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A RESEARCH ON PROBLEMS OF NURSES - JOB AND LIFE SATISFACTION IN INDIA

Padma sree Potru[1*], Srivani G[2], Suma Priya D[2], Swaroopa Rani. Ch.[3], Harsha G[4]

[1]Nursing Superintendent, Ramesh Hospitals, Guntur, Andhra Pradesh, India.
[2]Assistant Professor, SIMS College of Nursing, Guntur, Andhra Pradesh, India.
[3]Nurse Educator, Star hospitals, Hyderabad, Andhra Pradesh, India.
[4]Nursing Officer, CCU, Dr. Ram Manohar Lohia Hospital Post Graduate Institute of Medical Education and Research, Connaught Place, New Delhi, Delhi 110001, India.

Article Info

ABSTRACT

The life satisfaction is defined as the degree to which an individual's life satisfies that with wants and needs both physically and psychologically. This may include different aspects of life like employment, family and life partner. Job is the important factor which will have effect on over all life satisfaction and influences the people's self concept and self esteem. Job and life satisfaction are positively and reciprocally related to each other**.** Organization incorporates with employee and it is their satisfaction which can make the execution of an organization. Employee satisfaction is integral in determining the organization goals, job satisfaction mainly regarded as an employee's attitude towards the job and job situation**.** Job satisfaction portrays the degree to which nurses are favored with their jobs, which is an essential issue for both employee and employers. It generates to less job turnover, increased staff productivity and greater patient satisfaction. Job satisfaction is a cardinal factor in rocketing the level of work execution and career aspiration. The idle nature of nurses will reduce the productivity and it decreases their contribution for organizational growth intern effect the patient health. Many research studies indicated that nurses are suffering from low pay, high work stress still, none of the employers look forward for the life satisfaction of nurses. The staff who have life satisfaction will concentrate on achieving goals than the passively doing monotonous work. Research also says that Job Satisfaction and Life Satisfaction are interrelated. Among all the health care personnel the nurse's work directly affects the quality of outcome of the patient. So managers must have appropriate policies to promote quality of work life among nurses. This study reveals monotonous, idle nature towards life among Government nurses shows less quality of work which inturn effect the clients. These results give the empirical support regarding the life satisfaction which in turn useful to improve life satisfaction among nurses.

Corresponding Author

Padma sree Potru
Email: padmasreemsc@yahoo.co.in

Research Article

INTRODUCTION

The life satisfaction is defined as the degree to which an individual's life satisfies that with wants and needs both physically and psychologically[1]. This may include different aspects of life like employment , family and life partner. Job is the important factor which will have effect on over all life satisfaction and influences the people's self concept and self esteem. Job and life satisfaction are positively and reciprocally related to each other [2]. Organization incorporates with employee and it is their satisfaction which can make the execution of an organization. Employee satisfaction is integral in determining the organization goals, job satisfaction mainly regarded as an employee's attitude towards the job and job situation [3]. Job satisfaction is "a collection of emotions that an individual holds towards his or her job". This implies that high level of self- satisfaction will hold positive feelings towards the job whereas person who is dissatisfied about job will hold negative feelings [4]. Job satisfaction portrays the degree to which nurses are favored with their jobs, which is an essential issue for both employee and employers. It generates to less job turnover, increased staff productivity and greater patient satisfaction. Job satisfaction is a cardinal factor in rocketing the level of work execution and career aspiration [5]. Another element influencing job satisfaction of nurses is work stress. Stress is key factor for influencing nurse's functional performance or their problem solving ability and to furnish their self care needs [6].

Both personal and professional life play a key role in the lives of most people and it may impact the life satisfaction, balance, success in life. It helps to achieve goals in life.Nursing profession is a tough and stressful job nurses may come across different varieties of patients who demand lot of attention towards them. Balanced mind and patience is very essential in this profession. There is an increased job demands due to sophisticated technological advancements and needs of the clients. These conditions may create tension to the nurses [7]. The satisfaction of the nurses with their psychological work environment was reflected in six factors, job stress, anxiety, relationship with colleagues, collaboration good communication, job motivation, work demands and professional development [8]. Due to night shifts nurses who are single may demand their presence by the authorities rather than married nurses and it affect their personal life satisfaction. When the nurses start enjoying their professional work by creating good relations with the patients and with colleagues, it may contribute to life satisfaction. Total satisfaction of life can be done when personal needs are met [9]. Nurse with higher degrees and with good experience are enjoying self nurturing than the junior nurses who are just newly joined in profession or with less degrees and experience. Here discrimination can

be noticed, seniors are enjoying more powers and freedom where as less privileges to juniors [10]. This kind of job discriminations and the work stress they face increases their stress on their life. It may spiral their decision making ability and they may lack in participation in job control, social support and financial rewards [11].

Job satisfaction experienced by the nurses from her work, influences nurses carrying out direct patient care. Job satisfaction does not mean monetary alone but joy attained from profession. Satisfied employee tends to be less absent, makes positive contribution, and remain with the organization whereas a dissatisfied employee may be irregular to work, experiences, stress may interrupt co-workers and may be in search for another job [12].

Job satisfaction is an employee's state of emotion about his or her work climate, which includes the job, team work, organization and life. The job satisfaction level depends on the differences between what individual acquire from his or her employment and expectations. Professional practice that was formerly the responsibility of physician has been steadily incorporated into knowledge and practice skills of nursing. Continuing education and career development are now identified as essential for nursing to acquire cognitive and psychomotor skills and to improve the aspects of human resource. Management needs to focus on staff satisfaction, staff retention, and quality of patient care [13].

Participation of employee in information processing, decision making and problem solving have only a small impact, although statistically significant effect is seen on job satisfaction. Continuing education enhance their capabilities and knowing that there are extended opportunities in the organization may lead to greater job satisfaction and extend employment with that organization.

World Health Report (2006), identified ten major approaches to improve the performance of health workers, including those related to improving job conditions and providing supportive supervision. Paying health workers sufficiently and on-time were also identified as necessary for improving motivation of health workers, particularly to recruit and retain staff and to prevent absenteeism and collection of informal payments from patients. Efforts to improve health worker motivation have focused on monetary incentives including pay for performance particularly wages for health workers tend to be low.

Healthy environment is to be maintained by the supervisors by coaching leadership style, sufficient feed back to nurses performance and to avoid conflicts in job. Management should give little priority to the job holders in maintaining their personal and professional life. They should be little liberal in their orders. It will enhance the

quality of life of the individuals. Satisfaction leads to better and improved individual and organizational performance. Female nurses should get good support from their officials and spouses. It will lessen their stress and toil. And it may lead to better service in their jobs. Both professional and personal life may affect to improve the better living [14]. Proper strategy may help the nurses to reduce the risk of work load. Hospital and nursing homes may consider (reallocation of tasks related to patients) a reduction of care load. Nurses should treat their patients politely and try to understand their problems, they must try to love their profession and with this feeling if they care they can avoid stress and promote life satisfaction in their lives [15].

OBJECTIVES:
1. To study the Socio, Economic and Demographic profile of respondent nurses.
2. To identify the incidence of somatic problems like job and life satisfaction problems among respondent nurses.
3. To undertake 20 case studies for deeper understanding of the specific problems of Nurses.

