

Indian Institute of Space Science and Technology

Thiruvananthapuram



HS221

Introduction to Social Science and Ethics

A Report on

**Working Conditions and Job
Satisfaction of Nurses**

Submitted by

B Tech Aerospace Engineering, Batch of 2024

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Abstract

Conditions of nurses during COVID-19 times have been studied and reviewed. A survey has been conducted from which various conclusions about questions like job satisfaction, and working conditions have been answered in this report.

Keywords

Nurses, Challenges, Working Conditions, Job Satisfaction

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Introduction

Nursing is an indispensable part of the healthcare industry. It is a demanding profession both physically and mentally as it offers a pool of challenges. The recent era of Covid has made it even tougher putting unprecedented pressure on the entire workforce. Hence, their importance and well-being should be prioritized to improve the overall healthcare system.

The survey was administered to understand the issues faced by nurses in their professional life by examining a multitude of parameters like their working conditions, salary, etc.

It was conducted between February and April 2022 with 63 nurses participating in the survey. The heterogeneity was ensured in terms of age and region based on a random and cluster sampling design. The information garnered from the survey is interpreted keeping in mind the present situation in the health sector and based on our cognition and logical reasoning.

Aims and Objectives

The main aim of this study is to study the working conditions of nurses in India during the COVID-19 pandemic.

To analyze this, we have created a questionnaire that is focused on the following topics:

- Relationship of nurses with their colleagues and the administration
- Physical health
- Mental health
- Issues and relationships with the patients
- Overall satisfaction with the job

Methodology

The study included four phases: scoping, survey design, fieldwork, analysis, and reporting.

Scoping

This part includes the literature review which in this study consists of 2 studies previously conducted on similar topics. We discussed the relevance of the study with our professor and discussed it with the concerned shareholders (in this study they are the nurses).

Survey Design

After the above-mentioned activities, we as a group had a meeting to decide on the questionnaire for the survey. As surveys were circulated by the personal connections (friends, family, acquaintances, etc.) all of us have back home, the universally accepted language was English. Questions were designed such that we could analyze and present the relationship of nurses with their colleagues and the administration; their physical and mental health; issues and relationship with the patients and their overall satisfaction with the job. Google forms were used for this study. The form used for this study consists of 6 sections. Section 1 is for general information and the relationship of nurses with their colleagues and the

administration. Questions in Sections 2 and 3 are focused on their physical health, while Sections 4 and 5 are more focused on mental health. Section 6 consists of questions that record their overall satisfaction with the job and their issues and relationship with the patients.

Fieldwork

As this was an online survey there was no such specific fieldwork. All of us tried our level best to circulate the survey using our acquaintances to get the maximum number of responses. Such an approach was useful as using this method we could diversify our sample space as we come from different parts of the country. As compared to many other projects taken up by the students of our class, the subjects of this study are not students but the nurses working in various hospitals. Therefore, the number of participants is comparatively lower than the other studies as almost all the responses are from our connections

Analysis and Reporting

All the data collected from the google forms is already represented in the form of a pie chart of all the possible responses. This data was studied carefully by the members of our group and presented in a simpler way to get an understanding of the subject. Wherever we could find an ample sample space, different inferences and conclusions are recorded from that data. In the end, all of our findings in the different areas (as mentioned above in the aims and objectives) in which our study is conducted are consolidated in the form of this report.

Literature Review

A systematic review of the literature was conducted wherein recent developments in Covid times in the professional as well as personal lives of nurses were examined through results of various surveys and reports on the topic. On that basis, our survey was designed and a methodology was adopted.

According to the survey by Sarath Rathnayake et al.[1], five themes on which the life of nurses was centered are physical and psychological distress of nurses, willingness to work, the essential role of support mechanisms, educational and informational needs of nurses, and (5) the role of modern technology in the healthcare industry. Also, it viewed Covid-19 as a new experience for the nurses resulting in personal satisfaction as they started being recognized for their work by

the public. It also highlighted issues like work pressure (long working hours and overburdening), feelings of guilt related to witnessing the suffering of patients, and also the uncomfortable and cumbersome PPE suits, etc.

Another study by Niuniu sun et al.[2] shed light on the psychological experiences of nurses where it characterizes them in four stages chronologically, first, nurses encounter negative emotions of fatigue and helplessness caused by highly onerous work, second, they adopted self coping mechanisms including lifestyle changes, altruistic acts, and rational cognition to get acclimated to the situation, third, positive attitudes start to develop as they develop professional responsibility, fourth, coexistence of positive and negative emotions occur simultaneously. Although our survey was conducted in the later parts of the Covid era, the results can include nurses in all four stages as the length of each stage varies from nurse to nurse. In a study by Qian Liu et al.[3], it categorizes nurses into three groups, one, who fully undertook their responsibility as nurses and persevered under all circumstances considering it as their "duty", two, who found themselves in uncharted waters, filled with fear of getting infected and infecting their families and exhaustion due to heavy workloads, three, the resilient ones who employed various self-management strategies to keep themselves going and also achieve transcendence from the situation.

