

## **The Opinion of Nurses on Work Related Stress and Strategies Adopted to Cope with it at Wesley Guild Hospital Ilesa**

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### **Abstract**

*Stress has become a more recognized term over the past decade and is a major cause of concern for many nurses at work. The aim of this study is to assess the opinion on stress experienced by registered nurses working in a hospital, to identify coping strategies used, to assess the relationship between stress, coping mechanism of registered nurses and work experience, and identify decision making process towards stressful situations and possible health outcome.*

*A descriptive correlation study was used to identify sources of stress experienced by registered nurses, stress and coping, and decision making process. Simple random sampling technique was used to select fifty (50) registered nurses, using Yemane sample size. Standardized questionnaire was distributed to them. Data generated from the study were analyzed using both descriptive (percentages, mean and standard deviation) and inferential statistics (ANOVA) at 0.05 level of significance.*

*The findings of the study revealed that 64% of the respondents were female, while 60% working experience is between 1-5 years. The greatest perceived source of stress appears to be workload followed by emotional related issues. Registered nurses seem to be resorting to positive appraisal, and seeking social support as a coping strategies and decision making process. The most frequently reported health outcome as a result of stressful situations appears to be psychological health implications.*

**Keywords:** *opinion, work related stress, adopted strategies, coping.*

### **Introduction**

#### **Background of the study**

Stress has become a more recognized term over the past decade and is a major cause of concern for many nurses at work.

Stress first coined in the 1930s, has in more recent decades become a commonplace of popular parlance.

Stress could be defined simply as the rate of wear and tear on the body systems caused by life (Stanks J.W, 2005). It occurs when a person has difficulty in dealing with life situations, problems and goals, stress has physical, emotional and cognitive effects. Although everybody has the capacity to adapt to stress, not everyone responds to similar stressors exactly the same (Timby B.K, 2008).

Also, the Health and Safety Executive (HSE) defines stress as the adverse reaction people have to excessive pressure or other types of demand placed on them. It is important to understand the impact on nursing staff because the psychological and mental harm caused by stress can adversely affect the delivery of patient care; it can cause a great deal of distress to the employee concerned and affect the employee's health.

As a nurse, by tradition and training, you are good at spending a great deal of mental, emotional and physical energy on caring for others. Taking time to think about caring for yourself can be daunting and difficult.

There is no doubt from research and anecdotal evidence that nursing is a stressful profession. It is a job that requires expenditure of energy on many levels. Physically, the job can be demanding with high levels of muscular-skeletal stress, culminating in many aches and

pains. Mentally, you are required to be 'on the ball', making calculations for medication and responding to important questions from patients and relatives. It often feels like many balls are being juggled in the air at the same time. Emotionally, the impact is felt when you empathise and help people, and from the toll of working in an environment where there is pain and sadness.

Previous research conducted by Foxall et al (2001) has shown stress compromise the quality of care. Nurses who are less stressed, who feel supported by their managers and who feel that they have job security, could save patients' lives and their employers' money. Looking at the current situation in Nigeria, with the increasing demands for provision of nursing care and the severe shortage of nurses, there is a need to investigate stress and coping strategies amongst registered nurses in Nigeria.

### **Statement of problem**

Stress is recognized as an inherent feature of the work life of nurses, and growing evidence suggest that it may be increasing in severity. Work-related stress has been implicated as a major contributing factor to growing job dissatisfaction, rapid turnover, and high attrition rates among nurses. It was found that job stress impacts not only on nurses' health but also their abilities to cope with job demands. This will seriously impair the provision of quality care and the efficacy of health service delivery (Lee 2003:86).

A survey of the literature on nurses reveals that although a great deal of research has been carried out relating to stress and coping in nurses internationally, little has been written about nurses in Nigeria. Given that the international hospital settings and provision of health services are different to those in Nigeria, it would not be appropriate to use the results of previous international studies to explain stress and coping amongst Nigerian nurses.

This investigation is aimed to identify causes and frequency of stress, coping strategies used, and support systems amongst registered nurses. Thus knowledge obtained would be useful in the formulation of recommendation to address stress amongst nurses in the target population and Nigeria at large.

### **Objectives of the study**

Generally, the study aims at determine nurses cope with stressful events (apply positive methods or negative response) and to find out relationship(s) between job coping and health outcomes in the nurses.

Specifically, the study is to:

- Assess the possible causes and frequency of stress experienced by registered nurses working in Wesley Guild Hospital in Ilesa Osun state.
- Identify the coping strategies used
- Assess the relationship between frequency of reported stress and coping strategies of registered nurses in Wesley Guild Hospital.
- compare frequency of reported stress and adopted coping strategies among the registered nurses in Wesley Guild Hospital in different units/wards
- Make recommendations to address the occurrence of stress amongst nurses in Wesley Guild Hospital.

### **Significance of the study**

This study will seek to extend previous international nursing research by measuring a coping strategy that might be used by Nigerian (Wesley Guild Hospital) nurses in dealing with their work stress.

### **Research questions**

This study is designed to answer the following four research questions:

1. What situations contribute to stress in today's nurse managers?

2. What coping strategies do nurse managers utilize to deal with stressful situations in their nurse manager role?
3. Is there any relationship between work experience and coping strategies
4. What health outcomes do nurse managers' report as a result of frequent exposure to stressful situations in their nurse manager role?
5. What decision-making processes do nurse managers utilize to address stressful situations in their nurse manager role?

