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RESEARCH PAPER

Health Care's Dares: Challenging Duties and Psychoemotional Issues to Female Nurse – Human Resources in Professional Practices

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ABSTRACT

The key aim of this research has been to discover challenging duties and associated psychoemotional issues confronted by female nurse – human resources during their professional medical practice in Khyber Pakhtunkhwa, Pakistan. The respondents were 50 female nurses, selected as sample, from public sector hospitals of Karak, Kohat, and Peshawar, performing their duties in general medical health setting. The primary data was collected from respondents through close ended questionnaire. In study, majority respondents shared their experience regarding their heavy duties, multiple tasks, and conflicting roles. They shared about their psychological distresses linked with their professional practices, their readiness deficiencies, patients' attitude, workplace environment' inconduciveness, physicians' attitude, their profession's respect in society, and patients' acute sufferings, patients' attendants' attitude, tiresomeness etc. It is recommended that the nurses' duties, responsibilities, workload, and work duration, may be rationalized. Additionally, their education, training, and skills may be enhanced, and they may be given training on stress-coping, emotional control, and professional treatment and dealing of patients etc.

KEYWORDS: Emotion, Health, Medical, Nurse, Patient, Psychological

Introduction

Allah Almighty says it in the Holy Qur'an "Because of that, We [Allah Almighty] decreed upon the Children of Israel that whoever kills a soul unless for a soul or for corruption [done] in the land - it is as if he had slain mankind entirely. And whoever saves one – it is as if he had saved mankind entirely. And our messengers had certainly come to them with clear proofs. Then indeed many of them, [even] after that, throughout the land, were transgressors (Qur`an 5:32)". The ***nursing is a life-saving***, sacred, hence a daring, and challenging profession that requires expertise of broad range skills, abilities, and emotionally stable personalities as human resource in health sector having good psychological state. Human being is with his/her social, psychological, and emotional conditions that impacts his/her interaction, conduct, and performance. Dealing with normal individuals is often difficult, while dealing with persons having illnesses is quite challenging, however not impossible. For this purpose, one needs to be personally and professionally ready. Usually, patients approach hospitals with varying illnesses, some among them are severely affected, while nurses have to deal with their illness as well as with their personal psychological conditions. During process of treatment and cure, the nurses have to keep their morale, as well as the morale of patients high, at many medical occasions it is quite challenging.

The ***nursing itself is a demanding line of work*** that needs a broad variety of knowledge in various health-care dimensions. The most important aspect of this job is to control one's emotions during caring patients, facing patient's families and giving them courage, nurses have to work with the sophisticated surgical and medical equipment, they are always a part of multidisciplinary teams and they have to adapt to variant environments fast. They have to absorb emotional pressures during stressful situations and often have to make important decisions in short span of time. It is job and clinical experience that lay foundation for them to know that how to control their emotions which is required for a successful professional career. The nurses of today are very busy because their workload has been increased as compared with that of traditional times. During their service they have to face emotional and psychological problems emerging from community, senior colleagues, and personal social life. The chances of their confrontation with pains of patients are very high; patients' sufferings and deaths, all such problems lead to emotional pressures and psychological strains. The emotional control's understanding is very important for nurses because it will help them to decrease stress and to manage it in times of psychological pressures. As the emotional reactions are mental processes going on inside individual, especially in depressing situations that are dangerous to mind, health and lives of people, and this is natural and vey common that nurses do experience emotional situations and problems during their professional medical practice.

To touch the historical evolution of professional nursing, International Council of Nurses (ICN) instituted in year-1899; having three primary-functions, comprising representation of nursing globally, for professional development, and to make impact health-policy (Robinson, & Salvage, 1991). Since the World Health Organization (WHO) founded in 1948, the midwifery and nursing improvement has upheld an illustrious status in the ambit of human resource for the organizational health program. Moreover, WHO, ILO, and OECD, encompassing five year plan of action of United Nations (UNs) High Level Commission on Health Employment and Economic Growth, are encouraging variant stakeholders and cross sectoral exertions for augmenting females' involvement in nursing and midwifery - labour market of health (World Health Organization, 1948–2017). The Pakistan Nursing Council (PNC) established in 1948, was instituted through Pakistan Nursing Council Act (1952, 1973) and sanctioned for registration (licensing) Nurses, Lady Health Visitors (LHVs), Midwives, and Auxiliaries of Nursing for health practice in Pakistan (Pakistan Nursing Council, 2016).

