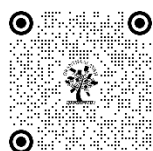# PROBLEMS FACED BY WORKING WOMEN: A SOCIOLOGICAL STUDY OF NURSES IN PRIVATE SECTOR

Dr. Reena Chaudhary [1], Amrita [2]

[1] Assistant Professor, Department of Sociology, Centre for Distance and Online Education, Panjab University, Chandigarh, India
[2] Research Scholar, Department of Sociology, Panjab University, Chandigarh, India

ABSTRACT

Even in this competitive world, nurses as professionals view caring for their patients as their moral obligation and regard their job as selfless service. All this demands a lot of patience, commitment and dedication from nurses. Although nursing has been a popular choice of career among youth, yet there has been demand and supply mismatch which perpetuates global scarcity of nurses. This inadequate number of nurses and the resulting fewer employed nurses face work overload which ultimately leads to emergence of a variety of problems faced by them. The present paper seeks to explore the various problems faced by nurses working in private hospitals in S.A.S. Nagar district of Punjab (India). For the purpose of analysis, the problems of nurses have been studied at three levels: at workplace, at familial level and at societal level. The study concludes that remuneration and hospital policies was problem faced at workplace, stress at familial level and limited social interaction at societal level.

Keywords: Nurses, Problems, Family, Society, Workplace

1. INTRODUCTION

Looking at the health institutions, both doctors and nurses constitute the core of the health care team while extending care to the patients. They work in coordination with each other almost all the time. At the same time, they have different tasks and responsibilities. While doctors supervise the caring and treatment process of the patients, nurses extend round-the-clock care even in the absence of doctors. The key role played by them in providing a variety of healthcare services makes them most important among the front-line health workers (Rao et al., 2011). Due to their crucial role, nurses work in shifts to ensure their presence near patients throughout the caring process. Needless to say, the nature of their work leaves them with lesser time for family and social life. Their crucial role and full time presence in the hospitals make them vulnerable to various challenges at their workplace also.

Family support in managing household responsibilities is extremely important for working women. Women are often seen cutting down on sleep hours in order to discharge their family responsibilities. This sleep deprivation, in turn, has adverse impact over their work-efficiency. As a result, they end up bringing more work at home, making things even worse (Dashora, 2013). This makes it difficult for nurses to attain work-life balance, which is why it is important to understand problems faced by nurses at familial level.

Needless to say, the problems faced by nurses as working women are diverse. These range from problems arising out of interpersonal relations at their workplaces and exploitative practices prevalent in the private hospitals, to limited involvement in family and society. Therefore, in the present paper, the analysis of problems faced by nurses has been categorized under three heads:

- Problems at workplace
- Problems at familial level
- Problems at societal level

1.1. PROBLEMS AT WORKPLACE

Working women face problems at the workplace just by virtue of being women. The social attitude which considers women fit for certain jobs and not others, causes prejudice in employers too. Thus, women find employment easily as nurses, teachers or secretaries.

Nurses have to encounter a number of issues while discharging their job responsibilities at their workplace. There have been a number of studies regarding problems faced by nurses at their workplace. Chhugani and James (2017) enumerated a number of problems like mental violence, occupational health hazards, absence of recognition, lack of synchronicity, scarcity of nurses, longer working hours and emphasis on non-nursing work.

In an extensive study by Nair (2010), it has been noted that nurses employed in private hospitals had been facing a large number of issues emanating from poor conditions of work and maltreatment of nurses by hospital management. Other issues included the glaring differential in the salaries offered to them as compared to their counterparts in the public hospitals, absence of basic facilities like lack of safety equipment, availability of rooms to change clothes or to take rest and poor quality of accommodation provided to them. Besides these, they also faced work overload because of scarcity of nurses which ultimately forced them to work overtime which was hardly paid. She also noted that many hospitals withhold the certificates of nurses and made them sign a contract which required them to serve in the hospital compulsorily for a specified time period to deter them from joining elsewhere. The private hospitals had been continuing their malpractices unabated due to weak regulation and inspection system in place.

Nurses, being an important chain in the healthcare team, have to work closely with patients in order to discharge their responsibilities. While working as professionals, they are also prone to a number of occupational health risks such as biological, chemical, physical and psychosocial hazards (Tan, 1991).

