



Study on Stress in Nursing Profession in Bangladesh

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ABSTRACT

Occupational stress is one of the key factors in reducing staff productivity in any organization with physical and psychological impacts on employees or staffs. Nursing is among the most stressful professions. Therefore, this study aimed to assess the extent of perceived level occupational stress and its association with work-related and non-work related variables as causes of stress and work ability among nurses in Bangladesh. Now a days there is increased demand and progress in the nursing profession. Along with these stress among the nurses has also increased. Purpose of the study was to explore the stress in nursing profession in Bangladesh, to find out the reasons of stress in nursing profession in Bangladesh and to provide the policy recommendations to overcome the stress in nursing profession in Bangladesh. Sampling method was simple random sampling. Data was collected by face to face interview with the help of semi-structured questionnaire and finally all data were analyzed using SPSS/ Excel software. Statistically significant difference was found between sex, occupational stress and religion, educational status, and type of work. Few nurses suffered from high stress but high level of stress were more in male, non Muslim, post graduate nurse and those who were engaged in administrative work. Nurse Managers should take appropriate actions to decrease stress helping their nurses to work efficiently and effectively. This review has identified multiple factors related to the experience of role stress in nurses. Role stress, in particular, work overload, has been reported as one of the main reasons for nurses leaving the workforce. It is therefore a priority to not only reduce workload by attracting more nursing staff into the workforce, but to find new and innovative ways of supporting nurses in their experience of role stress.

Keywords: *Stress, nursing profession, occupational stress, Bangladesh*

INTRODUCTION

Role stress in nurses continues to be an area of great interest to the profession, particularly as stress affects the mental and physical health of the nurses as well as having an economic cost to the community (Cooper, 1998). Evidence by a review of the literature conducted by Lambert and Lambert (2001) found that over 100 articles on role stress in nursing had been published in English over the past two decades, signifying the underlying importance of this area and its continued lack of resolution. Changes continue to occur rapidly in the health care area, and currently an epidemic exists of an international shortage of nursing staff that shows little sign of abating (Janiszewski Goodin, 2003). In the USA, more than 10 000 nurses are required to meet existing shortages, with demand outstripping supply by more than 800 000 by 2020 (Buerhaus, 2004). In Australia, the shortage is the greatest since World War II and there will be a shortage of up to 40 000 nurses by 2010 (RMIT University, 2003).

This situation, coupled with an environment of increasing consumption of health care goods and services, indicates the need for continued attention in identifying the most problematic areas for nurses in terms of work stress. This information can be used in supporting nurses in their roles.

This article reviews literature on factors related to role stress in nurses from 2000 to 2003, followed by a discussion on potential suggestions for strategies to reduce this experience for nurses, based on the literature.

OPERATIONAL DEFINITION

Stress: Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree.

Stress management: Stress management offers a range of strategies to help you better deal with stress and difficulty (adversity) in your life. Managing stress can help you lead a more balanced, healthier life. Stress is an automatic physical, mental and emotional response to a challenging event. It's a normal part of everyone's life. When used positively, stress can lead to growth, action and change. But negative, long-term stress can lessen your quality of life.

Stress management approaches include:

- a) Learning skills such as problem-solving, prioritizing tasks and time management.
- b) Enhancing your ability to cope with adversity. For example, you may learn how to improve your emotional awareness and reactions, increase your sense of control, find greater meaning and purpose in life, and cultivate gratitude and optimism.
- c) Practicing relaxation techniques such as deep breathing, yoga, meditation, tai chi, exercise and prayer.
- d) Improving your personal relationships.

Nurse: The term nurse originates from the Latin word *nutire*, which means to suckle. This is because it referred primarily to a wet-nurse in the early days and only evolved into a person who cares for the sick in the late 16th century. In other words a nurse is a caregiver for patients and helps to manage physical needs, prevent illness, and treat health conditions. (Source: <https://www.news-medical.net/health/Roles-of-a-Nurse>)

Registered nurse: A registered nurse is a person who has passed General nursing and Midwifery examination after training in a recognized school of nursing and has been granted a license to practice nursing profession.

Nursing: Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (Source: International Council of Nurses 2002)

OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

1. To explore the stress in nursing profession in Bangladesh.
2. To find out the reasons of stress in nursing profession in Bangladesh.
3. To provide the policy recommendations to overcome the stress in nursing profession in Bangladesh.

METHODOLOGY OF THE STUDY

Research Design: A cross-sectional study was conducted with nurses at Governmental and Non-Governmental hospitals.

Study Area: The study was conducted at Dhaka city in Bangladesh.

Sample size: Total 400 respondents were selected.

Sampling Technique: A random sampling technique was used for the study.

Study Respondents: Senior staff nurses and nurses in Dhaka District were the study respondents

Study Period: The study duration about 2 years (July 2020 to December 2021)

Sources of data: Data were collected from primary sources and secondary sources.

Data Collection Tools/Instrument: A self-administered questionnaire was used for data collection.

Methods of data collection: Data were collected through interview method, i.e. Interviewers collected data from study participants through administered questionnaire by face - to - face interview.

Data Processing and Analysis: Obtained data were checked for error and data were analyzed by using SPSS software.

