CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

OCCUPATIONAL STRESS OF NURSES IN SUNTRESO GOVERNMENT HOSPITAL

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DECLARATION

We declare that this project except for the references cited which have been duly acknowledged is our own work undertaken during our training as general nurses at the Christian Service University College under the supervision of Dr. Kwabena Nsiah

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ABSTRACT

Stress has been recognized as an important feature of the work life of nurses, and growing evidence suggest that it may be increasing in severity (Lee 2003). Work-related stress has been identified as a major contributing factor to growing job dissatisfaction, rapid turnover, and high attrition rates among nurses. Stress has also been found to impact not only on nurses' health but also their abilities to cope with job demands. This seriously impairs the provision of quality care and the efficacy of health care delivery. The study explored the impact of stress on the work output of the nurses and their ability to deliver quality healthcare services. The study revealed that, all the nurses had experienced stress before and were able to state signs and symptoms of stress which included insomnia, headache, confusion, pyrexia and lack of appetite and less eating. The study revealed that there are numerous stressors in the hospital which included inadequate staff, work overload, lifting of heavy patients, long hours of work and shift work. As a result, some nurses made mistakes on the job and also, stress undermined the relationship existing among members of the healthcare team leading to confrontations.

Different coping strategies were adopted by respondents to cope with stress and these included listening to music, watching television, playing football, eating less among others.

DEDICATION

We dedicate this piece of work firstly to all the respondents who participated in this study. To our families, supervisor, colleagues and all our loved ones for their prayers and support.

ACKNOWLEDGEMENT

We are grateful first and foremost to the Almighty God for the knowledge, wisdom and strength given to us to undertake this study.

We sincerely thank our committed and hardworking supervisor Dr. Kwabena Nsiah for his support, patience, encouragement and guidance during the process of writing this research study.

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God bless you all.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Occupational stress is a recognized problem in health workers (Robinson et al., 2002). Nursing has been identified as an occupation that has high levels of stress (Xianyu & Lambert, 2006).

It has been found that job stress brought about hazardous impacts not only on nurses' health but also in their abilities to cope with job demands. This seriously impairs the provision of quality care and the efficacy of health service delivery (Lee, 2003). Stress has a cost for individuals in terms of health, wellbeing, and job satisfaction, as well as for the organization in terms of absenteeism and turnover, which in turn, may impact the quality of patient care(Cronin-Stubbs & Brophy, 1985).

Despite the widespread use of the word in both academic and nonacademic publications, there was a noticeable lack of consensus with regard to what actually constitutes stress. This situation evolved, in no small part, as a result of the various ways in which stress was operationalized (Parker &DeCotis, 1983). It has been studied from many different frameworks, for example, Selye(Selye, 1956) proposed a physiological assessment that supports considering the association between stress and illness. Conversely, Lazarus and Folkman(1984) advocated a physiological view in which stress is viewed as "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 wellbeing."

Stress is not inherently deleterious, however each individual's cognitive appraisal, his/her perceptions and interpretations givemeaning to events and determine whether events are viewed

as threatening or positive. (Lazarus & Folkman, 1984). Personality traits also influence the stress equation because what may be overtaxing to one person may be exhilarating to another.

Work stress in nursing was first assessed byMenzies(Menzies, 1960) who identified four sources of anxiety among nurses: Patient care, decision making, taking responsibility and change. The nurse's role has long been regarded as stress-filled, based on the physical labor, human suffering, working hours, staffing and interpersonal relationships that are central to the work nurses do. Since the mid-1980s, nurses' work stress has been escalating due to the increasing use of technology, continuing rise in health care costs (Jennings, 1994), and turbulence within the work environment. Most people can cope with stress for short periods but chronic stress produces prolonged changes in the physiological state. This stressor issue can be modified in a positive way by the use of appropriate stress management skills.

Thus, this study is aimed at finding out, the degree of professional stress among staff nurses and also various determinants, which have an impact on it so that strategies to improve their personal and professional quality of life can be recommended in the long run.

1.2 STATEMENT OF PROBLEM

Stress has been recognized as an important feature of the work life of nurses, and growing evidence suggest that it may be increasing in severity (Lee 2003). Work-related stress has been identified as a major contributing factor to growing job dissatisfaction, rapid turnover, and high attrition rates among nurses. Stress has also been found to impact not only on nurses' health but also their abilities to cope with job demands. This seriously impairs the provision of quality care and the efficacy of health care delivery.

In nursing, stress of working nurses is a worldwide issue and its prevalence is high. Gray-Toft& James(2002) investigated the causes and effects of nursing stress in the nursing workplace setting. It was hypothesized that the sources and frequency of stress experienced by nursing staff were associated with the type of unit in which they worked, levels of training, trait anxiety, and socio-demographic characteristics. It was also hypothesized that high level of stress would result in decreased job satisfaction and increased psychological problems among nursing staff.

Nursing is characterized by exposure to a wide range of potentially stressful situations in the workplace. The sources of these stressors in the nursing profession include interactions with both patients and other nursing staff (McGowan, 2001). According to Rosse and Rosse (2005), nurses have too many tasks to be done, as compared to other professions. Working in a stressful environment, role conflict, an unequal position, compared to other healthcare professionals and limited staff resources were all related to job stress. Another major source is role conflict which refers to the incompatible demands from various role senders or from multiple roles held simultaneously.

Numerous studies conducted by McGowan (2001), Garrosa*et al*. (2008), Walker (2008) showed that nurses with high job stress exhibit decreased job satisfaction, lesser hospital commitment, increased absenteeism and turnover intentions. In addition, studies by Rosse and Rosse(2005) and Mohr and Puck, 2007 suggest that high level of role conflict is related to lower job satisfaction, reduced organizational commitment and greater likelihood of turnover intention.

According to Berland*et al*. (2008) the negative effects of job stress on nurses have received increased attention in recent years. It has been found out that nurses who work in very stressful environments with minimal control and organizational interaction from colleagues may actually have a negative effect on patient safety. In addition, nurses with frequent job stress could

experience numerous psychological and physical problems (Wong *et al*., 2001). These include anxiety and depression on them. These psychological problems have been found to be related to the demographic variables including nurses' age, gender, educational level and work-related variables (e.g. employment status, work schedule) and have been discussed in relation to occupational burnout (Maslach*et al*., 2001;Piko, 2006).

Stress has various consequences on both psychological and physiological status of the individual leading to either structural or functional changes or both (Sullivan and Decker, 2003). To them 70% of all physical illness such as peptic ulcer, hypertension, migraine, diabetes mellitus and arteriosclerosis are attributed to stress.

This study aims at finding out the stress and coping strategies among nurses at the Suntreso Government Hospital in the Ashanti Region of Ghana.

