

Determinants of Workplace Stress Among Nurses in the Shama District

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DECLARATION

➤ *Candidate's Declaration*

I hereby declare that the thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

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Date.....

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➤ *Supervisors*

Supervisor's Signature.....

Date.....

Name: Dr. Paul Onyina

DEDICATION

This project is dedicated to the Almighty God for His wonderful protection over me throughout the study of the course. This work is also dedicated to my family for their support, prayers and encouragement throughout the period of study

ACKNOWLEDGEMENTS

This study has been completed through the support and assistance of several people. In the first place, I express my utmost gratitude to the Almighty God for His abundant grace for granting me the gift of life and good health in carrying out this study.

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ABSTRACT

This study investigated the psychological working conditions, and to identify the important predictors of occupational stress among nurses in the Shama District. Questionnaire was the main tool for data collection. The multi-stage sampling technique which includes; stratified sampling, purposive and simple random sampling techniques were employed to select both health facilities and respondents for the study. Data collected were analysed using SPSS with results presented using means and standard deviation counts. The study found that physical symptoms such as fatigue, muscular tension, and dermatological disorders are experienced among nurses when stressed. Again, depression, anxiety, discouragement, irritability, and cognitive difficulties were psychological symptoms experienced by nurses due to stress. An increase in sickness or absenteeism, aggression, a drop in work performance, problems with interpersonal relationships, just to mention a few, was reported as behavioral symptoms experienced among nurses as a result of stress. The study recommends that to foster quality service delivery and a stress-free workplace for nurses, management can also ensure that they hire highly competent nurses, create conducive work environments, train nurses on how to effectively manage their stress, ensure that each nurse has a brief break built into their schedule, and make sure the break rooms are comfortable

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LIST OF ACRONYMS/ABBREVIATIONS

CHPS – National Community Health Planning and Service

GHS – Ghana Health Service

HSE – Health and Safety Executive

ICU – Intensive Care Unit

LPNs – Licensed Practical Nurses

NCD – Non-Communicable Diseases

PTSD – Post-Traumatic Stress Disorder

RNs – Registered Nurses

SPSS – Statistical Package for Social Sciences

TTSC – Transactional Theory of Stress and Coping

WHO – World Health Organization

WRS – Work-related Stress

CHAPTER ONE

INTRODUCTION

➤ *Introduction*

Background information about workplace stress is provided in this chapter, ranging from a worldwide to local perspective. The research issue that led to the vacuum in the literature that the present study is attempting to fill is also covered in this chapter. Additionally, the chapter discussed the thesis structure, significance of the investigation, scope and constraints of the study, research objectives, research questions, and research hypotheses.

➤ *Background to the Study*

The prevalence of diseases in African nations is well known, but there has recently been an increase in the number of deaths from noninfectious or non-communicable diseases (NCD) (e.g., stress, malnutrition, and obesity). The World Health Organization (WHO) estimates that in 2016, NCDs were responsible for 41 million deaths worldwide, or 71% of all fatalities (World Health Organization (WHO), 2019). Workplace stress has recently garnered a lot of attention and has been recognized as a global disease because of its detrimental effects on the physical, emotional, and psychological well-being of people in many occupational categories (Ahmad et al., 2015). Therefore, it should come as no surprise that Ofei et al. (2020) portray stress as an epidemic, despite the World Health Organization's declaration that stress is the global epidemic of the twenty-first century and Al-Makhaita et al.'s (2014) description that it is merely a pervasive and sneaky aspect of daily life in the workplace.

Despite being more common in the health professions, occupational stress does exist in all occupations, according to Dagget et al. (2016). People are exposed to high levels of work-related stress due to the complex and dynamic structure of the healthcare sector, which has a detrimental effect on overall health and organizational outcomes. Odonkor and Adams (2021) claim that nursing is a well-known high-stress, emotionally and physically draining job with a high rate of burnout.

According to Lu et al. (2015), stress among nursing staff can be brought on by the workload, meeting the emotional needs of patients, and witnessing a death. Different authors have described stress in various ways. According to the United States National Institute for Occupational Safety and Health, job stress is defined as "the unpleasant physical and emotional responses that develop when the requirements of the job do not meet the skills, responses, or needs of the worker." Stress that is caused or made worse by one's employment is known as work-related stress (WRS). For employees, their supporters, employers, occupational health and safety authorities, and workers' compensation systems, job stress is a serious and growing concern.

According to Quaicoe (2018), stress and burnout in nurses can result from a variety of internal, environmental, and interpersonal variables. Johan, Sarwar, and Majeed also named worker shortages, conflict with patients' families, and low pay as significant sources of stress for hospital employees (2017). The causes of work-related stress in nurses have been studied, and it has been discovered that among other things, they are exposed to perceived or actual violence, verbal or physical aggression, a lack of resources, conflict among nurses, role ambiguity, a lack of support, and family and work conflict. (Hamaideh, 2011; Laeeque et al., 2018).

Grant (2017) found that both nurses and engineers experience higher levels of stress when dealing with challenges requiring bureaucratic processes. Due to the nature of their work, nurses are more likely to be exposed to these stressors than other professionals like bankers and teachers. Evidence suggests that stress and burnout among healthcare professionals, such as nurses, can have disastrous effects such rising rates of substance abuse and suicide (Guo et al., 2018). (Stickley & Koyanagi, 2016). Indirect effects of work-related stress include burnout, absenteeism, employee desire to leave, poor patient satisfaction, and errors in diagnosis and treatment (Dyrbye et al., 2019). Therefore, job-related stress is very expensive for healthcare institutions in terms of patient care, nurse-patient relationships, lost productivity, healthcare resources, diminished performance, and increased sick days.

According to Kyei et al. (2016), stressed employees exhibit symptoms of depression or a sense of being underappreciated, nervousness and worry, lack of appetite, exhaustion, blood pressure, and even atypical menstruation. Less psychological and physical stress affects the quality of life of health professionals, which has an effect on their output and the general standard of health service delivery and outcomes (Afulani et al., 2021). All types of ulcers are correlated with stress, but stress is even more detrimental to treatment outcomes because it increases the production of stomach acid or promotes risky behavior (Sadiq et al., 2020). The management and prevention of sociological and psychological diseases depend on being able to recognize the factors that contribute to workplace stress (Suleiman-Martos et al., 2020), which gives this study legitimacy.

➤ *Research Problem*

Stress is generally understood to be a psychological and physiological response to unpleasant circumstances known as stressors (Al-Makhaita et al., 2014). The way "stress" is handled can have a beneficial or negative effect, despite the fact that it is typically thought of as damaging (Epel et al., 2018). Stress management can lead to "eustress" (positive reactions like improved productivity and inventiveness) or "distress" (unfavorable outcomes like depression) (Kaburi et al., 2016). In health education, thinking more positively about stress can result in more effective learning and better performance, say Rudland et al. (2020).

Because health practitioners are prevented from learning about the positive consequences of stress, it has been proposed that focusing entirely on distress may be limited (Pollock et al., 2020). Stress is prevalent in the world on a scale of 9.2 to 68.0 percent (Kaburi et al., 2019). Despite the evidence, it seems that employers in the health sector, particularly in underdeveloped nations like Ghana, have not given the creation of a secure and healthy workplace a high priority. Over two million people pass away annually as a result of workplace injuries, stress, and risks (Das, 2020). Most healthcare professionals in Ghana, especially those at the primary, secondary, and tertiary levels of care, work in unfavorable environments, which increases stress among hospital staff.

Stress levels among nurses in Ghana have been shown to rise during their residency programs, according to a study, with 50% of resident nurses expressing significant stress (Ogba, 2020). This is regarded as a big issue, hence the study's focus. Occupational stress has a negative impact on not just the health of healthcare employees, but also on insurance costs, productivity, absenteeism, and morale. According to another study, high patient loads, patient demands, time pressure, and balancing work and family commitments are all sources of stress for doctors, particularly those working in referral hospitals (Odonkor & Adams, 2021).

Many Ghanaian hospitals are starting to implement well-researched employee stress and management policies as a result of the potential loss of workers, especially in private hospitals where the entrepreneurial culture is fully integrated into the delivery of healthcare services. However, there are differences in the policies. In certain hospitals, employee health and safety is an integral part of human resource policies, but due to its specialized character, it has received autonomous priority in other hospitals (Yeboah et al., 2014). While some hospitals have provided a road map to help the individual cope with stress difficulties outside the company, others have offered internal strategies for managers and unit heads to deal with stress concerns. The commonality among them all is that stress management policies frequently have the same objectives. Through a risk management strategy that includes detecting, evaluating, and putting into place control measures for workplace stressors, they want to lessen the risk of stress, for instance.

According to the literature now available, stress rarely has a single originating point; rather, it has been discovered to have a variety of causes. Additionally, stress affects a variety of aspects of living in this complicated culture. Acute or ongoing physical stressors, as well as psychological and social pressures, can all contribute to stress (Monroe & Slavich, 2016). The bulk of stressors are typically those connected to psychological and social problems that affect both personal and professional lives. The public health sector in Ghana, where medical or paramedical workers work, is one of the areas where very little has been done to build policies about stress management among its employees. As a result, researchers have substantially understudied occupational stress and its causes among healthcare workers, particularly nurses. The study is driven by this disparity. In order to better understand the factors that contribute to job stress among nurses in the Shama District of the Western Region, a study was conducted.

➤ *Research Objectives*

This study looked at the psychological working environments and determined the key factors that predict occupational stress among nurses in the Shama District. The researcher took into account the work environment and organizational elements in addition to the demographic characteristics of the employees to gain a thorough understanding of the factors that predict stress. The specific objectives of the study includes:

- To identify the causes of work-related stress among nurses in the Shama District.
- To assess the effects of work-related stress on healthcare delivery in the Shama District.
- To examine the coping strategies among nurses in the Shama District.
- To determine the relationship between stress and socio-demographic characteristics of nurses in the Shama District.

➤ *Research Questions*

The subsequent research questions were developed to achieve the study's goals:

- What are the causes and prevalence of work-related stress among nurses in the Shama District?
- What are the effects of work-related stress on healthcare delivery in the Shama District?
- What are the coping strategies among nurses in the Shama District?
- What is the relationship between stress and socio-demographic characteristics of nurses in the Shama District?

➤ *Hypotheses*

- H₁: Nurses' demographic factors significant influence workplace stress.
- H₂: Organizational factors significant influence workplace stress of nurses.

➤ *Significance of the Study*

The outcome of this study is important because, in addition to stress' detrimental effects on health and wellbeing (O'Connor et al., 2021), stress also plays a significant role in attrition and the pervasive shortages of medical professionals (Hersch et al., 2016). Numerous studies show that health professionals have higher levels of psychosocial stress than the general population, and work overload has been linked to increased risk of burnout in nurses and doctors in particular (Shepherd & Newell, 2020)..

Furthermore, the findings of this study will be extremely valuable to nurses, who will be able to take actions to avoid exacerbating their burnout. This research will assist the hospital administrator in recognizing stressful causes and appreciating the value of job happiness. It will be tremendously beneficial for hospital administrators to identify locations where nurses are extremely stressed and to implement special strategies to reduce stress levels.

Additionally, the findings provided a neutral and purely academic insight into some of the workings of current stress management policies of health facilities and their work on stress among healthcare workers. Finally, the study has contributed the knowledge on the associations between demographic, organizational factors and work related stress among nurses.

➤ *Scope and Limitations of the Study*

The scope was categorized into conceptual and geographical. Conceptually, the variables examined under the scope of the study are causes of work-related stress, the effects of work-related stress on healthcare delivery, coping strategies among nurses and relationship between stress and socio-demographic characteristics of nurses. Geographically, the study was conducted within selected health facilities in the Shama District only.

The researcher encountered some challenges during the study. Among the challenges were the research design, sample size and data collection instrument used for the study.

The study was constrained to only one district; the Shama District Area. Although it might demonstrate certain similarities to other districts, the findings might not apply to all districts. However, findings of the study may not be generalizable due to the unique nature of the economic environment of the Shama District.

Additionally, the study was quantitative and employed the use of questionnaires which can incur biases during data collection instead of mixed method. This could have given a different result. So, this work is limited in the method used.

Again, the research findings is limited in the sample used. Two hundred nurses were used for the study. The result would have been different if the sample size was more than 200.

➤ *Definition of Terms*

The definitions of the following key words reflect how they are used in the study:

- Healthcare: It is an organized provision of medical care to individuals or a community.
- Nurse: A person who has finished a basic, generalist nursing education program and has been given permission by the relevant regulatory body to practice nursing in his or her nation.
- Psychosocial: Referring to the interaction of behavioural and social elements as well as the impact of social influences on a person's mind or behaviour.
- Stress: It is a condition of mental or emotional stress or tension brought on by challenging or unfavorable situations.

➤ *Study Organization*

There are five chapters in the study. The background of the study, the research problem, the research objectives, the research hypotheses and questions, the relevance of the study, its scope and constraints, the operational definition of words, and its organization are all included in Chapter 1. A review of related literature, including conceptual, empirical, and theoretical reviews, is presented in Chapter 2.

