

OCCUPATIONAL STRESS, MENTAL HEALTH AND ATTITUDE TOWARDS MENTAL ILLNESS OF NURSING STAFF WORKING IN GENERAL AND PSYCHIATRIC HOSPITAL: A COMPARATIVE STUDY

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Abstract:

Nurses are identified as one of the professional groups with high level of job related stress and related issues. The magnitude of the problem this segment faces is very intensive as a large number of them are women. They are victimised for multiple roles in the home and hospital. Stressors for nurses are always been identified with workload, dual role and pressures which are associated with demands of the existing working environment. The nature of illness/diseases a nurse dealing with has significant effects on the stress and mental health level. Healthcare professionals dealing with psychiatric illness and other chronic/traumatic conditions faces more stress while comparing to the other domains of healthcare. The present study is a cross sectional hospital based study carried out at four centres and 100 samples were collected by judgmental sampling method which consisted of 50 female nursing staff from general hospital and same number from psychiatric hospitals. A socio-demographic data sheet along with General Health Questionnaire was administered and those who have satisfactory health have been considered as further samples. Mental health, stress level, and attitude towards mental illness were analysed. The results shows that psychiatric nursing staff scored higher in overall occupational stress index and in the sub-domains of role overload, role ambiguity, role conflict, role unreasonable group and political pressure compared to general nursing staff. Also the mental health inventory total score is negatively correlated with role overload sub-domain of occupational stress index scale. Present study implicates the need of comprehensive psycho-social management plans for the professionals working in psychiatric hospitals.

Keywords: Mental health, Occupational Stress, Community Attitude, General Nurses and Psychiatric Nurses

INTRODUCTION

Nursing is a healthcare profession that entrust a qualified professional to the serious responsibility of human care and cure. Nursing is a unique profession and an integral part of healthcare system. The role of a nurse in the prognosis of any patient is vital and the timely intervention of nurse is very crucial in healthcare. Healthcare professionals are very prone to job related stresses and burn out. Many researches implicated that health professionals are a group at significant risk from the negative effects of stressful workplaces (Kirkcaldy & Martin, 2000; Tyler & Cushway, 1998). Occupational stress among healthcare staff has becoming a major concern in most public health services (Winstanley & Whittington, 2002). The case of nurses is also worrisome as they constitute a large portion among the health care professionals. The inherent focus of the discipline of nursing is the activities that relate to diagnosis and treatment of human responses to health and illness phenomena. However,

inherent in this caring occupations are numerous sources of built-in stress that become occupational hazards for nurses (Huber, 1996). Nursing staffs are playing a crucial role in the overall service delivery of the public health care system. In the high demand for effectiveness and efficiency of public health service delivery, nursing staff is placed on a high responsibility to ensure the demand of public citizen is satisfied (Ritter, Tolchard & Stewart, 1995). The demands made from the job are always leads to stressful work environment, lowered subjective well-being and low level of mental health and the scenario is much complicated when it comes to the women as they are supposed to play dual role at home and workplace. In the profession, nursing women constitutes a large majority. Factors of external to the work environment, such as family life and related stress, influence work-related occupational stress. In general, the spillover of family-related stress on work-related stress is greater for females than for males (Narayan, Menon & Spector, 1999). The issues of job stress, coping, and burnout among nurses

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are of universal concern to all managers and administrators in the area of healthcare (Xianyu & Lambert, 2006).

A review of studies across cultures and nursing specialties indicates that common occupational stressors for nurses include workload, role ambiguity, interpersonal relationships, and death and dying concerns. Workload could be the principal predictor of health and well-being among all the potential sources of stressors related to nursing. Workload and poor remuneration were the most important stressors for nurses (Steenkamp & Van der Merwe, 1998). These aspects are very relevant in Indian scenario as nurses became one of the poor beneficiaries in the dimensions of remuneration and work environment.

According to Hurrell *et al.* (Murphy, 1995) common organisational and individual stressors could be classified into five groups: (1) organisational practices (performance reward systems, supervisory practices, promotion opportunities), (2) job/task features (workload, workplace, autonomy), (3) organisational culture/climate (employee value, personal growth, integrity), (4) interpersonal relationships (supervisors, coworkers, customers), and (5) employee personal characteristics (personality traits, family relationships, coping skills). These all dimensions are well suited in the context of nursing profession as most of them are vividly exists in the work environment of nurse and leading factor for persistent stress and mental health problems.

