Job Stress and Coping Mechanisms among Nursing Staff in Public Health Services

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Abstract

The main purpose of this study is to investigate the prominent causes and effects of job stress and coping mechanism among nurses in public health services. The research methodology included qualitative and quantitative survey. The results indicated that the major contributor of job stress among nurses is the job itself. Heavy workload, repetitive work, and poor working environment were among the stressors identified in the category of job itself. Respondents identified that inconsiderate and inequitable superior/matron, lack of recognition, and conflict within and between groups were the stressors. Respondents also view social support as a buffer against the dysfunctional consequences of stress emanating from the workplace and established network of friends, family, superior, peers, and colleagues to seek emotional support when faced with job-related stress in the workplace. Further, respondents adopt more than one coping mechanisms to combat job stress based on scenarios, situations, and level of job stress. This study is limited only to the investigation of job stress and coping mechanism among nurses in a public hospital. Other non-medical and medical staffs such as administrators and doctors were not included in this study. Suggestions for future research are also mentioned.

Introduction

Job stress among healthcare staff is becoming a common occurrence in most public health services (Winstanley and Whittington, 2002:303). In the high demand for effectiveness and efficiency of public health service delivery, nursing staff is placed on a high responsibility to ensure the demand of public citizen is satisfied (Ritter et al., 1995:164). Nursing focuses on activities that relate to diagnosis and treatment of human responses to health and illness phenomena. However, inherent in this caring occupations are numerous sources of built-in stress that become occupational hazards for nurses (Huber, 1996:560). There are many components to this experience of stress such as staff shortages, high level of responsibility, dealing with the death and the dying, dealing with patient’s relatives, coping with the unpredictable, making critical judgment about interventions and treatment, and balancing between work and family commitments. These are forces that realistically generate stress
among nurses (Gordon, 1999:285; Aurelio, 1993:1-10). The issue of insufficient nursing staff and its effects has caused many nurses experiencing job stress in carrying out their responsibility and maintaining the standards of patient care in public health services (Mackay, 1989:60-61). Furthermore, staff shortages with increasing workload raise concerns to the nurse’s ability to cope and deliver adequate service to the client, which in turn create a stressful environment within nursing profession (Mackay, 1989:60; Huber, 1996:561).

Background to the study in Malaysia

Nurses occupy a particularly interesting position in the provision of health care. Often they are the sole intermediary between the doctor and the patient and in the front line of health services. In Malaysia, nursing requires a great deal of collaboration with people of different professions, social backgrounds, cultures, as well as the ability to take on various roles during a single workday. These might include participation in teams, attendance during rounds and meetings, field trips, palliative work, providing counseling to patients and their families, and social services. These stressful situations obviously caused problems for nurses in their daily work.

Stress that is not well managed will bring negative consequences not only to an employee, but also to the organization (Schultz and Schultz, 1994:402-403). Stress that is not well managed can cause emotional and physical illnesses such as coronary heart disease, cancer, lung problems, diabetes, accident and committing suicide. Also there are some types of occupations which can cause an individual experiencing stress dilemma particularly occupations that involve public citizen and high risk of life, illness and safety. Even though stress is hardly to be eliminated in our daily life, a proper way of coping with stress can be practiced in order to reduce stress (Sutherland and Cooper, 2000:159-160). Understandably a holistic approach in stress management has to be practiced in order to effectively reduce stress. The Ministry of Health Malaysia in 1991, had initiated reducing stress drive through the National Healthy Lifestyle Campaign till to-date. In sum, job stress reduces the employees’ effectiveness in their workplace. In order to reduce job stress, it is vital to understand the contributory factors and their effects on an individual and organization. Although job stress is often detrimental to an individual or organization, effective coping with job stress can often result in substantial benefits.

In line with the country’s socio-economic development, the public health sector has undergone an extensive expansion of its services and facilities to meet the demands of a fast developing nation and a growing population. It was reported that there was a shortage of some 5,000 experienced nurses, 3,300 doctors, 700 medical specialists, 600 pharmacists and 500 dentists in Malaysia. Moreover, the mushrooming of hospitals in recent years further aggravated the issue of shortage of some 3,000 doctors and 4,000 experienced nurses in the country. A nationwide re-deployment exercise of doctors and nurses involving 117 government hospitals was underway to serve the public. The failure to distribute manpower based on “actual workload” has resulted in either under-utilization in some hospitals or “overloading” in others.


