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Ergonomic assessment of work life balance and psychological constrain faced by nurses of Uttarakhand

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Abstract

Nursing profession within the health care sector focused on the care of individuals, families and communities to attain and maintain optimal health and quality of life. Nurses spend more time with patients than do any other health care providers and patient outcomes are affected directly by nursing care quality. Nurses suffering from high stress level due to their emotional and heavy physical work as they are often required to lift heavy load, work for long hours and also exposed to frequent social encounters in their jobs. The present study explores the condition of work life imbalance and psychological constrains faced by the nurses. A cross-sectional study was conducted in the four district of Uttarakhand. For the study, 390 nurses from 39 hospitals of all the districts of Uttarakhand were selected. The interview schedule was designed with the demographic profile of nurses, work life imbalance and psychological parameters (VAS and FSS) of nurses. The result revealed that work family conflict (1.98 ± 0.84) and work life conflict (1.73 ± 0.71) is more which signifies that they are scarifying their family needs and in psychological test (VAS) nurses were reported very severe pain in neck (34.1%), whereas in FSS Score was found 82 percent. So that to cope up with their issues a training module was designed and distributed among nurses for the betterment of their life. This training module consist information regarding work life balance and stress coping strategies along with improvement in their physical and mental health tips.

Keywords: Nurses, work life imbalance, work-life-conflict, Family-work-conflict, VAS and FSS

1. Introduction

Health care industries provide continuous facilities around the clock for the benefit of all citizens in any country. Health care personnel are responsible for the health through the application of knowledge of medical science and skill expertise in meeting the health needs of people within country (Manjushree, 2012) ^[1]. Nurses play the major role in health care industry and the demand for nurses is also increasing not only because of the job security or attractive salary but also because of the care they provide, thus making a difference in other lives which is generally not found in other careers (Neates, 2010) ^[2].

Nurses are stressed further by in convenient working conditions like extensive working hours, weekend week, evening and night time work, in sufficient breaks during working shift and even having to take and true job in order to reasonable ask pay. Stress experienced in the field of nursing is increasing. The growing conflict between the demand and the resources available creates an increasing amount of overload (Wickstrom, 2001) ^[3].

Psychological satisfaction, quality of work environment and moral of health practitioners is beginning to receive attention worldwide. Psychological satisfaction in health care workers is correlated with interesting work demand and the opportunity to contribute skill and idea. In medical profession, nursing staff are the one who have variety of job to perform and need to manage with many tasks at many places in the hospital and still are under paid and under valued.

Nurses shortage can be a symptom of poor management and organizational support (Zurn, *et al.*, 2004) ^[4]. Shortages of nurses are resulting in heavy workload and high musculoskeletal discomfort which is a precursor of stress. The satisfaction of the health workers is said to be highly important in building up employee motivation and efficiency as higher satisfaction determine better employee performance and higher level of patient's satisfaction (Alemshet, *et al.*, 2011) ^[7]. Whereas, the work life balance is also an important aspect among health industry workers. Work life balance refers to management of the actual and desired proportion of one's week and private life activities (Fereday and Oster, 2010, Charles and Harris, 2007) ^[8, 9]. In contrasts with the imbalance a life dominated by work, focused on satisfying external

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Requirements at the expense of inner development and in conflict with a person's true desires. Work life balance implies that work life issues are no longer only just women's issues of family issues. Several studies revealed that factor like improper work life balance, work pressure, improper working environment, growth pressure and salary and job security have greater impact on job satisfaction and work life balance. The job satisfaction and work life balance of a nurses is absolutely important for the smooth functioning and successful upcoming of the health care industry (Day, 2010) [10]. Improvement of nurses working environment is an important issue as working conditions can adversely affect nurse's health and cause them to resign from their jobs and profession itself.

The potential nursing shortage has become a serious problem. Because India is becoming the world's faster ageing society, there will be a shortage of young nurse in the near future, it is important to encourage current nurses to remain in their positions and continue their professionals careers. So there is need to improve psychological satisfaction of nurses, attention should be paid on improving working condition and taking their preference into account while planning the work schedule. So keeping the above aspects in mind, present study is designed with following objectives:-

1. To study the demographic profile of the nurses engaged in hospital Industry.
2. To evaluate the psychological constrain of the nurses.
3. To explore the work life imbalance among hospital industry workers.

