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Evaluation of Work Related Stress among Nurses in Some Selected Hospitals in Maiduguri, Borno State, Nigeria

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Abstract. Workplace stress is the physical and emotional responses to situation that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands. Work stress is comprised of the mental and physical conditions, which hurt the productivity, effectiveness, psychophysical health, work ability, satisfaction, and quality of work of individual workers in the workplace. Aim of this study is to assess frequency of stressful event among nurses and how stressful they perceived those events to be based on nine subscales of stress factors. This study adopted descriptive research design. The population of this study is 1690 while 310 were selected as sample size. The instrument for this study is adapted version named Nursing Stress Scale (NSS) with 38 items and 9 subscales. The instrument uses 5-liket scale range from not at all stressful to extremely stressful. The instrument was validated for content and face validity by experts in the Department of Nursing Science University of Maiduguri and some senior nursing staff in University of Maiduguri Teaching Hospital. The reliability of the instrument was determined using Split-half reliability method among 18 nurses that were excluded from study. The reliability of the instrument is 0.71 which adjudge it reliable. Descriptive statistics of frequency counts, percentages and mean were used to analyze the data collected, while inferential statistics of independent t-test was used to test the hypothesis. The result showed that the leading stress factors among the nurses are; stress levels of death and dying stressors with mean (3.41) and S.D (1.25), stress levels of discrimination stressors with mean (3.34) and S.D (1.28), stress levels of uncertainty concerning treatment stressors with mean (3.35) and S.D (1.28) and stress levels of workload stressors with mean (3.44) and S.D (1.55). Moreover, the result of this study showed that no significant difference exists in dying and death of patients among nurses in some selected hospitals in Maiduguri based on gender (P>0.05). It was concluded that job-related stress among nurses in selected Maiduguri hospitals was high. Then, it was recommended that organizations/ hospitals that employ nurses should organize programs/ seminars to monitor and manage stress especially regarding staff issues and job demands.

Keywords: Work related, Stress, Nurses.

1. Introduction

Workplace stress is the physical and emotional responses to situation that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands (Canadian Mental Health Association, 2018). Work stress is comprised of the mental and physical conditions, which hurt the productivity, effectiveness, psychophysical health, work ability, satisfaction, and quality of work of individual workers in the workplace (Khamisa, Oldenburg, Peltzer, 2015; Manabete, John & Makinde, 2016). Thus, work stress is an interactional construct encompassing a misfit between environmental demands and personal abilities which consist of emotional feeling and physical conditions which affect the productivity, effectiveness, psychological health, satisfaction, workability, and work quality of personal workers at the place of work. Hence, work stress is an interactional construct encompassing a misfit between environmental demands and personal abilities (Ojekou & Titilayo, 2015). Hanson, Onasoga and Babalola, 2017 had lamented that:

work related stress result in some lost to every organisation which include injury claims, absenteeism, attrition rates, errors in treating patient, reduced productivity, and health care resources, and reduction in productivity in turn can bring conflicts between employee and employer, recruitment and retention problems, burnout, absenteeism, litigation and rapid turn-over, and inadequate job satisfaction.

Nursing professionals are trained with provision adequate human health care services to patients or sick person and their families which are, empathetic, responsive, collaborative, and culturally informed, and the expectation to render qualitative services with few resources can subsequently lead to severe work-related stress for nurses. According to Ogundipe, Obinna, and Olawale (2015), they develop closer relationship with the patient more than any other medical personnel and are important to day to healthcare services of any hospital. This enormity of work that nurses have to contend with results in stress which is a major cause of concern for many nurses at work It is very crucial to know the impact of nursing as a medical practitioner because any harm done to their psychological and mental as a result of stress can negatively affect the discharge 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 frightening and difficult. It is obvious from anecdotal evidence and research that nursing is a stressful profession. It is a job that requires individual to physically and mentally agile at all 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 versatile making mathematics calculation for medication and responding to different questions from patients and relatives. 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.

The origin and nature of stress among nurses and other medical or health personnel have increasingly call the researchers' attention and health managers not only in Nigeria but also worldwide (Nwabuoku, & Adebayo, 2010). In a previous study conducted by (Mojoyinola, 2008) on effects of job stress on the physical health, mental health, personal and work behaviours of nurses in public hospitals in Ibadan Metropolis, Nigeria; the researcher found that job stress has significant effect on physical and mental health of the nurses. The author said that these job stress, may be due to some factors like poor working condition, excessive work load, shift work, long hours of work, role ambiguity, role conflicts, poor relationships with the boss, colleagues or subordinate officers, risk and danger, among other, and effect of job stress can be felt in parts of the like muscular tensions and ache, tightness in the chest, high blood pressure, heart problems, and can occur in the form of conflict like snapping and arguing with others, aggressive or hostile behaviour, blaming others or administration for tension, absenteeism and high staff on job turnover. The above manifestations can be clearly observed in hospital nursing staff, which may have negative effects on their health, personal and work behaviours. It is against this view this paper was conducted to evaluate work related stress among nurses in some selected hospitals in Maiduguri, Borno Btate, Nigeria.

