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Abstract

As the US wrestles with immigrant policy and caring for an aging population, data on immigrants' role as health care and long-term care workers can inform both debates (Mesa, Doshi, Lopez, Bryce, Rion, Rabinowitz & Fleming, 2020). Previous studies have examined immigrants' role as health care and direct care workers (nursing, home health, and personal care aides) but not that of immigrants hired by private households or nonmedical facilities such as senior housing to assist elderly and disabled people or unauthorized immigrants' role in providing these services. The US elderly population grows, health care workforce shortages (which already limit care) are expected to increase in the coming decades. The Institute of Medicine projects that 3.5 million additional health care workers will be needed by 2030. Nurse burnout is a widespread phenomenon characterized by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy (Kelly, Gee & Butler, 2021). The shortage of health care providers is a major concern worldwide. Clinician burnout is a threat to US health and health care. At more than 6 million in 2019, nurses are the largest segment of our health care workforce, making up nearly 30% of hospital employment nationwide. Nurses are a critical group of clinicians with diverse skills, such as health promotion, disease prevention, and direct treatment. The study sought to investigate job stressors and burnout among immigrant nurses caring for the elderly in the United States of America: The role of working environment conditions. The study established that Immigrant health care workers are, on average, more educated than US-born workers, and they often work at lower professional levels in the US because of lack of certification or licensure. They work nontraditional shifts that are hard to fill (such as nights and weekends), and they bring linguistic and cultural diversity to address the needs of patients of varied ethnic backgrounds. This nursing shortage has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and

poor autonomy and control over practice. In addition to shortage, health care sector in US has special situation of massive increase in demand on health care services. This has strengthened nurses' feelings of dissatisfaction and burnout.

Key words: *Job, Stressors, Burnout, Immigrant, Nurse, Caring, Elderly, Work, Environment, USA*

1.1 Background of the Study

As the US wrestles with immigrant policy and caring for an aging population, data on immigrants' role as health care and long-term care workers can inform both debates (Mesa, Doshi, Lopez, Bryce, Rion, Rabinowitz & Fleming, 2020). Previous studies have examined immigrants' role as health care and direct care workers (nursing, home health, and personal care aides) but not that of immigrants hired by private households or nonmedical facilities such as senior housing to assist elderly and disabled people or unauthorized immigrants' role in providing these services. The US elderly population grows, health care workforce shortages (which already limit care) are expected to increase in the coming decades. The Institute of Medicine projects that 3.5 million additional health care workers will be needed by 2030. Currently, immigrants fill health care workforce shortages, providing disproportionate amounts of care overall and particularly for key shortage roles such as rural physicians Baye et al., 2020). Immigrant health care workers are, on average, more educated than US-born workers, and they often work at lower professional levels in the US because of lack of certification or licensure. They work nontraditional shifts that are hard to fill (such as nights and weekends), and they bring linguistic and cultural diversity to address the needs of patients of varied ethnic backgrounds (Mesa et al., 2020). Workers prepared to fill these roles are already in short supply, and the Health Resources and Services Administration projects a 34 percent rise in the demand for direct care workers over the next decade, equivalent to a need for 650,000 additional workers. Projected shortages are compounded by high turnover and retention challenges, which create ongoing obstacles to maintaining a sufficient labor supply for long-term care.

Nurse burnout is a widespread phenomenon characterized by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy (Kelly, Gee & Butler, 2021). The shortage of health care providers is a major concern worldwide. A 2016 World Health Organization (WHO) report addressed the issue of the health care provider shortage, particularly the shortage of nurses, and how it will interfere with national and international efforts to enhance the health and well-being of the global population. The nursing profession in US, as in other countries, is facing an increase in the annual turnover rate among US nurses as a result of labor migration, the low number of females selecting a nursing career, and unattractive work conditions, which has led to a shortage of skilled and experienced nurses and a young nursing workforce (Wei, King, Jiang, Sewell & Lake, 2020). This nursing shortage has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice. In addition to shortage, health care sector in US has special situation of massive increase in demand on health care services. This has strengthened nurses' feelings of dissatisfaction and burnout. Abundant studies have documented the negative impact of burnout. Burnout lowers nurses' quality of life, performance level, and organizational commitment and increases their intention to leave the job

(Wei et al., 2020). As well, burnout increases turnover rates and negatively affects the quality of nursing care.

