



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1243128>Available online at: <http://www.iajps.com>

Research Article

**THE LIFE OF MEDICAL STAFF OF HOSPITALS, EFFECTS OF
ATMOSPHERE AND LIFE IN TERTIARY CARE HOSPITAL IN
SIR GANGA RAM HOSPITAL IN LAHORE**¹Dr. Ali Saeed, ²Dr. Sibtain Ali Hashmi, ²Dr. Hasnain Abbas Naqvi¹District Headquarter Hospital, Kasur.²Government General Hospital Ghulam Muhammadabad, Faisalabad.**Abstract:**

Background: Stress is physiological and mental reaction towards any events. Studies have shown that nurses are under considerable job stress, which can lead to health disorders and failure in duties. Stressors of nursing have been studied in some of quantitative studies; however, a few investigators have studied the nurses' life experiences in this regard. **Objective of the study:** The objective of the study is to identify the level of occupational stress and the effect on the performance among the hospitals nurses. **Methodology:** Descriptive cross-sectional study was conducted at Sir Ganga Ram Hospital in Lahore. The study was carried out on 103 nurses registered by Pakistan Nursing Council. Semi-structured occupational stress questionnaire was used to obtain the data. Data processed and analyzed in SPSS. **Results:** The result of the study showed that the severe level of stress were 65% mild were 8% and moderate level were 27%. The investigation results built up indisputably that a staggering part of nurses' populace setting had revealed direct and stress level that may discourage their expert and social accountabilities. It is proposed that stress should be lessened by executing appropriate administration and radical changes in benefit condition climate. These outcomes may profit nurses to enhance emotional wellness and to adapt to stress level that enable nurses to guarantee quality patient care.

Keywords: Nurses, stress, occupational stress, Pakistan.**Corresponding author:****Dr. Ali Saeed,**
District Headquarter Hospital,
Kasur

QR code



Please cite this article in press Ali Saeed et al., *The Life of Medical Staff of Hospitals, Effects of Atmosphere and Life in Tertiary Care Hospital in Sir Ganga Ram Hospital in Lahore*, Indo Am. J. P. Sci, 2018; 05(05).

INTRODUCTION:

Occupational stress in nursing is common worldwide; with rates of 9.20%-68.0% of nurses suffering from stress being reported in the worldwide literature. The nursing profession is perceived as a satisfying and compensating profession [1] while it is additionally recognized as an exceptionally distressing profession. Serious and direct level of work related pressure diminishes nurse's general wellbeing including rationally, physically and socially. Ceaseless workload, absence of self-rule, absence of status, absence of assets, clashes, lessened pay scale, and absence of inspiration are key components in charge of creating work related worry among nurses [2]. It is reported that medical caretakers take care of numerous patients and satisfy a few assignments too [3]. In this way, medical attendants are overburdened and undue casualties of employment stretch. It has been affirmed by late research that one of every five medical attendants wish to leave their place of employment and 40% medical caretakers encounter impressive burnout. Thus, burnout is the main wellspring of causing work pressure [4]. It has been attested by flow inquire about that occupational pressure is the huge issue among nurses in a few sections of the world [5]. Further, late research recommends that few business related stressors are related with nursing including poor social help, pool of information and in addition commotion contamination [6].

Another current research indicates that the professional pressure nurses and associations are unusual for dangerous [7]. During this activity prevents the nurse's prosperity physically and logically. Physically and logically nurses feel sick and unhealthy for ingredients, for ingredients, for example, incompetence of disease, infection absence, work environment in weak nurse may be worried about [8]. Is. There is a huge impact on the general development of professional pressure in professional pressure [9]. In addition, the organizations whose representatives are worried can be unsuccessful, less profitable and less unique. Saudi Arabia recognizes advanced business tensions between nurses. Load emotional demand and make home is an important source of stress. The majority of nurses said that stress had a major impact on their mental health and they intended to increase their work (age). An

assessment conducted on 26 nurses in the malls to assess the effects of tension on the nurses said that 84.4% burden of nurses, behavior injury, role of role, family conflict and physical environment [tension] is done. Affected means that the stress of five job stress has been significantly emphasized. However, according to other factors the remaining 1360% have been affected [10]. In Pakistan, 265 registration nurses were conducted in Karachi's third care hospitals. Study participants faced work-related stress; light stress 2.0%, moderate stress 36.5% and severe 61.5%. Moderate or severe stress can harm your professionally on their professional, international skills and social accountability [11].