The third chapter described the study's methodology. It provides details on the sample size, research design, and methodology of the study. A well-known statistical program is used to process the data. The Social Sciences Statistics Package (SPSS).

The study's findings are given in Chapter 4 after the data has been processed. It indicates if there is fresh information or confirmation of what is already known. Tables, graphs, and charts are used to aid in the comprehension of the findings. This chapter assesses whether the study's objectives were met.

Finally, Chapter 5 summarizes the research's major findings and draws conclusions or generalizations from it. It also provides a set of recommendations for management of mental health issues and stakeholders in the health industry.

➤ *Chapter Conclusion*

This chapter covered the study's history, problem statement, research aims, research questions, study limitations, scope, and structure.

CHAPTER TWO

LITERATURE REVIEW

➤ Overview

The review of the literature provides a framework for future research, clarifies the requirement for replication, illuminates the applicability of the study, reveals the constraints of data collection, and facilitates the comparison of results from different studies (Rahim et al., 2020). Additionally, it contributes to the creation of a comprehensive body of scientific information in a particular field, from which it is possible to construct true and useful theories. Concepts of stress, literature relating to occupational stress among nurses, its implications on healthcare delivery, and coping techniques were discussed in the context of this chapter.

➤ Concept of Stress

There are numerous ways to define stress. For instance, when the demands of the job do not align with a worker's abilities, resources, or needs, harmful physical and emotional reactions result. This is what is meant by the term "job stress." It has additionally been referred to as the body's generalized negative response to demand at work. A general definition of stress is an excessive, inappropriate, or exaggerated reaction to a situation (Baligar, 2018; Alijanvand et al., 2022). Stress, in contrast to anxiety about a situation, is always negative and causes unfavorable psychological and physiological changes that reduce productivity, cause illness, and occasionally even cause death.

The UK Health and Safety Executive's (HSE) Management Standards (MS) for employee stress were employed in this investigation. Employee stress, according to Management Standards (2010), is an external organizational component or stimulation that makes a worker in an organization feel uneasy on a physical, emotional, or even mental level (Junne et al., 2018). In a company, stress is not just experienced by the workers; it can also affect the employers or managers themselves. Professional effectiveness may also be harmed by stress. It impairs decision-making skills (Linden, Lenz, & Con, 2001), concentration (Dursun, 2021), attention (Puteri & Syaebani, 2018; Badu et al., 2018), and the ability of healthcare providers to build trusting relationships with patients (Blanco & Conant, 2021).

Burnout is described as a condition of depersonalization, close to home depletion, and a sensation of low private achievement, and stress has been displayed to add to expanded burnout (McEwen, 2010; Dursun, 2021). A recent study discovered a strong correlation between burnout and poor self-reported patient care (Thuynsma & De Beer, 2017; Shoss, Jiang & Probst, 2018). The field recognized these issues and called for change more than ten years ago, urging better support for healthcare professionals (Fox et al., 2019).

A model that makes sense of the essential factors or reasons for stress in an association and how to oversee it has been made by Junne et al. (2018). Request, control, support, connections, change, and job conditions in associations are the six classes that six fall under. The extent to which an organization will succeed in its endeavor depends significantly on each of the aforementioned areas (Junné et al., 2018).

Work demand is defined by Oakman et al. (2020) as all aspects of an employee's workload, work design patterns, and working environment that may have an impact on their mental and physical health. Their work is also influenced by the control environment, which includes how much influence or recognition employees have within the company.

According to Oakman et al. (2020), the definition of support as a deciding factor is the level of ongoing support from management and staff, as opposed to hostility, sponsorship, and rancor, for employees to advance both inside and outside the company. It also addresses the accessibility of resources, such as equitable pay that is proportionate to an employee's effort. Additionally, Yeboah et al. (2014) define support as receiving all necessary aids and appropriate direction from their immediate superiors.

Relationships, according to Oakman et al. (2020), are determined by whether a positive work environment is present. Conflict and unacceptable behavior result when there is no conducive work environment, which has historically harmed organizational harmony. According to Oakman et al. (2020), this is defined in terms of roles as how well employees understand their responsibilities within the company and how the company ensures that those responsibilities do not conflict.

The pace of change can be stressful for employees in this case because of how change management is communicated and implemented, which brings us to our final point (Jongenelis et al., 2022). There are six essential parts of a work plan that, if inadequately made due, are connected to chronic frailty and prosperity, lower efficiency, and more nonattendances because of sickness. The six administration norms accordingly address the primary drivers of stress at work. These regions' parts are checked in more detail out.

- *Stress in the Health Care Professions*

There is a lot of studies to support the idea that stress has a negative impact on the performance of healthcare personnel. As well as leading to psychological distress (Lahav, 2020), suicidal thoughts (Fasbender, Van der Heijden, and Grimshaw, 2019), job dissatisfaction (Fasbender, Van der Heijden, and Grimshaw, 2019), and strained personal relationships (DeLongis & O'Brien, 2018), stress can also lead to suicidal thoughts. (Gee, Kelly, & Butler, 2021). Stress in the medical field has long been a contentious issue.

This is somewhat because of the way that clinical benefits include overseeing others' lives, where missteps or mistakes might be costly and infrequently irreversible. Consequently, it is normal that the specialist himself will be in an ideal mental state, liberated from grim worries and nerves. Nonetheless, this isn't normally the case in light of the fact that as well as being affected by the very factors that cause stress in everyone, the specialist is likewise bound to encounter stress because of the remarkable parts of his work and cultural assumptions. A composition on stress in junior specialists and senior specialists was distributed by the English Clinical Affiliation (BMA) (Lubbadeh, 2020). The discoveries were reliable in that stress was available in the two gatherings in critical sums and that it was unsafe to the specialists' wellbeing and capacity to furnish patients with care. By and large, self-destruction passing is around 70% more probable among male doctors than among different experts and 250-400% higher among female specialists, further featured the seriousness of the issue (Gideon et al., 2021).

Work stress among healthcare professionals has been examined in numerous other recent studies conducted in various nations (Cabarkapa et al., 2020; Salari et al., 2020). Medical technicians, radiation therapists, social workers, occupational therapists, doctors, and groups of healthcare workers from various disciplines have all had their work-related stress levels evaluated by researchers. The majority of the studies had nurses as their primary subject, but it wasn't always clear which nursing staff members took part. The primary focus was on registered nurses (RNs). Other studies included nursing assistants, licensed practical nurses (LPNs), registered nurses (RNs and LPNs), and overall assessments of the nursing workforce. Only four of these studies looked at how nurses' stress and burnout affected patient outcomes (Cabarkapa et al., 2020).

In these research (Friganovi, Seli, & Ili, 2019), which examined the connection between personal stress and clinical care, doctors discussed instances in which they believed their stress had a detrimental effect on patient care. Most research examined the impact of burnout and work stress on healthcare professionals in acute care settings. Four studies, however, focused on nursing home and long-term care (LTC) staff. It's interesting to note that according to two nursing home reports, caring for patients with dementia increased staff stress levels (Yates, 2020).

Furthermore, an investigation of rustic nursing homes where helpers revealed more work stress than RNs represented possible contrasts among nursing staff types. Also, research is starting to show that work stress differs relying upon shift length and generational association. Gen X-ers (43%) and Age Xers (41%) had various impressions of work stress, as indicated by a solitary site investigation of RNs that took a gander at generational contrasts (O'Dowd et al., 2018). Four clinics in the Midwest were added to the agents' network of clinics. 53% of the example was comprised of gen X-ers, and they scored fundamentally lower on stress and strain factors than medical attendants from the more seasoned and more youthful partners. Moreover, the people born after WW2 got impressively less friendly help.

➤ *Causes of Stress Among Nurses*

Workload, staff dynamics, resource issues, and patient issues—particularly those involving actual or perceived violence, job ambiguity, and role conflict—have been recognized as the top drivers of stress for nurses. Stehman et al. (2019) identified the main stressors experienced by health workers as workload, amount of patient participation, satisfying legal duties under the UK Mental Health Act (1983), a lack of social support, role conflict, and job ambiguity (Zheng, Lyu, Pan & Chen, 2022). The conclusions were, however, overgeneralized because the study's primary focus was on the literature (data) from the United Kingdom, which left out other countries.

Stress among community general nursing employees was investigated by Foster, Wood, and Clowes in 2021. They discovered that a number of variables had an impact on the stress levels of healthcare professionals. They included heavier workloads, problems with time management, and coping with patients who might be violent or suicidal. Tyagi and Tyagi (2022) discovered that the cost of caring, the management's leadership style, and the workload were the other three main causes of stress for healthcare professionals.

As per Brown et al. (2017), who late surveyed the writing on scientific nursing, wellbeing experts who work in a criminological setting experience moderate degrees of stress and burnout. There is a monetary impetus for the administration of well-being administration workforces to get involved in light of the fact that they found that elevated degrees of stress and burnout unfavorably affect one's ability to work.

Once more, nurses' causes of stress are influenced by the nature of the nursing profession. A few of the stressors associated with the nursing profession include the difficult work environment that nurses encounter, the long hours they put in, and the scheduling of shifts on weekends, night shifts, and holidays. Stressful factors for nurses include new technology, the nature of the

profession, an increased workload, the shift work schedule, confusing and contradictory duties, and the duty to care for patients (Dorcoo, 2016).

The nature of the nursing profession, according to Attipoe-Dorcoo and Appari (2016), is physically and mentally exhausting, which raises the idea that stress among nurses who work shifts is connected to this system. Stress on nurses is a result of the demanding emotional support that both patients and families need. Nurses encounter the suffering and pain of patients every day at work. Due to their line of work, nurses are constantly stressed out by the emotionally and physically traumatic life events that occur around them (Ramachandran et al., 2022). Eventually, these nurses experience emotional exhaustion.

In accordance with research, psychological anguish affects people of all ages (Li et al., 2020). Gibson (2022) claims that seeing patients experience trauma, agony, and suffering causes nurses and other healthcare personnel to experience emotional and spiritual stress often. According to Dar and Iqbal (2020), this is what they called "vicarious traumatization," where the patient's experience is transformed into the patient's career while receiving care.

Based on Misra and Mohanty's (2020) research, a list of nine subscales of work settings that increase nurses' stress was created. Inadequate planning, interpersonal problems with coworkers and superiors, workplace discrimination, an excessive workload, difficulty making judgments on patient care, dealing with death and terminal patients, and dealing with patients and their families are a few of these. In addition, intra- and inter-professional disagreements continue to cause nurses a great deal of stress. Inter-professional conflict appears to be a big problem, notably between nurses and doctors (Ward & Shultz, 2019).

As per a concentrate by Elovainio (2020), the issue of poor relational struggle among clinical experts likewise causes stress in medical caretakers. Once more, it has been found that the essential wellsprings of stress for medical attendants are the idea of the work climate, notwithstanding poor relational connections among medical attendants and other wellbeing experts, other hierarchical elements, the different jobs that medical caretakers should play, and their singular attributes.

According to Alomari (2021), the main causes of emotional exhaustion are increased work demands, staff shortages, a lack of opportunities for career advancement, a lack of workplace autonomy, and work overload. According to the demand-control model, stress at work results from an imbalance between psychological demands and an individual's degree of control over their work. The health of the workforce may suffer as a result.

Therefore, a person is more likely to experience physical or mental stress the more pressures they are subject to at work and the less control they have over their employment (Bartel & Thompson, 2021). One of the primary sources of occupational stress among nurses that caused them anxiety was a lack of readiness in handling the emotional needs of their patients (Heidarimoghadam et al., 2019).

A cross-sectional study on workplace stress among nursing staff was conducted in Brazil by Urbanetto et al. (2019). The demand-control model served as the study's foundation. Nurses, nurse technicians, and nurse auxiliaries made up the staff. According to the Job Stress Scale, the study's objective was to identify workplace stress in nursing professionals and compare it to socio-demographic and occupational factors. The study's data collection tool was the Job Stress Scale. The nature of the nurses' work was divided into job control and jobs with high and low demand (high and low control).

From that point forward, positions were ordered into four classes: "high strain occupations" (showing expanded mental interest joined with expanded workplace control); "dynamic positions" (demonstrating expanded mental interest and more control); "latent positions" (showing decreased mental interest joined with diminished control); and "low strain occupations" (showing diminished mental interest joined with expanded control) (Hussein, 2018). It was found that there were a lopsidedly enormous number of well-being experts with a low mental interest.

Results uncovered a positive relationship between's wellbeing workers with low friendly help and helper medical caretakers or wellbeing experts with over 15 years of work insight, who were bound to be classified as being in the high strain quadrant. Second, nursing experts and medical attendant associates were bound to be utilized in the uninvolved work quadrant among wellbeing experts (Hervieux et al., 2022). In any case, representatives in the wellbeing business with over 15 years of involvement were bound to be in the quadrant with dynamic positions. Emergency clinic clinical staff or those working in the emergency unit among those with a lower probability of being relegated to the dynamic work quadrant.

