


Occupational Stress and Its Effects on Nurses at a Health Facility in Ho Municipality, Ghana

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Anita Fafa Dartey, PhD, M Nursing, OHNP, RN¹ ,
Vivian Tackie, MPH, BscN, RN¹, Comfort Worna Lotse, Mphil, BPH, RN¹,
Emmanuel Dziwornu, PhD, MPhil, BA², Derrick Affrim, BNur³
and Dabi Rejoice Delanyo Akosua, BNur³

Abstract

Introduction: The prevalence of occupational stress among nurses varies significantly around the globe. Nursing is often considered a stressful occupation and can have negative effects on the mental, physical, family relationships, and quality of care given to patients. The aim of this study was to explore the experiences, causes, effects, and coping strategies of occupational stress among nurses working at a health facility in Ho Municipality in Ghana.

Methods: The study employed a qualitative research approach with an exploratory design. Data saturation was reached with 18 participants. Purposive sampling was used to select participants, while semistructured interview guide with voice recorders were used in data collection. Data were manually transcribed and analyzed using thematic analysis.

Results: Overall, four main themes and ten subthemes were developed from this study. The main themes were nurses' perception of occupational stress, sources of occupational stress, effects of occupational stress, and coping strategies adopted to cope with occupational stress. The subthemes were as follows: negative and positive stressful feeling, individual level, hospital level, general body pain and fatigue, mental health problems, ineffective relationships, low work output, diversional therapy, positive work outcomes, and psychological support from others (family and colleagues).

Discussion: There are more negative effects of occupational stress on nurses. However, most of the nurses adopted coping strategies to reduce stress with little or no support from the hospital. More support from the hospital will be required to totally manage occupational stress.

Conclusion: The study findings revealed how stress affects the daily life and work output of nurses. It is crucial to comprehend how work-related stress affects nurses and what aspects of their workplace are the most burdensome.

Keywords

occupational stress, nurses, work challenges, Ho Municipality, thematic content analysis

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Introduction

Occupational stress is one of the most reported health challenges worldwide, with a financial impact of \$5.4 billion annually on productivity due to its negative consequences (Baye et al., 2020). The prevalence of occupational stress among nurses varies significantly around the globe, from 9.2% to 75.0%, where UK- and Nigeria-based studies reported 68% and Ghana-based study reported 75% prevalence (Guppy & Tim, 2017; Kassa et al., 2019; Kyreaa, 2014; Mohite et al., 2018).

Nurses are the largest workforce in any healthcare institution and play a pivotal role. They act as direct caregivers who serve hospitals 24 h a day (Baye et al., 2020). Several studies

have identified the causes of occupational stress among nurses. Workload, lack of equipment in caring for patients,

¹School of Nursing and Midwifery, University of Health and Allied Sciences, Ho, Volta Region, Ghana

²School of Medicine, Department of Psychological Medicine and Mental Health, University of Health and Allied Sciences, Ho, Volta Region, Ghana

³School of Nursing and Midwifery, University of Health and Allied Sciences, Ho, Volta Region, Ghana

Corresponding Author:

Vivian Tackie, School of Nursing and Midwifery, University of Health and Allied Sciences, PMB 31, Ho, Volta Region, Ghana.
Email: vtackie@uhas.edu.gh



dealing with the dying and death were identified as major causes of occupational stress among nurses (Adenike et al., 2019; Baye et al., 2020; Islam et al., 2021). Also, Tesfaye (2018) identified role conflicts and low levels of cooperation from patients and their relatives as causes of occupational stress among nurses. Moreover, workplace violence, poor salaries, and lack of participation by nurses in decision-making were also the most common stressors identified by other researchers (Chatzigianni et al., 2018; Habte et al., 2020; Kaburi et al., 2019). The repercussions of unmanaged occupational stress on nurses cannot be underestimated. In most organizations, the cost of stress consequences has become a huge burden. Studies at the individual level have shown that occupational stress among nurses can result in psychological, behavioral, and physical reactions. According to a study by Sarafis et al. (2016), it was found that work-related stress can be associated with many physical health problems such as migraines, muscle pain, back pain, joint pain, long-term physical illnesses, hypertension, irritable bowel syndrome, duodenal ulcer, and immune and endocrine system illnesses. Excessive occupational stress has been found to reduce the quality of nursing care. For instance, if a nurse is stressed, it is difficult to give holistic nursing care to patients which may increase patient mortality rate (Baye et al., 2020).

