A SOCIOLOGICAL STUDY OF THE WORK-LIFE BALANCING ISSUES FACED BY THE MARRIED NURSES IN COCHIN CITY

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A SOCIOLOGICAL STUDY OF THE WORK-LIFE BALANCING ISSUES FACED BY THE MARRIED NURSES IN COCHIN CITY

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of the requirements for the award of the degree of* **Master of Arts in Sociology**

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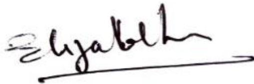

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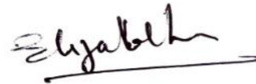

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C E R T I F I C A T E

I certify that the thesis entitled **"A SOCIOLOGICAL STUDY OF THE WORK-LIFE BALANCING ISSUES FACED BY THE MARRIED NURSES IN COCHIN CITY"** is a record of bonafide research work carried out by **ANJALI OUSEPH**, under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology

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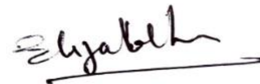

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DECLARATION

I, **ANJALI OUSEPH** hereby declare that the thesis entitled **"A SOCIOLOGICAL STUDY OF THE WORK-LIFE BALANCING ISSUES FACED BY THE MARRIED NURSES IN COCHIN CITY'** is a bonafide record of independent research work carried out by me under the supervision and guidance of **Smt. ELIZABETH ABRAHAM.** I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship or other similar title.

ERNAKULAM

MARCH 2022 **ANJALI OUSEPH**

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Ernakulam **ANJALI OUSEPH**

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INTRODUCTION

CHAPTER I

INTRODUCTION

"The nurses are one who opens the eyes of a newborn & closes the eyes of a dying man. It is indeed a high blessing to be first and last to witness the beginning and end of life"

21st Century nursing is the glue that holds a patient's health care journey together. Across the entire patient experience, and wherever there is someone in need of care, nurses work tirelessly to identify and protect the needs of the individual.

Beyond the time-honoured reputation for compassion and dedication lies a highly specialized profession, which is constantly evolving to address the needs of society. From ensuring the most accurate diagnoses to the ongoing education of the public about critical health issues; nurses are indispensable in safeguarding public health.

Nursing can be described as both an art and a science; a heart and a mind. At its heart, lies a fundamental respect for human dignity and an intuition for a patient's needs. This is supported by the mind, in the form of rigorous core learning. Due to the vast range of specialisms and complex skills in the nursing profession, each nurse will have specific strengths, passions, and expertise.

However, nursing has a unifying ethos: In assessing a patient, nurses do not just consider test results. Through the critical thinking exemplified in the nursing process nurses use their judgment to integrate objective data with subjective experience of a patient's biological, physical and behavioural needs. This ensures that every patient, from city hospital to community health centre; state prison to summer camp, receives the best possible care regardless of who they are, or where they may be.

In a field as varied as nursing, there is no typical answer. Responsibilities can range from making acute treatment decisions to providing inoculations in schools. The key unifying characteristic in every role is the skill and drive that it takes to be a nurse. Through long-term monitoring of patients' behaviour and knowledge-based expertise, nurses are best placed to take an all-encompassing view of a patient's wellbeing.

All nurses complete a rigorous program of extensive education and study, and work directly with patients, families, and communities using the core values of the nursing process. In the United States today, nursing roles can be divided into three categories by the specific responsibilities they undertake

The main responsibilities of the nurses are Perform physical exams and health histories before making critical decisions, provide health promotion, counselling and education, Administer medications and other personalized interventions, Coordinate care, in collaboration with a wide array of health care professionals

Advance Practice Registered Nurses (APRN) hold at least a Master's degree, in addition to the initial nursing education and licensing required for all RNs. The responsibilities of an APRN include, but are not limited to, providing invaluable primary and preventative health care to the public. APRNs treat and diagnose illnesses, advise the public on health issues, manage chronic disease and engage in continuous education to remain at the very forefront of any technological, methodological, or other developments in the field. The roles of these nurses are Nurse Practitioners prescribe medication, diagnose and treat minor illnesses and injuries, Certified Nurse-Midwives provide gynaecological and low-risk obstetrical care, Clinical Nurse Specialists handle a wide range of physical and mental health problems, Certified Registered Nurse Anaesthetists administer more than 65 percent of all anaesthetics.

Licensed Practical Nurses (LPN), also known as Licensed Vocational Nurses (LVNs), support the core health care team and work under the supervision of an RN, APRN or MD. By providing basic and routine care, they ensure the wellbeing of patients throughout the whole of the health care journey. The main responsibilities of these nurses are Check vital signs and look for signs that health is deteriorating or improving, perform basic nursing functions such as changing bandages and wound dressings, ensure patients are comfortable, well-fed and hydrated, may administer medications in some settings

No matter what their field or specialty, all nurses utilize the same nursing process; a scientific method designed to deliver the very best in patient care, through five simple steps.

- **Assessment** – Nurses assess patients on an in-depth physiological, economic, social and lifestyle basis.
- **Diagnosis** – Through careful consideration of both physical symptoms and patient behaviour, the nurse forms a diagnosis.
- **Outcomes / Planning** – The nurse uses their expertise to set realistic goals for the patient's recovery. These objectives are then closely monitored.
- **Implementation** – By accurately implementing the care plan, nurses guarantee consistency of care for the patient whilst meticulously documenting their progress.
- **Evaluation** – By closely analysing the effectiveness of the care plan and studying patient response, the nurse hones the plan to achieve the very best patient outcomes.

The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. Ensuring that working conditions across all settings – in primary, secondary, mental health, community and social care – are supporting nurses and midwives in their work is fundamental to ensuring the best outcomes for people who need health and care services. In this study focuses on their work life experience and what needs to be done to address the problems they face.

One unique study used a qualitative style of research by conducting interviews to record nurses' feedback on staff shortages, long hours, and uncooperative patients. One profound participant responded, "I am not able to sleep at all and even if I do then by that time it is already time to wake up". The nurses have been overworked by having to fill in for staff shortages on top of the more demanding working conditions. Another response read, "wearing PPE was the most troublesome. No food or water for 12 h", PPE accessibility varied in many countries, but all countries faced similar shortages of the proper supplies to protect them when working in a highly infectious environment every day.

All nurses now say they experience moderate to high-stress levels, with over 60 percent reporting emotional exhaustion. High-stress levels can affect a nurse's health and

well-being, even deplete their energy and impede their critical thinking. nurses in secondary health care, the most stressful factors are low pay, poor interpersonal relationships in the workplace, and psychological or physical abuse in the workplace. Stress can have a significant impact on individual nurses and their ability to accomplish tasks and more specifically, poor decision making, lack of concentration, apathy, decreased motivation and anxiety may impair job performance creating uncharacteristic errors. Nursing is, unquestionably, a very high-stress environment. Although most nurses know right off the bat what they're getting themselves into and are aware that nursing has its challenges, sometimes just how stressful being an RN can get takes a lot of professionals by surprise. Some argue that it is the most stressful role. These nurses work in the ICU. They work with patients who have significant injuries and morbidity risks. Data shows that more than half of all critical care nurses experience burnout syndrome.

Nurses can have an especially difficult time balancing work and personal life because of the increased amount of physical and emotional stress that nurses experience. Taking time to decompress after a shift and remembering to prioritize their own needs are necessary to developing a healthy work-life balance. Without balance in their life, nurses may become susceptible to illness or job burnout. If they are exhausted and distracted, nurses may make medical mistakes that can harm patients. A poor work-life balance can cause higher turnover, which can lead to staffing shortages and increased healthcare costs.

A nurse is a person who is trained to give care to people who are sick or injured. Nurses work with doctors and other health care workers to make patients well and to keep them fit and healthy. Nurses also help with end-of-life needs and assist other family members with grieving. Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority. Nurses comprise the largest component of most healthcare environments; but there is evidence of international shortages of qualified nurses. Many nurses provide care within the ordering scope of physicians, and this traditional role has shaped the public image of nurses as care providers. Nurse practitioners are nurses with a graduate degree in advanced practice nursing. They are however permitted by most jurisdictions to practice

independently in a variety of settings. Since the post-war period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing.

Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family, and other team members that focuses on treating illness to improve quality of life. In the United Kingdom and the United States, clinical nurse specialists and nurse practitioners, diagnose health problems and prescribe the correct medications and other therapies, depending on particular state regulations. Nurses may help coordinate the patient care performed by other members of a multidisciplinary health care team such as therapists, medical practitioners, and dietitians.

Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals. Nursing historians face the challenge of determining whether care provided to the sick or injured in antiquity is called nursing care. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male "attendants," who may have been early nurses. Around 600 BC in India, it is recorded in Sushruta Samhita, Book 3, Chapter V about the role of the nurse as "the different parts or members of the body as mentioned before including the skin, cannot be correctly described by one who is not well versed in anatomy. Hence, any one desirous of acquiring a thorough knowledge of anatomy should prepare a dead body and carefully, observe, by dissecting it, and examine its different parts."

Before the foundation of modern nursing, members of religious orders such as nuns and monks often provided nursing-like care. Examples exist in Christian, Islamic and Buddhist traditions amongst others. Phoebe, mentioned in Romans 16 has been described in many sources as "the first visiting nurse". These traditions were influential in the development of the ethos of modern nursing. The religious roots of modern nursing remain in evidence today in many countries. One example in the United Kingdom is the use of the historical title "sister" to refer to a senior nurse in the past.

During the Reformation of the 16th century, Protestant reformers shut down the monasteries and convents, allowing a few hundred municipal hospices to remain in operation in northern Europe. Those nuns who had been serving as nurses were given pensions or told to get

married and stay home. Nursing care went to the inexperienced as traditional caretakers, rooted in the Roman Catholic Church, were removed from their positions. The nursing profession suffered a major setback for approximately 200 years.

During the Crimean War the Grand Duchess Elena Pavlova issued the call for women to join the Order of Exaltation of the Cross for the year of service in the military hospitals. The first section of twenty-eight "sisters", headed by Aleksandra Petrovna Stakhovich, the Directress of the Order, went off to the Crimea early in November 1854.

Florence Nightingale laid the foundations of professional nursing after the Crimean War. Her *Notes on Nursing* (1859) became popular. The Nightingale model of professional education, having set up one of the first school of nursing that is connected to a continuously operating hospital and medical school, spread widely in Europe and North America after 1870. Nightingale was also a pioneer of the graphical presentation of statistical data. Nightingale's recommendations built upon the successes of Jamaican "doctresses" such as Mary Seacole, who like Nightingale, served in the Crimean War. Seacole practised hygiene and the use of herbs in healing wounded soldiers and those suffering from diseases in the 19th century in the Crimea, Central America, and Jamaica. Her predecessors had great success as healers in the Colony of Jamaica in the 18th century, and they included Seacole's mother, Mrs. Grant, Sarah Adams, Cubah Cornwallis, and Grace Donne, the mistress and doctress to Jamaica's wealthiest planter, Simon Taylor.

Other important nurses in the development of the profession include: Agnes from Shropshire was the first orthopaedic nurse and was pivotal in the emergence of the orthopaedic hospital The Robert Jones & Agnes Hunt Hospital in Oswestry, Shropshire. Valerie who opened, with her husband Agénor de Gasparin, the first nursing school in the world : La Source, in Lausanne, Switzerland. Agnes Jones, who established a nurse training regime at the Brownlow Hill infirmary, Liverpool, in 1865. Linda Richards, who established quality nursing schools in the United States and Japan, and was officially the first professionally trained nurse in the US, graduating in 1873 from the *New England Hospital for Women and Children* in Boston. Clarissa Harlowe "Clara" Barton, a pioneer American teacher, patent clerk, nurse, and humanitarian, and the founder of the American Red Cross. Saint Marianne Cope, a sister of St. Francis who opened and operated some of the first general hospitals in the United

States, instituting cleanliness standards which influenced the development of America's modern hospital system.

Red Cross chapters, which began appearing after the establishment of the International Committee of the Red Cross in 1863, offered employment and professionalization opportunities for nurses (despite initial objections from Florence Nightingale). Catholic orders such as Little Sisters of the Poor, Sisters of Mercy, Sisters of St. Mary, St. Francis Health Services, Inc. and Sisters of Charity built hospitals and provided nursing services during this period. In turn, the modern deaconess movement began in Germany in 1836. Within a half century, there were over 5,000 deaconesses in Europe. Formal use of nurses in the modern military began in the latter half of the nineteenth century. Nurses saw active duty in the First Boer War, the Egyptian Campaign (1882), and the Sudan Campaign (1883). Hospital-based training came to the fore in the early 1900s, with an emphasis on practical experience. The Nightingale-style school began to disappear. Hospitals and physicians saw women in nursing as a source of free or inexpensive labour. Exploitation of nurses was not uncommon by employers, physicians, and educational providers.

Many nurses saw active duty in World War I, but the profession was transformed during the Second World War. British nurses of the Army Nursing Service were part of every overseas campaign. More nurses volunteered for service in the US Army and Navy than any other occupation. The Nazis had their own Brown Nurses, 40,000 strong. Two dozen German Red Cross nurses were awarded the Iron Cross for heroism under fire.

The modern era saw the development of undergraduate and post-graduate nursing degrees. Advancement of nursing research and a desire for association and organization led to the formation of a wide variety of professional organizations and academic journals. Growing recognition of nursing as a distinct academic discipline was accompanied by an awareness of the need to define the theoretical basis for practice.

In the 19th and early 20th century, nursing was considered a women's profession, just as doctoring was a men's profession. With increasing expectations of workplace equality during the late 20th century, nursing became an officially gender-neutral profession, though in practice the percentage of male nurses remains well below that of female physicians in the early 21st century. The authority for the practice of nursing is based upon a social contract that

delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at the national or state level.

The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credentials, code of ethics, standards, and competencies, and continuing their education. There are a number of educational paths to becoming a professional nurse, which vary greatly worldwide; all involve extensive study of nursing theory and practice as well as training in clinical skills. Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals.

To work in the nursing profession, all nurses hold one or more credentials depending on their scope of practice and education. In the United States, a Licensed Practical Nurse (LPN) works independently or with a Registered Nurse (RN). The most significant difference between an LPN and RN is found in the requirements for entry to practice, which determines entitlement for their scope of practice. RNs provide scientific, psychological, and technological knowledge in the care of patients and families in many health care settings. RNs may earn additional credentials or degrees.

Some nurses follow the traditional role of working in a hospital setting. Other options include: paediatrics, neonatal, maternity, OBGYN, geriatrics, ambulatory, and nurse anaesthetists and informatics. There are many other options nurses can explore depending on the type of degree and education acquired. RNs may also pursue different roles as advanced practice nurses. Nurses are not doctors' assistants. This is possible in certain situations, but nurses more often are independently caring for their patients or assisting other nurses. RNs treat patients, record their medical history, provide emotional support, and provide follow-up care. Nurses also help doctors perform diagnostic tests. Nurses are almost always working on their own or with other nurses. However, they also assist doctors in the emergency room or in trauma care when help is needed.

Despite equal opportunity legislation, nursing has continued to be a female-dominated profession in many countries; according to the WHO's 2020 State of the World's Nursing, approximately 90% of the nursing workforce is female. For instance, the male-to-female ratio of nurses is approximately 1:19 in Canada and the United States. This ratio is represented around the world. Notable exceptions include Francophone Africa, which includes the countries of Benin, Burkina Faso, Cameroon, Chad, Congo, Côte d'Ivoire, the Democratic Republic of Congo, Djibouti, Guinea, Gabon, Mali, Mauritania, Niger, Rwanda, Senegal, and Togo, which all have more male than female nurses. In Europe, in countries such as Spain, Portugal, Czech Republic and Italy, over 20% of nurses are male.[51] In the United Kingdom, 11% of nurses and midwives registered with the Nursing and Midwifery Council (NMC) are male. The number of male nurses in the United States doubled between 1980 and 2000. However female nurses are still more common, but male nurses receive more pay on average.

Research has indicated that there can be negative effects of diversity within nursing. When there is a heavier focus on diversity in nursing, the quality of care or performance of the nurses can be hindered. Research demonstrates that as people begin to be different in a work setting, this can create issues if not addressed correctly. When hospitals begin to focus on diversity over their patients, the quality of care can be negatively affected if diversity becomes the main goal. Nursing practice is the actual provision of nursing care. In providing care, nurses implement the nursing care plan using the nursing process. This is based around a specific nursing theory which is selected in consideration with the care setting and the population served. In providing nursing care, the nurse uses both nursing theory and best practice derived from nursing research.

In general terms, the nursing process is the method used to assess and diagnose needs, plan outcomes and interventions, implement interventions, and evaluate the outcomes of the care provided. Like other disciplines, the profession has developed different theories derived from sometimes diverse philosophical beliefs and paradigms or worldviews to help nurses direct their activities to accomplish specific goals.

Nurses practice in a wide range of settings, including hospitals, private homes, schools, and pharmaceutical companies. Nurses work in occupational health settings, free-standing clinics and physician offices, nurse-led clinics, long-term care facilities and camps. They also work

on cruise ships and in the military service. Nurses act as advisers and consultants to the health care and insurance industries. Many nurses also work in the health advocacy and patient advocacy fields at companies such as Health Advocate, Inc. helping in a variety of clinical and administrative issues. Some are attorneys and others work with attorneys as legal nurse consultants, reviewing patient records to assure that adequate care was provided and testifying in court. Nurses can work on a temporary basis, which involves doing shifts without a contract in a variety of settings, sometimes known as *per diem nursing*, *agency nursing* or *travel nursing*. Nurses work as researchers in laboratories, universities, and research institutions. Nurses have also been delving into the world of informatics, acting as consultants to the creation of computerized charting programs and other software. Nurse authors publish articles and books to provide essential reference materials.

Internationally, there is a serious shortage of nurses. One reason for this shortage is due to the work environment in which nurses practice. In a recent review of the empirical human factors and ergonomic literature specific to nursing performance, nurses were found to work in generally poor environmental conditions. Some countries and states have passed legislation regarding acceptable nurse-to-patient ratios.

The fast-paced and unpredictable nature of health care places nurses at risk for injuries and illnesses, including high occupational stress. Nursing is a particularly stressful profession, and nurses consistently identify stress as a major work-related concern and have among the highest levels of occupational stress when compared to other professions. This stress is caused by the environment, psychosocial stressors, and the demands of nursing, including new technology that must be mastered, the emotional labour involved in nursing, physical labour, shift work, and high workload. This stress puts nurses at risk for short-term and long-term health problems, including sleep disorders, depression, mortality, psychiatric disorders, stress-related illnesses, and illness in general. Nurses are at risk of developing compassion fatigue and moral distress, which can worsen mental health. They also have very high rates of occupational burnout (40%) and emotional exhaustion (43.2%). Burnout and exhaustion increase the risk for illness, medical error, and suboptimal care provision.

Nurses are also at risk for violence and abuse in the workplace. Violence is typically perpetrated by non-staff, whereas abuse is typically perpetrated by other hospital

personnel. Of American nurses, 57% reported in 2011 that they had been threatened at work; 17% were physically assaulted. There are 3 different types of workplace violence that nurses can experience. First, physical violence, which can be hitting, kicking, beating, punching, biting, and using objects to inflict force upon someone. Second, psychological violence is when something is done to impair another person through threats and/or coercion. Third, sexual violence which can include any completed or attempted non-consensual sexual act.

Workplace violence an also be categorized into two different levels, interpersonal violence and organizational coercion. Interpersonal violence could be committed by co-workers and/or patients by others in the hospital. The main form of this level is verbal abuse. Organizational coercion may include an irrationally high workload, forced shifts, forced placement in different wards of the hospital, low salaries, denial of benefits for overwork, poor working environment, and other workplace stressors. These problems can affect the quality of life for these nurses who may experience them. It can be extremely detrimental to nurses if their managers lack understanding of the severity of these problems and do not support the nurses through them. There are many contributing factors to workplace violence. These factors can be divided into environmental, organizational, and individual psychosocial. The environmental factors can include the specific setting, long patient wait times, frequent interruptions, uncertainty regarding the patients' treatment, and heavy workloads. Organizational factors can include inefficient teamwork, organizational injustice, lack of aggression and/or stress management programs, and distrust between colleagues. Individual psychosocial factors may include nurses being young and inexperienced, previous experiences with violence, and a lack of communication skills. Misunderstandings may also occur due to the communication barrier between nurses and patients. An example of this could be the patient's condition being affected by medication, pain, and/or anxiety.

There are many causes of workplace violence. The most common perpetrators for harassment and/or bullying against nursing students were registered nurses including preceptors, mentors, and clinical facilitators. However, the main cause of workplace violence against nurses were patients. 80% of serious violence incidents in health care canters were due to the nurses' interactions with patients. There are many different effects of workplace violence in the field of Nursing. Workplace violence can have a negative impact on nurses both emotionally and

physically. They feel depersonalized, dehumanized, fatigued, worn out, stressed out, and tired. Because of the severity of some incidents of violence, nurses have reported manifestations of burn-out due to the frequent exposure. This can heavily impact of a nurses' mental health and cause nurses to feel unsatisfied with their profession and unsafe in their work environment.

There are a number of interventions that can mitigate the occupational hazards of nursing. They can be individual-focused or organization-focused. Individual-focused interventions include stress management programs, which can be customized to individuals. Stress management programs can reduce anxiety, sleep disorders, and other symptoms of stress. Organizational interventions focus on reducing stressful aspects of the work environment by defining stressful characteristics and developing solutions to them. Using organizational and individual interventions together is most effective at reducing stress on nurses. In some Japanese hospitals, powered exoskeletons are used. Lumbar supports have also been trialled.

The oldest method of nursing education is the hospital-based diploma program, which lasts approximately three years. Students take between 30 and 60 credit hours in anatomy, physiology, microbiology, nutrition, chemistry, and other subjects at a college or university, then move on to intensive nursing classes. Until 1996, most RNs in the US were initially educated in nursing by diploma programs. According to the Health Services Resources Administration's 2000 Survey of Nurses only six percent of nurses who graduated from nursing programs in the United States received their education at a Diploma School of Nursing.

The most common initial nursing education is a two-year Associate Degree in Nursing (Associate of Applied Science in Nursing, Associate of Science in Nursing, Associate Degree in Nursing), a two-year college degree referred to as an ADN. Some four-year colleges and universities also offer the ADN. Associate degree nursing programs have prerequisite and corequisite courses (which may include English, Math and Human Anatomy and Physiology) and ultimately stretch out the degree-acquiring process to about three years or greater. Another pathway into the profession, or a higher level of education for other nurses, is obtaining a Bachelor of Science in Nursing (BSN), a four-year degree that also prepares nurses for graduate-level education. For the first two years in a BSN program, students usually obtain general education requirements and spend the remaining time in nursing courses. In some new programs the first two years can be substituted for an active LPN license along with the required general studies.

Advocates for the ADN and diploma programs state that such programs have an on the job training approach to educating students, while the BSN is an academic degree that emphasizes research and nursing theory. Some states require a specific amount of clinical experience that is the same for both BSN and ADN students. A BSN degree qualifies its holder for administrative, research, consulting and teaching positions that would not usually be available to those with an ADN, but is not necessary for most patient care functions. Nursing schools may be accredited by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE).

Advanced education in nursing is done at the master's and doctoral levels. It prepares the graduate for specialization as an advanced practice registered nurse (APRN) or for advanced roles in leadership, management, or education. The clinical nurse leader (CNL) is an advanced generalist who focuses on the improvement of quality and safety outcomes for patients or patient populations from an administrative and staff management focus. Doctoral programs in nursing prepare the student for work in nursing education, health care administration, clinical research, public policy, or advanced clinical practice. Most programs confer the PhD in nursing or Doctor of Nursing Practice (DNP). Areas of advanced nursing practice include that of a nurse practitioner (NP), a certified nurse midwife (CNM), a certified registered nurse anaesthetist (CRNA), or a clinical nurse specialist (CNS). Nurse practitioners and CNSs work assessing, diagnosing and treating patients in fields as diverse as family practice, women's health care, emergency nursing, acute/critical care, psychiatry, geriatrics, or paediatrics, additionally, a CNS usually works for a facility to improve patient care, do research, or as a staff educator.

Completion of any one of these three educational routes allows a graduate nurse to take the NCLEX-RN, the test for licensure as a registered nurse, and is accepted by every state as an adequate indicator of minimum competency for a new graduate. However, controversy exists over the appropriate entry-level preparation of RNs. Some professional organizations believe the BSN should be the sole method of RN preparation and ADN graduates should be licensed as "technical nurses" to work under the supervision of BSN graduates. Others feel the on-the-job experiences of diploma and ADN graduates makes up for any deficiency in theoretical preparation.

RNs are the largest group of health care workers in the United States, with about 2.7 million employed in 2011. It has been reported that the number of new graduates and foreign-trained nurses is insufficient to meet the demand for registered nurses; this is often referred to as the nursing shortage and is expected to increase for the foreseeable future. There are data to support the idea that the nursing shortage is a voluntary shortage. In other words, nurses are leaving nursing of their own volition. In 2006 it was estimated that approximately 1.8 million nurses chose not to work as a nurse. The Bureau of Labour Statistics (BLS) reported that 296,900 healthcare jobs were created in 2011. RNs make up the majority of the healthcare work force, therefore these positions will be filled primarily by nurses. The BLS also states that by 2020, there will be 1.2 million nursing job openings due to an increase in the workforce, and replacements.

The International Council of Nursing (ICN), the largest international health professional organization in the world, recognizes the shortage of nurses as a growing crisis in the world. This shortage impacts the healthcare of everyone worldwide. One of the many reasons is that nurses who pursue to become nurses do so very late in their lives. This leads to a non-lengthy employment time. A national survey prepared by the Federation of Nurses and Health Professionals in 2001 found that one in five nurses plans to leave the profession within five years because of unsatisfactory working conditions, including low pay, severe under staffing, high stress, physical demands, mandatory overtime, and irregular hours. Approximately 29.8 percent of all nursing jobs are found in hospitals. However, due to administrative cost cutting, increased nurse's workload, and rapid growth of outpatient services, hospital nursing jobs will experience slower than average growth. Employment in home care and nursing homes is expected to grow rapidly. Though more people are living well into their 80s and 90s, many need the kind of long-term care available at a nursing home. Many nurses will also be needed to help staff the growing number of out-patient facilities, such as HMOs (Health Maintenance Organizations), group medical practices, and ambulatory surgery canters. Nursing specialties will be in great demand. There are, in addition, many part-time employment possibilities.

