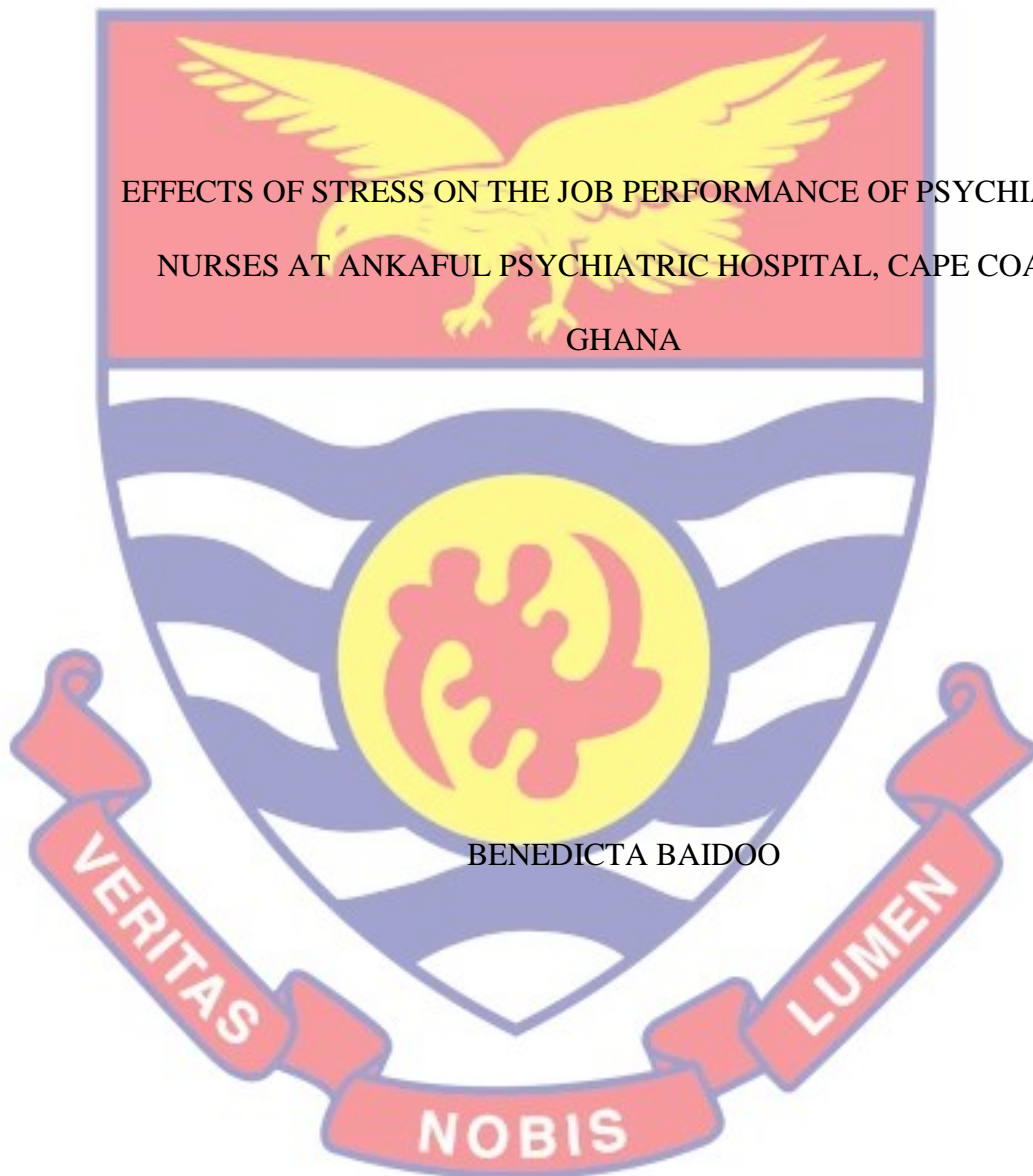


UNIVERSITY OF CAPE COAST

EFFECTS OF STRESS ON THE JOB PERFORMANCE OF PSYCHIATRIC  
NURSES AT ANKAFUL PSYCHIATRIC HOSPITAL, CAPE COAST,  
GHANA



BENEDICTA BAIDOO

2022



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GHANA

BY

BENEDICTA BAIDOO

Thesis submitted to the Department of Guidance and Counselling of the  
Faculty of Educational Foundations, College of Education Studies, University  
of Cape Coast, in partial fulfilment of the requirements for award of Master of  
Philosophy degree in Guidance and Counselling

MAY 2022

## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date.....

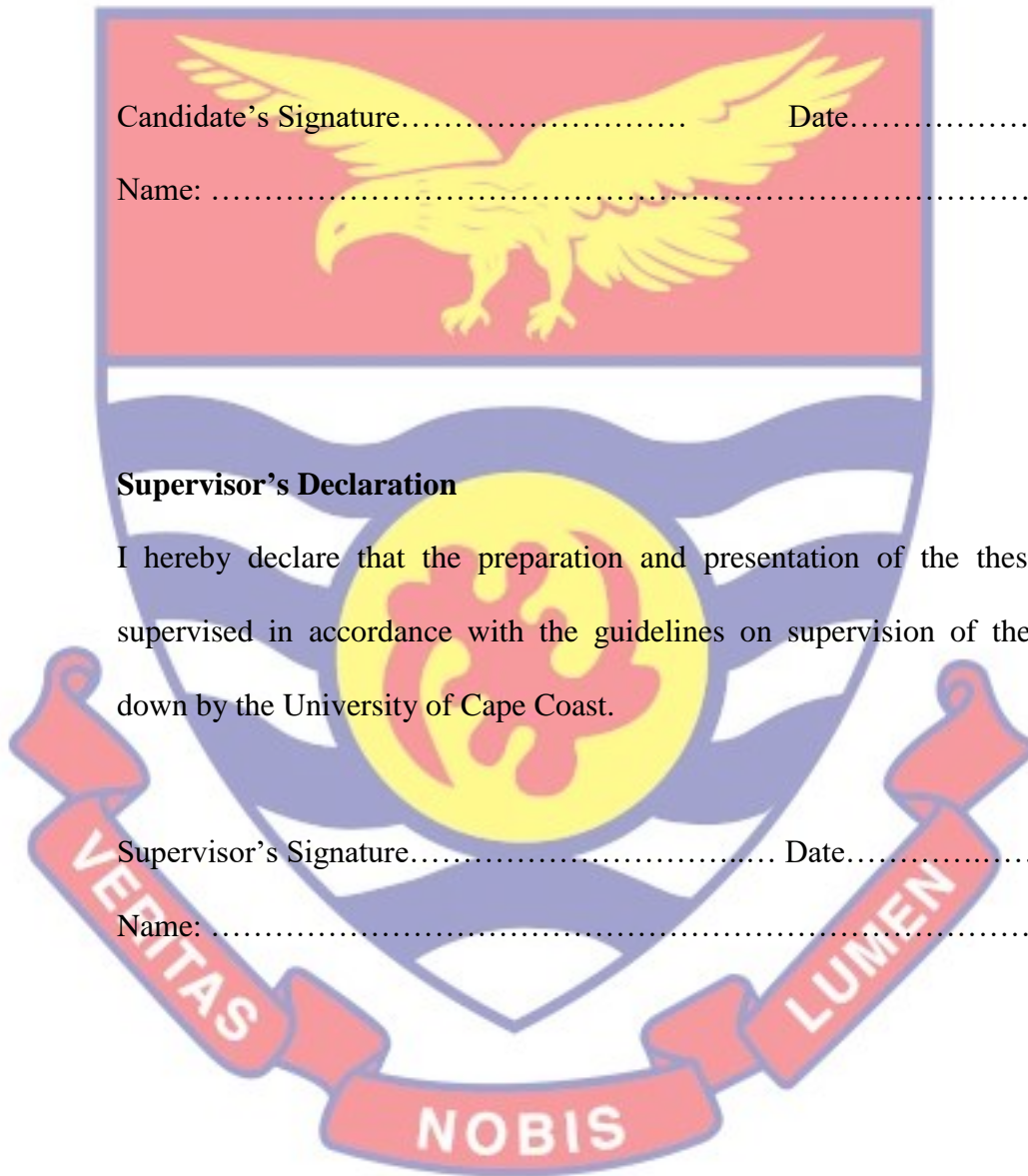
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### Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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## ABSTRACT

The purpose of this study was to investigate the effect of stress on job performance of psychiatric nurses in the Ankaful Psychiatric Hospital in Cape Coast. Descriptive survey design was adapted for the study. A sample of 150 psychiatric nurses were selected from a population of 197 psychiatric nurses using simple random sampling procedure. Data were collected using questionnaire adapted from Weiman Occupational Stress Scale (WOSS). Data were analysed using both descriptive and inferential statistics. The study discovered the genesis of stress among psychiatric nurses to be feeling unsafe due to possible harm, threats and harassment from patients, difficulty communicating with the mentally ill patients, working on holidays without incentives, difficulty obtaining leave from in-charges to attend to family emergencies and inadequate logistics and protective equipment. The study revealed that the effects of stress included mild to severe headache, loss of concentration, exhaustion, anger and overreaction, finding excuses and absence from work and forgetfulness. Regarding the management of stress, the results were clear that the respondents took a short break when they feel tired, took few hours to sleep when they felt stressed and employed relaxation techniques to reduce stress. In light of the discoveries, it was suggested that the hospital authorities should structure the work schedules of psychiatric nurses in such a way that the nurses can get intermittent periods of leave away from work while at the same providing the logistics to make the work of psychiatric nurses easy.

KEYWORDS

Caregiver

Job performance

Job related stress

Psychiatric Nurses

Ankafu Psychiatric Hospital

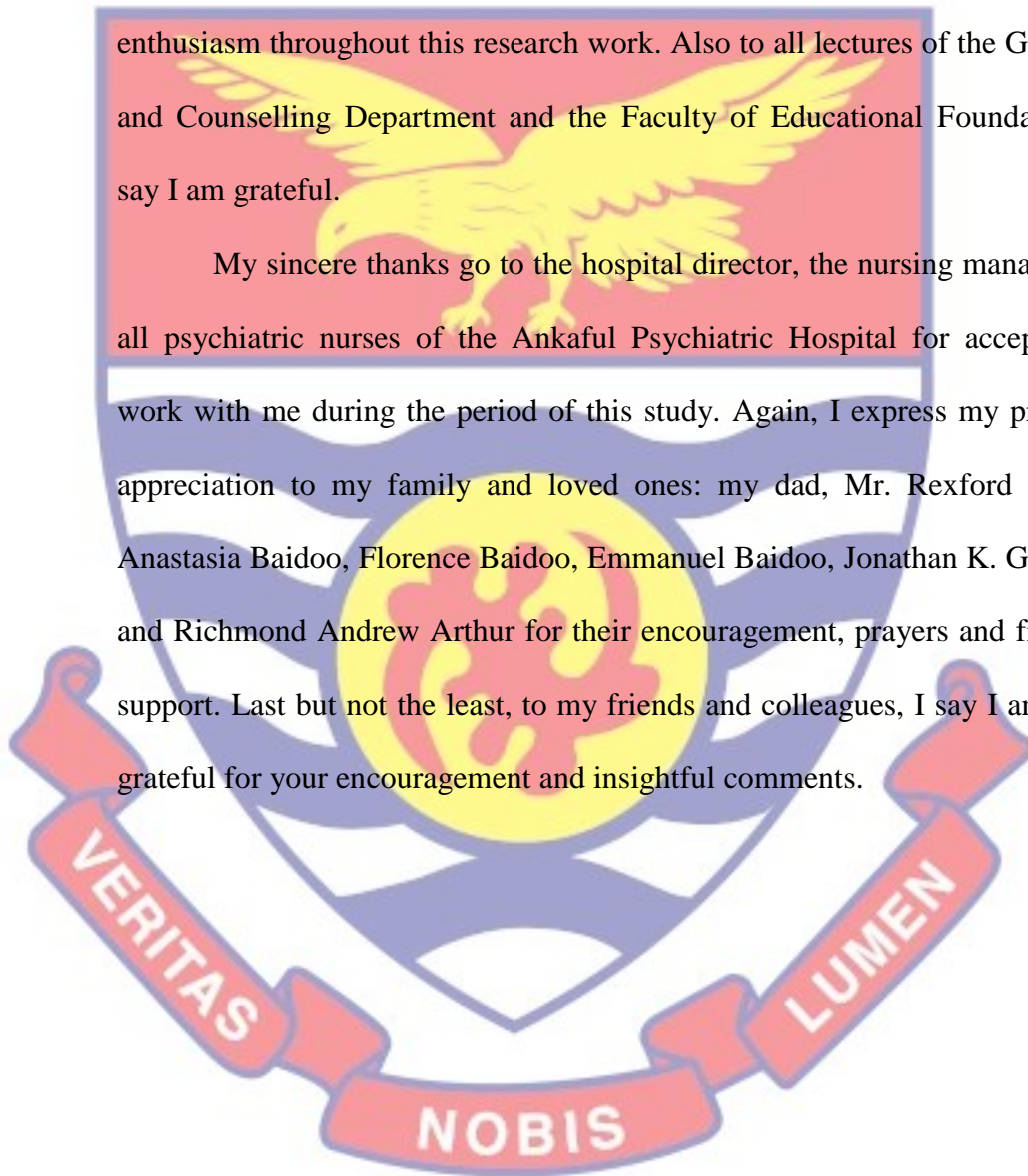
Stress



## ACKNOWLEDGEMENT

This work could not have been completed without the guidance and support of some selfless people who served as a guiding rod towards this project. Foremost, I would like to express my heartfelt gratitude to my supervisor, Dr. Stephen Doh Fia, for his continuous guidance, patience and enthusiasm throughout this research work. Also to all lectures of the Guidance and Counselling Department and the Faculty of Educational Foundations, I say I am grateful.

My sincere thanks go to the hospital director, the nursing manager and all psychiatric nurses of the Ankaful Psychiatric Hospital for accepting to work with me during the period of this study. Again, I express my profound appreciation to my family and loved ones: my dad, Mr. Rexford Baidoo, Anastasia Baidoo, Florence Baidoo, Emmanuel Baidoo, Jonathan K. Gyamena and Richmond Andrew Arthur for their encouragement, prayers and financial support. Last but not the least, to my friends and colleagues, I say I am much grateful for your encouragement and insightful comments.



DEDICATION

To the memory of my mom, Madam Margaret Arthur.





TABLE OF CONTENTS

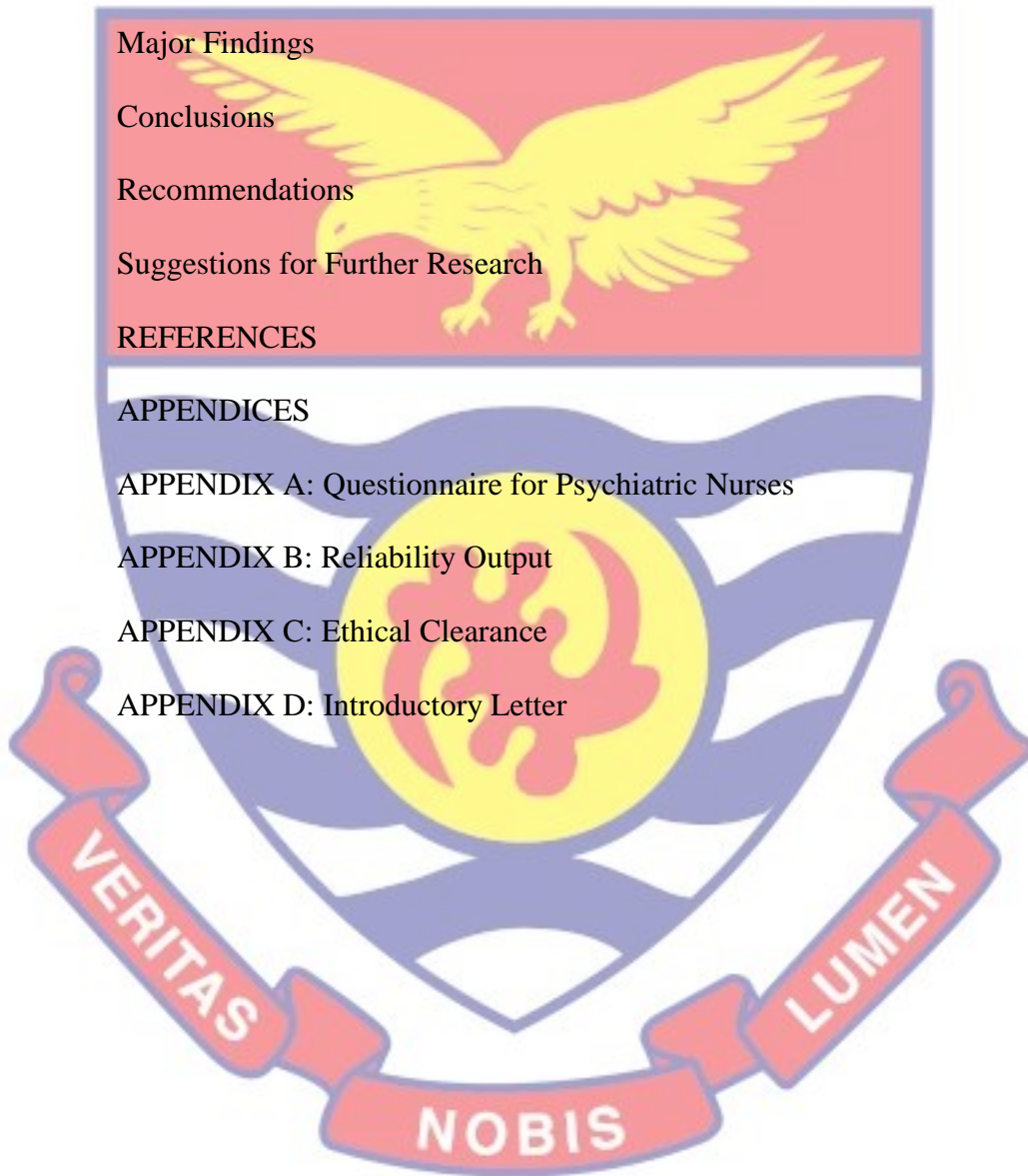
	Page
DECLARATION	ii
ABSTRACT	iii
KEYWORDS	iv
ACKNOWLEDGEMENT	v
DEDICATION	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xi
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	8
Purpose of the study	11
Research questions	11
Research Hypotheses	12
Significance of the Study	12
Delimitation	13
Limitations of the Study	14
Definition of Terms	14
Organisation of the Study	15
CHAPTER TWO: LITERATURE REVIEW	
Overview	16
Theoretical Framework	16
The Person–Environment (P-E) Fit Theory	16
Lazarus’ Cognitive Theory of Stress	18

Folkman and Lazarus Stress Coping Theory	19
Conceptual Review	20
Concept of Stress	20
General Causes of Stress	28
Symptoms of Stress	32
Effects of Stress	33
Management of Stress	39
Empirical Review	43
Causes of Stress among Psychiatric Nurses	43
Effects of Stress on Psychiatric Nurses	45
Coping Strategies Employed by Psychiatric Nurses in Dealing with Stress	48
Stress and Demographic Characteristics	51
Age Differences, Stress experiences and Coping Strategies among Psychiatric Nurses	51
Gender Differences, Stress Experiences and Coping Strategies among Psychiatric nurses	55
Marital status Differences, Stress Experiences and Coping Strategies among Psychiatric Nurses	57
Ranks Differences, Stress Experiences and Coping Strategies among Psychiatric Nurses	58
Chapter Summary	59
<b>CHAPTER THREE: RESEARCH METHODS</b>	
Research Design	60
Study Area	60
Population	61

Sampling Procedure	62
Data Collection Instrument	63
Validity of Instrument	65
Reliability of Instrument	65
Data Collection Procedures	66
Ethical Considerations	66
Data Processing and Analysis	67
Chapter Summary	68
<b>CHAPTER FOUR: RESULTS AND DISCUSSION</b>	
Introduction	69
Demographic Characteristics	69
Main Results	70
Research Question 1	70
Research Question 2	72
Research Question 3	74
Normality Test	76
Discussion	88
Causes of Stress among Psychiatric Nurses	88
Effects of Stress on Job Performance of Psychiatric Nurses	91
Management of Stress among Psychiatric Nurses	92
Gender and Effects of Stress	93
Age and Effects of Stress	94
Marital Status and Effects of Stress	96
Status or Rank and Effects of Stress	98
Chapter Summary	99

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND  
RECOMMENDATIONS

Introduction	100
Summary of Study	100
Research questions	100
Major Findings	102
Conclusions	104
Recommendations	105
Suggestions for Further Research	107
REFERENCES	108
APPENDICES	128
APPENDIX A: Questionnaire for Psychiatric Nurses	129
APPENDIX B: Reliability Output	134
APPENDIX C: Ethical Clearance	135
APPENDIX D: Introductory Letter	136





LIST OF TABLES

Table	Page
1 Data on Psychiatric Nurses by Gender and Wards	61
2 Demographic Data of Respondents	69
3 Causes of Stress among Psychiatric Nurses	71
4 Effects of Stress among Psychiatric Nurses	73
5 Management Strategies of Psychiatric Nurses in Dealing with Stress	75
6 Tests of Normality	76
7 Levene’s Test for Equality of Variances	77
8 Results of t-Test Comparing Male and Female Psychiatric Nurses in terms of Effects of Stress	77
9 Tests of Normality	78
10 Test of Homogeneity of Variances	79
11 Descriptive Results for Different Age Groups	79
12 ANOVA Results Comparing Effects of Stress on Job Performance on the Basis of Age	80
13 Tukey HSD Multiple Comparisons	81
14 Tukey HSD Sub-Groups Comparisons (Ages)	81
15 Tests of Normality	82
16 Levene’s Test for Equality of Variances	83
17 Results of t-Test on the Effects of Stress on Psychiatric Nurses on the basis of Marital Status	83
18 Tests of Normality	85
19 Test of Homogeneity of Variances	85

20	Descriptive Results for Different Ranks	85
21	ANOVA Results Comparing Effects of Stress on Job Performance on the basis of Employee Ranks	86
22	Tukey HSD Multiple Comparisons	87
23	Tukey HSD Sub-Groups Comparisons	88



## CHAPTER ONE

### INTRODUCTION

Life is such that stress is inevitable psychological phenomenon that exists among all workers. Over the decades, the subjects of stress in health professionals has become of major interest, not just to researchers but also to governments, and hospital and community health service managers. Due to the structure, schedule and work load of health caregivers, they are prone to stress and the most affected are nurses, who deal directly with patients (Ahanchian, 2015).

Psychiatric nurses who are licensed nurses specially trained to care for individuals suffering from mental illnesses and its associated symptoms, have their own share of stress. When psychiatric nurses are stressed, it can have an undesirable impact on them and the clients to whom they nurse (Al Hosis, Mersal & Keshk, 2013). To make it more compounding, when a psychiatric nurse who cares and manage patients with stress and burnout, is also stressed, who cares for this caregiver? This, among other reasons motivates the researcher to examine the stress experienced by health caregivers specifically psychiatric nurses at the Ankaful Psychiatric Hospital in Cape Coast, Ghana.

#### **Background to the Study**

The non existence of disease or ailment is not a definition of total wellness but good health is a balanced physiological, psychological and social functioning of an individual (WHO, 2009). Within every organisation, the wellbeing of employees is vital to its progress. Mohr, Petti and Mohr (2012)

opined that when employers create healthy organisation, it increases productivity, financial benefits of the cooperation, as well as promote the physical and mental status of its workers. On the other hand, when employees work in threatening environments, it affects their health and reduces work output. The health of every worker is linked to the conditions at work and other social determinants (WHO, 2007). Nevertheless, most working environment exposes employees to many factors which threaten their health and life. These factors range from physiological, psychosocial to mental factors, which go a long way to impede on the health of the employee (Awuku, 2013).

Anxiety, depression, stress, sleeplessness and burnout are some of the examples of the mental risk factors employees face at work. Although some of these mental health risk factors are less likely to occur in some workplaces (Hamaideh, 2011), others also do occur in almost all organisations. Stress is a health risk which employees in both developed and developing countries face (Shehzad, Rehman, Shad & Gul, 2011). Stress puts a lot of pressure on the body which when not managed can be bad to the health of the individual and the work output of such individual (Al Hosis et al., 2013). Peterson and Wilson (2011) opined that workers normally respond to work changes that require both physical and mental response to work responsibilities which is very stressful. Stress is any event which makes an individual feel excited, angry or anxious above the individual's normal or usual state (Gulavani, & Shinde, 2014). Job stress is any situation where there are incompatibilities between one's job roles demand and the individual's capabilities and resources (Cottrell, 2016). Indeed, it has been found that job related stress is the leading



kind of stress which affects American workers, and this menace has intensified progressively over recent decades, reducing workers output in the State (Fergusson, Horwood, Miller & Kennedy, 20011). This could be as a result of workers having a perceived little control over many work demands. It is however worth noting that stress is not always a bad omen, it sometimes urges people to work more efficiently.

The phenomena stress and burnout are most often seen as synonyms, but these two terms are different in terms of the degree of effect. Excessive unmanaged stress leads to burnout but stress does not always cause burnout. Stressed individuals can function, some even benefit from the stress, but the case is different in burnout individuals as they tend to be detached from their environment. Burnout is a disorder as a result of stress but stress in itself is not a disorder (Mozayan, Rezaee, Kalantari & Tabatabaee, 2012). Research has shown that most stressful situations have a positive correlation with burnout (Elshaer, Moustafa, Aiad & Ramadan, 2018; Khamisa, Peltzer, Ilic & Oldenburg, 2017). Although stress is somewhat inevitable due to workers' job responsibilities, most organisations do not create environs which manage stress among its workers (Moore, 2014). Generally, stress is characterised by feelings of emptiness, heart attacks, anxiety, extreme fatigue, weakened immune systems, and in more serious cases, stress could lead to death. Rutter (2012), affirms this by indicating that the experience of heart attacks among workers have been linked to stress to the point that any civilian who experience heart attack performing his duties at work or off work is considered to suffer a job related hazard and is appesed duly in New York, USA.