Most nurses adopt various coping strategies for managing occupational stress (Sarafis et al., 2016). Tesfaye (2018) and Chang and Chan (2015) found that, the three most commonly used coping strategies for Australian nurses were planned problem-solving, self-control, and seeking social support, while for Chinese nurses, they were positive reappraisal, self-control, and planned problem-solving. Nevertheless, nurses who turn to unhealthy coping methods often use food, alcohol, tobacco, and other drugs, or develop sedentary lifestyles as a byproduct of these negative coping techniques (Alomani, 2016; Scholze et al., 2017).

Although there are publications on the experiences, causes, and effects of occupational stress among nurses in Ghana, the literature reviewed showed little report on the effect of occupational stress on nurses in the Ho Municipality. Understanding the stress experiences of nurses would help in developing strategies and stress management programs which will increase productivity among nurses at large. To gather contemporary insights, this study adopted a qualitative design to explore the experiences of occupational stress among nurses working at selected hospitals in the Ho Municipality.

Review of Literature

Nurses' Experience with Occupational Stress

A study by Akweenda and Cassim (2016) and Kurki (2018) on the experiences of nurses with occupational stress indicated that nurses experienced psychological distress and intense workload due to occupational stress and that these had a negative impact on their quality of health. Also, Kaburi et al.

(2019) in an institutional-based survey among nurses at Salaga Government Hospital in Ghana revealed that a high proportion of the nurses perceived that their psychological well-being was adversely affected by occupational stress. As per the study by Kaburi et al. (2019), two out of every 10 nurses perceive that they are either highly or extremely stressed by their work. The proportion of nurses who perceive that work-related stress impacts more adversely on their mental health (82.0%) was almost twice than nurses who perceived that work stress affects their physical health (44.3%).

Causes of Occupational Stress Among Nurses

Work-related stress has been recognized as the main challenge for the nursing profession throughout the world (Mehta & Singh, 2014). Additionally, workload has also been identified as a cause of occupational stress among nurses. In a qualitative study among 23 nurses in Pakistan, Moustaka et al. (2010) reported that most nurses mentioned the lack of equipment at the workplace as a major cause of occupational stress, causing them to mostly improvise at the ward. In Ghana, Kyreaa (2014) documented in a cross-sectional study of 369 nurses in the Greater Accra Region that the lack of working equipment was the major source of stress for the majority of nurses (85%).

Effect of Occupational Stress on Nurses

According to Chatzigianni et al. (2018), occupational stress may affect the overall work performance of nurses. For instance, Kaburi et al. (2019) documented that occupational stress has been shown to cause a higher incidence of absenteeism and presenteeism among nurses leading to low productivity at work. Also, Jordan et al. (2016) in a qualitative study in the USA revealed that most nurses indicated that occupational stress reduces productivity at the workplace as it resulted in increased presentism among nurses. Psychological effects, such as increased arousal, feelings of uneasiness, emotional exhaustion, depression, fatigue, and burnout, are also described in relation to occupational stress among nurses. In Kenya, a cross-sectional study among 150 nurses revealed that the majority of nurses (84%) indicated that occupational stress causes depression and feelings of uneasiness.

Coping Mechanisms with Occupational Stress Among Nurses

In Bangladesh, a study by Adib-Hajbaghery et al. (2012) revealed that the majority of nurses (64%) cited taking days off duty as a common strategy to cope with stress in the workplace. More than half (52%) of the nurses said that seeing a patient discharged home without complications was how they dealt with workplace stress. Also, EL-Jardali et al. (2010) in a qualitative study among 25 nurses in Saudi Arabia identified that the most common

strategy adopted by the nurses in the management of stress in the workplace was asking a colleague for help. In Ghana, Abaa et al. (2013) in a cross-sectional study among nurses found that the major coping strategies for stress were expressing their feelings instead of bottling them up and time management. The objectives of this study are to explore the experiences, causes, effects, and coping strategies of nurses working at selected health facilities in the Ho Municipality.

