Research Article

Occupational Stress and Associated Factors among Nurses in Tertiary Care Hospital of Lahore

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Abstract:

Nursing is a social activity. Nurses perform a key role as the backbone of the health care system, offering constant round-the-clock care. According to empirical research, work stress not only negatively affects nurses' psychological health but also puts patients' safety and nursing standards in danger. This study aimed to assess what factors lead to stress in Nurses working in different specialties. That ultimately determines the correlation between perceived stress and the working of Nurses. The study was conducted in Mayo Hospital, Lahore from August 1, 2022, to September 30, 2022. In this cross-sectional survey, 102 nurses of Mayo Hospital were investigated by using the Expanded Nursing Stress Scale questionnaire. Stress rates of none, mild, moderate, and severe types were 0.0% 21.5.1%, 40.2%, and 38.3%, respectively. A statistically significant association was found between stress and sexual harassment (P<0.0003), and abusive behavior of attendants at work (P<0.0093). Various degrees of stress were found in this cohort and that affected their professional performance. Several characteristics that are connected to nurses' experiences with stress have been uncovered by this study. According to reports, the top causes of stress among nurses include job overload, sexual harassment of nurses, and abusive behavior by patients' attendants. So, it is crucial to discover creative solutions for assisting nurses in their stressful jobs in addition to creating regulations about sexual harassment and reducing workload by recruiting additional nursing staff into the profession.

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Keywords:…..

INTRODUCTION:

Nursing is a social activity. Nurses perform a key role as the backbone of the health care system, offering constant round-the-clock care. According to empirical research, work stress not only negatively affects nurses' psychological health but also puts patients' safety and nursing standards in danger. The main causes of stress among nurses include an unrelenting workload that strains work-family relationships, a lack of independence, a lack of appreciation and assistance, a shortage of resources, poor wages and grades, and unwelcoming management. Also, the nurse-to-patient ratio in Pakistan is one nurse for every fifty patients, whereas the Pakistan Nursing Council has suggested one nurse for every 10 patients. This shortage of nurses has severely impacted hospitals, causing heavy workloads and increasing nurse stress.

Approximately 9.20% of people in society commit suicide due to depression, 3% of males, and 4-9% of women (1). The main causes of depression include stimulants on the physical, psychological, and social levels (2). Substance misuse increases as a result of stress at work (3). The management of occupational stress will improve the quality of health care for the entire community because it causes several illnesses and is a widespread issue (4). Different approaches have been employed, but the contemporary approach is now the norm (5). Workplace stress results in worker illness and absence in the NHS, which reduces the quality and quantity of service, affects job satisfaction and raises healthcare costs (7). 563,000 people in the UK were expected to suffer from work-related stress, depression, and anxiety. According to a surveillance program run by psychiatrists in 2002, there were 6946 cases reported of job psychiatric conditions. 85% of instances of psychological illness are linked to work stress.

The nurses in the Rawalpindi study classified their levels of work-related stress either as severe or moderate. Almost two-thirds claimed to have control over their work lives.

Anxiety is more common among nurses from Australia (20%), China (32-43%), Iran (46%), Brazil (44-66%), and the United States (22-24%).

To determine whether stress is associated with the nursing specialty the participants are in, such as medicine, surgery, or emergency, the present study measured the incidence of depressive disorders, anxiety, and stress in a population of Lahore nurses. Finding out if a doctor's or patient's behavior contributes to their professional stress is another goal. This study aims to determine the relationships between stress and the hospital environment, lengthy workdays, and coping mechanisms employed by nurses. Critical care nurses may experience work-related stress, which may impair their performance and limit their ability to give patients in ICUs the care they require. As a result, the level of stress must be evaluated. In this study, the total level of stress among nurses that work in the Intensive care unit and key factors that play a role in work stress. Therefore, it's the need of the hour to identify various sources of occupational stress and job satisfaction.

It is crucial to evaluate the level of occupational stress experienced by nurses who work in hospitals because

of how frequently they must engage with patients and attend to their requirements. It will be helpful to draw attention to numerous hospital-related or workplace elements that increase employees' stress levels and eventually harm their physical and mental health. By addressing these issues, future interactions with patients could be improved.

The aim is the assessment what factors lead to stress in Nurses working in different specialties. It will ultimately determine the correlation between perceived stress and the working of Nurses.

MATERIALS AND METHODS:

There was cross-sectional research done. The questionnaire will capture 102 replies in total.

The questionnaire's initial section included questions on the sample's sociodemographic and occupational characteristics. The Expanded Nursing Stress Scale was included in the second questioning section (ENSS). This 57-item scale is broken down into 9 subscales that assess the stressors related to death and dying (7 items), doctor-patient conflict (5 items), inadequate emotional preparation (3 items), peer problems (6 items), supervisor problems (7 items), workload (9 items), uncertainty regarding treatment (9 items), patients and their families (8 items), and discriminatory treatment (3 items). The responses are graded on a Likert scale with 1 being the least amount of stress, 2 being occasional stress, 3 being frequent stress, and 4 being a lot of stress. A total score of 0-228 was assigned with a high score representing a high level of stress in that particular modality.

The study took place from the time of inception till 30th June 2022, in the Punjab province of Pakistan through Questionnaire.

