

Socio-psychological Health Hazards Exposed to Female Nurses and Job Satisfaction: A Case Study on the Selected Public Hospitals in Dhaka City

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Abstract: This study looked into the extent of socio psychological health hazards exposed to the female nurses in their workplace. To be specific it assessed job satisfaction of female nurses in the public hospital of Dhaka city in relation to socio psychological health hazards. With a view to having an insight on this issue, the study also takes into Kanter's notion (1977) into account implying that workplace behaviors and attitudes are determined by social structures in the workplace. 138 surveys were administered to female nurses as per sampling framework and systematic random sampling procedure visiting their hospital in the three public hospital of Dhaka city in 2011. Results show that among the social hazards exposed to nurses, it is found that, victim of sexual harassment, disturbance in family relationships, social isolation and disturbance in social relations are 66%, 48.6%, 24.6%, and 43% respectively. Among the psychological hazards exposed to the nurses, it is found that, willing to give everything up, crying for no apparent reason, bitterness, and loss of self control are 48.5%, 34.5%, 48.4%, and 46% respectively. Findings also suggest that the most of the respondents of this study (67%) are not satisfied with the hospital administration system and a significant number of the respondents of this study (68%) want to change their profession. It is also noted in this study that a significant number of the respondents (33%) want to change their profession due to the job related health hazards. Based on the bi variate analysis, this study suggests that among the 13 components of socio psychological hazards exposed to the nurses, 7 components are significantly associated with the job satisfaction.

1.0 Introduction

Job satisfaction is a complex socio-psychological construct. Health care providers' job satisfaction is a crucial variable among the hints of quality of health care (Shah, et. al. 2004). It is also an important component of

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nurses' lives that can impact on patient safety, productivity and performance, quality of care, retention and turnover, commitment to the organization and the profession.

Moreover, the shortage of nurses nationwide and locally has been well documented and extended to the long term care industry (Fletcher, 2001; Mark, 2002). Employees' job satisfaction and their commitment have always been important issues for health care administrators. A number of studies have reported that employees who are satisfied in their job tend to stay longer in the job (Hinshaw, et. al. 1987; Taunton, et. al. 1989; Tett and Meyer, 1993). Research also shows that employees who experience job satisfaction are more likely to be productive (Cohen and Josefowitz, 1980; Likert and Katz, 1979). Satisfied employees tend to be more productive, creative, and committed to their employers, and recent studies have shown a direct correlation between staff satisfaction and patient satisfaction in health care organizations (Al-Aameri, 2000). Job dissatisfaction, on the contrary, leads to absenteeism, tardiness, grievances and increased turnover and therefore results in higher employment costs (Hinshaw, et. al. 1987; Tett and Meyer, 1993; Lucas, et. al. 1993; Porter and Steers, 1973; Seashore and Tabar, 1995; Weisman, et. al. 1981; Price and Mueller, 1981; Prestholdt, et. al. 1988; Shah, et. al. 2004). The traditional model of job satisfaction focuses on all the feelings that an individual has about his/her job (Lu, While, & Barriball, 2005). However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but also on the expectations that individuals have of what their job should provide (Spector, 1997). Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses, lowering patient care quality, and causing nurses to leave the profession. High nurse turnover and vacancy rates are affecting access to health care (Best & Thurston, 2004). Continuously hiring new employees is costly, and frequent staff turnover affects employees' morale and impairs patient care (Sofie, Belzar, & Young, 2003).

According to Borda and Norman (1997) and Lu, While, and Barriball (2005), the retention and recruitment of nurses have shown that low wages and poor job satisfaction are the primary reasons why nurses leave their positions. Their dissatisfaction is often attributed to heavy workloads, leadership styles, motivation, inadequate training, and lack of respect (Lu, While, & Barriball 2005). Professional nursing is a significant component of quality health care and nurses are vital to the

National Health Services System of a nation. They make a real difference to people's lives as far as health care is concerned. Yet the nursing profession is facing a crisis today all over the world. There are positions lying vacant due to non availability of qualified nurses (Gardner and Johnson, 2001). The steady stream of brain drain to the developed world makes the situation still worse in developing countries. From the days of mere caretakers, the nurses have emerged in the role of an envoy between a physician and a patient. Many a times they fulfill a large number of functions of a physician. But unfortunately, we, in Bangladesh, do not have many good qualified nurses for quality health care. The nursing services are vital for attaining health and development. They form the backbone of health care. Health care in Bangladesh is in a sad state, with insufficient doctors and nurses being available to serve its people. Moreover, due to the demand of skilled nurses to give life to the health sector in Bangladesh as well as over the world, nurses are getting dissatisfaction toward their profession; they are, hence, tending to leave their profession.

