

## Sources and Effects of Stress on Work Performance, and Coping Strategies among Nurses at University of Cape Coast Hospital, Cape Coast, Ghana

<sup>1</sup>Nyarko-Sampson, E. (PhD)

<sup>2</sup>Nyarko-Sampson, M. (MN, FWACN, FGCNM)

<sup>1</sup>Department of Guidance & Counselling, Faculty of Educational Foundations  
College of Education Studies, University of Cape Coast, Cape Coast, Ghana.

<sup>2</sup>Nursing & Midwifery Council, Ghana. Central Region Office, Cape Coast.

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**ABSTRACT:** *Stress is part of our everyday life and affects all aspects of our activities. In professions, where encountering hundreds of people is a routine could be very stressful. This is the nature of the nursing profession, with its attendant effects on the physical and psychological wellbeing of the nurse. This study set out to find the sources and effects of stress on work performance among nurses at the University of Cape Coast Hospital, and the coping strategies they adopt. Questionnaire was used to solicit data from the respondents. Using the multi-stage sampling technique, fifty nine nurses were sampled for the study. Three research questions and three hypotheses were formulated, and answered and tested respectively. Independent t-tests, Analysis of Variance, and means were used in analyzing the data collected. No statistically significant differences were found between the ages of nurses and the type of stress experienced, by gender with respect to how they coping strategies toward stress, and among the various ranks of nurses and the effect of stress on their performance. It was concluded that, nurses in the University of Cape Coast Hospital were aware of the sources of stress among nurses, aware of the effects of stress on their performance, and had devised their strategies for coping with stress. It was therefore recommended that management of the Directorate of University Health Services (UCC) organizes seminars, workshops, forum, among others on incidence of stress and stress management strategies for the nurses. This would help the nurses to be abreast with stress coping strategies thereby alleviating stress on them. It was also recommended that counsellors were brought on to put in techniques that would assist nurses who are going through stressful conditions, which are likely to affect their performance on the work.*

**KEYWORDS:** Sources and Effects, Stress, Work Performance, Coping, Strategies, Nurses University of Cape, Coast Hospital, Cape Coast, Ghana

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### INTRODUCTION

Nursing is a profession and encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (World Health Organization 2016). World Health Organization has viewed stress as a worldwide epidemic

because stress has been observed to be associated with 90% of visits to physicians (Akinboye, Adeyemon & Akinboye 2002). The nursing profession is known to be stressful throughout the world and has detrimental effects on the physical and psychological wellbeing of an individual, nursing is emotionally, physically and psychologically demanding (Nad, 2009). Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (American Nurses Association, 2016).

Nursing is generally perceived as a demanding profession. According to Shinde and Anjum (2014), along with the increased demand and progress in the nursing profession, stress has also increased. Response to stress can be physical, psychological, emotional or spiritual in nature, and is usually a combination of these dimensions. Stress can arise from one or more dimensions, and can be either internal or external (Potdar & Shinde, 2014). The nursing profession, as other health professions, is known for the over-work of its professionals. Actually, it has been proven that the work of health care is a permanent source of stress (Shirey, 2006), and that the stress level among health professionals is higher than that of other workers (Pulido-Martos, Augusto-Landa & Lopez-Zafra, 2012).

Stress is considered a normal occurrence in everyday life and nearly everyone experiences it at some time. According to Evans and Kelly (2004), stress has been ascertained as a twentieth century malady and viewed as a complicated and dynamic transaction between individuals and their environments. It promotes organizational incompetency, high staff turnover, sickness, absenteeism, decreased quality and quantity of care, increased costs of health care, and decreased job satisfaction (Riding & Wheeler, 1995).

Stress, according to Shinde and Mane (2014), is known to cause emotional exhaustion in nurses and lead to negative feelings toward those in their care. It could be categorized as Eustress: a moderate level of stress which is an important factor and considered normal and necessary; Distress: intense, continuous and repeated stress, which becomes a negative phenomenon, and can lead to physical illness and psychological disorders, and Chronic stress: which takes a toll when there are additional factors like home stress, conflict at work, inadequate staffing, inadequate training and poor supervision (Shinde and Mane, 2014). Stress could also be considered as being low level, moderate level, and high level.