STUDY DESIGN:
In the present study two settings were selected. Setting-I is Government General Hospital, Guntur which contains 1177 beds and 342 Registered Nurses working in three shifts.

Setting-II is Private Hospital, NRI General Hospital of 1000 beds capacity consist of 510 Registered Nurses working in three shifts.

STUDY POPULATION:
Population refers to the entire aggregation of cases that meets the design criteria(7). Population consists of the entire set of individual's events, places or objects that possess the specific characteristics or attributes being studied. In this research two population were described.

SAMPLE SIZE:
Sample size is normally decided by nature of the study, nature of population, type of sampling technique, total variable, statistical test adopted for data analysis, statistical measures & attrition.

In this present study a random sample of 300 Registered Nurses of Government and Private 150 each who are working in different clinical settings were included in the study. The RN$_s$ are from Government General Hospital, NRI General Hospital, Guntur, Andhra Pradesh State.

Inclusive Criteria:

1. Nurses working in selected Government and Private hospital of Guntur.
2. Nurses who are able to understand and read English.
3. Registered Nurses only.
4. Nurses who are not attended for the training programme related to variables.

Exclusive Criteria:
1. Nurses who were not willing to participate in the study.
2. Nurses who are working in other settings.
3. Nurses who are not available during the period of data collection.

PLAN OF DATA ANLYSIS:
The statistical package for social science (SPSS, Version 18.0) was used for data analysis; the Demographic Data is expressed as frequency, percentages, means and standard deviation. ANOVA was used to co-relate among Work Place Violence, nurses' view of Public Perception of Nursing, Profession, Job Satisfaction & Life Satisfaction 't' test was used to test the difference between two groups. The chi-square test was used to determine any association between the Demographic and Research variables. All tests were done 0.05 level of significance.

RESULTS:
Job satisfaction is most important topic for the individual and the organizations the facets of job satisfaction includes nature of work, respect and dignity, remuneration, personal growth, promotions, etc. Nursing is the one of profession suffering with shortage of staff, low levels of pay, frequent turnover, improper job description, heavy work and those facets greatly influencing the nurses feel inadequate in their job and low job satisfaction.

Personal, Social, emotional and spiritual factors play a vital role in Life Satisfaction. Nurses are feeling as their profession is neglected, hopeless and public are not satisfied with their services. The filtered dissatisfaction is carried and leading to the Work Place Violence against them. Low Job Satisfaction level and passive life leads to poor quality of life and life dissatisfaction. Here the researcher made an effort to evaluate the Job and Life Satisfaction levels among nurses. As Psycho Somatic and Social Problems are in separable, the investigator also made an effort to correlate the variables.

Table 4E.1reveals that majority of Government 76 (50.7%) and private nurses 70 (46.7%) were satisfied with their job where as 45 (30%) of Government and 67 (44.6%) of private nurses were neither satisfied nor dissatisfied with their job. Further 21(14%) of Government nurses were dissatisfied where as 10(6.7%)

of private nurses were very satisfied. And only 8(5.3%) of Government and 3(2%) of private nurses were dissatisfied with their job and none of the nurses were strongly dissatisfied with their job.

The above **Table 2** reveals the percentage distribution of job satisfaction of respondent nurses according to sub scales. Results depicts that in regard to salary and benefits, majority of Government 62(41.3%) and 57(38%) of private nurses were neither satisfied nor dissatisfied. More over the Government 40(26.7%) and 52(34.7%), of private nurses were satisfied with salary and benefits. However 37(24.7%) of Government and 36(24%) of private nurses were dissatisfied, whereas 7(4.7%) of Government and 2(1.3%) of private nurses were very much dissatisfied with their salary & benefits and only 4(2.7%) of Government and 3(2%) of private nurses were very much satisfied.

In regard to working environment, majority of Government nurses 79(52.7%) were neither satisfied nor dissatisfied while the private nurses 75(50%) were satisfied with their working environment. Secondly Government nurses 48(32%) of them were satisfied while private nurses 54(36%) were neither satisfied nor dissatisfied. Thirdly Government nurses 12(10%) were dissatisfied whereas the private nurses 15 (10%) were very much satisfied. Further, Government nurses 7(4.7%) were very much dissatisfied whereas private nurses 6(4%) were dissatisfied. Finally Government nurses 1(0.7%) were very much satisfied with the working environment and none of the private nurses neither satisfied nor dissatisfied with their working environment.

In regard to the support from superior, majority of Government nurses 62(41.3%) were neither satisfied nor dissatisfied while the private nurses 83(55.3%) were satisfied with their superior support. Secondly Government 38 (25.3%) were satisfied while 35(23.3%) were neither satisfied nor dissatisfied. Thirdly Government nurses 35(23.3%) were dissatisfied while private nurses 23(15.3%) were very much satisfied. More over the Government nurses 4(2.7%) were very much satisfied while private nurses 9(6%) were dissatisfied. Finally Government nurses 11(7.3%) were very much dissatisfied while the private nurses had no very much dissatisfaction.

In regard to in-service education, majority of Government nurses 66(44%) were neither satisfied nor dissatisfied while the private nurses 81(54%) were satisfied. Secondly Government nurses 41(27.3%) were satisfied while private nurses 30 (36.7%) were neither satisfied nor dissatisfied. Thirdly Government nurses 30(20%) who are dissatisfied while 15(10%) private nurses were very satisfied more over Government nurses 10(6.7%) were very dissatisfied. Finally Government nurses 3(2%) were very much satisfied and none of the private nurses were very much dissatisfied.

So the table concludes that majority of Government & private nurses are were neither satisfied nor dissatisfied according the sub scales.

The above table 4E.3 depicts level of job satisfaction of Government and private nurses according to various dimensions i.e. salary and benefits, working environment, support from superior and in-service education. The average mean scores reveal that private nurses are having more job satisfaction than Government nurses. Firstly working environment (27.72 ±7.24), salary benefits (25.74 ± 8.076) and in-service education (10.52 ± 3.357) respectively. The overall mean and standard deviation scores reveal that the private nurses are more satisfied with their salary and benefits, working environment, support from superior, in-service education than the Government nurses.

Further table shows the calculated' value as 5.683 at df: 298, the 'p' value is 0.000 which is highly significant. The table concluded that there is a highly significant difference in the level of job satisfaction between Government & private nurses.

The above **Table: 4E.4** shows that association of level of job satisfaction with selected demographic variables of Government nurses. It showed that marital status, type of family, type of employment experience in the present institution, type of employment and gender of the patient you most frequently worked with showed significant association at the level of $p<0.05$. Whereas age, religion, education level, designation, income, experience and working shift showed no significance.

The above **Table 5** shows that association of level of job satisfaction with selected demographic variables of private nurses. It showed that type of employment, experience in the past institution and working shift was having significant association at the level of $p<0.05$. Whereas age, religion, educational level, marital status, type of family, designation, income, and gender of the patient frequently worked with were not significant.

