



# Work Life Of The Female Nurses And Its Impacts On Families In Bangladesh

**Aleya Begum**

Principal

Bandarban Nursing College  
Bandarban, Bangladesh

## ABSTRACT

Nurses play a crucial role in the healthcare system, providing essential medical care and emotional support to patients. In Bangladesh, female nurses face unique challenges balancing their professional responsibilities and family life. This study explores the work-life experiences of female nurses and the subsequent impacts on their families. It examines factors such as long working hours, shift duties, workplace stress, and societal expectations, which contribute to work-life conflict. The research highlights how these challenges affect their mental and physical well-being, marital relationships, childcare, and overall family dynamics. Findings suggest that inadequate work-life balance often leads to emotional exhaustion, strained family relationships, and difficulties in fulfilling household responsibilities. The study emphasizes the need for institutional support, flexible work policies, and societal awareness to enhance the well-being of female nurses and their families. Addressing these concerns can lead to improved job satisfaction, better family harmony, and overall healthcare efficiency.

**Keywords:** *Female nurses, work-life balance, family impact, job stress, Bangladesh*

## INTRODUCTION

Nursing is one of the oldest professions in the earth with the word nurse has been emerged from the Latin word nutritious. It conveys the meaning nourishing and it is known for supporting the individuals in the performances for activities, contributing towards recovery that a needy would perform without any one's assistance. The medication and nursing are intertwining which are inseparable from human kind. In general, the select giving of nursing is to assist the character to be self-governing as soon as talented. Besides a praiseworthy occupation, the nursing is one of the furthestmost of compassionate services for all people with any kinds of social relationship. Yet, the nursing has its individual body of information which is scientifically based and humanitarianism that promises prolonged reimbursement to people and humanity. It assists the individual as well as family to achieve their impending for self-direction for health. Nursing is a functional Science too to give expert care for the unwell in appropriate relationship among the patient, family, doctor and with others who contain associated errands. It is troubled similarly with the avoidance of ill health and the protection of health.

The nursing occupation has holistic move toward to take care of the whole person's body, mind and soul, physical, mental, social and spiritual well-being. Nursing occupation envelops not merely the trouble of the unwell, the elderly, the powerless and the handicapped, except moreover cares for the endorsement of health and prevention of poor health. Since it is not the oldest profession it was being done at every home with the help of the mother who was taking care for the well being of the members in the family troubled. It is this protect mind that during the ages developed addicted to an accomplished art and a disciplined as a science nowadays. The vast changes in nursing profession have been passed through, in order to meet the needs of a changing nature of diseases as an order the day. The nursing occupation has been industrial rapidly despite of a variety of constraints. For instance, what we are seeing to-days' nursing occupation had to go through innumerable obstacles since the paternal and maternal intuition in a human being is the major basis of the

nursing craving and is establishing in the hearts of community of dissimilar stage. A mother's care for her sick child always found appearance in such acts to lessen pain and help the child to get better.

During a society, the uppermost forms of humanitarianism are presentation compassion; feel affection for and sympathy to folks is in bodily or rational distress. While this purpose is re-enforced by spiritual philosophies and attitude, it motivates community to exist a existence of overhaul and of altruism for the sake of others. Along with this spirit, the nursing requires training and experience to make this profession is an ideal and useful profession. According to British Psychologist and Psycho-Analyst Edward John Mostyn Bowlby (1907-1990) through his pioneering work he emphasizes the relevance of mother-child bond relationships starts from the family itself. Bowlby's idea is the corner stone for nursing and the changes and trends occurring in nursing today can be understood not only by nursing's up to date context but also by its past. The times past of modern nursing is integrally spring up with the history of the Christian house of worship. Josephine Dolan who writes the standard nursing content, "Nursing in Society" claimed, "Still following quite a few decades, the nursing is hard to completely understand the crash of the birth of Jesus Christ and His teaching on society and the care of the sick". In the near the beginning Christian church, considerate for the ill was seen as an organization to Christ. Through the focus Ages nursing was a significant element of society life in holy information. In Benedictine monasteries one of the convention confirmed, "The mind of the ill is to be located greater than any previous to each additional obligation, as if really Christ were individual honestly served by waiting ahead them" in addition these monasteries provided an chance for women to follow a vocation in which they might use their scholarly and holy contributions and build up nursing skills.

In this age, nursing involved a lot of women who are fine sophisticated and affluent, as well as a few of majestic delivery. The extend of plagues; trends to additional teeming city alive; as well as the wars and feuding of the era, bent an increasingly pressing want of worry which led to a supplementary extension of nursing. As well as the services provided by traditional religious orders, some instructions were traditional for lay persons who wanted an occasion to share in this bountiful work. Eventually a quantity of hospitals were built exterior of the monasteries and so bringing folks nursing services underneath lay organization. The women were occasionally calling as 'sisters' and the male nurses as 'brothers', still while not members of a spiritual collection all through the 19<sup>th</sup> century, the number of hospitals and neighborhood nursing relatives nonstop to produce fast. Unpaid to a resurrection of spiritual nursing information, above all the Anglican Sisterhoods, a difference was produced. The physicians and surgeons of the day were serious of the nurses who they claimed were additional involved in the holy requirements of patients than the bodily. They obligatory nurses who would be accountable opening to them and who might truthfully watch their patients and observe the treatments they planned. They also favored an authority structure modeled on the middle class Victorian family. That mixture of hierarchical copy was perpetuated in nursing extra than the heart of this century. It was perchance agreed fresh impulsion by the earth wars and the information that many ex. army nurses apprehended control roles in nursing.

### **OBJECTIVES OF THE STUDY**

1. To study the socio-economic characteristics of the female nurses who are working in the hospitals in the study area.
2. To know the nature of work in hospitals and family.
3. To identify the reciprocity in between the family and nursing occupation.
4. To understand the yardsticks developed by them to overcome the problems if any in family and hospital.
5. To suggest appropriate remedial measures in solving the problems of nurses.

### **METHODOLOGY OF THE STUDY**

The methodological approach and the materials to be used in the proposed research include survey studies with physical evidences. Sampling: In all about 305 exclusive and purposive respondents from hospital, clinics, institutes and other medical health service providers were are studied. The studies were being conducted using specific questionnaire guidelines explaining it to the participants on technical issues.

**Study Design:** The study was cross sectional.

**Sampling Method:** Random purposive & customize sample method were used for the study.

**Sample Size:** Sampling is an important task in case of field survey. For the simplicity of the study, a random sampling procedure was chosen. By the using a random sampling procedure a survey, among the respondents about 305 respondents were selected.

**Survey Design and Data Collection Planning:** These clinics and diagnostics centers are growing with plan. The clinics are growing in both the residential areas and the commercial areas. So it is difficult to manage the hospital wastes and the present situation is very dangerous from the point of view of environment and health.

**Data Collection:** Data were collected from the two main types of sources- primary data sources and secondary data sources.

**Primary Data Collection:** Primary data were collected through direct interview of the respondent in hospital, clinic, nursing unit at selected ward. Final questionnaire was asked to respondents and their answers rote to the definite place in the questionnaire sheet.

**Secondary Data Collection:** Apart from primary data, secondary data were collected from the official records of BNMC, BBS, NGOs (Prodipon, Prism), some books, journals, reports and internet sources etc. which are enlisted on the reference.

**Procedure of Data Collection:** Prior to the interview, the purpose of data collection was explained to the respondents and verbal consent will be obtained. Data were collected by face-to-face interview by the investigator.

**Data Analysis:** The collected data for this study with the questionnaire were analyzed following different statistical techniques: mean. In addition a number of graphs in terms of tie diagram, bar chart, etc, were used to clearly focus the situation. MS. Excel and SPSS were employed in this research to analyze the information to address the aims and objectives.

