

OCCUPATIONAL STRESS AND ITS EFFECTS ON PERFORMANCE OF NURSES IN TERTIARY CARE ALLIED HOSPITAL FAISALABAD

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ABSTRACT

Background: Stress is physiological and mental reaction towards any events. There is evidence from previous researches that nurses are found in disorders related to health and duties' failures due to the considerable job stress. Some quantitative researches have been made to evaluate the job stress of nurses but there is lack of studies done on life experiences of nurses. **Objective of the study:** To identify the nurses' level of occupational stress and its impact on the performance of nurses in hospitals. **Methodology:** Descriptive cross-sectional study was conducted at emergency department of Allied hospital. The study was carried out on 103 nurses registered by Pakistan Nursing Council. Semi-structured occupational stress questionnaire was used to obtain the data. Data processed and analyzed in SPSS. **Results:** The result of the study on Depression Anxiety Stress Scale(DASS) shows the different levels of stress, as there was 66.1% severe stress, 27.1% moderate and 6.8% of the respondents were found under mild stress. This research found that stress levels affect the social accountabilities and expertise of nurses negatively. **Conclusion:** The level of stress in nurses is very high. Execution of proper administration and fundamental changes in benefit condition climate can reduce the level of stress in nurses. Nurses can enhance their emotional well ness and can maintain their stress level by utilizing these outcomes and this could guarantee the quality patient care.

Key words: Nurses, stress, Allied hospital, occupational stress, Pakistan

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INTRODUCTION

Nursing is recognized to be a remarkably stressful profession and at the same time, it is supposed to be as a rewarding and satisfying profession as well.¹

General well being of nurses diminishes by direct level of occupational stress. Occupational stress also affects nurses socially and physically in a negative manner. There are so many key factors to create occupational stress in nurses, such as absence of assets, absence of status, absence of self-rule, clashes, constant workload, absence of inspiration and lessened pay scale.²

Caring behavior of medical caretakers of numerous patients is reported.³ There is overburden on medical attendants to provide quality patient safety and this creates

occupational stretch on them. Previous studies highlighted that one of every five medical attendants wanted to transfer their employment's place and 40% healthcare workers suffer from impressive stress and work pressure is the main cause of stress.⁴

Occupational stress is a global issue and it is found worldwide among nurses.⁵ Other studies recommend that work related stressors are related with profession of nursing comprising shortage of information, poor assistance socially in addition turmoil impurity.⁶ A recent study confirmed that occupational pressure is extremely harmful for nurses.⁷ Physical and rational well being of nurses hindered by it during work. Due to occupational stress, nurses go through so many negative consequences like lack of inspiration, sickness, and weakened body

could create worry among nurses at workplace.⁸ General development of institution affected hugely by the occupational pressure.⁹ Worried representatives of an association can damage the overall performance of the association which could cause less profit and less distinction for the association.¹⁰

It is also confirmed in a study that the absence of self-empowerment among nurses is the major sign for occupational stress.¹¹ A study conducted in India revealed that due to heavy workload, the Indian nurses are going through occupational stress and this is due to overburden on them.¹²

Shortage of nurses in Pakistan is also a worried sign and is the major reason for occupational pressure on nurses because there is 1:50 proportion of nurse to patient in Pakistan in facility of doctor.¹³ Due to the shortage of nurses and heavy workload on them, they feel stress. According to Pakistan Nursing council proposal, there should be 1:10 ratio of nurse-patient and 2:1 ratio of nurse-patient in wards and intense units separately. It does not matter, a serious degree is considered a positive pressure and the representatives consider that each task is important and they try to achieve the desired task. The scope of representatives increased positively by this, on the other hand unfavorable consequences created by the great degree of stress.¹⁴ In addition, higher occupational pressure can cause a reduction in work capacity and a decrease in the nature of the employee's life.¹⁵ This research can help find the recurrence, severity and reasons for business-related concern among nurses enrolled in the healing centers of the Pakistani context.

Statement of the Problem

Administrative and economic factors created crises in human resource management systems in developed countries like Pakistan. Nurses have also observed that when they work to work as a result of tiredness in mistakes, they will not work instead of working under circumstances. It is in

addition to a public organization about nursing malicious malnutrition. Since limited resources and business are not professional services set up due to the lack of professional professionals, there is a risk of regular loss of nurse, or due to lack of employment or related diseases due to depression or depression.