### **Hypothesis**

1. There is no relationship between work experience and coping strategies used by nurses in Wesley Guild Hospital, Ilesa
2. There is no relationship between health outcome and coping strategies adopted by the nurses

### **Scope of study**

This research project covered the strategies adopted by nurses in Wesley Guild hospital Ilesa, Osun state in coping with stress.

### **Operational definition of terms**

- a. **Coping**: Coping is conceptualized as attempts used by nurses in Wesley Guild Hospital to reduce or eliminate the negative effects of stress on well-being
- b. **Coping strategies**: managing stress successfully; ways and/or skills nurses use to deal with stress, the positive steps that can be taken to minimize or remedy the harmful effects of stress
- c. **Registered nurse**: applied to persons registered under section 16 of Act 50 of 1978 and denotes the following:
  - a registered general nurse.
  - a registered psychiatric nurse
  - a registered midwife
  - a registered community nurse
  - a registered preoperative nurse.

All trained in terms of the regulations published under decree 1978 of Nursing and Midwifery Council of Nigeria Act, working at Wesley Guild Hospital, Ilesa

- d. **Stress**: Stress is an untoward demand made by the internal or the external environment on the well being of nurses that upsets homeostasis

### **Literature review**

The purpose of this work is to provide a qualitative description of stress and coping as perceived by today's nurse manager incumbents. Of particular interest is the need for insight regarding situations that contribute to nurse manager work-related stress, the coping strategies nurse managers utilize, and the health outcomes and decision making processes they report.

The literature was reviewed to explore view points in the field of study. The aim of the study seek to extend previous international nursing stress studies by measuring a wide variety of coping strategies that might be used by Nigerian nurses in dealing with their work stress. Both conceptual and research literature was used. Sources of information were books, journals, thesis and dissertation, and on line journals.

### **The concept of stress**

Stress is a term that is difficult to define and yet, we can all identify with the physical, mental, emotional and behavioural responses that signal to us that we are stressed. The word itself is from a Latin root meaning hardships.

The term stress is an umbrella term for an increasingly wide variety of conditions, responses, and experiences. A fundamental problem for any writer or researcher concerned with stress and its effect on behaviour is to attempt to find a definition (Fisher 1986:7)

### **Model of stress**

There have been a number of attempts to provide a definition of stress; each has its own problems and is inadequate in some respect.

### **Response and stimulus based models of stress**

The original view of the physiological response to stress was developed by Seale (2001) and this marked the beginning of a response-based approach to the study of stress.

Kushnir (2002) defines stress as an adaptive response that is a consequence of any external action, situation or event that places special physical and or psychological demands upon a person.

Laposa et al (2003) reiterates that stress is a psychobiological reaction of the body to physical or psychological demands that threaten or challenge the organism's well being.

Michelson (2005) argues that subsequent thinking around stress acknowledges that psychosocial stimuli are able to produce a stress response.

The stimulus-based approach views stress as an external factor or force, which is disturbing or disruptive to the person (Dohrenwend 2008). The dominant criticism of this model pertains to its exclusive focus on the properties of the stimulus, hence its inability to account for cognitive and other variables (i.e. coping process) that might mediate the relationship between psychosocial stressors and disorders.

### **Pearson and environmental based model of stress**

Streeten (2005) defines stress as a process of transaction between the person and the environment. According to Lazarus & Folkman (2006) stress is a dynamic and reciprocal relationship between the person and the environment.

While this author is saying stressors or environmental demands can range from major catastrophes, life events such as death of loved ones or divorce, to daily hassles which encompass those often small but irritating problems that people deal on daily basis such as arguments and working responsibilities. According to this perspective stress is only experienced when situations are appraised as exceeding one's resources, thus being given extra responsibilities at work might be viewed as threatening to one person while another person may appraise the situation as a challenge.

Cox (2001) viewed stress as a psychological state which is the internal representation of a particular and problematic transaction between the person and the environment.

Antonovsky (2004) defined stress as a "demand made by the internal or the external environment on an organism (such as you or me), that upsets its homeostasis (or equilibrium), restoration of which depends on a non-automatic and not readily available energy-expending action".

### **Additional conceptualizations of stress**

Callaghan et al (2000:1520) defined stress operationally as respondents' physical and psychological symptoms and health related and social behaviours attributed to their work experiences.

These models contend that conventional conceptualizations of stress limit the boundaries of stress research to the exclusive study of individuals as isolated units.

### **The concept of coping**

How individuals perceive or appraise any specific problem will determine what coping strategies they use. Coping can include attempts at "managing or altering the problem (problem focused coping) or regulating the emotional response to the problem (emotion focused coping) (Lazarus & Folkman 2004). Problem focused coping includes problem

solving activities and seeking information, while emotion-focused coping may include behaviours (seeking others company), and also cognitive activities such as denial of facts to distort reality, or looking on the bright side of things (Payne 2001).

According to Lazarus & Folkman (2004) coping is viewed as a process, determined by cognitive appraisal and is context dependent. According to the transactional perspective, coping is viewed as a 'process', determined by cognitive appraisal and is context dependent. Traditional models, however, emphasize traits or styles that operate as stable dispositions to cope in particular ways irrespective of the situations. Yet studies of life stressors by Folkman & Lazarus and organizational stressors by Parkes (2008) have found that coping varies the type of stressors and the situation.