On some statistics on nursing in Pakistan, WHO (2020) shows that there were 103,777 nurses in Pakistan in year-2017, of which 81% were females and 19% were males. All of 100% nurses were professionally trained, with minimum four-years' training duration. Within the total health workforce in Pakistan, the share of nursing is 25.7%. The density of existing nurses is 4.9 per 10000. It is estimated that there will be a shortage of 500,000 to 600,000 nurses by year-2030 in Pakistan. As Pakistan Economic Survey (2020-2021) shared that Pakistan do have a sum of registered nurses of 116,659 in 2020 for its whole populace. In Pakistani hospitals' general wards, the prevailing nurse-to-patient ratio is 1: 40, whereas Pakistan Nursing Council recommended a nurse-to-patient ratio of 3:10. Ahmed (2022) shares that World Health Organization's (WHO's) representative in Pakistan, Dr. Palitha Gunarathna Mahipala, shared that Pakistan is experiencing a Health's Human Resource crisis; the available workforce can only tailor to country's one-tenth needs. He shares that Pakistan immediately requires 200,000 nurses, and Government is required to take measures accordingly. Pakistan Economic Survey (2021-2022) found that in year-2021, there were 121,245 nurses in Pakistan. During 2021, national health infrastructure encompassed of 5,802 Dispensaries, 736 RHCs, 5,558 BHUs, 1,276 hospitals, 416 TB centers, and 780 Maternity and Child Health Centers, and, whereas total available beds in the mentioned health amenities are projected around 146,053. Additionally, there are 121,245 registered nurses, 30,501 registered dentists, and 266,430 registered doctors, in these amenities altogether.

In Pakistan, the nursing profession encompasses three cadres; one is general nursing [the category of respondents selected for this study], second is midwifery, and third cadre of nursing is that of public health. The nursing education, chiefly, either in private or in public sphere, is categorized as a 'diploma in general nursing' of three years' duration (Gul, 2008). Usually, nursing is not categorized as a high-prestige profession and mostly written-off as a choice for less-privileged, and therefore one of the basic causes for dearth in nursing sector is an unjustified stigma attached to this profession (Chauhan, 2014). The impeded social and economic standing of nurses, low level of respect from doctors, insecure work environment, and the type of nurses' duties generate a contradiction within society's attitude concerning to profession of nursing (Gul, 2008).

Literature Review

Nursing Notion and Nurses' Roles in Healthcare Setting

The nursing is understood through as comprehensively and concisely defined in a text of nursing (Harmer & Henderson, 1955) firstly, in a monograph, The Nature of Nursing (Henderson, 1966) secondly, and in the ICN booklet, Basic Principles of Nursing Care (Henderson, 1968) thirdly: '*Nursing is fundamentally assisting masses, either well or sick*, in enactment of such undertakings that are contributory to health, or its reclamation, or to even death in pacifying way, which patients would achieve un-assisted if they have had the required forte, knowledge, or will power. It is in the same manner the distinctive input of nursing to aid people to become self-supporting (of such support) at earliest possible. The nurse is considered as the awareness of the unaware, the confidence and knowledge of a mother who is young, a means of locomotion for the newborn, a voice of persons that are weak in speaking, the life's love of persons with disparity, the amputee's leg, the newly blind's eyes, and so on.'

Henderson (2006) defines nursing, and quote a medical dictionary that, for illustration, it gives first meaning of 'suckling an infant', second meaning of 'caring for the sick', and third meaning of 'nursemaid'. And a best description of nursing in abstract form, globally used even till time, given by Virginia Henderson, espoused by International Council of Nurses in 1960 is that the "*nursing is a vital fragment of health-system*, incorporating health's elevation, deterrence to illness, and caring for mentally ill, physically ill, and persons with disabilities ranging of all ages, in essentially health care settings and generally in other community settings" (Henderson, 1960). In words of Henderson (1961), the process of diagnosing and treatment of patients' health problems and illnesses is known as nursing. It covers aiding and helping individuals who are sick and need care, to assist doctors in surgeries and in other medical conditions, to keep record of patients' drugs timings, making files, lists that help doctors to analyze patients' reports and their history.

The nature of nursing, due to its wider roles, is complex to grasp. Virginia Henderson uses text for clarity, and Fagin and Diers (1983) have referred it to, *'nursing as a metaphor'*. Halloran (1996) supports and quote that Virginia Henderson convincingly and powerfully by saying that the *fundamental nursing care* implies for helping patients through certain conditions or activities, which may include but are not limited to, helping patients in normal respirations, to drink and eat sufficiently, remove wastes of body, move and sustain required body-postures, to enable patients rest and asleep, choose apposite clothes - dress and unclothe, preserving temperature of body in a normalcy-limit by regulating environment and clothing, to keep them well dressed and in a hygienic condition, circumvent dangers from environment and circumventing injuring others, to help patients communicate with others in emotional expressiveness, opinions or fears, needs, worship as per one's faith, working in a manner with a sense of achievement, play and take part in multiple arrangements of leisureliness, acquire,

satisfy or discover the inquisitiveness leading to normal health and development, and utilization of health facilities that are available.

