

Perceived influence of work- related stress on caring behaviour and quality of life of nurses in UNIOSUN teaching hospital, Osogbo Osun state

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Abstract

Background: Nurses are the bedrock of the healthcare system and take on responsibilities within their jurisdiction and beyond their job description, which contributes to high level of stress among them.

Objective: This study was carried out to assess the influence of workplace-related stress on caring behaviour and quality of life of nurses in UNIOSUN Teaching Hospital, Osogbo, Osun State.

Materials and Methods: A descriptive cross-sectional research design with convenience sampling technique was used. Two hundred and six participants were used for the study. Data were collected using adapted questionnaire from previous study and WHO-BREF. Data were analyzed using descriptive statistics of frequency and percentage. Pearson correlation coefficient was used to established relationship between workplace-related stress, caring behavior and quality of life among nurses.

Results: Findings from the study showed high level 108(52.4%) of stress from workplace due to excessive workload 96(46.6%), stress from dying or dead patients 97(47.1%) and uncertainty concerning patients' treatment 132(64.1%). Positive caring behavior 134(65.1%) and low quality of life 79(38.5%) were observed. A strong positive correlation exist between prevalence of workplace related stress ($r=0.092$; $P\text{-value}=0.018$) and caring behavior of nurses, also between prevalence of workplace-related stress and quality of life of nurses ($r=0.037$; $P\text{-value}=0.059$).

Conclusion: Nurses, despite their level of stress can still care for their patients effectively even if their quality of life is affected, however, it is recommended that nurses' workforce should be increased so as to reduce the workload of nurses and improve nurses' quality of life.

Influence perçue du stress lié au travail sur le comportement de soins et la qualité de vie des infirmières de l'hôpital université UNIOSUN, dans l'État d'Osun, Osogbo

Résumé

Contexte de l'étude : Les infirmières sont le fondement du système de soins de santé et assument des responsabilités au sein de leur compétence et au-delà de leur description de travail, ce qui contribue à un niveau de stress élevé parmi elles.

Objectif de l'étude: Cette étude a été réalisée pour évaluer l'influence du stress lié au travail sur le comportement de bienveillance et la qualité de vie des infirmières de l'hôpital universitaire UNIOSUN, dans l'État d'Osun. Osogbo.

Matériels et méthodes de l'étude: Une enquête de conception de recherche transversale descriptive avec une technique d'échantillonnage de commodité a été utilisée. Deux cent six participants ont été utilisés pour l'étude. Les données ont été collectées à l'aide d'un questionnaire adapté d'une étude précédente et du WHO-BREF. Les données ont été analysées à l'aide de statistiques descriptives de fréquence et de pourcentage. Le coefficient de corrélation de Pearson a été utilisé pour établir une relation entre le stress lié au travail, le comportement bienveillant et la qualité de vie des infirmières.

Résultat de l'étude : Les résultats de l'étude ont montré un niveau élevé de stress sur le lieu de travail dû à une charge de travail excessive 96 (46,6 %), au stress dû aux patients mourants ou décédés 97 (47,1 %) et à l'incertitude concernant le traitement des patients 132 (64,1 %). Un comportement de bienveillance positif 134 (65,1 %) et une faible qualité de vie 79 (38,5 %) ont été observés. Il existe une forte corrélation positive entre la prévalence du stress lié au travail ($r = 0,092$; valeur $P = 0,018$) et le comportement bienveillant des infirmières, ainsi qu'entre la prévalence du stress lié au travail et la qualité de vie des infirmières ($r = 0,037$; valeur $P = 0,059$).

Conclusion : Les infirmières, malgré leur niveau de stress, peuvent toujours soigner efficacement leurs patients même si leur qualité de vie est affectée. Cependant, il est recommandé d'augmenter les effectifs infirmiers afin de réduire la charge de travail des infirmières et d'améliorer la qualité de leur travail. vie.