There is mounting evidence that health workers, especially nurses who are large portion by number among the health professionals (Foley, 2004), are subject to a variety of health hazards (Shimizu, et. al.2010). Nurses often work in settings in which they may be exposed to wide array of psychosocial, chemical, biological and physical hazards. Moreover, nursing personnel have one of the highest job related injury rates of any occupations (Foley, 2004). Recognizing this hazard as workplace violence, scholars also expressed their concerned that workplace violence is one of the most complexes and dangerous occupational hazards facing nurses working in today's health care environment (Mcphaul and Lipscomb, 2004). There by, the scholars have born out the notion that threats to nurses safety are an important public health concern (Shimizu, et. al. 2010). In addition, the nursing team is almost permanently faced with human suffering and death and thus must deal with ambiguous feelings, not only with regard to patients, but family members as well. This requires workers to remain level-headed, and to use strategies to deal with the psychological burdens produced by the working conditions to offset tensions that may cumulatively affect their health, potentially leading to pathogens (Shimizu, et. al. 2010). Notwithstanding the essential nature of the work carried out by nurses and nursing technicians in critical environments, various social and historical aspects are also involved, such as insufficient social recognition, as illustrated by the

undervalued and invisible nature of this position in relation to other healthcare professionals, including by those seeking assistance. Given the above, and based on the psychodynamics labor theory, it is assumed that work in the workplace of nurses causes various types of fatigue, which may reduce satisfaction (pleasure), and effective material and social recognition, leading to dissatisfaction (suffering), exploitation, illness, and even death.

Thus, it is extremely important to determine those factors that contribute to fatigue, in order to propose transformations needed to mitigate the effects of work processes in an organization. Disruptive behaviors toward nurses by the co-worker regardless of hierarchy are often overlooked as the psychosocial hazards. There is a plethora of literatures that disruptive behaviors among health care workers like nurses threaten the safety and well being of both patients and staffs. "Although disruptive behaviors have long been a concern among health care workers; they have often gone unchecked, or even often worse accepted as part of the system (Longo, 2010)". It is interesting that instead of addressing these behaviors, organizations silently supported and reinforced them. The nature of behaviors mentioned above produce the psychosocial hazards as well disorders in nurses because disruptive behaviors include overt and covert actions that are displayed by any healthcare worker and that threaten the performance of the healthcare team (TJC, 2008 ; Longo, 2010). The most frequently reported type of behaviors includes emotional-verbal abuse (Anderson, 2002; Anderson & Parish, 2003; Hader, 2008; Hesketh, et. al. 2003 ; Longo, 2010:). For nurses this verbal abuse is frequently reported as coming from other nurses (Hegney, Plank, & Parker, 2003; Hesketh, et. al. 2003; Rowe & Sherlock, 2005; Longo, 2010:). Examples of these behaviors include using threatening or abusive language; making demeaning or degrading comments; humiliating someone in front of others, including staff and patients; rolling eyes in disgust; sending nasty emails; refusing to mentor; refusing to help others; ignoring attempts at conversations; throwing items; physically assaulting team members; and intimidating others (Capitulo, 2009; Hader, 2008; North Carolina Physicians Health Program, 2009; Porto & Lauve, 2006; Rocker, 2008 ; Longo, 2010). Thus when the nurses are exposed to disruptive behaviors can experience stress, frustration, and physical and psychological disorders.

