

CHAPTER 5

Conclusion, Implications, and Recommendations

In this chapter, the conclusion of the study is presented on the basis of findings and discussions. Followed by the conclusion, implications of the study findings and recommendations are also addressed.

Conclusion

The purpose of this descriptive correlation research was to explore the level of job stress and presenteeism as perceived by nurses, and to explore the relationship between each component of job stress and presenteeism among nurses in tertiary care hospitals, Islamic Republic of Pakistan. Proportional stratified random sampling technique was used to select nurses from inpatient departments of selected three tertiary care hospitals and the final sample consisted of 282 registered nurses who worked in different inpatient departments of Jinnah Postgraduate Medical Centre Karachi, Civil Hospital Karachi, and Abbasi Shaheed Hospital Karachi. Data collection was carried out from February to March, 2016. The instruments used in this study consisted of three parts: Demographic Data Form developed by the researcher, the Extended Nursing Stress Scale (ENSS) developed by French et al. (2000); and Stanford Presenteeism Scale (SPS-6) developed by Koopman et al. (2002). The original valid instruments of the ENSS and SPS-6 were used with permission without any modification. The ENSS and SPS-6 were confirmed for validity by the developer. The reliability of Extended Nursing Stress Scale, and Stanford Presenteeism Scale tested with 20 nurses in Jinnah Postgraduate Medical Centre Karachi were 0.80. Descriptive statistics were used to describe the demographic data of the nurses, level of job stress and presenteeism as perceived by nurses. The Spearman's rank order correlation coefficient analysis was used to explore the relationship between each component job stress and presenteeism among nurses.

The findings of this study are as follows:

1. The average age of nurses was 37.55 years old. The majority of nurses were female (70.90%) and the largest age group was between 31- 40 years old (44%). The majority of the nurses hold a diploma and specialty (52.10%). The largest group of nurses (52.80%) had between 1 - 10 years of work experience and earned a salary of 35,001 - 50,000 Rupees per month (1 US\$ = 105.50 Rupees). The largest sample from JPMC hospital (47.87%) and medical department (28.36%).

2. The level of each dimension of job stress as perceived by nurses was at a moderate level. In this nine dimensions of job stress, work load (Mean = 24.66, SD = 5.35) (Table 5); uncertainty concerning treatment (Mean = 23.79, SD = 5.39); and patients and their families (Mean = 21.22, SD = 4. 60) as perceived by nurses in this study were among the top most stressors. It was followed by the death and dying (Mean = 19.14, SD = 4.76); problems relating to supervisors (Mean = 18.54, SD = 4. 64); problems relating to peers (Mean = 15.10, SD = 3.87); conflict with physicians (Mean = 13.02, SD = 3.14); and discrimination (Mean = 8.63, SD = 3.12). Whereas, inadequate emotional preparation (Mean = 7.69, SD = 2.60) was the lowest stressor (Table 5).

3. The level of overall presenteeism perceived by nurses was at a high level (Mean = 19.15, SD = 3.79) (Table 6). The level of presenteeism for its two dimensions of completing work and avoiding distraction were also at a high levels (Mean = 9.71, SD = 3.32) and (Mean = 9.44, SD = 3.17) (Table 6) respectively.

4. There was no statistically significant relationship found between overall job stress and overall presenteeism as perceived by the nurses in TCHs in Pakistan (Table 7).

Implications of Research Findings

Implications for Nursing Administration

The results of this study would provide basic information for hospital and nursing administrators regarding the situation on job stress and presenteeism among nurses in TCHs. Thus, nursing administrators can apply the study results as follows:

1. Nurse administrators, in cooperation with Medical Superintendents and Directorate of Nursing Services should propose to Ministry of Health to recruit more nurses as well as ancillary/support staff such as nurse aids in order to reduce non-nursing task work performances by nurses conferring to the stresses of work setting; it might be helpful for nurse administrator to reduce job stress among the nurses in TCHs.

2. Nursing superintendent should foster a conducive work environment for nurses with their working hours and should improve approaches to decrease work load by reducing non-nursing tasks. Workers with role pressures from the non-work domain may experience more job stress at work. Additionally, hospital administrators can reinforce work place safety thereby safeguarding nurses from personal maltreatment.

3. Develop approaches to maintain presenteeism in TCHs including, modest salary decisions; and fringe benefits. Furthermore, in-service education and training programs for nurses may be conducted and be supported in regard to seek advance nursing education.

Recommendations for Further Research

1. It would be valuable to explore job stress study for nurses in different level of hospitals which have different environment and supporting system.

2. As this could not find any relationship between job stress and presenteeism thus the relationship between other variables that may relate to presenteeism need to be explored.