

CHAPTER ONE CHRISTAIN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

**STRESS LEVEL AND ITS IMPACTS ON THE JOB PERFORMANCE AMONG
NURSES AT KATH, SURGERY DEPARTMENT**

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DECLARATION

We have read the university regulations relating to plagiarism and certify that this report is all our own work and do not contain any unacknowledged work from any other source. We also declare that we have been under supervision for this report herein submitted.

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ABSTRACT

The aim of this is to identify the factors that cause the stress, the impact it has on the nurses performance and the coping strategies these nurses use in overcoming their job stress. Using a cross sectional research design, data was collected and collated on a total of eighty (80) nurses from the surgery directorate. A structured questionnaire covering the demographic data of the respondents, the sources of stress, the impact stress had on the performance of the nurse and the coping strategies they employ when under stress. The Statistical Package for Social Science (SPSS) version 16.0 was used to analyze the data and the results were presented in the form of frequency, percentage tables, pie chart and bar chart. The findings of the study revealed that Registered nurses are stressed and this have significant impact on their job performance. The greatest perceived sources of stress were performing procedures that patients experience as painful, inadequate staff , having to deal with abusive patients, performing difficult nursing tasks, inadequate items to work with, workload , emotional issues related to death and dying and long distance from home. The impact of stress had on job performance identified included long hours at work affecting their outside relationships, underperformance when under stress and pressure at work affecting health.

To cope with the enormous stress, the nurses resorted to taking a break, sick leave and annual leave

DEDICATION

We dedicate this study to the almighty God for the knowledge, strength and wisdom given to us to complete this study successfully.

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1.0 INTRODUCTION

In the past few years, there has been an increasing recognition and impact of job -related stress (Cox &Griffith, 1995). It has been recognized that job- related stress and depression are among the most important factors affecting the health of employees.

Twumasi, (2003) stated that nurses in Africa undergo stressful situations which make them dissatisfied and demotivated, but efficiency and quality of service is desired by all clients attending hospital and Ghanaian clients are no different.

The issue of stress management and how to cope are not adequately addressed in the country as a whole. Nurses are expected to deliver quality work performance and adapt to changing situations within the work arena and society in general (Gherman, 1981, Sperry, 1991).

1.1 BACKGROUND

Stress is an important psychological concept that can affect health, well-being and job performance in negative dimensions (Mojoyinola, 1984; Olaleye, 2002). According to Selye (1976), stress is a state within the organism, characterized by general adaptation syndrome. In other words, it is the non-specific response of the body to demand made upon it. It suggests excessive demand that produces disturbance of physiological, sociological and psychological systems.

Nursing has always been a stressful occupation due to its high emotional and physical demands (Repar & Pattuni, 2007). In recent decades, nursing's increasing complexity, responsibilities and health care demands have escalated the level of stress experienced in the profession.

In 2001, a survey conducted by the American Nursing Association, showed that over 70% of nurses surveyed, listed chronic or acute effect of stress and overwork among their top three

concerns. According to Krichaum *et al.* (2007) and Salmond (2005), hospital systems are designed with the intent to ensure standards of care and meet regulatory requirements. However, it has been shown to increase the workload of the nurse and to create increased documentations and system management responsibilities assigned to nursing personnel that reduce the time nurses spend performing their primary tasks-the care of the patient. Nurses' report that time spent away from the bedside is increasing (Salmond, 2005). It is reported that 40% of their time is spent performing tasks that do not primarily involve the patient.

The toll of these factors that create occupational stress on the nursing workforce is being realized by increasing nursing turnout, poor job performance and the decrease in the quality of care provided (Salmond, 2005; Rowe, 2003, Wu *et al.*, 2007). Nursing impact on those they care for extends beyond their ability to be empathic and caring, although that is what makes it unique.

It is essential for the health care industry to understand the factors that prevent nurses from a high level of job performance and work, in order to mitigate these factors, if they seek to improve quality of care. Extreme and prolonged stress in the workplace has been identified as a possible cause of decreased job performance for many professions, including nursing (American Nursing Association, 2001, Rauhala and Fagerstom, 2007). The source of stress for nurses in the healthcare setting include concern for their own physical safety, inter-and intra-professional conflict, organizational or system issues and the emotional needs of caring (Rauhala and Fagerstom, 2007).

1.2 PROBLEM STATEMENT

Work-related stress has been implicated as a major contributory factor to growing job dissatisfaction, rapid turnover, and high attrition rates among nurses (Lee 2003). It was found that job stress impacts not only on nurses' health but also their abilities to cope with job demands. This will seriously impair the provision of quality care and the efficiency of health service delivery.

In June, 2007, during the 23rd Annual and 11th Biennial National Delegates Conference of the Ghana Registered Nurses' Association (GRNA), the then president of GRNA announced that over 1,000 nurses have been taken through job stress and time management, emergency preparedness and health safety needs of the nurse. This action was necessitated by the fact that the association anticipated undue stress in the nurses following increasing nurse: patient ratio of (1:1, 451) (Ghana Health Service Annual Report 2007).

