

Research article

# **EFFECTS OF STRESS ON THE PERFORMANCE OF NURSES: EVIDENCE FROM GHANA.**

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## **ABSTRACT**

Occupational stress can no longer be considered an occasional, personal problem to be remedied with palliatives. It is becoming an increasingly global phenomenon, affecting all categories of workers, all workplaces and all countries of which nurses of KATH are not exceptional. In line with such an approach, this research is aimed at accessing the effect of stress on performance of nurses at KATH. Data for the study was gathered from both primary and secondary sources. A sample size of 70 nurses was selected using systematic random sampling method.

Empirical results from the data indicate that workload, Conflict among colleagues and supervisors are other major causes of stress in nurses at KATH. It was established from the research that stress affects output, quality of work which leads to client dissatisfaction of nurses. Therefore, stress has negative relation with the performance of nurses.

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**KEY WORDS:** Stress; Performance; Work overload

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## 1.0 INTRODUCTION

In recent times, there has been a growing belief that the experience of stress at work has unwelcome effects, both on the health and safety of workers and on the health and effectiveness of their organizations (Payne, 2001). This belief has been reflected not only in public and media interest, but also in increasing concern voiced by the trades unions and by scientific and professional organizations, including the International Labor Office. Particular concern has been expressed for the effects of stress on health-care professionals and, in particular, on nurses. He concluded that nursing is, by its very nature, a “stressful” profession. In a similar vein, Harris (2001) observed that every day the nurse confronted with grief, stark suffering, and death as few other individuals do. A lot of nursing tasks are unrewarding and mundane. Many are, by normal standards, disgusting and distasteful. Some are simply frightening, others are often degrading. It is barely amazing that nurses, faced by such tasks and events, have been detailed to experience high intensities of stress, and their difficulties emerge to be further worsened by a range of organizational matters increasingly accepted as being active in the stress process.

Stress has been grouped as a stimulus or antecedent, as a response or consequence, and as an interaction. It has been deliberated from many diverse perspectives. For instance, Smith et al (2001) anticipated a physiological evaluation that supports considering the connection between stress and illness. On the contrary, Cox and Griffiths (1996) argued that a psychological view in which stress is has a particular relationship between the person and the environment.

Menzies (1960) recognized four sources of nervousness among nurses: decision making, patient care, taking responsibility, and change. The nurse’s responsibility has long been considered as stress-filled based upon the human suffering, physical labor, work hours, interpersonal relationships and staffing that are vital to the work nurses do. However, in the last three decade the work stress of nurses’ have been rising due to the increasing use of technology, continuing going up in health care costs and unrest in the work environment.

Stress is a common and costing setback in today's working environment. Smith et al (2001) indicated that majority of workers report high intensities of stress and are associated with considerable rises in health service utilization. He also indicated that stress is the main cause of labor turnover, absenteeism, conflict and accidents in any organization. It is against this background that this study seeks to assess the effect of stress on performance of nurses at Komfo Anokye teaching hospital (KATH), one of the leading hospitals in Ghana. The questions that the study will seek to be answered are; what are some of the causes of stress among nurses at KATH? What is the effect of stress on the performance of nurses at KATH?

Nurses are the cornerstone of the nation’s health care industry, they do not only offer care and comfort, but also serve as role models for good health care. There is therefore adequate justification to study the effect of stress on the performance of nurses at Komfo Anokye Teaching Hospital. Such study will help the nurses to identify the causes of their stress and how to manage it and be able to deliver well to increase their performance.

## **2.0 LITERATURE REVIEW**

### **2.1 The concept of stress**

The basic concept is that stress relates both to an individual's perception of the demands being made on them and to their perception of their capability to meet those demands. A mismatch will mean that an individual's stress threshold is exceeded, triggering a stress response (Clancy and McVicar, 2002). An individual's stress threshold, sometimes referred to as stress 'hardiness', is likely to be dependent upon their characteristics, experiences and coping mechanisms, and also on the circumstances under which demands are being made. A single event, therefore, may not necessarily constitute a source of stress for all nurses, or for a particular individual at all times, and may have a variable impact depending upon the extent of the mismatch. Stress is usually defined from a 'demand-perception response' perspective (Bartlett, 2000). He integrated this view into a cognitive theory of stress that has become the most widely applied theory in the study occupational stress and stress management.