In Africa, some of the reported sources of stress among (black) nurses are situational factors (work-environment), managerial styles, limited scope for vertical mobility (promotion), poor working conditions (shortage of staff, equipment and medicines, and inadequate interpersonal relationships between doctors or matrons and nursing staff) and poor salaries (Ngwezi, 2000). Other sources (among military nurses) are lack of support from supervisors, high responsibility, long working hours, and task overload (Van Wijk, 1997).

According to the International Labour Organisation (2013), almost 10% of work place accidents can be ascribed to stress hence the capacity to effectively manage stress can help support or preserve harmony of the organization. Le Blanc (2000) identified and categorized job-related stressors into four main sections. These were job content, which consisted work over or under load, complex work, monotonous work and work with too much responsibility. Also stressors related to job content were dangerous work and conflicting/ ambiguous demands. The second category of stressors was working conditions. The physical demands of work and again dangerous situations and lack of protective devices were deemed stressor to the category of work stressor. Toxic substances, poor conditions, work posture and lack of hygiene also were potential contributors to stress in the workplace. Employment conditions included shift work, low pay, poor career prospects job insecurity and flexible labour contract. Again, social relations at work accounted for the fourth category of job related stressors and were sub divided into poor leadership, low social support, low participation in decision-making and discrimination.

Awareness of stress and its effective management is paramount for work performance and increasing productivity in Ghana's economic development. Nurses are obliged to work on shift system where they work during the day and at night depending on one's shift. They are sometimes asked to stay and work longer hours when there are problems to be fixed. Their job requires hard work and can be extremely demanding.

In Ghana, several nationwide surveys have indicated that, about 58% of the workforce in organizations suffers from stress – related problems (The Weekly Mirror 2006). This indicates that stress can be detrimental to many organizations in Ghana of which nurses at the University of Cape Coast Hospital is no exception. Health care in Ghana is mostly provided by the government and largely administered by the Ministry of Health (MOH) and Ghana Health Service (GHS). The healthcare system consists of five (5) levels of providers: health posts which are first level primary care for rural areas, health centers and clinics, district hospitals, regional and tertiary hospitals. These programs are largely funded by the government of Ghana, financial credits, Internally Generated Fund (IGF), and Donors-pooled Health Fund. Hospitals and clinics run by the Christian Health Association of Ghana also provide healthcare (Ghana Health Service, 2013).

The University of Cape Coast Hospital is located on the campus of the university of cape coast. The hospital was built in 1962 to cater for the health needs of staff and student of the institution, currently the hospital provides both out-patient and in-patient services to the university community, up to some eight surrounding communities, and a couple of adjoining towns. The population of these communities and towns far outnumber that of the university community and thereby place a lot of demand on the entire health workers in the hospital, the nurses being no exception.

Many students and clients of the hospital complain of services rendered to them by the nurses, some also experience neglect from the nurses at the hospital. Some also complain of complications after visiting the hospital. Student and the university community usually complain about the poor service rendered to them by the nurses at the hospital year-in and year-out. Nurses also complain about their workload and the attitude of some patients towards them. This is a major concern because it leads to inefficiency on the part of the nurses which usually leads to low output on their part. This has created mistrust between nurses and the university community. Again, the literature leaves a gap as a number of studies (Acheampong, 2010; Akpeli, 2012; Ampofo-Agyare, 2014 & Napale, 2015) carried out on the University of Cape Coast health workers seem to have neglected the effects of stress on work performance of nurses, and what coping strategies they employ to withstand the stress. Whilst Acheampong (2010), studied on the knowledge of nurses on new trends in medical care as a factor of patients satisfaction, Akpeli (2012), investigated nurses knowledge on postpartum depression in the University of Cape Hospital. In 2014, Ampofo-Agyare assessed nurses' knowledge on the prevention of hospital acquired infections among nurses of the University of Cape Coast Hospital.