The current nurse-patient ratio in Ghana is 1:1400 (MOH, 2012). According to a study conducted by Royal College California, 2011 is 1: 1 to 6 depending on the unit assigned to work. This reflects a huge discrepancy and can indeed put a lot of undue stress on the few registered nurses who have to care for patients with high demands. The quality of health care delivery stands to be compromised. There is therefore the need to research into the stress level and its impact on job performance among registered nurse at KATH . This will help policy makers in the health delivery system to put measures in place to curtail the problem.

1.3 OBJECTIVES OF THE STUDY

-) To identify factors that causes job stress among nurses .
-) To examine the impact of stress on job performance of nurses
-) To find out the coping strategies nurses use in overcoming job stress

1.4 RESEARCH QUESTIONS

-) What are the factors that cause job stress among nurses?
-) What are the impacts of stress on job performance of nurses?
-) What mechanisms do nurses use to manage their job stress?

1.5 SIGNIFICANCE OF THE STUDY/JUSTIFICATION

It is essential for the authorities or managers of healthcare system to understand and appreciate the effects of the factors that prevent nurses from a high level of job performance and work and to mitigate these factors if they seek to improve the outcomes of patients care. Stress, being one of the factors, it is hoped that findings from the study will help policy makers and players in the healthcare industry to put measures in place to curtail this factor. Research results, by and large may also serve as basis for further research into other issues concerning job related-stress among health care givers.

Finally this study will add to the already existing body of knowledge related to stress and its impact on nurses' job performance.

1.6 OPERATIONAL DEFINITION

Job Stress: Harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or the need of the worker.

Performance: Is the outcomes and accomplishments valued by the organization or system that one works in.

Impact: The extent to which one variable has an influence on the other.

Nurse: A person educated and licensed in the practice of nursing; one who is concerned with the diagnoses and treatment of human responses to actual or potential health problems.

CHAPTER TWO

LITERATURE REVIEW

2.1 OVERVIEW OF JOB STRESS

Stress occurs in many circumstances but it is particularly strong when a person's ability to control the demands of work is threatened. Insecurity about successful performance and fear of negative consequences, resulting from performance failure may evoke powerful negative emotions of an anxiety, anger and irritation (Lee, 2003). The stressful experience is intensified if no help is available from colleagues and supervisors at work (Barling *et al*, 2003).

Sharahan & Mortimer (1996) distinguished between negative stress, termed 'distress' and positive stress, termed 'eustress'. Eustress refers to the healthy, positive, constructive outcome of stressful events and stress response. Eustress is the stress experience that activates and motivates people to achieve their goals and succeed in their life's challenge. What it means is that people need some stress to survive and that is why Selye (1976) views stress as the spice of life, and the absence of stress, death.

2.2 CAUSES OF STRESS

According to Lee (2003), stress is recognized as an inherent feature of the work life of nurses; it has been indicated that job stress is significant in nursing. Nurses' high job stress is well documented, in particular, the job stress of nurses working in acute and specialized care units have been widely studied (Lee 2003). Heavy workload, poor staffing, dealing with death and

dying, inter-staff conflicts, support strains of shift work and lack of resources and organizational policies have been identified as major sources of job stress.

Nursing is characterized by exposure to a wide range of potentially stressful situations in workplace. Previous researches have shown that the job stress that occurs in nursing could be due to interactions with both patients and other nursing staff (McCouan, 2001; Ejaz *et al.*, 2008). A study by Lee (2003) also reviewed that nursing is by its very nature or occupation, subject to a high degree of stress.

Some studies of stress in nurses have been derived from data collected from nationwide survey of New Zealand nurses (Dewe, 2005), from nurses within Canada (Jamal, 2006) the USA (Humphrey, 1992) and Thailand (Pongruengplant and Tyson, 1997). These studies have identified several common sources of stress. These causes of job-related stress include workload pressures due to insufficient time and resources to complete nurses tasks, pressure due to ambiguity and coping with changing responsibilities; pressures dealing with patient and relatives, especially when patients are dying, pressures due to conflicting demands of work, home and finally organizational pressures due to nurses' lack of involvement in planning and decision making (Harris, 1989).

2.3 JOB-RELATED STRESS AMONG NURSES

Nursing, according to Rowe (2003) is known to be emotionally, physically and intellectually demanding work. Nursing is an emotional work where compassion is expected. Dealing with suffering is common and reports of inter-personal conflicts, including verbal abuse between colleagues are common (Rowe and Sherlock, 2005).

Nursing is also known to be physically demanding, with long hours and overtime, high expectations as well as physical daily demands of providing care to large numbers of patients with minimal resources and sometimes, poorly designed delivery system and working environment (Repar & Pattuni, 2007).

Stress is a contributory factor to organizational inefficiency, high staff turnover, and absenteeism because of sickness, decreased quality and quantity of care, increased cost of health care and decreased job satisfaction (Wheeler & Riding, 1994).