MATERIALS AND METHODS:

The study design is descriptive cross-sectional. This investigation was performed at Sir Ganga Ram Hospital in Lahore. The investigation subjects were female enrolled nurses with all day employment, notwithstanding, serving either in customary or contract premise with two years working background. Further, substantial permit holders by Pakistan Nursing Council were drawn nearer in this investigation. The population of the study consists of all nurses of two emergency department of tertiary care hospital Sir Ganga Ram Hospital in Lahore. The required sample size was utilized and the adequate sample size calculated for the study was 103 nurses. Convenient sampling technics were used for sample selecting about the nurses.

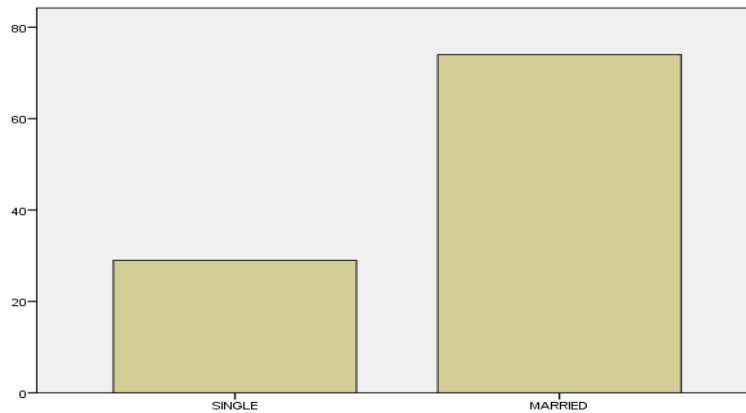
RESULTS:

Data analysis was conducted using Windows SPSS version 21. The data were entered in the Windows SPSS data base by two data entry clerks [double entry] to enhance the quality of data entry process and for quality control in the data entry process. The data were assessed for completeness, consistency, and missing values. A questionnaire was required to have 80% of the questions completed before it could be accepted to be entered in the computer program for analysis. No questionnaires were disqualified due to incompleteness. The few missing values of some questionnaires were imputed using the multiple imputation method. The internal consistency of the study instruments and instrument subscales was evaluated using Cronbach's alpha.

Table No 1: Marital wise classification

Marital	F	%	M	SD
SINGLE	29	28.2		
MARRIED	74	71.8	1.7184	.45196
Total	103	100.0		

Table No 1 indicates that Marital wise classification single were 29[28.2] % and the married was 74 [71.8%] percentage.

**Fig No1: Marital wise classification****Table No 2: Job timing wise Classification**

Job timing	F	%	M	SD
MORNING	36	35.0		
EVENING	47	45.6	1.8447	.72433
NIGHT	20	19.4		
Total	103	100.0		

Table No 2 indicates that Job timing wise Classification were morning 36[35%], Evening were 47 [45.6%], and night were 20 [19.4%].

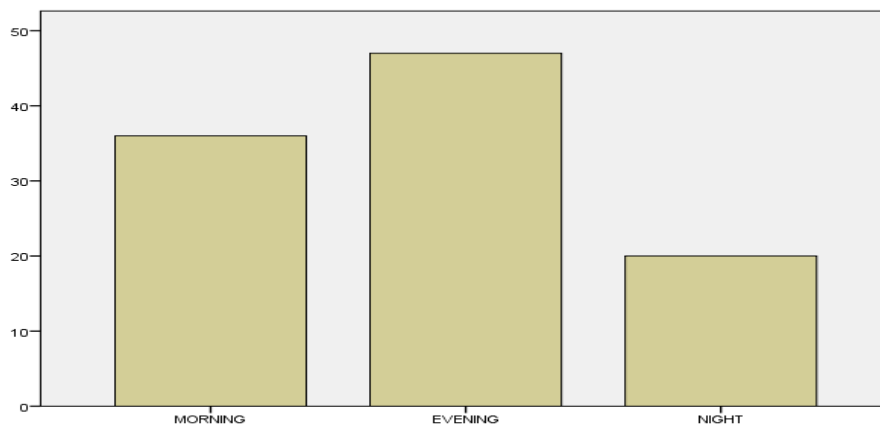
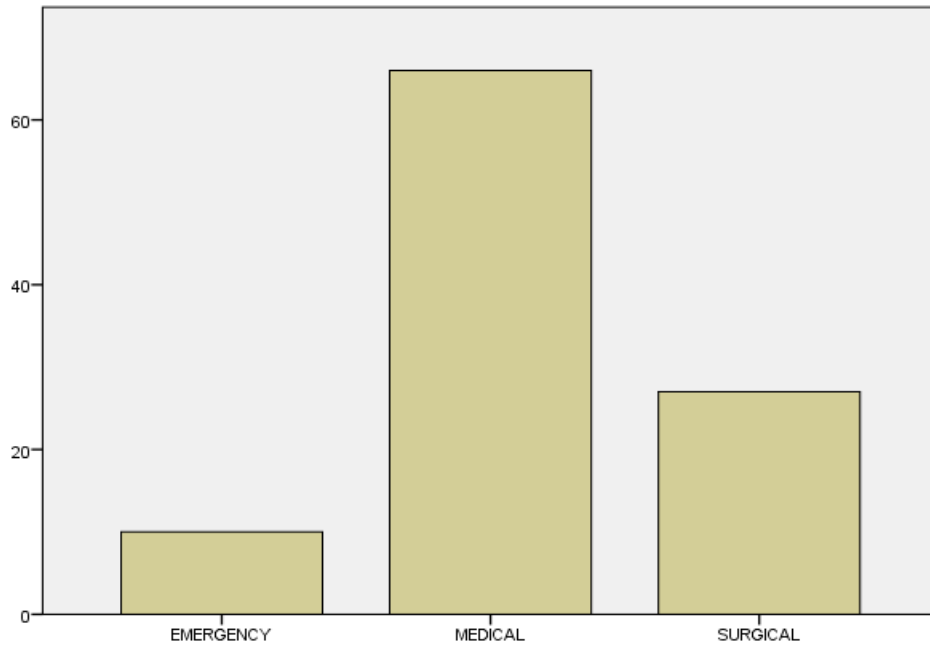
**Fig No 2: Job timing wise Classification**