IDEAL CONDITION OF NURSES IN INDIA

(1) SALARY OF NURSES

The nurses in India are underpaid with an average salary of around 24,700 INR. The highest and the least salary are 37,300 INR and 13,300 INR respectively. However, the salary for nurses in public and private institutions varies. Low salary is paid to nurses in private hospitals as compared to a government hospital. In the private sector, a great portion of the nurses lacks formal nursing qualifications overlapped with the caste-based discrimination is one reason why many are underpaid in the private sector than the public sector. The ANMs working receives a salary of 84 USD per month while a GNM receives a salary of 162 USD per month which are both below the minimum wage prescribed by the GOI's Sixth Central Pay Commission. Even though the Supreme Court has ordered the private hospitals to pay a minimum wage of 20,000 rupees in a 50 or less bedded hospital, they still underpaid less than the minimum wage even in the big corporate hospitals.

(2) WORKPLACE VIOLENCE AND LACK OF SAFETY

The violence at the workplace includes threats, verbal abuse, harassment, etc. The main source of abusers is the patients and their relatives. The other abusers include co-workers, intruders, etc. Almost 80 percent of the violent cases were reported against the patients in 2013. All the violence is not reported out of which only 5-10%

are being reported and the remaining are hidden by Hospital Authorities or settled in Police stations and bribed by the media.

(3) LACK OF SYNCHRONICITY AND RECOGNITION

The less nurse doctor ratio as mentioned in the 5th part below- decreasing workforce and stereotypes will decrease the fruit of teamwork and result in less synchronous work. Most often the blame for every bad incident falls on the nurses even if it is due to the unavailability of the doctors or equipment.

Nursing is usually considered just only as a caring or nurturing job or sometimes even not considered a profession. The nurses are condemned as less skilled and a woman-only profession by the patriarchal society and the stereotypes. They are occasionally appreciated or recognized for the service they provide by their superiors.

(4) LONG WORKING HOURS AND NON-NURSING ROLES

Working long hours is a common concern irrespective of whether it is in the private or public sector. The survey conducted by Durairaj Rajan [4] on the perception of long working hours in multi-specialty hospitals suggests that about 14 percent perceive low, 65 percent perceive medium while 18 percent perceive high for long working hours. Of which 16 perceive the long working hours to cause less fatigue, 66 perceive it to be normal while 15 percent perceive the long working hours to cause high fatigue. The survey on single-specialty hospitals suggests that about 18 percent perceive high for longer working hours and 14 percent perceive the long working hours to cause high fatigue. 14 to 18 percent perceive that the long working hours can excite destructive behavior at work towards patients and co-workers. 14 to 19 percent perceive that the long working hours can lead to accidents and faults at work.

The nominal working period is around 6 or 8 hours, but the short staffing usually results in long working hours. Besides the nursing jobs, they are forced to do non-nursing jobs for which they have to devote their time, which will deprive them of doing the required nursing tasks and which eventually leads to more working hours with no considerable increased pay.

(5) DECREASING WORKFORCE AND STEREOTYPES

India has 1.96 nurses per 1,000 population as per the Union Health Ministry and nurse to patient ratio is 3:1777. According to the National Health Profile (NHP) 2019, nurses are 23,27,925 which implies a shortage of 18,09,757 nurses approximately. NHWA [6] suggests the nurse-to-doctor ratio be 2.02:1 at all Indian levels, 10.7:1 in Himachal Pradesh, and 9.9:1 in Haryana, to as low as 0.4:1 in Bihar and 0.6:1 in Uttarakhand. The NSSO data is estimated to be 1.7:1 at all India levels with Punjab having nurse to doctor ratio of 7.1:1 and Delhi at 4.8:1 and the states of Bihar, Jammu & Kashmir, and Madhya Pradesh having less than 1 nurse per doctor.

As the nurses are forced to work with a low nurse to patient ratio or nurse to doctor ratio, the output of the care given to the patients decreases, as a result, it can sometimes lead to even death of the patients. A low nurse to doctor ratio leads to a lack of teamwork and less synchronous work.

Even though nursing is a professional job based on scientific knowledge, it is still labeled as a nurturing and caring job meant only for women and usually, men are restrained from joining nursing by family and society. These stereotypes hindering professional development can be visible in the enrolment of male students into B.Sc, nursing programs in the reputed institutions like AIIMS.