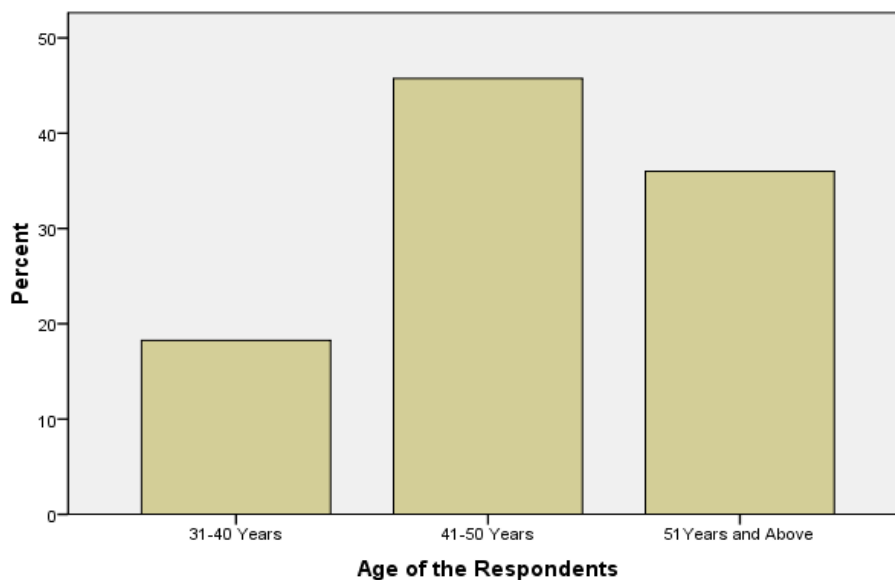
RESULTS AND DISCUSSION

Table 1: Age of the Respondents

Age group	Frequency	Percent	Cumulative Percent
31-40 Years	73	18.2	18.2
41-50 Years	183	45.8	64.0
51 Years and Above	144	36.0	100.0
Total	400	100.0	

Source: Field survey, 2022

Figure 1: Age of the Respondents



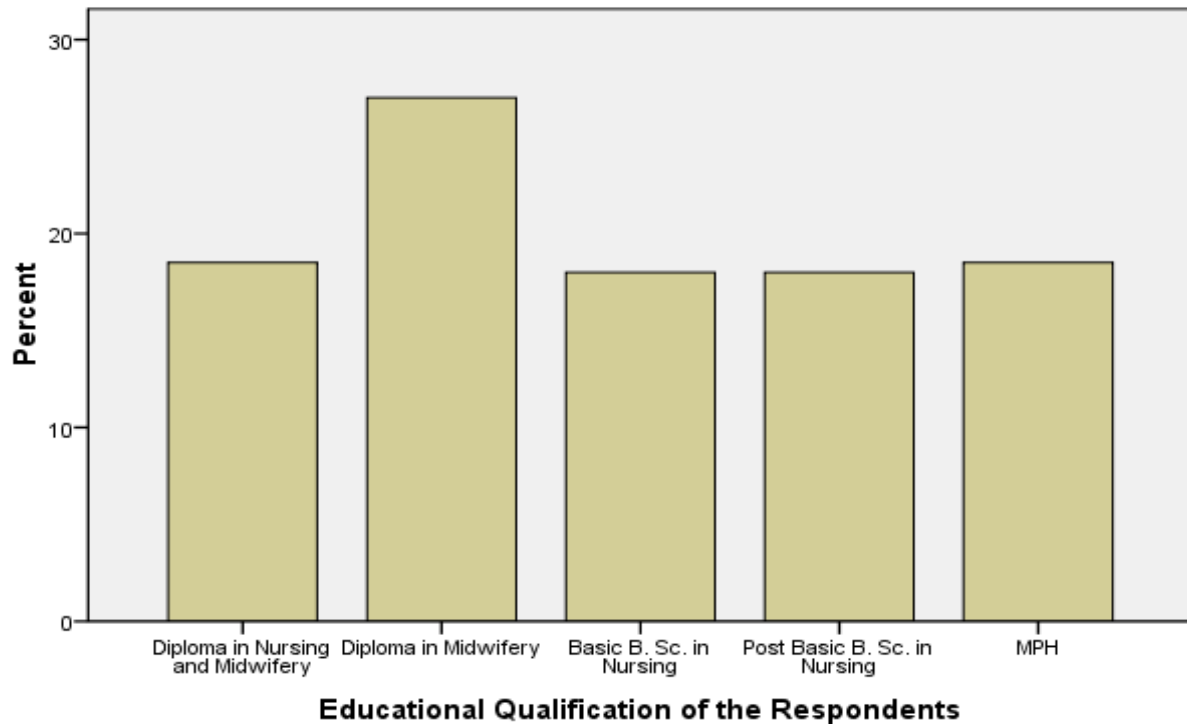
Source: Field survey, 2022

Age of the Respondents has shown in the above table and graph. From the result it was found that 45.8% respondents were age group 41-50 Years which was maximum but 18.2% respondents were age group 31-40 Years which was minimum. On the other hand 36.0% respondents were age group 51 years and above.