The need to explore the sources and effects of stress on work performance of nurses at the hospital, and what coping strategies they employ to withstand the stress, in order to prevent being affected by other conditions of psychological dimensions such as depression, increased accidents, burnouts, that this study becomes imperative.

### **Research Questions**

Three research questions were set for the study as follows:

1. What are the sources of stress among nurses at the University of Cape Coast Hospital?
2. What are the effects of stress on the work performance of nurses at the University of Cape Coast Hospital?
3. What coping strategies are adopted by the nurses in the University of Cape Coast Hospital in managing stress?

### **Hypotheses**

Three hypotheses were set and tested as follows:

H<sub>01</sub>: There is no statistically significant difference in stress coping strategies by gender.

H<sub>02</sub>: There is no statistically significant difference among the various ranks of nurses and the effect of stress on their performance at work.

H<sub>03</sub>: There is no statistically significant difference between the ages of nurses and the type of stress experienced.

## **METHODOLOGY**

### **Research Design**

The study adopted a descriptive research design. This was to describe the situation or phenomenon of the study as it exists naturally on the ground. The design is used in gathering information from a larger population, and to provide descriptive and inferential information on the variables of the study (Polit & Beck, 2008; Cohen, Manion & Morrison, 2007; Fraenkel & Wallen, 2006).

### **Population**

A total of sixty nine (69) nurses from five (5) ranks; Principal Nursing Officers (PNOs), Senior Nursing Officers (SNOs), Nursing Officers (NOs), Senior Enrolled Nurses (SENs), and Enrolled Nurses (ENs) formed the population for the study.

### **Sample and Sampling Procedures**

The sample for the study was fifty nine (59) nurses from the various ranks of the population. This was based on the Table for Determining Sample Size developed by Research Advisors (2006), using Krejcie and Morgan (1970)'s formula for calculating sample size. The table indicates that for a population of 75, and  $\rho = 0.05$ , a sample of 63 is recommended. However, since the population was 69, 59 was determined as the sample.

Purposive sampling was used to select the nurses, after which stratified sampling was used to group them by ranks (PNOs, SNOs, NOs, SENs, and ENs), and later by gender (male and female) within each rank. The proportionate sampling technique was used to determine the designated number from each rank, whilst simple random sampling technique was used to select the final sample.

### **Instrumentation**

Data was collected using questionnaire. The questionnaire was made up of 35 items divided into four sections: Section A was comprised five (5) items designed to elicit demographic information about the respondents, Section B had ten (10) items elicited information on sources of stress, Section C had ten (10) items and solicited information on effects of stress, whilst Section D elicited information on coping strategies for stress.

The questionnaire had a reliability coefficient of 0.87 using the test-retest method, whilst its validity was determined by its content. Respondents were given a day to complete questionnaires after which they were picked by the researchers.

## RESULTS AND DISCUSSION

### Analyses of Research Questions

#### Research Question One: What are the sources of stress among nurses at the University of Cape Coast Hospital?

Research Question 1 sought to find out the sources of stress among nurses at the University of Cape Coast Hospital. The data of responses on research question 1 was presented in Table 1.

Table 1 shows the sources of stress among nurses at the University of Cape Coast Hospital.

**Table 1: Ranked Order of Sources of Stress among Nurses at the University of Cape Coast Hospital**

Item No	Item Statement	M	Rank
1.	When I experience conflict with other nurses, I become stressed up.	3.20	1 <sup>st</sup>
2.	When I experience conflict with supervisors, I become stressed up.	2.97	2 <sup>nd</sup>
3.	When I experience conflict with patient/client, I become stressed up.	2.85	4 <sup>th</sup>
4.	When I am pressured to work for long hours	1.01	10 <sup>th</sup>
5.	My work load affects my performance at the hospital.	2.68	5 <sup>th</sup>
6.	My work is too much for me and that stresses me.	2.63	6 <sup>th</sup>
7.	Overcrowding at the hospital makes me experience stress	2.59	8 <sup>th</sup>
8.	Frequent death cases at the hospital makes me experience stress	2.61	7 <sup>th</sup>
9.	Inadequate and poor facilities at the hospital make me experience stress.	2.92	3 <sup>rd</sup>
10.	Different groups at work demand things from me that are hard to combine.	1.98	9 <sup>th</sup>