CASE STUDY:

Sexual abuse rampant in hospitals by Paramita Chaudhuri :

1. In a shocking study carried out by the international NGO Population Council, 77 of the 135 women doctors and nurses, working in four hospitals in Kolkata, admitted sexual harassment.
2. However, over 50 of them did not complain. Maybe the reason being many feared that they will be blamed for provoking sexual harassment. Others worried about the loss of reputation after complaining. As many as 45 reported psychological harassment, 41 verbal harassment, 27 unwanted touch, and 16 sexual gestures and exhibitionism.
3. The study also revealed that just 20 of the 135 women interviewed over a period of 11 months by Population Council researcher Paramita Chaudhuri were aware of the Supreme Court guidelines on sexual harassment.
4. Doctors and nurses alike agree that sexual harassment is an occupational hazard for working women and kind of accept it as a natural happening.
5. The study said, "By and large, doctors and nurses in government hospitals are permanent employees and those in private hospitals tend to work as consultants. Nurses in private hospitals, although confirmed after 3 months of

employment, can be dismissed at any time and therefore have less job security than those in government hospitals.”

6. “Health care attendants are employed by patients on a temporary basis and have the least job security. Reluctant to discuss sexual harassment stems from the fear of those on daily wage employment or on contracts that they will lose their job if they go public.”

Delhi women most vulnerable to sexual harassment: Survey – The Hindu

1. About 92 percent of women working in sectors such as information technology, hospitality, civil aviation, and call centers feel unsafe while traveling to their homes after sunset.
2. A new nationwide survey by the Associated Chambers of Commerce & Industry of India’s Social Development Foundation (ASSOCHAM) has revealed this information about their condition in the various regions of the country.
3. Over 5,000 women in Delhi-NCR, Mumbai, Kolkata, Bangalore, Hyderabad, Ahmedabad, Pune, and Dehra Dun from October to December were surveyed, by ASSOCHAM.
4. Releasing the assessment, ASSOCHAM secretary-general D. S. Rawat said the survey revealed that the women working in sectors such as travel and tourism, nursing, information technology were most vulnerable to sexual harassment and attacks after the working hours as they were required to return home late in the evening.
5. The survey showed the condition of the nation’s Capital as it revealed that the two of every three women in Delhi had faced some form of sexual harassment.
6. A majority of the women blamed poor infrastructures like an inadequate number of street lights and unsafe public transport for crime against women. Most of the women surveyed said they did not consider buses to be a safe mode of transport and the Delhi Metro had also turned unsafe with increasing crowds.
7. More than 90 percent of the women felt that crime against women should be non-bailable with severe punishment and trials should be conducted in fast-track courts.

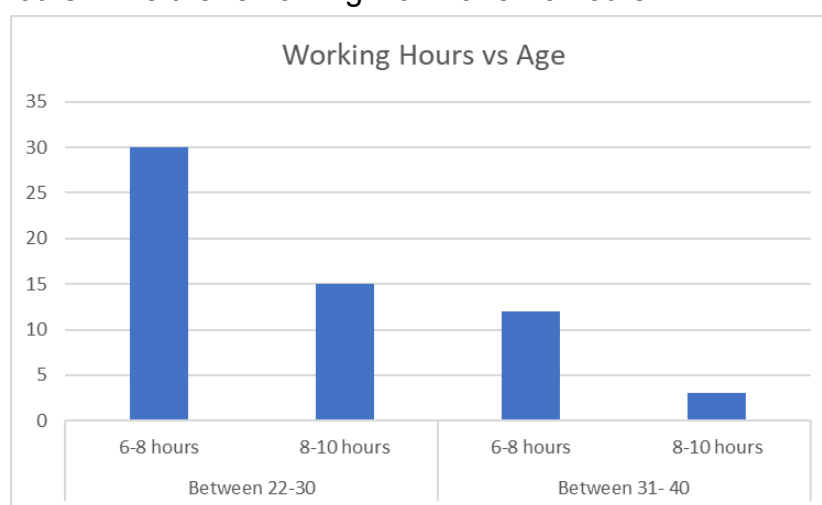
Findings

Average working hours of nurses

Approximately 70 percent of nurses surveyed work for 6-8 hours. Approximately 30 % work from 8 - 10 hours. 1 percent work more than 10 hours.

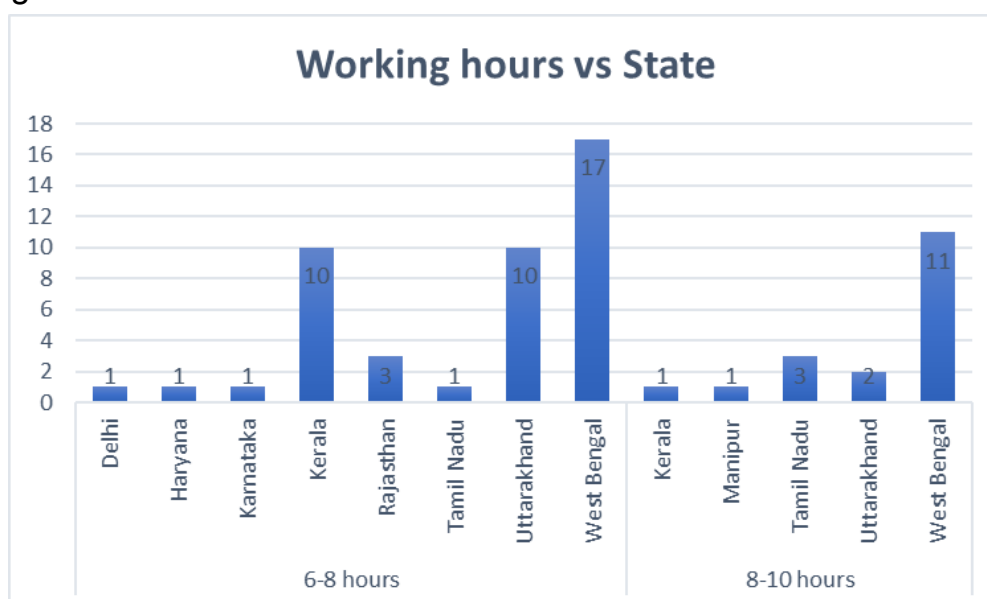
Working hours and age:

