CAUSES OF STRESS AMONG NURSES IN THE GREATER ACCRA REGION

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ABSTRACT

The study was conducted in order to ascertain the causes of stress among nurses in the Greater Accra Region of Ghana. The study adopted a descriptive survey design. Convenient sampling technique was used to sample 369 respondents for the study. One research question was formulated to keep the study in focus.

A questionnaire was used in collecting responses from the nurses. It was found out that the most predominant cause of stress was the number of hours that nurses use to work. This was followed by financial difficulties and the death of patients.

It was recommended that more programmes such as workshops, seminars and symposia should be undertaken by counsellors and other stakeholders in the nursing profession to address the causes of stress of nurses.

Key words: Nurses, Stress, Nursing and Causes

1.1 INTRODUCTION

Stress is the emotional and physical strain caused by people’s response to pressure from the outside world. Common stress reactions include tension, irritability, inability to concentrate, frustration and a variety of physical symptoms that include headache and a fast heartbeat. The types of stress are eustress, distress, hypostress and hyperstress.

Employee stress has become a matter of concern to many researchers in organizations due to its influence on the performance of workers in the organization. It has been categorized as an antecedent or stimulus, as a consequence or response, and as an interaction. It has been studied from many different frameworks or perspectives (Selye, 1956). For example, Selye proposed a physiological assessment that supports considering the association between stress and illness.

Stress according to D’Arcy (2007) is the body’s way of rising to a challenge and preparing to meet tough situation with focus, strength, stamina and heightened alertness. Ofoegbu and Nwandiani (2006) see it as a process in which environmental events or forces threaten the well being of the individuals in the society.

Stress however, has considerable value to organizational success if managed effectively. Excessive stress interferes with one’s productivity and reduces one’s physical and emotional health. When nurses are able to manage their stress levels effectively, it eliminates absenteeism, excessive workloads, promotes healthier and longer life and ensures stability of workforce and quality productivity. The ability to manage stress in the workplace can therefore make a difference between success and failure on the job. Nurses’ emotions are contagious, and stress has an impact on the quality of their interactions and relationship with others. The more nurses are able to manage their own stress, the better they would positively affect those around them and the less others stress will negatively affect them. Without much stress, nurses spend quality time together that is constructive to everyone involved. This increases
organizational effectiveness especially in the case of team or group work. The issue is not whether nurses go through stress, but how it is managed (Pelletier, 1984).

1.2 PROBLEM STATEMENT

Whilst a certain level of stress is needed by each of us to deal with our everyday lives, it can also lead to serious illness, poor performance at work and eventually low productivity if not managed properly. Awareness of stress and its effective management is paramount for work performance and increasing productivity in Ghana’s economic development.

Nurses are obliged to work on shift system where they work during the day and at night depending on one’s shift. They are sometimes asked to stay and work longer hours when there are problems to be fixed. Their job requires hard work and can be extremely demanding. A nurse is expected to comply to his or her assigned shift, whether or not the schedule looks forgiving. There are sick people to attend to and of course, personal expectations to fulfill. It may seem as if work has to come before anything else, taking precedence over time spent with family and friends. Mostly, little time is left to set aside for rest and relations.

Many authors and researchers have written about stress and its impact on nurses, patients and the nation. According to Lambert and Lambert (2008), nurses are confronted with a variety of stressors. As the worldwide nursing shortage increases, the aged population becomes larger, there is an increase in the incidence of chronic illnesses and technology continues to advance, nurses continually will be faced with numerous workplace stressors.

Although, there is a lot of literature on the causes of stress among nurses, little has been written about the issue in the Greater Accra Region. This study, therefore, seeks to examine the causes of stress among nurses in the region.

1.3 RATIONALE OF THE STUDY

The main objective of the study was to examine the causes of stress among nurses in the Greater Accra Region. The specific objective of the study is to identify the causes of stress among nurses in the Greater Accra Region.

1.4 RESEARCH QUESTION

In order to achieve the above stated objective, the study addressed the research question:

1. What are the causes of stress among nurses in the Greater Accra Region?

1.5 SIGNIFICANCE OF THE STUDY

The study is of immense value because it will provide feedback information and serve as guidance and resource for policy makers, governmental and non-governmental organizations and other similar organizations in dealing with stress management and occupational stress counseling. It will also help them in formulating appropriate health and safety at work regulations. It will also be of interest to employees and employers because low productivity and poor work performance is a drain on organizations and the country’s economy as a whole.

