Work Related Stress of Nurses

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Abstract

Nursing has been considered one of the most stressful professions. Nurses' stress is attributed largely to the physical efforts, suffering and emotional demands of patients and families, work hours, interpersonal relationships and other pressures that are core to the nurses' work. With a view to assess the level of stress in nurses working in hospitals, a non experimental descriptive survey with a typical descriptive design was undertaken on 50 staff nurses selected by non-probability convenient sampling technique. Demographic proforma and modified Expanded Nursing Stress scale (ENSS) were used as tools. The stress scale consisted of 35 items classified into 8 areas which included death and dying, conflict with doctors, inadequate emotional preparation, problems relating to peers, problems relating to supervisor, work load, uncertainty concerning treatment and patients and their families. The interpretation of the scores ranging from 0 -35 was mild level, 36-70 moderate, 71-105 severe and 106-140 as very severe level of Stress. The study revealed that more than half of nurses (52%) had experienced severe level of stress. Whereas workload and patients and their families (70%) accounted for major stressors for stress level among nurses, other leading causes for increased level of stress were found to be problems relating to peers (64%), death & dying (60%) and problems relating to supervisors (56%). The study also discovered that there was no significant association between level of stress and baseline variables. The study concluded that the level of stress was continuing to escalate and it was believed that nurses' stress adversely affects the patient care. The investigator recommended that hospitals should take counter measures to relieve stress among nurses as nursing is regarded as a potentially stressful occupation.

Keywords: Stress; Nurses; Hospitals.

Introduction

It has been agreed that, in the caring profession, nurses form the largest group, of which the principal mission is the nurturing of, and caring for people in the human health experience. They provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, as well as to clients using supportive and preventative programs and related community services.[1] The nursing profession follows a holistic approach, taking into account the person in totality in his or her environment. Nurses provide presence, comfort, help and support for people confronted with loneliness, pain, incapacity, disease and even death. The fact that nursing has been extensively and unfailingly recognized worldwide as a stressful job is therefore not surprising.[2]

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Stress is typically described as a negative concept that can have an impact on one's mental and physical well-being, but it is unclear what exactly defines stress and whether or not stress is a cause, an effect, or the process connecting the two. Stress can be defined as the body's reaction to a change that requires a physical, mental or emotional adjustment or response. Stress can come from any situation or thought that makes an individual feel frustrated, angry, nervous or anxious.

Way back in 1960s, A Canadian endocrinologist and renowned stress theorist Hans Selye noted, "No one can live without experiencing some degree of stress all the time".[3] Stress is a normal, universal human experience and a routine part of our lives. An unavoidable effect of living, it is an especially complex phenomenon in modern technological society. Stress is not inherently deleterious. However, each individual's cognitive appraisal, their perceptions and interpretations, give meaning to events and determine whether events are viewed as threatening.

Nevertheless, stress has been regarded as an occupational hazard since the mid-1950s.[1] The nurse's role has long been regarded as stress-filled based upon the physical labor, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Regardless of whether stress is perceived positively or negatively, the neuroendocrine response yields physiologic reactions that may ultimately contribute to illness. Since occupational stress is more prominent in this caring profession, it is not surprising that many researchers emphasize the high risk for burnout noted in the nursing population.[4]

Stress has been a growing concern among health care professionals, especially nurses. Nurses in their day to day life, face wide variety of stressful situations such as unembellished suffering, misery and death. Nursing are a stressful profession. Caring for clients, individuals, families, groups, populations or entire communities, with multiple, complex and distressing problems can be overwhelming for even the most experienced person. Nurses regularly face emotionally charged situations and encounter intense interpersonal and inter professional situations and conflict in the workplace while trying to make appropriate and safe decisions.

In the health care organization, work stress may contribute to absenteeism and turnover, both of which detract from the quality of care. Many studies conducted among nurses have revealed that stress affects the level of job satisfaction and in turn it influences the quality of care.

Globally governing and regulatory bodies, organizations, sectors, hospital groups, managerial panels, supervisors, professional- and staff nurses, as well as nursing auxiliaries, are affected by the current state of affairs in the nursing profession and the subsequent effect of the stress nurses experience at work. All have their pressing questions, blatant opinions, undoubted criticism and perhaps promising solutions. However, feasible solutions should be proclaimed and implemented as the primary client, the health care consumer, is neglected while the distresses of nurses continue with this knowledge in mind, a study to assess the level of stress among nurses working in selected hospitals of Pune city was conducted.The objective of the study were to determine the level of stress of nurses working in selected hospitals and find an association between the level of stress and selected demographic variables.

Methodology

For the said study, a non experimental descriptive survey approach with a typical descriptive design was employed. The population comprised of staff nurses working in multi-specialty hospitals of Pune city,who met the inclusion criteria. Non probability convenient sampling technique was used for the selection of 50 staff nurses. Tool used for the data collection had following part:

Part 1: Demographic proforma.

Part 2: Modified Expanded Nursing Stress Scale (ENSS) (French, Lenton, Walters and Eyles, 1995).