Levsey, Campbell, and Green voiced their concern about the shortage of nurses, citing Fang, Wilsey-Wisniewski, & Bednash, 2006, who state that over 40,000 qualified nursing applicants were turned away in the 2005–2006 academic year from baccalaureate nursing programs due to a lack of masters and doctoral qualified faculty, and that this number was

increased over 9,000 from 32,000 qualified but rejected students from just two years earlier. Several strategies have been offered to mitigate this shortage including; Federal and private support for experienced nurses to enhance their education, incorporating more hybrid/blended nursing courses, and using simulation in lieu of clinical (hospital) training experiences.

Furthermore, there is a shortage of academically qualified instructors to teach at schools of nursing worldwide. The serious need for educational capacity is not being met, which is the underlying most important preparation resource for the nurses of tomorrow. The decrease in faculty everywhere is due to many factors including decrease in satisfaction with the workforce, poor salaries, and reduction in full-time equivalent. Throughout the span of 6 years the nursing faculty shortage has been written about an increasing amount. There is no clear consensus or an organized plan on how to fix the ongoing issue.

With health care knowledge growing steadily, nurses can stay ahead of the curve through continuing education. Continuing education classes and programs enable nurses to provide the best possible care to patients, advance nursing careers, and keep up with Board of Nursing requirements. The American Nurses Association and the American Nursing Credentialing Centre are devoted to ensuring nurses have access to quality continuing education offerings. Continuing education classes are calibrated to provide enhanced learning for all levels of nurses. Many States also regulate Continuing Nursing Education. Nursing licensing boards requiring Continuing Nursing Education (CNE) as a condition for licensure, either initial or renewal, accept courses provided by organizations that are accredited by other state licensing boards, by the American Nursing Credentialing Centre (ANCC), or by organizations that have been designated as an approver of continuing nursing education by ANCC. There are some exceptions to this rule including the state of California, Florida and Kentucky. National Healthcare Institute has created a list to assist nurses in determining their CNE credit hours requirements. While this list is not all inclusive, it offers details on how to contact nursing licensing boards directly.

Nurses help people and their families cope with illness, deal with it, and if necessary live with it, so that other parts of their lives can continue. Nurses do more than care for individuals. They have always have been at the forefront of change in health care and public health.

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURES

“The motherly care and affection of nurses are the key reason behind the recovery of so many patients.”

A person trained to provide medical care for the sick or disabled, especially one who is licensed and works in a hospital or physician's office. The definition of a nurse is someone who cares for sick, old or young people, or someone who provides medical assistance. “Nursing is not a job. Being a nurse means patients in your care must be able to trust you. It means treating your patients and colleagues with respect, kindness, dignity and compassion.” Nurses are not doctors' assistants. This is possible in certain situations, but nurses more often are independently caring for their patients or assisting other nurses. RNs treat patients, record their medical history, provide emotional support, and provide follow-up care. Nurses also help doctors perform diagnostic tests. Nurses are almost always working on their own or with other nurses. Nurses will assist doctors in the emergency room or in trauma care when help is needed. Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals.

Related studies about nurses:

According to the article **“The impact of occupational stress on nurses' caring behaviours and their health-related quality of life”** Nursing is perceived as a strenuous job. Although past research has documented that stress influences nurses' health in association with quality of life, the relation between stress and caring behaviours remains relatively unexamined, especially in the Greek working environment, where it is the first time that this specific issue is being studied. The aim was to investigate and explore the correlation amidst occupational stress, caring behaviours and their quality of life in association to health. Contact with death, patients and their families, conflicts with supervisors and uncertainty about the therapeutic effect caused significantly higher stress among participants. A significant negative correlation was observed amidst total stress and

the four dimensions of CBI. Certain stress factors were significant and independent predictors of each CBI dimension. Conflicts with co-workers was revealed as an independent predicting factor for affirmation of human presence, professional knowledge and skills and patient respectfulness dimensions, conflicts with doctors for respect for patient, while conflicts with supervisors and uncertainty concerning treatment dimensions were an independent predictor for positive connectedness. Finally, discrimination stress factor was revealed as an independent predictor of quality of life related to physical health, while stress resulting from conflicts with supervisors was independently associated with mental health. Occupational stress affects nurses' health-related quality of life negatively, while it can also be considered as an influence on patient outcomes.

According to the article **"Nurses' satisfaction with their work environment and the outcomes of clinical nursing supervision on nurses' experiences of well-being" - a Norwegian study** Various studies have demonstrated that nursing is stressful and that the incidence of occupational stress-related burnout in the profession is high. This descriptive-correlational study examined nurses' satisfaction with their psychosocial work environment, their moral sensitivity and differences in outcomes of clinical nursing supervision in relation to nurses' well-being by systematically comparing supervised and unsupervised nurses. The nurses' satisfaction with their psychosocial work environment was reflected in six factors: 'job stress and anxiety', 'relationship with colleagues', 'collaboration and good communication', 'job motivation', 'work demands' and 'professional development'. The nurses' perceptions of moral sensitivity comprised seven factors: 'grounds for actions', 'ethical conflicts', 'values in care', 'independence patient-oriented care', 'the desire to provide high-quality care' and 'the desire to provide high-quality care creates ethical dilemmas'. Nurses well-being were reflected in four factors 'physical symptom and anxiety', 'feelings of not being in control', 'engagement and motivation' and 'eye strain sleep disturbance'. The moral sensitivity 'ethical conflicts' were found to have mild negative correlations with psychosocial work environment 'job stress and anxiety professional development' and with 'total score' psychosocial work, moral sensitivity factor 'independence were correlated with psychosocial work factor 'relationships with colleagues' and 'total score', moral sensitivity were mildly correlated with 'collaboration and good communication and had a negative correlation to psychosocial work factor 'work demands'. In addition, significant correlations were found between

the nurses' well-being profile and demographic variables, between 'engagement and motivation' and 'absence due to illness' and between 'time allocation for tasks', 'physical symptoms and anxiety' and 'age'. Mild significant differences were found between nurses attending and not attending group supervision and between 'physical symptoms and anxiety' and 'feelings of not being in control' . We conclude that ethical conflicts in nursing are a source of job-related stress and anxiety. The outcome of supporting nurses by clinical nursing supervision may have a positive influence on their perceptions of well-being. clinical nursing supervision have a positive effect on nurses physical symptoms and their feeling of anxiety as well as having a sense of being in control of the situation. We also conclude that psychosocial work have an influence on nurses experience of having or not having control and their engagement and motivation.

According to the article **“Work environment and workforce problems: a cross-sectional questionnaire survey of hospital nurses in Belgium”** This study investigated Belgian hospital nurses' perceptions on work environment and workforce issues, quality of care, job satisfaction and professional decision making. The study identified several areas of tension in the nursing profession. The commitment to being competent providers of quality care was remarkably strong among the nurses, but they also perceived the barriers in the work environment to be multiple and complex. Concerns about the quality of leadership and management, insufficient staff, time demands and stressful work environment are experienced as obstacles in providing good nursing care. Four out of ten nurses (39.2%) would not choose nursing again as a career and more than half of the nurses (54.3%) have contemplated leaving the profession at some point in time. To effectively tackle the professional and workforce issues in nursing, investments should focus on redesigning a work environment that supports nurses in providing comprehensive professional care.

According to the article **“Association between Health Problems and Turnover Intention in Shift Work Nurses: Health Problem Clustering”** Shift work nurses experience multiple health problems due to irregular shifts and heavy job demands. However, the comorbidity patterns of

nurses' health problems and the association between health problems and turnover intention have rarely been studied. This study aimed to identify and cluster shift work nurses' health problems and to reveal the associations between health problems and turnover intention. In this cross-sectional study, we analysed data from 500 nurses who worked at two tertiary hospitals in Seoul, South Korea. Data, including turnover intention and nine types of health issues, were collected between March 2018 and April 2019. Hierarchical clustering and multiple ordinal logistic regressions were used for the data analysis. Among the participants, 22.2% expressed turnover intention and the mean number of health problems was 4.5 (range 0-9). Using multiple ordinal logistic regressions analysis, it was shown that sleep disturbance, depression, fatigue, a gastrointestinal disorder, and leg or foot discomfort as a single health problem significantly increased turnover intention. After clustering the health problems, four clusters were identified and only the neuropsychological cluster-sleep disturbance, fatigue, and depression-significantly increased turnover intention. We propose that health problems within the neuropsychological cluster must receive close attention and be addressed simultaneously to decrease nurse's turnover intentions.

According to the article **"Impact of workplace violence against nurses' thriving at work, job satisfaction and turnover intention: A cross-sectional study"** To investigate the interrelationships between workplace violence, thriving at work and turnover intention among Chinese nurses and to explore the action mechanism among these variables. Workplace violence is a dangerous occupational hazard globally, and it is pervasive in the health service industry. As a corollary, workplace violence may produce many negative outcomes among nursing staff. Consequently, it hinders nurses' professional performance and reduces nursing quality. Workplace violence significantly negatively influenced nurses' job satisfaction and thriving at work, and significantly positively influenced nurses' turnover intention. Job satisfaction significantly predicted thriving at work and turnover intention. Job satisfaction not only fully mediated the relationship between workplace violence and thriving at work, but also partially mediated the relationship between workplace violence and turnover intention. Subjective well-being moderated the relationship between workplace violence and job satisfaction and the relationship between workplace violence and nurses' turnover intention. Adverse effects of workplace violence were

demonstrated in this study. Decreases in job satisfaction were a vital mediating factor. The moderating effect of subjective well-being was helpful in reducing the harm of workplace violence to nurses and in decreasing their turnover intention. Workplace violence and its negative impact on nursing work should not go unnoticed by nursing managers. Nurses' subjective well-being is critical in controlling and mitigating the adverse effects of workplace violence.

According to the article **“The Value of Nursing”** This article is part of a wider study entitled Value of Nursing, and contains the literature search from electronic databases. Key words for the search included 'values of nursing', 'values in nursing', 'organisational values' and 'professional identity'. Thirty-two primary reports published in English between 2000 and 2006 were identified. The findings highlight the importance of understanding values and their relevance in nursing and how values are constructed. The value of nursing is seen to be influenced by cultural change, globalization, and advancement in technology and medicine. These factors are crucial in providing a more structured and measured view of what nursing is, which will result in greater job satisfaction among nurses, better nurse retention and enhanced patient care within a supportive and harmonious organization. The findings of this review have implications for policy makers in recruitment and retention in determining the global value of nursing.

According to the article **“Disaster preparedness among nurses**” This review explored peer-reviewed publications that measure nurses’ preparedness for disaster response. The increasing frequency of disasters worldwide necessitates nurses to adequately prepare to respond to disasters to mitigate the negative consequences of the event on the affected population. Despite growing initiatives to prepare nurses for any disasters, evidence suggests they are under prepared for disaster response. Factors that increase preparedness for disaster response include previous disaster response experience and disaster-related training. However, it is widely reported that nurses are insufficiently prepared and do not feel confident responding effectively to disasters. The findings of this review contribute to a growing body of knowledge regarding disaster preparedness in nurses and have implications for academia, hospital administration and nursing educators. The findings of this review provide evidence that could be used by nurse educators and nurse administrators to better prepare nurses for disaster response. The findings from this review place an emphasis on hospitals to implement policies to address lack of preparedness among their employees.

Furthermore, this review highlights the benefit of further research and provision of well-grounded disaster exercises that mimic actual events to enhance the preparedness of the nursing workforce.

According to the article "**Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses"** The United Kingdom (UK), alongside other industrialised countries, is experiencing a shortage of nurses partly due to low retention rates. Job satisfaction has been highlighted as a contributing factor to intent to leave and turnover, yet this is a complex area with many elements affecting its measurement. The key findings suggest that stress and leadership issues continue to exert influence on dissatisfaction and turnover for nurses. Level of education achieved and pay were found to be associated with job satisfaction, although the results for these factors were not consistent. Investigating possible changes over time in sources of dissatisfaction revealed that factors related to the work environment rather than individual or demographic factors were still of most importance to nurses' turnover intentions. The differences found to occur across work settings necessitates analysis of job satisfaction at ward level, and the contribution of qualitative methods to develop more detailed insight is emphasised. The inconsistent findings over time associated with the effects of educational attainment and pay on intent to leave suggest that it is imperative that sources of job satisfaction are reassessed in the light of ongoing changes.

According to the article **"Factors that influence nurses' job satisfaction"** Job satisfaction has become a critical issue for healthcare organisations in recent years, particularly in nursing, because of potential labour shortages, their effect on patient care, and the associated costs. Work satisfaction is a major factor in nurse retention and the delivery of high-quality care, but rapid changes in healthcare services have placed more demands on nurses and this has increased the need for organisations to consider ways to sustain and improve nurses' job satisfaction. To achieve this, they need to understand the factors that affect job satisfaction and dissatisfaction. This article reports the results of a literature review that was aimed at examining and reaching a deeper understanding of the factors related to nurses' job satisfaction.

According to the article **"Nurses' attitudes towards self-harm People who self-harm experiences many problems and needs related to management of emotional and practical stress."** A positive attitude among nurses is especially important given the close contact they have with people who self-harm. This article is based on a review of the literature. It includes articles

that concern both general and mental health nurses who work in various healthcare settings (e.g. acute inpatients wards, community mental health, emergency departments and medical admission units). The literature shows that negative attitudes towards self-harm are common among nurses. It remains unclear how nurses' age, work experience and gender influence their attitudes. The setting in which nurses work appears to influence their attitude, as does their level of qualification. For example, mental health nurses appear to have more positive attitudes than general nurses. Nurses ' attitudes can be improved with the help of education comprising reflective and interactive elements. Supervision and support from colleagues appear to be especially important for mental health nurses. Self-harm is a growing health problem. Nurses in a variety of healthcare settings play a central role in the care of people who self-harm. Their professional attitudes towards these people are essential for high-quality care. This review aims to develop insight into nurses' attitudes towards self-harm as they exist in contemporary nursing practice. A literature search was conducted in four databases, and a total of 15 relevant articles were found. This review indicates that negative attitudes towards self-harm are common among nurses.

The influence of nurses' age, gender and work experience remains unclear. Healthcare setting and qualification level appear to be influencing factors. Education can have a positive influence on nurses' attitudes towards self-harm, especially when it includes reflective and interactive components. It is demonstrated in this review that a major change is needed regarding nurses' attitudes. To realize this change, nurses need to be trained and educated adequately concerning self-harm. They need time and resources to build a therapeutic relationship with people who harm themselves so they can offer high-quality care for this vulnerable group.

According to the article **"Nurses' intention to leave the profession"** Lack of nurses and nurse turnover represent problems for the healthcare system in terms of cost, the ability to care for patients and the quality of care. At a time of current nursing shortage, it is important to understand the reasons why nurses intend to leave the profession. Further research is needed using sound measurement instruments, consistent measures of leaving intention and more rigorous sampling. More in-depth research is needed to give nurses opportunities to explain in their own words the reasons for their intentions to leave.

According to the article **“What works to address obesity in nurses?”** There is evidence that the prevalence of overweight and obesity among nurses is increasing. As well as the impact on health, the costs associated with obesity include workplace injury, lost productivity and sickness absence. Finding ways to address obesity in nurses may be a challenge because of the barriers they face in leading a healthy lifestyle. Eleven primary studies were found concerning lifestyle interventions for nurses. There was no strong evidence for any particular intervention to address obesity, although integrating interventions into nurses’ daily working lives may be important. Case studies from the grey literature showcased a range of interventions, but very few studies reported outcomes. The review demonstrates that there is insufficient good-quality evidence about successful interventions to address obesity in nurses. Evidence does indicate that interventions should be designed around the specific barriers nurses may face in leading a healthy lifestyle.

Moral distress experienced by nurses are frequently confronted with ethical dilemmas in their nursing practice. As a consequence, nurses report experiencing moral distress. The aim of this review was to synthesize the available quantitative evidence in the literature on moral distress experienced by nurses. We appraised 19 articles published between January 1984 and December 2011. This review revealed that many nurses experience moral distress associated with difficult care situations and feel burnout, which can have an impact on their professional position. Further research is required to examine worksite strategies to support nurses in these situations and to develop coping strategies for dealing with moral distress.

According to the article **“Critical Review on Suicide Among Nurses**” Research shows that there is a high prevalence of suicide among nurses. Despite this, it has been 15 years since the last literature review on the subject was published. *Aim:* The aim of this article is to review the knowledge currently available on the risk of suicide among nurses and on contributory risk factors. *Method:* A search was conducted in electronic databases using keywords related to prevalence and risk factors of suicide among nurses. The abstracts were analysed by reviewers

according to selection criteria. Selected articles were submitted to a full-text review and their key elements were summarized. *Results:* Only nine articles were eligible for inclusion in this review. The results of this literature review highlight both the troubling high prevalence of suicide among nurses as well as the persistent lack of studies that examine this issue. Considering that the effects of several factors related to nurses' work and work settings are associated with high stress, distress, or psychiatric problems, we highlight the relevance of investigating work-related factors associated with nurses' risk of suicide. Several avenues for future studies are discussed as well as possible research methods.

According to the article **"Factors related to perioperative nurses' job satisfaction and intention to leave"** A multivariate linear regression model explained 49% of variance in nurses' job satisfaction, and a multivariate logistic regression explained 19% of the variance in their intent to leave. After controlling for work status and other predictors, nurse-physician relationship was significantly related to nurses' job satisfaction, and emotional exhaustion was the key predictor for both outcome variables. This study demonstrated that higher emotional exhaustion is associated with decreased job satisfaction and increased intention to leave among perioperative nurses. The findings suggest that nurse managers should create an empowering and open work environment that fosters perioperative nurses' job satisfaction and reduces their intention to leave.

Medication calculation competencies for registered nurses: A literature review Objective To describe the literature that focuses on safe administration of medications, medication calculation skills development and maintenance of ongoing competence in nurses. Setting University and hospital nurse education departments. Subjects Theoretical and empirical literature focusing on nurse mediated medication administration errors Primary argument Nurse education departments devote a high proportion of time to medication calculation skill development and testing. Annual testing is time consuming for both nurse educators and nurses, and the validity, frequency, acceptable pass mark, self-efficacy and maintenance of skills related to medication calculation testing is largely unclear. Conclusion The theoretical literature focuses on drug administration errors, development of tools and techniques to improve nurses' medication calculation skills and

guidelines. There is considerable debate as to nurses' self-perception of their arithmetical skills, their educational needs in this area and the relationship between skill level and patient outcomes. Empirical literature focuses on the incidence of errors, evaluation of medication calculation skills; the relationship between test results and errors, effectiveness of strategies to improve medication calculation skills and medication calculation testing and policy. Course content and delivery are thought to influence safe medication administration; however, there has been a lack of rigorous research demonstrating the efficacy of educational models. Several studies report low levels of calculation proficiency in nurses; however, it is unclear whether medication calculation testing affects medication administration error rates. Further research is required to determine the robustness of the current processes to assess nurses' medication calculation competence and ensure optimal patient safety.

According to the article **“Job stress in new nurses during the transition period”** new nurses perceived low to moderate levels of stress mainly from heavy workloads and lack of professional nursing competence. Individual and organizational factors that might contribute to their stress experiences were rarely explored. This integrative review evaluated and synthesized available evidence examining stress in new nurses and contributed to the literature regarding stress in nursing professionals. The findings of this review may offer specific information to nurse administrators that can relate to the stress encountered by new nurses who enter into healthcare facilities. Findings of this review may provide valuable input to assist nurse administrators in developing and implementing organizational measures to reduce stress in new nurses while maximizing and facilitating their integration into the nursing workforce. Such measures may include the following: establishment of a well-structured transition programme, provision of an adequate orientation and senior staff mentorship, stress management programmes, in-service educational programmes and exposure to clinical simulation scenarios.

“Role stress in nurses: Review of related factors and strategies for moving forward” The aim of this paper was to review the literature on factors related to role stress in nurses, and present strategies for addressing this issue based on the findings of this review while considering potential areas for development and research. Computerized databases were searched as well as hand

searching of articles in order to conduct this review. This review identified multiple factors related to the experience of role stress in nurses. Role stress, in particular, work overload, has been reported as one of the main reasons for nurses leaving the workforce. This paper concludes that it is a priority to find new and innovative ways of supporting nurses in their experience of role stress. Some examples discussed in this article include use of stress education and management strategies; team-building strategies; balancing priorities; enhancing social and peer support; flexibility in work hours; protocols to deal with violence; and retention and attraction of nursing staff strategies. These strategies need to be empirically evaluated for their efficacy in reducing role stress.

According to the article **"Image: changing how women nurses think about themselves."** This paper presents a review of the public and professional images of nursing in the literature and explores nurse image in the context of Strasen's self-image model. Nurses have struggled since the 1800s with the problem of image. What is known about nurses' image is from the perspective of others: the media, public or other healthcare professionals. Some hints of how nurses see themselves can be found in the literature that suggests how this image could be improved. The findings were examined using the framework of Strasen's self-image model. Public image appears to be intimately intertwined with nurse image. This creates the boundaries that confine and construct the image of nursing. As a profession, nurses do not have a very positive self-image nor do they think highly of themselves. Individually, each nurse has the power to shape the image of nursing. However, nurses must also work together to change the systems that perpetuate negative stereotypes of nurses' image.

According to the article **"factors related to hospital nurses' health-related quality of life"** To conduct a literature review in order to determine the predictors of nurses' health-related quality of life and to clarify the implications for nursing management and future study in this area. Good health is essential to the performance of health care workers. Relevant studies were retrieved from PubMed, Medline, CINAHL, the Japan Medical Abstract Society, and the Technology Information Aggregator, Electronic. The studies selected for this review wer published in English or Japanese between 1995 and 2012, investigated nurses' health-related quality of life. The identified predictive factors of each study were categorised according to type. Based on the criteria, 22 studies were

reviewed. The predictive factors of nurses' health-related quality of life were classified into eight categories. Age and occupational stress should be considered when examining unknown predictive factors of nurses' health-related quality of life. In addition, it may be useful to adopt a conceptual framework and consider patient and organisational factors in future research. It is necessary to identify nurses' occupational stressors and consider age during job placement in order to support their health.

“Workplace-related generational characteristics of nurses: A mixed-method systematic review” Generational differences affect occupational well-being, nurses’ performance, patient outcomes and safety; therefore, nurse managers, administrators and educators are interested increasingly in making evidence-based decisions about the multigenerational nursing workforce. Thirty-three studies were included with three main themes and 11 subthemes: (1) Job attitudes (work engagement; turnover intentions, reasons for leaving; reasons, incentives/disincentives to continue nursing); (2) Emotion-related job aspects (stress/resilience; well-being/job satisfaction; affective commitment; unit climate; work ethic) and (3) Practice and leadership-related aspects (autonomy; perceived competence; leadership relationships and perceptions). Baby Boomers reported lower levels of stress and burnout than did Generations X and Y, different work engagement, factors affecting workplace well-being and retention and greater intention to leave compared with Generation Y, which was less resilient, but more cohesive. Although several studies reported methodological limitations and conflicting findings, generational differences in nurses’ job attitudes, emotional, practice and leadership factors should be considered to enhance workplace quality.

According to the article **“Nurses on the Frontline against the COVID-19 Pandemic”** COVID-19 has affected the life and health of more than 1 million people across the world. This overwhelms many countries’ healthcare systems, and, of course, affects healthcare providers such as nurses fighting on the frontlines to safeguard the lives of everyone affected. Exploring the issues that nurses face during their battle will help support them and develop protocols and plans to improve their preparedness. Thus, this integrative review will explore the issues facing nurses during their response to the COVID-19 crisis. The major issues facing nurses in this situation are the critical

shortage of nurses, beds, and medical supplies, including personal protective equipment and, as reviews indicate, psychological changes and fears of infection among nursing staff. The implications of these findings might help to provide support and identify the needs of nurses in all affected countries to ensure that they can work and respond to this crisis with more confidence. Moreover, this will help enhance preparedness for pandemics and consider issues when drawing up crisis plans. The recommendation is to support the nurses, since they are a critical line of defence. Indeed, more research must be conducted in the field of pandemics regarding nursing. Nurses are on the frontline, and they have a significant role in fighting COVID-19. Nurses are facing critical shortages of nursing staff, beds, and medical supplies. Thus, addressing these needs and providing supplies is essential. More research is needed to explore the experiences of nurses who are on the frontlines for better development, preparedness, and response measures for future pandemics.

According to the article **"Doctors, nurses share Covid-19 challenges, apprehensions as crisis deepens"** The female frontline workers posted at AIIMS Trauma Centre say that they try to keep the patients motivated towards their path of recovery As India is fighting the Covid-19 crisis with nationwide lockdown, doctors and healthcare workers are working day and night to minimise the damage due to the pandemic with constant checks on the patients, either through phone or video conferencing. The threat of them catching the coronavirus and infecting their own families also looms large, due to which most of the doctors have given up going homes and have shifted to solitary accommodations. "The disease is very contagious and till now we do not have any concrete solutions on how to manage it effectively which for us is the primary challenge. We always have to keep in mind that whatever we are doing for the patients should not be harmful, if it is not beneficial. We had to remodel the infrastructure into COVID ward keeping in mind various aspects," Dr Rakesh Garg, who is presently working at Covid-19 facility, National Cancer Institute, AIIMS Jhajjar told news agency ANI. Personal protective equipment (PPE) is an essential gear that health workers have been mandatorily instructed to wear to protect themselves from harmful biological agents or contaminated surfaces.

METHODOLOGY

CHAPTER III

METHODOLOGY

Statement Of The Problem

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. The nursing profession was founded to protect, promote, and improve health for all ages.

In the contemporary world all are busy with their working life. For that majority of the people were focusing on professional jobs. So, the nursing is one of the main stream of selection. The put lot of their effort in their profession for the people who were suffer with different health sickness. In this study the researcher is focusing on the various problems that face by the nurses due to the stressful career.

