CHAPTER – 2

REVIEW OF LITERATURE

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2.1 OVERVIEW

Purpose of this chapter is to review the available research studies produced in the past bearing on the theme of the present part of research work, specifically with the intention to identify the void of knowledge. For this purpose research studies have been surveyed from different journals, magazines, abstracts, books and newspapers. Since the purpose of the present research endeavour is to study “Psychological well being, self efficacy and occupational stress among Doctors and Nurses”. The research variables are reviewed in the context in which these variables have been studied. The survey of literature therefore is the only means to highlight the importance and relevance of the study.

A critical review of literature is presented in the following section under the themes: a) psychological wellbeing related studies b) self efficacy related studies c) occupational stress related studies. An attempt is made to examine the important contribution and conclusion arrived at by the previous research studies relevant to the current area of investigation. The period of reviews range from 1991 to 2016 published in domain specific research journals.

2.2 PSYCHOLOGICAL WELL BEING

Boey et al., (1997) studied relationship between Work stress and psychological well-being among the nursing profession in Singapore. The Sample of 1,043 nurses responded to Nursing Stress Inventory and General Health Questionnaire-12 (GHQ-12). Result of the study revealed that eight areas of work stress identified negatively correlated to psychological wellbeing of the nurses.
Grieve (1997) studied on a topic of Measuring morale: does practice area deprivation affect doctors’ well being? Postal survey of a random sample of 334 London general practitioners was used for the study with questions of demography, workload, practice characteristics, patient centeredness and practice area deprivation. The result of the study shows that 45% of general practitioners feel exhausted frequently, 46% are seriously dissatisfied with work. Low well being was not associated with practice area deprivation, but was associated with time stress, small practice and primary care teams and lack of patient centeredness.

Ronald & Esther (2001) examined the relationship between Hospital Restructuring Stressors, Work-Family Concerns and psychological well-being among Nursing Staff. Sample consists of 686 hospital-based nurses. Result of the study shows that for the vast majority of women, considerable support was found. Work-family conflict had significant relationships with Restructuring and downsizing stressors, but not family-work conflict. Work-family conflict and family-work conflict had significant relationships with psychological health.

Mostafa et al., (2003) conducted a study on Predictors of psychological well-being of nurses in Alexandria, Egypt. Data were collected from 412 nurses. Socio-demographic, General Health questionnaire-30, Job Descriptive Index, and Social Support Scale also used. Result of the study shows that 21.67% of nurses’ reported moderate to severe psychological symptoms on GHQ. Few years of experience, negative support from family, friends, and negative work satisfaction were found to be significant predictors of psychological ill health among nurses in a descending rank order.
Escriba & Burillo (2004) in their study entitled psychological well-being among hospital personnel, the role of family demands and psychological work environment was investigated. Sample consists of 313 workers of Valencia (Spain) by means of a self-answered questionnaire. Result revealed that gender role and psychological work environment have a negative influence on the psychological well-being of hospital staff.

Buddeberg et al., (2005) examined ‘Stress at work and well-being in junior residents’. Prospective longitudinal study consist sample rate of 518 junior physicians includes both male and female. Result revealed that women residents showed more positive social relationship had received less mentoring at work and showed a higher over-commitment than their male colleagues. In this study both (male and female) residents showed significantly worse physical and psychological well-being as well as life satisfaction after their 1st year of residency compared to the time directly before their graduation from medical school.

Gardiner et al., (2005) examined ‘the role of psychological well-being in retaining rural general practitioners’. The sample consists of 187 general practitioners in South Australia. The Questionnaire includes psychological health and an intention to leave rural practice was administered. Result revealed rural general practitioners who were seriously consider leaving rural practice had higher work-related distress and lower quality of work life.

Lindo et al., (2006) studied the relationship between psychological well-being of doctors and nurses in two hospitals in Kingston, Jamaica. Sample size consists of 212 doctors and nurses. A self-administered questionnaire and the General Health Questionnaire-30 were used to determine general psychological well-being. The result
of the study shows Cases and non-cases were not different in age, gender or hospital of employment. However, case less was associated with years of professional experience, work-related and non-work-related stress, fears of coming to work and serious financial difficulties.

Vicenta & Santiago (2007) carried out a study entitled ‘psychological well-being and psychological work environment characteristics among emergency medical and nursing staff’. Data were collected from 945 emergency personnel in Spain. The result of the study shows that Doctors demonstrated a greater prevalence of poor vitality, mental health and emotional exhaustion than nurses. Higher demands were associated with all three outcomes for both doctors and nurses. Co-worker social support and Lower job control were predictive of poor psychological well-being only for doctors. Study also shows that low supervisor social support was related to poor mental health for doctors, for nurses low supervisor social support was related to more emotional exhaustion.