Stress poses significant challenge for all professions, most of them are health workers such as nurses. The nursing profession is one of which exposes them to stressful situations (Chakraborty, Chatterjee, & Chaudhury, 2012). The US Occupational Safety and Health Institute (2016), ranked nursing as the 27th profession to suffer most from job related stressors among all health related professions in the world. This is so because nurses have too many tasks to do. The interaction between nurses and patients and other nursing colleagues are mainly the sources of nurses' stressors (McGowan, 2001). Other researchers attribute nurses' stress to other factors such as limited nursing staff, unequal ranks and role conflict (Aguocha, 2011). This implies that the source of nurses' stressors normally emanates from their working environments, typically from the people they interact with at work and the organisational structure.

Stress has also been associated to sociodemographic characteristics such as gender, marital status and age of nurses (Chaplin, Hong, Bergquist & Sinha, 2013). Cottrell, (2016) opined that male nurses go through a lot of stress than female nurses partly because the profession is predominantly women force. In Ghana for instance, the nursing profession is populated by females, therefore, most of the topmost positions are occupied by female nurses. This makes the male nurses feel being pushed around and ordered by their female "bosses"; hence they experience much stress than their female counterparts. Others also argue that young and inexperienced nurses experience great deal of stress than the aged and experienced nurses (Chaplin et al, 2013), partly because the experienced caregivers are used to the routine of the profession. The nursing work pressure and odd working schedule such

as night duties and weekend duties make married nurses have conflicting roles and stressful deal of managing their homes and work duties concurrently (Gibbons, 2010). These could be the reason behind most nurses experiencing marital problems in Ghana.

Nurses who experience stress exhibit apathy towards their duties, absenteeism and turnover of their work (Ahanchian, 2015). Job stress is closely related to job dissatisfaction among nurses. The greater the stress experienced at work, the higher the unsatisfactory level among the workers (Cottrell, 2016). When nurses experience stress, the patients they care for, also receive the effects. Healey and McKay (2011), and Aguocha (2011), put it better as: a healthy and a happy caregiver gives satisfied care to patients, but the unhappy and stressful nurses give an apathetic delivery and care to patients. The colleagues of the stressed nurse are not spared of the impact of the stress, it affects their delivery since healthcare professionals work in groups (Moore, 2014). Higher demand is placed on the colleagues of stressed nurses, and as a result leaves such staff stressed as well, making the situation even more compounding. More gravely, nurses who go through massive stress experience other physiological problems such as headache, fatigue, body pains and its associated problems (Ríos-Risquez & García-Izquierdo, 2016).

The situation is far intense with psychiatric nurses. Working with aggressive, depressed and harmful patients creates a working environment which is cogitated as most hazardous. Globally, there is enough evidence suggesting psychiatric nursing as a stressful job (McTiernan, & McDonald, 2015). The working environment of psychiatric nurses is quite rare and totally unique as compared to that of other nurses who work in general hospitals. The



locked wards within which psychiatric nurses are confined with mental ill patients (some aggressive) on a morning, afternoon or night shift duty, mount unbearable fear on these nurses leading to stress (Yada, Abe, Omori, Ishida & Katoh, 2017). This is seemingly a stressful job task in itself; how can one possibly prevent a could be threat to harm patient, from causing harm to self and to others, even to you the professional tasked to prevent this harm?

Most psychiatric nurses feel pressured by the demands of their patients and have feeling which are patient threatening, creating fear in them when performing their duties. Psychiatric nurses also experience stress from verbal abuse and physical abuse from patients which sometimes leave unforgettable marks on them throughout their lifetime (Yada et al 2017). An abused psychiatric nurse might experience post-traumatic stress of such instance whenever they get to the working environment, even worse is to continue to nurse that patient which affect their holistic functioning of the nurse. See-Beh (2012), noted that working with patients who have incoherent speech is also a stressful deal for psychiatric nurses, since the nursing procedures in such condition depends intensively on observational assessment. The harsh nature of psychiatric hospitals' working environments, allocation of job tasks, tight inflexible work schedules, limited staff, varying patients' needs among others account for the reoccurrence of stress among psychiatric nurses (McTiernan, & McDonald, 2015). What then is the psychological state of the psychiatric nurse who cares for the could be harmful patient whose speech and demands are incomprehensible?

In Ghana, there are only three psychiatric hospitals which serve the numerous needs of the variety of patients suffering from mental illness in the



entire country. In the view of the researcher, this puts much workload on nurses who work in these hospitals. Much workload on psychiatric nurses make them stressful, (Elsayed, Hasan & Musleh, 2018), making stress an existing plaque in Ghanaian psychiatric hospitals which needs to be curbed. Also, there are only two Colleges of Nursing (Ankaful PNTC, and Pantang NTC) and an affiliated psychiatric college (Yendi), out of the numerous colleges of nursing train psychiatric nurses to provide mental health care in the country. This results in limited staffing as some of the staff nurses attain retirement age each year. Aguocha (2011), Adzakpah, Laar and Fiadjoe (2016) and Odonkor and Frimpong (2019) affirm this assertion by stating that insufficient nursing staff as the main stressor of nurses.

The inception of National Health Insurance Scheme (NHIS) together with the subsidiary of the cost of psychiatric care by the Government of Ghana has increase the number of patients who go to the psychiatric hospitals for mental health care (MOH, 2002). The increase intake of both out patients and inpatients put much pressure on psychiatric nurses who are to give effective healthcare to patients irrespective of their ethnic group, social status or religious affiliation (See-Beh, 2012). The deliberating and deprive nature of health care environment of the three psychiatric hospitals in Ghana, leaves the psychiatric nurses pressured, tensioned and worried with uncertainties (Dadzie, 2019).

The Ankaful psychiatric hospital is one of the three psychiatric hospitals and a specialised facility basically to care and manage individuals with mental illness. The psychiatric hospital located in the central region of Ghana, serves patients from almost all the other regions aside that of the

Greater Accra Region, which has the other two psychiatric hospitals to its credit. These patients are normally inmates who are managed by psychiatric nurses and other health caregivers till they attain “normalcy”. It is worth noting that the long-term nursing care giving to these patients is in itself a risk to stress (Elshaer et al., 2018). Though it is a psychiatric hospital, the Ankaful

Psychiatric hospital does not only care for the mentally ill, but also operate general health care services to the public. This gives the nurses much unbearable workload which would result in stress and its related symptoms among these nurses.

Currently, the Ankaful psychiatric hospital has been experiencing untimely death, massive turnover, absenteeism and lateness among its nurses (Ankaful Psychiatric Hospital’s Human Resource reports, 2019); before the second quarter of the year 2019, the hospital recorded four (4) deaths among its staff, three (3) psychiatric nurses and one (1) kitchen staff. It was against this back drop that the researcher conducted this study to investigate if these situations and attitudes exhibited by the psychiatric nurses are due to stress they experience or due to other factors best known to them.

### **Statement of the Problem**

Being a global health risk, there have been several research studies conducted on stress, but the impact of this menace still exists extending not to only affect the individual but also institutions, families and other relations.

In Ghana there are only two Colleges of Nursing (Ankaful PNTC, and Pantang NTC) and an affiliated psychiatric college (Yendi), training psychiatric nurses to provide mental health care in the country, out of the numerous colleges of nursing. This result in limited staffing as some of these

students after completion travel overseas in search of greener pastures, others also find themselves working in general hospitals due to marriages and other personal reasons to be working closer home. The remaining ones who work in the three psychiatric nurses are also entitled to annual, sick, and maternity leaves; older staff also attain retirement each year, making the number of psychiatric nurses trained to serve the country not enough to meet the numerous psychiatric patients.

The Ankaful Psychiatric Hospital, however, is one of the three psychiatric hospitals in Ghana caring for people with mental illness and its associated conditions. The location of the hospital however, makes the hospital receive more clients from all over the country and neighbouring countries (Ankaful Psychiatric Hospital's annual report, 2019) than the other two all situated in the Greater Accra region. Meeting the numerous needs of these patients of different background, race and religion, is mostly a stressful task for the nurses working at the Ankaful Psychiatric Hospital.

Again, the Ankaful Psychiatric Hospital does not only care for the mentally ill but also provides general health care services, this put much unbearable workload on the psychiatric nurses working in this hospital; because general nursing is not the specialty of these psychiatric nurses, they stretch their competencies and abilities to meet the needs of patients in for general health, this exacts frustration and pressure on these nurses. The Hospital in 2020, recorded two (2) missing patients who were inmates of the Aggrey and Simiw wards respectively, partly because some nurses forgot to lock up the ward when they reported for duty late in the day. Though efforts have been made to find these patients, it is to no avail; as to whether these



patients are still alive, injured, conditions worsened or dead, is another issue. It was in this light that the researcher conducted this study.

Further, Previous studies have affirmed differences in socio – demographic attributes such as sex, educational background, position ranks, age and marital status as strong indicators of stress among nurses (Chaplin et al, 2013). Other studies are also of the opposing view that differences in socio – demographics have no bearing with stress (Chang et al, 2006; Lamber et al, 2004), hence much contradiction on this phenomenon which needs to be clarified.

Most of the studies conducted in Ghana on this phenomenon, were however, centred on other professionals and occupational domains such as teaching (Essiam, Mensah, Kudu & Gyamfi, 2015; Gyaki, Kusi & Mensah, 2014; Addison & Yankyera, 2015). Specifically, the study of Essiam et al. focused on the “Influence of job stress on job satisfaction among university staff”; and not nurses, while that of Gyaki et al., “work-related stress among academic staff of University of Education”, also focused on university staff. The few ones which focused on the nursing profession, were centred on general nurses (Adzakupah, et al., 2016; Atindanbila, Abasimi & Anim, 2012) and not specifically psychiatric nurses. From the forgoing, it is clear that there is a gap in literature which needs to be bridged. This current research to investigate the effects of stress on the job performance of psychiatric nurses in Ghana, specifically in the Ankaful Psychiatric Hospital, Cape Coast, is in the quest to fill the gap.



### **Purpose of the study**

The main aim of the study was to investigate the effects of stress on job performance of psychiatric nurses in the Ankaful Psychiatric Hospital in Cape Coast. Specifically, the study sought to:

1. investigate the causes of stress among psychiatric nurses in the Ankaful Psychiatric Hospital,
2. assess the effects of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital,
3. assess the effects of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital on the basis of gender,
4. find out the effects of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital on the basis of age,
5. find out the effects of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital on the basis of marital status, and
6. find out the effects of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital on the basis of status or rank,
7. investigate the coping strategies employed by psychiatric nurses in the Ankaful Psychiatric Hospital in dealing with stress.

### **Research questions**

The following research questions guided the study:

1. What are the causes of stress among psychiatric nurses?
2. What are the effects of stress on the job performance of psychiatric nurses?

3. What are the coping strategies adapted by psychiatric nurses in dealing with stress?

### Research Hypotheses

The following hypotheses were tested in the study:

1.  $H_01$ : There is no significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of gender.

$H_{A1}$ : There is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of gender.

2.  $H_02$ : There is no significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of age.

$H_{A2}$ : There is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of age.

3.  $H_03$ : There is no significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of marital status.

$H_{A3}$ : There is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of marital status.

4.  $H_04$ : There is no significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of status or rank.

$H_{A4}$ : There is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of status or rank.

### Significance of the Study

There is high optimism that this research would uncover the causes, effects and the coping techniques of stress among psychiatric nurses. Hence, this study would provide information to assist psychiatric nurses, Ghana health

service, Mental Health Authority and Nursing and Midwifery Council to deal with stress among its staff for high productivity.

Secondly, the results of the study would also help policy makers, Ministry of Health, Mental Health Authority and Nursing and Midwifery Council; to review the current policies on employees that would help to avoid situations and circumstances that bring stress among psychiatric nurses. Again, the study would provide a current measure of how stressed psychiatric nurses are feeling at work, so that employers will modify the working environment to decrease the occurrences of stress, since this phenomenon seen inevitable.

Furthermore, this study would be of benefit to counsellors, who would be guided by the results of the study to provide effective counselling services for prospective clients. The outcome of this research would assist psychiatric nurses and even other nurses identify personal situations other than institutional ones which contribute to stress and develop coping strategies to deal with them.

Researchers and academicians can also build on the findings of this study for further studies. Therefore, aside this study providing empirical evidence for literature, further studies can rely on the findings and methodologies used in this study to build upon and come out with new findings.

### **Delimitation**

The study was delimited to assessing the effects of stress on the job performance of psychiatric nurses. The study was again delimited to staff nurses of the Ankafu psychiatric hospital caring for mentally ill patients and



their relatives. Geographically, the study was delimited to the psychiatric hospital – Ankafu, Cape Coast, Ghana.

### **Limitations of the Study**

The authenticity and generalisation of the outcome across other jurisdictions was limited since the experiences of stress among these psychiatric nurses may not reflect the stress experienced by other nurses and health workers. Also, since the instrument for the data collection was adapted, the limitations associated with it from the original author may have had the ability of affecting the validity of the results. To minimize the above limitations, the researcher corrected identified during the pilot testing of the instruments.

### **Definition of Terms**

**Psychiatric Nurses:** These are licensed nurses specially trained to care, manage and treat individuals suffering from mental illnesses and its associated symptoms.

**Stress:** This is any event or situation which forces the body and mind to work beyond its capacity.

**Job stress:** This is any situation where there are incompatibilities between one's job roles demand and the individual's capabilities and resources.

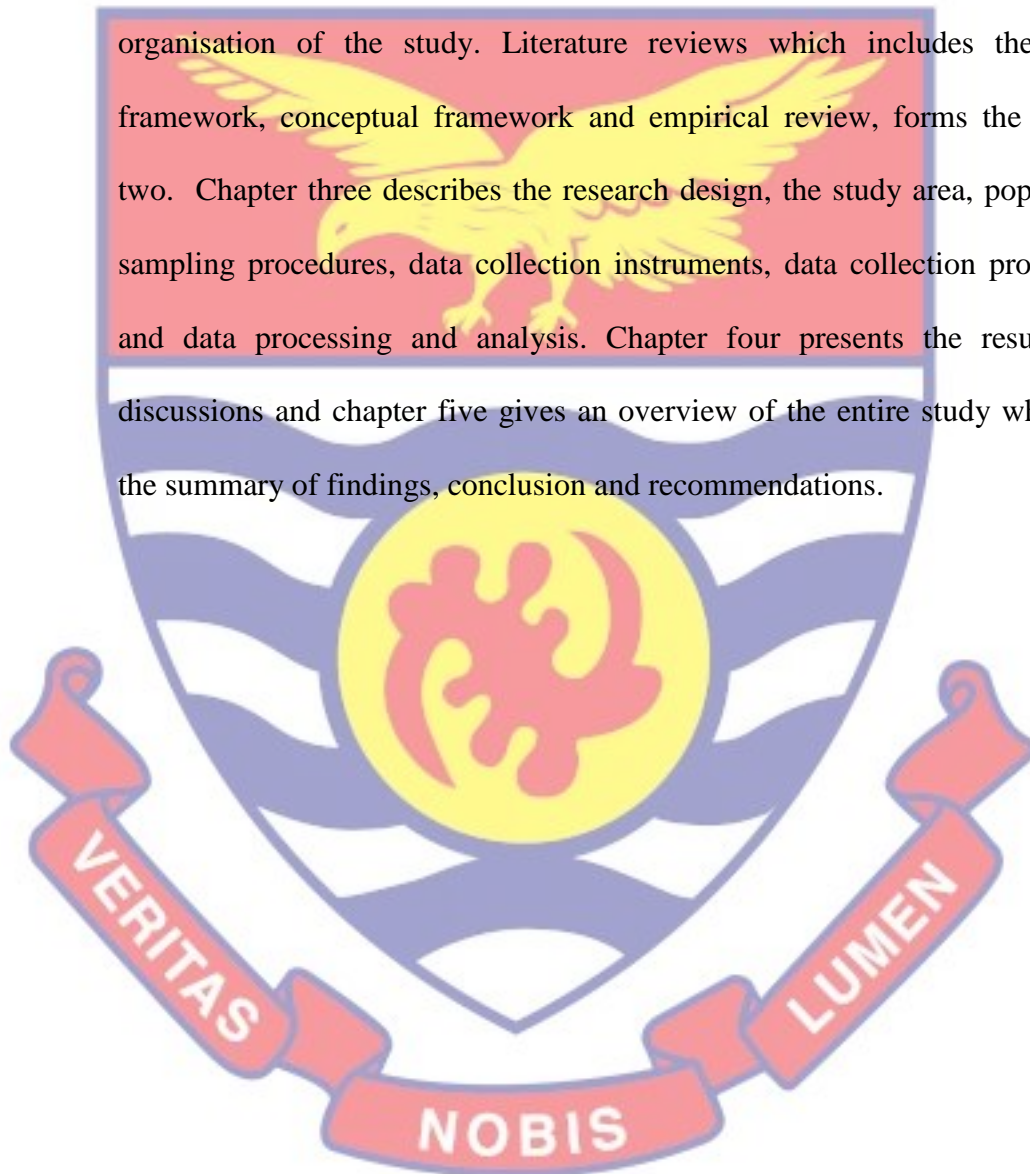
**Job performance:** This is the degree of competence, satisfaction or indifference employees do their jobs as to assessing the quantity and quality of work output with time.



## Organisation of the Study

This study is structured into sections of five chapters.

Chapter one which is the introduction of the study covered the background to the study, statement of the problem, purpose of the study, research questions, hypotheses, significance of the study, delimitations and limitations, and organisation of the study. Literature reviews which includes theoretical framework, conceptual framework and empirical review, forms the chapter two. Chapter three describes the research design, the study area, population, sampling procedures, data collection instruments, data collection procedures and data processing and analysis. Chapter four presents the results and discussions and chapter five gives an overview of the entire study which are the summary of findings, conclusion and recommendations.



## CHAPTER TWO

### LITERATURE REVIEW

#### Overview

The purpose of this study is to examine the impact of stress on the job performance of psychiatric nurses in the Ankaful Psychiatric Hospital in Cape Coast. This part was separated into three areas. The initial segment zeroed in on the theoretical framework underpinning the investigation. The subsequent part took a gander at the conceptual framework and the third part, on the empirical studies related to the current study.

#### Theoretical Framework

This study was guided by Person – Environment (P-E) Fit Theory, Lazarus' Cognitive Theory of Stress and Stress Coping Theory. These are the most generally acknowledged structures for directing exploration on job-stress (Edwards & Cooper, 1990; Kokkinos, 2007; Spielberger, Vagg & Wasala, 2013).

#### The Person–Environment (P-E) Fit Theory

The Person–Environment (P-E) Fit Theory places importance on both the individual and environment in stress theories. The theory helps to better understand how one becomes stressed and the consequences of stress-related experiences. The Person – Environment (P-E) Fit Theory emphasizes the association between an individual and his work space in psychological perspective (Kyreea, 2014; Schaufeli & Peters, 2014). Caplan and Harrison, as cited in Hannes, Cort and Boris (2017), asserted that the degree of connection

between a person and his current space influences his behaviour, attitude, and most importantly his well-being.

The basic assumption of this theory is that stress is not characterized by the individual or the immediate surroundings, however, all things being considered, stress occurs as a result of disequilibrium between an individual and his immediate surroundings (Hannes et al, 2017). The theory argues that a “good fit” between employees and their working space advances desirable outcomes, like increase in the level of job performance and occupation fulfillment, and a “poor fit” depicts outcomes like excessive work-related stress. It also stipulates that misfit between excess demands and an individual’s abilities and resources generate stress.

In a more practical way, when attributes such as interests, values, and skills pertaining to the individual interact positively with his working environment and workload, the productivity of such individual is higher (Tsaur & Tang, 2012). On the other hand, if the degree of agreement between a person’s attributes and his working environment is incongruence or unharmonised, stress is the outcome. Similarly, some individuals experience stress when there is a misfit between the demands put on them and their capacities to fulfill those needs.

This theory is conceptualized as having two significant parts: functional congruence and psychosocial congruence (Sahoo, 2016). Functional congruence is the ability of the physical environment of an organisation to aid employees to get work done at ease. Hospital wards and units with higher functional congruence exhibits visible features in and around the working space that promote higher degrees of empathy, chary and close observation of



patients and their family (Cooper, Dewe & O'Driscoll, 2001). The Psychosocial congruence of the Person – Environment Fit Theory is the ability of a person's surroundings to promote the psychosocial wellbeing of employers. Working environments which prioritize the need for workers' safety and security, promote both the physical and psychological wellbeing of workers (Circenis & Millere, 2011). Alvarado (2007) opined that a nursing environment which includes the provision of staff restrooms and personal protective equipment (PPE) increases nurses job satisfaction and sense of safety. In the absence of these provisions however, increases the prevalence of stress among health care workers. The functional and psychosocial congruences of Person – Environmental Fit Theory therefore explains the degree, magnitude and intensity of stress experienced by psychiatric nurses.

This theory is appropriate for this investigation because it helps us to know the genesis of stress pertaining to psychiatric nurses as to whether their source of stress experienced is from the misfit between the nurse's personal attributes and their working environment or other unknown factors.

### **Lazarus' Cognitive Theory of Stress**

To effectively assess stress, is to comprehend the processes underpinning them. The best way to understand these processes is through the Lazarus' Cognitive Theory of Stress (Lazarus, 2000). Lazarus and Folkman (1984) opined that stressors are not the cause of stress, but an individual's thoughts and perception of it. According to Lazarus (2000), any time individuals are faced with a seemingly stressful situation, they go through a cognitive process of evaluation of the possible threat. This cognitive process of evaluation is termed Appraisal. According to Cooper et al (2001), the



magnitude with which people appraise stress to be severe or insignificant, determines the level of stress they experience. As cited in Moore (2014), Lazarus and Folkman (1984), also posited that the Cognitive Theory is a regime which underscores appraisal to examine harm, threat and challenges, and in effect, develop mechanisms to cope.

Specifically, the appraisal of situations leads to three different types of perceived stress: harm, threat, and challenge (Lazarus & Folkman 1984). Harm connotes the (mental) destruction or misfortune which has already taken place in the mind. Threat is the expectation of mischief that might be impending. Appraising a situation to be harmful, and threatening, the individual experiences negative emotions which eventually make him stressful (Gulavani & Shinde, 2014). Challenge immanent from demands that an individual feels confident dominating. Appraising a situation as a challenge however, is filled with neutral feelings like eagerness, cheerfulness and excitement.

This theory also underpins this study, since it could help know the cognitive analytical processes involved before a psychiatric nurse will attribute a situation as harmful, threatening or challenging, hence stress and the mechanisms they implore to cope with these phenomena.

### **Folkman and Lazarus Stress Coping Theory**

The Folkman and Lazarus Stress Coping Theory is another theory that will form the bases of this study. Coping is the intellectual and conduct endeavors made to dominate, endure or lessen external and intrinsic demands and conflicts within an individual's abilities (Lazarus & Folkman, 1986). According to Lazarus (1991), Stress Coping Theory is related closely to

Cognitive Theory and also to Person-Environment Fit Theory. The theory ascertains that coping strategies of stress are not based on the effect of stress, but rather on behavioural and cognitive reactions in the individual (Lazarus & Folkman, 1984).

Coping with stress is normally of a single act. This single act is organised sequentially in the thoughts of the individual and put in action to cope with stress. This forms what is termed as coping episode by Lazarus and Folkman (1984). The coping episode could be problem focused coping which is person-environment related of negative stress, more of external source of stress and or related to emotion-focused coping which tries to reduce negative emotional state of internal elements of stress. The Folkman and Lazarus stress coping theory will be used as a yardstick to measure how psychiatric nurses cope with stress individually and how the organisation manages the stress of employees to maximise work output.

### **Conceptual Review**

The major concepts in the study covered the concept of stress, types of stress, causes of stress, symptoms of stress, effects of stress and the management of stress.

### **Concept of Stress**

The concept of stress has transformed from various perceptives, ranging from generic to cognitive. In spite of the fact that Aristotle, Hippocrates and other people of yore's savants knew about the idea of stress and its antagonistic impacts, Claude Bernard was quick to officially clarify how cells and tissues in creatures protect the organism from stress (Gluckman, Hanson & Beedle, 2010). Years later, Walter Bradford Cannon made famous

the concept of homeostasis in the study of stress which gives light on stress responses. This reaction was subsequently perceived as the principal phase of a general adaptation syndrome (GAS) first proposed by Hans Selye to be an all inclusive reaction to stress among living things (Romero, Hanson & Cyr, 2015).

### *Definition of Stress*

People express and define stress based on the circumstances within which they experience the phenomena; hence giving the concept a multi definition. Stress has been a notorious difficult concept to describe. Scientists of many disciplines define stress according to the impact the phenomenon have on their field. To the sociologists for instance, stress is viewed as a social imbalance, that is, unsettling influences in a settling construction where individuals live. Likewise, scientists in the engineering field see stress as an outside power which brings forth strain in the substance exposed to it and to Physiologists, Stress is any external stimulus condition that is noxious to the body. Despite the difficulty in defining this concept, some authors have provided meaning to stress.

The foremost and the generally accepted definition of stress was propounded by Selye (1974, p. 5). Selye defined stress as “the single non-specific reaction of the body when demand is place upon it”. It is evident from the definition of Selye that Stress can occur under any circumstance when there is the need to respond to certain changes or demand placed on the body. Selye emphasized that Stress isn't indistinguishable from enthusiastic excitement or nervous tension, since all living things including vegetation and bacteria that have no systema nervosum, experience stress (Levine, 2011).