The investigator modified the Expanded Nursing Stress Scale (ENSS) tool with prior permission from original authors. The stress scale consisted of 35 items classified into 8 areas which included death and dying, conflict with doctors, inadequate emotional preparation, problems relating to peers, problems relating to supervisor, work load, uncertainty concerning treatment and patients and their families. The tool was 5 point rating scale consisting of 5 options such as 'never', 'rarely', 'sometimes', 'often' and 'always'.

Interpretation of scores was done as per the following range of scores:

Mild Level of Stress	0 -35
Moderate Level of Stress	36-70
Severe Level of Stress	71-105.
Very Severe Level of Stress	106-140

The constructed tool was validated by experts from the field of Psychiatry, Psychiatric Nursing and Psychology. The reliability of the tool was primarily separated into two equivalent halves and correlation for the half test was found using Spearman's Rank Correlation Co-efficient formula (r1/2 = 0.67). The reliability co-efficient of the whole test was subsequently estimated by the Spearman Brown Prophecy formula and the tool was found reliable (r=0.84).

Findings

The findings of the present study indicated

Figure 1: Stress level among nurses
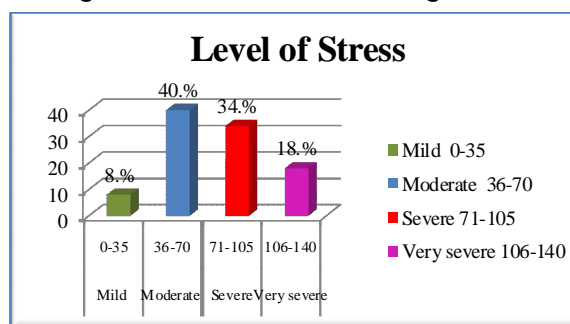
that 52% of nurses had severe level of stress. Among them, 18% of nurses experienced very severe stress. (Figure 1)

The major stressors accounting for severe level of stress among nurses had been identified as workload and patients and their families (70%), problems relating to peers (64%), death dying (60%) and problems relating to supervisors (56%). (Figure 2 and Table 2)

The bar chart (Figure 3) illustrates that nurses aged 30 years and above have more (42%) stress than age group of 30 years and/or below, whereas, diploma holders experienced more (32%) stress than degree holders (14%). While, nurses with 10 years of experience were more (20%) familiar with stress than those with more than 10 years of experience (16%),the nurses who had dependants were found to be having more stress (40%) than those with no dependants (10%). (Table 3)

To find an association between level of stress and selected baseline variables (age, years of experience and education status) was made null hypothesis H_0

Chi-square test applied to test the hypothesis

Table 2: Area wise distribution of level of stress

Sl. No	Domains	Mild stress	%	Moderate stress	%	Severe stress	%	Very Severe stress	%
1	Death and dying	5	10	15	30	17	34	13	26
2	Conflict with doctors.	14	28	15	30	14	28	7	14
3	Inadequate emotional preparation	12	24	16	32	14	28	8	16
4	Problems relating to peers	6	12	12	24	14	28	18	36
5	Problems relating to supervisors	5	10	17	34	9	18	19	38
6	Work load	3	6	12	24	15	30	20	40
7	Uncertainty concerning Treatment	12	24	17	34	11	22	10	20
8	Patients and their Families	5	10	10	20	17	34	18	36

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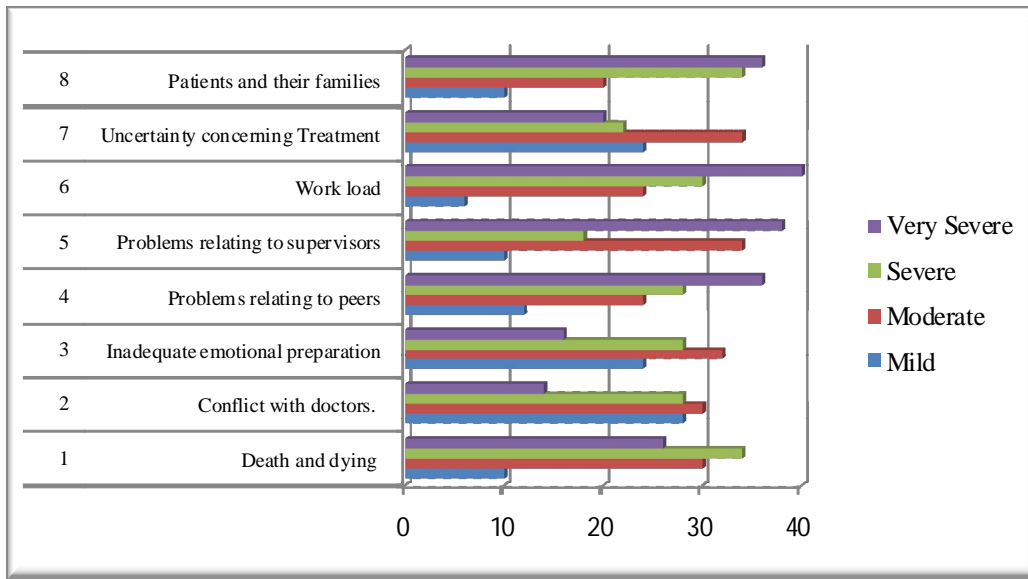**Figure 2: Level of stress disclosed in eight stressors (stress indicators)**