1.1 Objectives of the Study

The objectives of the study were to:

- Assess frequency of stressful event among nurses and how stressful they perceived those events to be based on nine subscales of stress factors (Death and dying of patients, Conflict with Physician, Inadequate emotional preparation among others).

2. Research Methodology

Design: This study adopted descriptive research design

Population and Sample: The population of this study is 1690 while 310 was used as sample size using Krejcie & Morgan table (1970). A purposive sampling was used to select four conventional hospitals in Maiduguri, while proportionate sample technique was used to ensure equal representation, while accidental sample method was used to administered the instrument. For the purpose of this work, the name of the selected hospitals was kept secret. The population of the respondents in each of the selected hospitals were; hospital A = 657, B= 279, C= 437 and D= 317. The table below shows the proportionate sample technique.

Table 1: Population and Sample

SN	Name of the Hospitals	Population	Sample
1.	A	657	121
2.	B	279	51
3.	C	437	80
4.	D	317	58
	Total	1690	310

Research Instrument

The instrument for this study is divided into two sections. The first section deals with demographic information of the respondents (gender, year of experience and cadre). The second instrument deals with nursing stress named Nursing Stress Scale (NSS) which was adapted from Gray-Toft and Anderson (1981). The original version of (NSS) has 59 items with 9 subscales. For the purpose of this study, the instrument was modified to 38 items, but still maintain 9 subscales (stress factors) after pilot test. The reason for the reduction in items of the instrument was because during pilot test, these respondents (nurses) were complaining that the questions are many as they are always busy. The instrument uses 5-liket scale to assess how stressful event (1) not at all stressful, (2) slightly stressful, (3) moderately stressful, (4) very stressful, and (5) extremely stressful. The lower the score obtained, the lesser the frequency of stress experience respondents. Similarly, the higher the score obtained, the greater the frequency of work stressors experienced by the participant.

Although, Pinikahana and Happell, 2004 has demonstrated validity of Nursing Stress Scale (NSS) in their study of (Stress, burnout and job satisfaction). The NSS was further validated for content and face validity by experts in the Department of Nursing Science University of Maiduguri and some senior nursing staff in University of Maiduguri Teaching Hospital. The reliability of the instrument was determined using Split-half reliability method. The reliability of the instrument was test at State Specialist Hospital Maiduguri, Borno State among 18 nurses. Data collected were analyzed using Cronbach Alpha reliability full test of 0.71 which adjudge it reliable.

Research Procedure

Verbal ethical approval was obtained from the Health Research Ethics Committee (HREC) of the selected Hospitals. Data was collected from January 18th 2023 to January 31st to using self-administered questionnaires. The questionnaires were distributed by the researchers and two research assistant. Questionnaires were given to the nurses in their wards and unit. Period of 5 days were given to fill and return it to the Head of the Ward and the completed questionnaires were later collected from the Ward Heads. Only Questionnaires that were correctly filled were sorted, coded and analyzed.

Method of Data Analyses

Descriptive statistics of frequency counts, percentages and mean were used to analyze the data collected, while inferential statistics of independent t-test was used to test the hypothesis. Data analysis was done using SPSS version 20.

3. Results

Table 1: Demographic Information of the Respondents

n=307

SN	Variable	Frequency	Percentage(%)
1	Gender		
	Male	84	26.2%
	Female	223	69.5%
2.	Years of Experience		
	1—5years	84	26.2%
	6—10years	121	37.7%
	11years and above	102	31.8%

3.	Cadre		
	NOI— NOII	139	45.3%
	SNO — PNO	117	38.1%
	ACNO — CNO	51	16.6%

Key: Nursing Officer I= NOI, Nursing Officer II =NOII, Senior Nursing Officer = SNO, Principal Nursing Officer = PNO, Assistant Chief Nursing Officer = ACNO, Chief Nursing Officer = CNO

Table 1 which is on demographic information of the respondents showed that 84(26.2%) of the respondents were male, while 223(69.5%) of them were female, 84(26.2%) had 1—5years of experience, 121(37.7%) had 6—10years of experience, while 102(31.8%) had 11years and above experience. The table further indicated that 139(45.3%) of these nurses were between NOI— NOII, 117(38.1%) were between SNO — PNO, while 51(16.6%) were between ACNO —CNO. This indicated that most of the respondents had 6—10years of experience and most of them were NOI— NOII.