The participatory respondents include:

1. Nurses
2. Doctors
3. Supporting Staff
4. Methods of Health Team
5. Others

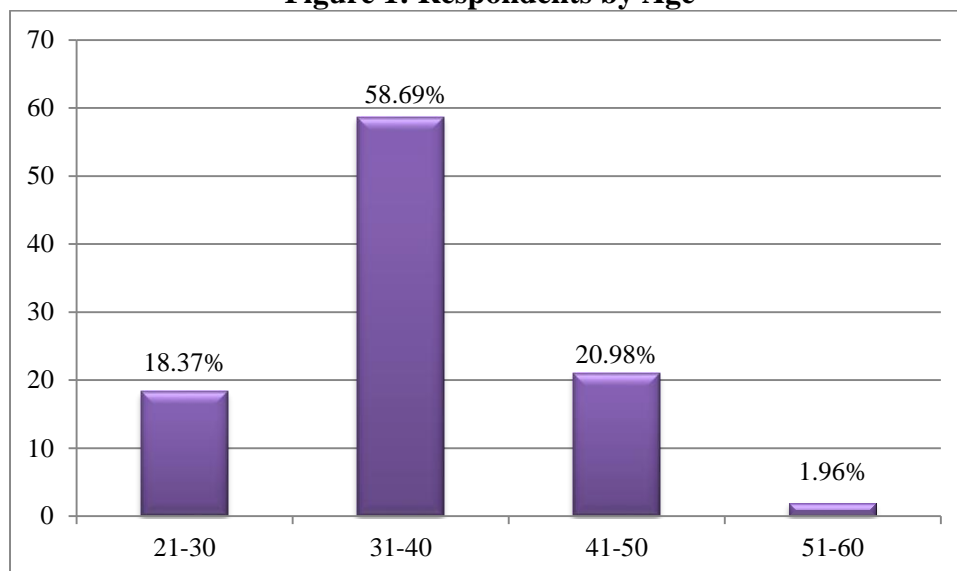
## RESULTS AND DISCUSSION

In this chapter, an attempt has been made to analyze the data in this form of tabulation. Various tables trying to bring out the characteristics of 305 respondents who work in government and private medical college hospitals of Bangladesh. The following tables bring out the results of results of socio economic characteristics of respondents.

**Table 1: Respondents by Age**

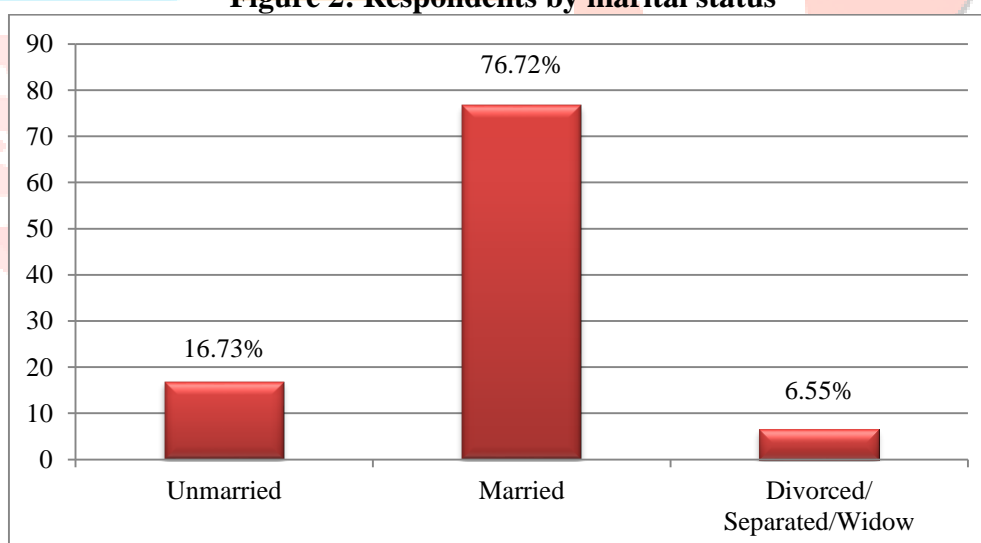
Sl. No.	Age	No. of respondents	Percentage
1	21-30	56	18.37
2	31-40	179	58.69
3	41-50	64	20.98
4	51-60	06	01.96
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table no. 1 says that out of 305 respondents, more than half proportion (58.69%) belong to the age group of 31-40, more than one-fifth (20.98%) hail from the age group of 41-50, nearly one-fifth (18.37%) come from the age group of 21-30 and the remaining a miniscule proportion (1.96%) respondents from the age group of 50-60.

**Figure 1: Respondents by Age****Table 2: Respondents by marital status**

Sl. No.	Marital status	No. of respondents	Percentage
1	Unmarried	51	16.73
2	Married	234	76.72
3	Divorced/ Separated/Widow	20	06.55
<b>Total</b>		<b>305</b>	<b>100.00</b>

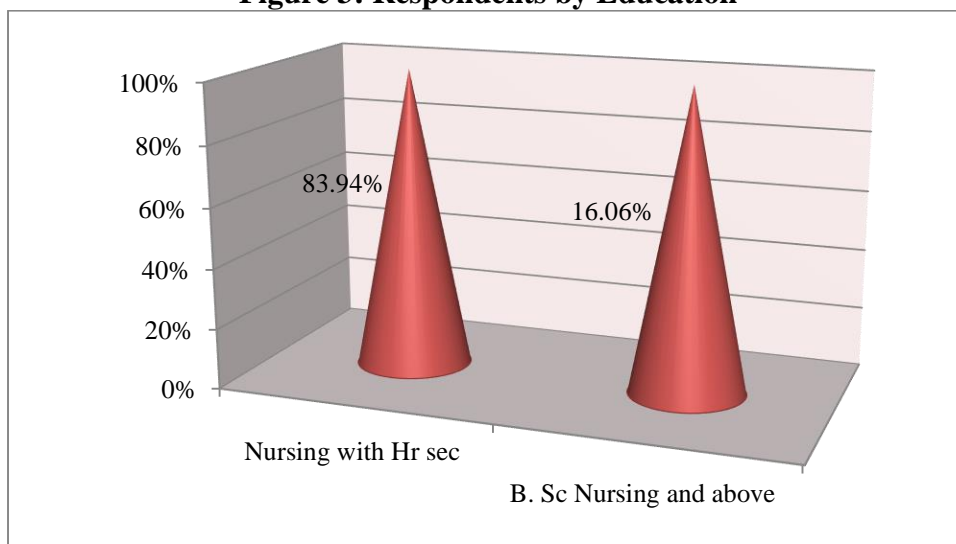
Table 2 informs that more than three-fourths of the respondents (76.72%) are married, 16.73% are unmarried and the rest (6.55%) are divorced/ separated/ widows.

**Figure 2: Respondents by marital status****Table 3: Respondents by Education**

Sl. No.	Education	No. of respondents	Percentage
1	Nursing with Hr sec	256	83.94
2	B. Sc Nursing and above	49	16.06
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 3 reveals that a sizeable proportion of the respondents (83.92%) have nursing qualification with higher secondary and the remaining 16.06% are with B. Sc Nursing and above academic qualification.