Assessing stress is likely to be very difficult in an occupation as diverse and challenging as health care, yet the effectiveness of organizational interventions to reduce or eliminate sources of stress depends upon a sound understanding of the stress phenomenon for nurses.

This research reviews the implications of the subjective aspects of stress perception for nurses who, with teachers and managers, are a professional group most likely to report very high levels of workplace stress (Smith et al., 2000). Assessment is further complicated because the term 'stress' is often use too simplistically. Negative connotations are usually ascribed to the term, yet some stress responses are of positive benefit (Bartlett, 2000). 'Eustress' is a term commonly applied to these more positive responses, whilst the term 'distress' appropriately describes negative aspects. 'Stress', therefore, should be viewed as a continuum along which an individual may pass, from feelings of eustress to those of mild/moderate distress, to those of severe distress.

Smith et al (2001) said occupational stress is a circumstance occurring from the relations of individuals and their works and characterized by changes in individuals that force them to depart from their usual functioning. They argued that the job load creates severe stress between managers and workers. If a manager cannot deal with the increased responsibilities it may show the way to several psychological and physical disorders between them.

Harris (2001) recognized four kinds of role conflict: Inter sender role conflict, Intra-sender role conflict, Role overload and Person- role conflict. The employ of role concepts proposes that job connected stress is related with interpersonal, and structural and personal variables. There is proof that role incumbents with high degrees of role ambiguity also respond to their situation with depression, anxiety, lower self esteem, physical symptoms, organizational commitment and lower levels of job involvement, and perceptions of lower performance on the part of the business, of superiors, and of themselves (Harris, 2001). Lack of useful consultation and communication, lack of involvement in the decision making procedure, unjustified limits on behaviour, office politics and no sense of belonging are recognized as potential sources of stressors.

Stress is frequently developed when a personal is assigned a lot of responsibility with no proper delegation of power and authority. Interpersonal factors like functional dependence, group cohesiveness, relative authority, communication frequency, and organizational distance linking the role sender and the focal people are significant subjects in organizational behavior. Stress develops when a person feels he/she is not capable to carry out the role assigned to him efficiently. The person feels that he/she lacks skill, knowledge, and training on performing that role.

Occupational stress is a progressively more significant occupational health setback and a important cause of economic loss. Occupational stress could produce both physiologic disabilities and overt psychological.

Nevertheless it could also cause subtle sign of morbidity that can influence productivity and personal well-being (Murphy, et al 1992). A job stressed person is possible to have increased absenteeism, greater job dissatisfaction, and increased frequency of smoking and drinking, amplify in negative psychological symptoms and self esteem and reduced aspirations.

## **2.2 Job stress**

Identification of job linked stressors and strategies that can be engaged to direct job-related stress for the nursing occupation have been getting increased concern by nursing associations, researchers and employers over recent years (Cox and Griffiths, 1996). A review of the literature did not reveal that stress levels differ significantly among practice areas, but nurses' perceptions of job strains varied among specialties. Therefore, it is imperative to appreciate that nursing in nature is stressful, rising the weakness of all nurses to the risks of job-related stress (Smith et al., 2001). However, the acute shortages of nurses especially in Intensive Care Units (ICUs) has prompted considerable research related to the identification of stressors for this group of nurses (American Association of Critical Care Nurses, 2002). Research has pointed out that increased in stress can bring about burnout, job dissatisfaction and precipitate attrition from intensive care units, thereby increasing employment costs (Smith et al., 2001).

