

Work Related Stress among Staff Nurses at a Private Hospital in Singapore

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Abstract

This study hoped to determine work related stress among nurses in a private hospital in Singapore. A quantitative descriptive study design specifically a cross sectional was used. Convenience sampling technique selected 60 nurse respondents to answer the self administered questionnaire. There was a probability of work related stress ($p=0.0002$) as compared to that of without ($p=0.04$). In Singapore, some point of stress was required for success.

Keywords: cross-sectional, nurses, Singapore, stress

INTRODUCTION

According to Garrosa et al (2010), a healthy workplace is one in which workers and managers collaborate to use a continual enhancement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace. Stress nowadays affects nearly all in some way or the other. Minter (1999) expresses stress as “harmful physical and emotional reactions that happen when necessities of a profession do not match the competences, assets or desires of the worker.” Schuler (1982) is of the view that stress is “alleged dynamic state concerning uncertainty about something significant”.

Problem Statement

Nurses suffer from high levels of work-related stress. Stress also has been cited as one reason for turnover (McVicar, 2003), resulting in negative effects on services and quality and continuity of care (Department of Health and Children, 2002).

Significance

The researchers believed that this study would be significant to help nurses in avoiding stressor during working in a hospital setting. Stress is a part of everyday life for health professionals such as nurse’s physicians and hospital administrators (Chayu &

Kreitler, 2011). Review of literature has revealed that there are various factors responsible for stress among nurses working in hospital areas.

Research Objective

On account of these issues, it is hoped to determine work related stress among nurses in a private hospital in Singapore.

Operational Definition

Occupational Stress-refers to job strain experienced by employees due to different unfavorable factors in the workplace

Pre-Natal-pregnant woman are those within 37 weeks without any complication experiencing signs of labor.

Post-Natal-Mothers after delivering their baby(s) handled by staff nurses without any complication.

METHODOLOGY

This section deals with the methodology under the following headings: research design, sample size and sampling techniques, description of the questionnaire, and procedure of data collection and plan for data analysis.

Research Design

In order to meet the objectives this study used a quantitative descriptive study design. Specifically a cross sectional study type was used.

Sampling Technique

Convenience sampling technique was used. The 60 nurse respondents were employed. The list assisted in determining the size of the sample is highlighted in table 1.

Table 1. Sample Size

Sections	Registered Nurse-Midwives	Registered General Nurses
Pre Natal	3	27
Post Natal	2	28

All the nurses considered were registered having n=55 general nurses and n=5 nurse-midwives, working fulltime for a period of more than two years. We conveniently selected the nurse respondents based on their availability.

Questionnaire as Instrument

The International Stress Management Association (ISMA) produced by the Health and Safety Executive questionnaire was used as questionnaire to collect data from the nurses. The ISMA questionnaire consisted of 25 questions overall (appendix 1) and the nurse respondents need to choose either yes or no and tick the answers consequently. Only 15 minutes were provided to answer the questionnaire which focused on demographic data information, and work stress. The questionnaires were distributed in the pre-natal and post-natal ward at Thomson Medical Centre, Singapore. A pilot study was also conducted to ensure validity and reliability of the self-administered questionnaire.

Ethical Consideration

An ethical clearance was obtained from Lincoln University College, Malaysia, Research and Ethics Committee. Permission was also sought from the Thomson Medical Centre, Singapore. Consents were obtained from the respondents who took part in the study. Respondents were given the chance to withdraw at any time without questions asked (Polit & Beck, 2010).

Data Analysis

Data were coded and entered into SPSS software version 21. Descriptive statistics (mean, standard deviation and probability) were used. Analysis of quantitative data included frequencies to describe the sample characteristics (Polit & Beck, 2010).

RESULTS AND FINDINGS

A total of 60 respondents answered the questionnaire, generating a response rate of 100%. The demography highlights the particularly the age, race, and clinical experiences affecting the variables. Table 2 shows the demographic profile of the respondents.