1.2. PROBLEMS AT FAMILIAL LEVEL

With spread of education and employment opportunities, women have flooded job market in huge numbers. Working women have additional responsibilities as home-makers and thus, they manage their household duties simultaneously with their job duties and consequently, come under heavier pressure to continue along their career track (Lakshmi &Prasanth, 2018). Due to this situation, importance of support of family can never be emphasized enough. Absence of family support has been a major source of stress for working women in India and as such, it has emerged as a major problem faced by them (Barati et al., 2016). At the family front, just like any other working woman, nurses also struggle to attain work-life balance. The dissatisfaction with work-life balance is very much prevalent among nurses too. Having a tiring and physically and mentally demanding job definitely takes a toll over their family life. Hence, work-family conflict needs to be looked into.

The nature of nursing work is also different because of the shift work. People working in shifts exhibit higher levels of work-family conflict as compared to workers in regular day schedules (Wöhrmann et al., 2020). Moreover, the shift work of nurses impairs their family functions (Tai et al., 2014).

1.3. PROBLEMS AT SOCIETAL LEVEL

Nursing as a profession is more stressful profession as compared to others. The major stress factors include patients' death, illness, heavy workload, lack of enough knowledge, conflicts and lack of support (Farahaninia et al., 2019). This nature of their work also makes them susceptible to certain social pressures. Nurses, having an overburdened work profile, face a hard time in enjoying an active social life. Social life is an important factor of stress among nurses (Rout,

2000). Nurses are not visible in any of the social or community based gatherings. Also, social support is one of the major factors which help nurses in coping problems (Mark & Smith, 2012).

All this requires an in-depth study into the problems faced by them at these three levels namely workplace, family and society.

2. LITERATURE REVIEW

Benne and Bennis (1959) noted that so far as the role conflict in nursing was concerned, it arose from the four major types of expectations: institutional or official expectations, expectations from co-workers, expectations of reference groups and their own expectations. These different expectations had been generally inconsistent and this inconsistency created the state of role-conflict among nurses. Therefore, they argued that it was the nature of expectations that decided the nature of role of a nurse which was responsible for the role-conflict encountered by them.

Letvak (2001) revealed that problems of working women became more pronounced in nursing because of its association with longer and irregular working hours. The scarcity of nursing at their workplace added to their problems by increasing their workload. Moreover, they had been facing a diverse set of problems because of the caring nature of their work which required dealing with different people every day.

Bronner et al. (2003) pointed out that the work of nurses involved physical and emotional closeness to the patients and co-workers. They described hospitals as having unfriendly work conditions where the nurses face the threat of sexual harassment more often.

Killien (2004) argued that despite constituting the largest number among healthcare professionals, nurses ran a number of risks related to their health. These risks included stress, back-ache and related injuries, diseases related to needle-stick injuries such as HIV and Hepatitis, developing allergic reaction to latex, exposure to other communicable diseases, workplace violence and other fatigue-related problems. Arduous nature of their job, odd-hour shifts, protracted standing requirement for their work, exposure to hazardous substances, excessive workload, etc. are some of the factors associated with their vulnerability to health risks. Nurses had also been exposed to numerous reproductive health risks, drug or alcohol-abuse and sleep-related problems. He also noted 'Role Stress' as a major occurrence among them because of their job which involved performing multitude of roles concurrently emanating from managing both home and work front simultaneously. The 'role stress' could take shape of either 'role conflict' or 'role overload'.

Grzywacz et al. (2006) explained three major determinants of work-family conflict prevalent among women nurses: work environment, family environment and personal characteristics. They also noted numerous implications for work-family conflict which included health complications, reduced efficiency and negative impact on quality of healthcare provision among others. In the long-run, work-family conflict had impacted the process of attracting, motivating and retaining capable workforce.

Yildirim and Aycan (2008) argued that the tough working conditions of the profession, long and odd working hours, excessive workload and stress related to their work depicted the presence of work-family conflict among nurses. This challenging situation faced by nurses in the women-majority profession has been taking a toll on both family and work fronts by influencing job and life satisfaction. They discussed the presence of social support as a buffer against work demands and work-family conflict. In particular, they underlined the role of supervisory support as a key moderator in coping with the problems associated with work-family conflict.

Nair (2010) argued that nurses employed in private hospitals had been facing a large number of issues emanating from poor conditions of work and maltreatment of nurses by hospital management. Other issues included the glaring differential in the salaries offered to them as compared to their counterparts in the public hospitals, absence of basic facilities like lack of safety equipments, availability of rooms to change clothes or to take rest and poor quality of accommodation provided to them. Besides these, they also faced work overload because of scarcity of nurses which ultimately forced them to work overtime which was hardly paid. She also noted that many hospitals withhold the certificates of nurses and made them sign a contract which required them to serve in the hospital compulsorily for a specified time period to deter them from joining elsewhere. The private hospitals had been continuing their malpractices unabated due to weak regulation and inspection system in place.

Rao et al. (2011) mentioned that the nursing had always been undervalued in its importance. Earlier, it was due to caste system and cultural factors. But the evolution of healthcare system in India had been doctor-centric, lacking adequate funding and overlooking the representation of nursing in policy matters.

Qureshi et al. (2012) noted that since nursing involved breaking the socio-cultural rules of bodily contact while attending to the needs of the patients, it had been believed that this profession was not meant for women from respectable families. As a result of it, they had been looked down upon and were prone to sexual harassment. They also argued that junior doctors, male patients and their relatives had been the major perpetrators who were generally condoned by the 'culture of acceptance' in absence of any strict punitive mechanism against them. According to them, hierarchical power structure in the healthcare system, nature of the work done by nurses and longer working hours were some of the reasons for their harassment.

Bhaumik (2013) explained a number of issues faced by the nurses in private sector such as the contract work and the related job insecurity, non-adherence to labour laws and absence of any mechanism to voice their concerns.

Biju (2013) found that hierarchy in the hospitals in India had been such that nurses were placed below para-medical staff and other administrative workers but above the menial workers. In the private hospital industry, the exploitative practices such as hiring less than required and paying as minimum as possible were common which aggravated their problems.

Garner et al. (2014) studied the challenges of nursing as perceived by student nurses under two themes. First, a hierarchical system which included images of nursing in society, safety issues for women due to their odd-working hours, low salary and difficulty in maintaining work-life balance. Second theme was limited nursing workforce capacity which included migration and nursing shortages, work overload, exhausting work schedules, deviation among theory and practice and lack of knowledge.

Vitale et al. (2015) attempted to understand the experiences of nurses who worked during night shifts and tried to make sense of nurses' lives outside their work. It noted that shift work negatively impacted family life of nurses. Particularly, night duties of nurses were responsible for sleep-related issues for them and their family. Their work-life as a result of their shift work was incompatible with their family life. Their sleep-related issues were noted to be detrimental to their family and social life and consequently, they risk their health fearing social isolation. Also, at societal level, it was argued that nurses hardly get free time for leisure, family, friends, and other household responsibilities. It was noted that nurses feel socially isolated due to difference in their day and night shifts and their failure to attend social functions.

Nair (2016) noted that women working in hospitals as nurses had been more vulnerable to sexual harassment because the nature of their work which obliged them to work in close association with their male colleagues, patients and relatives of patients. The nature of their job demanded their availability in the hospital even at odd hours when none of other staff members were available. They, thus, assumed a lot of power at those times which led to resistance among men of lower designations. This resistance or intolerance became one of the major factors that explained nurses as victims of sexual harassment.

Nair et al. (2016) observed that given the absence of adequate regulation and inefficient government policies, the private sector in India had been unabashedly exploiting the nurses who were also facing gender discrimination, lower social prestige and poor pay scale. The poor working environment for women nurses got reflected in the absence of rooms for changing uniforms, lack of toilets, burden of non-nursing work and other practices which made them vulnerable to health risks.

AlAzzam et al. (2017) noted that nurses faced to both types of work and family conflict, that is, work-to-family interference as well as family-to-work interference. But work-to-family conflict was more pronounced than family-to-work conflict. Work and family conflict was negatively correlated with age, meaning thereby, elder nurses experienced it lesser as compared to younger nurses. Also, presence of work and family interference indicated lower job satisfaction among nurses.

Pradhan (2018) illustrated that the private corporate hospitals in India had been exploiting women nurses invariably in the form of long work hours, bond system of employment to restrict inter-firm mobility, unjustified cuts in salary, unpaid overtime, rampant non-compliance of labour laws and withholding certificates and other important documents.

