lives with second wife.

She studied at Satyawati.Ma.Vi in Gulmi and passed SLC from there in 2059. She had also completed 12 class. There was lack of opportunity to get job after completing general education only. Hardly they can get job as a teacher with very low salary. So her father encouraged her to study nursing. In spite of study bachelor, she joined PCL nursing in Pokhara Technical Health Multipurpose Institute with the inspiration of father in 2061 BS.

After completing nursing, she joined first job in Phewacity hospital Pokhara, there was low salary compared to others hospital. After 9 month, she left job at there, then she joined in Charak hospital. After 9 month in Charak hospital, she entered Manipal hospital, in 2066.

Although, she is not much satisfied with her job, she wants to continue it. Nursing is a such stressful profession, though they work hard, they are blamed by doctor and patient's relatives. All the time they are with the patient and have to work hard. They have to deal with patients with various nature and disease. Doctor usually spent no more time with patient, but unnecessarily scold the nurses. So sometime, she feel guilty that why she came in this profession.

Her 3 yrs child stayed with her till age of 2yrs. She could not able to manage child and job. Then she faced many problem and fell sick. So, she decided to keep son with mother-in-law at home in Butwal. Now she is far from her child and it's really hard for her to stay away from child.

She described that there are many source of stress in work place. Among them what she faced are - heavy work load, uncooperative patient and doctor, lack of support

from superiors, inadequate equipment, no repairment of available equipments on time, communication gap between staff. She also expressed that we are Hindus and celebrate various cultural festival, such as Dashain and Tihar. In such festivals, most of the staff request for leave. As an in-charge, during this time, she has to run unit smoothly as well as give leave to staff. But it is really hard to manage.

She also added that due to nature of job, she has suffered from many problems such as back pain, leg pain, varicose vein, anxiety, irritation, headache, loss of motivation, unable to maintain motherhood relation to child, isolated from family and relatives.

Instead of job stress, she has to work for survival and to be independent. So she usually cope the job stress by trying to accept situation as it is, think about alternative solution, watching television, seek help from superior, make phone call to others who can give suggestion and working as a schedule.

#### **4.18 CASE XVIII**

Case XVIII was born at Gaipur-1, Gorkha. She is single sister of five brothers. She passed SLC in 2054 from Laxmi Ma. Vi, Gaipur Gorkha. As soon as exam of SLC, she got love marriage with Laxman Chhetri at the age of 17. As both of them were very innocent about marriage. It was inter-caste marriage between Bramin and Chetri. So her parents got so much angry with her and did not accept until six years. It was so challenges for her. Soon after marriage, she got pregnant and gave birth her daughter. So that, she could not continue her study. She struggled for 10yrs in the village. Later, her parents accepted her, then her brother suggested her to study nursing. It was easier and cheaper to enter in Auxillary Nurse Midwife than staff nurse. So, she joined ANM in IDEA Pokhara in 2062. Only her parents beard all the expenditure for her study.

After 4 yrs of marriage, her relation with husband started to break and her husband started to ignore her. Though her husband did not like her, family members used to support her. But latter, family also began to ignore, finally her husband married with second wife and started to live separately. Husband does not

lookafter her and daughter. She only has to manage everything for daughter. Since 15 yrs, she has been living with daughter in Phulbari-11, Pokhara.

As soon as completing her study in nursing, in 2007 she started job in Manipal hospital without any difficulty. Since then she has been working in different ward in same hospital such as medicine ward, surgery ward, OBG ward.

She past almost 9yrs in this profession and does not want to discontinue the job. She loves this profession so much because of this job, she became independent. She thanks brother and father who gave idea to enter in nursing.

According to her the main causes of job stress in nursing are no recognition from superior whether they are doing well or not, difficulty to get leave when necessary, lack of support from superiors, work overload, poor communication between staff, inadequate equipment and over paper work.

She also described that back pain is majors problems due to standing for long time in the duty, beside this leg pain, varicose vein, anxiety ,headache, loss of motivation are some of the problems due to job.

She usually adjust the stress by trying to accept fact, think about alternative solution, watching television, listening music, seek help from superior, make phone call to others who can give suggestion, try to work according to schedule, trying not to show frustration to others and worshipping the gods.

#### **4.19 CASE XI**

Case XI is 28 yrs from Bhadrakali -13, Pokhara. She got marriage 3 yrs ago. She has a sister and brother who are in UK. Currently her husband is working in Dubai. She completed her SLC in 2061, then she joined nursing in 2005 at Manipal hospital Pokhara. Actually , she did not have interest in nursing, but due to the high scope of nursing, family encouraged her to enter nursing. She got job at western regional hospital in 2009.

