



Occupational Stress Among Mauritian Nurses

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Abstract

Background: Occupational stress has now become a very common issue in the health care organizations. Numerous research based articles have clarified that occupational stress affects the performance and working within clinical settings. There is a lack of authenticated data regarding the occupational stress among the nursing professionals in Mauritius.

Purpose: The purpose of the project is to measure the level of stress among the nursing professionals working in Dr. A. G. Jeetoo Hospital.

Methods: This project used cross sectional survey with the help of questionnaires based upon Likert approach and open ended approach. The sample of the study was selected from Dr. A. G. Jeetoo Hospital.

Results: A significant number of participants reported that they are working in a stressful environment within clinical settings.

Conclusion: It can be concluded that the nursing professionals usually face occupational stress while working in clinical settings. Occupational stress is also associated with the poor performance regarding the delivery of health care.

Keywords: Burnout, Nurses, Occupational Pressure, Stress.

OCCUPATIONAL STRESS AMONG NURSES

Introduction

Nursing professionals are considered as the backbone of the health and social care organizations. It is the responsibility of nursing professionals to deliver the best possible health care to the patients (Ahsan, Abdullah, Fie & Alam, 2009: 121-131). For this purpose, it is very important for the professionals to work in a safe and healthy environment for effective outcomes (Amati, et al, 2010: 31-38). It is also a fact that workplaces should be kept safe and stress free for the employees to work properly.

The organizations and its structures are continuously changing according to the technology and innovative hierarchies (Arandelovic & Ilic, 2006: 139-144). Similarly, health care organizations are also getting modified with the help of technologies, theories,

hierarchies, and novel ideas (Aycock & Boyle, 2009: 183-191). However, this rapid change within organization is also associated with certain problems and troubles (Chen, Hwu, Kung, Chiu, & Wang, 2008: 288). Various organizational theories have shown that continuous, excessive, or sudden change in the organization will certainly increase the stress and anxiety level of the employees (Chung, Yao & Wan, 2005: 149-156). Stress is a very common neurological issue that is strongly associated with confusion, impaired thinking abilities, increased anxiety level, and increased mental pressure (Urbanetto, et al, 2011: 1122-31). A research based study was conducted by Wirtz, et al, (2006), which described that increased stress level has now become a serious threat for the population. Stress within workplace is a very common concern that has been raised by

several professional and scientific organizations (Wirtz, et al, 2006: 3857-3865). International Labor Office has also shown that increased stress at workplace can result in the increased morbidity rates globally.

Marine, Ruotsalainen, Serra, & Verbeek (2006) conducted a study "Preventing occupational stress in healthcare workers", which described that health care workers usually suffer from the condition of occupational stress. The article also highlighted that occupational stress can lead the professionals towards serious mental and physical problems (Gates, Gillespie & Succop, 2011: 59-66). The research project selected 1564 participants with the help of randomized clinical trials. 71% of the health care workers have shown increased anxiety level while working in the clinical settings. Among the participants of health care workers, there are around 687 nursing professionals who were selected for the research (Marine, Ruotsalainen, Serra, & Verbeek, 2006: nd). Specifically nursing professionals, 581 nurses off 687 professionals showed increased stress level while working in the clinical settings.

An evidence based study "Occupational stress in nurses in psychiatric institutions in Taiwan" was conducted by Shen, Cheng, Tsai, Lee & Guo in the year 2005. According to the study, nursing professionals are extremely exposed to the condition of occupational stress. The purpose of this research article is to examine the occupational stress within nursing professionals in Taiwan. Job content questionnaire process was used to retrieve the findings for the study (Gershon, et al, 2007: 622)). In the combination with questionnaire, general mental and physical health status of the professionals was also assessed by the study. 17.2% of the nursing professionals were suffering from the condition of occupational stress. Increased work load and administrative problems are considered as the two leading causes for this condition (Shen, Cheng, Tsai, Lee & Guo, 2005: 218-2250). The study concluded that nursing professionals are working in a significant stress associated with the workplace.

Strong evidence is present in the form of literature, which showed that occupational stress is strongly associated with impaired mental and physical condition (Ghaddar, Mateo & Sanchez, 2008: 92). Ho, Chang, Shih & Liang (2009) also supported this statement that occupational stress can develop serious physical, mental, and

professional complications (Shimizutani, et al, 2008: 326-335). Some of the research articles have also shown that undiagnosed or uncontrolled stress level can increase the risk of cardiovascular diseases, renal diseases, cerebral diseases, respiratory diseases, disability, poor functioning of organs, and death (Ho, Chang, Shih & Liang, 2009:8). Therefore, complete concentration should be given to this professional issue because of its life threatening complications.

Problem Statement

The term stress refers to the reaction towards any stimulus that is responsible for disturbed mental or physical equilibrium. The concept of stress is a very complicated conception and several theories have been published to describe and discuss this condition (Haq, Iqbal & Rahman, 2008: 15). Basically, the term stress is derived from a Latin word "stringere" that means adversity, affliction, and hardship. Hwu & Kuo (2007) described stress as the cognitive, physiological, emotional, and behavioral response towards noxious and venomous aspects of the workplace (Hwu & Kuo, 2007:6340-6359). Higher level of distress and arousal are two important characteristics of stress (Karimi & Alipour, 2011: 232-236). Increased stress level of an individual can develop certain cerebral, behavioral, and cognitive health issues. These issues will result in the poor performance at the workplace while working for the responsibilities.

