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DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**DETERMINANTS OF WORK-RELATED STRESS AMONG NURSES AT HOLY
FAMILY HOSPITAL, BEREKUM**

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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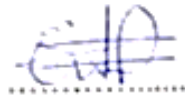
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ABSTRACT

The aim of the study was to assess the coping mechanisms of nurses at Holy Family Hospital, Berekum on work-related stress. A cross-sectional study was adopted. Convenience sampling technique was used to select participants for the study. A total of fifty participants were recruited for the study. Questionnaire was the instrument used for the collection of data. Data analysis was done with the aid of Microsoft Excel. The study found that Majority (94%) of the respondents indicated workload demands as a cause of their work-related stress. Most (66%) of the respondents cited manual lifting of patients as a cause of work-related stress. Majority of the respondents indicated death of patient (88%), infectious diseases (84%) and seriously ill patient (80%) as causes of emotional stress on the ward. Most (76%) of the respondents cited that seeing a patient in pain stresses them out emotionally. Majority (90%) of the respondents indicated that listening to music is a way of dealing with work related stress followed by watching movies (84%), rest and sleep (82%), taking a break (58%), praying and meditating (42%), pending time to read books and counseling (28%).

The study recommended that the managers of institutions should make room for stress management programs to help address stress among nurses. A more comprehensive scope and rigorous methodology should be used to explore the topic further.

The study concluded the major leading factors that cause work related stress are; work load demands, death of patient, manual lifting of patients and receiving feedback upon only unsatisfactory performance. The most common coping strategies employed by the nurses were watching of movies, praying. meditating and listening to music.

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ABBREVIATION

A-COPE Adolescent Coping Orientation for Problem Experiences

SD Standard Deviation

WHO World Health Organization

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

According to the World Health Organization (WHO), stress is a global epidemic which is associated with 90% of patients' visits to physicians (World Health Organization, 2020). Work-related stress is one of the most important workplace health risks for employees worldwide (Thian, Kannusamy, & Yobas, 2020). Stress is the psychological and physiological response to undesirable experiences generally termed as stressor (Hinkle & Cheever, 2018). Nursing is a stressful profession (Evans, 2018). It is a job that requires expenditure of energy on many levels. Physically, the job can be demanding with high levels of musculoskeletal stress, culminating in body aches and pains. Mentally, nurses are required to be alert, making calculations for medication and responding to important questions from patients and relatives. Emotionally, the impact is felt when they empathize and help people, and from the toll of working in an environment where there is pain and sadness. The nurses' work environment is often characterized by resource constraints, poor staff support and organizational change, which add to the energy expended (Casu & Giaquinto, 2018).

Work-related stress experienced by nurses in their work environment. This could be related to patient care, job demands, staff issues, lack of support, overtime amidst others (Rothman, Van Der Cloff, & Rothman, 2021). These stressors affect burnout, job satisfaction and health outcomes through a pattern of physiological, emotional, behavioural and cognitive processes (Kumari & De Alwis, 2018). Prolonged work stress negatively affects physical and mental health outcomes among nurses. Work-related stress results in substantial costs to employees and organizations, due to employees absenteeism and turnover, decreased productivity,

physical illness, poor quality of health care services, and increased risk of medical errors (Donat & Neal, 2018).

Coping is the act of dealing with emotions or behaviours with the intention of reducing the physical or psychological effects of excess stress (Li & Lambert, 2018). Coping also deals with the perceptual, cognitive or behavioural responses used to manage, avoid or control situations that could be regarded as difficult (Folkman, 2021).

Coping has a stabilizing factor that may support an individual in psychosocial adaptation during stressful events, but insufficient coping is linked with higher levels of psychological distress (Akbar, Elahi, & Mohammed, 2019).

Globally, the cost of work-related stress is estimated to be \$5.4 billion United State dollars every year. It is a frequently reported occupational health problem. It has been consistently documented in the literature globally that nurses experience higher levels of work-related stress (European Agency for Safety and Health at Work, 2020). Moreland and Apker (2018) have also established that nurses function as central figures of health teams. This adds on to their numerous and already demanding responsibilities. Nurses are vulnerable to occupational stress because of intense daily activity. With the global increase in the aged population, increased intensity of health care problems, increased incidence of chronic illnesses and advanced technology, nurses are faced with a variety of work-related stressors (Faremi, Olatubi, Adeniyi, & Salau, 2019).

In Eastern part of Africa, a study conducted in Ethiopia showed that the most common causes of job stress were in Jimma death (62.94%), uncertainty regarding patient treatment (57.72%) and workload (57.6%) while in Addis Ababa, workload (44.4%), emotional issues related to patient death (40.6%) and conflict with a supervisor (37.2%). The three most frequently used coping behaviors include verbalizing (45%), exercising (30%), and taking time for self

(17.5%), whereas the least coping mechanism used by oncology nurses is doing work 2.5% (Ko & Kiser-Larson, 2021).

There is more than enough evidence of work-related stress among nurses in at Holy Family Hospital, Berekum and this has worsened with the emergence of the COVID-19 pandemic therefore it has become more critical for this study to be conducted to help unearth the leading factors causing work related stress among nurses and also to assess the coping mechanisms of nurses at Holy Family Hospital, Berekum on work-related stress.

1.1 Problem Statement

A stable and productive health service are of vital importance to any country. The nursing profession comprises by far the greatest component of this service section. The nursing profession was seen as a stressful and emotionally demanding profession (Gulivan & Shinde, 2018). Work-related stress has been reported to result in a significant monetary cost for health care systems (Glazer & Gyurak, 2018).

The most common negative consequences of stress are deterioration of performance and efficiency, decrease in productivity, decreasing quality of customers services, health problems, frequent absenteeism, accidents at work, use of alcohol and drugs, deliberate destructive behaviour, amidst others. Psychological reactions to stress also include, growing anxiety, difficulties with concentration, negative emotions, lack of attention, depression, fatigue and burnout syndrome (Knezevic, et al., 2021).

Nurses employed in a cancer unit may develop stress associated with cytotoxic -induced hair loss, headache, depression, and the cytotoxic drug itself. (Berdeh, Naji, & Zarea, 2015).

Despite the fact that there are apparent indications of work-related stress and coping mechanisms associated with it among healthcare workers in Ghana, few studies have been done on it. To the best of the researcher's knowledge, no documented and published study on work-

related stress has been conducted among nurses at Holy Family Hospital, Berekum on work-related stress has been sighted. The issue is that, there may be work-related stress in workers of the hospital; but just how much of it? Which stressors are the most common and what stress management or reduction strategies are commonly adopted by victims? It was in view of this, that the study sought to assess the coping mechanisms of nurses at Holy Family Hospital, Berekum on work-related stress.

1.2 General objective

To assess the coping mechanisms of nurses at Holy Family Hospital, Berekum on work-related stress.

1.3 Specific objective

1. To identify the factors that cause work-related stress
2. To assess the coping mechanisms nurses, employ to deal with work-related stress.
3. To determine the challenges nurses face in implementing coping mechanisms.

1.4 Operational definition

Coping: it refers to efforts made by nurses to minimize the impact of stress.

Coping Mechanisms: it refers to a concept that serve as a device or means for coping of the nurses while they provide mental healthcare.

Work-related Stress: it refers to any difficult situation or events encountered in the line of duty.

Nurses: they are life savers bounded by an independent body.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter will focus on review of related literature on work-related stress and the coping mechanisms associated with it.

2.1 Definitions

Stress is defined as a situation where an individual evaluates personal meaning and requires more than personal resources (Folkman, 2021). Stress may be positive or negative, real or perceived (Trifunovic, Jatic, & Dzubur-Kulenovic, 2018). These stimuluses can be short-term, long-term or recurrent, and they cause changes in the body regardless of their nature (Trifunovic, Jatic, & Dzubur-Kulenovic, 2018). Stressors are chemical or biological factors, environmental conditions, external stimuli or events that cause biological stress (Folkman, 2021).

Coping refers to the ideas and actions that people use to manage the internal and external needs of stressful events (Folkman, 2021). There are three kinds of coping posited by the Stress and coping theory originally:

Problem-focused coping, such as the planned solution of problems, through the collection of information and decision-making strategies to solve problems that cause difficulties (Folkman, 2021).

Emotion-focused coping, adjusting emotions through estrangement, seeking emotional support and avoiding evasion (Folkman, 2021).

Meaning-focused coping, adjusts positive emotion. The meaning-focused coping style absorbs deep values and beliefs in the form of goal revision and other strategies, reorders priorities, and focuses on the advantages gained from life experiences (Folkman, 2021).

2.2 Stages of Stress

The General Adaptation Syndrome theory describes the stages of stress and the effects of this stress on the human being. The stages of stress, according to the General Adaptation Syndrome theory, in correct sequential order, include:

The stage of alarm also referred to as "Fight or Flight": The signs and symptoms of this first stage of the stress response include increases in terms of the person's cardiac, respiratory, and blood pressure measurements, increased blood cortisol and adrenalin levels, increased cardiac output, the increased and enhanced use of glucose by the body, an increased metabolic rate, apprehension, fear, dilated pupils, decreased gastrointestinal functioning, sympathetic nervous system activation, and impaired immune system functioning, all of which prepare the client to fight or flee (Legg, 2019).

The stage of resistance is characterized with the return of many physiological changes to their normal level in addition to maintained increased blood glucose, cortisol and adrenalin levels, increased blood pressure, cardiac rate and respiratory rate (Legg, 2019).

The stage of exhaustion, which can lead to death, is characterized with the complete loss of and exhaustion of all the body's resources and mechanisms (Legg, 2019).

2.3 Factors that Cause Work Related Stress Among Nurses

Various individual, social, environmental and organizational factors have been associated with high level of occupational stress among nurses (Faremi, et al., 2019). Halpin, Terry, and Curzio (2017) found out excessive workload was the most frequently cited source of workplace stress among nurses in during transition period. This was as result of the nursing shortage with fewer

nurses to care for numerous patients (Li & Lambert, 2018). Furthermore, work load, shift work, overtime, and covering for absent colleagues were the most common identified stressors by other researchers (Naholi, Nosek, & Somayaji, 2021).