2. Material and Methods

2.1 Respondents and location

A cross- sectional study was design and conducted in the all 13 districts among 39 hospitals of Uttarakhand. The total 390 respondents were selected through simple random sampling method.

2.2 Procedure

In order to obtain an in-depth understanding of nursing profession and their work life, semi structure and informal interview schedule were used.

2.3 Demographic profile

Demographic profile in the present study regarding age, sex, marital status, education level, year of nursing experience, per month income, shift type, occupational rank and off periods (days per month) were collected with help of questionnaire.

2.4 Measurement

Measurements of Work Family Conflict (WFC) and Family Work Conflict (WFC), Work Life Conflict (WLC) and Life Work Conflict (LWC) among nurses working in the hospital industry were done by standard scale developed by Netemeyer, *et al.* (1996). The psychological constrain was estimated by using Fatigue Severity Scale (FSS) developed by Krupps Lauren to assess the fatigue and Visual Analogue Scale (VAS) developed by Hayes and Patterson (1921) [6] to measure intensity of pain experienced by nurses in different body parts.

3. Results and Discussion

3.1 Demographic Profile

The results envisages from the table 1 that 98.72 per cent of respondents were female in nursing profession. Majority of the nurses (39.23%) were young and lies between 20-30 years

age group and nearly 57 percent nurses completed their intermediate followed by 32.56 percent nurse's persuaded GNM diploma to carry out their nursing career. It was also found that 70.51 percent of the nurses were married and around 78 percent were belonged to nuclear family. Forty percent of the nurses were getting monthly income Rs. 40,000 and above.

Majority of the respondents (32.82%) were having 5-10 years of working experience in nursing profession. Around 83 percent of the respondents get 4 days off in a month and also reported that they were not allowed to go out of the town without permission in these four days due to emergency call. When nurses ask about the effect of night shift, 56.15 percent agreed that the night shift disturbed their social life. Whereas, 44.10 percent of the nurses felt that sometimes night shift affect their attitude, mood swing and personality.

Table 1: Frequency percentage distribution of demographic data of paramedical employees.

n=390

S. No.	Information	Frequency	Percentage
1.	Gender		
	Male	5	1.28
	Female	385	98.72
2.	Age (years)		
	20-30	153	39.23
	30-40	127	32.57
	40-50	60	15.38
	50 and above	50	12.82
3.	Education		
	ANM	38	9.74
	GNM	127	32.56
	Intermediate	222	56.92
	B.sc Nursing	3	0.77
4.	Marital status		
	Unmarried	90	23.08
	Married	275	70.51
	Widow	18	4.62
	Divorce	7	1.79
5.	Income		
	Less than 10,000	19	4.87
	10,000-20,000	69	17.69
	20,000-30,000	55	14.10
	30,000-40,000	91	23.33
	40,000 and above	156	40.00
6.	Type of family		
	Extended	3	0.77
	Nuclear	304	77.95
	Joint	83	21.28
7.	Work experience		
	20 and above year	68	17.44
	15-20 years	60	15.38
	10-15 years	56	14.36
	5-10 years	128	32.82
	Less than 5 years	78	20.00
8.	Off period		
	5 days	25	6.41
	4 days	324	83.08
	3 days	41	10.51
9.	Effect of night shift on attitude		
	Always	137	35.13
	Sometimes	172	44.10
	Never	81	20.77
10.	Effect of night shift on social life		
	Agree	219	56.15
	Disagree	171	43.85

3.2 Analysis of work-life-family conflict among nurses

3.2.1 Work family conflict (WFC): Work family conflicts occur when there are incompatible demands between the work and family. It was observed that 37.95 percent nurses were felt their work always interfering their home and family life, whereas, 38.46 per cent nurses were reported that family and work are two different domain and they have to manage family responsibility anyhow. Moreover, 45.38 percent nurses said that due to heavy job pressure they never leave incomplete task at their home. While asking about to fulfilling family duties, 46.41 percent nurses accept that sometimes job strain was high and they were unable to full fill family duties.