Mots-clés : Comportement bienveillant, influence perçue, stress lié au travail, qualité de vie, infirmières

INTRODUCTION

Nurses constitute a large proportion of the global health workforce and on daily basis many nurses are placed in front-line position to give adequate health care to the patients and also act as a care line for information, encouragement and education to patients as well as their relatives or significant others (1). Stress is considered a global epidemic of the 21st century that affects virtually all professions and work-related stress depends largely on the nature of the profession of which nursing is not an exemption (2, 3). Nurses are the bedrock of the health care system and as such they take on responsibilities within their jurisdiction and beyond their job description, which contributes to high level of stress among them (4). In other words, nurses are faced with various work related stress in the process of discharging their roles and responsibilities in healthcare system which sometimes include interpersonal conflicts with other healthcare professionals, workload demands, conflicts with doctors, role conflicts, dealing with death and dying, dealing with difficult patients and relatives, lack of resources, lack of support from co-workers and supervisors, patient aggressiveness or violence, increasing patient population, and challenging patients (5,6,7).

The nature of nursing work, according to Chien and Yick (8), can be stressful due to the fact that nurses frequently have little autonomy and control over their work, they are transferred between various patient care units, experience poor communication among members of the same profession or healthcare team, and sometimes deal with uncooperative patient family members.. These workplace pressures contribute to nurses' perceptions and feelings of being overworked and stressed out, which invariably have an impact on their compassionate behaviour and quality of life (8). Furthermore, Layali et al. (9) observed that stress at work among nurses may impact both their quality of life and the standard of care they provide for patients. Given that nurses work with people's lives, their quality of life is crucial since it influences how well they can perform their duties.

According to Jacobs and Louren (10), because nurses frequently interact with patients, a variety of factors, such as their place of employment, the variety of hospitalized cases, a staffing shortage, the need for overtime hours, and the ward manager's attitude, can cause them a great deal of stress. As such, nurses may experience job dissatisfaction, coworker conflict,

health issues, reduced creativity, decreased professional satisfaction, reduced ability to make correct and timely decisions, feelings of inadequacy and depression (11). Furthermore, it has also been observed that, work-related stress negatively affects nurses' health related quality of life and patient outcomes has not been left out, as emphasis has been made on the need to carry out research on this area (11-13). Therefore, since nurses, as members of the healthcare system, make every effort to improve their quality of care and patients' quality of life, it is crucial to address the impact of work-related stress on caring behaviour and quality of life of nurses (14). Hence, this study aims at determining the perceived influence of work-related stress on caring behaviour and quality of life among nurses in UNIOSUN Teaching Hospital, Osogbo Osun State. The guiding objectives of the study are to (a) determine the prevalence of work-related stress among nurses (b) explain the influence of work-related stress on caring behaviour of nurses (c) assess the influence of work-related stress on quality of life of nurses.

MATERIALS AND METHODS

Study Location

This study was carried out in Uniosun Teaching Hospital, formerly known as Ladoke Akintola University Teaching Hospital, Osogbo (LAUTECH). It is a state owned medical teaching hospital located in Osogbo, Osun State, Nigeria to provide tertiary health care and support undergraduate medical students majorly from Osun State University and other private medical tertiary institutions in the state. The hospital is located in Osogbo in Olorunda Local Government of Osun State. Osogbo is the capital city of Osun State and serves as referral center for neighboring medical facilities

Study Design

This is a descriptive cross-sectional research design conducted at UNIOSUN Teaching Hospital, Osogbo, Osun State, Nigeria.

Study Population

The study was conducted among nurses of all cadres working in different departments at UNIOSUN Teaching Hospital, Osogbo, Osun State, Nigeria. The departments include; medical wards, surgical wards, pediatric wards, labour ward, postnatal ward, mental health ward, theatre, accident and emergency unit etc.

Inclusion and exclusion criteria: Nurses who were available as at the time of data collection

and were willing to participate in study.

Exclusion criteria: Nurses that did not consent to partake in the study and not available during the period of data collection.

Sample size determination: Sample size was determined using Leslie Kish formula. Total of nurses in UNIOSUN Teaching Hospital is 352.

$$n = N / (1 + N(e)^2)$$

Where, n= no of samples; N= Total population size (352); e= Margin of error (0.05)

$$n = N / (1 + N(e)^2)$$

$$n = 352 / (1 + 352 \times 0.05^2)$$

$$n = 352 / (1 + 352 \times 0.0025)$$

$$n = 352 / (1 + 0.88)$$

$$n = 352 / 1.88$$

n= 187.23, adding 10% non-response rate, the sample size calculated was 206.