Albar *et al.*, (2005), in their study, examined the effect of social support on job stress and emotional exhaustion among hospital nursing staff in Serville, south of Spain. They found that social support had significant buffering effect on the level of stress and emotional exhaustion experienced by the nurses at work. Nurses who received high kin support and high level of co-workers and supervisors support experienced low level of jobs stress and emotional exhaustion than those who did not.

Nursing is also an intellectual profession with accountability to maintain competence and exercise informed judgment to seek consultation, accept responsibilities and delegate to others (American Nurses Association, 2001). This awareness of responsibility that the consequence of a mistake may be death or serious injury is another source of stress in the nursing profession (Rowe, 2003).

2.4 IMPACT OF JOB STRESS ON THE NURSES JOB OUTPUT

Prolonged occupational stress has been shown to affect nurses emotionally and physically, including symptoms of minor mental health morbidity, decreased job satisfaction, increased

burnout, compassion, fatigue, depression, illness and work – related injuries (Barling *et al.*, 2003).

Molassiotis *et al.* (1995), surveyed 129 nurses and 29 doctors in bone marrow transplant units. Half of the respondents were emotionally exhausted and 80% reported feelings of low personal accomplishment. The majority of these professionals had experienced difficulties in their personal lives which were directly linked to stress at work. These days, many organizations are facing economic loss related with job stress. Many companies are spending billions of dollars for costs related to job stress such as hospitalization fees (Greenberg, 1999).

Evaluation of the effect of a distressed nursing work force on an organization has shown increased absenteeism and turnover, decreased engagement and productivity and general workforce dissatisfaction (Pilette, 2005; Repar & Pattuni, 2007).

Certain responses indicate the presence of job stress in an individual, or group. It may manifest by the presence of headache, sleep disturbances, difficulty in concentration, short temper, stomach upset, job dissatisfaction and low morale (NIOSH, 1998). Other manifestations of presence of job stress include muscular tensions and ache, tightness in the chest, high blood pressure, heart problems, snapping and arguing with others, aggressive or hostile behavior, absenteeism and high staff on job turnover.

2.5 COPING STRATEGIES USED BY NURSES

According to Richardson & Poole (2001), coping can be defined as constantly changing cognitive and behavioral effort to manage specific external and /or internal demands that are appraised as taxing or exceeding the resources of the person.

Nurses who encounter stress at the workplace stand back from the situation to gain a clearer perspective (de Schepper *et al.*, 1997). Again, nurses establish a commonality with the patient to strengthen the nurse – patient relationship. For example, nurses could tell when patients feel powerless. Nurses and patients who discuss feelings often find they have similar emotions (de Schepper *et al.*, 1997).

Also, nurses adopt best practices, such as ensuring that the health care team set feasible patient goals and appropriate task delegation (de Schepper *et al.*, 1997). Lastly, nurses implement non-pharmacological strategies such as relaxation techniques, methods of distraction, passing daily activities and maintaining a positive attitude (Davis & White, 2001).

According to Robert & Snowball (1999), some nurses find closeness with patient as a means of reducing stress and enhancing job satisfaction, while others distant themselves from patients to avoid emotional stress.

CHAPTER THREE

METHODOLOGY

3.1 RESEARCH DESIGN

A cross-sectional survey was used. It is a quantitative study which is carried out at one point in time or over a short period. This design helped identify the sources of stress among registered nurses at the surgery department of KATH, its effects on job performance and mechanisms employed in coping with the identified stressors.

3.2 STUDY SETTING

The study was conducted at Komfo Anokye Teaching Hospital, specifically at the Department of Surgery. The hospital is the second biggest Teaching Hospital, located in the Kumasi Metropolis and situated at Bantama, a suburb of Kumasi in the Ashanti Region. The hospital was established in 1952 and upgraded to a teaching hospital in 1975. The surgery department has seven wards with one main theatre. Cases that are managed in the department include abdominal cases, urological cases, neurological cases, burns, plastic surgery, trauma and orthopaedics.

3.3 STUDY POPULATION.

The study population is composed of Registered General Nurses at the surgery department of KATH, making a total of 100. Out of this population, a sample size of 80 respondents was selected.

3.4 SAMPLING METHOD AND SAMPLING TECHNIQUE

The subjects of the study were Registered General Nurses who work at the various units in the Surgery Department at the hospital. A non probability sampling method of convenience was used. The method was used because participants were selected based on availability and willingness to take part in the study.

3.5 PRE-TESTING

The tool for data collection was pre-tested on Registered General Nurses at Suntreso Government Hospital which is a health facility different from the research setting. Twenty (20) respondents were used. There were no problems identified with the questionnaire so no modifications were made on the tool.

3.6 RESEARCH INSTRUMENT

The research instrument used was a questionnaire. The questionnaire was structured to have an introduction which stated our mission at the hospital and the importance of the research. The questionnaire was made up of four sections; namely Section A, Section B, Section C and Section D. Section A included short demographic data which was intended to establish rapport and make participants feel at ease. The Section B consisted of closed-ended and open-ended questions to elicit the sources of stress. Section C consisted of closed and open-ended questions as well as multiple choice questions to identify the influence of job stress on the nurses' job performance. Section D also contained closed-ended and open-ended questions on the nurses' response to job stress(Ref appendix i).