Structural empowerment was found to be important for both nurses' job satisfaction and quality of patient care as mediated by professional practice environment characteristics (Fragkos, Makrykosta & Frangos, 2020). In addition, both structural and psychological empowerments were found to be important for decreasing burnout and subsequently increasing intent to stay. Empowering leadership style (leading by example, informing, and showing concern with team) reduces nurses' feelings of emotional exhaustion and depersonalization through the mediation of trust in the leader and organization. Burnout is a common psychological phenomenon among nurses. It is characterized by a decline in physical, emotional, and psychological energy resulting from work-related stress that leads to cynicism toward clients and colleagues and feelings of low self-efficacy (Echebiri, Amundsen & Engen, 2020). Burnout may arise because of work overload; a lack of resources, control, and justice; value conflicts; and the absence of a sense of community. Burnout includes 3 key aspects: Emotional Exhaustion (EE): the state of being physically and emotionally exhausted by work stress, which is characterized by low energy, fatigue, depression, hopelessness, and helplessness; depersonalization (DP): the interpersonal aspect of burnout that manifests in unfeeling, negative behaviors toward others, and detachment from caring and instructions and Low Personal Accomplishment (PA): the state of negatively evaluating ones' self as being incompetent, unsuccessful, and inadequate; consequently, employees exhibit low levels of contribution to their work.

Clinician burnout is a threat to US health and health care. At more than 6 million in 2019, nurses are the largest segment of our health care workforce, making up nearly 30% of hospital employment nationwide. Nurses are a critical group of clinicians with diverse skills, such as health promotion, disease prevention, and direct treatment (Bakken & Winn, 2021). As the workloads on health care systems and clinicians have grown, so have the demands placed on nurses, negatively affecting the nursing work environment. When combined with the ever-growing stress associated with the coronavirus disease 2019 (COVID-19) pandemic, this situation could leave the US with an unstable nurse workforce for years to come. Given their far-ranging skill set, importance in the care team, and proportion of the health care workforce, it is imperative that we better understand job-related outcomes and the factors that contribute to burnout in nurses across the entire USA (Kannampallil, et al., 2021).

According to Shah, Gandrakota, Cimiotti, Ghose, Moore and Ali (2021), demanding workloads and aspects of the work environment, such as poor staffing ratios, lack of communication between physicians and nurses, and lack of organizational leadership within working environments for nurses, are known to be associated with burnout in nurses Keyser et al, 2021). However, few, if any, recent national estimates of nurse burnout and contributing factors exist. We used the most recent nationally representative nurse survey data to characterize burnout in the nurse workforce before COVID-19. Specifically, we examined to what extent aspects of the work environment resulted in nurses leaving the workforce and the factors associated with nurses' intention to leave their jobs and the nursing profession. Stress has been categorized as an antecedent or stimulus, as a consequence or response, and as an interaction. It has been studied from many different frameworks (or perspectives?). For example, Selye1 proposed a physiological assessment that supports considering the association between stress and illness. Conversely, Lazarus advocated a psychological view in which stress is "a particular relationship between the person and the

environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being (Shah et al., 2021).

Nevertheless, work stress and burnout remain significant concerns in nursing, affecting both individuals and organizations (Fu, Wang, Shi, Ren & Cao, 2021). For the individual nurse, regardless of whether stress is perceived positively or negatively, the neuroendocrine response yields physiologic reactions that may ultimately contribute to illness. In the health care organization, work stress may contribute to absenteeism and turnover, both of which detract from the quality of care. Hospitals in particular are facing a workforce crisis. The demand for acute care services is increasing concurrently with changing career expectations among potential health care workers and growing dissatisfaction among existing hospital staff. By turning toxic work environments into healthy workplaces, researchers and nurse leaders believe that improvements can be realized in recruitment and retention of nurses, job satisfaction for all health care staff, and patient outcomes particularly those related patient safety(Fu et al., 2021).