## **2.3 Performance**

Performance is the output of work done. According to Decenzo et al (2002) performance is the effective and efficient work done, which considers personnel data such as measure of accidents, turnover, absence and tardiness. There are numerous key characteristics to Campbell's conceptualization of job performance which helps explain what performance means. First, Campbell defines performance as behaviour. This concept distinguishes performance from results. Results are the outcome of a person's performance, but they are also the outcome of other controls. It should be noted, there are other factors that decide results than just a worker's actions and behaviours. However, he permits exceptions when defining performance as behaviour. For example, he explains that performance does not have to be openly recognizable actions of a person but it could consist of mental productions like decisions or answers. Nevertheless, performance requires being under the person's control, in spite of whether the performance of interest is behavioural or mental.

## **2.4. Job stress in nurses**

Job related stress is a widespread problem across industry, but it is endemic in the human services where nurses form the largest group (Schaufeli and Greenglass, 2001). The topic of job stress in nursing has been documented for more than forty years and occupational stress in nursing is reported to be increasing in many countries. The assumption that nurses are prone to job stress and burnout - its most severe form – is grounded in a vast literature on occupational stress demonstrating that nursing is a ‘stressful’ occupation. The following quote is testimony to the embedded nature of stress in nursing. Nursing by its nature is subjected to a high degree of stress. Each day the nurse deals with grief, stark suffering, and death as few other people do. A lot of tasks are boring and unrewarding. Some are distasteful, normal standards, even disgusting, degrading and frightening (Sarafino, 2002).

Job stressors in nurses include high workloads, unbalanced and unsocial working hours, physical fatigue, the emotional load of dealing with patients, their families and those whose behaviours are difficult, uncertainty concerning treatment, and lack of staff support, conflict with supervisors, other nurses, and medical staff, dealing with death and dying, issues involving patient care, management difficulties, anxieties about technical knowledge and skills (Robinson et al., 2003). Overall the literature convincingly demonstrates that stress is a long-standing problem for nurses irrespective of type of nursing training, nationality, area or kind of clinical or non clinical work.

## **3.0 METHODOLOGY**

Data for the study was gathered from both primary and secondary sources. The primary source dealt with information gathered from selected nurses. Data collection was achieved by the use of questionnaire and interview to solicit information from the nurses. And also, the secondary data dealt with other written documents of the hospital which was meant for other purpose and not this research. The sample population of this study was 721 (Human Resource Department, 2012). 70 nurses were chosen representing 10% of the total population of 700 for the study. This sample size according to Saunders (2006) is appropriate for such population. It comprised of all nurses of various directorates at the hospital. Seventy (70) questionnaires were distributed to respondents.