Occupational stress is a very common condition in which an individual suffers from the condition of distress, arousal, mental sickness, and impaired emotional response while working in the professional settings (Hwu & Kuo, 2007:6340-6359). World Health Organization has described occupational stress as the physical and mental response of the employee while coping with the increased demands and pressure at the workplace (Hwu & Kuo, 2007:6340-6359). Undefined role, unique factors of the job, increased workload, impaired interpersonal relationships, inappropriate organizational hierarchy, and poor administration are some important categories of occupational stress (Kazmi, Amjad & Khan, 2008: 135-139). Moreover, discrimination, harassment, derogatory remarks, aggressive opinions, and hearsay are some other important types of occupational stress. Health and Safety Executives has conducted a survey that described the prevalence rate of

occupational stress in the population of United Kingdom. According to the report, there were 428,000 cases related to the condition of occupational stress (Letvak & Buck, 2008: 159). Moreover, the report has also described that 1,073,000 cases were reported by the year 2011/2012 that were related to the workplace issues. The report has also described that the prevalence rate of occupational stress is continuously increasing in the population of Great Britain. The report also explained that the cases of occupational stress were increased by 8-10% after the gap of every single year (HSE, 2014: nd).

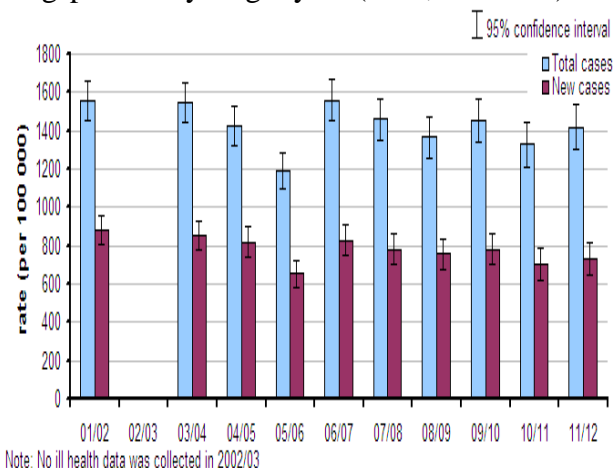


Figure 1- Retrieved from: <http://www.hse.gov.uk/statistics/causdis/stress/index.htm>

World Health Organization has described the statistics of occupational stress after collecting data from the globe (World Health Organization, 2014: nd). WHO described that every 4th professional have shown increased level of anxiety related to the workplace. The organization has also described that health care professionals are extremely prominent to this condition (Lin & Shiao, 2007: 709). The reason behind this statement is that health care professionals work for the safety of the patients. Thus, any life threatening or emergent condition will increase the level of stress within health care professional (World Health Organization, 2014: nd). Similarly, poor administration of the health care organizations and inappropriate system hierarchy of the organization can result in the stressful status of the professionals.

Numerous nursing associations and research based articles have also shown increased level of occupational stress among the population of nurses. Hughes & Jennings (2008) described

that the factor of occupational stress has now become a serious threat for the performance and working of the nursing professionals. It is very difficult for them to perform their responsibility along with the factor of occupational stress (Mojoyinola, 2008: 143-148). The study estimated that 40% of the nursing professionals are coping with the condition of occupational stress globally (Hughes & Jennings, 2008: nd). Thus, it can be said that occupational stress is a serious condition for nursing professionals that is directly associated with impaired and inappropriate performance and working within clinical settings.

Purpose of the Study

The basic purpose of the study is to investigate and measure the level of stress among the nursing professionals working at Dr. A. G. Jeetoo Hospital.

Aims and Objectives

Occupational stress is a life threatening condition for the nursing professionals; therefore, it is very important to have significant number of evidence based literature. The first objective of this study is to fill the gap in the data due to the presence of inadequate amount of research based studies regarding occupational stress among nursing professionals. Following are some common aims and objectives of the study:

- To investigate and measure the level of occupational stress among the nurses of Dr. A. G. Jeetoo Hospital.
- To evaluate the causes of occupational stress among the nursing professionals.
- To analyze the complications of occupational stress among nursing professionals.
- To identify certain novel interventions to prevent the condition of occupational stress.

Research Questions

Research questions play a very important role in the research project because the questions provide specific and particular direction to the investigators for assessment. Following are the research questions for this project:

1. What are the sources of occupational stress among the nursing professionals of Dr. A. G. Jeetoo Hospital?

2. What is the level of occupational stress among the nursing professionals of Dr. A. G. Jeetoo Hospital?

Definitions of Key Words

Burnout: It is a psychological term that is used for long term or chronic overtiredness and exhaustion within professional settings.

Nurses: Nurses are the health care workers that are responsible for the delivery of healthcare to the patients and their relatives.

Occupational Pressure: The feeling of anxiety or nervousness while working in the occupational settings.

Stress: Stress is a response towards the physical, emotional, behavioral, and mental disturbance.

Research Methodology

Setting and Scope

Dr. Abdool Gaffoor Jeetoo Hospital is a very famous regional health care organization that is located in the district of Port Louis. This hospital is responsible to deliver their services to the population of Port Louis and Moka. Dr. Abdool Gaffoor Jeetoo Hospital was initially known as the Civil Hospital before the year 1984 (Ministry of Health Mauritius, 2013: pp. nd). Afterwards, the name of Civil hospital was dedicated to the pre-independent political leader who died by the year 1961. This hospital is covering a significant number of health care services that include general departments, emergency, intensive care, orthopedic surgery departments, operational theater complex, gynecology, pediatric department, and obstetrics.