Table 2: Educational Qualification of the Respondents

Name of degrees	Frequency	Percent	Cumulative Percent
Diploma in Nursing and Midwifery	74	18.5	18.5
Diploma in Midwifery	108	27.0	45.5
Basic B. Sc. in Nursing	72	18.0	63.5
Post Basic B. Sc. in Nursing	72	18.0	81.5
MPH	74	18.5	100.0
Total	400	100.0	

Source: Field survey, 2022

Figure 2: Educational Qualification of the Respondents

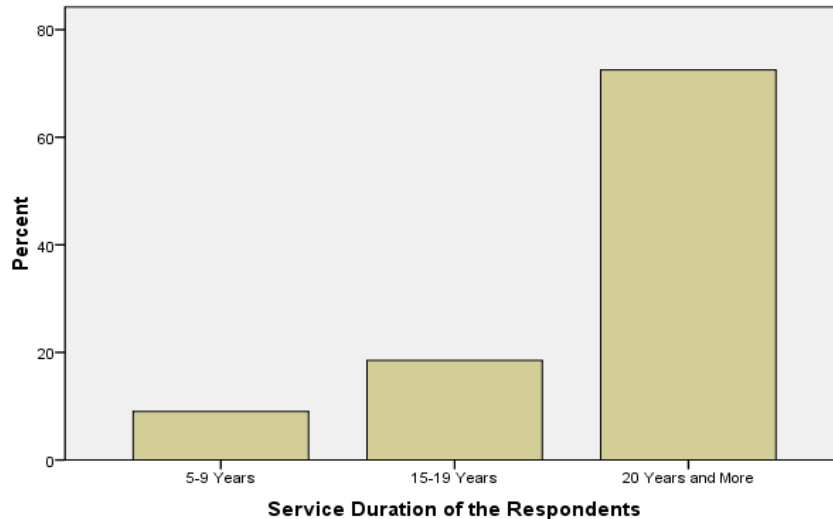
Source: Field survey, 2022

Educational Qualification of the Respondents has shown in the above table and graph. From the result it was found that 18.5% respondents had Diploma in Nursing and Midwifery, 27.0% respondents had Diploma in Midwifery, 18.0% respondents had Basic B. Sc. in Nursing degree, 18.0% respondents had Post Basic B. Sc. in Nursing degree and 18.5% respondents had MPH degree.

Table 3: Service Duration of the Respondents

Service duration	Frequency	Percent	Cumulative Percent
5-9 Years	36	9.0	9.0
15-19 Years	74	18.5	27.5
20 Years and More	290	72.5	100.0
Total	400	100.0	

Source: Field survey, 2022

Figure 3: Service Duration of the Respondents

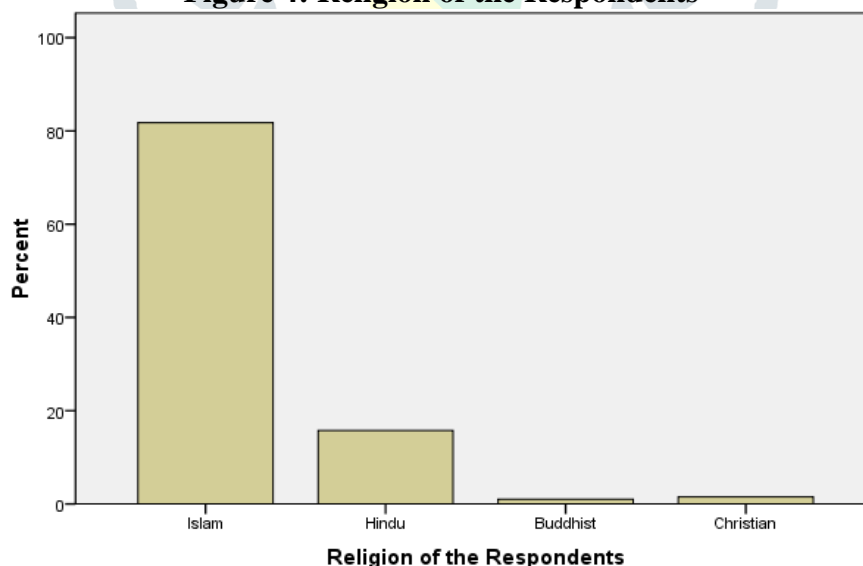
Source: Field survey, 2022

Service Duration of the Respondents has shown in the above table and graph. From the result it was found that 9% respondents had 5-9 Years service duration experiences, 18.5% respondents had 15-19 Years service duration experiences and 72.5% respondents had 5-9 Years service duration experiences.