Method

Study Design

The study employed a qualitative research approach with an exploratory design. Exploratory research investigates the full nature of phenomena rather than simply observing and explaining the phenomena and provides insight into a better understanding of an issue or situation. This design would enable the researchers to uncover the experiences, causes, effects, and coping strategies of occupational stress among nurses working at selected health facilities in the Ho Municipality.

Research Questions

1. What are the experiences of nurses with occupational stress at a selected health facility in Ho Municipality?
2. What are the causes of occupational stress among nurses working at a selected health facility in the Ho Municipality?
3. What are the effects of occupational stress on the work performance among nurses working at a selected health facility in Ho Municipality?
4. What coping strategies do nurses adopt in managing occupational stress at a selected health facility in Ho Municipality?

Sample and Sampling Technique

Convenience sampling was employed in this study, and data saturation was reached after the 18th participant when additional data did not lead to any new emergent theme (Gray et al., 2017). In qualitative healthcare research, convenience sampling is a nonprobability sampling in which researchers recruit participants who are convenient and easily accessible. This sampling technique was chosen because it allowed the researchers to subjectively select people who have met the inclusion criteria and are willing to be approached and become part of the research. The study focused on nurses working at the selected facility who willingly consented to take part in the study.

Research Instrument and Data Collection Techniques

A semistructured interview guide which consisted of both closed-ended and open-ended questions was used based on review of literature. This instrument was chosen because it permits freedom of responses and provides insight into a comprehension of an issue. The interview guide was made flexible for interviewer to ask in depth questions in certain areas where new themes were generated. To ensure a higher degree of rigor of the interview guide for the study, a pretest was conducted among three nurses at another government hospital. The selected hospital has a 320-bed capacity hospital serving as a referral healthcare facility and has a staff strength of 650 of which 367 are nurses and midwives. It is strategically located to provide specialized healthcare services to the people of the Volta Region and beyond. It has about 20 major wards and units, namely, male medical ward; female medical ward; male surgical ward; female surgical ward; maternity ward; gynecological ward; labor ward; children's ward; intensive care unit (ICU); theater, neonatal intensive care unit (NICU); ear, nose, and throat (ENT) unit; eye unit; mental health units; and cardiothoracic unit. This hospital primarily provides curative care, which is mainly clinical and preventive care, in the form of health promotion services, with the following specific services being rendered: outpatient department (24-h accident and emergency services and consultation) and in-patient services. There are different categories of nurses ranging from Deputy Director of Nursing to Enrolled Nurse with the education qualification of master's degree in science to health assistant certificate, and above all, they are licensed to practice, and they have their professional certificates as well. They provide both in-service and outpatient services.

The study population included all registered nurses with at least 1 year of working experience at the selected hospitals. A year's experience was deemed long enough for the nurses to have experienced occupational stress. Informed consent was obtained from the individual nurses after an explanation of the nature of the study. The place and time for face-to-face interviews was scheduled according to the participants' convenience. This study was conducted in December 2022. All interviews were conducted in English language since it is an official language. Each interview lasted between 30 and 45 min, which was recorded using digital audio recorders as well as detailed field notes.

Data Management and Analysis

The outcomes of the interview were analyzed using thematic content analysis. A satisfactory thematic content analysis depicts the thematic content of interview transcripts (or other texts) by detecting common themes in the texts presented for analysis. The data were compared with notes taken during the interview process to check for possible omissions or additions. Using Nvivo software for qualitative

research, codes were developed into themes and subthemes for the write-up. This software allows for coding, sorting and retrieval of data. Three researchers were involved in carrying out coding. Deductive approach was applied in this study. The researchers studied what others have done, read existing theories, and then tests hypotheses that emerge from those theories. In order to minimize interobserver bias, all authors were trained to make sure data are consistently recorded ensuring interrater reliability. Also, all observation procedures were standardized making sure they were well structured and clear. The researchers reviewed and discussed the categories and themes to ensure that participants' views were represented.

Sony ICD-PX470 Digital Voice Recorder was used in audio recording. The researchers transcribed all the audio tape-recorded information verbatim into readable texts after listening to the audios severally. Direct quotations from participants were presented to ensure that the participants' responses were reflected in the study. Field notes were also reviewed to add depth to the analysis.