1.3 RESEARCH QUESTIONS

- What are the factors that induce stress in nurses?
- What are the coping strategies employed by nurses in dealing with stress?
- What are the effects of stress on nurses working in the hospital?

SPECIFIC OBJECTIVES OF THE STUDY

This study is aimed,

- To identify the factors that induce stress in the nurses.
- To assess the coping strategies of the nurses.
- To identify the effects of stress among the nurses of Suntreso Government Hospital.

1.4 SIGNIFICANCE OF THE STUDY

The purpose of this study is to gain more information about nursing job stress, coping strategies, and the relationship between job stress and coping strategies, through identifying factors contributing to stress in nurses, the effects of stressors on nurses' health and the various coping strategies they employ.

Research on job stress and its coping strategies among nurses in Ghana are essential for both individuals and organizations. Although stress and coping strategies are very important topics, very little research about this topic is available in the country. The present review of nursing literature has highlighted a dearth of studies addressing stress and coping strategies in nurses.

This study is aimed at identifying some stressors and ways of coping. It will provide information which can be adopted by policy makers,while providing database for further studies within hospitals in Ghana.

1.5 DEFINITION OF TERMS

Wikipedia defines occupational stress to be related to one’s job, often stemming from unexpected responsibilities and pressures that do not align with a person’s knowledge, skills or expectations, inhibiting one’s ability to cope. (Wikipedia, 2016)

In this dissertation, the term occupational stress is used to mean hazardous impacts on the health status of nurses and also their abilities to cope with job demands.

Coping strategies refers to the perceptual, cognitive or behavioral responses used to manage, avoid or control situations that could be regarded as difficulty.

CHAPTER TWO

LITERATURE REVIEW

2.1 CONCEPT OF STRESS

Sullivan and Decker (2003) define stress as the body's reaction to a change that requires a physical, mental or emotional adjustment or response. According to them, stress can come from any situation or a thought that makes one feel frustrated, angry, nervous, or anxious. Stress can simply be due to some external forces affecting the individual. However, the individual responds to stress in ways that affect him or her as well as their environment.

Stress is a common phenomenon that occurs in life, but, it is perceived differently by individuals (Kanter, 2001). To some it is a stimulant, while others perceive it as a depressant. An element of it is necessary for normal life, but stress surpassing personal coping limit is no longer perceived as a stimulus, but as wear and tear, resulting in accidents or accident-prone behaviour, chronic fatigue and depression.

Stoner and Walker (1992) define stress as tension and pressure that results when an individual views a situation as presenting a demand which threatens to exceed his or her capacities or resources. Sullivan and Decker (2003) quoted Steer's definition of stress as the reaction of an individual to a demand made from the environment that posed a threat. It is when two or more incompatible demands are made on the body, causing a conflict.

Different jobs have varied degrees of stress and it is generally accepted that a certain amount of stress is essential to sustain life and also stimulate individuals to perfection. Thus, Sullivan and Decker (2003) asserted that when a degree of stress is equal to the degree of the ability to accommodate or cope, the person is in the state of equilibrium. His or her performance at work

and personal satisfaction is high and usually little or no harm will occur. On the other hand, when stress is greater than the ability to adjust, then there is a problem of poor performance.

Smeltzer and Brenda (2009) also defined stress as a state produced by changes in the environment that is perceived as challenging, threatening, or damaging to the person's dynamic balance or equilibrium. The change or stimulus that evokes this state is the stressor.

According to Smeltzer and Brenda (2009), a stressor may be defined as an internal or external event or situation that creates a potential for physiologic, emotional, cognitive, or behaviouralchanges in an individual. They went on to mention that stressors exist in many forms and categories and may be described as physical, physiologic, or psychosocial. Physical stressors may include cold, heat, and chemical agents; physiologic stressors include pain and fatigue.

Psychosocial stressors are fear of failing an examination and losing a job or perhaps a patient dying on your shift. Stress is the body's instinctive reaction to an environmental change like meeting a sudden deadline. In a related study, Wellker-Hood (2006) defined job stress as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker."

Stress itself is not necessarily damaging, some stress is good and necessary. Positive stress is referred to as eustress and can heighten and focus attention as well as increasing mental acuity. However, at some point the level of stress becomes too high and then no longer improves a person's performance but rather starts to impair his or her ability to meet the challenges the job presents (Wellker-Hood, 2006).

2.2 SOURCES OF STRESS

Stress is recognized as an inherent feature of the work life of nurses.In particular, the job of nurses working in acute and specialized care units (Lee, 2003). Heavy workload, poor staffing, dealing with death and dying, inter-staff conflict, strain of shift work, career progression , and lack of resources and organizational support have been identified as the major sources of job stress.

In a study, Stoner and Freeman (1992) indicated that the main source of stress is work overload, which could be qualitative and quantitative. In qualitative work overload, the individual lacks the skills or abilities to complete a job satisfactorily, while in quantitative work overload or role conflict, the individual has more than one work to complete at a time or in a given time. Other factors contributing to stress are organizational, interpersonal and individual factors. Organizational factors include the behaviour of the supervisor, where managers usually experience more stress because they are responsible for their staff, organization's welfare and other administrative roles. Meanwhile, the punitive and authoritative attitudes of managers could induce stress in the subordinates. Again, institutional factors such as norms, policies and expectations can be in conflict with the individual's values, resulting in stress. Also, changing environment where any form of change such as change of staff, an office or technological changes bring pressure to the care-giver who makes an attempt to learn new ways of doing things.

Inter-personal factors also contribute to stress (Stoner and Freeman, 1992). For instance, it is crucial in nursing to interact with various categories of people, including staff, clients or relatives of patients. As there are different grades of nurses, perceptions may differ which could result in conflicts and thus inducing stress. Interdisciplinary conflicts may also emerge when more than

two therapists are providing care to a patient, because opinions may differ which could contribute to stress. In addition, sometimes individuals find themselves assuming multiple roles and these could be sources of stress, such as a nurse in-charge combining managerial roles with nursing duties which could lead to conflict of interest and work overload. Individual factors such as individual experience in life which may include marriage,change of work, retirement, among others cause stress. Inequality of individual expectations and perception of performance can be frustrating (Stoner and Freeman, 1992).

Cocco*et al*. (2003) divided stressors in the nursing profession into three categories, personal (or inter-personal), inter-personal and work environment or organizational stressors. Personal stressors include an inability to manage home, work and sometimes also study responsibilities and an inadequate preparation of personnel for the demanding tasks of nursing. Inter-personal stressors reflect on relationships with doctors, supervisors, other senior personnel and colleagues. Work environment stressors include modern technology; that is, in essence, inhuman and depersonalized.

A high work load and long working hours that contribute to personal and social life, procedures that endanger nurses' lives, caring for and especially, dealing with pain, suffering and the dying, the strain of being exposed to making mistakes and managing demanding responsibilities, a lack of autonomy, role conflict and role ambiguity, and under- staffing are all factors leading to stress in the workplace (Cavanagh, 1997).