Alsharari (2019) investigated the psychological and social impact of the night shift work of nurses. It was found that nurses did not get recognition and appreciation for their work during night shifts as opposite to their work during the days. The role of family support was found to be crucial to deal with psychosocial impact related to night duties.

Sarla and Sandhu (2022) assessed the job stressors for nurses and identified ways to improve work-life balance of nurses. It was concluded that nurses felt more pressurised because of their family responsibilities and also, the pace of their career development got slowed down due to family obligations. It was also noted that nurses left with negligible time for leisure and family. Research has continued to reveal pressing issues within the nursing workforce, especially in private healthcare settings. According to the State of U.S. Nursing Report 2024, severe staffing shortages have become a critical concern, with 88 percent of surveyed nurses reporting the adverse effects of insufficient staffing on patient care. While some progress has been made in addressing burnout through mental health support programs, a substantial number of nurses i.e. 63 percent still face overwhelming patient loads, often extending beyond their standard job duties.

2.2. OBJECTIVES

The objectives of the present paper include:
1) To understand the problems faced by nurses working in private hospitals at their workplace.
2) To explore the problems faced by nurses working in private hospitals at familial level.
3) To examine the problems faced by nurses working in private hospitals at societal level.

3. METHODOLOGY

For the present paper, S.A.S. Nagar district in the state of Punjab, India was selected as the locale of the study. The research design used for the paper was descriptive. In the S.A.S. Nagar district, NABH Accredited private hospitals constituted the universe of the study. The data on number of such hospitals was taken from Accreditation Register maintained by NABH (National Accreditation Board for Hospitals & Healthcare Providers). In total, NABH Accredited private hospitals in the district were nine in number in the year 2019. From each hospital, using proportionate stratified sampling, 15% of the total strength of nurses was taken as sample. In this way, the total number of nurses selected was 325.

4. RESULTS
4.1. PROBLEMS FACED AT WORKPLACE

Nurses face a variety of challenges on a regular basis at their workplace. These range from low wages, poor working environment, social discrimination, work overload and longer working hours (Basu, 2019). Viewing nursing as a profession, it has major associated issues such as high turnover or job attrition, lower status and out-migration. In order to have a comprehensive understanding on the root cause of these issues, the problems faced by nurses need to be analyzed.

Nursing is a poorly paid profession especially in private sector. At the same time, salaries of nurses vary greatly within the private sector (Bhaumik, 2013). Remuneration is the money paid to an individual for their work or service rendered. The term 'remuneration', in this case, includes salary, increments and other monetary benefits including payment for their overtime services during their employment with their respective employer hospitals.

Table 1: Distribution of respondents according to problems faced at workplace

Problems	Frequency	Percentage
Remuneration	57	17.5
Infrastructure	10	3.1
Relations with Co-workers	20	6.2
Social image of nurses	14	4.3
Hospital policies	31	9.5
Other problems	6	1.9

No problems	16	4.9
Both remuneration and hospital policies	122	37.5
Both relations with co-workers and hospital policies	49	15.1
Total	325	100.00