Objective

To recognize the occupational stress' level.

To recognize the nurses' performance in hospitals.

Research Questions

1. What is the factor on work stress and job performance among nurses in hospitals of allied tertiary care hospitals?
2. What are the nurse's responses to work stress on job performance?

Significance of the Study

There have been so many studies conducted to evaluate the occupational stress among nurses in European countries. Nevertheless, it is found that stress is complex thing which is created by the collaboration of individual with the working environment where that person works. Accordingly, there could be existence of substantial difference of environmental stress in nurses in different environments. This research is a guideline for the policy makers to make a suitable and effective policy to prevent nurses from occupational stress in Pakistan.

REVIEW OF LITERATURE

It is indicated by so many studies that there are various types of stress among nurses in the period of their occupation and stress is a multidimensional phenomenon. Any healthcare system is nothing without nurses and nurses are mainstream human resources in any healthcare system.¹⁶ Though, nurses found themselves under stress due to the stressed and overloaded responsibilities regarding their jobs.¹⁷

The major sources of stress are the overloaded

emotional demand and conflict between labour. There is stated by so many nurses that due to the stress, they intended to leave their job and stress caused negative impact on their mental health significantly.¹⁸

About 84.4% nurses out of 261 in Malaysia in a study explained that the work performance of them was affected by role ambiguity, procedural injuries, workload, physical environment and conflicts regarding family labor.¹⁹ In Karachi, Pakistan a research was conducted among 265 registered nurses in tertiary hospitals. The severe, moderate and mild stress was reported amongst the respondents. They also stated that their social, interpersonal and professional responsibility skills were also affected by the work stress.²⁰

METHODOLOGY

Research Design

The study design is descriptive cross-sectional. This investigation was performed at Allied hospital.

The Population

The study population is composed of all nurses of two tertiary care emergency services Allied Hospital Faisalabad. The subjects of the research were registered with employment throughout the day, apart, serving either on the usual premise or by contract with two years of work experience. In addition, holders of substantial permits from the Pakistan Nursing Council came forward in this research study.

SAMPLING TECHNIQUE

The required sample size of 103 nurses was used. Suitable sampling techniques were used to select samples on nurses.

Instrument

The job performance and occupational stress was examined by utilizing two instruments. Depression Anxiety Stress Scale (Haris, 1989) was utilized to determine the stress level.

Personal characteristics were also identified by using questionnaire. This was because private features have been reported to influence the concept of stress, job satisfaction and work performance (Taiwan, 2 V7; Ernest, and L, 2 2). The nurses with the experience of at least 2 years were selected to get the better results.

Pilot-testing of Instruments

Pilot test study conducted on 10% of the total population. The subjects incorporated in the pilot consideration were excluded from the first investigation. The investigation was conducted in the emergency department. All the procedures followed were in accordance with the ethical standards¹ of the Declaration of Helsinki of 1975, revised in 2008. The informed consent of all the participants was taken to be included in the study.

DATA ANALYSIS

The analysis of the data was done with Windows SPSS version 21. The integrity, consistency and lost values of the data were evaluated. A questionnaire was required so that 80% of the questions were completed before it was accepted to enter the computer program for analysis. Questionnaires were not excluded due to incompleteness. The internal consistency of the study instruments and the subscales of the instruments were evaluated with the use of Cronbach's alpha.

RESULTS

This section describes the answers to the research questions accurately. Each of the research questions is addressed separately / individually using the relevant statistical technique described in tables.

The results indicate that the only wise marital classification was 29 (28.2%) and the married one was 74 (71.8%) percentage.

The results described that the classification by successful work time was of morning 36 (35%), the afternoon was 47 (45.6%) and the night was 20



Table 1: Respondent's Demographic Characteristics

Information	Frequency	Percentage (%)
Gender		
Female	103	100
Marital status		
Single	29	28.2
Married	74	71.8
Job timing		
Morning	36	35.0
Evening	47	45.6
Night	20	19.4
Department		
Medical emergency	66	64.1
Surgical emergency	37	35.9

