

A Review Of Literature About Occupational Stress Among Nurses

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Abstract: Health care providers have higher stress levels and complaints than employees of any industry. The nationwide survey conducted by Career Builder in U.S among 3,211 workers across various industries questioned individuals about their anxiety levels and current workload. The survey found that the three most stressed professions were Health Care, Professional, and Business Services & Retail. Among these, Health Care is the most stressed profession. In Health Care Nursing is considered as the most demanding and stressful job. A survey commissioned by the Sunday Times in 1997 reported that nursing was the sixth most stressful profession. This paper is a review of the studies conducted by researchers and scholars of various countries about occupational stress among nurses during 2001-2013.

Keywords: anxiety, healthcare, nursing, occupational stress, workload

I. INTRODUCTION

Occupational stress or work stress was first assessed in 1960 when Menzies identified four sources of anxiety among nurses. They are patient care, decision making, taking responsibility, and change. However, in mid 1980's nurses work stress may be escalating due to the increasing use of technology, continuing rises in health care cost and turbulence within the work environment. Bonie.M.Jennings in the book Patient safety and quality: An evidence based handbook for nurses, excerpt that numerous studies have explored work stress among health care personnel in many countries⁶. Investigators have assessed work stress among medical technicians, radiation therapists, social workers, occupational therapists, physicians, and collections of health care staff across various disciplines. Most of the studies focused on nurses.

II. LITERATURE REVIEW

University Hospital of South Manchester, UK conducted a study on "Staff stress on the intensive care unit: A comparison of doctors and nurses". The main aim of the study was to investigate occupational stress in staff working on an intensive care unit. The data was collected using a questionnaire consisted of occupational stress indicator. It was

conducted in the ICU of the university hospital of manchester during the period October-December 1994. The participants were all intensive care staff. The response rate was 62%. It was found that nursing staff were found to experience greater stress than medical staff, relating to career and achievement and organisational design and structure.

A survey conducted by American Nurses Association in 2001 reported that 70.5% of nurses cited the acute and chronic effects of stress and overwork among their top three health and safety concerns and that 75.8% of surveyed nurses report that unsafe working condition. In a meta analysis of workplace stress in nursing several major factors were identified as the sources of occupational stress. They were workload, shortage of staff, time pressure, relationship with other clinical staff, lack of supervisory support, coping with emotional needs of patients and their families.

A study Burn out, stress and styles of coping among hospital nurses conducted by Markincowski University of medical science in Pozan, Poland found out that General medical ward nurses have more stress and burnout when compared to the neurological and psychiatric ward nurses. The main aim of the study was to evaluate the professional burnout of hospital nurses and analysis of the correlations between burnout and a subjectively perceived stress and coping styles. The study was conducted among 227 nurses from general, psychiatric and neurological ward nurses during the period 2002-2004. The data were analyzed using statistical 2004

version. Descriptive statistics, ANOVA, and Correlational analysis were used for statistical analysis. A significantly high level of burnout was noted in general medical nurses. A significant correlation has been found between perceived stress and level of burnout. The study showed that general medical ward nurses have more stress and burnout due to work overload, conflict, time pressure, and lack of conducive work environment.

Department of Humanities and social science, IIT, Mumbai in 2004 conducted a study on occupational stress and coping among nurses published in the journal of health management found that shift work is a significant source of stress. The study gives more importance to the coping mechanism and risk factors associated with shift work.

The Hellenic Journal of Nursing Science (HJNS) published an article called "Research in Occupational Stress among nursing staff-a comparative study in capital and regional hospitals". The study was conducted among 140 nursing staff in 2006 at General University Hospital and regional general university hospital of Athens. The main aim of the study is to evaluate the level of nurse's occupational stress and to identify any differences between the two samples. The data were collected through questionnaire and analyzed by using the statistical tool SPSS Version 15 revealed that increased work overload and conflict between professional and family roles contribute to the development of stress. In addition, the study shows that there is no significant difference in occupational stress among the two hospital nurses.

University of Rajasthan in India conducted a study about the "Role of stress in government and private hospital ICU nurses" The research paper is on Journal of Health Management .The main objective of the study is to investigate the effect of role stress among ICU nurses in government and private hospitals. The data was collected through organizational role stress scale (Pareek, 1981). The results revealed that male ICU nurses experienced significantly higher level of stress than female ICU nurses. Also the study showed that male nurses from private hospitals have significantly higher level of stress than male nurses from government hospitals on eight out of the ten dimensions of organisational role stress scale.