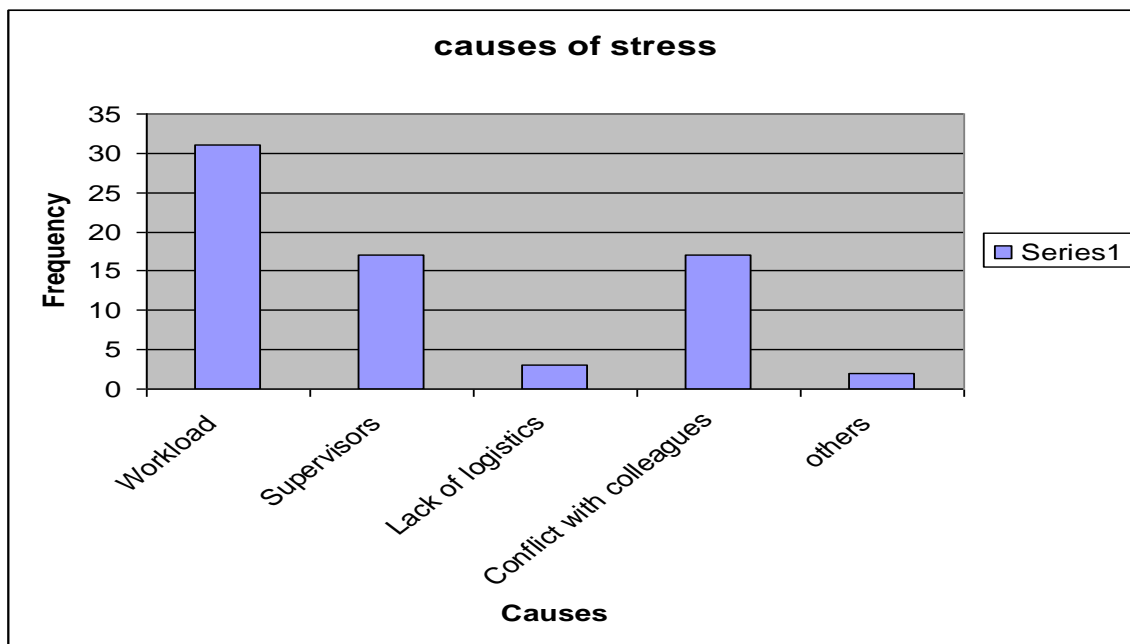
Systematic random sampling method was used to select nurses from various directorates to solicit their views on the subject matter. This makes it representative of all the nurses in the hospital. The data collected were analyzed by the used of frequency tables, percentages, bar charts. Information gathered from the nurses were first edited and tallied in frequency table. The values corresponding to frequencies were later converted in percentages to facilitate comparison between the responses. Microsoft Excel (spread sheet) was employed for the analysis.

## **4.0 DISCUSSION**

### **4.1 Causes of Stress in Nurses**

A lot of people experience stress every day, and stressors are similar for everyone. Some people by their nature are more prone to stress than others and likely to be stressed by things that would easily roll off someone else. Dissimilarity in people's features such as coping style and personality are most significant in forecasting whether certain job conditions will outcome in stress. It should note that stress is subjective because what is stressful for one may not be stressful for another. Even though the importance of personality differences cannot be disregarded, scientific facts advocates that certain working conditions are more stressful to most individuals. The figure below shows the response of the causes of stress among nurses at KATH.