2.1 THEORETICAL PERSPECTIVE

2.1.1 Life events theory

Researchers have long been interested in understanding how individuals and environment affect each other, primarily so as to describe and explain age-related behaviour and individual difference.

Holmes and Rahe’s (1967) life events theory serves as a theoretical foundation for this study. According to the theory, life events that occur in the lives of people can lead to an increase in stress, which if left unresolved, could develop into a serious health risk, and have adverse effect on other dependents and organisations. A life event is indicative of or requires a significant change in the on-going life patterns of the individual. According to Settersten and Mayer (1997), a life event is a significant occurrence involving a relatively abrupt change that may produce serious and long lasting effects.

Life events can occur in variety of domains such as family, health and work, and may be age graded (school, marriage and retirement), history graded (war and depression), or non-normative (illness and divorce). Life event stresses thus essentially follows the
environmental tradition, and are concerned with situational encounters and the meaning a person may attach to such events. Stressful life events are causally implicated in a variety of undesirable effects on our performance and health (Dohrenwend and Dohrenwend, 1997).

Selye (1974) believes that all life events require adaptation, but all life events are not necessarily unpleasant. He went ahead to say that life events can either be pleasant in nature where the stress is called ‘Eustress’ or unpleasant in nature where the stress is called ‘Dystress’. Auto (1995) also has it that there may also be some life events which simply acts to help maintain the internal steady state or to keep the individual interested in undertaking appropriate activities, and such stress may be called ‘Neustress’.

In the early 1960s, Rahe and Holmes began developing a life events schedule based upon findings of Meyer's “life charts” taken over 5,000 patients at the University of Washington. Each item selected for their schedule of Recent Experience was included because it was found to have occurred in a large number of patients preceding the onset of their illness. Holmes and Rahe (1967) also developed the Social Readjustment Rating Scale (SRRS) by assigning weights for events of different judged severity from the Schedule of Recent Experience. These weights were called “life change units” (LCU). It has also been used extensively in studies of onset of psychiatric disorders including schizophrenia, depression and suicide attempts.

The SRRS has an enormous impact on research on the relations between life events and illness. It also brings forward and strengthens the notion that the effects of stressors operate largely through the creation of excessive adaptive demands. This makes users of SRRS to be more concerned with the magnitude of life change than with whether the change was positive (e.g., promotion) or negative (e.g., job loss).

Different crises in people’s lives can result in different impacts. Their theory suggests that any stressful events could be linked with higher chances of illness developing. The work of nurses is very demanding and taxing that if not properly looked at, it will impart adversely on the nurse, the patients he or she attends to and the nation as a whole.

2.2 EMPIRICAL REVIEW

2.2.1 The Nursing Profession

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life.

Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in a wide diversity of practice areas with a different scope of practice and level of prescribed authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers.

The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at national or state level (Donahue, 2010).

The aim of the nursing community worldwide is for it’s professional to ensure quality care for all, while maintaining their credentials, code of ethics, standard, and competencies, and continuing their education. There are a number of educational paths to becoming a professional nurse, which vary greatly worldwide, but all involve extensive study of nursing theory and practice and training in clinical skills (Judd, 2009).

Nurses care for individuals who are healthy and ill, of all ages and cultural backgrounds, and who have physical, emotional, psychological, intellectually, social, and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals. In order to work in the nursing profession, all nurses hold one or more credentials depending on their scope of practice and education.

2.2.2 Causes of Stress

Le Blanc, Hox, Schaufeli, and Taris (2000) as cited by Chmiel, (2000) assert that stress in modern society is studied from varied perspectives and that its study focuses not only on the term stress as being a state of tension
which encompasses physical, mental, psychological or social demands, but also refers to the cause of stress, which is referred to as stressor. Le Blanc et al (2000) identify and categorize job-related stressors into four main sections. These were job content, which incorporated work over/under load, complex work, monotonous work and work with too much responsibility. Also stressors related to job content were dangerous work and conflicting/ambiguous demands. The second category of stressors was working conditions. The physical demands of work and again dangerous situations and lack of protective devices were deemed stressor to the category of work stressor. Toxic substances, poor conditions, work posture and lack of hygiene also were potential contributors to stress in the workplace. Employment conditions included shift work, low pay, poor career prospects job insecurity and flexible labour contract. Finally Social relations at work accounted for the fourth category of job related stressors and were sub divided into poor leadership, low social support, low participation in decision-making and discrimination. This model is effective in describing stress, though the definitions are broad as they pertain to all types of organizations and not exclusive to healthcare or nursing.