Ethical Approval

The study was approved by an Ethical Review Committee. Approval was also obtained from the selected hospital, and individual participants signed the consent form as appropriate. The nature, purpose, and procedure of the study were explained to the participants. A written consent was obtained from participants who partook in this study. These individual participants and witnesses signed a consent form as appropriate. Participants were informed that participation in the study was completely voluntary and that they might.

Results

Sociodemographic Characteristics

The table provides a detailed information on the sociodemographic characteristics of all 18 participants in this study (Table 1).

Research Question Results

All 18 participants in this study affirmed that they suffer from stress as a result of the nursing related work. Four themes and 10 subthemes emerged from the analysis of this study (Table 2).

Theme A: Nurses' Perception on Occupational Stress

Seventeen out of the 18 participants had a negative feeling about occupational stress. Only one among the 18 participants mentioned that she felt positive about occupational stress.

Table 1. Demographic Characteristics of Study Participants.

Demographics		Frequency (n)	Percentage (100%)	
Age	20–24	1	5.6	
	25–29	4	22.2	
	30–34	8	33.3	
	35–39	2	22.2	
	Anonymous	3	16.7	
Marital status	Married	9	50.0	
	Single (never married)	9	50.0	
	Divorced/separated	0	0	
	Widowed	0	0	
Qualification	Master's degree	4	22.2	
	Degree	9	44.4	
	Diploma	4	22.2	
	Certificate	1	5.5	
Rank	Deputy Director Nursing Service	2	11.1	
	Principal nursing officer	3	16.6	
	Senior nurse officer	3	16.6	
	Nurse officer	6	33.3	
	Staff nurse	4	22.2	
	Enrolled nurse	1	5.5	
	Years of working experience	1–3	8	44.4
		4–6	5	27.8
7–9		3	16.7	
10–12		2	11.1	
Years of serving in study hospital	1–3	7	38.8	
	4–6	7	38.8	
	7–9	2	11.1	
	10–12	2	11.1	
Role of nurses in study hospital	Nurse matron	2	11.1	
	ICU nurse	5	27.7	
	OPD nurse	4	22.2	
	Theater nurse	2	11.1	
	Peri-/postoperative nurse	2	11.1	
	ENT nurse	3	16.6	
	Sex	Female	12	66.7
	Male	6	33.3	

Note: ENT = ear, nose, and throat; ICU = intensive care unit; OPD=Out-patient Department.

Subtheme A1: Feelings of Occupational Stress

Seventeen of the participants stated that they feel bad about occupational stress. Quotes from participants to support these are:

... I feel bad about occupational stress, if something can be done about it, it will be good. To me, occupational stress

Table 2. Summary of the Themes and Their Subthemes.

Objectives	Themes	Subthemes
Occupational stress experiences of nurses	Theme A: Perceptions of nurses on occupational stress	A1. Feelings of stress
Causes of occupational stress among nurses	Theme B: Sources of occupational stress	B1. Individual level sources B2. Hospital level sources
Effects of occupational stress among nurses	Theme C: Effect of occupational stress on work life	C1. General body pain and fatigue C2. Mental health issues C3. Ineffective relationships C4. Low work output
Coping strategies adopted by nurses to cope with occupational stress	Theme D: Adaptive mechanisms used by nurses	D1. Diversional therapy D2. Positive work outcomes D3. Psychological support from others (family and colleagues)

doesn't have any positive side. So, my opinion on stress is something that makes you uncomfortable. Today for instance I'm tired, I want to rest but because of the profession I have chosen I can't rest.... (Participant N6, 33 years old)

... I don't think occupational stress has much positive sides as compared to the negative side, because when you are in the house you don't experience them but the job will make you experience those things.... (Participant N8, 27 years old)

One participant mentioned that she has a positive feeling about occupational stress because she learned something new. She explained:

... Even despite the fact that you will be stressed, you will end up learning something new. That will be positive.... (Participant N12, 26 years old)

Theme B: Sources of Occupational Stress

This theme represents participants' views on the sources of occupational stress. Two subthemes, that is, at the individual level and hospital level, emerged from this theme.

Subtheme B1: Individual-Level Sources

This subtheme describes the causes of occupational stress at individual level. Work overload, death and dying, attitude from colleagues, behavior and pressure from patients and relatives, and ergonomics were sources identified by the participants.