The nursing professionals are working in every department of this large healthcare organization. The nursing professionals are found posted in the physical and general medicinal department, orthopedic department, gynecology and obstetrics, general surgical units, skin diseases units, ENT department, and emergency. This health care organization is comprised of 414 beds excluding the department of Accident and Emergency (Ministry of Health Mauritius, 2013: pp. nd). There are 344 beds for the adult patients and 70 cots for the children.

Some of the reports have mentioned that the nursing staff at Jeetoo Hospital is suffering from certain horrible conditions. The reports have found that there is an irregular water supply in the toilets of the health care organization. Moreover,

the behavior of the management is extremely horrifying with the professionals and health care workers (Ministry of Health Mauritius, 2013: pp. nd). The report concluded that the nursing professionals are coping with the condition of inadequate attention from the working environment. In the light of this report, the investigation team performed an undertaking with the higher authorities of Dr. A. G. Jeetoo.

Paradigm for the Study

The aims and objectives of the study strongly influenced over the selection of the most appropriate research design for the study. A broad range of design was present to be selected for the study that included quantitative, qualitative, experimental research, grounded theory, and some others. A hypothetico-deductive approach was applied for this research project. This approach involved the inclusion of qualitative and quantitative research designs for the project. The qualitative approach was emerged from logical positivism, which explained that the world can be observed as a machine. Moreover, the task of the science is to identify the laws and processes that are required for the operation of this machine (Cakoni & Colton, 2014: pp.nd). Similarly, the nursing professionals are bio-psychosocial beings that are identified by their psychological, biological, and social characteristics. At the same time, the factor of occupational stress is already known (Cakoni & Colton, 2014: pp.nd). Therefore, quantification and the measurement of the observed data were required for appropriate findings. For this purpose, quantitative research design was used to gather and use numerical data to attain information about the aims and objectives of the study. Thus, it can be said that this project used qualitative and quantitative approaches as a study design.

Measurement Intricacy

It is very difficult for the project to measure the factor of occupational stress appropriately. Measurement of the stress is one of the most common problems of the research project because stress is a cognitive and emotional construct (Meurs & Perrew, 2011: 1043-1068). Therefore, it is very important to know that either people prosper on occupational stress or they are incapacitated by it.

After the identification of this problem, a significant number of strategies have been used by the project to measure the level of occupational stress. There are some stress measurement instruments that are used by the research based articles. These stress measurement instruments include Nursing stress index, nursing stress scale, and scale retable questionnaire. Similarly, Chandler's Stress Response Scale is another instrument that is used for the measurement of stress level among the professionals.

Development of Questionnaire

The survey research project used the approach of questionnaire for data collection. Development of questionnaire is considered as the most common approach for the collection of data. It is the benefit of questionnaires that the large amount of data can be easily collected from a diverse population. The developed questionnaire for the project was completely based upon certain specifications. The questionnaire was divided into four sections that included section A, B, C, and D. The section A, B, and C was comprised of close ended factors that were rated by Likert Scale, patient care, interpersonal relationship, knowledge and skills, and physical work environment. This stress audit was applied to measure the intensity, frequency, challenges, and threats of stressful events associated with Likert Scales. The Likert scale, used in Section A and B, was composed of 7 points that are as follow (Norman, 2010: 625-632):

- 0 = Does not apply
- 1 = Strongly Agree
- 2 = Agree
- 3 = Partially Agree
- 4 = Partially Disagree
- 5 = Disagree
- 6 = Strongly Disagree

In the section C of the questionnaire, the participants have to answer the question in two options that include "Yes" or "No". Section D of the questionnaire was open ended. The participants were required to answer the question in their own words and opinions. Inclusion of this section helped the nursing professionals to share their views, thoughts, and ideas with the project appropriately.

Piloting

It is extremely important to identify the reliability, feasibility, and validity of the questionnaires before using it in the final project. For this purpose, the project selected five experienced nursing professionals from Victoria Hospital to fill the questionnaire accordingly. The filled questionnaires were taken to collect and analyze the data. With the help of this process, the project identified that the questionnaire was a quite reliable source to collect and gather data. Similarly, piloting process also identified that nursing professionals did not have enough time to fill the questionnaire.

Sampling

After the identification of target population, it was very important to define the accessible members of the project. It is impossible to examine each and every individual of the crowd. Therefore, eligibility criteria were defined for the process of sampling. 18+ age, stable medical condition, two months working experience at Dr. A. G. Jeetoo Hospital, and no impaired cerebral abilities are included in the eligibility criteria of the project. The following table will also describe the process of sampling more appropriately:

Table 1: Sampling

Category	Actual population		% targeted participants	Remarks
	Males	Females		
Regional nurse manager	1		One	1 questionnaire delivered to
Nursing administrator	1	1	100%	1 questionnaire delivered to
Nursing Supervisor	5	4	All	9 questionnaire
Ward Manager	8	12	90%	18 questionnaire
Charge Nurse	33	53	75%	65 questionnaire
Nursing Officer	90	132	All	222 questionnaire
Student Nurse	86	80	All	166 questionnaire
Auxiliary Nurse	41	56	All	97 questionnaire
Total	264 males	344 females	578 questionnaire sent out (actual population size = 603 subjects)	

Ethical Considerations

The research project has followed every ethical consideration that is explained by the government and different organizations. The project used the process of informed consent during data collection and sampling. Similarly, Evidence based precautions were used during the research work to protect the professionals and volunteers from any mental or physical damage. The research project also took approval from Middlesex Ethics Committee and Mauritian Ministry of Health and Quality of Life to avoid any future complications. The project did not use any material or tool that resulted in the damage or destruction of the organizational policies. Moreover, the project did not discriminate any participant on the basis of ethnicity, religion, and sex. The research project gave complete priority towards the right of participant regarding confidentiality and privacy.