Source: Field survey, (2016)

Table 1 shows the responses of the nurses on what they consider as sources of stress, especially as it affects them. The findings show that what the nurses considered as the most prevalent source of stress was item 1 (*“When I experience conflict with other nurses, I become stressed up”*) with a mean score of 3.52, which was therefore ranked 1<sup>st</sup>. Items 2 and 9 (*“When I experience conflict with supervisors, I become stressed up”* and *“Inadequate and poor facilities at the hospital make me experience stress”* respectively) came 2<sup>nd</sup> and 3<sup>rd</sup> with mean scores of 2.97 and 2.92.



Items 5 and 6 (“*My workload affects my performance at the hospital*” and “*My work is too much for me and that stresses me*”) respectively ranked 5<sup>th</sup> and 6<sup>th</sup> positions in what was considered as sources of stress among the nurses with mean scores of 2.68 and 2.63.

The findings also indicated that the nurses ranked the following as least sources of stress: “*Overcrowding at the hospital makes me experience stress*” (2.59), “*Different groups at work demand things from me that are hard to combine*” (1.98), and interestingly “*When I am pressured to work for long hours*” (1.01). These items were ranked 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> respectively.

### **Research Question Two: What are the effects of stress on the performance of nurses at the University of Cape Coast Hospital?**

Research Question Two sought to find out the effect of stress on the performance of nurses at the University of Cape Coast Hospital. Table 2 presents the effect of stress on the performance of nurses at the University of Cape Coast Hospital.

**Table 2: Ranked Order of Effect of Stress on the Performance of Nurses at the University of Cape Coast Hospital**

Item No	Item Statement	M	Rank
1.	I feel restless after experiencing stress at the workplace	2.73	2 <sup>nd</sup>
2.	I eat too much when I am stressed up.	2.05	9 <sup>th</sup>
3.	I isolate myself from people when I am stressed up.	2.15	7 <sup>th</sup>
4.	I argue with patient/clients when I am stressed up.	2.27	6 <sup>th</sup>
5.	I can't concentrate at the work place when I am stressed up.	2.56	5 <sup>th</sup>
6.	I ignore my responsibilities at the workplace when I am stressed up at the work place.	2.15	8 <sup>th</sup>
7.	I have to neglect some tasks because I have too much to do.	1.99	10 <sup>th</sup>
8.	Relationships with my colleagues at work are strained.	2.59	3 <sup>rd</sup>
9.	My head aches anytime I experience stress.	2.78	1 <sup>st</sup>
10.	I find it difficult relating to other nurses	2.59	4 <sup>th</sup>

Source: Field survey, (2016)

Table 2 presents responses of effects of stress on the work performance of nurses. The most prevalent effect is item 9 (“*My head aches anytime I experience stress*”) which ranked 1<sup>st</sup> with a mean score of 2.78. This was followed by item 1 (“*I feel restless after experiencing stress at the workplace*”) with a mean score of 2.73. Items 8 and 10 that ranked 3<sup>rd</sup> and 4<sup>th</sup> respectively indicated effects of stress resulted in strained relationship among the nurses.

Interestingly, the nurses reported of suffering from one kind of eating disorder or the other when they felt stressed (Item 2: “*I eat too much when I am stressed up*”, with a mean score of 2.05 and ranked 9<sup>th</sup>). Also, the nurses ignored or neglected some tasks and responsibilities as effects of

stress; item 6 (“*I ignore my responsibilities at the workplace when I am stressed up*”) which had a mean score of 2.15, and ranked 8<sup>th</sup>, and item 7 (“*I have neglect some tasks because I have too much to do*”) ranked 10<sup>th</sup> with a mean score of 1.99.