Sampling Technique: Convenience sampling technique was used for sample selection as nurses who were on annual leave, maternity leave and sick leave were excluded from the study. More so, proportionate sampling was used to selected appropriate number of nurses from each department based on the population of nurses in each unit/ward. This is to ensure that all the departments in the hospital where nurses are were duly represented in the study.

Study instruments

Adapted instruments from previous studies (15,16, 17) were used for the study. Reliability of the instrument was done by administering the instrument to 10% of the total sample size in another setting different from research settings but with similar characteristic. Cronbach alpha coefficient was used to analyze the data collected and measure the internal consistency of the instrument which was found to be 0.84, 0.76, 0.82 and 0.89 for sections A-D respectively. The overall reliability scale for all the variables was 0.845 signifying adequate internal consistency

The final version of the instrument includes four (4) sections viz; Section A consist of socio-demographic characteristics of the respondents with 9 items; section B consists of information on prevalence of work related stress with 15 items, section C consist of 12 items on influence of work related stress on their caring behavior of nurses while section D consist of 10 items on influence of work related stress on the quality of life of nurses.

The questionnaire was subdivided into 3 parts entailing possible sources of stress among nurses which were labeled as: "stress from workload" (5 items), "stress from dying or dead

patients" (5 items) and "stress from uncertainty concerning treatment" (5 items). Each item was scored according to how stressful they were using a five- point Likert scale (0 =not stressful, 1=slightly stressful, 2=moderately stressful, 3=very stressful, 4=extremely stressful). Higher scores indicate higher level of stress and lower scores indicate low level of stress. The level of stress was regarded as 'low' if the respondent scores between 1-20, 'moderate' if respondent scores between 21- 40 and 'high' if the respondent scores between 41-60..

The respondents were asked to indicate their agreement to statements concerning aspect of care that constitute stress in their daily nursing responsibilities. The responses was scored on a five- point Likert scale (0=strongly disagree, 1=disagree, 2=neither agree nor disagree, 3=agree, 4=strongly agree). Higher scores indicate negative caring behaviour and lower score indicate positive caring behaviour. The caring behaviour was regarded as 'positive' if the respondent scores between 1-24 and 'negative' if the respondent scores between 25 and 48.

Quality of life was also scored by using a five-point Likert scale (0=not at all, 1=a little, 2=a moderate amount, 3=very much, 4=extremely). Higher score indicate high quality of life and lower score indicate low quality of life. The quality of life was regarded as 'high' if the respondent scores between 21- 40 and 'low' if the respondent scores between 1 and 20.

Statistical analysis

Data collected were analysed using Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics of frequency and percentage were used to summarize the data and presented in tables and charts. Inferential statistics of Pearson correlation coefficient was used to established relationship between workplace stress, caring behavior and quality of life among nurses.

Ethical consideration: The study was carried out after obtaining approval from the Research and Ethics Committee of UNIOSUN Teaching Hospital on 19th December, 2022 with reference number UTH/REC/2022/12/716. Informed consent was obtained from the respondents and principle of confidentiality and anonymity was maintained throughout the study.

RESULTS

Table 1 shows the socio-demographic characteristic of the respondents. The result

revealed that 130(61.9%) of the respondent were female, aged 31-40 years 90(42.9%) and married 166(79.0%). About 146(69.5%) had BSc qualification and majority were permanent staff 149(71.0%) with 6-10 years of experience 123(58.6%). About 52(24.8%) were senior nursing officer with intensive care unit 53(25.2%) as area of specialty and almost one-third 51(24.3%) were currently practicing in male surgical ward.

Figure 1 reveals high level of stress 96(46.6%) which was due to stress from workload, dying or dead patients 97(47.1%) and uncertainty concerning patients' treatments 132(64.1%). Overall prevalence of work-related stress among nurses revealed that 108(52.4%) had high level of stress, 52(25.2%) had moderate level while 46(22.3%) had low level of stress as presented in Figure 2.

Table 2 shows influence of work-related stress on caring behaviour of nurses. The result revealed that 61(29.0%) of the respondents agreed that work-related stress influenced their caring behaviour in assisting a patient with an activity of daily living, 97(46.2%) disagreed with making a nursing record about a patient and getting to know the patient as a person, 75(35.7%) agreed with explaining a clinical procedure, 88 (41.9%) disagreed with consulting with the doctor about a patient and measuring the vital signs of a patient, 69(32.9%) disagreed with being technically competent with a clinical procedure, 109(51.9%) agreed with providing privacy for a patient care in nursing, 90(42.9%) disagreed with observing the effects of a medication on a patient, 93(44.3%) disagreed with being honest with a patient while 67(31.9%) disagreed on keeping relatives informed about a patient.