Table 2: Stress Levels of Death and Dying Stressors

SN	Statement	Mean	S.D	Decision
1.	The death of a patient	3.34	1.17	stressful
2.	Feeling helpless in the case of a patient who fails to improve	3.31	1.30	stressful
3.	Watching a patient suffer	3.36	1.22	stressful
4.	The death of a patient with whom you developed a close relationship	3.66	1.26	stressful
5.	Performing procedures that patients experience as painful	3.29	1.29	stressful
6.	Listening or talking to a patient about his/her approaching death	3.51	1.26	Stressful
	Average	3.41	1.25	Stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES

Result of table 2 indicates mean and standard deviation scores of stress levels of death and dying stressors among the respondents. The analysis reveals that more of the items were rated above a mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 3.85 and 0.48 respectively. This implies that death and dying of patients are stressors to the nurses.

Table 3: Stress Levels of Inadequate Emotional Preparation Stressors

S/N	Statement	Mean	S.D	Decision
1.	Being asked a question by a patient for which I do not have a satisfactory answer	2.12	1.02	Not stressful
2.	Feeling inadequately prepared to help with the emotional needs of a patient	2.28	1.08	Not stressful
	Average	4.4	2.1	Not stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES.

Result of table 3 indicates mean and standard deviation scores of stress levels of inadequate emotional preparation stressors among the respondents. The analysis reveals that more of the items were rated below the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 4.4 and 2.1 respectively. This implies that inadequate emotional preparation are not stressors among the respondents.

Table 4: Stress Levels of Conflict with Physician Stressor

S/N	Statement	Mean	S.D	Decision
1.	Conflict with a physician	2.05	1.01	Not stressful
2.	Disagreement concerning the treatment of a patient	2.12	0.96	Not stressful
3.	Making a decision concerning a patient when the physician is unavailable	2.14	1.01	Not stressful
	Average	2.10	0.99	Not stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES.

Result of table 4 indicates mean and standard deviation scores of stress levels of conflict with physicians among the respondents. The analysis reveals that more of the items were rated below the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 2.10 and 0.99 respectively. This implies that conflict with physicians are not stressors among the respondents.

Table 5: Stress Levels of Problems with Supervision Stressors

S/N	Statement	Mean	S.D	Decision
1.	Lack of support of my immediate supervisor	2.05	1.01	Not stressful
2.	Lack of support by nursing Administration	2.02	1.01	Not stressful
3.	Being held accountable for things over which I have no control	2.08	0.96	Not stressful
	Average	2.05	0.99	Not stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES.

Result of table 5 indicates mean and standard deviation scores of stress levels of conflict with physicians among the respondents. The analysis reveals that more of the items were rated below the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 2.05 and 0.99 respectively. This implies problems with supervision Stressors are not stress among the respondents.

Table 6: Stress Levels of Problems with Peers Stressors

S/N	Statement	Mean	S.D	Decision
1.	Lack of opportunity to share experiences / feelings with other personnel in the work setting	2.14	1.04	Not stressful
2.	Difficulty in working with a particular nurse (or nurses) in my immediate work setting	2.22	1.05	Not stressful
3.	Difficulty in working with nurses of the opposite sex	2.27	1.09	Not stressful
	Average	2.21	1.06	Not stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES.

Result of table 6 indicates mean and standard deviation scores of stress levels of problem with peer stressors among the respondents. The analysis reveals that more of the items were rated below the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 2.21 and 1.06 respectively. This implies problems with peer stressors are not stress among the respondents.

Table 7: Stress Levels of Discrimination Stressors

S/N	Statement	Mean	S.D	Decision
1.	Experiencing discrimination because of race or ethnicity	3.28	1.32	stressful
2.	Being sexually harassed	3.40	1.24	stressful
	Average	3.34	1.28	stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES

Result of table 7 indicates mean and standard deviation scores of stress levels of discrimination stressors among the respondents. The analysis reveals that more of the items were rated above the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 3.34 and 1.28 respectively. This implies discrimination stressors are stress among the respondents.