Findings of the Study

Response Rate

It was extremely significant for the project to record the response rate of the participants. Sometimes, response rate of project influenced over the findings of the study. It was evaluated that there was 74% response rate from the desired rate. It is also a fact that 355 questionnaires were seemed usable from the population of 603 nursing professionals.

Table 2: Response Rate

Grade	Returned usable questionnaires	% representativeness to each category	Remarks
Regional Nurse Administrator	Nil	Nil	No questionnaires mailed back from
Nurse Administrators	Nil	Nil	
Nurse Supervisors	2	20%	Many returns, some unusable questionnaires rejected.
Ward Manager	5	20%	
Charge Nurses	51	59.30%	
Nursing Officers	184	67.90%	
Student Nurses	24	14.46%	
Auxiliary Nurses	62	63.92%	
Total Number of usable questionnaires = 355. Actual population size = 603.			

Demographic Characteristics of Participants

The total utilizable population of the participants was 355 professionals. Out of this figure, 56.62% of the participants were female and less than 60 years of age. 50.42% of the participants lied between the age ranges of 31 to 41 years. Eight participants were less than 20 years old. 36.06% of the participants were single and 38.59% of the participants were married. The maximum number of participants was Hindus; however, there were some Chinese professionals who participated in the project.

Table 3: Demographic Information of Participants

Character	Frequency of unbiased response	% representation of respondents	Remarks
Gender			
Male	154	43.38	
Female	201	56.62	
Age group			
≤ 20	8	2.25	
21-30	68	19.15	
31-40	149	50.42	
41-50	117	32.96	
51-60	13	3.66	
>60	Nil	Nil	
Marital status			
Single	128	36.06	Others specified as free union, engaged and concubine.
Married	137	38.59	
Divorcees	17	4.79	
Others	73	20.56	
Job title			
Nurse supervisor	2	0.56	355 respondents reported usable questionnaires.
Ward manager	5	1.41	
Charge nurse	51	14.37	
Nursing officer	184	51.83	
Student nurse	27	7.61	
Nursing auxiliary.	62	17.46	
Length of time in current position			
≤10	36	10.14	
10-19	152	42.82	
20-29	162	45.63	
30-39	5	1.41	
>40	Nil	Nil	
Ethnic group			
Creole	8	2.25	Others as Mixed e.g. Marati, Telegu.
Chinese	3	0.85	
Hindu	294	82.82	
Muslim	32	9.01	
Other.	18	5.07	

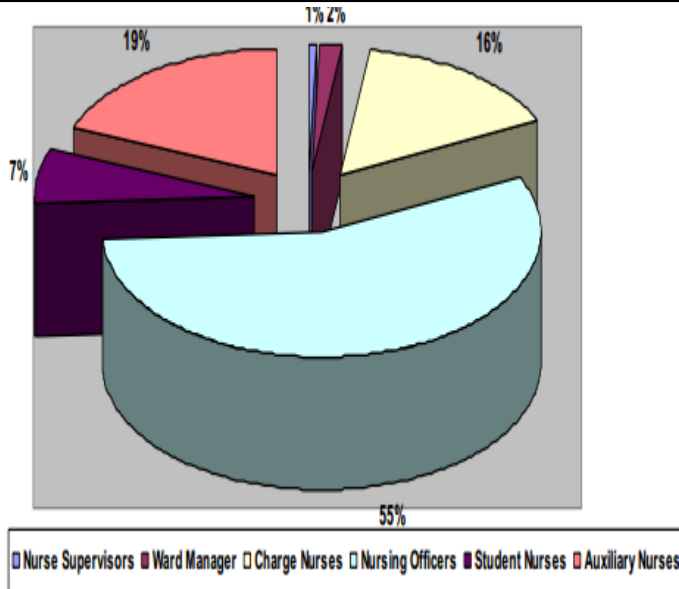


Figure 2 – Usable Questionnaires

Physical Symptoms of Stress

The questionnaire highlighted certain common issues related to the physical symptoms. The professionals replied the statements with “Yes” or “No” to answer the question. The first stressor statement was regarding insomnia. 84.23% of the participants agreed that insomnia is directly associated with occupational stress. However, every other statement related to physical statement was vastly rejected by the selected professionals.