The data presented in the table1 shows that 37.5 percent of the respondents stated that both remuneration and hospital policies were the major problems faced at workplace. According to them, their salary-related problems and their status as employees of private hospitals were the major problems they faced at their workplace. While 17.5 percent reported remuneration as their only problem. They claimed that their salaries were insufficient, payments were delayed and overtime was unpaid. For 15.1 percent of the respondents, both supervisors and hospital policies were termed as the problems faced while being at their workplace. The rude behaviour of supervisors and untrained colleagues along with faulty and exploitative practices of private hospitals was reported as another set of problems by the nurses. Another 9.5 percent of the respondents identified hospital policies as the problem faced. Arbitrary rules and regulations, exploitative practices, poor staff management, interfering into nursing care, unnecessary work obligations and policy of hospitals towards their patients as customers were the problems reported by the respondents. 6.2 percent of the respondents stated their relations with co-workers as problems. They claimed that their supervisors and in-charges behaved rudely with them even in presence of their patients which hamper their status and dignity. The supervisors and in-charges did not cooperate with them for leaves' permissions. They used to make every possible excuse and laid down unrealistic conditions before sanctioning unpaid leaves. It was reported that there was paucity of experienced or well-trained junior colleagues. Other such problems included unprofessional attitude of colleagues, lack of communication and coordination among colleagues and hostility towards fresher's or trainees. 4.9 percent of the respondentsreported that they did not face any kind of problems. According to them, they had learnt to manage any issue they face and they were quite familiar with the issues they faced at their workplaces as these were part and parcel of nursing job profile. Another 4.3 percent of the nurses stated that most of their problems at workplace were related to image of nurses which included problems related to safety of the nurses. Being first point of contact, they found themselves at the receiving end for any discontent against the hospital. They believed they were less respected because of their round-the-clock presence and any delay by other departments, the administration, doctors or other paramedical staff cost them dear. Besides, it was reported that helpers did not take orders of junior nurses seriously due to their status and respectability. And incidents of indecent behavior were also reported such as touching or holding hands, asking to rub body deliberately, coming closer and talking non-sense especially with young nurses. Infrastructure as a problem was reported by 3.1 per cent of the respondents which included problems such as inadequate canteen facilities, no restrooms, etc. The hostel facilities were reported as poor as there were poor transportation facilities for hostels which were situated at a distance from the workplaces. Moreover, no transportation was provided during night emergencies. Also, there was inadequate seating space at nursing stations. Certain facilities for patients were also inappropriate because of which nurses had to face the anger of patients. 1.9 percent of the respondents stated 'Other problems' as the problems they faced at their workplaces, which included issues between vendors and hospital authorities which resulted into shortage of important hospital supplies especially medicines. Also, they claimed no job satisfaction and no interest in nursing as a career because of demeaning of such a noble profession.

4.2. PROBLEMS FACED AT FAMILIAL LEVEL

The shift work and longer working hours associated with nursing make it tough for nurses to have enough time for their families. In this way, nurses feel difficulty in meeting family obligations (Vitale et al., 2015). Nurses, because of their shift work, face several physiological and psychological consequences such as sleep related disorders, reduced efficiency at work and social isolation (Admi et al., 2008). They suffer from sleep deprivation while discharging their family responsibilities as they often sacrifice their sleep for their family duties.

Work-family conflict is inevitable for nurses as the nature of their work is really demanding and they spend majority of their time in their workplace leaving no time for families (Benligiray&Sönmez, 2012). Having lesser time for their families might place their work as a hurdle to their own family life. It is significant to see if their job poses as an impediment to their family life. Keeping this in view, it is evident that nurses face a number of problems in their families because of nature of their work.

Table 2: Distribution of respondents according to problems faced by them in family

Problems	Frequency	Percentage
Stress	147	45.3
Less involvement	44	13.5
Work-family conflict	90	27.7
No problems	44	13.5
Total	325	100.0

As the data presented in the table demonstrates that a significant number of the respondents, 45.3 percent of the respondents reported that stress had been the major problem they face in their families due to their job because it impacted both their physical and mental health. According to them, work overload, shift work during nights and demanding nature of their job were responsible for stress they faced. It was also reported that dealing with illness and death was also a source of their stress. The emotional strain, sleep deprivation, insomnia and other health issues such as back ache due to prolonged standing, exposure to infections, etc. were other associated problems with stress. Respondents were of the view that inspite of the support of family members, they were facing such problems. 27.7 percent of the respondents told that they faced work-family conflict as a problem on the family front. According to such respondents, certain peculiar factors associated with nursing job such as shift work and emergencies were responsible for their difficulty in balancing work and family simultaneously. 13.5 percent of the respondents told that they did not face any problems in their families. According to them, their families had been habitual of their job demands ever since their training period. Another 13.5 percent of the respondents told that less family involvement was the major problem they faced in their families. It was reported that they could barely manage to attend their important family events. Moreover, there were considerable outings such as family gatherings, shopping, etc. which they had to postpone very often.

4.3. PROBLEMS FACED AT SOCIETAL LEVEL

Nursing is a female-majority profession. But unlike other female dominated professions such as teaching, nursing enjoys a lower status and acceptability in the society (Shanta Mohan, 1985). For long, nursing had not been considered a very prestigious career for women because traditionally, it had been chosen by young girls from economically weaker families who joined to support their family expenditure (Gill, 2016). Many of the aspects associated with the nursing career, mainly long working hours and night duties have emerged as a hindrance for young women to accept nursing as their profession. These aspects reflect degraded public image of nursing. This image shapes the attitude of people and ultimately, results in emergence of problems and issues faced by nurses on a daily basis being a member of the society.

