CHAPTER- 1
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1.1 BACKGROUND AND CONTEXT

Hospitals are the health care institutions which provide treatment or medicine to ill or sick people with specialized staff and equipment. Hospital is largely staffed by physicians, surgeons, nurses and other medical and Para medical staff. In past treatment work was performed by the funding religious orders, but in the present scenario medical care depends on information, still delivered in many health care settings on paper records, and increasingly by electronic means. In modern medical practice, medical professional personally assess patients in to diagnose, treat and prevent illness using clinical judgment. The relationship between doctors-patients typically begins with check-up if the patient’s medical record followed by a clinical interview and a physical examination (Coleman & Block, 2005).

According to Dictionary of medicine (2013) “Medicine encompasses a variety of health care practices evolved to retain and restore health by the prevention and treatment of illnesses”. Oxford University Press (2014) defines ‘medicine as a science and practice of diagnosis, treatment and prevention of disease’

Health professionals are highly skillful professionals and usually require broad knowledge. These health professionals consist of physicians, physician assistants, dentists, midwives, radiographers, physiotherapists, registered nurses, optometrists, operating department practitioners, pharmacists and others. Allied health professionals also referred to as ‘health associate professionals’ in the International Standard Classification of Occupations (ISCO), support carrying out of health care, treatment and referral plans usually established by medical, nursing, and other health professionals (WHO, 2010).
Medical professionals regularly work in hospitals, healthcare centers, and other service delivery points, but also in educational training, research, and administration. Some provide care and treatment services for patients in private homes. Many numbers of countries have a large number of community health workers who work outside, like formal healthcare institutions, managers of medical services, health information technicians and other assistive staff and support workers are also considered a vital part of health care teams (WHO, 2006).

1.2 DOCTORS

Physicians or medical doctors are the professionals who practices medicine, which is concerned with promoting, maintaining and restoring health through the study, diagnosis and cure of disease, injury, and other physical and mental impairments (WHO, 2010). Doctors are considered to be different types according to their specialty. There are doctors for heart problems, ENT problems, and bone and muscle problems to name a few. Certain designations for doctors are general. These contain general practitioner, who is a neighborhood doctor and provides medicines for almost every sickness and trauma who offer medical aid in emergency rooms.

World Health Organization (2010) has listed doctors as below.

Audiologists: treat problems related to hear and also help hear impaired children learn to communicate, Allergist: handling the problems with allergies and asthma, Andrologists: specialist doctors helps in diagnose and treat gents reproductive system related disorders, Anesthesiologists: those who are responsible for administer the anesthesia and to help in complications during surgeries arise from anesthesia medications, Cardiologist: treat whichever problem related to heart and cardiovascular diseases, Cardiovascular Surgeon: carry out surgical and all encompassing techniques
related to cardiovascular diseases, Clinical neurophysiologist: specialist doctors who diagnose every problem relevant to the central and peripheral nervous system with the aid of electrophysiological tests, Dentist: Any dental problem like tooth decay, gum diseases and oral defects are treated by dentist, Dermatologist: treats any skin disease and its appendages such as hair, nails etc., Endocrinologist: doctors who treat problems related to endocrine system such as thyroid problems, hormone problems, Epidemiologists: Doctors who are specialized in epidemic illness which are extremely viral. They are also scientists who identify new diseases, virus mutations and provide treatment and avoidance of diseases with vaccinations, ENT Specialist: treats problems with the ear, nose and throat, also surgeries on these parts of the anatomy, Family Practitioner: A family physicians are the neighborhood doctor or general physician treat and prevent of sickness and medical issues of all sorts, at all ages and medicate non severe conditions. If any conditions are severe, they will refer to a specialist relevant to the field, Gastroenterologist: treat for illnesses related to digestive system include common problems of gastritis and acid reflux, Gynecologists: handling problems relevant to female reproductive system, Haematologis: studies and treats blood and its diseases, Hepatologist: specialist and responsible for diagnose and treat diseases of the liver, Immunologist: Doctor responsible for study and treat everything about the immune system, Infectious Disease Specialist: treats diseases caused by virus, bacteria’s, fungi’s, parasites and will identify outbreak of epidemic and pandemic conditions, Internists: are the doctor’s focus on medicines related to the prevention of adult diseases, Internal Medicine Specialists: responsible for diagnose any illnesses and problems through non-surgical treatment, Neonatologist: they are responsible for new-born babies, premature or critically ill babies, Nephrologists: are specialist doctor to treat kidney
and renal problems with treatments such as dialysis, Neurologists: are specialists and treat various brain disorders. For example Parkinson’s disease Alzheimer’s disease etc., Neurosurgeons: Specialist doctors who carry out surgeries of brain and other parts of central nervous system and peripheral nervous system, Oncologists: are specialist physicians to diagnose and treat cancer patients, Ophthalmologists: are doctors that treat eyes and various eye defects, blindness and perform different eye surgeries, Orthopedic Surgeon: treats People suffer from arthritis and osteoporosis and other bone related illnesses or broken bones are treated by Orthopedic Surgeon, Primatologist: They treat for nigh risk pregnancy, Pediatrician: treats children for any illness from birth to adolescent, Psychiatrists: doctors study diagnoses and treat mental illnesses such as bipolar, dementia, depression, alzheimer’s etc., Pulmonologist: are responsible for diagnosing and treating of lung conditions, and treating or managing patients in the ICU/ emergency conditions with ventilator support, Reproductive Endocrinologist: doctor who treats various reproductive problems such as sexual and infertility problems etc.