The persistent job related stress always leads to the creation of mental health problems and healthcare professionals are identified as one of such groups. There are empirical evidences which show the inherent relationship between stress and mental health. It is important to note that stress is not an illness itself, but the persistence of the same always end up with physical, mental and psychosomatic disorders. The nature of job and coping skills are the important factors that determines effects of mental health problems. There are evidences which show the increased stress and mental health problems among psychiatric nurses while comparing to the other segments of nursing, especially those who works in the general settings.

Mental illness is always seen with biasness and stigma. In a country like India people viewed it with superstition and dishonor. Nurses are one of the potential groups of health care professionals and their attitude towards mental illness reflects in the treatment. Stigma and discrimination have been identified as important obstacles to the integration of people with mental illness in society. In efforts to reduce stigma and discrimination, health professionals play an important role as they have frequent contact with and responsibility for treatment and rehabilitation of consumers (Bjorkman, Angelman & Jönsson, 2008)

Present study is an attempt to investigate the stress, mental health, and attitude towards mental illness of two different

sub groups of nurses; those who are working in psychiatric setting and general setting. Many empirical evidences show that psychiatric nurses are comparatively prone to stress at work place and subsequently its lead to the lower the subjective wellbeing. Attitude towards a particular illness also have multi-dimensional aspects, it may effects the work participation and leads to stressful working environment. This paper enquires whether the nature of work or engaging in the treatment of particular disease has any implication on the mental health and attitudes. The three variables under study; stress, mental health and attitude towards mental illness are coherently related to one another. The positive attitude towards an illness is a factor that lowers the stress and enhances the treatment outcomes.

METHODS AND MATERIALS

The present study is carried out at four centres. Female nursing staffs working in general hospital are taken from Rajendra Institute of Medical Sciences, Ranchi and Central Coal Fields Limited Gandhi Nagar Hospital, Ranchi. Psychiatric hospital nursing staffs are taken from Central Institute of Psychiatry, Ranchi and Ranchi Institute of Neuropsychiatry & Allied Sciences, Ranchi. The samples were selected through judgmental sampling method. An equal size of fifty samples was collected from nurses working in psychiatric and non-psychiatric hospitals. Samples were selected on the basis of certain inclusion and exclusion criteria's. the major inclusion criteria's' were only those female nurses who have completed more than two years, person who are ready to give informed consent and who have got a satisfactory score in General Health Questionnaire (GHQ-28 score <5). Nurses with a psychiatric history or family history and those who lost spouse, children or any other significant life events during last six months and those who faced any disciplinary action from hospital authority have been excluded from the study.

The persons fulfilling the inclusion criteria will be taken up for the study. Written informed consent has taken from the persons, after explaining the objectives and procedure of the study in detail. Socio-demographic data were collected and after that GHQ-28 was administered on the participant and who scored <5, were included in the study and subsequently occupational stress index, mental health inventory and community attitudes towards illness will be administered.

TOOLS

Apart from a detailed socio-demographic data sheet four other standardised tools were administered on the basis of the score participant got in the GHQ-28.

General Health Questionnaire -28 (GHQ-28) (Goldberg, 1978)

It is a 28 items questionnaire, which is widely used for screening people for the presence of psychiatric distress. The GHQ-28 has been divided in to four subscales. These are somatic symptoms (item 1-7); anxiety/ insomnia (item 8-14); social dysfunction (item 15-21); and severe depression.

Occupational Stress Index (OSI) (Srivastav & Singh, 1984)

The scale consists of 46 items, each to be rated on a five point rating scale. Out of 46 items, 28 were true keyed and rests 18 were false keyed. The validity of Occupational Stress Index (OSI) was determined by computing co-efficient of correlation between scales on the OSI and the various measures of job attitude and job behavior.

Mental Health Inventory (MHI) (Jagdish & Srivastav, 1983)

It consists of 55 items. There are 32 false keyed items and 23 true (positive) keyed items. In the present scale 4 alternative responses have been given to each statements i.e.; always, often, rarely, and never. This tool is widely used to assess the mental health status of adults.

Community Attitude Towards Mental Illness (CAMI) (Taylor & Dear, 1981)

The CAMI is a self-report scale designed to measure the negative and positive attitude of community towards mental illness and mentally ill patients. It has four main domains called authoritarianism, benevolence, social-restrictiveness, and community mental ideology. Each domain has ten items, out of which first five items are positive attitude and remaining five are negative attitude.