Kortum and Ertel (2003) conducted a study on psychological stress and well-being at work and asserted that stress is caused by a feeling of heavy responsibility towards patients, in addition to the fact that the personnel are faced with various hazards in the course of their daily activities.

Factors like strained family relations, burnout due to shift and night work, overtime work, contact with sick patients, are stressors to nurses or care- givers. Health personnel also find their job stressful, mainly because of the fast pace with which they have to keep up. Repetitive monotonous work has not disappeared, and in addition, having to work in poor working conditions, having to lift heavy patients and equipment, or working in painful positions are stressful. They further stated that, mental health problems and other stress-related disorders are recognized to be among the leading causes of early retirement from work and overall health impairment.

2.3 THE EFFECTS OF STRESS

Stress of work and burnout remain significant concerns in nursing, affecting both individuals and organizations. 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 (depression, heart attacks or ulcers) and can also lead to addictions as people try to relieve stress with alcohol or illegal drugs. Stress weakens the immune system and can cause the body to be unable to effectively fight illnesses. Stress has been regarded as an occupational hazard since the mid-1950s and in fact, occupational stress has been cited as a significant health problem in most nurses (Williams, 2000).

In a related study, Milliken *et al*. (2007) asserted that stress causes the sympathetic nervous system to flood the body with cortisol and adrenaline. This constant triggering of the sympathetic nervous system can exhaust the body and lead to health problems. These high levels of stress can lead to a myriad of physical symptoms: heart disease, migraines, hypertension, irritable bowel syndrome, muscle tension, back and joint pain and duodenal ulcers. In addition, high levels of

stress can also lead to mental health problems such as depression, insomnia, anxiety and feelings of inadequacy. The level of a nurse's stress will depend on her specialty and her general ability to handle stress.

According to Bonnie, there are many causes of stress in nursing, such as understaffing of shifts, patient deaths, long hours, insufficient pay, difficult patients, paperwork and deadlines. Conflicts with other health care professionals such as a disagreement over patient treatment can also increase the stress level. Conflicting values between nurses and co-workers create additional tensions in the units. In addition to dealing with a stressful occupation, nurses also have to deal with everyday stressors like having a baby or buying a house. (Bonnie, 2001)

Langford stated that the effects of stress in the nursing profession can lead to forgetfulness which then translates into decrease in efficiency and effectiveness of perioperative nurses. It can also undermine their relationship with co- workers on the job as stress can lead to conflict due to poor communication and anger at work. Long-term exposure to occupational stress can cause job burnout. Signs of burnout can include being unable to reasonably balance work and personal time, increased irritability with patients and co-workers, and a feeling of no job satisfaction.(Langford, 2006)

Chronic high levels of stress can lead to a depressed immune system, decreased cognitive functioning and ultimately even degenerative changes to the brain structures responsible for storing new information (Pipe *et al*., 2009). They further said stress particularly affects high-level cognitive skills such as attention and memory, which are critical components in quality nursing care. High levels of stress can lead to the phenomenon of burnout. Burnout is a feeling of being overworked, emotionally drained, and leads to lower productivity in both work and home life. Nurses find this syndrome of burnout to be a pervasive source of distress. Nurses who

become burnout can also become cynical and exhausted, leading to lack of proper patient care (Davies, 2008).

Similarly, Sardiwalla et al. stated that burnout is particularly common in the health care professions because of the emotional intensity of the relationships with their patients. He said physical symptoms of burnout include headaches, dizziness, insomnia, skin problems and gastrointestinal distress. (Sardiwalla*et al*., 2007)

Stress has various consequences on healthcare working environment. It could affect both physiological and psychological status of the person, leading to either structured or functional changes or both (Stoner and Freeman, 1992). To them 70% of all physical illness such as peptic ulcer, hypertension, migraine, diabetes mellitus and arteriosclerosis are attributed to stress. Psychological effects result in anxiety, fear, fatigue and low job satisfaction. It could also result in depression, leading to withdrawal from people, feeling of hopelessness, low self-esteem and sudden mood changes.

In addition, the individual could experience chronic stress which may predispose the individual to ineffective coping mechanisms such as poor performance at work, excessive use of alcohol and smoking, chemical and narcotic drug dependence, increased absenteeism.

Cartwright and Cooper (2003) suggested two types of symptoms of stress, individual and organizational symptoms. The researchers asserted that raised blood pressure, depressed mood, excessive drinking, irritability, and chest pains are individual symptoms, while high absenteeism, high labour turnover, industrial relation difficulties and poor quality control are organizational symptoms encountered in response to stressors.

2.4 COPING STRATEGIES

Coping can be defined as the constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. Coping activities may be problem-focused in that they are directed externally and involve attempts to manage or change the problem causing the stress. On the other hand, coping activities may be emotion-focused in that they are internally directed and involve attempts to alleviate emotional distress.

According to Lazarus and Folkman (2002), problem-focused coping includes problem-solving activities, recognizing one's role in solving a problem and confronting the situation by using some degree of risk-taking behaviour; while emotion-focused coping includes wishful thinking, avoidance of confrontationalbehaviour, and detachment or disengagement from the situation. Individuals use both problem-focused and emotion-focused coping when dealing with stressful situations.

The level of stress experienced and the extent to which adverse psychological and physiological effects of stress occur depend on how well the individual utilizes coping strategies in the organizational setting (Bhagat*et al*., 2001).

According to Fleishman (2005), coping could refer to either strategies or results. As a strategy, coping refers to the different methods that individuals employ to manage their specific circumstances,while results, refers to the eventual outcomes of the chosen strategy for the individual.

A study by Lazarus and Folkman (2002) identified and described eight coping strategies people use to contend with stress. These strategies tend to be either problem-focused or emotion-focused in nature. The eight strategies include:

Confrontive coping- is described as aggressive efforts to alter a situation that involve using some degree of hostility and risk-taking behaviour.

Distancing - is disengagement or detachment from a situation in an attempt to minimize the significance of the situation.

Self-control - involves efforts to regulate one's feelings and actions.

Seeking social support- involves efforts used to obtain informational, tangible and/or emotional support from others.

Accepting responsibility - recognizing one's role in solving a problem.

Escape-avoidance- wishful thinking and behavioural efforts to avoid confronting a problem or stressful situation.

Planful problem solving- involves efforts to alter the situation, including an analytic approach.

Positive reappraisal- is described as a spiritual dimension that includes giving positive meaning to a situation by focusing on one's personal growth experience.

Similarly, Levi (2001) asserted that coping responses can be described as positive or negative and as reactive (i.e. reacting to an individual's own thoughts and feelings) or active (dealing with actual stressful situations or events). Active or reactive coping responses can be positive or negative, depending on the situation and the content of the response. According to Levi (2001), people tend to use a number of different coping approaches rather than just one.