### **Coping strategies**

Edwards' cybernetic theory of stress, coping, and well-being views stress as a discrepancy between the individual's perceived state and desired, provided the presence of this discrepancy is considered important by the individual. Coping is conceptualized as attempts to reduce or eliminate the negative effects of stress on well-being. Five forms of coping are identified, including attempts to bring the situation into conjunction with desires, adjust desires to meet the situation (i.e. accommodation), reduce the importance associated with the discrepancy (i.e. devaluation), improve well-being directly (i.e. symptom reduction), and direct attention away from the situation (i.e. avoidance). Hence, stress and coping are viewed as critical components of a negative feedback loop, in which stress damages wellbeing and activates coping which may improve well-being directly and indirectly, through the perceived and desired states comprising the discrepancy, the level of importance associated with the discrepancy, and the amount of attention directed towards the discrepancy. (Edwards & Banglion 2003).

A number of researchers make a distinction between problem-focused and emotion focused strategies (Callahan 2003). According to this author problem-focused strategies, in terms of dealing with organizational change, involve efforts to modify or eliminate the source of stress by dealing with the situation. In their organization, individual employees can seek information by talking to superiors, co workers or subordinates, by making plans of action, or through bargaining or reaching a compromise to seek a possible solution. Work-related stressors are likely to elicit problem-focused coping because the situation is often appraised as changeable. However, a period of large scale organizational change can make some people feel out of control and powerless, so that it would not be usual for some degree of emotion-focused coping by employees. Emotion-focused coping could help people maintain their effective equilibrium as they regulate their feelings about the changes occurring around them.

Callahan (2003) states that the coping strategy chosen by individuals is often influenced by their coping resources. According to this author personality variables are internal coping resources, in that various aspects of the self provides workers with resources that can help them handle adverse environmental events.

Thompson et al (2004) suggested that the effects of stress upon people will be governed not only by the level of pressure experienced, but also by the coping strategies people subsequently utilize in an attempt to deal with it. Similarly, in order to prevent stress every person develops a repertoire of coping strategies. Coping according to these authors can be seen to occur at four levels by: removing the stressors from their lives, not allowing 'neutral' events to become stressors, developing a proficiency in dealing with situations we do not wish to avoid and seeking diversion from the pressure(s) or by relaxation. These authors also suggested five commonly used coping strategies in their research namely: planning and goal-setting, assertiveness, exercise and diet, stress inoculation and re-evaluation.

### **Stressors in workplace**

Several researchers have categorized types of job stressors. For example, Cartwright and Cooper (2007) suggested six (6) major sources of pressure at work: stress in the job itself, role based stress, relationships, career development factors, organizational structure and climate, and the work-family interface. Five categories were suggested by Ivancevich and Matteson (2001), three of which focused on social psychological stressors in the workplace. They employed the frequently used organizational psychology categorization by level of thought and inquiry; individual level, group level, and organizational level. While these approaches have taken a fairly broad view, trying to develop categories into which many specific stressors could be placed, Thomson, Murphy and Stradling (2004) have settled for a much narrower set of categories: role overload, role insufficiency, role ambiguity, role boundary (role conflict) and responsibility.

### **Stress, coping and health outcomes in nurse managers**

A synthesis of the existing nurse manager stress, coping, and health outcomes empirical literature covering the time period from 1980 to 2006 suggests that the evidence may be divided into three broad categories: pre, intra, and post re-engineering of the mid 1990's. Literature from 1980 to 1991 addressed the pre-engineering period and predominantly focused on the "old" head nurse role. The head nurse role prior to re-engineering typically directed the activities of a single unit and had a primary clinical focus with limited oversight of the unit budget and financial performance.

Literature published starting in 1992 (intra re-engineering period) through today (post re-engineering period) reflects a transition of the head nurse role from that of the single unit supervisor to that of the multi-unit department manager with a primary managerial focus and accountability for the department's financial and operational performance. The literature exists within the backdrop of two major nursing shortages of the 1980's and late 1990's that continue today. Although much of the nurse manager stress and coping literature prior to 1992 was based on studies conducted outside Nigeria, the majority of the studies since 1992 have been conducted in Canada and Europe.

Despite the excellent nursing research that is being generated outside the U.S., cultural, professional, practice, and health care system differences limit the generalizability of these studies. The current nursing shortage, however, has brought the crucial role of the nurse manager back to the forefront.

Studies on nurse manager stress conducted from 1980 to 1991, primarily associated stress in the head nurse role with physician causes (Leatt & Schneck, 1980), task and time allocation challenges (Leatt & Schneck, 1980), lack of available resources (Frisch, Dembeck & Shannon, 1991), excessive workload (Frisch et al., 1991), powerlessness (Frisch et al., 1991), role conflict/ambiguity (Skorga & Taunton, 1989), and patient-related stress (Leatt & Schneck, 1980).

Literature from 1992 to 1999, focused mostly on examining the transition from the traditional head nurse role to the nurse manager role of the 1990's (Nicklin, 1995; Oroviogoicochea, 1996; Hall & Donner, 1997). The literature during this time period attempted to summarize the new skill set needed for success in the more complex and evolving nurse manager role (Mark, 1994). Lack of role clarity was referenced as a source of conflict and stress for nurse managers (Oroviogoicochea, 1996) as was the demand to be visible (Everson-Bates, 1992), the resurfacing of repetitive problems, and the feeling of work never being done (Jeziarski, 1993). One Nigerian study using nurse managers (n=91) as subjects identified lack of empowerment structures available to first line managers (Goddard & Salami, 1997). This lack of empowerment contributed to the perception that individuals in front line managerial positions, while having increasing responsibility, were still lacking in power and opportunity.

A second Swedish study of nurse managers (n=33) identified survival as the central coping strategy of the times (Persson & Thylefors, 1999). The Swedish nurse managers described

themselves as being overworked and labelled their role within the category of a “career with no return.” A similar label of “magician” was used to describe the abilities needed to deal with conflicting demands of the nurse manager role (Rudan, 2002).