This indicate that Stress is something which cannot be avoided, because being alive places some demand on the organism to maintain life.

Yates, as cited in Gluckman et al (2010, P.7), also describe Stress as “any response that provokes the secretion of adrenocorticotrophic hormones (ACTH) and adrenal glucocorticoids, a powerful anti-inflammatory agent to protect the body”. This definition by Yates indicates that stress produces noxiousness to the body and the body in return produces these hormones to fight it.

Brown, Koob and Rivier (2014), also describes Stress as a state of disequilibrium or threatened homeostasis. This definition suggests that an organism’s attention is enhanced when stress is perceived and the mind centers around the apparent danger of the stressful event. Spielberger et al (2013) however, proposed three component elements which should cut across all paradigms of stress definitions. First, stress requires heightened excitability or arousal in an event. They continued to state that for Stress to be present, the experience must be perceived to be aversive, and finally, there should be lack of control over the perceived aversion for it to be considered as stressful event. It is then evident that the magnitude or extent of stress an organism experience is determined by the element of control or lack of control over the perceived aversion.

For the purpose of this study, stress would be held as a bad omen and in effect would be defined as any event or situation which forces the body and mind to work beyond its capacity. Laying more emphasizes, any demand on an organism which places the organism in an uncomfortable situation would be captured as stress. This then cut across any form of discomfort from;



meeting a deadline, meeting a requirement, coping with new environments, taking up a position of a new role, to personal need for achievement.

There is always a stressor which produces stress and a stress response, which is either of consequence or of benefit to an individual. Stressor is then a source of potential stress; circumstance or events which may produce stress (De Kloey, Joels & Holsboer, 2012). A stressor may be either a physical stimulus (noise, heat, pain, injury), or a psychological and psychosocial stimulus (death of a relative, job related disturbances, dangers to confidence) which when presented causes some adjustment of one's standard lifestyle (Fink, 2016). It is obvious then that a prolonged exposure to either physical or psychological stressors can adversely affect the health status of an individual.

Stressors which produce stress on an individual make the individual respond to the stress and evoke the consequences of stress on the body. Stress responses may be behavioural and or physiological responses. Behavioural stress response includes good health habits (frequent intake of water, good diet, regular exercise) which may decrease the risk of stress related diseases and adversary (Fink, 2016). Self-destructive behaviours (smoking, drinking) are also behavioural stress responses which in the long run affect the body (Kim & Diamond, 2002). Physiological stress response on the other hand includes the activation of the hypothalamic – pituitary adrenal which secrete the ACTH hormone and control the whole body homeostasis to fight the stress (Bolger & Zackerman, 2007). Duckworth (2004), also points out that the body also activate the autonomic nervous system which increases blood and tissue levels in an organism to fight against stress. This indicates that the

physiological and behavioural stress responses have both defensive and harmful consequence on an individual.

A job stressor can be characterized as the pressing factor experienced by a person because of authoritative and occupation explicit variables followed with demands and limitations that their jobs placed on them (Al-Hawajreh, 2011). Although scholars have tried to explain the concept of stress, this phenomenon still remain an abstract which is difficult to unravel.

### *Types of Stress*

Stress cannot be fully understood without mentioning the types of stress. The notoriety of stress provides the concept a wider range of types. The types of Stress include but not limited to eustress, distress, hyperstress, hypostress, parental stress, and occupational stress which will be discussed.

### *Eustress*

Eustress is the type of stress which is regarded as a “good stress” (Adams, & Boscarino, 2005). As established, stress is not always a negative influence. Although eustress is short term, it could be said that this type of stress is connected with positive emotions and situations which get a work done more effectively. Even better, Geisthardt and Munsch (2002), describes eustress as “curative stress”; it helps an individual to generate an innate energy for maximum output. Norman and Milla (2014) also indicated that eustress is characterized by motivation, energy focused, feelings of excitement and is perceived as coping abilities which always improves performance. Though eustress is good and has a positive health effect on an individual, it persists for a short while.

### *Distress*

Distress is just the opposite of Eustress. It referred to as a “bad or negative” stress. According to Adams and Boscarino (2005), distress is a stress disorder which the International Classification of Diseases (ICD, 10) distinguish two forms as acute stress or chronic stress. Acute stress is a form of distress which emanate from demands placed on the body (Andrews & Wilding, 2004). Successive event of acute stress is called episodic acute stress; restless, crabby or short tempered people ordinarily experience this sort of stress (Bengtsson, 2015). If acute stress is not well managed or persist for a longer time, it results in chronic stress (Baum, Gatchel & Schaeffer, 2009).

According to Andreasen and Black (2006), distress is characterized by feelings of anxiety and unpleasantness. It could be for a short or long term. It normally leads to mental and physical health problems. It is not a disconnection therefore associating distress to a causal point of adverse events and negative events such as the demise of a partner, divorce, being abused, unemployment, bankruptcy and the likes which impact negatively on the output of an individual.

### *Hyperstress*

According to Palmore (2015), hyperstress is the type of stress which result from excessive demand of the mind and body of an individual. Hyperstress is normally experienced when an organism is overloaded with overwhelming demands (Morokoff & Gilliland, 2009). There is every indication that when a person is pushed beyond their capabilities, skills and expectations, hyper stress is experienced. Blair, Mitchell and Blair (2016), asserted that hyperstress takes its roots from job related stress, student stress,



marital stress, parental stress and the likes where if not well managed, triggers a strong emotional response.

### *Hypostress*

Hypostress is the type of stress which is experienced when an individual feels unchallenged and underused below his or her capabilities (Andreasen & Black, 2006). Hypostress is expanded to include performing the same task over a long period of time which constitutes to boredom (Bauer, 2015). It is quite unexpected for someone to experience stress when there is little at hand to do, but the feeling of not being challenged or inability to explore to discover more and satisfy desires and curiosity makes the individual restless and wanting more to do, hence, hypostress.

### *Parental Stress*

Parental stress has become one of the leading sources of stress especially among young parents (Walker, 2000). Parental stress is the passionate and mental reaction of nurturing in response to the physiological, safety, emotional, esteem and self-actualization needs of a child (Theule, Wiener, Rogers & Marton, 2011). In addition, Delambo, Chung and Huang (2011) defined parental stress “as the emotional response between the environment and availability of resources to include social support and coping mechanism to problem situation concerning a child”. These definitions show that a number of factors predict parental stress predominately when parents perceive that the needs of a child exceed the available resources of the parents. Though the needs and demands are that of a child, the inability to meet them as parent, go a long way to danger the wellbeing of parents. This is affirmed by Kenrick, Griskevicius, Neuber and Schaller (2010), when they stated that



parents experience anxiety and high levels of stress when they feel their child's safety and development is at risk due to their inability to provide for the child.

Even more compounding, parents whose children develop and behave differently than other children typically do experience stressful and challenging moment often (Gupta, 2011). The stress such parents face could be as a result of their child's inability to meet their expectations as well as the expectations of the community and other family members. This makes parents sometimes lose focus at work, absent themselves from work or are always late for work, thereby reducing work output.

### *Occupational Stress*

Occupational stress is defined as an imbalanced state which exist among the cognitive, emotional and working environment of an individual (Spielberger et al, 2013). This definition is in adherence with the Person Environment Fit Theory, which lay emphasis on disequilibrium between individual's personal attributes (interest, abilities and skills) and work demands as a major source of job related stress.

According to Brooks and Piquero (2012), when one is overloaded with much work of little timelines to deliver, the individual becomes anxious, frustrated and stress sets in eventually. Pienaar and Rothmann (2013) expands this assertion by noting that occupational stress stems from excessive work demands, working with insensitive bosses and colleagues and lack of job tools and equipment to make work easier and faster. Job dissatisfaction, absenteeism, lateness, job turnover are always associated with occupational

stress; which has a negative impact on work output of every organisation (Schaufeli & Peters, 2014).

### General Causes of Stress

The source of stress has been of many trails due to the differences in individual makeup and needs as well as the differences in our environments.

Some individuals experience stress due to lack of material and psychological resources such as not having financial security and self-esteem (Clough et al, 2017). Others also experience stress when they react emotionally to situations and feel pressured by the society to behave in a certain way or to attain certain things in a stage of life (Amoako, Gyamfi, Addai & Batola, 2017).

Mosadeghrad (2014) also emphasizes loss of a loved one, job or marriage as a major emotional drain being a cause of stress often among individuals. They further stated that lack of job and childlessness also put pressure on people to meet the demands society place on them. Individuals attitude, beliefs, past experiences, level of tolerance or anxiety expressed towards situations are also a source of stress. The attitudinal reaction towards an event normally is based on an individual's past experiences, and beliefs which present a whole deal of stress especially when the shadows of the past is to be felt again (Adzakpah et al., 2016).

From the forgoing, it could be said that stress is caused by both external and internal factors of an individual. External causal factors of stress could include all stressors which come from the interaction with the environment such as job, relationship with others, demands and expectation from society. The internal causal factors on the other hand include the

individual's perception of threat, overall health and emotional wellbeing as well as the amount of rest they get.

### *Job-related causal factors of stress*

The workplace has become the major source of stress causing stimuli because of its associated demands and pressure on employees. Filha, Costa and Guilam (2013), indicated that the sources of job related stress is from a two-way branch, one from the content of work and the other, social context of the work. Lengthy times spent at work, excessive work load, unrealistic timelines, difficult task, lack of breaks, poor physical working environment, unclear work roles and job insecurity are some of the causes of stress from the job content indicated by researchers (Bardhi, 2016; Etim, Bassey, & Ndep, 2015).

The interpersonal relation of workers in their working space is also a notable contributor of occupational stress within the social context of work. Filha, et al (2013), affirms this assertion when he stated that negative relationships at work such as working with over demanding managers and unsupportive colleagues create stressful situations for employees. Again, Mosadeghrad (2014), included unbearable work cultures such as unpaid overtime or bonuses as factors of job related stress within the social context of work.

It is evident that one's job is stressful when the polytope of the work and its environment is overly demanding. It is however baffling when the people who are to be the stress coping support system at work, are also stress causing factors at work. Having to deal with such people during working hours and sometimes beyond, makes the job more stressful and employees



often would wish to quit or absent themselves which will intend reduce productivity.

### ***Causes of stress among Psychiatric Nurses***

Stress among psychiatric nurses are connected to their working environment, the nature of nursing, interpersonal relationship and organisational factors (Love, Tatman & Chapman, 2010).

### ***Working environment of Psychiatric Nurses***

Psychiatric nurses work in an environment which seem obscured and obsolete (E-Morris et al., 2010). The enclosed nature of wards where psychiatric nurses care for patients intimidate them and makes them feel as though they are inmates 'imprisoned' with their patients (Kyreea, 2014). The mere thought of working in such a 'prison' (enclosed environment), drains nurses emotionally resulting to higher prevalence of stress in psychiatric nurses than general nurses who work in a free opened environment. The poor ventilation, poor lighting and high temperature levels of wards where psychiatric nurses care for patients, is in itself an anchor of work related stressors for these nurses (Tachimori, Takeshima, Kono, Akazawa & Zhao, 2015).

### ***Nature of psychiatric nursing***

In most cases, people become nurses because they love to help others (Awuku, 2013), but reality sets in when the job of nursing becomes as not expected. Caring for the mentally ill patient, which comes with developing a more complicated care plan and nursing tasks to care for aggressive or depressed patients, in an unsafe environment, gives a lot of stress to psychiatric nurses (E-Morris et al., 2010). Moustaka and Constantinidis (2010)



also ascertained that the nature of psychiatric nursing like other nursing professions is one confronted with variety of job tasks and varying working hours such as night duty shifts work with restless patients and lack of break during shift hours. A more serious stressor that psychiatric nurses face is the fear of being harmed or harassed by patients they work with anytime they are performing their mandated duties (Olayinka & Osamudiamen, 2013).

### ***Interpersonal relationships of Psychiatric Nurses***

As the role of psychiatric nurses extend from inpatients treatment to community care, teamwork and good interpersonal relationship are required for effective care of patients (Pearson et al., 2015). Healy and McKay (2011) indicated that relationships between colleagues at work are potential stressors. However, among psychiatric nurses, the sources of stress emit from conflicts among colleagues typically, lack of team work among colleagues during the performance of tasks (Wen & Schulman, 2014).

Additionally, working with unfriendly superiors coupled with working with incompetent and sluggish staff possess greater stress on psychiatric nurses than other stress indicators (Healey & McKay, 2011). Similarly, improper dissemination of tasks instructions and immodest channel of communication are job related stressors which affect psychiatric nurses (Ministry of Health, Labour and Welfare, 2013).

### ***Organisational factors of Psychiatric Nursing***

Studies have pointed out that a higher source of occupational stress come from organizational policies (Ansah-Ofei, 2015; Dawson, Stasa, Roche, Homer, & Duffield, 2014). In every organisation, policies are its backbone; one which is the standardised way of life in the organisation. In the healthcare

setting, policies range from health law, clients' rights and professionalism to ethical issues (Mosadeghrad, 2014). Management policies, control and code of ethics of employees have been identified by Friedman (2013), as stress indicators at work. Mark and Smith (2012) opined that promotion difficulties to higher nursing ranks is typical of the nursing profession, lack of motivation for nurses and reduced further studies opportunities for advancement in the nursing career are stress generating factors which emit from the nursing organisational level.

### **Symptoms of Stress**

The traces of stress are seen visibly on a stressed individual as symptoms include physiological, psychological, and social changes (Mokoka, 2010). The psychological impact of stress is felt all round as the physiological and social symptoms have traces of psychological changes. Clinically, stress has been associated with anxiety and depressive disorders (Lim, Chow & Poon, 2013). It is against this background that the symptoms of stress are grouped as psychosomatic and psychosocial.

The body of a stressed individual undergoes some changes due to the demands on the individual. The psychosomatic symptoms of stress normally experienced by individuals are headache, back pain, stomach acidity, and tension diarrhoea (Hardwick, 2010). Mokoka (2010) also stated that stressed individuals cannot do without palpitation, sleeping problems and if not managed in time, chronic fatigue becomes part of the individual. These psychosomatic symptoms of stress make the stressed individual looks and feels very sick and if not well diagnosed can worsen to include other psychological disorders.

Similarly, stress can alter the conduct of the stressed individual. This alteration in behaviour of a stressed individual affect their social interaction with other people (Circenis & Millere, 2012). According to Mosadeghrad (2014), people become quick tempered, emotionally fragile, lash out easily on others, tend to be forgetful, as well as lose interest in things they used to love when stressed. These symptoms of stress cause changes in the overall makeup of an affected individual from their thinking capability to functioning abilities which lowers their productivity at work.

### **Effects of Stress**

Stress affects every aspect of an individual. Individuals who go through unmanaged stress do not bear the effect alone, but its impact is also felt by the organisation within which they work and other people they work with (Hargrove, & Ahmed, 2014). The effects of stress are categorized into different sections. These are the effects of occupational stress in general, impact of stress on the psychiatric nurse, its impact on the organisation and the effects on the patients.

### ***Effects of Occupational Stress***

According to Malik (2011), employees have no less power over their work, rare or no incentives and motivation, unsupportive administration framework deal with genuine actual issues. On the side of this, Cottrell (2016) demonstrated that job related pressure causes perilous effects on medical attendant's physical, mental, and enthusiastic prosperity and their capacity to adapt. Stress impacts their clinical practice, however their own lives too. This might incorporate lack of sleep, liquor misuse, loss of craving, and lower



confidence. Occupational stress may thus lead to physiological, psychological and sociological unwellness for healthcare professionals.

Regular emotional misery as outrage, nervousness, and sorrow can effectively affect the cardiovascular framework (Bardhi, 2016). According to Amoako et al (2017), stress is connected to chronic fatigue, eating disorders, headaches, increased risk of heart attacks and musculoskeletal pains. Job related stress may also generate problems associated with mental health such as emotional exhaustion, mood disturbance and sleeping problems (Cottrell, 2016).

#### ***Effect of Stress on the Individual Psychiatric Nurse***

Stress touches almost every segment of life. According to Mark and Smith (2017), stress can be viewed as a significant supporter of afflictions. It is hazardous to both mental and actual wellbeing and can prompt a complete breakdown of a person's organs. Stress is likewise known to be the causative specialists to some predominant mental issues like loss of appetite, memory loss, absent-mindedness, depression, dissatisfaction, anxiety and circulatory strain (Olayinka & Osamudiamen, 2013).

Job stressors and its consequences affect the physical, mental and emotional wellbeing of the mental health care provider (Kane, 2012). Psychiatric nurses experience feelings of depression, anxiety, inadequacy, insomnia, exhaustion and burnout ensuing from stress (Chan, Tam, Lung, Wong & Chau, 2013). Stress also affects the physiological functioning of an individual. Studies have affirmed that stress reduces the functioning capacity of the immune system of humans (Owolabi, Owolabi, Oluron, & Olofin, 2012), which predisposes the individual to diseases. Psychiatric nurses



experience physical illness such as headache and fatigue when they are stressed out (Obiora, 2015). Onasoga, Ogbebor and Ojo (2013) also opined that stress is associated with hypertension, back and joint pains and leads to the arousal of extremely serious diseases such as cancer and diseases affecting the circulatory system and to the worse end, untimely death.

Further, stress has an adverse impact on an individual psychologically, physiologically and sociologically (Lin, Probst & Hsu, 2010). It completely reduces an individual's learning and memory capacity (Moore, 2014); insights suicidal ideation (Mathew et al., 2013) and reduces the productivity of an individual (McTiernan & McDonald, 2015). Also, stress leads to depression and cognitive worry (Blair et al., 2016); lack of energy and sleeping disorders such as sleep-wake systems (Palmore, 2015); lead to behavioural symptoms such as loss of appetite, increased consumption of alcohol, tobacco and food and lead to diminished motivation and enthusiasm (Kyreea, 2014).

#### ***Effect of stress on the organisation***

Stress has a significant impact on the organisation within which the psychiatric nurses work. Psychiatric nurses display apathy and lack of concentration towards work when they experience stress (Circenis & Millere, 2012). Effects of stress on the organisation within which the stressed individuals work, include among others, high staff turnover, absenteeism, reduced productivity and staff litigation. They are discussed in the following paragraphs.

#### ***High Staff Turnover***

According to Sahoo (2016), the most widely recognized effect of the organizational stress is high staff turnover. Employees who experience work

induced stress lose interest in their jobs. When the innate drive towards work dies, the individual begins to find excuses not to be at work and eventually get feelings of quitting the job. Some employees who are open minded and optimistic of change open up or vent out to their managers for help to deal with the stress they experience while others may also feel there is no structural policies in dealing with the occupational stress they experience except quitting so as to be free from the stressful situation. This is on the grounds that mental burnout prompts work disappointment, negative perspectives towards oneself and the job, and finally the employees develop attitudes like withdrawal from the work, non-appearance, and leaving the place of employment. (Van Wijngaarden, Schene & Koeter, 2004). Shockingly, numerous associations make no endeavor to find out the genuine justification towards workers' job turnover thus never understand that their organisation has stress issues. Shehzad et al (2011) additionally expressed that stress build up employees motivate to turnover from work, which impacts negatively on the returns of the organisation.

### ***High Absenteeism***

People who experience stress at undeniable levels will in general experience more sickness and must get some much needed rest because of ailment hence absent from work duties. Non-appearance may also be the end result of workers having feelings of not being able to adjust or endure working pressures and the distressing nature of the working environment, so they resort to avoiding the distressing circumstance and the working space by staying in the comfort of their own homes. In response to stressors, employees sometimes try to psychologically detach themselves from the job in a

defensive manner in order to cope with the psychological pressures caused by the job. This makes the employees indifferent, suspicious and rigid towards their job (Cottrell, 2016). In such instances, these employees will be on the job but will not be effectively productive as expected. They may be physically available at work but absent psychologically.

### ***Reduced Productivity Levels***

When workers are exposed to continues experiences of stress at work, they become physically weak and this makes it difficult for the workers to work to maximum satisfaction. As the weariness progresses, the workers lose focus and lack concentration on the job. They in turn develop an ‘I don’t care’ attitude at work which in the long run requires massive investment to get jobs done. The quality and efficiency of the employee's work also starts to suffer. This brings down the expected outcome of the organisation. Also, stress increases the level of rigidity and inflexibility concerned to job performance, and gives room for obliviousness or to disregard the guidelines and lied down rules of the institution (Bardhi, 2016). In addition, Peterson and Wilson (2011) argued that workers’ low, ineffective and inefficient job performance is owned to the justification that workers are expose to high levels stress they experience at work. On this basis, Tsaur and Tang (2012) argued that most employees in organizations feel that their job is stressful, that in return decreases their performance.

### ***Increased Health and Safety Issues***

This is more normal in working environments which are more manual in nature. Workers will in general face more challenges and experience more unfortunate fixation when they are stressed. Occupational stress can have



damaging effects on many of the variables related to performance due to irreversible damages to the mental health of individuals (Mosadeghrad, 2014). This combination is the gateway for expanded mishaps which thusly increases suit, insurance and clinical expenses for the organisation.

### ***Litigation***

Institutions have a legitimate commitment to give a protected and solid working environment for their workers. This can incorporate satisfactory preparing, safe work rehearses, and a work environment liberated from partiality and badgering. Where an employee encounters pressure because of the institution's neglect to meet its legitimate commitments; the worker might look for a lawful cure and this might bring about exorbitant legal actions and harm to the institution's standing (Sahoo, 2016). Of all the organizational consequences of stress, the one which best motivate organizations to take action is the threat of litigation.

### ***Effect of stress among psychiatric nurses on the patient***

Through it all, the patient who is at the receiving end of service delivery of nurses, suffers most. Patient security becomes compromised because of clinical mistakes, diminished precautionary measures coupled with high level of occupational stress, lengthy hours of duty shift with no breaks, sensations of weariness, and high patients varying needs (Kyreea, 2014). According to Awuku (2013), patients care can seriously be injurious due to a bridged compassion, neglect of duty and care by nurses who suffer from stress. Forgetfulness and anger ensuing from stress, make nurses commit unspeakable mistakes of either over dosage, under dosage or skipping a procedure during delivery of care for patients. When nurses exhibit attitudes of



apathy; 'I don't care attitude', as a result of stress, the patient gets a dissatisfactory service and worse, would lead to lose of patient's life (Wright, 2014).

When psychiatric nurses are stressed out, they tend to abuse the rights of the patients they care for (Circenis & Millere, 2012). Tachimori et al (2015), reviewed that the dignity, comfort and most importantly the opinion of the mentally ill patients are abused any time the psychiatric nurse is stressed. A nurse's responsibility is connected to their patient results, since these caregivers are continually the first point of contact for patients and liaise among the medical professionals, the patient and the patient's relatives. It is generally and professionally expected that nurses guarantee their patient's wellbeing and safety in any circumstance, even when their capacity to give effective healthcare to patients becomes compromised and this makes them commit avoidable mistakes in the quest to keep the nursing oath.

### **Management of Stress**

Every individual has a unique way of coping with stress, which is aimed at reducing situational impact on the physiological, emotional and social functioning of the person. Management of stress could be grouped under personal stress managing techniques and organizational stress managing techniques.

### ***Personal Stress Management Techniques***

Wright (2014), identified two categories of stress coping strategies; positive (active) and negative (avoidant) coping strategies of stress. Similarly, Pagon, Spector, Cooper and Lobnika (2011) also opined that relaxation techniques, enough sleep, time management, exercise, good eating habits, and

skills developing habits as positive stress coping strategies employed by nurses. Then again, health caregivers sort to negative adapting systems of managing stress like drug use, alcohol use and excessive eating (Onasoga et al., 2013).

Studies have found that physical activities facilitate the secretion of neurochemicals like endorphins and dopamine, which increase blood circulation and metabolic rate, hence helping to reduce psychological distress and depression (Gandi, Wai & Karick, 2011; Friedman, 2013). Again, Downey, Parlsow and Smart (2011) stated that among nurses, stress managing techniques are expression of feelings, accepting the things one cannot change, engaging in realistic workloads, and time management. Others also assert that supportive relationship among colleague workers and conducive working environment could reduce the occurrence of stress among nurses (Chang & Chan, 2015; Miyata, Arai & Suga, 2015).

Literature shows that several adapting procedures are implored by people when encountering stress at work. Some retreat to avoidant adapting, chronic drug use, refusal and social separation, others also adapt effectively through acknowledgment, planning and positively reframing and taking the necessary steps to manage the stress (Healey & McKay, 2011; Adzakpah et al, 2016). Different types of methods for dealing with stress utilized by people incorporate games, music, spending time with companions and sleeping (Brooks & Piquero, 2012).

By and large, it tends to be asserted that every issue or circumstance requires the utilization of a particular adapting methodology. In this way, a similar technique can be compelling or incapable based on the individual's

appraisal of the situation as threatening or not (Lazarus & Folkman, 1984; Cartwright & Cooper, 2016). More hopeful individuals use more viable procedures to deal with stress; nevertheless, in seemly wild circumstances they in general tend to be considered ineffectual techniques like acceptance or renunciation to the situation (Cartwright & Cooper).

### ***Organisational Stress Management***

There are several ways in which stress can be reduced or dealt with at the workplace. As indicated by Sahoo (2016), there is the need to know potential job related stress, evaluate the challenges of job related stress, control the job related stress perils and dangers and execute nonstop improvement strategies at the work environment.

