



KING EDWARD MEDICAL UNIVERSITY

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

Batch 20

Department of Community Medicine Prof. Dr. Saira Afzal

Introduction:

Nursing is a humanitarian service. Nurses play a pivotal role as the backbone of the health care system, providing continuous round the clock services. Occupational stress is any discomfort which is felt and perceived at a personal level and triggered by instances, events or situations that are too intense and frequent in nature so as to exceed a person's coping capabilities and resources to handle them adequately. Empirical studies have shown that occupational stress not only impairs nurses' psychologic wellbeing but it is also a risk factor for patient's safety and nursing quality. The major factors contributing to stress in nurses include perpetual workload leading to work family imbalance, lack of autonomy, lack of respect and support, lack of resources, reduced pay scale, unfriendly management, conflicts and facing patient death. Furthermore, nurse to patient ratio is 1:50 in Pakistan, however Pakistan nursing council proposes one nurse for ten patients these nursing shortages have profoundly impacted hospitals resulting in work overload thus augmenting nurse' stress.

Depression leads to suicide 9.20% in society, 3% in men and 4-9% in women (1). Physical, psychological and social stimulants are the leading causes of depression (2). Stress work multiplies substance abuse to cope with stress (3). Occupational stress leads to many diseases, and is a problem on large scale, its management will enhance qualitative health services for entire population (4). Various methodologies have been used but now modern approach is regular (5). Occupational stress causes staff sickness, absenteeism within NHS (6) which decreases the quality and quantity of care, decreases job satisfaction, increases cost of healthcare (7).

The current study is aimed to assess the prevalence of depression, anxiety and stress in a cohort of Lahore nurses, to find out association between stress and the specialty the nurses are in e.g., medicine, surgery or emergency. The objective is also to find out whether patient's or doctors behavior contribute to their occupational stress. This study is also aimed at finding association of stress with hospital conditions and long work hours and also to identify the strategies nurses use to cope with work stress. Occupational stress encountered by critical care nursing could affect the nurse performance and reduce the capabilities to provide the appropriate care to patients in ICU, hence magnitude of stress needs to be assessed. This study identified the overall stress among nurses working in ICUs and main factors that contribute to work related stress. Hence it is important to identify the various sources of occupational stress and job satisfaction

Problem Statement:

Assessing occupational stress among nurses working in hospitals is of immense importance since nurses have to closely interact with patients and cater to their needs. It will be beneficial to highlight various factors related to hospitals or their work environment which contribute to their stress and ultimately affect their mental and physical health. Addressing these aspects may improve their interaction with patients in future

Objectives:

- To determine association between stress and the specialty they are in i.e., medicine, surgery or emergency.
- To determine whether patient's or doctor's behavior contribute to their occupational stress.
- To determine the role of long work hours and hospital conditions in stress among nurses.
- To identify the strategies that nurses use to cope with work stress.

Materials and Methods

Study Design:

A cross sectional study was conducted. In total 102, responses will be recorded through questionnaire.

The first part of the questionnaire contained questions recording socio-demographic and work-related characteristics of the sample.

Second part of questionnaire contained Expanded Nursing Stress Scale (ENSS). This 57-item scale consists of 9 subscales, measuring Death and Dying Stressors (7 items), conflict with physicians (5 items), Inadequate Emotional Preparation Stressors (3 items), Problems with Peers (6 items), Problems with Supervision (7 items), workload (9 items), Uncertainty Concerning Treatment (9 items), patients and their families (8 items), and discrimination (3 items). The items are rated on a 6-point Likert scale of 1= I have no stress at all, 2 = sometimes I am stressed, 3 = often I am stressed, 4 = I am very stressed. The total scores are estimated at a range of 0-228, with higher scores indicating higher job stress in that particular area.

Study Setting:

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

Sample Size:

The maximum sample size is considered after controlling research aims, so the highest sample size calculated based on the study performed with considering 95% confidence coefficient, 90% statistical power, an acceptable error of 0.06 around the mean (m = 2.22), and the highest standard deviation of (0.65), therefore the necessary sample size is determined to be 96 cases. The final sample size is estimated at 102 subjects after considering a drop-out rate of 10%.

Sampling Technique:

Stratified Random Sampling, a type of probability sampling, will be used to choose the sample out of target population.

Study Selection and Data Extraction:

Inclusion criteria for nurses was as follows: registered with Pakistan Nursing Council, willingness to partake in, at least 1 year of work experience, and with immediate association with patients.

The exclusion criteria was unwillingness to partake and failure to complete the questionnaire.

Data Analysis:

IBM SPSS (version-28.0) software was used to analyse the quantitative data. Sociodemographic and ENSS questionnaires score were described by frequency (percent), as well as mean (Standard Deviation). The association between Sociodemographic with ENSS was determined using the t-test, ANOVA and their nonparametric equivalents for abnormally distributed variables.

Results:

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

As for the nurses' assignments, most belong to the 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%).

As depicted in Figure-2, 52% of Nursing Staff is experiencing very severe stressful condition because of Harassment. In all modalities, Sexual Harassment was found to be leading factor of stress in Nurses

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

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



Figure-1

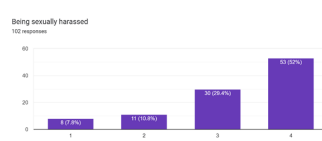


Figure-2

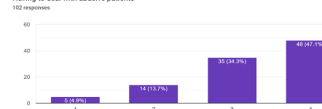


Figure-3

Conclusion:

This research has identified multiple factors related to the experience of stress in nurses. Stress, in particular, Sexual Harassment, Abusive Behavior of Patients' attendants and work overload, has been reported as the main reasons for nurses' stress. It is therefore a priority to not only make policies regarding Sexual Harassment and reduce workload by attracting more nursing staff into the workforce, but to find new and innovative ways of supporting nurses in their experience of stress.

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

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

Batch No. 20

111 Rabeea Mazhar

258 Mohammad Osa,a

112 Rabia Amjad

259 Muhammad Qasim Qureshi

113 Rabia Saleem

260 Muhammad Raif

114 Rafia Saeed

261 Muhammad Raza

115 Rahma Anwar

262 Muhammad Rehman Safdar

Supervisor:

Dr. Saira Tariq

Dr. Fatme Waqr