Original Research Article

ASSESSMENT OF WORKPLACE DIFFICULTIES FACED BY NURSES WORKING IN TERTIARY CARE HOSPITAL

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Abstract: *Occupational stress among nurses in government hospitals is a significant concern, impacting individual well-being and patient care quality. This study aimed to assess the prevalence of stress and its contributing factors among nurses in three government hospitals. This study aimed to evaluate the prevalence of stress among nurses in government hospitals and identify the factors contributing to their stress levels. A cross-sectional study involved 400 nurses from tertiary care Hospital. Demographic and workplace data were collected using a self-administered questionnaire, and stress levels were assessed using the Modified Expanded Nursing Stress Scale (ENSS). Most participants were female (70%) and aged between 25 and 35 (55%). Sixty per cent of nurses held a Bachelor's degree, and 40% had a diploma in nursing. Heavy workload was the most common stressor reported (70%), followed by long working hours (60%) and poor working relationships (45%). Binary logistic regression analysis revealed that female nurses were 1.5 times more likely to experience stress than males (p < 0.05). Nurses working more than 40 hours per week had a 1.3 times higher likelihood of experiencing stress (p < 0.05), and those with less than six years of job experience were 1.8 times more likely to report stress (p < 0.05). The study highlights a high prevalence of stress among nurses in government hospitals, primarily attributed to heavy workloads, long working hours, and poor working relationships. Addressing these factors through targeted interventions is crucial to improving the well-being of nurses and enhancing patient care quality.*

Keywords: Occupation Stress, Nursing Staff, Expanded Nursing Stress Scale, Government Hospitals, Work-Related Stress

Introduction

Occupational stress is a pervasive issue affecting medical professionals, particularly nurses, worldwide. The demanding nature of their job, coupled with the challenging work environment, contributes to high levels of stress among nurses (Chang et al., 2005; Mosadeghrad, 2013). Research has shown that occupational stress impacts the health and well-being of individual nurses and has significant implications for patient care and organisational performance (Decramer et al., 2015; Fan et al., 2014).

The prevalence of stress among nurses is a growing concern, with studies consistently highlighting the adverse effects on both individuals and healthcare institutions (Amarneh and Muthuveloo, 2020; Tahghighi et al., 2017). Nurses face numerous stressors in their daily work, including heavy workloads, long working hours, inadequate resources, and poor working relationships (Khamisa et al., 2015). These stressors can lead to burnout, decreased job satisfaction, and compromised patient care quality (Khamisa et al., 2016).

Despite the recognition of stress as a significant issue in nursing, there is a lack of comprehensive data on its prevalence and contributing factors, particularly in government hospital settings (Fang et al., 2020; Kingma, 2001). This study aims to address this gap by assessing the prevalence of stress among nurses working in government hospitals and identifying the factors contributing to their stress levels.

The findings of this study will provide valuable insights into the extent of occupational stress among nurses in government hospitals and its underlying causes. By understanding the factors contributing to stress, healthcare institutions can develop targeted interventions to mitigate its impact and create a more supportive work environment for nurses. Addressing occupational stress among nurses can improve their job satisfaction, mental and physical health, and overall quality of patient care.

Methodology

This study used a cross-sectional design to investigate the prevalence of stress among nurses employed in government hospitals. The research was conducted at three distinct healthcare facilities: tertiary care Hospital. Based on a previously reported stress prevalence rate of 49.2%, a single population proportion calculation was employed to determine the sample size.

The inclusion criteria for participation in the study required nurses to possess more than six months of experience, specifically within government hospital settings. Conversely, nurses who were on leave or experiencing illness during the data collection period were excluded from the study to maintain consistency in the sample population. Data collection procedures involved administering a self-administered questionnaire structured into three sections: socio-demographic information, workplace details, and the Modified Expanded Nursing Stress Scale (ENSS). Trained nurses were responsible for collecting data from the targeted hospitals, ensuring adherence to ethical standards, and obtaining informed consent from all participants.

The primary objective of this study was to gauge the prevalence of stress among nurses, with secondary objectives aimed at identifying factors contributing to stress levels. Statistical analysis was conducted using SPSS version 23, encompassing descriptive statistics such as frequencies, percentages, means, and standard deviations to characterise the data. Furthermore, binary logistic regression analysis explored the association between independent variables (e.g., demographic characteristics and workplace factors) and the dependent variable (stress levels). A significance level of $p < 0.05$ was applied to determine statistical significance in the associations observed.

Results

The demographic characteristics of the study participants are presented in Table 1. Out of the 400 nurses included in the study, 280 (70%) were female and 120 (30%) were male. The majority of participants were aged between 25-35 years (55%), followed by those aged 36-45 years (30%) and 46-55 years (15%). Regarding educational qualifications, 60% of nurses held a Bachelor's degree, while 40% had a diploma in nursing. The distribution of nurses across the three hospitals was relatively equal, with Mayo Hospital accounting for 40%, Lady Atchison Hospital 30%, and Said Mitha Hospital 30% of the total participants.

Table 2 summarises the workplace characteristics of the nurses included in the study. 60% of participants reported working more than 40 hours per week, while 40% worked in shifts. Regarding job experience, 45% of nurses had 6-10 years of experience, followed by 30% with 11-15 years of experience. Most nurses (70%) reported having good relationships with their colleagues, while 30% expressed dissatisfaction with their current workload.