Rheumatologist: physician responsible for handling autoimmune disorders and allergic conditions, Thoracic Oncologist: deals with cancer of the lungs, esophagus and chest, Urologist: are doctors to treat and prevent any urinary problems and urinary tract infections, Veterinarian: the veterinarians are responsible to treat and prevent of animals from sick or illness.

1.3 NURSES

Nurses are the group of medical professionals who have direct contact with patients and play an important role in treating and curing with proper procedure. Nursing encompasses autonomous and combined care of individuals of all ages,
families, groups and communities, sick or well and in all conditions. Nursing is considered as promotion of health, prevention of illness, and the care of ill, disabled and dying people. Encouragement, support of a safe environment, participation in shaping health policy, health systems management, research and education are also key nursing roles. Florence Nightingale laid the foundations of professional nursing during the Crimean War (Winkel, 2009). The Nightingale model of professional education have set up the first school of nursing that is associated to a continuously operating hospital and medical school spread widely in Europe and North America after 1870 (Quinn, 2014).

Healthcare is a multicultural environment and nurses take care of patients from many different cultures and ethical backgrounds (Brown, 1961). However Cultural backgrounds influence people’s perceptions about life and health. The purpose of the nurse is to develop a body of knowledge that allows them to give cultural exact care. This begins with an open mind and accepting attitude. According to International Council of Nurses (2002) ‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings’. O’Lynn (2007) defines “Nursing is a profession within the health care sector focused on the care of individuals, families, and communities, so nurses may attain, maintain and recover of optimal health and quality of life”.

American Nurses Association (2009) defines “nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations”.

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The modern era saw the development of undergraduate and post-graduate degrees in nursing. Improvement of nursing research and a desire for association and organization led to the development of a wide range of professional organizations and educational 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 (Alligood, 2013).

In past days nursing works were usually performed by the funding religious orders or by volunteers such as Nuns and Monks often provided nursing, like care (Boly, 2014). Examples exist in Christian (Ferngren, 2009), Islamic (Sachedina & Abdulaziz, 2009) and Buddhist (Bery, 2011) traditions amongst others. In the 15th BC Hippocratic Collection in places describes skilful care and examination of patients by male ‘attendants’, who may have been early nurses (Levine, 1965). During the restoration 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. Nursing care went to the inexperienced as customary caretakers, embedded in the Roman Catholic Church were removed from their positions. The nursing profession suffered a major setback for approximately 200 years (Lundy, 2014).

Nursing is the most distinct among all healthcare professions. Nurses practice in a wide range of settings but generally nurses are divided depending on the needs of the person being nursed. The major populations are: communities or public, family or individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health or gender related, psycho/mental health. There are also specialist areas such as cardiac nursing, orthopedic nursing, palliative care, preoperative, obstetrical nursing, oncology nursing, nursing informatics, tele-nursing. 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. There was a time when professional nurses had very little choice of service because nursing was centered in the hospital and bedside nursing. Career opportunities are more varied now for a numbers of reasons (Wilkinson & Alice, 1958).

World Health Organization (2006) has listed nurses as below.