Table 3: Level of stress among the different baseline variables

Variables	Moderate		Severe	
	Frequency	Percentage	Frequency	Percentage
Age				
=30 years	7	14	8	16
>30 years	14	28	21	42
Education				
Diploma	19	38	16	32
Degree	8	16	7	14
Years of Experience				
=10 years	18	36	10	20
>10 years	14	28	8	16
Number of dependents				
Yes	16	32	20	40
No	9	18	5	10

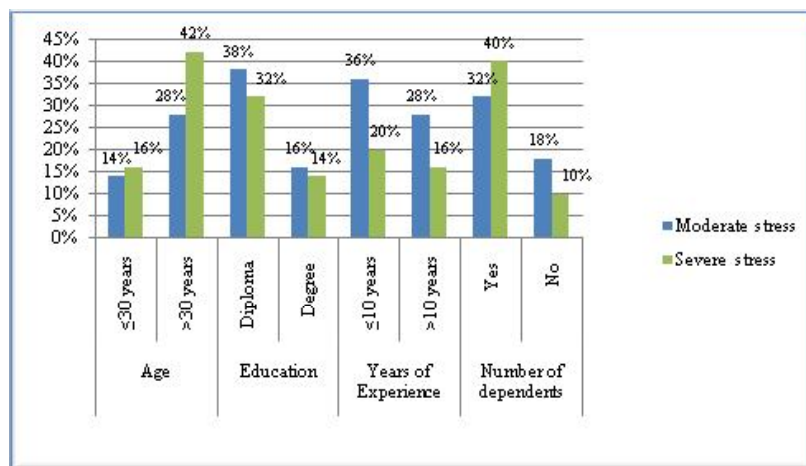**Figure 3: Stress level shown in four baseline variables**

Table 4: Association between level of stress and selected baseline variables

Demographic Variables	= Median 74	> Median 74	Chi square (χ^2)calculated value	Inferences
Age				
=30 years	7	8	0.095	P <0.05 NS
>30 years	18	17		
Education				
Diploma	18	17	0.45	P <0.05 NS
Degree	10	5		
Years of Experience				
=10 years	10	18	0.033	P <0.05 NS
>10 years	17	5		

revealed that there was no significance association between level of stress and baseline variables (Table 4).

Discussion

A majority of the respondents (70%) were 30 yrs old and above .70% of them were diploma holders in nursing,56% of the respondents had 1-10 years of experience, Majority of the respondents (72%) had dependants where as 28% did not have any dependants. 52% of nurses had severe level of stress. 18% had very severe stress. The results are concurrent with a study conducted in the University hospital of Belgique on 'Predictors of nurses' professional burnout' which revealed 53% of nurses suffered from burnout.

The stressors accounting for severe level of stress among nurses were identified as workload and patients and their families (70%), problems relating to peers (64%), death dying (60%) and problems relating to supervisors (56%). A research study conducted in the University hospital of Belgique on 'Predictors of nurses' professional burnout' revealed that the predictors for burnout were identified as job strain, and conflicts with other nurses/ physicians, presence of stressors related to private life. The significant association between work stresses with less experience concurs with previous findings.[14]

Comparatively,nurses with dependants were having more (40%) stress than those with no dependants (10%). Less than 10 years of experience have more stress (20%) than those

with more than 10 years of experience (16%), diploma holders experienced more (32%) stress than degree holders (14%) and nurses aged less than 30 years have more (26%) stress than age group of 30 years and above.

Chi square test, applied to test the hypothesis, revealed that calculated values of chi square test were less than table value (3.84 with Df 1) at 0.05 level of significance. Hence, there was no significant association between level of stress and baseline variables (age, education and years of experience). These findings may be due to less sample size and non probability sampling technique.

Conclusion

Work-related stress is seen as the natural response manifested by individuals being subjected to intense pressure at work over a period of time, short- or long-term for that matter. Nurses are confronted on a daily basis with an increased amount of difficulties, foreseen- or unforeseen problems. Increased workload, problems relating to peers and supervisors and confronting patient's terrible life threatening condition are only but a few problems encountered by them. Nursing professionals also strive to render care, which generates a sense of humanity with personified characteristics, and conveys a service of quality, passion, care and commitment. These multiple and corresponding difficulties place further emphasis on the sources of stress which contribute to severity of stress amongst nursing personnel. Furthermore, the negative

psychological state, with cognitive and emotional components, of work-related stress also affects the health of both individual employees and their organizations. It is suggested that further research is conducted to include nurses working in heavy loaded working units and investigate the level of stress among them.

Therefore, it is of substantial meaning that a lucid understanding of the entire stress process and its multiple facets is grasped in order to manage work-related stress. There is a need to understand the nature of this problem and to better manage it. Therefore, it is important for organizations to take counter measures to relieve stress among nurses. A recommendation like offering in-service education to nurses and improving the relationship between employees can help reduce stress levels among nurses as nursing is regarded as a potentially stressful occupation.

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