The nurse manager stress literature from 2000 to today focuses on the increasingly complex and stressful nature of the nurse manager role and its related health care work environment.

Staffing shortages, workforce performance management issues, and balancing competing priorities seem to overwhelm nurse managers in their roles (Schroeder & Worrall-Carter, 2002).

Research has demonstrated that nurse managers who adapted to work stress with high job satisfaction were more inclined to adopt problem-focused coping (Judkins, 2001). Stress tolerant nurse managers with high hardiness levels reported 35% fewer sick hours than their low hardiness counterparts (Judkins, Masse & Huff, 2006). Stress tolerant nurse managers have demonstrated less frequent use of avoidance and defensive coping strategies and typically reported the perception of high levels of family support.

The importance of social support in the workplace is also evident in the literature and has been found to relate to increased empowerment, increased motivation, and decreased job strain (Shirey, 2004).

To enhance the personal and professional outcomes of the role, nurse managers have specifically identified the need for more support from senior administration in dealing with role changes and challenges (Thorpe & Loo, 2003), more power and respect consistent with increasing nurse manager responsibilities (Suominen et al., 2005), and further educational preparation and training opportunities to help them better cope with their continually evolving roles (Suominen et al., 2005). One Finnish study (n=279) noted, however, that the high work demands associated with the nurse manager role may have become so great that ordinary supportive efforts may no longer be adequate to address stress in the role (Suominen et al., 2005).

It is apparent from today’s frenetic health care work environment that the increasing demands for greater efficiency and productivity have not only adversely affected patient safety (IOM, 2004), but also have negatively impacted the coping strategies and self-reported health outcomes of nurse managers (Lindholm et al., 2003). There is clearly a need for a “kinder, gentler” health care work environment and this healthier work environment is needed for nurse managers and staff nurses alike. Change and complexity are part of a reality that likely will continue. Eliminating personal stress appraisals (particularly perception of threat), however, is dependent upon a combination of an individual’s personal strengths, the environment, organizational structure, and/or the coping abilities of nurse managers. Nurse Managers have the potential to favourably affect the stress appraisals in their lives and the lives of their employees. Development of tailored interventions to affect stress appraisals and related coping, however, requires a better understanding of nurse manager work and related stress. Employer-generated organizational responsibility for support in recognizing and addressing occupational stress is warranted (Rodham & Bell, 2002) and cannot be underestimated (Maslach & Leiter, 1998; Judkins, 2001).

### **Cognitive decision-making amidst stress and complexity**

The literature suggests that under conditions of stress, changes in the adequacy of cognitive functioning and skilled performance may ensue (Lazarus, 1966; Lazarus & Folkman, 1984). Dating back to the 1950’s, research has shown that the negative effects of stress on cognition include changes in perceptions, thoughts, judgment, problem solving, perceptual and motor skills, and social adaptation (Lazarus, 1966). More recently, chronic stress from long work hours and employer demands for greater productivity has been reported to produce sleeplessness in working adults (National Sleep Foundation, 2008). Sleep deprivation in turn has been shown to impair alertness, reaction time, attention, and vigilance necessary for quality decision-making (Kilgore, Balkin & Wesensten, 2006). Individuals working in today’s

health care work environments frequently experience the dynamics of escalating stress and complexity that at times borders on chaos. Accordingly, it is important to understand these dynamics and know how they interact with each other so that targeted interventions may be developed to enhance individuals and the systems in which they work.

Recent patient safety research has established a link between complexity in the health care work environment and the cognitive work of nurses (Ebright, Patterson, Chalko & Render, 2003; Potter et al., 2004; Potter et al, 2005; Hedberg & Larsson, 2004). This research suggests that the nurse's clinical decision-making in the acute care hospital setting is influenced by the nurse's knowing and attention to focus as well as by factors within the workplace such as obstacles, multiple goals, missing data, and behaviours surrounding care situations (Ebright et al., 2003). Increasing demands, complexity, and disruption of the nurse's cognitive work predisposes to errors or omissions that threaten the integrity of patient care systems (Potter et al., 2005).

### **Stress and nurses**

Work-related stress is estimated to affect at least a third of the workforce in any one year. It costs organizations billions of pounds a year in lost productivity and accounts for over half the working days lost through sickness absence. Stress has been linked to a wide variety of diseases and the European Foundation estimates that lifestyle and stress-related illness accounts for at least half of all premature deaths (Williams and Cooper 2002).

Stress is recognized as an inherent feature of the work life of nurses, and growing evidence suggest that it may be increasing in severity. Numerous studies have indicated that job stress is significant in nursing. Nurse's high job stress is well documented. In particular, the job stress of nurses working on acute and specialized care units has been widely studied. Heavy workload, poor staffing, dealing with death and dying, inter-staff conflict, strain of shift work, careers, and lack of resources and organizational support have been identified as the major sources of job stress according to Lee (2003).

It has also been found that different nurses experienced job stress differently. Some studies reported that senior registered nurses and charge nurses experienced a higher degree of stress than other ranks of nurses. However, other studies found that stress level was significantly higher in junior nurses than in senior nurses. There are also studies reporting that the longer the nurses had worked in their units the more likely they were to experience stress, regardless of their seniority (Lee 2003).

Nursing is, by its very nature, an occupation subject to a high degree of stress. Every day the nurse confronts stark suffering, grief, and death as few other people do. Many tasks are mundane and unrewarding. Many are, by normal standards, distasteful, even disgusting, others are often degrading, some are simply frightening (Hingley 2004).