Between 22 and 30 years of age 2 in 3 (66%) nurses work for 6-8 hours while the remaining work for 8-10 hours. Between 22 and 30 years of age 4 in 5 (80%) nurses work for 6-8 hours while the remaining work for 8-10 hours.



It is found that the younger nurses (22-30 years old) work for more hours than their older colleagues.

Working hours and state:



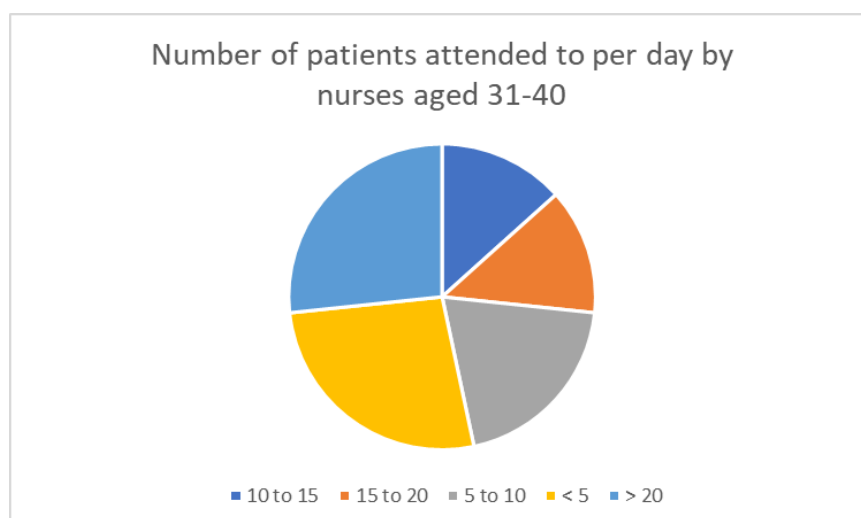
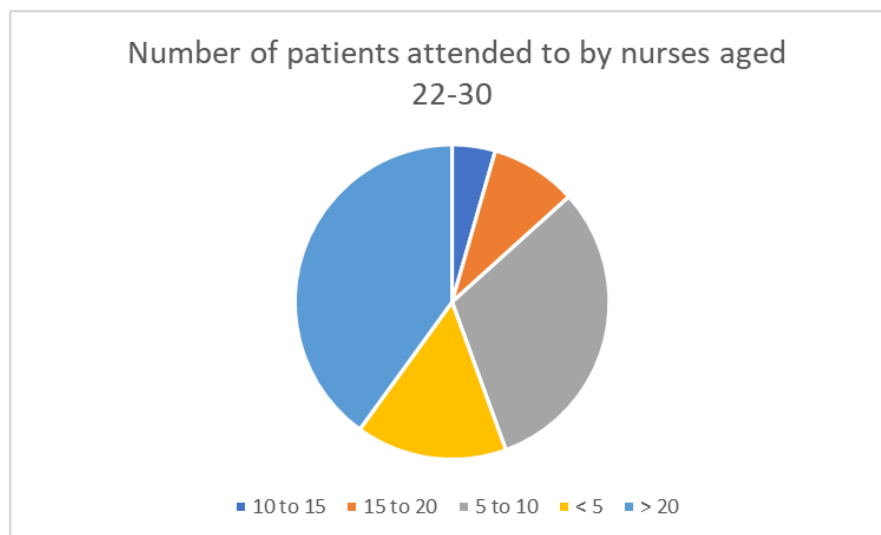
On analyzing the data, it was found that West Bengal has around 3 in 5 nurses working for 6 to 8 hours per day. In Tamil Nadu 1 in 4 work for 6-8 hours a day while the remaining work for 8-10 hours. In Uttarakhand, more than 80% work for 6-8 hours a day. In Kerala, the percentage for the same is around 90%.

Thus, Kerala has the most number of nurses working for the least number of hours per day.

Number of patients attended to per day

The majority of the nurses surveyed (approximately 40 %) take care of more than 20 patients per day.

On analyzing the relation between age and the number of patients per day, the following observations were made.