Staff nurse: provides direct patient care to one patient or a group of patients, assist ward management and supervision and also directly responsible to the ward supervisor, Nursing supervisor: They are responsible to the nursing superintendent for the nursing care and management of a ward, allotment of work to nurses and non-nursing personnel working in the ward, responsible for safety and comfort of patients in the ward. If it is a teaching hospital they provide teaching sessions, Department supervisor/assistant nursing superintendent: these groups of nurses are responsible to the nursing superintendent. Management of more than one ward or unit undertakes by department supervisor, for example the surgical department or outpatient department, Community health nurse: services focus on the reproductive child health programme, Teaching in nursing: functions and responsibilities of the nursing instructor include planning, teaching and supervising students etc. positions in nursing education include clinical instructor, tutor, senior tutor, lecturer, associate professor, reader and professor in nursing, Industrial nurses: work in Industries for care and provide first aid
and treat the workers during illness. They are also responsible to provide health education, self-care during industrial hazards, prevention of accidents and so on.

Military Nurses: these nurses are working in Army, and they became commissioned officers and reaching ranks from lieutenant to major general, Nursing Informatics: it is also a scope for Nurses in India, Indian Nurses uses Information Technology for patient care, for example Digital thermometer to HER. Apart from these main categories of nurses, there are other lesser known specialization areas for nurses.

1.4 PSYCHOLOGICAL WELL BEING

The concept of well-being has been used in all most every religious book. The most popular Hinduism starts with ‘Sarve Bhavantu Sukhin’ (let all enjoy well being). Bagavath Geeta claims well-being to be most important feature of life. This well being can be attained by liberation from anxiety producing fixation and attachments. Buddhism preaches that love and well being for all i.e. not only for the believers but also for the followers of other religions. Christianity’s mission is to bring about true well being for mankind. Quran states ‘Saber Tawakkul’ that is to have patience and to have faith in God and observing patience leads to real well being. Many terms such as happiness, hope, satisfaction, good mental health, positive effect and well being have been used in the literature interchangeably and synonymously. Well being is mainly used for specific variety of goodness, for example, enjoying life, living in a comfortable environment, being of worth for the surrounding, able to cope with life, etc. the term psychological well-being denotes that something is in a good state. It does not specify what the ‘something’ is and ‘what’ and secondly by spelling out the criteria of wellness (Veenhoven, 2004).
According to Levi (1987) psychological well being is a “dynamic state characterized by reasonable amount of harmony between individual’s abilities, needs and expectations, environmental demands and opportunities”. Psychological well being play an important role to do with the management of the existential challenges of life such as having meaning in one’s life growing and developing as a person.

Diener (1997) defined ‘how people evaluate their lives, these evolutions are may be in the form of cognitive or affective called as psychological well being’. The cognitive part is an information based appraisal of conscious evaluative judgments about one’s satisfaction with life, and the affective part is a hedonic evaluation guided by emotions and feelings such as experience of pleasant/unpleasant moods in reaction to their lives. The assumption behind cognitive part is that most people weigh up their life as either good or bad. In affective part the people are invariably experience moods and emotions which have a positive/negative effect. Thus, people shows the level of subjective well-being even they do not often consciously think about it and the psychological system offers virtually a constant evaluation of what is happening to the person. Psychological well being is related to how people feeling internally and how we relate to the environment around us. For instance our traditions, customs, and community affect on people and how we feel about. The materials, biological and psychosocial aspects of well being are integrally related programme development.

Psychological well-being deal with how people feel in their day to day life (Bradburn, 1960; Campbell, 1971, Warr, 1976). Diener, et al., (1999) conceptualized about psychological well being as a broad construct, encompassing four specific and distinct components; they are pleasant or positive well being (e.g., joy, happiness, love, mental health), unpleasant or psychological distress (e.g., angry, sadness, fear, anxiety, stress, depression), life satisfaction (a global evolution of one’s life, domain
or situation satisfaction (e.g., self, work, family, leisure, health, finance). Subjective well-being represents how people evaluate their lives, and includes happiness, pleasant emotions, life satisfaction and relative absence of unpleasant moods and emotions. Subjective well being is a subjective feeling of goodness of an individual while the psychological well being is the overall goodness including subjective well being of the individual.

Oshi et al., (1999) proposed “value” as a moderator of well being. The examination of individual development and cross cultural variations in the process of well-being is a promising pathway gain insight into the nature of subjective well being. Subjective well being centers on the person’s own judgment (Diener, 1984).

‘Psychological well-being is a person’s evaluative reactions to his/her life either in terms of life satisfaction or internal cognitive evaluations. Well being is examined as a harmonious satisfaction of one’s desires and goal (Chekola, 1975). General well-being is a part of the concept of positive mental health; which is not a mere absence of disease or infirmity (Verma, 1988).

Well being can also be defined as a dynamic state of mind characterized by a reasonable amount of harmony between individuals and abilities, needs and expectations and environmental demands and opportunities (Levi, 1987).