Table 8: Stress Levels of Uncertainty Concerning Treatment Stressors

S/N	Statement	Mean	S.D	Decision
1.	Inadequate information from a physician regarding the medical condition of a patient	3.41	1.21	Stressful
2.	A physician ordering what appears to be inappropriate treatment for a patient	3.43	1.29	Stressful
3.	Fear of making a mistake in treating a patient	3.14	1.21	Stressful
4.	A physician not being present in a medical emergency	3.54	1.27	Stressful
5.	Feeling inadequately trained for what I have to do	3.24	1.40	Stressful
6.	Not knowing what a patient /patient's family ought to be told about condition/ treatment	3.19	1.31	Stressful
7.	Being exposed to health and safety hazards	3.52	1.28	Stressful
	Average	3.35	1.28	Stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES.

Result of table 8 indicates mean and standard deviation scores of stress levels of uncertainty concerning treatment stressors among the respondents. The analysis reveals that more of the items were rated above the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 3.35 and 1.28 respectively. This implies uncertainty concerning treatment stressors are stress among the respondents.

Table 9: Stress Levels of Workload Stressors

S/N	Statement	Mean	S.D	Decision
1.	Not enough staff to adequately cover the unit	3.55	1.21	Stressful
2.	Having to work through breaks	3.42	1.27	Stressful
3.	Too many non-nursing tasks required, such as clerical work	3.55	2.66	Stressful
4.	Not enough time to complete all of my nursing tasks	3.33	1.34	Stressful
5.	Not enough time to provide emotional support to the patient	3.39	1.27	Stressful
	Average	3.44	1.55	Stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES

Result of table 8 indicates mean and standard deviation scores of stress levels of workload stressors among the respondents. The analysis reveals that more of the items were rated above the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 3.44 and 1.55 respectively. This implies work-loads stressors are stress among the respondents.

Table 10: Stress Levels of Patient and Family Stressors

S/N	Statement	Mean	S.D	Decision
1.	Not knowing whether patients families will report you for inadequate care	2.18	1.16	Not stressful
2.	Having to deal with abuse from patients families	2.15	1.03	Not stressful
3.	Having to deal with abusive patients	2.23	1.03	Not stressful
4.	Being the one that has to deal with the patients families	2.31	1.08	Not stressful
5.	Being blamed for anything that goes wrong	2.54	1.37	Not stressful
6.	Families making unreasonable demands	2.49	1.31	Not stressful
7.	Patients making unreasonable demands	2.49	1.34	Not stressful
	Average	2.34	1.18	Not stressful

Not at all Stressful =NS, Slightly Stressful =SS, Moderately Stressful=MS, Very Stressful =VS, Extremely Stressful=ES

Result of table 8 indicates mean and standard deviation scores of stress levels of patient and family stressors among the respondents. The analysis reveals that more of the items were rated above the mean score of 3.0 by the respondents. The responses by these respondents are evident in a grand mean and SD score of 2.34 and 1.18 respectively. This implies that patients and family are not stressors among the respondents.

Table 3: Independent Sample t-test Analysis Showing Differences in Stress Levels of Death and Dying of Patients among Nurses in Maiduguri, Borno State based on Gender.

Death and Dying	Gender	N	Mean	SD	Cal. t-value	Df	P-value	Decision
	Male	84	3.41	.41	.03	305	.97	Retained
	Female	223	3.41	.59				

P-value>0.05, Cal. t-value= .03, df = 305.

Table 5 showing independent sample t-test analysis in stress levels of death and dying of patients between male and female nurses in some selected hospital in Maiduguri, Borno State indicated that P-value>0.05, Cal. t-value= .03, df = 305. Hence, the tested hypothesis which say there is no significant difference in death and dying of patients some selected hospital in Maiduguri, Borno State, based on gender was retained (P>0.05). This indicated that no significant difference exists in dying and death of patients among nurses in some selected hospitals in Maiduguri based on gender (P>0.05).

4. Discussion

This study was carried to evaluate work related stress among nurses in some selected hospitals in Maiduguri, Borno Btate, Nigeria. The result showed that the leading stress factors among the nurses are; stress levels of death and dying stressors with mean (3.41) and S.D (1.25), stress levels of discrimination stressors with mean (3.34) and S.D (1.28), stress levels of uncertainty concerning treatment stressors with mean (3.35) and S.D (1.28) and stress levels of workload stressors with mean (3.44) and S.D (1.55). This is in line with the study of Faremia, Olatubib, Adeniyic and Salau (2019), who reported that not enough staff to adequately cover the load of the ward, lack of drugs and equipment required for nursing care, death of patient with whom they developed a close relationship with, the death of a patients among others. Other previous studies that found similar results were (Ogundipe, Obinna, & Olawale, 2015; Natukunda, 2008). They found that nurses face turmoil in their profession, such as huge human need, inadequate resources to care for patients properly, maladministration or bad system of administration, and environmental stress. The result of this study supports the finding of Antoniou, Ploumpi and Ntalla

(2013), who reported that primary school teachers experience higher levels of stress.