Table 4: Religion of the Respondents

Name of religion	Percent
Islam	81.8
Hindu	15.8
Buddhist	1.0
Christian	1.5
Total	100.0

Source: Field Survey, 2022

Figure 4: Religion of the Respondents

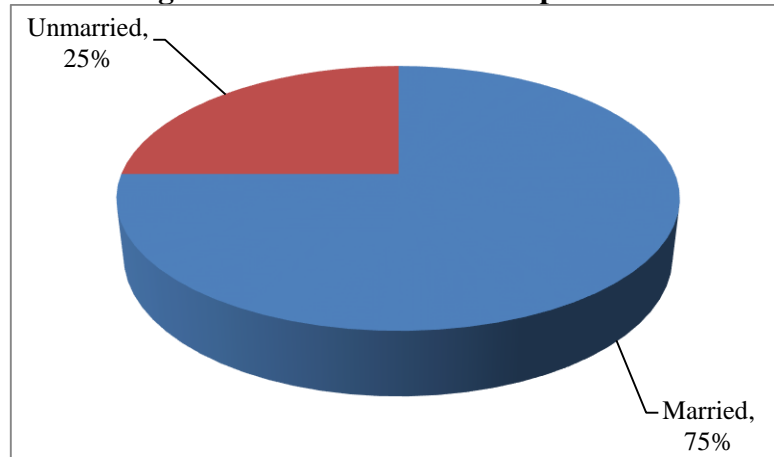
Source: Field survey, 2022

Religion of the Respondents has shown in the above table and graph. From the result it was found that 81.8% respondents' religion were Islam which was maximum but 1% respondents were Buddhist which was minimum. On the other hand 15% respondents were Hindu and 1.5% respondents were Christian.

Table 5: Marital status of respondents

Marital status	Percentage
Married	75%
Unmarried	25%
Total	100%

Source: Field survey, 2022

Figure 5: Marital status of respondents

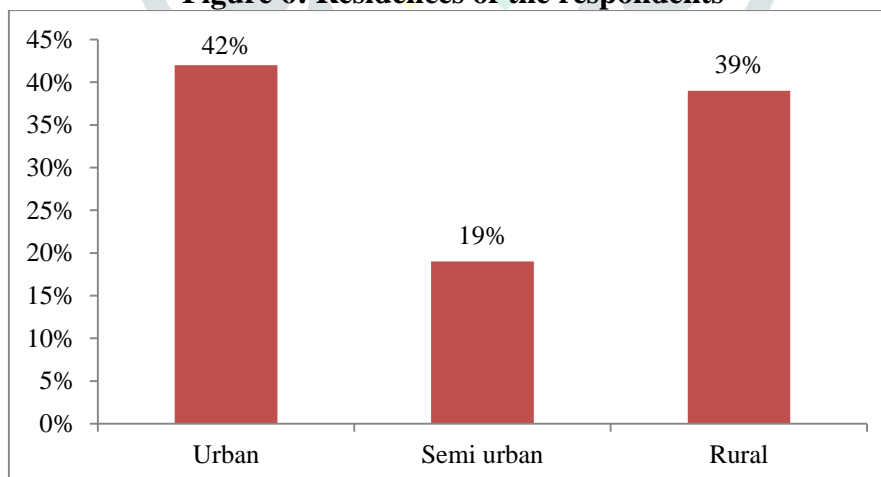
Source: Field survey, 2022

Marital status of respondents has shown in the above table and graph. From the result it was found that 75% respondents were married and 25% respondents were unmarried.

Table 6: Residences of the respondents

Location	Percent
Urban	42%
Semi urban	19%
Rural	39%

Source: Field survey, 2022

Figure 6: Residences of the respondents

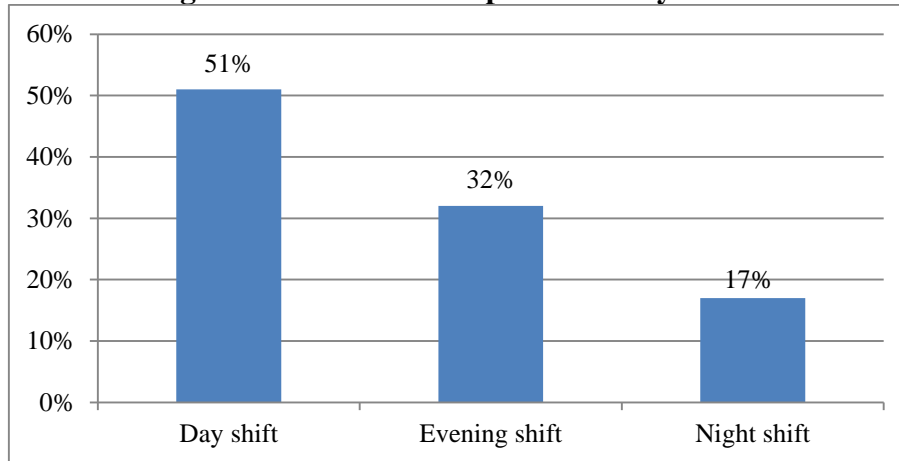
Source: Field survey, 2022

Residences of the respondents have shown in the above table and graph. From the result it was found that 42% respondents were from urban area, 19 respondents were from semi urban area and 39% respondents were from rural area.