3.7 STATISTICAL ANALYSIS

The data collected was analyzed by employing the Statistical Package for Social Science (SPSS 16.0). The results were then represented in the form of frequency , percentage table, bar chart and pie chart. This was done to give a better understanding of data collected and also to enable quick and easy conclusion to be drawn from the findings

3.8 ETHICAL CONSIDERATION AND INFORMED CONSENT

An introductory letter was collected from the Department of Nursing and sent to the administration of Komfo Anokye Teaching Hospital, to obtain permission to use the facility for the research study. Registration was done online after which permission was granted us to use the facility for the research. Copies of the introductory letter were sent to the various wards where the research was conducted.

The respondents were adequately informed about all the relevant aspects of the study. This included the aim of the study, process and the fact that participation was entirely voluntary. Respondents were assured of their privacy and that information given would be kept highly confidential.

CHAPTER FOUR

RESULTS

4.0 INTRODUCTION

This study involved data collection from 80 sampled nurses from Komfo Anokye Teaching Hospital (KATH) on “stress and its impact on job performance among nurses at KATH (surgery directorate).

4.2 DEMOGRAPHY OF RESPONDENTS

From table 4.1, out of the 80 respondents, majority 63 (78.8%) was aged between 26-35 years, followed by 12 (15%) aged between 18 and 25 and the rest 5 (6.2%) were above 35 years.

Sixty six (66) of the respondents (82.5%) were females while 14 (17.5%) were males. In relation to professional rank, majority were Nursing Officer (NOs) 43 (53.8%), followed by Staff Nurses 33 (41.2%), Principal Nursing Officers (PNOs) 3 (3.8%) and one person, representing 1.2% did not disclose his or her rank.

With regard to number of years in service, majority of the respondents 49 (61.2%) had served for one year and below, while 21 (26.2%) had served for 5 years and above. On accommodation, most of the respondents 64 (80%) reside outside the hospital premises while 16 (20%) live on hospital premises.

Table 4.1 Demography of Respondents

Year Range	Frequency	Percent
18-25	12	15
26-35	63	78.8
36-45	2	2.5
46+	3	3.8
Total	80	100
Gender of Respondents		
Male	14	17.5
Female	66	82.5
Total	80	100
Marital Status		
Single	16	20
Married	64	80
Total	80	100
Professional Rank/Status		
Staff nurse	33	41.2
NO	43	53.8
PNO	3	3.8
Missing	1	1.2
Total	80	100
Respondents Number Of Years on Service in Their Current Post		
1 year and below	49	61.2
2-5	21	26.2
5+	7	8.8
missing	3	3.8
Total	80	100
Accommodations		
On Hospital Premises	16	20
Outside The Hospital Premise	64	80
Total	80	100

4.2 CAUSES OF STRESS

Table 4.2 Causes of stress

Causes of Stress	Agree		Neutral		Disagree		No response	
	Freq	%	Freq	%	Freq	%	Freq	%
Performing procedure that patients experience as painful	74	92.4	3	3.8	-	-	3	3.8
Having to care for many patients at a time	53	66.3	20	25	7	8.7	-	-
Performing a difficult procedure	69	86.2	5	6.2	6	7.5	-	-
Patients making unreasonable demands	58	72.6	19	23.8	3	3.8	-	-
Difficulty working with colleagues	53	66.2	17	21.2	10	12.5	-	-
Absence of Physicians in surgical emergencies	43	53.8	10	12.5	26	32.5	-	-
The death of a patient	60	75	3	3.8	16	20	1	1.2
Being exposed to health and safety hazards	56	70	11	3.8	13	16.3	-	-
Inadequate staff to manage the ward	73	91.2	1	1.2	6	7.5	-	-
Having to deal with abusive patients	72	90	5	6.2	3	3.8	-	-
Not enough items to work with	67	83.7	9	11.2	4	5	-	-

Table 4.3 Other forms of stress encountered at work

STRESS	FREQUENCY	PERCENTAGE (%)
Role conflict	2	2.5
Having to work with incompetent staff	3	3.7
Superiors humiliating you in front of patients	4	5.0
Maltreatment by senior staff	11	13.8
Relatives visiting unannounced whilst on duty	4	5.0
No rest/changing room	6	7.5
Long distance from home to work	28	35.0

Transport problems after afternoon shift	11	13.8
Bad hospital/ward management	3	3.7
Standing for long hours	8	10.0
Total	80	100

From (table 4.2), majority of the nurses 74 (92.4%) agreed that performing procedures deemed excruciating by the patients, make them stressed up. 3 (3.8%) were neutral and 3 (3.8%) did not respond to the assertion.

Again, response of the nurses shows that caring for many patients at a time is also a contributory factor to stress as 53 (66.3%) of respondents attested to this fact. 7 (8.7%) however argued otherwise and 20 (25%) were neutral. Also, 69 respondents, representing 86.2%, attested to the fact that they become stressed up when they perform procedures they find difficult. 6 respondents (7.5%) however, disagreed with assertion and 5 of the respondents (6.2%) were neutral. Furthermore, as high as 58 (72.6%) of the nurses attested to the fact that patients make unreasonable demands and this contributes to their stress at work. 3 (3.8%) of the nurses however disagreed.