The above **Table 6** reveals that majority of Government nurses were neither satisfied nor dissatisfied with their life 86 (57.33%), where as diversely majority of private nurses 83 (55.33%) were satisfied with their life. Secondly Government nurses 41(27.33%) were satisfied with their life where as 40 (26.67%) private nurses were very much satisfied with their life. Thirdly 14(9.3%) Government nurses were dissatisfied with their life but 24(16%) of private nurses are neither satisfied nor dissatisfied with their life. Lastly 9(6%) of Government nurses were very much satisfied with their life and 3(2%) of private nurses were dissatisfied with their life.

So the table concludes that least number of Government and private nurses were dissatisfied with

their life. The private nurses are having more life satisfaction than Government nurses.

The above **Table 7** shows that the mean score of life satisfaction of Government and private nurses. It shows that the mean score of Government nurses was (56.8 $\pm$12.65) and private nurses was (71.14$\pm$12.77). The 't' value was 0.19 at 298 of degree of freedom and the 'p' value is 0.86 which is not significant at $p > 0.05$ level.

The table concludes that there is no significant difference in the life satisfaction of Government and private nurses.

The above **Table 4E.8** depicts the association of level of life satisfaction of Government nurses with their demographic variables. It reveals that designation and experience showed significant association with their life satisfaction at the level of $p<0.05$, whereas there was no significance association with the age, religion, education level, marital status, type of family, type of employment, income, experience in present institution, working shift and gender of patient worked with.

The above **Table 4E.9** depicts the association of

level of life satisfaction of private nurses with selected demographic variables. It reveals that age, educational level and marital status showed significant association with life satisfaction at the level of $p<0.05$ where as religion, type of family, designation, type of employment, income, experience, experience in present institution, working shift and gender of the patient worked with had no association.

The above **table 10** reveals the co-relation among nurses view on public perception on image of nursing profession, work place violence, job satisfaction and life satisfaction of respondent nurses. The F values shows between Government and Private Nurses was F=35.169 & 32.151 at 3 degree of freedom respectively. The P value is 0.00 which is highly significant.

The table concludes that there is a highly significant co-relation among the selected variables. Nurses view on public perception of nursing, work place violence, job satisfaction and life satisfaction are strongly inter related.

Table 1: Percentage distribution of Nurses by level of Job Satisfaction.

N=150+150

Sl. No	Job satisfaction level	Working Sector			
		Government		Private	
		Frequency	Percentage	Frequency	Percentage
1.	Very satisfied	8	5.3	10	6.7
2.	Satisfied	76	50.7	70	46.7
3.	Neither	45	30	67	44.6
4.	Dissatisfied	21	14	3	2
5.	Strongly dissatisfied	0	0	0	0

Table 2: Percentage distribution of Nurses by level of Job Satisfaction with subscales.

N=150+150

			Salary and benefits		Working environment		Support from superior		In service education	
			f	%	F	%	f	%	f	%
1.	Very much satisfied	Government	4	2.7	1	0.7	4	2.7	3	2
		Private	3	2	15	10	23	15.3	15	10
2.	Satisfied	Government	40	26.7	48	32	38	25.3	41	27.3
		Private	52	34.7	75	50	83	55.3	81	54
3.	Neither	Government	62	41.3	79	52.7	62	41.3	66	44
		Private	57	38	54	36	35	23.3	40	36.7
4.	Dissatisfi	Government	37	24.7	12	10	35	23.3	30	20

	ed								
		Private	36	24	6	4	9	6	14	9.3
5.	Very much dissatisfied	Government	7	4.7	7	4.7	11	7.3	10	6.7
		private	2	1.3	0	0	0	0	0	0

Table 3: Mean, SD, 't' value of Job Satisfaction of the respondent Nurses.

N=150+150

Sl.no	Dimension	Working Sector				't' value	'P' value
		Government		Private			
		Mean	SD	Mean	SD		
1.	Salary and benefits	25.74	8.076	27.03	7.998	5.683 df: 298	*0.000 S
2.	Working environment	27.72	7.245	32.74	7.362		
3.	Support from superior	10.68	3.423	14.16	3.090		
4.	In-service education	10.52	3.357	13.36	3.019		

* Significant (p < 0.05)

Table 4: Association of Level of Job Satisfaction of Government Nurses with Selected Demographic Variables.

N=150

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	F	%	f	%	f	%	f	%	
1.	Age in years a) 23-28years b) 29-34years c) 35-40years d) >40years	7 0 1 0	47 0 0.7 0	37 80 14 7	24.7 12 9.3 4.7	23 5 10 7	15.3 3.3 6.7 4.7	13 6 0 2	8.7 4.0 0 1.3	0 0 0 0	0 0 0 0	13.77 df=9 0.130
2.	Religion a) Hindu b) Muslim c) Christian d) Others	5 1 2 0	3.3 0.7 1.3 0	34 15 26 1	22.7 10 1.3 0.7	24 5 14 2	16 3.3 9.3 1.3	12 5 4 0	8 3.3 2.7 0	0 0 0 0	0 0 0 0	6.284 df=9 0.711
3.	Educational level a) G.N.M (N) b) B.Sc. (N) c) PB.B.Sc (N) d) M.Sc(N)and above	6 2 0 0	4 1.3 0 0	41 32 3 0	27.3 21.3 2 0	30 13 2 0	20 8.7 1.3 0	17 4 0 0	11.3 2.7 0 0	0 0 0 0	0 0 0 0	6.957 df=6 0.35
4.	Marital status a) Single b) Married c) Widow d) Divorced	5 3 0 0	3.3 2 0 0	24 50 0 2	16 33.3 0 1.3	27 17 1 0	18 11.3 0.7 0	18 3 0 0	12 2 0 0	0 0 0 0	0 0 0 0	* 27.07 df=9 0.001

Research Article

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
5.	Type of family											*22.452 df=9 0.008
	a) Nuclear	6	4	27	18	24	19	16	10.7	0	0	
	b) Joint	2	1.3	39	26	14	9.3	5	3.3	0	0	
	c) Extended	0	0	8	5.3	2	1.3	0	0	0	0	
	d) Broken	0	0	2	1.3	5	3.3	0	0	0	0	
6.	Designation											10.737 df=6 0.097
	a) Staff nurse	6	4	41	27.3	35	23.3	16	10.7	0	0	
	b) In charge nurse	1	0.7	24	16	9	6	4	2.7	0	0	
	c) Head nurse	1	0.7	11	7.3	1	0.7	1	0.7	0	0	
	d) Nursing supervisor	0	0	0	0	0	0	0	0	0	0	
	e) Assistant nursing superintendent	0	0	0	0	0	0	0	0	0	0	
	f) Deputy nursing superintendent	0	0	0	0	0	0	0	0	0	0	
	g) Nursing superintendent	0	0	0	0	0	0	0	0	0	0	