Inadequate resources, capabilities and low nurse to patient ration in nursing profession is known to be stressful throughout the world and has detrimental effects on the physical and psychological wellbeing of nurses (Faremi, et al., 2019). Within a hospital setting, nurses often face multiple sources of work-related stress including constant noise, interpersonal conflicts with other healthcare professionals, workload demands, conflicts with physicians, role conflicts, dealing with death and dying, lack of resources, lack of support from coworkers and supervisors, patient aggressiveness or violence, increasing patient loads, and challenging patients (Glazer & Gyurak, 2018).

Dapaah (2019) carried out a descriptive study to assess the causes of stress among nurses in the Greater Accra Region of Ghana. The major factor contributing to workplace stress among the nurses in the study was the number of hours spent at work ($M=3.890$, $SD= 1.158$). This was then followed by financial difficulties. The third source of workplace stress among nurses that was revealed in the study was the death of patients. However, the least source of workplace stress among the nurses in the study was a lack of control over their work.

A research study conducted at the northern part of Ghana found that the working conditions of nurses were stressful. The most significant predictors of occupational stress were poor supportive supervision by superiors, lack of adequate skills to perform routine tasks, uncertainty about their job role, and the lack of adequate opportunities for career advancements (Kaburi, et al., 2020).

Donat and Neal (2018) conducted a study to identify situations that contained sources of occupational stress commonly experienced by psychiatric aides, mental health workers, and licensed practical nurses in a state hospital setting in the Commonwealth of Virginia.

In their factor analysis, eight factors accounted for 71% of the total variance. These factors were labeled as: staff conflict over decisions regarding duties and/or treatment, inability to control the behavior of residents, lack of control over treatment decisions, inconsistent and/or unfair work conditions, lack of respect from coworkers and/or the system, inadequate care by other staff members, lack of administrative support and having to work with uncooperative and/or incapable residents (Donat & Neal, 2018).

An Ethiopian study indicated 33.4 % of nurses had low stress, 34 % moderate stress and 32.7 % had high stress. The highest stressful condition that nurses rated as always stressful were dealing with death and dying (62.94%) followed by uncertainty regarding patient treatment (57.72%) and work overload (57.6%). The least stressful conditions rated among nurses were being sexually harassed in work environment (46.19%). The study found that nurses relied on support from family (78%), praying to God those difficulties at the working environment would end (75%), engaging in diversional therapies (69%), as well as angrily exchanging words with colleagues (28%) (Dagget, Molla, & Belachew, 2019).

A study in West Africa specifically Nigeria was conducted by Faremi et al. (2019) to assess occupational related stress among nurses. The findings indicated that frequency of stressful events in mean score as conceived by the nurses that participated in this study in the past month. The ten most frequency stressful aspect work of nurses that participated in this study include: inadequate staff to cover ward work load; performing procedures that patients experience as painful; lack of drugs and equipment required for nursing care; too many non-nursing tasks

required such as clerical work; and lack of an opportunity to talk openly with other unit personnel about problems on the unit.

An Indian study conducted by Veda and Roy (2020) reported nine factors responsible for occupational stress among nurses in Indore region. A significant number of nurses experience stress, which may diminish nursing care quality. Attempts to deal with the sources of stress and their consequences need to be made at individual, interpersonal and organisational levels. The factors identified are monetary and non-monetary appraisal, ability utilisation, time pressure, organisation culture, conflicting demands, job climate, matching responsibilities, identification with organisation and role expectation.

A study done in Sanford indicated that among questioners were distributed to 40 oncology nurses, from this 45 % of participants were less stressed, moderately stressed (52%), and highly stressed (2.5%) because of the two most stressful factors identified were workload and patient death and inadequate preparation and lack of support were identified as the least stressful factors (Ko & Kiser-Larson, 2021).

A cross sectional study conducted in Slovakia used convenience sampling method to recruit participants, Of the 130 distributed questionnaires, 100 participants returned a completed questionnaire. SPSS program was used to analyze the results. The results of the study indicated that death and dying and conflict with physician were the most stressful events perceived by midwives. Experiencing discrimination on basis of their sex and/or being sexually harassed were the least stressful events perceived by midwives. Other moderately stressful events were workload, problems with peers and problems with supervisor (Banovcinova & Baskova, 2019).

Nwozichi and Ojewole (2021) observed that, in addition to stressful factors intrinsic to nursing, organizational and management attributes influenced work-related stress among oncology nurses in selected teaching hospitals in South-west Nigeria. Lack of participation by nurses in

decision-making, poor communication within the organisation and lack of family-friendly policies all form part of the factors causing stress among nurses (Nwozichi & Ojewole, 2019).

2.4 Coping Mechanisms Nurses Employ to Deal with Stress

The extent to which nurses experience occupational stress is determined by the success of stress coping mechanisms adopted by the nurses to be able to cope with stressors related to their job situation (Sveinsdottir, Biering, & Ramel, 2021). Coping strategies include problem focused coping (which involves the act of confronting or dealing directly with the source of stress); reappraisal (thus reflecting on the import of actions taken to deal with workplace stress); avoidance coping (thus actions taken to avoid or get one distracted from the problem at hand); and then emotional coping (thus actions geared towards addressing or controlling how one responds emotionally to stressful situations). If nurses are able to manage their stress well, they will be able to have a more positive impact on the lives of people around them and the stressors from other persons will have less negative effect on them (Dapaah, 2019).