Professional nurses belong to varying classes of society in majority states, and are less, moderate, and soundly trained and educated, therefore the general portrayal of the nurse is muddled. The common-public portrayal is wrought based on reality that *majority nurses are females*, lack sound education, belonged to less advantaged social class and are paid less (National Commission for the Study of Nursing Education, 1970). Improper nurses' projection with low-profile professionals, and as an apparatuses of emotional fulfilment for community do have adverse inferences for their appearance and respect (Abbas, Zakar, & Fischer, 2020). Usually, general public including majority doctors, globally considered the nurses, as the physicians' assistants, as to a median doctor of USA, except dentists, the rest of the health providers are 'paramedical', while doctors and nurses of Canada therein have formally consented to work in collaborative manner, and nurses are not considered at of assisting role over there (Canadian Nurses Association, 1972). There has been a difference between *traditional nursing and modern nursing*, the nurses in context of relationship with patients, the traditional nurses were comparatively more successful. Today, a nurse has to perform a lot of responsibilities, such as the treatment of patients through medical-partnership, communication with patients, and to perform a lot of other critical medical jobs (Savage, 1990).

Nursing missions in society to help at all three levels i.e. at individual level, to help families and to help groups in determining and achieving their physical, social and psychological potentials, and of doing so in a challenging environmental-milieu of livelihood and work (NnodimJohnkennedy, Constance, et al., 2014). In 1950's, some researchers stressed emotional and psychological support provided to patients by nurses, majority females, nurses are being occasionally called as *'professional mothers'*. Even-though contemporarily, several writers truly state that nurses do have greater apprehension about psychological and social dimensions of welfare of human as that of physicians, particularly, the psychiatric nursing has been at a time was a stepchild of nursing profession (Henderson, 2006). In medical environment, the nurses whose attitude toward patients is kind and psychologically helpful, assisting in social issues, generally friendly, providing of spiritual support, and caring, are acknowledged greatly (Benner, 1984). The most efficacious grounding of nurses will be the widest conceivable *understanding of humanity* and their life's sphere, which will help them have contentment of the caring they themselves deliver, expediting a patient's cure, aiding a patient in coping with a handicap, and to help die a patient peacefully when demise is inexorable (Henderson, 2006).

McQueen (2000) says that in a good nursing definition, the possession of effective communication skills, rational sense of mutual understanding, and development of cogent partnership is necessary among nurses and patients, this supports nurses in curing from disease, as well as in writing comprehensive reports for doctors to step forward in patient's treatment. The *output of nurse depends upon her education* and educational preparation which explains that whether she would be a good nurse or otherwise. Morse (1991) says that joint endeavor of caring among nurse and patient is essential, they necessarily interact acquiescently with mutual respect and trust - for caring to occur, and, Morse, Bottorff, et al. (2006) say that the *nurse necessarily be involved with patient* for positive professional relationship. Luker, Austin, et al. (2000) say that the critical duties of a nurse include caring of patients, assisting doctors, administering jobs and holding control of medical situations. Liukkonen (1992) shares that the professional approach of nurses and their quality of work put a deep mark on interrelationship between patients and thereby effect patients' health. The characteristics like self-conception, interest, interaction, controlling body language, maintaining a respectable distance, communication, empathy, and having a sensitive ear,

are considered to be some of major personality characteristics to be prevailing in a nurse, otherwise there might be problems for nurse and her patients.

It is agreeable for majority masses including nurses that among persons providing health care, nurses do provide the chief *intimate personal service* and these type of services are the most regular feature of health programs, by way of nurse is in sole employees' classification that is present for a 24-hours, and 7-days-a-week. Perchance the attribute masses usually pursue among nurses is that of a soothing manifestation, and nursing embodying the features of an intimate provision, comforting and consistent (Henderson, 2006). Contemporaneous standpoint does consider that the *intimacy between nurse and patient is core* to the well-being of patients, their health, and cure. Performing intimate care in the environment of health care seems to significantly enhance the effectiveness of therapy and patients' cure (McMahon & Pearson, 1991). Mattiasson and Hemberg (1998) accentuate the intimacy's multidimensionality, in their words, the intimacy diverges in relation to physical, social, spiritual, and psychological essentials of individuals. Such needs structure the foundations of impending closeness, intimacy, and contact, and may shape the relevant structures of physical, social, and psychological nearness. While, Dowling (2004) recognized the intimacy's characteristics to be the passivity, reciprocity, self-disclosure, closeness, engagement, involvement, and intimacy is correspondingly connected to argument on caring and love in nursing.

Delivery of *intimate care* is core to modern-day systems of health care, which may safeguard good quality of care, and this aim may be attained through professionalism, sufficient staffing, safe environment, and effective therapeutic conditions for patient and cross-disciplinary teamwork. Nurses must be provided with support in administrative-contexts and in educational-enhancements for providing respectful and empathetic health care which is interpreted as intimate care (Stavropoulou1, Kaba, et al., 2012). Similarly, Dowling (2006) expresses that perhaps it is the mere nurses that are really self-aware who can actually be involved with their patients through intimate connections. Hence, the self-awareness grows with passage of time and with increasing experience. In addition to it, the jeopardies of the self-disclosure seem bigger if the self-awareness has not been acquired by the nurses; and the subject is too meticulously linked with issues of nurse-patient communication, which as a result affects intimacy's development (Dowling, 2006).