The absence of social support from coworkers and superiors, according to da Silva and Neto's (2021) evaluation was the leading cause of stress among nurses and other health professionals. And as a result, they were unable to communicate effectively at work. According to Uziel (2019), who examined the stressors and their effects, nurses in the medical environment experienced higher levels of stress than those working in accident and emergency situations. Koivu et al. also got similar outcomes (2011). At Finland's Kuopio University Hospital, researchers discovered that the 124 nurses who took part in clinical supervision experienced slightly more stress (32.8%) than the 204 non-participants (26.2 percent) (Koivu et al., 2011).

A study was conducted in Ghana by Kyreaa (2014) to determine the root causes of stress among nurses in the Greater Accra Region. The study revealed that 108 (29.3 percent) men and 261 (70.7%) women made up the nursing staff. The majority of them (73.3 percent) had been working as nurses for more than 15 years. The study was influenced by the life events theory, which discusses the interactions between people and their surroundings. The average score on the factors that contributed to nurses' stress was 3.96, indicating that nurses generally agreed that the important factors identified in the questionnaire did, in fact, contribute to nurses' stress. The investigation discovered that the number of hours worked, monetary difficulties, patient passings, and an absence of command over their work were the primary drivers of workplace stress among medical caretakers (Kyreaa, 2014).

At the Komfo Anokye Showing Clinic in Ghana, Yeboah et al. (2014) likewise led an observational investigation of the variables that add to workplace stress among 453 medical services experts. In the showing emergency clinic, a review was led to decide the connections between six critical hierarchical elements (request, control, support, connections, change, and job conditions) and the stress levels of medical care experts. Every one of the six components — request factors, control factors, support factors, relationship factors, change variables, and job factors — were inspected and their consequences for stress levels among workers were viewed as exceptionally critical. In any case, it was found that contrasted with other medical services suppliers, expert specialists, family specialists, and enlisted medical attendants — except for nurture directors and bosses — had a higher gamble of encountering work-related stress.

Compared to nurses with diplomas and certificates, those with bachelor's degrees and specialists experience higher levels of stress. Nurse specialists are expected to perform tasks and play roles that differ from those of regular nurses when they are hired. Therefore, they become demoralized and emotional exhaustion causes burnout when they discover they must perform patient transfers to other wards, urine emptying, and night shifts (Mbuthia, 2009).

Stress is impacted by work insight too, yet there is a converse connection between the two (stress diminishes as years at work increment) (Al-Turki et al., 2010; Mbuthia, 2009; Raja et al., 2007). In their examination concerning the recurrence of stress among ICU medical caretakers in Malaysia, Ghawadra et al. (2019) found that medical caretakers who had finished a post-fundamental ICU course had lower levels of stress.

➤ *Effects of Work-Related Stress on Healthcare Delivery*

Stress has a wide range of negative effects on people and organizations, according to study. Most businesses are now heavily burdened by the expense of stress-related effects; in the UK, for instance, job stress costs employers approximately £25.9 billion annually (Buss, Entringer & Wadhwa, 2012; Torres-Harding, Torres & Yeo, 2020). Additional negative effects of stress include worker withdrawal, absences from the workplace, and job discontent. These pose additional risks, including a lower employee turnover rate, which could lead to job losses and lower productivity (Dorrian et al., 2011).

Most individuals think that physical illnesses are brought on by stress. High blood pressure, acute coronary syndromes, indigestion, weight gain, sleeping problems, problems with memory and attention, anxiety, mental disorders, infectious infections, and other medical problems have all been related to stress (Rana & Upton, 2013; Buss et al., 2012; Torres-Harding et al., 2020; Dorrian et al., 2011). Nurses are more likely to contract an infection or spread an infectious disease.

The fact that nurses care for patients who are experiencing a wide range of symptoms, such as vomiting, coughing, diarrhoea, or hemorrhage, puts them at a higher risk of contracting contamination. They are therefore more likely to be exposed to these infections and contract them. In addition to helping patients with their hygiene, nurses also perform procedures that put them at a higher risk of coming into contact with bodily fluids, like respirational intubation and kidney dialysis, among others (Rana & Upton, 2013).

• *Stress and Physical Health*

Burnout at work has the potential to have a negative influence on professional effectiveness and care quality. This may result from stressful circumstances (Craigie et al., 2016). Work-related stress has been linked to a number of physical health problems, including immune and endocrine system disorders, migraines, muscle, back, and joint pain, chronic physical illnesses, hypertension, irritable bowel syndrome, and duodenal ulcers, according to a study by Sarafis et al. (2016).

Stressful conditions can likewise cause a concise expansion in pulse. At the point when under stress, the body discharges chemicals that make the heart beat all the more rapidly and the veins limited, the two of which increment circulatory strain. This impermanent stress causes a spike in pulse, which over the long haul could jeopardize a person by creating constant hypertension (Reed, 2013). An individual under stress risks having a coronary episode, going into a cardiovascular breakdown, and having their heart corridors harmed by hypertension. The circulatory strain rises when stress is available ceaselessly. Stress likewise influences how blood clusters, which builds the gamble of having a coronary failure (Kivimäki & Steptoe, 2018).

The risk of hypertension, stroke and coronary episode additionally rise when certain individuals drink more, smoke more, eat more low-quality food, or use drugs when under stress. On account of their night shifts, medical attendants are bound to encounter cardiovascular failures, strokes, and other coronary problems. Also, night shift work has been connected to an expanded gamble of

hypertension, particularly in the people who have worked night shifts for a drawn-out timeframe (Reed, 2013). As per Cavalheiro, Moura Junior, and Lopes' (2008) research, attendants working in serious consideration units who experience stress related to their obligations are bound to encounter cardiovascular side effects.

Stress has been shown to have an impact on both how much and what kind of food we eat. Our likelihood of eating more healthfully is influenced by how stressed we are. When under stress, we may eat more unhealthy or high-calorie foods to satisfy our emotional needs. Stress causes our bodies to release more cortisone hormone and insulin, which is why this happens. This forces our bodies to crave foods that are fatty and sour. Chronic long-term stress makes people hungrier. Even those who are not hungry may occasionally eat (Creagan, 2016). Emotional or stress eating is what this is. With a variety of shifts, nursing work is known to be stressful. Nurses' eating habits and risk of weight gain and obesity are impacted by stress and their shift schedules (Buss et al., 2012; Creagan, 2016).

- *Stress and Psychological Health*

Too much ongoing stress may contribute to depression. Depression can be brought on by stress, whether it is acute or chronic. Overworking the body's stress response mechanism results in a decrease in mood-altering hormones like dopamine, serotonin, and neurotransmitters. Hormones like dopamine, serotonin, and neurotransmitters control things like sexual drive, appetite, sleep, and the expression of positive emotions (Martin et al. 2016; Hall-Flavin, 2014).

Stress frequently results in anxiety. Extreme stress, however, can result in an anxiety condition. This causes someone to become combative under pressure. Anxiety disorders can cause physical illness to appear in the body. Due to their exposure to extremely stressful situations, nurses experience high rates of depression and anxiety (Gautam, Gautam & Farzanmehr, 2016; Quaicoe, 2018; Cheung & Yip, 2015).

In order to maintain human psychosocial behavior in balance, sleep is crucial. Sometimes it's hard to fall asleep because the stress of family, work, or school problems keeps the mind active through the night. Too much stress raises the level of the stress hormone (cortical), which disturbs a person's regular sleeping patterns (Quaicoe, 2018). This might lead to emotional exhaustion and job burnout. It was discovered that occupational stress causes insomnia and restless sleep (kerstedt et al., 2012). People who are stressed and busy sleep less. Frequently, emotional tiredness, high levels of stress, and low job satisfaction are experienced by nurses. This is primarily due to the demanding and stressful nature of nursing, which involves numerous night shifts, inadequate sleep, and numerous duties (Dorrian et al., 2011).

When a person can't handle a workload that is too much for him to handle, it affects his or her sexual desire. It has an impact on a person's sexual drive and sense of self. Therefore, there is a propensity for them to ignore their sexual needs (Varfi et al., 2019). Additionally, some mental health issues, like depression and anxiety, tame the desire for sexual activity. Anxiety and depression are the end results of stress. Stress has an impact on nurses' sexual harmony (Lee et al., 2012). Emergency clinic directors ought to assist medical caretakers with overseeing work stress by executing positive changes that will decidedly affect their sexual excitement and personal satisfaction to keep up with and improve providing care quality (Lee et al., 2012).

➤ *Coping Strategies Towards Work-Related Stress Among Nurses*

Coping and assessment, according to Lazarus and Folkman (1984), serve as mediators in the interaction between a person and their environment. Stress related to the work of practicing medicine is common in the medical environment, including mental health facilities, and can occur to varying degrees. As a result, various coping mechanisms can be employed.

As noted by Lazarus, mental health nurses developed coping mechanisms and strategies to deal with the job-related stress they frequently encountered in their efforts to provide patients and the mentally challenged with quality medical care (1966). Their capacity for adjustment is influenced by a number of variables, including the accessibility of resources and socio-demographic characteristics like age, experience level, education, position, and service unit.

There are numerous ways to deal with stress at work. The use of physical activities and therapies as stress management techniques in the workplace has been demonstrated to be successful. However, Shinn et al. (1984) contend that there is no one-size-fits-all approach to stress management. As a result, different sources of stress and job types require different approaches to managing them. Despite this, it is thought that using healthy coping mechanisms is the best way to lower stress. Understanding oneself better, understanding what stress is, and appreciating how one responds to stressful situations are the first steps in effective stress management.

To adapt is to "face and manage liabilities, issues, or challenges, particularly effectively or in a quiet or satisfactory way," as per the Web-based Word reference. With regards to nursing, successfully adapting to stress is likewise seen as dealing with the requests that outcome from the stressful idea of the gig. As per Lockley et al. (2007), setting work limitations for wellbeing experts is the most ideal way to forestall weariness and stress welcomed on by their obligations. Stress can result from a hospital job that requires long hours. According to Kurki (2018), stress is related to how many hours' doctors, nurses, and other healthcare workers

spend working in hospitals. Giving people access to social assistance is seen as the best way to reduce stress or possibly prevent it altogether.

As indicated by Chang et al. (2006), the three most famous survival strategies among Japanese attendants were poise, looking for social help, and arranged critical thinking. For Chinese medical caretakers, the most famous methods for dealing with stress were positive reappraisal, poise, and arranged critical thinking. As per Hardenberg, Rana, and Tori (2020), medical caretakers utilized issue centered adapting more much of the time than feeling centered adapting. Islam et al. (2021) observed that tolerant obligation and departure evasion were the best methods for dealing with hardship or stress for medical attendants who showed that they were probably going to change nursing vocations.

In their 2018 study, Kumar, Bhat, and Ryali discovered an inverse link between direct coping strategies and occupational stress as well as a positive correlation between perceived health status and coping. Previous studies have demonstrated that the application of appropriate coping methods reduces the perception of work stress. Using a problem-focused strategy to manage professional stress is associated with greater mental health, claim Bautista et al. (2020). Attendants in Singapore, as per Donovan and Greenwell (2021), favor self-improvement survival techniques to request social help from different medical caretakers or managers. As per Kim, Im, and Shin (2021), American metropolitan medical caretakers detailed that the survival strategy used to manage work-related stressors relies upon the circumstance and past progress in a comparative stressful circumstance.

Long-term stress affects nurses' work lives as well as their nursing abilities when there are no effective coping mechanisms (Lee et al., 2012). However, nurses will be happier in their positions if they have effective coping skills for managing stress at work (Welbourne et al., 2020). In the study by Dorrian et al. (2011), around 60% of the Australian nurses and midwives who participated acknowledged using sleep aids. In addition, 44% of nurses and 9% of midwives acknowledged to drinking alcohol to promote sleep on more than one occasion during the survey. Around 20% of participants reported to using prescription medicines.

Chang et al. (2006) found that all countries adopted the four coping strategies indicated below: self-control, seeking social support, deliberate problem solution, and positive reappraisal. According to Arslan et al. (2021), resilience refers to a person's ability to successfully deal when faced with loss or adversity and indicates their potential to go through challenging situations. It is characterized by the capacity to tolerate significant amounts of upsetting change with little evidence of dysfunctional behavior (Martins et al., 2022). This enables the individual to go through personal change and enable the person to survive. Individual resilience may be impacted by a variety of factors, such as social and organizational support, attitudes and circumstances, personal and professional experiences, and resilience (White et al., 2019; Smith, Vasileiou & Kagee, 2020).

While some nurses can manage stress well, others cannot (Dikmen & Terzioglu, 2019).

As per Dikmen and Terzioglu (2019; Smith, Vasileiou, and Kagee, 2020), flexibility is one of the individual and gathering factors that intervene stress in medical caretakers and can be either a physiological or mental middle person (Siddique et al., 2021). As indicated by Yu et al. (2019), strength in medical caretakers was related to lower paces of PTSD, tension or despondency, and burnout as well as a negative relationship with work-related stress and a positive relationship with work fulfillment (Pappa et al., 2021). It is strongly advised that nurses build resilience so they can successfully navigate the workplace challenges related to their profession. In order to better support nurses and prevent the effects of exposure to high levels of stress, it will be helpful to understand how nurses can cope and whether they possess resilience (Borg et al., 2021).