It is impossible to remove all stress from the work life of nurses. Therefore, it is important for nurses (and their employers) to find healthy ways for nurses to cope with work-related stress. The effectiveness of employees' coping techniques affects their health and well-being (Khubchandani, Nagy, Watkins, & Nagy, 2018). Effective coping strategies for stress are very important and can turn a highly stressful situation into a manageable one (Chan, So, & Fong, 2019). Some identified coping strategies include family problem solving, social support, spiritual strategy, self-reliance, transference, avoidance, denial and alcohol-drug intake (Chan, So, & Fong, 2019).

Nurses who turn to unhealthy coping methods often use food, use ATOD (alcohol, tobacco, and other drugs), or develop sedentary lifestyles as a byproduct of the negative coping techniques (e.g., binge TV watching) (King, Vidourek, & Schwiebert, 2019).

In a study entitled “Nursing and Coping with Stress”, Laal and Aliramaie (2019), assessed how Iranian nurses coped with stressful situations (thus with regard to the application of both positive and negative coping strategies) and its relationship with how nurses cope and the health outcome of nurses. In this cross-sectional study, a total of 100 nurses working in the Tohid and Besat Hospitals of Sanandaj City in Iran were selected for the study. The Adolescent Coping Orientation for Problem Experiences (A-COPE) questionnaire was adopted and used in this study to assess coping strategies used by the nurses. The positive coping strategies found to be used by the Iranian nurses included listening to music, buying of books, cassettes or tapes, going on shopping spree with friends and family, watching of movies at home or at the cinema, spending time to read books, singing or composing songs, having enough rest, going for hiking including other sporting events.

Negative coping strategies that were found among the Iranian nurses included having disputes, engagement in profanity or the use of insults, yelling at others and making of negative speeches about self, taking of tea or coffee in excess, intake of alcohol in excess, smoking, abuse of abuse, having suicidal ideations, impatience, reckless driving, eating too much or not eating enough food, social isolation distancing oneself from others, negative expectations about self, crying spells, nail biting and tossing of objects (Laal & Aliramaie, 2019).

Veda and Roy (2020) found that about 60% of Australian nurses and midwives who participated in their study reported using sleep aids. About 20% of participants reported taking prescription medications and 44% of nurses and 9% of midwives reported alcohol use to help in sleeping more than once during the study.

In the USA, a study was conducted on coping adequacy of nurses. Nurses were asked to select from list of 13 common methods of coping with stress. The five most common ways that nurses cope with work-related stress were as follows: talking with friends and loved ones (79%);

listening to music (46%); watching TV (43%); praying/meditating (43%); and eating more of their favorite foods (42%) (Jordan, Khubchandani, & Wiblishauser, 2019).

Jordan et al. (2019) in their study asked nurses to rate how well they typically cope with work-related stress. In general, nurses believed that they were coping well with work-related stress. The majority (71%) reported dealing with work-related stress “well” or “very well.” In contrast, only 4% of nurses believed they were dealing with stress “poorly” or “very poorly.” Nearly one in four nurses (24%) believed that their coping skills were neither good nor bad, thus indicating that there is room for improvement in their coping skills.

A study done in Sanford indicated that while the three most frequently used coping behaviors were verbalizing (45%), exercising (30%), and taking time for self (17.5%) and the least coping mechanism used by oncology nurses was doing work 2.5% (Ko & Kiser-Larson, 2021).

A study conducted in Nigeria focused on coping strategies nurses in an Accident and Emergency Department use in coping with stress. The study found that work associates were the key sources of support during stressful periods (91.5%). Most (88%) respondents indicated that personal time alone helped to cope with stress followed by support from families and friends (79%) (Umoe, Ella, Esienumoh, Ndukaku, & Cathrine, 2020).

2.5 Challenges Nurses Face in Implementing Coping Mechanisms

Understanding the types of stressors and coping mechanisms for nurses is fundamental to designing interventions to reduce them. Stresses may come from meeting patient needs as well as from within the complex teams that deliver health care (Chan, So, & Fong, 2019). If nurses are able to manage their stress well, they will be able to have a more positive impact on the lives of people around them and the stressors from other persons will have a less negative effect on them (Dapaah, 2019).

A study was conducted by in Malaysia, it was reported that Hatijah (2019) the issue of nursing shortages has caused nurses to be affected with stress in trying to cope with the heavy workload. Nurses are required to perform nursing and non-nursing work under a great deal of stress. Moreover, nurses are found to be lacking in confidence in their ability to deal with work demand and setting clearer goals for work activities, which then cause job-related stress. In her study, Hatijah Yusoff concluded that majority of nurses were not as efficient as their predecessors. They lacked expertise and professionalism, poor communication skill and not people-friendly.

A cross sectional study was conducted in South Africa. Out of the 1200 nurses randomly selected to participate in the study, 895 agreed to complete six questionnaires over 3 weeks. Data was analysed using IBM-SPSS Statistics Version 20. In referring to the findings of this study, it is recommended that nurses be trained on coping strategies to protect them against personal stress while preventing burnout and poor health outcomes (Khamisa, Peltzer, Ilic, & Oldenburg, 2021).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter deals with the area of the study, population of study, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and the limitations of the study.