Table 7: Shift of works performed by nurses

Shift of work	Percentage
Day shift	51%
Evening shift	32%
Night shift	17%

Source: Field survey, 2022

Figure 7: Shift of works performed by nurses

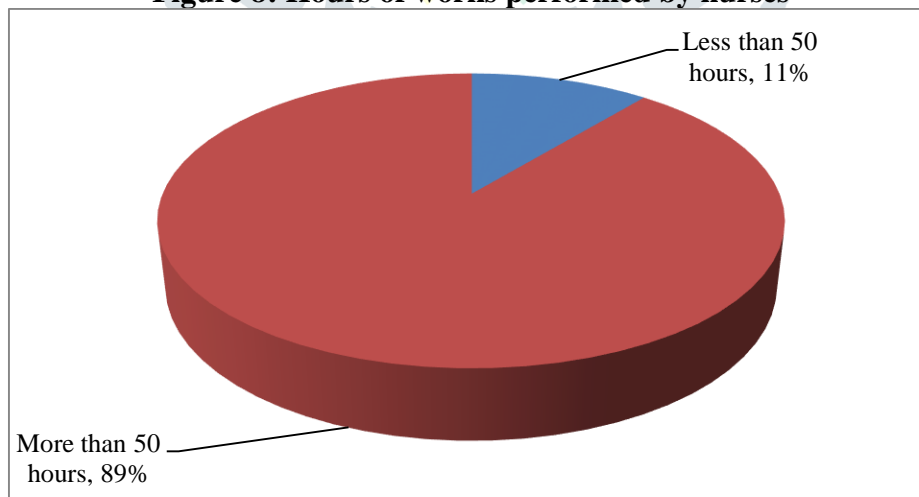
Source: Field survey, 2022

Shift of works performed by nurses have shown in the above table and graph. From the result it was found that 51% nurses worked in day shift which was maximum but only 17% nurses worked in night shift which was minimum and 32% nurses worked in evening shift.

Table 8: Hours of works performed by nurses

Hours of works	Percentage
Less than 50 hours	11%
More than 50 hours	89%

Source: Field survey, 2022

Figure 8: Hours of works performed by nurses

Source: Field survey, 2022

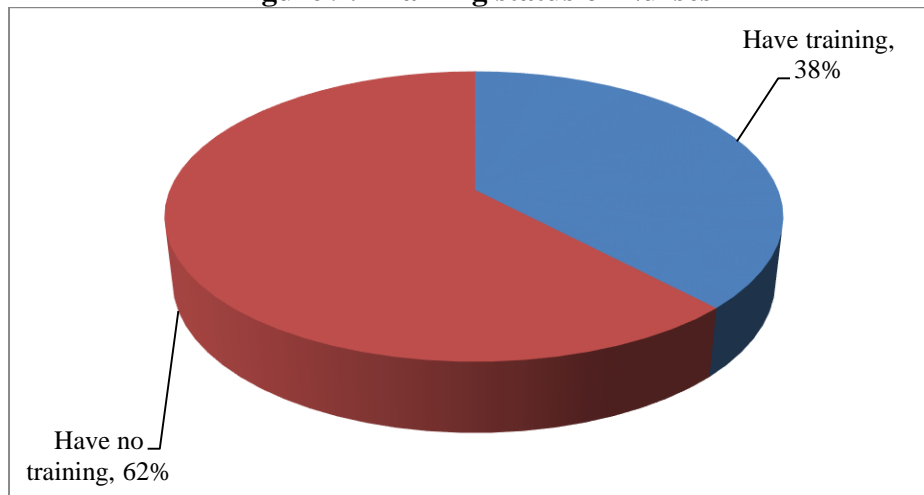
Hours of works performed by nurses have shown in the above table and graph. From the result it was found that 89% nurses worked more than 50 hours and only 11% nurses worked less than 50 hours.

Table 9: Training status of Nurses

Training	Percentage
Have training	38%
Have no training	62%

Source: Field survey, 2022

Figure 9: Training status of Nurses



Source: Field survey, 2022

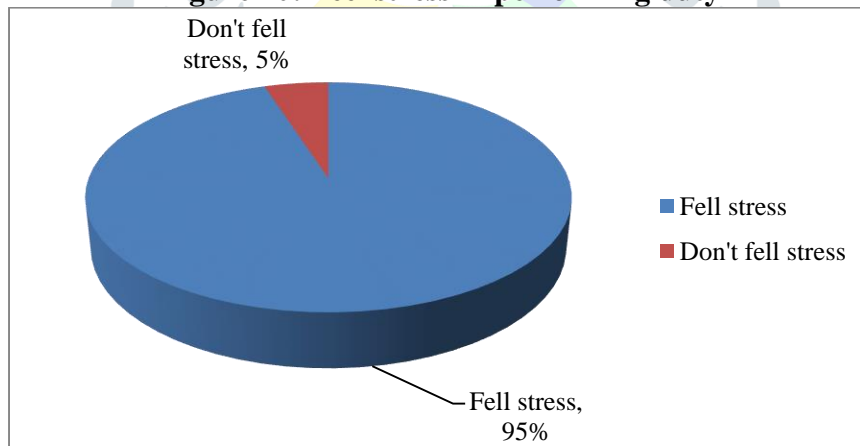
Training status of Nurses have shown in the above table and graph. From the result it was found that only 38% nurses had training but 62% respondents had no training.