Generally, Figure 3 shows that 134(65.1%) indicated that work-related stress had no influence on their caring behaviour which indicated positive caring behaviour despite the high level of work-related stress while 72(34.9%) had negative caring behaviour.

Table 3 shows the Influence of work-related stress on quality of life, it was revealed that 55(26.2%) get moderate support from others while caring for their patient, 94(44.8%) did not need medical treatment to function in their daily nursing care, 80(38.1%) had moderate information needed for day to day nursing care, 68(32.4%) did not have the opportunity for leisure activity while on duty, 80(38.1%) feel safe in their work environment especially with aggressive patients or relatives at moderate level

and are satisfied with their health in the course of caring for their patients 93(44.3%). More so, 81(38.6%) are moderately satisfied with sleep after their duty assignment and 69(30.0%) were able to perform their daily activities after work, 82(39.0%) were moderately satisfied with their relationship with colleagues and co workers and nursing job 128(61.9%).

Generally, Figure 4 reveals that 79(38.4%) had low quality of life, 68(33.0%) had moderate quality of life while 59(28.6%) had high quality of life.

Table 4 reveals a strong positive correlation between workplace-stress and caring behaviour of nurses ($r = 0.092$; $N = 206$; $P\text{-value} = 0.018$) at 0.05 level of significance.

Table 5 shows a weak positive correlation between workplace-stress and quality of life of nurses ($r = 0.037$; $P\text{-value} = 0.059$) at 0.05 level of significance

DISCUSSION

The findings from the study showed that slightly above half 108 (52.4%) of the respondents in the study setting had high level of workplace-related stress which was associated with increased workload, stress from dying or dead patients and uncertainty of patients' treatment. In contrast to the findings from the study, Baye *et al.* (22) observed 66.2% prevalence of workplace-related stress, however, Gbebeye and Zeleekee (23) reported workplace-related stress of 48.6% among nurses. This finding is also slightly different from the result obtained by Omobolaji and Akinade (18) who reported that 46.9% of their respondents had high level of work-related stress. This might be attributed to the fact that the core nursing role which involves promotion of health, prevention of illness, and care of ill, disabled and dying people and as such the likelihood of being stressed up and experiencing burnout is sure. More so, the current issues of searching for greener pastures has led to shortage of manpower and excessive workload on clinical nurses.

In addition to this, Hosseinabadi *et al.* (19) also reported that workplace-related stress among nurses is a global problem and 9.2% to 68% of nurses were faced with it. Most often Nurses carry out their daily activities in a harsh environment, and this contributes to the overall work-place-related stress being experienced by nurses (20) Nonetheless, due to the physical risks, long hours, inadequate staffing, and interpersonal relationships that are essential to nurses' work, the role of nurses has long been seen as stressful

(21).

Furthermore, to buttress the findings from this study, Masa'Deh *et al.*(24) also found out that nurses experience workplace stress as a result of inadequate experience, low social status, shortage of nurses, and poor performance of nursing activities, poor relationship with colleagues and extremely poor condition of patients. In other words, the challenges that nurses face regarding their source of stressors are aggravated by the fact that they have many competing demands for their time, energy, and attention. As such they must pay attention to their patients' health, their patients' families' needs, the requirements of their doctors and supervisors, their own needs, and those of their own family members (1). Many aspects of nurses' personal and professional lives are inevitably impacted by these rising expectations, which also raise the likelihood that they may experience chronic stress, work-family conflict, and unhealthy behaviors. Along with the lengthy working hours and irregular work schedules, all of these factors lead to nurses feeling overworked (1).

Iraj (25) also concluded that the complicated nature of patients' conditions, advanced technology, moral quandaries pertaining to patient care in cases of death and end-of-life issues, challenging nursing roles and responsibilities, and modifications to health care delivery systems were all major sources of stress for nurses. Additionally, other factors associated with stress as reported in this study were work overload, financial constraints, 24 hours responsibility, duty, contingency, incurable patients. However, nurses who are more exposed to stress at the workplace showed poorer physical and mental component of quality of life. Likewise, positive emotions at work are associated with better health, a higher degree of job satisfaction, responsible behaviour at work, higher work performance and quality of work and greater resistance to stress and burnout(26).