### **Research Question Three: What are the coping strategies adopted by the nurses at the University of Cape Coast Hospital in managing their stress?**

Research Question three sought to find out the coping strategies adopted by the nurses at the University of Cape Coast Hospital in managing their stress. The analysis of the responses was then presented in a frequency and percentage table. The data of responses on research question 3 is presented in Table 3.

**Table 3: Ranked Order of Strategies Nurses Use in Coping with Stress**

Item No.	Item Statement	M	Rank
1.	I let other nurses know my option.	3.34	1 <sup>st</sup>
2.	Getting involved in non-nursing activities hobbies, etc help me cope with my stress level.	3.34	1 <sup>st</sup>
3.	I try to be more tolerant and adhering	3.07	4 <sup>th</sup>
4.	Going out to have drink/beer/food helps me cope with stress.	2.15	7 <sup>th</sup>
5.	Expressing my anger or irritating on other colleagues helps in reducing my stress level.	1.88	8 <sup>th</sup>
6.	I take time of my unscheduled days off.	2.41	6 <sup>th</sup>
7.	I take drugs that help me to cope with the demands that cause stress	1.58	10 <sup>th</sup>
8.	Discussing issues over with nurses reduces my stress level.	3.12	3 <sup>rd</sup>
9.	I see the humor side of situations at the hospital.	2.92	5 <sup>th</sup>
10.	Because of stress, I sometimes think I must quit work.	1.76	9 <sup>th</sup>

Source: Field survey, (2016)

Table 3 shows nurses’ responses on what strategies they adopt in coping with stress. The first two items; (“*I let other nurses know my option*”) and (“*Getting involved in non-nursing activities, hobbies, etc helps me cope with stress level*”) tied at the 1<sup>st</sup> position with a mean of 3.34. The nurses further ranked item 8 (“*Discussing issues over with nurses reduces my stress level*”) with a mean score of 3.12, and item 3 (“*I try to be more tolerant and adhering*”) with a mean score of 3.07, 3<sup>rd</sup> and 4<sup>th</sup> respectively.

The results also indicated that the nurses ranked low on turning to substance abuse or medication as a strategy for coping with stress. For example, item 4 (“*Going out to have drink/beer/food helps me cope with stress*”) ranked 7<sup>th</sup> with a mean score of 2.15, and item 7 (“*I take drugs that help me cope with the demands that cause stress*”) ranked 10<sup>th</sup> with a mean score of 1.58. Also



Item 8 (“*Expressing my anger or irritation on other colleagues helps in reducing my stress level*”) with a mean score of 1.88 was ranked 8<sup>th</sup>.

The nurses indicated moving away from the place of work (hospital) as a way of coping with stress, with their responses to items 6 and 10. Item 6 (“*I take time of my unscheduled days off*”) with a mean score of 2.41, and item 10 (“*Because of stress, I sometimes think I must quit work*”) had a mean score of 1.76 ranking 8<sup>th</sup> and 9<sup>th</sup> respectively.

## Analyses of Hypotheses

### Hypothesis One:

*H<sub>01</sub>: There is no statistically significant difference in stress coping strategies by gender.*

Research hypothesis one sought to find out statistically significant difference that exists between male and female nurses with respect to strategies they use to cope with stress. The results is presented in Table 4.

**Table 4: Independent t-test of gender difference with respect to how they cope towards stress**

Item	Male		Female		t-value	p-value	Remarks
	Mean	SD	Mean	SD			
Coping	25.1905	5.42788	23.3158	4.69678	1.388	.170	Not significant

**df=57, p>0.05**

The results from Table 4 show that there is no statistically significant difference between the means of male and female respondents with respect to how they cope strategies towards stress. Since  $p > .05$ , therefore, we fail to reject the null hypothesis. The table clearly indicate that for males ( $M = 25.1905$ ,  $SD = 5.42788$ ) which is not so markedly different from that of females ( $M = 23.3158$ ,  $SD = 4.69678$ ),  $t(57) = 1.388$ ,  $p = .170$ , ( two tailed).