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
7.	Type of employment											*23.908 df=12 0.021
	Contract	3	2	15	10	15	10	13	8.7	0	0	
	Temporary	1	0.7	17	11.3	3	2	2	1.3	0	0	
	Permanent	4	2.7	43	28.7	3	28.7	6	4	0	0	
	Part time	0	0	1	0.7	1	0.7	0	0	0	0	
	Full time	0	0	0	0	0	0	0	0	0	0	
8.	Monthly Income (including assents) in rupees											6.272 df=12 0.902
	<8000	3	2	24	16	14	9.3	6	4	0	0	
	8001-12000	2	1.3	10	6.7	8	5.3	3	4	0	0	
	12001-16000	0	0	11	7.3	6	4	5	3.3	0	0	
	16001-20000	1	0.7	10	6.7	2	1.3	2	1.3	0	0	
	>20000	2	1.3	21	14	15	10	5	3.3	0	0	
9.	Experience											11.636 df=12 0.475
	<1 year	2	1.3	20	13.3	16	10.7	10	6.7	0	0	
	1-5 years	5	3.3	26	17.3	16	10.7	4	2.7	0	0	
	6-10 years	1	0.7	11	7.3	6	4	3	2	0	0	
	11-15 years	0	0	8	5.3	3	2	0	0	0	0	
	>15 years	0	0	11	7.3	4	2.7	4	2.7	0	0	
10.	Experience in present institution											*25.445 df=12 0.013
	<1 year	4	2.7	19	12.7	21	14	12	8	0	0	
	1-5 years	4	2.7	37	24.7	13	8.7	2	1.3	0	0	
	6-10 years	0	0	7	4.7	6	4	1	0.7	0	0	
	11-15 years	0	0	9	6	1	0.7	2	1.3	0	0	
	>15 years	0	0	4	2.7	4	2.7	4	2.7	0	0	

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ² and 'p' value
		f	%	f	%	f	%	f	%	f	%	
11.	Working shift Morning Evening Night On duty Off duty	4 4 0 0 0	2.7 2.7 0 0 0	38 35 2 1 0	25.3 23.3 1.3 0.7 0	14 28 2 1 0	9.3 18.7 1.3 0.7 0	6 15 0 0 0	4 10 0 0 0	0 0 0 0 0	0 0 0 0 0	8.065 df=9 0.528
12.	Gender of patient frequently work with Male Female Both	 0 8 0	 0 5.3 0	 27 49 0	 18 32.7 0	 8 37 0	 5.3 24.7 0	 2 19 0	 1.3 12.7 0	 0 0 0	 0 0 0	* 11.187 df=3 0.011

* Significant (p < 0.05)

Table 5: Association of Level of Job Satisfaction of Private Nurses with Selected Demographic Variables.
N=150

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ² and 'p' value
		f	%	f	%	F	%	f	%	f	%	
1.	Age in years a) 23-28years b) 29-34years c) 35-40years d) >40years	7 3 0 0	4.7 2 0 0	55 8 2 1	36.7 5.3 1.3 0.7	56 8 2 1	37.3 5.3 1.3 0.7	1 1 1 0	0.7 0.7 0.7 0	1 0 0 0	0.7 0 0 0	11.882 df=9 0.220
2.	Religion a) Hindu b) Muslim c) Christian d) others	3 0 7 0	2 0 4.7 0	23 3 41 3	15.3 2 27.3 2	29 2 33 3	19.3 1.3 22 2	1 1 1 0	0.7 0.7 0.7 0	0 0 0 0	0 0 0 0	10.015 df=9 0.349
3.	Educational level a) G.N.M (N) b) B.Sc. (N) c) PB.B.Sc (N) d) M.Sc(N)and above	5 5 0 0	3.3 3.3 0 0	31 29 2 8	20.7 19.3 1.3 5.3	22 37 2 6	14.7 24.7 1.3 4	1 1 0 1	0.7 0.7 0 0.7	0 0 0 0	0 0 0 0	6.204 df=9 0.719
4.	Marital status a) Single b) Married c) Widow d) Divorced	4 5 0 1	2.7 3.3 0 0.7	37 30 1 2	24.7 20 0.7 1.3	41 24 0 2	27.3 16 0 1.3	0 3 0 0	0 2 0 0	0 0 0 0	0 0 0 0	8.457 df=9 0.489
5.	Type of family a) Nuclear b) Joint c) Extended d) Broken	5 4 0 1	3.3 2.7 0 0.7	26 31 11 2	17.3 20.7 7.3 1.3	36 20 8 3	24 13.3 5.3 2	1 2 0 0	0.7 1.3 0 0	0 0 0 0	0 0 0 0	10.292 df=9 0.327

Research Article

Sl.No	Designation	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
6.	a) Staff nurse	7	4.7	54	36	50	33.3	1	0.7	0	0	
	b) In charge nurse	2	1.3	7	4.7	11	7.3	1	0.7	0	0	
	c) Head nurse	0	0	3	2	0	0	0	0	0	0	19.469 df=18 0.363
	d) Nursing supervisor	1	0.7	1	0.7	6	4	1	0.7	0	0	
	e) Assistant nursing superintendent	0	0	3	2	0	0	0	0	0	0	
	f) Deputy nursing superintendent	0	0	1	0.7	0	0	0	0	0	0	
	Nursing superintendent	0	0	1	0.7	0	0	0	0	0	0	

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	F	%	f	%	f	%	
7	**Type of employment**											
	Contract	2	1.3	4	2.7	5	3.3	0	0	0	0	*
	Temporary	4	2.7	49	32.7	45	30	1	0.7	0	0	25.110
	Permanent	3	2	10	6.7	6	4	0	0	0	0	df=12
	Part time	1	0.7	4	2.7	1	0.7	0	0	0	0	0.014
	Full time	0	0	3	2	10	6.7	2	1.3	0	0	
8	**Monthly Income (including assents) in rupees**											
	<8000	4	2.7	24	16	26	17.3	1	0.7	0	0	
	8001-12000	2	3.3	29	19.3	25	16.7	0	0	0	0	8.381
	12001-16000	1	0.7	12	8	11	7.3	1	0.7	0	0	df=12
	16001-20000	0	0	4	2.7	3	2	1	0.7	0	0	0.755
	>20000	0	0	1	0.7	2	1.3	0	0	0	0	
9	...ence											
	<1 year	2	1.3	26	17.3	29	19.3	0	0	0	0	*
	1-5 years	5	3.3	27	18.0	33	22	2	1.3	0	0	25.941
	6-10 years	2	1.3	14	9.3	3	2	1	0.7	0	0	df=12
	11-15 years	0	0	3	2	2	1.3	0	0	0	0	0.011
	>15 years	1	0.7	0	0	0	0	0	0	0	0	
10	**Experience in present institution**											
	<1 year	2	1.3	13	8.7	20	13.3	1	0.7	0	0	
	1-5 years	5	3.3	37	24.7	37	24.7	1	0.7	0	0	9.724
	6-10 years	3	2	15	10	10	6.7	1	0.7	0	0	df=12
	11-15 years	0	0	3	2	0	0	0	0	0	0	0.640
	>15 years	0	0	2	1.3	0	0	0	0	0	0	
11	...g shift											
	Morning	3	2	34	22.7	30	20	0	0	0	0	*
	Evening	4	2.7	20	13.3	26	17.3	0	0	0	0	30.938
	Night	0	0	3	2	2	1.3	0	0	0	0	df=12
	On duty	2	1.3	13	8.7	9	6	3	2	0	0	0.002
	Off duty	1	0.7	0	0	0	0	0	0	0	0	

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| 12 | Gender of the patient frequently worked with Male Female Both | 3 7 0 | 2 4.7 0 | 23 46 1 | 15.7 30.7 0.7 | 27 39 1 | 18 26 0.7 | 2 1 0 | 1.3 0.7 0 | 0 0 0 | 0 0 0 | 2.378 df=9 0.882 |

Significant (p < 0.05)

Table 6: Percentage distribution of Nurses by Life Satisfaction.