Cooper and Locke (2000) did not only explore the physiological and psychological effects of stress, but also include the environmental causes, which can be termed stressors. Arnold, Cooper and Robertson (1998) have identified stressors in all working environments to include new technology, work overload, work conditions, shift work, role ambiguity and role conflict and the responsibility of persons. This somewhat exhaustive list can be particularly relevant to nursing (Arnold et al, 1998; Cotrell, 2001). In a study already discussed by Charnley (1999) relating to occupational stress in the newly qualified nurse, the author asserts that low levels of confidence in clinical skills contribute to stress in the newly registered nurse and revealed four main contributory factors. These include work and lack of qualified support, all of which were significant to the newly qualified nurse. Her conclusions were that the newly qualified nurses need support once qualified, to nurture confidence and create positive socialization, which will reduce anxiety levels. She emphasized the need for the educational curricula to reflect the clinical needs of the nurse in practice.

3.1 SAMPLE

The target population for the study was all nurses working in health facilities in the Greater Accra Region of Ghana. The total number of nurses and health facilities in the region as at March, 2012 was 9,261 and 67 respectively (Government of Ghana, 2012).

All the health facilities in the Greater Accra Region were included in the study. This was done to ensure that the sample size was obtained. Using this method helped to generalise the results to cover the entire health facilities in the region.

In selecting the nurses for the study, convenience sampling was used. It involved choosing the nearest individuals to serve as respondents and continuing that process until the required sample size was obtained (Cohen, Manion & Morrison, 2007), and since the work of nurses required that they went on shift, convenience sampling was appropriate. Krejcie and Morgan’s (1970) formula for determining sample size was used to pick samples of 367 nurses for the study.

3.2 INSTRUMENTATION

A questionnaire was used to collect the data. This instrument was self-designed. The reasons why questionnaire was employed in this study is that according to Gorder, Akar and Howard (2006), it is less expensive than other methods such as interview and observation. Also, the use of questionnaires promises a wider coverage since researchers can approach respondents more easily than other methods.

The questionnaire consisted of 20 items, which was sub divided into two sections. The first section made up of 7 items solicited data on the biographic information of respondents whereas the second section, which consisted of 13 items dealt with the research questions.

3.3 DATA ANALYSIS

The data collected were first grouped to facilitate checking of completeness. After the checking, they were coded using numerical values for the data view of the Statistical Product
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for Service Solution version 16.0. After this, the
data were inputted into the variable view to
complete the keying process. After these were
done with, the data were transformed into tables
and extracted for presentation and discussion in
the subsequent chapter of this study. Frequencies
and percentages were used to describe the
demographic data of respondents whilst means
and standard deviations were used to answer the
research questions.

4.1 RESULTS AND DISCUSSION
4.1.1 Biographic Data of Respondents
Table 1 represents the gender
distribution of the respondents. The distribution
indicates that in all 108 (29.3%) males and 261
(70.7%) females were sampled for the study.

Table 1: Gender distribution of Respondents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>108</td>
</tr>
<tr>
<td>Female</td>
<td>261</td>
</tr>
<tr>
<td>Total</td>
<td>369</td>
</tr>
</tbody>
</table>

A cross tabulation of the results showed
that 102 (27.6%) had worked between a year and
fifteen, 73 (19.8%) also indicated that they had
worked between 16 and 25 years. Majority of
respondents (124) representing 33.6% stated that
they had worked between 26 and 35. Another 70
of the respondents representing 19% had worked
between 36 and 45 years.

Table 2: Numbers of Years Respondents have Worked as Nurses

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 15</td>
<td>102</td>
<td>27.6</td>
</tr>
<tr>
<td>16 – 25</td>
<td>73</td>
<td>19.8</td>
</tr>
<tr>
<td>26 – 35</td>
<td>124</td>
<td>33.6</td>
</tr>
<tr>
<td>36 – 45</td>
<td>70</td>
<td>19.0</td>
</tr>
<tr>
<td>Total</td>
<td>369</td>
<td>100</td>
</tr>
</tbody>
</table>

To ascertain the causes of stress among
nurses and how to manage them, the respondents
were given a five point Likert scale questionnaire
to respond to. The scoring was based on the five
point Likert scale of measurement of Strongly
Agree (SA), Agree (A), Not Sure (NS), Disagree
(D) and Strongly Disagree (SD). The options of
the items were weighted in the Likert format
with SA = 5, A = 4, NS = 3, D = 2 and SD = 1.