Findings from the study further revealed that work-related stress had no influence on the caring behaviour of nurses in the study area which indicated positive caring behaviour despite the high level of work-related stress. Contrary to the findings from this study, Babapour *et al.* (6) stated that stress impact changes in the individual's psychological and physiological status and their normal performance. Also, Adib-Hajbghery *et al.* (27) reported that work related stress negatively influences nursing care, disrupts the family and personal life of the nurse which eventually

creates or exacerbates job dissatisfaction among nurses and make them exhausted. Most often, nurses found themselves in situation of constant alarm of which serious and unpredictable changes in patients' condition were among the most stressful experience nurses faced. This constitutes excessive workload and uneventful workplace occurrences that contribute to the intensity of workplace-related stress (6,27).

Furthermore, as reported by Tsegaw (28), work-related stress had negative impacts on individuals and contributes to. job dissatisfaction, lower motivation, insomnia, psychological distress, depression, anxiousness, aggressiveness, loss of self-confidence, loss of concentration which contribute to prevalence of chronic disease. In other words, work related stress may be regarded as a predictor for the adoption of caring behaviors as high levels of stress may contribute to suboptimal care, increased rates of safety breaches, and higher frequency in treatment errors in everyday clinical practice (13). To compensate for high level of stress experienced in clinical setting, Babapour *et al.*(6) revealed that nurses have given significant attention to such caring behaviors such as writing reports, wearing clean and tidy uniforms, monitoring vital signs, and reporting the patient's condition to the superior nurse, which is technical-professional.

Additionally, findings from the study showed that nurses demonstrated low quality of life as the work-related stress affect their quality of life. Contrary to the findings of this study, Babapour *et al.*(6) found that healthcare workers exhibit the highest levels of physical functioning, absence of physical pain, limitations caused by physical health problems and limitations caused by emotional problems, as well as general health. However, the median values of mental health and vitality show a lower level of health quality of life among nurses. Furthermore, it was discovered that a heavy workload, long hours, a lack of support, and not getting enough sleep before a shift can physically harm nurses, lower their quality of life, and increase stress and tension at work. More so, work-related stress has been linked to low self-esteem, depression, anxiety, and feelings of inadequacy, which are significant risk factors for mild psychiatric illness and good indicator of changes in nurses' overall quality of life(6).

CONCLUSION

This study concluded that nurses experienced high level of stress from workplace

due to excessive workload, stress from dying or dead patients as well as uncertainty concerning patients' treatment. Participants also reported positive caring behaviour despite the high level of stress experienced at workplace but had low quality of life.

Strength and Limitation of the study: This study showed that nurses are overwhelmed with work-related stress which consequently affect their quality of life. The researchers had little constraints in getting information from the respondents which was resolved with time.

Recommendation: Based on the findings from the study, it is recommended that the management of healthcare facility where the study was carried out should look into aspects of nursing care that contribute to workplace-related stress and proffer appropriate solution that will improve the quality of life of nurses for effective and quality nursing care.

List of Abbreviations

WHOQoL-BREF: World Health Organization Quality of Life Brief Version
 LAUTECH: Ladoke Akintola University of Technology
 SPSS: Statistical Package for Social Science
 UTH: Uniosun Teaching Hospital
 REC: Research and Ethic Committee
 BSc: Bachelor of Science
 SD: Strongly Disagree
 SA: Strongly Agree
 A: Agree
 D: Disagree
 N: Neutral

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Table 1: Socio-demographic characteristics of the respondents (N = 206)