General Objective

To study about the work -life balance of the nurses in cochin city

Specific Objective

1) To understand the socio-economic profile.
2) To know about the issues related to family management due to the time schedule.
3) To understand the health problem faced by the nurses due to duty.
4) Challenges related to work environment
5) To measure Job satisfaction

Conceptual And Operational Definition

1) **NURSE:** The definition of a nurse is someone who cares for sick, old or young people, or someone who provides medical assistance.
   NURSE: In this study the nurses means that the professionally certified people who were serve for the corona patients.

2) **STRESS:** Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is our body's response to anything that requires attention or action.
   STRESS: In this study the stress means that the nurses mental or emotional imbalance due to overtime work schedule.

3) **FAMILY MANAGEMENT:** The basics to managing your family include effective communication between family members, having routines that are followed by all family members, sharing tasks and chores, showing affection to one another and responding to one another in gentle and respectful ways.
   FAMILY MANAGEMENT: In this study family management refers to the management difficulties of nurses due to continuous duty in their profession.
4) **HEALTH PROBLEM:** a state in which you are unable to function normally and without pain. synonyms: ill health, healthiness. Antonyms: good health, healthiness. the state of being vigorous and free from bodily or mental disease.
   HEALTH PROBLEM: In this study health problem means that the physical difficulties faced by the nurses due to continuous working time with no rest.

Identification Of Variables

Independent variables are Age, Sex, income, Facilities, Type of family, Duration of shift, Private nurses.

Dependent variables are Level of stress among their work, to understand the job satisfaction, to know about the problems of family management.

Universe, Sample Size And Method Of Sampling

The universe of study is married nurses who in cochin city. Sample consist of 50 nurses. The sample method intended to use is simple random sampling.

Research Design

The qualitative research method is followed in this reach**.**

Analysis Of Data

The collected data in the study was edited clarified and tabulated by using SPSS. Tables were provided in order to understand the data on the basis of this statistical analysis was carried out for the interpretation of data.

Tools Of Data Collection

Interview schedule and telephonic interview was used to collect the data. It includes the questions pretending to the socio-economic profile, family management issues, the health problem faced by the nurses due to over time duty, and the job satisfaction of the nurses.

ANALYSIS AND INTERPRETATION

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the data analysis and interpretation the study is aimed to measure work-life balance of the married nurses, and it is the process of assigning meaning to the collected data and determining the conclusions, significance and implications of findings.

Table 4.1

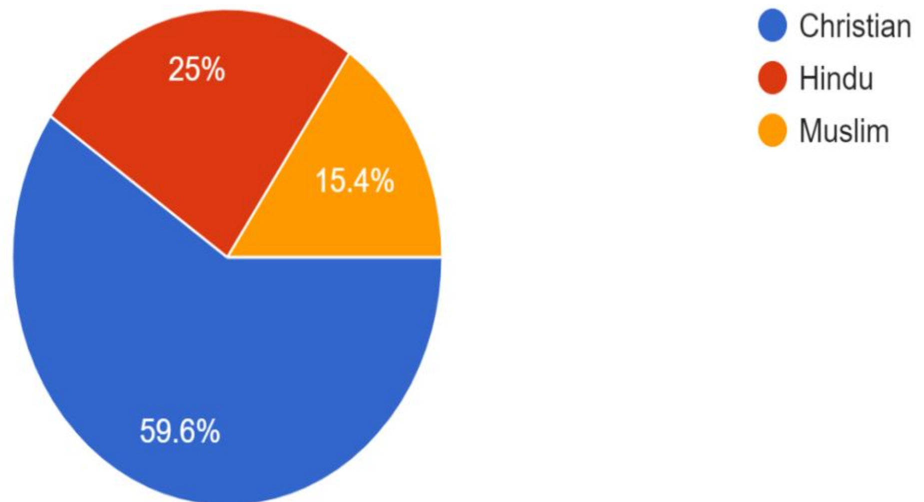
Age of the Respondents

AGE	FREQUENCE	PERCENATGE (%)
Below 25	3	6
25 - 30	18	35
30 - 35	20	38
Above 35	11	21
Total	52	100

From the total 52 respondent's majority were under the age category of 30 -35. It shows that the middle age people were more in this field of nursing. The elderly people were very less as compare with the middle age people.

Figure 4.2

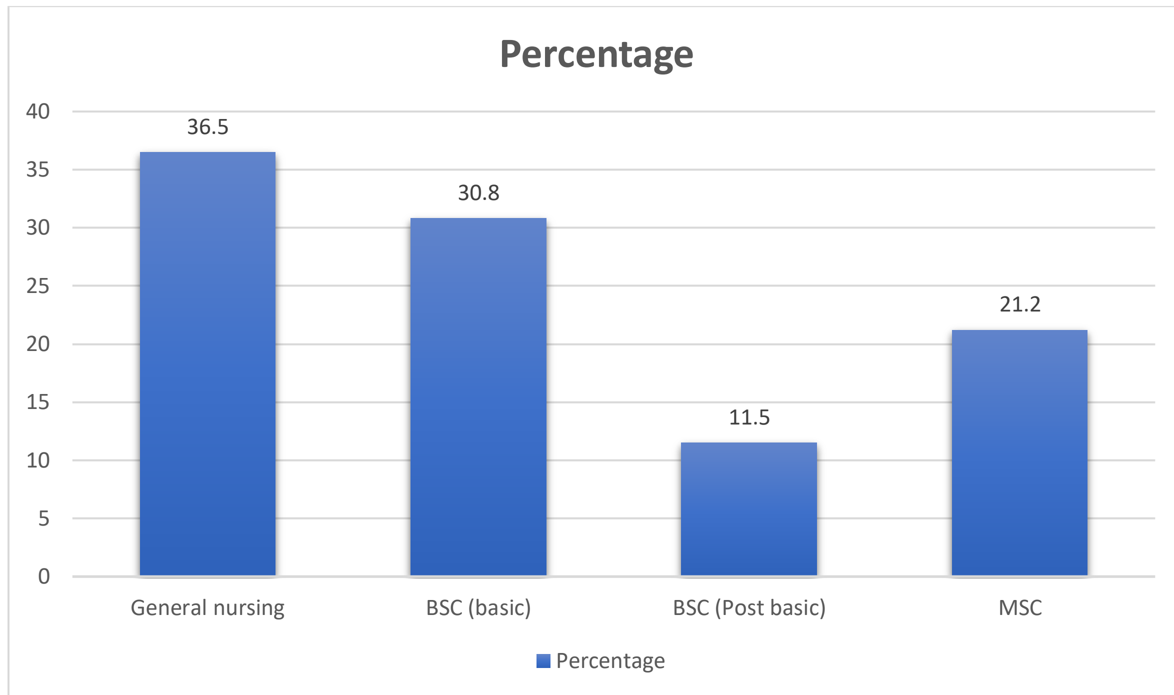
Religion of the Respondents



From the above diagram, we can clearly see that the Christians are more in this field of nursing. It consists of 59.6% that is more than half of the total percentage. Then the nurses belonging to Hindu religion consist of 25% are in the second category and the nurses belonging to Muslim religion is only 15.4%. So, we can understand that the Christians are more in the field of nursing.

Figure 4.3

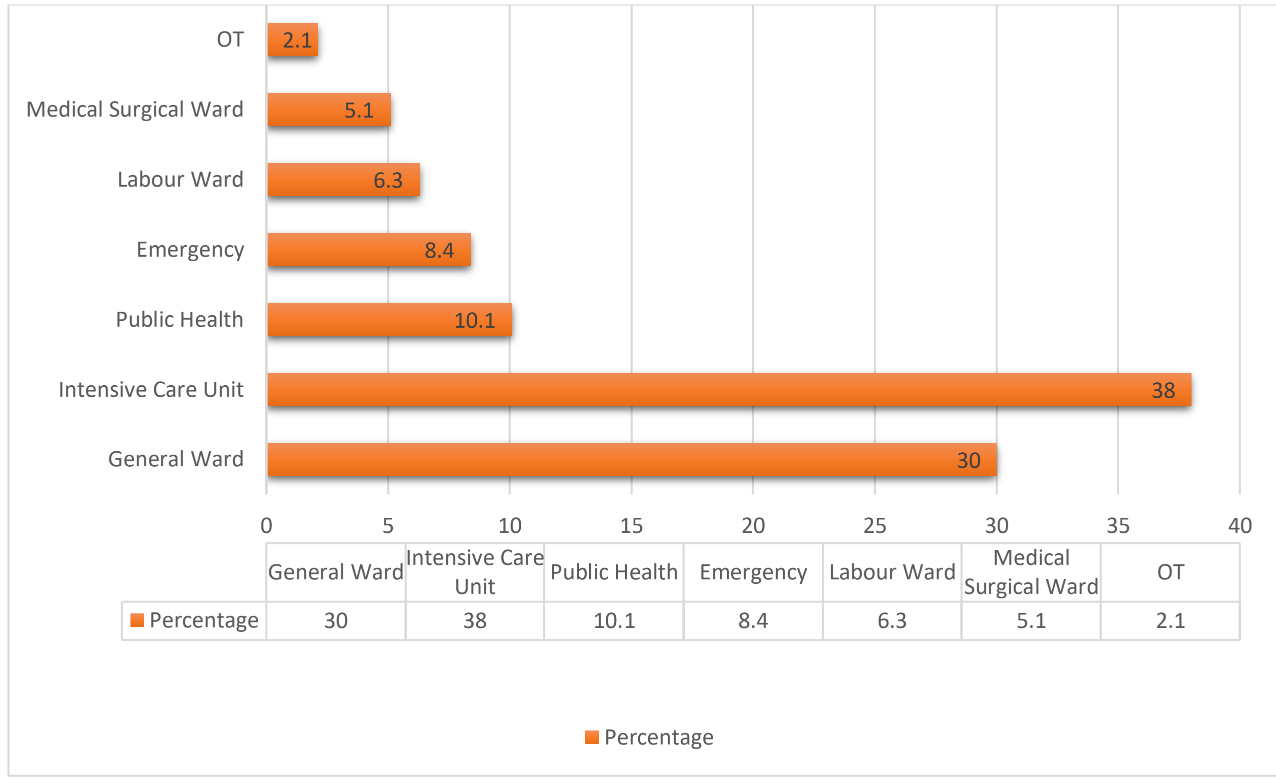
Educational Qualification of Respondent's



From the above figure we can see that 36.5% of nurses are belonging to general nursing,30.8% of the nurses are qualified with BSC (basic), then only 11.5% of nurses are BSC (post basic) and 21.2% of nurses are MSC. So, we can under that most of the nurse's qualification are belonging to the general nursing.

Figure 4.4

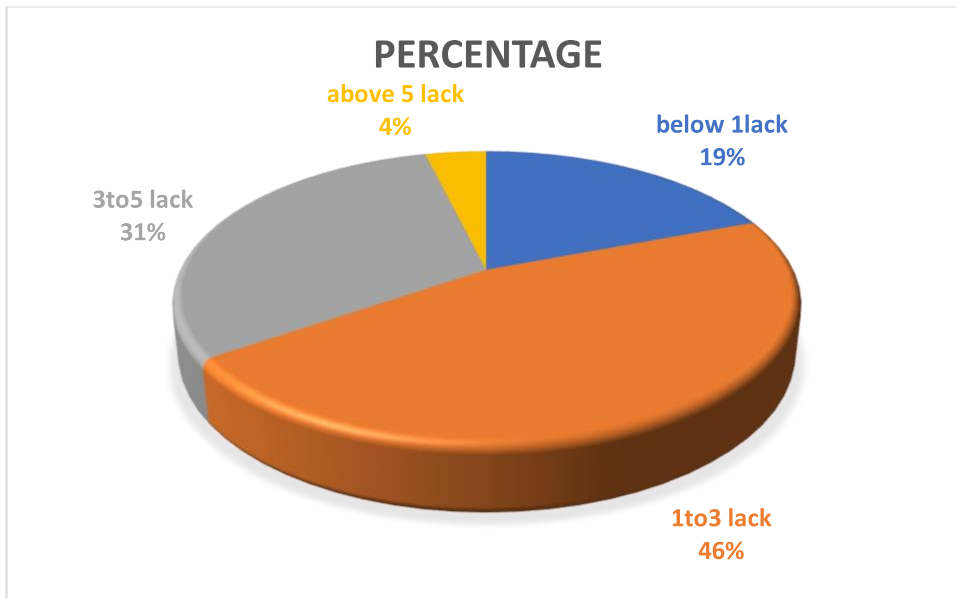
Working Department of the Respondents



The above shows that, 38% of nurses are belonging to Intensive care unit, 30% of the nurses are working in General ward, then only 10.1% of nurses are Public Health, 8.4% are duties assigned in Emergency ward, 6.3% of them are in Labor Room, and only1% are belonging to Medical Surgical ward and 2.1% of nurses are in OT. So, we can under that most of the nurse's working Intensive care unit. It is because of the care wanted to the patients is very important in this intensive care unit. The patients in intensive care unit are not able to do things by them self. So, the care from the nurses is needed.

Figure 4.5

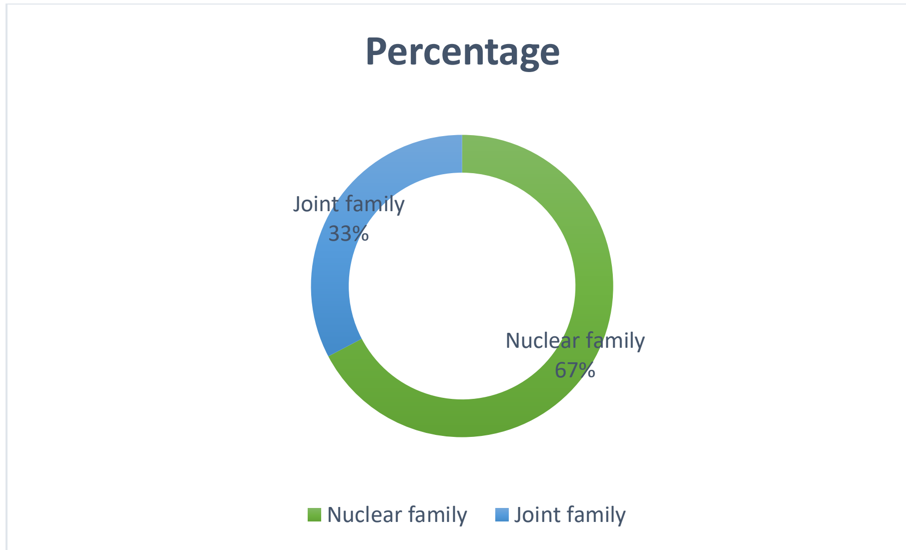
Annual income of the Respondents



From the above figure we can understand that the higher percentage consist of 46% of nurses were having their annual income in between 1to3 lack. And only 4% of nurses were having the higher annual income.so we can see that the income that get for the nurses is very low when we compare with the working importance.

Figure 4.6

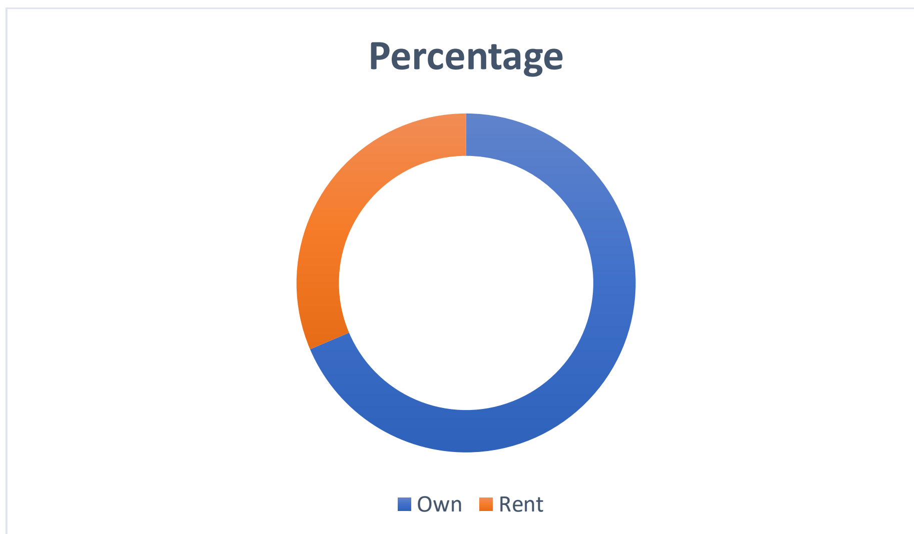
Type of family of the Respondents



From the above diagram we can interpret that the nuclear family is mare than that of the join family. the 67% of the nurses were belonging to the nuclear family.

Figure 4.7

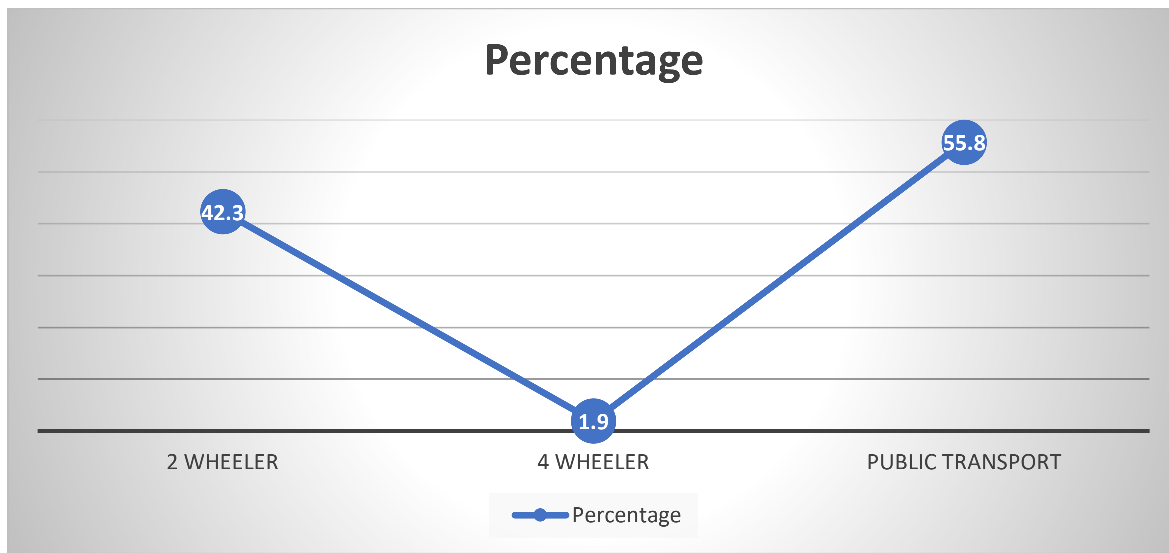
Type of house of the Respondents



From the figure we can see that the majority of the nurses were having their own houses. It consists of 68.6% and only 31.4 of them were in rented houses.

Figure 4.8

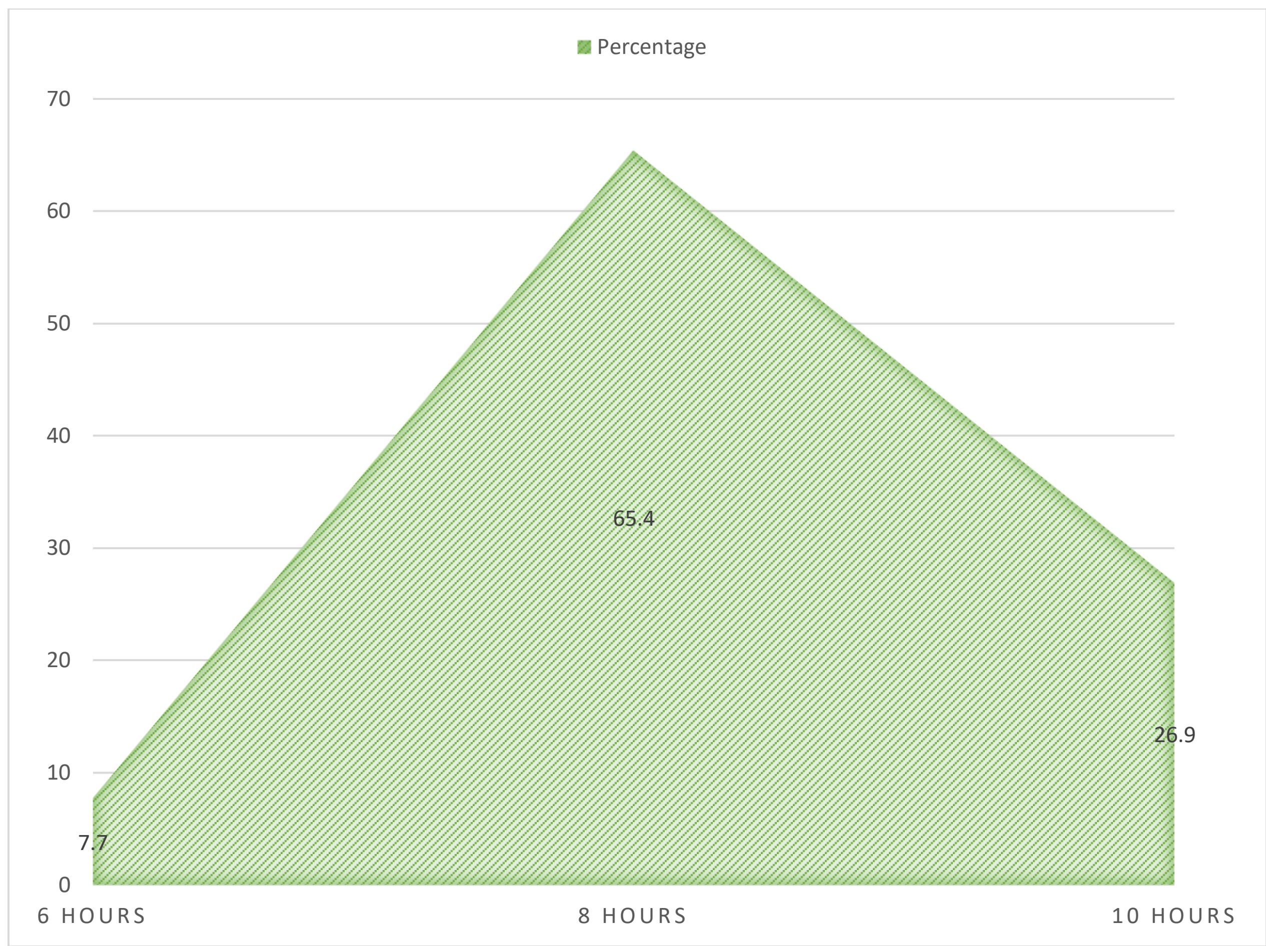
Type of vehicles the respondents were used to come to hospital



In the above diagram we can see that the majority of the nurse were coming to the hospital by using public transportation facilities. that is more than half of the total samples. using of 4 wheelers is very low, it is only 1.9 %. The travel by 2 wheelers is also having major proportion but there is only few of them having their own independent vehicle, otherwise they were doped by someone in their home like father, husband etc.

Figure 4.9

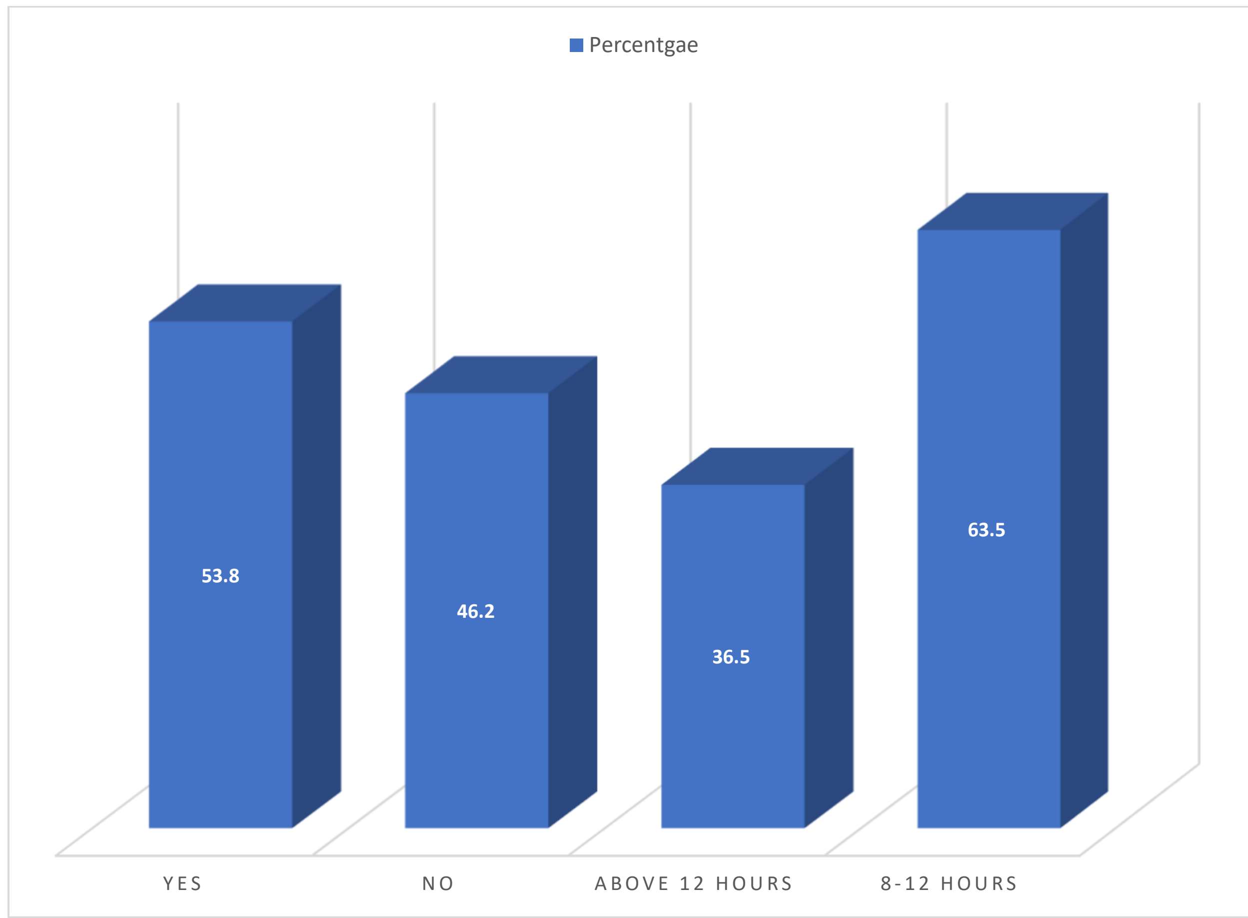
Hours of work per day of the respondents



In this diagram we can see that the majority of the nurses were having 8 hours of working per day. But there are nurses who works more than that consist of 10 hours and all. The 8 hours is the basic working hour of the nurses in cochin city.