With regard to the sources of stress, the study conducted by Lee (2003:89) reveals that 'workload', 'inadequate preparation' and lack of support' are the most common stressors among nurses who are working in primary care settings in Hong Kong. These stressors were similar to those identified in previous studies with the exception that 'dealing with death and dying' is obviously a stressor of which primary care nurses have little experience.

Hartrick and Adebayo (1993) interviewed 28 nurses to determine their perception of stressors in the workplace and found that workload and interpersonal relations with other members of the health care team ranked high as stressors. In this study it was noted that stressors and support needs may be unique for each staff nurse (Hartrick et al 2003).

### **Empirical literature review on stress and coping strategies amongst nigerian nurses**

Very little has been documented in Nigeria regarding the stress and coping strategies amongst registered nurses. It may for example, be assumed that because stress and coping has been studied extensively internationally, those findings could not be relevant to nurses in Nigeria. Given the fact that the international hospital settings and provision of health services



are different to those in Nigeria, it might not be appropriate to use the results of previous international studies to explain stress and coping amongst Nigerian nurses.

Matlakala (2002) explored and described the personal and clinical experience of 110 nurses in Nigeria and other countries like Malawi and Lesotho who registered for and those who completed the Diploma in Critical Care Nursing since 1998. The researcher indicated that post basic critical care students, although they are registered nurses, experienced a variety of problems such as stress and shock during their placement. Positive experiences included rotation to different hospitals, exposure to different ways of managing of patients, exposure to different types of equipment to provide nursing care and being able to correlate theory with practice.

The negative experiences as stated by this author included shortage of staff which led to misuse of the students and not meeting their learning objectives, exhaustion from work and travelling, exploitation by permanent staff, shortage of equipment and supplies in some hospitals, poor accompaniment due to lack of preceptors or preceptors allocated to patients and not able to attend to students, and staff's negative attitudes towards students.

Onvawah (2005) investigated the role of perceived sources of stress, perception of work environment, type of hospital ward and nurse rank in occupational distress, coping and burnout among practicing nurses at University College Hospital (UCH) Ibadan. Stress response in her study was measured specifically in terms of clinical distress and burnout. The second major perceived source of stress was emotional issues related to death and dying. This was higher in casualty, a trauma unit. The theatre unit subjects, with frequently low death and short contact with patients and their families perceived emotional issues related to death and dying to be a minor stressor source. Surgical ward nurses experienced high levels of distress and burnout as compared to medical ward nurses.

She stated that comparative studies between hospital units did not confirm that one type of unit is more stressful than another.

However, these findings suggest that one should identify the frequency of different types of stressors across wards/units so as to make recommendations to address stress amongst nurses in Nigeria and decrease turnover.

### **Theoretical framework/conceptual framework**

This study is based on the Health Promotion Model of Nola J. Pender. She developed this model through her research, presentations and writings.

Central to the health promotion model is the social learning theory of Albert Bandura which postulated the importance of cognitive process in the changing of behaviour. Social learning theory, now titled social cognitive theory, include the following self-beliefs: self attribution, self-evaluation, and self- efficacy. Self-efficacy is a central construct of the health promotion model (HPM).

The following are the factors of HPM that expands to encompass behaviours for enhancing health.

- Situational factor.
- Behavioural factor.
- Biological factor.
- Interpersonal influences.
- Her major assumptions are:
  - Persons seek to create conditions for being through which they can express their unique health potential.
  - Self-initiated re-configuration of person-environment interactive pattern to behavioural change.
  - Persons have the capacity for reflective self awareness, including assessment of their own competencies.
  - Health personnels constitute a part of the interpersonal environment which exerts influence on persons throughout their life span.

- The following are the theoretical assertion derived from the model
- Prior behaviour and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promotion behaviour.
- Persons commit to engaging in behaviours from which they anticipate personality valued benefit.
- Perceived competence or self efficacy to execute a given behaviour increases the likelihood of commitment of action and actual performance of behaviour.
- Positive affect towards a behaviour results in greater perceived self-efficacy, which can, in turn, result in positive effect.

The strategies adopted by nurses in coping with stress at work place is an important aspect of health promotion model which enhances effective coping mechanism to life stressors, thus, promoting timely medical/health advice and to ascertain the exact effect on individuals health.

### **Research methodology**

In the chapter, the methodology include research design, research setting, target population, sampling technique and sample, instrument for data collection, validity and reliability of instrument, method of data collection, method of data analysis, ethical consideration.

### **Research design**

A descriptive correlation survey was used. The aim of the study seeks to extend previous studies by measuring the opinion of nurses on work related stress and strategies adopted to cope with it at Wesley Guild Hospital Ilesa.

A research design is a blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings (Burns& Grove 2001). This author states that research design guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal.

### **Research setting**

This study was carried out in Wesley Guild Hospital, Ilesa, situated in Ilesa west local government area of Osun-state. Wesley Guild Hospital is one of the units of Obafemi Awolowo University Teaching Hospitals Complex. It is equipped with human resources including professional and non-professional health workers.

### **Target population**

The target population is all elements (individuals, objects, or substances) that meet certain criteria for inclusion in a given universe (Burns and Grove 2001). This is supported by Polit and Hungler (2005), who states that the target population included all the members who are under study that conforms to a designated set of specifications.

In this study, the population consisted of the registered nurses in any of the following units/wards: medical, surgical, accident and emergency, maternity and theatre at Wesley Guild Hospital Ilesa.