Positive coping strategy is learned techniques used by individuals to reduce tension stress, and anxiety; for example, deep breathing techniques, and relaxation exercises. These strategies can result in successful adaptation. In addition, they can be therapeutic and non-therapeutic.

Therapeutic coping strategies usually help the person to acquire insight, gain confidence to confront reality, and develop emotional maturity. The coping process is an important aspect of

the person-environment interface. The kinds of coping strategies used in a given situation are a function of individual differences in personality or experience as well as characteristics of the situation.

Stoner and Freeman (1992) indicated that certain factors enable individuals respond positively to stress. These are personal style and personality, which deal with how an individual perceives, interprets and responds to stressful events. Those who perceive it as a challenge are able to cope positively than the others. They further said the social support received from families, colleagues and friends enables an individual to adjust to situations better than those who do not receive any support or help. Again, the constitutional status, which is the individuals physical and health status influence his or her ability to cope positively to a situation. A healthy person usually can withstand a stressful condition.

A person appraises and copes with changing situations. The desired goal is adaptation or adjustment to the change so that the person is again in equilibrium and has the energy and ability to meet new demands. This is the process of coping with the stress, a compensatory process with physiologic and psychological components. Adaptation is a constant, on-going process that requires a change in structure, function, or behaviour so that the person is better suited to the environment; it involves an interaction between the person and the environment (Miller and Smith, 2004).

CHAPTER THREE

METHODS

3.0 INTRODUCTION

To ensure the collection of reliable and accurate information for the research work, certain procedures and methods were adopted. This chapter deals with the type of research, the research setting, the study population and sampling technique. It also involves the tools and methods used for data collection, the validity and reliability, ethical consideration and limitations of the study.

3.1 RESEARCH DESIGN

A quantitative descriptive research design was used. This design helped identify the sources of stress among nurses working in the hospital, the effects of stress, coping strategies and the measures that could be used to reduce stress.

3.2 STUDY SETTING

The study was conducted at Suntreso Government Hospital which is located in Kumasi, in the Ashanti Region of Ghana. The hospital was established in 1963 as an urban health centre to provide primary healthcare to residents of the Bantama Metropolitan Area and its environs and began operations in January 1964 after it had been commissioned in November of 1963.

The study was carried out at the Males' ward, Females' ward, Children's ward, Labour ward, Antenatal clinic of the Suntreso Government Hospital.

3.3 TARGET POPULATION

For this study, the population of interest comprised nurses working under the Ministry of Health and the Ghana Health Service, who were working in the Male, Female, Children, Labour and Antenatal wards at the Suntreso Government Hospital.

3.4 SAMPLE SIZE AND SAMPLING TECHNIQUE

A non-probability sampling method of convenience was used in choosing a sample size of 30 for the study. This method was used due to the fact that participants were selected based on their availability and willingness to take part in the study.

3.5 TOOLS AND METHODS OF DATA COLLECTION

Data were collected by the use of a written questionnaire, hand-delivered to the nurses at the hospital. Questionnaires were filled out by participants and returned to the researchers. The questionnaire had five sections. Section A: Demographic data of respondents, Section B: Questions on concept of stress, Section C: Questions on sources of stress to nurses, Section D: Questions on the effects of stress and Section E: Questions on coping strategies and measures taken to reduce stress. The use of a questionnaire was adopted for its convenience.

3.6 STATISTICAL ANALYSIS

Statistical Package for Social Scientists (SPSS) was used to analyze the collected data and presented by the use of tables, pie charts, bar charts and other statistical parameters, where necessary.

3.7 VALIDITY AND RELIABILITY

The drafted questionnaire was reviewed by the project supervisor and suggested corrections were made. Furthermore, a pre-test was done to test the adequacy and relevance of the questionnaire.

3.8 ETHICAL CONSIDERATION AND DATA COLLECTION

A letter of introduction from the Head of Nursing Department, Christian Service University College was sent to the Deputy Director of Nursing Services of Suntreso Government Hospital to obtain permission to carry out the research in the various wards. Consent of the nurses was sought and any confidential information was protected.

3.9 LIMITATIONS OF THE STUDY

A number of problems were encountered in carrying out this research. The major one was financial constraint which eventually led to our sample size choice of 30.

CHAPTER FOUR

RESULTS

4.0 INTRODUCTION

This chapter deals with the presentation of the results of the study. The findings were presented in the form of tables, pie charts, and bar charts. The findings were grouped under five (5) main headings, namely:

- Demographic data
- Concepts of stress
- Sources of stress
- Effects of stress
- Coping strategies used to reduce stress

4.1 DEMOGRAPHIC DATA OF RESPONDENTS

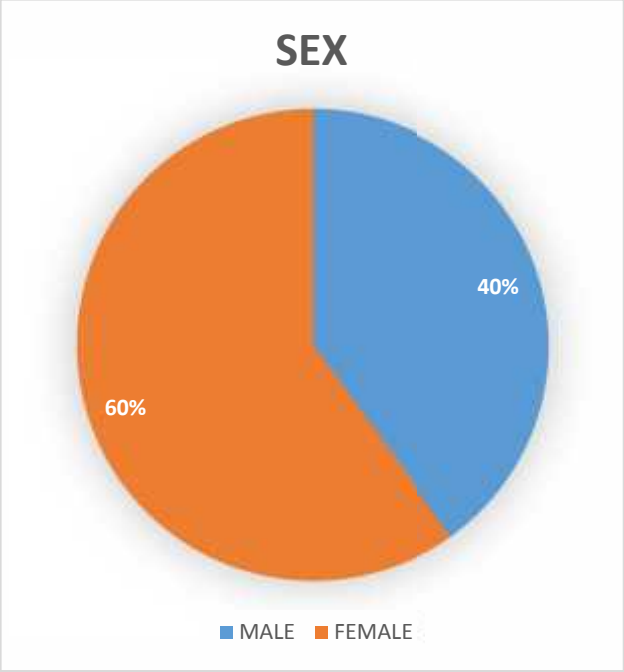

Figure 1: Gender of Respondents

Figure 1 shows that the majority 18 (60%) of the respondents were females, while 12 (40%) were males.