She worked various ward such as surgery, medicine ward, and emergency ward. She almost completed 6yrs in this profession. She pointed that working in emergency is very difficult and full of stress in duty. She was transferred in post op ward since 2 yrs. Where she feels more comfortable than others.

Although serving the sick people is good, she is not much satisfied with this job. Nursing is stressful and dominating job. Nurses are almost always with patient, but if patient is cured, the credit will go to the doctor, .it never come on nurses. That is the painful for nursing profession.

Regarding, main causes of job stress in nursing, she focused that misunderstanding between the group is major factors, that create the problem. It can happen between the doctor and nurses, seniors and juniors, , matron and staff, with patient and patient's party.

She has suffered from some of the problems, due to nature of the duty- like headache, back pain, leg pain, tiredness, anxiety, irritation, frustration and sadness.

She also mentioned that there is impossible to stay stress free, So, she usually cope the job stress by accepting the situation as it is, seek the support from superior, discuss the problems with colleagues, think alternative solution and get prepared for next.

#### **4.20 CASE XX**

Case XX was born in Baglung, Righa-2. She is single child of her parents and has responsibility for parents. She has a son and daughter, studying in class 8 and 4 respectively. Now she lives in Phulbari- 11, Pokhara in her own house. Her husband is also Ex Indian army and now he is at home.

After SLC, she joined in ANM at Baglung Technical Institute with the inspiration of her friends. After completing the course, most of her friends got job but she could not do so. She gave birth to son and daughter and it was difficult to manage

her children alone. So she went India with husband. After 4 yrs, when her children were grown up then she came to Pokhara for their study.

She started to search job in many places but it was difficult to get. In 2008, there were trends to go abroad, most of the staff nurse went abroad for further study and better future. So there were acute shortage of nurse in Manipal. So she got job after 6 month of volunteer duty, in Manipal hospital. After getting job she worked for 6 month in medicine ward. Then since 6yrs she has been working in dental OPD. Now her unmarried aunt lives with her and husband is also retired from army, children are also grown up so she does not have any problem to manage job and family.

She pointed out that mainly job stress are created while dealing with different type patient and visitors, misunderstanding between the staff due to not taking equal responsibilities of work. Sometimes lack of support from superior.

She also described that due to nature of job, she has suffered from few health problems such as back pain, leg pain, tiredness, irritation etc. Moreover she is unable maintain inter personal relation with neighbourhood due to lack of time.

Respondent mentioned that there is impossible to be stress free. So, she usually cope the job stress by working as schedule at home as well as work places, accept the situation as it is, seek the support from superior, discuss the problems with colleagues and think alternative solution.

## **CHAPTER V**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis and interpretation of collected data during the interview of the informants to fulfill the objectives of this study. To obtain the best result, the data have been analyzed according to research methodology as mentioned in third chapter. This chapter has been further divided into four sections such as nurses' understanding of stress in the workplace, causes of job stress, effect of job stress on physical health, mental health and socio-cultural environment and commonly used coping strategies to cope with job stress.

#### **5.1 Nurses' understanding of stress in the workplace**

Informants were questioned on the definition of stress in the workplace on the first session of the interview. In conversation, the researcher asked the informants what they knew about stress, when and what made them felt stress in the workplace. All the informants understood the definition of stress in the workplace and were able to provide situation when and what made them felt stress. Most respondents have their own unique definitions of stress. Informants were also able to define stress with physical health, psychological, and behavioral perspective. In sum, there is no single definition of stress. The characteristic of many of these definitions are focused on work related stress, external factors, and life-related stressors. In addition, they also indicated that stress may cause discomfort, disturbance and frustration. Therefore, stress is a global human response resulting from the perception of an intense or trauma experience and has tremendous influence on one's physical health, psychological and behavioral.

## 5.2 Causes of job stress

The researcher encouraged respondents to describe sources of job stress that had occurred in their workplace . Each informant identified more than one stressor and varied considerably. Most of the informants identified that work overload is the main work-related stressor. The workload had increased due to shortage of staff, there are mismatch between demand and supply. Regarding staff shortages, informants reported that they were required to perform administrative, counselling and physical activity (lifting patients) which is not central to nursing care. As such, informants are having difficulty in maintaining standards of patient care.

The issue of misunderstanding within and between groups does contribute to job stress. Informants stated that conflict does occur between senior nurses with junior nurses, nurses between groups, and nurses with patients, between the doctors and sister are main causes of stress. Some patient are demanding and doctor are uncooperative so if any things wrong in patient from doctor site , doctor do not realizes their fault but scold nursing staff.

