

**How to Cite:**

Basu, A., Singh, A., & Sharma, Y. (2022). Impact of work stress and family stress among the nursing staff on their decision of stepping aside from the job early. *International Journal of Health Sciences*, 6(S5), 10355–10364. <https://doi.org/10.53730/ijhs.v6nS5.11357>

## **Impact of work stress and family stress among the nursing staff on their decision of stepping aside from the job early**

**Aashi Basu**

BPT, Researcher student, Department of Physiotherapy, Galgotias University, Delhi NCR, India.

**Aastha Singh**

BPT, Researcher student, Department of Physiotherapy, Galgotias University, Delhi NCR, India.

**Dr. Yamini Sharma**

Professor, Department of Physiotherapy, Galgotias University, Delhi NCR, India.

**Abstract**--Background and Objective: The work life balance has become a major concern, as well as the potential consequences of major disappointments with the modern work program. This study reveals that occupational health issues are a factor in impacting the quality of life of nursing staff due to the fact that they have to deal with certain issues in their daily work that impact their decision to continue or resign early. Methods: Using basic random sample procedures, a cross sectional study was undertaken among nurses living in a specific area of Delhi NCR hospitals. A total of 50 individual between the ages of 25 and 50 years old took part in the study. The research was conducted by emailing a Google Form link to a demographic questionnaire and FBAS scale and health science journals. Data was gathered using Google Forms and analyzed using SPSS 26 and MS Excel. Results: According to the findings, if we provide better environment to the nurses, they will have better experience in their jobs. Conclusion: We may conclude from this study that stress and family issue are directly proportional to their work performance.

**Keywords**---Job Satisfaction, Job Stress, Work-life balance, work-life balance policies, work -place rigidity.

## Introduction

Based on the intense emotional stimuli such as intense contact with pain and suffering, assessment of patients in their final stages, difficulty in dealing with patient's complaints under altered emotional conditions and other factors in the nurse-patient relationship, the nursing profession proposed a relationship between nurse and patient (Mackenzie et al., 2006). As a severe group reflecting the suffering caused by their poor work life quality, nurses have emerged as an essential link in the healthcare supply chain. Found that a wide range of health care system stakeholders believed that nurse practitioners may assist reduce the negative effects of primary health care (Reyes et al., 2015). As a result, the government, health care workers, researchers, and other stakeholders in the sector are concerned about the increasing demands on nurses and other health care workers (Grandey & Cropanzano, 1999). In comparison to other medical professionals such as paramedics, assistants, and even physicians, research reveals that nurses have a far higher burden. A worldwide pandemic of stress has been identified by the WHO. 90% of doctors' visits are attributed to stress, according to a study (Oliveira et al., 2011). Employees all across the globe suffer from high levels of health-related stress due to their jobs. It has been well acknowledged that nurses are particularly vulnerable to the negative impacts of work-related stress, which may include unpleasant emotions, physical pain, and psychological distress (GALINSKY & STEIN, 1990). When a nurse's talents and resources are out of balance with the demands and expectations of their profession, they experience nursing job stress (Ejaz et al., 2008). Interchangeable words include "workplace stress," "job-related stress," "organisational stress," and "work-related anxiety." (Drummet et al., 2003) High workloads, unusual and unsocial hours, physical exhaustion, emotional exhaustion in dealing with patients and their families, uncertainty about treatment and a lack of support from colleagues, arguments with supervisors and other medical staff, dealing with death and the dead, involvement in patient care issues with management difficulty, frustrations, and anxiety about tech were all considered job stressors for nurses (Coomber & Barriball, 2007).

That in order to better understand the relationship between work-related stresses and measures that might alleviate that stress, it's critical to do this study (Cohen-Katz et al., 2004). Nursing in nature is very demanding since it puts the health and well-being of the person at risk due to job-related stress (Baye et al., 2020). A person's effective reaction to their surroundings is stress (Erdamar & Demirel, 2014). Compiling social, economic, and cultural features of stress is the best way to measure it. Stress is tough to gauge this time around. Stress may be diagnosed in the clinical setting by changes in hormone levels, and it can also be seen in regular life by monitoring how people respond (Alhani & Mahmoodi-Shan, 2018). Job strain reveals the existence of work-related stress. Work strain is a long-term issue that arises when there is a disconnect between the demand for a job and the degree of control that an employer has over its employees, making it difficult for them to meet those expectations and taxing their coping mechanisms (Khamisa et al., 2017). There are a variety of ways to deal with stress, and each one has its own unique set of benefits and drawbacks (Wazqar et al., 2017). In today's world, stress is a costly setback. Majority of workers reported high stress levels, which is linked to significant increases in health care costs, says Smith (Chen et al., 2020).

