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Occupational Stress Level of Nursing Profession: Bangladesh Perspective

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ABSTRACT

Background: Now a days there is increased demand and progress in the nursing profession. Along with these stress among the nurses has also increased. **Objective:** Purpose of the study was to assess the extent of perceived occupational stress and its association with work-related and non-work related causes among nurses. **Materials and method:** This Cross-sectional study was carried out among 100 nurses of Dhaka Medical College Hospital (DMCH), Dhaka, Bangladesh. Sampling method was simple random sampling. Data was collected by face to face interview with the help of semi-structured questionnaire and finally all data were analyzed using SPSS software version 21. **Results:** It was found that 68.5% nurses were between the age of 22 to 40 years, 95.1% were female, 67% were married, 78% were Muslim, 84.6% had diploma, family income of 91.6% were equal to more than 38,000 Tk. and 95.7% used to do clinical work. Only 5.2% found to experience high stress. Statistically significant difference was found between sex, occupational stress and religion, educational status, and type of work ($p < 0.05$). Few nurses suffered from high stress but high level of stress were more in male, non Muslim, post graduate nurse and those who were engaged in administrative work. **Conclusion:** Nurse Managers should take appropriate actions to decrease stress helping their nurses to work efficiently and effectively.

Keywords: Nurses; occupational stress, Hospital, Occupational Stress, Dhaka, Bangladesh

INTRODUCTION

Stress is defined as a feeling of mental or physical discomfort. It could be caused by any event or thought that makes you furious, agitated, or anxious. Stress refers to your body's reaction to a threat or a demand. Stress can be advantageous, such as when it helps you avoid danger or fulfill a deadline. Stress, on the other hand, if it lasts for a long period, can be hazardous to your health. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Stress is a mental or emotional pressure. As a nurse stress comes when you are worried about work overload (too much to do, not enough time), time pressure (hurry, hurry, hurry that's due yesterday), lack of social support (particularly from higher-ups), exposure to infectious diseases. Every human faces stress during their lifetime and as time has passed the level of stress comes in different ways. Many different things in life can cause stress. Some of the main sources of stress include work, finances, relationships, parenting, and day-to-day in conveniences. As humans enter into professional life, he/she faces different types of stress (Fatima et al., 2017). Stress is a part of daily life for health professionals such as nurses, physicians and hospital administrators. Work-related stress is determined by work organization, work design and labor relations and the stress that occurs when the demands of the job do not match or exceed the capabilities, resources, or needs of the worker. Sometimes when the knowledge, skills or abilities of an individual worker or group are not matched with the expectations of the organizational culture of an enterprise. (Al Omar, 2003). Nursing is a profession within the health care sector which centers on the care of individuals, families, communities, in order to help them to achieve, preserve or improve the finest health and strengthen life. Nursing is generally perceived as a demanding profession. Along with the increased demand and progress in the nursing profession, stress among the nurses has also increased (Marin A., 2005). There are many major factors of stress that increase the stress of the nurses. Research has identified that care of dying patients and death divergence with physicians, insufficient preparation to deal with the emotional needs of patients and their families, inadequate team support, inadequate supervisor support, workload uncertainty regarding treatment, less opportunities of learning on the job and inappropriate feedback are the major factors of stress. (Marin, 2005). Push is related to decreased effectiveness, diminished capacity to perform, and a need of concern for the association and colleagues. Amid the final decade there has been an expanding acknowledgment of the stress experienced by healing center nursing staff. In spite of the fact that a few unpleasant circumstances are particular to a specific sort of clinic unit, medical caretakers are subject to a more common push which emerges from the physical, mental, and social viewpoints of the work environment. Stress affects nurses in different aspects. It hampers their cognitive thinking because of mental slowness, confusion, general negative attitudes or thoughts, difficulty concentrating, forgetfulness, unable to solve the problem which they generally can. These affect their personal life. Day after day their behavior shuts down. They decreased contact with family and friends, failed to relax, and had excessive sleep difficulty as the outcomes of the stress. So, in the end their life is in danger of

coming back to normal life (Fatima et al., 2017). High levels of stress result in staff burnout and turnover and antagonistically influence quiet care. Intercessions that are focused on sources of word-related stress seem to be required to support nurses.

OBJECTIVES

Main objective: The main purpose of the study was to determine the level of work-related stress for nurses.