For nurses, it may be necessary to rotate work from high-stress to lower stress functions. Also, assessing counselling services can help to manage stress at the workplace. In addition, the individual can take a stab at playing indoor games like table tennis at whatever point they feel stressed or can attempt whatever other action that loosens up them. The more the worker unwinds, the less stress they are likely to experience (Singh, 2018). It is likewise vital for the worker to keep up with a balance life being in awareness of a peaceful life or to keep away from pessimistic pressure as both professional life and individual life are intertwined. The following are things that organisations can do help their employees minimize or manage stress at the workplace.

### ***Job Clarification***

Explicitly explaining workers job role helps in limiting the job clashes that emerge in an organisation because of absence of legitimate assignment of



work and obligations (Clough et al, 2017). Clarifying job roles implies allotting occupations and its associated obligations cautiously and unmistakably to workers.

### ***Distribution of Job Responsibility***

The assigning of jobs rules of workers ought to be as per the professional qualification and capacities of the work. This will make them fulfilled and their effectiveness to work will increment (Singh, 2018).

### ***Taking timely Feedback from Employee***

Organisational managers are to follow up to see whether or not the methodology employed and used by them is adequate by the workers and whether it is gainful for the hierarchical development. Taking ideal criticism from workers will make it simpler for the organisation to understand the causes of the incongruence between the organisational plans and real output so as to develop strategies to deal with it for higher and desirable output (Olayinka & Osamudiamen, 2013).

### ***Workshops on managing Job related Stress***

To limit the degree of stress among workers, the organisation should organise in service training and workshops on how the workers can keep away from the negative pressures, know the manifestations of stress, how to adapt to stress and how stress can be utilized gainfully (Circenis & Millere, 2012).

### ***Maintaining Healthy Work Environment***

An organisation can ensure a conducive working space by taking corrective and strict measures against wrongful acts and unprofessional conducts of both superiors and subordinates. The organisation ought to deal reasonably with all by spurring the workers to partake in any form of task and

set targets of the organisation, by considering their suggestions, ideas and giving them acknowledgment for any initiative taken (Singh, 2018). In the same vein, building up better collaboration and coordination among senior ranked staffs and subordinates can help manage stress at the workplace.

### **Empirical Review**

In this section, past investigations identified with this current study are reviewed.

#### **Causes of Stress among Psychiatric Nurses**

There have been several studies which have explored the causes or sources of stress among psychiatric or mental health nurses. Kyereme (2018) tried to evaluate factors contributing to stress among mental health or psychiatric nurses at the Accra Psychiatric Hospital in Accra Ghana. The investigator used a quantitative design for the study, using simple random sampling technique to select 155 mental health nurses, from the Accra Psychiatric Hospital. The data collection instrument for the investigation was the Mental Health Professionals Stress Scale (MHPSS) and the tools for analyzing the data collected were descriptive, bivariate Fisherman's exact Chi square test, Pearson's correlation coefficient and linear regression. It was tracked down that a large number of the mental health nurses (75%) at the Accra Psychiatric Hospital were stressed out because of their work. It was likewise discovered that the nursing responsibilities was a main contributing factor of stress as far as the psychiatric nurses at the Hospital are concerned. Notwithstanding, absence of logistics, patient related challenges and home-work conflicts were not identified to be causes for pressure among the nurses at the Accra Psychiatric Hospital. The investigation additionally uncovered

that personal attributes and stress experiences had no genuine connection among the mental health nurses. Age, gender, marital status, and long periods of service did not impact stress among the nurses.

Zaki (2016) also investigated job related stress and self- efficacy among mental health nurses working in mental health hospitals at Cairo, Egypt. Data was collected using the Psychiatric Nurses Job Stress Scale (PNJSS) and the General Self-Efficacy Scale (GSE). The investigation depicted that mental health nurses experienced stress because of issues about their capabilities, the conduct of patients, issues relating to nursing and communication with patients and their families. Also, the results indicated that most psychiatric nurses had low self- efficacy.

The findings of Kyreaa (2014), who assessed the influence of workload on exhaustion and work outcome among nurses, showed that workload contribute to stress among nurses. The investigation of Khanal, Devkota, Dahal, Paudel and Joshi (2020) likewise expected to recognize factors related with anxiety, depression and insomnia among health workers working to curb COVID-19 in Nepal. This was a cross-sectional electronic survey directed between April 26 and May 12, 2020. An aggregate of 475 health care professionals took an interest in the study. A14-item Hospital Anxiety and Depression Scale (HADS: 0–21) was used to assess anxiety and depression, and insomnia was measured by using a 7-item Insomnia Severity Index (ISI: 0–28). Multivariable logistic regression analysis was conducted to determine the risk factors of mental health outcomes. The study found that there was to some extent high levels of anxiety, depression and insomnia symptoms among healthcare professionals during the early stages of the



pandemic in Nepal. Also, health caregivers confronted with stigmatization, those with medical history of mental illness and its associated symptoms, and those detailing lacking prudent steps in their working environment were more in danger of developing mental health outcomes such as stress.

Kaburi, Ameme, Kubio, Bio and Kenu (2016) sought to investigate the main predictors of occupational stress among nurses in Ghana. The sample comprised nurses in the Salaga Government Hospital. Data was collected using a five-point Likert type instrument adopted from the British Psychological Working Conditions Survey, and the Nurse Stress Index. The study discovered that the participants experienced significant amount of stress due to the amount of strength exerted in lifting up patients and medical tools, the dangers of getting contaminations, getting criticism after an unacceptable execution of duty and difficulty in developing one's self professionally. The implication is that stress was experienced mostly because of job-related reasons.

The review has shown that there are varied sources of stress among psychiatric or mental health nurses and nurses in general. It remains to be seen what will be the major source of stress among the psychiatric nurses in the current study.

### **Effects of Stress on Psychiatric Nurses**

The effects of stress on the psychiatric nurses have been explored in variety of studies. For instance, Sarafis et al. (2016) investigated the correlation among occupational stress, caring behaviours and their quality of life in association to health. In doing this, a correlational study of nurses who worked at public and private units was conducted in Greece. Data were

collected using three research instruments: (1) the Expanded Nursing Stress Scale (ENSS), (2) the Health Survey SF-12 and (3) the Caring Behaviours Inventory (CBI). Univariate and multivariate analyses were performed. The results showed that contact with death, patients and their families, conflicts with supervisors and uncertainty about the therapeutic effect caused significantly higher stress among participants. It was found that discrimination stress factor was revealed as an independent predictor of quality of life related to physical health, while stress resulting from conflicts with supervisors was independently associated with mental health. Overall, it was concluded that job related stress unfavourably affected the wellness of nurses, not downplaying its adverse impact on the care they give to the patients they nurse. In essence, stress affects the wellbeing of nurses alongside that of their patients.

The connection among stress, coping, and the combined impact of perceived stress and the ability to cope on health and job performance was examined by Peterson and Wilson (2011). A standardised questionnaire was administered to a sample of 120 nurses in a Midwestern Hospital in the USA. As observed, the medical caregivers were not beneficial sound: 92% had mild-to-exceptionally higher experiences of stress; 78% enjoy a disturbing pattern of sleep under 8 hours each night; 69% didn't practice routinely fitness exercise; 63% eat not more than 5 fruits and vegetables each day; and 22% were delegated consumers of alcoholic beverages. When confronted with distressing circumstances at work, 70% of the medical caretakers revealed that they eat low-cut budgeted nourished foods and 63% confessed to devouring more food than typical as a technique for adjusting to stress. Nurses in the

“high stress/poor coping” group had health challenges and highest prevalence of behavioural disorders than those in other ensemble. The joint factors of perceived stress and perceived coping abilities had an impact on the wellbeing of the caregivers. In light of the outcome of the investigation, it was recommended that health promotion programmes for health workers should zero in to stress reduction, stress management, and the improvement of healthy adapting skills.

Ahanchian (2015) investigated stress issues among psychiatric ward nurses. This study focused on two categories of professional Quality of Life (ProQOL), the positive compassion satisfaction, and the negative compassion fatigue, with the goal of assessing the connection of ProQOL to occupational stress and possible danger threats at a well established mental health facility. 114 psychiatric nurses (49males /63 Females) were sampled who responded to the questionnaires examining violence exposure, ProQOL, and occupational stress. Findings of the study showed that majority of the nurses (88.6%) have had an experience of verbal abuse, and more than half (56.1%) experienced physical abuse prior to the study. ProQOL was not associated with violence exposure but was reduced by work stress and by previous exposure to violence; health caregivers who saw their work to be very stressful had lower fulfillment from their work. In conclusion, notwithstanding that almost all the psychiatric nurses were exposed some level physical and verbal abuse and threats from patients and family members of patients, their ProQOL was mostly connected to occupational stress rather than to workplace violence (WPV). In essence, job stress affected the quality of life of psychiatric nurses.



Overall, the studies have uncovered some effects of stress on psychiatric nurses. There are varied impact of stress on mental health nurses and this study seeks to uncover some of these effects.

### **Coping Strategies Employed by Psychiatric Nurses in Dealing with Stress**

The strategies adapted by psychiatric nurses in dealing with stress at work have also been the subject of some past research studies. Cartwright and Cooper, (2016) examined psychosocial encounters and adapting techniques of people caring for persons with psychological maladjustment in Accra Psychiatric Hospital in Ghana. The investigation embraced a subjective plan in which 20 members (10 mental health nurses and 10 family guardians) were tested from the hospital and interviewed. Utilizing thematic analysis, the outcomes showed that stress was normal experienced by both mental health nurses and family caregivers, which affect their physical wellbeing. The two groups of caregivers revealed encounters of stigma. For mental health nurse being demonized was chiefly by other medical health professional while family caregivers announced that they are normally stigmatized by general public, especially their neighbors.

The strategies adapted by family caregivers and psychiatric nurses differ, in that nurses normally employ a defensive technique like avoidance strategies and humour in dealing with stress and stigma associated with their work while family caregivers on the other hand used emotion-focused technique of coping with stress. The implications of these results among others include the need for counselling services to guide and assist caregivers adapt to unaccepted experiences, to educate and sensitize caregivers on adaptive coping strategies to manage stress and other undesirable experiences,

including training techniques targeting the general public and other healthcare professionals on measures to reduce the stigma attached to the caring for persons with mental illnesses.

The relations of gender, coping strategy, and compassionate fatigue of providers of mental health services in Federal Psychiatric Hospital, Calabar, Nigeria were investigated by Omoaregba, Adeyemo, Aroyewun, and Uteh (2016). This was a cross-sectional study, in which 234 providers in mental health in Nigeria were recruited and questionnaires were completed (the Coping Strategy Inventory modified by Addison, Campbell-Jenkins & Sarpong, 2007; and the Compassion Fatigue subscale of the Professional Quality of Life developed by Stamms, 2019). Most of the mental health providers surveyed were found to be at risk of fatigue for compassion. Compassion fatigue and coping strategies jointly predicted by gender had no significant impact. When analyzed individually, however, the compassion fatigue was independently predicted only by the emotionally focused engagement and emotionally focused disengagement strategy groups

Yada et al (2017) sought to clarify how stress differs from registered caregivers among psychiatric assistants (PANs) and psychiatric registered nurses (PRNs). in a cross-sectional survey conducted in six psychiatric hospitals in Japan using the brief work stress survey, stress in 68 PANs and 140 PRNs was measured in the Psychiatric Job Stressor Scale and the work stressor and stress reaction subscales. The result showed that stressor subscales, interpersonal relations, and the stress reaction subscales of irritability and sub-somatic signs of PANs were significantly higher than

PRNs. In terms of coping strategies, the psychiatric nurses relied on their abilities, communication and the use of other techniques.

Also, Molehabangwe, Sehularo and Pienaar (2018) investigated and portrayed the methods for dealing with stress among health caregivers working in a mental wellness foundation in the North West region of South

Africa. This investigation was a qualitative-explorative-descriptive and contextual survey. The objective populace incorporated all categories of the nursing profession who provide mental health services to persons who seek mental wellness in a mental health foundation in the North West region. Participants were chosen purposively based on a series of sampling standards.

The sample size was dictated by a data saturation which was reached after interviewing 10 medical attendants. Data acquired was transcribed word for word for analysing the data. Reliability was guaranteed through credibility, constancy, adaptability and confirmability strategies. The discoveries of the study uncovered four main themes, namely psychosocial support, coaching and mentoring, stakeholder support, and suggestions for improving nurses' coping mechanisms.

Opare, Aniteye, Afaya and Glover-Meni (2020) explored the personal management techniques employed by community mental health practitioners so as to use these adaptive strategies for future execution. This survey used an exploratory qualitative design specifically an interpretative methodology.

Sampling was done purposively to choose respondents among the community mental health practitioners in some regions in Ghana. Respondents were selected and orally questioned, using semi-structured questions, until saturation was reached. The sessions were audio-taped, transcribed word by



word, and analyzed thematically. In all 13 respondents were used for the study, demographically they were 10 women and 3 men with ages ranging from 26 to 60 years. From the inductive analysis, four coping themes emerged from the data including: 1) self-disguise, 2) reliance on religious faith, 3) self-motivation, and 4) reduction in the number of home visits. The participants depicted their workplace as unpleasant and worker-unfriendly hence stressful, nearly to the point of overpowering them. In such manner, they singled out the individual coping strategies adapting as basic day by day practices for self-care to deal with their high feelings of stress. Individual coping strategies were frequently used by community mental health nurses in daily practice. The participants also identified personal coping strategies as critical interventions to overcome stress and to diminish their danger for burnout.

### **Stress and Demographic Characteristics**

It has been evident that social segment attributes like age, sex, conjugal status, positions and rank of medical caretakers additionally have impact on their feelings of anxiety and stress (Najimi, & Goudarzi, 2012; Wong, Laschinger, & Cummings, 2010). It has been argued that the differences in these demographics are responsible for the varying stress experiences by nurses at a constant or varying point in time (Sailaxmi, 2015; Sandmark, & Renstig, 2010; Abaa, Atindanbila, Mwini-Nyaledzigbor & Abepuoring, 2013).

### **Age Differences, Stress experiences and Coping Strategies among Psychiatric Nurses**

Age can be clarified as sequential age as in the number of the age of an individual and subjective age as number of years working for an organisation

(Gibbons, 2010). Numerous previous studies have affirmed that age has a positive relationship with occupational stress (Najimi & Goudarzi, 2012), but others also argue that it is not a major determinant of stress levels but though it accounts for stress. It has also been viewed by others that age is not a predictor of stress but rather how the individual perceives the threats (Lambert et al., 2004; Chang et al., 2006).

Najimi and Goudarzi (2012) investigated the impact of stress among psychiatric nurses in Iran. The study used a sample size of 226 nurses who have worked over a year in Iran's special hospitals. The participants were examined using the NEO Five Factor Inventory and the Coping Inventory for Stressful Situation. The result of the cross-sectional survey indicated that the younger the participant, the higher the levels of stress experienced due to much workloads push on them. It was also evident that elevated levels of stress were strongly correlated with youthful resilient psychiatric nurses who were not used to the much demanding nature of the nursing profession.

Similarly, Johansson, Sandahl and Hasson (2013), evaluated the role of stress among psychiatric nurses and psychiatric nursing managers in a comparative study. The study surveyed 269 participants using the 12 Item General Health Questionnaire. It was indicated that there was a statistically significant negative correlation between the ages of participant and stress; ( $p < .05$ ). The results also showed younger psychiatric nurses (below age 30) experienced higher levels of stress due to their inability to socialize with friends and family like other professions, than their older colleagues (above 30). In addition, a cross-sectional survey conducted in Accra on the causes of stress and fulfillment and satisfaction derive from job among nurses at the

Ridge and Pantang hospitals in Ghana; with 105 participating nurses, using the Expanded Nurses Scale, reviewed that younger nurses below the age 30 years indicate being stress than the older nurses above age 30. This they further explained owing to their inability to do multi tasks concurrently (Abaa et al., 2013).

On the other hand, Zaki (2016), evaluated job stress and self-efficacy among psychiatric nurses working in mental health hospital in Cairo, Egypt. The study employed the NEO Five Factor Inventory and the 12 Item General Health Questionnaire to a convenience sample size of 126 psychiatric nurses. The results indicated a positive correlation between stress and age ( $p = .955$ ). Further analysis indicated higher levels of stress among older (above age 30) psychiatric nurses who get worked out and worn out easily than the nurses below the age 30 years. The demanding work load and multiply tasks of the nursing profession pulling out from their strength and skills is what makes the job stressful for older nurses than the youthful ones he ascribed.

Again, Akbar, Elahi, Mohammadi and Khoshknab (2017), also opined that older nurses tend to be stressed out more often than youthful nurses due to the sense of responsibilities they carry on their shoulders to make everything go right.

Nevertheless, the subjective nature of age thus the number of years spent in a job, also come to play in the different levels among nurses (Laal & Aliramaie, 2010; Akbarbegloo & Valizadeh, 2011). It was evident that the inexperienced and nouvelle nurses are more stressed at work due to varying working hours of the job and the demand of patients, than the experienced nurses (Akbarbegloo & Valizadeh).



Similarly, Laal and Aliramaie (2010) identified that unrealistic expectations coupled with the nursing profession's resistant to changes and new ideas constitute to frustration among nouvelle nurses which result in stress and eventually burnout than the experienced and long working nurses who are content with where they are and are not use to change themselves.

Experienced and long serving nurses are less stressed out than nouvelle nurses most often because the most demanding and draining tasks are often assigned to the nouvelle and inexperienced nurses to perform; this is for the inexperienced to gain experience and skill on the job (Atindanbila, et al., 2012). Again, it was identified in a cross – sectional survey conducted in Ghana with 365 respondents who worked in 12 major healthcare facilities, that high salary benefits and respect attached to maintaining a long career, makes long serving nurses less stressed out than the inexperienced and less serving nurses (Odonkor & Frimpong, 2019).

Although most studies are of the view that age have a strong association with stress and burnout, others are also of the opposing view that age does not have a correlation with stress and burnout (Chang et al., 2006; Lambert et al., 2004). According to Chang et al., there was no statistically proven significance between age and stress in a survey among Australian nurses. To them, age does not play much role in stressful situations in the work setting but rather job satisfaction and the working environment coupled with institutional factors are what generate work related stressors among nurses in Australia. In the same way, age did not have any form of association with stress and burnout among clinically practicing nurses, in a cross –

cultural comparative study of four countries; Japan, Thailand, South Korea and USA (Lambert et al.).

### **Gender Differences, Stress Experiences and Coping Strategies among Psychiatric nurses**

Studies on stress and burnout have constantly reported a contradictory result on the differences of the level of stress and burnout experienced by the different groups of gender (Al-Makhaita, Sabra, & Hafez, 2014; Moustaka, & Constantinidis 2010). Gender is a biological makeup of a male or a female, where their roles are determined by the values and culture of the society (Awuku, 2013).

Nursing likewise psychiatric nursing, still remains predominantly feminine profession since the ages of Florence Nightingale (Cottrell, 2016). However, empirical evidences have shown that female psychiatric caregivers are exposure to higher degree of stress and burnout than their male counterparts in the same working environment (Kipping, 2000; Yada et al, 2017).

There was an attested significant difference in the levels of stress experienced by male and female mental health nurses in a cross – sectional survey with 326 respondents, 115 males and 211 female psychiatric nurses in Eastern Saudi Arabia. The results indicated a  $t(485) = -4.76, P = .000$ . the outcome depicted that female participants experienced frequently higher levels of stress than the male participants (Al-Makhaita et al., 2014). It was also indicated that the female psychiatric nurses had poor coping strategies to stress than the males in the same occupation. It was again posited that female psychiatric nurses are expose to higher magnitude of stress than male psychiatric nurses at work, owing to the aggressive nature of the mentally ill

patients; the conscious sense of possible harm at work among others. In the descriptive study in Cairo, Egypt with 78 mental health care givers, using the psychiatric Nurses Job Stress Scale (PNJSS), the study indicated  $P = .001$ , showing an evidence in statistics the difference in stress levels among male and female psychiatric nurses (Zaki, 2016).

Similarly, Yada et al (2017), also indicated a gender difference of stress in psychiatric assistant nurses, where women reported to have higher levels of stress at work, using data regarding the Generic Job Stress Questionnaire (GJSQ), with 238 psychiatric nurses; 105 males and 133 females. Additionally, in a cross – sectional study using a convenience sampling of 250 psychiatric nurses, 103 males and 147 females in South Korea, there was a significant difference in the stress experiences of gender (Lin et al, 2010). The female respondents indicated a higher level of job-related stress to the male respondents; showing a  $t (-1.053) = .215, P = .001$ , when the coping in stressful situation questionnaire was used.

Again, male psychiatric nurses appeared to be more adaptive and well-poised in their roles and lives, have less conflicting roles among personal life, family and work and more confident at work skills hence less stressful episodes from work than female psychiatric nurses. This was carried out in a descriptive study in Ghana, involving 57 psychiatric nurses at Pantang Hospital (Atindanbila et al, 2012). From other perspective, male psychiatric nurses were identified to experience job related stress than female psychiatric nurses in a survey conducted in Ghana using 105 nurses from Ridge and Pantang hospitals (Abaa et al, 2013). It was revealed that male psychiatric nurses enter into the profession with the aspiration to gain the grounded



qualification to enter the medical school as they complete their nursing program continuously with little knowledge that both professions are totally different. This generates frustration and disappointments in male psychiatric nurses when the situation does not go as intended for them. Furthermore, in a descriptive survey conducted in Japan with 150 participants, male psychiatric nurses tend to have higher level of stress in the nursing profession which appears domineering by females, owing to the fact that women seem to hold the higher ranks, which comes with prestige and higher salaries in the profession than the male workers to whom much is expected (Kaori et al., 2016).

#### **Marital status Differences, Stress Experiences and Coping Strategies among Psychiatric Nurses**

Marital status of an individual employee also influences the level of stress experienced by psychiatric nurses (Chakraborty et al., 2012). It was evident in a study conducted in Australia that married psychiatric nurses tend to experience high level of stress than the single psychiatric nurses working in the same organisation due to the conflicting role of family responsibilities and duties at work (Kane, 2012). Also, due to the nature of the psychiatry job; unfriendly working hours, most married psychiatric nurses have issues with their spouses and are unable to keep their homes and nurture their children which sometimes lead to divorce. This situation places much stress on the married psychiatric nurses than the unmarried nurses, since they try to save their home and also performing their much demanding duties at work (Mathew et al, 2013).

E-Morris et al. (2010) opined that, stress levels are high on married psychiatric nurses than single psychiatric nurses because, most often than not, married psychiatric nurses are being pressured and frustrated by their spouses who cannot stand the pressure of take care of their children alone while their partners are on night duties, holiday schedules and even weekend duties.

Sometimes, married psychiatric nurses are more stressful than unmarried psychiatric nurses because marriage comes with family and other social responsibilities. Married psychiatric nurses are unable to attend funerals, marriage ceremonies and other social due to work and even when off duty, are unable to attend such functions because they are to care for their immediate family (Iglesias, De Bengoa Vallejo & Fuentes, 2010). Despite all these insights, Elsayed et al. (2018), reported that married psychiatric nurses especially the men are less stressed than single psychiatric nurses due to family support systems and partner's stress release strategies.

### **Ranks Differences, Stress Experiences and Coping Strategies among Psychiatric Nurses**

Studies have reviewed that stress has a tie with an individual's position or rank in an organisation (Khamisa et al., 2017). Johansson et al (2013), maintained that those in higher positions and rank at work, most often have long career experience, higher salary, incentive and benefits. The psychiatric nursing profession is ranked from staff nurse, senior staff nurse, nursing officer, senior nursing officer, principal nursing officer to chief nurse. It was opined by Kyreaa (2014), that psychiatric nurses with higher ranks (senior nursing officer, principal nursing officer, chief nurse), have little and flexible

work load, since they mostly delegate activities and task to other ranks who are subordinates to them, hence less stressful events experienced at work.

Also, it was reported in a study using 155 psychiatric nurses in Ghana that participants who were senior nursing officer, principal nursing officers and chiefs complained of little or no stress at work. This is because these ranks enjoy holidays off, weekend duty off and no night duty schedules, unlike the staff nurses who follow ridged shifts, work on weekends and on holidays with no extra income or motivations (Khamisa et al., 2017). Nevertheless, E-Morris et al., (2010), reported in a study using 163 psychiatric nurses that position and ranks has no significant differences in stress levels experienced by nurses, rather, ranks and positions give the nurses a sense of fulfillment and satisfaction in their career path.

### **Chapter Summary**

This chapter reviewed literature relating to the study. The theoretical baselines which are the pivots for this study are the Person-Environment Fit Theory, Stress Cognitive Theory and the Stress Coping Theory. Subsequently, the main concepts of the study have been imagery presented in a framework for pictorial understanding of the concepts. The chapter also reviewed the concepts of stress; covering definition, types, causes, symptoms, effects and management of stress. Previous studies relating to the study have also been reviewed covering all the important aspects of the problem under study. More importantly, this chapter is very significant to the study, since it will be the benchmark for the interpretation of the findings from data which shall be collected, either to confirm or to clear contradictions in existing literature.



## CHAPTER THREE

### RESEARCH METHODS

The main aim of the study is to examine the effects of stress on job performance of psychiatric nurses in the Ankaful Psychiatric Hospital, Cape Coast. This chapter presents the research methods used for the study. This includes the research design, study area, population, sampling procedure, data collection instrument, data collection procedure and the data processing and analysis.

#### Research Design

Research design is “the detailed plan specifically created to control how a study is to be conducted, operationalising variables so that they can be measured, selecting a sample to study, collecting of data to answer research question and test hypothesis, controlling variances and analysing results” (Nconco, 2006 p. 63). This study used descriptive survey. Although this design is not suitable as a research approach to private or personal matters which respondents may not be completely truthful to delve into (Fraenkel & Wallen, 2006), the researcher chose this design for the study because it helped gather data from the psychiatric nurses about their stressful experiences without any form of manipulation.