Table 10: Feel stress in performing duty

Respondents' opinion	Frequency	Percent	Cumulative Percent
Yes	380	95	95.0
No	20	5	100.0
Total	400	100.0	

Source: Field survey, 2022

Figure 10: Feel stress in performing duty



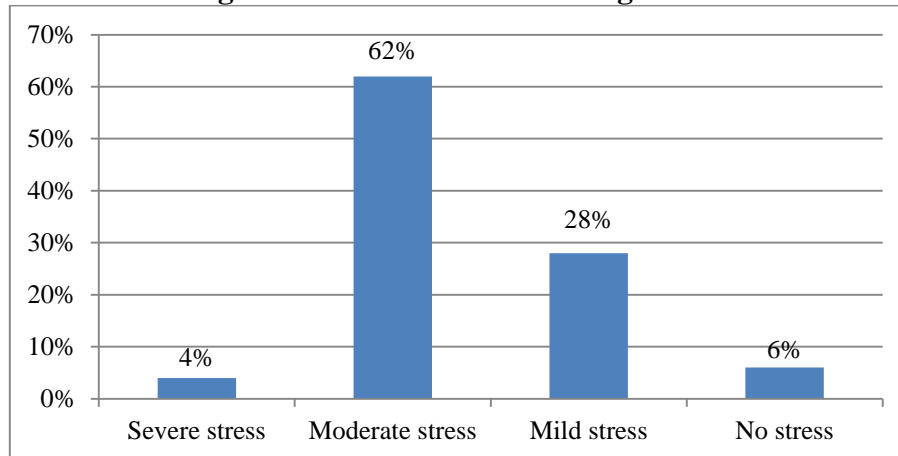
Source: Field survey, 2022

Feel stress in performing duty of the respondents have shown in the above table and graph. From the result it was found that 95% respondents feel stress and only 5% respondents don't feel stress.

Table 11: Level of stress among nurses

Type of stress	Percentage
Severe stress	4%
Moderate stress	62%
Mild stress	28%
No stress	6%
Total	100%

Source: Field survey, 2022

Figure 11: Level of stress among nurses

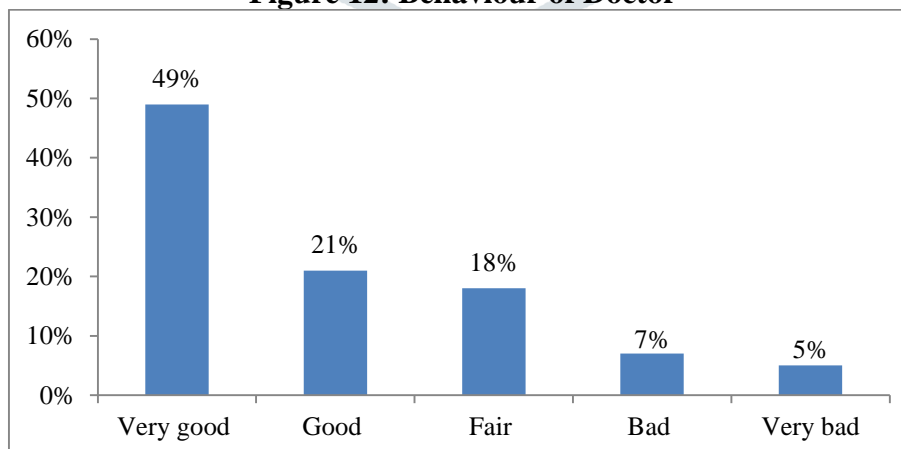
Source: Field survey, 2022

Level of stress among nurses has shown in the above table and graph. From the result it was found that 62% nurses had moderate stress which was maximum but only 4% nurses had severe stress which was minimum. On the other hand 28% nurses had mild stress and 6% nurses had no stress.