3.1 Study area

The study was conducted at Holy Family Hospital, Berekum. The Holy Family Hospital, Berekum is situated in Biadan. A suburb of Berekum East Municipality the Bono Region of Ghana. Due to the strategic location of the hospital patients from other parts of Ghana and neighboring country like La 'Cote D'ivoire visits the hospital. The hospital shares boundary with the Holy Family Nursing and Midwifery Training College, Berekum. The Methodist Church, Berekum can be located on the road leading to the hospital. The hospital has a bed capacity of about 250 beds and provides the following services; General Surgery, Child Health, Obstetrics/Gynecology, Ultrasonography, Ophthalmology, Physiotherapy, Laboratory Investigations and Blood Transfusion. The rest are X-Ray Investigations, HIV/AIDS (VCT, ART, and PMTCT), Special Diabetic Clinic, Special Hypertensive Clinic, Special TB Clinic, Special eye clinic, Pharmacy and Morgue Services. The hospital has the following existing departments (Wards): Medical Ward (male and female), Maternity Ward, Surgical Ward (male & female), Children's Ward, neonatal intensive care unit (NICU), Labour ward, Outpatients Department (OPD), Antenatal Clinic and Operating Theatres for general surgeries. The facility has a stand by generator in situations of power outage by the Electricity Company of Ghana. The facility possesses state of the art water tanks which

ensures continual flow of water in the facility. There is also a car park meant for working staffs.

3.2 The study population

The target population will be nurses at Holy Family Hospital Berekum. The category of nurses includes; registered general nurses and midwives, nurse assistants, public health nurses and mental health nurses.

3.3 Study design

A cross-sectional study was conducted which led to the generation of both descriptive and analytic data. Cross sectional studies are generally quick, easy, and cheap to perform. The social and demographic variables of the respondents were clearly defined. A quantitative approach was employed so as to help determine the relationship between factors, and provide an in-depth understanding of the established relationships. Quantitative research can capture vast amounts of data far quicker than other research activities. However, research data can be manipulated in order to give a subjective result.

3.4 Sampling technique and Size

A convenience sampling technique was used to select participants for the study because is it extremely speedy, easy, reading available and cost-effective sampling method. Participant recruitment will be voluntary. A total of 50 participants was used for the study.

3.5 Data collection methods and instruments

Written questionnaires with both open and close ended questions was used in the exercise to collect the information from the respondents. Structured questionnaire was administered to participants. Structured questionnaire was used because the research team did not want their opinions to influence the respondents' way of answering the questions. The questionnaire was cross-checked for accuracy. The answered questionnaires was kept in files and safely

stored until they are analyzed. Respondents used approximately 20 minutes to answer the questionnaire.

3.6 Data analysis techniques

Data was entered and analyzed using the Microsoft Excel and results were presented in the form of frequencies and percentages.

3.7 Ethical consideration

The research team believed that maintaining the confidentiality and anonymity of the participants was crucial to this study. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and were assured of confidentiality of all information that will be obtained. Furthermore, the identities of the participants were not be disclosed, and only aggregate data were be reported. Moreover, participants were fairly selected, no form of harm and discomfort was done. The research team ensured no form of research misconduct transpired throughout the period of the study.

3.8 Limitation of the study

The study was limited by financial resources since no sponsorship was obtained for the study. Secondly, because of time limit and a broad topic, the study conducted with a small sample size of 50.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analysed based on demographic characteristics and specific objectives.

4.1 Demographic Data

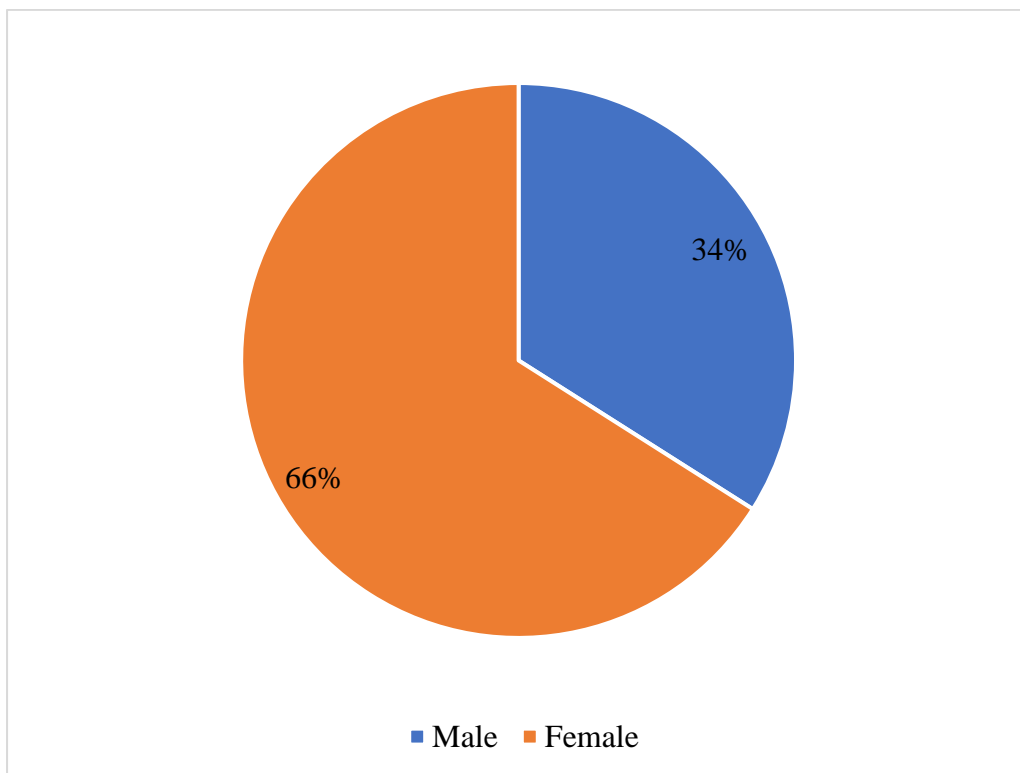


Figure 1: Respondents Gender

Over half (66%) of the respondents were females while the remaining 34% were males.

Table 1: Respondents Age at Last Birthday

| Variable | Frequency (n) | Percentage (%) |
|-----------------|----------------------|-----------------------|
| 18-23 | 2 | 4 |
| 24-29 | 36 | 72 |
| 30-35 | 12 | 24 |

According to the ages of the respondents at their last birthday, most (72%) were aged 24 to 29 years followed by 30-35 years (24%) and 18-23 years (4%).

Table 2: Respondents Marital Status

| Variable | Frequency (n) | Percentage (%) |
|-----------------|----------------------|-----------------------|
| Married | 23 | 46 |
| Single | 24 | 48 |
| Divorced | 3 | 6 |
| Widow/Widower | 0 | 0 |

Respondents' marital status, most (48%) were single followed by (46%) who were married and (6%) had divorced.

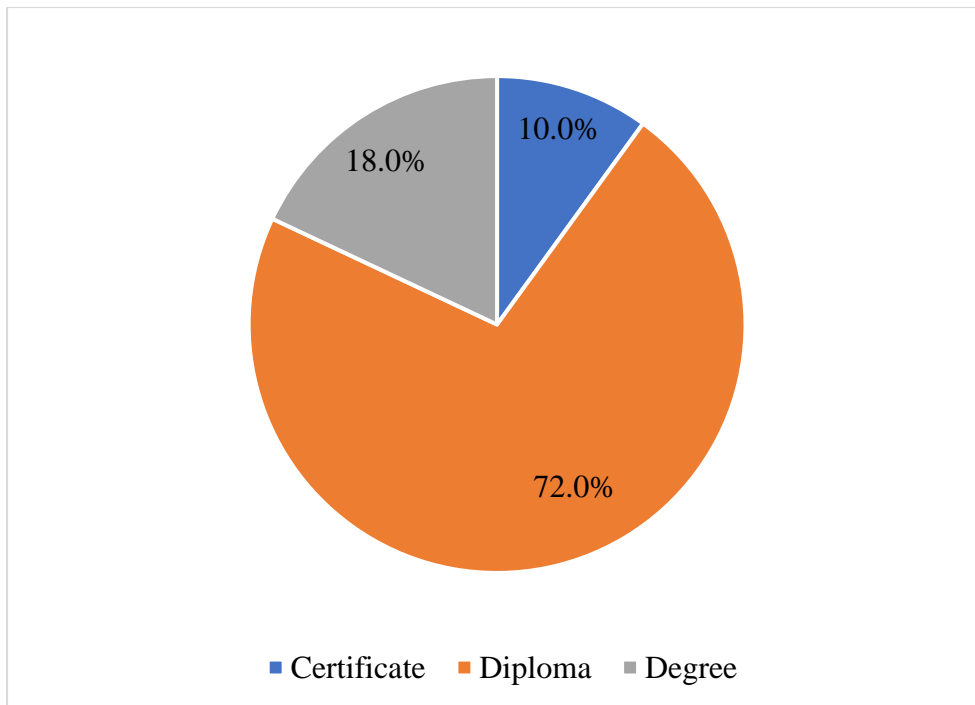


Figure 2: Respondents' Professional Qualification

The professional qualification of respondents, most (72%) of them were diploma holders followed by degree holders (18%) and certificate holders (10%).

Table 3: Respondents Years of Working Experience

| Variable | Frequency (n) | Percentage (%) |
|-------------|---------------|----------------|
| One year | 2 | 4 |
| Two years | 10 | 20 |
| Three years | 20 | 40 |
| Four years | 14 | 24 |
| Five years | 4 | 8 |

Years of working experience of respondents', (40%) had three years of working experience and 24% had four years of working experience, 20% had worked for two years and 4% had worked for a year while 8% had worked for five years.

4.2 Factors that Cause Work-Related Stress

Table 4: Respondents factors that cause work-related stress

| Variable | Frequency (n) | Percentage (%) |
|---|----------------------|-----------------------|
| Work load demands | 47 | 94 |
| Lack of control over treatment decisions | 21 | 42 |
| Conflict with supervisor | 26 | 52 |
| Lack of equipment required for nursing care | 28 | 56 |
| Manual lifting of patients | 33 | 66 |

Majority (94%) of the respondents indicated workload demands as a cause of their work-related stress. Most (66%) of the respondents cited manual lifting of patients as a cause of work-related stress. Over half of the respondents mentioned conflict with supervisor (52%) and lack of equipment required for nursing care (56%) as a cause of their work-related stress. Less than half (42%) of the respondents cited lack of control over treatment decisions as a cause of work-related stress.

Table 5: Respondents emotional stress on the ward

| Variable | Frequency (n) | Percentage (%) |
|---|----------------------|-----------------------|
| Death of a patient | 44 | 88 |
| Seriously ill patient | 40 | 80 |
| Infectious diseases | 42 | 84 |
| A patient in pain | 38 | 76 |
| Lack of patient support from family members | 29 | 58 |
| Sadness on the part of patient | 24 | 48 |

Majority of the respondents indicated death of patient (88%), infectious diseases (84%) and seriously ill patient (80%) as causes of emotional stress on the ward. Most (76%) of the respondents cited that seeing a patient in pain stresses them out emotionally. Over half (58%) of the respondents indicated lack of patient support from family members as cause of emotional stress on the ward. Less than half (48%) of the respondents cited sadness on the part of patient as cause of emotional stress on the ward.

4.3 Coping Mechanisms Nurses Employ to Deal with Work-Related Stress

Table 6: Coping mechanisms nurses employ to deal with work-related stress

| Variable | Frequency (n) | Percentage (%) |
|-----------------------------|----------------------|-----------------------|
| Listening to music | 45 | 90 |
| Watching movies | 42 | 84 |
| Spending time to read books | 14 | 28 |
| Praying and meditating | 21 | 42 |
| Taking a break | 29 | 58 |
| Counseling | 14 | 28 |
| Rest and sleep | 41 | 82 |

Majority (90%) of the respondents indicated that listening to music is a way of dealing with work related stress followed by watching movies (84%), rest and sleep (82%), taking a break (58%), praying and meditating (42%), pending time to read books and counseling (28%).

4.4 Challenges Nurses Face in Implementing Coping Mechanisms

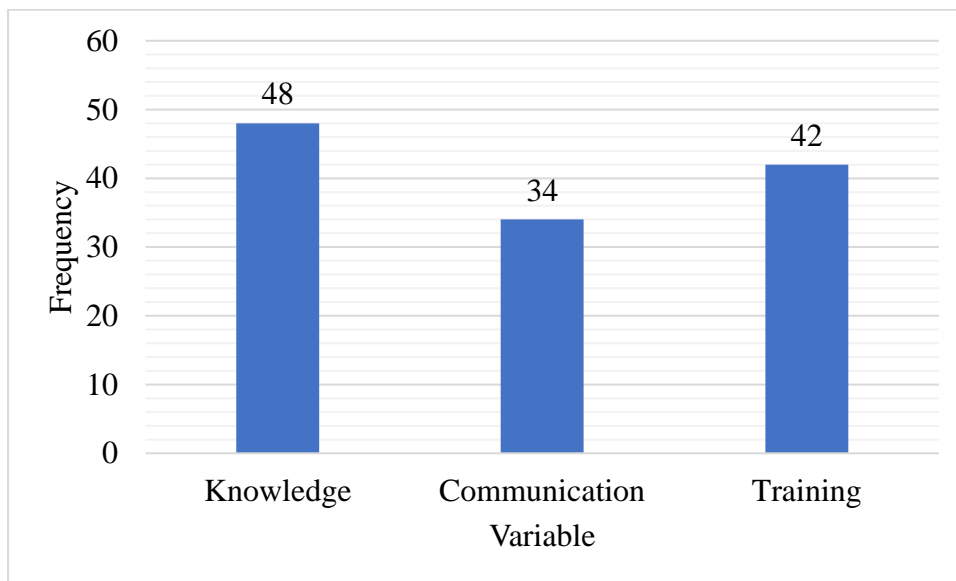


Figure 3: Challenges Nurses Face in Implementing Coping Mechanisms

Almost all (96%) the respondents indicated inadequate knowledge about coping mechanisms as a challenge when it comes to nurses implementation of coping mechanism to deal with stress. Majority (84%) of the respondents cited lack of training on coping strategies as a hindrance to nurses implementation of coping mechanism to deal with stress. Poor communication skill was mentioned by most (68%) of the respondents when it came to nurses having difficulty in employing coping mechanism to deal with stress.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

The findings are briefly discussed with references to support the study. The chapter also includes the conclusions drawn from the various findings of the study and finally makes recommendations to help curtail the situation at hand.

5.1 Discussions

5.1.1 Factors that Cause Work-Related Stress

The present study found that majority (94%) of the respondents indicated workload demands as a cause of their work-related stress. Correspondingly, Halpin, Terry, and Curzio (2017) found out excessive workload was the most frequently cited source of workplace stress among nurses in during transition period.

Most (66%) of the respondents cited manual lifting of patients as a cause of work-related stress. Similarly, Kaburi et al. (2019) reported that sources of occupational stress included: manual lifting of patients and pieces of equipment.

Over half of the respondents mentioned conflict with supervisor (52%) and lack of equipment required for nursing care (56%) as a cause of their work-related stress. Similarly, Ko and Kiser-Larson (2021), reported that most common cause of job stress was emotional issues related to conflict with a supervisor (37.2%). Also, Glazer and Gyarak (2018) reported that nurses often face multiple sources of work-related stress including lack of resources.

Presently, less than half (42%) of the respondents cited lack of control over treatment decisions as a cause of work-related stress. This finding is partially consistent with a study by Donat and Neal (2018), they reported that lack of control over treatment decisions and inconsistent and/or unfair work conditions contribute massively to work related stress.