He also said that excessive levels of stress are a major contributor to employee attrition, absence, conflict, and injury in the workplace (INOUE et al., 2014). Well-reported studies have shown the relationship between stress and adverse health effects (Nwafor et al., 2015). Stress may disrupt human homeostasis and physiological or hormonal imbalances, which are strongly linked to health issues (Choi & Kim, 2016). Chronic stress at work has been linked to nurses' poor health behaviours, including poor diets, lack of exercise, and the use of alcohol, tobacco, and other drugs (ATOD) (Zhang et al., 2016).

## **Materials and Methods**

A survey was done with the questionnaire in some of the hospitals of Delhi- NCR among the nursing staff. Total population was of 60 nurses, which included both male and female nurses. The study was done on 50 participants that were included and 10 were excluded as they were not qualified for the study. A survey was created using Google Forms, and it was distributed to the working nurses via multiple methods. After providing their permission to participate in the study, all participants completed a consent form and supplied demographic information such as their name, email, age, gender, years of employment, marital status, and working hours. Following the completion of the consent form, demographic information was collected, including name, age, gender, marital status, years of employment and working hours. All the participants were asked to fill the questioner made with FBAS scale- stress questionnaire of physicians and nurses, herchbach 1989 and burnout scale. Data was stored in excel sheets of a Google form. Data was analyzed with SPSS 26.

## **Results and Discussion**

Researchers found that nurses were less likely than the general population to quit their occupations due to family or work stress. A positive relationship exists between family stress, work stress, and job performance. Many workers responded that if circumstances were better, they would be more productive at their jobs.

When it comes to keeping workers happy and productive, the nursing profession is no different. The OPD, emergency, general and ICU wards all rely on the expertise of nurses. In the nursing community, workplace stress has been connected to both physical and mental health issues and behavioural disorders. Researchers want to learn more about the link between burnout and early retirement among nurses, both at work and at home (Yildirim & Aycan, 2008). Nurses are abandoning their employment because of the difficulties of managing work and home responsibilities, according to our premise (Raffenaud et al., 2020). The NIH (National Institutes of Health) ranked the nursing profession 27th out of 130 professions because of the toll it takes on nurses' mental health. There is an 80 percent higher prevalence of nurses being absent from work due to sickness or burnout than in other professional units in the general population, according to a number of studies (Tehrineshat et al., 2020).

The happiness of the patient and the attitude of the nurse are intertwined. At work, nurses who are happy tend to be more productive at their job. In one of our

studies, we found that nurses' judgments of professional principles and the ethical culture in the workplace may be used to improve compassion satisfaction and reduce burnout and job-related stress. Non-work activities, job needs, supervisor support, job satisfaction, manageability, social and environmental elements all have an impact on nurses' work-life balance, according to a previous research study (Yasir et al., 2019). Work-life harmony has been made possible in part by elements impacting one's well-being. Work-life balance and organisational commitment are inseparable. Researchers found that nurses who worked set schedules had a better work-life balance than those who worked irregular shifts. Welcoming workplaces encourage workers to be more enthusiastic and motivated (Fernandes & Nirmala, 2017). The survey was conducted using a questionnaire with a scale, a burnout scale, and an FBAS scale, among other instruments, in order to get the data. Despite the fact that the survey was held online, there were only 50 participants. With a combined age of 33.68 and a standard deviation of 5.258, the group consists of 41 women and 9 men (Kokoroko & Sanda, 2019).

A variety of statistical methods have been employed to analyse the data: regressions, ANOVAs, the Chi-Square test, and R<sup>2</sup>. For R<sup>2</sup>, chi-test, and t-test, gender's p-value is 1.3887; this is highlighted in the table below. It is possible to define subscales by the frequency with which a person engages in a certain activity. Therefore, the graph shows that the biggest hazards to a nurse's employment are stress at work, as well as familial difficulties. The more we can do to relieve the stress on nurses, the better they will be able to work. Nurses who like their profession and have less obligations at home give the best care for patients.