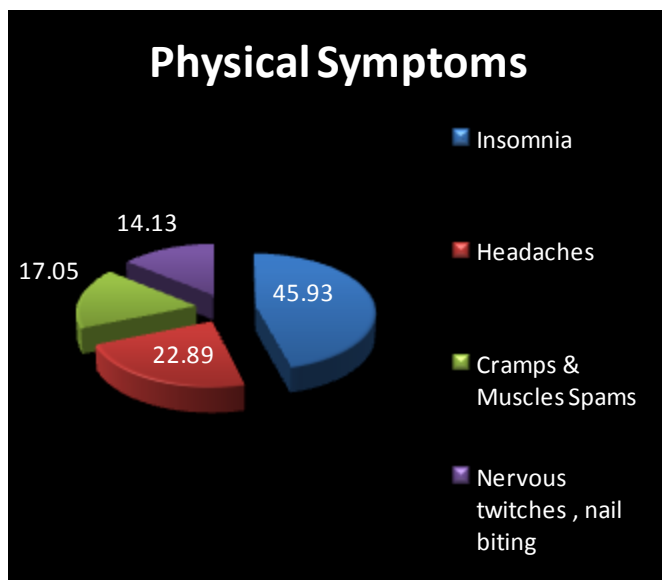


Chart 1 - Top 4 Answers

Table 4: Physical Symptoms

Symptoms	Total yes	% agreement	Rank
Lack of appetite.	71	20	
Craving for food when under pressure.	54	15.21	
Frequent indigestion or heartburn.	25	7.04	
Constipation or diarrhoea.	29	8.17	
Insomnia.	299	84.23	1
Tendency to sweat for no good reason.	43	12.11	
Nervous twitches nail biting, etc...	92	25.92	4
Headaches.	149	41.97	2
Cramps and muscles spasms.	111	31.26	3
Nausea.	10	2.82	
Breathlessness without exertion.	4	1.13	
Fainting spells.	28	7.89	
Impotence or frigidity.	14	3.93	

Overall an average of 20.13% reported having physical symptoms of stress. With a standard deviation of 22.77% for this subscale.

Behavioral Symptoms of Stress

After the collection of data, it has been evaluated that 58.31% of the nursing professionals were suffering from the condition of stress. There was 34.00% of the standard deviation for this indicator. 97.18% of the participants said “Yes” while responding to the question, “Inability to finish one’s task before having to rush to another”. Moreover, 81.97% of the professionals said that they faced difficulty in concentrating while working at workplace. 3.10% described that they wanted to cry at the smallest issue. Table 5 is showing detailed behavioral symptoms of the stress among the population.

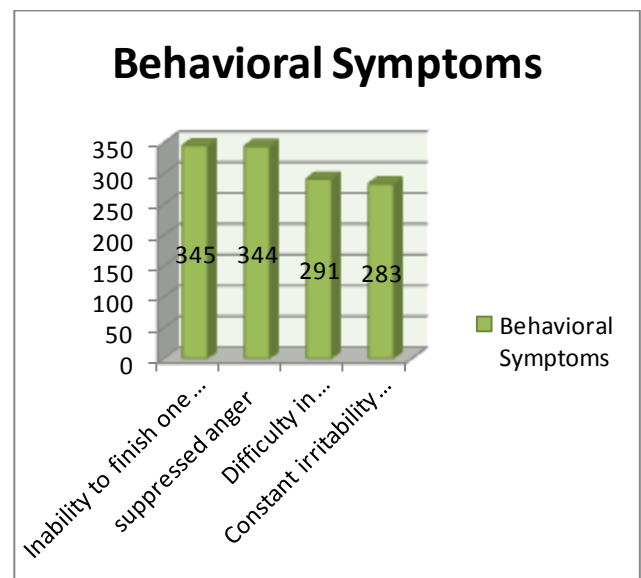


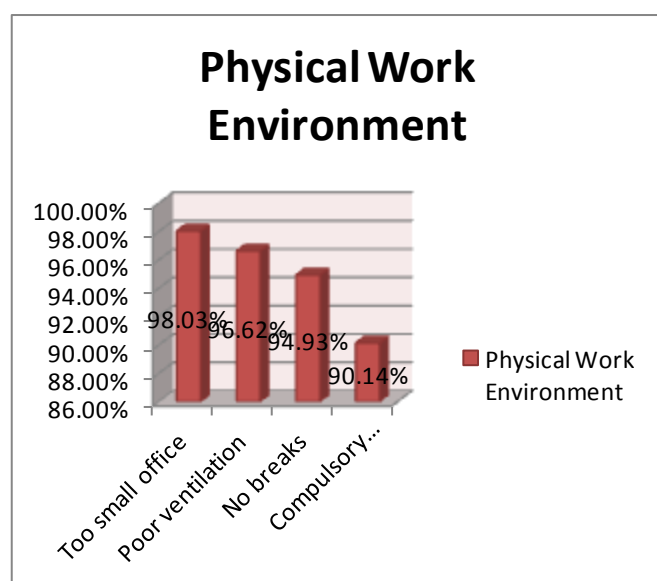
Chart 2 - Top 4 Answers

Table 5: Behavioral Symptoms

Behaviour	Total yes	% agreement	Rank	
Constant irritability with people.	283	79.71	4	Overall an average of 58.31% reported having physical symptoms of stress.
Difficulty in making decision.	255	71.83		
Loss of sense of humour.	230	64.79		
Suppressed anger.	344	96.90	2	
Difficulty in concentrating.	291	81.97	3	With a standard deviation of 34.00% for this subscale
Inability to finish one's task before having to rush into another.	345	97.18	1	
Feeling one is the target of other's animosity.	106	29.86		
Feeling unable to cope.	96	27.04		
Wanting to cry at the smallest problem.	11	3.10		
Lack of interest in doing things after return to home from work.	43	12.11		
Wake up in the morning and feeling tired after an early night.	273	76.90		

Physical Work Environment

The question related to the physical work environment was “too small office and insufficient space”. Responding this question, 98.03% of the participants agreed with the statement. Another common stressor within physical environment is regarding “Poor Ventilation in offensive smell”. 77.06% of the participants agreed with statement that they work in poor ventilated environment.