Numerous recent studies have explored work stress among health care personnel in many countries. Investigators have assessed work stress among medical technicians, radiation therapists, social workers, occupational therapists, physicians and collections of health care staff across disciplines (Wadasadawala et al., 2021). Most of the studies focused on nurses, but the studies were not always clear regarding which types of nursing personnel participated. Registered nurses (RNs) were the dominant focus. Other investigations considered licensed practical nurses (LPNs) and nursing aides; licensed nurses (e.g., RNs and LPNs); RNs, aides, and clerical staff; and generic assessments of nursing staff. The past decades have seen a growing research and policy interest around how work organization characteristics impact upon different outcomes in nursing. Several studies and reviews have considered relationships between work organization variables and outcomes such as quality of care, patient safety, sickness absence, turnover, and job dissatisfaction. Burnout is often identified as a nursing 'outcome' in workforce studies that seek to understand the effect of context and 'inputs' on outcomes in health care environments. Yet, burnout itself what constitutes it, what factors contribute to its development, and what the wider consequences are for individuals, organizations, or their patients is not always elucidated in these studies (Stevens, Hulme & Salmon, 2021).

Unlike depression, burnout refers specifically to a person's relationship to his or her occupation and usually results from long-term exposure to occupational stress (Folkman & Greer 2020, Ruotsalainen et al. 2018). Burnout is particularly prevalent among human services professionals whose positions involve interactions with people (Felton 1998). In addition, burnout may lead to adverse outcomes such as medical errors, suicide, depression and absenteeism (Dimou et al. 2016). Nurses are a key group of health service providers; nursing involves experiencing job stressors that may cause exhaustion and thereby affect nurses' mental health (Purcell et al. 2020). Nurses accordingly experience considerable burnout (Skinner et al. 2019). Nurse burnout rates range from 32% in Scotland to 54% in the USA (Kravits et al. 2019). Nurse burnout affects nurse retention rates; additionally, nursing shortages exist globally, including in the United States (AHCA/NCAL 2018), Japan (Maruyama et al. 2016) and China (Wang et al. 2020).

The stress of caring for elderly parents can feel unending; caregivers lament and grieve the life that existed before becoming a caregiver (Buheji & Ahmed, 2021). While caring for a loved one can be very rewarding, it also involves many stressors. And since caregiving is often a long-term challenge, the emotional impact can snowball over time. You may face years or even decades of

caregiving responsibilities. It can be particularly disheartening if you feel that you're in over your head, if there's no hope that your family member will get better, or if, despite your best efforts, their condition is gradually deteriorating. Feeling powerless is the number one contributor to burnout and depression (Wu, Liu, Cao, Ying, Park, Feng & Liao, 2021). And it's an easy trap to fall into as a caregiver, especially if you feel stuck in a role you didn't expect or helpless to change things for the better. But no matter the situation, you aren't powerless. This is especially true when it comes to your state of mind. You can't always get the extra time, money, or physical assistance you'd like, but you can always get more happiness and hope. It's worth noting that caring for an aging parent while challenging can have many positive effects on the whole family. There's an added sense of purpose, the ability to nurture an intergenerational bond and the knowledge that you're making a difference in the life of your parent. Giving proper care and attention to yourself and your loved ones will create a healthier, happier environment sure to improve everybody's quality of life.

1.2 Statement of the Problem

The senior population in the U.S. faces various challenges in obtaining and maintaining many health services that people in good health take for granted. As a result, legislators have enacted several mandates that encourage preparation for retirement, support senior care and allow greater numbers of aging patients to remain in their homes. This is critical for seniors, especially those diagnosed with acute health conditions who are the most vulnerable. To aid in delivering treatment to the growing senior population, America's health care talent pool needs an infusion of capable professionals ready to deliver services to the this special group. Seniors benefit greatly from services for depression and anxiety provided by mental health specialists who deliver treatment in patients' homes. For more serious behavioral health conditions, this population needs specialized treatment delivered by inpatient geropsychiatric professionals. Finally, memory and cognitive disorders represents another service area where this populations' service needs demand more trained talent. In 2019, The American Nurses Association (ANA) convened a professional issues panel to develop policy and identify strategies to address barriers to nurses and other health care workers reporting violence and abuse, and to strengthen 'zero-tolerance' policies.

In the past decade or so, there has been a 110 percent spike in the rate of violent incidents reported against health-care workers. In one informal survey, as many as one-in-four nurses suggested that they had been attacked at work between 2013 and 2014 alone. Patients often kick, scratch, and grab them; in rare cases even kill them. In fact, there are nearly as many violent injuries in the health-care industry as there are in all other industries combined. Health-care workers make up 9 percent of the workforce. There are currently no federal rules mandating that hospitals attempt to protect nurses from violence in the workplace, though some states have passed them on their own. State-specific measures include requirements that hospitals develop violence-prevention programs, such as teaching de-escalation techniques, and increased penalties for people convicted of assaulting health-care workers. In October, California passed the toughest guidelines in the country, obligating health-care employers to develop tailored violence-prevention plans for each workplace with employees' input. But the problem has gotten so bad that the U.S. Department of Labor is considering setting nationwide workplace-safety standards for hospitals in order to prevent this kind of abuse.

