Occupational stress management among nurses in selected hospital in Benin city, Edo state, Nigeria

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ABSTRACT

Stress in nurses is an endemic problem. It contributes to health problems in nurses and decreases their efficiency. Documenting the causes and management of stress in any healthcare unit is essential for successful interventions. This study aimed at determining the occupational stress management strategies among nurses in selected Hospital Benin City. A 45-item questionnaire was developed and administered. Purposive sampling technique was used to select 100 nurses in the selected Hospital. Descriptive and inferential statistics were used to analyze the data generated. Result of the study reveals that majority of the nurses were females, of senior cadre and were married. It was also revealed that the major causes of stress identified by the nurses were poor salary (82%), handling a large number of patients alone, lack of incentives (83%) and job insecurity among others. The major types of stress experienced were, headache (49%) as physical stress; anger as emotional stress; lack of concentration and forgetfulness were the most psychological stress experienced in the ward. The major occupational stress management strategies were identification of the sources of stress and avoidance of unnecessary stress (90%), altering the situation, expressing their feelings instead of bottling them up, managing their time better (94%), and adjusting their standard and attitude. They sometimes exercise and relax. There was no statistical relationship between age, sex, salary earned and types of stress experienced as p-value > 0.05, but there was relationship between rank and the type of stress experienced as P<0.05 for the emotional type of stress experienced. It is recommended that nurses should adapt a positive ways of managing stress to keep up optimal care of the clients/patients and nurses' executives should help create an adequate stress-free environment for nurses. In conclusion, the study revealed the occupational stress management strategies adopted by nurses in Central Hospital Benin City. Health care professionals are more susceptible to occupational stress because of intense daily activity. Nurses are not ever thought as needing help but only as the care givers, applying some techniques for preventing stress burnout among nurses are now more important than we ever thought

Keyword: Occupational Stress, Nurses, Management, Strategies, Hospital.
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INTRODUCTION

World Health Organization has viewed stress as a worldwide epidemic because stress has recently 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 well being of an individual, nursing is emotionally, physically and psychologically demanding [Nad, 2009]. Studies have revealed also that stress is the most common health problem attributed to long work hours and the incidence of stress due to overwork is growing [Lehmkuhl, 1999; Dehaas, 1998]. The United Nations realized the magnitude of this problem as it has labeled job related stress as 20th century disease [Krohe, 1999].

According to Mojoyinola [2008], Stress is derived from the word "stringi", which means "to be drawn tight". Stress can be defined as a physical or psychological stimulus that can produce mental tension or physiological reactions that may lead to illness. According to Sauter [1999], Occupational stress is defined as the harmful physical and emotional responses that occur when the requirement of the job do not match the capabilities, resources or need of the worker. Concerning the cause of stress, most studies have pointed to the fact that the incidence of stress is due to overwork [Laver, 1999]. In the United States, work place stress has doubled since 1985. Approximately one third of all Americans considered job related stress as their greatest source of stress. According to a worldwide poll 82 percent of respondents reported that work related pressure cause them to feel stress on a regular basis and almost one third of respondents experience stress everyday [Krohe, 1999]. Lee & Graham [2001] stated that poor management is the major cause of stress.

Occupational stress significantly reduces brain functions such as memory, concentration and learning and impairs the immune system, all of which are central to effective performance at work [Chapman, 2006]. It may also be manifested as ineffective coping patterns, impaired thought processes or disrupted relationships which renders the nurse incompetent and prone to errors in their clinical decision making and practice. Occupational stress reduces productivity, increases management pressures and makes people ill in many ways, evidence of which is still increasing [Chapman, 2006].

Nurse's environment include an enclosed atmosphere, time, pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds and long standing hours [Kane, 2009]. