Mental Health and Psychological Well-Being of Nurses in India: A Review

SushmitaMisra
Consultant Clinical Psychologist, Apollo Hospitals,
Bhubaneswar, Plot no.251, Sainik School Road, Unit 15,
Gajapati Nagar, Bhubaneswar, Odisha.751005 India.
email sushmita75@gmail.com

Dr. NamitaMohanty
Professor,
Utkal University, Bhubaneswar, Odisha, India.
Email: drnamitamohanty@yahoo,co,in

Abstract

Nurses had always been the fulcrum of the health care system. Nursing as a profession had always been an extremely stressful one. In the recent years, attempts were made to identify the prevalence of their mental health problems in order to prevent attrition of nurses in India. However, the World Health Organization (WHO) forecasted the acute shortage of nurses in India by 2020. This in fact, posed a warning signal for all of us to look into the details of their problems that they were facing in a day to day basis and to take up the adequate steps to improve their quality of life.This paper reviewed on the researched and published work in the past few years in the area of mental health problems of the nurses in the Indian context. It further focused on identifying theexisting gaps in this field of research and laid out directions for taking up the future course of research.

Key words: *Mental Health, Stress, Psychological well-being, Nurses, India*

It was estimated that about 66% of health care staff in India are nurses (Indrani, 2004) and their chief roles in health care delivery were classified in terms of prevention, management, care and rehabilitation of the patients. Their health care services were particularly indispensable for providing quality care to the

patients in hospitals and clinics.Nursing in India had evolved historically in three periods. These phases included period between ancient to medieval times, period under colonial rule and the post-independence period. Although the Britishwere the first to bring nurses into India, the development of health practices starting from the ancient period laid down the foundation for the nursing profession to develop and modernize in the colonial times and then later on to become an important part of the health workforce after India's independence(Gill, 2018).

The participation of females in any healing profession in the medieval period was influenced by patriarchal traditions. The custom of nurses did not prevail earlier in India. Nursing was regarded to be a lowly, 'dirty work' as it involved cleaning and bathing of the patients and coming in contact with stigmatizing body fluids, which had 'polluting' aspects similar to the tasks attributed to the lower castes in Indian society. Therefore, nursing was seen as lower-status job (Gill, 2014). It was only after the accession of colonial rule that nursing profession evolved in India and many women from lower social classes and castes became nurses. During the period of colonial times, the financial and other assistance to institutions rendering nursing and midwifery training came mainly from the West (Wilkinson, 1958).

In 1857 the India Mutiny turned Miss Nightingale's attention and concern towards the health of the British Army in India. It was for this reason the Royal Commission was commissioned in 1859 and in 1868, a sanitary department was set up. In March 1888, ten qualified British nurses reached India to look after the British Army in India. In 1905, at the time of the British rule in India, missionary nurses came as members of the Missionary Medical Association and this marked the very beginning of institutionalization of nursing service in India.Endeavors to train Indian nurses were generally thought to have begun around 1867, when missionaries working at St. Stephen's Hospital in Delhi began the systematic instruction of Indian women as nurses (Wilkinson, 1958).During the colonial

period, Anglo-Indians and Indian Christians were chiefly recruited into the nursing profession (Raghavachari, 1990).

Post-Independence, the state of Kerala had been the highest generator of nurses in India. Women from Kerala becoming nurses were mostly linked with their progressive attitude towards womanhood (Abraham, 2004). The matriarchal family system followed in Kerala supported women to work outside home. Also, the gender-based division of labour present in medical institutions led to the growth of nursing as a womanly profession. Nair (2007) in her study among Malayalinurses working in New Delhi, reported that the females mostly joined nursing as they considered it to be most suitable for women. It was thought to be superior in terms of job opportunities as women felt that they did not have men as their competitors in this professional territory.

Mostly women from not so well-to-do families took up nursing due to financial reasons and more so to provide support to their career growth, the nursing schools provided stipends to them. Nurses often delayed their marriage so as to put up with their household responsibilities and siblings' educational expenses. In other words, nursing profession many times served as a way to escape poverty. The families who could not afford the educational expenses of sending their children, especially daughters to medical schools, chose nursing as their children's career option. Because of this, nursing was viewed as a low-status work by prosperous families (Gill, 2009). Thus, Staff nurses in India in the contemporary scenario were generally from the lower economic strata and mostly women (Nair, 2007).

Factors Affecting the Mental Health of Nurses in India

The health sector in India had highly been hierarchical. Nursing appeared to be perceived as the lesser of the professions in comparison to medicine and this ranking was practically upheld in the hospitals. Staff nurses in the administrative system of hospitals were placed under the supervision of nursing superintendents, but in reality nurses were seen as subordinates to doctors, whereas they should

ideally be treated as colleagues with different yet complementary services in the patient's care (Nair, 2007). Nurses were expected to be submissive workers who would take orders well and would not question the doctors. Moreover, they did not seem to have any room for innovativenessin their work. Many of them were, 'shouted at and treated like inferior' in hospitals by the doctors.

Hospital authorities also reportedly had a laid-back attitude towards their problems. The occupational rank hierarchy within hospitals was known to influence the behavior and interaction between these two professional groups (Oommen, 1978). There was a huge gap between the prestige and recognition provided to the doctors as compared to nurses (Gill, 2009). In many studies, it had been identified that both in private as well as public hospitals of India, 'low recognition' or 'no recognition' of nurses at work had been a major factor affecting their psychological well-being (Rawal&Pardeshi, 2014). Thus, lack of recognition had been a major cause of dissatisfaction in the nurses. Poor relationship with physicians was seen as the most important reason for nurses leaving the hospitals.

Lack of autonomy, poor participation in patient care due to lack of sufficient knowledge and empowerment also deprived them from job satisfaction (Srinivasan& Samuel, 2014).Documents suggested that nurses in India felt a general lack of support from their supervisors which prevented the scope for safeguarding them from the stressful conditions(Varma, Vohra, Goswami ,Kelling, &Khurana, 2016).Oommen, Wright &Maijala (2000) reported that supervisior-related stress was ranked higher than the patient related stress among nurses in India. Due to the strained nature of the relationship, nurses did not feel at ease discussing work related stress issues with co-workers or supervisors thereby enhacing their own mental stress.

There had been a notable difference in the causes of poor psychological well-being in nurses in developed countries and in India. Remuneration of the nurses was very less in comparison to the world standard. For the kind of intense

work that the nurses do, the salary and benefits were not sufficient. As the rewards not being proportional to workload, it was a constant source of great mental pressure and it was really difficult to have decent standards of living based only on their basic salary (Rawal&Pardeshi, 2014). Research findings showed that low salary was a major factor of stress and poor mental health of the nurses (Oommen, 1978).Economic loss to the organization due to errors, wrong decisions, wrong choice, lack of attention, and injury were some of the serious effects of chronic stress which in turn affected their mental health (Kane, 2009).

The pressures of overtime and long working hours, led to work–personal life imbalance; which began to influence the health of the employees. Most of the times, the work life balance and prioritization of jobs of nurses were considered to be of lesser importance by the hospital management as well as by the nurses themselves. This led to sustenance of their stress levels towards the higher end, which in turn caused poor psychological as well as physical well-being (Jennings,2018). Other factors such as long commuting hours and chaotic traffic conditions added to their daily stress and adversely affected the nurse's efficiency and effectiveness. It had a greater propensity to undermine the nurse's relationship at home as well as on the job. This could also have a negative influence on their physical and emotional health leading to psychosomatic disorders. It was needless to say that nursing in India had become very stressful because of the heavy workload and this was ultimately linked with their poor physical and psychological health.

In India, most of the times, staff nurses were expected to do shift duty and attend emergencies at night. The pressure of shift duty also lowered theirhealth conditions leading to heart diseases or digestive disorders. Low energy level due to night shift led to committing error, injury, and carelessness. Long hours of work were a source of depression, low morale, and low motivation. Shift workers were on the job in the evening or on weekends and they slept during the day. This often

resulted in missing out on social or family activities with adverse effect on their psychological health. The pressure of overtime and long working hours created a work-personal life imbalance, which affected the mental health of the nurses and undermined their relationship at home as well as on the job.

Many times therefore, staff nurses had to face verbal abuse from patients and relatives for issues that might not be directly connected to their work. Physical violence and aggressions were also on the rise by the patients and their family towards the nurses. Too much of demandsmade by the patients and their relatives for medical attention and care, often created conflicts and enhanced the mental pressure on the nurses. Patients' expectations from nurses in a hospital setting were sometimes quite unreasonable and as a result of which they became aggressive. In the absence of doctors, nurses were on the front line. Moreover, the patients approaching hospitals were themselves under a considerable degree of stress and thus,they were often being difficult, frightened and resentful. More so, staff nurses working in hospitals were found to be themselves responding with a growing sense of irritability and frustration. They easily became disillusioned, cynical, depressed under condition of stress. This in turn was a cause for poor mental health of the staff nurses (Srinivasan& Samuel, 2014).