**Figure 3: Respondents by Education**

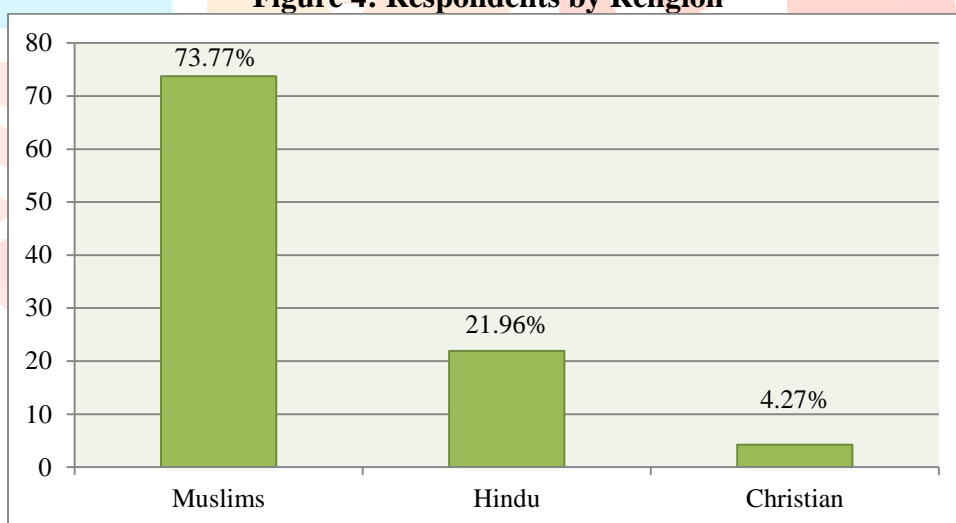


**Table 4: Respondents by Religion**

Sl. No.	Religion	No. of Respondents	Percentage
1	Muslims	225	73.77
2	Hindu	67	21.96
3	Christian	13	4.27
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 4 portrays that out of 305 respondents, sizeable proportion (73.77%) is Muslim, (21.96%) are Hindu and the remaining 4.27% are Christian.

**Figure 4: Respondents by Religion**

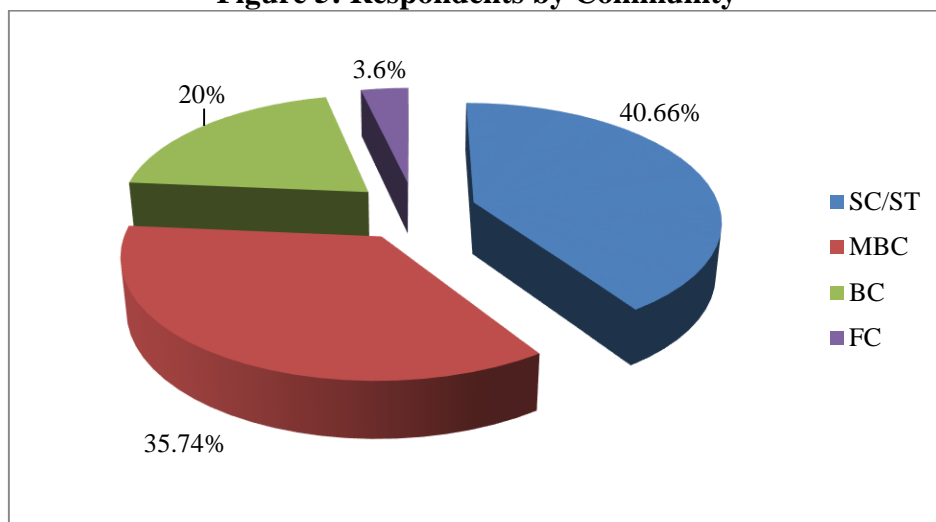


**Table 5: Respondents by Community**

Sl. No.	Community	No. of Respondents	Percentage
1	SC/ST	124	40.66
2	MBC	109	35.74
3	BC	61	20.00
4	FC	11	03.60
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 5 brings out the results that 40.66% of the respondents belong to SC/ST Community, more than one-third (35.74%) represents Most Back Ward Communities, one-fifth (20.00%) hail from Back Ward Communities and a meager proportion (03.60%) come from Forward Communities.

**Figure 5: Respondents by Community**

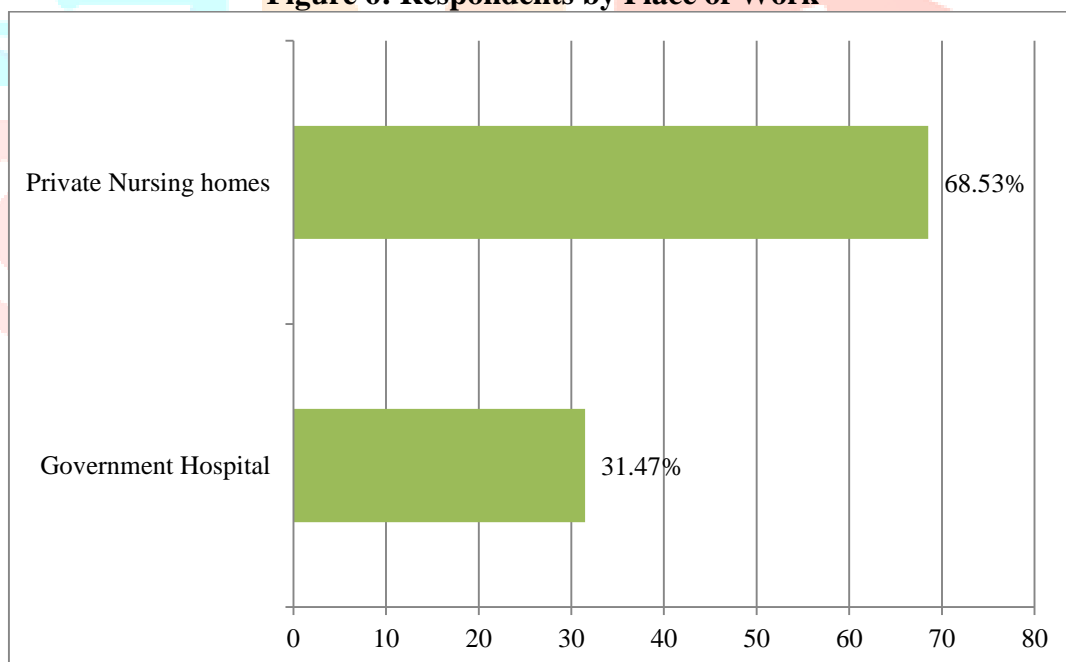


**Table 6: Respondents by Place of Work**

Sl. No.	Place of Work	No. of respondents	Percentage
1	Government Hospital	96	31.47
2	Private Nursing homes	209	68.53
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 6 says that out of 305 respondents, most of the respondents (68.53%) are working in private nursing homes and the remaining 31.47% are working in government hospitals.

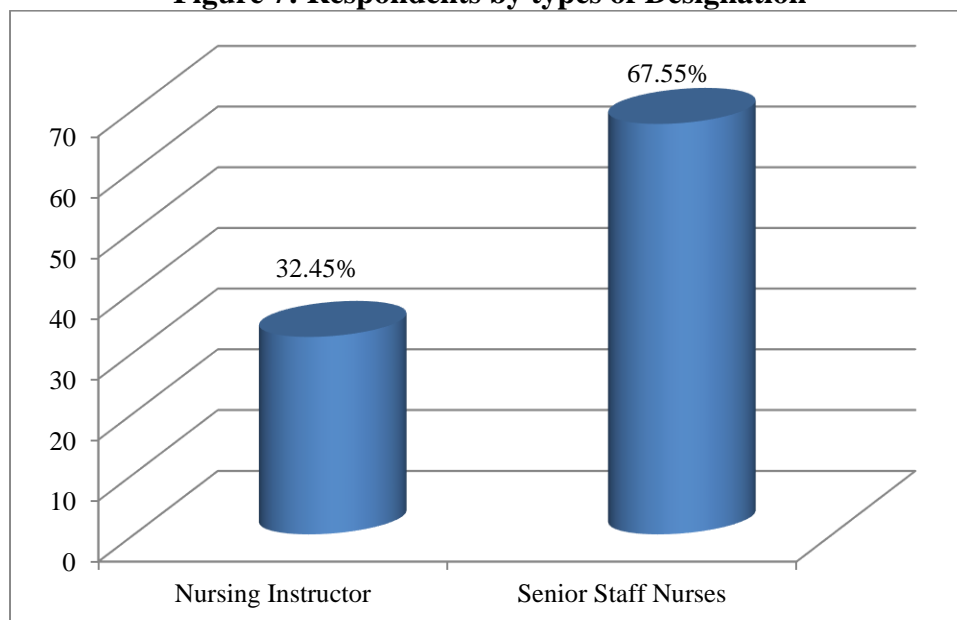
**Figure 6: Respondents by Place of Work**



**Table 7: Respondents by Types of Designation**

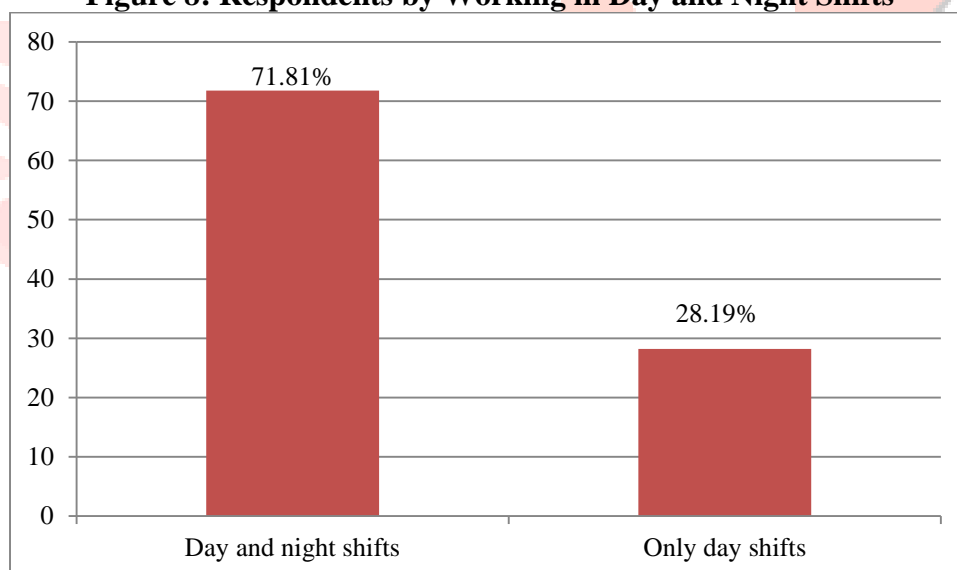
Sl. No.	Types of Designation	No. of Respondents	Percentage
1	Nursing Instructor	99	32.45
2	Senior Staff Nurses	206	67.55
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 7 reveals that most of the respondent (67.55%) is working as Senior Staff Nurses, nearly one-third (32.45%) are rendering their services as Nursing Instructor.

**Figure 7: Respondents by types of Designation****Table 8: Respondents by Working in Day and Night Shifts**

Sl.	Working in Day and Night Shifts	No of Respondents	Percentage
1	Day and night shifts	219	71.81
2	Only day shifts	86	28.19
<b>Total</b>		<b>305</b>	<b>100.00</b>

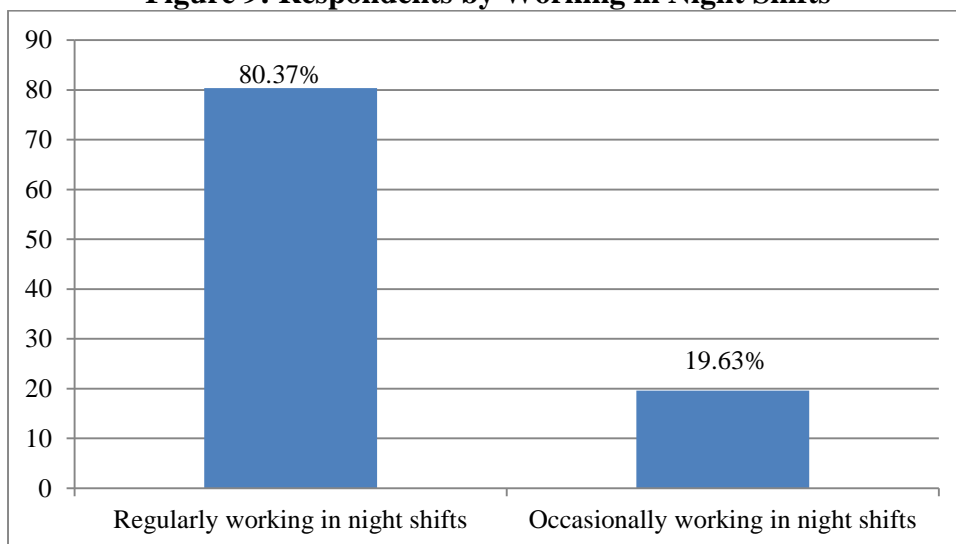
Table 8 says that a sizeable proportion of the respondents (71.81%) are working in day and night shifts and the remaining 28.19% are working in day shifts only.

**Figure 8: Respondents by Working in Day and Night Shifts****Table 9: Respondents by Working in Night Shifts**

Sl	Working in Night Shifts	No. of Respondents	Percentage
1	Regularly working in night shifts	176	80.37
2	Occasionally working in night shifts	43	19.63
<b>Total</b>		<b>219</b>	<b>100.00</b>

Table 9 says that a sizeable proportion of the respondents (80.37%) are regularly working in night shifts and the remaining 19.63% are occasionally working in night shifts.

**Figure 9: Respondents by Working in Night Shifts**

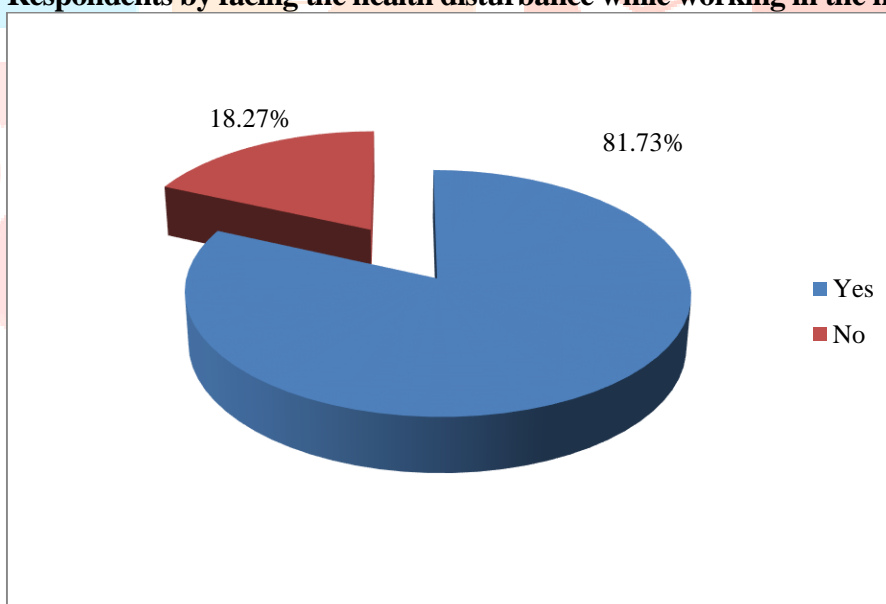


**Table 10: Respondents by Facing the Health Disturbance while Working in the Night Shift**

Sl	Facing the health disturbance while working in the night shift	No. of Respondents	Percentage
1	Yes	179	81.73
2	No	40	18.27
<b>Total</b>		<b>219</b>	<b>100.00</b>

Table 10 informs that a sizeable proportion of the respondents (81.73%) have experienced the health disturbance while working in the night shifts and the remaining 18.27% never came across such disturbance.