Six of the participants mentioned work overload to be the source of occupational stress. Some participants explained:

... So, at individual level, well first of all I think it has to do with the work overload. Truth be told, sometimes the burden is unbearable. The workload especially during the day is just too much. (Participant N18, 31 years old)

Another participant was of the same view:

... I think the work load is part... there are unexpected patients that come... As I said we are managing orthopaedic and urology together. Imagine I came for morning shift and I'm supposed to close at 2 and maybe by 1:00 pm I've some admission or transfer in like 3,4,5. The afternoon staff are not yet in, I have to receive all those cases so that I can hand over to them when they come. And before that time too, I have to administer medication, empty bedpans and when there is the need to bath patients... Performing these duties can be stressful... (Participant N4, 34 years old)

Five of the participants mentioned death and dying as the source of occupational stress to them as participants explained:

... Patient dying will stress you because we are all humans, someone going just like that is a kind of a stress. You even finish doing the last office but within you, you don't feel okay. You even go home and still be thinking about this patient... (Participant N12, 26 years old)

... A patient dying is stressful because at times you wish your client will recover but the client has passed out so you will be stressed and all your effort is wasted, it's a bit of stress to me.... (Participant N13, 37 years old)

Four of the participants said that behavior, pressure, and expectation from patients and relatives were the sources of occupational stress among them. This was what the participants had to say:

... The patients give us pressure; someone will intentionally do that to see if you will get annoyed at them. Bone pain is more severe than that of the skin, so at times too it's not them, it's the pain that they go through, they want to displace that anger on the nurse. I remember one day, I was

administering some drugs which was painful. I said sorry alongside but the patient said oh! Why are you telling me that, will sorry heal me? Will it cater for the pain? So as for the patients', they give us stress.... (Participant N4, 34 years old)

... Patient's relatives also stress us a lot, example is, when you admit a patient you tell them about the protocols, we orientate them, but they still tell their relatives to come at odd times and when you tell them it is not visiting time, they don't understand because some of the patients might need rest at that moment. And when they come and the person is even sleeping, they will wake the patient up which is very bad. That one too is stressful.... (Participant N6, 33 years old)

Two of the participants mentioned ergonomics (bad posture) to be the source of occupational stress to them at the individual level. Some participants explained:

... That is what I said posture, body mechanics, the way you lift patient, and you are supposed to position yourself before you do the lifting and if you don't get it right you end up exposing yourself and its stressful. Standing for long hours, even pushing patient to x ray, you get to x ray and they will ask you to lift the patient up from the bed, that's my major problem.... (Participant N11, 30 years)

... So, for me personally, if you want to look at some of the causes of stress, I'll say it has to do with the kind of work that I do on the ward. Mostly you have to be busy throughout the entire shift standing, writing, bending and that's stressful.... (Participant N1, 25 years old)

Subtheme B2: Hospital-Level Sources

At the hospital level, participants stated lack of logistics, unfavorable shift schedules, and low staff strength, as the sources of occupational stress to them.

Six of the participants mentioned unfavorable shift schedules and low staff strength to be the sources of their occupational stress. Some participants explained:

... Hmm! I will say the time table is a major cause, yes, it is done based on the strength of the staff. So maybe, I may have an agenda but because of my shift I can't go and if I'm too tired I can't rest unless I'm given excuse duty. This is really stressful.... (Participant N6, 33 years)

... the nurse to patient ratio is very low so most at times the number of patients outweigh the nurses caring for them and we are overburdened.... (Participant N9, 31 years old)

Eight of the participants mentioned lack of logistics to be the source of occupational stress at the hospital level. Some participants explained:

... At hospital level, when things are not put in place, for instance, let's say equipment to work with are not there, as I'm talking currently, we have shortage of syringes, and you're supposed to serve medications, you know all these contribute to it, so if management does not provide the equipment required or logistics for us to use it causes us so much frustration and stress.... (Participant N18, 31 years old)

... If I want to perform a procedure and the equipment are not available it stresses me up. Maybe you want to pass catheter urgently but there is no gel and you need to go to other wards to and beg for some. Maybe there is suturing to be done yet suturing set is not available. The client's relative may not understand why you're delaying, they'll say they've brought their patient and after 2 h nothing has been done meanwhile it is not my fault.... (Participant N6, 33 years old)

Theme C: Effect of Occupational Stress

This theme describes the outcomes occupational stress had on participants' physical health, mental health, family relationship, and quality of nursing care.