The impact of disruptive behaviors threatens not only patient safety, but also the well being of healthcare workers and their ability to perform

competently in their job (O'Connor, 2007 ; Longo, 2010). Yildirim and Yildirim (2007; Longo, 2010) have noted physical symptoms that can result from being a victim of disruptive behaviors include tiredness, headaches, gastro-intestinal complaints, and feelings of sadness. A study conducted in Brazil (Shimizu et. al. 2010), by comparing with other biological, physical and chemical hazards, reported that psychological hazards were satisfactory with regard to negative feelings (loss of self-confidence, loss of self-control, feeling of emptiness, bitterness, feeling of defeat, crying for no apparent reason, willingness to give everything up, long-lasting feeling of despair, and negative image of oneself). Thus they reported that the level of psychological and social hazards is tolerable comparing other hazards. Albeit it is tolerable as per their result, these hazards are silent killer, sometimes more dangerous than any other hazard because there are very implicit, latent and dormant related to much more unpredictable human behavior, since taking policy to minimize or mitigate this hazards is very difficult. Several literatures express that 'Family life-work conflict' is a paramount social hazard that is highly prevalent in the nursing profession (Friendly and Ross, 2008). These studies shows that when work interferes family life or vice versa, there are conflict and dilemma in family and social life. This is great source of social psychosocial health related hazards that have profound impact on the private and public life of nurses.

An unsafe, irrespective of physical, biological or psychosocial hazards, work environment leads to compromises in patient care, for example, organizations incur costs from lawsuits and claims increased absenteeism and turnover as well as poor productivity. Taking this advantage the less qualified females are entering to this profession. As these new nurses are being considered as the less qualified directly affect the total health care sector of our country. So the study relating to nurses' job satisfaction should get priority for the sake of its own merit. But very few studies have been conducted to explore the issues of the nurses' job dissatisfaction. Of course, most of the previous studies emphasized on quantifying the structural issues regarding the nurses' job satisfaction. The biological, physical and chemical related health hazards exposed to nurse are frequently well documented internationally in many studies. Unfortunately, Socio-psychological constructs of job satisfaction, psychological, social hazards in the work place and other cultural and contingent factors relating to job of nurses have always been overlooked. As mentioned above, the unexplored reasons of nurses' job dissatisfaction are crucial to prevent health sector, thus it would be rational to explore it.

2.0 Objectives of the Study

The overall objective of the proposed study was to provide data, which would allow for designing strategies to help having a sound environment for nurses in their workplace, investigating the nature of socio psychological health hazards and the extent of satisfactions toward their profession in Bangladesh. Heath hazards (social and psychological) are operationalized as the health related hazards or risks resulting from the situations faced (by or exposed to female nurses) in works settings (hospital), Specific objectives were:

1. To explore the pattern of socio psychological health hazards in the nursing profession.
2. To find out the extent to which nurses in public hospitals are satisfied with their job.
3. To assess the relationship between the socio psychological hazards and job satisfaction.

With a view to examining the relationship between socio psychological hazards and job satisfaction, this study tests the hypothesis: 'The more extent of victim of socio psychological hazards, the greater extent of job dissatisfaction in the nursing profession'.

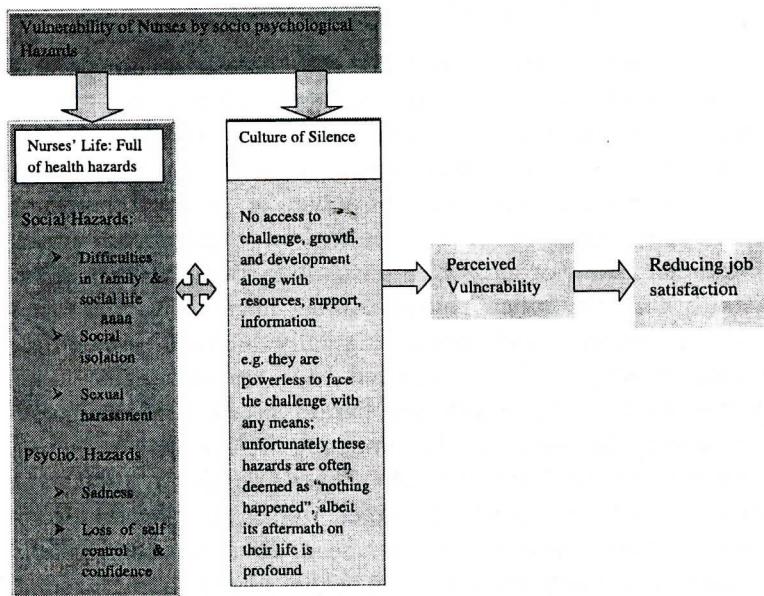
3.0 Socio psychological Health Hazards derived from Work place Social Structure and Job Satisfaction: Kanter's theoretical framework