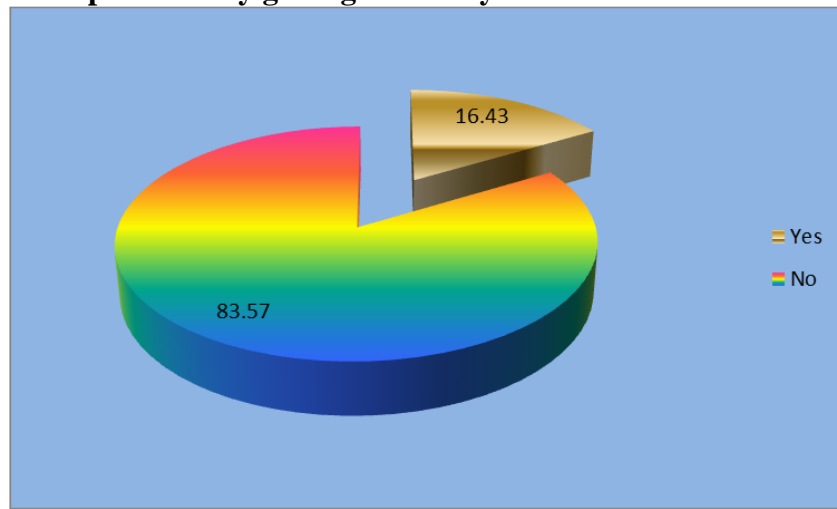
**Fig. 10: Respondents by facing the health disturbance while working in the night shift**



**Table 11: Respondents by getting monetary benefits if work in the night shifts**

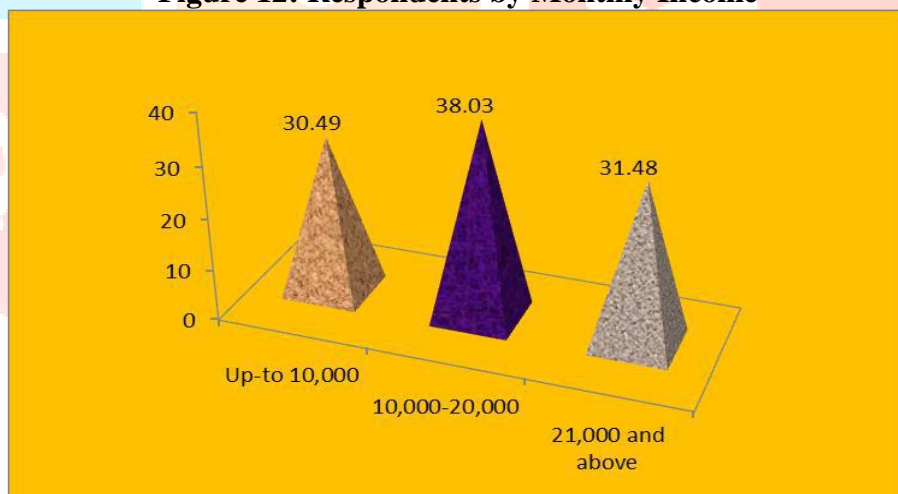
Sl. No.	Getting monetary benefit works in the night shifts	No. of respondents	Percentage
1	Yes	36	16.43
2	No	183	83.57
<b>Total</b>		<b>219</b>	<b>100.00</b>

Table 11 expresses that a sizeable proportion of the respondents (83.57%) never gets any monetary benefits if they work in night shifts and the remaining 16.43% gets the monetary benefits.

**Figure 11: Respondents by getting monetary benefits if work in the night shifts****Table 12: Respondents by monthly income**

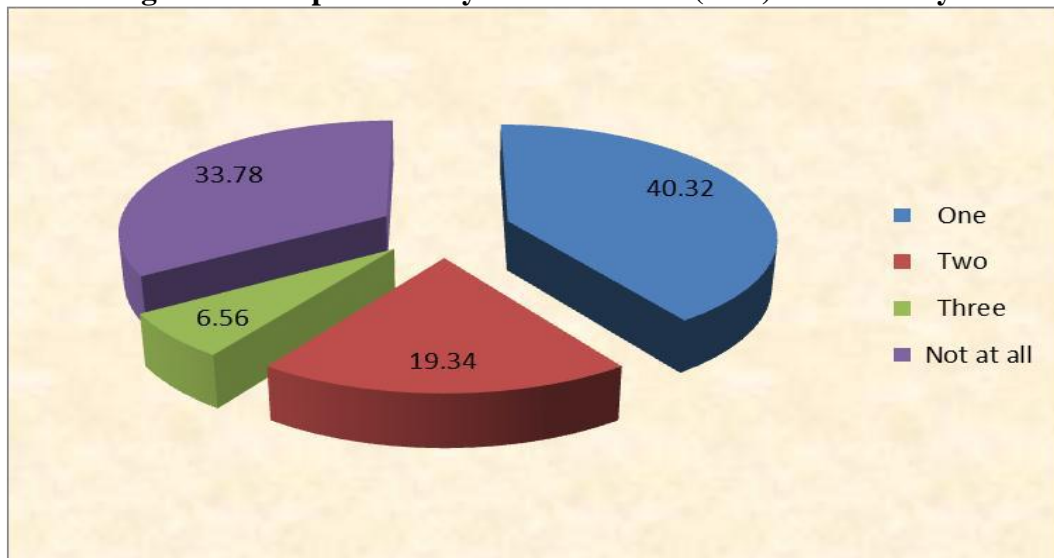
Sl. No.	Monthly income	No. of Respondents	Percentage
1	Up-to 10,000	93	30.49
2	10,000-20,000	116	38.03
3	21,000 and above	96	31.48
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 12 informs that more than one-third of the respondents (38.03%) earn taka in between 10,000 and 20,000 as their monthly income, 31.48% earns more than 21,000 taka and the rest (30.49%) get up to taka 10,000 as monthly income.

**Figure 12: Respondents by Monthly Income****Table 13: Respondents by no. of children (0-14) in the family**

Sl	No. of Children in Family	No. of Respondents	Percentage
1	One	123	40.32
2	Two	59	19.34
3	Three	20	06.56
4	Not at all	103	33.78
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 13 reveals that most of the respondents' families (60.89%) have solitary child, 29.20% has two children and 9.91% has three children and in the remaining more than one-third of the families (33.78%) no children at all.

**Figure 13: Respondents by no. of children (0-14) in the family****Table 14: Respondents by No. of Dependents in the Family**

Sl	No. of dependents in the family	No. of Respondents	Percentage
1	Two	41	13.44
2	Three	142	46.56
3	Four and more	122	40.00
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 14 shows that 46.56% of the respondents' families have three dependents 40.00% have four and above and the remaining 13.44% has two dependents.

**Table 15: Respondents by getting support from the family**

Sl	Get support from the family	No. of respondents	Percentage
1	Regularly	146	47.87
2	Occasionally	124	40.66
3	Not at all	35	11.47
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 15 portrays that nearly half proportion of the respondents (47.87%) get support from the family regularly, 40.66% get the same occasionally and the remaining 11.47% never gets any support from the family.

**Table 16: Respondents by who extends the support**

Sl	Receive the support from to family members	No. of respondents	Percentage
1	Parents	63	23.33
2	Spouses	179	66.29
3	In-laws	28	10.38
<b>Total</b>		<b>270</b>	<b>100.00</b>

Table 16 informs that most of the respondents (66.29%) are in a position to get the supports from the spouses, nearly one-fourths (23.33%) receive the supports from the parents and for the remaining 10.38% in-laws extends the supports.