Variables	Frequency (n=206)	Percentage (%)
Gender		
Male	76	36.2
Female	130	61.9
Total	206	98.1
Age		
19-25 years	40	19.0
26-30 years	20	9.5
31-40 years	90	42.9
41-50 years	50	23.8
51-60 years	6	2.9
Total	206	98.1
Marital status		
Single	40	19.0
Married	166	79.0
Total	206	98.1
Qualification		
Diploma	47	22.4
B.sc	146	69.5
M.sc	7	3.3
PhD	6	2.9
Total	206	98.1
Nature of job		
Temporary/part-time	57	27.1
Permanent	149	71.0
Total	206	98.1
Years of experience		
1-5 years	20	9.5
6-10 years	123	58.6
11-15 years	33	15.7
16-20 years	16	7.6
> 20 years	14	6.7
Total	206	98.1
Cadre		
NO1	13	6.2
NO11	36	17.1
SNO	52	24.8
PNO	33	15.7
CNO	48	22.9
ADNS	24	11.4
Total	206	98.1
Area of specialty		
MCH	46	21.9
ENT	39	18.6
RENAL	24	11.4
ICU	53	25.2
ORTHOPEDICS	44	21.0
Total	206	98.1
Current area of practice		
FMW	22	10.5
MMW	35	16.7
FSW	27	12.9
MSW	51	24.3
PMW	6	2.9
PSW	11	5.2
LW	54	25.7
Total	206	98.1