**Chart 3 - Top 4 Answers****Table 6: Physical Work Environment**

Statements	Strongly agree	Agree	Partially agree	Partially disagree	Disagree	Strongly disagree	Does not apply. Or did not answer the question	Overall % agreement	Rank
Too small office, insufficient comfortable working space, poor décor, exposure to dust.	142	110	96	3	4	Nil	Nil	98.03	1
Compulsory exposure to patients suffering	112	172	36	16	12	5	2	90.14	4
Poor ventilation, offensive smell as patient mattress smelling urine or toilet.	231	98	14	7	5	Nil	Nil	96.62	2
Poor facilities for recreation e.g. nurse mess without sufficient seats, any proper staff or even patient canteen.	195	63	54	41	Nil	2	Nil	87.89	
Too much noise.	78	60	99	85	18	8	7	66.76	
Often having to have breaks in the workplace.	203	98	36	16	2	Nil	Nil	94.93	3
Patients making abusive demands as calling for assistance every now and then.	87	121	72	46	19	10	Nil	78.87	
Exposure to hazards as radiation from portable x-rays done in wards, needle prick injuries.	38	29	104	56	87	41		48.17	
Exposure to contagious diseases as Hepatitis, TB, HIV, SARS.	79	144	67	52	13	Nil	Nil	81.69	
Having to deal with violent patients.	12	67	11	31	183	37	14	25.35	
Poor lighting, inappropriate temperature, too hot or too cold.	92	132	57	45	28	1	Nil	79.15	
Total score per Likert rating for the subscale	1269	1094	646	398	371	104	23		
	Overall 3009 scores agreeable			A total frequency of 3905 scores for this subscale registered. Therefore 77.06% agreements recorded.					
Mean (y)	115.36	99.45	58.73	36.18	33.73	9.45	2.09		
Standard deviation (s)	69.89	42.18	32.62	24.53	55.11	15.04	4.48		

Management of the Department

The next statement regarding the stressor was “having to work through too long shift hours”. This stressor is considered as the most common factor in the development of occupational stress. It has been evaluated that this factor is directly associated with the increased mental pressure and impaired cognitive processes. 97.18% of the participants described that they have to work excessively in long shift hours. Other stressor statement was regarding ‘daily repetitive boring tasks’, and 96.09% of the nursing professionals agreed with this statement. Another stressor statement of the questionnaire is regarding “absence of leadership and low participation in decision making”. Responding to this question, again 96.09% of the professionals agreed with this

statement. The next stressor statement is regarding “poor communication”, and 57.75% of the participants disagreed with this statement.

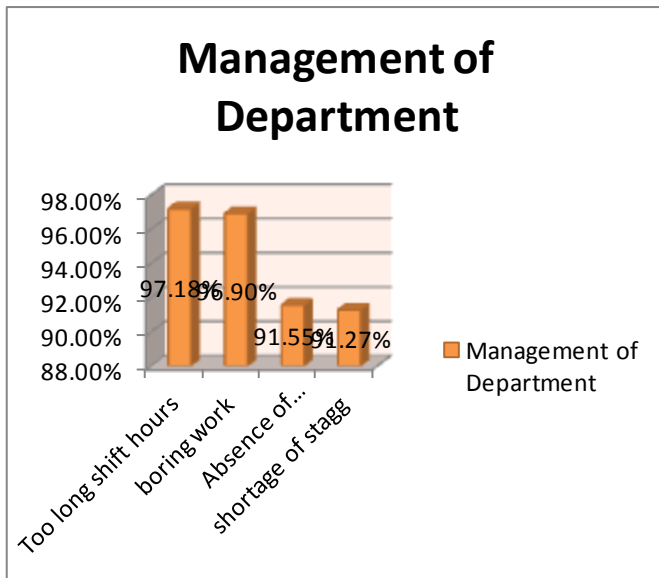


Chart 4 - Top 4 Answers

Table 7: Management of Department

Statements	Strongly agree	Agree	Partially agree	Partially disagree	Disagree	Strongly disagree	Does not apply. Or did not answer the question	% Overall agreement	Rank
Not enough staff to adequately cover the unit	107	141	76	11	9	4	7	91.27	4
Faulty materials, and or lack of necessary equipment as gloves, masks...	93	57	86	62	49	8	Nil	66.48	
Floating to other units/services that are short staffed.	82	100	79	66	17	11	Nil	73.52	
Criticism and or lack of support by an immediate boss.	63	84	70	65	42	29	2	61.13	
Denial of permissions, insufficient leaves as curtailed vacations, unapproved leaves ...etc	43	65	104	61	47	35	Nil	59.72	
Having to work through too long shift hours.	162	98	85	6	3	Nil	1	97.18	1

Absence of leadership and low participation in decision making.	65	162	98	17	9	3	1	91.55	3	
Having to make decisions under pressure.	84	92	79	51	29	8	12	71.83		
Being held accountable for things over which you have no control.	38	69	71	43	35	79	20	50.14		
Poor communication.	35	61	54	53	94	47	11	42.25		
Daily boring repetitive work.	198	59	87	5	4	Nil	2	96.9	2	
Total score for the subscale	1094	1216	1000	551	456	237	62			
	Overall agreement = 3310 hits						Total recorded hits for this subscale were 4616. Overall portion of agreement was calculated as 71.71%.			
Mean	84.15	93.54	76.92	42.38	35.08	18.23	4.77			
Standard deviation	48.15	34.51	17.43	24.54	31.52	23.37	6.22			

Patient Care

Another stressor statement in the questionnaire was regarding “Not enough time to deal with parents and their families”. Moreover, other stressor statement regarding patient care was, “Having to deal with abusive patients” and “Dealing with death and dying patients in ward”. Responding to these statements, 70% of the participants agreed with these stressors.