Uncu et al., (2007) examined Job related affective well-being among primary health care physicians. Sample rate for the study was 274 general Practitioners. Job Related Affective well Being Scale and Depression Anxiety Stress Scale-42 were administrated. Statistical measures like correlation analysis and hierarchic regression were used for analysis. Result of the study revealed that correlations between job related affective well being and depression anxiety stress total scores were negative and statistically significant.

Alberto et al., (2009) in their study entitled burnout and psychological well being among health professionals in the Basque (Spain) country. Data were collected from 619 doctors, 430 nurses, and 208 nurses. Well being at work was assessed using
Smith Work Dispositions Inventory. The result shows that 28.8% of the sample showed high levels of emotional exhaustion and 8% of our sample presented high levels of psychological well being. Work overload, lack of recognition and lack of career development were significantly related to high levels of burnout and low well being levels at work respectively.

Fakir and Lisa (2009) investigated psychological well-being in professional groups. The sample consists of 200 adults (100 males and 100 females) from five different professions. The professions included executive, teachers, administrators, doctors and engineers. Life Orientation Questionnaire (LOQ) was administered for data collection. Result of the study shows those women as happy as men are. In the context of group comparison, it was shown that doctors and teachers experience maximum happiness whereas administrators experience the least. Engineers and executives were placed in the intermediate positions. The findings were explained in the light of profession specific role demands and expectations.

Markwell and Wainer (2009) studied on a topic health and well being of junior doctors: insights from a national survey. The sample consists of 914 junior doctors. Outcomes of the survey shows that 71% of junior doctors met some of the well recognized criteria for lower job satisfaction, 69% of doctors felt burnout and 54% doctors felt of compassion fatigue.

Ronald J B et al., (2010) studied the relationship between Burnout, work satisfactions and psychological well-being among nurses. Sample rate consists of 224 staff nurses. Statistical measures like Hierarchical regression analyses were used for analysis. Findings showed that nurses have higher levels of flow also indicated more positive effect and higher level of flow performed at a greater efficacy and were more engaged
at work. Thus flow seems to be associated with greater satisfaction and involvement at work. However, nurses showed on a weak relationship of flow with indicators of psychological well-being.

Lam et al., (2010) examined Psychological well-being of interns in Hong Kong: what causes them stress and what helps them? The sample consists of 155 graduates of the same year were invited for the study. Depression, Anxiety and Stress Scale-21 items was administered. The result of the study shows that Percentages of respondents with abnormal levels of depression (35%), anxiety (35.4%) and stress (29.2%) respectively. Most significant stressors constituted by heavy work load, more working hours, frequent calls at night shift. Factor analysis of the stressors revealed that there are seven factors could explain 68% of the total variance: workload issues, multidisciplinary team working issues, job seeking and employment, ethical and interpersonal issues, clinical difficulties, adjustment to job rotation and performance appraisal.

Biro et al., (2010) conducted a study on Determinants of mental well-being in medical students on representative samples of 100 students of Hungarian medical students. Sense of coherence (SOC), psychological distress, health behavior scale was used for collecting data. Result revealed that psychological distress was significantly greater in Hungarian medical students than general population in the same age group. Psychological distress is strongly related to Sense of coherence.

Reema et al., (2010) examined Coping with medical error: a systematic review of papers to assess the effects of involvement in medical errors on healthcare professionals’ psychological well being. Data were collected from resulting in a total of 24 included studies. Review findings suggest that there is consistent evidence for
the widespread impact of medical error on health professionals, and psychological repercussions may include negative states such as shame, self-doubt, anxiety and guilty.

Srimathi & Kumar. (2010) in their study entitled Psychological Well being of Employed Women across Different Organizations. Total samples consist of 324 women working in different organizations. Carol Ryff’s Medium Form of Psychological Well Being Scale was used for data collection. Result of the study shows that woman employees working in industries were shown to be least on psychological well being followed by women working in health organizations. Bank employees had medium level of psychological well being and teachers had higher Psychological Well Being.

Guest et al., (2011) in their study entitled cancer surgeons distress and well-being, the tension between a culture of productivity and the need for self-care’. Sample consists of 72 surgeons. Finding showed that 42% reported burnout, 27% reported psychiatric levels of distress, while 30% used alcohol and 13% used sleep medications as a possible means to cope. Only 1/3 of surgeons reported high quality of life across physical, emotional, spiritual, and intellectual domains.

Kuusio et al., (2012) examined Differences in well-being between general practitioners, medical specialists, and private physicians: the role of psychosocial factors. Sample of 2,047 (1,241 women) physicians were invited for the study. Result revealed that general practitioners and medical specialists showed lower well-being than private physicians.

Ronald et al., (2012) examined the relationship between Job demands, social support, work satisfaction and psychological well being (PWB) among nurses in Spain.
Sample consists of 2014 nurses. Statistical measures like hierarchical regression analyses were used for the analysis. Results revealed that job demands had generally significant and negative relationship with nurse Well-being as well as with several work/organizational outcomes.

Susmita & Akash (2013) studied on Stress and psychological well being status among health care professionals. Data were collected from 50 male and female health professionals (20 Doctors, 15 Nursing staff, 15 Paramedical staff) from different private multi-specialty hospital of Kolkata. The tools used were Medico Psychological Questionnaire (MPQ), General Health Questionnaire-12 and Professional Life Stress Scale. Result of the study shows stress level was highest among nurses than technicians, paramedical staffs and finally doctors. Majority of the subjects had evidence of Psychological distress. Stress level was present in varying degree among all professionals, while nurses and technicians had severe level of stress.

Charanjeet et al., (2013) examined Humour Therapy on psychological well-being of Student Nurses. A sample consists of 31 nursing students. The result of the study shows that after humour therapy the positive effect increased and negative effort decreased. Thus it revealed that humour therapy improves the psychological wellbeing.

Ahmad et al., (2015) studied the relationship between Diet, exercise and psychological wellbeing of health care professionals (doctors, dentists, and nurses) in Pakistan. The sample consists of 1,190 healthcare professionals. Warwick Edinburg Mental Wellbeing Scale, Dietary Guidelines-2010 was employed to quantify diet, and American Heart Association guidelines were appointed for the analysis of exercise.
Researcher used one way ANOVA, t test and Multiple Linear Regression for the analysis. Result of the study revealed that mental well being is positively associated with having breakfast regularly, supplement intake, often use of unsaturated fatty acids instead of very frequently, presence of hypertension, working recommended and less than recommended hours (7-8 hours).

Babalola & Olumuyiwa (2015) conducted a study to examine Job Satisfaction and psychological wellbeing among mental Health Nurses. Sample rate of 110 psychiatric nurses were invited to the study. Minnesota Satisfaction Questionnaire (MSQ) and General Health Questionnaire (GHQ-12) were used to measure Job Satisfaction and Psychological wellbeing. Result revealed that 84.5% of nurses reported positive psychological wellbeing while 15.5% reported psychological distress. Psychological well being had a positive significant relationship with Job satisfaction. Majority of the respondents reported that they were satisfied with their work and positive psychological wellbeing.

Salimirad and Srimathi (2016) examined the Relationship between Psychological Well-Being and Occupational Self-Efficacy among Teachers in the City of Mysore, India. The sample consists of 600 Government and Private schools teachers selected randomly. Spearman’s correlation coefficient and Mann Whitney’s U test were used for analysis. The result of the study showed a significant and positive relationship between occupational self-efficacy and psychological well-being. Studies also showed that occupational self-efficacy and Psychological Well-being did not show significant influence on gender.

Ronald et al., (2016) examined the relationship between Flow, work Satisfactions and psychological wellbeing among Nurses in Turkish Hospitals. Sample rate consists of
224 staff nurses in Ankara Turkey. A hierarchical regression analysis was used for the analysis. The result of the study revealed that flow accounted for significant increments was explained variance on most work outcome measures but not on indicators of psychological well-being. Explanation for the association of flow with favorable outcomes was offered along with potentially practical implications.

2.3 SELF EFFICACY

Lent et al., (1986) conducted a study on Self-Efficacy in the prediction of academic performance and perceived career options. Sample consists of 105 undergraduates of science and engineering students. A hierarchical regression analysis was used for analysis. The result of the study showed that self-efficacy contributed significant unique variance to the prediction of grades, persistence, and range of perceived career options in technical/scientific fields.

Raymond et al., (1998) examined the Relationship of Language Brokering to Academic Performance, Biculturalism, and self-efficacy among Latino Adolescents. Sample rate consists of 122 Latino adolescents from immigrant families were participants in the study. Result revealed that as expected, language brokering was positively related to biculturalism and both of these variables were positively related to academic performance. In addition, the strongest predictor of academic performance was academic self-efficacy.

Frank and Laura (1999) study the relationship between self-efficacy, Motivation Constructs, and Mathematics Performance of Entering Middle School Students. Sample consists of 273 first years of middle school students. Result of the study shows that Students’ task specific self efficacy was the only motivation variable to predict performance and did both at start of the year and end of the year. Outcome of
the study shows that there were no differences in anxiety, self-concept, or self-efficacy for self-regulation between start of year and end of year, but by end of year students described mathematics as less valuable and reported lower effort and persistence. There were no gender differences in any of the motivation constructs.

Chemers et al., (2001) examined the Academic self-efficacy on first year college student performance and adjustment. Sample of 150 1st year university student were invited for the study. Result of the study revealed that Academic Self-Efficacy and optimism were strongly related to performance and adjustment and both directly influence on academic performance and indirectly through expectation, coping perceptions on classroom performance, stress, health and overall satisfaction in school.

Brigitte et al., (2002) in their study entitled Communication skills straining increases self-efficacy of health care professionals. The samples for the study included 181 participants, 177 answered the questionnaire before training, 165 immediately after training, and 150 six months after the training. The mean score for self-efficacy in communication with patients increased and in communication with colleagues immediately following the training course.