RESULTS

Socio-Demographic Profile

Most of the respondents in both groups are married (42 and 47 respectively) and more than 80 percentage of them belongs to urban areas. An equal level of education was found among both the group as 50 percent of them having graduation and diploma qualification. Mean age of both groups was not significant different which indicates that both groups are matched on age variable. Results have found variable total duration of employment showing significant difference ($p \leq .01$), as well as variables monthly income and total duration of experience were observed as a trend to significant level. Monthly income of psychiatric nursing staff was significantly higher than the income of general nursing staff. Total duration of experience was found to be more in psychiatric nursing staff than general nursing staff. In other variable age of general nursing staff and psychiatric nursing staff were approximately similar (Table1). According to clinical profile of both groups, result reported that both groups were well-matched on clinical variables except family history of physical illness. Psychiatric nursing staff's family found more physical illness compared to general nursing staff.

Occupational Stress

It is evident from the study that occupational stress was high among psychiatric nurses while compared to the nurses working in general hospitals. t-test shows that there is significant difference in overall occupational stress level and in different domains. The various domains with significant differences found are role unreasonable group and political pressure, role strenuous working conditions and role unprofitability, role overload, role ambiguity, role conflict, role under participation, role intrinsic impoverishment, and role unprofitability found significant difference (Table2).

Table1: Showing Comparison of Socio-Demographic Variables

Variables	General nursing staff (N = 50) (Mean \pm SD)	Psychiatric nursing staff (N=50) (Mean \pm SD)	t	df	p
Age (years)	40.20 \pm 3.156	39.34 \pm 2.68	1.46	98	.145
Monthly income(in rupees)	28285.02 \pm 8045.56	42376.00 \pm 7239.87	9.206	98	<.001***
Total duration of employment in (years)	9.50 \pm 7.91	14.88 \pm 9.52	3.072	98	.003 **
Total duration of experience (years)	9.20 \pm 8.44	18.18 \pm 8.79	5.210	98	<.001***

p<.01; *p<.001

Table2: Comparison of Occupational Stress Index

SCALE	VARIABLES	Group		t	df	p
		General nursing staff (N = 50) (Mean ± SD)	Psychiatric nursing staff (N=50) (Mean ± SD)			
Occupational Stress Index	Role overload	14.78 ± 4.41	17.20± 3.88	2.910	98	.004**
	Role ambiguity	12.74± 2.73	14.30± 3.34	2.554	98	.012*
	Role conflict	14.96± 3.42	16.38± 2.66	2.313	98	.023*
	Role unreasonable group & political pressure	11.66 ± 2.62	13.90± 1.90	4.882	98	<.001***
	Responsibility for persons	8.76±2.10	9.52 ± 2.37	1.693	98	.094
	Role under participation	12.50 ± 2.97	11.02± 3.92	2.124	98	.036*
	Role powerlessness	8.94 ± 2.23	8.66 ±2.31	0.615	98	.540
	Role poor peer relations	12.06 ± 2.01	11.28± 2.07	1.909	98	.059
	Role intrinsic impoverishment	13.78 ± 2.33	15.34 ± 1.43	4.026	98	<.001***
	Role low status	11.32±2.54	10.62±1.55	1.662	98	.100
	Role strenuous working conditions	11.40±3.71	13.90 ±1.90	4.233	98	<.001***
	Role unprofitability	5.54± 2.16	7.02±1.54	3.930	98	<.001***
	OSI total	138.44±23.21	149.14±12.2	2.883	98	.005**

*p<.05; **p<.01; ***p<.001

Different sub-domains of mental health and occupational stress are negatively and positively correlated in the analysis (Table 3). Mental health inventory total score is negatively correlated with role overload ($r=-.290$, $p\leq.05$) the sub-domain of occupational stress index scale. In occupational stress index domain powerlessness was significantly negatively correlated with perception of reality ($r=-.282$, $p\leq.05$), integration of personality ($r=-.354$, $p\leq.05$) and

with autonomy ($r=-.317$, $p\leq.05$) the sub-domain of mental health inventory. The table shows that poor peer relation and intrinsic impoverishment were positively correlated with the sub-domain of perception of reality ($r=.520$, $p\leq.01$; $r=.413$, $p\leq.01$) of mental health inventory. Occupational total score positively correlated with perception of reality ($r=.284$, $p\leq.05$) and total score of mental health inventory ($r=.283$, $p\leq.05$).