Figure 4.10

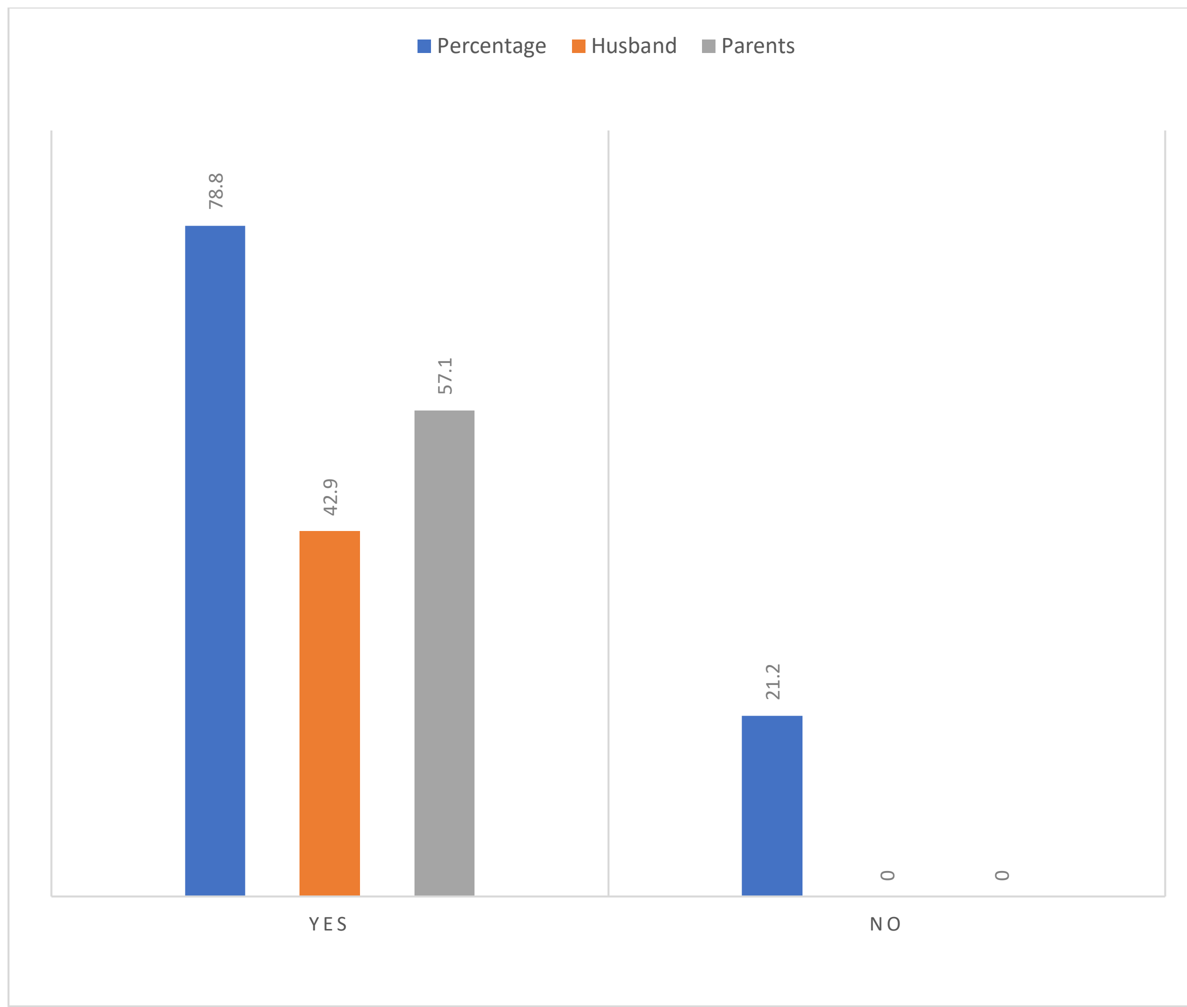
Working hours of the respondents in the period of Corona.



From this graph we can interpret that, most of the nurses having continues duty without the shift during the period of corona. They have to work continuously for 12 hours or mor than that for a long period of time. It is because of the shortage of staffs due to quarantine.

Figure 4.11

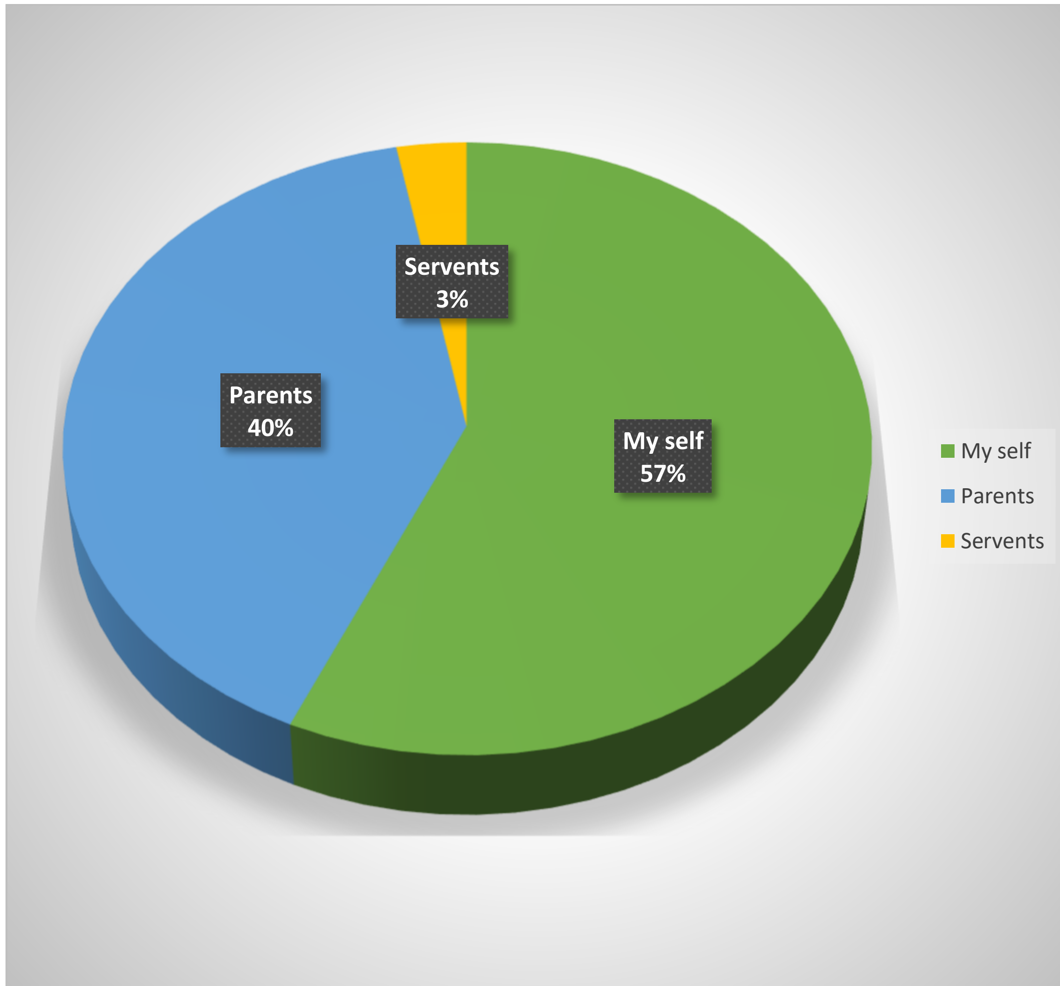
Respondents get support for house hold works



In the above figure we can see that, the help that get for the house hold works are of 78.8%. that is comparatively more from the parents and some support from the side of life partners. but also, there is nurses consist of 21.2% were not getting any supports.

Figure 4.12

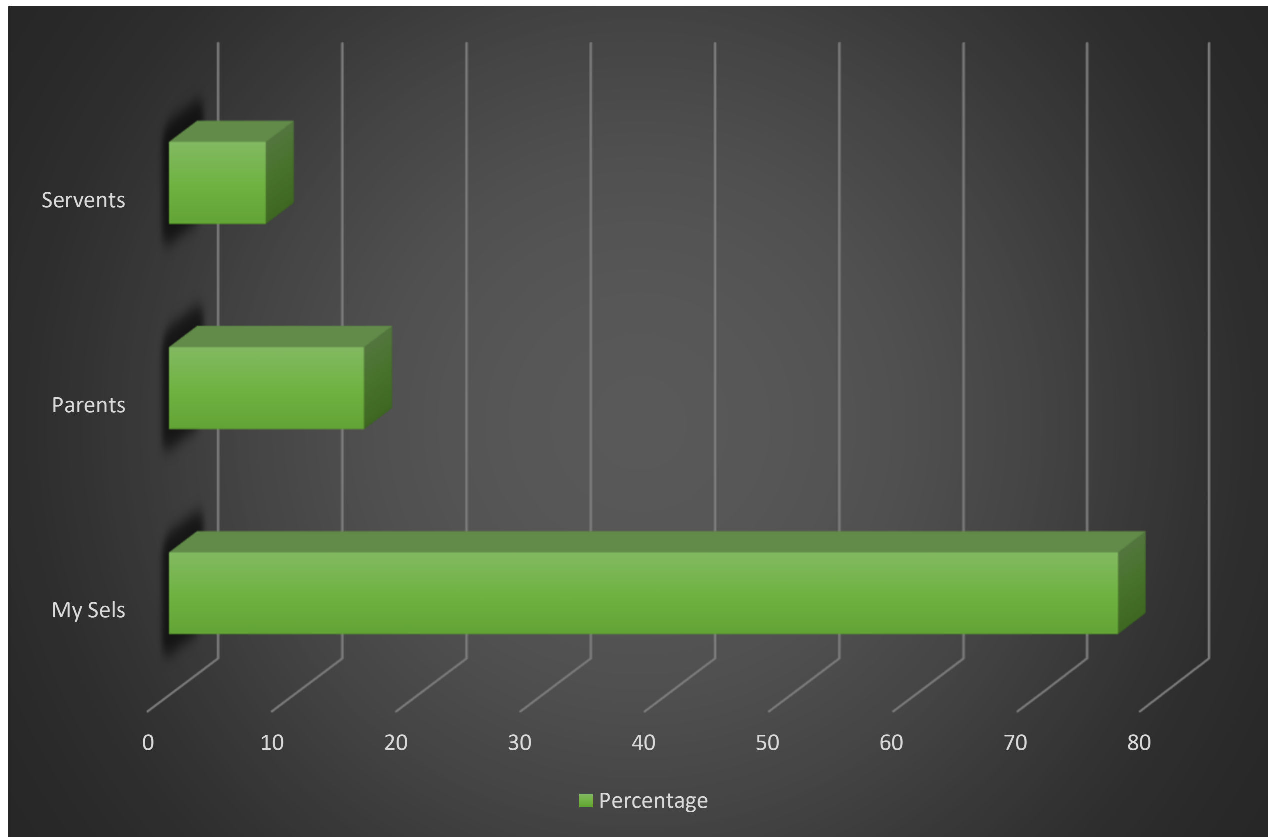
Cooking in charge in family



From this figure we can understand that most of the nurses are having the main duty to cook for their family. but there is 40% of nurses were getting support from their parents. The servants are only of 3%.

Figure 4.13

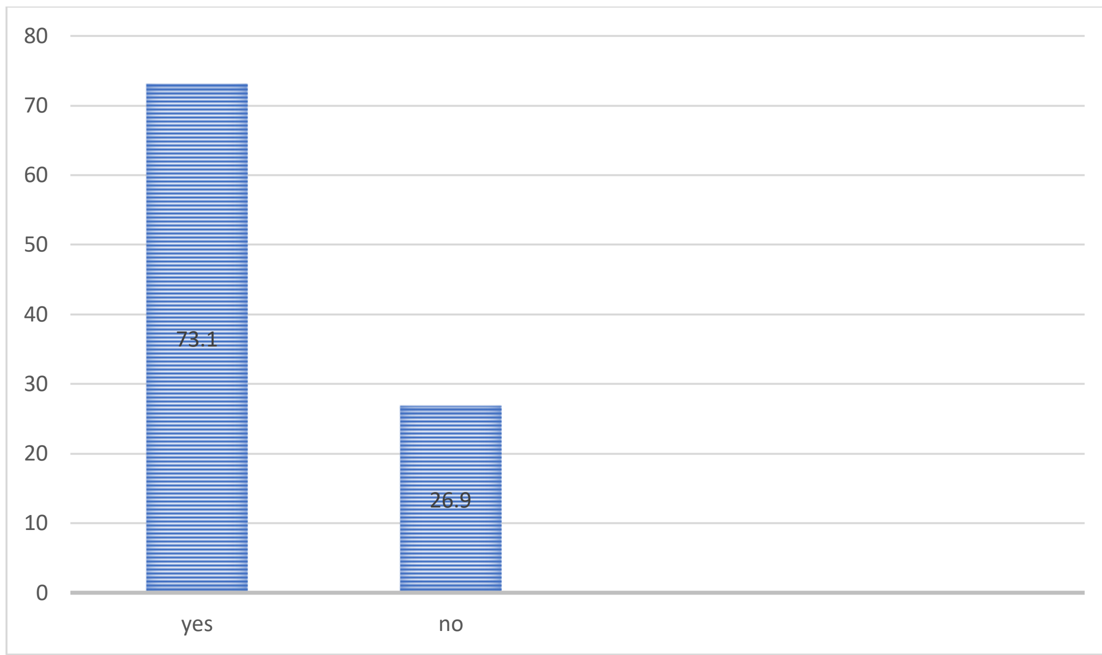
Support to Respondents for house hold activities.



Form this data we can interpret that the house hold activities like washing clothes, cleaning are all done by them self's it consists of 76.5%. then there is having only 15.7% of them were getting support from their parents. But there only least percentage is done by the servants.

Figure 4.14

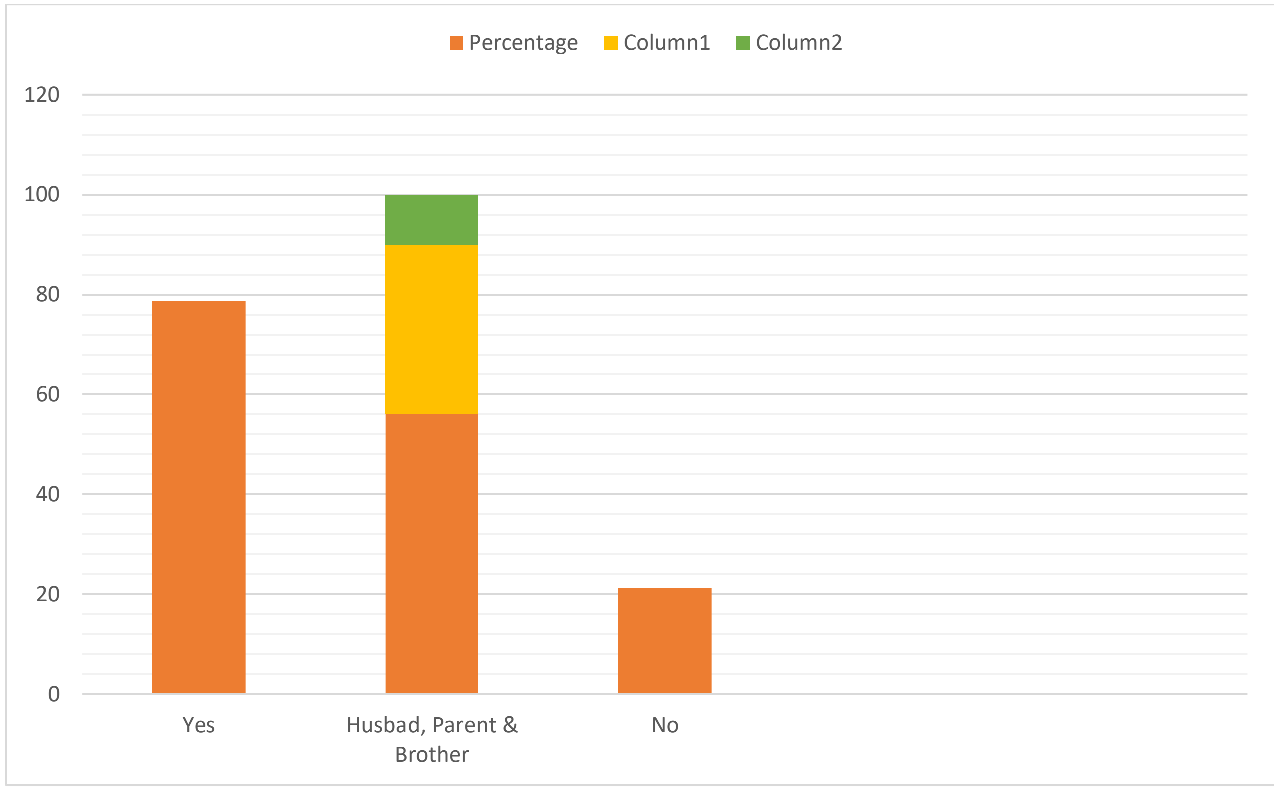
Balancing of domestic work and Job of Respondents.



From the above diagram we can see that the balancing of domestic work and job was very difficult for the nurses. from this data 73.1% of nurses were responded that they were struggle a lot to manage their responsibilities.

Figure 4.15

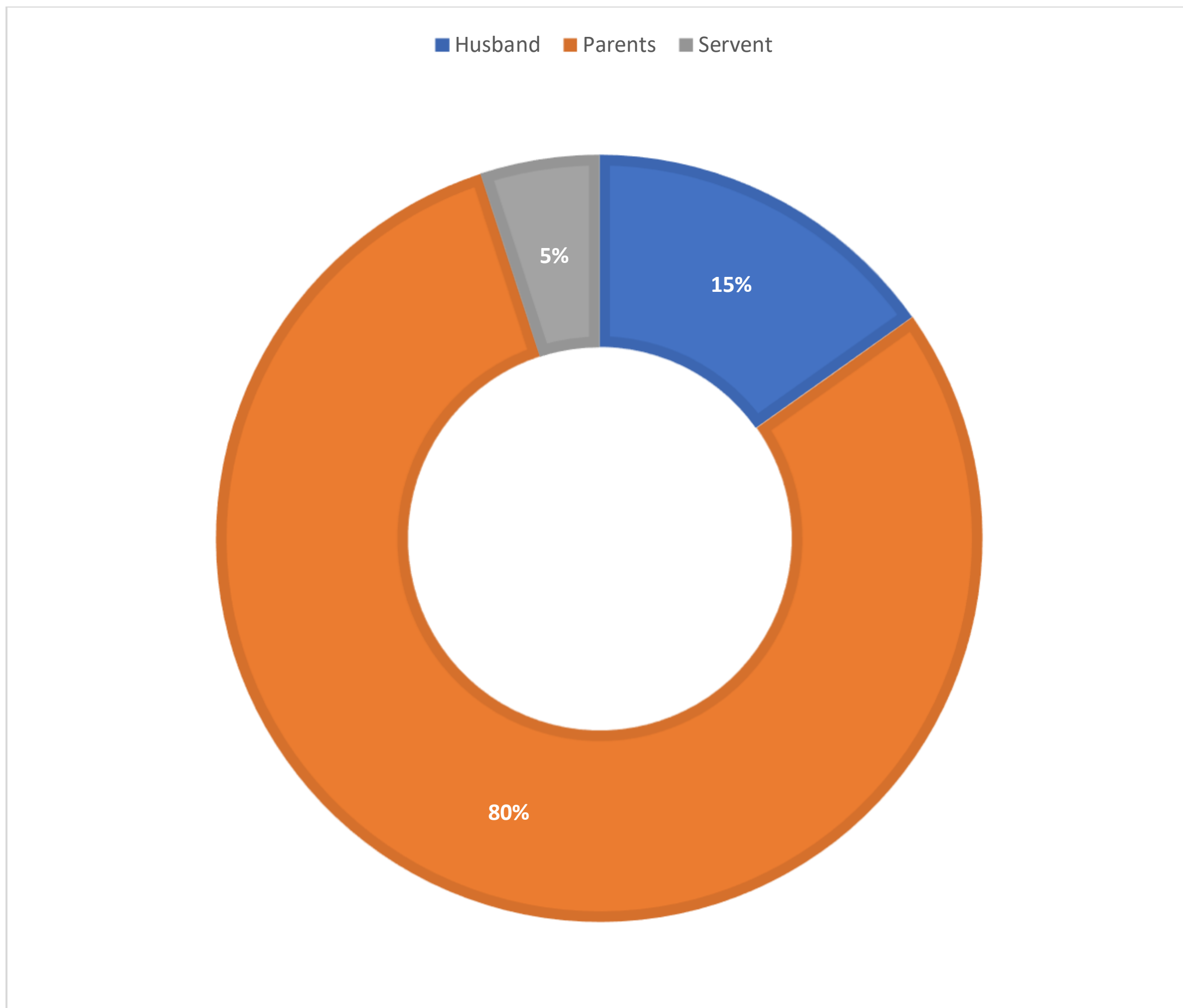
<u>Source of income of the Respondents</u>



From this data we can interpret that most of the nurses were having income support from other family members also. They are not the only means of income to their family. the major support from the husband that we can see in the nuclear family and in join families there is getting support from the parents and brothers also.

Figure 4.16

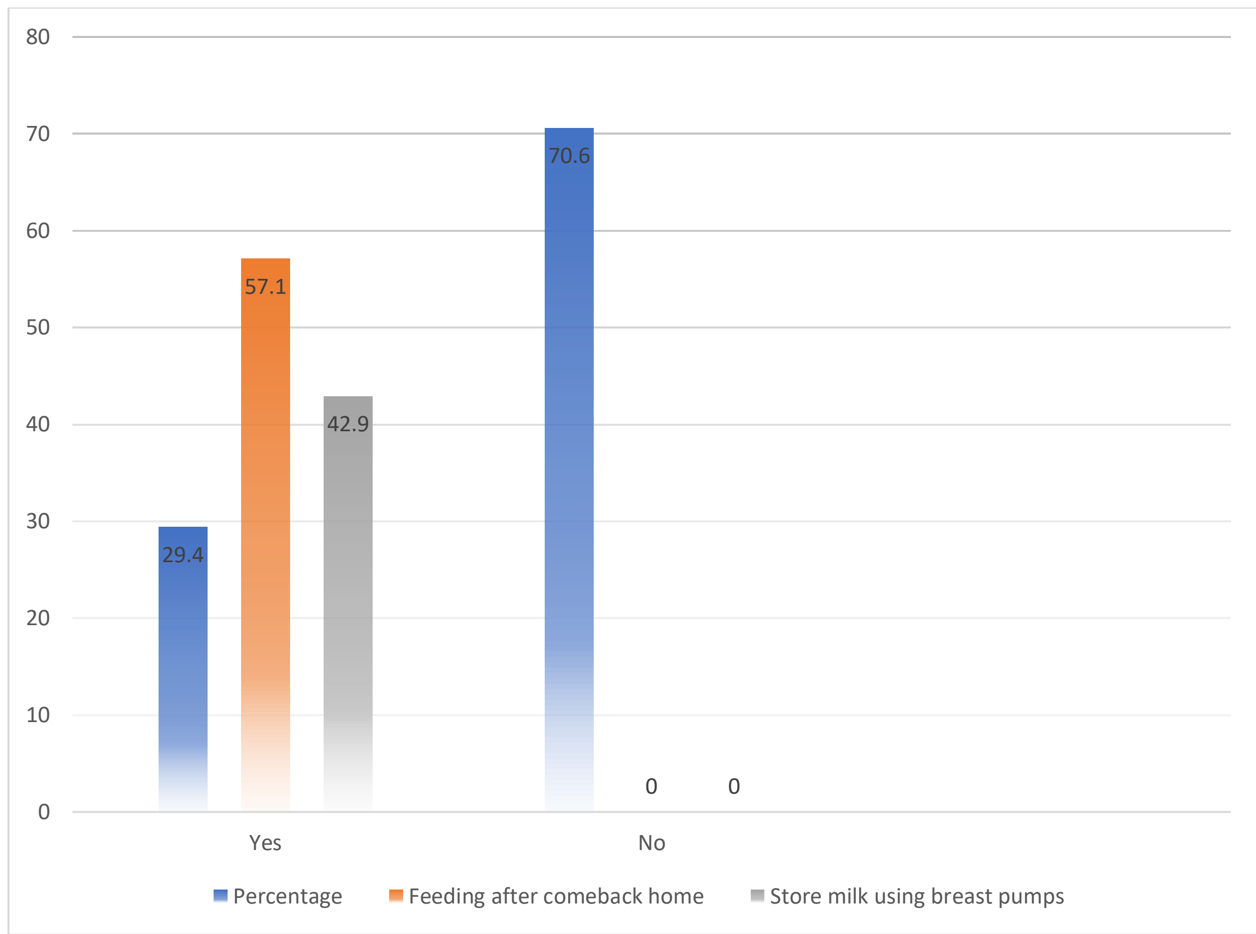
<u>Taking care of children of the Respondents when they are going to work.</u>



From the above data we can see that, the majority of the cases the parents were looking after the children when they were going to work.in case of 15%the husband was looking their children, in these we can see that they have their own business or they didn't have proper job. In case of the servants, they were live in a nuclear family and both of them having jobs.