N=150+150

Sl. No	Level of life satisfaction	Working Sectors			
		Government		Private	
		Frequency	Percentage	Frequency	Percentage
1.	very much satisfied	9	6	40	26.67
2.	Satisfied	41	27.33	83	55.33
3.	Neither	86	57.33	24	16
4.	Dissatisfied	14	9.3	3	2
5.	Very much Dissatisfied	0	0	0	0

Table 7: Mean, SD, 't' value of Life Satisfaction of the respondent Nurses.

N=150+150

Sl. No	Working sector	Mean	Standard Deviation	't' value	'P' value
1	Government	56.8	12.65	0.19 df=298	0.86 NS
2	Private	71.14	12.773		

NS: Not Significant (p > 0.05)

Table 8: Association of Level of Life Satisfaction of Government Nurses with Selected Demographic Variables.

N =150

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis-satisfied		Very much dis-satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
1.	Age in years a) 23-28years b) 29-34years c) 35-40years d) >40years	6 2 1 0	4 6 9 5	21 6 9 5	14 4 6 3.3	46 18 4 8	30.7 12 9.6 5.3	7 3 1 3	4.7 2 0.7 2	0 0 0 0	0 0 0 0	5.360 df: 9 P: 0.802
2.	Religion a) Hindu b) Muslim c) Christian d) Others	4 1 4 0	2.7 0.7 2.7 0	21 9 11 0	14 06 7.3 0	42 14 27 03	28 9.3 18 02	8 2 4 0	5.3 1.3 2.7 0	0 0 0 0	0 0 0 0	4.091 df: 9 P: 0.905
3.	ducational level a) G.N.M (N) b) B.Sc. (N) c) PB.B.Sc (N) M.Sc(N)and above	7 2 0 0	4.7 1.3 0 0	21 18 02 0	14 12 1.3 0	56 27 3 0	37.3 27 2 0	10 4 0 0	6.7 2.7 0 0	0 0 0 0	0 0 0 0	4.348 df: 6 P: o.630

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Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
4.	Marital status a) Single b) Married c) Widow d) Divorced	5 4 0 0	3.3 2.7 0 0	13 28 0 0	8.7 18.7 0 0	46 37 1 2	30.7 24.7 0.7 1.3	10 4 0 0	6.7 2.7 0 0	0 0 0 0	0 0 0 0	11.574 df: 9 P: 0.238
5.	Type of family a) Nuclear b) Joint c) Extended d) Broken	3 6 0 0	2 4 0 0	18 21 2 0	12 14 1.3 0	46 27 6 7	30.7 18 4 4.7	6 6 2 0	4 4 1.3 0	0 0 0 0	0 0 0 0	12.882 df: 9 P: 0.168
6.	Designation a) Staff nurse b) In charge nurse c) Head nurse d) Nursing supervisor e) Assistant nursing superintendent f) Deputy nursing superintendent g) Nursing superintendent	2 3 4 0 0 0 0	1.3 2 2.7 0 0 0 0	26 11 4 0 0 0 0	17.3 7.3 2.7 0 0 0 0	62 19 5 0 0 0 0	41.3 12.7 3.3 0 0 0 0	8 5 1 0 0 0 0	5.3 3.3 0.7 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	★ 17.653 df:6 p: 0.007

Sl.No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ^2 and 'p' value
		f	%	f	%	f	%	f	%	f	%	
7.	Type of employment a) Contract b) Temporary c) Permanent d) Part time e) Full time	1 1 7 0 0	0.7 0.7 4.7 0 0	10 3 28 0 0	6.7 2 28 0 0	30 15 36 4 1	20 10 24 2.7 0.7	5 4 5 0 0	3.3 2.7 3.3 0 0	0 0 0 0 0	0 0 0 0 0	15.411 df: 12 P: 0.220
8.	Monthly Income including assents a) <8000 b) 8001-12000 c) 12001-16000 d) 16001-20000 e) >20000	1 1 0 2 5	0.7 0.7 0 1.3 3.3	10 5 7 6 13	6.7 3.3 4.7 4 8.7	30 14 13 7 12	20 9.3 8.7 4.7 14.7	6 3 2 0 3	4 2 1.3 0 2	0 0 0 0 0	0 0 0 0 0	11.863 df:12 p: 0.457
9.	Experience a) <1 year b) 1-5 years c) 6-10 years d) 11-15 years e) >15 years	2 2 5 0 0	1.3 1.3 3.3 0 0	7 18 5 4 7	4.7 12 3.3 2.7 4.7	32 28 10 5 11	21.3 18.7 6.7 3.3 7.3	7 3 1 2 1	4.7 2 0.7 1.3 0.7	0 0 0 0 0	0 0 0 0 0	★ 23.824 df: 12 p: 0.021

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Sl. No	Demographic variables	f	%	f	%	f	%	f	%	f	%	χ² and 'p' value
10.	**Experience in present institution** a) <1 year b) 1-5 years c) 6-10 years d) 11-15 years e) >15 years	5 3 1 0 0	3.3 2 0.7 0 0	9 20 4 5 3	6 13.3 2.7 3.3 2	34 31 8 5 8	22.7 20.7 5.3 3.3 5.3	8 2 1 2 1	5.3 1.3 0.7 1.3 0.7	0 0 0 0 0	0 0 0 0 0	12.367 df: 12 p: 0.417
11.	**Working shift** a) Morning b) Evening c) Night d) On duty e) Off duty	4 5 0 0 0	2.7 3.3 0 0 0	16 22 1 2 0	10.7 14.7 0.7 1.3 0	39 44 3 0 0	26 29.3 2 0 0	3 11 0 0 0	2 7.3 0 0 0	0 0 0 0 0	0 0 0 0 0	9.573 df: 9 p: 0.386
12.	**Gender of the patient frequently work with** a) Male b) Female c) Both	0 9 0	0 6 0	9 32 0	6 21 0	26 60 0	17.3 40 0	2 12 0	1.3 8 0	0 0 0	0 0 0	5.335 df: 3 p: 0.148

* Significant (p < 0.05)

Table 9: Association of Level of Life Satisfaction with Selected Demographic Variables of Private Nurses.