Table No 3: Department wise classification

Department	F	%	M	SD
EMERGENCY	10	9.7		
MEDICAL	66	64.1	2.165	.5790
SURGICAL	27	26.2		
Total	103	100.0		

Table No 3 indicates that department were emergency 10 [9.7%], medical were 66 [64.1%] and Surgical were 27 [26.2%].

**DASS SCORE:**

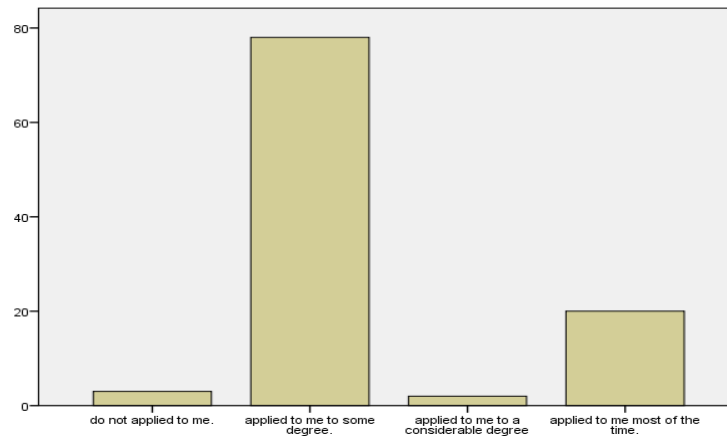
Variable	%
Severe	65%
Mild	8%
Moderate	27%

The result of the study on DASS is showed that the severe level of stress were 65% mild were 8% and moderate

Table No 4: found it hard to complete a task smoothly

Opinion	F	%	M	SD
Do not applied to me.	3	2.9		
Applied to me to some degree.	78	75.7		
applied to me to a considerable degree	2	1.9	2.3786	.82979
Applied to me most of the time.	20	19.4		
Total	103	100.0		

Table no 4 describes about i found it hard to complete a task smoothly. Results indicate that 2.9% respondents were do not applied to me, were 75.7% applied to me to some degree were applied to me to a considerable degree 1.9% and the Applied to me most of the time was 19.4% with the statement. The mean is 2.3786 with .82979 standard deviations.

**Fig No 4: found it hard to complete a task smoothly****Table No 5: I was aware of dryness of my mouth**

Opinion	F	%	M	SD
Do not applied to me.	4	3.9		
Applied to me to some degree.	75	74.7		
applied to me to a considerable degree	5	2.9	2.345	.8148
Applied to me most of the time.	21	18.4		
Total	103	100.0		

Table no 5 describes about i was aware of dryness of my mouth. Results indicate that 3.9% respondents were do not applied to me, were 74.7% applied to me to some degree were applied to me to a considerable degree 2.9% and the Applied to me most of the time was 18.4% with the statement. The mean is 2.345 with .8148 standard deviation.

