



A study to assess the effects of work stress on mental health and mental health quality of life of health care staff working in private hospitals of Rahata, Taluka.

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ABSTRACT

Background of study: Stress at work has been linked to health problems and accidents at work. Due to their particular work environment, health care workers make up a significant group of people who are impacted by emotional states and stress. The key determinants of the caliber of work and individual productivity are the employee's level of stress and job satisfaction. According to the study's findings, patient care is significantly impacted by stress, exhaustion, burnout, depression, and overall psychological discomfort. 34% of them had significant levels of work-related stress and needed intensive stress management. 66% showed a stress associated symptom in their health status of the health workers. 55% showed symptoms and demonstrates that better stress management reduces the likelihood of experiencing stress-related health symptoms. 53% of the female population had stress than male. 72% of the married people had stress and marginally higher stress than unmarried people. 31% of these health care workers showed stress and the minimum expected count is 10.98 in Chi Square test 27% of population having 20 to 30 years of work experience that demonstrates a person's more mature approach to stress management.

Objectives: Research study have following objectives 1.To assess the effects of stress on mental health of health-care staff working in hospital. 2.To assess the mental health related quality of life of health care staff working in hospital.3.To assess the effects of work-related stress on mental health and mental health related quality of life on mental health care staff.4.To find out association between Work-related stress and selected socio demographic variables of health care staff working in hospital.

Methodology: Descriptive study design with cross sectional survey approach to assess the effects of work-related stress on mental health and mental health related quality of life of 100 health care staff working in private hospitals of Rahata Taluk”

Result: Age wise distributions of samples shows that 53% of samples were in the age group of 21years -30 years, 66% of the study participants were male, 59% of samples were married, 68% of samples were undergraduate, 42% of the study participants earn 25000 to 35000 rupees per month 45% of samples had work experience of 01 year to 5 years. 54% of health care staff had Sleep problems, 31% of health care staff had significant fluctuations in vital parameters without biological disturbances. 12% of health care staff remain worried without obvious cause and only 3% of health care staff had anorexia. 54% of health care staff had poor overall quality of life and general health, 31% of health care staff complained regarding minor ailments due to stress which was noted in physical domain. 12% of health care staff had psychosomatic problems detected in psychological domain, 12% of health care staff agreed that their social life was disturbed which exhibited in social domain of quality of life scale and only 3% of health care staff had raised issue regarding dissatisfaction at working environment.

Key words: work-related stress, effects, mental health, health care staff, mental health related quality of life, private hospital.

I.INTRODUCTION

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes¹.

Quality of life is a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. For example, common facets of QOL include personal health (physical, mental, and spiritual), relationships, education status, work environment, social status, wealth, a sense of security and safety, freedom, autonomy in decision-making, social-belonging and their physical surroundings. The World Health Organization explains QOL as a subjective evaluation of one's perception of their reality relative to their goals as observed through the lens of their culture and value system².

Stress is a central concept for understanding both life and evolution. All creatures face threats to homeostasis, which must be met with adaptive responses. Our future as individuals and as a species depends on our ability to adapt to potent stressors. At a societal level, we face a lack of institutional resources (e.g., inadequate health insurance), pestilence (e.g., HIV/AIDS), war, and international terrorism that has reached our shores. At an individual level, we

live with the insecurities of our daily existence including job stress, marital stress, and unsafe schools and neighborhoods. These are not an entirely new condition as, in the last century alone, the world suffered from instances of mass starvation, genocide, revolutions, civil wars, major infectious disease epidemics, two world wars, and a pernicious cold war that threatened the world order. Although we have chosen not to focus on these global threats in this paper, they do provide the backdrop for our consideration of the relationship between stress and health³.

Observational study on quality of life with two hundred health-care workers working for a minimum of the past 6 months and willing to participate were included in the study and the psychosocial factors influencing it. Assessment tool is composed of a 192 self-report true/false item scale. Researcher found that overall quality of life among the study population was average, and the mean prevalence of occupational stress level was of mild level. Study revealed that overall perception of quality of life was average, the overall stress level of health-care workers was moderately elevated and majority showed average coping resources. It may be inferred from results that when health-care workers experience high stress, coping ability also increases as a measure to overcome stress⁴.