**Figure 4.1** Causes of stress



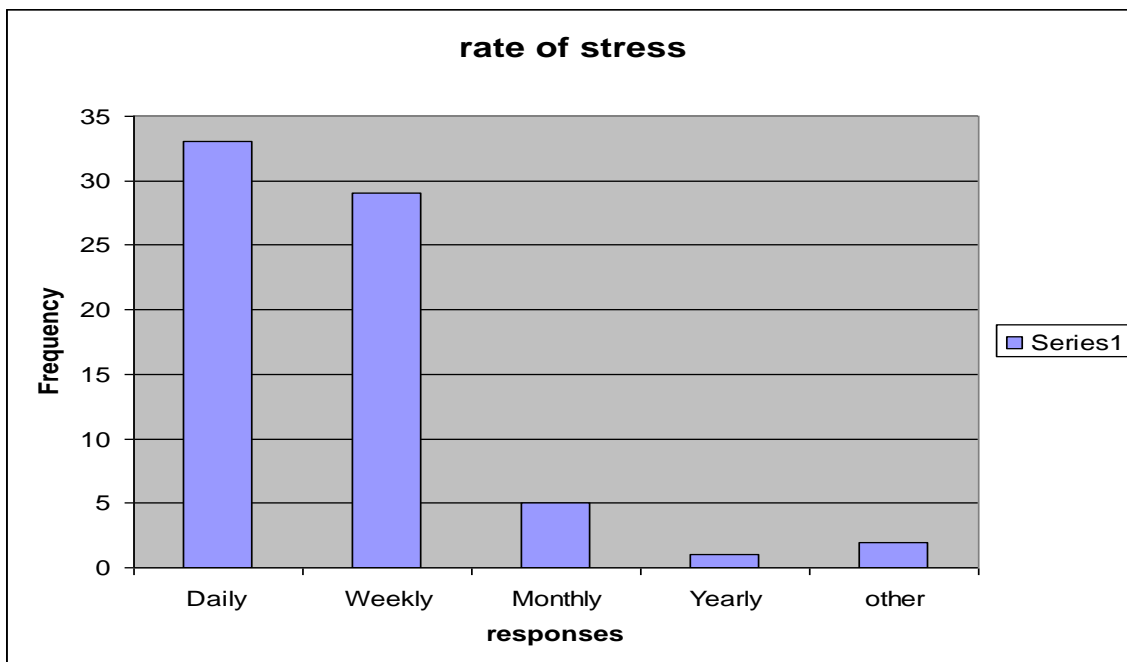
Source; Researcher's field work

The data collected indicated that workload was the major cause of stress among nurses in KATH. This confirms what American Nurses Association (Nursing World, September, 2001) stated that staffing issues are the number one concern of nurses nationwide. It accounted for 44.29% of stress among nurses. Workload is a situation in which a person faces too many roles or too great a variety of expectations. Nurses who have a heavy workload may be dissatisfied with their job, thus affecting their motivation for high-quality performance. It was also observed that conflicts accounted for 17% of stress among nurses in KATH. This is in line with Greenfield's (1999) suggestion that conflict is inevitable in stressful settings such as health care. It exists at many different levels between doctors, nurses, families, and ancillary staff. Supervisors also contributed 17% to the stress of nurses in KATH because of lack of useful feedback. Lack of logistics accounted for 4.29% of stress in nurses and others like poor addressing of concerns accounted for 2.86%.

#### 4.2 Rate/frequency of Stress among nurses

It was observed that 33 respondents representing 47% of nurses experience stress daily. This is mostly caused by workload, supervisors, conflict among colleagues etc. It was also observed that 29 respondents representing 41% experience stress weekly. The remaining which are 5, 1, and 2 representing 7%, 1%, 3% experience stress monthly, yearly and others respectively. These are as a result of lack of logistics and poor addressing of concerns. The figure below depicts the above data.

Figure 4 .2 Rate of stress



Source;

Researcher's field work

Table 4.1 Influence of stress on performance

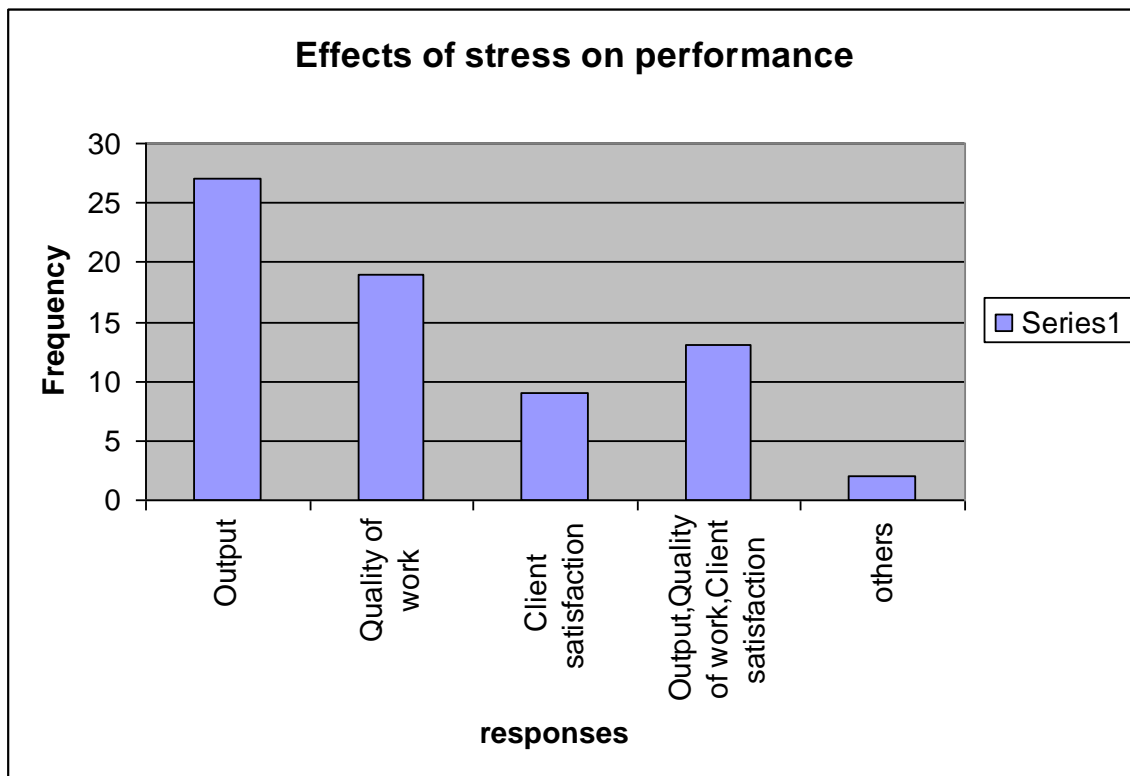
Influence of stress on performance	Respondents	Percentage
Strongly agree	39	55.71
Agree	29	41.43
Disagree	1	1.43