Figure 4.17

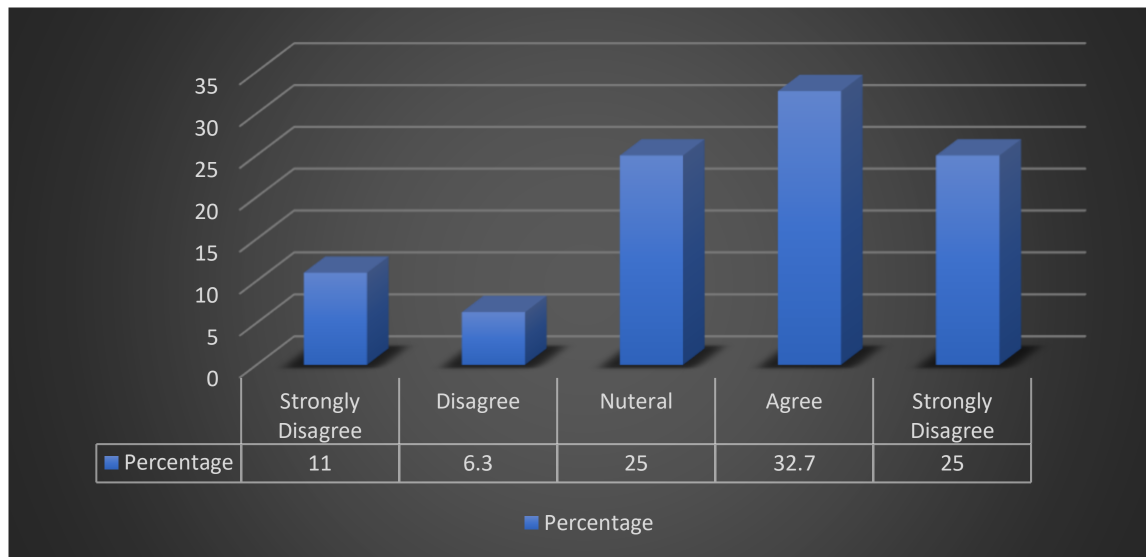
Brest feeding mothers.



From the above graph we can see that 70.6% of nurses are not feeding mothers. But there is 29.4% of nurses are breastfeeding mothers. They were facing lots of issues because of that. They were using Brest pumps for collecting milk for their babies and they also feed after coming back home.

Figure 4.18

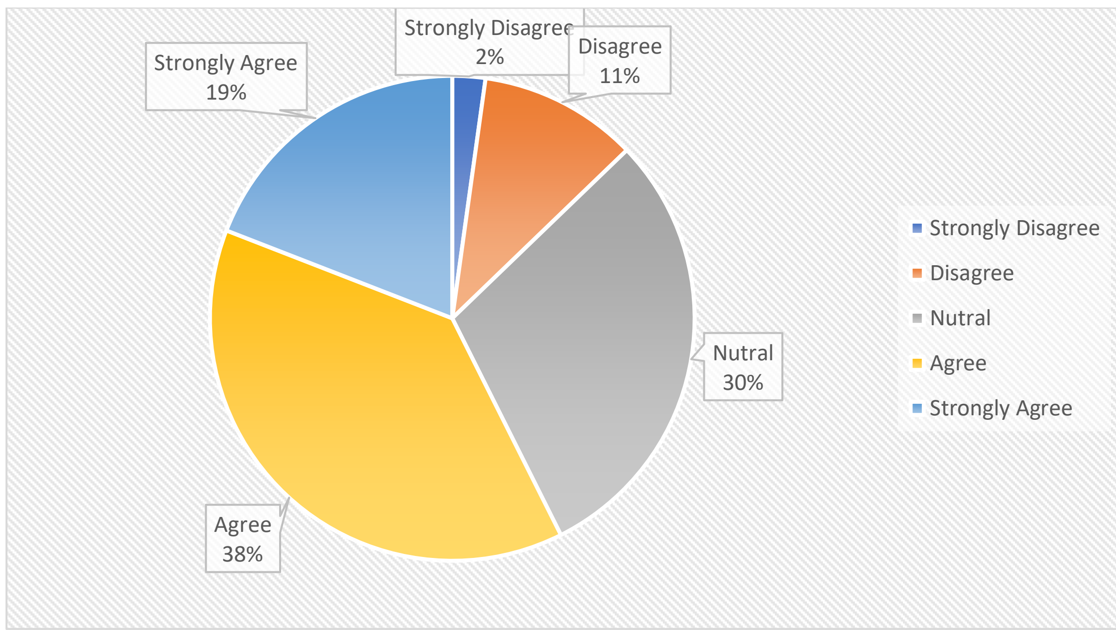
Respondent's difficulties to cope with tasks at home due to shift.



Here we can interpret that, majority of them are ageing that they are facing lots of difficulty to manage their tasks at home due to the shift work and many of them are strongly ageing with statement. but very few of them were dis ageing with this statement, they are belonging to the join family. So, they were having lots of support from the home to manage it.

Figure 4.19

<u>Respondent's attachment with children</u>



From this above diagram we can see that the children's attachment with their mother was decreases because of their shift duty. They can't be with them all time. more than half of the mothers are agreeing with this statement. That is 38% are ageing and 19% are strongly agreeing with this statement.

Figure 4.20

Emotional issues of Children

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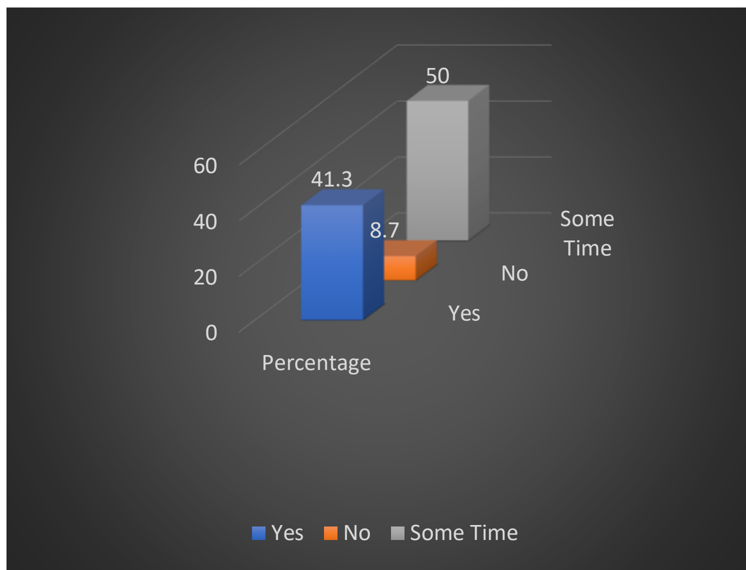
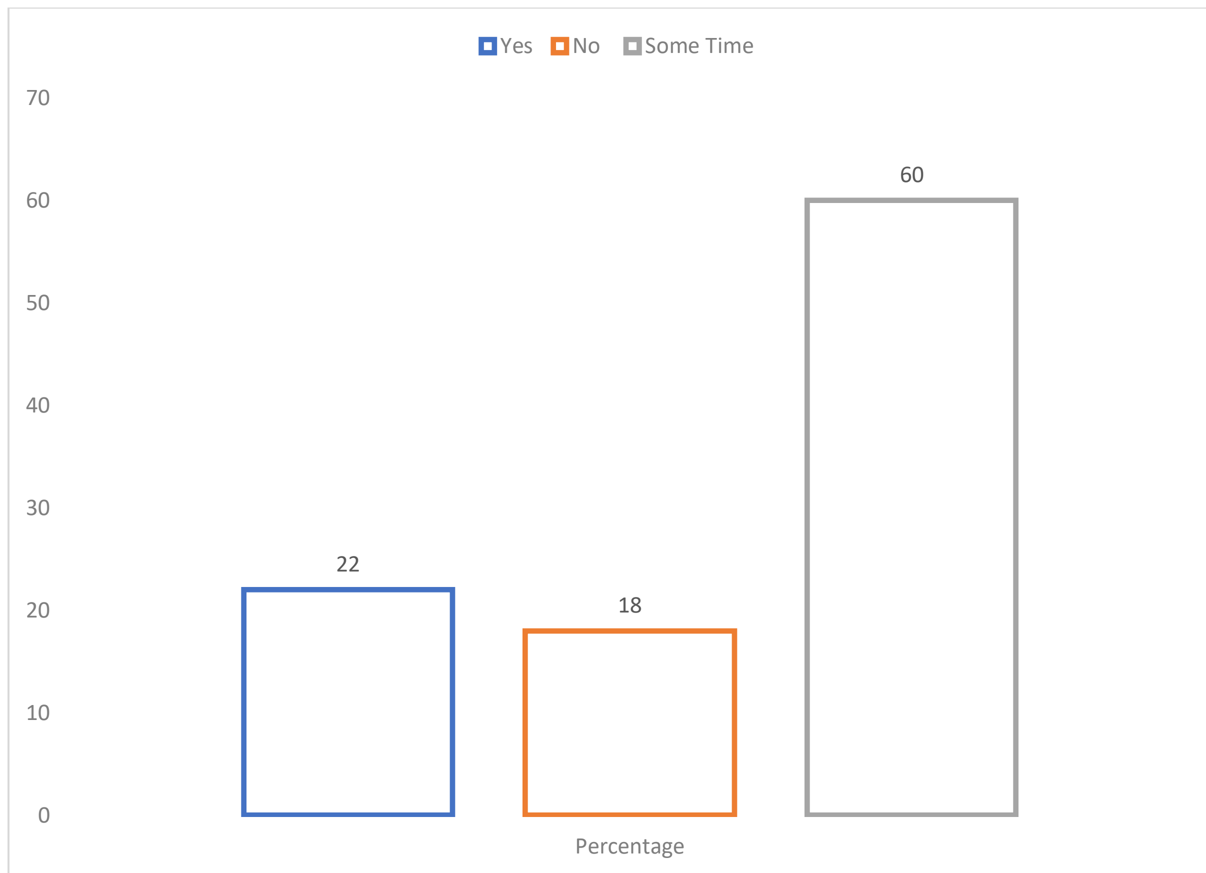


From this data we can analyze that most of the nurses may or may not be able to involve in the emotional issues faced by the children are more seen in this data very few of them are not even able to look their children. these are depending on the family situation of these nurse. When they have any one to help them in house hold works, they get time to look their children.

Figure 4.21

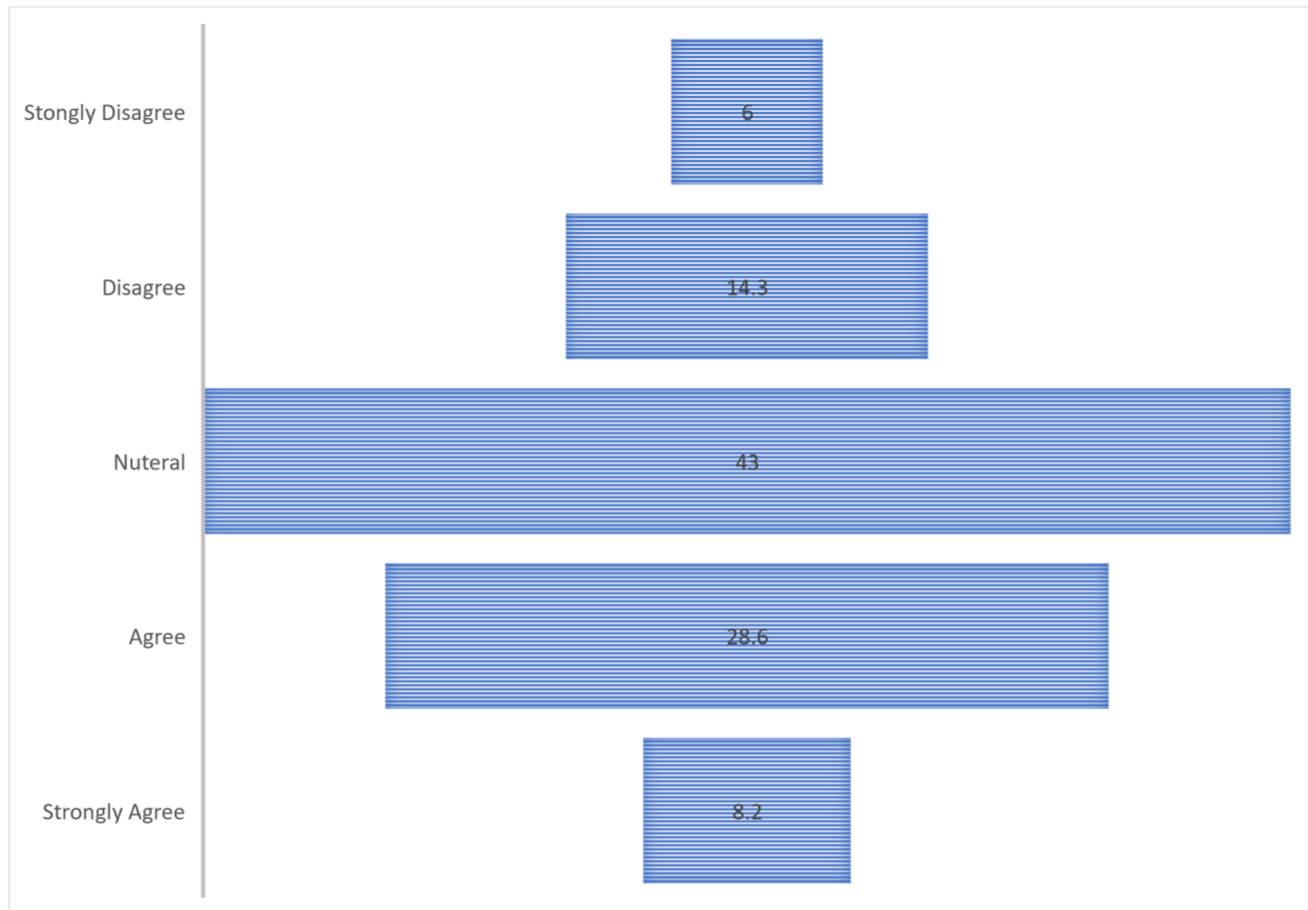
Spending time with family members.



From the above diagram we can see that the time that got to spend with their family is very rarely. It is because of the duty shift and stress.60% of them are like this and we can see that 18% of nurses not even get time to spend with their family due to the same reason. Only few of them are getting time to spend with the family that is around 22%.

Figure 4.22

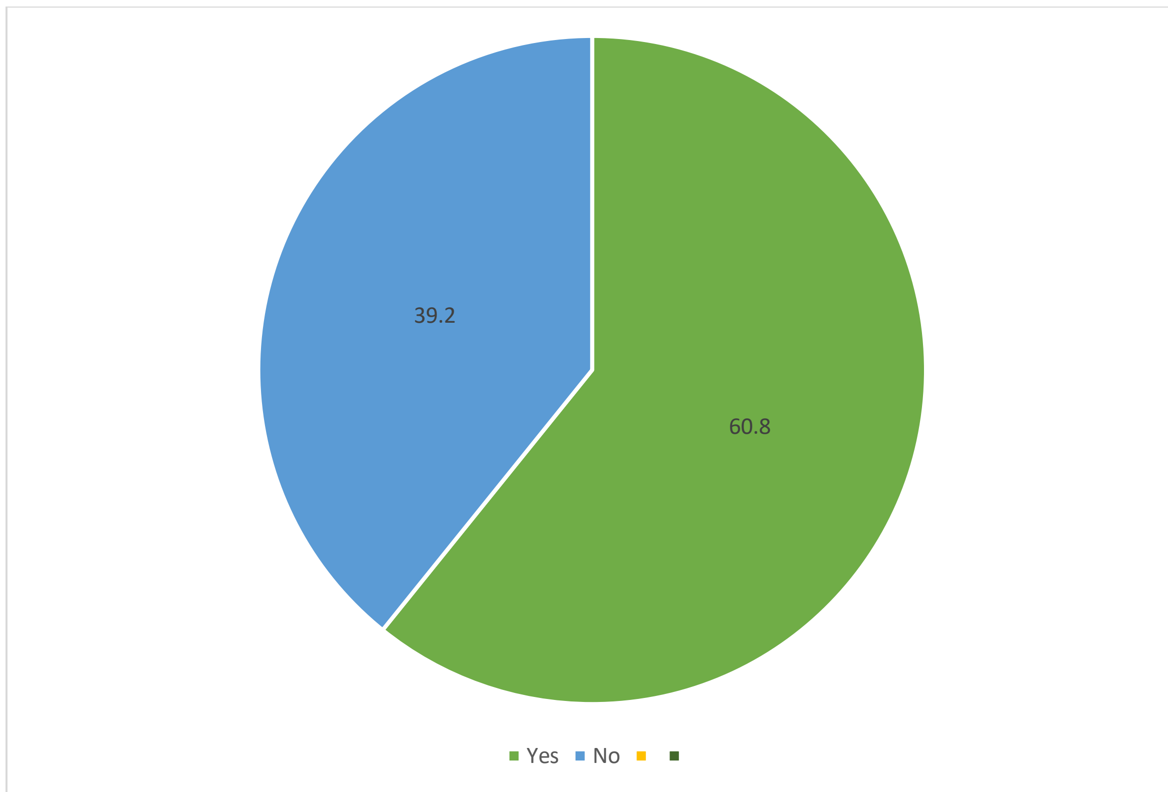
Taking care of elderly at home by the respondents.



From the above table we can see that most of the respondence were nutral. That is they were leeding very busy life. They have to taking care of the patients in the hospital on the same time they want to give care to the elderly at home. 20.3% of people were not able to give care for the elderly.it is because of the shift duty and also the didn’t get any time to rest.so they become feeling soo tierd after coming back to home.

Figure 4.23

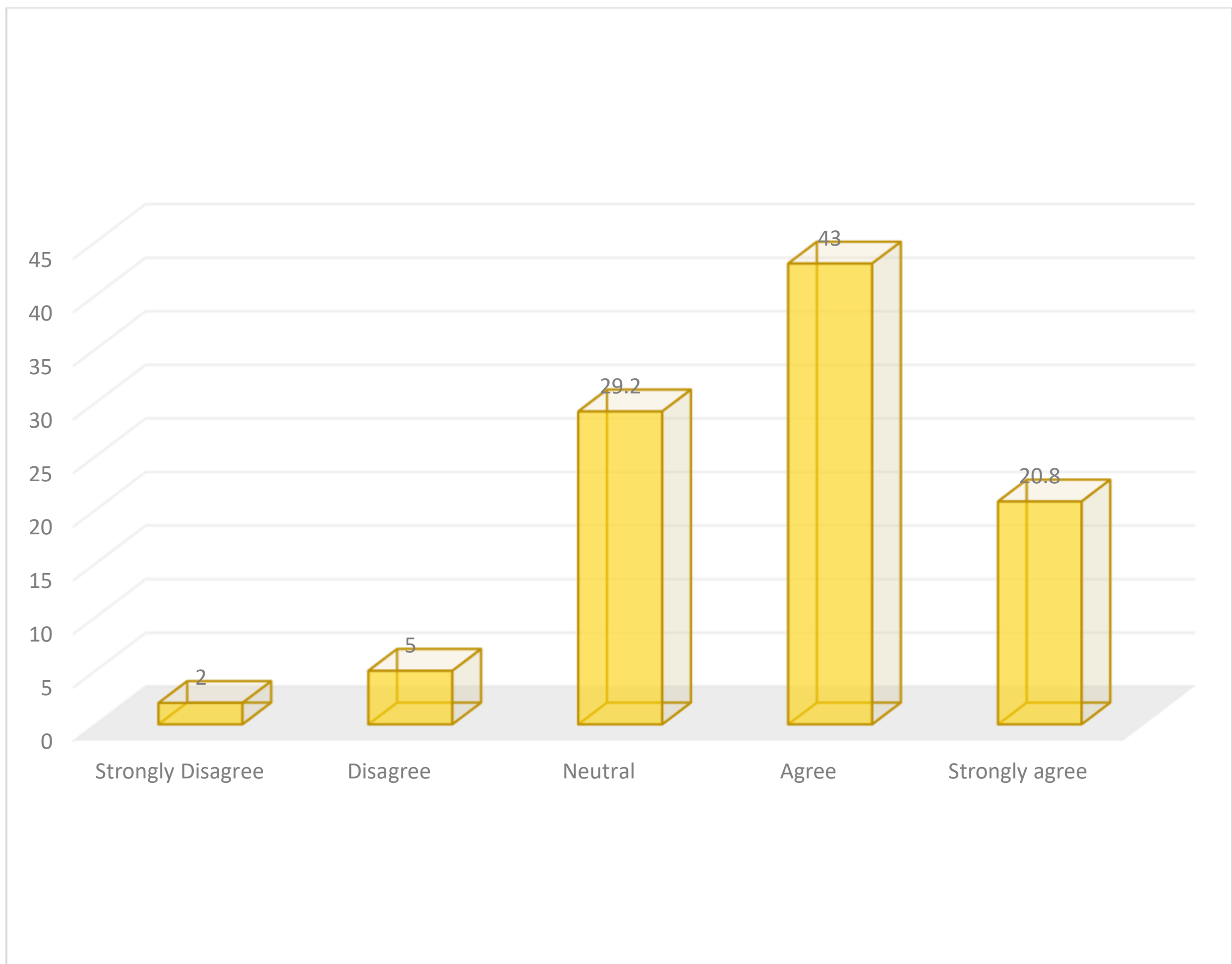
Casual leave taken by the respondents.



From the above graph we can interpret that, 60.8% of the respondence were says that they can able to take casual leaves but 39.2% of respondence can't get the casual leaves properly. From these we can say that based on the seniority of the person and also depends on the hospital management can provide live for them.

Figure 4.24

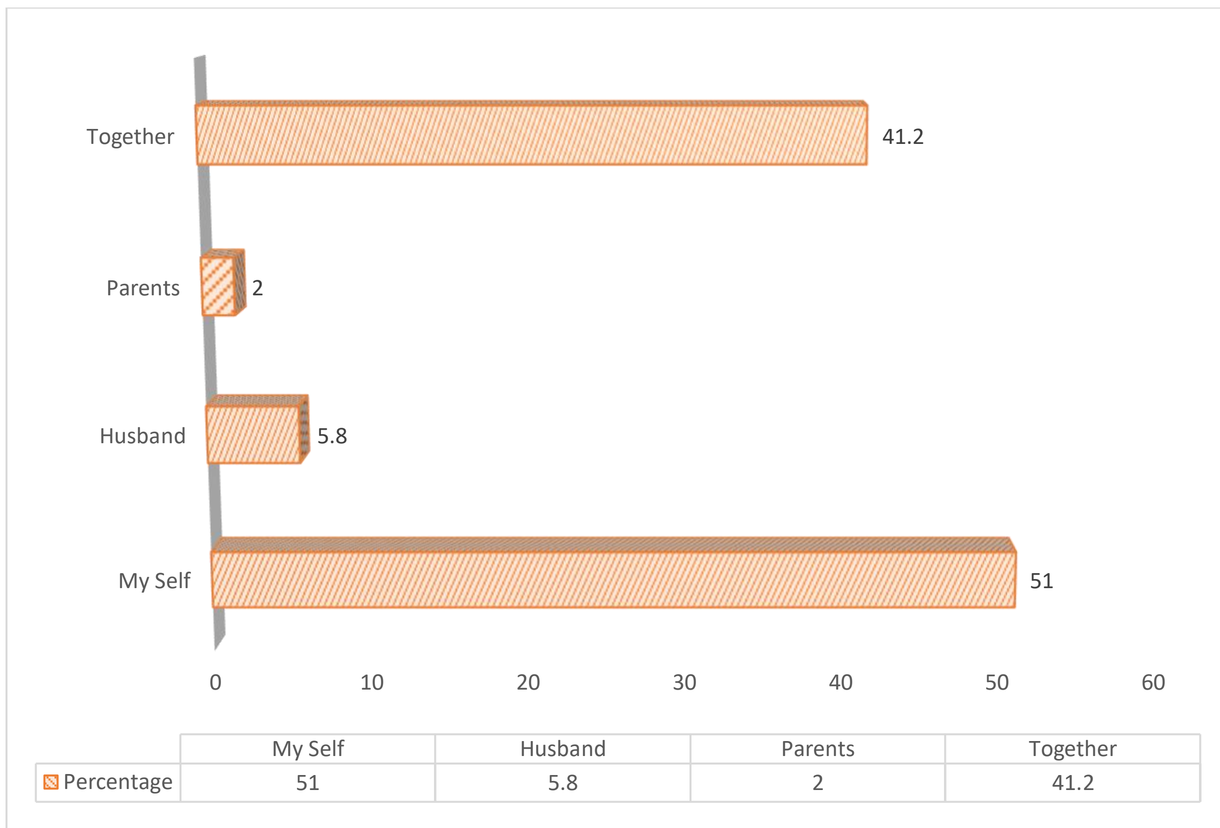
Leave taken for the needs of respondent's children.



From this data we can analyze that majority of the nurses were taking leave for the wants related to their children. Only few of them are disagree with this. The mothers were plays major role of taking care of children. they were getting time to go with them for their wants but they can't take care of them properly because of their shift work.