Similarly, the result of this study indicated that out of all the stress level assessed among our respondents, workload stressors with mean (3.44) and stress levels of death and dying stressors with mean (3.41) has highest level of stress. This is amazed as most of organizations in Nigeria are always shortage of staff and nobody love to lost his/her relatives to death, as it is inevitable part of life. This finding is similar to a study conducted in Gombe State, Nigeria, where they reported that workload stressors and death and dying stressors has the highest mean stress level of 2.82 and 2.78 respectively (Danjin, Adamu Ribadu & Adam, 2016). The result of this study is similar to previous studies conducted within Nigeria and beyond Bakare, Oluwole, Hamzat, Olasunkanmi and Animashaun, 2022; Tajvar, Saraji, Ghanbarnejad, Omidi, Hosseini and Abadi (2015). The writers found that the work-related stress and mental health problems were common among the participants, which is similar to reports from other countries and is a reflection of stressful work conditions of the study participants. The prevalence of stress among the respondents was 87.6%. Finding from this study also relate to the study of Johnson, Cooper, Cartwright, Donald, Taylor & Millet, (2005). They found reasonably higher level of work stress among nurses compared to other professions. Such a difference may be associated to the use of diverse tools for evaluation of stress in this working population.

Moreover, this finding is supporting the finding of Mansour, Taha, El-Araby and Younes (2014) in two main hospitals in Riyadh city. The result of their study revealed that almost average (49%) of their participants frequently perceived stress at working place. The result of this work corroborates the study of Verdon, Merlanie, Perneger and Ricou, (2008), who found that the nurses has long been seen one of the most stressful workers in addition to researches findings support the conclusion that the multiple health care setting translate into significant stress levels among nurses. The result of this study buttresses the study of Shareinia, Khuniki, Bloochi, Eydi zeynabad & Hosseini, (2018). They explained that mean job stress nursing was in emergency department (2.14±0.52) and in non-emergency departments (0.651 ± 1.84). They further lamented that the mean score of occupational stress are generally higher than in other parts of the emergency department nurses (p=0.002). The result of this study indicated that uncertainty concerning treatment stressors are stressful to the respondents. This is evident as the grand mean and SD score are 3.35 and 1.28 respectively. This consistent with the study conducted in other Africa countries by (Dagget, Molla & Belachew, 2016). The result of their study indicated that an average overall job-related stress level of 58.46 ± 12.62. Beyond that, the highest level of job-related stress was dealing with death & dying mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % and workload 57.6 %.

The result of this study showed that no significant difference exists in dying and death of patients among nurses in some selected hospitals in Maiduguri based on gender (P>0.05). This is agreed with the study of who Ezenwaji, Eseadi, Okide, Nwosu, Ugwoke, Ololo, Oforka and Oboegbulem, (2019), who reported that demographic factors like gender, age, work environment did not have influence on work-related stress and burn-out among nurses. In similar vein, a research conducted in Cyprus by Galanakis, Alexandri, Kika, Lelekanou, Papantonopoulou, Stougiannou and Tzani, (2020), found that there were no statistical differences between male and female in terms of work stress and burnout. The result of this study is also consistent with the study of Dagget, Molla and Belachew, (2016) in Ethiopia, where they found that higher overall job-related stress from dealing with death & dying sub scale followed by uncertainty regarding patient treatment and workload which is consistent with a study done in Gaza Palestine that stated death & dying and workload as the most frequent and severe occupational stressors (Hajjar, 2013).

5. Conclusion

The result of this study indicated that job-related stress among nurses in selected Maiduguri hospitals was high. The leading stress factors among the nurses are; stress levels of death and dying stressors, stress levels of discrimination stressors, stress levels of uncertainty concerning treatment stressors and stress levels of workload stressors.

6. Recommendations

- Organizations/ hospitals that employ nurses should organize programs/ seminars to monitor and manage stress especially regarding staff issues and job demands.

- Hospital management should employ enough number of nurses so as to reduce work-loads.
- Nurse managers and policy makers to paying more attention to factors such as stress levels of death and dying stressors, stress levels of discrimination stressors, stress levels of uncertainty concerning treatment stressors and stress levels of workload stressors and that reducing these factors for staff nurses in emergency departments.

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