Gradually, the image of this profession has undergone a significant change. Over the years, with wider social acceptance, nursing has emerged as a popular choice of profession among young girls (Bhutani et al., 2013). Many of the problems have resolved with this and a few challenges for nurses have emerged with modernization of healthcare industry as their job responsibilities have changed. Therefore, it would be intriguing to study challenges faced by nurses at societal level.

Table 3: Distribution of respondents according to problems faced at societal level

Problems faced	Frequency	Percentage
Limited social interaction	99	30.5
Attitude towards night duties	42	12.9
Marital prospects	18	5.5
Image of nurses	75	23.1
Less respectable career	16	4.9
No problems	75	23.1
Total	325	100.0

Of the total respondents, 30.5 percent described limited social interaction as the problem they faced as the members of the society. According to them, they did not visit their relatives generally or on some occasions. Their relatives and others in neighbourhood kept on complaining for their absence from such gatherings. Due to the nature of their work, they could not take out their limited time for social interactions. They reported lesser holidays as compared to other working women. Moreover, their timings were generally not compatible with the schedule of most of the social events they are interested to attend or participate. Some respondents went on to point out that there is "no social life for nurses". Those who work away from home often got questioned for their prolonged absence from home. Although others in their social circle did engage with them because of their knowledge and experience as nurse, yet their interaction was limited to that particular aspect only. 23.1 percent of the respondents claimed that they did not face any problems in the society. According to them, people do cooperate with them and respect their 'working women' status. They reported themselves being treated at par with any other working women. Also, some of them told that they were valued more in the society as working women as they were associated with a noble profession. Another 23.1 percent reported problems related to the image of the nurses in the society. As per the respondents, they faced comments and eve-teasing because of their uniform while commuting. The servile image of nurses as depicted in mass media merely add to their problems. Particularly those in backward areas and uneducated ones were reported to be viewed nursing as having bad reputation, from poor families, suspicious character and therefore, talked bad about them. Also, they were mocked for ignoring their household responsibilities and were labelled as 'money-oriented'. Irregular working hours interfered with the family life and hence, respondents received suggestions such as 'ehojehinaukri da kifayeda' (what is the utility of such job) where kids could not be taken care of. Of the total respondents, 12.9 percent faced problems in society because of the attitude of people towards working at nights. According to them, there was still lesser acceptability for night shifts which became evident from the behaviour of people who often enquired about their night duties sarcastically. The respondents also got suggestions to leave job with night duties. 5.5 percent of the respondents claimed problems related to marital prospects as the issues they faced in the society. As per the respondents, it was difficult for them to find suitable match because of certain myths or stereotypes attached to their work profile such as 'touching others', 'working at nights', or the media image of 'bad character'. They reported that they were often suggested by others to leave night duties first to get married, while there were quite a few who were asked to leave that 'lowly' job altogether before marriage. 4.9 percent of the respondents also reported problems in society because people viewed their profession as less desirable. They treated nurses as subservient to doctors, viewed them as 'unskilled', 'non-serious' and 'non-professional'. They confronted people who felt that nursing is of 'low value' career and nurses did not require any specialized training. They often received suggestions 'out of concern' that they should have opted for medicine as career. Also, the respondents reported that they were shown 'sympathy' for doing 'dirty' or 'polluted' work under poor work conditions.

5. DISCUSSION

Nurses are the backbone of the healthcare industry as they constitute the majority of the healthcare workforce. The numerous challenges faced by them while working as professionals are responsible for waning attractiveness of nursing as a career. The results revealed remuneration and its associated aspects as one of the major problems at workplace faced by nurses working in private hospitals. This shows that the image of nursing as a "poorly paid" profession has not changed much. Nurses are underpaid and are deprived of any allowances, increments, or other perks. Also, overtime was not paid as there was absence of any criteria for payment of overtime. In other words, neither there had been any system to maintain record for overtime done by nurses nor any rate was determined to pay for any overtime work by them. Arbitrary rules and regulations of private management of hospitals was another major problem at workplace noted by nurses. Clearly, these problems as revealed by the results were peculiar in private sector only. Therefore, leaving private sector as their workplace was viewed as panacea for most of the nurses. Nurses either wanted to join government jobs or wished to move abroad for work.