**Table 17: Respondents by types of helps received from family members**

Sl. No.	Types of helps receive from family members	No. of respondents	Percentage
1	Help in the children in arranging the books and school materials	59	21.86
2	Dropping the children in school	64	23.70
3	Help in the children's home work	26	09.62
4	House keeping	35	12.96
5	Attend the social function	32	11.86
6	Preparing the monthly domestic budget	33	12.22
7	Procuring groceries vegetables and house hold materialize	21	07.78
<b>Total</b>		<b>270</b>	<b>100.00</b>

Table 17 says that out of 270 respondents, nearly one-fourth (23.70%) are type of helps received from family members is dropping the children in school, more than one-fifth of the respondents (21.86%) are help in the children in arranging the books and school materials, more than one-tenth of the respondents (12.96%) are housekeeping, more than one-tenth of the respondents (12.22%) are preparing the monthly domestic budget, more than one-tenth of the respondents (11.86%) are attend the social function, nearly one-tenth of the respondents (09.62%) are help in the children's home work. The remaining miniscule proportions of the respondents (07.78) are procuring groceries vegetables and house hold materializes.

**Table 18: Respondents by receive help from spouses**

Sl	Receiving help from spouses	No. of respondents	Percentage
1	Yes	202	86.32
2	No	32	13.68
<b>Total</b>		<b>210</b>	<b>100.00</b>

Table 18 explains that a sizeable proportion of the respondents (86.32%) get help from the spouses and the remaining 13.68% never gets any kind of help.

**Table 19: Respondents by types of help rendered by spouses**

Sl	Types of help rendered by spouses	No. of respondents	Percentage
1	Dropping the children in the school	92	45.55
2	Arranging the books, notes and school related materials	73	36.13
3	Home tuition	37	18.32
<b>Total</b>		<b>202</b>	<b>100.00</b>

Table 19 portrays that more than one-third of the respondents (45.55%) spouses are help by dropping the children in the school, 36.13% spouses are help them in arranging the books, notes and school related materials and 18.32% are give home tuition to the children.

**Table 20: Respondents by economic benefits receive from the night shift work**

Sl. No.	Economic benefits receive from the night shift work	No. of respondents	Percentage
1	Yes	54	24.66
2	No	165	75.34
<b>Total</b>		<b>219</b>	<b>100.00</b>

Table 20 exhibits that majority of the respondents (75.34%) are not get any economic benefits from the night shift, and the remaining 24.66% are receive some economic benefits during night shifts.

**Table 21: Respondents by maintained cordial relationship with the fellow nurses**

Sl. No.	Maintained cordial relationship with the fellow nurses	No. of respondents	Percentage
1	Regularly	207	67.87
2	Occasionally	88	28.86
3	Not at all	10	03.27
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 21 informs that most of the respondents (67.87%) are regularly maintained cordial relationship with fellow nurses, 28.86% are occasionally maintained cordial relationship and the remaining (03.27%) are never maintained cordial relationship.

**Table 22: Respondents by relationship maintained with the physicians**

Sl	Relationship maintaining with the physicians	No. of respondents	Percentage
1	Cordial	209	68.52
2	Strenuous	69	22.62
3	Somewhat better	27	08.86
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 22 explains that most of the respondents (68.52%) are maintained cordial relationship with physicians, 22.62% are maintained strenuous relationship and the remaining (08.86%) are somewhat better relationship with physicians.

**Table 23: Respondents by treat the present job**

Sl	Treat the present job	No. of respondents	Percentage
1	Service for human kind	177	58.03
2	Only for income similar with any other job	20	06.55
3	One has to work with commitment	88	28.86
4	Others	20	06.56
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 23 informs that nearly most of the respondents (58.03%) are treat the present job is service for human kind, 28.86% are one has to work with commitment, 06.56 are others reasons and The remaining (06.55%) are only for income similar with any other job.

**Table 24: Respondents by the relationship maintained with patients**

Sl. No.	The relationship maintained with patients	No. of respondents	Percentage
1	Service with love	182	59.67
2	Dedication with commitment	88	28.86
3	Sincere with work ethics	35	11.47
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 24 portrays that nearly most of the respondents (59.67%) are maintained relationship with the patients with the motive of service with love, 28.86% are have the relationship with dedication with commitment, and (11.47%) are maintained relationship with the patients sincerely with work ethics.

**Table 25: Respondents by opinion on nature nursing job**

Sl	Nature of nursing job	No. of respondents	Percentage
1	Nursing is a kind of job alike	64	20.98
2	It is a human kind of job	114	37.37
3	No other way, we have to adjust	100	32.79
4	Others	27	08.86
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 25 says that for more than one-third of the respondents (37.37%) it is a human kind of job to heal the patients, for 32.79% it is job to earn income and one has to adjust, 20.98% for it is job that's all and nothing to say anything specifically and for the rest (08.86%) the nursing occupation is multi-dimensional aspects such as home care, god's gift and personal interests etc.

**Table No. 26: Respondents by motivation to work as nurse**

Sl. No.	Motivation to work as nurse	No. of respondents	Percentage
1	Ill -motivated	112	36.72
2	Motivated	193	63.28
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 26 informs that most of the respondents (63.28%) work as highly motivated nurses with enthusiasm and commitment to heal the patients and on the other hand more than one-third (36.72%) happen to work with ill-motivation without any encouragement.

**Table 27: Respondents by opinion on income for the nursing occupation**

Sl. No.	Income is ...	No. of respondents	Percentage
1	More than for the work	42	13.78
2	Lesser than for work	96	31.48
3	Income is does not a matter	133	43.60
4	No specific causes	34	11.14
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 27 shows that 43.60% of the respondents realizes that income is not at all an issue but nursing is more than the income because it is a nature human kind, service to the needy, health seekers and they understands that it is superficial job. 31.48% emphasizes that they get lesser income than their efforts, 13.78% states that they get more than their labor and 11.14% mentions several ideas about the income and nursing. According to them beyond income one has to think that the nurses can be treated as white coated gods, since one cannot see the Almighty the nurses have been created by the Him to deliver their best to the health seekers.

**Table No. 28: Respondents by involve in home care activities**

Sl	Involve in home care activities	No. of respondents	Percentage
1	Regularly	40	13.11
2	Occasionally	88	28.86
3	Not at all	177	58.03
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 28 exhibits that 58.03% of the respondents never engage in home care activities, 28.86% occasionally does and the remaining 13.11% regularly involve in home care activities.

**Table 29: Respondents by earn income from home care activities**

Sl	Earn income from home care activities	No. of respondents	Percentage
1	Yes	116	90.62
2	No	12	09.38
<b>Total</b>		<b>128</b>	<b>100.00</b>

Table 29 reveals that for an overwhelming proportion of the respondents (90.62%) home care activities is another source of income and the remaining meager proportion (9.38%) heal the patients while doing the home care services without expecting any income. For them it is a service oriented occupation and it should not be done for money alone.

**Table 30: Respondents by care providing in the neighborhood**

Sl. No.	Care providing in the neighborhood	No. of respondents	Percentage
1	Regularly	207	67.87
2	Occasionally	77	25.24
3	Never	21	06.89
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 30 describes that most of the respondents (67.87%) regularly offers health care to the neighbors, 25.24% occasionally provide and the remaining 6.89% never offers any health care to the neighbors.

**Table 31: Respondents by reasons for providing care in neighborhood**

Sl	Reasons for providing care in neighborhood	No. of respondents	Percentage
1	Helping tendency	183	64.43
2	Commitment of a nurse	86	30.29
3	Unclassified causes	15	05.28
<b>Total</b>		<b>284</b>	<b>100.00</b>

Table 31 reveals that most of the respondents (64.43%) used to provide health care to the neighborhood with the helping tendency, 30.29% says that it is the commitment of a nurse and the rest does with multiple and unclassified causes with the positive symptoms.