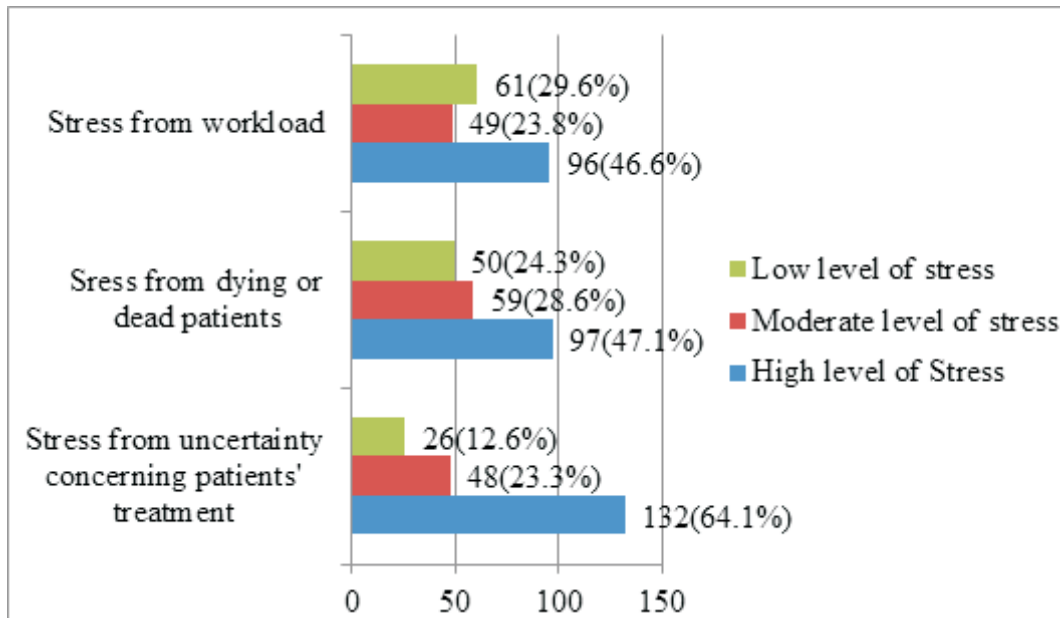


Figure 1: Prevalence of work-related stress among nurses

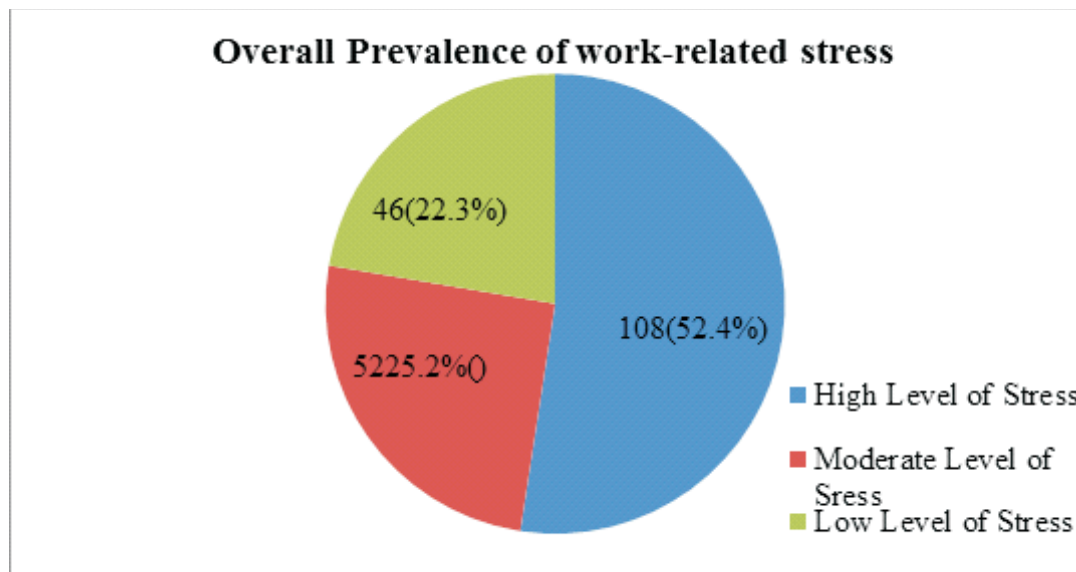


Figure 2: Overall prevalence of work-related stress among nurses

Table 2: Caring Behaviour of the Respondents (N = 206)

	SD	D	N	A	SA
	F (%)	F (%)	F (%)	F (%)	F (%)
Assisting a partner with an activity of living	28(13.3%)	58(27.6%)	34(16.2%)	61(29.0%)	25(11.9%)
Making a nursing record about a patient	16(7.6%)	97(46.2%)	51(24.3%)	26(12.4%)	16(7.6%)
Getting to know the patient as a person	21(10.0%)	97(46.2%)	22(10.5%)	55(26.2%)	11(5.2%)
Explaining a clinical procedure	18(8.6%)	61(29.0%)	30(14.3%)	64(30.5%)	33(15.7%)
Being with a patient during a clinical procedure	30(14.3%)	55(26.2%)	31(14.8%)	75(35.7%)	15(7.1%)
Consulting with the doctor about a patient	36(17.1%)	88(41.9%)	43(20.5%)	20(9.5%)	19(9.0%)
Measuring the vital signs of a patient	36(17.1%)	88(41.9%)	43(20.5%)	23(11.0%)	16(7.6%)
Being technically competent with a clinical procedure	51(24.3%)	69(32.9%)	30(14.3%)	33(15.7%)	23(11.0%)
Providing privacy for a patient care in nursing	13(6.2%)	60(28.6%)	17(8.1%)	109(51.9%)	7(3.3%)
Observing the effects of a medication on a patient	6(2.9%)	90(42.9%)	10(4.8%)	14(6.7%)	86(41.0%)
Being honest with a patient	25(11.9%)	93(44.3%)	26(12.4%)	36(17.1%)	26(12.4%)
Keeping relatives informed about a patient	19(9.0%)	67(31.9%)	46(21.9%)	49(23.3%)	25(11.9%)

Perceived influence of work related stress

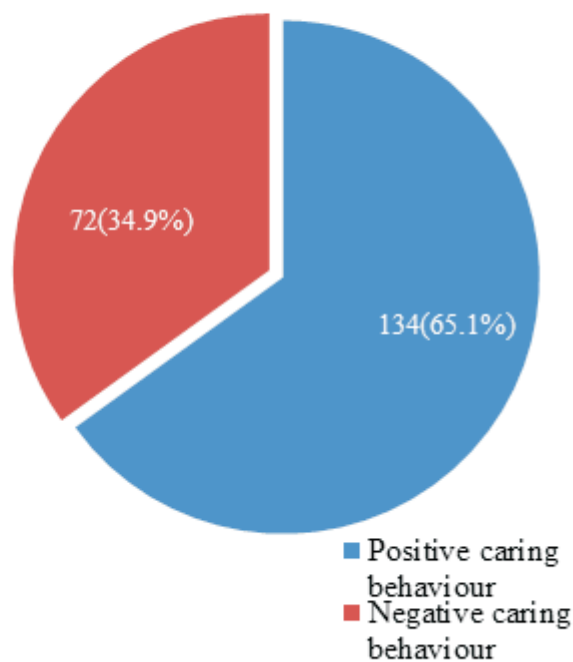


Figure 3: Caring Behavior of the Respondents

Table 3: Influence of work-related stress on the quality of life of nurses (N = 206)