With respect to problems faced at familial level, stress was viewed as the major issue. It implies that for nurses working in private hospitals, physical and mental well-being is very important. Working hours of nurses are different from usual nine to five jobs due to their shift work which makes it incompatible to synchronise with schedule of their family members. Although they are capable of fulfilling their household responsibilities, yet they face a lot of physical and mental stress in this process. At the same time, they hardly get any leisure time for themselves or their family members.

At the societal level, limited social interaction of nurses was viewed as the major problem faced by them. Just like any other member of society, nurses also wish to interact freely and socialise in their surroundings. Fewer holidays and lack of flexible working hours are the major culprits of their lack of social interaction. Added to this problem is repeated complaining by their friends, colleagues and other acquaintances for their absence in important social gatherings. In fact, they hardly had any social interaction with their colleagues beyond their work.

Overall, work overload, working hours and scarcity of nurses employed at work was viewed as source of problems faced by nurses working in private hospitals at their workplace, family and societal level.

6. CONCLUSION

Nurses are the most important front line health workers who work with the strong nursing ethics and accordingly, "service to humanity" is their single most motivating factor. The main purpose of this paper is to analyse various problems faced by nurses at their workplace, familial and societal level. On the basis of research findings, it can be concluded that both remuneration and policies of private hospitals were highlighted as the major problems faced at workplace. On the other hand, physical and mental stress has been the problem faced by nurses at their familial level while at the societal level, limited social interaction was noted as the problem.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

REFERENCES

Admi, H., Tzischinsky, O., Epstein, R., Herer, P., &Lavie, P. (2008). Shift work in nursing: is it really a risk factor for nurses' health and patients' safety?. Nursing economics, 26(4), 250-257.

AlAzzam, M., AbuAlRub, R. F., &Nazzal, A. H. (2017). The relationship between work–family conflict and job satisfaction among hospital nurses. Nursing forum,52(4), 278-288.

Alsharari, A. F. (2019). Psychosocial impact of night shift work among nurses in Saudi Arabia. American Journal of Nursing, 7(3), 238-247.

Barati, A., Arab, R. O., &Masoumi, S. S. (2016). Challenges and Problems faced by women workers in India. Chronicle of the Neville Wadia Institute of Management Studies & Research, 76-82.

Basu, H. (2019). Deregulation, workplace, and women: Nurses in private health care in India. Asian Social Work and Policy Review, 13(2), 179-188.

Benligiray, S., &Sönmez, H. (2012).Analysis of organizational commitment and work–family conflict in view of doctors and nurses. The International Journal of Human Resource Management, 23(18), 3890-3905.https://doi.org/10.1080/09585192.2012.665063

Benne, K.D. &Bennis, W. (1959). Role confusion and conflict in nursing: The role of the professional nurse. The American Journal of Nursing, 59(2), 196-198.

Bhaumik, S. (2013). Why is India short of nurses and what can we do about it? https://www.bmj.com/content/346/bmj.f4024

Bhutani, S.,Gupta,P. & Walton-Roberts, M. (2013). Nursing education in Punjab and its role in overseas migration.In K.D. Sharma, H.S. Mangat, and K. Surjit Singh (Eds.), Readings in Population, Environment and Spatial Planning(pp.203–214).Institute for Spatial Planning and Environment Research.

Biju, B.L. (2013). Angels are turning red: Nurses' strikes in Kerala.Economic and Political Weekly, 48(52), 25-28

Bronner, G., Peretz, C. &Ehrenfeld, M. (2003).Sexual harassment of nurses and nursing students.Journal of Advanced Nursing, 42(6), 637-644.

Chhugani, M., & James, M. M. (2017). Challenges faced by nurses in India-the major workforce of the healthcare system. Nurse Care Open Access Journal, 2(4), 112-114.

Dashora, K. B. (2013). Problems faced by working women in India. International Journal of Advanced Research in Management and Social Sciences, 2(8), 82-94.

Farahaninia, M., Ehyaei, P., Ahmadi, Z., &Haghani, H. (2019).Relationship between nurses' social health and quality of life. Journal of Client-Centered Nursing Care, 5(2), 131-40.

Garner, S.L., Raj, L., Prater, L.S. &Putturaj, M. (2014). Student nurses' perceived challenges of nursing in India. International Nursing Review, 61(3), 389-397.