1.3 Study Objective

To investigate job stressors and burnout among immigrant nurses caring for the elderly in the United States of America: The role of working environment conditions.

2.2 Literature

Shah, Gandrakota, Cimiotti, Ghose, Moore and Ali (2021) in a study sought to measure rates of nurse burnout and examine factors associated with leaving or considering leaving employment owing to burnout. This secondary analysis of cross-sectional survey data from more than 50 000 US registered nurses (representing more than 3.9 million nurses nationally) found that among nurses who reported leaving their current employment (9.5% of sample), 31.5% reported leaving because of burnout in 2018. The hospital setting and working more than 20 hours per week were associated with greater odds of burnout. This secondary analysis used cross-sectional survey data collected from April 30 to October 12, 2018, in the National Sample Survey of Registered Nurses in the US. All nurses who responded were included (N = 50 273). Data were analyzed from June 5 to October 1, 2020. The weighted sample of 50 273 respondents (representing 3 957 661 nurses nationally) was predominantly female (90.4%) and White (80.7%); the mean (SD) age was 48.7 (0.04) years. Among nurses who reported leaving their job in 2017 (n = 418 769), 31.5% reported burnout as a reason, with lower proportions of nurses reporting burnout in the West (16.6%) and higher proportions in the Southeast (30.0%). Compared with working less than 20 h/wk, nurses who worked more than 40 h/wk had a higher likelihood identifying burnout as a reason they left their job (odds ratio, 3.28; 95% CI, 1.61-6.67). Respondents who reported leaving or considering leaving their job owing to burnout reported a stressful work environment (68.6% and 59.5%, respectively) and inadequate staffing (63.0% and 60.9%, respectively).

Raftopoulos, Charalambous and Talias (2012) while examining the factors associated with the burnout syndrome and fatigue in Cypriot nurses revealed that A total of 1,482 nurses (80.4% were females) working both in the private and public sectors completed and returned an anonymous questionnaire that included several aspects related to burnout; the MBI scale, questions related to occupational stress, and questions pertaining to self-reported fatigue. Two-thirds (65.1%) of the nurses believed that their job is stressful with the majority reporting their job as stressful being female nurses (67.7%). Twelve point eight percent of the nurses met Maslach's criteria for burnout. The prevalence of fatigue in nurses was found 91.9%. The prevalence of fatigue was higher in females (93%) than in males (87.5%) ($p = 0.003$). As opposed to the burnout prevalence, fatigue prevalence did not differ among the nursing departments ($p = 0.166$) and among nurses with a different marital status ($p = 0.553$). Burnout can be associated adequately knowing if nurses find their job stressful, their age, the level of emotional exhaustion and depersonalization. It has been shown that the fatigue may be thought of as a predictor of burnout, but its influence is already accounted by emotional exhaustion and depersonalization.

According to Mayo, Kenny, Scarapicchia, Ohlhauser, Syme and Gawryluk (2021), Aging comes with many challenges. The loss of independence is one potential part of the process, as are diminished physical ability and age discrimination. The term senescence refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes. This section discusses some of the challenges we encounter during this process. Many older adults remain highly self-sufficient. Others require more care, because the elderly typically no longer hold jobs, finances can be a challenge. And due to cultural misconceptions, older people can be targets of ridicule and stereotypes. The elderly face many challenges in later life, but they do not have to

enter old age without dignity. At the start of the twenty-first century, the older population was putting an end to that trend. Among people over sixty-five years old, the poverty rate fell from 30 percent in 1967 to 9.7 percent in 2008, well below the national average of 13.2 percent (U.S. Census Bureau 2009). However, given the subsequent recession, which severely reduced the retirement savings of many while taxing public support systems, how are the elderly affected? According to the Kaiser Commission on Medicaid and the Uninsured, the national poverty rate among the elderly had risen to 14 percent by 2010 (Urban Institute and Kaiser Commission 2010). In addition, many people were gaining access to better healthcare. New trends encouraged people to live more healthful lifestyles by placing an emphasis on exercise and nutrition. There was also greater access to information about the health risks of behaviors such as cigarette smoking, alcohol consumption, and drug use. Because they were healthier, many older people continue to work past the typical retirement age and provide more opportunity to save for retirement. Will these patterns return once the recession ends? Sociologists will be watching to see. In the meantime, they are realizing the immediate impact of the recession on elderly poverty.