**Table 32: Respondents by follow role model in nursing**

Sl. No.	Follow role model in nursing	No. of respondents	Percentage
1	Yes	189	61.97
2	No	116	38.03
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 32 informs that most of the respondents (61.97%) have role model in their profession and 38.03% have any such role models for their profession.

**Table 33: Respondents by reasons for chosen the nursing as a job**

Sl	Reasons for chosen the nursing as a job	No. of respondents	Percentage
1	For income	59	19.34
2	Service to humankind	218	71.48
3	Multiple causes	28	09.18
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 33 tells that for majority of the respondents (71.48%) nursing is nothing but a service extend to the humans, for 19.34% just income generating activity and for the rest (9.18%) nursing has multiple dimensions to spell out.

**Table 34: Respondents by job satisfaction**

Sl. No.	Job satisfaction	No. of respondents	Percentage
1	Yes	105	34.42
2	No	200	65.58
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 34 reveals that most of the respondents (65.58%) are not satisfied with their present job and the remaining 34.42% are working with job satisfaction.

**Table 35: Respondents by interested in changing the present job**

SI	Interested in changing present job	No. of respondents	Percentage
1	Yes	45	14.76
2	No	260	85.24
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 35 says that a sizeable proportion of the respondents (85.24%) wish to stay in the present job even though many are not at all happy about it but the remaining 14.76% wants to change their jobs.

**Table 36: Reasons for not interested in changing the present job**

SI	Reasons for not interested in changing the present job	No. of respondents	Percentage
1	Service with human kind	144	55.39
2	Possibility of extra earning	20	07.69
4	Respectful job	34	13.07
5	Possibility of home care	22	08.47
6	Job autonomy	20	07.69
7	Chance to know more health persons	20	07.69
<b>Total</b>		<b>260</b>	<b>100.00</b>

Table 36 shows that out of 260 respondents. More than half proportion (55.39%) are rendering their services with human kind, 13.07% feels this job is a respected job, 8.47% opines that through this job home care services are possible, 7.69% mentions that possibilities for extra earnings, Similar percentage (7.69%) underscores that the job autonomy is obvious in the nursing job and the remaining 7.69% it is learning process occupation.

**Table 37: Respondents by stress from nursing job**

SI	Stress from the nursing job	No. of respondents	Percentage
1	Regularly	99	32.45
2	Occasionally	128	41.97
3	Not at all	78	25.58
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 37 portrays that 41.97% of the respondents get stress occasionally from their job and the remaining 32.45% get the same regularly and the remaining 25.58% never get any kind of stress from their job.

**Table 38: Respondents by mechanism to minimize the stress**

SI	Mechanism to minimize the stress	No. of respondents	Percentage
1	Spouse support	47	20.70
2	Understand of the family members	59	25.99
3	Sharing the work of fellow nurses	16	07.04
4	Cooperation from the hospitals administration	23	10.13
5	Self motivation	61	26.88
6	Job are always like that	21	09.26
<b>Total</b>		<b>227</b>	<b>100.00</b>

Table 38 says that more than one-fourth of the respondents (26.88%) minimizes their stress from by self motivation, 25.99% reduces the stress with the understanding of their family members, 20.70% through the support of their spouses, 10.13% cooperation from the hospitals administration, 09.26% have the stress reduction mechanism by thinking that the nursing job is always like that and the remaining 07.04% by sharing the work of fellow workers to reduce the stress.

**Table No. 39: Respondents by updating the habit of update the nursing skills**

SI	Have the habit of update the nursing skills	No. of respondents	Percentage
1	Regularly	179	58.69
2	Occasionally	99	32.45
3	Not at all	27	08.86
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 39 informs that nearly most of the respondents (58.69%) regularly update the nursing skills, 32.45% occasionally modernize and the remaining 08.86% never updates their nursing skills.

**Table 40: Respondents by the types of sources for update knowledge**

SI	The types of sources for update knowledge	No. of respondents	Percentage
1	Web sites	51	18.34
2	Books	73	26.26
3	Periodical	56	20.14
4	Fellow Nurses	98	35.26
<b>Total:</b>		<b>278</b>	<b>100.00</b>

Table 40 reveals that more than one-third of the respondents (35.26%) update their knowledge with the support of fellow nurses, 26.26% through the exclusive books on nursing and health, for 20.14% periodicals help and the remaining 18.34% updates their knowledge through web sites.

**Table 41: Respondents by practice stress management**

SI	Practice stress management	No. of respondents	Percentage
1	Yes	88	28.86
2	No	217	71.14
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 41 says that majority of the respondents (71.14%) practice stress management and the remaining 28.86% never practice the stress management.

**Table 42: Respondents by adapting special care system in heal the patients**

SI	Adapting special care system in heal the patients	No. of respondents	Percentage
1	Yes	62	20.32
2	No	243	79.68
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 42 informs that nearly a sizeable proportion of the respondents (79.68%) never adapting the special care system and the remaining 20.32% use special care system.

**Table 43: Respondents by intension change the nursing job**

SI	Interested change the nursing job	No. of respondents	Percentage
1	Yes	45	14.76
2	No	260	85.24
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 43 shows that a sizeable proportion of the respondents (85.24%) never interested to change their nursing job and the remaining 14.76% interested to change their nursing job.

**Table 44: Respondents by maintained dignity in the present job**

Sl	Maintained dignity in the present job	No. of respondents	Percentage
1	Yes	297	97.38
2	No	08	02.62
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 44 exhibits that an over whelming proportion of the respondents (97.38%) maintained dignity in their job and the remaining 02.62% never maintained dignity.

**Table 45: Respondents by feel attitude about the job**

Sl. No.	Feel attitude about the job	No. of respondents	Percentage
1	Yes	296	97.04
2	No	09	02.96
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 45 reveals that an over whelming proportion of the respondents (97.04%) feel that the present job is a team work and the remaining 02.96% never have the feel.

**Table 46: Respondents by getting cooperation in working the hospital**

Sl	Getting cooperation in working the hospital	No. of respondents	Percentage
1	Helping me to deliver the best to the patients	173	56.72
2	Telling me the hospital is the heaven for sick	112	36.72
3	Treating this job is an ordinary job	20	06.56
<b>Total</b>		<b>305</b>	<b>100.00</b>

Table 46 reveals that more than one-fifth of the respondents (56.72%) getting cooperation in working the hospital is helping me to deliver the best to the patients, 36.72 telling me the hospital is the heaven for sick and the remaining (06.56%) treating this job is an ordinary job.

## CONCLUSION

Health care has been recognized as India's' one of the public concern and nurses role is vital role in delivering the same. A nurse is a promoter of health aspects, teaches the sick and the public on the prevention of illness, grievance, affords care and helps in cure, participate in rehabilitation and provide support. No other health care skilled personalities in the hospitals have such a big role and far-reaching dimensions to heal. Nurses assist the family, community and society to learn how to live healthy by serving them understand the range of exciting, physical, psychological and enriching experiences they come across during health and illness. Further, the nurses help people and their families manage illness, deal with it and if essential live with it, so that other parts of their lives can persist. The nurses do more than care for individuals because they forever at the front position of change in health care and public health. As the founder of modern nursing Florence Nightingale collected the data to prove that the main cause for sufferers in the Crimean War was improper sanitation and infections than the war. It shows that data are important to know about the reciprocity between the nurse and her families. A nurse provides ongoing evaluation of people's wellbeing and her uninterrupted attendance, surveillance ability and awareness permit physicians to make enhanced analysis and offer better action. Many lives have been saved because an attentive nurse selected ahead early counsel symbols of an imminent predicament like cardiac apprehend or respiratory malfunction. With the above thought provoking analysis the collected data from the 305 nurses who are working in hospitals of Salem have been thoroughly discussed in the preceding chapters. This particular chapter focuses its attention on summary, conclusion and suggestions in detail.