Gill, R. (2016). Scarcity of nurses: A myth or reality?.Journal of Health Management, 18(4), 509-522. https://www.academia.edu/attachments/43731311/download_file?s=work_strip

Grzywacz, J.G., Frone, M.R., Brewer, C.S &Kovner, C.T. (2006).Quantifying work-family conflict among registered nurses.Research in Nursing and Health, 29(5), 414-426.

Killien, M.G. (2004). Nurses' health: Work and family influences.The Nursing Clinics of North America, 39(1), 19-35.

Lakshmi, N., &Prasanth, V. S. (2018).A study on work-life balance in working women. International Journal of Advanced Multidisciplinary Scientific Research, 1(7), 76-88.

Letvak, S. (2001).Nurses as working women.AORN Journal, 73(3), 675-682.

Mark, G., & Smith, A. P. (2012).Occupational stress, job characteristics, coping, and the mental health of nurses. British journal of health psychology, 17(3), 505-521.

Mohan, N. S. (1985). Status of nurses in India.Uppal Publishing House.

Nair, S, Timmons, S. & Evans, C. (2016). Nurses in the private health sector in Kerala: Any lessons learnt from their strikes in recent years? Indian Journal of Gender Studies, 23(1), 8-25.

Nair, S. (2010). Nurses' strikes in Delhi: A Status Question. Economic and Political Weekly, 45(14), 23-25.

Nair, S. (2016).ArunaShanbaug and workplace safety for women: The real issue sidestepped. Indian Journal of Medical Ethics, 1(1), 47-52.

Pradhan, G. (2018). Situating status of nurses in corporate hospitals: Unfolding the myth. International Journal of Research and Analytical Reviews, 5(2), 703-705.

Qureshi, M.B., Qureshi, S.B., Taherani, A. & Ansari, S. (2012). Coping with sexual harassment: The experiences of junior female student nurses and senior female nursing managers in Sindh Pakistan.The Women-Annual Research Journal, 4.http://sujo.usindh.edu.pk/index.php/THE-WOMEN/article/viewFile/865/818

Rao, M., Rao, K.D., Kumar, A.S, Chatterjee, M. &Sundraman, T. (2011).Human resources for health in India.The Lancet, 377(9765), 587-598.

Rout, U. R. (2000). Stress amongst district nurses: a preliminary investigation. Journal of Clinical Nursing, 9(2), 303-309.

Sarla, G. S., &Sandhu, M. (2022). A Study to Assess the Level of Stress Among Nurses Working in Selected Hospitals of Ferozepur District Punjab. Acta Scientific Pharmacology Volume, 3(8).https://www.researchgate.net/profile/Gurmeet-Sarla-2/publication/365996370_A_Study_to_Assess_the_Level_of_Stress_Among_Nurses_Working_in_Selected_Hospitals_of_Ferozepur_District_Punjab/links/638c82f0658cec2104ade6ad/A-Study-to-Assess-the-Level-of-Stress-Among-Nurses-Working-in-Selected-Hospitals-of-Ferozepur-District-Punjab.pdf

State of U.S. Nursing Report (2024). Insights from 1 million nurses. Incredible Health. https://www.incrediblehealth.com/state-of-nursing/

Tai, S. Y., Lin, P. C., Chen, Y. M., Hung, H. C., Pan, C. H., Pan, S. M.,Lee, C.Y., Huang, C.T.& Wu, M. T. (2014). Effects of marital status and shift work on family function among registered nurses. Industrial health, 52(4), 296-303.

Tan, C. C. (1991). Occupational health problems among nurses. Scandinavian journal of work, environment & health, 221-230.

Vitale, S. A., Varrone-Ganesh, J., & Vu, M. (2015). Nurses working the night shift: Impact on home, family and social life. Journal of Nursing Education and Practice, 5(10), 70.https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=85999000217012cedd332cd4e8af39980ab92c3b

Wöhrmann, A. M., Müller, G., &Ewert, K. (2020). Shift work and work-family conflict. Sozialpolitik, 3, 3-2.https://sonar.ch/documents/309131/files/2020-3-2-woehrmann_mueller_ewert.pdf

Yildirim, D. &Aycan, Z. (2008). Nurses' work demands and work-family conflict: A questionnaire survey. International Journal of Nursing Studies, 45(9), 1366-1378.