Subtheme C1: Effect of Occupational Stress on Physical Health

Participants stated that they experienced fatigue and pain at different parts of the body and contracted other diseases as a result of occupational stress. Seventeen participants mentioned that they experience pain at different parts of the body.

Seven of the participants had waist and back pains as an outcome on their physical health. Participants explained:

... Physically it affects you, like headache, joint pain, back pain, fatigue all stem out as a result of standing for long hours and lifting of patients.... (Participant N18, 31years old)

... One of the effects that I have experienced from stress is, it can cause you to have, waist pain, back pain.... (Participant N6, 33 years old)

... If I'm in pain and I come to work, I'm not able to concentrate on the work because my concentration is all on the pain.... (Participant N5,30 years old)

Subtheme C2: Mental Health Problems

In terms of the outcome occupational stress had on the mental health of the participants, depression, anxiety, inability to concentrate, frustrations, and posttraumatic stress disorder (PTSD) were the effects mentioned by the participants in this subtheme.

Four of the participants mentioned that they are unable to concentrate as a result of occupational stress on their mental health. Some participants explained:

when you have a stress-free environment, you can give your all. But when you are stressed out mentally, then it means, you will be lacking at some point... the decision you make for your patient may not be from a concentrated mind hence may not be correct.... (Participant N15, 32 years old)

One participant mentioned frustration as an impact on her mental health. She explained:

... You become frustrated, imagine there's a patient gasping or a patient's condition is not good and you need to give oxygen and there's no oxygen anywhere, then the patient passes on just like that. You may go home and you are like "This man paa", relatives come and they are crying. You will have some emotional stuff on you. Sometimes you will go and talk to yourself but at least you did your best. It was just beyond your capabilities.... (Participant N2, Anonymous age)

One of the participants said the impact of occupational stress had on his mental health was PTSD. He explained:

... I have suffered post-traumatic stress disorder before, as a result of this work but I just kept it at personal level. There were points at work where I lost some patients under my care. It wasn't easy, it really affected me psychologically for some time. (Participant N18, 31years old)

Subtheme C3: Ineffective Family Life and Relationships

This theme represents the outcome that occupational stress had on the participants in terms of their family relationships.

Twelve of the participants mentioned that stress from work prevented them from having enough time for their families. Some participants explained:

... Yes, it has an effect on family relationships, you don't have time for your family especially when you're on night shift.... (Participant N7, 30 years old)

... maybe let's say that I'm stressed at the work place, I can even get home and not feel like talking to anybody, I don't talk to friends, I don't talk to family, so it doesn't build cordial relationships, it rather destroys it.... (Participant N17, Anonymous age)

One participant said occupational stress causes her to displace anger she got from work on family. She explained:

... at times the stress from work makes you displace your anger on your children and your wife. It does happen in my case.... (Participant N9, 31 years)

Subtheme C4: Low Work Output

All the participants stated low productivity and poor-quality service delivery as a result of stress from their nursing work.

Quotes from participants to support these are:

... It does affect the quality of nursing care, very much, because we normally accumulate stress from a previous shift and it does affect the subsequent ones. For instance, I was very stressed up the previous day, yet I'm supposed to come to work early today and relieve my colleagues to go home but because of the stress from the previous day, I was not able to wake up early. Even as I'm here, I'm so much fatigued, I cannot work effectively as I'm supposed to. Because of that patients may see me to be lazy or pretending to be tired and this leads to low productivity.... (Participant N18, 31years old)

... When I'm stressed up I'm not really able to render the nursing care as expected. Anytime I'm under stress, there will be one or two incomplete jobs, because you can't do all.... (Participant N14, 37 years)

Theme D: Strategies Adopted by Nurses

This theme describes the various coping strategies adopted by participants to cope with occupational stress. Diversional therapy, expressing anger on patients and others, seeing patients discharged, time management, and receiving support from the hospital, family, and other colleagues were some of the coping strategies adopted by the participants.