The Australian Journal of Advanced Nursing published a report in 2007 titled "Burnout in Nursing" which surveyed a random sample of registered division of nurses in Victoria who were Australian Nursing Federation members. The report found that feeling pressured, or being expected to work overtime was associated with emotional exhaustion and depersonalization. It also found that nurses who gained their primary nursing qualification at a university or college tended to have higher emotional exhaustion and depersonalization than hospital-trained nurses. The study highlighted the importance of time management and the persons having more experience are well known in managing the working hours properly.

Journal of Pak Psychiatric society published an article "Occupational Stress and Job Satisfaction Among Nurses at a Tertiary Care Hospital". The main aim of the study was to find out the different sources of occupational stress and the level of job satisfaction among nurses working in tertiary care hospital.

The study was conducted among 50 female nurses working in different departments in Rawalpindi Genaral Hospital. Occupational stress and job satisfaction was assessed by Pressure Management Indicator. Majority of the sample (74%) was working on full time whereas 26% were working on contract basis. The mean working hours in a week were 51.16 hrs + 8.98 hrs. On the scale of mental well being, which is comprised of various subscales, the mean score for resilience was 18.78 + 4.32 and for confidence level it was 10.40 + 4.19. These scores were more than the standard score which were 17.66 and 10.37 respectively. Majority of participants (70%) felt secure in their organization. Similarly 74% of participants scored more than the standard on sub scale of job satisfaction (Mean = 24.5 + 3.68). On the scale for sources of pressure, the mean score on workload was 19.28 + 5.77, on personal responsibility the mean score was 14.04 + 2.99 and on the home/work balance the score was 19.92 + 4.36. The mean scores of participants on all these items were more than the standard scores. The study revealed that the nurses at a tertiary care hospital have a high index of occupational stress and majority of it generates from the administrative disorganization of the firm and less from the personal or the monitory factors.

In Japan it has been found that more than 10% of all nurses leave their jobs in March, the typical end of a nurses contract year. Inoder to explore the reasons of these mass resignations a questionnire survey was conducted among 680 nurses in a large urban hospital in Japan during the period december 2007-February 2008 .The survey found that the restlessness arising from frequent overtime duties, interpersonal stressors like conflict, and poor performance evaluation were the major reasons of resignations²⁹.

In Japan, University of Nagoya conducted a study on "Job related stress factors with psychological and somatic symptoms among Japanese hospital nurses" (2008). The objective of the study is to clarify association of departments and job related stress factors with mental and physical symptoms. The data was collected through a self administered anonymous questionnaire distributed to 1,882 full time nurses at four acute care hospitals. Among them 1,551 was analyzed. The results showed that working in operating rooms was associated with anxiety, and that working in surgery and internal medicine was associated with anxiety and depression independently of demographic factors and job related stress factors.

A cross sectional study about occupational stress among hospital nurses was conducted in 2008 by school of public health, China Medical University consisted of 2613 female nurses from 20 hospitals in Liaoning province of China. The main aim of the study is to explore factors associated with occupational stress among female hospital nurses in china. The Data was collected through a questionnaire on demographics, working situations, occupational roles, and personal resources. A linear regression model was applied to analyze the factors associated with occupational stress. Correlational analysis was also used in statistical analysis. The major causes of stress found out are role insufficiency, role overload, night shift, lack of social support and poor nurse patient relationship.

A study of 102 nurses in a Chinese intensive care unit found that excessive workload was the most frequently cited sources of workplace stress, as a result of the nursing shortage with fewer nurses to care for more patients. The other factors are uncertainty about patients treatment, behavioural disengagement and positive reframing.

International journal of Behavioral and health care research published an article “Job Stress among Nurses: The Implication for the Healthcare Profession”, in 2009. The main aim of the study is to find out the occupational stress among nurses. The survey was conducted in 672 New Zealand nurses. The study found that the nurses are experienced a moderate frequency of perceived job stress. Also, Nurses who worked full time particularly in public hospitals were most susceptible to job stress. The data showed that a heavy workload was the most significant contributor to job stress.