Streisand et al., (2004) in their study entitled Paediatric Parenting Stress among Parents of Children with Type 1 Diabetes: the Role of Self-Efficacy, Responsibility and Fear. Sample consists of 234 parents of children with type 1 diabetes. A multivariate analysis was used. The Result of the study shows that a significant portion of the variance in stress frequency and difficulty are associated with parent psychological and behavioural functioning, including lower self-efficacy, greater responsibility for diabetes management and greater fear of hypoglycemia.
Collie et al., (2005) conducted a study on Self-efficacy, coping and difficulties interaction with health care professionals among women living with breast cancer in rural communities. Data were collected from 89 women living in rural, mountainous communities of north-eastern California. Statistical method such as multiple regressions was used for analysis. Result of the study shows that difficulties of interaction with medical professionals was greater among women who were not married, who used more behavioural disengagement or less self-distraction to cope with breast cancer, and who reported less self-efficacy for affect regulation and fro seeking and understand medical information.

Zhao et al., (2005) examined the mediating role of self-efficacy in the development of entrepreneurial intentional data were collected from 265 masters of business administration students across 5 Universities. Result revealed that effects of perceived learning from entrepreneurship related courses; previous entrepreneurial experience and risk propensity on entrepreneurial intentions was fully mediated by entrepreneurial self-efficacy.

Chiang et al (2006) examined the student nurses knowledge, attitudes and self-efficacy of Children’s pain management-Evaluation of an Education Program in Taiwan. The sample of 181 nurses who were enrolled in nursing school in Taiwan were participated in this study. The results of the study shows that student nurses gained significant knowledge of paediatric pain, expressed more appropriate attitudes and reported greater self-efficacy in children’s pain management after attending paediatric pain education program (PPEP). Their knowledge of analgesic pharmacotherapy did not significantly improve.
Hollingsworth et al., (2006) examined the registered nurses’ self-efficacy for assessing and responding to woman abuse in emergency department. Sample rate consists of 158 Women. Hierarchical multiple regression was used for the analysis. Result of the study shows Positive relationships were found between self-efficacy information available to Emergency Department registered nurses and their self-efficacy for assessing and responding to woman abuse, self-efficacy expectation.

Azar and Promila (2006) conducted a study entitled Self-Efficacy and Self-esteem: A Comparative Study of Employed and Unemployed Married Women in Iran. Data was collected through Stratified convenience sampling technique from 250 married employed and 250 married unemployed women (age 24-41 years) with educational qualification of above 12th standard and having at least one school going child. Data was collected using General Self-Efficacy Scale (GSE) and the Coopersmith Self-Esteem Inventory (CSEI). Study result shows that professionally employed women were found to be significantly higher on Self-Efficacy and self-esteem than unemployed and non-professionally employed women. Non-professionally employed and unemployed women did not significantly differ on self-efficacy and self-esteem.

Ammendor et al., (2007) conducted a study on effect of training in communication skills on medical doctors and nurses’ self-efficacy-A randomized controlled trail. 5 days of communication course conducted to intervention group and the control group received no intervention. Result revealed that Communication skills training can improve doctors and nurses self efficacy and evaluation of his/her ability to perform a specific communication task-measured as self-efficacy.

Skaalvik and Skaalvik (2007) in their study entitled Dimensions of teacher Self-Efficacy and relations with strain factors, Perceived collective teacher efficacy and
teacher burnout. Sample consists of 244 elementary and middle school teachers. Result of the study shows that teacher self efficacy was conceptually distinguished from perceived collective teacher efficacy and external control. Collective teacher efficacy and teacher burnout was strongly related to Teacher Self-Efficacy.

Annlee (2008) conducted a study on health care providers’ knowledge, attitudes and self-efficacy for working with patients with spinal cord injury who have diverse sexual orientations. The participants were 402 Health care professionals in a diversity training program. Statistical analysis such as descriptive statistic and chi-square test were used for the analysis. Study revealed that majority of the participants reported low levels of knowledge, attitudes of tolerance versus respect.

Roberta et al., (2008) Study the relationship between self-efficacy and self-management behaviours in patients with chronic kidney disease. Data was collected from 174 patients with Chronic Kidney Disease were participated. Data was collected through Self-reported measures of self-efficacy, physical and mental functioning, and self-management. Result of the study shows that higher perceived self-efficacy score were connected with increase communication, self efficacy, partnership and which consistent more correlate of self-management behavior than were demographic or health characteristics.