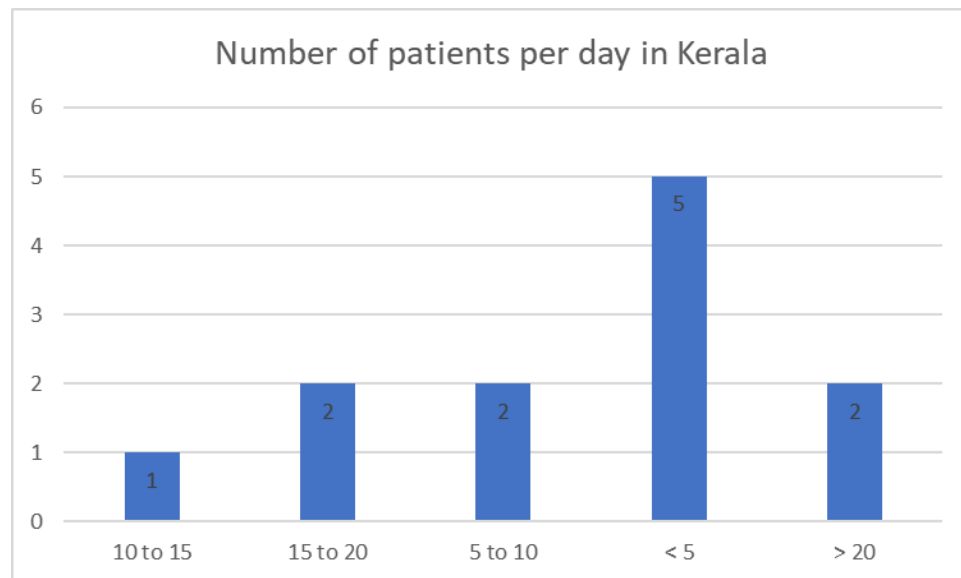


The majority of nurses in the age group 22-30 attend to more than 20 patients a day. Around 1 in 4 of the nurses aged 31-40 attend to less than 5 patients a day.

The younger age group (22-30) attends to more patients than their older colleagues.

State and number of patients:

In West Bengal, 2 in 3 nurses look after more than 20 patients per day. In Tamil Nadu, the number is 1 in 2. In Uttarakhand, more than 90% of the nurses look after less than 10 nurses a day. In Kerala, the majority of nurses look after less than 5 nurses per day.



Thus, nurses in West Bengal look after the most number of patients per day while, in Kerala, they look after the least number of patients per day.

Relationship with colleagues

2 out of 3 nurses are satisfied with the conduct of the administration.

2 in 3 nurses are pleased with their work environment and colleagues.

Salary

3 out of 4 nurses are not satisfied with their salary.

In Rajasthan, 1 in 3 nurses are not satisfied with their salary, in Tamil Nadu, all surveyed nurses are unsatisfied, in Kerala and Uttarakhand around 1 in 2 nurses are unsatisfied, and in Bengal, more than 95% are unsatisfied with their salaries.

On analyzing the data, it was found that Tamil Nadu and West Bengal are the states where the nurses are the most unsatisfied with their salaries.

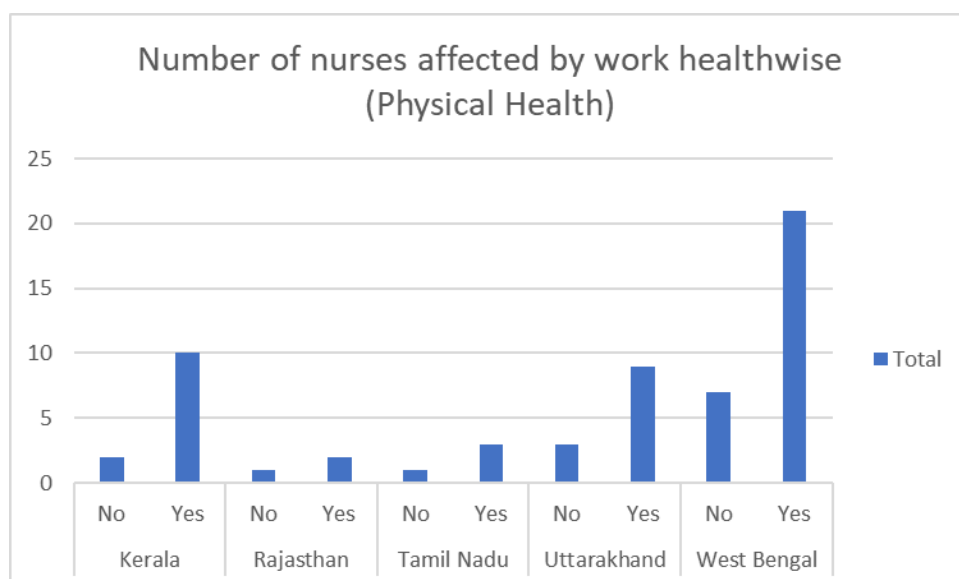


Also, on analyzing the effect of age on the satisfaction it was found that approximately 3 in 4 nurses in the age group 22-40 are unsatisfied while the nurses >40 years are satisfied with their current salaries. **This shows that the younger nurses (22-40 years) are more unsatisfied than their older colleagues.**