### List of tables

TABLE NO 1: DEMOGRAPHIC DESCRIPTIVE STATISTICS		
AGE		
Mean	N	Std. Deviation
33.68	50	5.258

GENDER					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	41	82.0	82.0	82.0
	Male	9	18.0	18.0	100.0
	Total	50	100.0	100.0	

MARITAL STATUS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	37	74.0	74.0	74.0
	Single or never married	12	24.0	24.0	98.0
	Widowed	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

**TABLE NO. 2 - WORKING HOURS**

WORKING HOURS/ DAY?		
Mean	N	Std. Deviation
9.62	50	2.320

**TABLE NO 3 FBAS SCALE AND BURNOUT SCALE**

HAVE TO DEAL WITH AGGRESSIVE PATIENTS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely often	6	12.0	12.0	12.0
	moderately often	16	32.0	32.0	44.0
	not at all	1	2.0	2.0	46.0
	quite often	17	34.0	34.0	80.0
	slightly often	10	20.0	20.0	100.0
Total		50	100.0	100.0	

UNPLEASANT EXPERIENCE AT WORK DUE TO NIGHTSHIFTS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely often	2	4.0	4.0	4.0
	moderately often	16	32.0	32.0	36.0
	Not at all	2	4.0	4.0	40.0
	quite often	23	46.0	46.0	86.0
	Slightly often	7	14.0	14.0	100.0
Total		50	100.0	100.0	

ANY TROUBLE/FRICTION WITH COLLEAGUE					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderately often	9	18.0	18.0	18.0
	Not at all	14	28.0	28.0	46.0
	Quite often	8	16.0	16.0	62.0
	Slightly often	19	38.0	38.0	100.0
	Total	50	100.0	100.0	

GETTING RESTS/ BREAK'S DURING WORKING HOURS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Extremely often	3	6.0	6.0	6.0
	Moderately often	8	16.0	16.0	22.0

	Not at all	11	22.0	22.0	44.0
	Quite often	9	18.0	18.0	62.0
	Slightly often	19	38.0	38.0	100.0
	Total	50	100.0	100.0	

TREATING LARGE NUMBER OF PATIENTS LEADS TO MUSCULOSKELETAL PAIN					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Extremely often	2	4.0	4.0	4.0
	Moderately often	18	36.0	36.0	40.0
	Not at all	2	4.0	4.0	44.0
	Quite often	19	38.0	38.0	82.0
	Slightly often	9	18.0	18.0	100.0
	Total	50	100.0	100.0	

GETTING TIME FOR LEISURE AND FAMILY MEMBERS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	2.0	2.0	2.0
	Extremely often	3	6.0	6.0	8.0
	Moderately often	6	12.0	12.0	20.0
	Not at all	13	26.0	26.0	46.0
	Quite often	9	18.0	18.0	64.0
	Slightly often	18	36.0	36.0	100.0
	Total	50	100.0	100.0	

EXPERIENCED ANY SEXUAL EXPLOITATION ON WORK PLACE					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	12	24.0	24.0	24.0
	No	19	38.0	38.0	62.0
	Sometimes	18	36.0	36.0	98.0
	Yes	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

HAVE TO FACE ANY DIFFICULTY IN DEALING WITH ABUSIVE AND VIOLENT PATIENT					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely often	2	4.0	4.0	4.0
	moderately often	25	50.0	50.0	54.0
	not at all	1	2.0	2.0	56.0
	quite often	9	18.0	18.0	74.0
	slightly often	13	26.0	26.0	100.0
	Total	50	100.0	100.0	

HAVING ANY EMOTIONAL DISTRESS DUE TO WORK					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	34	68.0	68.0	68.0
	Disagree	1	2.0	2.0	70.0
	Neutral	15	30.0	30.0	100.0
	Total	50	100.0	100.0	

DOES JOB PROCEDURE STRAIN MAKE DIFFICULT TO FULFILL YOUR FAMILY DUTIES					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	2	4.0	4.0	4.0
	No	6	12.0	12.0	16.0
	Somewhat	37	74.0	74.0	90.0
	Yes	5	10.0	10.0	100.0
	Total	50	100.0	100.0	

DOES FAMILY CONFLICTS MAKE YOU PRESSURIZED AT YOUR WORKPLACE?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderately often	19	38.0	38.0	38.0
	Not at all	3	6.0	6.0	44.0
	Quite often	5	10.0	10.0	54.0
	Slightly often	23	46.0	46.0	100.0
	Total	50	100.0	100.0	

IS IT DIFFICULT TO BALANCE FAMILY LIFE AND WORK LIFE DUE TO THE CONFLICTS?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	5	10.0	10.0	10.0
	No	11	22.0	22.0	32.0
	Somewhat	29	58.0	58.0	90.0
	Yes	5	10.0	10.0	100.0
	Total		100.0	100.0	

DOES THE WORK-FAMILY CONFLICT MAKES YOU THINK ABOUT QUITTING YOUR JOB?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	8	16.0	16.0	16.0
	No	17	34.0	34.0	50.0
	Somewhat	21	42.0	42.0	92.0
	Yes	4	8.0	8.0	100.0
	Total	50	100.0	100.0	

## Conclusions

In a study overall we concluded that there are many factors which give an impact in early stepping aside of job in nurses. The main factors which contribute in early quitting of job are work issue and family issue. This is understood by the theory that if nurses are fully satisfied in their surroundings of family and workplace then they can better perform by giving their best efforts. In effort to increase their work efficiency one has to help them to decrease their workload and stress. The best predator for quitting the job are family conflicts and work conflicts. This study shows that, what are the main factors which impact the early stepping of job.