Okun and Stock (1987) recommended three features of subjective or psychological well being, firstly it is based on subjective experiences, instead of objective conditions of life. Secondly it has a positive as well as a negative effect and finally it is global experience, as opposed to experience in particular domain such as work.
Well being is mixture of affective, cognitive and somatic state of affairs. It is the opposite pole of depression. It also includes motivational experiences of life with subjective feelings of satisfaction. Happiness and satisfaction are the important steps to the goal of well –being. They involve multiple life situations as belongingness, creativity, health, education; trust in others family responsibilities, financial complexities, matrimony, opportunities and self esteem (Joseph & Lewis, 1998).

Krol et al., (1993) described Psychological well –being as individual mood in a global sense, and are frequently operationalized as anxiety and depression. There are some factors that affect the psychological well –being of an individual like family conflicts, peer and family expectations, career tension, poor cooperation, relationship with friends, supervisors, work pressure, subordinates and so on. Work is the most important aspect of one’s life. Some of the important factors that affect persons’ psychological well –being at work place are the feeling of accomplishment, using one’s agilities to the fullest, gratitude of work by superiors and peers, work load, good pay, promotion opportunities, etc.

1.4.1 Components of Psychological well being

Ryff (1989) described psychological well being through a following number of components:

Autonomy: refers to individuals’ self-determining and independent. It is the ability to refuse to go along with social pressures to think and act in certain ways, and also regulation of behavior from within and the evaluation of self by personal standards.
Self-acceptance; it mean positive attitude toward the self, it is the acknowledgment and acceptance of various aspects of self, including good and bad. It is also the positive feeling about past life.

Positive relations with others: this component refers to warm, satisfying, trusting relationships with others. It is about the individual’s apprehension about the welfare of others and capability of strong empathy, affection, intimacy and understanding of the ‘give and take’ of human relations.

Environmental mastery: refers to the sense of mastery and competence in managing the environment. It is also the controlling of complex array of external activities and it is how individuals make effective use of surrounding opportunities and the ability to choose or create contexts suitable to personal needs and values.

Purpose in life: it refers to person goals in life and a sense of directedness and the feeling that there is meaning to current and past life. It refers to the occurrence of aims and objectives for living by a person and signifies that a person holds beliefs that give life purpose.

Personal growth: refers the feeling of continued development and openness to new experiences and the sense of realizing one’s potential. A person feels improvement in self and behavior over time. It is the changes in ways that reflect more self-knowledge and effectiveness. Psychological well-being plays a significant role in one’s personal and social life; consequently it affects the individual’s home environment as well as the work environment of a person. Those who are high on psychological well being tend to be in a good mental state and having healthy adjustment with their environment. Persons low on psychological well being shows
unhappiness, poor social relations and maladjustment with work environment and would impair one’s life in various ways.

Diener (1999) and his colleagues in their intensive research found that people who score high in psychological well being, earn high income in later age and perform better at work than people who score low in well being. It is also found that people who are high in psychological well being have appositive relationship with physical health.

1.5 SELF-EFFICACY

Psychologists have studied self-efficacy from several aspects and found various paths in the development. This can be seen as a person’s ability to persist and ability to succeed in a task. According to Bandura (1977) self-efficacy as ‘person’s belief in their capability to successfully perform a particular task’. Thus, self-efficacy is one’s perception of effectiveness to attain certain goals and manage situational demands. According to Wood & Bandura (1989) ‘self-efficacy is beliefs in one’s capabilities to organize the motivation, cognitive resources and courses of action needed to meet given situational demands’. Thus, it determines person’s motivation though patterns and actions.

Baranowski (2002) defined ‘self-efficacy as the confidence that one feels about performing a particular activity, including confidence in overcoming the barriers to performing that behaviour’. Ormrod (2006) defined ‘self-efficacy as the strength of one’s own ability to complete tasks and reach goals.'
1.5.1 Major sources of self-efficacy

Bandura (1977) formulated four major sources that contributed to the development of self-efficacy beliefs. They are

Performance accomplishments: this source is to refer the experience of mastery influences of perspective on once abilities. Booming experiences lead to greater feelings of self-efficacy. However, failing to deal with a task or challenge can weaken self-efficacy.

Vicarious experience: refers observing someone else perform or handle a task or a situation can help a person to perform the same task by imitation. If a person succeeds in performing a task, likes to think that he/she will succeed as well, if the task is not too difficult. Observing people who are similar to yourself will increase your beliefs that you can master a similar activity.