Nurses in India were almost entirely females. The World Health Organization (WHO, 2006) report shared that approximately 90% of nurses in South Asia were women, where as it was 70% worldwide. Thus, nurses faced the stressors frequently as they belonged to female gender and additionally due to their nursing occupation.Travesso, Rajaraman&Heymann(2014) reported that the suicide rate in India as one of the highest in the world. Therefore, nurses in India were likely to be at risk, especially if suffering from psycho-social stress which precipitated suicides in India (Manoranjitham, Rajkumar, Thangadurai, Prasad, Jayakaran& Jacob, 2010). In a study, Oomen, Wright &Maijala(2010) reported that Indian nurses often had to undergo high levels of stress as they were not

satisfied with their ability to meet family obligations. Further, many nurses had to leave their natal families for their nursing jobs and live in nursing hostels.Not so good living conditions could also be stressful for them leading to their poor mental health.

Mental Health and Psychological Well-Being among nurses in Indian context

Several research studies were conducted on mental health and psychological well-being among nurses in Indian context. Some of them were reviewed and highlighted below.

Bhatia, Kishore, Anand&Jiloha (2010) carried out a hospital based cross sectional study, involving 87 randomly selected staff nurses. They were working in two tertiary care teaching hospitals of Central Delhi. Data were obtained using self-administered questionnaire. Their socio-demographic profile, stressors in daily life, stressors at workstation and total stress level were assessed. Results indicated that 87.4% of nurses from the sample reported occupational stress. 'Time Pressure' was established to be the most stressful factor whereas, 'Discrimination' was the least stressful factor from among the possible sources of stress in their everyday life. Other highly stressful sources included handling various issues of life simultaneously with occupation such as caring for own children/parents, own work situation and personal responsibilities. 'High level of skill requirement of the job' was the most important stressor and 'helpfulness of supervisors/senior sisters' was the least significant stressor directly related to nursing profession. Other significant work related stressors were, the requirement to learn new things in a job and too many patients to attend to at the same time. It was concluded by the researchers that high prevalence of stress was found amongst nurses in India, and there was a need for stress reduction programs targeting at specific important stressors.

In another study conducted by Sudhaker& Gomes (2010) on 60 nurses of two selected hospitals in Mangalore city of India. Results revealed that nurses in the

study had moderate to high levels of stress. It further indicated that there was a negative relationship between coping strategies and job stress. They concluded that effective coping strategies would improve the health of the nurses both physical and mental by improving quality of nursing and the retention of nurses.

Divinakumar, Pookala& Das (2014) carried out a study among the government employed female nurses in India. This study was based on a cross sectional survey by mailing questionnaires to the participants containing Perceived Stress Scale (PSS-10) developed byCohen, Kamarck&Mermelstein(1983), Copenhagen Burnout Inventory (CBI) ofKristensen, Borritz, Villadsen, &Christensen(2005) and General Health Questionnaire (GHQ-28) of Goldberg & Hillier(1978). Sample consisted of 603 Nurses posted in thirty government hospitals of central India. Out of them 57% responded and 298 valid questionnaires were analyzed. Results showed that 21% of nurses had psychological distress. Moreover, 144 nurses (48.32%) had perceived stress scores above 17 in PSS -10. Age and Service were found to be negatively correlated with stress and burnout ($p<0.04$). The results from this study also revealed that the minor mental health problems like anxiety and depression screened using GHQ-28 in the sample was 21%. It was found thatprevalence of burnout in government employed female nurses in India was less when compared to prevalence of minor mental illness and burnout in nurses reported in western countries. The perceived stress and burnout was more in Nurses of 31-50 years age group, and being employed in the acute wards.

Chaudhari, Mazumdar, Motwani&Ramadas (2018) conducted a study to determine the extent and causes of occupational stress among nurses at BhabhaAtomic Research Centre Hospital, Mumbai and to compare the stress levels among nurses depending on their years of experience. They also tried to find out if there was any correlation between their stress levels and the extent of psychosomatic complaints. Some 97 staff nurses without any preexisting psychiatric illness were evaluated for occupational stress using the Expanded Nursing Stress Scale (French, Lenton,

Walters &Eyles, 2000). The extent of somatization was measured using the Patient Health Questionnaire (Kroenke, Spitzer & Williams, 2002). It was a cross sectional design in which Cronbach's alpha, analysis of variance, and Spearman's correlation coefficient test were applied to the data. Resultsindicated that51.5% nurses experienced mild, 34% experienced moderate, and 2.10% experienced severe level of stress. Conflicts with supervisors, patients, and their families and workload were the main causes of occupational stress while discrimination was the least affected domain. Nurses with 6–10 years of experience had maximum stress. The stress levels correlated with the extent of psychosomatic complaints. Thus, high level of stress was associated with increased psychosomatic complaints.It was concluded that theoccupational stress was prevalent in nurses in India and it could be associated with psychosomatic complaints and poor psychological well-being.