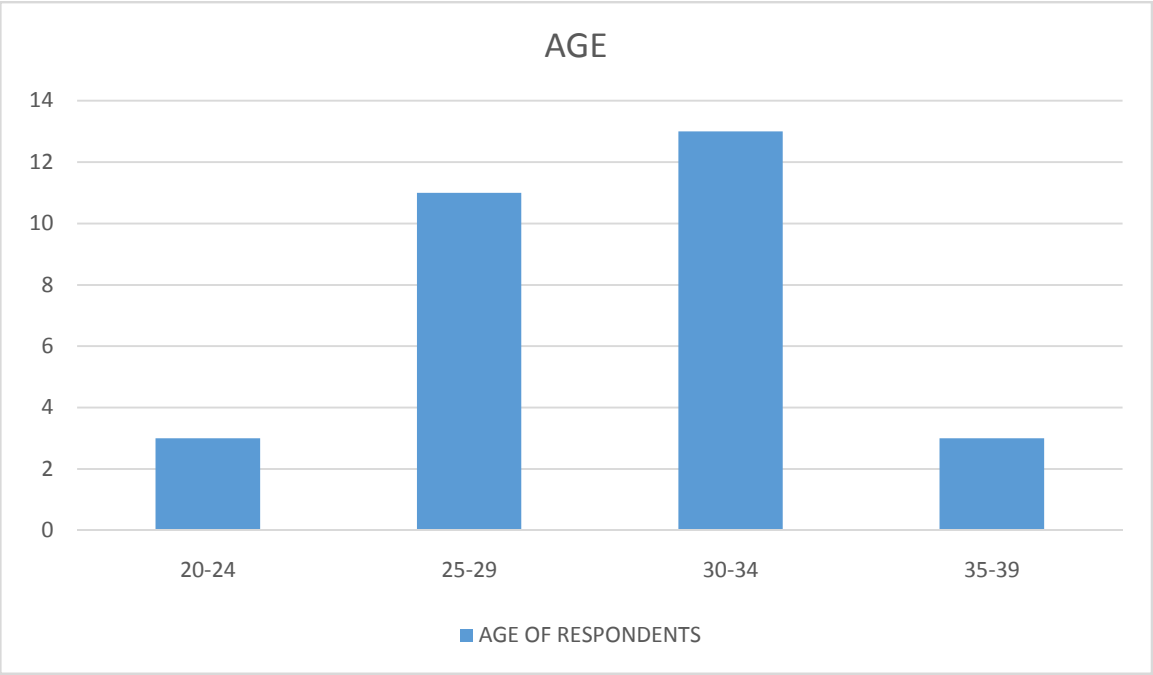

Figure 2: Age of respondents

In Figure 2; a majority of 13 (43.3%) were between the ages of 30-34, while two year groups 20-24 and 35-39 form the least.

Table 1: Ranks of Respondents

RANK	**FREQUENCY**	**PERCENTAGE %**
Staff Nurse	6	20.0
Senior Staff Nurse	12	40.0
Nursing Officer	3	10.0
Senior Nursing Officer	6	20.0
Principal Nursing Officer	3	10.0
Total	**30**	**100.0**

With respect to the ranks of the respondents, the majority 12 (40%) were senior staff nurses, while two ranks, nursing officers and principal nursing officers form the least representing 10% as presented in Table 1 above.

Table 2: Years in service

YEARS IN SERVICE	FREQUENCY	PERCENTAGES %
1 – 5	15	50.0
6 – 10	13	43.3
11 – 15	2	6.7
TOTAL	**30**	**100**

With regard to the number of years in service in their units, data collected indicated that 15 (50%) of the respondents had served between 1-5 years, while 2 (6.7%) have served in their unit for 11 – 15 years.

4.2 CONCEPT OF STRESS

Response to what the respondents think stress is

With respect to what stress is, respondents explained stress in their own words.

To 21 respondents, representing 70%, stress is extreme tiredness resulting from a demanding circumstance. Three(3) respondents, representing 10%, defined stress as an emotional or physical pressure on an individual, as a result of a pressing situation, leading to worrying, tension, extreme fatigue and dizziness.

However, 6 respondents representing 20% did not answer this part of the questionnaire.

Responses on adequacy of working equipment

All 30 respondents, representing 100% indicated that they had inadequate working equipment.

Responses on adequacy of number of staff

All 30 respondents, representing 100% said the number of staff at post was inadequate for their work.

Table 3: Responses to duration of working hours

No. of Hours	**Frequency**	**Percentage %**
5 – 10	27	90.0
11-15	2	6.7
16	1	3.3
Total	**30**	**100.0**

In response to the duration of working hours, a majority of 27 respondents (90%) said they work between 5-10 hours daily, while one respondent, representing 3.3% said she worked 16 hours daily.

Response to whether they get paid for extra hours worked out of normal working hours

All 30 respondents indicated that they do not get paid for working extra hours.

4.3 SOURCES OF STRESS

Table 4: Responses to average number of clients cared for in a day

No. of Clients	**Frequency**	**Percentage %**
2	2	6.7
3	1	3.3
4	2	6.7

5	4	13.3
6	7	23.3
7	1	3.3
8	3	10.0
9	3	10.0
10	1	3.3
12	2	6.7
NIL	4	13.3
Total	30	100.0

Response obtained and tabulated above revealed that on average, a respondent cares for 6 clients within a day.

Table 5: Factors that induce stress in the ward.

Factor	**Frequency**	**Percentage %**
Work overload	29	96.7
Staff shortage	30	100.0
Inadequate supplies	29	96.7
Lack of Organizational support	10	33.3
Lifting of Patients and equipment	5	16.7
Strain of Shift Work	27	90.0

Lack of Autonomy	10	33.3
Poor working conditions	26	86.7
Repetitive monotonous work	12	40.0
Working in Painful postures	14	46.7
Organizational policies	20	66.7

On the question of factors that induce stress in the ward, the respondents gave various answers, the most predominant factors were staff shortage, work overload, inadequate supplies, strain of shift work and poor working conditions.

Responses to other factors that cause stress in the ward.

With respect to other factors that causes stress in the ward, the respondents gave various answers. 3 respondents (10%) answered examinations, 1 respondent (3.3%) indicated poor working relations with supervisor, and another respondent (3.3%) also indicated interference from patient's relatives. However, 5 respondents (16.7%) also said patient refusal of treatment regimen is also a stress inducer. To 1 respondent (3.3%), depression is a factor that induce stress, and 2 respondents (6.7%) also indicated that wrong data from patients is a factor that induces stress in the ward.

4.4 EFFECTS OF STRESS

Table 6: Responses on effects of stress

Response	**Frequency**	**Percentage %**
Depression	12	40.0

Fear	8	26.7
Reduced Performance	5	16.7
Migraine	6	20.0
Forgetfulness	0	0.0
Insomnia	8	26.7
Irritability	16	53.3
Mood Changes	13	43.3
Anxiety	5	16.7
Fatigue	28	93.3

From Table 6 above, a majority of 28 respondents (93.3%) said stress leads to fatigue, 16 respondents (53.3%) indicated stress leads to irritability, 13 of the respondents (43.3%) said stress leads to mood changes, 12 respondents (40.0%) said stress leads to depression whiles 5 of the respondents (16.7%) indicated stress lead to anxiety and reduced performance.