Verbal persuasion: refers when the people encourage and convince you to perform a task, you tend to believe that you are more capable of performing the task. Here constructive feedback is important in maintaining a sense of self-efficacy as it may help to overcome from self-doubt.

Physiological states: according to this source the moods, emotions, physical reactions, and stress levels will influence how he/she feels about his/her personal abilities. If he/she is extremely nervous, they may begin to doubt and develop a weak sense of self-efficacy. If he/she is confident and feel no anxiety or nervousness at all, they may experience a sense of enthusiasm that fosters a great of self-efficacy. It is the way people interpret and evaluate emotional states, that is significant for how people
develop self-efficacy beliefs. For this reason, being able to diminish or control anxiety may have positive impact on self-efficacy beliefs

Self-efficacy affects every area of individuals’ behaviour, by determining the beliefs a person holds regarding his/her power to affect situations, it strongly influences both the power and the choice. The power is how person actually has to face challenges competently, and the choice is how a person most likely to make. These affects are mainly noticeable and compelling with regard to behaviors affecting health (Luszczynska & Schwarzer, 2005).

1.5.2 Theories of self-efficacy

Social cognitive theory (1977): psychologist Bandura (1977) was the pioneer of this theory. According to Bandura ‘self-efficacy as one’s belief in one’s ability to succeed in specific situations or accomplish a task’. The main concept of social cognitive theory is an individual’s action and reactions on social behaviours and cognitive process. There are many situations which are influence by the action that individual has observe in others. Individuals’ knowledge acquisition can be directly related to observation, experiences and outside media influences. Social cognitive theory states that when people observe a model performing behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behavior (Bandura, 1986; Bandura, 2002).

Self-efficacy is developed from external experiences and self-perception, it is prominent in shaping the outcome of many events. This is an important aspect of social cognitive theory (Miller & Dollard, 1941; Bandura, 1988). Self-efficacy represents the personal perception of external social factors (Mischel and Shoda, 1995; Bandura, 1988).
Social learning theory: Social learning theory describes the acquisition of skills that are developed exclusively or primarily within a social group. Social learning depends on how individuals either succeed or fail at dynamic interactions within groups, and promotes the development of individual emotional and practical skills as well as accurate perception of self and acceptance of others. According to this theory, people learn from one another through observation, imitation, and modeling. Self-efficacy reflects an individual understands of what skills he or she can offer in a group setting (Ormrod, 1999). According to social learning theory, when people observe a model performing a task and the consequences of that behavior, they remember the sequence of events and apply this information to guide subsequent behaviours. Observing a model can prompt the viewer to engage in behavior they already learned. People do not learn new behaviours solely by trying them and either succeed or failure, however the survival of humanity is dependent upon the replication of the actions of others. Depending on whether people are rewarded or punished for their behavior and the outcome of the behavior (Bandura, 1986; Bandura, 2002).

Social learning theory included behavioural and cognitive theories of learning in order to provide a broad model that could account for the wide range of learning experiences that occur in the real world.

Self-concept theory: according to self-concept theory how people perceive and interpret their own existence from clues they receive from external sources, and focusing on how these impressions are organized and how they are active throughout life. Success and failure of the individuals are closely related to the ways in which people have learned to view themselves and their relationships with others. This theory describes self-concept as learned, organized (in the way it is applied to the self)
and dynamic (ever-changing and not fixed at a certain age) in nature (Mc-Adam, 1986).

Attribution theory: according to this theory how people attribute events and those beliefs act together with self-perception. Attribution theory defines three major essentials of cause (Heider & Fritz, 1958).

**Locus:** is the location of the perceived cause. If the locus is internal, feelings of self-esteem and self-efficacy will be enhanced by success and diminished by failure. 

**Stability:** describes whether the cause is perceived as stagnant or dynamic over time. It is closely related to expectations and goals, in that when people attribute their failures to stable factors such as the difficulty of a task, they will expect to be unsuccessful in that task in the future.

**Controllability:** says whether a person feels actively in control of the cause. Failing at a task one thinks one cannot control can lead to feelings of humiliation, shame, and anger.

### 1.5.3 Factors affecting self-efficacy

Bandura (1994) identifies four factors affecting self-efficacy.

**Mastery experiences:** the most effective way of creating a strong sense of efficacy is through mastery experiences. According to this factor successes build a healthy belief in one’s personal efficacy, however failures weaken it.