Indian Journal of Occupational and Environmental Medicine (IJOEM) published an article “Stress causing psychosomatic illness among nurses”. The aim of the study was to establish the existence and extent of work stress in nurses in a hospital setting, identifying the major sources of stress and finding the incidence of psychosomatic illness related to stress. The data was collected from 106 nurses. Analysis was carried out in two ways. One method was average number of factors, average weight, and unpaired t-test. Second method was cross tables. Categories of stressors and weight by presence /absence of illness or symptoms and application of c square test. The results showed that 73.59% of the nurses suffer from significant stress varying in severity. The result also showed that the most important cause of stress among nurses were time pressure, over work due to shortage of staff, conflict with patient relatives, overtime work and insufficient pay. Psychosomatic disorders like acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger and worry significantly increased in nurses.

A journal of multidisciplinary health care 2009 published an article “Nurses Stress at two different organizational settings in Alexandria” showed that stressors among nurses appear to be the same despite the differences in organizational or hierarchical structure where they work or the type of consumer they serve. The data was collected from 290 nurses in two different hospitals in Alexandria, Egypt. The collected data was analyzed using SPSS software. Descriptive statistics and multiple regression analysis were used for statistical analysis. The 5% level of significance is used throughout the analysis for all relevant tests. The results proves that the major stress causing factors are difficult to cope with new situations, Job insecurity, difficult to manage abusive patients, work overload, shortage of staff and resources.

The Australasian Medical Journal published an article in 2010, under the title “Occupational Stress among nurses from two tertiary care hospitals in Delhi”. The main aim of the study was to assess the work stress among nurses and to find out the total level of stress experienced by the nurses. The study was carried out on 87 randomly selected staff nurses working in two tertiary care teaching hospitals of central Delhi. The data was analyzed by using WHO’s EPI-INFO 2005 software. The results revealed that 87.4% of nurses from the sample reported occupational stress. Time pressure was the major stressor. The other causes are home life getting

disturbed due to the nature of the job, inability to attend the household activities, high level of skill requirement of the job, high patient nurse ratio.

Journal of the Academy of Hospital Administration published an article “Job Stress, Coping Strategies and the Job Quality Index of Nurses Working in Selected Multispeciality Hospitals Towards Human Resource Development”.. The main objective of the study is to evaluate the relationship between job stress, coping strategy, and job quality index. The study was conducted in two of the tertiary care multispeciality hospitals at Mangalore, Karnataka. Data is collected using a questionnaire from 60 nurses in two selected hospitals in different areas. Descriptive statistics and correlation analysis are used for statistical analysis. The results revealed that 63% nurses were expressed severe job stress and 37% expressed moderate job stress. Majority of the nurses expressed the use of active coping strategies. There is a 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 ($r=-0.538$). This indicate that when active coping increases, job stress decreases and improvement in time and support will decrease the job stress experienced by the nurses. However, there is a positive relationship between coping strategy and organizational support, and support from the nursing service.

International Journal of Logistic Economic and Globalization, 2011 published an article ‘Measuring Stress among Hospital Nurses’ found that the important causes of stress were dealing with patients sufferings from critical illnesses, lack of reward or recognition. The report also showed that lack of professional respect and recognition by authorities and doctors is another major cause of stress among nurses in India. One of the problems encountered by the employees in the place of work today is the increased level of work stress. In such scenario, the nursing profession is increasingly characterized by occupational stress leading to psychological and physical problems. Studies using fuzzy evaluation with special reference to government hospital nurses particularly in Indian context are very rare. Consequently, the paper tries to minimise the uncertainty in human judgement using triangular fuzzy numbers (TFNs). Findings show that among the major factors, dealing with the patients suffering from critical illnesses, lack of reward/recognition/apprehension and fatigue induces maximum stress among nurses.

An article – ‘Understanding job stress among health care staff’, on the journal health and allied sciences revealed that the primary source of stress among hospital staff were overload of work, underpayment, shortage of staff and conflict with patients or relatives. The major objective of the study is to evaluate the sources of job stress among the staff of a super specialty hospital and to suggest measures to decrease level of job stress. The study was carried out at a 350 bedded super speciality hospital for a period of 5 months. There are 59 doctors, 115 nurses, 54 administrative staff, 46 supportive staff, 49 therapeutic and diagnostic staff, 48 operation theatre staff and 10 pharmacists participated in the study. Descriptive statistics were used for the statistical analysis. The prime source of stress was found to be underpayment (76%),

excessive work overload (70.3%), and inadequate staff (48.6%).