Figure 4.25

<u>Decision making for taking leave.</u>

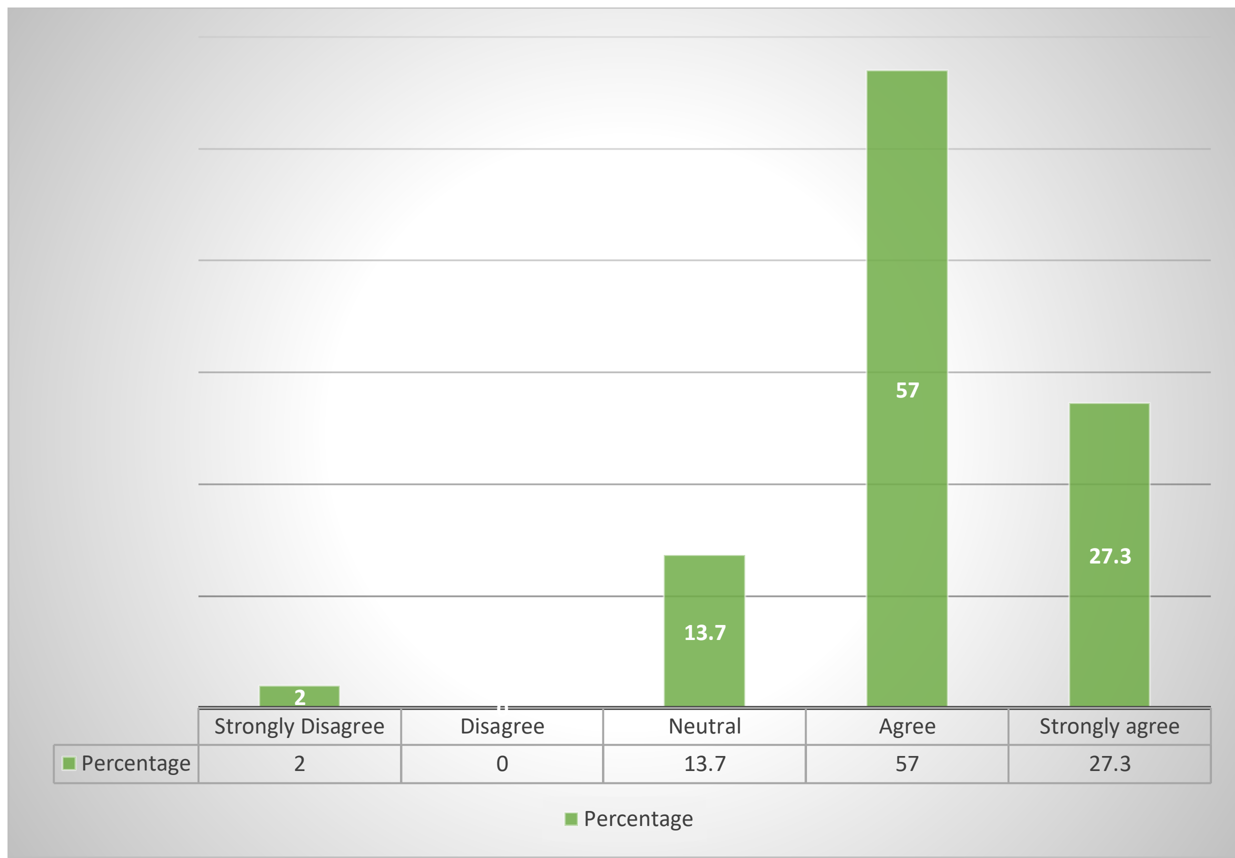


	My Self	Husband	Parents	Together
Percentage	51	5.8	2	41.2

In this data we can see that most of them are taking decision by themselves. And also, we can notice that they take decision together. from this data we can analyse they were having independent decision-making freedom and also, they were having great support from the side of husbands.

Figure 4.26

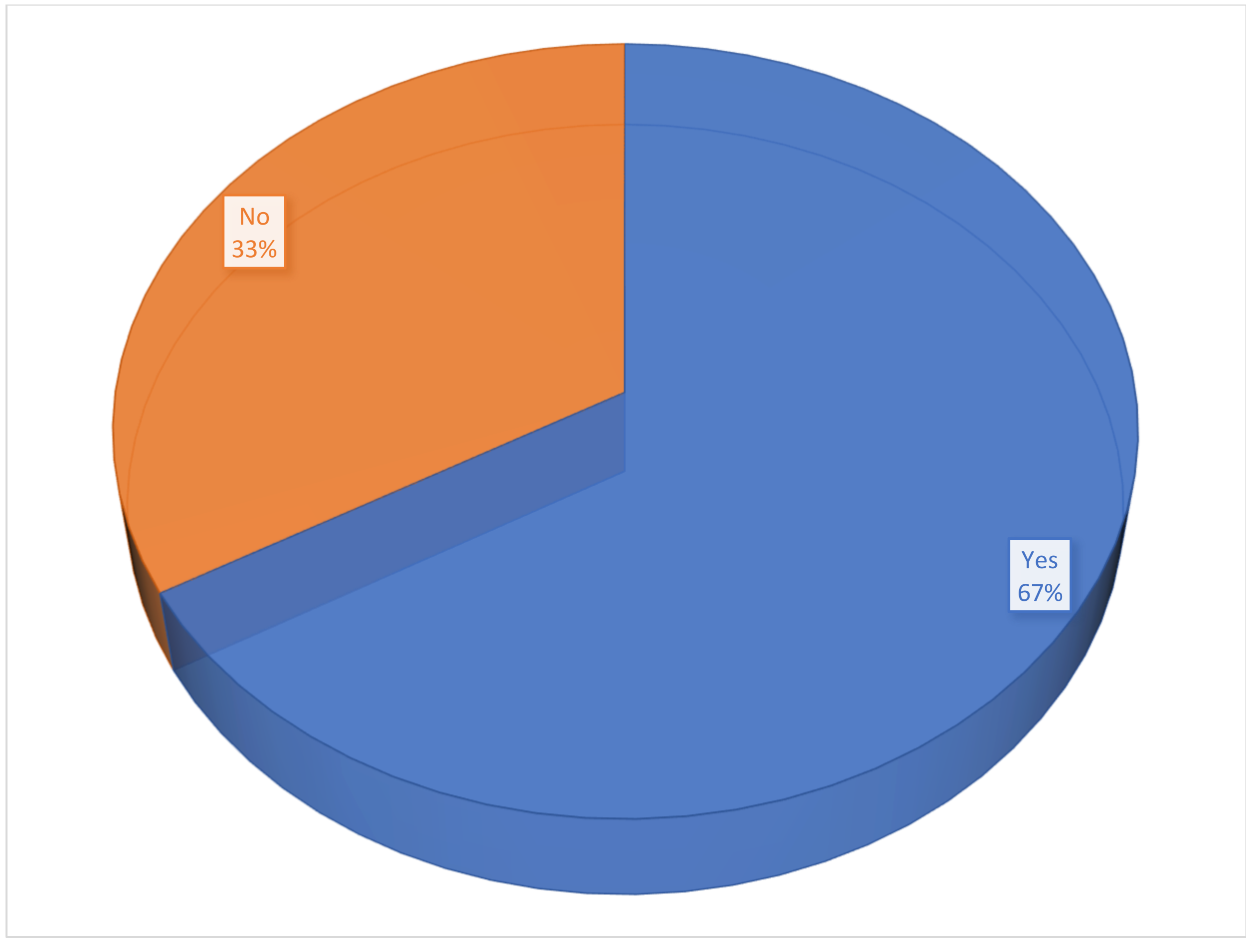
<u>Seriousness of taking leave</u>



From the above diagram we can see that 98% of them are taking leave on the basis of looking in to the seriousness of the matter. There is only 2% of them are taking leave without having reason. So, we can clearly understand that the nurses are giving importance to both the patients and family equally. that is why they didn't take simply leave.

Figure 4.27

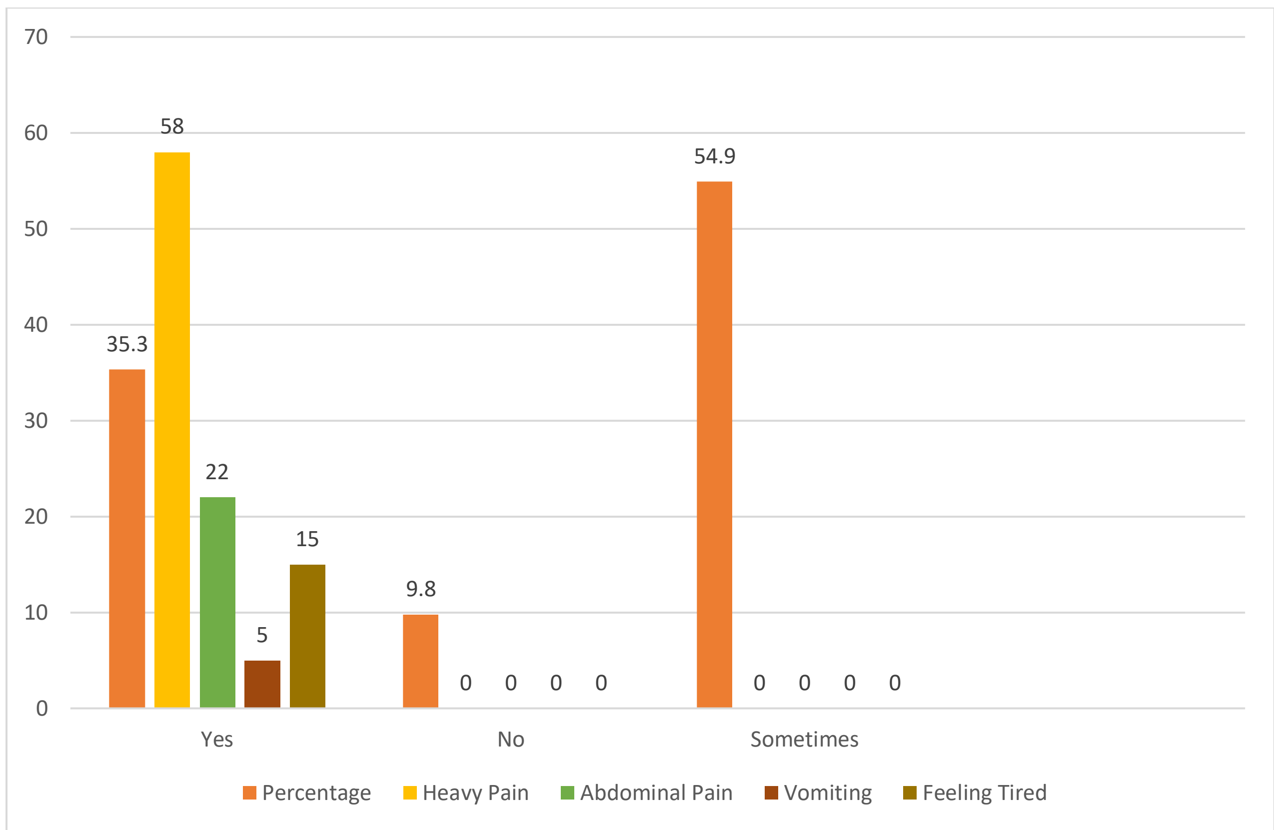
Respondents as a primary care giver



From this above table we can see that when a person in their home got sic the primary care was given by these nurses themselves. They were very knowledgeable as same as the doctors. Very few of them were depending on the hospital facilities.

Figure 4.28

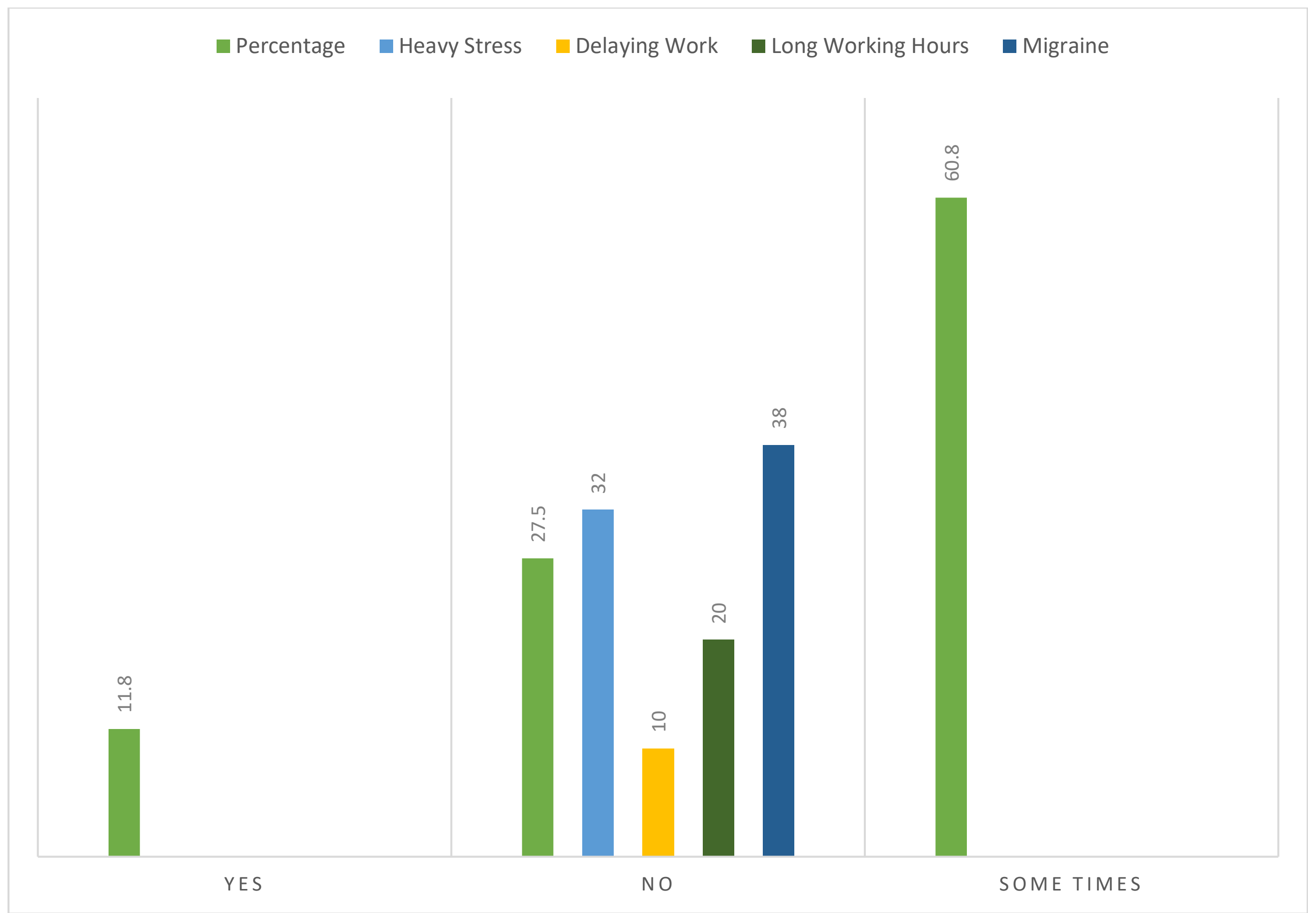
Difficulties during menstrual period of the Respondents



From this table we can find that most of the nurses were facing so much of difficulties during menstrual period. That is heavy pain, abdominal pain and feeling tired are the main problem that they were facing on that time. Very few of them are noticed without any issues during this period. The difficulties faced because of they didn't have proper resting time or break in between their working hours.

Figure 4.29

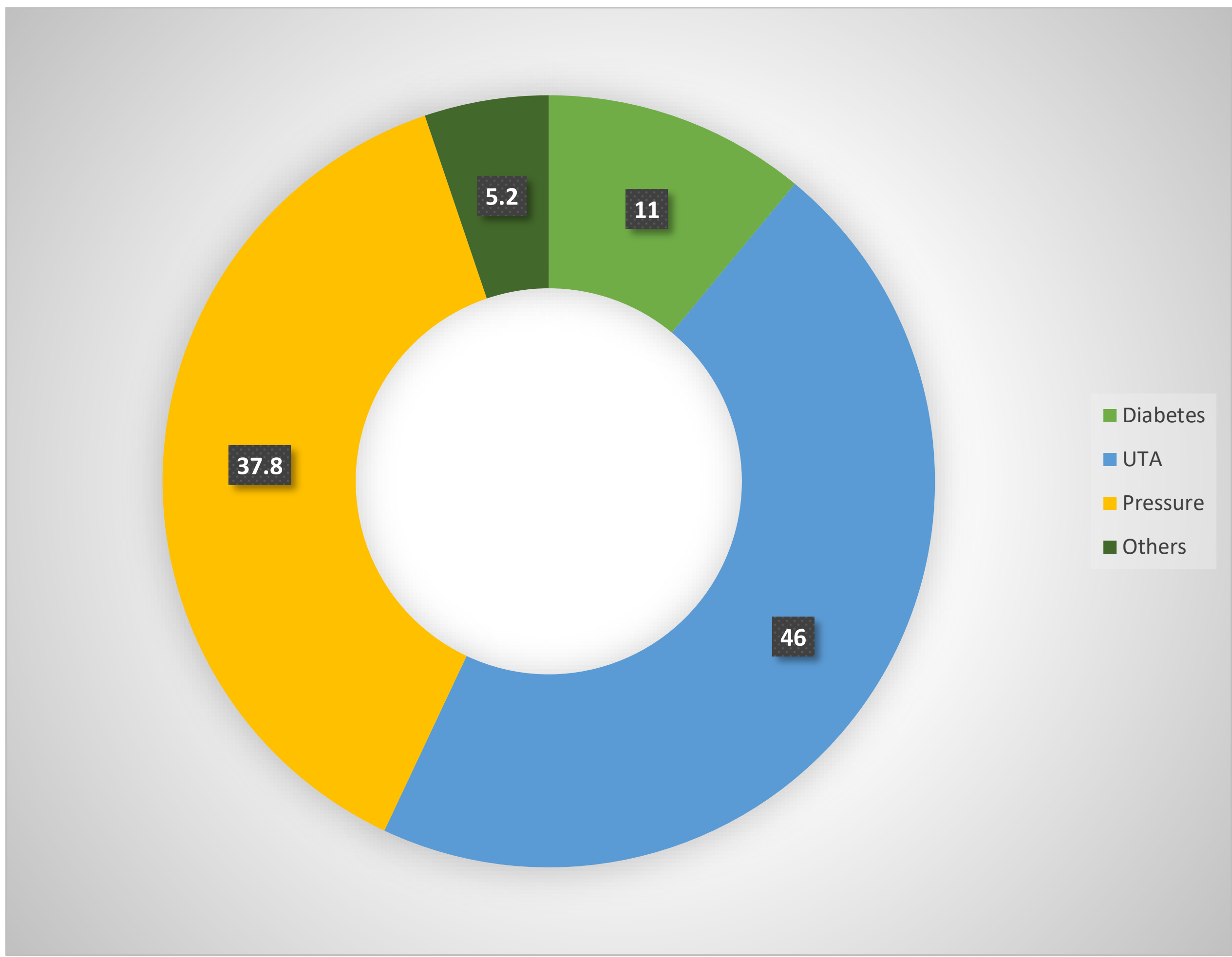
<u>Leisure time in between the working hours of the Respondents</u>



From this table we can find that most of the nurses don't get leisure time in between their work. So, they feel heavy stress and so many of them were having migraine due to long working hours. It delays their work schedule.

Figure 4.30

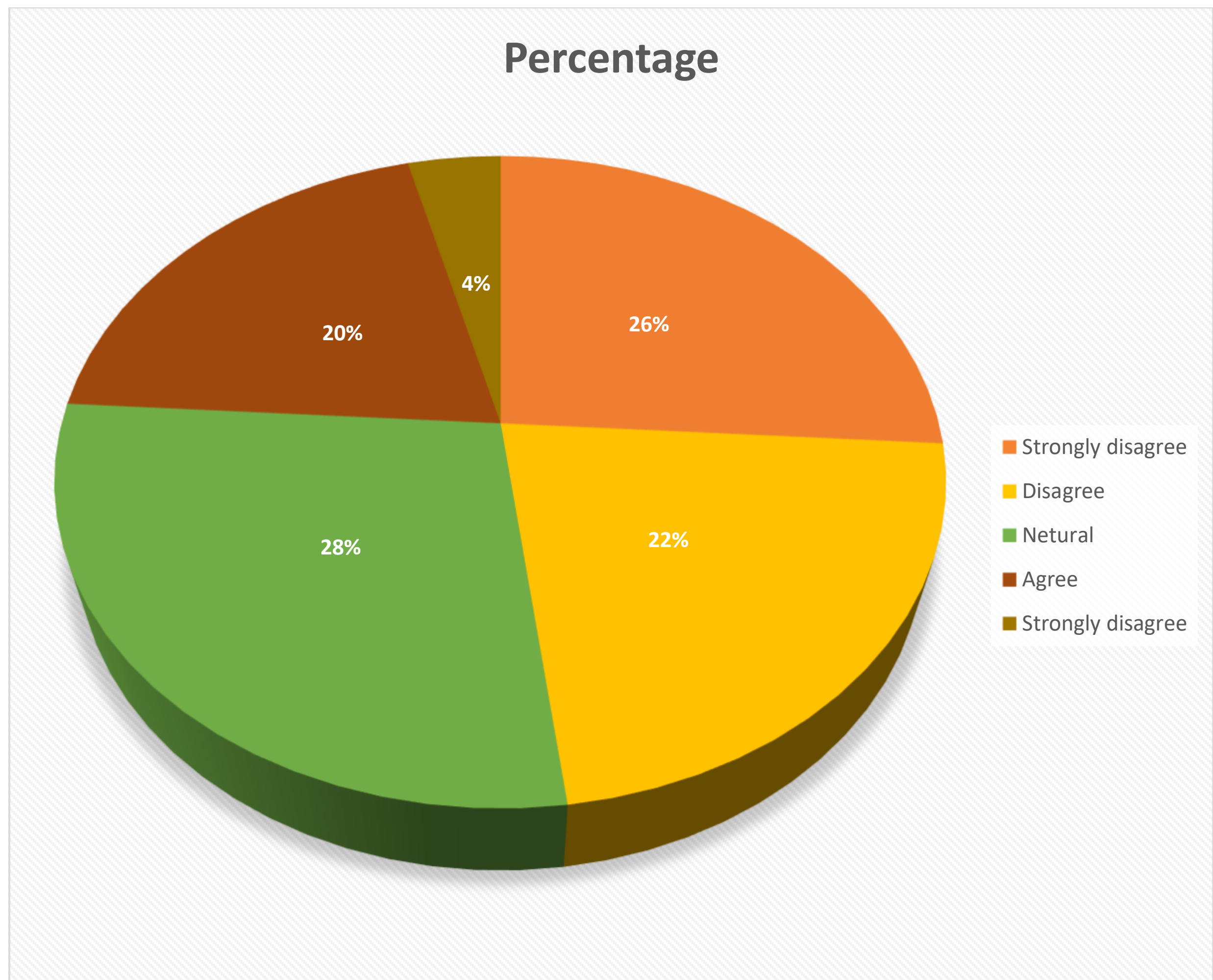
Health issues of the Respondents



The above diagram shows the health issues faced by the nurses. The Major issue faced by them was the UTA and Pressure. From this study we can find that due to the tight scheduled work with no leisure was the main reason or the cause of this health issues.

Figure 4.31

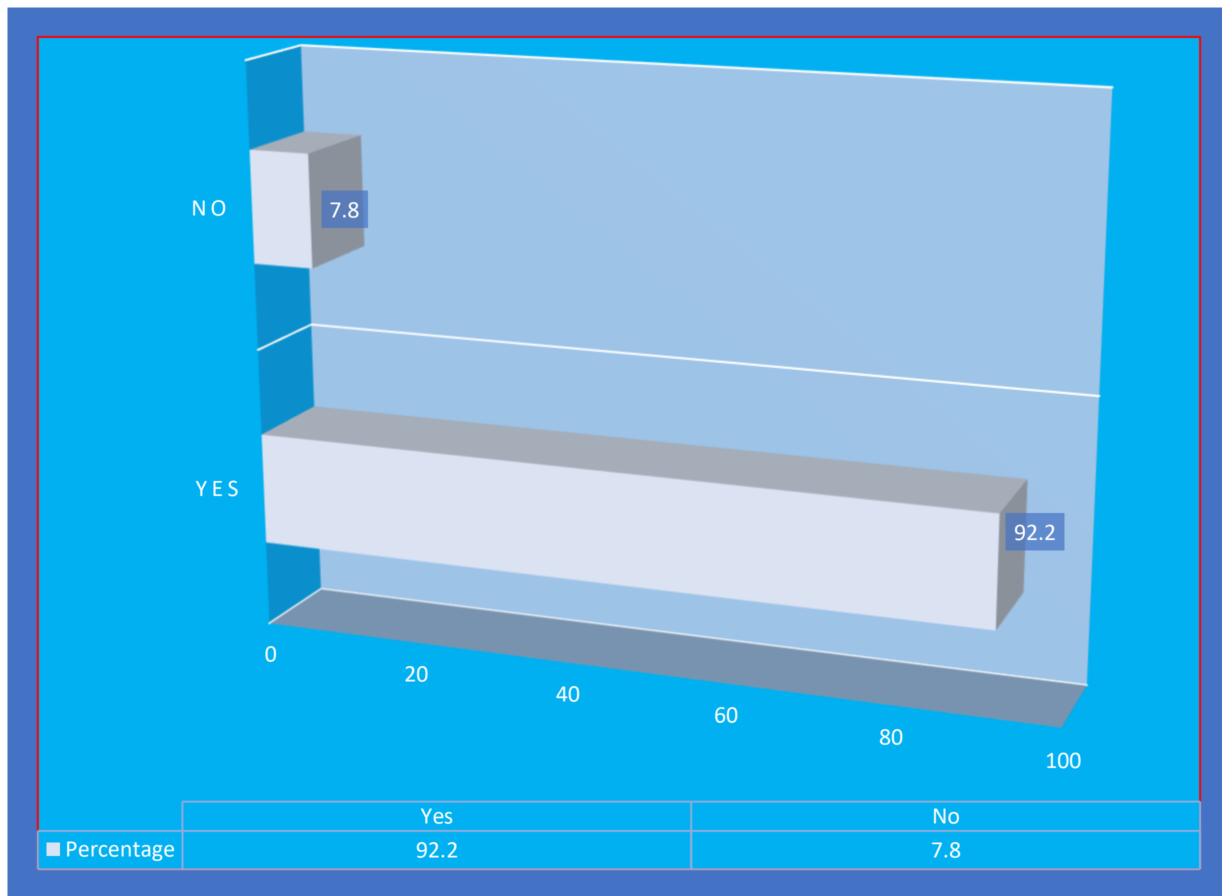
Schedule of having food of the Respondents



The table shows about the fooding habits on the working time. Most of them was not agreeing with this statement because they can't have food at correct time and also, they can't have food properly. That is because there is no proper break for having food. the patients call in between that and they want to go and attend or treat them.