A sample size of 96 was calculated. This was based on the calculated highest standard deviation which was 0.65, with an acceptable error of 0.05 around the mean 2.21 calculated, and with the consideration of 95% CI, and 90% statistical power. After accounting for a 10% drop-out rate, 102 individuals re thought to be the final sample size. $= \frac{\left(z_1 - \frac{\alpha}{2}\right)^2 \times s^2}{d^2}$ Stratified Random Sampling, a type of probability sampling, was used to choose the sample out of the target population.

Nurses had to be registered with the Pakistan Nursing Council, and willing to participate. One year of experience in the hospital nursing field was considered as an inclusion criterion. Direct patient contact as an inclusion requirement was also considered. Refusal to participate and failing to submit the questionnaire was considered the exclusion criteria.

IBM SPSS (version 28.0) software was used to analyze the quantitative data. The results of the ENSS and socio-demographic surveys were presented in the form of frequency (percent) and Standard Deviation. The student-t-test, and Analysis of Variance (ANOVA), and its nonparametric equivalents for variables with aberrant distributions were used to analyze the relationship between socio-demographic characteristics and ENSS.

RESULTS:

In this study, a higher correlation to stress levels was Sexual Harassment, Abusive Attendants, and Conflict with a Senior Faculty Member.

As for the nurses' assignments, most belong to Allied Surgery (27.5%), with General Medicine coming second (26.5%) and Allied Medicine coming 3rd (25.5%). Regarding working shifts, most belong to the night shift (53.3%) and are training (50%).
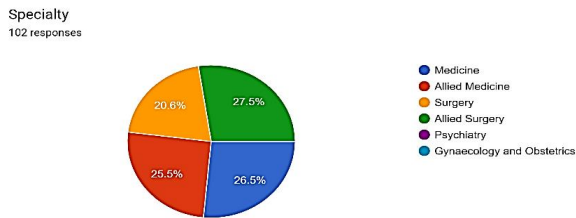
Specialty
102 responses

- Medicine
- Allied Medicine
- Surgery
- Allied Surgery
- Psychiatry
- Gynaecology and Obstetrics

Figure-1

As depicted in Figure-2, 52% of the Nursing Staff is experiencing very severe stressful conditions because of Harassment. In all modalities, Sexual Harassment was found to be the leading factor of stress among Nurses.
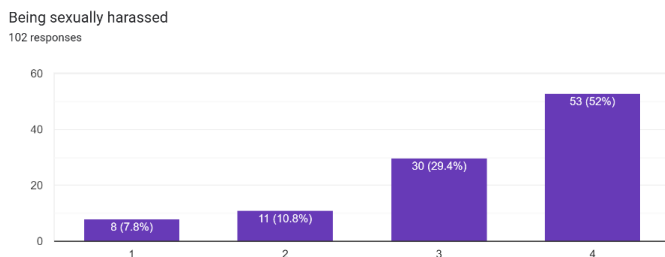
Being sexually harassed
102 responses

Figure-2

Abusive Patients and their attendants were the second to harassment in all modalities with 47.1% of nurses facing a high level of stress because of this. (Figure-3)
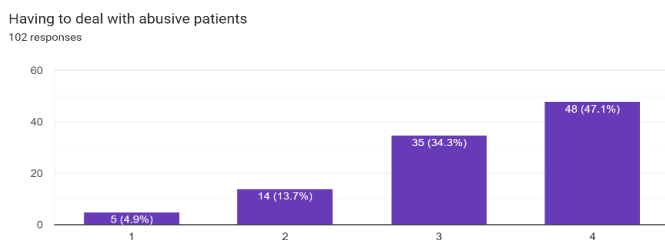
Having to deal with abusive patients
102 responses

Figure-3

A statistically significant relation was found between sexual harassment, abusive behavior of attendants, Long Working Hours, and the stress of nurses. As given in the table-1

Explanative Variable	Co-efficient	Standard Error	p
Sexual Harassment	0.34	2.17	0.0003
Abusive Behavior of Attendants	0.62	0.23	0.0093
Long Working Hours	7.96	8.67	0.362

Table-1

DISCUSSION:

Sexual harassment is a new problem that is being recognized more and more as a cause of occupational stress in nurses. Patients, family members, fellow nurses, and other professional organizations have the potential to harm nurses violently.

Post-graduation can be a beneficial component for the professional, according to statistics on nurses' stress, as it often results in searching out new initiatives, boosting self-esteem, and providing for a higher level of performance and safety to confront the stress factors.

Following the order of the questionnaire, it was seen that there was a link between both the dissatisfaction score as well as the causes of stress when questions about stress levels were asked.

The link between these factors was statistically significant in this study, indicating that nurses who express dissatisfaction with their jobs experience greater levels of stress with factors closely associated with ICU. So it can be carefully said that a critical

environment and poor prognosis environment also add to the stress of Nurses.

CONCLUSION:

Several characteristics that are connected to nurses' experiences with stress have been uncovered by this study. According to reports, the top causes of stress among nurses include job overload, sexual harassment of nurses, and abusive behavior by patients' attendants. So, it is crucial to discover creative solutions for assisting nurses in their stressful jobs in addition to creating regulations about sexual harassment and reducing workload by recruiting additional nursing staff into the profession.

LIMITATIONS:

This study was conducted in a Tertiary Healthcare Setup. There is no concrete relation of this study with those working in Primary and Secondary Healthcare Setup.

ACKNOWLEDGMENTS:

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