In the current study majority of the respondents indicated death of patient (88%), infectious diseases (84%) and seriously ill patient (80%) as causes of emotional stress on the ward. Similarly, Glazer and Gyarak (2018) reported that nurses often face multiple sources of work related stress including dealing with death and dying. Ko and Kiser-Larson (2021), reported that two most stressful factors identified were workload and patient death.

5.1.2 Coping Mechanisms Nurses Employ to Deal with Work-Related Stress

In the current study majority (90%) of the respondents indicated that listening to music is a way of dealing with work related stress followed by watching movies (84%), rest and sleep (82%), taking a break (58%), praying and meditating (42%), pending time to read books and counseling (28%). Listening to music and watching movies is a diversional therapy that frees your mind off stress. These findings are in line with a study conducted by Jordan et al. (2019). They found that listening to music (46%), watching TV (43%) and praying/meditating (43%) were the major ways of dealing with stress. Additionally, Laal and Aliramaie (2010) found that positive coping strategies found to be used by the Iranian nurses included spending time to read books.

5.1.3 Challenges Nurses Face in Implementing Coping Mechanisms

The current study found that almost all (96%) the respondents indicated inadequate knowledge about coping mechanisms as a challenge when it comes to nurses implementation of coping mechanism to deal with stress. Majority (84%) of the respondents cited lack of training on coping strategies as a hindrance to nurses implementation of coping mechanism to deal with stress. Poor communication skill was mentioned by most (68%) of the respondents when it came to nurses having difficulty in employing coping mechanism to deal with stress. Similarly, Dapaah (2019) reported that nurses understanding on the types of stressors and coping mechanisms was low.

Additionally, Hatijah (2019) in her study, found that majority of nurses lacked communication skill and that was seen as a major challenge in implementing coping mechanism to deal with stress. Again, Khamisa et al. (2021), they reported that lack of training is a major challenge nurses face in implementing coping strategies. It was concluded that nurses be trained on coping strategies to protect them against personal stress while preventing burnout and poor health outcomes.

5.2 Conclusion

The study concluded the major leading factors that cause work related stress are; work load demands, death of patient, manual lifting of patients and receiving feedback upon only unsatisfactory performance. The most common coping strategies employed by the nurses were watching of movies, praying, meditating and listening to music. Respondents were much particular about lack of training and inadequate knowledge on coping mechanisms been the major challenges they face in implementing the appropriate coping strategies to deal with work related stress.

5.3 Recommendation

Based on the findings of the study the following recommendations were made;

1. The managers of institutions should make room for stress management programs to help address stress among nurses.
2. A more comprehensive scope and rigorous methodology should be used to explore the topic further.
3. There should be counselors in various institutions to support health workers who go through stressful events.
4. There should be training of more nurses to increase the number of staff during a shift

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APPENDICES

QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to collect data on the topic: “determinants of work-related stress among nurses at Holy Family Hospital, Berekum”.

You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answer when needed. Confidentiality will be observed therefore your name is not needed in this research. Please answer the questions and you may decide to opt out anytime you feel like.

SECTION A: DEMOGRAPHIC DATA

1. What is your gender?

(a) Male (b) Female

2. Age

(a) 18 – 23 years (b) 24 – 29 years (c) 30 – 35 years

3. What is your marital status?

(a) Married (b) Single (c) Divorced (d) Widow/Widower

4. Indicate your professional qualification.....

5. How many years have you worked as a nurse:

SECTION B: FACTORS THAT CAUSE WORK-RELATED STRESS

6. Indicate your work-related stress

a. Work load demands

- b. Lack of control over treatment decisions
- c. Conflict with supervisor
- d. Lack of equipment required for nursing care
- e. Manual lifting of patients
- f. Others (specify).....
.....
.....

7. Which of these causes emotional stress on the ward? Tick as many as possible

- a. Death of a patient
- b. Seriously ill patient
- c. Infectious diseases
- d. A patient in pain
- e. Lack of patient support from family members
- f. Sadness on the part of patient
- g. Others (specify).....
.....
.....

SECTION C: COPING MECHANISMS NURSES EMPLOY TO DEAL WITH WORK-RELATED STRESS

8. How do you cope with work-related stress, tick as many as you want?

- a. Listening to music
- b. Watching movies
- c. Spending time to read books
- d. Praying/meditating
- e. Taking a break
- f. Counseling

- g. Rest and sleep
- h. Others (specify).....

SECTION D: CHALLENGES NURSES FACE IN IMPLEMENTING COPING MECHANISMS

9. Indicate by ticking if the underlisted statement places a challenge on nurses implementing coping mechanisms

- a. Inadequate knowledge about coping mechanisms
- b. Poor communication skill
- c. Lack of training on coping strategies
- d. Others (specify).....

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Our Ref.
Your Ref.

October 7, 2022
Date

The Administrator
Holy Family Hospital
Berekum

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College

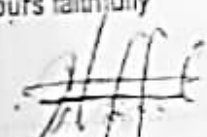
1. Belinda Addo-Twum
2. Godwin Adinkra ✓

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study, hence the data collection on "Determinants of work-related stress among nurses at Holy Family Hospital, Berekum".

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully


Amos Owusu
Supervisor

For: Principal