Table 7: Number of times respondents fall sick in a year

Response	**Frequency**	**Percentage %**
1	8	26.7
2	8	26.7
3	1	3.3
4	2	6.7
5	2	6.7
8	1	3.3
TOTAL	**22**	**73.4**

From Table 7 above, a majority of 8 respondents (26.7%) said they fall sick once or twice in a year.Eight 8 respondents (26.7%) did not answer this part of the questionnaire.

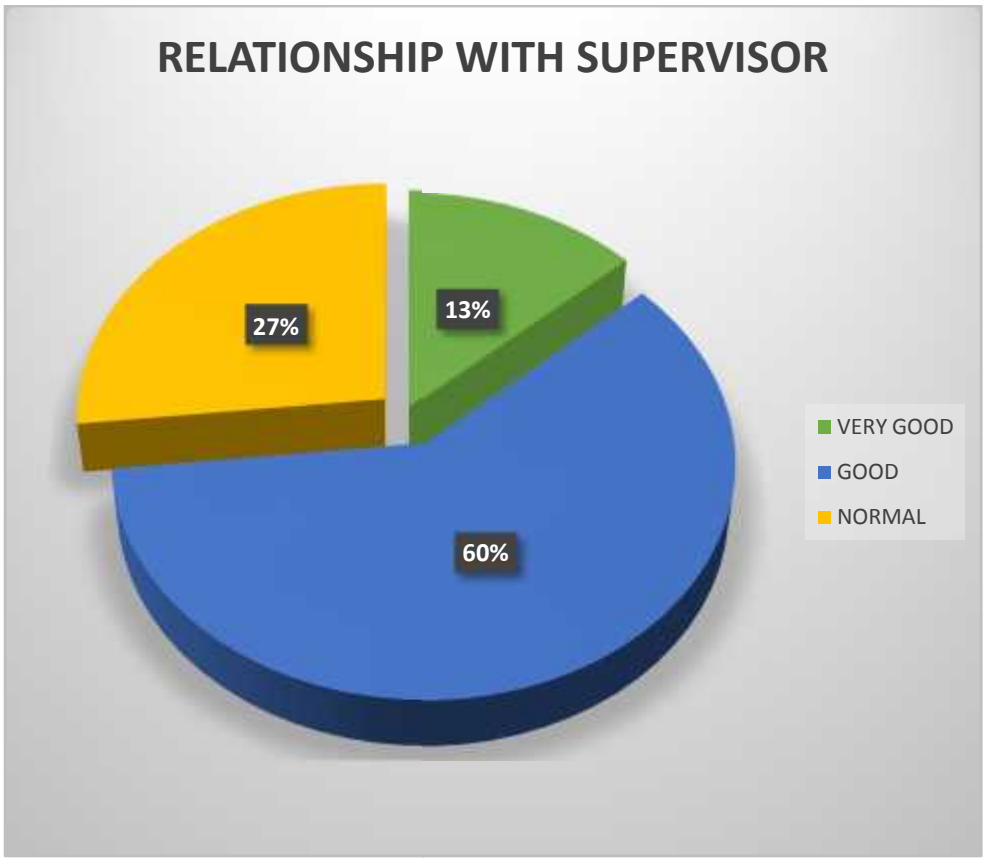

Figure 3: Relationship with Supervisor

In figure 3, a majority of 60% (18 respondents) said their relationship with their supervisor was good, whilethe least of 13% (4 respondents) said their relationship with their supervisor was very good.

4.5 COPING STRATEGIES

Table 8: Responses on coping strategies used

Response	Frequency	Percentage %
Listening to radio	16	53.3
Watching television	27	90.0
Smoking	0	0.0
Drinking alcohol	0	0.0
Eating more	0	0.0
Eating less	4	13.3
Deep breathing exercise	11	36.7
Using narcotic drugs	0	0.0

With respect to coping strategies used, a majority of 27 respondents (90%) indicated they watch television to cope with stress, while 4 respondents (13.3%) said they eat less to cope with stress. However, none of the respondents used drugs, smoked or drank alcohol to cope with stress.