Job stress is a common work place problem experienced by all professionals, irrespective of their nature of work. Work-related stress can be defined as the harmful physical and emotional responses that occur when the requirement of the job does not match the capabilities, resources or need of the worker. The job stress can lead to poor mental health and even injury. It is described as a condition where work-related factors interact with the worker to change his or her psychological or physiological condition, so that the person's mind and or body is forced to deviate from its normal way of functioning⁵.

Healthcare workers are experiencing high stress and burnout, at rates up to 70%, hindering patient care. Purpose of this study was to assess healthcare workers' self-reported major stressors. Types of stressors experienced by health care workers are - work stressors (49% of total stressors), personal life stressors (32% of total stressors), and stressors that intersect work and personal life (19% of total stressors)⁶.

Background of study

Job stress is prevalent and is an important predictor of job satisfaction and patient outcomes. It is the responsibility of the hospital management and nurse supervisor to recognize stressors at workplace, to alleviate them by modifying the environment and formulating policies and protocols to streamline the patient- and profession-related issues which create stress. Nurses should also be trained in stress managing and coping strategies to strengthen their coping resources. Further studies on culture- and environment-specific stress factors and an understanding of specific coping strategies that are adopted by nurses are needed to include training on stress and stress management for nurses in every setting⁷.

Analytical cross-sectional study was conducted among 200 Saudi nurses in the government primary health care centers in Medina city, Saudi Arabia. Stress was measured by the stress subscale of the 21-Item Depression, Anxiety and Stress Scale. Sources of stress were assessed by 15 items. Researcher found that majority were females (68.0%) and aged less than 40 years (72.5%). Thirty percent had severe or very severe stress. Stress was associated significantly with the presence of chronic diseases and with working in night shifts⁸.

Research explores current prevalence of occupational stress and its predictors among selected Malaysian working population based on published articles between years 2008 to 2017. Current prevalence of occupational stress was between 6.0% till 71.7%. Mean prevalence of stress was 29.9%. From eight job categories, most stressful job was primary teachers and least stressful job was academician in private university⁹.

Burned-out physician “is angry, irritable, impatient, has increased absenteeism, decreased productivity and decreased quality of care.” Evidence of burnout was found in 42% of 15,000 US physicians who responded to a 2018 online survey. Greatest incidence of burnout (50%) was among physicians 45-54 years old, the age group in which work productivity should peak and practices should be economically stable. Repeated in 2019, the findings were similar, with an overall 44% rate of “feeling burned out,” and an alarming 14% reporting suicidal thoughts. Of those experiencing suicidal thoughts, only one-third sought treatment. Compared with doctoral-level professionals in other fields, physicians work more long hours, are less satisfied with the balance between their professional and personal lives, and experience symptoms of burnout at significantly higher rates. Burnout is associated with an increased risk of major medical errors. Recent meta-analysis of 47 studies involving more than 42,000 physicians found that physician burnout doubled the risk of adverse patient safety incidents and led to poorer overall quality of care and decreased patient satisfaction¹⁰.

Statement of problem

A study to assess the effects of work stress on mental health and mental health quality of life of health care staff working in private hospitals of Rahata, Taluka.

Objectives of the study

1. To assess the effects of stress on mental health of health-care staff working in hospital
2. To assess the mental health related quality of life of health care staff working in hospital
3. To assess the effects of work-related stress on mental health and mental health related quality of life on mental health care staff

II. RESEARCH METHODOLOGY

Research Approach & design

Quantitative research approach with descriptive, cross-sectional design was used. Self-administered questionnaires used to assess the effects of work stress on mental health and mental health quality of life of health care staff working in private hospitals.

Setting of the Study

Research study was conducted in clinical wards of selected private hospitals located in Rahata Taluk.

Population

Population for the present study was hundred health care staff working in selected private hospitals located in Rahata, taluka.