Informants described that no appropriate support and unnecessary blamed by doctors and patient party are also a source of job stress. Few informants reported that they had “bad” experiences with the superiors. For example, they are always giving constant pressure. It was also stated that sometimes superiors have biased and injustice treatment among informants.

The informants pointed that the lack of support and poor relationship between superiors and informants are potential source of stress, leading to low trust and low interest in problem solving. Conflict was often reported to occur between nurses on night and day shift. Complaints about work undone, misplace of tools and equipments generate dispute between groups when interchange shift work took place.

Conflict also occurs between doctors and informants in terms of job demands. Doctors tend to demand a great deal of nursing job from informants during their ward rounds. The informants are required to deal with patients’ relatives. Doctor hardly talked for five minute with each patient so they could not give proper

explanation about their problems. So patient party usually ask every detail from nurses. If they are unable to give required information, they quarrel with them.

Informants also mentioned that interface between work and family is an issue that inflicts stress at workplace. Most informants have family and children that demand high level of attention, care and support from informants as a wife or mother. Working long hour causes informants to sacrifice their time with family and children at home. Working mothers are always worried of their children safety at home if they are required to stay back from work. Moreover, working mother has a role to play at home such as cleaning, cooking, tutoring, etc that required high physical and mental capability to cope with such activities.

Obviously, job satisfaction and work performance are influenced by the demand and conflicts of home and family life. It would appear that informants may bring internal personal emotional conflicts and reduces the level of satisfaction and productivity in the workplace. Few informants complained that their salary is low compare to the responsibilities and workload they carried out.

Nursing involves high responsibility for patient's health, welfare, and security. Being responsible for patients requires informants to have high level of concentration and interaction with the sick at all times. For example performing dressing of wound, distributing medicines to patients, etc required professional nursing skill in order to avoid mistake that may threaten the life of the patient. The informants also mentioned that insufficient skill and knowledge to perform task indirectly causes stress. Availability of advanced equipment and training to handling equipment, and in-service education to update knowledge is necessary.

Besides, informants also encountered stress when there are insufficient tools and facilities to accommodate for emergencies. There are times informants need to rush to another unit to borrow tools or equipments. Informants stated that although reports have been lodged to the respective personnel of the issue on shortage of medical equipments, there was still delay on receiving the medical supplies.



Sometimes, informants feel their contribution is not appreciated and recognized by their superiors. Repetitive job, low involvement in decision-making and monotonous task may produce alienation and job stress for informants.

### **5.3 Effect of job stress on Physical health, Psychological and Socio-Cultural environment**

Back pain tends to be a most common problems of job stress among informants and is probably the most important one. Informants complained that they have been suffering from back pain because standing for long hour in the duty, nature of nursing job that requires massive physical movements such as lifting patients, handling bed, carrying medical equipments, ward rounding and attending activities increase chances of low back pain.

Most of informants complained frequent headache because they are unable to relax and forget the work problems. Besides, informants hardly have break from work. Some informants mentioned that they have difficulty to sleep thinking of work problem, which caused them to have dizziness the next day. Informants reported that nursing is a stressful occupation. They are like “care taker” to the patients, doctors, and superiors. Informants are not only providing nursing services but play an active role as a counsellor, a listener and mediator. However, informants are disappointed that their contribution and efforts are not appreciated.

Informants also said that they could easily get angry when they are stressed from work. The informants stated that uncooperative patients, insufficient staff, heavy workload, office politics, crowding in the work place, stay back from work and many more, contribute to bad tempered. At times informants are unable to control their temper and take it out on patients or colleagues.

Furthermore, Informants also expressed that they are unable to maintain family and neighbourhood relation because most of time they have to spend at hospital. So that, they do not have enough time to recreation. Sometime, they could not attend important festival, social function. Especially in cultural festivals like Dhashain and

Tihar create more stress because on the one hand they could not get leave and other hand the number of emergency patient are increased.

#### **5.4 Coping Strategies to cope with job stress**

Informants were questioned on the commonly used coping strategies to reduce stress in the workplace. All informants agreed that good coping mechanism helps to combat stress and enable them to control their emotion and mental health from depression and burnout. Informants claimed that they do not have specific stress management approach to reduce stress in the workplace. The prime steps in coping with job stress are adopt daily planning and scheduling approach in their daily activities and accept the fact whatever it is.