3.2.2 Family work conflict (FWC): Family work conflict occurs when family responsibilities interfere with their work life. Data pertaining to the FWC, it was found that almost 60 percent nurses were reported their family demand never affect their work related duties and about 61.03 percent nurses revealed that they put off doing things/ incomplete work at work place due to demand of time at home, followed by 37.18 percent nurses were admitted that sometime they had to focus family demand such as family member had issue, problems and causality etc. and then put off their work related duties secondary. Majority of nurses (62.05%) said that their family life never interfere with their work. It was observed that 65.9

percent of the nurses were reported family strain and issues never hinder their ability to perform better at work.

3.2.3 Work-life conflict (WLC): Work-life refers to any connection between the work and personal domains of individual. The data of this study revealed that 44.36 per cent nurses admitted sometime their work create hindrance in their personal life. Majority (46.41%) of the nurses reported they were always facing difficulties to fulfil their interest due to time demand at job and 41.28 per cent were admitted sometime work at home remain incomplete due to job. Whereas, almost 70 percent nurses experience that they had to always change their personal plans due to work related duties.

3.2.4 Life work conflict (LWC): According to 63.59 percent of the nurses said that demand of personal life never interfere their work related duties. Majority of nurses (93.33%) admitted that they had never leave incomplete their task due to multiple work at outside. And nearly 94 percent nurses revealed that their work never disturb due to their interest in outside work. It was also found that 48.97 percent nurses experienced their home life never interfere with their various responsibilities at work and 53.59 percent nurses felt that their personal strain or pressure never interfere with their work related duties.

Table 2: Frequency percentage distributions of WFC/FWC and WLC/LWC nurses n= 390

S. No	Work-family conflict (WFC)	Disagree f (%)	Agree f (%)	Strongly Agree f (%)
1.	The demands of work interfere with home and family life.	114 (29.23)	128 (32.82)	148 (37.95)
2.	The amount of time job takes up makes it difficult to fulfill family responsibility.	150 (38.46)	135 (34.62)	105 (26.92)
3.	Things I want to do at home do not get done because of the demands my job put on me.	177 (45.38)	77 (19.74)	136 (34.87)
4.	Job produces strain that makes it difficult to fulfill family duties.	116(29.74)	181 (46.41)	93 (23.85)
5.	Due to work related duties, I have to make change to my plans for family activities.	60(15.38)	108 (27.69)	222 (56.92)
Family-work conflict (FWC)				
1.	The demand of family of spouse/partner interferes with work-related duties.	233 (59.74)	90 (23.08)	67(17.18)
2.	I have to put off doing things at work because of demand on my time at home.	238 (61.03)	145 (37.18)	7 (1.79)
3.	Things I want to do at work don't get done because of the demands of my family of spouse/partner.	222 (56.92)	83 (21.28)	85 (21.79)
4.	Home life interferes with responsibilities at work such as getting to work accomplishing daily tasks and working overtime.	242 (62.05)	143 (36.67)	5 (1.28)
5.	Family-related strain interferes with ability to perform job-related duties.	257(65.90)	94(24.10)	39(10.00)
Work-life conflict (WLC)				
1.	The demand of work interferes with life away from work.	113(28.97)	173(44.36)	104(26.67)
2.	The amount of time job takes up makes it difficult to fulfill other interests.	85(21.79)	124(31.79)	181(46.41)
3.	Things want to do at home do not get done because of the demands of job.	176(45.13)	161(41.28)	53(13.59)
4.	Due to work. I have to make changes to my plans for activities away from work.	35 (8.97)	85 (21.79)	270 (69.23)
5.	Job produces strain that makes it difficult to fulfill other responsibilities and duties.	85 (21.79)	88 (22.56)	217 (55.64)
Life-work conflict (LWC)				
1.	The demands of personal life interfere with work-related duties.	248 (63.59)	136 (34.87)	6 (1.54)
2.	I have to put off doing things at work because to demands on my outside work.	364 (93.33)	15 (3.85)	11 (2.82)
3.	Things want to do at work don't get done because of the demands of interests outside work.	367 (94.10)	16 (4.10)	7 (1.79)
4.	Home life interferes with my responsibilities at work.	191 (48.97)	144 (36.92)	55 (14.10)
5.	Personal life strains interfere with my ability to perform work-related duties.	209 (53.59)	63 (16.15)	118 (30.26)

3.3 Fatigue severity among nurses

The fatigue severity scale (FSS) is a method of evaluation the impact of fatigue. The FSS questionnaire contains nine statements that rate the severity of fatigue symptoms (Fig. 1).