A Journal of Health Professions, (vol 1, pp 1-7, 2011) published a research paper under the title “Assessing Job Stress and Satisfaction among Indian Nurses”. The objective of the study was to evaluate the sources of job stress and satisfaction among nurses of a super speciality hospital. The data was collected through a structured personal interview. 115 nurses were participated in the study. The results revealed that 66% of the nurses were found to be poorly paid for the job, 60% have work overload, and 52% were being involved with emotional distress of patients. The nurses were in the moderate stress due to the prime stressors.

Iranian Journal of Nursing and Midwifery Research (2011) published an article “Sources of Occupational Stress and Coping strategies among nurses who are working in Admission and Emergency Department in Hospitals affiliated to Shiraz University of Medical Sciences, Iran. The aim of the study was to investigate the sources of occupational stress and coping strategies among nurses. The study was conducted in 90 emergency ward nurses in three large teaching hospitals in Shiraz City, Iran. The data were collected using questionnaire. The SPSS software version 11.5 was used to analyze the data. Descriptive statistics were used to illustrate the demographic profile of the respondents, the frequency of the adopted coping strategies and the mean score of the job stress, sources of stress. Data were cross tabulated and chi square test of significance calculated. The study identified work overload, problems related to work environment, dealing with abusive patients and their relatives, work hazards, lack of support by nursing administrators and a physician not being present in a medical emergency were the major stressors of the nurses.

The Malaysian Journal of Public Health Medicine 2011, vol.11(1), pp(78-85) published an article “stress and its associated factors amongst ward nurses in a public hospital Kuala Lumpur” by Department of Community Health, Faculty of medicine and Health Science. The study objective was to determine the level of stress and its associated factors among in patient ward nurses. The study was carried out among 114 staff nurses from five different departments in a public hospital in Kuala Lumpur. The data were collected through a questionnaire. Data was analysed using SPSS 17.0. Descriptive statistics, Chi Square and Fisher Exact were used for the analysis. The results shows that the prevalence of stress at the department of medicine was found to be higher compared to other departments studied. There was also a statically significant relationship between the prevalence of stress and types of department. Results showed that respondents working in the department of medicine experienced a higher level of stress compared to those working in other departments. There is no significant association between stress and shift work in this study.

The Australian Journal of Advanced Nursing in 2011 issued a research paper “Occupational Stress in the Australian nursing workforce: a comparison between hospital based nurses and nurses working in very remote communities”. The main objective of the study is to compare workplace conditions and levels of occupational stress in two samples of Australian nurses. The research was cross-sectional in design and a structured questionnaire was distributed to 1,007 nurses

working in very remote regions across Australia. Also the questionnaire was distributed to 1600 nurses working in three major hospitals in South Australia and the northern territory. Among this 349 nurses working in very remote area and 277 nurses working in three major hospitals in south Australia & northern territory were participated. Descriptive statistics and Correlation Statistics were used for Statistical Analysis. The results revealed that the nurses working in major Australian hospitals reported higher level of psychological distress and emotional exhaustion than nurses working very remotely. However, both the groups reported relatively high levels of stress. There are common job demands and resources assosiated with outcome measures for both nurses working very remotely and nurses working in major hospitals.

International Journal of Academic Research in Business and Social Sciences in 2012 published an article Job stress and coping mechanisms among nursing staff in public health services. The main objective of the study is to investigate the prominent causes and effects of job stress and coping mechanisms among nurses in public health services. Both quantitative (questionnaire survey) and qualitative (interview survey) methods were used for data collection. The study was conducted on 180 female nurses. The results indicated that the major job stressors are heavy workload, repetitive work, poor working enviornment, lack of recognition, conflict within and between the groups and lack of social support.

Journal of health management (2012) published an article “Occupational Stress and coping among nurses in a super speciality hospital”. The main aim of the study was to examine stress among nurses working in different units and their coping abilities. The study was conducted in 339 nurses of either sex in superspeciality hospital in kerala. Expanded nursing stress scale and Brief Cope were administered in small groups of two to twelve participants over a four-month period. The results revealed that majority of the nurses were females, single and less than 30 years of age. Nurses who had less than one year experience perceived to as stressful issues related to workload and failure to carry out nursing responsibilities. Nurses working in OTs and Emergency unit were experienced more stress due to conflict with superiors. The main coping strategy those nurses adopted were praying, meditating, and looking for something good in the situation. Many nurses resorted to healthier mode of coping strategies like seeking social support, resorting to humour, positive appraisal and abstaining from using drugs.