Psychological Stresses and Emotional Issues Faced by Nurses in Healthcare Setting

Experiencing stress in nursing profession is a subject of considerable research for decades. Stress can be invoked when growing demands outweigh the resources that are available. A reasonable level of ***stress or "eustress"*** is an important stirring feature and is taken as essential and usual. While if stress is got intense, consistent, and intermittent, it is transformed into unsafe and hazardous experience or "distress," and this may lead to ill physical health and psychosomatic disorders (Srinivasan & Samuel, 2014). In this context, several personality factors, including sense of purpose and mastery in life, self-esteem, over-involvement with patients, perfectionism, economic hardships, low work experience, low status, low education level, personal and family health problems, difficulty in doing house chores, and difficulty in childcare, these like multiple and often conflicting roles put nurses in psychological distresses (Demir, Ulusoy, et al., 2003). It implies that an individual in possession of poor valuation of herself, poor perception of skills, and inadequate training, do have more chances of *experiencing stress* as that of individual who have positive self-efficacy. Many conditions can cause psychological problems, some of them might be organizational, social, related to individuals, environmental, sense of eve teasing, economic issues, and group dynamics issues etc. A nurse must have strong and *stable psychological thinking*, as a requirement of her profession, whatever situation is she has to deal patients with smiling face (Srinivasan & Samuel, 2014).

Significant occupational stress in nursing has been reported related to perceived work environment (Parkers, 1982). Nursing is broadly professed as one of the *major intrinsically stressful professions*, frequently categorized by elevated turnover, absenteeism, and burnout of staff (Dewe, 1987; Jamal & Baba, 1992). An examination of the stress-rankings reveals that nursing professionals observe most stress associated with competence and confidence in role, home-work conflict, and institutional participation (Kirkcaldy & Martin, 2000). In psychological context, nature of nursing profession also has some touch of *annoyance, joy, grief and humiliation*; these feelings might be inherited but *psychological control* for nurses is still important. Those in nursing profession, have experienced a lot of incidences that alarms feelings of revulsion and hatred among them. There are reports showing that nurses get under psychological pressure in situations like dressing wounds of cancer, ulcers, or on being too close to patients, and this impact is quite natural. Psychological problems that might provoke due to physical work are disgust, aversion, and contempt that affect social relations between patients and staff. The feelings of hatred and revulsion are caused due to failed job. Some other personality traits of experiencing discomforts are the outcomes of physical pain, monotony and facing others' judgment (Van Dongen & Belenky, 2009).

The two facts to focus-on in a nurse's account, one is *"stress"* and other one is "taking work home", were took as a straight upshot of inadequate reflection with coworkers (Brotheridge & Grandey, 2002; Cropanzano, Rupp, et al.). The deficient professional reverence - coupled with lack of acknowledgement by seniors, supervisors, and authorities are deliberated as the main reason of disenchantment among nurses (Srinivasan & Samuel, 2014). The issues related to communication with co-workers and relatives of patients are common problems faced by nurses, which put them in stress (Akansel, Tunkc, et al., 2012). Srinivasan and Samuel (2014) consider some other occasional features, for example, issues with physicians, crime-attempting and aggressive patients, nonetheless belittling nurses' emotional and physical constrictions at workplace, co-nurse interrelationships, vertical - and horizontal violence, biases based on gender, private caste and creed predilections or differences, sexual favouritism, and similar like factors are responsible for stress among nurses. To deal demanding or difficult patients is also precarious for nurses. In addition to it, the marital requirements, particularly, as if both are working couples; their promises clatter, for example, in children's reproduction, progression, education and development, like factors generate unavoidable pressures.

Srinivasan and Samuel (2014) state that by its very intent, nursing is a profession bare to *work-load that is stressful* and that is reversely connected with poor physio-psychological health. Similarly, patients reaching hospitals are selfly passing through significant stress usually being resentful, frightened, and difficult. The nurses that are working in hospitals are in a condition of responding with an increasing nous of *frustration and irritability*. When the supervisors and seniors are not present, on front line, the nurses have to sometime face verbal abuse, physical violence, conflict, and aggression from patients and relatives of patients for concerns which in actual may not be straightly linked with their work, leading to additional stress. The expectations of patients, in a hospital setting, from nurses may often get capricious, and due to this pressure the nurses may simply become depressed, cynical, and disillusioned. Furthermore, Shakya, Lama, et al. (2012) discover a significant fraction of nurses suffering from *mental illnesses*, and a trend is found among nurses of concealing their mental and psychosomatic illnesses; the experience of low-back pain, hypertension, headaches, and orthopedic diagnoses are commonly expressed health complaints among nurses.