The effectiveness of the stress coping strategies nurses use to deal with stressors related to their work situation determines how much occupational stress nurses experience (Dwinijanti et al., 2020). There are four kinds of coping techniques: issue centered adapting (which includes going up against or managing the stressor straightforwardly), reappraisal adapting (which includes moves initiated to keep away from or get occupied from the central concern), evasion adapting, and close to home adapting (in this manner activities equipped towards addressing or controlling how one answers genuinely to stressful circumstances). The stressors from others will adversely affect medical caretakers on the off chance that they can really deal with their stress. This will permit them to emphatically affect the existence of people around them (Kyraa et al., 2014).

According to Kim and Lee (2019), social support and venting to others were the two coping mechanisms used by nurses the most frequently. They identified some unhealthy coping mechanisms used by nurses. These coping mechanisms included smoking, abusing drugs or other medications excessively, and drinking alcohol. Additionally, MacGarry et al. (2022) suggested that nurses turn to food as a stress reliever. Ejebu, Dall'Orta, and Griffiths (2021) found that nurses used a variety of coping mechanisms, such as problem-solving skills, accepting responsibility, thinking positively about life's circumstances, and avoiding stressful situations altogether, to reduce their stress and level of dissatisfaction.

➤ *Relationship Between Personal Characteristics and Work-Related Stress*

Numerous research have examined the importance of personality in the relationship between burnout and workplace stress. These research all agree that working conditions alone are not the only cause of perceived work stress and burnout. An evidence-based guide for nurses on patient safety and quality. Employees that work under the same conditions either burn out or develop

stress (Subramani & Venkatachalam, 2019). Uncertainty persists regarding the specific personality traits that influence how stress or burnout is perceived. Exhaustion and neuroticism have been linked. Burnout and stress have a positive correlation with an external locus of control. For hardiness, the results are mixed (Sharma, 2021).

Anxiety tests reveal a link between stress and burnout. Feature anxiety, which is more stable and may be seen as a personality trait, and state anxiety, which is a fleeting sensation that manifests when a person perceives threatening demands or threats, are the two elements of anxiety that are believed to exist (Bumann et al., 2020). Researchers found that those with high levels of state anxiety were at a higher risk for burnout and medical errors in a study of intensive care unit nurses.

Higher trait anxiety predicted psychological distress in a different study (Pacheco et al., 2021). Relationships with coworkers, doctors, head nurses, and employees from other departments were also predictive of psychological distress. Researchers have also looked into the link between interpersonal interactions and stress and burnout. We don't yet fully comprehend the connections. Burnout has been shown to rise in teams with problematic relationships.

Staff medical attendants revealed feeling stressed out by boisterous attacks from specialists (Fischer, Karl and Fischer, 2019). Struggle with doctors was viewed as more mentally unsafe than struggle inside the nursing calling in an investigation of 260 enrolled medical caretakers. In any case, a review examining boisterous attacks among 213 nursing staff (95% RNs) found that different medical caretakers were the most well-known wellspring of misuse (27%). Families (25%) and specialists (third) were the two gatherings that mishandled individuals the most often (22%).

Some research suggest that certain personality qualities and stress and burnout are associated (Dutra et al., 2018). Age, gender, marital status, education level, work experience, and whether or not a person has formal ICU training are all examples of human factors that have been associated to stress by various researchers. Different authors have examined how aging affects stress in different ways. According to a research by Hetzel-Riggin et al. (2020) titled "Work Stress and Burnout among Nurses" (stress level decreases with increasing age).

In contrast, Açkel (2019) found in their study on burnout among nursing staff in two Finnish hospitals that stress levels increase with age. Female nurses experience more stress than male nurses do because of the nature of their jobs. Stress is experienced by married female nurses from both work and home (Jennings, 2008). Stress levels are directly connected with the number of children nurses have, according to Bethea & Samanta's (2020) study on burnout among staff members working in maternal health at a referral hospital in Malawi.

➤ *Theoretical Framework*

There are several hypotheses that have been proposed to explain stress. The numerous hypotheses that have been proposed to explain the concept of stress are reviewed in the first section of this chapter. The transactional model of stress is followed in this section by the salutogenic model of stress and the theory of work design. The section's conclusion discusses the transactional theory of stress, which served as the study's guiding theory.

• *Transactional Model of Stress*

The model was first put forth by Lazarus and Folkman in 1984. The concept offers a framework for dealing with challenging circumstances like stressful occurrences. It assists in various areas, such as raising awareness of health issues and preventing sickness (Simonsmeier et al., 2021). Nurses deal with patient requests for care the majority of the time. They not only put in long hours but also have to deal with the trauma of patient deaths (Ogiska-Bulik et al., 2021).

Demands made in environments that are both internal and external to the victim, according to Lazarus and Cohen (1977), are what lead to stress. In both a physical and psychological sense, this is harmful to the person's wellbeing. Therefore, by viewing stress as a transactional problem, the authors proposed a model of stress. In order to comprehend the meaning of the stressful situation, the stress victim must first evaluate it. Then, in order to manage the situation, the individual's resources are taken into account.

The assessment might be good or troublesome. It is seen decidedly as something required. It tends to be interpreted as meaning a perilous circumstance or one that presents dangers whenever utilized adversely. These evaluation structures are isolated into essential and auxiliary examinations by Cohen (1988). The essential examination is the term used to portray the individual's evaluation of the circumstance's importance as one that contains stress, whether in a positive or negative sense. The auxiliary examination, then again, assesses the accessible survival techniques to decide how well the individual will actually want to deal with the circumstance. Hence, the hypothesis intends to recognize issues that touch on the reasons for workplace stress for well-being experts as well as their strategies for dealing with especially difficult time.

• *Theory of Work Design*

Karasek developed the theory of work design in 1979. Later modifications to this were made by Karasek and Theorel (1990) (Dewe, O'Driscoll, & Cooper, 2012). The idea recognized the two primary factors that have a substantial influence on the workplace

as being job demand and job control. Then again, work control alludes to a representative's ability to practice command over their errands and conduct as they start their obligations (Landy and Conte, 2010; Zirwatul and Ibrahim, 2013). Once more, the model contends that demands made by the workers themselves are not a significant source of stress. Instead, how much control one has over the demands of the job determines how much stress one experiences.

On the level of stress, his interaction was described as Demand X Control (in terms of choice or will) (Karasek, 1979). Another way to put it is that the degree of control affects how stress is affected by the pressure of demand (Lund & Conte, 2010). According to the JDC model, those who work in high-demand occupations and have little control experience emotional drain's most harmful effects, leading to high job strain (Zirwatul & Ibrahim, 2013). The theory does contend, however, that an employee's ability to grow or learn can be impacted by how active or passive a job is. When an employee has control over his or her work and lands a highly sought-after position, it gives him or her the chance to develop new skills and work more productively (Dewe et al. 2012). Employees in passive jobs, on the other hand, have less control over their jobs and work in low-demand positions. When given challenging tasks, they lack motivation to engage fully and learn new skills from them.

- *Salutogenic Model of Stress*

The Salutogenic Model was then proposed by Antonovsky (Hanson, 2007). According to the theory, a person's health depends on a number of factors, so rather than considering all of them at once, particular circumstances that people encounter should be taken into account. He used the course to research how stress and illness are related (Anniko & Bodland Fielding, 2011). Salus and genesis are combined to form the word salutogenesis. Both the Greek word "genesis," which means "origin," and the Latin word "salus," which means "health," are employed. The model was used in Israel to research the effects of menopause on female health. These women had endured a great deal of hardship, including time spent in concentration camps during World War II (Updegraff & Taylor, 2021).

The study found that some of the ladies were able to adapt to and control the circumstance. This prompted the question, "How are people able to live better, happier lives after traumatic life events like wars?" Updegraff and Taylor in 2021, the sense of coherence and overall resistance resources can be exploited to produce a solution, according to the Salutogenic Model. According to the theory, resources for resistance often include money, self-assurance, help, and cultural capital, but a feeling of coherence comprises the ability for redress, management, and meaning-making (Eriksson & Lindström, 2007). According to Eriksson and Lindström, those who have a strong sense of coherence and overall resistance resources can manage stressful life circumstances (2007).

- *Transactional Theory of Stress and Coping (TTSC)*

The Transactional Theory of Stress and Coping (TTSC) by Lazarus and colleagues serves as the foundation for this study (Lazarus, 1966). The psychological or cognitive theory of stress is another name for the TTSC, which has psychological roots. Since its inception in 1966, the theory has undergone significant revisions. As per Lazarus and Folkman's (1986) hypothesis, mental stress is a relationship with the climate that individual's perspectives as essential to their prosperity and in which the requests surpass their ability for adapting. The allies of this hypothesis fight that stress is a consequence of a connection between an individual and their current circumstance demonstrating that critical figure stress is the climate. The climate can incorporate our home, office, and our associations with family, and so on.

The basic tenet of the transactional model is that the relationship between the stressor and the individual's reaction to stress is mediated by appraisal, whether primary or secondary, and the coping strategies that go along with it. Cognitive appraisal and coping serve as this theory's two key tenets. The method through which a person evaluates stressors or other environmental situations is known as cognitive evaluation. Primary appraisal and secondary appraisal are a result of cognitive appraisal having two folds. The phase of primary appraisal occurs when a person perceives a stressor as a challenge or a danger.

In the secondary appraisal, the person evaluates the tools at his or her disposal to deal with the stressor. The mental and behavioral effort to control, lessen, or tolerate environmental stressors is known as coping (Folkman & Lazarus, 1980). Personal characteristics may affect a person's capacity to carry out the appraisal process, whereas workplace characteristics act as environmental stressors. People may turn to emotion-focused coping mechanisms like wishful thinking if they feel they lack the resources to deal with the situation.

Individuals who feel they have the assets to manage what is going on, then again, could go to issue-centered adapting strategies like examining the issue to make the vital move to address it. Thus, the optional examination precedes adapting. A singular's adapting style might impact or affect results like work execution or fulfillment. The connection or connection between an individual and their current circumstance is intervened by adapting and examination (Lazarus, 1966; Lazarus and Folkman, 1984).

Based on the assertion made by Lazarus and colleagues, this study hypothesizes that workplace stressors (loss of control and lack of support) can lead to stress in mental health professionals. Mental health nurses who assess stresses largely as threats or challenges reach the secondary evaluation stage. When mental health nurses can arrange and put coping techniques into practice to

tackle the stressors, they may adopt problem-focused coping if they feel they have the tools to do so. This could lead to better results from the services they offer (Interpersonal Quality of Care).

On the other hand, mental health nurses are more likely to adopt emotion-focused coping if they perceive they do not have adequate resources to face pressures. The interpersonal quality of care will worsen if nurses employ emotion-focused coping mechanisms as a result of their stress. Coping controls the transaction process, but there is also a negative correlation between the outcome and the original assessment. The researcher also believes that socio-demographic variables such as age, educational level, unit type, experience, and position modify the impacts of secondary appraisal.