Jordan, Khubchandani and Wiblishauser (2016) examined the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance. A valid and reliable questionnaire was completed by 120 nurses in a Midwestern hospital in the USA. In general, the nurses were not healthy: 92% had moderate-to-very high stress levels; 78% slept less than 8 hours of sleep per night; 69% did not exercise regularly; 63% consumed less than 5 servings of fruits and vegetables per day; and 22% were classified as binge drinkers. When confronted with workplace stress, 70% of nurses reported that they consumed more junk food and 63% reported that they consumed more food than usual as a way of coping. Nurses in the "high stress/poor coping" group had the poorest health outcomes and highest health risk behaviors compared to those in other groups. The combined variables of perceived stress and perceived coping adequacy influenced the health of nurses. Therefore, worksite health promotion programs for nurses should focus equally on stress reduction, stress management, and the development of healthy coping skills.

According to Bakan and Inci (2021) within a hospital setting, nurses often face multiple sources of work-related stress including constant noise, interpersonal conflicts with other healthcare professionals, workload demands, conflicts with physicians, role conflicts, dealing with death and dying, lack of resources, lack of support from coworkers and supervisors, patient aggressiveness or violence, increasing patient loads, and challenging patients. The social environment of the workplace should not be underestimated in its ability to impact the stress level and health status of employees. For example, verbal abuse or harassment from supervisors, from coworkers, or from patients may lead to negative emotional coping behaviors (e.g., anger, humiliation, shame, and frustration) and negative physical health symptoms (e.g., stomach pain, headaches, and difficulty in sleeping). Nurses who are bullied or harassed may develop emotional problems (e.g., mood swings, anxiety, depression, and fear) or psychosomatic related health problems (e.g., gastric problems, headaches, and sensitivity to sounds) in as little as a few months of working in a negative work environment.

Muhamad Ramdan (2020) conducted a study with the aim of examining the sources and consequences of occupational stress on nurses' adequacy, productivity, efficiency. A systematic review was made in European Agency for Safety and Health at Work, National Institute for Occupational Safety and Health (NIOSH), Job Stress Network web sites for various publications and abstracts around the exact theme and the Occupational and Environmental Medicine Journal

using as key words stress, occupational stress, and Nursing. A number of aspects of working life have been linked to stress. Aspects of the work itself can be stressful, namely work overload and role-based factors such as lack of power, role ambiguity, and role conflict. Threats to career development and achievement, including threat of redundancy, being undervalued and unclear promotion prospects are stressful. Stress is associated with reduced efficiency, decreased capacity to perform, a lack of concern for the organization and colleagues. Conclusions: During last decade there has been increasing recognition of the stress experienced by hospital nursing staff. Although some stressful situations are specific to a particular type of hospital unit, nurses are subject to more general stress which arises from the physical, psychological, and social aspects of the work environment. High levels of stress result in staff burnout and turnover and adversely affect patient care. Interventions that are targeted at sources of occupational stress seem to be required in order to support nurses.

3.0 Methods

The study conducted a comprehensive literature review on job stressors and burnout among immigrant nurses caring for the elderly in the United States of America: The role of working environment conditions.

4.0 Results and Discussion of Findings

The US elderly population grows, health care workforce shortages (which already limit care) are expected to increase in the coming decades. The Institute of Medicine projects that 3.5 million additional health care workers will be needed by 2030. Currently, immigrants fill health care workforce shortages, providing disproportionate amounts of care overall and particularly for key shortage roles such as rural physicians. Immigrant health care workers are, on average, more educated than US-born workers, and they often work at lower professional levels in the US because of lack of certification or licensure. They work nontraditional shifts that are hard to fill (such as nights and weekends), and they bring linguistic and cultural diversity to address the needs of patients of varied ethnic backgrounds. This nursing shortage has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice. In addition to shortage, health care sector in US has special situation of massive increase in demand on health care services. This has strengthened nurses' feelings of dissatisfaction and burnout. Abundant studies have documented the negative impact of burnout. Burnout lowers nurses' quality of life, performance level, and organizational commitment and increases their intention to leave the job.