Earlier, the nurses were taught the *art of controlling their emotions in stressful conditions* that helped them a lot in coping the situations where the patients' health was critical (Menzies, 1960). The education of emotional control assisted nurses in

approaching and dealing patients effectively. In current decades, nurses are mainly trained in skills that can help them, even if in case the physician is out-station, they are enabled to handle a patient effectively (Williams, 2001). Leventhal and Scherer (1987) shares about emotions that these are as an episode of synchronized changes in state of all of our five senses towards stimuli. The researchers have suggested four major types of *human emotions i.e. happiness, anger, sadness, and fear,* and all other emotional-expressions are evolving from these four emotions. Due to evolution of human facial expression, these facial emotions have evolved hence their expression is based on strong internal feelings. In this context, Staden (1998) states that it is linked that as the nurses engage with their patients, element of emotional responses is usually there to sufferings of patients, as nurses are more prone to emotional and physical distresses and have to accept it deliberately as a segment of their job. The expression of emotional feelings by nurses to patients are now-a-days a normal act, as it means that they express it for curing patients. But on some occasions nurses have to control their emotional feelings, and this practice is also supportive to better health care.

Omdahl and O'Donnell (1999) discover that *emotional pressure* is more than the expectations of nurses, and they viewed that nurses should avoid expressing emotional feelings. The most critical and pressurized time for a nurse is when she is caring a patient who is dying and she has to answer family or relatives of the patient. One of the hard reason for occurrence of emotional problems is to tell patients' families a reality and in case families of patients are not ready to agree with nurses. Some other physical-environment related reasons causing emotional problems may be noise, inferior lighting, pollution, bad physical conditions and range of temperature, that all signifies an in-conductive working environment. Non-controlling of emotions may impact feelings of an individual leading to have effects on thoughts, behaviour, causing smoking and alcoholic habbits, problems in digestion, sleeplessness, sexual disorders, inability to relax, or insufficient physical activity etc. A number of bad feelings like *annoyance, fright, guilt, shame, and frustration* may arise when emotions are out of control. When a nurse works under load for a number of days, it may result for her to loss emotional control. However, a constructive trait in consistent work under stressful situations is that it makes one's nerves stronger with greater *emotional maturity* and do prepare one for better cure, as a result nurse can cure varying medical problems better. Similarly, the nurses that are working in Intensive Care Units (ICUs) do have significant experience of absorbing emotional pressures.

Nurses are required to deal with entire lot of patients, in immediate manner, and they have to be prepared for helping patients on earnest basis. Some patients can really be awful, even sickening, which put nurses in real *emotional labour*. There could be both decent and indecent patients to be treated varyingly, even though one can not, but the nurses are required to treat every patient the same way (Gray & Smith, 2009). The nurses provide emotional labour, managing their own and patients' emotions, the exercise of emotional labour makes patients to be more comfortable, nurses are busy to *"deal with feelings of other people*, and a main part of that is to regulate emotions" (James, 1989). Hence, Dowling (2006) contends that the nurses are invigorated to be on a safe symmetry, to care patients through kindness and empathy, while - contemporarily, uphold a level of emotional detachment (Dowling, 2006). While, research of Hochschild (1983) is critical to know real meaning of emotional management and she added that no work can be done without *emotional involvement*.

Material and Methods

This is an explanatory type of research. It narrates and explains prevailing conditions with explanations regarding the phenomenon of psychological issues faced by female nurses during or due to their professional practice.

Sampling and Sampling Procedure

Universe of the Study

The universe for this research was female nurses working in public sector hospitals of Khyber Pakhtunkhwa province.

Sampling Area

The sampling area for this research study was the three selected government hospitals, the District Head Quarter Hospital - Karak, District Head Quarter Hospital - Kohat, and Lady Reading Hospital - Peshawar.

Number and Specification of Samples

Total 50 respondents were selected, 15 from DHQ - Karak, 15 from DHQ - Kohat, and 20 from Lady Reading Hospital - Peshawar. The respondents were regular employee female nurses having qualification of post-matric 3-years' 'Diploma in Nursing', with at least 25 years of age; they were employed for at least 2 years. The respondents were selected (as an inclusion criteria) of general duties, i.e. performing their duties in different medical specialties, and the research respondents were not selected (as an exclusion criteria) with-specification of a particular medical-field or specialty.

Data Collection and Analysis

A close ended questionnaire was devised and distributed among respondents for primary data collection. The participant female nurses were asked questions regarding psychoemotional issues being raised due to their professional practice. The primary data was collected from respondents during year-2022. The data was tabulated and analyzed in quantitative form.

Ethical Considerations

The consent of respondents was taken prior to conduct of primary data collection. They were briefed about the academic, research, and professional significance of the current study. The respondents' time factor was also considered i.e. the data collection through questionnaire was made from them at their free time when they were not on duty. They were assured about their identities' confidentiality, and research oriented academic and professional usage of data provided by them.