About 53 (66.2%) admitted that working with some colleagues poses some amount of stress to them. 10 (12.5%) of the nurses held a contrary view. Also, 43 (53.8%) of the nurses agreed to the assertion that, absence of physicians in surgical emergencies, stresses them up. However, 26 (32.5%) of the nurses disagreed with the claim. Whilst 16 of the respondents (20%) claimed that the death of a patient did not stress them, 60 of them, representing (75%) indicated they were stressed up. On whether respondents were stressed up when exposed to health and safety hazards, majority (70%) of the nurses said they are stressed up when exposed to these hazards.

An overwhelming majority, 73 (91.2%) of respondents attested to the fact that inadequate staff to manage the ward, puts them through enormous stress.

About 72 respondents representing (90%) agreed to the fact that dealing with abusive patients poses considerable amount stress to them and 67 respondents representing 83.7% said they become stressed up when there are not enough materials to work with.

From Table 4.2.1, long distance from home to work, transport problems after afternoon shifts, maltreatment by senior staffs and standing for long were among other causes of stress.

4.4 IMPACT OF JOB-RELATED STRESS ON NURSES

Table 4.4 Impacts of job-related stress on nurses

Impacts of job-related stress among nurses	Agree		Neutral		Disagree		NoResponse)	
	Freq	%	Freq	%	Freq	%	Freq	%
Problem of off work relationships	67	83.8	6	7.5	6	7.5	1	1.2
Perform better at work when under stress	13	16.3	16	20	51	63.8	-	-
Pressure at work affect nurses' work (but not leading to time off work)	24	30	12	15	44	55	-	-
Pressure at work affect nurses health (leading to time off work)	34	42.4	17	21.2	29	36.2	-	-
Nurses feel very dissatisfied with their work	20	25	28	35	32	40	-	-
Nurses often wish they were rather in a different profession	24	30	9	11.3	47	58.8	-	-
Nurses often encounter occupational accidents when on duty	35	43.7	15	18.8	30	37.5	-	-
Nurses feel depressed as a result of their job performance	29	36.3	6	7.5	45	56.3	-	-

From Table 4.3 above, the respondents were asked whether they spend so much time at work, and whether their outside relationships are affected. About 67 respondents (83.8%) agreed that

their outside relationships are affected as a result of their work schedule. 6 of them (7.5%) however disagreed.

On the issue of performing better under stress, 13 (16.3%) of the nurses indicated they perform better under stress, while 51 (63.8%) of them said they perform poorly under stress.

About 24 (30%) of the respondents said pressures at work affect their health, but does not lead to time off work. However, a higher proportion, 44 (55%) were in disagreement. Also, 34 (42.4%) of the respondents said that pressures at work affect their health, leading to time off work, while 29 (36.2%) of them were in disagreement with the assertion. 20 (25%) of the nurses feel very dissatisfied with their work when stressed up, while 32 (40%) of them were of a contrary view.

Regarding whether nurses wished they were rather in a different profession, only 24 (30%) of the respondents wished they were in different profession, while 47 (58.6%) were still content with their profession. Again, on the issue of nurses often encountering occupational accidents when on duty, 35 (43.7%) of them agreed to the assertion that they often encounter occupational accidents when on duty, as a result of stress. 30 (37.5%) of them however disagreed with the assertion.

Furthermore, 29 (36.3%) of respondents feel depressed as a result of their job performance, whereas 45 (56.3%) did not experience any depression.

4.5 COPING STRATEGIES NURSES USE IN OVERCOMING STRESS

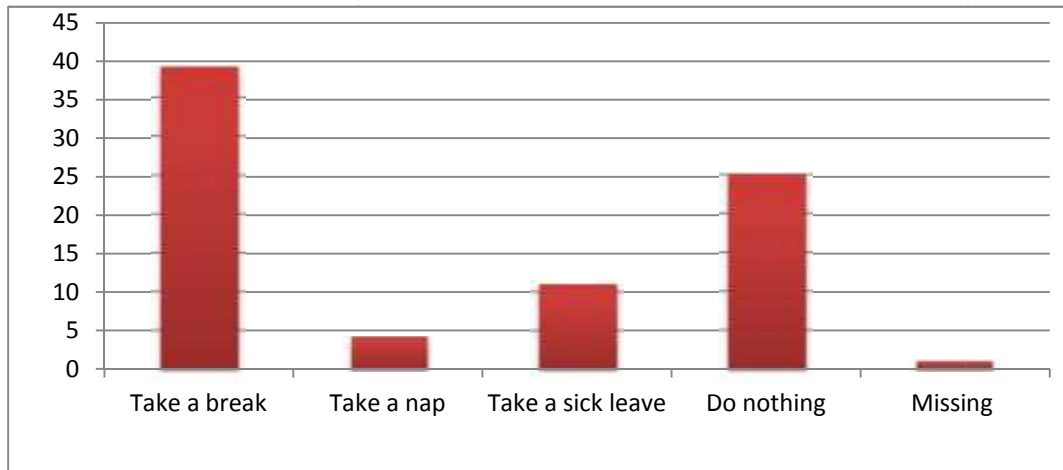


Fig 4.1 what most nurses do when under stressed

From the figure above, 39 (49%) of the respondents resort to break hours when under stress, 25 (31%) virtually do nothing, 4 (5%) take a nap when under stress.