N=150

Sl. No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ² and 'p' value
		f	%	f	%	f	%	f	%	f	%	
1.	**Age in years** a) 23-28 years b) 29-34years c) 35-40years d) >40years	34 5 1 0	22.7 3.3 0.7 0	67 12 4 0	4.7 8 2.7 0	17 7 0 0	11.3 4.7 0 0	1 0 1 1	0.7 0 0.7 0.7	0 0 0 0	0 0 0 0	★ 61.488 df: 9 p: 0.00
2.	**Religion** a) Hindu b) Muslim c) Christian d) Others	18 0 22 0	12 O 14.7 0	29 5 46 3	19.3 3.3 30.7 2	8 1 13 2	5.3 0.7 8.7 1.3	1 0 1 1	0.7 0 0.7 0.7	0 0 0 0	0 0 0 0	12.917 Df:12 P: 0.166
3.	**Educational level** a) G.N.M (N) b) B.Sc. (N) c) PB.B.Sc (N) d) M.Sc(N)and above	19 19 1 1	12.7 12.7 0.7 0.7	27 47 2 7	18 31.3 1.3 4.7	11 6 1 6	7.3 4 0.7 4	2 0 0 1	1.3 0 0 0.7	0 0 0 0	0 0 0 0	★ 17.651 df: 9 p:0.039
4.	**Marital status** a) Single b) Married c) Widow d) Divorced	25 14 0 1	16.7 9.3 0 0.7	47 35 1 0	31.3 23.3 0.7 0	9 11 0 4	6 7.3 0 2.7	1 2 0 0	0.7 1.3 0 0	0 0 0 0	0 0 0 0	★ 20.364 df:12 P: 0.021
5.	**Type of family** a) Nuclear b) Joint c) Extended d) Broken	17 17 5 1	11.3 11.3 3.3 0.7	41 29 10 3	27.3 19.3 6.7 2	10 9 4 1	6.7 6 2.7 0.7	0 2 0 1	0 1.3 0 0.7	0 0 0 0	0 0 0 0	10.292 df:9 p: 0.327

Research Article

Sl. No	Demographic variables	Very much satisfied		Satisfied		Neither		Dis satisfied		Very much dis satisfied		χ² and 'p' value
		f	%	f	%	f	%	f	%	f	%	
6.	**Designation** a) Staff nurse b) In charge nurse c) Head nurse d) Nursing supervisor e) Assistant nursing superintendent f) Deputy nursing superintendent g) Nursing superintendent	29 7 0 4 0 0 0	19.3 4.7 0 2.7 0 0 0	63 11 3 2 2 1 1	42 7.3 2 1.3 1.3 0.7 0.7	19 2 0 2 1 0 0	12.7 1.3 0 1.3 0.7 0 0	1 1 0 1 0 0 0	0.7 0.7 0 0.7 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	14.861 df: 18 0.672
7.	**Type of employment** a) Contract b) Temporary c) Permanent d) Part time e) Full time	1 26 6 3 4	0.7 17.3 4 2 3.7	8 54 9 39 9	5.3 36 6 2 6	2 17 3 0 2	1.3 11.3 0.7 0 0	0 2 1 0 0	0 13 0.7 0 0	0 0 0 0 0	0 0 0 0 0	6.394 df: 12 p: 0.895
8.	**Monthly Income (including assents) in rupees** a) <8000 b) 8001-12000 c) 12001-16000 d) 16001-20000 e) >20000	19 15 5 1 0	12.7 10 3.3 0.7 0	27 34 15 4 3	18 22.7 10 2.7 2	8 10 4 2 0`	5.3 6.7 2.7 1.3 0	1 0 1 1 0	0.7 0 0.7 0.7 0.7	0 0 0 0 0	0 0 0 0 0	11.948 df:12 P: 0.450
9.	**Experience** a) <1 year b) 1-5 years c) 6-10 years d) 11-15 years e) >15 years	9 20 10 0 1	6 13.3 6.7 0 0.7	22 44 13 3 1	14.7 29.3 8.7 2 0.7	5 14 5 0 0	3.3 9.3 3.3 0 0	0 2 1 0 0	0 1.3 0.7 0 0	0 0 0 0 0	0 0 0 0 0	6.148 df: 12 p: 0.908
10.	**Experience in present institution** a) <1 year b) 1-5 years c) 6-10 years d) 11-15 years e) >15 years	15 18 0 5 0	10 12 4.1 0 0	35 33 9 5 1	23.3 22 6 3.3 0.7	7 14 3 0 0	4.7 9.3 2 0 0	0 2 1 0 0	0 1.3 0.7 0 0	0 0 0 0 0	0 0 0 0 0	10.455 df:12 p: 0.576
11.	**Working shift** a) Morning b) Evening c) Night d) On duty e) Off duty	17 18 0 5 0	11.3 12 0 3.3 0	38 16 2 16 1	25.3 17.3 1.3 10.7 0.7	11 6 2 5 0	7.3 4 1.3 3.3 0	1 0 1 1 0	0.7 0 0.7 0.7 0	0 0 0 0 0	0 0 0 0 0	16.892 df:12 P: 0.154
12.	**Gender of the patient frequently work with** a) Male b) Female	 15 24	 10 16	 31 51	 20.6 34	 8 16	 5.3 10.7	 1 2	 0.7 1.3	 0 0	 0 0	1.003 df:9 p: 0.985

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| | c) Both | 1 | 0.7 | 1 | 0.7 | 0 | 0 | 0 | 0 | 0 | 0 | |

* Significant (p < 0.05)

Table 10: The Mean, Standard Deviation and 'F' value of Psycho Social Variables.

N=150+150

Sl.No	Variables	Working sector	Mean	Standard deviation	'F' value and 'p' value
1.	Nurses View on Public Perception on Image of nursing	Government	141.46	28.06	Government Nurses F=35.169 df=3 P=0.000*
		Private	140.41	33.41	
2.	Workplace violence	Government	4.82	4.79	
		Private	3.84	6.1	
3.	Job satisfaction	Government	74.67	21.93	Private Nurses F=32.151 df=3 P=0.000*
		Private	87.31	16.14	
4.	Life satisfaction	Government	56.8	12.65	
		Private	71.14	12.77	

* Significant (p < 0.05)

Fig 1: Percentage distribution of Nurses by level of Job Satisfaction.
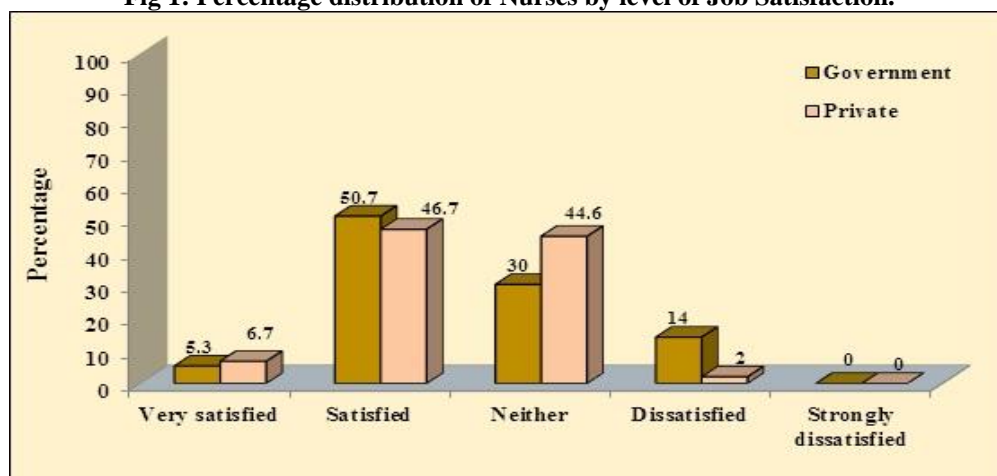
Fig 2: Percentage distribution of Government Nurses by level of Job Satisfaction according to subscales.

