WORK-RELATED STRESS IN NURSING: AN
EMPIRICAL STUDY OF FEMALE NURSES IN
PRIVATE HOSPITALS IN KOTA KINABALU,
SABAH

SOON WAI PING

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TANDATANGAN PUSTAKAWAN
DECLARATION

I hereby declare that the material in this thesis is my own except for quotations, excerpts, equations, summaries, and references, which have been duly acknowledged.

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ABSTRACT

WORK-RELATED STRESS IN NURSING: AN EMPIRICAL STUDY OF FEMALE NURSES IN PRIVATE HOSPITALS IN KOTA KINABALU, SABAH

This research investigates the relationship between four independent variables namely role ambiguity, role conflict, role overload, and responsibility for people; towards occupational stress among female nurses. The research focused on the influence of stressors at individual level among female nurses employed in private hospitals in Kota Kinabalu, Sabah. Using a quantitative approach, a total of seventy one (71) nurses completed the questionnaire. The results indicated that Role Ambiguity was significantly related to stress. Meanwhile, Role Overload, Role Conflict and Responsibility for People were not significantly related to Stress. The findings of this study provide a valuable insight into the importance of ensuring nurses are clear about their work roles, and, enhancing the management of Role Ambiguity in the nursing profession in order to combat stress.
ABSTRAK

Kajian ini bertujuan untuk mengenalpasti hubungan antara keempat-empat pembolehubah bebas iaitu, 'kekaburan peranan', 'konflik peranan', 'kebebanan peranan', dan 'tanggung jawab terhadap orang'; dengan 'tekanan kerja' di kalangan para jururawat wanita. Kajian ini berfokus kepada pengaruh tekanan pada tahap individu di kalangan jururawat wanita yang bekerja di hospital swasta di Kota Kinabalu, Sabah. Dengan menggunakan pendekatan kuantitatif, tujuh puluh satu (71) jururawat atau responden telah melengkapkan borang soal selidik. Keputusan kajian menunjukkan bahawa 'kekaburan peranan' mempunyai hubungan yang penting dengan 'tekanan kerja'. Selain daripada itu, 'kebebanan peranan', 'konflik peranan' dan 'tanggungjawab terhadap orang' tidak menunjukkan hubungan yang penting terhadap 'tekanan kerja'. Kajian ini menunjukkan kepentingan pihak pengurusan hospital memastikan bahawa setiap jururawat pasti akan peranan mereka dalam tugas harian. Selain daripada itu, pihak pengurusan harus mengambil langkah untuk memantapkan lagi pengurusan 'kekaburan peranan' dikalangan jururawat bagi tujuan membenteras tekanan kerja.
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CHAPTER 1

INTRODUCTION

1.1 Background of Study

Stress is defined as an adaptive response, moderated by individual differences, that is a consequence of any action, situation, or event and that places special demands on a person (Ivancevich et al., 2008). According to The Health and Safety Executive (HSE) in the United Kingdom, it can be simplified as the adverse reaction people have to excessive pressure or other types of demand placed on them. The experience of stress represents a psychological state. It can result from exposure, or threat of exposure, both to the more tangible workplace hazards and to the psycho-social hazards of work. Those hazards of work which are associated with the experience of stress are often termed stressors (Cox et al., 1996).

Over the past two decades, there has been a growing belief that the experience of stress at work has undesirable effect, both on the health and safety of workers and on the health and effectiveness of their organizations (Cox et al., 1996). Similar study shows that exposure to stressful working environments effect psychological as well as physical heath (Luecken et al., 1997). Therefore, the sources and outcomes of stress are receiving more attention from academics and practitioners. Stress management programs are gaining attention not only in developed country but also in developing country such as in Malaysia. In Sabah, effective stress management training course organized by Usahawan Group
Management Consultants is open for public who wants to learn more about stress, its effect on them, and how to manage it (Suhaimin, 2010).

Stress is present in every one but shows up in some people more than others, the cause of which is a wide area of research (Mahmood & Bisaria, 2008). Besides, there is a growing awareness of how stress adversely affects organizational efficiency (Gordon, 1994). Causes and impact of stress may differ among different jobs. Academic research suggested that among professional women, physiological stress responses are significantly greater when occupational-related decision latitude is low, for example in nurses (Brown et al., 2006). Therefore, particular concern has been expressed for the effects of stress on health-care professionals and, in particular, on nurses (Cox et al., 1996). Nursing has previously been identified as a stressful occupation (Healy & McKay, 1999). Stress has become a more recognized term over the past decade and is a major cause for concern for many nurses at work (Murray, 2005).