## Acknowledgments

We thank God for allowing us to complete the project and for blessing me along the way. We want to express our gratitude to our guide, DR. YAMINI SHARMA (PT), for her significant assistance throughout the study. Working under her direction is a privilege for us. We appreciate her taking the time and effort to help us anytime we needed it, from the study inspection through the project's completion. We'd like to express our gratitude to all of the school principals who agreed to let us conduct the research during school hours. Aside from that, we'd like to express our gratitude to our colleagues and classmates for their unwavering support during our studies. We'd want to express our gratitude to our family and friends for their moral support and prayers, without which we would not have been able to accomplish the task. Finally, and most significantly, we want to express my gratitude to all of our participants who volunteered and eagerly participated in our research, making it possible.

## References

1. Alhani, F., & Mahmoodi-Shan, G. (2018). Work–family conflict as a stressor in the lifestyle of nurses: A content analysis. *Journal of Nursing and Midwifery Sciences*, 5(3), 79. [https://doi.org/10.4103/JNMS.JNMS\\_26\\_18](https://doi.org/10.4103/JNMS.JNMS_26_18)
2. Amir, F., Suhron, M., & Sulaihah, S. (2021). Family care model development in treating schizophrenia patients that have self-deficit nursing based system: Structural equation modeling analysis. *International Journal of Health & Medical Sciences*, 5(1), 7-14. <https://doi.org/10.21744/ijhms.v5n1.1808>
3. Baye, Y., Demeke, T., Birhan, N., Semahegn, A., & Birhanu, S. (2020). Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study. *PLOS ONE*, 15(8), e0236782. <https://doi.org/10.1371/journal.pone.0236782>
4. Chen, Y.-C., Guo, Y.-L. L., Lin, L.-C., Lee, Y.-J., Hu, P.-Y., Ho, J.-J., & Shiao, J. S.-C. (2020). Development of the Nurses' Occupational Stressor Scale. *International Journal of Environmental Research and Public Health*, 17(2), 649. <https://doi.org/10.3390/ijerph17020649>
5. Choi, S. E., & Kim, S. D. (2016). A meta-analysis of the variables related to job satisfaction among Korean nurses. *Contemporary Nurse*, 52(4), 462–476. <https://doi.org/10.1080/10376178.2016.1221736>
6. Cohen-Katz, J., Wiley, S. D., Capuano, T., Baker, D. M., & Shapiro, S. (2004). The Effects of Mindfulness-based Stress Reduction on Nurse Stress and