➤ Conceptual Framework

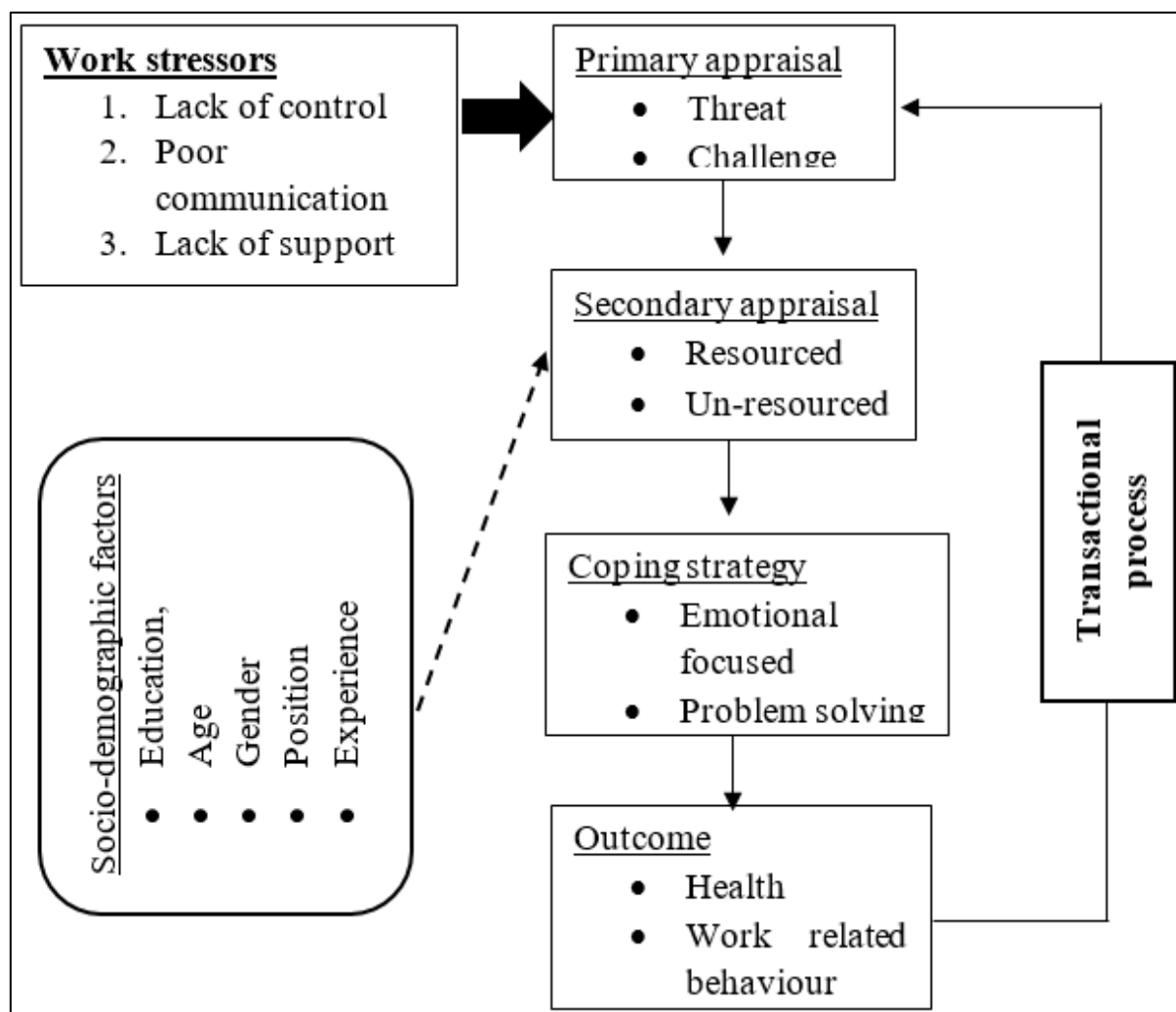


Fig 1 Conceptual Framework
Source: Adapted from Lazarus and Folkman, (1984)

The conceptual framework for this study was adapted from the Psychological Stress and Coping Models by Lazarus and Folkman (1984). The two distinct theories in this model are interactional and transactional. The transactional focus is based on the psychological mechanisms that form this level of interaction, whereas the interactional focus is on the structural aspects of one's interaction with their work environment. This theory was chosen because it best fits the study's goals, which include determining the causes, effects, and coping mechanisms of stress in mental health nurses.

According to the theory, stress appraisal happens when a person thinks about the elements that contribute to the occurrence of stress. These are the assessment of the resources that are available to deal with the stressor and the threat that the stressor poses to the individual (primary appraisal) (secondary appraisal). The individual is then given options by the secondary appraisal on how to deal with the stressor, which results in stress. The result in this case is how stress affects the nurse's job.

Therefore, the realization that the individual nurses are having trouble coping with demands and threats to their wellbeing and that finding a way to cope is crucial is defined as the experience of stress. However, they are concerned or depressed about their inability to cope.

➤ *Chapter Conclusion*

In conclusion, the literature review touched on a general overview and a few definitions of stress. Theories like the salutogenic model of stress (Hanson, 2007), theory of work design (Karasek, 1979), transactional theory of stress and coping (Lazarus, 1966), and transactional model of stress (Lazarus & Folkman, 1984) were also examined in order to develop the conceptual framework that will serve as the study's compass. Stress causes, effects, and coping mechanisms were all discussed in the conceptual review. Although much has been done to address the issue of stress in the healthcare industry, the study's target population of health professionals, particularly nurses, has not received enough attention. Additionally, there is a dearth of Ghana-related literature.

CHAPTER THREE

RESEARCH METHODOLOGY

➤ *Introduction*

The strategies used to structure a study and collect and evaluate data in a systematic manner are referred to as research methodology. The approach used to study the subject at hand was covered in this chapter. It was broken down into the following sections: research design, research area, research population, sample size and sampling process, description of data collection tool and procedure, and data analysis plan.

➤ *Research Design*

Every research project needs a good research design. A research design is a crucial component of any research strategy, according to Creswell and Clark's definition from 2017. It is "the complete approach for gathering data, undertaking analysis, and addressing the study challenge." The descriptive cross-sectional survey design was used for the study's objectives, and data collection was done using a quantitative research methodology. According to Kesmodel (2018), cross-sectional designs are particularly appropriate for reliability research, validation studies comparing, for example, various measurement instruments, and investigations on the prevalence of disease, attitudes, and knowledge among patients and medical professionals. The fact that the study is conducted at a certain period is one benefit of the design. Also, a cross-sectional study does not manipulate variables. With multiple valuable properties being examined simultaneously, it offers the researcher excellent control over the measuring procedure.

Additionally, questionnaires, surveys, and experiments are used in quantitative research to collect data that is revised and tabulated in numbers, enabling statistical analysis to characterize the data (De Vaus, & de Vaus, 2013). The topic's inherent need for self-reported data collection and the study's need for a huge volume of data in a short amount of time led to the design's acceptance as being appropriate for the task. The main purpose of the descriptive cross-sectional survey is to determine the current state of mental diseases, which is of concern. It aided in the analysis, interpretation, and reporting of the current situation of nurses managing stress at work in the research field.

Demand characteristics, however, provide the design's biggest challenge because respondents tended to give answers that fit their perception of what the researcher was looking for. Despite these inherent drawbacks, it is thought to be the most suitable design for this study because it contributed to the specification of the nature of the given phenomenon (causes of workplace stress among nurses) with a description of the circumstance utilizing a specified population.

➤ *Sources of Data*

Data for the study is gathered using primary source. Cross-sectional data is gathered through a field survey on determinants of workplace stress among nurses in selected healthcare facilities in the Shama District. A questionnaire on stress causes-related was used to gather data. The benefit of using primary data is that it is more credible because it comes from original sources and was collected specifically for the study.

➤ *Study Population and Sampling*

The population, according to Bryman (2016), is any group of people or subjects who share at least one characteristic. All nurses working in particular healthcare facilities, both public and private, in the district, made up the population for this study. The district has an estimated nursing population of about 1,072 with the distribution of 584 midwives and 486 nurses (Ghana Health Service Report, 2020, Shama District).

The multi-stage sampling technique, which uses basic random, purposive, and stratified sampling procedures, was used to pick respondents for the study in an efficient manner. At the district level, the stratified sampling technique was used to divide the district into community zones or strata of which health facilities (health centres and National Community Health Planning and Services [CHPS] Compound and private hospitals) were selected from each community.

In addition to the health centres, the district hospital was purposively selected since it is the only hospital in the district. Purposive sampling identifies pertinent groups having knowledge of the subject under study and provides a preliminary insight of the issue (Rice et al., 2014). It is believed that the nurses were embedded with a lot of activities in terms of giving medical attention to their patients.

After the selection of health facilities, nurses were randomly selected from various departments of the selected health facilities. In doing so, a piece of paper with the writing "Yes" or "No", folded and placed in an opaque box for selection without replacement. Individuals who selected a folded paper with the description "Yes" were included while all folded papers having "No" on them as they are picked were excluded from the survey. This technique was employed in order to avoid sample bias and give equal chance to each and every element in the sample frame to be included in the survey. By ensuring that each participant has an equal chance of being chosen, the simple random sampling technique minimizes sampling bias (Ritchie et al., 2013). It continues to be the most straightforward but reliable probability sampling technique, and it supports generalization of findings (Bhattacharjee, 2012).

All types of nurses, including community health and enrolled nurses, general nurses, health assistants, and midwives, were welcome to apply. The study did not include nurses who refused to participate or who were on leave or off-duty when the data were being collected. Furthermore, student nurses participating in clinical practice were not included in the study because they are not permanent employees of the chosen healthcare facilities. Other non-nursing employees, including doctors and administrators, were also excluded.

However, the impossibility in using a whole population for a study, necessitated the use of a sample of the population. In order to obtain the sample size for the study, the Cochran's formula was used to calculate the sample size as proposed by Pan, Liu, Miao and Yuan, (2018).

The formula is given as:

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the sample size; N is the study population size; and e is the level of precision desired. Thus, taking a 95% confidence level and error margin (e) of 5% (0.05) with the population of 1,072, the sample size was calculated as:

$$n = \frac{1072}{1 + 1072(0.05)^2}$$

$$n = \frac{1072}{1 + 2.680}$$

$$n = 291.3$$

Hence, a sample size of 291 nurses were considered for the study. Table 1 presents the population and sample size distribution of participants in the relation to selected healthcare facilities.

Table 1 Sample Size Distribution of Respondents

Health Facility	Sample Population (N)	Sample Size (n)
Quasi Government Hospital	237	73 (30.8%)
Private Hospital	105	58 (55.2%)
Health centre	323	74 (22.9%)
CHPS Compound	407	86 (21.1%)
Total	1072	291

➤ Instrumentation

In undertaking any study, reliable and comprehensive data collection is important. Instruments used to collect data, such as questionnaires, polls, structured interview schedules, and checklists, are referred to as data collecting tools (Queirós, Faria & Almeida, 2017). A standardized questionnaire was used to gather the data. This method of using the questionnaire is taken into consideration because it can be given to a large number of sample participants at once with consistent guidance and clarification.

A questionnaire is the most practical method of gathering data because a sizable sample of the population is involved. A questionnaire survey is easier, quicker, and less expensive to conduct. A few days following the interviews, the questionnaire data was field-inspected, and any inaccuracies were promptly checked and fixed. The questionnaire's section on stress causes from Odonkor and Adams (2021) was adopted. On a Likert scale of 1 to 5, you are asked to rate 39 statements. The questionnaire also gathered demographic data from respondents.

On the structure of the questionnaire, it is partitioned into four (4) sections. The first section which seeks to elicit information on respondents' background information, ranges from their gender to their experience in education (gender, age, education level, marital status, social status, residence, working unit, work experience and work load). Respondents were given the opportunity to explain the relevant reasons of workplace stress in the second section. The final section provides additional examples of how stress affects the provision of healthcare. The last section discusses the coping mechanisms used by nurses to manage occupational stress.

The questionnaire took roughly 28 minutes to complete. The face validity of the instrument was assessed by six specialists in social science assessment and measurement. The Cronbach's alpha test formula was used to gauge the reliability of the common questionnaire. For the test, a reliability coefficient of 0.8 is anticipated. With the use of the Cronbach's alpha test formula, the reliability of the standard questionnaire was evaluated. The test yielded a reliability coefficient of 0.8. The internal consistency of a

group of scales or items is assessed using the Cronbach's alpha test to ensure that they consistently measure the same characteristics under investigation (Odonkor & Frimpong, 2019).

➤ *Data Gathering Procedure*

A letter of introduction was solicited from the department and presented on arrival at each health facility. When permission was formally granted, the researcher then engaged each participant individually, explaining the nature and purpose of the study. Anonymity and confidentiality as well as the right of withdrawal on the respondent's part were also explained. The questionnaires were then handed over to respondents and given a period of 1 day to read through and study carefully the items before answering them. Due to the number of respondents, the researcher employed one assistant who was trained using the objectives of the study and the trends of data expected from the respondents. The whole exercise lasted a period of three weeks.

➤ *Mode and Instruments for Data Analysis*

The information was entered into a spreadsheet, exported to SPSS version 23, and then coded for analysis. Both descriptive and inferential statistics were used in the analysis. The variables of interest were described using descriptive statistics (frequency distributions, means, and standard deviations). Univariate analysis was used to determine the frequency of socio-demographic traits and other discrete variables in the study population.

Data was analyzed using a contingency table, with the exception of t-tests when continuous data called for them (for example, age). The bivariate associations between these parameters, as well as for proportional differences and other categorical variables, were evaluated using the Chi-squared (χ^2) tests. Alpha of 0.05 or below was regarded as statistically significant for all two-tailed statistical tests. To manage the confounding variables, the study used standardization and stratification procedures.

➤ *Ethical Considerations*

Ethics of research applies to the proper codes of conduct needed when performing research. It is the duty of the researcher to protect participants from detriment and also to ensure protection for them. The researcher is the one who is in charge of doing ethical research. Before the research began, the facility was contacted to seek their approval for inclusion in the study.

Acceptance of the facility was a foregone conclusion. Human subjects' research should always be guided by good clinical practice and human rights standards to safeguard the safety of study participants. Anonymity, informed permission to selected facility, security of study participants, information to study facility on what the study is for, how information was utilized, and whether any potential risk is foreseen are all ethical requirements of the study were all considered.

➤ *Chapter Conclusion*

The population of nurses at various departments of particular healthcare facilities was described in this chapter. The study design, data collection tools, sampling strategy, sample size, data analysis tools, and data collection method were all covered in this chapter as well.

CHAPTER FOUR

DATA ANALYSES AND DISCUSSION OF FINDINGS

➤ Introduction

The findings from the analysis of the information gathered from the study's respondents are presented in this chapter. These findings support the study's objective of identifying the factors that influence job stress among nurses in the Shama District. As a result, the presentation of the study's findings is consistent with its goals. The study did, however, also provide background data about the respondents.