Table3: Correlation between Occupational Stress and Mental Health

Variables Positive self-evolution	Mental Health Inventory					
	Perception of reality	Integration of personality	Autonomy	Group orient-ed attitudes	Environmental mastery	
Role overload	-.088	.077	-.255	-.017	-.244	-.031
Role ambiguity	-.150	.084	-.033	-.123	-.054	-.040
Role conflict	-.095	-.082	.218	.149	.059	-.044
Role unreasonable group & political pressure	-.206	-.005	-.147	.091	-.240	.081
Responsibility for persons	-.154	-.137	.091	.070	-.057	-.161
Role under participation	-.208	.261	-.211	-.220	-.027	.063
Role powerlessness	-.208	-.282*	-.354*	-.317*	-.077	.041
Role poor peer relations	.019	.520**	-.096	.034	-.260	.142
Role intrinsic impoverishment	-.274	.413**	.003	.117	-.207	.114
Role low status	-.102	.254	.003	-.166	-.106	-.146
Role strenuous working conditions	.147	-.015	-.103	.254	-.208	.062
Role unprofitability	-.062	-.177	.227	.077	-.115	-.178
OSI total	-.225	.284*	-.182	-.055	-.280*	-.015

*p≤.05; **p≤.01

Table 4: Showing Comparison of Mental Health

SCALES	VARIABLES	Group		t	Df	p
		General nursing staff (N = 50) (Mean ± SD)	Psychiatric nursing staff (N=50) (Mean ± SD)			
Mental Health Inventory	Positive self evolution	28.06 ± 7.85	29.88± 8.32	1.124	98	.264
	Perception of reality	22.56 ± 4.69	24.14± 5.31	1.577	98	.118
	Integration of personality	27.08± 6.61	34.10 ±7.21	5.070	98	<.001***
	Autonomy	16.58 ± 4.59	16.18±4.79	0.426	98	.671
	Group oriented attitudes	28.66±6.66	31.3±8.04	1.801	98	.075
	Environmental mastery	26.10±6.21	28.40 ±5.51	1.957	98	.053

***p<.001

Mental Health

Mental health of nursing staffs in both categories looks almost similar (Table 4). There is no significant difference found in all domains except “integration of personality” which has shown a statistically significant difference ($p<.001$). The domain Integration of Personality is a significant aspect which may effects the other domains of mental health in due course of time if it persists.

Attitude towards Mental Illness

Unlike the empirical evidences from previous studies the results indicates that there is no significant difference found in the attitude towards mental illness among psychiatric and general nurses (Table 5). Attitude of both categories towards mental illness is almost equal in all dimensions.

Pearson’s correlation between domains of mental health and attitude towards mental illness of psychiatric nurses has shown significant correlation (Table 6). In mental health inventory domain of integration of personality has shown significant negative correlation with domains authoritarianism ($r=-.314$, $p\leq.05$) community mental health ideology ($r=-.422$, $p\leq.01$) and CAMI total score ($r=-.445$, $p\leq.01$) of community attitude towards mental illness scale.

Table 7 shows that correlation between occupational stress index and community attitudes towards mental illness of general nursing staff. In occupational stress index domains role overload ($r=.395$, $p\leq.01$) responsibility for persons($r=.386$, $p\leq.01$) found positively correlated with benevolence the sub-domain of community attitude towards mental illness. Under participation was negatively correlated with community mental health ideology ($r=-.332$, $p\leq.05$) and CAMI total score ($r=-.308$, $p\leq.05$) strenuous-working-

Table 5: Attitudes towards Mental Illness

SCALES	VARIABLES	Group		t	df	p
		General nursing staff (N = 50) (Mean ± SD)	Psychiatric nursing staff (N=50) (Mean ± SD)			
Attitudes Towards Mental Illnesses	Authoritarianism	4.82±3.72	4.98±3.72	.215	98	.830
	Benevolence	4.32±3.26	4.10±3.54	.323	98	.747
	Social restrictiveness	5.62±3.94	4.90±3.58	.954	98	.342
	Community mental health ideology	4.52±4.42	5.56±3.52	1.300	98	.197
	CAMI total	19.28±9.11	19.54±7.64	.155	98	.877

Table 6: Correlation between Mental Health Domain and Attitudes towards Mental Illness of Psychiatric Nurses