Duggleby et al., (2009) study the relationship between Hope, self-efficacy, spiritual well-being and job satisfaction among Continuing Care Assistants. Data was collected from 64 Continuing Care Assistants. Hearth Hope Index, Global Job Satisfaction Questionnaire, Spiritual well-being Scale, General self-efficacy Scale (GSES) and a hope questionnaire were administered and the result indicated General self-efficacy scores and score of Spiritual self-efficacy are the significant part of the variance.
Rios et al., (2010) in their study entitled Hardy personality, self-efficacy, and general health in nursing professionals of intensive and emergency services. Cross-sectional retrospective design was used to collect information from the Sample of 300 nurses. Socio demographic, work questionnaire, Goldberg’s GHQ-28 Health Questionnaire, General self-efficacy Questionnaire by Baessler and Schwarzer and the Hardy Personality Subscale of Moreno’s Nursing Burnout Questionnaire (CDPE) were used for collecting data. The result of the study shows that positive and statistically significant relationship between generalized self-efficacy and hardy personality.

Srimathi and Kumar (2011) examined Self Efficacy and Psychological Well-being among Employed Women. The sample rate for the study were 325 women workers from different organizations such as industries, hospitals, banks, educational institutions and in call centers/BPO were randomly selected for the present study. Ryff’s Medium Form of Psychological Well Being Scale and Self-efficacy Scale by Singh and Kumar were administered for collecting the data. Product moment correlation technique was used for analysis. Result of the study revealed that all the dimensions of psychological wellbeing (Autonomy, environment mastery, personal growth, positive relation with others, purpose in life and self-acceptance) correlated significantly and positively with self efficacy scores for the total sample. However, dimensions of Psychological Well Being did not correlate significant with self efficacy in the samples drawn from teaching and banking sectors. The domains of Psychological well-Being such as self acceptance and environmental mastery correlated highly with self efficacy and purpose in life, and autonomy correlated least with self efficacy.

Chang et al., (2011) studied the relationship between depression, self-efficacy and optimism in a sample of nurses in Taiwan. A cross-sectional survey method was used...
for 314 staff nurses. Statistical techniques such as descriptive Statistics, product-
moment correlations and multiple regressions statistics were used for analysis. Result
revealed that Self-efficacy and optimism was significant buffer against depression,
and also nurses with positive evaluation and expectation towards themselves and
others tend to report lower depression.

Hanan et al., (2012) conducted a study on Development and evaluation of a 3-day
patient safety curriculum to advance knowledge, self-efficacy and system thinking
among medical students. Sample consists of 120 students participated in this
intersession as part of their required second year curriculum. The result of the study
shows that students had statistically significant increases in self-efficacy for all taught
communication and safety skills. Participant satisfaction with the intersession was
high.

Dong & Songsri (2012) conducted a study on Self-Efficacy of Chinese Students in
English Study. Sample consists of 250 third-years old students. The General Self-
Efficacy Scale and Self-Efficacy Scale in English learning were used for collect
information from the samples. Descriptive statistics and correlation coefficient
statistics were used to analyze the data. Result revealed that students had high Self-
Efficacy in deals with problems in their daily life and low Self-Efficacy in their
English study.

Zhu et al., (2013) examined Nurses self-efficacy and practices relating to weight
management of adult patient on the sample of 420 registered nurses. The result of the
study shows that moderate level of weight management practices in nurses. Self-
efficacy directly and positively predicted the weight management practices of the
registered nurses and fully or partially mediated the relationships between perceived
skills, teamwork beliefs, perceived barriers and professional role identity with weight management practices.

Gulbrandsen et al., (2013) examined the Long term effect of communication training on the relationship between physicians’ self-efficacy and performance. Sample consists of 62 hospital physicians. Participants responded to a questionnaire about communication skills and self-efficacy before and after the course, and at 3 years follow-up. The result of the study revealed that Communication skills and self-efficacy was not correlated to performance at baseline. The association changed significantly and was positive at follow-up and the self-efficacy increased significantly. High performance after the course and low self-efficacy before the course were higher in communication skills self-efficacy.

Omu and Frances (2014) examined the relationship between Religious faith and self-efficacy among stroke patients in Kuwait: health professionals’ views. Data was collected through qualitative semi-structured interviews with 10 expatriate health professionals of various religious faiths working in stoke rehabilitation. The result of the study revealed that health professionals sought to foster patients’ experience of religious empowerment by using religious phrases during rehabilitation and encouraging religious observances. Nurse participants considered that discussing religious issues with their patients was intrinsic to culturally competent care. It is known that patients’ Self-Efficacy in rehabilitation can be strengthened through a number of strategies such as goal-setting and feedback.

2.4 OCCUPATIONAL STRESS RELATED STUDIES

Simpson and Grant (1991) examined the Sources and Magnitude of Job Stress among Physicians. Data were collected through Interview from 57 women, 147 men young
physicians. Patient relationships scale, financial issues scale, time pressures scale and competence concerns scales were administrated. Findings showed that physicians’ have more job related stress than many other types of works. Sources and intensity of job stressors do not vary significantly by gender. Medical practice problems are more stressful in non profit than for practices. Early career doctors appeared to experience only moderate levels of stress and stressors were not related to impaired mental health.