In all, 300 completed questionnaires were obtained and used out of the 310 printed, thus guaranteeing a 96.8% response rate. As mentioned in "Chapter Three," research data analysis was conducted using the SPSS software. This tool was used to code and generate descriptive and inferential statistics for all variables. The chapter highlights the reliability analysis of the research questionnaire, the background information of respondents, actual results on study respondents, as well as a discussion on major findings.

➤ Reliability Analysis of Research Instrument

Table 2 Reliability Analysis of Cronbach's Alpha Coefficient

Construct	Cronbach's Alpha	No. of items
Causes of stress	.923	16

The reliability analysis, which was performed after reviewing the questionnaire and conducting a pretest to evaluate the internal consistency of the items, is shown in Table 2. The reliability coefficient was examined using Cronbach's alpha, and it was discovered to be 0.95. This Cronbach Alpha Coefficient was determined to be appropriate by Panneerselvam (2010).

➤ Demographic Characteristics of the Study

This part examines the respondents' biographical information, which includes their gender, age, educational background, marital status, religious affiliation, occupation, and current financial status. The researcher asserted that the background of respondents may have had a role in responding to the questionnaire. The outcomes are shown in Table 3.

Table 3 Respondents' Demographic Characteristics

Variable	Frequency (n)	Percent (%)
Gender		
Male	40	13.3
Female	260	86.7
Total	300	100.0
Age (in years)		
25-35	179	59.7
36-45	103	34.3
46-55	13	4.3
56 and Above	6	1.7
Total	300	100.0
Educational level		
Less than diploma	63	21.0
Diploma	168	56.0
Bachelor's degree	60	20.0
Masters' degree	9	3.0
Total	300	100.0

Table 3 Continued

Variable	Frequency (n)	Percent (%)
Marital status		
Married	187	62.3
Single	103	34.3
Divorced	10	3.3
Total	300	100.0
Residence status		
Rural	187	62.3
Urban	113	37.7

Working unit		
Out-patient dept.	207	69.0
In-patient dept.	93	31.0
Total	300	100.0
Experience in service (in years)		
< 5	88	29.3
5-10	160	53.3
>11	52	17.3
Total	300	100.0
Years in current organization		
<1	32	10.7
1-5	192	64.0
6-10	55	18.3
>10	21	7.0
Total	300	100.0

The result in Table 3 presents respondents' demographic data where majority of respondents were females, constituting 86.7%, while males were 13.3%. This indicates that the number of females outweighs that of their male counterparts. Additionally, the age group of respondents indicated that 179 (59.7%) were within the ages of 25–35 years, the least represented was 56 years and above with 1.7%. With regards to educational qualification, 56.0% have a diploma, while 9.0% have a master's degree. However, 21.0%, had a certificate less than a diploma.

In terms of marital status, 62.3% were married, followed by 34.3% single and 3.3% divorced. Also, 62.3% resided in rural areas of the district, while 37.7% were in urban areas. With respect to respondents' working units, the result indicated that 69.0% were working at the outpatient department, whereas 31.0% were at the inpatient department. With that, the majority (53.3%) have worked in the current facility for between 5–10 years, while 17.3% have worked for 11 years or above. However, 29.3% of respondents indicated working for less than 5 years in their current job. In correspondence to this, about 93.0% had been in service for 5 years or above. Thus, they will have experience as far as this study is concerned.

➤ *Answers to Research Questions*

Based on an analysis of the data gathered from the field, this part responds to the questions raised by the research. Tables and charts are used to display the results for simple interpretation.

• *Research Question 1: What are the Causes and Prevalence of Work-Related Stress Among Nurses?*

The research question sought to examine the causes and prevalence of work-related stress among nurses in the Shama district. The result is addressed in Table 4 below.

Table 4 Prevalence of Work-Related Stress Among Nurses

Variable	Frequency (n)	Percent (%)
Ever experienced stress?		
Yes	295	98.3
No	5	1.7
Total	300	100.0
If yes, how did you know?		
Sleeping problems	45	15.3
Fatigue	64	21.7
Muscle aches and headaches	89	30.2
Sweating	6	2.0
Feeling sick, dizzy and fainting	37	12.5
Lack of concentration	54	18.3
Total	295	100.0

From the analysis, 295 out of 300 respondents, representing 98.3%, indicated that they have experienced work-related stress before, whereas only 5 (1.7%) said they have not experienced stress before in the line providing service. This indicates that most of the respondents are faced with stress at their respective work places in one way or the other. Out of the 295 or 98.3% that answered in the affirmative, 30.0% indicated that they know they are stressed whenever they feel muscle aches and headaches, followed by 64.7% of fatigue, 54.3% due to lack of concentration, and only 2.0% said they sweat when they are stressed. From the study, it was reported that the majority of the respondents had been stressed as a result of the nature of their work. In an open question, respondents indicated that the causes of this stress include heavy workloads, changes in duties, long hours of work, and changes in organizational structure, just to mention a few.

In quest to find out the causes of stress among respondents. The results from the analysis is presented in Table 5 below.

Table 5 Causes of Work Related Stress Among Nurses

Variable	Frequency (n)	Percent (%)
Long hours at work	86	29.2
Intense work load	151	51.2
Within-organization changes	11	3.7
Limited timeframes	19	6.4
Tasks are modified	15	5.1
Job instability	13	4.4
Total	295	100.0

The result in Table 5 above shows that 51.2% of respondents indicated heavy workload as the cause of stress, followed by long hours (29.2%), tight deadlines (6.4%), and change within the organization recording the least (3.7%).

Respondents were further asked to share their opinion on the causes of stress among nurses at work. Opinions from respondents were collected, collated, data presented, and analysed using mean and standard deviation counts.

A cut-off point of 1.0 was used since the scale was a two-point likert-type. This cut-off point is deemed appropriate according to Croasmun and Ostrom (2011). Mean scores above 1.0 are considered high, with those less than 1.0 seen as low. Hence, a cause with a mean score of 1.0 or above is a high cause, while a cause with a mean score of less than 1.0 is a low challenge. The result is depicted in Table 6 below.

Table 6 Respondents View on Causes of Work-Related Stress Among Nurses

Causes	Mean	Std. dev.	Rank
Time-related			
Frequent night duty	1.26	0.440	2 nd
Weekend shift.	1.29	0.457	1 st
Long work hours	1.06	0.240	5 th
Consistent time pressure	1.13	0.332	4 th
Lack of break period during shift	1.14	0.347	3 rd
Supervisor-related			
Insufficient supervisory presence in the unit physically.	1.48	0.501	1 st
Unfriendly relationship with supervisor and colleagues.	1.41	0.493	2 nd
The supervising of the work of others.	1.25	0.434	4 th
Inadequate unit leadership.	1.26	0.438	3 rd
Inadequate staffing levels	1.09	0.289	6 th
Inadequate delegation of responsibilities	1.14	0.343	5 th
Patient-related			
Exposure to infectious diseases.	1.15	0.353	1 st
Nursing difficult patients.	1.11	0.312	3 rd
Nursing patients without relatives.	1.12	0.328	2 nd
Handling a large number of patients alone.	1.07	0.263	4 th
Dealing with difficult or deathly ill patient.	1.05	0.274	5 th

Table 6 demonstrated that in terms of time-related stressors, weekend shift was ranked very high ($M = 1.29$, $SD = 0.457$), followed by frequent night duty ($M = 1.26$, $SD = 0.440$), lack of a break period during shift ($M = 1.14$, $SD = 0.347$), consistent time pressure ($M = 1.13$, $SD = 0.332$), and long work hours ($M = 1.06$, $SD = 0.240$). The above causes were ranked high according to respondents. With respect to supervisor related causes, the results indicated the majority of respondents said Insufficient supervisory presence in the unit physically ($M = 1.48$, $SD = 0.501$), followed by unfriendly relationship with supervisor and colleagues ($M = 1.41$, $SD = 0.493$), inadequate unit leadership ($M = 1.26$, $SD = 0.438$), and inadequate staffing levels ($M = 1.09$, $SD = 0.289$) ranked last.

The result also indicated that with regards to patient-related stressors, respondents portrayed exposure to infectious diseases ($M = 1.15$, $SD = 0.353$), followed by nursing patients without relatives ($M = 1.12$, $SD = 0.328$), and nursing difficult patients ($M = 1.11$, $SD = 0.312$), among others, were ranked high as the causes of work-related stress. In all, it could be observed that all the three dimensions were significant in causing stress among nurses at work.

Further, respondents were asked to indicate the symptoms of work-related stress. Symptoms were ranked based on four dimensions. This includes physical, psychological, and behavioral issues. The result is presented in Table 7 below.

Table 7 Respondents' View on Workplace Stress-Related Symptoms

Symptoms	Mean	Std. dev.	Rank
Physical			
Fatigue	1.15	0.357	4 th
Muscular tension	1.01	0.101	7 th
Tension headaches	1.13	0.336	5 th
Palpitations or persistent exhaustion	1.02	0.152	6 th
Skin conditions	1.24	0.430	3 rd
Sleep issues including sleeplessness	1.41	0.493	2 nd
Digestive problems like diarrhea or constipation.	1.49	0.501	1 st
Psychological			
Depression	1.15	0.360	4 th
Anxiety	1.13	0.332	5 th
Discouragement	1.24	0.428	1 st
Irritability	1.21	0.411	2 nd
The sensation of being overburdened and powerless to cope.	1.13	0.332	5 th
Cognitive issues, such as a decreased capacity for concentration or decision-making.	1.16	0.370	3 rd
Behavioural			
An increase in absences or sick days.	1.20	0.401	3 rd
Aggression.	1.23	0.420	2 nd
Decreased initiative and innovation.	1.13	0.339	4 th
A decline in performance at work.	1.11	0.316	6 th
Interpersonal relationship issues.	1.12	0.320	5 th
Reduced patience and frustration tolerance..	1.37	0.483	1 st

The result indicated that in terms of physical symptoms, gastrointestinal upsets ($M = 1.49$, $SD = 0.501$), sleeping difficulties such as insomnia ($M = 1.41$, $SD = 0.493$), and dermatological disorders ($M = 1.24$, $SD = 0.430$) were ranked very high among other symptoms by respondents. All other physical symptoms such as fatigue ($M = 1.15$, $SD = 0.357$), tension headaches ($M = 1.13$, $SD = 0.336$) and muscular tension ($M = 1.01$, $SD = 0.101$) were all ranked high by respondents.

Similarly, in terms of psychological symptoms, the result showed that respondents cited discouragement ($M = 1.24$, $SD = 0.428$), irritability ($M = 1.21$, $SD = 0.411$), cognitive difficulties ($M = 1.16$, $SD = 0.370$), depression ($M = 1.15$, $SD = 0.360$), anxiety, and a feeling of being overwhelmed and unable to cope ($M = 1.13$, $SD = 0.332$) respectively. These symptoms were ranked high by respondents.

With regard to behavioral symptoms of stress, respondents were of the view that lower tolerance of frustration and impatience ($M = 1.37$, $SD = 0.483$), aggression ($M = 1.23$, $SD = 0.420$), increase in sick days or absenteeism ($M = 1.20$, $SD = 0.401$), diminished creativity and initiative ($M = 1.13$, $SD = 0.339$) and a drop in work performance ($M = 1.11$, $SD = 0.316$). The aforementioned are ranked high as behavioral symptoms of workplace stressors among nurses. In support of these, the respondents revealed in the open-ended part of the questionnaire that they felt tired and reluctant about executing their task at work.

• *Research Question 2: What are the Effects of Work-Related Stress on Healthcare Delivery?*

The study's goal was to find out how stress at work impacts the delivery of medical care. The mean and standard deviation were used to analyze the data. A cut-off point of 3.0 was used because the scale had a five-point Likert type. Croasmun and Ostrom (2011) deem this cut-off point to be appropriate. Mean scores greater than 3.0 are regarded as high, while those below 3.0 are regarded as low. As a result, an effect is considered high if its mean score is 3.0 or higher, and low if its mean score is less than 3.0. Table 8 addressed the outcome.

Table 8 Effects of Workplace-Related Stress on Healthcare Delivery

Effects	Min	Max	Mean	Std. dev.	Rank
My health suffers as a result of stress..	1	5	3.55	0.974	1 st
If stress is not managed, it interferes with my usual social activities.	1	5	3.40	0.971	2 nd
My finances are impacted by managing my job stress since I have to pay for medications and other forms of anguish.	1	5	3.32	1.110	4 th
When I'm stressed, it's hard for me to concentrate on my work.	1	5	3.40	0.863	2 nd
I function poorly under pressure both clinically and administratively.	1	5	3.17	0.926	5 th
Deterioration in the standard of relationships	1	5	3.04	1.028	7 th
Decrease in team cohesion, morale, and job satisfaction.	1	5	3.07	1.015	6 th

According to Table 8's findings ($M = 3.55$; $SD = 0.974$), the majority of respondents believed stress had a negative impact on their health. This was given a very high effect rating. Next to this, if it wasn't controlled, stress from people's regular social activities made it hard to focus on work. This explains the respective mean scores of 3.40 and ($SD = 0.971$). These effects were given a high ranking. In a similar vein, respondents said that having a stressful job has an impact on their finances because they have to spend more money on medications or other forms of stress relief ($M = 3.32$, $SD = 1.110$). Additionally, respondents indicated that when under stress, they perform poorly in both clinical and administrative settings ($M = 3.17$, $SD = 0.926$), their job satisfaction, morale, and sense of team unity suffer ($M = 3.07$, $SD = 1.015$), and their interpersonal relationships suffer ($M = 3.04$, $SD = 1.028$).