Strongly disagree	1	1.43
Total	70	100.00

Source; Researcher’s field work.

When the respondents were asked whether they agree that stress affects performance 39 respondents representing 56% said they strongly agree, 29 respondents representing 41% agree with the notion that stress affect performance and one respondent each representing 1 said they either disagree or strongly disagree.

**Figure 4.3 Impact of stress on performance of nurses**



Source; Researcher’s field work.

When the respondents were asked whether stress affects their performance, 27 respondents representing 38.57% said stress affect their work output, 19 respondents representing 27.14% said stress affect the quality of their work 13 respondents representing 18.57% said stress affects their output, quality of work and client satisfaction and finally 2 respondents representing 2.86% said stress affects their personal lives such as relationships at home.



**Table4.2 Relationship between stress and performance of nurses in KATH**

<b>Relationship between stress &amp; performance</b>	<b>Respondents</b>	<b>Percentage (%)</b>
Yes	70	100
No	0	0
Total	70	100

Source; Researcher's field work.

When the respondents were asked whether stress has relationship with performance, 70 respondents representing 100% said stress has relationship with performance. They went further to state that stress has negative relationship with performance. This means when stress increased among colleagues, their performance also goes down and vice versa.

**Table 4.3 Management of stress on nurses in KATH**

<b>Management of Stress</b>	<b>Respondents</b>	<b>Percentage (%)</b>
Get a reality check	5	7.14
Reflect on your situation	3	4.29
Seek out professionals	2	2.86
Regular recreational exercise for tension reduction	7	10.00
Enough rest	31	44.29
Days off from work	17	24.29
Discuss concerns with sympathetic person	5	7.14

Total	70	100.00
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Source; Researcher's field work.

The data collected indicated that enough rest was a major tool for managing stress among nurses in KATH. Getting enough rest is a good technique for managing stress. It helps relaxes the individual and also takes the person away from the stressors and also make people feel better and more resilient in dealing with the stress they are faced with even if they encounter the same stress factors. Out of 70 respondents, 31 respondents representing 44.29% stated that enough rest is good in managing stress among nurses. It was also observed that 17 respondents representing 34.29% stated that taking days off from work can reduce stress among nurses. Getting a reality check and discuss concerns with sympathetic person to reduce stress among nurses in KATH accounted for 7.14% each. Finally, 2 respondents representing 2.86% stated that they would seek out for professionals stress among nurses in KATH. 10% of the respondents said having regular exercise can help to reduce stress when they are stressed up.