Sieminska & Dawid (1997) conducted a research study on Professional stress of physicians. The sample consists of 55 physicians. The Result of the study shows that the most difficult situations for physicians were connected with professional competence. Intellectual way of coping has valuable and useful for physicians in their everyday practice.

Rout (1999) conducted a study on Job stress among general practitioners and nurse at primary care in England. Data was collected from 205 general practitioners and 119 practice nurses. The result of the study shows that Male general practitioners had significantly higher scores on anxiety and depression than normative population. On the other hand Practice nurses reported lower scores on anxiety and depression.

Kirkcaldy & Martin (2000) examined the Job stress and satisfaction among nurses: individual differences. Sample consists of 276 nurses in Northern Ireland. Result indicated that nurses in general appeared to display high scores on the stresses related to role confidence and role competency, work-family conflict and organizational involvement. Gender differences on occupational stress or the health outcome variables were not observed in this study. Grade of nursing was not influenced on job stress and work satisfaction.
Andrew (2003) in their survey entitled Work place stress in nursing-a literature review. Literature reviews search from January 1985 to April 2003. The finding of the survey shows that workload, leadership/management style, professional conflict and emotional cost of caring are the main sources of stress.

Omar (2003) in their study entitled Sources of Work-Stress among Hospital-Staff at the Saudi. Sample rate consists of 414 Doctors, nurses, technicians, administrators and therapists. Result of the study shows that the level of work-stress among the hospital staff seems to be high. This was due to insufficient technical facilities, absence of appreciation, long working hours and short breaks. Other findings also shows the older the employee and the more experience he/she has the less work-stress is experienced.

Promecene and Monga (2003) conducted a study on Occupational stress among gynaecologists. A total of 277 gynaecologists participated in this study. The Osipow Occupational Stress Inventory (OOSI), Personal Strain Questionnaire (PSQ) and Personal Resources Questionnaire were administrated. Statistical techniques like Fisher’s exact test and median t test were used to analyze the data. The result of the study shows that Occupational stress is common among gynaecologists. This appears to be balanced by good coping skills.

McGrath et al., (2003) in their article Occupational stress in nursing on a large sample of 300 qualified nursing staff in Northern Ireland. The tools used were General Health Questionnaire and the Maslach Burnout Inventory. Result of the study shows that nursing staff generally feels positively towards nursing, but they reported themselves as experiencing considerable work-related stress.
Wu et al., (2007) studied on Relationship between job burnout and occupational stress among doctors in China. Study was conducted on 543 doctors from three provincial hospitals in China. The Maslach Burnout Inventory-General Survey (MBI-GS) and occupational stress inventory revised edition was administered. The result revealed that the surgeon and physician job burnout score were significantly higher than the others. The 30 to 40 year age group score of exhaustion was significantly higher than the other groups. The score of professional efficacy increased with educational status, while this decreased with age. Occupational stress was significantly positively related to all burnout dimensions, while coping resources negatively correlated to all burnout dimensions.

Wu et al., (2007) examined the Relationship between burnout and occupational stress among nurses in China. The sample consists of 495 nurses from three provincial hospitals. The Maslach Burnout Inventory-General Survey (MBI-GS) and the occupational Stress Inventory (OSI) - revised edition was administered. The result of the study shows that the Scores for burnout of surgical and medical nurses were significantly higher than those of other nurses. Younger nurses reported higher levels of burnout. Nurses with lower educational status were associated with lower professional efficacy.

Vicentic et al., (2010) in their study entitled Professional stress in general practitioners and psychiatrists-the level of psychological distress and burnout risk. The sample rate consists of 30 General Practitioners and 30 psychiatrists. The tools were used Socio demographics features, General Health Questionnaire (GHQ) and Maslach Burnout Inventory (MBI). Statistical measures like Pearson test, t-test and variance analysis were used to analyze the data. Results revealed a high burnout risk level in both general practitioners and psychiatrists groups. In both groups there was
no presence of psychic disorders, while there was a high level of emotional
exhaustion and over tension by job and also a lower total personal accomplishment.

Pisant et al., (2010) study the relationship between Job characteristics, organizational
conditions, and distress/well-being among Italian and Dutch nurses: A cross-national
comparison method was applied to collect data from the sample of 609 Italian and 873
Dutch nurses. Result revealed that Italian nurses perceived as more unfavorable in
their job characteristics, organizational conditions and well-being than their Dutch
colleagues. Hierarchical regression analyses showed that across samples reported high
job demands, low skill judgment and low social support from supervisor were the
most consistent predictors of occupational and general strain. Organizational
conditions added significantly to the prediction of job satisfaction and burnout.