### **Sampling techniques and sample**

A simple random sampling method was used to select the sampled nursing units within the hospital under study. Uys and Basson (2001) define the sample as the number of units of the population under study and should represent the characteristics of the population being studied. Polit and Hungler (2005) stated that sampling is the process of selecting a portion of the population to represent the entire population and no probability sampling is the selection of subjects from a population using random procedures.

The population from which the subject sample was taken were registered nurses from five units/wards already mentioned. The sample consisted fifty (50) registered nurses working in the nursing unit selected for the study.

### **Instrument for data collection**

The instrument used for this research project was a self designed questionnaire, which was divided into five (5) sections; section A deals with demographic data, section B-E cover the opinion of work related stress and strategies adopted to cope with it. Most questions were close ended while few were open ended question.

### **Validity/Reliability of instrument**

The content validity of the instrument was tested for; those items that are ambiguous were restated as suggested.

The face validity was also done before administration of questionnaires. For reliability of the instrument a pilot study was conducted, by administering 5 examples of the questionnaire to 5 respondents in another setting to ensure that the question was clear, unambiguous and comprehended. The respondents answered the questions with little or no difficulty and necessary correction were made for the reliability of their responses.

### **Method of data collection**

Questionnaires were administered to fifty (50) registered nurses at Wesley Guild Hospital Ilesa, in five units/wards (already mentioned). The questionnaires were distributed at the beginning of the shift and collected at the end of the same nursing shift. This was done for alternate days and on different of nursing shift until the desired sample was reached. Phone calls were made during the shift to remind the subject to return the completed questionnaires.

### **Method of data analysis**

Data from this study will be analyzed using the Statistical Package for Social Scientists (SPSS). The first level of analysis will involve the use of one variable such as the frequency and percentage distribution as well as graphical illustration of responses. The second level of analysis refers to analysis involving two variables such as those aimed at establishing relationships between variables

### **Ethical consideration**

Permission to conduct the study was requested. Letter clearly stating the purpose of the study were written to the hospital's unit administrator (nursing service) requesting permission to conduct the study.

However, the permission was granted. Registered nurses were invited to participate voluntarily in this study by verbal consent. Return of the completed questionnaires implied that the respondents consented for the study. Participants were assured not to feel obliged to complete the questionnaire and that they might withdraw from the study at any point in time if they so wished.

Confidentiality and anonymity were safeguarded through use of a system of participant coding. Participants were instructed that if they did not wish to participate to place the blank uncompleted questionnaire in an envelope and return to the researcher.

### **Analysis of data**

This is based on the responses by the respondents. The analysis is reported by percentage since it is a descriptive and inference will be drawn based on the outcome. The percentage is calculated using the formula below:

$$Q (\%) = X/N \times 100/1$$

Where Q= Percentage outcome

X= Number of responses

N= Total number of respondents.

**Bio data**

**Table 1.** Sex distribution of respondents

SEX	NUMBER OF RESPONDENTS	PERCENTAGE
MALE	18	36
FEMALE	32	64
TOTAL	50	100

Table 1 shows that majority of the respondents 32(64%) are female while 18 (36%) are male.

**Table 2.** Age distribution of the respondents

AGE RANGE IN YEARS	NUMBER OF RESPONDENTS	PERCENTAGE
18-25	17	34
26-30	16	32
31-40	9	18
40 and above	8	16
TOTAL	50	100

Table 2. The above data shows that 17 (34%) of the respondents were between 18-25 age range, 16 (32%) were within 26-30 age range, 9 (18%) were within 31-40 while 8(16%) were within 40 and above. This show that majority of the respondents are young adult.

**Table 3.** Distribution of the respondents by marital status

MARITAL STATUS	NUMBER OF RESPONDENTS	PERCENTAGE
SINGLE	26	52
MARRIED	18	36
DIVORCE	1	2
WIDOW	5	10
TOTAL	50	100

Table 3 reveals that 26 (52%) of the respondents were single 18(36%) were married, 1(2%) was a divorcee and 5(10%) were widow.

**Table 4.** Distribution by religion

RELIGION	NUMBER OF RESPONDENTS	PERCENTAGE
CHRISTIANITY	30	60
ISLAM	17	34
OTHERS	3	6
TOTAL	50	100

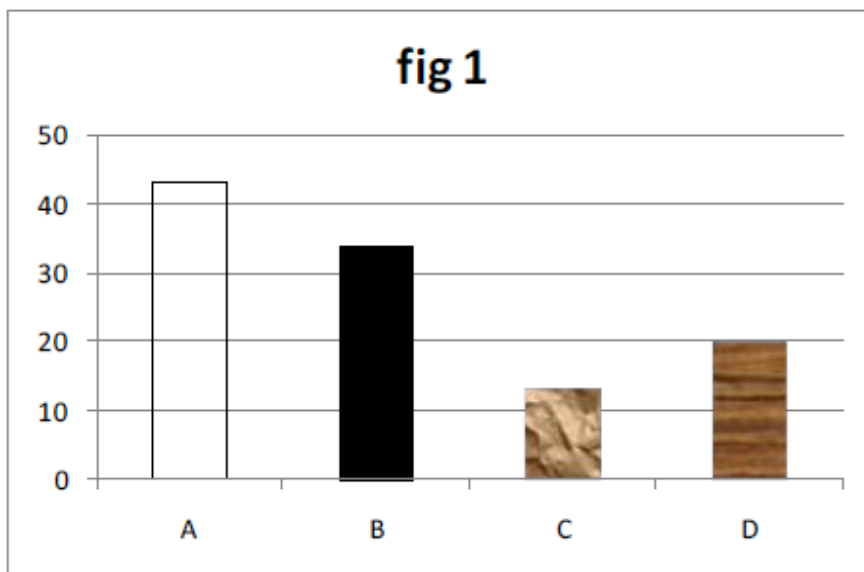
Table 4 indicate that 30(60%), majority of the respondents were Christians, 17(34%) were Muslims, other religion accounted for 3(6%).