Profession and health

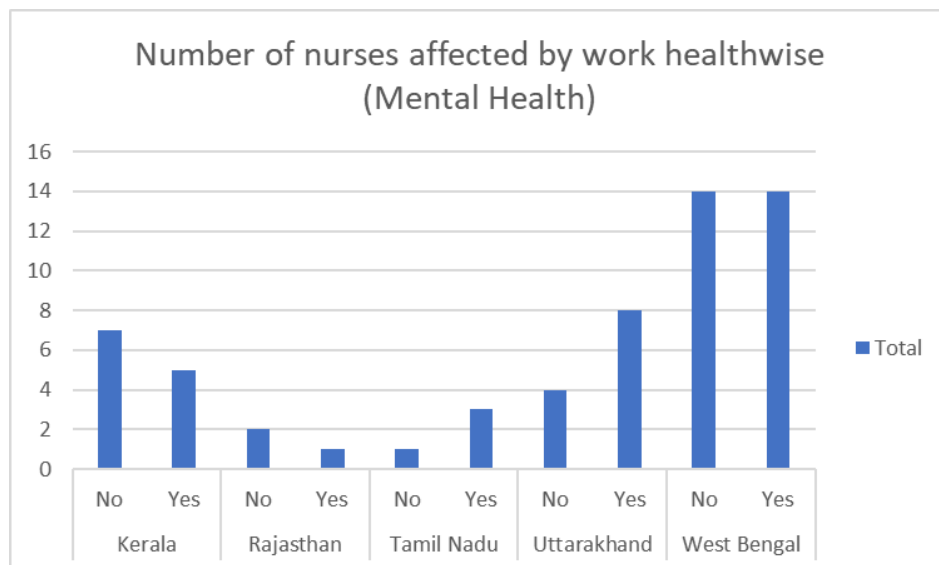
Approximately 8 out of 10 nurses are affected healthwise by their jobs. The seriousness of their health issues has been told to be a 3 out of 5 degrees for 40 percent of the nurses surveyed.

Healts and State:



West Bengal and Kerala have the highest ratios of affected to not affected as depicted in the bar graph above.

The effect of their profession on their mental health is more or less double-sided. 45 percent think that they are mentally unhealthy while the remaining 55 percent are not affected mentally by their job. Those affected, rated the seriousness of the problem to be 2-3 on a scale of 5.



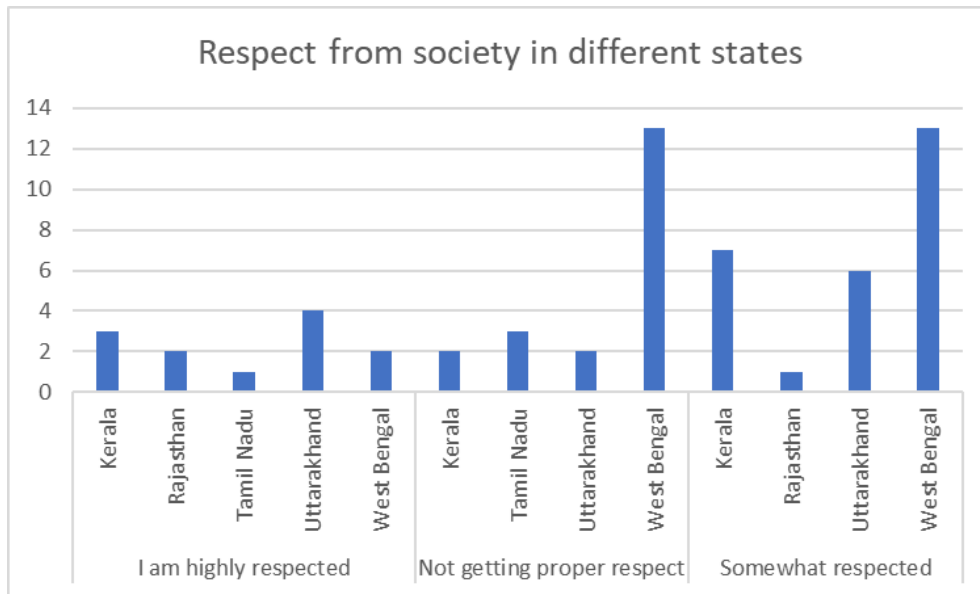
The nurses in Kerala are less affected mentally than those in other states. Uttarakhand and Tamil Nadu nurses are affected mentally more than other states.