**Vicarious experience:** which creates and strengthens sense of efficacy is through the vicarious experiences provided by social models. Seeing people similar to one self succeed by continuous effort raises observers’ beliefs that they too possess the capabilities to master comparable activities required to succeed. By the same way,
observing others fail despite high effort lowers observers’ judgments of their own efficacy and undermines their efforts. Modeling influences do more than provide a social standard against which to judge one’s own capabilities. People look for capable models that hold the competencies to which they aspire. Through their behavior and expressed ways of thinking, competent models broadcast knowledge and teach observers effective skills and strategies for managing environmental demands.

Social persuasion: the third factor of support sense of efficacy is through social persuasion. According to this factor people who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and maintain it than if they harbor self-doubts and inhabit on personal deficiencies when problems arise.

Physical states: the fourth factor of modify self-beliefs of efficacy is to reduce people’s stress reactions and alter their negative emotional proclivities and is interpretations of their physical states. In activities involving strength and stamina, people judge their fatigue, aches and pains as signs of physical weakness. Mood also affects people’s judgments of their personal efficacy such as Positive mood enhances perceived self-efficacy, negative mood diminish it.

High self-efficacy can affect motivation in both positive and negative ways. In general, people with high self-efficacy are more likely to make efforts to complete a task, and to persist longer in those efforts than those with low self-efficacy. Stronger the self-efficacy lead to more active the efforts (Bandura, 1977). However, those with low self-efficacy sometimes experience incentive to learn more about an unfamiliar subject, where someone with a high self-efficacy may not prepare as well for a task.
Research on Australian science students revealed that high self-efficacy students had better academic performance than those with low self-efficacy. Confident individuals typically take control over their own learning experiences, were more likely to participate in class, and preferred hands-on learning experiences. Those with low self-efficacy typically moved away from academic interactions (Vialle Wilma. 1978).

Bandera (1988) in his study states that high self efficacy people are generally believe that they are in control of their own lives, actions and decisions, while people with low self-efficacy may see their lives as outside their control.

Individuals usually avoid tasks where self-efficacy is low, but carry out tasks where self-efficacy is high. When self-efficacy is significantly beyond actual ability, it leads to an overestimation of the ability to complete tasks. On the other hand, when self-efficacy is significantly lower than actual ability, it discourages growth and skill development. Study revealed that if the optimum level of self-efficacy is slightly above ability, people are most encouraged to undertake challenging tasks and gain experience (Csikszentmihalyi, 1997).

Social-cognitive models of health behavior change cast self-efficacy as predictor, mediator and moderator. As a predictor; self-efficacy is supposed to facilitate the forming of behavioural intentions, the development of action plans and the initiation of action. As mediator; self-efficacy can help prevent setback to unhealthy behavior (Schwarzer, 2008). As a moderator; self-efficacy can support the change of intentions into action (Gutierreze et al., 2009).
1.6 OCCUPATIONAL STRESS

According to Selye (1979) stress is defined as the non-specific response of the body to any demand on it for readjustment or adaptation. By ‘non-specific’ he means that the same patterns of responses could be produced by any number of different stressful stimuli or stressor and if anybody is unable to adjust or adapt to the environment, the situation would cause stress, depending upon the perception of the individual or how he perceives the situation or environment. According to Selye (1974) there are four variations of stress. On one axis, there is good stress (eustress) and bad stress (distress). On the other is over-stress (hyper-stress) and under-stress (hypo-stress). The vital goal is to balance hyper-stress and hyper-stress) and under-stress (hypo-stress). The vital goal is to balance hyper-stress and hypo-stress perfectly and have as much eustress as possible (Selye & Hans, 1983). It is extremely useful for a productive lifestyle because it makes working enjoyable instead of a unpleasant task, as seen with distress.

Lazarus and Folkman (1984) defined “stress as the result of a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”.

Stress can be an external or an internal that causes an individual to experience negative emotions and mental disturbance surrounding a situation (Fiona Jones et al., 2001).

In psychological studies stress has considered to be a more important and relevant to every success and failure of individual. Every individual in his/her life experiences stress more or less amount of stress. Small amounts of stress and positive stress may be desired, beneficial and helps to improve many activities and
performance. It also plays an important role on the factors of motivation, adaptation and reaction to the surrounding environment. Excessive amount of stress and negative stress however, may lead to bodily harm, disturbed mind on every day activity, risk of strokes, heart attacks, ulcers, and mental disorders etc, (Sapolsky & Robert, 2004).