**Table 5** Distribution of respondents by years of experience





YEARS OF EXPERIENCE	NUBER OF RESPONDENTS	PERCENTAGE
1-5	30	60
6-10	5	10
11-25	10	20
26 YEARS AND ABOVE	5	10
TOTAL	50	100

The result above showed that most of the respondents 60% had just given maximum of five (5) years to the profession, 6-10 years were just 10%, 11-25 years were just 20%, with the remaining 10% giving twenty six (26) and above to the profession.

**Sources of stress**

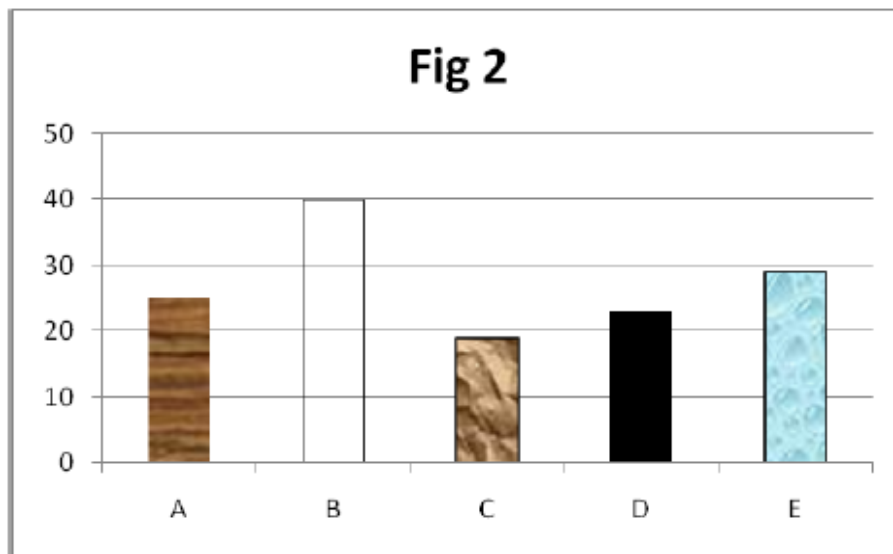







**Key**

-  Inadequate Staffing
-  Unit/Ward
-  Listening or talking to a patients about death
-  Making a decision for patient when the physician is not around

The above bar chart shows that the most frequently reported source of stress appears to be inadequate staffing 43 (86%). Followed by nature/type of the unit or ward most especially working in traumatic/emergency unit (68%). The least frequently reported source of stress is listening/talking to a patient about his/her approaching death which accounted for 13 (26%).

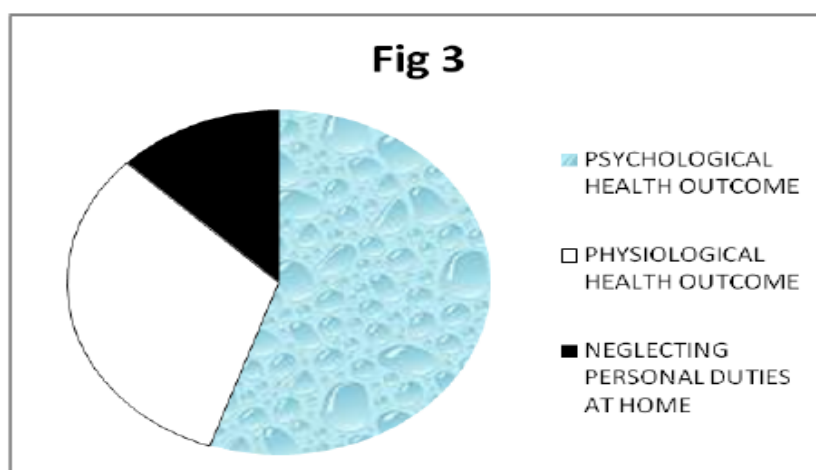
**Coping strategy and decision making process**



- Key**
-  I let my feelings out sometimes
  -  I went on as if nothing has happened
  -  Tried to forget the whole thing
  -  I got professional help from work
  -  I made a plan of action and followed it

The above bar chart (fig 2) shows that registered nurses seems to be resorting more to “ I went on as if nothing has happened” with highest number of respondents 40 (80%). Followed by “ I made a plan of action and followed it” with 29 (58%). Followed by “I let my feelings out sometimes” with 25 (50%), 23 (46%) accounted for “ I got professional help from work”. “Tried to forget the whole thing” as a coping strategy and decision making process seems to be employed the least with 19 (38%) of the total respondents.

**Reported health outcomes**



The above pie chart shows that 43 (199) reported psychological health outcome among the respondents, 25 (115) reported physiological health outcome with the least outcome as neglecting personal duties which accounted 10 (46) out of the total respondent.

## **Discussion of findings**

The aim of this study was to ascertain the opinion of nurses on work related stress and strategies adopted to cope with it. In addition, it sets out to assess the relationship between work experience and coping strategies. Having asked five (5) research questions on the basis of available literature, this study has accumulated and analysed data relevant to a sample of registered nurses working in a tertiary hospital. The data that were analysed was in this work provide answers to some of the question that were raised and these will form the basis of the discussion.