• *Research Question 3: What are the Coping Strategies Among Nurses?*

The third research question was to identify the various coping mechanisms used by nurses to manage stress at work. The coping mechanisms were divided into three categories: control, assertiveness, social skills, and communication practices in order to accomplish the stated purpose. Table 9 presents the analysis's findings.

Table 9 Coping with Workplace-Related Stress

Variable	Min	Max	Mean	Std. dev.	Rank
Assertiveness/social skills					
Eating balanced foods.	1	5	4.01	1.190	3 rd
Drinking a lot of water.	1	5	4.39	0.845	1 st
Having enough rest.	1	5	4.36	0.944	2 nd
Exercising regularly.	1	5	3.68	1.063	7 th
Efficient time management.	1	5	3.93	0.977	5 th
Delegation of duties.	1	5	3.89	0.921	6 th
Sticking to my priorities.	1	5	3.98	1.012	4 th
Control					
Self-monitoring.	1	5	4.08	0.933	1 st
Regular physical check-ups.	1	5	3.96	1.011	2 nd
Psychological preparation including information appraisal.	1	5	3.75	0.956	3 rd

Table 9 illustrates the stress coping strategies adopted by respondents under the study. In terms of assertiveness/social skills/communication habits coping strategy, the result indicated that respondents adopted drinking a lot of water ($M = 4.39$, $SD = 0.845$). This was a very high-ranked strategy. Followed by having enough rest ($M = 4.46$, $SD = 0.944$) and eating a balanced diet of foods ($M = 4.01$, $SD = 1.190$). These were all ranked as high strategies. Similarly, respondents cited that they stick to their priorities ($M = 3.98$, $SD = 1.012$), efficient time management ($M = 3.93$, $SD = 0.977$), delegation of duties ($M = 3.89$, $SD = 0.921$), and exercising regularly at least 20 minutes thrice a week as various stress coping strategies adopted. This implies that the majority of respondents drink a lot of water as an assertive coping strategy and practice self-monitoring as a control strategy.

With regards to control measures, respondents said they do self-monitoring ($M = 4.08$, $SD = 0.933$). This was ranked high control strategy in dealing with work related stress. Also, respondents indicated that regular physical check-ups was one of the control measures used to cope with stress ($M = 3.96$, $SD = 1.011$). Psychological preparation including information appraisal was another control strategy used in dealing with work related stress among nurses ($M = 3.75$, $SD = 0.956$). It could be deduced that self-monitoring was the most control measure used by nurses in dealing with stress acquired through work.

• *Research Question 4: What is the Relationship Between Stress and Socio-Demographic Characteristics of Nurses?*

The final research question sought to establish whether there was a link between demographic variables and workplace-related stress. The substantial link between the dependent variable (stress) and independent variables was examined using the linear regression model (age, gender, marital status, educational qualification, work experience, residence status, and working unit). Table 10 displays the outcome.

Table 10 Regression Estimates on Demographic Variables and Stress

Variables	B	β -beta	t-test	Sig-value
Constant	1.025		7.760	.000***
Gender	0.005	0.013	0.154	.877
Age	-0.003	0.000	0.000	1.000
Educational level	-0.009	-0.053	-0.843	.400
Marital status	0.200	0.868	13.201	.000***
Residence status	-0.167	-0.632	-6.108	.000***
Working unit	-0.012	-0.042	-0.400	.690
Work experience	-0.019	-0.099	-0.691	.490
S.E. of Estimate	0.100			
R-Square	0.638 ^a		F-statistics	28.588

Adj. R-square	0.392		Prob. (F-stats.)	0.000 ^b
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Note: **significant at $p < 0.01$; * Significant at $p < 0.05$

From Table 10, there is a strong and favourable correlation between the demographic variables and stress ($F = 28.588$, $p < 0.01$). An R-square of 63.8% was recorded, indicating the model had a strong goodness of fit. This implies that demographics (gender, age, education, marital status, residence status, work unit, and work experience) jointly contribute about 63.0% of the variance in workplace-related stress, especially residence and marital status.

The outcome showed that respondents' marital status had a positive coefficient (0.200) and was statistically significant at the level of 0.05. This suggests that a respondent's marital status and feeling pressured at work have a statistically significant association. In other words, the stress nurses experience at work is predicted by whether they are married or single. Residential status was likewise negatively correlated (-0.167), but it was nonetheless statistically significant ($p < 0.05$). This indicates that stress at work and one's residential situation are significantly associated. It also implies that a decreasing value in residence status will lead to an increasing value in stress among nurses. On the other hand, residence status predicts workplace-related stress among nurses.

However, the demographic variables (gender, age, educational level, working unit, and work experience) were statistically insignificant at $p < 0.01$ or $p < 0.05$. This indicates that there exists no relationship between age, gender, educational level, unit of work, work experience, and stress among nurses. These variables are not good predictors of stress in the current study.

➤ Hypothesis Testing

- H₁: Nurses' demographic factors significant influence workplace stress.
- H₂: Organizational factors significant influence workplace stress of nurses.

The above hypothesis was tested using the Pearson correlation test. The result is depicted in Table 11 below.

Table 11 Correlation Estimate on Demographic Factors and Stress

Correlations			
		Demographic variables	Stress
Demographic variables	Pearson Correlation	1	-.078
	Sig. (2-tailed)		.179
	N	300	300
Stress	Pearson Correlation	-.078	1
	Sig. (2-tailed)	.179	
	N	300	300

Note: **significant at $p < 0.01$; * Significant at $p < 0.05$

From the result, there is no significant correlation (0.179) between nurses' demographic factors and work-related stress. This implies that nurses' socio-demographic characteristics do not significantly influence workplace stress. Thus, we reject the null hypothesis (H₀) and accept the alternative hypothesis (H₁).

➤ Discussion

Based on the findings from the analysis, the discussion section of the chapter was subjected to the research goals.

• Identify the Causes of Work-Related Stress Among Nurses

The findings are corroborated by Alomari et al. (2021), who claimed that increased work demands, staff shortages, a lack of opportunities for career advancement, a lack of workplace autonomy, and work overload are the primary causes of emotional exhaustion. In a similar vein, Bartel and Thompson (2021) discovered that stress at work results from an imbalance between psychological demands and an individual's level of control over their work. This is in line with the demand-control model. As a result, the workforce's health might suffer. Therefore, a person is more likely to experience physical or mental stress at work if they have a higher likelihood of doing so and if they have less control over their work.

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These findings corroborate past studies that asserted the key predictors of stress and burnout among nurses are aspects of an organization and work environment, including work pressure, workload, role ambiguity, interpersonal interactions, and the patient-nurse ratio (Moreland & Apker, 2016; Khamisa et al., 2015).

Even more research has revealed that the stressful nature of nursing jobs causes work-related injuries in nurses and assistant nurses (van Bogaert et al., 2013). This backs up the claim made by the conceptual framework that the environment that a person perceives has a big impact on how stressed out a health worker feels. As a result, the environment is crucial to that person's health and is one in which demand outweighs coping mechanisms (Lazarus & Folkman, 1986).

The study also discovered that time-related issues were what led to nurses' stress at work. This includes working weekends, frequently at night, putting in long hours, constantly being under time pressure, and not getting a break in between shifts. In a similar vein, supervisor-related factors, such as hostile interactions with colleagues and superiors, a lack of physical presence by the supervisor in the unit, the supervision of others' work, inadequate unit leadership, an insufficient delegating of duties, and an insufficient staffing level, among others, have been identified as sources of stress for nurses.

This increased workload may take the form of additional shifts, later hours, or night shifts, among many other forms. Furthermore, according to Moustaka and Constantinidis (2010), stress is also a result of rising workloads, staff shortages, and work overload. This supports the claim made in the conceptual framework that stress at work is a result of insufficient resources. The transactional theory of stress and coping emphasizes that the presence of supplies, such as control, support, and the capacity to deal with a situation, can create stressful circumstances (Lazarus & Folkman, 1984).

According to the study, patient-related causes include exposure to infectious diseases, caring for challenging patients, caring for patients without family, caring for a large number of patients alone, and handling challenging circumstances like a sick patient's death. The study's findings concur with those of Kyreaa (2014). The number of hours worked, financial challenges, patient deaths, and a lack of control over their work were the main causes of workplace stress among nurses. In terms of their effects on employee stress levels, Yeboah et al. (2014) discovered that all six factors—demand factors, control factors, support factors, relationship factors, change factors, and role factors—were highly significant. The study found that a number of variables affect district nurses' levels of stress.

The study examined opinions on the symptoms of stress among nurses and discovered that the three dimensions of physical, psychological, and behavioral measurement were all significant. According to the respondents in the survey, weariness, gastrointestinal disturbances including diarrhea or constipation, depression, and hostility were all indicators or symptoms of stress among nurses. Stress has been related to a number of physical issues, including high blood pressure, acute coronary syndromes, indigestion, weight gain, sleep issues, memory and concentration issues, anxiety, depressive disorders, infectious diseases, and other physical issues (Rana & Upton, 2013; Buss et al., 2012; Torres-Harding et al., 2020; Dorrian et al., 2011).

According to the research of Gautam, Gautam, and Farzanmehr (2016) and Quaicoe (2018), nurses are more likely to contract infections and transfer infectious diseases. Anxiety issues can cause physical sickness to appear in the body. As a result of their frequent exposure to severely stressful situations, nurses have high rates of anxiety and depression. Therefore, their findings are consistent with recent research.

- *Effects of Work-Related Stress on Healthcare Delivery*

The second objective of the study was to assess how occupational affected nurses in the Shama district stress. The study discovered that the delivery of healthcare is significantly impacted by stress related to the workplace. This became clear when the vast majority of respondents said that, if stress is not managed, it negatively affects both their health and regular social activities. The study also discovered that managing stress has an impact on nurses' financial situation because additional expenses are incurred for medication or other forms of distress. A decline in job satisfaction, morale, and team cohesion was noted as one of the effects of stress on healthcare delivery. This finding is comparable to that of Dorrian et al. (2011) who suggested that job dissatisfaction, worker withdrawal, and absence from the workplace are some additional negative effects of stress. These come with added risks, like a lower rate of employee turnover, and could lead to job losses and decreased output.

Lazarus and Folkman (1984) supported the conceptual framework's claim that stress has a detrimental impact on a person's physical and mental health. According to Lazarus and Folkman (1984), handling stressful situations calls for modifications to cognition, behavior, and physiological function. Even though this might be effective in the short term, over time, such changes pose a risk to the person's health.

The study also found that one of the effects of stress is a delay in finishing work. This corroborates the findings of other studies showing that stress harms businesses. These studies claim that workplace stress contributes to low motivation and morale, reduced performance, a high turnover rate, sick days, accidents, job dissatisfaction, subpar service, conflicts, and illnesses related to the job (Buss, 2012; Dorrian et al., 2011).

- *Coping Strategies Among Nurses*

The third study objective looked at the coping mechanisms used by nurses in the Shama district to manage stress. According to the study, nurses' primary strategy was to consume a lot of water. Other coping mechanisms include maintaining a healthy diet, getting enough sleep, delegating tasks, setting priorities, managing your time well, and exercising frequently. The coping mechanisms mentioned above were assertiveness and social skills. They were used to deal with stress related to work.

Self-monitoring, routine physical examinations, and psychological planning were found to be the strategies nurses used to manage stress, according to the study's findings on control measures. According to Lockley et al.'s (2007) study, the best way to keep health professionals from becoming overworked and under stress from their jobs is to set work restrictions for them.

Kurki (2018) makes a similar claim, claiming that stress is related to how many hours' doctors, nurses, and other healthcare professionals spend working in hospitals. Giving people access to social support is seen as the best way to reduce stress or even prevent it altogether. According to American urban nurses, the coping mechanism used to deal with work-related stressors depends on the situation and past success in a similar stressful situation (Harzer & Ruch, 2015). About 60% of the Australian nurses and midwives who took part in the study by Dorrian et al. (2011) reported using sleep aids.

Stress can lead to burnout at work and a feeling of emotional tiredness. Work-related stress is one of the primary causes of insomnia and insufficient sleep (Utsugi et al., 2005). People who are anxious and busy tend to sleep less. High levels of stress, emotional weariness, and a lack of job satisfaction are common among nurses. This is a result of nursing's hard and stressful nature, which includes a lot of responsibilities, night shifts, and little sleep (Dorrian et al., 2011).