VARIABLES Authoritarianism		Community Attitude Towards Mental Illness				
		Benevolence	Social restrictiveness	Community mental health ideology	CAMI total	
Mental Health Inventory	Positive self-evolution	.116	-.057	-.035	.165	.090
	Perception of reality	.204	-.318*	-.146	.240	-.006
	Integration of personality	-.314*	-.180	-.030	-.422**	-.445**
	Autonomy	.065	-.321*	-.070	.137	-.087
	Group oriented attitudes	.021	.131	-.048	-.055	.023
	Environmental mastery	.025	.194	.244	.075	.252

*p≤.05; **p≤.01

conditions ($r=.405$, $p\leq.01$) and unprofitability ($r=.371$, $p\leq.01$) has shown significant positive correlation with benevolence sub-domain of community attitudes towards mental illness.

Table 8 shows correlation between occupational stress and attitudes towards mental illness of psychiatric nursing staff. In occupational stress index sub-domain role ambiguity ($r=.385$, $p\leq.01$) positively correlated with CAMI total score. Unreasonable group and political pressure has shown significant positive correlation with mental health ideology ($r=.321$, $p\leq.05$) and CAMI total score ($r=.361$, $p\leq.05$) of community attitudes towards mental illness.

DISCUSSION

A similarity can be seen in many of the socio-demographic variable in both categories as the data were collected in the same region and from the same professionals. In present study majority of the respondents of both groups belonged to urban domicile, this was seen because all four hospitals from where nurses were selected are in the city of Ranchi and almost all the nurses live either in the Ranchi city or in its suburban areas. Most of the nursing staffs speak Hindi as their mother tongue, as the local language is Hindi and most people prefer to communicate with others in this language only. In case of monthly income psychiatric nurses have been found to be well-ahead than their general nursing

Table 7: Pearson's Correlation between Occupational Stress and Attitude towards Mental Illness of general nursing staff

VARIABLES Authoritarianism		Community Attitudes Towards Mental Illness				
		Benevolence	Social restrictiveness	Community mental health ideology	CAMI-total	
Occupational Stress Index Scale	Role overload	.216	.395**	.248	.257	.462**
	Role ambiguity	-.019	.227	.193	.106	.208
	Role conflict	-.018	.259	.177	.162	.240
	Role unreasonable group & political pressure	.238	.123	.076	.197	.269
	Responsibility for persons	.120	.386**	.173	.178	.250
	Role under participation	-.005	-.250	-.129	-.332*	-.308*
	Role powerlessness	.011	-.275	-.091	-.236	-.248
	Role poor peer relations	.080	-.037	.026	-.054	.005
	Role intrinsic impoverishment	.146	.211	.108	.124	.242
	Role low status	.261	.150	.055	.181	.272
	Role strenuous working conditions	.171	.405**	.146	.191	.370**
	Role unprofitability	.073	.371**	.077	.104	.246
	OSI total	.137	.264	.145	.126	.274

*p≤.05; **p≤.01

Table 8: Shows Pearson's Correlation between Occupational Stress and Attitude towards Mental Illness of Psychiatric Nursing Staff

VARIABLES Authoritarianism		Community Attitudes Towards Mental Illness				
		Benevolence	Social restric- tiveness	Community mental health ideology	CAMI-total	
Occupational Stress Index Scale	Role overload	.069	.113	.209	.194	.274
	Role ambiguity	.171	.214	.222	.212	.385**
	Role conflict	.217	.173	.113	.005	.241
	Role unreasonable group & political pressure	.252	.029	.162	.321*	.361*
	Responsibility for persons	-.063	-.147	-.118	-.082	-.192
	Role under participation	-.074	-.047	.032	-.095	-.087
	Role powerlessness	-.088	.019	-.053	-.084	-.098
	Role poor peer relations	-.042	.024	.084	.093	.073
	Role intrinsic impoverishment	.055	-.219	-.195	.103	-.119
	Role low status	.214	.085	-.036	.077	.162
	Role strenuous working conditions	.140	-.125	.043	.218	.131
	Role unprofitability	-.057	-.168	-.044	-.215	-.226
	OSI total	.144	.045	.142	.153	.228

*p≤.05, **p≤.01.

counterpart. The study indicated significant correlation of socio-demographic variable with other variables. Married women had perceived more stress than the unmarried one because they have to look after their kids, house-hold activities and other family members. Significant difference was seen between these two groups in parameters like background, 'monthly income', 'duration of employment in hospital', and 'length of experience as nurse'. In case of religion in either group nursing staffs were found to be non-Hindu by religious affiliation (Christian, Muslim). Majority of them were found to be ethnically tribal and Christian. In psychiatric nursing group the number of non-Hindu nurses was much higher than that of general nursing group and this made the difference between these two groups.