Results and Discussion

The primary data was classified, and presented in a composite table, having two sections; section-a represents primary data related to psychological impacts variables during professional practices of nurses, while section-b represents data related to emotional impacts variables during professional practices of nurses. The data table is followed by its textual description as follows: -

Table 1
Psychological Problems Faced by Female Nurses

Section A.				
Feelings and mood when meet with patients	Normal: 29(58%)	Fine: 20(40%)	Upset: 01(02%)	50(100%)
Respondents cooperation level with patients		Cooperative: 46(92%)	Much cooperative: 04(08%)	
Response of the patients is positive with nurses		Yes: 50(100%)	No: 00(00%)	

Should deal patients with fully-professional relationship or human-social relationships		Human social: 44(88%)		Professional: 6(12%)
Which sort of relationship you think bring positive impacts on duties		Human social: 42(84%)		Professional: 08(16%)
You discuss your personal issues with patients		Yes: 04(08%)		No: 46(92%)
Involvement with patients on humanitarian bases when patients are in trouble		Yes: 46(92%)		No: 04(8%)
Post-involvement action, do help	Personal:30(60%)	Relationing: 15(30%)		Sentimental: 01(02%)
Satisfaction-status from respect of their profession's image in society		Less satisfaction: 10(20%)		Significant: 37(74%)
Respondents' satisfaction from their ward medical officer and physicians' response		Yes: 43(86%)		No: 7(14%)
Experience stress regarding their professional-practices		Yes: 30(60%)		No: 20(40%)
Attitudinal cause of nurses' stress	Society: 15(30%)	Organizational: 25(50%)		Patients' attitude: 15(30%)
Respondents' self-control on events that increase individuals' worries		Yes: 20(40%)		No: 30(60%)
Existing number of staff do suffice professional needs		Yes: 32(64%)		No: 18(36%)
Available quantity and commodity of medical equipment suffice professional needs		Yes: 20(40%)		No: 30(60%)
Respondents' satisfaction regarding care of family when they have been on duty		Yes: 18(36%)		No: 32(64%)
Absence from home due to longer working hours increases your family's worries		Yes: 43(86%)		No: 07(14%)
Experience of stress and anger when patients resist against a prescribed medical treatment		Yes: 40(80%)		No: 10(20%)
Strategy when patients resist against prescribed treatment		Complain doctor: 31(62%)		Keep-on treatment: 09(18%)
Experiencing of fear from seniors on a medical omission		Yes: 45(90%)		No: 05(10%)
Experiencing of fear from patients' relatives on a medical omission		Yes: 46(92%)		No: 04(08%)
Mental state of respondents after a medical omission from them		Felt fear: 33(66%)	Guilty: 08(16%)	Depress: 02(04%)
Post-omission action	Inform seniors: 02(04%)	Admit it: 10(20%)	Conceal it: 03(06%)	In-accept responsibility: 06(12%)
Communicate and satisfy, without particular difficulty, of just died patient's relatives			Yes: 38(76%)	No: 12(24%)
Your expected response if your opponent get serious-ill, and is brought to you for your treatment		Treat well: 49(98%)	Formality: 01(02%)	Let suffer: 00(00%)
Section B. Emotional Issues Faced by Female Nurses				
Emotional conditions arise when find patients with serious injuries, crying with pain		Yes: 45(90%)		No: 05(10%)
Emotional condition impacts professional practice		Yes: 35(70%)		No: 15(30%)
Need of emotional control during professional practice		Yes: 50(100%)		No: 00(00%)
Emotions not controlled, it impacts		Practice: 40(80%)		Staff-relations: 10(20%)
Keep continue the care of patients in emotional condition		Yes: 44(88%)		No: 6(12)
Adverse impact of emotions on care of patient		Yes: 35(70%)		No: 15(30%)
Able to control emotions when patient misbehaves		Yes: 44(88%)		No: 6(12%)
Emotional condition remain normal when patient die during treatment		Yes: 42(84%)		No: 08(16%)

Discussion

The Part-A of Table indicates that out of total 50(100%) respondents, 29(58%) told that they are in normal mood when they meet patients, 20(40%) respondents meet patients with happy mood and 01(02%) respondents meet patients with unhappy mood. The expression of good mood and smiling face gives a soothing effect to patient. This expresses the nurses' sense of acceptance of their clients for treatment, and the rapport development is a first step for initiating an ill's treatment. Similarly, 46(92%) respondents were of view that they were cooperative with their patients, 04(08%) were very much cooperative with their patients, and all 50(100%) respondents told that their patients' response is positive with them. This is a first step toward a patients' treatment. Due to this reason nurses get mental satisfaction from their profession's practice, as their patients are cooperative with them.

Furthermore, 44(88%) nurses were of view that they should deal patients with an attitude implying human social relationship, while 06(12%) respondents were in favour of dealing patients through fully-professional relationship. The 42(84%) respondents were of view that their duties are positively carried on through dealing patients with humanistic social relationship, while 08(16%) respondents do express satisfaction on duties through dealing patients via fully-professional relationship. Respondents favouring social relationship, were of opinion that humanistic dealing can aid them cure patients, and help in gaining support from patients in their treatment. While, the respondents that support the professional dealing were experiencing that it helps them maintain discipline, and to make pace of swift treatment, and were aiding to deal more patients in less time, further they consider that it was not possible for them to deal increasing number of patients through a way that is more sociable.