A total score of 36 or more suggests that they may suffer from fatigue. Majority (82.05%) of the respondents had score equivalent or more than 36 point, represents more fatigue felt by nurses during last few weeks.

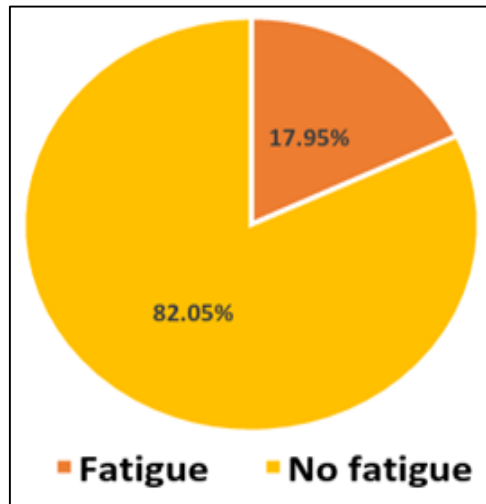


Fig 1: Fatigue severity scale

3.4 Perceived Body Discomfort/ rated perceived exertion of Nurses

The result of perceived body discomfort (table.3) depicts that majority (22.05%) of the nurses were moderately suffering from the pain and discomfort in their upper back and 8.21 percent nurses were suffering from severe pain and

discomfort in neck, whereas, 16.67 percent experience moderate pain due to awkward posture for a long duration which also cause musculoskeletal discomfort. Nurses also reported pain and discomfort in thigh, legs and buttocks due to awkward posture at the work place.

Table 3: Frequency and percentage distribution of nurses regarding the discomfort in their body assess though n=390 VAS

Sl. No	Body Part	0	1	2	3	4	5	Mean	SD
1.	Neck	133 (34.10)	11(2.82)	54(13.85)	77(19.74)	83(21.28)	32(8.21)	2.16	1.778
2.	Shoulder	261(66.92)	-	47(12.05)	65(16.67)	16(4.10)	1(0.26)	0.92	1.366
3.	Upper back	139(35.64)	8(2.05)	39(10.00)	86(22.05)	79(20.26)	39(10.00)	2.19	1.830
4.	Upper Arm	250(64.10)	-	18(4.62)	40(10.26)	51(13.08)	31(7.95)	1.32	1.858
5.	Mid Back	173(44.36)	15(3.85)	64(16.41)	72(18.46)	52(13.33)	14(3.59)	1.63	1.651
6.	Lower Arm	230(58.97)	-	25(6.41)	44(11.28)	65(16.67)	26(6.67)	1.47	1.861
7.	Lower back	112(28.72)	7(1.79)	46(11.79)	113(28.97)	80(20.51)	32(8.21)	2.35	1.702
8.	Thighs	227(58.21)	3(0.77)	47(12.05)	59(15.13)	44(11.28)	10(2.56)	0.58	1.033
9.	Legs	197(50.51)	2(0.51)	52(13.33)	75(19.23)	48(12.31)	16(4.10)	1.28	1.631
11.	Buttocks	285(73.08)	18(4.62)	57(14.62)	27(6.92)	2(0.51)	1(0.26)	1.55	1.697

4. Conclusion

In the present investigate, from the assessment of work life imbalance and psychological constrain, it was found that nurses were very disappointed with timing and work pressure. Majority of nurses experienced that they sacrifices their family for their work, whereas some accepted these situation and adopt the culture of apart from family and children managing themselves. On the other hand, most of the nurses were complaining severe pain in upper back, lower back and neck, which psychologically hinder them to work with concentration at their workplace. Therefore, A training module were designed and distributed among nurses of those hospital which were chosen for study. Training module was consists information regarding work life balance and stress coping strategies along with tips in their physical and mental health tips.

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