#### Study Area

Located in the Central Region of Ghana, the Ankaful Psychiatric Hospital popularly known as “Mental” is within the catchment area of the Komenda Edina Eguafo Abrem Municipality (KEEA). The Municipal

Assembly is one of the newest upgraded assemblies to a Municipality at the south western part of the region. Although politically, the Hospital is located in the KEEA Municipality, it maintains link and communication with the Cape Coast Metropolitan, which includes the famous Ankaful village; where the hospital derived its name. The Hospital shares boundaries with Ankaful Leprosy and General Hospital to the east and the Ankaful Prisons to the west. The Ankaful Psychiatric Hospital has twelve (12) departments and wards however only nine (9) are in effective operation (Simiw ward, Nightingale ward, Aggrey ward, Foster ward, 12 steps Rehab centre, Volta ward, Sangmuah ward, maternity ward and the OPD).

### Population

According to Trochim (2001), population is the entire aggregation of entities which meet a defined criterion. Hence, the population of the study was all the psychiatric nurses working in the Ankaful Psychiatric Hospital. The targeted population therefore was all psychiatric nurses (275) of the hospital who have given care to the mentally ill in the wards. The accessible population of the study was all the psychiatric nurses (197) working at the six (6) most active wards (Simiw ward, Nightingale ward, Aggrey ward, Foster ward, Volta ward, and Sangmuah ward), not considering those on study, sick or annual leave and psychiatric nurses on rotation.

Table 1: *Data on Psychiatric Nurses by Gender and Wards*

Wards	Number of Males	Number of Females	Total
Simiw	11	23	34
Nightingale	12	25	37
Aggrey	7	15	22
Foster	26	11	37
Volta	13	19	32
Sangmuah	15	20	35
Total	84	113	197

## Sampling Procedure

The Ankafu Psychiatric Hospital was purposively chosen out of the three psychiatric hospitals in Ghana. A sample size of 130 is appropriate for a population of 197, according to Krejcie and Morgan's (1970) table for determining sample size. However, to take off attrition and non-completion of questionnaires, a sample of 150 was used for the study. Simple random sampling was used to select the sample size of 150.

Simple random sampling has been viewed by Amedehe (2002) as the sampling method where participants are chosen without predictions from the sampling frame. Again, Cohen et al. (2007) posited that this sampling approach allows subjects to be chosen at random in order that every member of the population has equal opportunity of being selected for the study. It is an advantageous method because Amadehe also affirms this by stating that the use of simple random sampling method indicates fairness to all the population, as each member has the same opportunity to be selected for the study.

Regardless of the advantages, simple random sampling can be disadvantageous, this is because according to Leedy and Ormrod (2010), simple random sampling is difficult to use. However, this method was used because it is free from preconception and unfairness (Amedehe, 2002). The sampling with replacement method specifically, the lottery method of simple random sampling was used. Using the lottery method, the researcher chose a participant from the sample frame for the sample; this individual was recorded as a member of the sample and then placed back in to the sample frame before another participant was picked. One individual had the chance of being chosen more than once. However, anytime this happened, the individual already



chosen, was put back in the sampling frame until the researcher chose a new participant. Creswell (2002) opined that the sampling with replacement method ensures that the same probability of selection is maintained throughout the selection process. In spite of the weaknesses of the simple random sampling, the researcher chose to use it because the researcher wanted to ensure that there was fairness in the selection and the same probability of being selected was maintained throughout the selection process.

When the selection was done at random, the probability of getting information from people of different backgrounds was higher. This was important because this current investigation sought to know how the experience of stress was related to demographic or background characteristics of the psychiatric nurses.

#### **Data Collection Instrument**

This study adapted questionnaires from Weiman Occupational Stress Scale (WOSS) to measure stress among psychiatric nurses. Sidhu (2002), as cited in Owusu and Asare-Danso (2014) mentioned that questionnaires are a group of statements either interrogative or declarative that pertain to the objectives, hypotheses and research questions of a study, which are to be answered by writing. Unlike interview, questionnaire has the disadvantage of not getting additional information through observation, clarification seeking or probing further, but it provides a wider range of responses from many respondents of varying background and perspectives and offers greater assurance of anonymity (Amedehe, 2002).

The Weiman Occupational Stress Scale has been used by researchers across the globe. It's been proven and tested to be reliable and valid when

totally used or adapted as tools for studies on this phenomenon (Adzakpah, et al, 2016; Abaa et al, 2013; Agoucha, 2011). Here in Ghana, the Weiman Occupational Stress Scale (WOSS) for instance was adapted by Adzakpah et al, in an investigation on occupational stress among health care providers working in the St. Dominic Hospital, hence the reason the researcher adapted this instrument.

The adapted instrument for the study was parted into two main subdivisions. The first part which formed Section A was made up of statements which seek to know the socio – demographic attributes of the psychiatric nurses; and the second part was a Likert scale type questions which measured stress; 30 items further grouped into three (3) main subgroup: causes, effects and managements of stress to measure stress among workers. These subgroups of the items were put into three sections; Section B uncovered twelve (12) items on causes of stress, effect of stress was also assessed with ten (10) items in Section C and management of stress was examined with eight (8) items forms Section D. Respondents were asked to rate how frequent they experience the statements from; Never – 1, Seldom – 2, Sometimes – 3, Often – 4, and Nearly Always – 5; that is from point 1 – 5. The instrument was scored by summing up the points of the corresponding rate of the Likert type scale chosen by a respondent for all the 30 items. The scores for these items ranges from a higher score of 150 to the lowest score of 30. The higher the points obtained, the greater the job related stress experienced by the respondent.

### **Validity of Instrument**

The validity of the research instrument was tested. Ary et al., (2006) opined that “validity is the degree to which evidence and theory supports the interpretations of test scores entailed by proposed uses of tests”. It addresses the adequacy and uses of the outcome of a test result.

The content and construct validity of the instrument was determined through the expert judgment of the study’s supervisor and colleague researchers. Ary et al. (2006) opined that construct validity bothers around clarity, relevance and unambiguity of questions and content validity judges how logical the questionnaire is and as to whether the content purports to measure the objective of the study. The insightful comments by the researcher’s supervisor and other colleagues after the pilot test were evaluated and considered for necessary corrections to standardized the instrument.

### **Reliability of Instrument**

Reliability of the test items were determined. Reliability connotes the consistency with which test items test what it is meant to test (Amedehe, 2002). The instrument was pilot tested to establish its reliability. Fifty Assistant Psychiatric Nurses from the Accra Psychiatric Hospital were used for the pilot testing of the questionnaire, to provide information on the completeness and adequacy of the questionnaire. The answered pilot questionnaires were collected, coded and analysed. Cronbach co-efficient alpha was established for each item in the questionnaires to determine their reliability. The overall reliability for the questionnaire was 0.88. The first section of the questionnaire (causes of stress) had reliability co-efficient of 0.81 while the second section (effect of stress) had reliability co-efficient of



0.85. The final section (management of stress) had reliability co-efficient of 0.77. Creswell (2002) pointed out that a reliability co-efficient of 0.70 is considered high. On this basis, the questionnaire was seen to be reliable.

### **Data Collection Procedures**

Ethical approval was first obtained from the University of Cape Coast Institutional Review Board before field work started. The researcher asked the Guidance and Counseling Department for a letter of introduction. The letter helped to obtain permission from the Ankafu Psychiatric Hospital to conduct the study.

The researcher personally administered the questionnaires in this study. In order to understand, pay attention, give support and cooperation for the collection of data, respondents were informed about the purpose of the study. They were given 30 minutes to answer the questionnaire. The data collection exercise lasted for 2 weeks.

### **Ethical Considerations**

The investigator dealt with ethical issues relating to the law and confidentiality of potential respondents so as not to be accused of violating the rights and privacy of respondents. Foremost, the researcher sought for ethical clearance from the Institutional Review Board (IRB). Also, the informed consent of prospective participants was required to participate in the study and an explanation of the study's purpose and the expected length of their participation were provided. In addition, measures have been taken to protect and prevent participant risks or harms. For example, issues of embarrassment were presented by not disclosing their identities or not informing third party of the discussions.

Confidentiality; privacy and retention of actual names and other identification features of respondents were enforced. The respondents would maintain the right to know the results of the research. Also, Participants were further respected as subjects and not as objects to the study. The respondents were educated that their participation in the study was voluntary, refusal to participate would not be penalised, or not lose any entitlements. Respondents were however allowed to pull out of participation at any point in time when they feel the edge to a penalty or lose of any benefits to which they would otherwise be entitled, even though notified consent has been granted.

#### **Data Processing and Analysis**

The data collected were filtered, coded and analysed. Editing the questionnaires contributed to the removal of uncompleted questionnaires and the coding helped to assign numbers to the various responses of the questionnaire items. The analysis of data was based on both descriptive and inferential statistical tools.

Data for research questions one, two and three were analysed using means and standard deviations. The reason for using means and standards deviation was to enable the investigator find the extent of agreement on the causes, effects and management of stress among psychiatric nurses.

Hypotheses one and three were tested using independent samples t-test since they involved the comparison of two groups in terms of the experience of stress. Hypotheses two, and four were tested using One-Way ANOVA since they all involved more than two groups.

## Chapter Summary

This chapter captured the research design and methods used for the study. This study employed a quantitative descriptive approach. The section again explored the statistical tools for data analysis and interpretations. Research questions one, two and three were analysed using means and standard deviations. Hypothesis one and three were tested using independent samples t-test while Hypotheses two, and four were tested using One-Way ANOVA since they all involve more than two groups.





## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

This study seeks to investigate the effects of stress on job performance of psychiatric nurses in the Ankaful Psychiatric Hospital, Cape Coast. The results of the data analysed are being discussed in this chapter.

#### Demographic Characteristics

The demographic attributes of the respondents are presented in Table 2. They cover the gender, age, marital status and work rank of the respondents.

Table 2: *Demographic Data of Respondents*

Item	Frequency (F)	Percentage (%)
<b>Gender</b>		
Male	51	35.7
Female	92	64.3
<b>Age in years</b>		
20-30	72	50.3
31-40	57	39.9
41-50	14	9.8
<b>Marital Status</b>		
Single	63	44.1
Married	80	55.9
<b>Rank</b>		
Staff nurse	58	40.6
Senior staff nurse	48	33.6
Senor nursing officer	27	18.9
Principal nursing officer	8	5.6
Deputy director of nursing staff	2	1.4

Source: Field survey

It was shown in Table 2 that most of the respondents were females (92, 64.3%) while 51(35.7%) of the respondents were males. This means that there were more females in the study than males. This does not come as a surprise since there are generally more female nurses in Ghana compared to male nurses. This therefore affirms the assertion of Cottrell (2016), that the nursing profession is predominantly a women force.

In terms of age, it could be seen that 72 respondents corresponding to 50.3% were within the ages 20 and 30 years. Also, 39.9% of the respondents were within the ages of 31 and 40 years while the remaining 14(9.8%) were within the ages of 41 and 50 years.

Further, it could be seen in Table 2 that 80 respondents corresponding to 55.9% were married while 63 respondents corresponding to 44.1% were single. Finally, it was shown that 58(40.6%) of the respondents were staff nurses, 48(33.6%) were senior staff nurses and 27 (18.9%) were senior nursing officers. The remaining respondents were principal nursing officers (8, 5.6%) with only two respondents being at the rank of deputy director of nursing staff.

The demographic characteristics show that the respondents are from a wide range of backgrounds covering every sub-group in the nursing profession.

### **Main Results**

The main outcome of this study are discussed in this section. The results cover the answers to the research questions and the hypotheses.

### **Research Question 1**

This question seeks to know the causes of stress among psychiatric nurses in the Ankafu Psychiatric Hospital. The data for this research question was on a scale of: Never=1, Seldom=2, Sometimes=3, Often=4 and Nearly

Always=5. The data were analysed using mean and standard deviation. The mean scores above 3.0 were deemed to be high, implying that the respondents often had that experience. Mean scores below 3.0 were deemed to be low and signify that the respondents were rarely exposed to that circumstance. The outcome of the deductions from data collected are shown in Table 3.

Table 3: *Causes of Stress among Psychiatric Nurses*

Statement	Mean	Std. Dev.
I worry about patients not being happy with the service I deliver.	3.11	0.71
Excessive workload and duties at work prevents me from taken a break during my shifts.	3.57	0.76
Working with unskilled and incompetent colleagues, drains me both physically and psychologically.	3.57	0.72
I overwork myself when team members feel reluctant to help under urgent circumstances	3.52	0.68
Working under unfriendly supervisors frustrates me.	3.94	0.79
Verbal abuse such as insults, from patients puts me down.	3.38	0.70
I feel pressured by patients' demands.	3.34	0.82
I feel unsafe at work due to possible harm, threats and harassment from patients.	4.63	0.51
It is difficult to communicate with the mentally ill patients.	4.24	0.70
It is difficult to obtain leave from my in-charge to attend to family emergencies.	3.89	0.87
Working on holidays without incentives makes me feel over used.	3.99	0.95
Inadequate logistics and protective equipment make my job frustrating	3.89	0.87
Means of means	3.76	

Source: Field survey



Table 3 shows a mean of means score of 3.76, indicating that respondents experience high levels of stress. Specifically, the respondents indicated that they felt unsafe at work due to possible harm, threats and harassment from patients (M=4.63, SD=1.51). This recorded the highest mean with a low standard deviation. This implies that most of the respondents often had this experience. Next to this, the respondents were of the view that they had difficulty communicating with the mentally ill patients (M=4.24, SD=0.70). Moreover, the respondents were of the view that working on holidays without incentives made them feel over used (M=3.99, SD=0.95).

Moreover, it was shown in Table 3 that the respondents found it difficult to obtain leave from their in-charges to attend to family emergencies (M=3.89, SD=0.87). Inadequate logistics and protective equipment also made the job of the respondents frustrating (M=3.89, SD=0.87). The results from Table 3 depict that the topmost causes of stress among the respondents were feeling unsafe due to possible harm, threats and harassment from patients, difficulty communicating with the mentally ill patients, working on holidays without incentives, difficulty obtaining leave from in-charge to attend to family emergencies and inadequate logistics and protective equipment. The implication is that the respondents often had these experiences.

### **Research Question 2**

This research question was in the quest of seeking out the effects of stress among psychiatric nurses in the Ankaful Psychiatric Hospital. The data for this research question was on a scale of: Never=1, Seldom=2, Sometimes=3, Often=4 and Nearly Always=5. Meaning was deduced out of the data collected using mean and standard deviation. From the scoring, mean

scores above 3.0 were deemed to be high, implying that the respondents often had that experience. Mean scores below 3.0 were deemed to be below and signify that the respondents rarely had that experience. The Table (4) below indicates the results.

Table 4: *Effects of Stress among Psychiatric Nurses*

Statement	Mean	Std. Dev.
I experience mild to severe headache when I am stressed out	3.71	0.68
I feel body pains and fatigue when I am stressed	3.33	0.71
I find it difficult to sleep when I am stressed out.	3.20	0.82
I easily get angry and over react when stressed.	3.45	0.76
I become forgetful when I am stressed.	3.42	0.68
I lose concentration when I am stressed.	3.57	0.69
I neglect my patients' needs and ignore my duties when I am stressed out	3.31	0.85
When I get up in the morning and have to face another nursing routine, I feel exhausted before I even get to work	3.49	0.73
When I think of my overwhelming duties as a psychiatric nurse, I sometimes feel like finding excuses and absent myself from work for weeks.	3.45	0.77
It gets to a point where I sometimes feel like quitting my job	3.15	0.84
Mean of means	3.41	

Source: Field survey

It could be seen in Table 4 that they experienced mild to severe headache when they are stressed out (M=3.71, SD=SD=0.68). The respondents also indicated that they lose concentration when they are stressed (M=3.57, SD=0.69). Also, the respondents indicated that they feel exhausted even before getting to work when they get up in the morning to face the same

nursing routine (M=3.49, SD=0.73). The respondents easily got angry and over reacted when stressed (M=3.45, SD=0.76).

It could be seen in Table 4 that the respondents sometimes felt like finding excuses and absenting themselves from work for weeks because of their overwhelming duties (M=3.45, SD=0.77). The participants also indicated that they become forgetful when stressed (M=3.42, SD=0.68). From Table 4 above, the effects of stress included mild to severe headache, loss of concentration, exhaustion, anger and overreaction, finding excuses and absence from work and forgetfulness, with an overall mean of means of 3.41, indicating that the respondents were not spared from the effects of stress.

### Research Question 3

This research question aimed at knowing the coping techniques implored by psychiatric nurses in the Ankaful Psychiatric Hospital in dealing with stress. The data for this research question was on a scale of: Never=1, Seldom=2, Sometimes=3, Often=4 and Nearly Always=5. The data were analysed using mean and standard deviation. From the scoring, mean scores above 3.0 were deemed to be high, implying that the respondents often had that experience. Mean scores below 3.0 were deemed to be low and signify that the respondents were rarely exposed to such situations. The outcome deduced from the data collected on management strategies are debriefed in Table 5 below.



Table 5: *Management Strategies of Psychiatric Nurses in Dealing with Stress*

Statement	Mean	Std. Dev.
I take a short break when I feel tired.	3.14	0.55
I delegate my duties to a colleague when I feel frustrated.	2.86	0.78
I resort to physical exercise to reduce stress.	2.90	0.79
I express my feelings instead of keeping them in.	3.06	0.68
I take tranquilizers when I feel stressed.	2.05	0.75
I resort to alcoholic beverages to reduce stress.	1.59	0.85
I take few hours to sleep when I feel stressed.	3.12	0.47
I employ relaxation techniques to reduce stress.	3.06	0.58

Source: Field survey

Table 5 shows the coping strategies adapted by psychiatric nurses in the Ankaful Psychiatric Hospital in dealing with stress. It can be seen that the respondents took a short break when they feel tired (M=3.14, SD=0.55). Also, it was revealed by the respondents that they took few hours to sleep when they felt stressed (M=3.12, SD=0.47). The Table also showed that the respondents employed relaxation techniques to reduce stress (M=3.06, SD=0.58). In addition, the respondents were of the view that they expressed their feelings instead of keeping them in when they are stressed (M=3.06, SD=0.68). These were statements which recorded the highest mean scores indicating that the respondents mostly used those strategies in managing their stressful experiences.

**Hypothesis One:**

H<sub>0</sub>1: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of gender.

H<sub>A1</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of gender.

This hypothesis sought to find out the significant difference between male and female psychiatric nurses in terms of how stress affected their job performance. The data collection instrument used to measure the effects of stress among psychiatric nurses were used to test this hypothesis. The data were analyzed using an independent samples t-test with a significance level of 0.05. The assumptions of Normality and Equality of Variances were tested first.

#### Normality Test

It is expected that the data for independent samples t-test should be normally distributed. Normality was tested using the Kolmogorov-Smirnov and Shapiro-Wilk statistics. The results are shown in Table 6.

Table 6: *Tests of Normality*

	Gender	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Effects	Male	.098	51	.200	.986	51	.808
	Female	.093	92	.146	.981	92	.193

Source: Field survey

It can be seen in Table 6 that the significant values are all above .05. This implies that normality can be assumed for the data.

The Levene's test for homogeneity of variance was also assessed. Table 7 summarizes the findings.

Table 7: *Levene's Test for Equality of Variances*

	F	Sig
Equal variances assumed	0.435	.511
Equal variances not assumed		

Source: Field Survey

It can be observed in Table 7 that the significant value of .511 is greater than .05 the significant level. The result indicates that equality of variances can be assumed.

The results of the independent t-test are presented in Table 8.

Table 8: *Results of t-Test Comparing Male and Female Psychiatric Nurses in terms of Effects of Stress*

Gender	N	Mean	SD	Df	t-value	Sig (2-tailed)
Male	51	35.67	4.81			
Female	92	33.22	5.03			
Mean of Means		34.45		141	2.833*	.005

Source: Field survey

\*Significant,  $p < .05$

The results of the independent samples t-test are shown in Table 8. It can be observed in Table 8 that there was a significant difference between male and female psychiatric nurses in terms of the effects of stress on them [ $t(141) = 2.833, p < .05$ ]. Males had a mean score of 35.67, while females had a mean score of 33.22, with a mean of means score of 34.45. The null hypothesis which stated that there is no statistically significant difference between male and female male and female psychiatric nurses in terms of the effects of stress was rejected based on the findings in Table 8. This implies that both male and female psychiatric nurses experience the effects of stress



but there is difference with male psychiatric nurses (M=35.67) being affected more than female psychiatric nurses (M=33.22).

**Hypothesis Two:**

H<sub>02</sub>: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the

basis of age.

H<sub>A2</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of age.

The hypothesis sought to find out if there is significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of age. The data collection instrument used to measure the effects of stress among psychiatric nurses were used to test this hypothesis. The One-Way ANOVA was used to analyze the data at the 0.05 level of significance since there were three different age groups involved in the study. In using One-Way ANOVA, there was the need to test the normality and homogeneity of variance among the groups.

The results for the test for normality are presented in Table 9.

Table 9: *Tests of Normality*

	Age	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Effects	20 – 30	.109	72	.135	.978	72	.242
	31 – 40	.069	57	.200	.986	57	.765
	41 – 50	.166	14	.200	.920	14	.218

Source: Field Survey

From the results in Table 9, it can be seen that significant values are above .05. This implies that the data is normally distributed.

The results of the Levene’s test for homogeneity are also shown in Table 10.

Table 10: *Test of Homogeneity of Variances*

Levene Statistic	df1	df2	Sig.
4.055	2	140	.191

Source: Field Survey

It is shown in Table 10 that the significant level of .191 is greater than .05. This implies that homogeneity of variances can be assumed. Therefore, it is assumed appropriate to carry out One-Way ANOVA.

The results of the ANOVA test are shown in Tables 11, 12, 13 and 14.

Table 11: *Descriptive Results for Different Age Groups*

Age (in years)	N	Mean	Std. Dev.
20-30	72	34.85	3.99
31-40	57	34.04	5.79
41-50	14	30.43	5.65
Mean of means		33.11	

Source: Field Survey

The mean and standard deviations of the different age groups are shown in Table 11. Participants within the 20 to 30 years range had a mean score of 34.85 and a standard deviation of 3.99. The mean score for participants 31 to 40 years’ group was 34.04 with a standard deviation of 5.79. The last group (41-50 years) had a mean score of 30.43 and a standard deviation of 5.65. The mean of means score was 33.11. From the mean of means score, it is clear that all the year groups experience the effects of stress but there are differences among the different age groups. Specifically, it is

clear that psychiatric nurses in the 20 to 30 years' age group were affected by stress more than the other age groups.

Table 12 shows the results of the ANOVA test used to determine the differences between the groups.

Table 12: ANOVA Results Comparing Effects of Stress on Job Performance on the Basis of Age

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	229.140	2	114.570	4.684*	.011
Within Groups	3424.678	140	24.462		
Total	3653.818	142			

Source: Field survey \*Significant,  $p < .05$

From Table 12, it is obvious that there is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ages [ $F(2, 142) = 4.684, p < .05$ ]. The probability value (p-value) of 0.011 is less than the .05 significant level. This means that there was a statistically significant difference in the mean scores of the three different age groups. The null hypothesis that there was no statistically significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ages was rejected. Since a significant difference was found, there was the need for a post-hoc analysis in order to determine which of the three mean values caused the significant difference obtained in the ANOVA results.

Tukey's Post-Hoc test was used in doing the post-hoc analysis. The main aim of Tukey's test was to find out which groups in a specific sample differ from each other. The results of the post-hoc analysis are presented in Table 13.



Table 13: *Tukey HSD Multiple Comparisons*

(I) Age	(J) Age	Mean		Sig.	95% Confidence Interval	
		Difference (I-J)	Std. Error		Lower Bound	Upper Bound
20 – 30	31 – 40	.81213	.87687	.625	-1.2651	2.8894
	41 – 50	4.41865*	1.44466	.007	.9964	7.8409
31 – 40	20 – 30	-.81213	.87687	.625	-2.8894	1.2651
	41 – 50	3.60652*	1.47528	.041	.1117	7.1013
41 – 50	20 – 30	-4.41865*	1.44466	.007	-7.8409	-.9964
	31 – 40	-3.60652*	1.47528	.041	-7.1013	-.1117

\*. The mean difference is significant at the 0.05 level.

Source: Field survey

Table 13 shows that the difference between the participants in the 20 to 30 years group and those in the 41 to 50 years group was statistically significant ( $p < .05$ ). Similarly, the difference between the participants in the 31 to 40 years group and those in the 41 to 50 years group was statistically significant ( $p < .05$ ). These differences are also confirmed in Table 14.

Table 14: *Tukey HSD Sub-Groups Comparisons (Ages)*

Age	N	Subset for alpha = 0.05	
		1	2
41 – 50	14	30.4286	
31 – 40	57		34.0351
20 – 30	72		34.8472
Sig.		1.000	.806

Means for groups in homogeneous subsets are displayed.

Source: Field survey

It can be seen in Table 14 that the mean scores of the respondents in the 20 to 30 years' group and the 31 to 40 years' group were significantly different from those in the 41 to 50 years' group. Specifically, the respondents in the 20 to 30 years' group had high mean scores implying that they were more affected by stress than the other age groups.

**Hypothesis Three:**

H<sub>03</sub>: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of marital status.

H<sub>A3</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of marital status.

This hypothesis sought to find out the significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their marital status. The data collection instrument used to measure the effects of stress among psychiatric nurses were used to test this hypothesis. The data were analyzed using an independent samples t-test with a significance level of 0.05. This is because there were two independent groups (single and married). The assumptions of Normality and Equality of Variances were tested first.