### Hypothesis Two:

*H<sub>02</sub>: There is no statistically significant difference among the various ranks of nurses and the effect of stress on their performance at work.*

Research hypothesis two sought to find out the significant difference among the various ranks of nurses and the effect of stress on their performance in the hospital. It was therefore to determine whether marked statistical difference(s) exist(s) between the ranks of nurses used in the study,

and which of the five ranks has/have their work performance affected by stress. Table 5 presents the results.

**Table 5: ANOVA Table showing Effects of Stress on Various Ranks of Nurses**

Group	Sum Squares	of df	Mean Square	F	Sig.
Between Groups	147.865	5	29.573	1.570	.185
Within Groups	998.236	53	18.835		
<b>Total</b>	<b>1146.102</b>	<b>58</b>			

From the one-way ANOVA,  $F(5, 53) = 1.570$ , Sig. value = .185, p. value = 0.05. From Table 5, the Sig. value of .185 is greater than the p. value of 0.05 therefore, there is no significant differences among the various ranks of nurses and the effect of stress on their performance. None of the nurses in the five ranks is/are affected by stress in the performance of their duties at the hospital.

### Hypothesis Three

*H<sub>03</sub>: There is no statistically significant difference between the ages of nurses and the type of stress experienced.*

Research hypothesis three sought to find out the significant difference between the ages of nurses and the type of stress experienced. This was to indicate whether the nurses experienced low level, moderate level or high level stress.

**Table 6: ANOVA on Significant Difference between the Ages of Nurses and the Type of Stress Experienced**

Group	Sum Squares	of df	Mean Square	F	Sig.
Between Groups	56.091	3	18.697	1.087	.363
Within Groups	946.451	55	17,208		
<b>Total</b>	<b>1002.542</b>	<b>58</b>			

From the one-way ANOVA,  $F(3, 55) = 1.087$ , Sig. value = .363, p. value = 0.05. From Table 3, the Sig. value of .363 is greater than the p. value of 0.05 therefore, there is no significant differences between the ages of nurses and the type of stress experienced.

## DISCUSSION

The study was designed to examine the sources and effects of stress on the work performance of nurses at the University of Cape Coast Hospital, and the coping strategies they adopt to manage the stress. In research question one, which sought to find out the sources of stress among nurses at the University of Cape Coast Hospital, most respondents indicated that when they experience conflict with their colleagues they feel stressed. Another prevalent source of stress is when nurses experience conflict with supervisors. This finding is consistent with Grout, Steffan and Bailey (1981) who asserted that nurses have uncovered a number of stressors specific in this profession. In the course of their careers, nurses experience confrontation with severe or emergence illness, patient death and conflict with physicians.

Mention should also be made of the fact that the finding that nurses' work load affects their performance at the hospital and their work is too much and make them experience stress is consistent with findings by Gulavani and Shinde (2014), Abaa, Atindanbila, Mwini-Nyaledzigbor and Abepuoring (2013), and Sveinsdottir (2006). Quick and Quick, (1997) opined that role overload occurs when too many behaviors are expected it becomes too complicated or difficult for the individual to execute. Quick, Quick, Nelson, and Hurrell (1997) also indicated that role overload can be distinguished from work overload in that workload is based on actual tasks, whereas role overload is based in the behaviors that are expected of the individual. This means that the nature as well as the amount of work on nurse poses stress to them when executing their duties.

In an answer to the effect of stress on the work performance of nurses at the University of Cape Coast Hospital (Research question 2), the nurses expressed headaches, and feeling of restlessness. Thus, most of the nurses have health-related issues as a result of stress. These are consistent with Schwab (1996), who found that negative outcomes of stress include illness, and Kane (2009) who opined that Distress can lead to physical illness and psychological disorders. The ignoring of responsibility and neglecting of tasks, as indicated by the nurses, as effects of stress may likely have some dire consequences on patients in the hospital. According to Shinde and Mane (2014), stress is known to cause emotional exhaustion in nurses and lead to negative feelings towards those in their care. Again, Mohanty (2006) indicated that nurses who are not satisfied at work (one of the reasons which can be attributed to stress) were found to distance themselves from their patients and their nursing chores.