Subtheme D1: Diversional Therapy

Fifteen of the participants said they use diversional therapy as way of coping with occupational stress. Some participants shared their strategies:

.... So, when it comes to the coping strategies, what I do is, I watch football games a lot, normally when I go home, I just tune in and watch my football matches and then listen to music. I also do some indoor press ups to gain small muscles or maybe go for a trip.... (Participant N18, 21 years old)

... For me I like watching movies, then music once in a while, when I come to the workplace, I talk with my colleagues, in the house I talk to my husband and my kids.... (Participant N14, 37 years)

Subtheme D2: Positive Work Outcomes

Four participants mentioned that positive work outcomes such as seeing their patients discharged are the way they cope with occupational stress. Participants explained:

... The joy in seeing a patient discharged. Patients come with stroke, and not able to swallow yet they go back home with some improvement even though they may not be fully recovered. Anytime a patient is discharged, and we hear words like “akpe loo” (thank you), we are happy.... (Participant N2, Anonymous age)

... When the ward is full, and within a short time patient’s condition improves and they are discharged, it brings relief and joy. So, once they discharge them, that stress is off.... (Participant N3, 28 years)

Subtheme D3: Psychological Support from Others (Family and Colleagues)

Eight of the nurses mentioned that receiving support from their families and other colleagues was a way they coped with occupational stress. The following participants shared this view:

... My husband supports and encourages me, cools my temper, at times my children also do same. Sometimes too if your colleagues see that you’re stressed, they calm you down.... (Participant N4, 34 years)

... We sometimes get support from colleagues. When you report to work and you’re not feeling well, like I said, they sometimes work in your stead and when any of them is also in similar situation, we do same for them.... (Participant N7, 30 years old)

Discussion

These findings revealed that nurses’ perception of occupational stress was predominantly negative. Based on their personal feelings, majority of the participants claimed that occupational stress is bad. In a study conducted in the UK, one of the three occupations with the most stress is nursing (Health & Safety Executive, 2020). This is consistent with findings from a correlational study conducted among nurses in public and private facilities in Greece (2013). It was concluded that while it can be viewed as having an effect on patient outcomes, occupational stress negatively affects nurses’ quality of life (Sarafis et al., 2016). Additionally, Kaburi et al. (2019) and Akweenda and Cassim (2016) revealed that a high proportion of the nurses perceived that their psychological well-being was adversely affected by occupational stress. One participant stated that he has a positive feeling about occupational stress. Simon

and Amarakoon (2015) defined stress as either good stress or negative stress, which is consistent with this line of reasoning. While good stress is positive and it motivates employees to perform, bad stress brings negative consequences.

Occupational stress results from various worker environment interactions (Tan & Yip, 2018). The current study found that patient and their relative’s behavior, pressure and expectation, work overload, and colleague’s attitude are sources of occupational stress consistent with Hasan and Tumah (2019), Adenike et al. (2019), and Godwin et al. (2016). It was observed that participants’ experience of helplessness during a patient end-of-life processes (dying) exerts stress for the nurse, similar to the findings of Dartey and Phuma-Ngaiyaye (2020), Kassa et al. (2019), and Starc (2018), who identified dealing with patient death as a source of occupational stress among nurses. Maybe, the stress associated with caring for dying patients could be because nurses have traditionally focused on providing care to the living, with often dramatic efforts to preserve life. Attitude from colleagues was another major cause of stress to nurses in the current study. At the hospital level, lack of logistics, unfavorable shift schedules, and low staff strength were mentioned by the participants as source of occupational stress. These factors have been reported in others studies including Rivaz et al. (2017), Yuwanich et al. (2015), and Adib-Hajbaghery et al. (2012).

In terms of the effects of occupational stress on participants’ physical health, pain (waist, back, body, and headaches) was experienced, and this concurs with Bryndal et al. (2022), who demonstrated that excessive strain of the spine associated with occupational activities has a strong impact on the intensity and frequency of spinal pain episodes and that physiotherapists and nurses mainly suffer from low back pain. Adhikari and Dhakal (2015) observed 50% absenteeism among nurses by sick leave due to low back pain, many of them and many more could not perform their job properly because of low back pain.