Within a hospital setting, nurses often face multiple sources of work-related stress including constant noise, interpersonal conflicts with other healthcare professionals, workload demands, conflicts with physicians, role conflicts, dealing with death and dying, lack of resources, lack of support from coworkers and supervisors, patient aggressiveness or violence, increasing patient loads, and challenging patients. The social environment of the workplace should not be underestimated in its ability to impact the stress level and health status of employees. For example, verbal abuse or harassment from supervisors, from coworkers, or from patients may lead to negative emotional coping behaviors (e.g., anger, humiliation, shame, and frustration) and negative physical health symptoms (e.g., stomach pain, headaches, and difficulty in sleeping). Nurses who are bullied or harassed may develop emotional problems (e.g., mood swings, anxiety, depression,

and fear) or psychosomatic related health problems (e.g., gastric problems, headaches, and sensitivity to sounds) in as little as a few months of working in a negative work environment.

Aspects of the work itself can be stressful, namely work overload and role-based factors such as lack of power, role ambiguity, and role conflict. Threats to career development and achievement, including threat of redundancy, being undervalued and unclear promotion prospects are stressful. Stress is associated with reduced efficiency, decreased capacity to perform, a lack of concern for the organization and colleagues. Conclusions: During last decade there has been increasing recognition of the stress experienced by hospital nursing staff. Although some stressful situations are specific to a particular type of hospital unit, nurses are subject to more general stress which arises from the physical, psychological, and social aspects of the work environment. High levels of stress result in staff burnout and turnover and adversely affect patient care. Interventions that are targeted at sources of occupational stress seem to be required in order to support nurses.

5.0 Conclusion and Recommendation

Stress, up to a certain point, will improve people's performance and quality of life because it is healthy and essential that they should experience challenges within their lives, but if pressure becomes excessive, it loses its beneficial effect and becomes harmful since it is the reaction of people under pressure or other types of demands placed on them and arises when they worry that they cannot cope. However, it is recognized that negative events do not always trigger psychological distress, which arises only when imposed demands are perceived to exceed ability to cope. It is important to recognize that stress is a state, not an illness, which may be experienced as a result of an exposure to a wide range of work demands and in turn can contribute to an equally wide range of outcomes, which may concern the employee's health and be an illness or an injury, or changes in his/her behavior and lifestyle.

This arises from a study that showed that three quarters of executives say that stress adversely affects their health, happiness and home life as well as their performance at work. Stress is an imprecise term, which is usually defined in terms of the internal and external stressful conditions. McGrath suggested that stress is caused when a person thinks that an environmental condition threatens to stretch the person's capabilities, and if the person does so, he/she receives less rewards than the expected ones. Also, McGrath supports that if a person fears the future and has low self-confidence, stress appears, while Arnold and Feldman suggest that stress is different from person to person depending on their reactions to changing situations. Williams and Huber support that stress is caused when a stressful situation, internal or external, lasts for a long time and the person perceives it as a threat irrespective of it being so, indicating the relativistic characteristic of stress. A more general definition is proposed by French, Kast and Rosenzweig, who believe that stress is neutral but when we exceed our limits or we are below them, burnout or rust out, respectively, are caused.

It is important to understand how work-associated stress affects nurses, and what factors in their working environment cause the greatest burden. It is also of great importance to gain more knowledge about nurses' working conditions, occupational stress and job satisfaction-knowledge that might be used to decrease their occupational stress and increase their job satisfaction. In an effort to contribute to the development of such knowledge, the Icelandic Nurses' Association (INA) collaborated with the Institute of Nursing Research at the University of Iceland on a survey on workload, working conditions, occupational stress, health, and job satisfaction among Icelandic nurses. It is not only organizational factors and tasks that cause occupational stress. The interaction

between organizational factors and the characteristics of individual workers also play a significant role. Because of different working conditions, education, social status and the autonomy of nurses in different culture, it can be assumed that occupational stress differs between cultures and countries. Therefore, there is a need to examine work-related stress among nurses in different countries, and the findings of such studies must be interpreted from the perspective of the socio-cultural surroundings in which they are conducted.

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