Figure 4.32

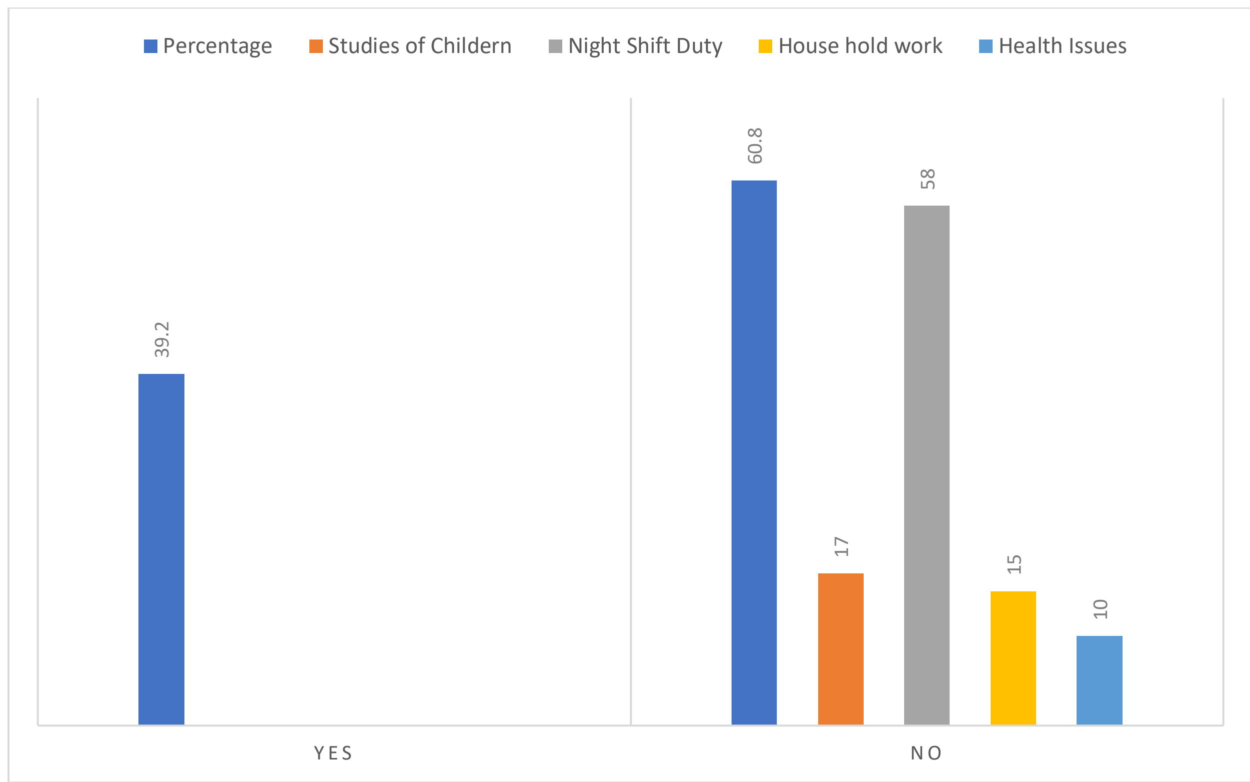
Work pressure stress level of the Respondents



From the above diagram we can see that 92.2% of the respondence were having lots of stress because of the work pressure. That is because they didn't get proper resting hours in between their work and also, they didn't have food at correct time.

Figure 4.33

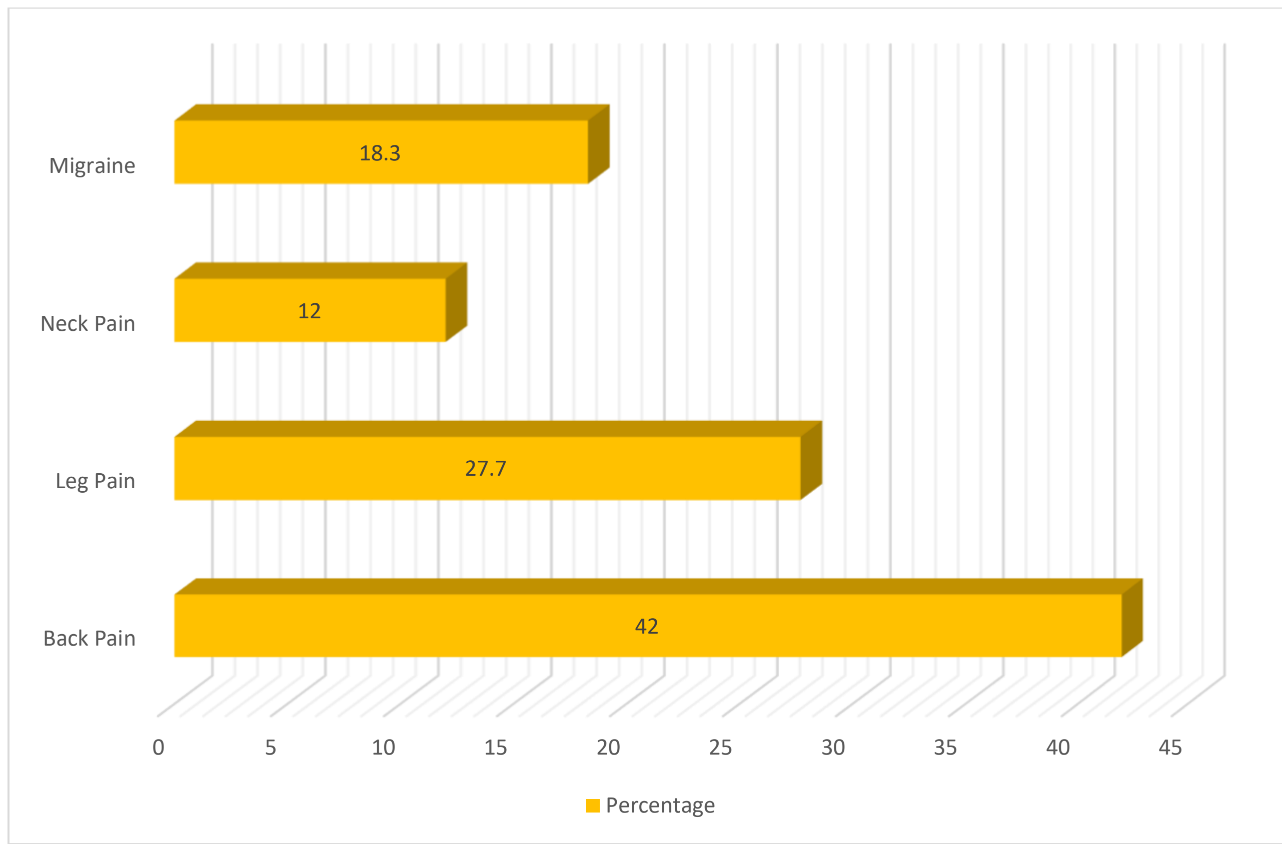
Sleeping habit of the Respondents



The above table showing the sleeping habit of the nurses. From this we can see that more than half of them didn't get proper sleep due to various reasons like, taking care for the studies of their children, night shift duties and house hold work. These all leads to the health issues for these nurses. It is because of the heavy work pressure from the hospital and to maintain house hold duties.

Figure 4.34

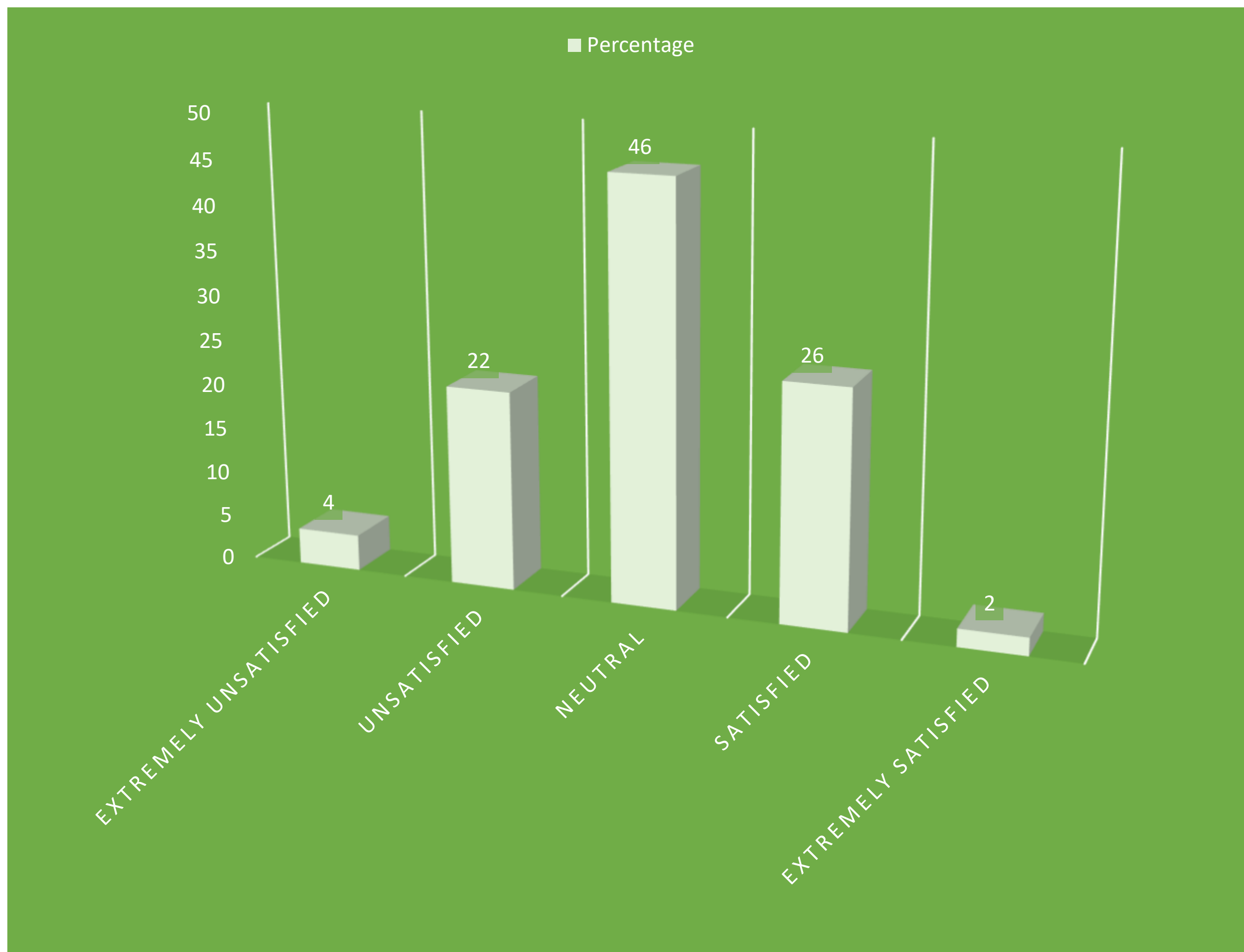
Physical complaints related to the Respondents



The above figure shows that the physical complaints that were belonging to the nurses. Here we can see that the back pain and leg pain are leading complaints of the nurses. It is because of the restless work. they can't get time to sit or taking rest. That is because of these heath issues are more seen in nurses.

Figure 4.35

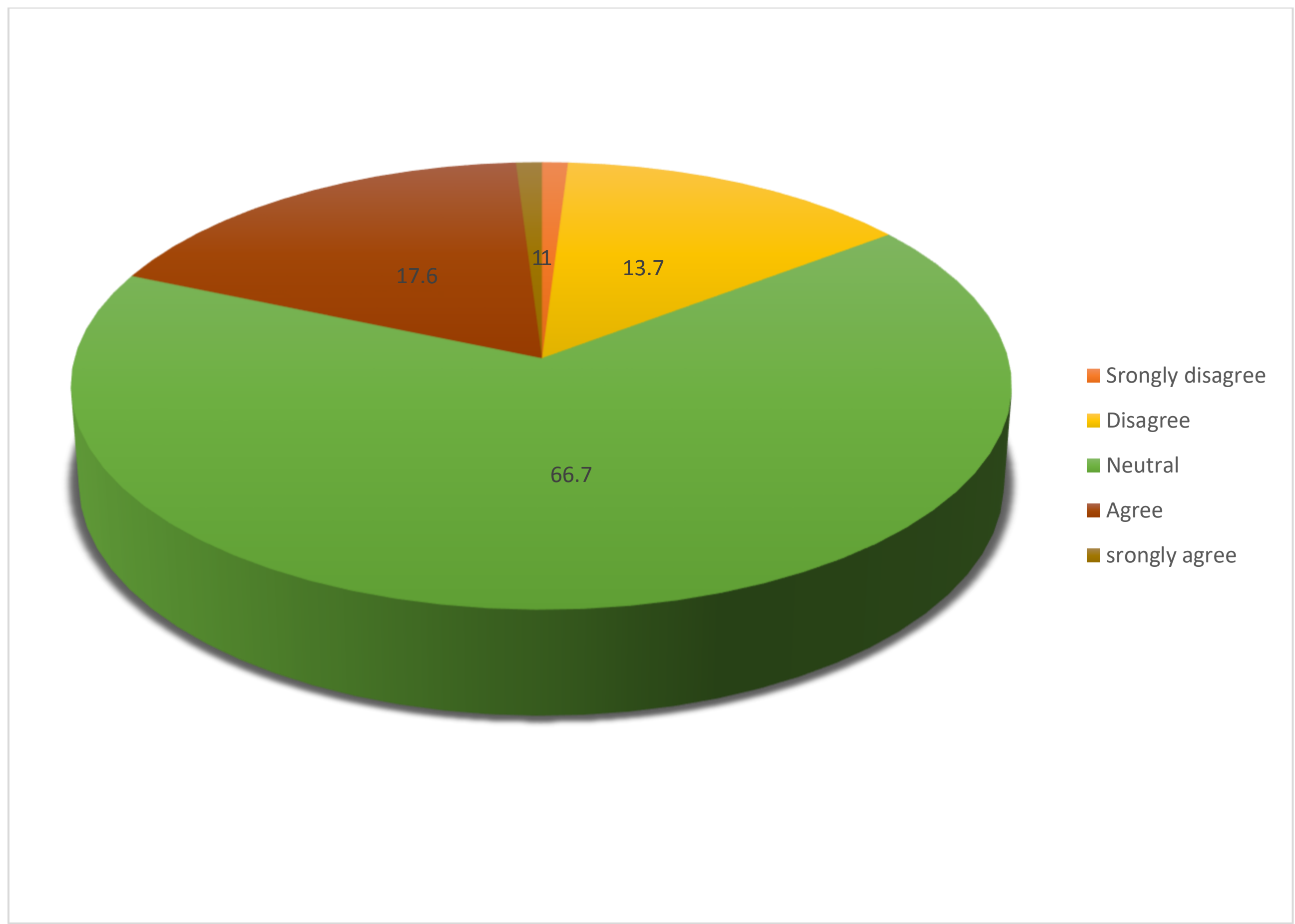
Level of satisfaction based on the attitude of hospital management



Form the above table we can see that the satisfaction level of the attitude of the hospital management was neutral in manner. The level of satisfaction and the un satisfaction are somewhat equal. It is based on the approach towards the nurses in each time being. So, their arguments have variations.

Figure 4.36

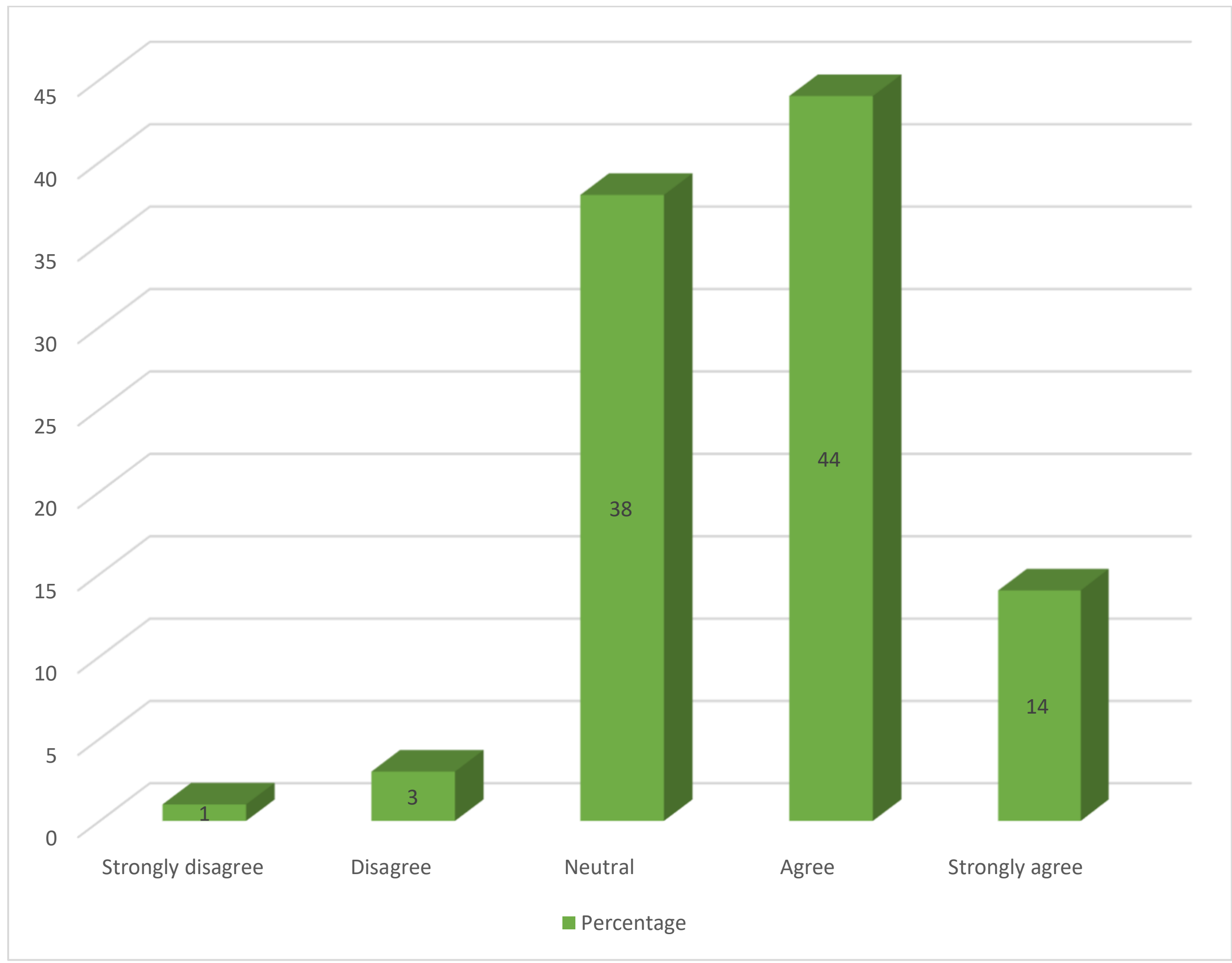
<u>Respondents working satisfaction in the hospital</u>



Here the above diagram shows that the satisfaction in their work. Most of the respondence were belonging to neutral. They like their profession very much. But they didn't get proper importance to the effort they taken in the hospital.

Figure 4.37

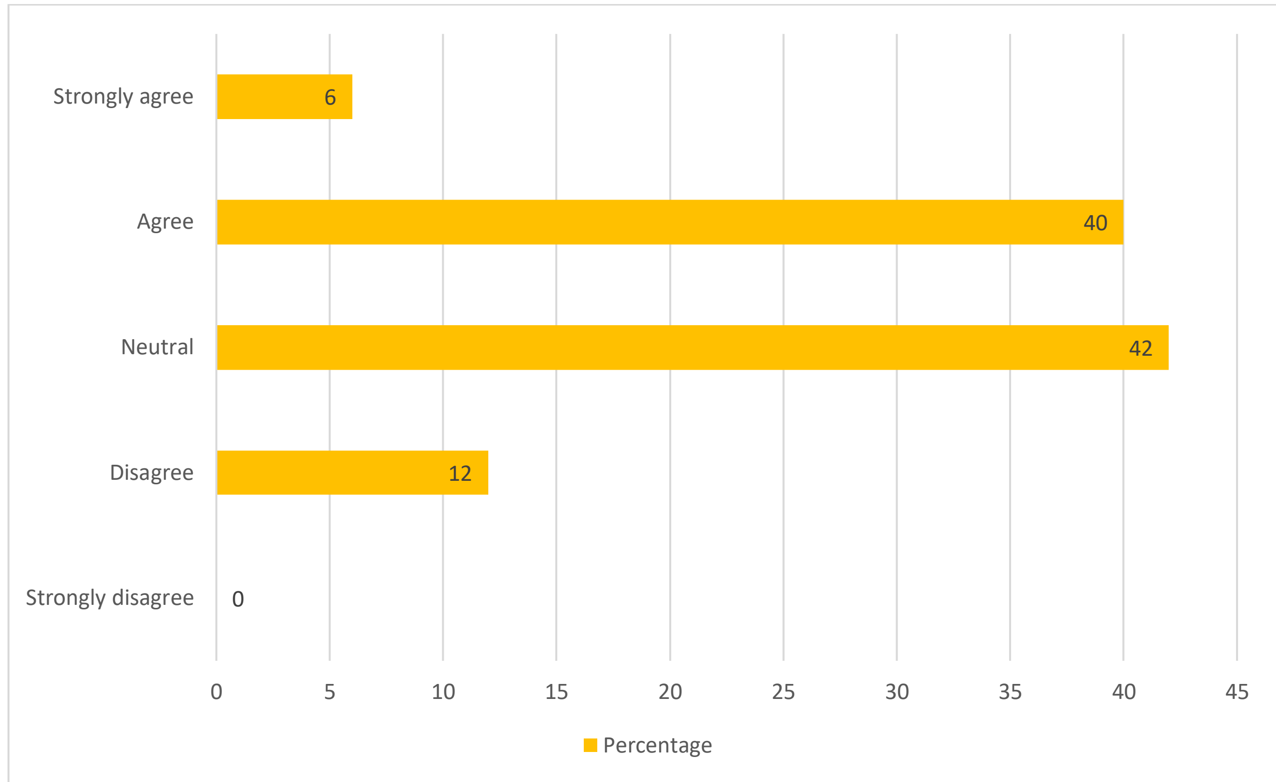
Respondent's relationship level with the colleagues



The above diagram shows the relationship level with the colleagues. Here we can see that most of them were maintain good relationship with others. Only 4% of them were not having good relationship. That is because of heavy stress from the family and all. They were maintaining mutual understanding with each other.

Figure 4.38

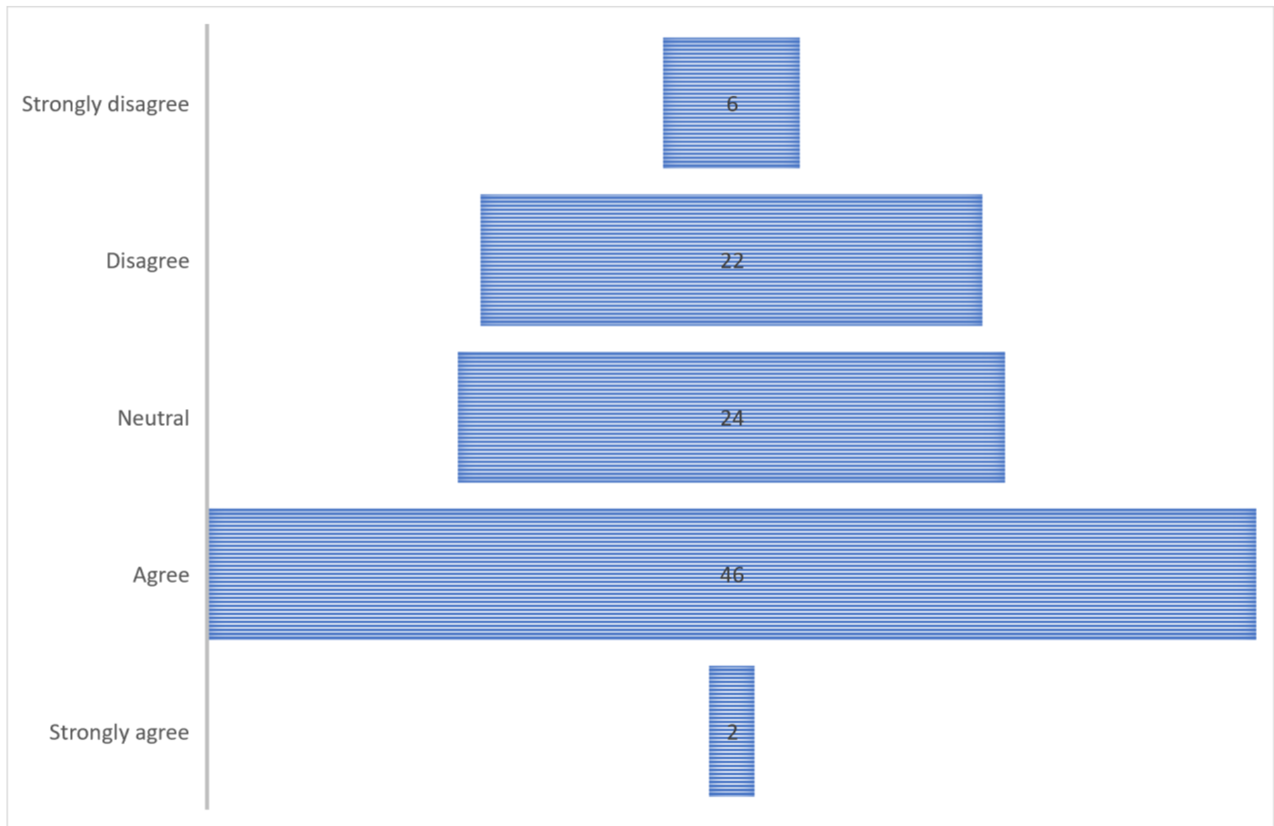
satisfaction level based on the approach of doctors



From the above data we can see that 42% of the respondence are neutral and 46% of respondence are agreeing with the statement that is the approach of the doctors towards them are good in manner. But some of them were arguing that the approach of the doctors towards them was not good in manner. It is because they were considered that the nurses are below them and they didn't have much qualification than them.