Quality of life	Not at all	A little	Moderate	Very much	Extremely
	F (%)	F (%)	F (%)	F (%)	F (%)
Do you get any kind of support from others while caring for your patient?	36(17.1%)	53(25.2%)	55(26.2%)	41(19.5%)	21(10.0%)
How much do you need any medical treatment to function in your daily nursing care?	94(44.8%)	28(13.3%)	21(10.0%)	42(20.0%)	21(10.0%)
How available to you is the information that you need in your day to day nursing care?	12(5.7%)	46(21.9%)	80(38.1%)	40(19.0%)	28(13.3%)
To what extent do you have the opportunity for leisure activities while on duty?	65(31.0%)	68(32.4%)	34(16.2%)	36(17.1%)	3(1.4%)
How safe do you feel in your work environment especially with aggressive patients and or relatives?	34(16.2%)	61(29.0%)	80(38.1%)	13(6.2%)	18(8.6%)
Are you satisfied with your health in the course of caring for your patients?	9(4.3%)	63(30.0%)	93(44.3%)	24(11.4%)	17(8.1%)
Are you satisfied with your sleep after your duty assignment?	6(2.9%)	33(15.7%)	81(38.6%)	18(8.6%)	68(32.4%)
Are you able to perform your daily living activities after leaving work?	17(8.1%)	69(30.0%)	39(18.6%)	45(21.4%)	42(20.0%)
How satisfied are you with your personal relationship with colleague/coworkers?	22(10.5%)	49(23.3%)	82(39.0%)	30(14.3%)	23(11.0%)
How satisfied are you with your nursing job?	8(3.8%)	8(3.8%)	128(61.9%)	32(15.2%)	30(14.3%)

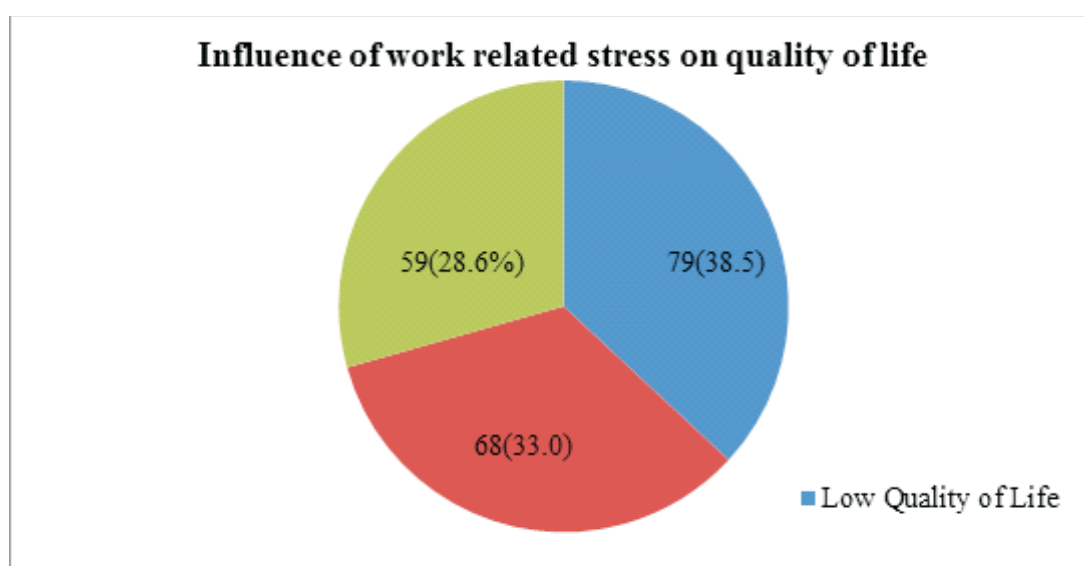


Figure 4: Influence of work-related stress on quality of life of nurses

Table 4: Relationship between prevalence of workplace-related stress and caring behaviour of nurses

		Prevalence of workplace stress	of Caring behavior
Prevalence of workplace stress	Pearson Correlation	1	.092
	Sig. (2-tailed)		.018
	N	206	206
Caring behavior	Pearson Correlation	.092	1
	Sig. (2-tailed)	.018	
	N	206	206

Table 5: Relationship between prevalence of workplace-related stress and quality of life of Nurses

		Prevalence of workplace stress	Quality of life of nurses
Prevalence of workplace stress	Pearson Correlation	1	.037
	Sig. (2-tailed)		.059
	N	206	206
Quality of life of nurses	Pearson Correlation	.037	1
	Sig. (2-tailed)	.059	
	N	206	206