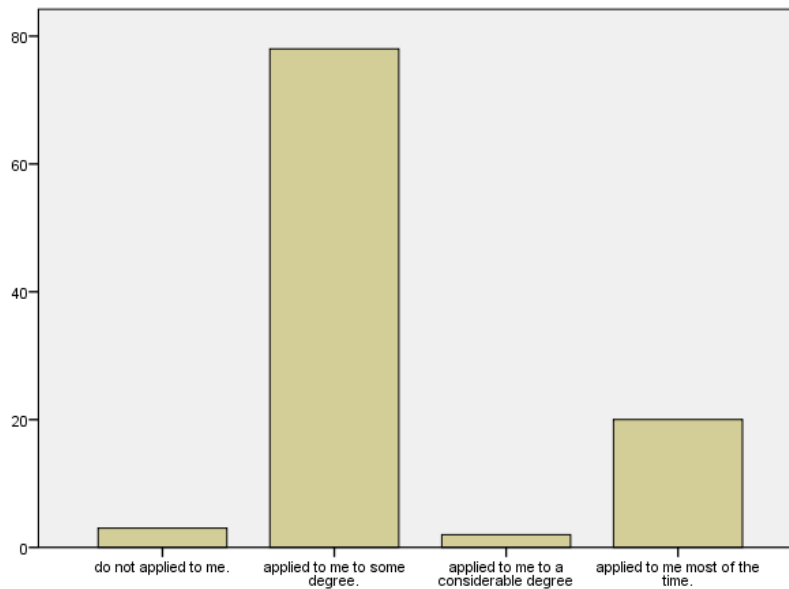


Fig No 5: was aware of dryness of my mouth

DISCUSSION:

In a couple of studies, the stress of occupation on nurses is engaged, as in an investigation completed in India, the normal time of nurses was 32.5 years. [Going from 19 years - 41 years]. In another study, the 17 subjects remained up to 20-50 years old. The up to specify examination agreeing comes about were relatively similar to the Indian studies because of the way that the age group of nursing members in this investigation was likewise 25 to 50 years. Rendering to the present examination, stress turned more extreme as more established subjects rose, however it was not statistically significant as such. [P=0.06]. Stacciarini and Troccoli [2004] concluded that the nurses who guaranteed their employments free from pressure were having the mean span of occupation 5.64 years though nurses whose mean a very long time of working was 10.14 discover their occupations to a great degree upsetting. A similar report came about that 87.4% of the members discovered their activity upsetting yet 32.2 % discovered it to a great degree focusing. In another study¹⁹ no medical caretaker asserted to be peaceful not at all like 46.7% demonstrated gentle pressure, trailed by 40% direct and just 13.3% extreme pressure. In a study²⁰ the mean of the pressure was 30.39 ± 7.27 . In another investigation, the outcomes demonstrated a significant connection between's nurses' execution and parts of occupation [$r=0.53$]. It was recognized that no significant connection between's feeling of anxiety and some statistic data, for example, personal satisfaction or work related pressure and factors like position, move, ward, encounters, time off, extra minutes hours, enthusiasm for departure and instruction occurred²¹. Interestingly, another

investigation indicated significant connections to work fulfillment [$p < 0.01$]: work pressure [- 0.568], and mental strengthening [0.482]. In this investigation the activity related pressure was discovered mellow in just 2.0% cases, then again, it was discovered direct in 36.5% members bouncing to extreme in 61.5% members.

The present study provided empirical support for the existence of occupational stress experience in the nursing profession. The existence of occupational stress symptoms among nursing personnel complies with the findings from other researcher's. In a study concerning the degree of occupational stress and related symptoms in emergency nursing personnel in Sir Ganga Ram Hospital in Lahore. Moreover, the Stress Scale was DASS used on 103 qualified nurses, to measure and compare the perceived levels of job-related stress and stressors. The perceived levels of stress were high in both groups. occupational stress is a very serious and life threatening condition [12]. The project has mixed approaches and questionnaire for the assessment of stress level among the nursing professionals. According to the selected participants, physical work environment is the leading cause for the development of occupational stress. Moreover, this factor is also highlighted by numerous research based articles [9]. Small work place, poor ventilation, too much noise, abusive demands, exposure to dust, and uncomfortable environment were included in the division of physical work environment. All of these factors were directly associated with the development of occupational stress. Moreover, findings of the study further described that management of the unit is the second most common factor for the occupational stress. Inappropriate management, poor

administrative decisions, and lack of concentration over the professionals are included in the section of departmental unit. Some other research based articles have also proved that inappropriate management can result in the development of occupational stress among the professionals [12].