Stressor is an event, objects, experience or environmental factors that cause stress in people (Collins English Dictionary, 2012). Researchers have found that stressors can make individuals more or less prone to both physical and psychological problems including heart disease and anxiety (pastorino, 2012). Stressors are more likely to affect an individuals’ health when they are chronic, highly disruptive or perceived as uncontrollable themselves (Pastorino, 2012).

Occupational stress is defined generally as stress related to one’s job. Occupational stress has related to unexpected responsibilities and pressures relevant to job that do not align with a person’s knowledge, skills or expectations, and inhibiting one’s ability to cope with. According to Beehr and Newman (1978) occupational stress is a condition wherein job related factors interacts with the worker to change or disrupt his/her psychological conditions such that the person is forced to deviate them from their normal functioning.

Cox (1993) identified two prominent sources of stress arising from an individuals’ role within an organization; role ambiguity and role conflict. Burke (1988) takes the view that research on role conflict and ambiguity is extremely homogenous and do not divide the two constructs in describing the variables which correlate with them. Role conflict and ambiguity are correlated positively with tension, fatigue, and absenteeism, leaving the job, psychological and physiological general strain. Role conflict and ambiguity are correlated positively with tension. Role
conflict and ambiguity are correlated negatively with job satisfaction, performance, physical withdrawal, supervisory satisfaction, decision making, organizational commitment, job involvement, tolerance for conflict and group cohesion reported influence.

1.6.1 Stress models

Stress results from the complex interactions between large systems of interrelated variables, some of the psychological theories and models that address occupational stress (Hart, 1999; Mark et al., 2008).

Person Environment Fit Model (PEFM): suggests that the match between a person and their work environment is key influence of health. This model is influence on workers attitude, skills, abilities and resources match the demands of their job and also work environments should meet workers’ needs, knowledge, and skills potential for healthy conditions. Lack of person environment fit in either of these domains can cause problems and the greater misfit between the person and their environment (Mark et al., 2008).

Job Characteristics Model: explains an important aspect of job characteristics, such as, task identity and task significance, autonomy, feedback and skill variety. These characteristics are intention to lead critical psychological states of experienced meaningfulness, responsibility and knowledge of outcomes. It is proposed that positive or negative work characteristics developmental states which lead to corresponding cognitive and behavioural outcomes (Mark et al., 2008).

Diathesis Stress Model: according to this model behaviours as defenselessness burden together with stress from life experiences (Hart & Cooper, 2001). It is useful to
distinguish stressful job conditions from an individual’s strains (Beehr, 1998). Strain can be either mentally, physically or emotionally. Discrepancy between the demands of the environment/workplace and an individual’s ability to carry out to complete these demands lead to occupational stress (NIOSH, 1999; Henry, 2008). Colligan et al. (2006) reported that some of the time a stressor can lead the body to have a physiological reaction that can strain a person physically and mentally. A variety of factors contribute to workplace stress such as excessive workload, isolation, lack of autonomy, toxic work environments, poor relationships with co-workers and management and lack of opportunities or motivation to advancement in one’s skill level.

Jobs-Demand Resources Model: suggests that imbalance between one’s job demand and the resources he/she has to deal those demands were responsible of strain. Job demands are psychological, social or organizational aspects of a job that require sustained physical and psychological effort or skills. Therefore, they are associated with expenditure of time and energy (Balducci et al., 2011). Job resources are physical, psychological, social or organizational aspects of the job that helps in achieve work goals, reduce job demands and the associated physiological and psychological cost, stimulate personal growth, learning, and development (Balducci et at., 2011).

Effort-Reward Imbalance Model: focused on the reciprocal relationship at work between efforts and rewards. High efforts and low rewards represent a reciprocity deficit between high costs and low gains, which could elicit negative emotions in exposed employees work characteristics. Accompanying feelings may cause sustained strain reactions. Hard works without receive any adequate appreciation or being treated fairly are examples of a stressful imbalance (De jonge, 2011).
McGrath (1976) in his study suggested the following six sources of occupational stress: task-based stress (difficulty, ambiguity, load etc.), role-based stress (conflict, ambiguity, load, etc.), stress intrinsic to behavior setting (effect of crowding and under-manning, etc.), stress arising from the physical environment (extreme hot or cold, hostile forces, etc.), social environment in sense of interpersonal relations (interpersonal disagreement, privacy, isolation, etc.) stress within the person’s system, which the focal person brings with him to the situation (e.g. anxiety, perceptual style, motivation, experience, etc).

1.6.2 Factors of occupational stress

Srivastava and Singh (1981) identified twelve factors which cause occupational stress, such as: role overload, role ambiguity, role conflict, group pressure, low profitability, under participation, low status, intrinsic impoverishment, responsibility, strenuous working conditions, poor peer relations and powerlessness.