Response to research question three; coping strategies adopted by the nurses at the University of Cape Coast Hospital in managing their stress, revealed that self-expression, discussion of issues and other hobbies were mostly used. Others as well saw "humour on the other side of things" and

therefore took some of the happenings on the “lighter” side. This finding is supported by Hearly and McKay (2000) who asserted that in coping with stress, nurses sometimes let others know their opinions and also resort to humorous documentaries. This allows nurses to have fresh memory for any duties they would execute. By implication, nurses who are able to cope with stressful situations are able to live up to task.

In the analyses of hypotheses, no statistically significant difference was found between male and female nurses in strategies by which they cope with stress (Hypothesis 1). This finding is consistent with finding by Martocchio and O’ Leary (1989). Martocchio and O’ Leary (1989) examined gender differences in occupational stress coping strategies and found no differences in experienced and perceived stress. Emslie, Hunt, and Macintyre (1999) propose that when men and women in the same profession are compared, gender accounts for little of the variance in stressing comparison to working conditions. This therefore, means that there are no gender differences in terms of coping strategies of stress.

Again, no statistically significant difference was found to exist among the various ranks of nurses and the effect of stress on their work performance. This means all ranks of nurses; PNOs, SNOs, NOs, SENs and ENs experience same or similar effect of stress in the performance of their work at the hospital. This finding is at variance with Charnley (1999) who opined that low levels of confidence in clinical skills contribute to stress in the newly registered nurse and revealed four main contributory factors. These include work and lack of qualified support, all of which were significant to the newly qualified nurse. Perhaps due to the fact that nurses in all of the ranks have their specific duties, the type of stress experienced by rank could be related to the rank, and thus have no marked difference among them.

The test of hypothesis three showed that there is no statistically significant difference between the ages of nurses and the type of stress experienced. This means that in this study, the ages of nurses did not show on the type of stress experienced. However, Milutinovic, Golubovic, Brkic and Prokes (2012), found demographic determinants including age, to significantly affect the perception of stress at work by nurses in a psychiatric hospital.

## **CONCLUSION**

From the results of the study it can be concluded that nurses in the University of Cape Coast Hospital very well know the sources of stress. Conflict with others, conflict with supervisors and inadequate and poor facilities at the hospital were found to be the three prevalent sources of stress. Effects of stress on the nurses were prevalently health-related whilst ignoring responsibilities and neglecting tasks. Stress, thus, affected their work. Strategies of coping with stress, however, were not found to be different among nurses at the hospital.

## RECOMMENDATIONS

From the findings and conclusions of the study, the following recommendations are made:

1. Management of University of Cape Coast Hospital organizes seminars, workshops, fora for nurses that are targeted at specific sources of stress like conflict management, work load and others. This would aid staff of the University of the University of Cape Coast Hospital to plan measures to reduce stress among nurses.
2. Stress reduction programmes that target some of the prevalent stressors could be organized for the supervisors in order to equip them to assist the nurses.
3. Nurses should be equipped with stress coping skills, and introduced to other non-nursing related activities.
4. Improving safe and secure environment at the hospital by providing adequate and good facilities.

## IMPLICATIONS FOR COUNSELLING

1. From the findings of the study it implies that being male or female does not really matter so far as stress is concerned. Counsellors are therefore to put in techniques that treat both sexes with equal attention in stress management.
2. It was again deduced from the study that nurses of different age groups assume the same of stress or their stress types do not differ significantly. Counsellors should intensify their efforts at giving psycho-education to nurses on stress related issues.
3. Counselling and training of supervisors in the field of administration as well as planning measures to improving interpersonal relationship among nurses in the hospital.
4. Education of nurses for stress management and skilled training for conflict resolution and assertiveness will help to reduce stress among workers.
5. Stress management programmes can be included in the curriculum of nursing training so that nurses who come out could manage their own stress in the future.
6. Training in proper time management skills is important to enhance planning of work to avoid work-overload.

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