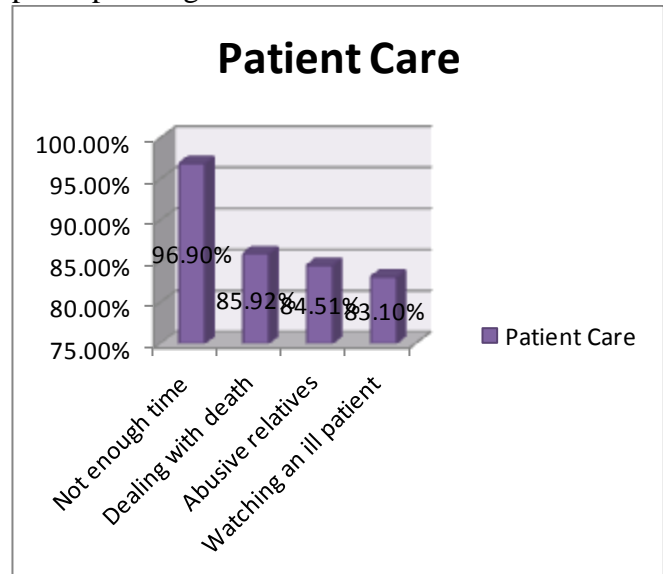


Chart 5 - Top 4 Answers

Technical Aspects of Nursing

Another statement of the questionnaire was regarding “feeling inadequately prepared to help with emotional needs”. 79.44% of the participants agreed with this statement. Another statement was “inadequate information from physicians”. 70.40% of the participants agreed with this

statement that inadequate information from the physicians is a major factor in the development of stress.

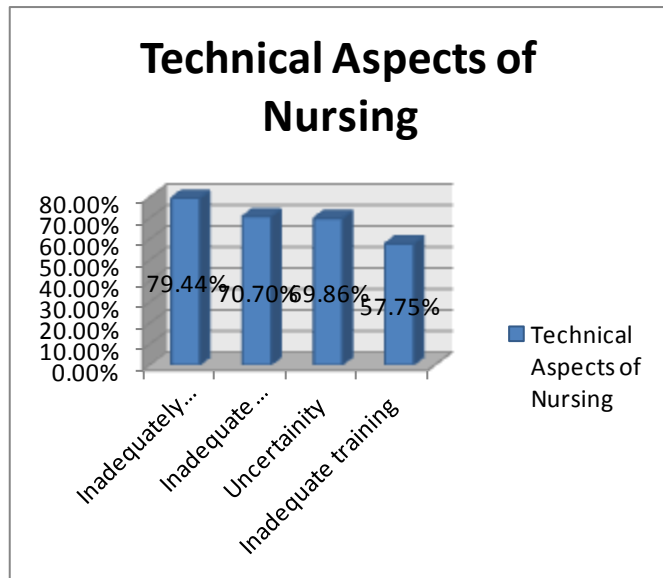


Chart 6 - Top 4 Answers

Personal and Other Factors

65.01% of the nursing professionals have described that personal factors are also connected with the development of occupational stress. Some professional described that conflict with the medical staff is also associated with increased occupational stress. Some other personal stressors include lack of status, poor social appraisal, and working with different sex partner.

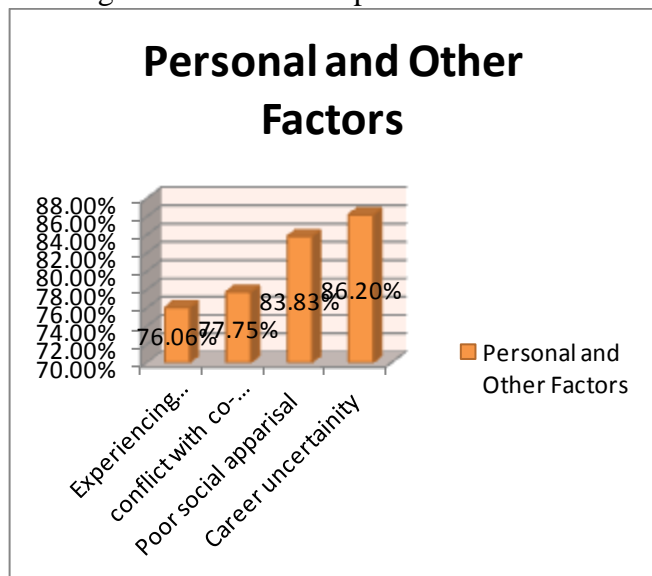


Chart 7 - Top 4 Answers

Analysis of Section D

This section of the questionnaire is an open ended part. The nursing professionals described certain strategies to reduce the extent of stressor and occupational stress. Increased need for

collegiality, lack of status, better physical environment, continuous education, and improved nursing status are some recommendations that were made by nursing professionals in this section.