Figure 4.39

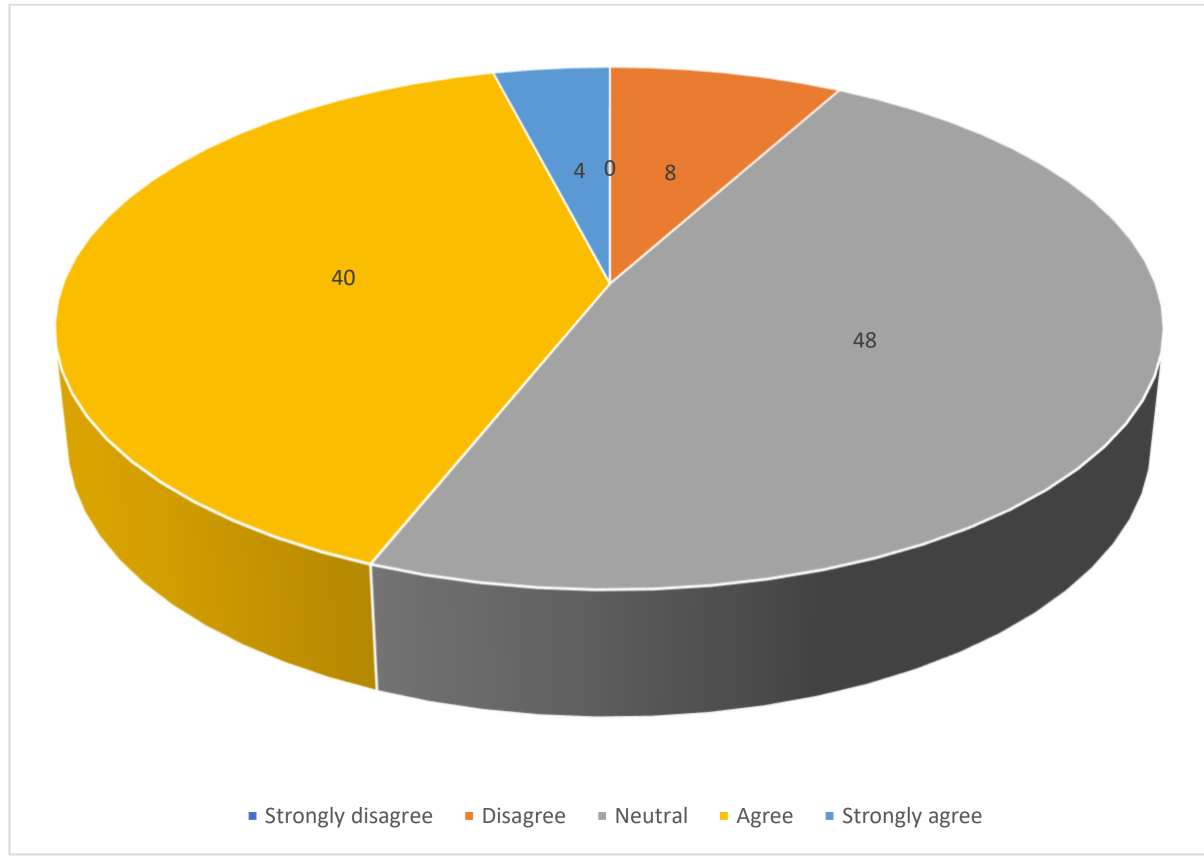
Level of discrimination based on gender



The above table shows the discrimination that faced by the nurses on the basis of gender. Only 28% of the respondent was not agreeing with this. But mostly others were saying that the gender-based discrimination was existed in this field. Especially from the part of hospital management and the patients.

Figure 4.40

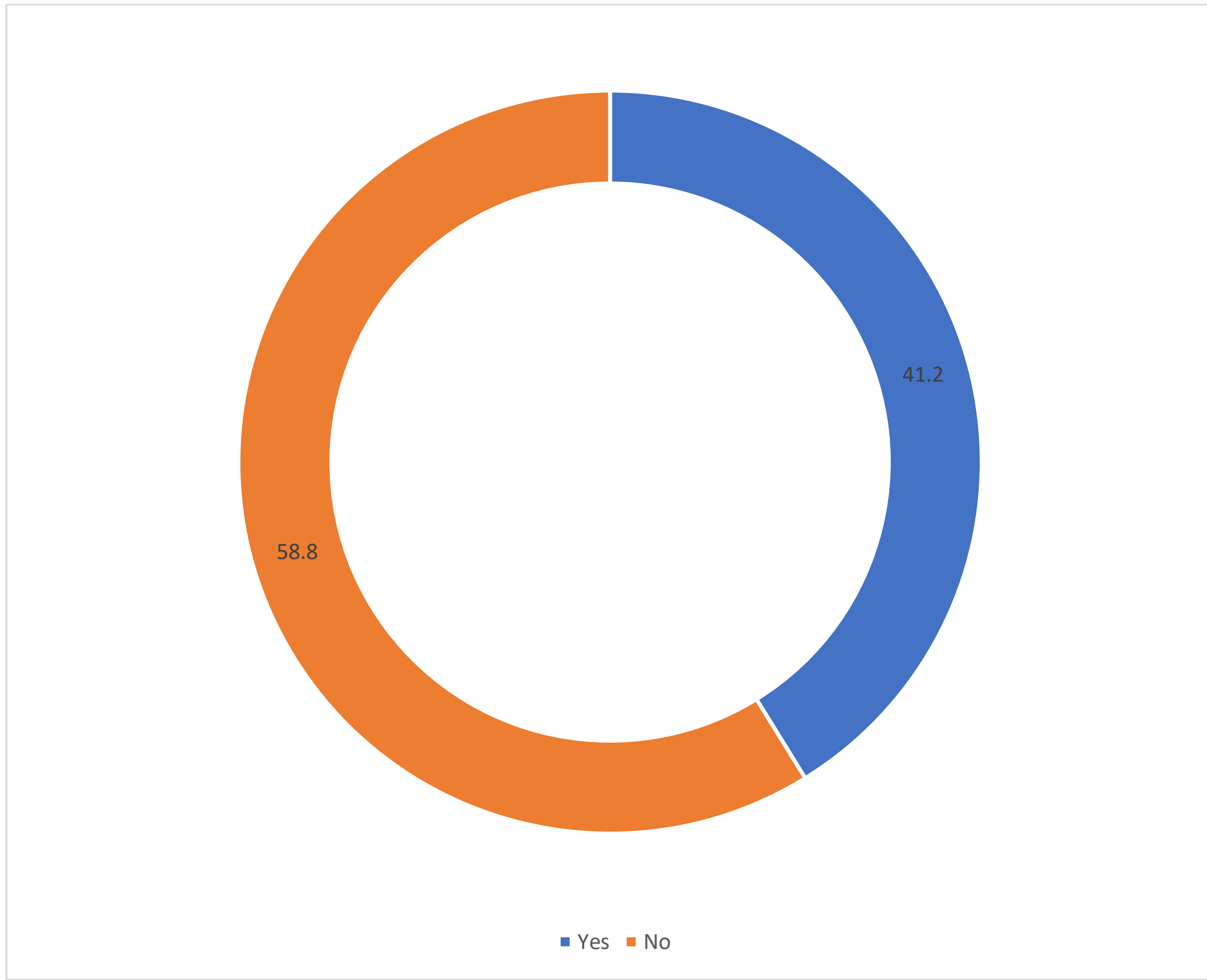
Level of importance that get from the hospital management to the respondents



The above diagram shows that the importance that given by the hospital management to the nurse. They were mostly consisting of neutral in manner. But 40% of the respondents was saying that they were not getting importance. There is no one in strongly disagree because they were didn't provide much facilities for the nurses that is because of they were having physical and mental issues.

Figure 4.41

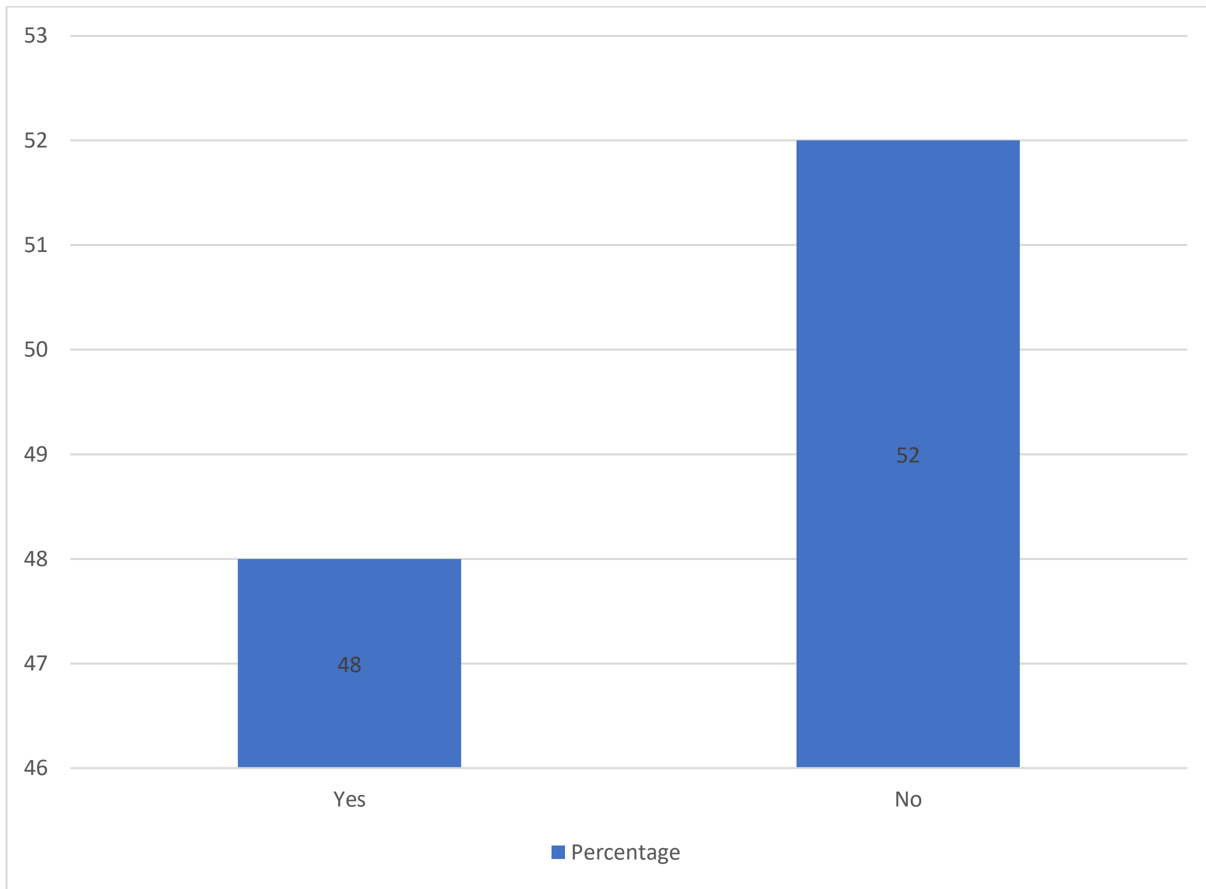
<u>Satisfaction level of the facilities provided by the hospital management</u>



From the above table we can see that the satisfaction level of the facilities provided by the hospital management is good in manner. Because now almost all the hospitals are very hi-tech in manner. In case of the temperature mission itself, earlier they want to check for few minutes but now it become digital. so, it become more easier for them.

Figure 4.42

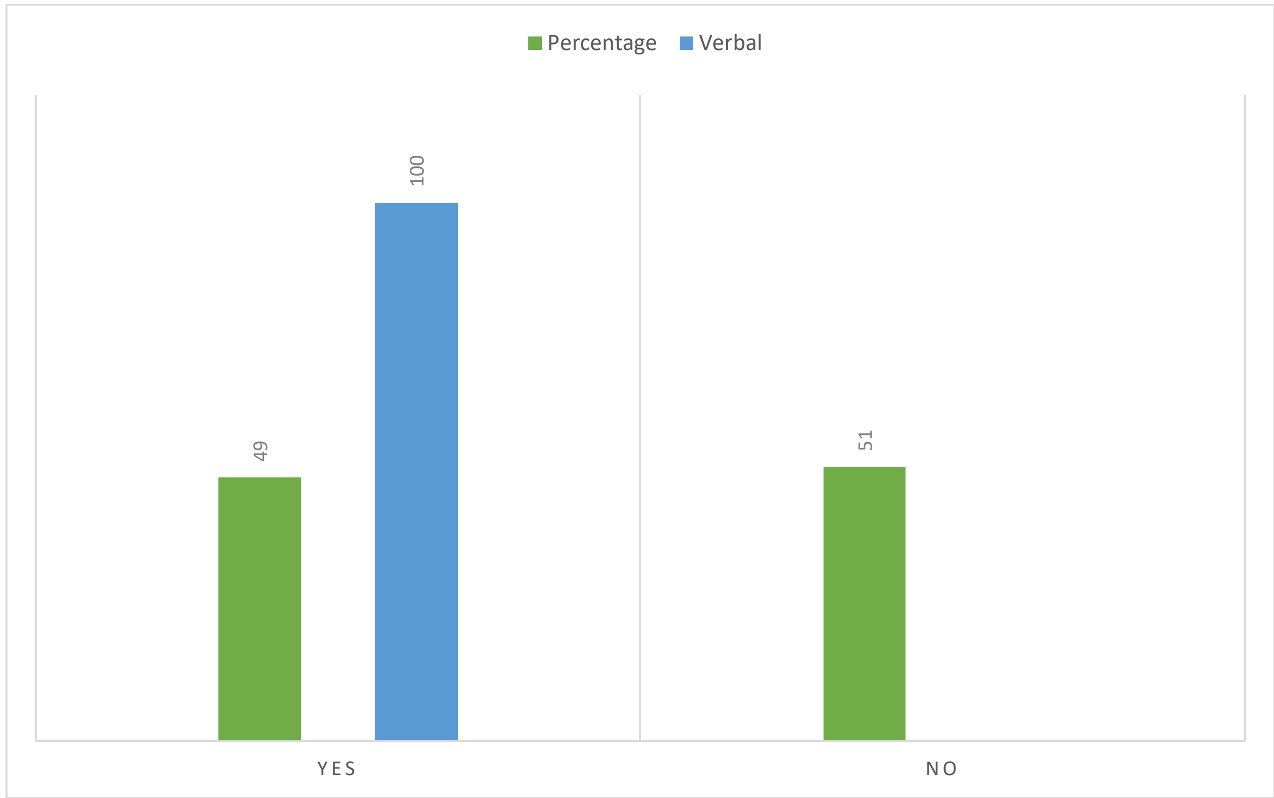
<u>Level of medical assistance provided by the hospital</u>



The above figure shows that the medical assistance that provided by the hospital to the nurses. many of them were not getting any kind of assistance from the hospital. In case of the medicines and treatment there is no considerations and discounts were not given to the nurses from the hospital.

Figure 4.43

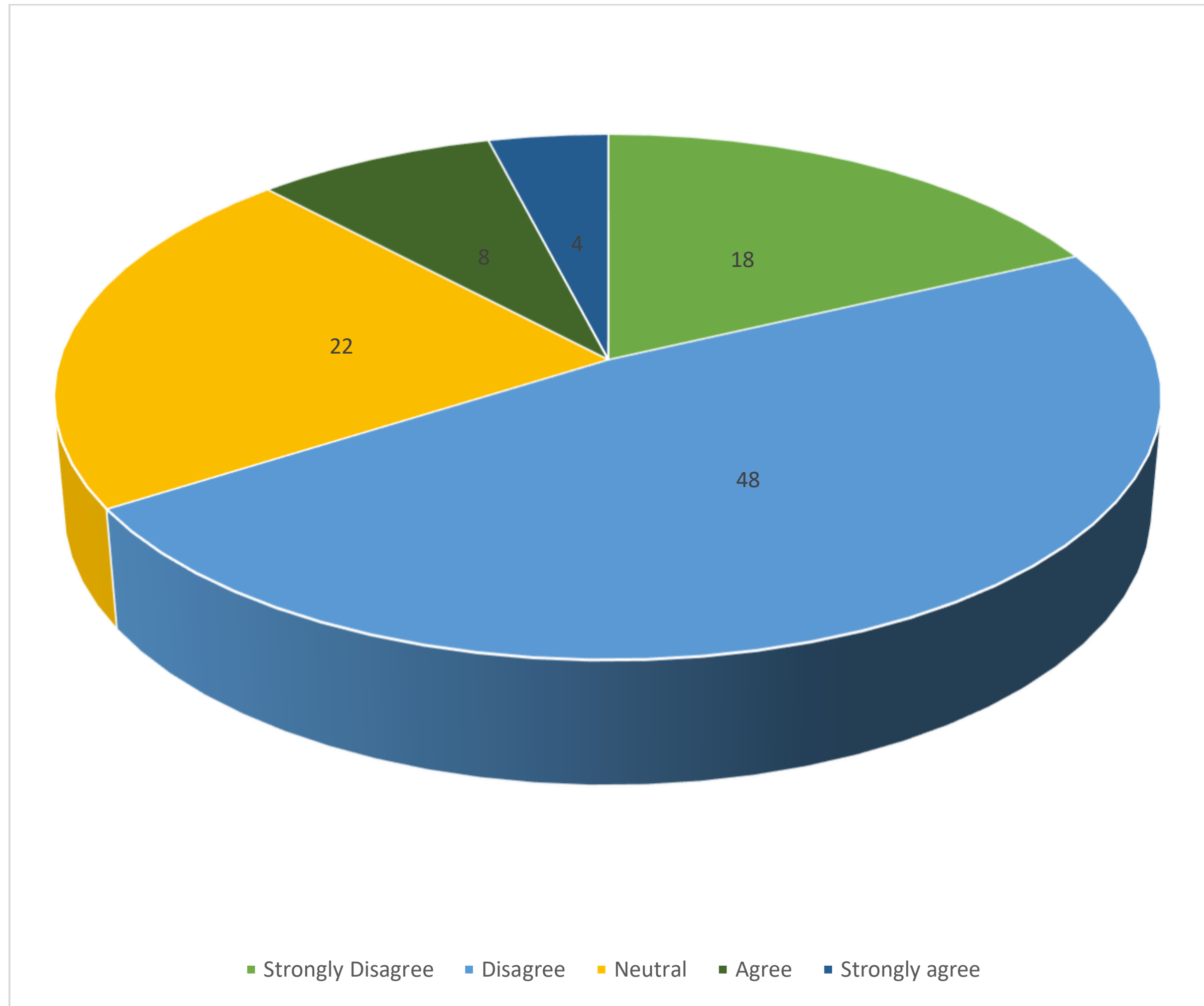
<u>Level of bad experiences from the patient's side</u>



Hear we can see that the bad experience that were faced by the nurses from the side of patients. Comparatively the bad experiences are low for the nurses but there is nearby percentage of having abuses from the side of patients. The verbal abuse was the main thing that the nurses want to face from the side of patients. That is all on the basis of gender and also the fault happens from the side of hospital management.

Figure 4.44

Satisfaction level of increments and promotion for the carer growth



From the above figure we can identify that majority of them were not satisfied with the increments and promotion. They have to work harder and also there is proper rest. It is very stressful work and they were handling it with a sweet smile to every individual that comes for treatment. They didn't show their sorrows and stress that by the hospital management. they played a role of peace. They were the back born of one hospital. Then also they didn't get any kind of support to the career growth.

FINDINGS AND CONCLUSION

CONCLUTION AND FINDINGS

Beyond the obvious conclusion that nursing is work, conceptualizing nursing as work points to changing social realities that are raising significant ethical issues. As a concept, work inherently conveys value, connects intellectual and manual labour, and recognizes social divisions of labour. Nursing is an ethical job that is needed throughout the world. It exists in the modern age as a way to care for and to help people, and to maximize the way we treat people.

Nursing is also very ethical; each patient is taken care differently and have different choices according to their ethics. Patient and the public have the right to the highest performance from the healthcare professionals and this can only be achieved in a workplace that enables and sustains a motivated and well-prepared workforce. Catering to the needs of nurses and combating their challenges can make nurses empowered, encouraged, challenged and affirmed to continue doing what they do best without any barriers. Inadequate Staffing that is, being short-staffed for brief periods of time is common in most professions, and in many of those situations, it is a minor inconvenience, Mandatory Overtime, Safety on the Job, Workplace Violence, Improving Self-Care. these are the challenging aspect of the nurses.

The findings are that the income that get for the nurses is very low when we compare with the working importance. The 8 hours is the basic working hour of the nurses in cochin city. In the period of corona, they have to work continuously for 12 hours or mor than that for a long period of time. It is because of the shortage of staffs due to quarantine. nurses were responded that they were struggle a lot to manage their responsibilities. they were having lots of support from the home to manage their works. the nurses may or may not be able to involve in the emotional issues faced by the children are more seen, very few of them are not even able to look their children. the time that got to spend with their family is very rarely. It is because of the duty shift and stress. they were leeding very busy life. They have to taking care of the patients in the hospital on the same time they want to give care to the elderly at home. based on the seniority of

the person and also depends on the hospital management can provide live for them. they were having great support from the side of husbands.

The nurses are giving importance to both the patients and family equally. that is why they didn't take simply leave. they didn't have proper resting time or break in between their working hours. most of the nurses don't get leisure time in between their work. The Major issue faced by them was the UTA and Pressure. the tight scheduled work with no leisure was the main reason or the cause of this health issues. there is no proper break for having food...

The health issues for these nurses are because of the heavy work pressure from the hospital and to maintain house hold duties. the back pain and leg pain are leading complaints of the nurses. It is because of the restless work. they can't get time to sit or taking rest. That is because of these heath issues are more seen in nurses. They like their profession very much. But they didn't get proper importance to the effort they taken in the hospital. They were maintaining mutual understanding with their colleagues. Then we can see that the gender-based discrimination was existed in this field. Especially from the part of hospital management and the patients. The verbal abuse was the main thing that the nurses want to face from the side of patients. That is all on the basis of gender and also the fault happens from the side of hospital management.

APENDIX

INTERVIEW SHEDULE

1. Name:
2. Age:
3. Religion: Christian ☐ Hindu ☐ Muslim ☐ others ☐
4. Educational qualification: general nursing ☐ BSC (basic) ☐

   BSC (post basic) ☐ MSC ☐
5. Marital status: Married ☐ separated ☐ widow ☐
6. The department in which you are working: general ward ☐ intensive care unit ☐

   public health ☐ others ☐

   If others, specify: ☐
7. Annual income: below 1lack ☐ 1to3 lack ☐ 3to5 lack ☐ above 5 lack ☐
8. Type of family: nuclear ☐ joint family ☐
9. Type of house: own ☐ rent ☐
10. Type of vehicles you were used to come to hospital: 2wheeler ☐ 4wheeler ☐

    Public transport ☐
11. How many hours you have to work per day: 6 ☐ 8 ☐ 10 ☐
12. If there any changes in the working hours during the period of corona: yes ☐ no ☐

    If yes, specify the working hour: ☐
13. Do you have someone to help you with the household works? Yes ☐ no ☐

    If yes, who will help you? Husband ☐ parents ☐ vants ☐

14. Who is in charge of cooking in your family? My self ☐ parents ☐

servants ☐

15. Who will do the other house hold activities like cleaning, washing and so on?

My self ☐ parents ☐ servants ☐

16. Are you able to balance the domestic work and your job? Yes ☐ no ☐

17. Are you the only source of income in your home? Yes ☐ no ☐

if no, specify ☐

18. Who will take care of your children when you going for work? Husband ☐

parents ☐ servants ☐

19. Are you a breastfeeding mother? Yes ☐ no ☐

If yes, how you manage? Feed after comeback home ☐
store milk using breast pumps ☐

20. Shift schedules at work make it difficult to cope with tasks at home :

Strongly agree ☐ Agree ☐ neutral ☐ disagree ☐ strongly disagree

21. "Due to the pressure of my work the attachment with children decreases" do you agree with this?

Strongly agree ☐ Agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

22. Are you able to help children with their emotional issues? Yes ☐ no ☐

sometimes ☐

23. Do you get time to spend with your family members? Yes ☐ no ☐ sometimes ☐

24. "I have a job but I can look after the elderly at home" are you agreeing this statement?

Strongly agree ☐ Agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

25. Can you able to take casual leaves? Yes ☐ no ☐

26. “I mostly take leave for the needs of my children” are you agree with this statement?

Strongly agree ☐ Agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

27. Who decide whether to take leave or not? Myself ☐ husband ☐ parents ☐

together ☐

28. “I will take leave, realizing the seriousness of the matter” are you agree with this

statement? Strongly agree ☐ agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

29. are you the primary care for your family? Yes ☐ no ☐

30. Do you experience any difficulties during menstruation? Yes ☐ no ☐ sometimes ☐

If yes, specify the issue ☐

31. Do you get leisure time in between working hours? Yes ☐ no ☐ metimes ☐

If no, what are the challenges that you face by it? ☐

32. Do you have any of these health issues? Diabetes ☐ UTA ☐ pressure ☐ others ☐

If others, specify? ☐

33. “I can eat and drink at the right time” are you agree with this statement

Strongly agree ☐ Agree ☐ neutral ☐ disagree ☐ strongly disagree ☐

34. Do you feel stressed up due to the work pressure? Yes ☐ no ☐

35. Do you get proper sleep? Yes ☐ no ☐

If no, why? ☐

36. Do you have any physical complaints? Back Pain ☐ Leg Pain ☐ ck Pain ☐

Others ☐

If others, specify? ☐

37. Are you satisfied with the attitude of the hospital management? Extremely satisfied ☐

Satisfied ☐ eutral ☐ nsatisfied ext☐ely unsatisfied ☐

38. "I'm very happy to working in this hospital" are you agree with this statement?

Strongly agree ☐ gree ☐ tral dis☐ee stro☐y disagree ☐

39. "I have excellent relationship with colleagues" are you agree with this statement?

Strongly agree ☐ gree ☐ tral di☐ree stro☐y disagree ☐

40. "The doctor treated us very kindly" are you agree with this statement?

Strongly agree ☐ gree ☐ tral di☐ree str☐ly disagree ☐

41. "I feel discrimination based on gender from the side of hospital and patients" are you agree with this statement?

Strongly agree ☐ gree ☐ tral di☐ree stro☐y disagree ☐

42. "The importance that I get from the management side in the hospital seems to be low" are you agree with this statement?

Strongly agree ☐ gree ☐ tral d☐ree stro☐ly disagree ☐

43. Are you satisfied with the facilities provided by the hospital management? Yes ☐ o ☐

44. Do you get medical assistance at the same hospital when you sick? Yes ☐ o ☐

45. Have you ever had a bad experience from the part of the patients? Yes ☐ o ☐

if yes, specify? Verbal ☐ Sexual ☐ ers ☐

46. "I get salary increments and promotions by the hospital management for the career growth" do you agree with this statement?

Strongly agree ☐ Agree ☐ tral dis☐ee stro☐y disagree ☐

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