Physical and mental health vs Age:

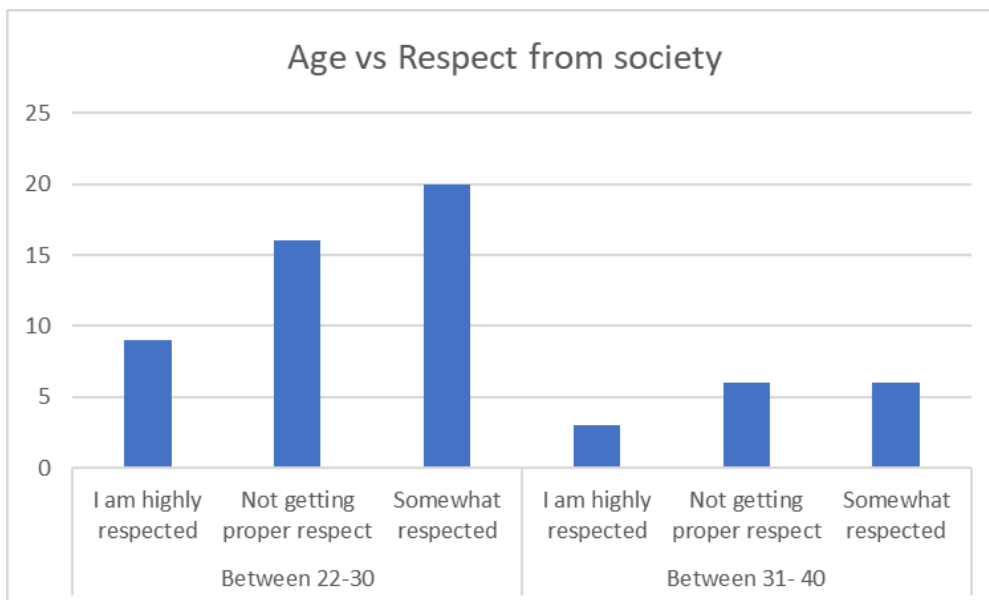
On analyzing data, it was found that the **older age group (31-40 years old) is more affected than the younger age group (22-30) mentally. Nurses in the younger age group are affected physically healthwise more than their older colleagues.**

Attitude from society

Every 1 in 3 surveyed nurses has been harassed or threatened by the patient's party or society. **Also, 1 in 3 surveyed nurses believes that they aren't given enough respect from society.** Approximately 50% of the nurses believe that the respect that they receive is moderate and could be improved.



Nurses in West Bengal are the least respected among different states. The condition of nurses is the best in Kerala.



4 in 5 nurses aged 22-30 believe they require more respect or are ok with it.
 1 in 3 nurses of the same age group believes that they are not respected.
 4 in 5 nurses aged 31-40 believe they require more respect or are ok with it.
 2 in 5 nurses of the same age group believe that they are not respected.
Thus the older nurses (31-40 years old) believe that they are not respected more than the younger age group.

How are nurses treated in India?

Even today, women dominate the nursing profession around the world; yet the working conditions for nurses are still poor in many parts of the world, including in

India. The work hours are long, the pay is poor and nurses in India are often treated as second-grade employees when compared to doctors.

The lack of recognition and basic privileges, poor work conditions, and relatively low salaries force many nurses to head overseas in search of better prospects, some even accepting jobs in high-risk countries like Iraq.

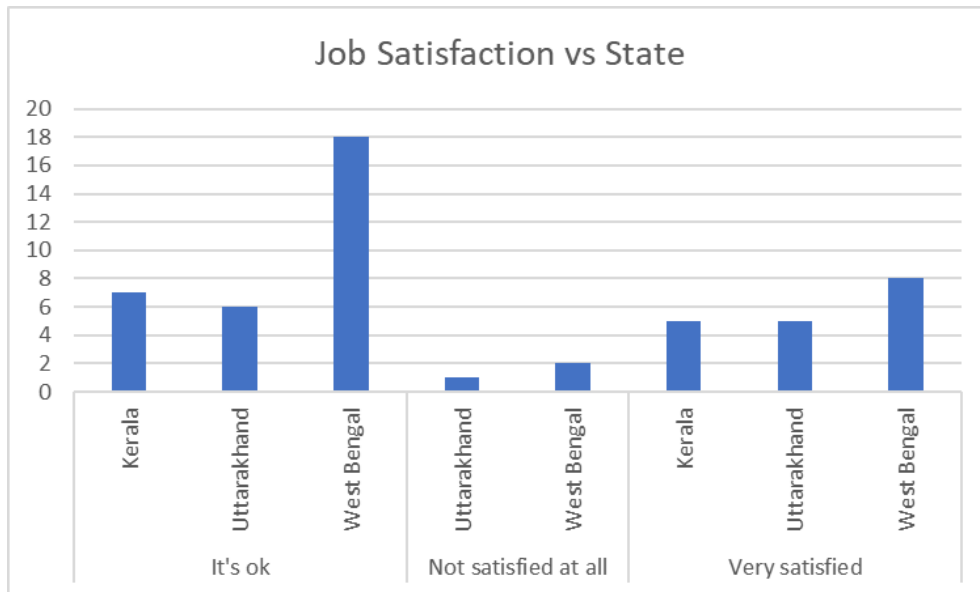
Nurses become easy targets for shaming and blaming for poor practice by a failing and dysfunctional system. Further, hard physical and emotional work coupled with inadequate financial rewards now makes nursing an unattractive profession. As a result, few motivated and caring individuals are attracted to the profession.