Research Article
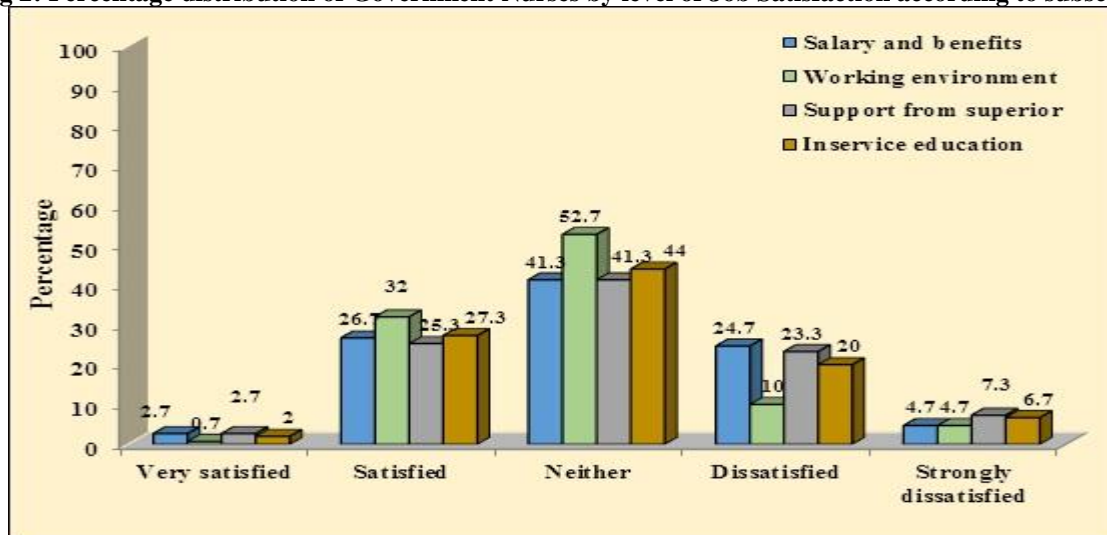
Fig 3: Percentage distribution of Private Nurses by level of Job Satisfaction according to subscales.
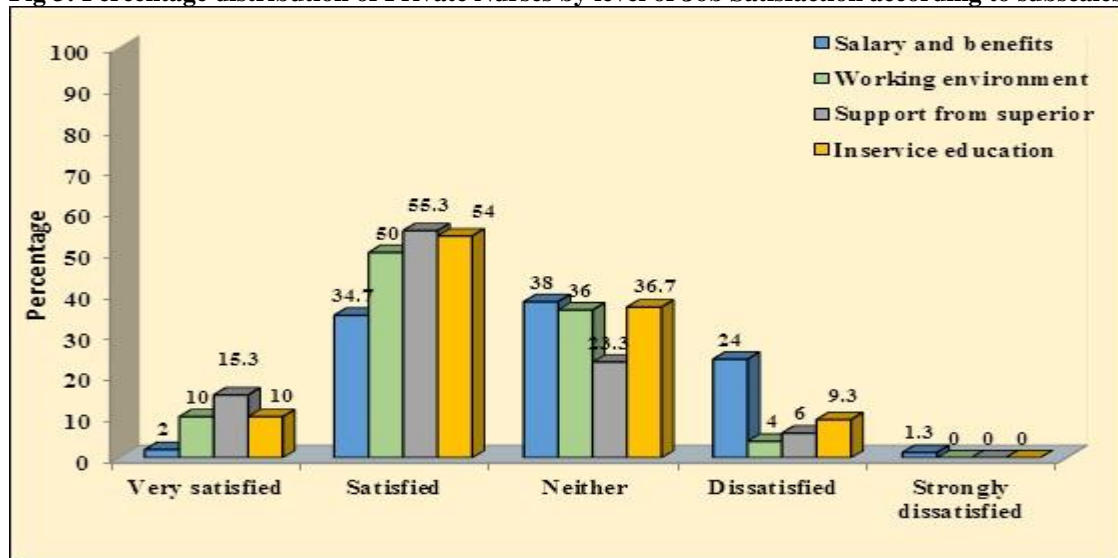
Fig 4: Percentage distribution of Nurses by Life Satisfaction.
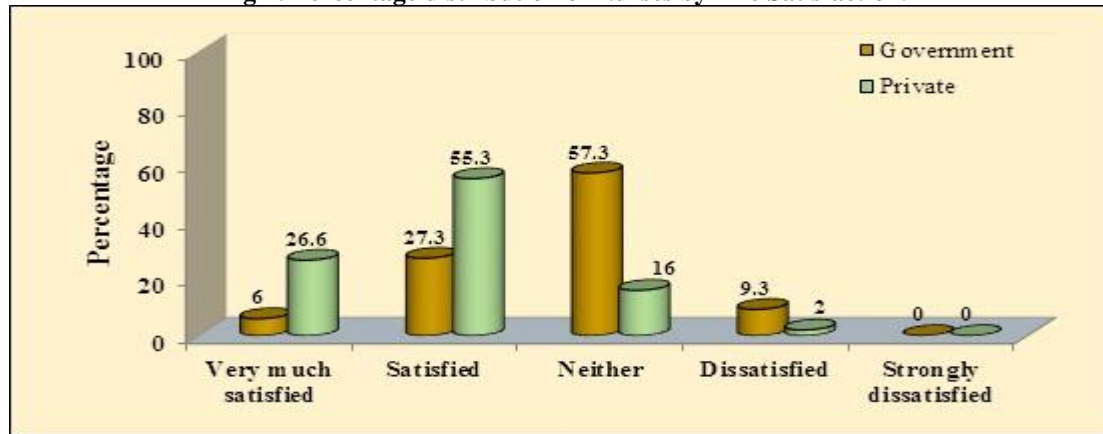
DISCUSSION:

The studies mainly focus on the life satisfaction among Government and private nurses. The study is giving importance to nurses who play a vital role in health care. Life of the nurses is more affected by their work quality as well as by dynamic changes is work environment. Dissatisfaction on life and poor life satisfaction (accomplishment) can adversely affect quality care of a nurse. So in current study levels of life satisfaction and association of life satisfaction with demographic variables were assessed among Government and private nurses. The over all levels of life satisfaction of nurses were 86(57.33%) of Government nurses were neither satisfied nor dissatisfied about their life. And 83(55.33%) of private nurses were satisfied with their life. But no Government and private sector nurses were very much dissatisfied about their life.

In extension to current study results Nastaran Mirfarhadi et.al, (2013) study on Iranian nurses results revealed that 81.9% of nursing staff reported being satisfied and only 18.1% being dissatisfied. As a support in current study also 83(55.33%) of private nurses and 41(27.33%) of Government nurses were satisfied followed by 14(9.3%) of Government and 3(2%) of private sector nurses were dissatisfied. But in current study results, satisfaction rates are high in private nurses whereas dissatisfaction results high in Government nurses.