Table 12: Behaviour of Doctor

Behaviour	Percentage
Very good	49%
Good	21%
Fair	18%
Bad	7%
Very bad	5%

Source: Field survey, 2022

Figure 12: Behaviour of Doctor

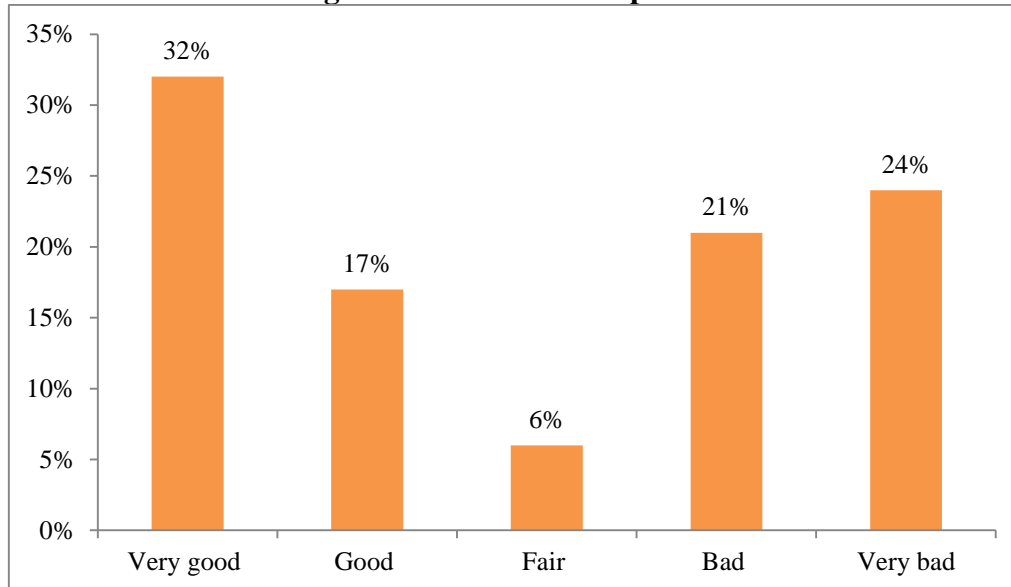
Source: Field survey, 2022

Behaviour of Doctor has shown in the above table and graph. From the result it was found that 49% respondents replied that the Behaviour of Doctor was very good which was maximum but only 5% respondents replied that the Behaviour of Doctor was very bad which was minimum. On the other hand 21% respondents replied that the Behaviour of Doctor was good, 18% respondents replied fair and 7% respondents replied bad.

Table 13: Behaviour of patients

Behaviour of patients	Percentage
Very good	32%
Good	17%
Fair	6%
Bad	21%
Very bad	24%
Total	100%

Source: Field survey, 2022

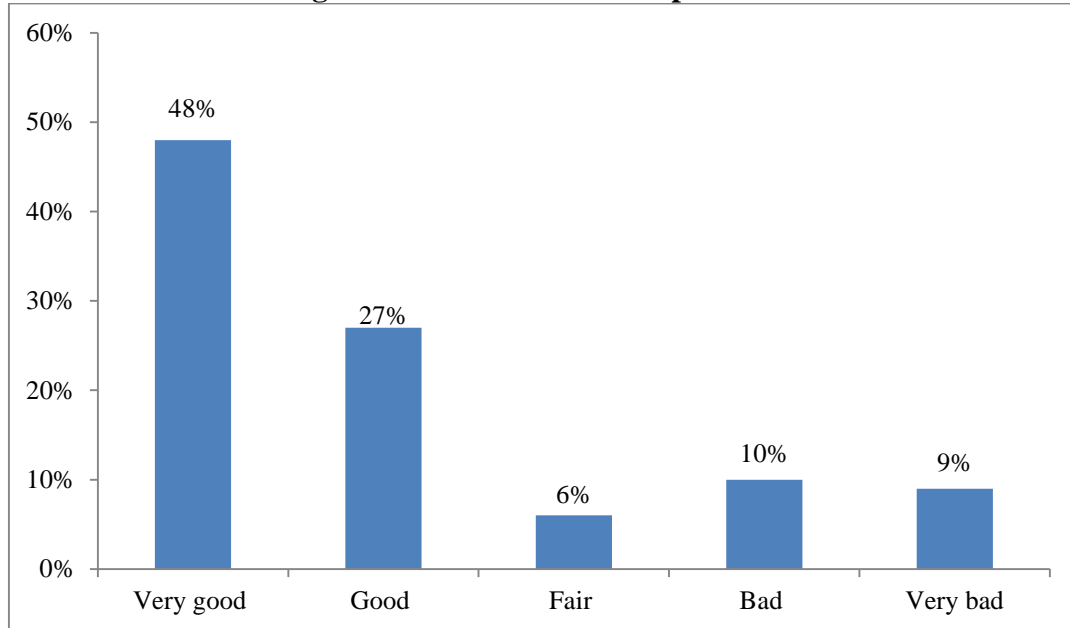
Figure 13: Behaviour of patients

Behaviour of patients has shown in the above table and graph. From the result it was found that 32% respondents replied that the Behaviour of patients was very good which was maximum but only 6% respondents replied that the Behaviour of patients was fair which was minimum. On the other hand 17% respondents replied that the Behaviour of patients was good, 21% respondents replied bad and 24% respondents replied very bad.

Table 14: Behaviour of Hospital staff

Behaviour of Hospital staff	Percentage
Very good	48%
Good	27%
Fair	6%
Bad	10%
Very bad	9%
Total	100%