- Burnout. *Holistic Nursing Practice*, 18(6), 302–308. <https://doi.org/10.1097/00004650-200411000-00006>
7. Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies*, 44(2), 297–314. <https://doi.org/10.1016/j.ijnurstu.2006.02.004>
  8. Drummet, A. R., Coleman, M., & Cable, S. (2003). Military Families Under Stress: Implications for Family Life Education\*. *Family Relations*, 52(3), 279–287. <https://doi.org/10.1111/j.1741-3729.2003.00279.x>
  9. Ejaz, F. K., Noelker, L. S., Menne, H. L., & Bagaka's, J. G. (2008). The Impact of Stress and Support on Direct Care Workers' Job Satisfaction. *The Gerontologist*, 48(suppl 1), 60–70. [https://doi.org/10.1093/geront/48.Supplement\\_1.60](https://doi.org/10.1093/geront/48.Supplement_1.60)
  10. Erdamar, G., & Demirel, H. (2014). Investigation of Work-family, Family-work Conflict of the Teachers. *Procedia - Social and Behavioral Sciences*, 116, 4919–4924. <https://doi.org/10.1016/j.sbspro.2014.01.1050>
  11. Fernandes, W. N., & Nirmala, R. (2017). Workplace Stress and Coping Strategies among Indian Nurses: Literature Review. *Asian Journal of Nursing Education and Research*, 7(3), 449. <https://doi.org/10.5958/2349-2996.2017.00088.X>
  12. GALINSKY, E., & STEIN, P. J. (1990). The Impact of Human Resource Policies on Employees. *Journal of Family Issues*, 11(4), 368–383. <https://doi.org/10.1177/019251390011004002>
  13. Grandey, A. A., & Cropanzano, R. (1999). The Conservation of Resources Model Applied to Work–Family Conflict and Strain. *Journal of Vocational Behavior*, 54(2), 350–370. <https://doi.org/10.1006/jvbe.1998.1666>
  14. INOUE, A., KAWAKAMI, N., SHIMOMITSU, T., TSUTSUMI, A., HARATANI, T., YOSHIKAWA, T., SHIMAZU, A., & ODAGIRI, Y. (2014). Development of a Short Version of the New Brief Job Stress Questionnaire. *Industrial Health*, 52(6), 535–540. <https://doi.org/10.2486/indhealth.2014-0114>
  15. Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B. (2017). Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa. *Health SA Gesondheid*, 22, 252–258. <https://doi.org/10.1016/j.hsag.2016.10.001>
  16. Kokoroko, E., & Sanda, M. A. (2019). Effect of Workload on Job Stress of Ghanaian OPD Nurses: The Role of Coworker Support. *Safety and Health at Work*, 10(3), 341–346. <https://doi.org/10.1016/j.shaw.2019.04.002>
  17. Mackenzie, C. S., Poulin, P. A., & Seidman-Carlson, R. (2006). A brief mindfulness-based stress reduction intervention for nurses and nurse aides. *Applied Nursing Research*, 19(2), 105–109. <https://doi.org/10.1016/j.apnr.2005.08.002>
  18. Nwafor, C. E., Immanuel, E. U., & Obi-Nwosu, H. (2015). Does nurses' self-concept mediate the relationship between job satisfaction and burnout among Nigerian nurses. *International Journal of Africa Nursing Sciences*, 3, 71–75. <https://doi.org/10.1016/j.ijans.2015.08.003>
  19. Oliveira, G. S. de, Almeida, M. D., Ahmad, S., Fitzgerald, P. C., & McCarthy, R. J. (2011). Anesthesiology residency program director burnout. *Journal of Clinical Anesthesia*, 23(3), 176–182. <https://doi.org/10.1016/j.jclinane.2011.02.001>

20. Raffenaud, A., Unruh, L., Fottler, M., Liu, A. X., & Andrews, D. (2020). A comparative analysis of work–family conflict among staff, managerial, and executive nurses. *Nursing Outlook*, 68(2), 231–241. <https://doi.org/10.1016/j.outlook.2019.08.003>
21. Reyes, A. T., Andrusyszyn, M.-A., Iwasiw, C., Forchuk, C., & Babenko-Mould, Y. (2015). Resilience in Nursing Education: An Integrative Review. *Journal of Nursing Education*, 54(8), 438–444. <https://doi.org/10.3928/01484834-20150717-03>
22. Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2022). Post-pandemic health and its sustainability: Educational situation. *International Journal of Health Sciences*, 6(1), i-v. <https://doi.org/10.53730/ijhs.v6n1.5949>
23. Tehranineshat, B., Torabizadeh, C., & Bijani, M. (2020). A study of the relationship between professional values and ethical climate and nurses' professional quality of life in Iran. *International Journal of Nursing Sciences*, 7(3), 313–319. <https://doi.org/10.1016/j.ijnss.2020.06.001>
24. Wazqar, D. Y., Kerr, M., Regan, S., & Orchard, C. (2017). An integrative review of the influence of job strain and coping on nurses' work performance: Understanding the gaps in oncology nursing research. *International Journal of Nursing Sciences*, 4(4), 418–429. <https://doi.org/10.1016/j.ijnss.2017.09.003>
25. Yasir, M., Majid, A., Yasir, M., & Khan, N. (2019). Boundary integration, work/family enrichment and life satisfaction among female nursing staff. *Management Research Review*, 42(6), 740–759. <https://doi.org/10.1108/MRR-01-2018-0041>
26. Yildirim, D., & Aycan, Z. (2008). Nurses' work demands and work–family conflict: A questionnaire survey. *International Journal of Nursing Studies*, 45(9), 1366–1378. <https://doi.org/10.1016/j.ijnurstu.2007.10.010>
27. Zhang, Y., Punnett, L., Mawn, B., & Gore, R. (2016). Working Conditions and Mental Health of Nursing Staff in Nursing Homes. *Issues in Mental Health Nursing*, 37(7), 485–492. <https://doi.org/10.3109/01612840.2016.1162884>