**Normality Test**

It is expected that the data for independent samples t-test should be normally distributed. Normality was tested using the Kolmogorov-Smirnov and Shapiro-Wilk statistic. The results are shown in Table 15.

Table 15: *Tests of Normality*

	Marital status	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	df	Sig.
Effects	Single	.075	63	.200	.980	63	.415
	Married	.100	80	.146	.976	80	.140

Source: Field survey

From the results in Table 15, it can be seen that significant values are above .05. This implies that the data is normally distributed.

The Levene’s test for homogeneity of variance was also used to assess variance homogeneity. Table 16 summarizes the findings.

Table 16: *Levene’s Test for Equality of Variances*

	F	Sig
Equal variances assumed	0.739	.170
Equal variances not assumed		

Source: Field Survey

It can be observed in Table 16 that the significant value of .170 is greater than .05 the significant level. The result implies that equal variances can be said to be existing among the variables.

Table 17: *Results of t-Test on the Effects of Stress on Psychiatric Nurses on the basis of Marital Status*

Marital Status	N	Mean	SD	Df	t-value	Sig (2-tailed)
Single	63	32.09	3.92			
Married	80	35.66	5.34			
Mean of Means		33.88		141	-4.442*	.000

Source: Field survey

\*Significant,  $p < .05$

The results of the independent samples t-test are shown in Table 17. It can be observed in Table 17 that there is a significant difference between single and married psychiatric nurses in terms of the effects of stress on them [ $t(141) = 2.833, p < .05$ ], though the means score (33.88) shows that both the married and single do experience the effects of stress. Married respondents had a mean score of 35.66, while single respondents had a mean score of 32.09. The null hypothesis which stated that there is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of marital status is dismissed. This implies



that single and married psychiatric nurses differed in terms of the effects of stress. From the mean scores, it was realized that married respondents were more affected than single respondents.

#### **Hypothesis Four:**

H<sub>0</sub>4: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of status or rank.

H<sub>A</sub>4: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of status or rank.

The hypothesis sought to find out if there is significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of rank. The data collection instrument used to measure the effects of stress among psychiatric nurses were used to test this hypothesis. The One-Way ANOVA was used to analyze the data at the 0.05 level of significance since there were three different age groups involved in the study. In using One-Way ANOVA, there was the need to test the normality and homogeneity of variance among the groups.

#### **Normality Test**

Normality needs to be established for the data. In establishing normality, Kolmogorov-Smirnov and Shapiro-Wilk statistics were used. The results are presented in Table 18.

Table 18 shows that the data is normal considering that the significant values are all above 0.5. This means that normality can be assumed for the data.

Table 18: *Tests of Normality*

Effects	Rank	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	df	Sig.
	Staff nurse	.109	58	.082	.980	58	.444
	Senior staff nurse	.125	48	.159	.970	48	.250
	Senior nursing officer	.116	27	.200	.959	27	.351
	Principal nursing officer	.164	8	.200	.937	8	.578
	Deputy director of nursing staff	.260	2	.			

Source: Field survey

The results of the Levene's test for homogeneity are shown in Table 19.

Table 19: *Test of Homogeneity of Variances*

Levene Statistic	df1	df2	Sig.
2.671	4	138	.085

Source: Field survey

It is shown in Table 19 that the significant level of .085 is greater than .05. This implies that homogeneity of variances can be assumed. Therefore, it is appropriate to carry out One-Way ANOVA.

The results of the ANOVA test are shown in Tables 20, 21, 22 and 23.

Table 20: *Descriptive Results for Different Ranks*

Rank	N	Mean	Std. Dev.
Staff Nurse	58	35.62	3.94
Senior staff nurse	48	35.67	4.46
Senior nursing officer	27	30.33	5.39
Principal nursing officer	8	28.25	2.25
Deputy director of nursing	2	26.00	1.41
Mean of means		31.17	

Source: Field Survey

The mean and standard deviations of the different ranks are shown in Table 20. Respondents who were staff nurses had a mean score of 35.62 and a standard deviation of 3.94 while respondents who were senior staff nurses had a mean score of 35.67 and standard deviation of 4.46. This was followed by senior nursing officers (M=30.33, SD=5.39), principal nursing officer (M=28.25, SD=2.25) and deputy director of nursing (M=26.00, SD=1.41). From the results, it is clear that senior staff nurses were affected more by stress than the other groups since they had the highest mean score.

Table 21 shows the results of the ANOVA test used to determine the disparity between the groups.

Table 21: ANOVA Results Comparing Effects of Stress on Job Performance on the basis of Employee Ranks

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1039.996	4	259.999	13.727*	.000
Within Groups	2613.822	138	18.941		
Total	3653.818	142			

Source: Field survey

\*Significant,  $p < .05$

It can be seen in Table 21 that there is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks [ $F(4, 138) = 13.727, p < .05$ ]. The probability value (p-value) of 0.000 is less than the .05 significant level. This means that there was a statistically significant difference in the mean scores of the different ranks. The null hypothesis that there was no statistically significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks was therefore rejected.



Since a significant difference was found, there was the need for a post-hoc analysis in order to determine which of the three mean values caused the significant difference obtained in the ANOVA results. Tukey’s Post-Hoc test was used in doing the post-hoc analysis. The results of the post-hoc analysis are presented in Table 22.

Table 22: Tukey HSD Multiple Comparisons

(I) Rank	(J) Rank	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Staff nurse	Senior staff nurse	-.04598	.84921	1.000	-2.3934	2.3014
	Senior nursing officer	5.28736*	1.01394	.000	2.4846	8.0901
	Principal nursing officer	7.37069*	1.64139	.000	2.8336	11.9078
	Deputy director	9.62069*	3.13001	.021	.9688	18.2726
Senior staff nurse	Staff nurse	.04598	.84921	1.000	-2.3014	2.3934
	Senior nursing officer	5.33333*	1.04695	.000	2.4394	8.2273
	Principal nursing officer	7.41667*	1.66198	.000	2.8226	12.0107
	Deputy director	9.66667*	3.14085	.021	.9848	18.3485
Senior nursing officer	Staff nurse	-5.28736*	1.01394	.000	-8.0901	-2.4846
	Senior staff nurse	-5.33333*	1.04695	.000	-8.2273	-2.4394
	Principal nursing officer	2.08333	1.75189	.758	-2.7592	6.9259
	Deputy director	4.33333	3.18934	.655	-4.4826	13.1492
Principal nursing officer	Staff nurse	-7.37069*	1.64139	.000	-11.9078	-2.8336
	Senior staff nurse	-7.41667*	1.66198	.000	-12.0107	-2.8226
	Senior nursing officer	-2.08333	1.75189	.758	-6.9259	2.7592
	Deputy director	2.25000	3.44063	.966	-7.2605	11.7605
Deputy director of nursing staff	Staff nurse	-9.62069*	3.13001	.021	-18.2726	-.9688
	Senior staff nurse	-9.66667*	3.14085	.021	-18.3485	-.9848
	Senior nursing officer	-4.33333	3.18934	.655	-13.1492	4.4826
	Principal nursing officer	-2.25000	3.44063	.966	-11.7605	7.2605

\*. The mean difference is significant at the 0.05 level.

Source: Field survey

From Table 22, it can be seen that the difference between the staff nurses and senior nursing staff was statistically significant ( $p < .05$ ). Similarly, the difference between the staff nurses and principal nursing officer was statistically significant ( $p < .05$ ). In like manner, difference between the staff nurses and deputy director was statistically significant ( $p < .05$ ).

Further, the difference between the senior staff nurses and the senior nursing officers was statistically significant ( $p < .05$ ). Also, the difference between the senior staff nurses and the principal nursing officer was statistically significant ( $p < .05$ ). Same finding was realized for the difference between senior staff nurses and deputy director.

The mean differences are confirmed in Table 23.

Table 23: Tukey HSD Sub-Groups Comparisons

Rank	N	Subset for alpha = 0.05	
		1	2
Deputy director of nursing staff	2	26.0000	
Principal nursing officer	8	28.2500	
Senior nursing officer	27	30.3333	30.3333
Staff nurse	58		35.6207
Senior staff nurse	48		35.6667
Sig.		.332	.146

Means for groups in homogeneous subsets are displayed.

Source: Field survey

It can be seen in Table 23 that staff nurses (35.62) and senior staff nurses (35.67) had mean scores which varied significantly from the mean scores of the other rankings. Specifically, these two groups recorded the highest mean scores implying that their job performances were more affected by stress compared to the other ranked nurses.

## Discussion

### Causes of Stress among Psychiatric Nurses

From the results, it could be seen that the topmost causes of stress among the respondents were feeling unsafe due to possible harm, threats and harassment from patients, difficulty communicating with the mentally ill patients, working on holidays without incentives, difficulty obtaining leave

from in-charge to attend to family emergencies and inadequate logistics and protective equipment. These results are in line with reality in most psychiatric hospitals in Ghana.

For instance, psychiatric nurses feel unsafe due to the fear that the patients may hurt or harm them. This feeling of insecurity can cause a lot of stress among psychiatric nurses. Difficulty in communicating with the patients can also be a source of stress for psychiatric nurses. This is because psychiatric patients sometimes are not able to communicate clearly what they want. This can become stressful for the nurses. Further, because of the smaller number of psychiatric nurses compared to the number of psychiatric patients, it is difficult for the nurses to obtain leave or work holidays. Aside all these, psychiatric nurses experience stress because of the inadequacy and unavailability of the required facilities and logistics needed to effectively do their work.

All the above are causes of stress among psychiatric nurses. The outcome of this analysis has standing with the Person-Environment Fit Theory, specifically the Functional congruence concept of the theory and the Lazarus' Cognitive Theory of Stress. The Functional congruence of the Person-Environment Fit Theory states that when organisational structures and laid down procedures are in the interest of workers, job is done at ease, the opposite is also true. It is evident from the analysis that the working space of mental health nurses and laid down procedures such working on holidays and difficulty in obtaining leave oppose their interest and pose some level of dissatisfaction to them when working, hence, making their work unbearable and eventually result to stress. Again, the outcome of the deductions from the



data collected also depicts concordance with the Cognitive Stress Theory by Lazarus. The theory states that stress is induced due to the person's thoughts and perception of a situation. The psychiatric nurses reported that they feel unsafe due to the fear that the patients may hurt or harm them. This could be attributed to the fact that the mental health nurses at Ankaful appraise their working environment as harmful and in effect develop some degree of fear whenever they are at work or have the thought of going to work therefore making their work stressful.

The findings are in line with the findings of Kyereme (2018) who assessed factors influencing stress among mental health or psychiatric nurses at the Accra Psychiatric Hospital in Ghana and found that most of the psychiatric nurses (75%) at the Accra Psychiatric Hospital were stressed due to the nature of their work. Similarly, Zaki (2016) assessed job stress and self-efficacy among psychiatric nurses working in mental health hospitals at Cairo, Egypt and showed that psychiatric nurses experienced stress because of issues about the attitude of patients and communication with patients and their families.

In addition, the study of Kyreaa (2014) investigated the influence of workload on exhaustion and work outcome among nurses and revealed that workload created stress among nurses. This was confirmed in the findings of the current study. Kaburi et al. (2016) also sought to identify the important predictors of occupational stress among nurses in the Salaga Government Hospital. Their results showed that the respondents experienced significant amount of stress due to poor state of facilities and logistics. From the results of

the study, it can be seen that stress was experienced among psychiatric nurses mostly because of job-related reasons.

### **Effects of Stress on Job Performance of Psychiatric Nurses**

The study revealed that the effects of stress include mild to severe headache, loss of concentration, exhaustion, anger and overreaction, finding excuses and absence from work and forgetfulness. When psychiatric nurses are stressed, they are likely to experience some physiological issues like headaches. Psychiatric nurses are also more likely to feel exhausted and thus lose concentration with the occurrence of continued stress experience. Because of this, psychiatric nurses have the tendency to be angry and overact in their interactions with patients and their families.

Moreover, when psychiatric nurses experience more stress there is the likelihood that they would get to a point where they would want to stay away from work. This can lead to absenteeism and tardiness even when they show up at work. At the workplace, too much stress can also cause psychiatric nurses to be forgetful. This can be dangerous to the delivery of health care since psychiatric nurses may not be in the best position to provide the best of care to their patients.

The findings of the current study support the findings of Sarafis et al. (2016) who investigated the correlation among occupational stress, caring behaviours and their quality of life in association to health and showed that occupational stress affected nurses' health-related quality of life negatively and also affected the health and wellbeing of patients. Peterson and Wilson (2011) also examined the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and

work performance. They found that perceived stress influenced the health of nurses.

From the results discussed, it is clearly indicated that the experience of stress among psychiatric nurses can be detrimental to their health and also to the patients. In the long run, the effects can make the entire psychiatric health care delivery system ineffective.

### **Management of Stress among Psychiatric Nurses**

Regarding the management of stress, the results were clear that the respondents took a short break when they feel tired, took few hours to sleep when they felt stressed and employed relaxation techniques to reduce stress. Also, the respondents expressed their feelings instead of keeping them in when they are stressed. From these results, it is evident that the psychiatric nurses in the study managed stress in more positive ways. This is because the use of rest, sleep, relaxation and expression of feelings were all positive means of managing stress.

The use of these management strategies helped the psychiatric nurses to cope and manage their stressful experiences. Ultimately, this could impact on the delivery of psychiatric healthcare in a positive light. In the literature on the coping and management strategies in dealing with stress among psychiatric nurses, the findings of this current study have been confirmed in several previous studies. For instance, Yada et al (2017) sought to clarify how stress among psychiatric assistant nurses (PANs) differed from Registered Nurses (PRNs). The results showed that in terms of coping strategies, the psychiatric nurses relied on their abilities, communication and the use of other techniques. Molehabangwe, Sehularo and Pienaar (2018) also revealed that nurses in a



mental health establishment in the North West province of South Africa relied on personal strengths and strategies in dealing with stress. Opare, Aniteye, Afaya and Glover-Meni (2020) explored the individual coping strategies currently used by community psychiatric nurses in practice in order to develop an intervention strategy for future implementation. The results showed that the nurses relied on personal coping strategies to manage stress and to decrease their risk for burnout.

### **Gender and Effects of Stress**

The study revealed that there was a significant difference between male and female psychiatric nurses in terms of the effects of stress on their job performance. This implies that male and female psychiatric nurses differed in terms of the effects of stress with male psychiatric nurses being affected more than female psychiatric nurses.

The findings are in line with several previous findings. In a cross – sectional study using a convenience sampling of 250 psychiatric nurses showed that there was a significant difference in the stress experiences of gender (Lin et al, 2010). Also, in line with the current study, male psychiatric nurses were identified to experience job related stress than female psychiatric nurses in a survey conducted in Ghana using 105 nurses from Ridge and Pantang hospitals (Abaa et al., 2013). It was revealed that male psychiatric nurses enter into the profession with the aspiration to gain the grounded qualification to enter the medical school as a continuum with little knowledge that the two professions are totally different. This generates frustration and disappointments in male psychiatric nurses when the situation does not go as intended for them.

Furthermore, in a descriptive survey conducted in Japan with 150 participants, male psychiatric nurses tend to have higher level of stress in the nursing profession which appears domineering by females, owing to the fact that women seem to hold the higher ranks, which comes with prestige and higher salaries in the profession than the male workers to whom much is expected (Kaori et al., 2016).

In a different vein, some studies even though found a significant gender difference in the experience of stress, females were found to be more affected than males. For instance, a study of psychiatric nurses in Eastern Saudi Arabia revealed that female participants experienced frequently higher levels of stress than the male participants (Al-Makhaita et al., 2014). It was reported that the female psychiatric nurses had poor coping strategies to stress than their male counterparts. It was also evident that female psychiatric nurses experience high levels of stress than male psychiatric nurses at work, owing to the aggressive nature of the mentally ill patients; the conscious sense of possible harm at work among others. Similarly, Yada et al. (2017) also indicated a gender difference of stress in psychiatric assistant nurses, where women reported to have higher levels of stress at work. The differences observed could be attributed to the variation in the instrumentation or sample background attributes. Regardless, it is clear in the studies reviewed that there is a gender difference in how stress affects psychiatric nurses.

### **Age and Effects of Stress**

The study found that there is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ages. The null hypothesis that there was no statistically significant difference in the

effects of stress on the job performance of psychiatric nurses on the basis of their ages was rejected. The Post-hoc test revealed that the psychiatric nurses in the 20 to 30 years' group had high mean scores implying that they were more affected by stress than the other age groups. In essence, younger psychiatric nurses were more affected by stress than older psychiatric nurses.

The findings are in line with several previous findings. Najimi and Goudarzi (2012) investigated the impact of stress among psychiatric nurses in Iran. The result of the cross-sectional survey indicated that the younger the participant, the higher the levels of stress experienced due to much workloads push on them. It was also evident that elevated levels of stress were strongly correlated with youthful resilient psychiatric nurses who were not used to the much demanding nature of the nursing profession. Similarly, Johansson, Sandahl and Hasson (2013), evaluated the role of stress among psychiatric nurses and psychiatric nursing managers in a comparative study. It was indicated that there was a statistically significant negative relationship between the ages of participant and stress. The results also showed that younger psychiatric nurses (below age 30) experienced higher levels of stress due to their inability to socialize with friends and family like other professions, than their older colleagues (above 30).

In addition, a cross-sectional survey conducted in Accra on the causes of stress and job satisfaction among nurses at the Ridge and Pantang hospitals in Ghana; with 105 participating nurses, using the Expanded Nurses Scale, reviewed that younger nurses below the age 30 years indicate being stressed than the older nurses above age 30. This they further explained owing to their



inability to do multi tasks concurrently (Abaa et al., 2013). This finding was confirmed in the findings of the current study.

Zaki (2016) also evaluated job stress and self-efficacy among psychiatric nurses working in mental health hospital in Cairo, Egypt. The results indicated a positive correlation between stress and age. Again, it was identified in a cross – sectional survey conducted in Ghana with 365 respondents who worked in 12 major healthcare facilities, that high salary benefits and respect attached to maintaining a long career, makes long serving nurses less stressed out than the inexperienced and less serving nurses (Odonkor & Frimpong, 2019).

Many studies have proven that age has a positive correlation with job stressors (Najimi & Goudarzi, 2012), but others also argue that it is not a major determinant of stress levels but though it accounts for stress. It has also been viewed by others that age is not a predictor of stress but rather how the individual perceives the threats (Lambert et al., 2004; Chang et al., 2006). In all, there is the indication that age is a factor in terms of how stress affected psychiatric nurses.

#### **Marital Status and Effects of Stress**

The study found that there was a significant difference between single and married psychiatric nurses in terms of the effects of stress on their job performance. The null hypothesis which stated that there is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of marital status is dismissed. This implies that single and married psychiatric nurses differed in terms of the

effects of stress. Specifically, married psychiatric nurses were more affected by stress than single psychiatric nurses.

The findings are confirmed in several different studies. It was evident in a study conducted in Australia that, married psychiatric nurses tend to experience high level of stress than the single psychiatric nurses working in the same organisation due to the conflicting role of family responsibilities and duties at work (Kane, 2012). Also, due to the nature of the psychiatry job; unfriendly working hours, most married psychiatric nurses have issues with their spouses and are unable to keep their homes and nurture their children which sometimes lead to divorce. This situation places much stress on the married psychiatric nurses than the unmarried nurses, since they try to save their home and also performing their much demanding duties at work (Mathew et al., 2013).

In support, E-Morris et al. (2010) revealed that, stress levels are high on married psychiatric nurses than single psychiatric nurses because, most often than not, married psychiatric nurses are being pressured and frustrated by their spouses who cannot stand the pressure of take care of their children alone while their partners are on night duties, holiday schedules and even weekend duties. Sometimes, married psychiatric nurses are more stressful than unmarried psychiatric nurses because marriage comes with family and other social responsibilities. In addition, married psychiatric nurses are unable to attend funerals, marriage ceremonies and other social due to work and even when off duty, are unable to attend such functions because they are to care for their immediate family (Iglesias, De Bengoa Vallejo & Fuentes, 2010).

### Status or Rank and Effects of Stress

Finally, the study showed that there was a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks. The null hypothesis that there was no statistically significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks was therefore rejected. The post hoc test showed that that the job performances of staff nurses and senior staff nurses were the most affected by stress compared to the other ranked nurses. The implication is that the level of rank or status of psychiatric nurses can play a role in their experience of stress.

The findings are realistic because in most hospitals in Ghana, staff nurses and senior staff nurses are those who are given the most duties to carry out at the hospital. They are in charge of the day-to-day duties of healthcare delivery. As a result, they are at the forefront of all the pressures that take place daily at the hospital.

Several previous studies have been carried out on this phenomenon to establish whether the ranking of employees are significant in terms of the experience of stress. For instance, Kyreaa (2014) revealed that psychiatric nurses with higher ranks (senior nursing officer, principal nursing officer, chief nurse), have little and flexible work load, since they mostly delegate activities and task to other ranks who are subordinates to them, hence less stressful events experienced at work. As a result, they were less affected by stress at the workplace.

Also, it was reported in a study using 155 psychiatric nurses in Ghana that participants who were senior nursing officer, principal nursing officers



and chiefs complained of little or no stress at work. This is because these ranks enjoy holidays off, weekend duty off and no night duty schedules, unlike the staff nurses who follow ridged shifts, work on weekends and on holidays with no extra income or motivations (Khamisa et al., 2017). The finding of Khamisa et al. was confirmed in the current study. Several other studies have shown that social demographic characteristics such as age, gender, marital status, ranks and position of nurses have an influence on their stress levels (Najimi, & Goudarzi, 2012; Wong, Laschinger, & Cummings, 2010).

### **Chapter Summary**

This chapter presented the outcomes of the data analysed and discussion. Specifically, three research questions were answered and four hypotheses were tested. Generally, the study found that stress was caused by a variety of issues relating to the nature of their work and the inadequacy of work logistics. Regarding the effects of stress, the study found that stress can affect the health, concentration and general delivery of healthcare. Also, psychiatric nurses managed stress by using positive personal strategies like resting and sleep to manage their stressful moments. The study revealed also that the effects of stress on the job performance of the psychiatric nurses varied on the basis of demographic variables, gender and age.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

This chapter focused on the summary, conclusions and recommendations of the study. Implications for counselling and suggestions for further research are given in this chapter.

#### Summary of Study

The purpose of the study was to examine the effects of stress on job performance of psychiatric nurses in the Ankafu Psychiatric Hospital, Cape Coast. Specifically, the study sought to answer three research questions and test four hypotheses.

#### Research questions

1. What are the causes of stress among psychiatric nurses in the Ankafu Psychiatric Hospital?
2. What are the effects of stress on the job performance of psychiatric nurses in the Ankafu Psychiatric Hospital?
3. What are the coping strategies adapted by psychiatric nurses in the Ankafu Psychiatric Hospital in dealing with stress?

#### Hypotheses

1.  $H_01$ : There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of gender.

H<sub>A1</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of gender.

2. H<sub>02</sub>: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of age.

H<sub>A2</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of age.

3. H<sub>03</sub>: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of marital status.

H<sub>A3</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of marital status.

4. H<sub>04</sub>: There is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of status or rank.

H<sub>A4</sub>: There is a significant difference in the effects of stress on the job performance of psychiatric nurses in Ankafu Psychiatric Hospital on the basis of status or rank.

Literature related to study were reviewed. The theoretical foundations which are the pivots for this study are the Person-Environment Fit Theory, Stress Cognitive Theory and the Stress Coping Theory. Subsequently, the main concepts of the study have been imagery presented in a framework for



pictorial understanding of the concepts. The chapter also reviewed the concepts of stress; covering definition, types, causes, symptoms, effects and management of stress. Previous studies relating to the study were also reviewed covering all the important aspects of the problem under study.

Descriptive survey design was adapted for the study. A sample of 150 was selected from a population 197 psychiatric nurses using simple random sampling. Data were collected using questionnaire adapted from Weiman Occupational Stress Scale (WOSS). Out of the 150 questionnaires administered, 143 were returned giving 95% return rate. Data were analysed using both descriptive and inferential statistics.

### **Major Findings**

The study found that the topmost causes of stress among the respondents were feeling unsafe due to possible harm, threats and harassment from patients, difficulty communicating with the mentally ill patients, working on holidays without incentives, difficulty obtaining leave from in-charge to attend to family emergencies and inadequate logistics and protective equipment. These results are in line with reality in most psychiatric hospitals in Ghana.

The study revealed that the effects of stress include mild to severe headache, loss of concentration, exhaustion, anger and overreaction, finding excuses and absence from work and forgetfulness.

Regarding the management of stress, the results were clear that the respondents took a short break when they feel tired, took few hours to sleep when they felt stressed and employed relaxation techniques to reduce stress.

Also, the respondents expressed their feelings instead of keeping them in when they are stressed.

The study revealed that there was a significant difference between male and female psychiatric nurses in terms of the effects of stress on their job performance. This depicts a difference in gender with regards to the effects of stress with male psychiatric nurses being affected more than female psychiatric nurses.

Further, the study found that there is a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ages. The null hypothesis that there was no statistically significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ages was rejected. The Post-hoc test revealed that the psychiatric nurses in the 20 to 30 years' group had high mean scores implying that they were more affected by stress than the other age groups.

The study found that there was a significant difference between single and married psychiatric nurses in terms of the effects of stress on their job performance. The null hypothesis which stated that there is no significant difference in the effects of stress on the job performance of psychiatric nurses in Ankaful Psychiatric Hospital on the basis of marital status is dismissed. This implies that single and married psychiatric nurses differed in terms of the effects of stress. Specifically, married psychiatric nurses were more affected by stress than single psychiatric nurses.

Finally, the study showed that there was a significant difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks. The null hypothesis that there was no statistically significant

difference in the effects of stress on the job performance of psychiatric nurses on the basis of their ranks was therefore rejected. The post hoc test showed that that the job performances of staff nurses and senior staff nurses were the most affected by stress compared to the other ranked nurses.