In contrary to current study results Wan Edura Wan Rashid (2014) study on social support is directly influenced and has significant effect on life satisfaction out comes such as on wellbeing, family and job this study supported by the study conducted by Kirchmeyer S.L. (1987). These two studies supports the present study findings that marital status among private nurses showed significant association with level of life satisfaction $\chi^2 = 20.364$ with degree of freedom 12 was statistically significant at p=0.021. Where contrary to present study

finding that marital status among Government nurses not showed significant association with level of life satisfaction $\chi^2 = 11.574$ with degree of freedom 9 was not statistically significant at p=0.238.

In support to present study result study on a model of burnout and life satisfaction amongst nurses results revealed that age was significantly negatively related to life satisfaction. As a support in current study, age in years were significantly associated with level of life satisfaction $\chi^2 = 61.488$ with degree of freedom 9 was statistically significant at p=0.000 in private nurses where as age was not associated with level of life satisfaction in Government nurses.

In addition to present study results **Mary Ann Nencek (2007)** study revealed that nurses with master degree were more self-nurturing than nurses without a Baccalaureate degree self nurturing positively influence the life satisfaction. 29% variance were observed in nurses life satisfaction. As a support, in current study education level of private nurses also had significant association with level of life satisfaction $\chi^{2=}$ 17.651 with degree of freedom 9 was statistically significant at P=0.039. As contrary, in current study education level of Government nurses had no significant association with level of life satisfaction $\chi^2 =4.348$ with degree of freedom 6 was statistically not significant at P=0.630.

In addition to present study results **Deneroutie. (2000)** study revealed that married nurses might be potential determinants for their life satisfaction, but for single nurses high work load can adversely affect their life satisfaction. This study supports the results private nurses. Because marital status in private nurse had association with level of life satisfaction. Where as it is contrary to the results of Government nurses because marital states in Government nurses had no association with level of life satisfaction.

In support to current study results Lee.H, Hwanys (2004)study said who experienced higher personal accomplishment and lower emotional exhaustion and who were satisfied with their professional states had good life satisfaction. This study supports the current study by a significant association between level of satisfaction and designation of Government nurses $\chi^2 = 17.653$ with degree of freedom 6 was statistically significant at P=0.007. Same study contrary to present study because here designation in private nurses had no association with level of life satisfaction.

Occupational prestige may increase by years of experience. France Garretto (2000)reported that level of life satisfaction have also been shown to be invariant across occupations and occupational prestige. In present study experience had association with level of life satisfaction among Government nurses at P=. Where as in private nurses no association was found between experience and level of life satisfaction at P=0.908. In contrary to present study results Vagharseyyed in (2011) study revealed that nurses with higher salary had higher level of significance and also another study Lephalala RP (2008) said levels of nurses satisfaction was strongly depend on the clarification of salary issues. As a contrary in current study income had no signification association with levels of life satisfaction among both Government and private sector nurses. In addition to Lee.H, H Wangs (2004)study results were nurses did not work at night reported higher life satisfaction. As contrary study, in present study working shift had no association with level of life satisfaction among both Government and private nurses. In contrary to present study Rasoul Tabari (2013) study revealed that satisfaction rate was higher in men 95.7% compared with women 80.8% where as in current study gender had no association with level of life satisfaction in both Government and private nurses.

CONCLUSION:

The majority of member states of WHO reported the difficulties faced by nurses, challenges in front of them. This factor may show greater impact on the quality of care that they provide. The idle nature of nurses will reduce the productivity and it decreases their contribution for organizational growth intern effect the patient health. Many research studies indicated that nurses are suffering from low pay, high work stress still, none of the employers look forward for the life satisfaction of nurses. The staff who have life satisfaction will concentrate on achieving goals than the passively doing monotonous work. Research also says that Job Satisfaction and Life Satisfaction are interrelated. Among all the health care personnel the nurse's work directly affects the quality of outcome of the patient. So managers must have appropriate policies to promote quality of work life among nurses. This study reveals monotonous, idle nature towards life among Government nurses shows less quality of work which inturn effect the clients. These results give the empirical support regarding the life satisfaction which inturn useful to improve life satisfaction among nurses.

REFERENCES
1. Pellissier, G., Migueres, B. & Tarantola, A. (2006) Risk of needle stick injuries by injection pens. Journal on hospital infections, 63, 60-64.
2. Badley, EM., Rasooly, I & Webster, GK. (1994) Relative Importance of Musculoskeletal Problems as a Cause of Chronic Health Problems and Disability. Journal of Rheumatology, 21(3), 505-514.

3. Burdorf, A & Sorack, G. (1997) Positive and Negative Evidence of Risk Factors for Back Disorders. Scandinavian Journal of Work, Environment and Health, 23 (4), 243-256.

4. Hoeve, Y T., Jansen, G., & Roodbol, P. (2013) The nursing profession: public image, self concept and professional identity. Journal of Advanced Nursing, 70 (2), 295-309.

5. Alexopoulos, E.C., Burdorf, A & Kalokerinou, A. (2003) Risk Factors for Musculoskeletal Problems among Nursing Personnel in Greek Hospital. Journal of International Archives of Occupational and Environmental Health, 76 (4), 289-294.

6. Janssen, PP., Jonge, JD & Bakker, AB. (1999) Specific determinants of intrinsic work motivation, burnout and turnover intentions. Journal of Advanced Nursing, 29, 1360-1369.

7. Pai HC., Lees. (2011) Identify the risk factors for work place violence in Taiwan. Journal of clinical nursing, 20 (9-10), 1405- 1412.

8. Anurag, B. Patidar., Jasbir, Kaur., Suresh, K. Sharma. & Neeraja, Sharma. (2011) Future Nurses' Perception towards profession and carrier plans. Journal of nursing and Midwifery research, 7 (4), 178 – 185.

9. Natalia da rosa fonseca, Rita de Cassia Pereira fernanades. (2010) factors related to   musculoskeletal disorders in Nursing workers. Journal of Rev.Latino-Am. Enfermagem, 18(6), 1076-1083.

10. Keith, A.B. & Coburn, A.F. (1998) Satisfaction with practice in rural State perception of NP and NMW, Journal of the American Academy of Nurse Practitioners, 10 (1), 9-17.

11. Barbara, Kozier. (2002). Text book of fundamentals of nursing. London: Addision Wesley publications.

12. Spector, PE., Zhou, ZE. (2013) Exposure to physical and non physical violence, bullying and sexual harassment. International Journal of Nursing students, 51(1), 72-84.

13. Ando, S., Ono, Y., Shimaoka, M., Hiruta, S., Hattori, Y., Hori, F. & Takeuchi, Y. (2000) Associations of Self estimated workloads with Musculoskeletal Symptoms among Hospital Nurses. Journal of Occupational Environmental Medicine, 57, 211-216.

14. Gerberich.,S.(2004) An epidemiological study of the magnitude and consequences of work related violence. The minnisota nurses study. Occupational and environmental medicine, 61, 495-503.

15. Lee, H., Song, R., Cho, Y.S., Lee, G.Z. & Daly, B. (2003) A Comprehensive model for predicting burnout in Korean nurses. Journal of Advanced Nursing 44 (5), 534–545.

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