Source: Field survey, 2022

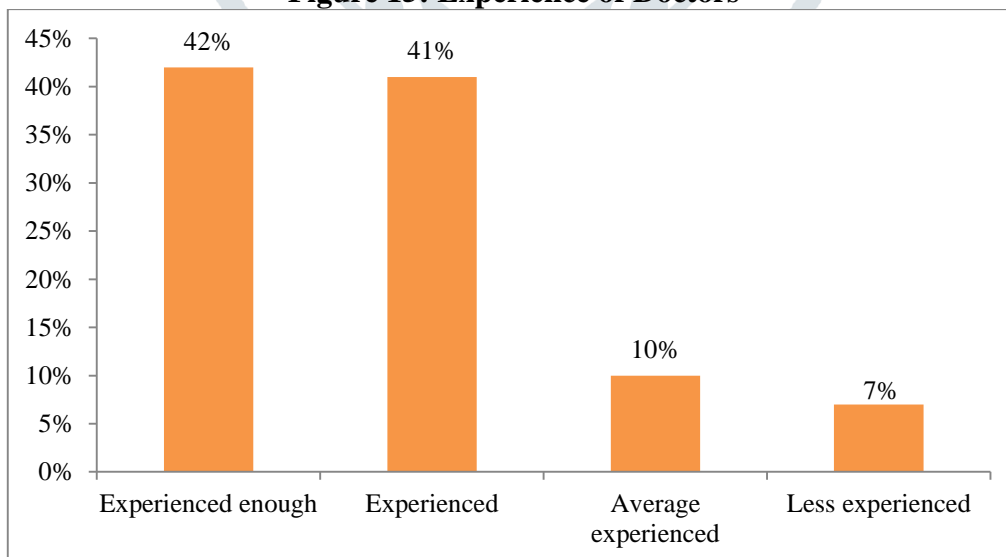
Figure 14: Behaviour of Hospital staff

Behaviour of Hospital staff has shown in the above table and graph. From the result it was found that 48% respondents replied that the Behaviour of Hospital staff was very good which was maximum but only 6% respondents replied that the Behaviour of Hospital staff was very bad which was minimum. On the other hand 27% respondents replied that the Behaviour of Hospital staff was good, 18% patients replied bad and 9% respondents replied very bad.

Table 15: Experience of Doctors

Experience of Doctors	Percentage
Experienced enough	42%
Experienced	41%
Average experienced	10%
Less experienced	7%
Total	100%

Source: Field survey, 2022

Figure 15: Experience of Doctors

Source: Field survey, 2022

Experience of Doctors has shown in the above table and graph. From the result it was found that 42% respondents replied that the Doctors of selected hospitals were experienced enough which was maximum but only 7% respondents replied that the Doctors of selected hospitals were experienced enough which was minimum. On the other hand 41% respondents replied that the Doctors of selected hospitals were experienced and 10% respondents replied that the Doctors of selected hospitals were average experienced.

CONCLUSION

Nurses work with physicians and other medical staff in a wide variety of medical and community settings. They provide preventive, primary, acute and chronic care for sick and injured patients with health information, restorative care, medication administration and emergency care. Nurses work different work climate than other profession. Especially, the nurses working at hospitals not only implement independent and professional nursing activities in accordance with doctors' advice, but take responsibility for any immediate threat to patients' lives as well. Thus, the importance of nurses is undeniable, and the influence of nurses' qualities and capabilities on medical care quality can never be ignored. A literature review shows that workload, professional conflict and the emotional burden of caring, pay, and shift work are the major work stressors in the nursing profession. Occupational stress is a serious problem affecting nurses, and literature review shows that this is connected with absence from work and intentions to quit a hospital. Consequently more research into identifying the most effective way of detecting when individuals are experiencing early difficulties, and of improving their stress management techniques so as to prevent the transition to severe stress.

Occupational stress is a complex subject that has been studied as a sole concept as well as in conjunction with other workplace factors. A plethora of variables and interrelationships complicate the study of occupational stress. Much of the work examining occupational stress has investigated a single concept as a factor of association or as an outcome. Few studies have been replicated and the results are, at times, contradictory perhaps because of the simple models underlying the investigation.

Clearly much more work is needed to investigate and develop effective methods of stress reduction in the workplace. This paper offers a model that suggests an investigation of organizational social support and coping strategies as buffering agents between occupational stress and burnout.

The proposed model is a synthesis of concepts contained in previous studies. The goal for developing this model is to increase the body of knowledge relating to occupational stress and further the development of effective methods to decrease or buffer stress in the workplace.

The model may guide occupational health professionals in health care settings to investigate stress and burnout in their organizations. Although developed primarily for the investigation of stress in health care populations, the model can be applied to other work settings.

RECOMMENDATIONS

This review has identified multiple factors related to the experience of role stress in nurses. Role stress, in particular, work overload, has been reported as one of the main reasons for nurses leaving the workforce. It is therefore a priority to not only reduce workload by attracting more nursing staff into the workforce, but to find new and innovative ways of supporting nurses in their experience of role stress.

Some examples discussed in this article include use of stress education and management strategies to reduce the negative effects of stress; use of team-building strategies, balancing priorities, enhancing social support through engaging in social activities and peer support; flexibility in work hours; protocols to deal with violence; strategies to build commitment, control and challenge in the workplace; making elements of the job more challenging and worthwhile through varying tasks, providing more opportunities for autonomy and timely feedback; removing the mandatory age of retirement and encouraging nurses to continue pursuing further study to prevent a drain of experience from the workforce; increase nursing enrollments and use of strategies to attract nurses to the workforce. The next step is to empirically evaluate the efficacy of these strategies in reducing role stress in nurses.

One of the problems in comparing research on role stress/strain in nurses is the heterogeneity in the measures and methods used, making it difficult to compare findings. Furthermore, most studies rely on self-report measures only. It is recommended that cross-cultural research comparing the experience of role stress in various countries using the same methods and measures be conducted. The authors are part of an international research team currently participating in such research.

The research will enable an investigation of demographic, workplace stressors and coping mechanisms used as determinants of physical and mental health, similar to that performed by Lambert *et al.* (2004). This will assist in determining whether different countries are grappling with similar problems with regard to role stress, and whether differences lie in the levels of intensity or importance of various contributing factors. The study will also assist in predicting which ways of coping with role stress are most adaptive for RNs from an international perspective and specifically for Bangladesh.

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