### Conclusions

Some conclusions are made in respect to the outcome of this investigation. Firstly, it can be deduced that stress among psychiatric nurses can be caused by work-related issues such as the nature of work environment, workload, relationship with patients and the inadequacy of logistics and work materials.

Secondly, it can be concluded that the experience of stress can be detrimental to the job performance of psychiatric nurses. The effects can be physiological in terms of leading to sicknesses, causing distractions and exhaustion which ultimately lead to poor healthcare delivery in psychiatric hospitals.

Further, it is concluded that psychiatric nurses adapted more positive strategies in managing or dealing with stress. Most of these positive strategies revolved around resting and taking time off whenever stress got too much for them.

In addition, it can be concluded that the job performance of male psychiatric nurses is affected more by stress compared to female psychiatric nurses. This means it is likely that female psychiatric nurses are able to better deal with the effects of stress on their jobs.

Regarding age, it was derived that younger psychiatric nurses are affected more by stress compared to older psychiatric nurses. In essence, age



is of important consideration in terms of how stress affects job performance of psychiatric nurses.

Further, it is concluded that married psychiatric nurses are likely to have their job performance affected by stress more than single psychiatric nurses. This means that marital status should be of important consideration when considering the extent to which stress affects job performance of psychiatric nurses.

Finally, it is concluded that psychiatric nurses of low ranks affected more by stress compared to psychiatric nurses of higher ranks. Specifically, psychiatric staff nurses and senior staff nurses have their job performance affected more than highly ranked psychiatric nurses.

### **Recommendations**

The following recommendations are made in light of the outcome of the study:

1. Hospital authorities should structure the work schedules of psychiatric nurses in such a way that the nurses can get intermittent periods of leave away from work since too much workload without breaks or holidays was considered a major cause of stress.
2. Hospital authorities should ensure that psychiatric nurses are provided with the needed facilities and logistics needed to be able to effectively carry out their duties as psychiatric nurses.
3. Since stress was found to have effects on individual psychiatric nurses and ultimately the delivery of healthcare to patients, it is recommended that hospital authorities intermittently organise workshops for psychiatric nurses on how to effectively deal with stress at the workplace.

4. In planning measures to deal with stress at the workplace, hospital authorities should pay more attention to male psychiatric nurses since it was found that they are affected by stress more than female psychiatric nurses.

5. Younger psychiatric nurses should be given the needed support by hospital authorities and older psychiatric nurses. This can help them manage or deal with the stress at the workplace since the study found younger psychiatric nurses to be affected by stress more than older psychiatric nurses.

6. Hospital authorities should plan stress management workshops specifically for married psychiatric nurses to equip them with the skills needed to deal with stress at the workplace. This is because the study found that married psychiatric nurses had their job performances affected by stress more than single psychiatric nurses.

7. Hospital authorities should hold open forums and workshops for psychiatric nurses of low ranks to listen to their concerns and help them deal with stress at the workplace since their job performances were affected by stress more than psychiatric nurses of high ranks.

### **Implications for Counselling**

Stress experiences among psychiatric nurses were found to be mostly job related which in the long run affect the quality of healthcare delivery at the hospital, hence, hospital authorities could collaborate with workplace counsellors to organise intermittent guidance and counselling sessions for psychiatric nurses on how to deal with workplace stress. This shall empower

the workers of the hospital with self employed techniques and strategies in dealing with stress and to even prevent the mere occurrence of stress.

Again, since stress affect the totality of psychiatric nurses, the hospital and the patients in the hospital, workplace counsellors could improve their skills and capacity on handling occupational stress issues so that they can effectively assist workers struggling with stress. This will in the long run help eradicate the effect of stress on workers which transfer to the institution and even the clients they serve.

Counsellors who specialise in workplace counselling could make management of stress a key part of the services they provide. This can help to ultimately reduce stress associated with work.

#### **Suggestions for Further Research**

The undermentioned are proposed for further research:

1. Researchers should explore comparatively the stress experience of psychiatric nurses and general nurses. This can help establish whether the stressful experiences in the current study are peculiar to only psychiatric nurses or are common to all nurses.
2. Future research should adopt a qualitative approach to explore the actual experiences of psychiatric nurses at the workplace. This can help identify areas of their work where they would need assistance to ensure effective healthcare delivery.
3. Future research can focus on the other psychiatric hospitals in Ghana. This can help provide a large amount of data so as to help in generalising the results concerning the experience of stress among psychiatric nurses.



## REFERENCES

Abaa, A. R., Atindanbila, S., Mwini-Nyaledzigbor, P. P., & Abepuoring, P. (2013). The causes of stress and job satisfaction among nurses at Ridge and Pantang hospitals in Ghana. *International Journal of Asian Social Science*, 3(3), 762-771.

Adams, R. E., & Boscarino, J. A. (2005). Stress and well-being in the aftermath of the World Trade Center Attack: the continuing effect of a communitywide disaster. *Journal of Community Psychology*, 33(2), 175-190.

Addison, K. A., & Yankyera, G. (2015). An investigation into how female teachers manage stress and teacher burnout: A case study of West Akim Municipality of Ghana. *Journal of Education and Practice*, 6(10), 175-181.

Adzakupah, G., Laar, A. S., & Fiadjoe, H. S., (2016). Occupational stress and its management among nurses at St. Dominic Hospital, Akwatia, Ghana. *Health Science Journal*, 25, 150-159.

Aguocha, H. (2011). *Gender and hospital units as indices of nurses' anxiety and stress*. (Unpublished thesis). Imo State University.

Ahanchian, R., (2015). Nurses burnout in psychiatric wards. *Fundamentals of Mental Health*, 17(5), 260-264.

Akbar, R. E., Elahi, N., Mohammadi, E., & Khoshknab, M. F., (2017). How do the nurses cope with job stress? A study with grounded theory approach. *Journal of caring sciences*, 6(3), 199–211.

Akbarbegloo, M., & Valizadeh, L., (2011). Occupational tension and coping strategies in nurses in psychological ward of Tabriz Razi hospital. *Modern Care Journal*, 8(1), 45–51.

Al-Hawajreh, K. (2011). Exploring the relationship between occupational stress and organizational commitment among nurses in selected Jordanian Hospitals. *An-Najah University Journal of Research (Humanities)*, 25, 1950-1959.

Al Hosis, K., Mersal, F., & Keshk, L. (2013). Effects of job stress on health of Saudi nurses working in ministry of health hospitals in Qassim Region. *Life Science Journal*, 10(1), 10-36.

Al-Makhaita, H. M., Sabra, A. A., & Hafez, A. S. (2014). Predictors of work-related stress among nurses working in primary and secondary health care levels in Dammam, Eastern Saudi Arabia. *Journal of Family and Community Medicine*, 21(2), 79-84.

Alvarado, C. J. (2007). The physical environment in health care. In P. Carayon (Ed), *Handbook of human factors and ergonomics in health care and patient safety* (pp. 287-307). New York: John Wiley.

Amedehe, F. K. (2002). *Fundamentals of educational research methods*. Mimeograph, UCC, Cape Coast.

Amoako, E. P., Gyamfi, O. A., Addai, K. E., & Batola, D. (2017). The effect of occupational stress on job performance at Aspet A. Company Limited. *Global Journal of Arts, Humanities and Social Sciences*, 5(8), 1-17.

Andreasen, N. C., & Black, D. W. (2006). *Introductory textbook of psychiatry* (4<sup>th</sup> ed). American Publishing, Inc.

Andrews, B., & Wilding, J. M. (2004). The relationship of depression and anxiety to life stress and achievement in students. *British Journal of Psychology*, 9(4), 509-521.

Ankaful Psychiatric Hospital, (2019). *End of year performance and review*. Internal report, Ankaful Psychiatric Hospital. Unpublished.

Ansah-Ofei, A. M. (2015). *Management practices of nurse managers in the Greater Accra region, Ghana*. (Unpublished master's thesis). University of Ghana, Legon, Accra.

Ary, D., Jacobs, L. C., Razavieh, A., & Sorensen, C. (2006). *Introduction to research in education* (7<sup>th</sup> ed.). Thomson Wadsworth Publishers.

Atindanbila, S., Abasimi, E., & Anim, M. T. (2012). A study of work-related depression, anxiety and stress of nurses at Pantang Hospital in Ghana. *Research on Humanities and Social Science*, 9(2), 28-34.

Awuku, E. (2013). *Stress, work engagement, and psychological well-being of the nurses at state hospitals in Windhoek, Rehoboth and Okahandja*. (Published master's thesis). University of Namibia.

Bardhi, N. (2016). Stress at work among health professionals in primary and secondary health care in Gjakova. *European Journal of Research in Medical Sciences*, 4(1), 17-23.

Bauer, M. E. (2015). Stress, glucocorticoids and ageing of the immune system. *Stress: International Journal of Biology*, 8(1), 69-83.

Baum, A., Gatchel, R. J., & Schaeffer, M. (2009). Emotional, behavioural and physiological effects of chronic stress at Three Mile Island. *Journal of Clinical Health Psychology*, 51, 556-565.



Bengtsson, H. (2015). Children's cognitive appraisal of others' distress and positive experiences. *International Journal of Behaviourial Development, 29*, 457-466.

Blair, J., Mitchell, D., & Blair, K. (2016). *The psychopath: Emotion and the brain*. Blackwell Publishing.

Bolger, N. & Zuckerman, A. (2007). A framework for studying personality in the stress process. *Journal of Personality and Social Psychology, 72*, 890-902.

Brooks, L. W. & Piquero, N. L. (2012). When a happy worker is really a productive worker. *Consulting Psychology Journal: Practice and Research, 53*(2), 182-199.

Brown, M. R., Koob, G. F. & Rivier, C. (2014). *Stress: neurobiology and neuroendocrinology*. Marcel Dekker Inc.

Cartwright, S. & Cooper, C. (2016). *Managing workplace stress*. Sage.

Chakraborty, R., Chatterjee, A., & Chaudhury, S. (2012). Internal predictors of burnout in psychiatric nurses: An Indian study. *Industrial Psychiatry Journal, 21*(2), 119-123.

Chan, Z. C. Y., Tam, W. S., Lung, M. K. Y., Wong, W. Y., & Chau, C. W. (2013). A systematic literature review of nurse shortage and the intention to leave, *Journal of Nursing Management, 21*(4), 605-613.

Chang, Y., & Chan, H-J. (2015). Optimism and proactive coping in relation to burnout among nurses. *Journal of Nursing Management, 23*(3), 401-408.

Chang, E. M., Daly, J., Hancock, K. M., Bidewell, J. W., Johnson, A., & Lambert, V. A. (2006). The relationships among workplace stressors, coping methods, demographic characteristics and health in Australian nurses. *Journal of Professional Nurses*, 22(1), 30–38.

Chaplin, T., Hong, K., Bergquist, K., & Sinha, R. (2013). Gender differences in response to emotional stress among nurses. *Clinical and Experimental Research* 32(7): 1242 – 1250.

Circenis, K., & Millere, I. (2012). Stress related work environment factors: Nurses survey results. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(6), 1150-1157.

Clough, B. A., March, S., Chan, R. J., Casey, L. M., Philips, R., & Ireland, M. J. (2017). Psychosocial interventions for managing occupational stress and burnout among medical doctors: A systematic review. *Systematic Reviews*, 6(144).

Cohen, L., Manion, L., & Morrison, J. (2007). *Research methods in education*. (6th ed.). Routledge Taylor and Francis group.

Cooper, C., Dewe, P., & O’Driscoll, M. (2001). *Organizational stress: A review and critique to theory research and applications*. Sage.

Cottrell, S. (2016). Occupational stress and job satisfaction in mental health nursing: Focused interventions through evidence-based assessment. *Journal of Psychiatry and Mental Health Nursing*, 8, 157-164.

Creswell, J. W. (2002). *Educational research: Planning, conducting and evaluating quantitative and qualitative research*. Merrill/Prentice Hall.

Dadzie, D. (2019, May, 29). Neglect of Psychiatric care. Retrieved from:  
<http://www.myjoyonline.com/news/national/accra-psychiatrichospital/health.html>.

Dawson, A. J., Stasa, H., Roche, M. A., Homer, C. S., & Duffield, C. (2014).  
Nursing churn and turnover in Australian hospitals: nurses' perceptions  
and suggestions for supportive strategies. *BMC Nursing*, 13(1), 1-20.

De Kloety, E. R., Joels, M., & Holsboer, F. (2012). Stress and the brain: from  
adaptation to disease. *Psychotherapy: Theory, Research and Practice*,  
6, 463-475.

Delambo, D., Chung, W., & Huang, W. (2011). Stress and age: A comparison  
of Asian American and non-Asian American parents of children with  
developmental disabilities. *Journal of Developmental and Physical  
Disabilities* (23)2, 129-141.

Downey, M., Parlson, S., & Smart, M. (2011). The hidden treasure in nursing  
leadership: informal nurse leaders. *Journal of Nursing Management*,  
19 (4), 517-521.

Duckworth, D. (2004). Managing without stress. *Personnel Management*, 16  
(1), 40-43.

Edwards, J. R., & Cooper, C. L. (1990). The person-environment fit approach  
to stress: Recurring problems and some suggested solutions. *Journal of  
Organizational Behaviour*, 11, 293-307.

Elsayed, S., Hasan, A. A., & Musleh, M. (2018). Work stress, coping  
strategies and levels of depression among nurses working in mental  
health hospital in Port-Said city. *International journal of culture and  
mental health*, 11(2), 157-170.



Elshaer, N. S. M., Moustafa, M. S. A., Aiad, M. W., & Ramadan, M. I. E. (2018). Job stress and burnout syndrome among critical care healthcare workers. *Alexandria Journal of Medicine*, 54(3), 273-277.

E-Morris, M., Caldwell, B., Mencher, K. J., Grogan, K., Judge-Gorny, M., Patterson, Z., & McQuaide, T. (2010). Nurse-directed care model in a psychiatric hospital: A model for clinical accountability. *Clinical Nurse Specialist*, 24(3), 154–160.

Essiam, O. J., Mensah, E. M., Kudu, K. L., & Gyamfi, D. G. (2015). Influence of job stress on job satisfaction among university staff: Analytical evidence from a public university in Ghana. *International Journal of Economics, Commerce and Management*, 23(4), 237-242.

Etim, J. J., Basse, P. E., & Ndep, A. O. (2015). Work – related stress among healthcare workers in Ugep, Yakurr Local Government Area, Cross River State, Nigeria: A study of sources, effects, and coping strategies. *International Journal of Public Health, Pharmacy and Pharmacology*, 1(1), 23-34.

Fergusson, D. M., Horwood L. J., Miller A. L., & Kennedy MA (2011) Life stress, and mental disorder: findings from a 30-year longitudinal study. *The British Journal of Psychiatry* 198, 129–135

Filha, M. M. T., Costa, M. A. S., & Guilam, M. C. R. (2013). Occupational stress and self-rated health among nurses. *Rev. Latino-Am.*, 21(2), 475-483.

Fink, G. (2016). Stress: Concepts, Cognition, Emotion, And Behavior. *Handbook of stress*. San Diego.

Fraenkel, J. R., & Wallen, N. E. (2006). *How to design and evaluate research in education*. (6th ed.). Palgrave Macmillan.

Friedman, W. J. (2013). Stress reduction and management resources. *The Health Plus Letter*, 2(2), 78-84.

Gandi, J. C., Wai, H., & Karick, Z. K. (2011). The role of stress and level of burnout in job performance among nurses. *Mental Health in Family Medicine*, 8(3), 181-94.

Geisthardt, C., & Munsch, J. (2002). Coping with school stress: A comparison of adolescents with and without learning disability. *Journal of Learning Disability*, 34(3), 287-293.

Gibbons, C. (2010). Stress, coping and burnout in nurses. *International Journal of Nursing*, 47, 1299-1309.

Gluckman, P. D., Haanson, M.A., & Beedle, A.S. (2010). Early life events and their consequences for later disease: a life history and evolutionary perspective. *American Journal of Human Biology*, 20, 1-19.

Gulavani, A., & Shinde, M. (2014). Occupational stress and job satisfaction among nurses. *International Journal of Social Research*, 3, 45-52.

Gupta, V. B. (2011). Comparison of parenting stress in different developmental disabilities. *Journal of Developmental and Physical Disabilities*, 19(4), 417-425.

Gyaki, E., Kusi, H., & Mensah, K. D. (2014). Work related stress among the academic staff of the University of Education, Winneba campus, Ghana. *Journal of Education and Practice*, 13(5), 222-228.

Gyamfi, G. D. (2015). Influence of job stress on job satisfaction: Empirical evidence from Ghana Police Service. *International Business Research*, 7(9), 108-113.

Hamaideh, S. H. (2011). Burnout, social support, and job satisfaction among Jordanian mental health nurses. *Issues in Mental Health Nursing*, 32(4), 234-242.

Hannes, Z., Cort, W.R., & Boris, B. B. (2017). Lifespan perspectives on occupational health. *Journal of Vocational Behavior*, 14(6), 625-640.

Hannigan, B., Edwards, D., Coyle, D., Fothergill, A., & Burnard, P. (2000). Burnout in community mental health nurses: findings from the all-Wales stress study. *Journal of Psychiatric and Mental health nursing*, 7(2), 127-134.

Hardwick, D. (2010). *Burnout: The effects of unavoidable job stress*. Retrieved from [Http://www.Mentalgamecoaching.Com/Imgarticles/Stresscontrol/Burnuot.Html](http://www.Mentalgamecoaching.Com/Imgarticles/Stresscontrol/Burnuot.Html).

Hargrove, M. B., & Ahmed, A. (2014). *Stress, health and wellbeing in practice: Workplace leadership and leveraging stress for positive outcome*. Wiley Blackwell.

Healey, C., & McKay, M. F. (2011). Nursing stress: the effect of coping strategies and job satisfaction in the nursing environment. *Australian Journal of Advanced Nursing*, 17, 30 – 35.

Iglesias, M. E. L., De Bengoa Vallejo, R. B., & Fuentes, P. S. (2010). The relationship between experiential avoidance and burnout syndrome in critical care nurses: A cross-sectional questionnaire survey. *International journal of nursing studies*, 47(1), 30-37.



Johansson, G., Sandahl, C., & Hasson, D. (2013). Role stress among first-line nurse managers and registered psychiatric nurses-A comparative study. *Journal of Nursing Management*, 21, 449-458.

Kaburi, B., Ameme, D., Kubio, C., Bio, F.Y., & Kenu, E. (2016). Psychological working conditions and predictors of occupational stress among nurses, Salaga Government Hospital, Ghana. *Pan African Medical Journal*, 33 (16) 147-155.

Kane, P. (2012). Stress causing psychiatric illness among nurses. *Journal of Occupational and Environmental Medicine*, 13(1), 76-87.

Kaori, Y., Norio, S., Norio, Y., Kazuma, D., Hanako, F., Yasushi, S., Tetsu, T., Akira, F., Taku, N., Masahide, S., & Kazuhiko, N. (2016). Relationship between occupational stress and depression among psychiatric nurses in Japan. *Archives of Environmental & Occupational Health*, 71(1), 10-15.

Kenrick, D. T., Griskevicius, V., Neuberg, S. L., & Schaller, M. (2010). Renovating the pyramid of needs: Contemporary extensions built upon ancient foundations. *Perspectives on Psychological Science*, 5(1), 292–314.

Kyereme, P. A. (2018). *Factors influencing stress among psychiatric nurses at the Accra Psychiatric Hospital, Accra, Ghana*. (University of Ghana, Legon). Retrieved from <http://ugspace.ug.edu.gh/handle/123456789/26407>.

Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B. (2017). Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa. *Health S.A. Gesondheid*, 22(1), 252-258.

Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: a cross-sectional survey from Nepal. *Global Health*, 16(1), 89-98.

Kipping, C. J. (2000). Stress in mental health nursing. *International Journal of Nursing Studies*, 37, 207-218.

Kokkinos, C. M. (2007). Job stressors, personality and burnout in primary school teachers. *British Journal of Educational Psychology*, 77, 229-243.

Kyreea, D. A. (2014). Causes of stress among nurses in the Greater Accra region of Ghana. *International Journal of Research on Social Science*, 3, 84-93.

Laal, M., & Aliramaie, N., (2010). Nursing and coping with stress. *International Journal of Public Health*, 2(5), 168-171.

Lambert, V. A., Lambert, C. E., Itano, J., Inouye, J., Kim, S., & Kuniviktikul, W. (2004). Cross-cultural comparison of workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health among hospital nurses in Japan, Thailand, South Korea and the USA (Hawaii). *International Journal of Nursing Studies*, 41(6), 671-684.

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist, 55*, 665–673.

Lazarus, R. S. (1991). Theory-based stress measurement. *Psychological Inquiry, 1*, 3-13.

Lazarus, R. S., & Folkman, S. (1986). *Cognitive theories of stress and the issue of circularity*. Plenum.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Leedy, P.D., & Ormrod, J. E. (2010). *Practical research: Planning and design*. (10 ed). Pearson Companies.

Levine, S. (2011). Developmental determinants of sensitivity and resistance to stress. *Psychology of endocrinology, 30*, 939-946.

Lim, M. H., Chow, Y. L., & Poon, E. (2013). Evaluation of meditation programmes used by nurses to reduce stress: A literature review. *Singapore Nursing Journal, 40*(3), 11-20.

Lin, H. S., Probst, J. C., & Hsu, Y. C. (2010). Depression among female psychiatric nurses in southern Taiwan: Main and moderating effects of job stress, coping behaviour and social support. *Journal of Clinical Nursing, 19*, 2342–2354.

Love, K. M., Tatman, A. W., & Chapman, B. P. (2010). Role stress, interrole conflict, and job satisfaction among psychiatric nurses: the creation and test of a model. *Journal of employment counselling 47*(1), 30 – 37.

Malik, N. (2011). A study on occupational stress experienced by private and public banks employees in Quetta City. *African Journal of Business Management, 5*(8), 3063-3070.



Mark, G., & Smith, A. P. (2012). Occupational stress, job characteristics, coping and the mental health of nurses. *British Journal of Health Psychology, 17*(3), 505-521.

Mathew, J., Ram, D., Bhattacharjee, D., & Sharma, A. (2013). Self-esteem, job satisfaction and burnout between general and psychiatric nursing staff: A comparative study. *Journal of Health Management, 15*(4), 595-612.

McGowan, B. (2001). Self-reported stress and its effects on nurses. *Nursing Standard, 15*(42), 33-38.

McTiernan, K., & McDonald, N. (2015). Occupational stressors, burnout and coping strategies between hospital and community psychiatric nurses in a Dublin region. *Journal of Psychiatric and Mental Health Nursing, 22*(3), 208-218.

Ministry of Health. (2002). *The new health sector, 5-year programme of work*. Accra, Ghana.

Ministry of Health, Labour and Welfare. (2013). *Act on public health nurses, midwives and nurses*. Retrieved from <http://law.e-gov.go.jp/htmldata/S23/S23HO203.html>.

Miyata, A., Arai, H., & Suga, S. (2015). Nurse managers' contribution of stress and coping. *Open Journal of Nursing, 5*, 957-964.

Mohr, W. K., Petti, T. A., & Mohr, B. D. (2012). Adverse effects associated with physical restraint. *Canadian Journal of Psychiatry, 48*(5) 330-337.

Mokoka, E. (2010). Retaining professional nurses in South Africa: Nurse managers' perspectives. *Health S.A Gesundheit, 15*(1), 177-182.

Molehabangwe, K., Sehularo, L. A., & Pienaar, A. J. (2018). Nurses' coping mechanisms in a mental health establishment. *Africa Journal of Nursing and Midwifery*, 20(2), 1-19.

Moore, J. E. (2014). Why is this happening? A causal attribution approach to work exhaustion consequences. *The Academy of Management Review*, 25(2), 335 – 349.

Morokoff, P. J., & Gilliland, R. (2009). Stress, sexual functioning and marital satisfaction. *Journal of Sex Research*, 30(1), 43-50.

Mosadeghrad, A. M. (2014). Occupational stress and its consequences: Implications for health policy and management. *Leadership in Health Services*, 27(3), 224-239.

Moustaka, M., & Constantinidis, T. C. (2010). Sources and effects of work-related stress in nursing. *Health Science Journal*, 4, 210-216.

Mozayan, M., Rezaee, M., Kalantari, M., & Tabatabaee, S. M. (2012). A survey on burnout and related factors among occupational therapists in Iran. *Rehabilitation Medicine*, 1(1), 34-41.

Najimi, A., & Goudarzi, A. M. (2012). Causes of job stress in nurses: A cross-sectional Study. *Iran Nurse Midwifery Research*, 17(14), 301-305.

Nconco, F. (2006). *A comparative study of leadership and management approaches in further education and training colleges*. (Unpublished thesis). Nelson Mandela Metropolis University, South Africa.

Norman, R. M. G., & Milla, A. K. (2014). From stress to stress symptoms: Preliminary findings. *Journal of psychiatry*, 35(2), 217-223.

Obiora, I. (2015). *Stress management and coping strategies among nurses: A literature review*. (Unpublished thesis). Finland, Lovista City.

Odonkor, S. T., & Frimpong, K., (2019). Stress and burnout among healthcare professionals in Ghana: A critical assessment. *Hindawi BioMed Research International*, 20(16), 161-169.

Olayinka, A. O., & Osamudiamen, O. S. (2013). Occupational stress management among nurses in selected hospital in Benin city, Edo state, Nigeria. *European Journal of Experimental Biology*, 3, 473-481.