A study conducted by Department of Social and Preventive Medicine in University of Malaya on occupational stress among 504 nurses in the district hospital and health centers of Temerloh, Pahang, Malaysia in 2012. The main objective of the study is to determine the prevalance and risk factors assosiated with occupational stress among nurses. The data was collected through a self administered questionnaire. The analysis was carried out using SPSS version 12.0. Multivariate techniques were used for statistical analysis. The study found that the nurses who worked in the hospital had significantly higher personal and occupational stressors than those who worked in the health centers. The main stressors were workload, Time pressure, and conflict with doctors.

A survey of 10,000 staff by the Royal College of Nursing (RCN) found that 62% had thought about leaving over 2012 because they are under so much stress in their job. A further 61% felt unable to give patients the care they wanted because they were too busy, while 83% believed their workload had increased in the last 12 months. Official figures from the Health and Social Care Information Centre last week revealed the NHS has lost more than 5,000 nurses in just three years. Experts say that the main reason is salaries have remained static while household bills are rising, and people are finding it really hard to manage. This leads to experience pressure in their job also. Another reason is due to the shortage of staff the existing staff are working extra unpaid hours. "Dr Peter Carter, the chief executive of the Royal College of Nursing have the opinion that "At a time when patients are so dependent on the nursing workforce, the idea that so many are contemplating leaving just doesn't bear thinking about. "The reality is that nurses are caring for more patients, with fewer staff having less time. This just can't continue. "An NHS caring for a million people every 36 hours can't survive with too few staff; you just can't do good care on the cheap. Jane Cummings, chief nursing officer at NHS England, said: "Nurses and Midwives carry out a demanding role and, as a nurse myself, I fully recognise the pressures that they are often under. A National survey for lifeline Australia found that people who work in the health and community services sector are the most stressed out in the country. The survey also found that the most stressful jobs for women are nursing and care taking jobs. Australia's nursing workforce is not alone. A US study into work-related stress in nursing published some years ago says if someone wanted to create the optimum environment for the manufacture of stress, many of the factors you would include would be clearly recognised by nursing staff as events which they encounter in their daily routine. These include an enclosed atmosphere, time pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds and standing for long hours. Every day the nurse faces desolate suffering, grief, and death as few other people do. Many nursing tasks are dreary and difficult. Many are typically ghastly and revolting. The report also says that a situation which is typically experienced as stressful is perceived to involve work demands that are threatening or which are not well matched to knowledge, skills and ability to cope of the nurses involved, work which does not fulfill someone's needs, particularly where nurses have little control over work or receive little support at work or at home. The US report also quoted authors of previous studies into nursing, who identified seven major sources of stress as being dealing with death and dying, conflict with physicians, inadequate preparation to deal with the emotional needs of patients and their families, role conflict, role ambiguity, lack of staff support, conflict with other nurses and supervisors, workload and uncertainty concerning treatment.

The University of Manchester Library published a research work on 2013 under the title "Occupational Stress among hospital nurses in Gaza-Palestine". The purpose of the study was to determine the prevalence of occupational stress among hospital nurses in Gaza-Palestine and explore possible casual occupational stressors. The data was collected using a

self administered questionnaire. 1133 nurses were participated in the study from 16 hospitals. Data were collected on psychological distress, depression, sources of stress, trauma, and demographic variables. The collected data were analysed using SPSS using a variety of descriptive and inferential statistical methods. T-test, one way ANOVA and logistic regression were employed. The results showed that 63% have high prevalence of psychological stress, 59.7% have depression and 69.4% were in trauma. The most severe occupational stressors were inadequate staff (shortage of nurses), lack of resources (nursing equipments & medicines), unpredictable staffing & scheduling. Work overload was another severe occupational stressor.

III. CONCLUSION

The nursing career always tags on a consecrated approach. Nurses constantly endows with attending and supporting or helping and consoling for people who brazen out with pain, isolation, incapability, illness and even demise. They are spending a great deal of mental, emotional, and physical energy on caring for others. Therefore Nursing is acknowledged as a stressful occupation.

Review of Literature shows that occupational stress has been a hoary alarm among nurses. Usually the factors that cause occupational stress is work overload, inadequate payment, poor working conditions, work hazards, poor interpersonal relations, lack of training, job insecurity, erroneous performance evaluations, and degraded promotional procedures. Apart from this, they are also experiencing job insecurity (for contractual staff), lack of respect and dignity at work places, lack of conducive work environment and infrastructure facilities. Exposure to these psychosocial hazards associated with that work can give rise to the experience of stress.

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