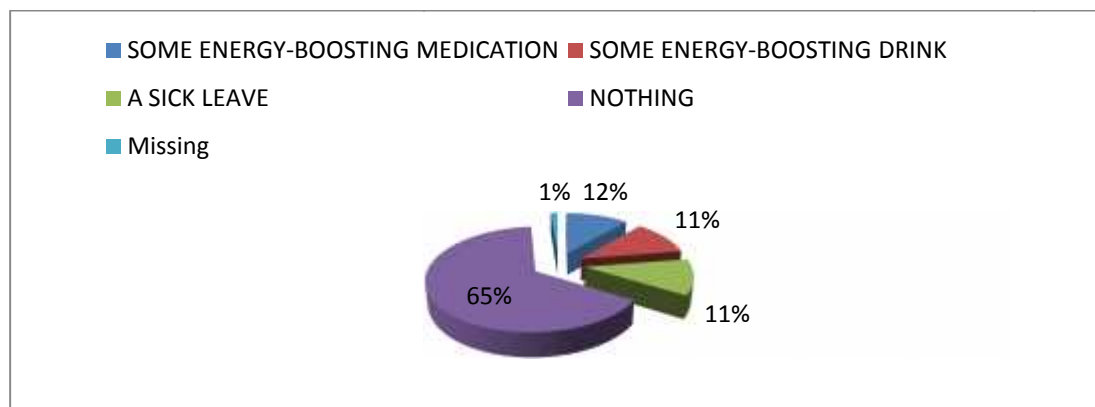


Figure 4.2 what nurses do when they anticipate stress task.

Most of the nurses do nothing when they anticipate stressful task as shown in the table with 52 (65%) of the respondents. Uniformly, 9 (11.2%) takes some energy boosting medications and drink or request to go on sick leave.

Table 4.7 Other Mechanisms employed when under stress

Mechanisms employed when under stress	Frequency	Percentage
Read interesting and inspiring novels	2	2.5
Interact with patients and relatives	14	17.5
Sit down for a while to relax	5	6.3
No response	25	31.3
Take some day off and rest by requesting for a leave	10	12.5
Pray for God's guidance	4	5.0
Take a phone to call a love one	5	6.3
Sleep a while and chat with others	6	7.5
Just endure	9	11.3
Total	80	100

From the above table, some of the other coping mechanisms employed by respondents includes; interacting with patients and relatives, taking some days off duty by requesting for leave and others just endure.

CHAPTER FIVE

5.0 DISCUSSION

This study was to identify the causes of stress among nurses, to examine the impact of job-related stress on job performance among nurses and to determine the coping strategies nurses use in managing job related stress at the surgery department of KATH-Kumasi.

5.1 The causes of job -related stress among nurses

In an attempt to find the factors that cause job stress amongst the nurses at the surgery department of KATH, the following factors were identified

5.1.1 Having to care for many patients at a time.

The majority 53 (66.3%) agreed that large amount of workload put undue pressure on them resulting in stress, is in accordance with the findings of Lee (2003), in a nationwide survey of New Zealand nurses. Similar observations were made by Dewe (2005), in Canada, and Jamal (2006) in the USA, as well as in Thailand (Pongruengphilant & Tyson, 1997) which cited work overload as a cause of job related stress.

5.1.2 Patients making unreasonable demands.

Majority of the nurses, 72.6% asserted that unreasonable demands from patients is a contributory factor to their stress at work. This also affirms the proposition of others (McCouan, 2001; Ejaz *et al*, 2008), which revealed that causes of job related stress in nursing could be due to interaction with patients.

5.1.3 Difficulty working with some colleagues

Most of the respondents, representing 53 (66.2%) were in agreement with the fact that working with some nurses (colleagues) poses some amount of stress to them. This is in conformity with the study outcome of Lee (2003:87) which states “inter-staff conflict as an inherent contributor to the nurses’ job stress”.

5.1.4 Absence of physicians in surgical emergencies.

Quite a significant number 43 (53.5%) of the nurses attested to the assertion that absence of physicians in surgical emergencies stresses them up. 26 (52.5%) of them indicated that, absence of physicians in surgical emergencies causes no stress to them. This supports (Lee, 2003:87) who suggested “support strain of shift work as a cause to nurses persistent stress”.

5.1.5 Inadequate staff to manage the ward.

An overwhelming majority, 73 (91.2%) of the respondents agreed to the fact that inadequate staff to manage the ward puts them through a lot of stress. This finding conforms to that of Lee (2003:87) “poor staffing is recognized as a major cause of nurses’ stress”.