1.2 Problem Statement

Study towards job stress among nurses is generally aimed at addressing the issue of how stress at work can be effectively managed, reduced or prevented by the government and hospital management boards in order to enhance the health of nurses, as well as improving their personal and work behavior (Mojoyinola, 2008). Reviewed from literature, there is a growing need for reasonable and practicable guidance in relation to the management of work-related stress ad health (Manshor et al., 2003). Stress prevention in the workplace has proved particularly effective in combating stress, by attacking its roots and causes, rather than merely treating its
effects. In line with such an approach, this series of working papers is aimed at providing concrete advice on how to prevent stress in specific occupations particularly exposed to stress (Cox et al., 1996). Such knowledge is important for both research and practical purposes. For example, Human resource professionals wishing to implement stress management programs need to understand the sources of stress and stress measures. (Manshor et al., 2003)

In the past, research into the negative effects of job stressors on health has tended to focus on male subjects. For women, however, the characterization and consequences of job stress may be quite different than for employed men (Luecken et al., 1997). Since the number of female employees is increasing and their contributions towards economic development have been proven, this proposed study aims to focus on sources of stress on nurses in private hospitals who represent employed women with high occupational stress.

There is an increasing concern about job stress in developing countries (Manshor et al., 2003) and it has been an increasing risk of work-related diseases and accidents in developing countries that are experiencing rapid industrialization such as Malaysia (Haratani & Kawakami, 1999). In a Malaysian survey with respondents made up of 440 managers from 34 multinational companies operating in Malaysia, it was found that workloads, working conditions and relationship at work were the main stressor in workplace (Manshor et al., 2003). In Malaysia, there is still room for improvement for health and educational services in Malaysia especially for rural areas, including Sabah (Daily Express, 2009). According to statistic provided by Malaysia Health Ministry, the ratios of doctor and nurse to citizen are at critical level; where one doctor in Sabah needs to respond to 1,105 people while one nurse needs to take care of 360 patients (Jabatan Kesihatan
Negeri Sabah, 2009). Government is striving to improve the nurse and population ratio. Therefore, there is an increasing need to identify factors that caused nurses depressed; which directly leads to lower health care service’s quality and causing nurses to quit their post.

1.3 Research Objectives

The overall objective of this study is to determine the influence of stressors at individual level among female nurses employed in private hospitals in Kota Kinabalu, Sabah. The specific direct effect objectives are to examine:

i. The influence of role ambiguity on stress among female nurses employed in private hospitals in Kota Kinabalu, Sabah.

ii. The influence of role conflict on stress among female nurses employed in private hospitals in Kota Kinabalu, Sabah.

iii. The influence of role overload on stress among female nurses employed in private hospitals in Kota Kinabalu, Sabah.

iv. The influence of responsibility to people on stress among female nurses employed in private hospitals in Kota Kinabalu, Sabah.

1.4 Significance of Study

Research on stress in the Malaysian working environment is limited, especially in healthcare sector. Previous research stated that understanding the factors that contribute to occupational stress is necessary for improving stress management.
program in Malaysian organizations (Manshor et al., 2003), therefore this study aims to reveal factors that influence the stress level among nurses in Kota Kinabalu, Malaysia. Nursing is acknowledged to be stressful work, and there is a need to understand the nature of that problem and to better manage it (Cox et al., 1996). As revealed, the presence of stress among the nurses might cause them to engage in withdrawal, displaced or hostile aggressive behavior to their patient and other person alike (Mojoyinola, 2008). Hence, under stressful working conditions, they might not be able to provide the suitable level of humane treatment to their patient. Overall, there is a need to identify stressors for nurses that caused low performance amongst nurses in Malaysia so that appropriate actions can be taken by hospital management to improve the working environment for employees.