Omoaregba, J. O., Adeyemo, S.O., Aroyewun, B. A., & Uteh, B. (2016). Experiences of violence, compassion fatigue and compassion satisfaction on the professional quality of life of mental health professionals at tertiary psychiatric facility in Nigeria. *Open Science Journal of Clinical Medicine*, 3(2), 69-73.

Onasoga, O. A., Ogbemor, S. O., & Ojo, A. A. (2013). Occupational stress management among nurses in selected hospital in Benin City, Edo State, Nigeria. *European Journal of Experimental Biology*, 3(1), 473-481.

Opare, F. Y., Aniteye, P., Afaya, A., & Glover-Meni, N. (2020). “We try our best to offer them the little that we can” coping strategies of Ghanaian community psychiatric nurses: A qualitative descriptive study. *BMC Nursing*, 19(56). <https://doi.org/10.1186/s12912-020-00449-3>.

Owolabi, A. O., Owolabi, M. O., Oluron A. D., & Olofin, A. (2012). Work-related stress perception and hypertension amongst health workers of a Mission Hospital in Oyo State, South-Western Nigeria. *African Journal of Primary Health Care Family Medicine*, 4(1), 1-7.



Owusu, M., & Asare-Danso, S. (2014). Teachers' use of life themes pedagogy in Christian religious studies: A survey of senior high schools in Brong Ahafo Region, Ghana. *International Journal of Humanities and Social Science*, 4(11). Retrieved from [www.ijhssnet.com](http://www.ijhssnet.com).

Pagon, M., Spector, P. E., Cooper, C. L., & Lobnika, B. (2011). Managers in Suits and Managers in Uniforms: Sources and Outcomes of Occupational Stress. *International Journal of Science and Management*, 13(3), 211-222.

Palmore, E. B. (2015). Stress and Ageing: Ageism survey. *Gerontologist*, 41(5), 572-575.

Pearson, G. S., Hines-Martin, V. P., Evans, L. K., York, J. A., Kane, C. F., & Yearwood, E. L. (2015). Addressing gaps in mental health needs of diverse, at-risk, underserved and disenfranchised populations: A call for nursing action. *Archives of Psychiatric Nursing*, 29(1), 14-18.

Peterson, M., & Wilson, J. (2011). Work stress in America. *International Journal of Stress Management*, 11, 91-113.

Pienaar, J., & Rothmann, S. (2013). Occupational stress, coping strategies and suicide ideation in South Africa. *Criminal Justice and Behaviour*, 34(5), 246-252.

Pinikahana, J., & Happell, B. (2004). Stress, burnout and job satisfaction in rural psychiatric nurses: a Victorian study. *Australian Journal of Rural Health*, 12(3), 120-125.

Purvanova, R. K., & Muros, J. P., (2010). Gender differences in burnout: a meta-analysis. *Journal of Vocation Behaviour*, 77, 168–185.

Ríos-Risquez, M. I., & García-Izquierdo, M. (2016). Patient satisfaction, stress and burnout in nursing personnel in emergency departments: A cross-sectional study. *International journal of nursing studies*, 59, 60-67.

Romero, L. M., Dickens, M. J., & Cyr, N. E. (2015). The reactive scope model: a new model integrating homeostasis, allostasis and stress.

*Homeostasis: Health and Disease*, 35, 375-389.

Rutter, M. (2012) Achievements and challenges in the biology of environmental effects. *Proceedings of the Academy of Sciences* 109 (2), 17149-17153.

Sahoo, S. R. (2016). Management of stress at workplace. *Global Journal of Management and Business Research: Administration and Management*, 16(6), 1-8.

Sailaxmi, G. (2015). Impact of a stress management program on stress perception of nurses working with psychiatric patients. *Asian Journal of Psychiatry*, 14, 42–45.

Sandmark, H., & Renstig, M. (2010). Understanding Long Term Sick Leave in Female White-Collar Workers with Burnout and Stress-Related Diagnoses: A Qualitative Study. *BMC Public Health*, 10(210), 1-12.

Sarafis, P., Rousaki, E., Malliarou, M. A., Lahana, L., Bamidis, P., Niakas, D., & Papastavrou, E. (2016). The impact of occupational stress on nurses' caring behaviors and their health related quality of life. *BMC Nursing*, 15(56), 92-103.

Schaufeli, W. & Peters, M. (2014). Job stress and Burnout among correctional officers: A literature review. *International Journal of Stress Management*, 7(1), 56-66.

See-Beh, L. (2012). Job stress and coping mechanisms among nursing staff in public health services. *International Journal of Academic Research in Business and Social Sciences*, 2(7), 131.

Selye, H. (1974). *The stress of life*. McGraw-Hill.

Shehzad, K., Rehman, U., Shad, I., & Gul, A. (2011). Work-life policies and job stress as determinants of turnover intentions of customer service representatives in Pakistan. *European Journal of Social Sciences*, 19(3), 403-411

Singh, R. (2018). *10 ways to keep work stress at bay*. Retrieved from <https://yourstory.com/2018/05/10-ways-keep-work-stress-bay>.

Spielberger, C. D., Vagg, P. R., & Wasala, C. F. (2013). Occupational stress: Job pressures and lack of support. *Psychology at work*, 12(5), 345-352.

Tachimori, H., Takeshima, T., Kono, T., Akazawa, M., & Zhao, X. (2015). Statistical aspects of psychiatric inpatient care in Japan: Based on a comprehensive nationwide survey of psychiatric hospitals conducted from 1996 to 2012. *Journal of Psychiatry and Clinical Neurosciences*, 69(9), 512–522.

Theule, J., Wiener, J., Rogers, M. A., & Marton, I. (2011). Predicting parenting stress in families of children with ADHD: Parent and contextual factors. *Journal of Child and Family Studies*, 20(5), 640-647.

Trochim, W. M. K. (2001). *Research methods knowledge base* (2<sup>nd</sup> ed.). Atomic Dog Publication.



Tsaur, S.-H., & Tang, Y.Y. (2012). Job stress and well-being of female employees in hospitality: The role of regulatory leisure coping styles. *International Journal of Hospitality Management*, 31(4), 1038-1044.

Van Wijngaarden, B., Schene, A. H., & Koeter, M. (2004). Family caregiving in depression: Impact on caregivers' daily life, distress, and help seeking. *Journal of Affective Disorders*, 81, 211-222.

Walker, A. (2000). *Parenting stress: A comparison of mothers and fathers of disabled and non-disabled children*. Unpublished doctoral dissertation, University of North Texas, Denton

Wen, J., & Schulman, K. A. (2014). Can team-based care improve patient satisfaction? A systematic review of randomized controlled trials. *Nursing Open*, 5(1), 22-28.

Wong, C. A. Laschinger, H. K. S., & Cummings, G. G. (2010). Authentic leadership and nurses' voice behaviour and perceptions of care quality. *Journal of Nursing Management*, 18, 889-900.

World Health Organisation. (2009). *World health statistics 2009*. Retrieved from <https://apps.who.int/iris/handle/10665/44078>.

World Health Organisation. (WHO). (2007). *Raising awareness of stress at work in developing countries*. Retrieved from [Http://Www.Who.Int/OccupationalHealth/Publications/Pwh6/En/](http://www.who.int/occupationalhealth/publications/pwh6/en/).

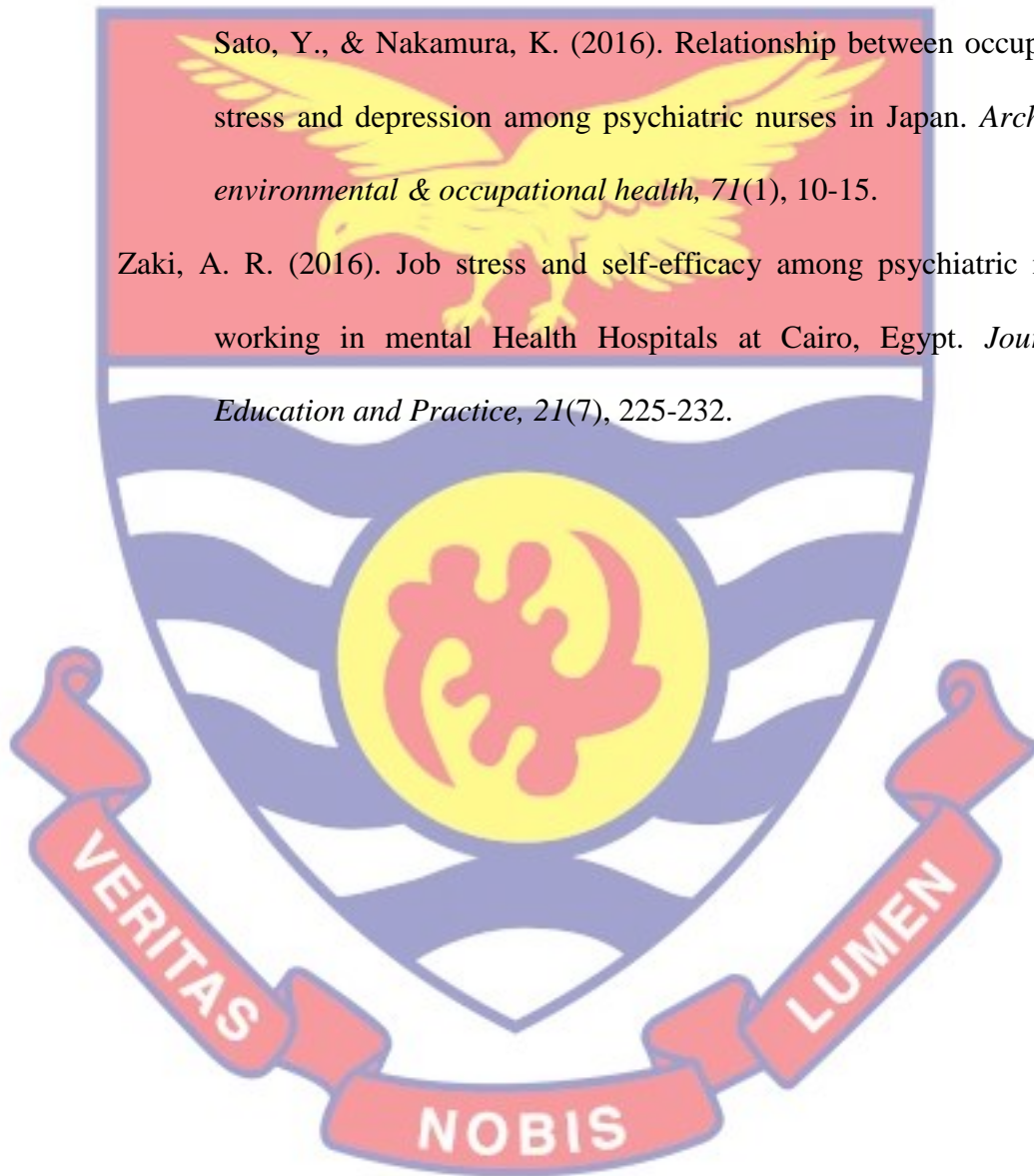
Wright, K. (2014). Alleviating stress in the workplace: Advice for nurses. *Nursing Standard*, 28(20), 37-42.

Yada, H., Abe, H., Omori, H., Ishida, Y., & Katoh, T. (2017). Job-related stress in psychiatric assistant nurses. *Nursing Open*, 5(1), 15-20.

Yada, H., Abe, H., Omori, H., Matsuo, H., Masaki, O., Ishida, Y., & Katoh, T. (2014). Differences in job stress experienced by female and male Japanese psychiatric nurses. *International journal of mental health nursing*, 23(5), 468-476.

Yoshizawa, K., Sugawara, N., Yasui-Furukori, N., Danjo, K., Furukori, H., Sato, Y., & Nakamura, K. (2016). Relationship between occupational stress and depression among psychiatric nurses in Japan. *Archives of environmental & occupational health*, 71(1), 10-15.

Zaki, A. R. (2016). Job stress and self-efficacy among psychiatric nursing working in mental Health Hospitals at Cairo, Egypt. *Journal of Education and Practice*, 21(7), 225-232.





APPENDICES



APPENDIX A

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

QUESTIONNAIRE FOR PSYCHIATRIC NURSES

Dear Respondent,

The purpose of the study is to **examine the effects of stress on job performance of psychiatric nurses in the Ankafu Psychiatric Hospital, Cape Coast**. This questionnaire seeks to obtain your views about stress at work and how it affects you. Your participation in this study is very important. Any information you provide will be kept confidential. Please feel free to participate in the study.

Thank you.

**SECTION A - BACKGROUND INFORMATION**

**Direction:** Kindly provide the required information or put a tick (✓) in the appropriate column to indicate your response to each of the items in this section.

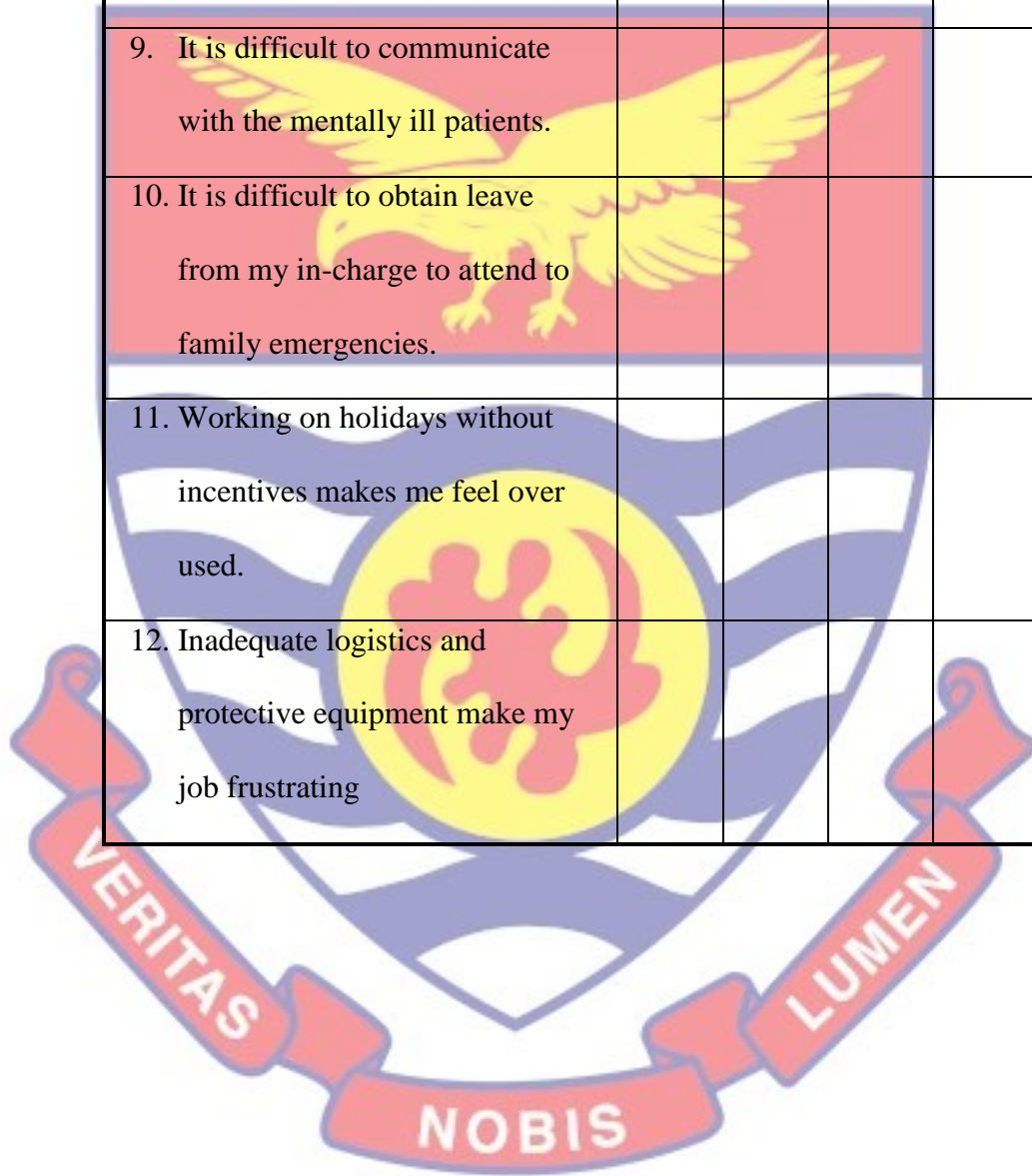
1. Gender:                      Male [ ]                      Female [ ]
2. Age:                              20 – 30 [ ]                      31 – 40 [ ]                      41 – 50 [ ]                      51 – 59 [ ]
3. Marital status:              Single [ ]                      Married [ ]
4. Position / Rank:              Staff nurse [ ]                      Senior staff nurse [ ]                      Senior nursing officer [ ]                      Principal nursing officer [ ]                      Deputy director of nursing staff [ ]

### WEIMAN OCCUPATIONAL STRESS SCALE

**INSTRUCTION:** Please respond by ticking [] the appropriate respond to the statements below.

SECTION B: CAUSES OF STRESS					
Statement	Never	Seldom	Sometimes	Often	Nearly always
1. I worry about patients not being happy with the service I deliver.					
2. Excessive workload and duties at work prevents me from taken a break during my shifts.					
3. Working with unskilled and incompetent colleagues, drains me both physically and psychologically.					
4. I overwork myself when team members feel reluctant to help under urgent circumstances					
5. Working under unfriendly supervisors frustrates me.					
6. Verbal abuse such as insults, from patients puts me down.					

7. I feel pressured by patients' demands.					
8. I feel unsafe at work due to possible harm, threats and harassment from patients.					
9. It is difficult to communicate with the mentally ill patients.					
10. It is difficult to obtain leave from my in-charge to attend to family emergencies.					
11. Working on holidays without incentives makes me feel over used.					
12. Inadequate logistics and protective equipment make my job frustrating					





### WEIMAN OCCUPATIONAL STRESS SCALE

**INSTRUCTION:** Please respond by ticking [] the appropriate respond to the statements below.

SECTION C: EFFECT OF STRESS					
Statement	Never	Seldom	Sometimes	Often	Nearly always
13. I experience mild to severe headache when I am stressed out					
14. I feel body pains and fatigue when I am stressed					
15. I find it difficult to sleep when I am stressed out.					
16. I easily get angry and over react when stressed.					
17. I become forgetful when I am stressed.					
18. I lose concentration when I am stressed.					
19. I neglect my patients' needs and ignore my duties when I am stressed out					
20. When I get up in the morning and have to face another nursing routine, I feel exhausted before I even get to work					
21. When I think of my overwhelming duties as a psychiatric nurse, I sometimes feel like finding excuses and absent myself from work for weeks.					
22. It gets to a point where I sometimes feel like quitting my job					

**WEIMAN OCCUPATIONAL STRESS SCALE**

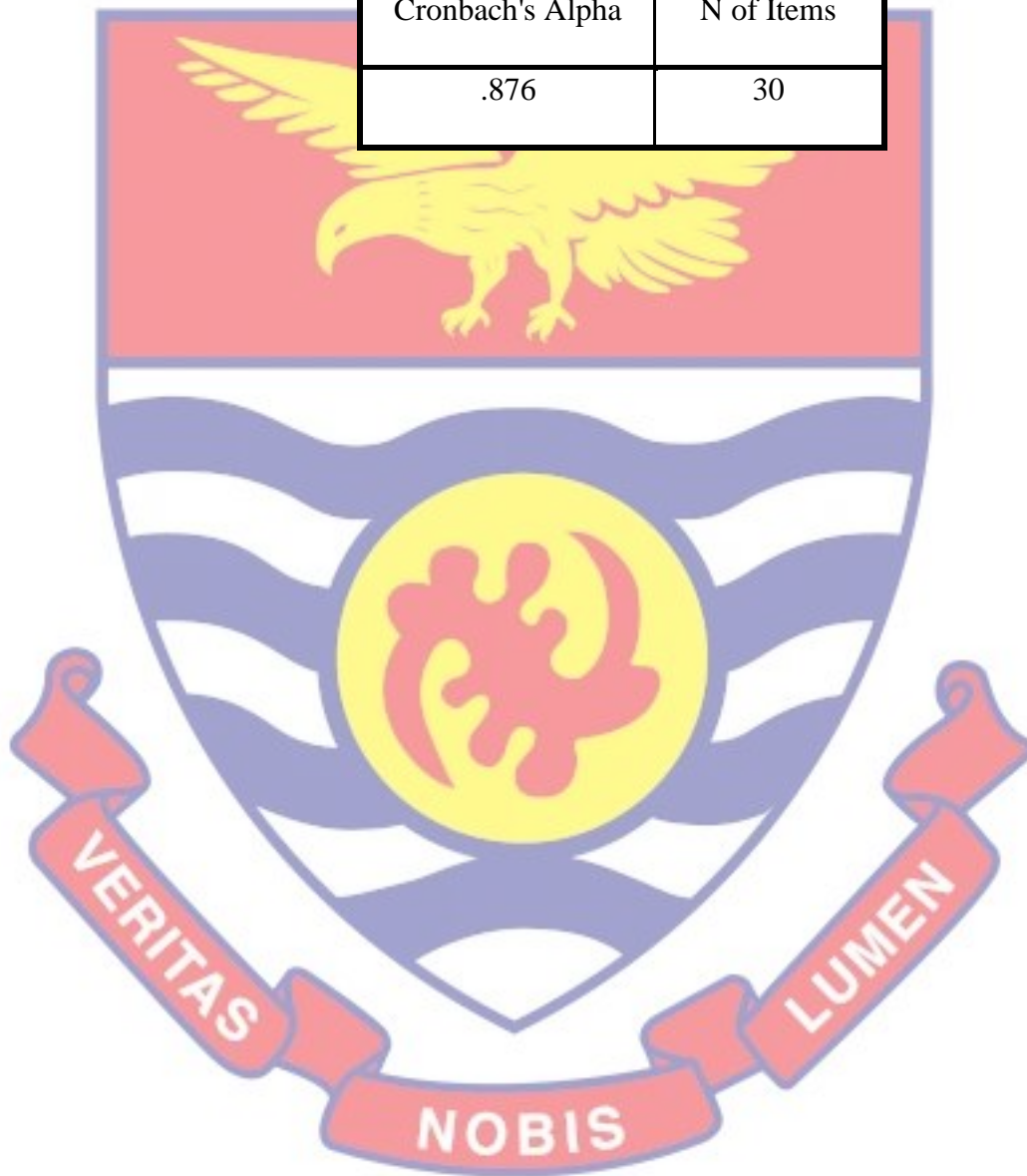
**INSTRUCTION:** Please respond by ticking [] the appropriate respond to the statements below.

<b>SECTION D: MANAGEMENT OF STRESS</b>					
<b>Statement</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Nearly always</b>
23. I take a short break when I feel tired.					
24. I delegate my duties to a colleague when I feel frustrated.					
25. I resort to physical exercise to reduce stress.					
26. I express my feelings instead of keeping them in.					
27. I take tranquilizers when I feel stressed.					
28. I resort to alcoholic beverages to reduce stress.					
29. I take few hours to sleep when I feel stressed.					
30. I employ relaxation techniques to reduce stress.					

**APPENDIX B**  
**RELIABILITY OUTPUT**

Reliability Statistics

Cronbach's Alpha	N of Items
.876	30





APPENDIX C

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST  
COLLEGE OF EDUCATION STUDIES  
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE  
CAPE COAST, GHANA



Our Ref: CES-ERB/ucc.edu/15/21-33  
Your Ref: .....

Date: 15th April, 2021

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

Chairman, CES-ERB  
Prof. J. A. Omotosho  
[jomotosho@ucc.edu.gh](mailto:jomotosho@ucc.edu.gh)  
0243784739

Vice-Chairman, CES-ERB  
Prof. K. Edjah  
[kedjah@ucc.edu.gh](mailto:kedjah@ucc.edu.gh)  
0244742357

Secretary, CES-ERB  
Prof. Linda Dzama Forde  
[lforde@ucc.edu.gh](mailto:lforde@ucc.edu.gh)  
0244786680

The bearer, Benedicta Baidoo, Reg. No. ES/GCP/19/0010,  
M.Phil. / ~~Ph.D.~~ student in the Department of Guidance and  
Counselling..... in the College of Education Stud  
University of Cape Coast, Cape Coast, Ghana. ~~He~~ / She wishes to  
undertake a research study on the topic:

Effects of stress on the job performance of  
psychiatric nurses at Ankarful Psychiatric  
Hospital, Cape Coast, Ghana.

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed ~~his~~/her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approve to commence ~~his~~/her study. The ERB would be grateful if you would give ~~him~~/her the necessary assistance to facilitate the conduct of the said research.

Thank you.  
Yours faithfully,

Prof. Linda Dzama Forde  
(Secretary, CES-ERB)

APPENDIX D

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST  
COLLEGE OF EDUCATION STUDIES  
FACULTY OF EDUCATIONAL FOUNDATIONS  
**DEPARTMENT OF GUIDANCE AND COUNSELLING**

Telephone: 0332091854  
Email: [dgc@scc.edu.gh](mailto:dgc@scc.edu.gh)

UNIVERSITY POST OFFICE  
CAPE COAST, GHANA



Our Ref: DGC/L.2/VOL.1/152  
Your Ref:

20<sup>th</sup> April, 2021

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Benedicta Baidoo a student pursuing an M.Phil. Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, she is to submit a Thesis on the topic: *"The Effects of Stress on the Job Performance of Psychiatric Nurses at Ankafu Psychiatric Hospital, Cape Coast, Ghana"*. We are by this letter affirming that, the information she will obtain from your Institution will be solely used for academic purposes.

We would be most grateful if you could provide her the necessary assistance.

Thank you.

A handwritten signature in blue ink, appearing to read 'Stephen Doh Fia'.

Dr. Stephen Doh Fia  
HEAD OF DEPARTMENT