Table 2. Demography of the respondents

		n	%
Age	20 - 40 years	33	55.0
	41 - 50 years	23	38.3
	> 50 years	4	6.7
Race	Chinese	17	28.3
	Indian	14	23.3
	Malay	13	21.7
	Others	16	26.7
Clinical experience	<5 years	18	30.0
	5 - 10 years	21	35.0
	11-15 years	7	11.7
	>15years	14	23.3

On table 3, there is a narrowed mean and standard deviation on both yes (35 ± 10.4) and no (25 ± 10.3) answers to determine work related stress. There is a probability of work related stress ($p=0.0002$) as compared to that of without ($p=0.04$). However, it is also probable that nurses did not experience much work related stress affected by age, race and clinical experiences.

Table 3. Work related stress summary of the ISMA survey questionnaire

Work related stress	n	%	Mean	Probability
Yes	33	55	35 ± 10.4	0.0002
No	27	45	25 ± 10.3	0.04

It is therefore determined, that the study on occupational stress is a noteworthy topic in the nursing field. Occupational stress is recognized worldwide as a major challenge to workers' health and their organizations (Salilih & Abajobir, 2014).

DISCUSSIONS

The generalization of findings from this research may only be limited to the specific hospital where this study was conducted. Furthermore, there are various aspects of this research that were beyond the control in the research process because of limited exploration. The lived experiences were not reported thereby narrowing the results to mathematical expressions.

The respondents were required to recall all incidents of work related stress. It is therefore highly possible that the participants may have forgotten all the incidents. These were few challenges especially in reporting the findings. It was also emphasized to respondents to answer the questions truthfully to avoid biases. That is why it is important to discuss the factors affecting work related stress among the respondents that may have confounded the variables and in some point led to a bias result.

Demography as a Factor

There are more respondents who are at the age bracket of 20-40 years old (n=33) as compared to that of the 41-50 years old (n=23). The younger respondents have more tolerance on work related stress as compared with the older nurses (Salilih & Abajobir, 2014). That is why most of the older respondents agreed that they have experienced work related stress.

Similarly, age is also reflective of the years of clinical experience. However, having more respondents who worked 5-10 years (n=21) in between younger and older age is difficult to determine. Less than 5 years in working experience (n=18) are those who have responded of experiencing lesser work related stress. The respondents who are older (>50 years old) and have been in service for more than 15 years (n=14) had more experiences on work related stress.

With regards to race, Chinese respondents (n=17) had less experiences in work related stress as compared with the Indians (n=14), and Malays (n=13). The other races (n=60) in this hospital such as Filipinos, Nepalese, Africans, and Indonesian nurses have less experiences in work related stress.

Other Factor

The study revealed that the main causes of occupational stress among nurses that are not enough hours in the day to do all the things (83.3%), and the

less causes of occupational stress among nurses are greater dependency on alcohol, caffeine, nicotine or medicines to keep them awake (13.3%). The causes of occupational stress among nurses call for urgent need to design interventions which can easier make the work environment conducive.

The environment which individuals work determine the level of satisfaction with work performed and can also contribute to stress. The results for environment factor revealed that the main causes of occupational stress among nurses are pressured work on long hours (75%).

A day-to-day encounter at work is also considered as a factor (Salilih & Abajobir, 2014). That is why Singapore hospitals have already come up with interventions to reduce the problems of improving relationships among members of staff and salary increments. Particularly in this hospital, it is still important to have a healthy mind and body to avoid stress.

Stress affects the employer and employees alike (Department of Health and Children, 2002). Therefore, there is a need to prevent stress in the workplace to improve the quality of lives and contribute positively towards improved productivity of the organizations. On the one hand, the understanding of the relationship between stress and the workplace is still a challenge, and thus it is important to acknowledge that work can cause stress (Garrosa et al, 2010).