## 5.0 CONCLUSION

In conclusion, it said that stress is a natural phenomenon that can be experienced by all human beings irrespective of gender or social status. Thus this subject matter must be well understood especially by management of organization such as KATH, in order to have a good policy direction to help promote high performance among nurses in the hospital and other such health institutions.

Organizations may be hesitant to spend money for additional programs and staffing, but could be convinced if they were really made aware of the high cost of occupational stress due to increased absenteeism, compensation claims, risks of litigation due to errors, negativity and decreased patient satisfaction. Decreasing stress for nurses in the workplace is multifaceted (Rosenstein, 2002). The first step is for organizations to recognize, and accept that the work environment is responsible for much of the stress experienced by nurses, and not just something that nurses have to deal with of their own. Therefore, administrators must be committed to implementing changes that will help to minimize some of the known stressors of nurses. Nurses need to feel that they are involved in decision making especially related to patient care issues. Therefore a more decentralized democratic management approach would be beneficial and this is imperative to increase nurses' visibility in the workplace by establishing programs that recognizes their contributions.

## REFERENCES

- [1] Bartlett, D. (2000), Stress, Perspectives and Processes. Health psychology Series. Chapter 1. Stress and Health, OUP, Buckingham, pp. 1–21.
- [2] Clancy, J. and McVicar, A. (2002). Physiology and Anatomy: A Homeostatic Approach, 2nd edn. Chapter 22: Stress., Arnold, London, pp. 611–633.

- [3] Couden, B. A. (2001). Sometimes I want to run: a nurse reflects on loss in the intensive care unit. *Journal of Loss and Trauma*, 7:35, 35-45
- [4] Cox, T., Cox, S. and Griffiths, A. (1996), Work related stress in nursing: controlling the risk to health. Retrieved November 20, 2012, from International Labour Office-Geneva Web Site: <http://www.ilo.org/public/english/protection/condtrav/pdf/4stress.pdf>
- [5] Demerouti, E., Bakker, A., Nachreiner, F. and Schaufeli, W.B. (2000), A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing* 32, 454–464.
- [6] Erlen, J. A., and Sereika, S. M. (1997), Critical care nurses, ethical decision-making and stress. *Journal of Advanced Nursing*, 26, 953-961. Retrieved December 18, 2002 from EBSCOhost
- [7] French, S.E., Lenton, R., Walters, V. and Eyles, J. (2000), An empirical evaluation of an expanded nursing stress scale. *Journal of Nursing Measurement* 8, 161–178.
- [8] Harris, N. (2001), Management of work related stress in nursing. *Nursing Standard*.16 (10), 47-52 279.
- [9] Payne, N. (2001), Occupational stressors and coping as determinants of burnout in female hospice nurses. *Journal of Advanced Nursing* 33, 396–405.
- [10] Rosenstein, A.H. (2000), Nurse-physician relationships: impact on nurse satisfaction and retention. *American Journal of Nursing*, 102(6), 26-34.
- [11] Sarafino, E.P. (2002), *Health Psychology. Biopsychosocial Interactions*, 4th edn, Chapter 3. Stress – Its Meaning, Impact and Sources. John Wiley and Sons, New York.
- [12] Smith, P. and Gray, B. (2001), Reassessing the concept of emotional labour in student nurse education: role of link lecturers and mentors in time of change. *Nurse Education Today* 21, 230–237.
- [13] Smith, A. M., Ortiguera, S. A., and Laskowski, E. R., Hartman (2001), A preliminary analysis of psychophysiological variables and nursing performance of increasing criticality. Retrieved November 24, 2012, from <http://www.mayo.edu/proceedings/2001/mar/7603a5.pdf>
- [14] The American Nurse. (n.d.). Chicago Tribune links short staffing errors. Retrieved March 16, 2012 from American Nurses Association Web Site: <http://nursingworld.org/tan/sepoct00/shrtstaf.htm>
- [15] Williams, A. (2001), A literature review on the concept of intimacy in nursing. *Journal of Advanced Nursing* 33, 660–667.