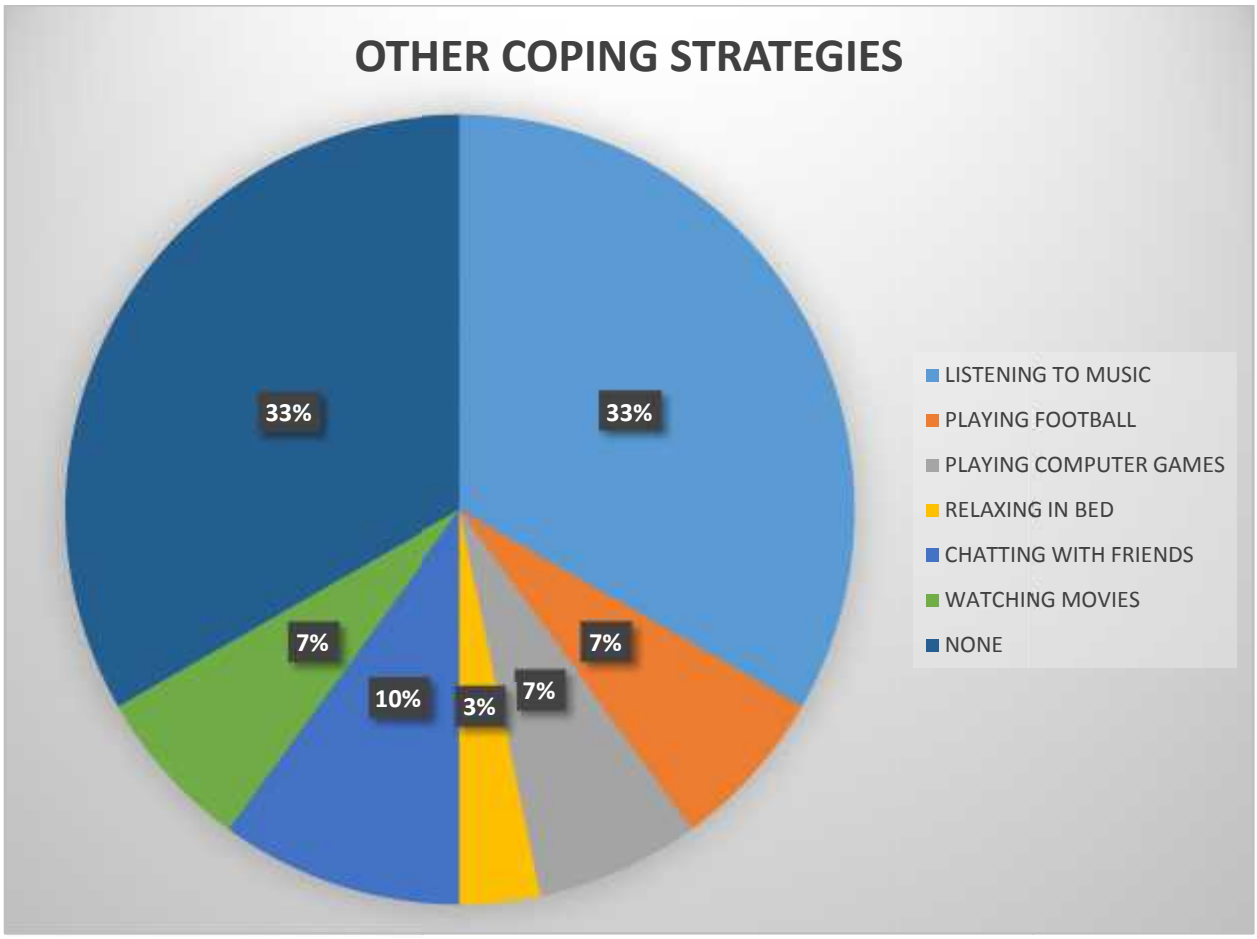

Figure 4: Other coping strategies

From the figure above, 33% (10 respondents) listen to music to cope with stress while the least of 3% (1 respondent) relax in bed to cope with stress.

Table 9: Effectiveness of coping strategies

Response	**Frequency**	**Percentage %**
Effective	13	43.3
Very Effective	16	53.3
Not Effective	0	0.0
None	1	3.3
TOTAL	**30**	**100.0**

In responding to how effective the coping strategy they use was, a majority of 16 respondents (53.3%) said their coping strategy was very effective.

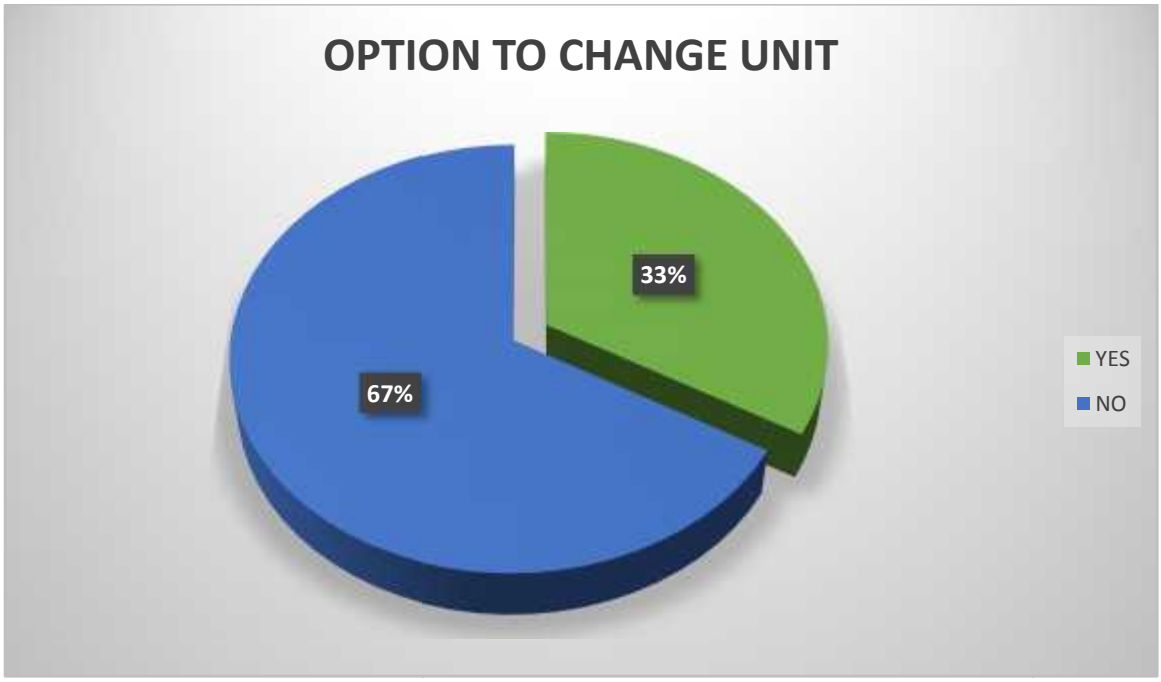

Figure 5: Option to change unit

Figure 5 above shows that 20 (67%) of the respondents preferred to stay in their unit, while 10 (33%) of the respondents would like to change.

When asked to give suggestions as to what the institution could do to reduce stress, 27 (90%) of the respondents stated if the authorities could employ more staff, 11 (36.7%) of the respondents mentioned equipment, supplies and logistics should be provided and 5 (16.7%) of the respondents said the equipment in the ward should be replaced with modern ones.

CHAPTER FIVE

DISCUSSION

5.0 INTRODUCTION

This chapter focuses on the discussion, interpretation of findings, conclusion and recommendations. The study examined sources and effects of stress on nurses working in the hospital and coping strategies used.

The findings are discussed under the following headings:

- Demographic data of respondents
- Concept of stress
- Sources of stress
- Effects of stress and
- Coping strategies used to reduce stress

5.1 DEMOGRAPHIC DATA OF RESPONDENTS

The data collected from the study revealed that majority of the respondents 18 (60%) were females and 12 (40%) were males which indicates that nurses working in the hospital were dominated by females.

All the respondents were aged between 20-44 years, indicating a young and energetic group working in the hospital. In view of their ranks, 6 (20%) respondents were staff nurses and 12 (40%) were senior staff nurses.

With respect to years in service, Table 2shows that most of the respondents have been in the hospital for the minimum of 5 years, and this could influence the way they perceive stress and the coping strategies adopted, as suggested by Lazarus and Folkman (2002).

The research showed that, even though most respondents with long years of experience indicated their work was stressful, they however indicated they will stay if given the chance to change units.

5.2 CONCEPT OF STRESS

Smeltzer and Brenda (2009) defined stress as a state produced by changes in the environment that is perceived as challenging, threatening, or damaging to the person's dynamic balance or equilibrium. This was supported with the findings of the study as all the 30 (100%) respondents were able to explain stress in their own words. The level of a nurse's stress will depend on his/her specialty and his/her general ability to handle stress.

Evidently, all the nurses working in hospital had experienced stress before and were able to state some signs and symptoms such as insomnia, headache, confusion, pyrexia and lack of appetite, which confirmed what Lee (2003) stated that stress is an inherent feature of the work life of nurses working in specialized care unit. It is also consistent with the observation made by Bonnie (2001) that there are many causes of stress in nursing at the surgical wards, such as under staffing, patient deaths, long hours, insufficient pay, difficult patients, paperwork and deadlines.

Conflicts with other health care professionals such as disagreement over patient treatment could also increase the stress level. Conflicting values between nurses, doctors and co-workers creates additional tensions in the units.