The results demonstrate that nurses ask their colleagues for support when they are under pressure. This is typically the case when patients become combative and require additional assistance to be restrained. However, Boey et al. (1997) discovered that Singaporean nurses prefer using self-help coping techniques to approaching other nurses or supervisors for social support. This shows that nurses employ a range of coping strategies to deal with the stress that their occupations cause.

- *Relationship Between Stress and Socio-Demographic Characteristics of Nurses*

The fourth objective of the study was to determine the relationship between stress and demographic variables among nurses in the district under study. Based on the information gathered, the study revealed that there was a link between marital and residential status of nurses and stress. The only demographic variables that were statistically significant were age and education. Other demographic factors, such as age, gender, educational attainment, workplace, and job experience, were, however, not statistically significant. To put it another way, there is no connection between these factors and stress.

Al-Turki et al. (2010) and Mbuthia (2009) found that stress is influenced by work experience in their studies, but that there is an inverse relationship between the two. This result differs from their findings (stress decreases as years at work increase). Ghawadra et al. (2019) found that nurses who had completed a post-basic ICU course had lower levels of stress in their study of the frequency of stress among ICU nurses in Malaysia. According to some studies, there may be a link between certain personality traits and stress and burnout (Alarcon et al., 2009; Eastburg et al., 1994).

Age, gender, marital status, educational attainment, employment history, and whether or not a person has received formal training are just a few examples of personal characteristics that have been linked to stress by numerous researchers. Different authors have discussed how aging affects stress in different ways. According to a study by Hayes, Douglas and Bonner (2015), age and stress levels are inversely related; stress levels decline as people get older. In addition, stress levels rise with age, according to Kanste, Kyngäs, and Nikkilä's 2007 study on burnout among nursing staff in two Finnish hospitals. Due to the nature of their work, female nurses are under higher stress than male nurses. Married female nurses experience stress from both work and home (Jennings, 2008).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

➤ *Introduction*

The complete study is summarized in this chapter. Key findings and research approaches were also given. Conclusions and recommendations were given in light of the study's results. This chapter also offered ideas for additional research.

➤ *Summary of Findings*

Examining factors that contribute to workplace stress among nurses in the Shama District was the primary goal of the study. The study's specific objectives were to determine the causes of work-related stress in nurses, evaluate the impact of that stress on healthcare delivery, look at nurses' coping mechanisms, and ascertain the association between stress and socio-demographic traits of nurses. The research used a descriptive survey design and a quantitative approach to data collection and analysis to accomplish this goal.

The study selected all nurses from various health facilities within the district as its target population. This number was further refined to 300 using the random sampling approach developed by Krejcie & Morgan (1970). The research further developed a structured questionnaire for the collection of study data from respondents. In all, 310 questionnaires were printed and distributed to the nurses in four categories of health facilities in Shama. However, only 300 were retrieved. To ensure the instrument is valid and reliable, a pilot study was conducted in a neighbouring district where an alpha value of 0.92 was obtained, as well as the reconstruction of some ambiguous statements. The data collected was computed for both descriptive and inferential statistics. The IBM SPSS statistical software was used to obtain the results of the study. Thus, the following are the key findings that were obtained from the analysis of the data.

The study found that a greater proportion (98.3%) of the nursing population had experienced workplace stress before. This was realized through difficulty in sleeping, fatigue, muscular aches and headaches, sweating, lack of concentration and feeling sick. The study revealed that time-related causes of stress include frequent night duty, weekend shifts, long hours of work, and consistent time pressure.

Similarly, supervisor-related causes of stress included insufficient physical presence of the supervisor in the unit or department, unfriendly relationship with colleagues, inadequate unit leadership, and supervision of others' work, among others, were reported. With regards to patient-related causes of stress, the study discovered that exposure to infectious diseases, nursing difficult patients, nursing patients without relatives, etc. caused stress among nurses in the district.

The study found that physical symptoms such as fatigue, muscular tension, and dermatological disorders are experienced among nurses when stressed. Again, the study found that depression, anxiety, discouragement, irritability, and cognitive difficulties were psychological symptoms experienced by nurses due to stress. An increase in sickness or absenteeism, aggression, a drop in work performance, problems with interpersonal relationships, just to mention a few, were reported as behavioral symptoms experienced among nurses as a result of stress.

Moreover, the study observed that stress affects the health of nurses negatively. Other effects of workplace-related stress include: normal social activities of nurses; financial burden; difficulty in concentration on tasks; decline in quality of relationships; and decline in job satisfaction and team unity. In a nutshell, workplace-related stress has a negative impact on nurses if not controlled.

Further, the study revealed that nurses adopt assertiveness and social skills as coping strategies to deal with stress. These include taking or drinking a lot of water; having enough rest; eating balanced foods; sticking to priorities, etc. were the most common coping strategies used by nurses in controlling stress. Other control measures included self-monitoring, regular medical check-ups, and psychological preparation, including information appraisal, as indicated by the study.

Finally, the study discovered that the demographic variables of nurses' age, gender, educational level, working unit, and work experience were not statistically significant predictors of job-related stress. However, among nurses in the district, marital status and place of residence were statistically significant predictors of workplace-related stress. In general, the study found no link between the demographic traits of nurses and stress, contrary to what the hypothesis suggested. As a result, the study rejects the null hypothesis.

➤ *Conclusions*

Using the study's main findings as a foundation, the following conclusions are made: It has been demonstrated that nurses in the Shama District experience workplace stress frequently. The high rate of occupational stress in the study area has the potential to lower the standard of care provided in the hospital, which, if left unchecked, could have a long-term domino effect.

Socio-demographic factors like marital status and place of residence affect the likelihood of a rise in stress. The study came to the additional conclusion that long working hours, a significant workload, frequent night and weekend shifts, insufficient responsibility delegation, and exposure to infectious diseases all contribute to stress among nurses. Stress among nurses is greatly influenced by strict monitoring and supervision, deadline pressure, and other factors. Further research led to the conclusion that stress impairs nurses' ability to concentrate, which has negative effects on patient care. Stress has a negative impact on nurses' physical and mental health as well, which causes work to be completed later.

The nurses take time off from work to deal with stress. The nurses' other coping mechanism is to consume a lot of water, sleep, and rest when they have free time. When faced with challenging circumstances while on duty, nurses often turn to their colleagues for additional assistance.

➤ *Recommendations*

The following suggestions were made based on the study's findings and conclusion:

- The study suggests that management increase its efforts to hire more healthcare professionals in order to lessen the workload and pressure on the nurses and to ensure proper labor division.
- In order to foster quality service delivery and a stress-free workplace for nurses, management can also ensure that they hire highly competent nurses, create conducive work environments, train nurses on how to effectively manage their stress, ensure that each nurse has a brief break built into their schedule, and make sure the break rooms are comfortable.
- Additionally, superiors should receive training in effective communication techniques and create a welcoming environment that allows for proper communication with younger coworkers without fear of victimization or embarrassment.
- Management must establish and enhance the general working environment of the healthcare facilities in Shama District in order to preserve this profession and safeguard the mental health of our nurses.

➤ *Lessons for Policy Formulation and Further Research*

The study investigated the determinants of workplace-related stress among nurses in the Shama District which was based on socio-demographic factors using a descriptive design and quantitative approach. Further studies should consider looking at the other determinants of the workplace, such as institutional factors. The scope of future studies should also be broadened to include all health workers, not limited to only nurses.

In terms of methodological approach, different research designs and approaches should be adopted in further studies. Other approaches like exploratory design and mixed or qualitative approaches to data analysis can be considered in further research work to explore the key determinants of stress among health workers.

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APPENDIX

➤ Survey Questionnaire

This questionnaire is part of a project work required by the Pentecost University as a partial requirement for the award of a Master of Science in Public Health degree. The questionnaire is designed to solicit your independent views on “*Determinants of Workplace Stress among Nurses in the Shama District*”. All information provided shall be treated as confidential and used strictly for Academic purpose. Please answer the following questions freely without indicating your name.

• Instructions:

Please kindly write in ink in the box which corresponds to the statement, which in your opinion is the most appropriate answer to the related question. For the following questions, kindly select by checking (✓) all that apply.

• Section A: Personal Information

- ✓ Gender: 1 = Male [] 2 = Female []
- ✓ Age group: 1 = 25-35 years [] 2 = 36-45 years [] 3 = 46-55 years [] 4 = 56 years and above []
- ✓ What is your highest of education? 1 = Less than Diploma [] 2 = Diploma [] 3 = Bachelor's degree [] 4 = Master's degree or higher []
- ✓ What is your marital status? 1 = Married [] 2 = Single [] 3 = Divorced []
- ✓ What is your residence status? 1 = Rural [] 2 = Urban []
- ✓ What is your working unit? 1 = Out-patient [] 2 = In-patient []
- ✓ How long have you worked in this facility? 1 = <1 year [] 2 = 1-5 years [] 3 = 5-10 years [] 4 = above 10 years []
- ✓ What is your working experience? 1 = < 5 years [] 2 = 5-10 years [] 3 = Over 11 years []
- ✓ What is the estimated workload? 1 = 40h/week [] 2 = 41-50h/week [] 3 = More than 50h/week []

• Section B: Causes of Workplace-Related Stress

- ✓ Have you ever experience stress in your work place? 1 = Yes [] 0 = No []
- ✓ If yes, how did you know that you were stressed? 1 = Sleep problems [] 2 = Fatigue [] 3 = Muscle aches and headaches [] 4 = Sweating [] 5 = Feeling sick, dizzy or fainting [] 6 = Lack of concentration []
- ✓ What was the cause?
- ✓ Which of the following causes stress at the work place? 1 = Long hours [] 2 = Heavy workload [] 3 = Changes within the organization [] 4 = Tight deadlines [] 5 = Changes to duties [] 6 = Job insecurity [] (*Tick as applicable to you*)
- ✓ In your opinion which of the following causes stress?

S/N	Causes	YES	NO
	Time-related		
1.	Frequent night duty		
2.	Weekend shift.		
3.	Long work hours		
4.	Consistent time pressure		
5.	Lack of break period during shift		
6.	Supervisor-related		
7.	Insufficient physical presence of the supervisor in the unit.		
8.	Unfriendly relationship with supervisor and colleagues.		
9.	The supervising of the work of others.		
10.	Inadequate unit leadership.		
11.	Inadequate staffing levels		
12.	Inadequate delegation of responsibilities		
13.	Patient-related		
14.	Exposure to infectious diseases.		
15.	Nursing difficult patients.		
16.	Nursing patients without relatives.		
17.	Handling a large number of patients alone.		
18.	Dealing with difficult or deathly ill patient.		

✓ What are the Symptoms of these Work-Related Stress?

S/N	Physical symptoms	YES	NO
1.	Fatigue		
2.	Muscular tension		

3.	Tension headaches		
4.	Chronic fatigue or palpitations		
5.	Dermatological disorders		
6.	Sleeping difficulties, such as insomnia		
7.	Gastrointestinal upsets, such as diarrhoea or constipation.		
8.	Psychological symptoms		
9.	Depression		
10.	Anxiety		
11.	Discouragement		
12.	Irritability		
13.	Feelings of being overwhelmed and unable to cope.		
14.	Cognitive difficulties, such as a reduced ability to concentrate or make decisions.		
15.	Behavioural symptoms		
16.	An increase in sick days or absenteeism.		
17.	Aggression.		
18.	Diminished creativity and initiative.		
19.	A drop in work performance.		
20.	Problems with interpersonal relationships.		
21.	Lower tolerance of frustration and impatience.		

• *Section C: Effect of Workplace-Related Stress*

- ✓ What are the effects of these workplace-related stress? Please, indicate the extent to which the following workplace-related stress has affected you using the 5 point scale below.

1 Never	2 Rarely	3 Sometimes	4 Often	5 Always					
S/N	Effects				1	2	3	4	5
1.	Stress affects my health negatively.								
2.	Stress affects my normal social activities if not controlled.								
3.	Dealing with job stress affects me financially since I pay money for medication or other means of distressing.								
4.	I find it difficult concentrating on my work when am stressed up.								
5.	Anytime am stressed up I perform poorly both clinically and administratively.								
6.	Decline in the quality of relationships								
7.	Decline in job satisfaction, morale and team unity								

• *Section D: Coping with Workplace-Related Stress*

- ✓ How can all these type of stress be controlled? Please read the statements carefully and tick [✓] the answer from the corresponding box that best describes your choice of response.

1 Never		2 Rarely	3 Sometimes	4 Often	5 Always				
S/N	Assertiveness/social skills/communication habits				1	2	3	4	5
1.	Eating balanced foods.								
2.	Drinking a lot of water								
3.	Having enough rest								
4.	Exercising regularly (at least 20mins.,3 times a week).								
5.	Efficient time management.								
6.	Delegation of duties.								
7.	Sticking to my priorities.								
8.	Control								
9.	Self-monitoring								
10.	Regular physical check-ups.								
11.	Psychological preparation including information appraisal								