According to Kanter (1977), workplace behaviors and attitudes are determined by social structures in the workplace, not personal predispositions. She claims that workers are empowered when they perceive that their work environments provide opportunity for growth and access to power needed to carry out job demands. When these conditions are lacking, employees feel powerlessness and vulnerability too as well. This threatens organizational productivity since powerless individuals are more susceptible to burnout and reduced job satisfaction (Kanter, 1979). Kanter defines power as the capacity to mobilize resources to accomplish work, and identifies structural characteristics within an organization that influence an individual's ability to access and mobilize the resources of job-related empowerment: (1) Power, that is, access to resources, support and information and ; (2) Opportunity, that is, access to challenge, growth and development. Access to these

organizational structures is influenced by the degree of formal and informal power an individual has in the organization.

Kanter (1977) maintains that individuals with access to power and opportunity structures can accomplish the tasks required to achieve organizational goals. Because they have these tools, they are highly motivated and able to motivate and empower others. Individuals without access to power structures perceive themselves to be powerless and become more rules-minded and less committed to organizational goals. The organizational behavior in public hospital in Bangladesh can be explained with this theoretical interpretation because the hazards produced from society and psychologically setting are often underreported, misreported or ignored its consequences. The consequences of these socio psychological hazards create, to some extent, vulnerability among the nurses to do something further, that results in reducing satisfaction toward her own work. These hazards are some sorts of exploitation to nurses by society, by which, nurses are alienated from their own work, family, and even society indeed. There is an interesting marriage between psychological and social health related hazards; social hazards may cause the psychological hazards or vice versa, albeit both acts upon the human behaviors. In the context of job satisfaction of nurse, the social psychological health hazards contributed by her workplace make degrade the level of satisfaction toward their job-this is the main argument by the authors.

4.0 Conceptual Framework of the Study



5.0 Study Design

This is a study designed to look into female nurses' level of job satisfaction in terms of socio psychological hazards (exposed from their workplace) in the public hospital of Dhaka city, Bangladesh. The study used quantitative approach of data collection. Survey was the main technique of data collection for this study. Following systematic random sampling procedure, samples for the survey were drawn from three public Hospitals in Dhaka city. The public hospitals are Dhaka Medical College & Hospital (DMCH), National Institute of Ophthalmology & Hospital (NIOH), and National Institute of Kidney Disease and Urology (NIKDU), randomly selected. The hospitals were enlisted as the following sequences: NIOH, DMCH, and NIKDU as per the drawing lottery ensuring the quality of random sampling with a view to constructing a sampling frame. Sample size was determined using Fisher's (Sarantakos, 2005) exact formula. A total of 138 female nurses from the three public hospitals were interviewed for collecting primary data. The variables and indicators were identified according to the conceptual framework of the study (Figure 1). A semi structured interview schedule containing pertinent questions related to the objectives of the study was developed for data collection. The fieldwork was conducted

during June to September 2011. SPSS for Windows (version 12) was used for managing data and computing statistical association.

The two categories, psychological and social, of hazards resulting from the situations faced in their work settings are deemed in this study. The social hazard is defined as a feeling of isolation and difficulties in family and social life encompassing 6 items such as disturbance in family relationships, social isolation, uncontrolled aggressiveness, disturbance in affective relationships, disturbance in social relations, and victim of sexual harassment. On the contrary, the psychological hazards is defined as negative self-perception, negative outlook on life in general and shifts in mood, encompassing 7 items like sadness, loss of self confidence, loss of self control, willingness to give everything up, crying for no apparent reason, negative image of oneself, bitterness. The response on the items was taken by three categories: yes (1), no (2), don't know (3).