Problems with patients and their families extend from absence of cooperation to violence behaviors. literature review has revealed that the risk of physical and psychological violence on behalf of abusive patients and their relatives is a great stressor. The experience in the USA is similar, revealing that workplace violence is a significant stressor, especially for Emergency Department nurses. Verbal or physical abuse often had a negative psychological effect on nurses after the incident. Problems with supervisors was the third most significant stressor, while multivariable analysis showed that it was independently correlated with nurses' mental health. This could be attributed both to the lack of well-trained supervisors and to the existing "conflict with power" culture in Greece. In Japan, less job control was associated with anxiety, while poorer supervisor support was most obviously associated with depression. According to Health and Safety Executive in United Kingdom, lack of understanding and support from nursing head managers contributes significantly to work-related stress, while greater supervisory support is associated with reduced stress and job satisfaction.

CONCLUSION:

This study was carried out in public sector tertiary care hospital of Lahore so results cannot be generalized for all population. The members in the investigation had a place with urban setting of medical centers. Accordingly; the outcomes couldn't be connected to nurses of the healing facilities in provincial region settings. The investigation was directed in broad daylight part clinics, so it can make sense of level of worry among nurses working in private division. The present research paper gave an attention to issue identified with work related stress among nurses at tertiary level in the hospitals. The investigation results built up indisputably that a staggering part of nurses' populace setting had revealed direct and stress level that may discourage their expert and social accountabilities. It is proposed that stress should be lessened by executing appropriate administration and radical changes in benefit condition climate. These outcomes may profit nurses to enhance emotional wellness and to adapt to stress level that enable nurses to guarantee quality patient care.

REFERENCES:

1. Bown, MJ, McCarthy, MJ, Bell, PR, Sayers, RD. Low atmospheric pressure is associated with rupture of abdominal aortic aneurysms. *Eur J Vasc Endovasc Surg.* 2003;25[1]:68–71.
2. Molacek, J, Treska, V, Kasik, M, Houdek, K, Baxa, J. Correlation between atmospheric pressure changes and abdominal aortic aneurysm rupture: results of a single-center study. *Surg Today.* 2013;43[9]:1003–1007.
3. Killeen, SD, Osullivan, MJ, Coffey, JC, Redmond, HP, Fulton, GJ. Atmospheric pressure variations and abdominal aortic aneurysm rupture. *Ir J Med Sci.* 2008;177[3]:217–220.
4. Harkin, DW, O'Donnell, M, Butler, J, Blair, PH, Hood, JM, Barros D'Sa, AA. Periods of low atmospheric pressure are associated with high abdominal aortic aneurysm rupture rates in Northern Ireland. *Ulster Med J.* 2005;74[2]:113–121.
5. Kordzadeh, A, Askari, A, Panayiotopoulos, Y. Atmospheric pressure and infra-renal abdominal aortic aneurysm rupture: a single observational study and a comprehensive review of literature. *Int J Surg.* 2013;11[6]:458–462.
6. Royal Netherlands Meteorological Institute [Koninklijk Nederlands Meteorologisch Instituut]. Daily Meteorological Readings for the Netherlands [Data file]. https://cdn.knmi.nl/knmi/map/page/klimatologie/gegevens/daggegevens/etmgeg_290.zip. Accessed May 30, 2017.
7. Kottek, M, Grieser, J, Beck, C, Rudolf, B, Rubel, F. World map of the Köppen-Geiger climate classification updated. *Meteorologische Zeitschrift.* 2006;15[3]:259–263.
8. Bhaskaran, K, Gasparini, A, Hajat, S, Smeeth, L, Armstrong, B. Time series regression studies in environmental epidemiology. *Int J Epidemiol.* 2013;42[4]:1187–1195.
9. Mittleman, MA, Mostofsky, E. Exchangeability in the case-crossover design. *Int J Epidemiol.* 2014;43[5]:1645–1655.
10. Lumley, T, Levy, D. Bias in the case-crossover design: implications for studies of air pollution. *Environmetrics.* 2000;11[6]:689–704.
11. Greenland, S. Dose-response and trend analysis in epidemiology: alternatives to categorical analysis. *Epidemiology.* 1995;6[4]:356–365. Google Scholar, Crossref, Medline, ISI
12. Benette, C, Vickers, A. Against quantiles: categorization of continuous variables in epidemiologic research, and its discontents. *BMC Med Res Methodol.* 2012; 12:21.