1.5 Key Definitions of Term

Role Ambiguity

The general term to describe the situation when an individual is not clear about the various expectations that people have from his role

Role Conflict

Role conflict emerges when the worker has to choose between competing demands or expectations

Role Overload

Situation where involve work demands which are threatening or which are not well attached to knowledge, skills and ability to cope of the nurses involved, or work which does not fulfill their needs, especially where those nurses have little control over work and receive little support at work or outside of work
Responsibility for People

Responsibility for people in the case of nurses are specified as coping with emotional needs of patients and their family or critically and, dealing with death and dying patients. Stress experienced by nurses especially in the case of long term care of the aged or anxiety about continued relationships with the family when involved with children patients

Stress

Stress is a process by which environmental events (stressor or challenges) threaten us and is an important psychological concept that can affect health, well-being and job performance in negative dimensions.
CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

Literature review is an analysis or summary of previous researches towards a particular topic. The purpose of performing literature review is to evaluate related literature in order to guide and support the current writing, and to define each variable involved in this study. The focus area of this study is to examine the sources of stress among selected profession (nurses). Stress is defined as an adaptive response moderated by individual differences that are a consequence of any action, situation, or event that places special demands on a person (Ivancevich et al., 2008). Stress is an important topic in organizational behavior and management, whereby stress management is getting more attention both from scholars and for practical functions.

Stress is a state of mind, which effects certain biochemical reactions in the human body and is projected by a sense of anxiety (Tankha, 2006). Previous literature has focused on stress experienced by male employees but fewer studies have been carried out among female employees, especially in Asian countries. Even though women suffer fewer workplace injuries and illnesses than men overall, there are specific occupations, such as nursing aides (Hoskins, 2006). Followed by the increasing number of female workers globally, this study aims to fill the gap of understanding towards sources of stress experienced by female nurses in Kota Kinabalu, Sabah, Malaysia.
2.1 Occupational Stress

Stress is a word derived from Latin word "Stingere" meaning to draw tight. It is regarded as a force that pushes a physical or psychological factor beyond its range of stability, producing a strain within the individual (Mojoyinola, 2008). Generally, stress is the process by which environmental events (stressor or challenges) threaten us, how these threats are interpreted, and how they make us feel (Baum et al., 1997). It suggests excessive demands that produce disturbance of physiological, sociological and psychological systems (Selye, 1997). Stress is an important psychological concept that can affect health, well-being and job performance in negative dimensions, and it may be acute or chronic in nature (Akinboye et al., 2002). Negative connotations are usually ascribed to the term, yet some stress responses are of positive benefits. Eustress is a term commonly applied to these more positive responses, while the term distress appropriately describes negative aspects (McVicar, 2003). In this study, focuses are more on distress that leads to negative outcomes among female nurses. This is because distress is increasingly recognized as one of the most serious occupational health hazards reducing workers satisfaction and productivity, and increasing absenteeism and turnover (Gianakos, 2001).

For most employed people, work is a major part of life, and work and non-work activities are highly interdependent (Ivancevich et al., 2008). Stress experienced by workers at work is called job stress (Mojoyinola, 2008). Stress has become the most important factor influencing individual efficacy and satisfaction in modern day occupational settings (Tankha, 2006). The experience of stress represents a psychological state. It can result from exposure, or threat of exposure, both to the more tangible workplace hazards and to the psycho-social hazards of
work. Those hazards of work which are associated with the experience of stress are often termed stressor (Cox et al., 1996). Certain identified outcomes of job stress are sleep disturbance, difficulty in concentration, short temper, job dissatisfaction, aggressive or hostile behavior, absenteeism and blaming others or administration of tension (Mojoyinola, 2008).

Occupational stress can no longer be considered as an occasional or personal problem, it is becoming an increasingly global phenomenon, affecting all categories of workers, all workplaces and all countries. This trend-coupled with its rising cost to the individual, to industry and to society as whole-has greatly heightened awareness of the need for effective and innovative ways of tracking stress (Cox et al., 1996). Furthermore, research shows that the experience of stress at work has undesirable effects, both on the health and safety of workers, thus affects the health and effectiveness of their organization (Cox et al., 1996). From literature, job stress has been related to organizational problem such as absenteeism, turnover, poor job performance, accidents and errors, and alcohol and drug abuse (Williams et al., 2001).