1.6.3 Sources of occupational stress

Colligan et al., (2006) found many sources of occupational stress come from a toxic work environment, negative workload, isolation, types of work hours, role conflict, role ambiguity, lack of autonomy, career development barriers, difficult relationships with administrators and co-workers, managerial harassment and organizational climate.

Workers in the protective services, transportation, materials moving, building grounds cleaning and maintenance, and healthcare are more susceptible to both work injuries as well as illnesses, as well as work-related stress (Dopkeen et al., 2014). Most of the time occupational stress can increase when workers do not feel supported.
by supervisors or other workers, and feel as they have little control over work processes (WHO, 2015).

Stress related disorders include broad range of conditions related to psychological disorders include depression, anxiety, post-traumatic stress disorder, emotional strain such as dissatisfaction, fatigue, tension, etc., maladaptive behaviours such as aggression, substance abuse, etc., and cognitive impairment such as concentration and memory problems. These situations may lead to poor work performance, less work productivity, injury, and higher absenteeism. Job stress was also associated with various biological reactions that may lead ultimately to compromised health, such as cardiovascular disease or extreme death. Due to the high pressure and demands in the work place increased rates of heart attack, hypertension and other psychological disorders. (Naghi et al., 2015).

According to Kenexa Research Institute (KRI) females suffer more workplace distress than male counterparts. Women with supervisory positions has 10% higher stress level, 8% higher stress in service and production jobs and 6% higher in middle and upper management than men in the same position. Women are more likely than men to experience sexual harassment. Study by Gullensten (2005) indicated that sexual harassment negatively affects workers psychological well-being. Another study revealed that level of harassment at workplaces lead to differences in performance, higher levels of harassment were related to the worst outcomes. In other words women who had experienced a higher level of harassment lead to perform poorly at workplaces.

A study by Thomas (2010) suggested that people who work with a narcissist shows higher level of stress. Body finds the same dynamic where there is corporate
psychopath in the organization. One of the most frequently noted stressors for employees was interpersonal conflict among people at work (Keenan & Newton 1985; Liu et al., 2007).

Occupational stress and burnout are highly prevalent among doctors and nurses. Some studies suggested that workplace stress is invasive in the health care centers because of inadequate staff, long working hours, exposure to infectious diseases and hazardous substances lead to illness or death and threat of malpractice litigation. Other stressors include the emotional labor of caring for ill people and high patient loads. The consequences of this stress can include abuse of drugs, suicide, major depressive disorder and anxiety, all of which occur at higher rates in health professionals than the general working population. High levels of stress are also linked to high rates of burnout, diagnostic error, absenteeism and reduced rates of patient satisfaction (Ruotsalainen, 2014).

World health organization (2009) reported that in many countries women’s are predominate in the formal health workforce and are prone to musculoskeletal injury and burnout. They are exposed to hazardous things in the workplace which may cause adverse reproductive outcomes. In some contexts, female health workers are also subject to gender-based violence including from co-workers and patients (WHO, 2009; Swanson et al., 2013). Health professionals are also at risk for contracting blood-borne diseases like hepatitis B, C and HIV/AIDS through needle stick and contact with bodily fluids (Cunningham et al., 2013; Lavoie et al., 2014). Violent incidents typically occurs during one-on-one care; being alone with patients increases healthcare workers’ risk of assault (Hartley et al., 2011). Healthcare workers are at higher risk of on the job injury due to violence, confused and hostile patients and visitors are a continual threat while attempting to treat patients. Frequently, some of
the assault and violence in a healthcare setting goes unreported and is wrongly assumed to be part of the job (Hartley et al., 2013).

In the United States, healthcare workers suffer $\frac{2}{3}$ of nonfatal workplace violence incidents (Hartley et al., 2013). Psychiatric units represent the highest proportion of violent incidents (40%); they are followed by geriatric units (20%) and the emergency department (10%). Workplace violence can also cause psychological trauma (Hartely et al., 2011). Health care professionals are likely to experience sleep deprivation because of their job and work. Many health care professionals are on a shift work schedule, therefore experience misalignment of their work schedule and their circadian rhythm. In 2007, 32% of healthcare workers were found to get less than 6 hours of sleep at night. Sleep deprivation also predisposes healthcare professionals to make mistakes that may potentially endanger a patient (Caruso & Claire, 2012). 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 (Bureau Labor Statistics, 2012).