From the data collected it was discovered that 80% of the total respondent reported inadequate staffing (workload) as the most frequent source of stress. Followed by nature/type of the unit/ward most especially working in a traumatic or emergency unit which accounted for 68% of the same total respondents. The least frequently reported source of stress was listening/talking to a patient about his/her approaching death which accounted for about 26% out of the total respondents.

The most important findings of this study were that frequencies of reported stress by registered nurses were high enough to be considered serious. These findings were supported by a number of studies (e.g. Tyson and Pungrueghant 2004; Lee 2003; Dewe 1987; Grag-Toft and Anderson 1981).

Lambert et al (2001) suggest that, regardless of culture and country specific professional role, nurses identify inadequate staffing and the nature of the unit or ward and its employers' job prescription to be overwhelming.

With regard to comparison of perceived stressor in other Nigerian studies, Adebayo (2005), in his study points out the greatest perceived source of stress as inadequate staffing also. However it is interesting though, that the most frequently mentioned job areas which the nurses found particularly stressful in the work conducted by Nelson (2005) was traumatic/emergency unit. Therefore one can opined that inadequate staffing is a major source of stress.

Secondly, the findings in this study reveal that registered nurses resorted more to 'I went on as if nothing has happened' (positive appraisal) which accounted for 80% of the total respondents. 58% out of the total respondents still resorted to 'I made a plan of action and followed it'. 'Tried to forget the whole thing' (escape avoidance) as a coping strategy appeared to be the least employed with 38% of the total respondents.

Dewe (2001) suggested that the reported high level of work load as a stressor in many studies could be because it is something most nurses believe can and should be dealt with. Because little is done to resolve the workload, nurses find this difficult to accept with the result that such situations by their nature become tense and exhausting. Therefore these nurses are probably resorting to positive appraisal and escape avoidance

Cox (2001), contends that indications from the existing literature seem to suggest that if a time basis analysis is made then avoidance strategies should be more beneficial in the initial strategies than the later stages. He further argues that no one coping function is seen as more adaptive as any other. Rather a stressful outcome is engineered by the individual fitting the right strategy to the situation. Hence, one can suggest that positive appraisal is a major coping strategy.

Moreover, from the data collected, it was discovered that there is no relationship between work experience and coping strategies as the range 1-5 years of service accounted for the largest number of respondents with 60% out of the total respondents cope well with stress at work. This agrees with Adinma et al (2003) which revealed that less number of years spent in service, the greater and more better of coping with work related stress.

Therefore one can infer that there is no relationship between work experience and coping strategy.

Furthermore, it was inferred from the research study that psychological health outcome such as anxiety, personality changes, irritability, loss of confidence and emotional exhaustion was the frequent exposure to stressful situation in their nurse manager role as accounted for 86% of the total respondents.

Also, 80% of the respondents resorted to ‘‘I went on as if nothing has happened’’ (positive appraisal) as a decision making process to address stressful situation, while 58% among the same respondent made a plan of action and followed it.

The above findings were supported by Matlakala’s (2003) study which revealed that stress is a fundamental process. It affects all organisms from the simplex to the complex. He also states further that in single-celled organisms and in the individual cell of our bodies, molecules have evolved which provide a series of emergency system that protect key challenges and their internal consequences. This accounts for great psychological health outcome and consequent positive appraisal as a decision making process to address stressful situations.

Conclusively, one can opine that positive appraisal and psychological health outcome are the decision making process and health outcome respectively as a result of stressful situation.

### **Nursing implication**

The findings of this study indicate that nurses use adaptive coping strategies in dealing with their work stress as displayed by their plan full-solving. It would appear that organizational interventions at reducing the impact of stressors such as work load (i.e. providing more staff to adequately cover unit might be more appropriate and may benefit some staff more than stress management).

Employing more registered nurses is an obvious potential remedy for reducing workload, however as noted in the introduction there are many open post in the public sector which have not been filled, suggesting that more nurses may not be available.

### **Summary, conclusion and recommendation**

#### **Summary**

The research work was on the opinion of nurses on work related stress and strategies adopted to cope with it at work place in Wesley Guild Hospital and were divided into four (4) chapters. All registered nurses in Wesley Guild Hospital constituted the target population. Never the less, only 50 respondents were utilized.

The instrument of measure was a structured questionnaire constructed by the researcher with the assistance of the supervisor. All findings were analyzed with the use of frequency table, percentages, bar chart, pie chart and opinion of nurses on work related stress and strategies adopted to cope with it were identified.

#### **Conclusion**

In conclusion, it can be deduced from the study that the most important finding of the study was that the frequency of the reported stressor among registered nurses was high enough to be considered serious.

Inadequate staffing was the most frequently reported as a source of stress and positive appraisal as the major coping strategy and decision making towards stressful situation.

#### **Recommendations**

The following recommendations were made based on the findings

1. Employing more registered nurses as a remedy for reducing workload and clerical staff to reduce non-nursing task.



2. Provision of support and improving work conditions and counselling services after stressful event and stress management training by the employer or the agency concerned.
3. Policies that reduce stress from shift work should be developed. These could include reducing the number of hours of the night shift, increasing rest time between shifts, and providing affair distribution of weekend and annual leave.
4. Continuing education and staff development should be promoted
5. Further research works should be carried out directed at the intensity dimension using physiological measures of stress preferably or multi sectorally with a view to compare results and ways of intensifying health education.

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