Immense quality family relationship is the endurance of the art, science and philosophy of a nurse. Such type of relationships with the family for a nurse can create a significant impact on patient health as well as the superiority and result of nursing care and is related to patients and their respective families' generally happiness with their care. In this context, the findings of the study say that the nurses are delivering their best in the hospitals with the superior involvement with the dedication, commitment and sincerity. These are

not mere words but talks about the families' role to make them work for the well-being of the health seekers. As a unit of analysis, family has been consideration for this research and without a second thought the study identifies that the nurses are in a position to maintain the high quality of communication with the doctors and other staff because of the satisfaction which has been maintained in the family. The quality of care in the hospitals shows the influencing phenomena like inadequate nursing staff the studied nurses fulfill the gaps and maintaining the tempo that the hospitals is the place where one cannot keep the personal timings. They are well aware of their service is very much required in their families to provide care to the needy in general and the children in particular. The members of the families come forward to set free nurses to give importance to health care which is a cross-fertilized thought for many nurses in the study. Many nurses are updating their skills to deliver their best in the hospitals that also found through the data analysis due to the significant contributions of the families. Such modernization process cannot be done in the hospitals, for the same the family members encourage them in all dimensions which are a worth-mentioning point at this juncture. There are challenges for a nurse when they communicate the patients' family because it is important to know that physicians do their wards rounds once per day and are available to see seriously ill patients only on call basis to accomplish this gap, the nurses play the positive role. Here also one can find the role of family to smooth communication of the nurses manage the crisis as desired and expected are crucial aspects to understand.

### RECOMMENDATIONS OF THE STUDY

1. New know-how and improvement can progress constantly the eminence of treatment, care and increase the efficiency of nurses' presentation.
2. The updated information on nursing occupation can bring the vital roles on illness administration, medical pronouncement support, switch of care, certification of care diplomacy and enduring admittance to health in sequence.
3. The intricacy of new machinery and the requirement of perceptive of their purpose to nursing care elevate the difficulty of broaden gap between nurses' approach to new expertise as insignificant and custom and the real possible of new technologies.
4. The use of information technologies, e-documentation and other technological advances can apparently facilitate the performance of nurses and increase their effectiveness.
5. New technologies have a considerable potential and can enhance consistently the performance of nurses and improve the quality of nursing care.
6. However, today, the problem is that nurses cannot always use the full potential of new technologies, chiefly in sequence ones and have problems with the acceptance of new technologies.
7. The meaningful use raises ethical and legal issues, such as the hazard to the privacy right of patients, because e-documents and electronic use of information as well as other technologies execute in the field of health care services description the clandestine information of patients to the risk of surprise to third parties, in case of the unauthorized access and misuse of new technologies or existing information by nurses.
8. One of the main confront for the momentous use is, therefore, the technological, legal, ethical and civilizing unpreparedness of nurses for the significant use.
9. From the moral point of outlook, nurses cannot forever use new in sequence expertise because of their need of considerate how to apply them correctly.

### REFERENCES

1. A Dreyer, R Førde and P Nortvedt (2010) *Life-prolonging treatment in nursing homes: how do physicians and nurses describe and justify their own practice*; BMJ, Journal of Medical Ethics, Vol. 36, No. 7 (July 2010), pp. 396-400
2. Alan H. Rosenstein (2002) *Nurse-Physician relationships: Impact on Nurse Satisfaction and Retention*; Lippincott Williams & Wilkins, The American Journal of Nursing, Vol. 102, No. 6 (Jun., 2002), pp. 26-34
3. Anne-Marie Baronet (2003) *the impact of family relations on caregivers' positive and negative appraisal of their caretaking activities*; National Council on Family Relations Vol. 52, No. 2 (Apr., 2003), pp. 137-142
4. B. Dierckx de Casterlé, C. Verpoort, N. De Bal and C. Gastmans (2006) *nurses' views on their involvement in Euthanasia: A Qualitative Study in Flanders(Belgium)*; BMJ, Journal of Medical Ethics, Vol. 32, No. 4 (Apr., 2006), pp. 187-192
5. Beauregard TA. Henry LC. Making the link between worklife balance practices and organizational performance Human Resource Management Review 19 (2009) 9–22
6. Carlson DS, Perrewé PL. The role of social support in the stressor-strain relationship: an examination of work family conflict. J. Manag. 1999;25: 513–540.

7. Hannah Cooke(2006) *Seagull management and the control of nursing work* Sage Publications, Ltd. *Work, Employment & Society*, Vol. 20, No. 2 (JUNE 2006), pp. 223-243
8. Henry R. Mandel (1981) *nurses' feelings about working with the dying*; Lippincott Williams & Wilkins *The American Journal of Nursing*, Vol. 81, No. 6 (Jun., 1981), pp. 1194-1197
9. JaneMaree Maher, Jo Lindsay and E. Anne Bardoel (2010) *freeing time? the 'family time economies' of nurses*; Sage Publications, Ltd, *Sociology*, Vol. 44, No. 2 (APRIL 2010), pp. 269-287
10. Janis I L, Fadner R. The coefficient of imbalance. In H. Lasswell & N. Leites et al. (Eds.), *Language of politics*, Cambridge, MA: MIT Press, 1965: 153–169.
11. Johnni Hansen (2006) *Risk of breast cancer after night and shift work current evidence and ongoing studies in Denmark*; Springer 2006, *Cancer Causes Control* (2006) 17:531–537
12. Kankaanranta and P. Rissanen(2008) *nurses' intentions to leave nursing in Finland*; Springer, *The European journal of health Economics*, Vol. 9, No. 4 (Nov., 2008), pp. 333-342
13. Lucy Harris, Irma McCaleb, Georgia G. Nobles and Frances L. A. Powell (1953) *Married Nurses and Hospital Staffing*; Lippincott Williams & Wilkins. *The American Journal of Nursing*, Vol. 53, No. 4 (Apr., 1953), pp. 438-439
14. Mary Osborne (1945) *the nurse and the family*; Lippincott Williams & Wilkins, *The American Journal of Nursing*, Vol. 45, No. 11 (Nov., 1945), pp. 916-919
15. Milisa Manojlovich (2010) *nurse/physician communication through a sensemaking lens: shifting the paradigm to improve patient safety*; Lippincott Williams & Wilkins, *Medical Care*, Vol. 48, No. 11 (November 2010), pp. 941-946
16. Mohammed J Almalki Gerry FitzGerald2 and Michele Clark (2012) *Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study*; *Human Resources for Health* 2012, <http://www.human-resources-health.com>
17. Sakthivel (2008), *Work life balance and Organizational commitment for Nurses*; *Journal of Business and Management Sciences* ISSN: 2047-2528 Vol. 2 No. 5 [01-06]
18. Satish P. Deshpande and Jacob Joseph (2009) *impact of emotional intelligence, ethical climate, and behavior of peers on ethical behavior of nurses*; Springer, *Journal of Business Ethics*, Vol. 85, No. 3 (Mar., 2009), pp. 403-410
19. Su-hsing S. Lee (1999) *work-related assault injuries among nurses*; Lippincott Williams & Wilkins: *Epidemiology*, Vol. 10, No. 6 (Nov., 1999), pp. 685-691
20. Thabo T. Fako, Ntonghanwah Forcheh and J. Gary Linn (2004) *correlates of work-place stress. A case study of botswana nurses working in clinics*; Botswana Society, *Botswana Notes and Records*, Vol. 36 (2004), pp. 106-124
21. Virginia G.Drachman.(1983) *The Nursing Profession*. Published by: American Association for the Advancement of Science
22. Yi Hsu M. Kernohan G. *Dimensions of hospital nurses' quality of working life*. *Journal of Advanced Nursing* Volume 54, Issue 1, pages 120–131, April 2006