This study determined that in Singapore, some point of stress is required for success. However, high levels of stress follows several implications including physical and psychological diseases such as anxiety, depression, sleep disorders, restlessness, irritability, dementia, abnormal fatigue, reduced resistance and susceptibility to frequent infections, headache, reduced concentration, memory disorders, and decreased levels of problem-solving abilities (Craine et al., 2010). By turning toxic work environments into healthy workplaces, researchers and nurse leaders suppose that improvements can be realized in recruitment and retention of nurses, job satisfaction for all health care staff, and patient outcomes particularly those related to patient safety (Costa &

McCrae, 1990). Nurses find themselves particularly at risk because of their working environment. According to Salilih & Abajobir (2014) support groups as well as development consultation with nurse managers have also been effective in resolving problems across interdisciplinary staff teams.

CONCLUSION AND RECOMMENDATION

Conclusion

There is a probability of work related stress ($p=0.0002$) as compared to that of without ($p=0.04$). In Singapore, some point of stress is required for success.

Recommendations

The following recommendations are specifically appropriate in Singapore setting:

Introduction of Interventions in the Workplace to Address Occupational Stress among the Nurses:

An urgent need to come up with interventions that are specifically designed to address stress issues that are experienced by nurses. The interventions should be relaxation techniques, ergonomics and equipment management and improved ventilation that can reduce stress in the workplace (Costa & McCrae, 1990). Sending members of staff on retreats, outings, and in-house ward parties or events and create active wellness programs. Improve work environment by also addressing work conditions such as working relationships, addressing staff welfare (Garrosa et al, 2010).

Reducing the Extent of Overload: There is a need to reduce work-overload by ensuring that there is adequate manpower and also by ensuring nurses ratio vs. patients is adequately addressed (Pillay, 2009). Volunteers such as student nurses may be helpful in reducing workload of employed registered nurses.

Staff Motivation: There is need to motivate staff in order to increase level of job satisfaction. Staff welfare such as recognition, promotion, and salary increments needs to be considered as motivating factors (Salilih & Abajobir, 2014). This calls for managers to take interest in such recommendations.

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Appendix: ISMA questionnaire					
		Yes	%	No	%
1	I frequently bring work at night	42	70	18	30
2	Not enough hours at work to do all the things that I must do	50	83.3	10	16.7
3	I deny or ignore problems at work due to my busyness	40	66.7	20	33.3
4	I do the jobs myself to ensure they are done properly	35	58.3	25	41.7
5	I underestimate how long it takes to do things at work	46	76.7	16	23.3
6	I feel that there are too many deadlines in my work	32	53.3	28	46.7
7	I am clear what is expected of me at work though it gives me stress	35	58.3	25	41.7
8	I frequently have guilty feelings if I relax and do nothing	28	46.7	32	53.3
9	I find myself thinking about problems at work even when I am supposed to be relaxing	32	53.3	28	46.7
10	I feel fatigued or tired even when I wake up after an adequate sleep	38	63.3	22	36.7
11	I often finish other people's work	24	40.0	36	60.0
12	I have unachievable deadlines	34	56.7	26	43.3
13	My appetite has changed, have either a desire to binge or have a loss of appetite / may skip meals	16	26.7	44	73.3
14	I feel irritated or angry I become very frustrated at having to wait	38	63.3	22	36.7
15	If something or someone really annoys me I will bottle up my feelings	42	70.0	18	30.0
16	Different groups at work demand things from me that are hard to combine	32	53.3	28	46.7
17	I experience mood swings, difficulty making decisions, concentration and memory is impaired	22	63.3	38	36.7
18	I find fault and criticize others rather than praising, even if it is deserved	32	53.3	28	46.7
19	I seem to be listening even though I am preoccupied with my own thoughts	38	63.3	22	36.7
20	My sex drive is lower, I can experience changes to menstrual cycle	41	68.3	19	31.7
21	I find myself grinding my teeth when working	12	20.0	48	80.0
22	Increase in muscular aches and pains especially in the neck, head, lower back, shoulders	40	66.7	20	33.3
23	I am unable to perform tasks as well as I used to, my judgment is clouded or not as good as it was	32	53.3	28	46.7
24	I find I have a greater dependency on alcohol, caffeine, nicotine or medicines to keep me going	8	13.3	52	86.7
25	I find that I don't have time for many interests / hobbies outside of work	45	75.0	15	25.0
	Overall: do you experience work related stress?	33	55	27	45

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