5.1.6 Having to deal with abusive patients.

72 respondents, representing 90% attested to the fact that dealing with abusive patients poses considerable amount of stress to them, supports some earlier studies (McCouan, 2001; Ejaz *et al*, 2008) which identified poor interaction from patients as one of the causes of stress to nurses.

5.1.7. Not enough items to work with.

Another factor, lack of equipment or logistics was reported by 67 (83.7%) of the respondents. This affirms findings of nationwide surveys of New Zealand nurses (Dewe, 2005), nurses within Canada (Jamal, 2006), the USA (Humphrey, 1992) and Thailand (Pongruengphilant & Tyson, 1997), which cited insufficient logistics as a cause of stress among nurses.

5.1.8. The death of a patient.

Every day, the nurse is confronted with grief and death as patients they cater for pass on. From this work, whilst 60 (75%) of them experience acute stress when the patient they were nursing passed on, 16 (20%) of the respondents experienced no stress. This in agreement with Lee's finding in 2003:87, "that nurses become stressed when they experience the death of their patients".

5.1.9 Other stressors.

-) Quite a significant number of the respondents 28 (35.0%) are stressed due to long distance from home to work. A few of them 2 (2.5%) also considered role conflict as a contributory factor to their stress.
-) The study also came out with the following unique factors as causes of nurses stress which were not supported by literature.

The results revealed that most nurses are stressed up when performing procedures that are painful to the patient such as intravenous cannulation in paediatrics, removal of stitches and passing of urethral catheter. 74 (92.4%) agreed that such a situation predisposes them to job stress. Again, an overwhelming majority 69 (86.2%) of the respondents become stressed up

when performing difficult procedures such as tracheostomy care, caring for pressure areas of obsessed comatosed patient and general ward wound dressing leading to long standing hours. 6 (7.5%) of them however did not consider difficult procedures as a cause of job stress.

Majority 56 (70%) of the nurses said they are stressed up when exposed to safety and health hazards at the work place.13 (16.3%) of the nurses however said these do not pose any stress to them.

5.2 IMPACT OF STRESS ON JOB PERFORMANCE

Job stress has an enormous impact on workers' job performance. A number of researches have shown that hospital nurses were under high levels of job stress from a number of sources which impacted significantly on their job performance (Tyler & Orshway, 1992).

Our study revealed that (83.8%) of the respondents have had problems with their outside relationship as a results of their work schedule. This shows that majority of the nurses have problems in their personal life which is directly linked to their work schedule. This is in agreement with the study of Molassiotis *et al.* (1995),which revealed that majority of the respondents had experienced difficulties in their personal lives which were directly linked to stress at work.

The study also revealed that those respondents who could not perform well under stress were more than those who perform better under stress (63.8%, as against 16.3%,) . This finding is in line with the claims made by Pitlete (2005) and Repar and Pattuni (2007). According to these researchers, the effects of a distressed nursing work force on an organization include increased absenteeism and turnover, decreased engagement and productivity and decreased general workforce satisfaction.

More of the respondents 34 (42.4%) said that pressure at work affect their health leading to time off work, while 29 (36.2%) felt otherwise. This agrees with Barling *et al.* (2003) who reported that prolonged occupational stress affects nurses emotionally and physically, leading to symptoms of minor mental health, morbidity, decreased job satisfaction, increased burnout, compassion, fatigue, depression and work-related illness.

The study further revealed that minority of the nurses 20 (25%) feel very dissatisfied with their work when stressed up while 32 (40%) of them argued that they are never dissatisfied with their work when under stress. This finding is in contrast to other reports (Pitlete, 2005; Repar & Pattuni, 2007) which stated general workforce dissatisfaction as an effect of work related stress.

When respondents were asked whether they encounter occupational accidents when on duty, minority of them 30 (37.5%) said they do not, while 35 (43.7%) said they do. This finding supports that of Barling *et al.* (2003:276) “prolong occupational stress has been shown to affect nurses emotionally and physically, including symptoms of minor mental health, morbidity, decreased job satisfaction, increased burnout, compassion, fatigue, depression, illness and work-related injuries”.

5.3 COPING WITH JOB STRESS

Another important aspect of the study was how nurses cope with workplace stresses. There are individual differences in coping, at least all the respondents in one way or the other had an idea about what coping was. Some of the coping mechanisms they were resorting to included “break-hours” when under stress. In a related work on nurses’ workplace stress and coping strategies by

de Schepper *et al* (1997), it was found out that most nurses in their quest to manage work place stress stands back from the situation to gain a clearer perspective.

However, 52 (65%) of the respondents also indicated that they do nothing when they anticipate their day to be stressful. This finding is in sharp contrast to the findings by Davis and White (2001) whose research revealed that most of the participants resorted to non pharmacological strategies such as relaxation techniques, methods of distraction, planning daily activities and maintaining a positive attitude when they anticipate their working hours to be stressful.

Again, in the same study, the nurses were found to establish commonality with the patient to strengthen the nurse-patient relationship. Nurses and patients who discuss their feelings often find they have similar emotions (de Schepper *et al.*, 1997).