6.0 Findings

6.1 Background characteristics of the respondents

The present study is conducted among the nurses of three public hospitals of Dhaka city. In total, 138 nurses ranging from age 21 to 60 years were interviewed. Of them 85% was married and 15% was unmarried nurses. The table 1 reveals the demographic profiles of the respondents. The table shows that the majority of the respondents (46%) are 41-50 years old; on the contrary, a considerable number of respondents (23%) are 31-40 years old. Majority of the respondents' (57%) level of academic education was SSC. It was found only 9%, who completed their Masters. Again most of the respondents (74%) did diploma in nursing. On the other hand, only 9% of the respondents did Masters in nursing. In terms of total monthly income, the majority of the respondents' (56%) family income ranges between Tk.30, 000-Tk.40, 000 per month.

Table 1 Socio-demographic and economic profile of the respondents

Characteristics (N= 138)	Per cent
Age	
21-30	18
31-40	23
41-50	46
51-60	13
Total	100.0
Marital Status(N= 138)	
Married	85
Unmarried	15
Total	100.0
Level of Education(N= 138)	
SSC	57
HSC	28
Bachelor	11
Masters	4
Total	100.0
Religion(N= 138)	
Islam	81
Hinduism	19
Total	100.0
Total Monthly Income of the Family (N= 138)	
Tk. 20000- Tk.30000	11
Tk. 30000- Tk. 40000	56
Tk. 40000- Tk. 50000	26
More than Tk. 50000	7
Total	100.0
Professional Qualification(N= 138)	
Diploma in nursing	74
B. Sc. in nursing	17
Masters in Nursing	9
Total	100.0

On the contrary, a considerable number of respondents' (7%) monthly family income is more than Tk. 50,000. It can be reported that a significant number of respondents' (26%) monthly family income is less than Tk. 40,000-Tk 50,000.

6.2 Dynamics of health hazards of nurses: social and psychological

Respondents were asked the statement to test their social hazards derived from their job and work place. It was found that a significant number of respondent(48.6%) faced disturbance in family relationships : whether they face any difficulties or disturbing in relationships and interaction regardless of spousal , sibling , relation with adult member of family or not. In the case of social isolation, they were asked whether they feel isolation or alienation from their surroundings like relatives, friends or

not, it was found that a significant number of respondent (24.6%) reported that they feel isolation because of the burden of the job.

Table 2 the social hazards exposed to nurses

Items on the social hazards (N=138)	Yes (per cent)	No (Percent)	Don't Know (Per cent)	Total (per cent)
Disturbance in family relationships	48.6	28	23.4	100.0
Social isolation	24.6	66.2	9.2	100.0
Uncontrolled aggressiveness	18.9	58.3	22.8	100.0
Disturbance in affective relationships	22.5	45.8	31.7	100.0
Disturbance in social relations	43.0	50.0	7.0	100.0
Victim of sexual harassment	66	24	10	100.0

In the case of difficulties in social relation, they were asked whether they face any difficulties in maintaining social life or not, it was found that a significant number of respondents (43 %) reported that they face such difficulties or disturbance because the nursing as a profession in our society bears lower status. They were asked on uncontrolled aggressiveness, disturbance in affective relationships, sexual harassment, and majority of the respondents (58.3%) reported that they did not any situation when their aggressiveness was uncontrolled, but significant number of the respondents (66%) reported that they were victim of sexual harassment by their male colleagues regardless of senior and junior, patient and visitors. And 22.5% respondents reported that they face affective disturbance.

Respondents were asked the statement to test their psychological hazards derived from their job and work place. It was found that a significant number of respondents (48.6%) faced feeling of sadness: whether they feel to less or greater extent of sadness regarding their profession. In the case of loss of self control and self confidence, it was found that a significant number of respondents (46 %) reported that they lost self control whereas loss of self confidence is 24.6%.

Table 3 the psychological hazards exposed to nurses

Items on the psychological hazards (N=138)	Yes (percent)	No (per cent)	Don't Know (Per cent)	Total (per cent)
Feeling of sadness	10.5	51.3	38.2	100.0
Loss of self confidence	24.6	66.2	9.2	100.0
Loss of self control	46	24	30	100.0
Willingness to give everything up	48.5	38.8	12.7	100.0
Crying for no apparent reason	34.5	50.0	15.5	100.0
Negative image of oneself	23.4	74.6	2	100.0
Bitterness	48.4	43.4	8.2	100.0

In the regard of willing to give everything up, almost half of the respondents reported (48.5%) that sometime they wish to give everything up including husband, issues as well as family life. A significant number of respondents (34.5%) reported that sometime they feel crying with no apparent reason. In the case of bitterness toward their life, almost half of the respondents (48.55%) feel bitterness, originated from their job experiences, toward their life.