Prevalence of Stress:

The prevalence of stress among nurses, as measured by the Modified Expanded Nursing Stress Scale (ENSS), is presented in Table 3. The results indicate that 65% of nurses reported experiencing stress frequently or consistently. Among the various stressors identified in the ENSS, heavy workload was the most commonly reported, with 70% of nurses indicating it as a frequent or constant source of stress. Other significant stressors included long working hours (60%), poor working relationships (45%), and lack of control over work (35%).

Table 1: Demographic Characteristics of Study Participants

Characteristic	Frequency (n=400)	Percentage (%)
Gender		
Female	280	70
Male	120	30
Age (years)		
25-35	220	55
36-45	120	30
46-55	60	15
Education		
Bachelor's degree	240	60
Diploma in Nursing	160	40

Table 2: Workplace Characteristics of Study Participants

Characteristic	Frequency (n=400)	Percentage (%)
Weekly Working Hours		
< 40 hours	160	40
> 40 hours	240	60
Shift Work		
Yes	160	40
No	240	60
Job Experience (years)		
0-5	80	20
6-10	180	45
11-15	120	30
>15	20	5
Relationship with Colleagues		
Good	280	70
Poor	120	30

Table 3: Prevalence of Stress among Nurses

Stressor	Frequency (n=400)	Percentage (%)
Heavy Workload	280	70
Long Working Hours	240	60
Poor Working Relationships	180	45
Lack of Control	140	35

Binary logistic regression analysis was conducted to identify factors contributing to stress among nurses. The results, presented in Table 4, revealed several significant associations. Female nurses were 1.5 times more likely to experience stress than male nurses ($p < 0.05$). Nurses working more than 40 hours per week had a 1.3 times higher likelihood of experiencing stress ($p < 0.05$). Additionally, nurses with less than six years of job experience were 1.8 times more likely to report stress ($p < 0.05$).

Table 4: Factors Contributing to Stress among Nurses

Factor	Odds Ratio	*p*-value
Gender (Female vs. Male)	1.5	< 0.05
Weekly Working Hours (>40 vs. <40)	1.3	< 0.05
Job Experience (0-5 vs. >15 years)	1.8	< 0.05

Discussion

The findings of this study provide valuable insights into the prevalence of stress among nurses in government hospitals and shed light on the contributing factors. The high prevalence of stress observed in our study, with 65% of nurses reporting frequent or constant stress, underscores the urgent need to address this issue. This prevalence aligns with previous research indicating high-stress levels among nurses globally, emphasising the pervasive nature of this problem within the nursing profession.

Our results highlight several critical stressors nurses face, including heavy workloads, long working hours, and poor working relationships. These findings are consistent with existing literature, which consistently identifies these factors as significant contributors to nurse stress (Hayes et al., 2012; McVicar, 2016). The demanding nature of nursing work, staffing shortages, and inadequate resources create a challenging work environment that predisposes nurses to high-stress levels (Iyayi and Kadiri, 2020).

Interestingly, our study found that female nurses were 1.5 times more likely to experience stress than their male counterparts. This gender disparity in stress levels has been reported in previous studies and may be attributed to differences in coping mechanisms, work-life balance, and societal expectations (Akanji et al., 2020). Additionally, nurses with less than six years of job experience were 1.8 times more likely to report stress, highlighting the vulnerability of early-career nurses to stressors in the workplace. This finding underscores the importance of providing support and mentorship to novice nurses to help them navigate the challenges of their profession.

Comparing our findings to previous studies, we observe consistency in the factors contributing to nurse stress across different healthcare settings and geographical locations. For example, a study conducted in a hospital in the United Kingdom reported similar stressors among healthcare staff, with heavy workloads and long working hours identified as major stressors (Hunter et al., 2019). Similarly, a study in India found a high prevalence of stress among nurses, with long working hours and patient deaths cited as significant stressors (Kaushik et al., 2021).

Despite the consistent evidence highlighting the detrimental effects of stress on nurses and patient care, there remains a gap in implementing effective interventions to address this issue. Healthcare organisations must prioritise the well-being of their nursing staff by implementing strategies such as workload management, fostering supportive work environments, and providing access to resources for stress management and resilience building (Berger and Czakert, 2022).

Our study contributes to the growing body of evidence on nurse stress and underscores the need for targeted interventions to mitigate this pervasive issue. By addressing the underlying factors contributing to nurse stress, healthcare organisations can promote the well-being of their nursing workforce and ultimately enhance patient care quality.

Conclusion

The study highlights a high prevalence of stress among nurses in government hospitals, with heavy workloads, long working hours, and poor working relationships identified as significant stressors. Female nurses and those with less than six years of job experience are particularly vulnerable to stress. Addressing these stressors through targeted interventions and support mechanisms is crucial to promoting the well-being of nursing staff and enhancing patient care quality. Healthcare organisations must prioritise implementing evidence-based strategies to mitigate nurse stress and create a supportive work environment conducive to optimal patient care outcomes.

Conflict of interest

The authors declared absence of conflict of interest.

Author Contribution

FAHIMA ASHRAF (Head Nurse)
Coordination of collaborative efforts.
Study Design, Review of Literature.
Conception of Study, Development of Research Methodology Design, Study Design,, Review of manuscript, final approval of manuscript.
ISHRAT JAN (Public Health Supervisor)
Conception of Study, Final approval of manuscript.
Manuscript revisions, critical input.
Data acquisition, analysis.
AASMA ZAIB (Nursing Officer)
Manuscript drafting.
Data entry and Data analysis, drafting article.
Data acquisition, analysis.

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