Job satisfaction

A third of nurses surveyed are satisfied with their job. More than half of the surveyed nurses would like to have improvements but are ok with their current jobs. From the survey, it is found that only 1 out of 10 is unsatisfied with his/her job.



The younger age group (22-30) is more satisfied with their job than the older age group (31-40) as shown above.



Kerala has the most satisfied nurses, while Uttarakhand has the least satisfied nurses.

Even though the majority of the nurses are not satisfied with their social, physical, and economic well-being, the majority of the nurses surveyed are either fine or satisfied with their job.

Nurses cited burnout and high-stress work environments as the No. 1 reason for leaving their jobs, followed by pay and benefits. Among those leaving or planning to leave, higher salaries are the top motivating factor for taking other positions.

The lack of recognition and basic privileges, poor work conditions, and relatively low salaries force many nurses to head overseas in search of better prospects, some even accepting jobs in high-risk countries like Iraq.

Possible Reasons for Findings

Long working hours

Compared to ideal working conditions (preferred by nurses) they work more because 3 out of 4 nurses do not get sufficient time to spend with their families.

One of the top reasons that nurses give when asked why they prefer to work 12-hour shifts is that it allows for more flexibility. Lumping shifts together allows for longer periods of downtime. Some nurses find it appealing to forgo the “daily grind” and limit that hectic pace to just four days each week.

For many nurses, long hours are simply part of the job—hospital nurses in particular face long workdays and swing shifts to cover 24-hour care. One study found that more than half of hospital nurses work more than 12 hours a day.

Workload

The reason is, that there is a shortage of nurses which means that hospitals and other clinical settings have to make use of the staff a lot more than they are committed to. This means that they have to ask their staff on a routine basis to work overtime.

Nurses feel that they're overworked and are therefore not able to do their best for their patients. This means that patient care and outcomes are affected by heavy workloads coupled with insufficient staff.

Shortage of staff

Deficient Manpower leads to unmanageable patient load and disparity in the Nurse: Patient ratio. Nurse: Patient ratio needs to be well maintained as it highly affects the patient care delivery system. When nurses are forced to work with high nurse-to-patient ratios, patients die, get infections, get injured, or get sent home too soon without adequate education about how to take care of their illness or injury.

Why are nurses paid so less in India?

Most nurses are from very poor backgrounds and with very little understanding of the job market and larger world per-se. Also, the basic eligibility to enroll in nursing courses is kept low, worsening their maturity while they pass the course. Thus they agree to a low salary offered.

Another important aspect is that nurses often do not have the right skills required to negotiate with their employers resulting in lesser wages.

Workplace mental violence

Workplace violence is widespread in healthcare settings. Huge amounts of workload and responsibilities on the staff can often lead to disturbed mental peace which will ultimately lead to less efficient care. Multiple tasks can pose a problem in a healthcare unit. Workplace mental violence can be also in the form of threats, verbal abuse, hostility, and harassment, which can cause psychological trauma and stress.

Workplace health hazards

Nurses confront a high risk of developing occupational health hazards if not taken proper precautions and care. Nurses are confronted with a variety of biological, physical, and chemical hazards while performing their duties.

A study titled Qualitative Study on the Psychological Experience of Nursing Officers published in the Indian Journal of Psychiatric Nursing highlights that those frontline healthcare providers involved in the care of COVID-19 patients have greater risks of mental health problems; such as anxiety, and depression, insomnia, and stress. It added that while caring for COVID-19 patients, nurses in India experienced mental and emotional distress during the initial stages of duty. The study also found that almost 49% of the nurses responded negatively to the stress. The common mental health issues experienced by the Indian nurses are fear, burnout, anxiety, and fatigue followed by stress, depression, insomnia, and work-life imbalance. Similar kinds of mental health issues were experienced by nurses around the world. Other issues include mental fatigue, phobia, grief, insecurity, and helplessness.

Conclusions

Encapsulating the survey findings, we infer the following points:

- An inverse relationship between working hours and age is present.
- Younger nurses more satisfied with their job
- An inverse relationship between the number of patients per day and age is present.
- Younger nurses are more unsatisfied with their salaries.
- Younger nurses are affected healthwise more.
- The older nurses are unsatisfied with the respect that they receive from society.

Limitations of the Report

1. The sample size for some states was less compared to other states. Good sample size was obtained for 3 states - West Bengal, Kerala, and Uttarakhand.
2. Analysis for a state was not done if the sample size was too low.
3. Age groups 41-50 and greater than 50 years old had small sample sizes. Analysis was not done wherever conclusions could not be made from data of these age groups.

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