6.3 Dynamics of satisfactions and dissatisfaction regarding nursing as a profession

From the table 4 we see that most of the respondents have the work experience ranging from 11-15 years. Again 25% of the respondents have the service experience of 6-10 years. On the other hand only 4% of the respondents experienced their service above 20 years.

Table 4 Service Experience of the Respondents

Service Experience(in year) (N=138)	Per cent
6-10	25
11-15	63
16-20	8
More than 20	4
Total	100.0

The table 5 shows the antagonistic relationship between nursing as a profession and nurse's family life. It is found that majority of the

respondents (52%) strongly agree that they don't get enough time to take care of their kids and family members due to their nursing profession.

Table 5 Nursing profession versus family life

Contradiction between Nursing profession & family life (N=138)	Level of agreement on the items (in per cent)					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Getting enough time to take care kids or other family members	52	23	5	11	9	100
Contradiction between nursing profession and smooth family life	25	40	3	19	13	100
Married nurses are less committed to their profession than the unmarried nurses	37	28	7	18	10	100

On the other hand, a considerable number of them (9%) strongly disagree with the statement. In respect of male respondents' state of agreement with the relationship between nursing professional and family life, it is found that majority of the respondents (40%) agree with the statement that there is a contradictory relationship between nursing profession and smooth family life.

On the other hand, a considerable number of them (19%) disagree with the statement. It is also found that majority of the male respondents (37%) strongly agree with statement that Married nurses are less committed to their profession than the unmarried nurses.

Table 6 Satisfaction with the hospital administration system

Nurses satisfaction with hospital administration (N=138)	Percent
Yes	33
No	67
Total	100.0

From the table 6 we find that the most of the respondents of this study (67%) are not satisfied with the hospital administration system. Instead 33% of the respondents said about their satisfactoriness with the hospital administration system.

Table 7 Respondents level of agreement with the statement that 'Nursing profession is seen to be a low class profession'

Nursing profession is the low class profession (N=138)	Percent
Strongly agree	14
Agree	11
Neither agree nor disagree	7
Disagree	8
Strongly disagree	60
Total	100.0

The table 7 shows that the majority of the respondents (60%) strongly disagree with the statement that nursing profession is seen to be a low class profession. On the other hand, a considerable number of them (14%) strongly agree with the statement.

6.4 Changing tendency of nursing profession and its aftermath on health care system

From the table 8 we find that the most of the respondents of this study (68%) do not want to change their profession. Instead, 32% of the respondents said that they want to change their profession. It is also evident from the table 8 that most all the respondents (41%) want to change their profession due the job related physical harassment. On the other hand a considerable number of respondents (33%) reported about the risks related to job.

And a considerable number of the respondents (21%) said that due to the low salary structure they want to change their profession. As we see in the table 8 that 43% of the respondents strongly agree that nurses of the public hospital are careless to the patient. On the contrary, only 7% of the respondents strongly disagree with the statement. It is evident from the table 8 that almost all the respondents (63%) think that nurses of the public hospital are careless to the patient because of the permanent nature of their job. And a considerable number of respondents (24%) reported about the lack of supervision for the nurses' carelessness

Table 8 Changing tendency of nursing profession and its aftermath on health care system

Intension to change their profession (N=138)	Per cent
Yes	32
No	68
Total	100.0
Reasons behind changing the job (N=32)	Percent
Low salary structure	21
Risks or hazards related to job	33
Job related physical harassment	41
Other	5
Total	100.0
Nurses of the public hospital are careless to the patient (N=138)	Percent
Strongly agree	43
Agree	28
Neither agree nor disagree	7
Disagree	15
Strongly disagree	7
Total	100.0
Reason of the carelessness (N=138)	Percent
Permanent job	63
Low salary structure	13
Lack of supervision	24
Total	100.0

6.5 Bi variate analysis

Components of socio psychological health hazards and job satisfaction

The table 9 shows the statistical association between the different components of socio psychological hazards exposed to nurses and the job satisfaction. It reveals that among the 6 components of social hazards, 4 hazards(disturbance in family life, disturbance in social life, disturbance affective life and sexual harassment) are significantly associated with the their job satisfaction. In the case of psychological hazards affecting job satisfaction of nurses, among the 7 hazards exposed to nurses affecting their job satisfaction, only 3 components (loss of self control, willingness to give everything up and crying with no apparent reason) are significantly associated with the job satisfaction of nurses.