Table 1: DASS Results

Stress level	Percentage
Severe	66.1%
Moderate	27.1%
Mild	6.8 %

Table 2: Summary Communication barriers between Nurse-Physician

Stressors	Do not apply	Some degree	Considerable degree	Most of the time
Frequency	n(%)	n(%)	n(%)	n(%)
Does your job effect your physical health?		60(58.4)		43(42.9)
Your job effect your mental well being?	3(2.9)	78(75.7)	2(1.9)	20(19.4)
Does stress effect your performance at work?			40(38.8)	63(61.2)
After a stressful day at work, do u experience back pain?			103(100)	
Headache or migraine because job frustration?	9(8.7)	36(35.0)	19(18.4)	39(37.9)
U feel loss of energy and tiredness?	3(2.9)	78(75.7)	2(1.9)	20(19.4)
U feel Irritability and fits of temper during job	6(5.8)	75(72.9)	1(.9)	21(20.3)
Does your sleep pattern disturbed because of your job?	6(5.8)	75(72.7)	1(.9)	21(20.3)
During job u feel tense n irritated?		57(55.3)	18(17.5)	28(27.2)
Tress increase your absence/sick leaves from work place?	38(36.9)	65(63.1)		
Increase errors in decision making and doing task?	28(27.2)	57(55.3)	18(17.5)	
Decrease patient care while u are stressed?	38(36.9)	65(63.1)		

Aggressive behavior towards staff/patients or attendants	9(8.7)	47(45.6)	47(45.6)	
Are you satisfy with the site of work?	38(36.9)	65(63.1)		
Do u feel your-self empowered?	28(27.2)	57(55.3)	18(17.5)	
Do you considered to quitting your job in last 12 months?	38(36.9)	65(63.1)		

(19.4%). 66 (64.1%) nurses working in the medical area and 37 (35.9%) in the surgical emergency department.

The result of the DASS study showed that the severe level of stress was 66.1% (68) moderate, 27.1% (28) and mild 6.8% (7).

DISCUSSION

The existence of occupational stress in nurses was found in this research study. The findings of this research work were in compliance with the previous studies. The Stress Scale was used for the measurement and comparison of stress levels and stressors relating to work among 10 qualified nurses. There was high level of stress found in both groups. Occupational stress is extremely hazardous condition to a human life.²¹ Levels of stress among nursing professionals should be measured by using questionnaires and mixed approaches.

It was found in this research that the environment regarding physical work is the major concern for nurses and is the key factor for the occupational stress. Moreover, this factor is highlighted in so many previous researches made on occupational stress.²²

Physical work environment included poor ventilation, small workplace, uncomfortable environment, exposure to dust and abusive demands; as these factors are unswervingly connected with stress. Furthermore, the study described the second most common factor was the unit management for occupational stress.^{22,23} Insufficient management, lack of focus on professionals and poor decisions made by

administration are included in unit management. Some other studies also showed the facts that insufficient management can cause to develop occupational stress.²² There is lack of collaboration between patients and families of theirs which produce violent behavior and it leads to the occupational stress. Presence of violence at workplace is also a major cause of creating stress among nurses. Abuse of both types which is verbally or physically cause a negative effect psychologically among nurses.²⁸

Among the most significant stress factors, the problems with supervisors was ranking third, which is independently correlated with nurses' mental health.³⁰ Conflict with supervisors could be found, if there is lack of trainings to the supervisors.²⁹ Stress will be controlled by associating the increased support of supervisors to nurses which is the major cause in reduction the stress and make nurses satisfy.

LIMITATIONS

This study was carried out in the tertiary care hospital of the public sector of Faisalabad, so the results cannot be generalized for the entire population. The members of the research had a place in the urban environment of the medical centers. In consequence; the results could not be connected with the nurses of the healing facilities in the settings of the provincial region. The research was conducted in large clinics on part of the daylight, so it can make sense to the level of concern among nurses working in the private division.

CONCLUSION

The present research work paid attention to the problem identified with work-related stress among tertiary-level nurses in hospitals. The results of the research undoubtedly increased that an amazing part of the nurses' population environment had revealed a direct level of stress that can discourage their experts and social responsibilities. It is proposed that stress be

reduced through the execution of adequate administration and radical changes in the climate benefit condition. These results can benefit nurses to improve emotional well-being and to adapt to the level of stress that allows nurses to guarantee quality patient care.

RECOMMENDATION

There should be conducted the follow up studies to recognize the factors associated with the occupational stress among nurses. The training programs should be conducted in hospitals for the awareness among nurses about stress and stress reduction measures.

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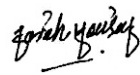
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