Sample

Health care staff working in selected private hospital situated in Rahata taluk.

Sample size

100 Health care staff working in private hospital were the samples includes 25 Physicians, 25 Physiotherapists, 25 dieticians, 25 Nurses.

Sampling technique

Probability cluster sampling technique was used to select health care staff's as a participants who meet the inclusion criteria.

Criteria for selection of sample

Inclusive criteria:

- Health care staff working in selected private hospital
- Health care staff having more than one year work experience
- Health care staff available during data collection period
- Both male and female staff
- Health care staff willing to participate in study.

Exclusion Criteria:

- Staff not available during data collection period
- Staff don't understand English
- Staff joined duties newly

Tools & Techniques

Development of the tool and techniques

Structured questionnaire to assess effects of work stress on mental health and mental health quality of life of health care staff working in private hospitals.

Description of tool

• Section A:

Demographic variables of Health care staffs.

It consists of components to obtain demographic data such as Age, gender, marital status, qualification, monthly income, and experience.

• Section B:

Perceived Stress Questionnaire (PSQ) consist of 30 items, the PSQ was developed as an instrument for assessing the stressful life events and circumstances that tend to trigger stress related disease.

• Section C:

World Health Organization Quality-of-Life Scale consists of total 26 questions. Total score for each domain are, Overall quality of life and general health= 10, physical domain= 35, psychological domain= 30, social domain= 15, environmental domain= 40.

Standardization of tool and techniques

Reliability

Reliability of the tool was established using the split-half method. Reliability score is $r = 0.93$ for stress scale and 0.89 for WHOQOL scale respectively; which showed a perfect positive correlation; hence the tool was considered reliable for proceeding with the study.

Pilot study

Pilot study was conducted with 10 research samples working selected private hospitals of Shirampur city.

Method of data collection:

A structured interview schedule was used to collect data from research samples based on the study objectives.

Plan for data analysis:

Collected data was organized, tabulated and analyzed by using descriptive and inferential statistics methods wherever required.

Descriptive Statistics: Frequency, Percentage (%), mean and Standard Deviation (SD) was used.

III.RESULT**Assessment of demographic variables of health care staff**

Age wise distributions of samples shows that 53% of samples were in the age group of 21years -30 years, 36% of samples belonged to 31 years to 40 years and only 11% of samples were the age group of 41 years to 50 years. 44% of the study participants were female, whereas 66% of the study participants were male and none was transgender. Marital status data shows that 59% of samples were married 11% of samples were unmarried, 6 % were separated from spouse and only 5% were widow. Qualification related data of samples shows that 68% of samples were undergraduate and 32% of samples were post graduate.42% of the study participants earn 25000 to 35000 rupees per month whereas 38% of the study participants earns 35000 to 45000 rupees per month and only 20% samples earn more than 45000 rupees per month more than 45000 rupees. Work experience of health care staff revealed that, majority (45%) of samples had work experience of 01 year to 5 years. 14 % of samples had work experience of 6 years to 10 years of work experience and 41% of staff had work experience of 11 years and more than that.

Effects of stress on mental health of health-care staff

54% of health care staff had Sleep problems, 31% of health care staff had significant fluctuations in vital parameters without biological disturbances. 12% of health care staff remain worried without obvious cause and only 3% of health care staff had anorexia

Mental health related quality of life of health care staff

54% of health care staff had poor overall quality of life and general health, 31% of health care staff complained regarding minor ailments due to stress which was noted in physical domain. 12% of health care staff had psychosomatic problems detected in psychological domain, 12% of health care staff agreed that their social life was disturbed which exhibited in social domain of quality of life scale and only 3% of health care staff had raised issue regarding dissatisfaction at working environment.

Conclusion

Health care staff working in various private hospital setups experiences varieties Work-related stress, which ultimately affect their general mental health status and quality of life. Research findings reveal that majority of the Health care

staff faced the mild level of Work-related al stress, which shown negative impact on their general mental health status and quality of life.

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