5.3 SOURCES OF STRESS

On the question of situations that induce stress in the theatre, the respondents mentioned staff shortage, work overload and inadequate supplies, as the main factors. These were some of the

situations inducing stress confirming the assertion by Lee's (2003) study which pointed out that, heavy work load, poor staffing, strain of shift work, and lack of organizational support were major sources of job stress.

This also confirmed Kortum and Ertel's, (2003) study which stated that health personnel find their job stressful, mainly because of the fast pace with which they have to keep up. Repetitive monotonous work has not disappeared, and in addition, having to work in poor working conditions, having to lift heavy patients and equipment, or working in painful postures is stressful. They further stated that for many nurses, it is all too frequent that the work environment is where they spend most of their working hours; performing activities that they perceive as demanding, constraining, and otherwise stressful.

5.4 EFFECTS OF STRESS

From Table 6, the main effects of stress were fatigue, irritability, mood changes and depression.

These findings confirmed the study by Stoner and Freeman, (1992) who said that stress had various consequences on health working environment. It could affect both physiological and psychological status of the person leading to either structured or functional changes. To them 70% of all physical illnesses such as peptic ulcer, hypertension, migraine, diabetes mellitus and arteriosclerosis were attributed to stress. Again, psychological effects resulted in anxiety, fear, fatigue and low job satisfaction. It could also result in depression, leading to withdrawal from people, feeling of hopelessness, low self-esteem and sudden mood changes.

5.5 COPING STRATEGIES

Levi (2001) asserted that coping responses can be described as positive or negative and as reactive or active. He said that people tend to use a number of different coping approaches rather than just one. Positive coping strategy for example, deep breathing techniques and relaxation exercises are learned techniques used by individuals to reduce tension, stress, and anxiety which could result in successful adaptation.

The coping strategies, as shown on Table 8 support Levi's assertion. The main coping strategies were watching television, listening to radio and performing deep breathing exercises. When stressed up, 16 (53.3%) of the respondents said they listened to radio, another set of 27 (90.0%) indicated they watch television and 11 (36.43%) stated they use deep breathing exercises. None of the respondents used drugs, smoke, drink alcohol or eat more when stressed up.

These findings confirmed Stoner and Freeman's (1992) study which indicated that certain factors enabled individuals respond positively to stress. These are personal styles and personalities which deals with how an individual perceives, interprets and responds to stressful events. Those who perceive it as a challenge are able to cope positively than the others. They further said the social support received from families, colleagues and friends enables an individual to adjust to situations better than those who do not receive any support or help.

On the question of changing of units, respondents who preferred to remain in the theatre were more than those who wanted a change. With regards to suggestions on what the institution should do to help reduce stress, the need for the employment of more nurses was the most prominent, followed by provision of needed equipment.

5.6 CONCLUSION

The study explored the impact of stress on the work output of the nurses and their ability to deliver quality healthcare services. The study revealed that, all the nurses had experienced stress before and were able to state signs and symptoms of stress which included insomnia, headache, confusion, pyrexia and lack of appetite and less eating.

The study revealed that there are numerous stressors in the hospital which included inadequate staff, work overload, lifting of heavy patients, long hours of work and shift work. As a result, some nurses made mistakes on the job and also, stress undermined the relationship existing among members of the healthcare team leading to confrontations.

Different coping strategies were adopted by respondents to cope with stress and these included listening to music, watching television, playing football, eating less among others.

5.7 RECOMMENDATIONS

The following recommendations are made based on the findings.

- Further studies should be conducted to look at stress among doctors and other health professionals since this study was limited to only nurses.
- More seminars, conferences, workshops and symposia must be organized, to expose nurses to the causes of stress and to also sharpen the coping skills for nurses to be able to handle well the effects of stress among them.
- Sample size should be large enoughfor the study to be representative of the majority of nurses and reveal the differences between the various variables under study.
- Other nurses in the government hospital should be included in the study in order to increase the generalization of findings.

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APPENDIX

QUESTIONNAIRE

Dear respondent,

We are students of Christian Service University College Nursing Department conducting a study on stress and coping strategies by nurses in this facility. Thank you for accepting to be part of this exercise. It is purely for academic reasons and any information provided will be treated confidential. You are assured that the information you will provide will be solely used for the purpose of this study.

INSTRUCTION

Please tick [√] or write in the appropriate spaces provided

SECTION A: PERSONAL DATA

1. Gender

Male [ ] Female [ ]

2. Marital status

Married [ ] Single [ ]

3. Age ……

4. Rank

SN [ ] SSN [ ] NO [ ] SNO [ ] PNO [ ]

5. How long have you been working in the ward?

……

SECTION B: CONCEPT OF STRESS

6. In your opinion, what would you say stress is?

……

……

7. Do you have enough equipment to work with?

Yes [ ] No [ ]

8. Do you think the number of staff at post is adequate for the work you do?

Yes [ ] No [ ]

9. Normally how long do you work in a day?

……

10. Do you get paid for extra hours?

Yes [ ] No [ ]

SECTION C: SOURCES OF STRESS

11. On average how many clients do you care for in a day?

……..

12. Please indicate any of the situations listed below that you think poses stress in the ward.

Work overload [ ] Strain of shift work [ ]

Staff shortage [ ] Lack of autonomy [ ]

Inadequate supplies [ ] Poor working conditions [ ]

Lack of organizational support [ ] Repetitive monotonous work [ ]

Lifting of patients and equipment [ ] Working in painful postures [ ]

Organizational policies [ ]

13. Which one of the situations selected above do you consider as most frequent and which is the most stressful? Please indicate below

Most frequent ……

Most stressful ……

14. State other factors that induce stress in the ward.

……..……

……..……

……..

SECTON D: EFFECTS OF STRESS

15. Which of these do you experience?

Depression	[ ]	Forgetfulness	[ ]	Anxiety	[ ]
Fear	[ ]	Insomnia	[ ]	Fatigue	[ ]
Reduced performance	[ ]	Irritability	[ ]		
Migraine	[ ]	Mood changes	[ ]		

16. How many times do you get sick in a year?

…….

17. How will you describe your relationship with your supervisor?

Very good	[ ]	Good	[ ]
Normal	[ ]	Poor	[ ]

SECTION E: COPING STRATEGIES

18. Which coping strategies do you use when you are stressed up?

Listening to radio	[ ]	Eating more	[ ]
Watching television	[ ]	Eating less	[ ]
Smoking	[ ]	Deep breathing exercises	[ ]
Drinking alcohol	[ ]	Using narcotic drugs	[ ]

19. State other coping strategies used.

……...…….

……

20. How effective is the strategy you use?

Effective [ ] Very effective [ ] Not effective [ ]

21. If you are given the opportunity to change to another unit, will you change?

Yes [ ] No [ ]

22. What do you think the institution should do to reduce stress in the various wards?

……

……

……