2.2 Occupational Stress in Nursing

Workload, leadership/management style, professional conflict and emotional cost of caring have been the main sources of distress for nurses for many years (Mc.Vicar, 2003) and the nursing profession is increasingly characterized by occupational stress (Tankha, 2006), frequent job turnover, and job dissatisfaction (Cooper, 1986; Hawley, 1992). Particular concern has been expressed for the effects of stress on health-care professionals and, in particular, on nurses (Cox et al., 1996).
Dewe (1987) has concluded that nursing is, by its very nature, a stressful profession. Scholars have revealed a significant positive relationship between nursing stress and mood disturbance while a significant negative relationship between nursing stress and job satisfaction (Healy & Mckay, 2000). These results provided evidence for negative outcomes caused by excess occupational stress towards nurses.

Most studies on nurses have focused on those employed in hospitals or closely-related healthcare organization (Cox et al., 1996). Of the earlier studies, Toft and Anderson (1981) have identified seven major sources of stress, namely dealing with death and dying, conflict with physicians, inadequate to deal with the emotional needs of patients and their families, lack of staff support, conflict with other nurses and supervisors, workload, and uncertainty concerning treatment. About the same time, Ivancevich and Smith (1981) identified three principal sources of difficulty to complete nursing tasks; these are work overload, conflict and the working habits of head nurses or supervisors.

Many nursing tasks are mundane and unrewarding. It is hardly surprising that nurses, confronted by such events and tasks, have been reported to experience high levels of stress, and their difficulties appear to be further exacerbated by a range of organizational issues increasingly recognized as being instrumental to the stress process (Cox et al., 1996). Researchers have concluded that stress in nursing reflects the overall complexity of the nurses' role, rather than any particular aspects of their individual tasks (Cox et al., 1996). This is supported by Hillhouse et al (1997) who suggested that the effects of stress have more to do with the characteristics of the work environment and overall workload than with the degree of specialization on the unit. A survey of general and obstetric nurses
identified five potential sources of stress. These include work overload, difficulties relating to other staff, the difficulties involved in nursing the critical ill, concerns over the treatment of patients, as dealing with difficulty or helplessly ill patients (Dewe, 1987).

The responsibility of hospital management for the health of their nursing staff is set within a framework of national and international law. Although much of this framework focuses on the direct effects of the more tangible hazards of work, it has been strongly argued that it can be extended to encompass psycho-social and organizational hazards, stress and stress management (Cox et al., 1996). Identified occupational stress for nursing staff include workload pressures, pressures due to role ambiguity and coping with changing responsibilities, pressures dealing with patients, pressures due to conflicting demands of work and home, and finally organizational pressures due to lack of involvement in planning and decision making (Tyson et al., 2002). Lack of reward and shiftworking may also now be displacing some of other issue in order of ranking (McVicar, 2003). Findings of previous studies suggested that a number of stressful situations are commonly encountered by all nurses (Dewe, 1987). Various variables have been studied by scholar around the world. Variables that have been studied by scholars regarding sources of stress among nurses are summarized in Table 2.0.
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<td>Definition: Having too many responsibilities and too little time in which to attend to them (Duxbury <em>et al.</em>, 2010)</td>
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<td>Leucken <em>et al.</em>, 1997</td>
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<td></td>
<td>Fujino <em>et al.</em>, 2001</td>
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<td></td>
<td>McGrath <em>et al.</em>, 2003</td>
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<td></td>
<td>Tankha, 2006</td>
</tr>
<tr>
<td><strong>Job Strain / Time Pressure</strong></td>
<td>Cox &amp; Griffiths, 1996</td>
</tr>
<tr>
<td>Definition: When job demands are high and job decision latitude is low (Alterman <em>et al.</em>, 1994)</td>
<td>Leucken <em>et al.</em>, 1997</td>
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<td>Crongvista <em>et al.</em>, 2001</td>
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<tr>
<td><strong>Interprofessional / Intraprofessional Conflict</strong></td>
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<td>Definition: Conflict between people holding the similar or higher positions (Healy &amp; McKay, 1999)</td>
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</tr>
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<td></td>
<td>Healy &amp; McKay, 1999</td>
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<td></td>
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<tr>
<td><strong>Dealing with Critical Ill / Dying patient</strong></td>
<td>Dewe, 1987</td>
</tr>
<tr>
<td>Definition: Holding responsibility to person who are dying (Dewe, 1987)</td>
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<td><strong>Unrewarding</strong></td>
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<tr>
<td>Definition: Not giving employees feelings of achievement or pleasure (Cox &amp; Griffiths, 1996)</td>
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