Table 9 Summary tables of Chi-square and Cramer's V on the components of socio psychological hazards exposed to nurses and job satisfaction

Component s of socio psychological health hazards exposed to nurses	Job Satisfaction
Disturbance in family relation	$\chi^2 = 56.750^{***}$ df= 6
Disturbance in social relation	$\chi^2 = 58.650^{**}$ df= 1
Disturbance in affective relation	V = .180 ^{***}
Sexual harassment	V = .115 ^{***}
Willingness to giving everything up	$\chi^2 = 28.125^{***}$ df= 2
Loss of self control	$\chi^2 = 37.546^*$ df= 4
Crying for no apparent reason	V = .105 ^{***}

*** p=0.001 ** p=0.01 * p=0.05

7.0 Discussion and Conclusion

This paper has explored the nature, perceptions and experiences of socio psychological hazards exposed to the female nurses (and their job satisfaction in this regard) in the public hospitals of Bangladesh. Findings confirm the persistence of hazards in the public hospitals of Bangladesh, the study also reveals the significant impact of psychosocial hazards, exposed to female nurses, on the extent of job satisfaction; consequently this event provokes the nurses to quit from their profession or workplace. The authors acclaims that this tendency is sever and paramount threat for the public health for a developing societies like Bangladesh.

The study reveals that a significant number of respondents reported that they face various socio psychological hazards derived from the nursing profession specific jobs and experiences. The findings of our study in this context are consistent with the findings and comments of Shimizu (2010) where he reported that the level of psychological and social hazards exposed to nurses were moderately satisfactory. In our study, whether the level of psychological and social hazards exposed to nurses are satisfactory or dissatisfactory? To diagnosis this issue or to make a decision in this regard is mounting difficult because it is earlier mentioned that the socio psychological hazards faced by nurses are unreported and unspoken. Moreover, the findings of our study show the extent that is not satisfactory, albeit it seems to be less by figure (table 2, 3) for the time being. The extent of both hazards is alarming for health care sector as well as public health, we think, in this context especial reference to Bangladesh. In this sense our findings are not consistent with

Shimizu (2010) at all. In the case of sexual harassment as an important ingredient of social hazard, for example, it is extremely alarming because 66% female nurses have been sexually harassed by their male colleague regardless of hierarchy, male patients and even by male visitors. It is the sexual harassment exposed to female nurses that is enough to give birth of a couple of socio psychological hazards acting upon their life regardless of public and private. Several literatures express that 'Family life-work conflict' is a paramount social hazard that is highly prevalent in the nursing profession (Friendly and Ross, 2008). The findings of this study are consistent with our study because a significant number of our respondents (40%) agree with statement Contradiction between nursing profession and smooth family life, while 25% of the respondents strongly agree with the statement.

One's satisfaction or dissatisfaction toward one's job is not only part of public life but also part of private life. Victimization of socio psychological hazard by nurse's act upon their both private and public life; job satisfaction may seem to be one's private matter for the time being, but the offspring of this private issue make happen great loss of organization like hospital (Hinshaw, et. al. 1987; Tett and Meyer, 1993; Lucas, et. al. 1993; Porter and Steers, 1973; Seashore and Tabar, 1995; Weisman, et. al. 1981; Price and Mueller, 1981; Prestholdt, et. al. 1988; Shah, et. al. 2004). In this sense the aftermath of socio psychological hazards exposed to nurses is a great matter of concern in relation to nurses' job satisfaction. Kangas, et. al. (1999) reported that nurses who perceived the organizational environment as supportive were more satisfied. Even in the regard of cost benefit, there is welcome growth of literature to suggest that when nurses are satisfied, their patients are more likely to be satisfied (Parrinello, 1990; Shain, 1990), nurse who are satisfied with their job have a higher level of organization commitment (Acorn, et. al. 1997). In this study, the authors want to unearth the issues of hazards to dictate the cost and benefit issue of health or public health sector in Bangladesh indeed. Findings also suggest that the most of the respondents of this study (67%) are not satisfied with the hospital administration system and the most of the respondents of this study (68%) want to change their profession. Because a significant number of respondents (41%) want to change their profession due the job related various hazards including socio psychological hazards.