In addition, 04(08%) respondents were of view that they may discuss their personal issues with their patients, and 46(92%) respondents were not in favour of sharing their personal issues with patients. Psychologists suggest that human being shall share their life's happenings (ups and downs), sorrows, and issues with their family members, friends, neighbours, companions, work-mates, colleagues etc. They suggest that it serves as informal counseling and vent, which can enhance wellness of their mental health state, can significantly reduce their stresses and personality conflicts, and can save them from psychological illnesses etc. Furthermore, 46(92%) nurses shared that they involve with patients on humanitarian basis when they are in trouble, 04(08%) do not involve with patients when they are in trouble; and in such conditions, 30(60%) do personal help, 15(30%) do establish relationship with patient, and 01(02%) become sentimental with patients on humanitarian basis when they are in trouble. This is the trait of Muslims' society that due to the religious teachings they are motivated to help others, so nurses shared that they give personal support to patients who are in trouble in addition to their routine treatment. They personally involve with patients on humanitarian basis, for motive of humanity and virtue.

Similarly, 37(74%) showed significant level of satisfaction from their profession's respect in society, while 10(20%) respondents were less satisfied from their profession's respect in society. A profession's general image and prevailing respect in society do affect the satisfaction, morale, and motivation level of professionals attached with it, the individuals linked to a highly valued profession in society - experience raised sense of esteem, personal respect, and mental satisfaction. While, individuals associated with a profession which is comparatively considered of low-status, feel less respected, less motivated, and of less value; and such factorial-occurrences impedes their psychological well-being. Along with it, 43(86%) respondents told that they receive positive response from their ward medical officer and physicians with-whom they are working, while 7(14%) reported otherwise. The physicians' positive, encouraging, and

respectful attitude and response increases the sense of self-respect, motivation, and raise mental-health level of nurses.

Furthermore, 30(60%) respondents experience stress generated from their professional-practices, while 20(40%) were of opposite view; among nurses who experience stress - 15(30%) experience stress due to society's attitude, 25(50%) due to organizations (hospitals) and its physio-social environment - co-workers, seniors, and juniors' attitudes, and 15(30%) experience stress because of patients' attitude. The socio-physical environment for professional practice is required to be conducive, the others' attitude if is based on respect - it do cause motivation for workers, and if attitude of society, co-workers, and patients is not positive it cause demotivation and stress among nurses. The 20(40%) respondents shared their experience that they have self-control on events which increase individuals' worries, while 30(60%) nurses shared that they have deficiency in self-control on eventualities which increase their worries. The practice of self-control is vital in medical practice, because nurses along with physicians have to deal with complex emergencies, and that needs balanced nerves. Therefore, the loss of self-control, and emergence of demotivation, depression, and low conscious can adversely affect medical practice. Similarly, 32(64%) respondents shared that existing staff suffice their professional needs, while 18(36%) were of opposite view. The 20(40%) respondents were satisfied regarding sufficiency of available equipment for professional needs, while 30(60%) were not satisfied with it. The organizational structure, both social and physical, if the human resources, building-infrastructure, and materials and equipment are sufficient in number, it ensures high quality service delivery and raised morale, otherwise cause inefficiency, demoralization, and stress. Such deficiencies cause increase in the workload over the existing staff, putting them in distress, and generating in them the sense of incompetence, and duress.

The 18(36%) respondents were satisfied from care of their family when they have been on duty and 32(64%) respondents were not satisfied contextually. Along with it, 43(86%) respondents were of view that the absence from home due to long working hours increase worries of their loved ones, while 07(14%) were of opposite view. The family time is precious time of intimacy, relaxation, sociability, and vent to distresses etc. When duty-timings adversely affect nurses' family-mixing etc., it generates a sort of emptiness, deprivation, isolation and irritability among them. Respondents shared that this phenomenon is widely prevailed and experienced by them with adverse impacts on their psychological state and personality.

Along with it, 40(80%) respondents experience stress and anger when patients resist against prescribed medical treatment, while 10(20%) do not experience anger when patients resist against prescribed treatment, on such response of patients - 31(62%) nurses do complain the situation to doctors, and 09(18%) do carry-on/continue the prescribed medical treatment. To ensure effective treatment of patients, medical treatment being prescribed by physicians (doctors) is usually the responsibility of nurses. If patients cooperate with nurses in following the treatment-prescriptions, it ensures theirs, with grace of Allah, safe, healthy, and timely recovery, while if they do not, it may make the treatment less-effective and prolonged. It may result in failure of medical process, which is also considered as failure of nurses - resultantly annoying them, make them angry and stressful.