Informants who have trouble or difficulties with their job will seek advice from their superiors. Informants believed that alternatives could be offered by their superiors to solve their work problem. Informants also agreed that diverting mind by watching television and listening music also help to ease stressed emotion.

Informants cope with interface home and work stress by practicing effective time management. Informants schedule their time between work and home tasks to achieve personal enjoyment. Informants stressed that it is important to set priorities, both work and home tasks.

Moreover, having vacation with family can foster family relationship with spouse, children and family members. Social support from family and friends is important to most informants as a mechanism to cope with job and home stress.

During the interviews, some informants disclosed that taking leaves from work, leaving the unsettled work problem, pretending to forget the problem, discussing the problems with in groups are ways to escape stress in the workplace.

Besides, many informants agreed that talking to a close friend or colleague about work and personal problems also helps to reduce stress.

The issue of poor relationship among nurses and nurses with superior, doctors and the patients is a common problem for the informants. Informants mentioned that such poor connection among colleagues creates a stressful working environment. In order to build a healthy relationship and to reduce misunderstanding among nurses, informants seek to have common interests with colleagues and regularly communicate to each other in the workplace.

Informants also stated that it is vital to have positive attitude about job stress and see it as an opportunity or a challenge of working life. Informants suggested that nurses have to rethink the way they do their work. Although certain jobs are potentially more stressful, informants believed that much can be gained through understanding the way the job is designed.

Informants suggested that building co-operation between management and nurses to produce positive outlook about the organization such as providing positive method of feedback and comments helps to reduce job stress among nurses.

## CHAPTER VI

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 6.1 Summary

Nursing is generally perceived as a demanding profession. It is both physically and psychologically challenging. It is well known that prolonged stress is a precursor of burnout which is considered a major problem for many professions, and nurses are considered to be particularly susceptible. Helping sick people and dealing with medical emergencies can be very stressful. Nurses are the backbone of any healthcare unit. They remain in twenty four hours with the patient. In the absence of doctors, nurses are on the front line and have to face verbal abuse from patients and relatives for issues that may not be directly connected to their work.

So, researcher purposively chose nurses as the respondents to know the causes and consequences of stress among them and common strategies they used to adjust daily activity in their workplace. For this, the prevalent literatures both theoretical and empirical were thoroughly examined to guide the study so that it could be given a different flavour. Case study through in-depth interviews were used to collect the qualitative data as the research methodologies. Twenty nurses who have more than five years work experiences for case study were purposively selected from two hospital. Such data have been elaborately presented making 20 cases exclusively.

As the study is about to examine the causes, effect of job stress and coping strategies used by nurses. Workload, shortage of staff, poor communication between co-worker, doctor, patient party, lack of recognition, inadequate equipments, lack of support from superiors, unnecessary blamed by doctor were found as major causes of stress in work place.

So far the consequences or effects of job stress are concerned, to physical health, psychological health and socio-cultural environment. Back pain, leg pain due to long standings, headache, gastritis and tiredness are found as physical problems. Anger, anxiety, sleeplessness, sadness and loss of motivation, lack of recognition are found as psychological problems among nurse . Likewise unable to maintain family and neighbourhood relation because most of time are spent at hospital, unable to attend important festival and social function were found as socio-cultural problems.

Regarding coping strategies commonly used among nurses were accepting the fact as it is, working as schedule, discussing the problems with colleagues, thinking for alternative solution, seeking support from superiors, make phone calls and take suggestion from others and engaging in hobbies such as listening music.

### **Major Findings**

Most of the respondents have supportive family so that they could balance the job and family. Misunderstanding between group, heavy workload, lack of support from superior were major stressor among nurses in workplace. Due to nature of the work, most of the nurses are suffered from low back pain, leg pain, headache, gastritis, anxiety, sadness and sleeplessness.

Nurses used more than one coping mechanism to adjust stress at workplace. Majority of respondents have worked according to schedule, discussed the problems with colleagues, seek suggestion from superior, think alternative solution and accept the fact what it is as coping strategies. Furthermore they diverted mind through listening music and visiting religious places.

## **6.2 Conclusion:**

It is widely accepted that nurses are exposed to various stress sources from physical, psychological and social working environments. Nurses in Manipal Hospital and Western Regional Hospital were exposed to many kinds of job related stressors which affected their physical health, mental health and social environment.

The most stressful factors for them were workload, inadequate equipments, misunderstanding between nurses, doctor, patient party, colleagues, lack of support from superiors are top stressor.

The most commonly reported problem was low back pain and thigh muscles pain due to standing for long duration .