Table 10 Attempts to remove the hazards exposed to nurses whether it is personal or from their workplace

Personal or organizational attempts taken (N=138)	Percentage (%)
Yes	18.6
No	81.4
Total	100.0
Nature of steps (N=138)*	
Taking help of counseling	11.5
Hospital provide training , workshop on awareness program	10.65
Help from the husband	15.36
Help from other family members	20.65
Complaining to the authority for social hazards like sexual harassment	22.0
Steps against disruptive behaviors by authority	38.3

*Theses percentages add up to more than 100 because of respondents appeared in more than one category

This study suggests significant (table 9) association between the different components of socio psychological hazards exposed to the nurses and the job satisfaction. It reveals that among the 13 components or factors of socio psychological hazards exposed to nurses, 7 components are significantly associated with the job satisfaction. The study deems the theoretical framework of Kantar (1977), workplace behaviors and attitudes are determined by social structures in the workplace. These are the socio psychological hazards that are, in fact, product of society. This behavior, action- reaction, attitude, perception, practice, experiences have to be made sense by one's social structure under where one belongs. For that why, the socio psychological hazards exposed to nurses and even their job satisfaction are not out of workplace (social) structure. As result, the level of satisfaction or dissatisfaction toward their job is obviously determined by their workplace produced socio psychological hazards. Against the socio psychological hazards faced by the female nurses, in our study, the remedy taken personally or by the authority is about absent because an ignorable number of respondents (18.6%) reported that they took some steps to remove the hazards when they faced these difficulties such as taking help of counseling (11.5%), from husband (15.36%). On the contrary, amidst the organizational steps, only 10.65% respondents that they received education vis-à-vis training or various awareness programmes (table 10).

In finale, our study has argued that socio psychological hazards exposed to female nurses are alarming for the public health for a given country. Particularly, Bangladesh as a developing country has tendency of 'brain drain', many of our skilled nurses are immigrating to the developed country in every year. The low salary structure, low job status and less job security are degrading their level of satisfaction toward their job. Moreover, socio psychologically produced hazards in the workplace are now dominating factors acting upon the job satisfaction in the growing sector of work forces in Bangladesh. Unfortunately, albeit the chemical hazards and related risks are recognized as hazard or danger, socio psychological hazards (which we call 'silent killer') that act upon the private and public life tremendously have been not yet recognized as hazards in Bangladesh. This is the reality that is overlooked even internationally indeed. However, reliable procedures, education, follow-up, and a 'zero tolerance' approach by an organization like hospital will remove, at least, mitigate these hazards and its consequences.

8.0 Recommendations

To get hazards free workplace for the nurses with a view to making a sound health sectors for Bangladesh, the following issues can be recommended for national and local level: The government should conduct a long term, national surveys of nurses' health and exposures socio psychological hazards along with chemical hazards, and use this data to regularly assess health risks nurses faced from occupational exposures, to inform efforts to improve safety standers. First of all, the socio psychological health hazards are to be recognized as dangerous as the other hazards like chemical hazards.

- Government or authority of the hospitals has to take the 'zero tolerance' policy in the case of sexual harassment.
- Social and psychological counseling programme should be provided on the regular basis; the authority of the hospitals may set up a 'monitoring cell' to supervise the counseling.
- Workshop on identification and prevention of social psychological hazards may be provided to the nurses. In this regard intimate partner or other family member may be involved as participants.

- Government should put emphasis on training to maintain the quality nurses.
- A task force to study potential demands for national and international markets.
- v Media to play a role in improving the image of the nursing profession.
- Re-evaluate the existing salary structure.

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