In addition, 45(90%) respondents shared their experience that they felt fear from seniors on a medical omission from them, 05(10%) did not felt fear from seniors. In addition, 46(92%) respondents shared that they felt fear from relatives of patients on a medical omission, while 04(08%) do not felt fear from relatives of patients. On a question regarding their psychological state after occurrence of a medical omission from them, 33(66%) responded shared that they felt fear, 08(16%) felt guilt, and 02(04%) respondents get depressed. On another question that what do they do post-omission of

a medical nature mistake, 02(04%) respondents shared that they bring it into notice of seniors when a medical mistake occurs on their part, 10(20%) admit mistake, 03(06%) conceal mistake, and 06(12%) did not accept responsibility when a medical mistake occurs on their part. The job of nurses is sensitive, dealing with human lives, so they are required to be vigilant and careful during patients' treatment, and due to this reason they experience a strain in normal routine too. However, being human, omission is also natural, hence it shall not be a negligence. And getting worried and fearful on a medical omission is also natural. The patients, doctors, and society shall forgive nurses - being human, on an omission, if it is not a willful act or negligence, it will increase the nurses' motivation level, courage, and care-practice more Insha'Allah (if God wills).

In addition, 38(76%) respondents told that they face no particular difficulty in communicating and satisfying family members of a recent deceased-patient, and 12(24%) reported otherwise. Though it is difficult to convince annoying and intolerant relatives/attendants of just-died patients, as some relatives/attendants consider hospitals' staff responsible for the patients' death, and to face these like situations - nurses are at fore-fronts. Naturally, death is a shocking and emotional event in which it is difficult to accept the depart of a loved-one for ever, so the patients' relatives are with high emotionality and grief, this grief is sometime diverted toward medical staff, and termed as a medical negligence, often misunderstanding and sometime true even. This grief, anger, and raised emotionality can be easily transformed, if mishandled - or handled ineffectively, into aggression toward health staff - that include nurses too.

Furthermore, 49(98%) respondents were of view that they will treat-well their opponents if they get seriously ill and are brought to them for treatment - even in some conditions their family members may not permit them to medically treat their opponents, and 01(02%) told that they will just do formalities in such cases. They shared that due to the factor of humanity, morality, and element of professionalism in their training, they are supposed to perform their duties and render their services to people based on equality, high human-values, without any bias, and purely for humanity.

The Part-B of Table indicates that out of total 50(100%) respondents, 45(90%) shared their experience that they become emotional when they find their patients, God forbid, with injuries and crying with pain, 5(10%) reported otherwise. The 35(70%) respondents were of view that their professional practice is affected by their emotional conditions. Similarly, all 50(100%) respondents agreed that there is a significant need of emotional control during their professional practice, for this 40(80%) respondents given justification that their emotions, if not controlled, affect their professional practice and 10(20%) told that if their emotions are not controlled - it harms their relationship with staff. Furthermore, 44(88%) shared their experience that they do care of patients in conditions of emotionality, while 6(12%) were of opposite view. The 15(30%) respondents were of view that their emotions do not have any effect on care of their patients, while 35(70%) told that their emotions affect care of patients. The invoking of emotions, and controlling of emotions, first one is natural and second one is a professional requirement respectively. While finding someone in pain make any and every normal human being emotional - it is of kind-heartedness, it is also a step toward person's motivation toward helping someone in pain, especially by nurses, as their humane-professional responsibility. While controlling, balancing, and channelizing the invoked emotions is necessary, otherwise it can adversely affect patients' treatment. The emotionality in such conditions cause trembling, depression, wept, nervousness, and confusion like effects among nurses.

Furthermore, 44(88%) respondents told that they are able to control their emotions when patients misbehave with them, while 06(12%) told that they are not able to control emotions when patient misbehaves with them, it causes depression and anger among nurses. The misbehaviour on part of patients is a dissociative phenomenon, as

patients are the persons whose treatment is done by nurses, which certainly invoke anger and stress (among nurses). However, as a part of their training, nurses tolerate this misbehaviour and control their emotions, otherwise it can have adverse impacts on patients' treatment. In addition, 42(84%) respondents were of view that their emotional conditions remain normal when patients die during treatment, 08(16%) become emotional when patient die during treatment. The patients' death, though is definitely destined by Allah Almighty - everyone believe, is still a time and an event of distress for both medical staff and patients' relatives/attendants, and it do cause emotions to invoke.

Conclusion

The balanced emotionality, of a moderate degree, is good because it creates sensitivity toward sufferings of others, leading toward an effective intervention of helping others in redressing their pains. Hence, when emotional and psychological state get imbalanced - then it can hamper the professional service delivery, whereas emotional-control does not mean to eliminate or suppress emotions, rather it means to channelize it for better personal and professional functioning. The nursing is a challenging profession with factors like dealing with increased number of patients having odd attitudes, dealing with patients' attendants, delivering services with greater workloads at odd working hours and to perform multiple medical tasks etc.

Recommendations

Additionally, female nurses may have personal limitations and challenges, socialization issues, deficiencies in general education and in professional training skills, challenging domestic environments, distorted social relations etc., this all create psychological and emotional pressures for them. Therefore, they shall be made psychologically and emotionally stable, professionally equipped, organizationally enhanced, and be provided with secure work environment. They shall be given such training that reduce their psycho-emotional vulnerability during their professional practice of dealing different patients with varying personality traits and divergent medico-psychological illnesses.

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