Wu et al., (2010) studied on Factors associated with occupational stress among
Chinese doctors: the researcher employed a cross-sectional survey of 1587 doctors
(673 male and 914 female). Personal Strain Questionnaire (PSQ), demographic
characteristics, work situations, occupational roles and personal resources was
administered for collecting data. Findings of the study show that the major factors
associated with occupational stress differed between male and female doctors.
Overall, role boundary and role insufficient were the most vital factors in male
doctors and female doctors.

Fogaca et al., (2010) conducted a Preliminary study about occupational stress of
physicians and nurses in pediatric and neonatal intensive care units, the balance
between effort and reward. The sample consists of 37 physicians and 20 nurses. The
researcher used descriptive cross-sectional study method. Result revealed that the
organizational setting of neonatal proved to be more demanding for physicians,
exacting a greater commitment to their work, while demands presented in both units seemed to be the same for nurses.

A study by Boran et al., (2010) on the title of work-related stress among health professionals in northern Jordan. Sample consists of 101 physician specialists, 126 dentists, 52 general practitioners, 123 pharmacists were selected for the study. A socio-demographic questionnaire, the General Health Questionnaire (GHQ) and addressed structured questions were administered. Data were analyzed by using Descriptive statistics, multivariate analyses and binary logistic regression. The result of the study which shows that there are 27 percentages of people reported high levels of stress. Prevalence was highest among general practitioners then dentists and pharmacists. The lowest stress was among physicians specialist. Factors associated with the highest stress among general practitioner, woman practitioners and long working hours.

Wu et al., (2010) in their study entitled Occupational stress among hospital nurses: cross-sectional survey. The sample consists of 2613 female nurses’ form 20 hospitals in China. Chinese version of Personal Strain Questionnaire was used to measure Occupational stress. A general linear regression model was used for analysis. The result of the study suggested that nurses are at high risk of occupational stress. Role boundary and role insufficiency are at high risk of occupational stress. Role boundary and role insufficiency are the factors that highest association with occupational stress.

Poanta et al., (2010) investigated the Professional stress and inflammatory markers in physicians. Data were collected from 118 presumed healthy physicians from Cluj County, aged between 30 and 60 years, with medical specialities. Data was analyzed and compared by mean, standard deviation and alpha coefficient of validity. The
result of the study shows that low co-workers support affects more men than women, and that depression and serum cortisol in men and women were positively correlated. Depression and other inflammatory markers were not significantly correlated in total group.

Wang et al., (2011) examined the relationship between Active job, healthy job, Occupational stress and depression among hospital physicians in Taiwan. The sample was physicians employed at 14 participating regional hospitals in and around Taiwan Health Care Alliance. The Result of the study shows that the depression rate was higher among doctors than in the general population of Taiwan. Higher depression scores were found in subjects with higher work demands, while lower depression scores were found in subjects working in the east Taiwan area.

Bittner et al., (2011) in their study entitled stress burnout and maladaptive coping strategies for surgeon well-being. Result of the study shows that Practicing physicians and surgeons, medical and surgical residents, and medical students who are dedicated their lives to provide optimum patient care, but doing so places them at significant risk for personal and professional stress, ultimately burnout. Research shows that stress without conflict resolution may lead to burnout, which can contribute to impaired technical performance, medical errors, physical and mental health problems, and even increase the risk of suicide.

Boran et al., (2011) studied the Work-related stress among health professionals in northern Jordan. The study was conducted on 101 physician specialists, 126 dentists, 52 general practitioners and 123 pharmacists. The result shows that 27% health professionals reported high levels of stress. Prevalence was highest among general practitioners than dentist and pharmacists. The lower stress was noticed among
physician specialists. Factors associated with the highest stress were being a woman and work for long hours. General practitioners, dentists and pharmacists were significantly lower stressed than physician specialists.

Wang et al., (2011) conducted a study on the effect of work stress on burnout and quality of life between female nurses and female doctors. Cluster sampling method was used for collecting data from 947 female nurses and 685 female doctors selected from Fujian provinces. Result of the study shows that Occupational stress played an important role in job burnout and quality of life among female nurses and doctors.

Selmanovic et al., (2011) in their study entitled Stress at work and burnout in hospital doctors. Data were collected from hospital doctors of a total 423 employees in various departments of the University Hospital Clinical Center. Result indicated that continuous exposure to stressors at the workplace, such as work at shifts, poor communication with superiors, excessive workload and lack of continuous education of hospital physicians can lead to mental and physical exhaustion, professional burnout.

Bagaajav et al., (2011) examined Burnout and job stress among Mongolian doctors and nurses. A total of 180 doctors and 212 nurses participated in the study. Statistical technique multiple regression was used for the analysis. Result of the study shows that effort-reward imbalance significantly influenced on all dimensions of burnout, but over-commitment had significantly influenced on only personal and work-related burnout.