Specific objectives:

1. To identify different sources of stress among nurses.
2. Try to get recommendations from the survey results

METHODOLOGY

A cross-sectional study was conducted on nurses working in higher education level hospitals. We selected 100 nurses from 300 nurses working in a tertiary hospital using a simple random sampling technique. A nurse who is willing to participate in the study. Process social demographic data such as age, gender, marriage history, educational background, income, a field of work, and area of residence. I am using a questionnaire about stress. What is the main reason for stress? Why are they stressed? We ask different questions about stress by Using Online Google Forms and also by direct phone calls because many of the Nurses are not used to the Online Platform which is a reason, we contact them by phone call. We ask the question: what is the main reason for this stress? Is working hours the main cause of stress? It turns out that not all nurses react in the same way. Their answers are likewise verified in the same way. Some nurses are eager to offer knowledge, while others are not. A senior nurse discusses their issue. New nurses, on the other hand, do not share information. Perhaps they are terrified of losing their job, which is why they are unwilling to provide information. They look at the senior and supervisor when we ask the inquiry. They believe there will be complications if they share information. The amount of stress a person experiences varies from one person to the next. Workload, according to one nurse, is the primary cause of stress, whereas duty time, according to another, is the primary cause of stress. We create a survey that includes 50 items, similar to the modified stress inventory. A total of 100 points have been awarded.

The tool evaluates stress in the workplace in areas such as work structure, workload, and personal and interpersonal relationships. The scoring key used is never-0, sometimes-1, always-2. The score is interpreted as <33-mild stress, 34-66- moderate stress, 67-100-severe stress. Using the test-retest procedure, the tool's reliability was established. Data collection took another 30-40 minutes (Gray-Toft & T.G, 1981). I collect data using online Google Forms as well as direct phone calls because many nurses are unfamiliar with using online platforms, therefore we contacted them by phone call and they spoke with us over the phone.

RESULTS

Question	Sometimes	Always	Never	Discussion
1. Are you happy with your current job?	16%	73%	11%	Most of the nurses are satisfied with their job.
2. Do you have many responsibilities?	0%	94%	6%	Most nurses have many responsibilities.
3. Do you have to work for a long time?	12%	56%	32%	Some nurses have to work long.
4. If you have a family /personal problem at that time can you get the day off easily?	40%	15%	45%	Most of the nurses get off work easily.
5. After work time does you have to stay in the hospital for more work?	22%	26%	52%	Half of nurses don't have to stay.
6. Every day you have more work load?	40%	30%	30%	Some nurses have more work and some don't.
7. Do you have to take care of many patients?	10%	65%	25%	Most of the nurses sometimes have a lot of patients to take care of.
8. Do you feel angry about your patients' behavior?	35%	10%	55%	Most of the nurses are never angry with their patients.
9. Do the patients complain?	10%	30%	60%	Most of the nurses never complain.
10. Each and every patient has a complaint?	15%	30%	55%	Most of the nurses say every patient never complains.
11. What types of complaints do patients ask most?	40%	30%	30%	Patients have complained that they Don't get nurses full time. This is said by most nurses because of the shortage of nurses.
12. If any patients died at that time do you feel stress?	0%	94%	6%	Most of the nurses feel stress for dead patients.
13. Do you make any close bonds with your patients?	70%	0%	30%	Most of the nurses sometimes make a bond with patients.
14. Do you feel sad for your patients' sickness?	10%	70%	20%	Most of the nurses felt sad for sick patients.
15. Can you fulfill your patients' demands?	0%	92%	8%	Most nurses can fulfill patients' demands.

Question	Sometimes	Always	Never	Discussion
16. Do you enjoy your work?	10%	94%	6%	Most nurses enjoy it.
17. How would you feel if patients did not listen to you?	25%	25%	50%	Most of the nurses said that they feel hopeless if patients do not listen to them.
18. Do you think you get an accurate salary for your work?	20%	40%	40%	Half of nurses always think that they get proper salary
19. In any surgery you feel nervous?	10%	40%	50%	More than half of nurses never feel stress in surgery time.

DISCUSSION

In a hospital setting nurse is the center of all action. They are in charge of staff, supplies, and customer care at the same time. Nurses are more likely to experience stress in their professional lives as a result of this. The daily arrival and departure of patients, registering deaths, analyzing and generating medicine charts, and so many other obligations lie on the shoulders of nurses in tertiary hospital settings. In a tertiary hospital setting, this is quite stressful. Nurses working in tertiary hospitals face a variety of events and obstacles. The stress of nurses working in tertiary hospitals is highlighted in this study. The nurses who took part in this study worked in a variety of hospitals and had a range of experience from one to ten years.

The majority of the study participants had worked in a tertiary level hospital for at least five years. Around 65 percent of those who took part in the study had at least 5 years of experience. Some nurses had worked in tertiary hospitals for ten years and were 30%. According to the research participants' data, 68 percent of nurses preferred to work in a tertiary level hospital, whereas 32 percent preferred not to work in a tertiary hospital care setting. The reasons for working in a tertiary care hospital differed as well. 97% of the research participants said they work in the tertiary care settings for good salary and 2% of them said to learn new things and 1% among them said they were working in this type of settings as it is convenient for them to work in the settings. In this research nurses age differed. Most of the nurses were in their thirties; they constituted 59% in this research paper.