4.2 Research Question One
What are the causes of stress among
nurses in the Greater Accra Region?

Table 3: Means and Standard Deviation of respondents on the Causes of stress

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am stressed up at work because of excessive workload</td>
<td>369</td>
<td>3.525</td>
<td>1.193</td>
</tr>
<tr>
<td>Lack of control over my work makes it stressful</td>
<td>369</td>
<td>2.965</td>
<td>1.271</td>
</tr>
<tr>
<td>Sometimes I feel stressed up because of ineffective management</td>
<td>369</td>
<td>3.520</td>
<td>1.247</td>
</tr>
<tr>
<td>There is lack of interpersonal support among co-workers and that stresses me up</td>
<td>369</td>
<td>3.540</td>
<td>1.372</td>
</tr>
<tr>
<td>The number of hours that I use to work is too much</td>
<td>369</td>
<td>3.890</td>
<td>1.158</td>
</tr>
</tbody>
</table>
and that makes me stressed up.
Sometimes coping with emotional needs of patients stresses me up 369 3.750 1.294
Under-staffing makes the job stressful to me 369 3.785 1.223
I am sometimes stressed because of inadequate resources to work with 369 3.610 1.315
Combining work with taking care of the family stresses me up 369 3.655 1.234
I sometimes feel stressed up when patients die 369 3.855 1.202
Financial difficulties makes my job stressful 369 3.863 1.184
The idea that other nurses have higher academic qualifications than me stresses me up 369 3.785 1.155
I am sometimes stressed up because of low or lack of motivation 369 3.570 1.316
Average 369 3.96 1.342

From Table 3, the mean for all the respondents on the causes of stress among nurse was 3.96. This lies in the score band of 3.6 – 4.5, which implies that the respondents agreed that the items captioned under the causes of stress indeed were the causes of stress among nurses. The study also revealed that what causes stress most to nurses was the item “the number of hours that I use to work is too much and that makes me stressed up” (M=3.890, SD= 1.158) implying that the number of working hours serve as greatest source of stress to nurses. This was closely followed by financial difficulties (M=3.863, SD=1.184). The results also revealed that the third greatest cause of stress among nurses was the death of patients (M=3.855, SD=1.202). The least cause of stress was revealed by the study as lack of control over the work of nurses.

Cotrell (2001) supports the finding of this study when a study he carried out on stress among newly recruited nurses in Malta revealed that the greatest stress among nurses was the number of working hours and the shift system that confront nurses. Earlier, Charnley (1999) had made it known in his study on Stressors among nurses and the coping strategies adopted by them to curtail stress that the nature of the work of nurses in terms of man-hours and rotation the fear of losing a patient were found to be the greatest stressors among nurses.

Cooper and Locke (2000) hold a different opinion from the earlier researchers and the finding of this study. They consented in their study on the effects of stress among nurses in Austria that the working environment was the number one source of stress among nurses. Donahue (2010) supports Cooper and Locke and maintains opposed to the finding of this study that the working environment remain the number one stressor to nurses in the Ashante region.

The researcher on her part envisaged the outcome of the study. She was however surprised death of patients was such an important factor that causes stress among nurses.

5.1 SUMMARY

Stress and its antecedent issues are smart of outmost bad faith. The effects of stress are numerous and in many cases devastating. It is therefore not out of the blue that the subject matter has drawn much attention to itself. The study assessed the causes of stress among nurses in the Greater Accra Region of Ghana.

A descriptive survey was employed for the study and a questionnaire used to crave for respondents’ view with respect to the issue under study. The respondents were sampled using the convenience sample technique. Descriptive statistics were used to illustrate the demographic data of the elements and analyse the research question on causes of stress among nurses in the Greater Accra Region of Ghana. The hypotheses were tested with the Independent Sample t-test. The following are the main findings of the study.

5.2 KEY FINDING

It was found out that the most predominant cause of stress was the number of hours that nurses use to work. This was followed by financial difficulties and the death of patients.
5.3 CONCLUSIONS

Nurses are one of the professional groups that are perceived to be knowledgeable in health related issues. With all these perceived knowledge on stress and its attending issues, the study revealed that nurses still go through stress.

5.4 RECOMMENDATIONS

Based on the findings and conclusions drawn from the study, below are some recommendations to some key stakeholders of the nursing profession.
1. It is recommended that more nurses should be employed to beef up the current number. This will reduce the number of working hours nurses engage in. It is also recommended that the general working conditions of nurses must be improved to sustain the interest of nurses in the profession.
2. It is recommended that 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 well handle the effects of stress among them.
3. Stress is a very important issue and it is noted that everybody goes through stress. It is therefore suggested that further study should be conducted to look at stress among doctors and other health professionals since this study was delimited to only nurses.

6.1 REFERENCES


