Predictors of Job stress and Job satisfaction among Indian and Norwegian Nurses.

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PROBLEM

The present study examined what are the predictors of job stress and job satisfaction among Indian and Norwegian Nurses.

METHOD

Participants: The participants in this study were nurses from Norway and India. The Norwegian sample consists of 328 nurses and Indian sample consists of 136 nurses.

The same questionnaire was used in two Norwegian and two Indian hospitals. In Norway the questionnaire was translated into Norwegian, with back translation conducted to maintain the accuracy of the original instrument. The questionnaire was distributed to the head nurses at each department who set up a special room for members of general nursing staff to fill out the questionnaire. Nurses on sick leave received the questionnaire by mail and were given the opportunity to return the questionnaire directly to the researcher. In India the original English version was used and the questionnaire were distributed by the researcher and also collected by the researcher after 15 days. The questionnaire and a prepaid return envelope addressed to the researcher were sent out to people on sick leave at their work address.

Measures: Job stress was measured with three items constituting the subscale “Work” from the Cooper Stress Check (1981). Work-to-family conflict (WFC) was measured with two items from the Whitehall II study questionnaire (Marmot et al., 1991). Job demands were measured with four items from the JCQ-scale (Karasek, 1985). Job control was measured with two further items from the JCQ-scale (Karasek, 1985). SWB was measured with seven items from the scale developed by Torvatn (2001). Self-reported physical health was measured with the second European survey of working conditions (European Foundation, 1997). Job satisfaction was measured by (Hackman, Oldham, and Karasek (1980)). Statistical analysis First, a communality analysis was conducted to investigate the factor structure of the work family conflict (WFC), job demands (JD), job control (JC), social support (SS), job stress (JS), physical health (PH), Job stress (JS) and SWB (Subjective well-being) for the Norwegian and Indian data separately. The principle component analysis (PCA) method with Varimax rotation was used. Second, hierarchical multiple regressions were carried out for Norwegian and Indian nurses separately. Job stress and job satisfaction were used as criterion variables, and the method entered was stepwise. In Step 1, hours of work per week and flexibility in working hours were entered as predictor variables. In Step 2 WIF, and FIW variables were entered. In step 3 job demands, control, and social support variables were entered. Finally, in step 4, SWB, and physical health variables were entered. The communality analysis showed a few differences between the factor solutions of the Norwegian and Indian data. In the Norwegian sample, the item “My job requires working very fast” had a loading of .03 on the job demands scale, while the same item had a loading of .83 in the Indian sample. In the Norwegian sample the item “The impact of work has on my private life” had a loading of .11 on the job stress scale; the same item had a loading of .76 in the Indian data. In the Indian sample, the item “My job is very hectic” had a loading of .31 on the job demands scale, while the item “People I work with are helpful in getting the work done” had a loading of .38 on the social support scale. In the Norwegian data, these items had loadings of .70 and .59 respectively. Given the ambiguity of these four items, it was decided to perform the statistical analysis of the proposed model using two different versions of the job stress, job demands, and social support scales: the first one with the originally proposed job stress, job demands and social support scales and the second one without the ambiguous items. Since both analyses yielded the same results, we report the results of the analysis that included the ambiguous items of the scales. A summary of the regression results: For Norwegian nurses, flexibility in work (B = .10, t = 2.02, p < .05), WIF (B = .24, t = 3.84, p < .001), self reported physical health (B = .29, t = -5.38, p < .001), job demands (B = .25, t = 5.20, p < .001) were predictors of job stress. For Indian nurses, FIW (B = .36, t = 3.54, p < .01) and self reported physical health at work (B = -.15, t = -2.10, p < .05) predicted job stress. For Norwegian nurses, none of the variables predicts the job satisfaction, while for Indian nurses Job control (B = -.15, t = -2.10, p < .05) and SWB (B = -.16, t = -2.03, p < .05) did so.

POLICY IMPLICATION

Few cross-cultural researchers have addressed the issue of job satisfaction and job stress of nurses across countries and cultures. To our knowledge, this may be the first study that attempts to compare nurses from Western/Eastern (and, in an economic sense, developed/developing) countries, and their predictors of job satisfaction and job stress. Ultimately, reliable knowledge about stress factors among nurses will help hospitals to function more effectively and to give better service to their patients by ensuring the nursing staff's own health.

FINDINGS

The results from this study suggest that Norwegian and Indian and nurses differ significantly in their predictors of job stress and job satisfaction. These data have several implications for our understanding of job stress and job satisfaction. We believe that the cultural discrepancies between the two subsample the primary reason behind these differences. In summary, the regressions show differences between the predictors of job stress and job satisfaction among Indian and Norwegian nurses.