Kshetrimayum, Bennadi&Siluvai (2019) assessed perceived stress among staff nurses in Mysore city, India. The cross sectional study was conducted among 500 staff nurses selected from eight hospitals in Mysore, using multistage sampling technique. The duration of the study was for 5 months and the response rate was 100%. A structured questionnaire was administered to assess stress using Perceived Stress Scale (PSS) of Cohen, Kamarck&Mermelstein (1983) and Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters &Eyles (2000).Nearly 55.4% of nurses had a moderate level of perceived stress and 49.8% had moderate occupational stress. It was found that nurses having general stress also had occupational stress. Thus, the researchers concluded that work related stress or occupational stress could be damaging to a person's physical as well as mental health status, which directly and indirectly affected their quality and productivity at work.

In a studyDavey, Sharma, Davey, Shukla (2019) aimed to find out, (1) the level of stress among staff nurses; (2) the association between socio-demographic determinants and working environment and stress; and (3) impact of stress on their

mental well□being in terms of somatic symptoms, anxiety/insomnia, social dysfunction, severe depression, and on work productivity. It was an institutional□based cross□sectional study. Total sample size comprised of 100 staff nurses of Swami Vivekanand hospital, attached to Subharti Medical College, Meerut. It was a tertiary hospital. Data were collected using a two□part questionnaire: Part I: consisted of socio demographic variables and working environment, and Part II: included Goldberg and Hillier's 28□item scaled version of the General Health Questionnaire (GHQ□28) used to measure the psychological aspect of quality of life of staff nurses. Results indicated that hospital nurses reported mild (12%) to moderate/severe (77%) levels of job□related stress.

A statistically significant positive association was found between chronic stress and recent stress levels. In addition, chronic professional stress among staff nurses was found to have acute stress outcomes in terms of anxiety, depression, somatic symptoms, and depression. The common stressors were poor attitude of male patients, absence of separate washroom for female nurses, posting in busy departments with increased workload, and inadequate salary. The single most important factor responsible for high levels of stress (70%) among the subjects was inadequate salary. Thus, it was concluded that assessing stress and job satisfaction was not a onetime action; it required continuous monitoring and evaluation. Therefore, it was important to further explore how work□associated stress affected nurses, and what factors in their working environment caused the greatest burden. It was also of great importance to gain more knowledge about the working conditions of the nurses, occupational stress, and job satisfaction. The obtained knowledge might be used to decrease their stress and increase psychological-being and mental health.

Research Gap and Scope for Future Research

The review of literature indicated that there was a paucity of research done on the mental health of nurses in India especially in enhancing their psychological

well-being. Moreover, the studies undertaken by the researchers were based on cross-sectional designs therefore, cohort effect could not be ruled out. It was imperative to adopt longitudinal methods to establish how certain potential factors influenced mental health over a period of time. On the other hand, more experimental studies on nurses in India, is the need of the hour as they would present a clear picture on the cause and effect relationship among stress, burnout and mental health of nurses. This would further help in designing and introducing intervention programs to enhance the mental health of the nurses in India.

In addition, most of these studies used psychological scales developed outside the country as there was a paucity of comprehensive scales that were developed in Indian setup. Therefore, the appropriateness of using the scales of western societies raised questions for measuring stress and well-being of the nurses in Indian context. By using the existing format, nurses could have randomly answered to the questions or misinterpreted the items in the questionnaires. Thus, they might have responded to the items not sincerely based on actual situations faced by them. The need to design exclusive measuring instruments based on prevalent dimensions typically found in health sector in Indian settings was strongly felt.

Also most of the studies had taken into account the external factors leading to poor mental health. However, there is also a felt-need to take into account the role of personal factors in maintaining mental health of the nurses in India. This will help to implement targeted intervention to reduce personal factors along with the external factors leading to poor psychological well-being. This would benefit not only the nurses in particular but also patients and health care services at large. Intervention programmes are to be designed and implemented for stress reduction and promotion of well-being among the nurses to enhance their work efficiency.

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