Occupational stress had an effect on participants’ mental health, resulting in anxiety, depression, frustrations, poor concentration and PTSD. Participants in this study suffer depression and anxiety as a result occupational stress. This finding is consistent with the finding of Chhabra (2022) and Yang et al. (2018), which stated that depression and anxiety are the most common mental health problems in the nursing community. Bowen et al. (2021) reported that nurses experience “frustration, fatigue, strain on personal and professional relationships, and anger/irritability.” Again, Liu et al. (2022) also showed that mental health nurses experience symptoms of PTSD. All these are demonstrated in the current findings.

Another effect of stress identified in this study is ineffective family life and relationships. Less time for the family and displacement of anger on family were some outcomes mentioned by majority of the participants. These finding agree with Repetti and Wang (2017), who stated that daily job

stressors influence family interactions through their impact on the employee' mood, thoughts, and coping behaviors. In the long term, family relationships can be shaped by those experiences in both positive and negative ways. Some spouse "cross-over" effects appear to represent accommodations of the employed partner under stress. For instance, a spouse's increased provision of social support and involvement with children are evidence of dynamics that go beyond a simple and direct transfer of stress from work to home (Repetti & Wang, 2017). All the participants in this study reported job dissatisfaction and low productivity as effects of occupational stress. Sarafis et al. (2016) found that occupational stress may affect significantly nurses' quality of life and simultaneously reduce the quality of care, staff truancy, and low levels of productivity. Participants reported diverse coping strategies among which are diversional therapy (listening to music, watching movies, enough sleep, indoor press ups, going for trips, taking a warm bath and relax, and leaving the house to a calm environment), positive work outcomes (seeing patients discharged), and receiving psychological support from colleagues and family. This is supported by Baral and Subedi (2021), who found that nurses adopted different activities to keep themselves busy based on comfort and situation: listening to music; playing indoor and outdoor games; watching television, films, or movies; surfing the internet; engaging in household chores; sharing events and incidents; calming down; crying; and going through newspapers. One participant stated that he attends stress management workshops as a way of coping with occupational stress and this is in line with Craigie et al. (2016), who explained that these educational workshops have significant positive impact on stress, depression, burnout, and trait negative affect, as well as improving levels of compassion, satisfaction, self-compassion, and subjective quality of life.

Strengths and Limitations of the Study

This study is one of the few that specifically examines how stress affects nurses. The exploratory character of the study contributed to a broader and more contextual knowledge of the phenomenon. However, because this study is qualitative, it cannot be generalized.

Implications for Nursing Practice

Nurses play an important role in the provision of timely and quality services. Findings from this study would influence new policies, improve on existing policies, and remove non-working policies in relation to occupational stress among nurses. This study could also serve as a reference manual for nurses in dealing with work-related stress. Additionally, findings from this study would help hospital administrators, nursing managers, and other relevant stakeholders in developing strategies in managing occupational stress among nurses.

Conclusion

The study findings revealed how stress affects the daily life and work output of nurses. It is crucial to comprehend how work-related stresses affect nurses and what aspects of their workplace are the most burdensome. It is also crucial to learn more about the working environment, occupational stress, and job satisfaction of nurses because this information could help them reduce occupational stress and boost job satisfaction and productivity. Moreover, workplace stress is not just a result of organizational issues and obligations. It is reasonable to infer that occupational stress varies between cultures and countries due to differences in working conditions, education, social position, and the autonomy of nurses in various cultures. As a result, research on work-related stress among nurses in many nations is necessary, and the results of such studies must be evaluated in light of the sociocultural contexts in which they were done.

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ORCID iD

Anita Fafa Dartey  <https://orcid.org/0000-0002-8263-4562>

Supplemental Material

Supplemental material for this article is available online.

Ethical Consideration

The study was approved by the Ethical Review Committee at the University of Health and Allied Sciences, Ho, Ghana with reference (UHAS-REC A.11[168] 21-22). Approval was also obtained from the selected hospital and individual participants signed the consent form as appropriate. The nature, purpose, and procedure of the study were explained to the participants. A written consent was obtained from participants who partook in this study. These individual participants and witnesses signed a consent form as appropriate. Participants were informed that participation in the study was completely voluntary and that they might drop out at any time without consequence. Confidentiality and anonymity were ensured by assigning pseudonyms to participants' names (Participant 1, Participant 2, etc.).

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