Nurses occupy a prominent position among the healthcare professionals and most of the times they are supposed to perform the mediator between the doctor and patients. The amount of tasks undertaken by a nurse in given time is very dilemmatic and stressful. Present study also indicated the high level of occupational stress, especially among psychiatric nurses. Psychiatric nurses were found to have significantly higher occupational stress in areas like 'role overload', 'role ambiguity', 'role conflict', 'role unreasonable group and political pressure', and 'strenuous working conditions' than general nurses. Psychiatric nurses scored higher in all those domains of the OSI and as per manual of this scale higher scores indicate higher occupational stress. This particular finding is consistent with many previous studies which showed that nursing staffs engaged in psychiatric set ups

have had higher occupational stress than nurses working in other set ups. Coffey (1999) found that forensic community mental health nurses did experience higher occupational stress and burnout than other nurses. In an another study it was showed that factors like 'higher workload', 'presence of debilitating as well as recalcitrant psychopathology', 'higher occupancy rates in hospital' and 'other administrative factors' have some temporal relationship with higher level of occupational stress, burnout and negative impact on mental health of psychiatric nurses (e.g., Richards *et al*, 2006; Bowers *et al*, 2005; Jenkins & Elliott, 2004). In the present study though burnout was not judged or causal factors behind occupational stress were not explored but it can be said that those factors might also have played significant roles here too. Viability of these assumptions becomes more prominent in present study when we see the higher scores of psychiatric nurses in domains of occupational stress.

Different domains of occupational stress and mental health was positively correlated, "under participation" is positively correlated with 'positive self-evolution' and 'group orientated attitude'. Similar study finding was reported by Wanberg, Glomb, Song and Sorenson(2005) that positive self-evaluation is related to average levels of participation at work place over time. "Under participation", a domain of occupational stress is negatively correlated with environmental mastery. This could be explained on the basis that due to the hazardous working environment sometimes the individual is not motivated to participate in assigned job/work. Low status was negatively correlated with autonomy.

This finding is supported by previous study by (Laschinger & Almost, 2001) that low status of the individual in the work place make the individual dependent or not self-sufficient, always the individual became critical towards his/her self, which lead to the deprivation of the individual.

It is indicated in many research studies that high level of occupational stress results in the mental health problems or low level of mental health. In contrast to this assumption mental health status of both categories are not affected by the occupational stress except one domain. "Integration of Personality" is the only domain which shows a significant variation among the both categories of nurses. High score on the Mental Health Inventory is indicative of poor mental health and it can be observed that in all the domains psychiatric nurses had high score while comparing to the counterparts. The domain Integration of Personality is highly scored by psychiatric nurses (34.10 ± 7.21) against the general nurses (27.08 ± 6.61). The integrity of personality is one of the important aspects of positive mental health and that is lacking among the psychiatric nurses and it raises the question of distorted wellness.

The result on attitude towards mental illness is promising as the positive attitude is persists among both groups and negative attitude remain very less. The present study became little unique as many previous studies indicated that nurse out of psychiatric working environment have negative attitude towards mental illness. Here both the categories of nurses responded almost same on the matter of attitude towards mental illness. The negative side of this result is that working with psychiatric patients doesn't impacted on the level that supposed to have on the attitude of psychiatric nurses, they are just par with their counter parts, as even most of them don't have psychiatric background of employment.

CONCLUSION

There is marked level of significant difference in occupational stress among psychiatric and general nurse. Nurses working in psychiatric setting are marked with high level of stress instead of enjoying comparatively high remuneration and other facilities. Mental health of both categories is almost equal, except one dimension and it can be concluded that high level of stress level of psychiatric nurses is not reflected at significant level. The present study inferred that attitude towards mental illness is positive among both categories of nurses and this can yield constructive results in the prognosis of the patients with mental illness. Considering the finding of the present study, a comprehensive psycho-social management plan is required to reduce the occupational stress among healthcare professionals at psychiatric hospitals, as stress is a matter of concern and factor that adversely affects the efficacy of one's professional role and occupational

and personal health. Life skill education and yoga based meditation training need to be imparted to the healthcare professionals who deals patients with complicated illnesses. Such training equips them with the skills in dealing with the emotions and stresses in a healthy manner.

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