According to this study, nearly 100 percent of nurses in tertiary settings worked night shifts 2-3 times per week. The nurses were under a lot of physical strain. With no day off, about 90% of them claimed they had tonight over in the morning. The research procedure also revealed that, while the pay in tertiary health care centers is good, nurses are dissatisfied with it. Around 94 percent of nurses expressed dissatisfaction with the pay system. In addition, there was a disparity in the distribution of nurses in clinical settings. It was declared that there would be one nurse for every ten patients in general care or ward settings.

In the critical care settings known as ICU, CCU the nurse-patient ratio was 1:2. This option was highest among the nurses; it was picked up by 79% of the nurses. Nurses also said that they suffer from back pain due to heavy lifting. Around 67% of nurses said that they were suffering from this kind of situation. Tertiary hospital care settings pose other challenges. Nurses were often humiliated by the patient at work. Most of the nurses said that this psychological stress they were dealing with for years. Around 65% of nurses mentioned this possibility. Another key finding of this research paper is nurses working in the tertiary care settings lack of vacations. In a month they only get 2-3 vacations and often this vacation is not given to them. It was said by 77% of research participants.

CONCLUSION

This study revealed that most of the respondents had excellent knowledge and few had good knowledge on antenatal care of pregnant women admitted at Combined Military Hospital, Dhaka. The result showed that maximum respondents had excellent knowledge about antenatal care.

RECOMMENDATIONS

On the basis of the findings and discussion of the study following recommendations are put forward for the policy maker, hospital administrator, public health specialist, study population and future researchers.

1. Health education program should be arranged for increasing knowledge of the respondents about importance of 14 antenatal visits and risk for Rh-negative status.
2. The supervisor should assess each nurse individually to see if they are stressed or have any problems.
3. In most cases, the hospital's governing authority should value the nurses.
4. The colleague should cooperate in any situation with each other so that there is no chance of loneliness.
5. The relationship with nurses and supervisors would be friendly with maintaining professional boundaries.
6. The governing body of the hospital should take the staff to the picnic for mental refreshment at least twice in a year.

REFERENCES

1. Afaya A et. al Women's knowledge and its associated factors regarding optimum utilization of antenatal care in a rural Ghana: A cross- sectional study, *PLOS ONE*, 2020, p-8, Available from: <https://doi.org/10.1371/journal.pone.0234575>
2. Al. Omar, 2003, *Economics administration*, Vol 17(1)
3. Albar Marin, 2005, *European Journals of Psychiatry*, Vol: 119(2), Page: (96-106)
4. Tanya I Gelsema, 2005, *International Journals of stress Management*, Vol: 112, page: (222-240)
5. Gray-Toft & T.G. Anderson. (1981). "Stress among hospital nursing staff: Its causes and effects", *Social Science and Medicine*, 15A, 539-647.
6. Gulavani A, Shinde M. Occupational Stress and Job Satisfaction among Nurses. *IJSR*. 2014;3(4):733-40.
7. Yadav N, Kiran UV. Occupational Stress among Security Guards. *Journal for Studies in Management and Planning*. 2015;1 (7):21-31.
8. www.who.int [Internet]. Occupational Health. Stress at Work Place [cited 2018 July 26]. Available from: http://www.who.int/occupational_health/topics/stressatwp/en.
9. Yong M, Nasterlack M, Pluto RP, Lang S, Oberlinner C. Occupational Stress Perception and Its Potential Impact on Work Ability. *Work*. 2013; 46(3):347-54.
10. De Frank R, Cooper C. Worksite Stress Management Interventions: Their Effectiveness and Conceptualisation. *Journal of Managerial Psychology*. 1987;2(1):4-10.
11. Saleh AM, Saleh MM, AbuRuz ME. The Impact of Stress on Job Satisfaction for Nurses in King Fahad Specialist Hospital-Dammam-KSA. *Journal of American Science*. 2013;(3):371-77.
12. Bhatia N, Kishore J, Anand T, Jiloha RC. Occupational Stress amongst Nurses from Two Tertiary Care Hospitals in Delhi. *Australasian Medical Journal*, 2010;3(11):731-38.
13. Megrath A, Reid N, Boore J. Occupational Stress in Nursing. *International Journal of Nursing Studies*. 2003;40:555-65.

14. Nabirye RC, Brown KC, Pryor ER, Maples EH. Occupational Stress Job Satisfaction and Job Performance among Hospital Nurses in Kampala Uganda. *J Nurs Manag.* 2011;19(6):760-68.
15. Shivaprasad AH. Work Related Stress of Nurses. *Journal of Psychiatry Nursing.* 2013;2(2):53-58.
16. Mohite N, Shinde M, Gulavani A. Occupational Stress among Nurses Working at Selected Tertiary Care Hospitals. *IJSR.* 2014;3(6): 999-1005.
17. Kamal SM, Al-Dhsham M, Abu-Salameh KA, Abuadas FH, Hassan MM. The Effect of Nurses Perceived Job Related Stressors on Job Satisfaction in Taif Governmental Hospitals in Kingdom of Saudi Arabia. *Journal of American Science.* 2012; 8(3):119-25.