The commonly adopting coping strategies to reduce perceived job related stress are working according to schedule, accepting fact what it is, discussing of problems with group and taking suggestion from superior. Listening music can diverting mind.

## **6.3 Recommendation:**

Future researches employ a longitudinal design to gain further insights into the effect of frequently occurring job related stressors over an extended period of time.

Due to the limited time and resources the researcher was unable to touch the ray in every corner regarding the social research of Nurses. As almost no research has been found done in this subject it has been suggested to do research through grounded theory.

Stress among nurses in work place can be reduced in some extent if good cooperation among staff, strong support from superior, availability of necessary equipment, training about handling of new equipment, clear job description in written form and in-service education.

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## APPENDIX A

### Informed Consent Form

Namaskar, I am Manamaya Rana, a student of Master of Anthropology, second year from Tribhuvan University Prithvi Narayan Campus, at Bagar Pokhara, Nepal.

I am here for a study on Stress and Coping Strategies among nurses for the partial fulfilment of the requirement for Master of Sociology/Anthropology Programme. The study involves no foreseeable risks or harm to you. With the anticipated hope that you will provide authentic information to the questions, you will be asked questions and audio record will be done which will take 30-45 minutes to complete.

I would like to inform, your participation in this study is voluntary and you have right to withdraw from the study at any time without giving reason if you want. All of the information given by you will be kept confidential and will be used only for study purpose. Your personal identity will not be disclosed.

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree

Signature.....

Signature.....

## APPENDIX B

A Case Study on Job stress and Coping Strategies among Nurses in the hospitals of  
Pokhara

### Interview Guide Schedule

**Direction:** Please tick the appropriate answer

Date .....

Code.....

#### PART – I:

#### Demographic Information

1. Age.....Year.
  
2. Educational qualification
  - a) Proficiency Certificate Level
  - b) BN/BSC
  - c) ANM
  - d) Master in Nursing
  
3. Address
  - a) Permanent.....
  - b) Temporary.....
  
4. Ethnic group
  - a) Bramin
  - b) Chhetri
  - c) Janajati
  - d) Dalit
  - e) Madhesi
  
5. Religion
  - a) Hindu
  - b) Buddhist
  - c) Christian
  - d) Muslim
  
6. Marital Status
  - a) Unmarried
  - b) Married
  - c) Divorced
  - d) Widow

7. Living with husband -Yes/No

8. Number of Child.....

9. Type of Family

a) Nuclear

b) Joint

9.1 Family details

S. No.	Relation	Sex	Age	Marital Status	Education	Occupation
1						
2						
3						
4						
5						
6						

10. Name of hospital currently working

a) Western Regional hospital

b) Manipal Teaching Hospital

11) Currently working ward .....

12) Years of work experience

a) 5 years to 10 years

b) 10 years to 15years

c) More than 15years

13) Current responsibilities.....

14. From which school you studied.....?

15. When did you pass SLC.....

16. When did you join nursing study.....

17. Which nursing school did you study.....?
18. Can you explain more about any experience which you can not forget during nursing study period.....?
19. Who inspired you to enter nursing profession.....?
20. After completing nursing course, when and where did you get first job.....?
21. Did you encounter any trouble to get job.....?
22. When did you join job in this hospital.....?
23. Before joining in this hospital, where you worked and how many years.....?
24. Do you want to continue this nursing profession .....
25. Is your family supporting you to maintain job.....?
26. Being a female and stressful nursing job, how do you balance job and family.....?

## **PART-II**

### **Related to Job Stress and Causes**

1. In your opinion, what is job stress .....
- What do you know about job stress,  
when and what made you felt stress in the work place?  
*Alternate question:* Can you give examples of the most serious or difficult situation in your duty.....?
- Can you give me a specific example for such stressful situation? (Such occasion like Dashahara, Tihar).....
2. As a clinical nurse, what situations in general, are sources of stress during your tenure with hospital  
?.....

### **PART –III**

#### **Related to effect of Job stress on Physical health, psychological health and Socio-cultural environment**

1. Do you have any problems due to your job ? Yes/No

If yes,

1.1. What are the your physical problems.....?

1.2 Do your job affect on your mental health

.....?

1.3 Can you tell me about your family and social problems due to your job.....?

### **PART-IV**

#### **Related to Coping Strategies**

1. How you have adopted the routine stresses in your duty..... ?

2. In what activities do you generally engage to decrease stress.....?

3. Is there anything in the work environment that helps you to cope stress.....?

4. Are there any other comments or suggestion regarding this subject that you may want to add? Please elaborate..... ?