Iliceto et al., (2012) examined the Occupational stress and psychopathology in health professionals: An explorative study with the Multiple Indicators Multiple Causes (MIMIC) model approach. The sample rate for the study belongs to 156 nurses and
physicians (62 males and 94 females). Occupational stress inventory (OSI), temperament scale and Beck hopelessness scale was administered. The result of the study shows that healthcare professionals has higher rates of occupational related distress (burnout and compassion fatigue) and higher rates of suicide.

Liu et al., (2012) in their study entitled mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians: a cross-sectional study method was applied to collect data from the sample of 998 Chinese physicians. The tools used were Depression Scale, effort-reward imbalance scale and Psychological Capital Questionnaire. The result of the study shows that both the effort/reward ratio (ERR) and over commitment were significantly associated with depressive symptoms among male and female physicians. Gender difference in the mediating role of Psychological capital on the occupational stress-depressive symptoms association was reported in this study. For male physicians, Psychological capital did not mediate the association between occupational stress and depressive symptoms. For female physicians, ERR and over commitment were negatively associated with Psychological Capital.

Loo (2012) conducted studies on Job Stress and Coping Mechanisms among Nursing Staff in Public Health Services. A total of 185 samples were obtained from the Nursing Unit of Hospital, the samples are to be divided into two groups. Group 1 consists of 160 respondents and Group 2 consists of 25 respondents. The method used for data collection in Group 1 was questionnaire survey (quantitative data) and Group 2 was interview survey (qualitative data). The results indicated that the major contributor of job stress among nurses is heavy workload, repetitive work and poor working environment were identified in the category of job itself. Respondents
identified that inconsiderate and inequitable superior, lack of recognition and conflict within and between groups were the stressors.

Ali et al., (2013) in their studies entitled Occupational Stress among Hospital Nurses: Comparison of Internal, Surgical and Psychiatric Wards. Sample consists of 180 nurses, selected among nurses working in surgical, internal and psychiatric wards. Data were collected using questionnaires containing Health and Safety Executive (HSE) and demographic information. Data were analyzed by using t test and analysis of variance. Result revealed that nurses of surgical and internal wards had significantly higher level of occupational stress than nurses working in psychiatric wards. There was no significant correlation between occupational stress with age, marital status, work shifts and experience. However, the study found that occupational stress has significant correlation with sex and education level.

Chen et al., (2013) examined the Health Problem and Occupational Stress among Chinese Doctors in recent 10 years (2001-2011). There were several investigation sample exceed 1000 with the majority were between 100-300 interviewers. The result indicates that doctors in general hospitals have worse mental status. Occupational stress caused from heavy workload, more demands from patients, occupational risk, effort-reward imbalance and fierce competition for job promotion. The most common diseases the Chinese doctors usually suffered were hypertension, fatty liver, hyperglycemics and hyperlipidemia.

Rawal and Shradha (2014) carried out a study on sample of 850 nurses to examine the job stress causes attrition among nurses in public and private hospitals. A researcher used Descriptive Statistics, Correlation and Z test techniques to analyze the data. The
result of the study established a fact that job stress has significant negative effect on work behavior of the nurses.

Gulavani and Mahadeo (2014) conducted a study on Occupational Stress and Job Satisfaction among Nurses. The researcher employed a descriptive study design with explorative research approach. A total of 100 nurses were selected for the study. The result of the study showed that there was no significant association found between occupational stress, job satisfaction and age, sex, professional education, year of experience.

Kumar & Kulshreshtha (2014) examined Job Stress among doctors in hospitals of Haryana. A sample of 120 doctors working in different hospitals in various places of Haryana. Result indicated stress among doctors is due to unpredictable working hours and large number of patients. There are many factors leading to stress among doctors. Out of these workload is the highest stressor among doctors. All the doctors felt this as stressor. Extra duties/charges mostly involving administrative duties leads to stress among doctors with 83%. Lack of holidays and working hours also cause a lot of stress among all the factors. Doctors rarely get holidays and time to spend with their family.

Tziner et al., (2015) investigated the relationship between perceived work stress, burnout, satisfaction at work and turnover intentions among hospital physicians. A total of 124 hospital physicians participated in this study. Result revealed that positive relationship between work stress and burnout. Negative relationships would be found between burnout and satisfaction, and between satisfaction and turnover intentions. Structural Equation Modeling found that beyond the assumed direct relationships,
burnout partially mediated between work stress and satisfaction and work satisfaction partially mediated the relationship between burnout and turnover intentions.

Bandara & Randeni (2015) in their study entitled factors affecting to the Occupational Stress of Doctors. Total of 196 doctors in Anuradhapura were selected for the study. A Likert Scale Questionnaire (LSQ) was developed to take primary data; Secondary data is based on sources that already exist. Secondary data was collected from current study included; Text books, Statistical reports issued by the Government, Web sites and Magazines and articles. Statistical measures like mean, standard deviation and Regression Analysis was applied to measure the relationship among variables. Result indicated that Role overload, managerial behavior, intergroup conflict and family are highly affected to build the stress of doctors in Anuradhapura District.