The findings of our study support those of de schepper, *et al* 1997 above. 14 (17.5%) of the nurses indicated that they interact with patients and relatives when under stress.

Of the varying responses on other coping measures to stress, 10 (12.5%) indicated that they take some days off and rest, 6(7.5 %) said they sleep a while and chat with others. In reference to literature, previous research shows that some nurses realized that closeness with patients reduce stress and enhance job satisfaction, whereas others distant themselves from patient to avoid emotional stress (Robert and Snowball, 1999). This, nurses at the surgical unit of KATH practiced to relieve stress.

5.4 LIMITATION

The study is limited only to investigating into the causes, effects and coping mechanism employed in managing stress amongst registered general nurses at KATH, Surgery directorate.

5.5 CONCLUSION AND SUMMARY

The most important finding of this study was that registered nurses reported stress and this was high enough to be considered serious. The frequently reported sources of stress in descending order were as follows:

-) Performing procedures that patient experience as painful.
-) Inadequate staff to manage the ward.
-) Having to deal with abusive patients.
-) Performing procedures that one finds difficult.
-) Inadequate items to work with.
-) Emotional issues related to death and dying.
-) Absence of physician in surgical emergencies.

Others included long distance from work, transport problems after afternoon duty and maltreatment by senior staff.

According to the study, the most commonly reported effect of job stress was problem of off-work relationships, followed by performing poorly at work when under stress. The least reported effect was performing better when under stress.

Most of the nurses resorted to taking a break and sometimes a sick leave and interacting with patients and relatives as means of coping with the stress.

5.6 RECOMMENDATION

5.6.1 Recommendation related to nursing research

This study has identified the possible causes of stress and its impact on job performance experienced by registered nurses at surgery department of KATH, but it does not measure the intensity of stress experienced. Further research should be directed at the intensity of stress experienced by the nurses.

Replication of the study to include comparison with other tertiary hospitals as well as different levels and location of hospitals (secondary or primary, urban or rural).

Qualitative research could be used to explore and describe the experiences of registered nurses in their work environment.

Further research can also be centered on effect of stress management.

5.6.2 Recommendation related to nursing practice

The findings of the study revealed that nurses use various coping strategies in dealing with their work stress.

It would appear that organizational interventions such as providing more staff to adequately cover the unit might be more appropriate and may benefit the staff more than the stress management.

The necessary logistics and housing facilities should be provided for the nurses to make their work more efficient and stress-free.

Free in- service training, workshops and seminars should be organized for nurses on stress management and crisis intervention.

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QUESTIONNAIRE

We are Level 400 students of the CHRISTIAN SERVICE UNIVERSITY COLLEGE. This questionnaire is part of a study to evaluate **“Stress and its impact on job performance amongst nurses at KOMFO ANOKYE TEACHING HOSPITAL (SURGERY DIRECTORATE).** Your assistance is required in this regard.

SECTION A: Demographic Data

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SECTION B: Causes of Stress

Below is a list of situations that commonly occur in a work setting. For each situation you have encountered in your present work setting, please indicate by ticking the appropriate box how stressful it has been for you:

Please tick the box for each question that comes closest to reflecting your opinion about it.	Agree	Neutral	Disagree
1. Performing procedures that patients experience as painful			
2. Having to care for many patients at a time			
3. Performing a procedure that one finds difficult			
4. Patients making unreasonable demands			
Difficulty in working with a particular nurse (or nurses) in my immediate work setting			
6. Absence of physicians in Surgical emergencies			
7. The death of a patient			
8. Being exposed to health and safety hazard			
9. Inadequate staff to manage the ward			
10. Having to deal with abusive patient			
11. Not enough items to work with			

Please state any other stress you encounter at work:

1.

2.....

3.....

SECTION C

JOB PERFORMANCE SURVEY (IMPACT OF JOB RELATED STRESS)

Please tick the box for each question that comes closest to reflecting your opinion about it.	Agree	Neutral	Disagree
1. I spend so much time at work that my outside work relationships are suffering.			
2. I often think I perform better at work when under stress			
3. Pressure at work has affected my health (but not leading to time off work)			
4. Pressure at work has affected my health (leading to time off work)			
5. I feel very dissatisfied with my work.			
6. I often wished I was rather in a different profession.			
7. I often encounter occupational accidents when on duty.			
8. I often feel depressed as a result of my job performance?			

Please state any other form of impact your job stress has on your job performance:

9.
.....
.....

SECTION D

STRESS RESPONSE

Please indicate by circling the following response strategies you often use when you are under stress at your job place.

1. When I am under stress at my work place, I often do the following:
 - A. Take a break Take a nap
 - B. Take a sick leave
 - C. Do nothing
2. Whenever I anticipated my task to be stressful, I often take:
 - A. Some energy-boosting medication
 - B. Some energy-boosting drinks
 - C. A sick leave
 - D. Nothing
3. Please indicate any other mechanisms you often employ when under stress at your work place.
 - (i).....
.....
 - (ii).....
.....

(iii).....
.....