Synopsis of the Findings

After getting detailed information about the stressors and occupational stress, it is very important to take a look over the concluded version of the findings. The questionnaire selected seven divisions of the stressors that include physical symptoms, behavioral symptoms, physical work environment, management of unit, patient care, technical aspects of practice, and personal symptoms. 20.13% of the professionals were suffering from physical symptoms, 58.31% from behavioral symptoms, 77.06% from physical work environment, 71.71% from management of unit, 70.77% from patient care, 58.87% from technical aspects, and 65.01% from personal symptoms.

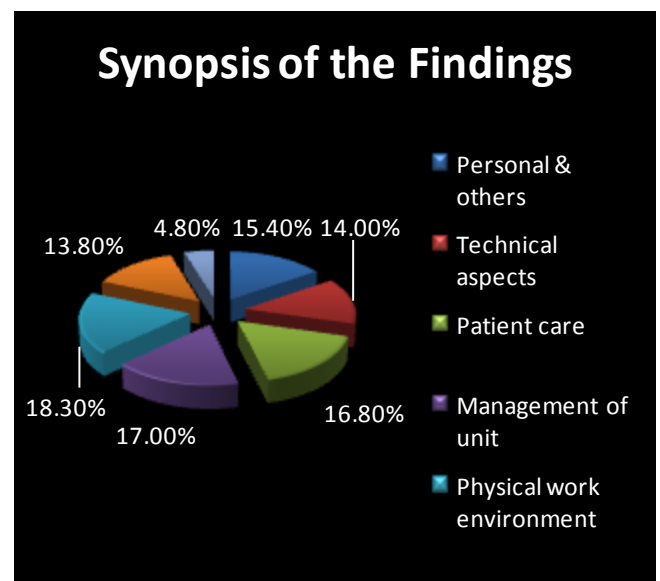


Chart 8 - Synopsis

Discussion of Research Results

Occupational stress is a very serious and life threatening condition (Pati, Harvey & Barach, 2008: 27-38). The project should mixed approaches and questionnaire for the assessment of stress level among the nursing professionals. The questionnaire for the study was divided into four sections that include section A, B, C, and D. Section A, B, and C are close ended sections; however, the final section was close ended.

After getting complete results, the picture became clear regarding the causes of occupational stress. According to the selected participants, physical work environment is the leading cause for the development of occupational stress. Moreover, this factor is also highlighted by numerous research based articles (Oginska-Bulik, 2005: 167-175). Small work place, poor ventilation, too much noise, abusive demands, exposure to dust, and uncomfortable environment were included in the division of physical work environment. All of these factors were directly associated with the development of occupational stress. Moreover, findings of the study further described that management of the unit is the second most common factor for the occupational stress. Inappropriate management, poor administrative decisions, and lack of concentration over the professionals are included in the section of departmental unit. Some other research based articles have also proved that inappropriate management can result in the development of occupational stress among the professionals (Oginska-Bulik, 2005: 167-175).

The selected nursing professionals further described that patients' related factors also play a major role in the development of occupational stress. This factor achieved second highest percentage in the findings. Death of the patient, rude behavior of the relatives, uncertainty about treatment, and lack of time to respond patient is some stressor of this division. Personal factors are considered as the fourth common cause for the occurrence of occupational stress. Some of the health care professionals have highlighted that personal issues can make an effect over the professional working. Technical aspects and behavioral symptoms are some other common causes for the development of occupational stress. A significant amount of literature has shown that impaired behavior of the professionals and technicalities of the environment can produce stress level among the professionals (Lin & Shiao, 2007: 709). The least common factor was regarding physical symptoms. Majority of the participants have rejected this statement that personal factors are related with the development of occupational stress (Pati, Harvey & Barach, 2008: 27-38). These findings are clearly indicating that the nursing professionals of Dr. A. G. Jeetoo Hospital are suffering from the condition of occupational stress.

Conclusion

Occupational stress among the nursing professionals has now become a very crucial complication that can affect the physical and mental state of the professionals. Nurses, working in the Dr. A. G. Jeetoo Hospital have experienced stress irritations. Physical symptoms, behavioral symptoms, physical work environment, patient care, management of unit, technical aspect, and personal issues are some common causes of occupational stress. Therefore, it can be concluded that the nursing professionals of Dr. A. G. Jeetoo Hospital are working in the stress environment. This occupational stress is also affecting the professional's performance and working of the nursing professionals.

Recommendations

The health care organizations should have to take certain important measures to reduce the level of stress. Recommendations regarding reducing the extent of occupational stress can include:

- ✓ Clear job description.
- ✓ Adequate time for task accomplishment.
- ✓ Rewarding the professionals.
- ✓ Clarification of responsibilities.
- ✓ Reducing the extent of overload.
- ✓ Promotion of tolerance.
- ✓ Promotion of justice and security.
- ✓ Elimination of stressors.
- ✓ Proper work schedule.

Limitations

The research project does not have enough time and resources to improve the process of data collection and analysis. Moreover, the research project is limited to the nursing professionals working in Dr. A. G. Jeetoo Hospital. If the project enhanced the investigation process towards other hospitals then more appropriate findings can be retrieved. Similarly, another limitation of the research project was regarding limited respondents of the hospital.

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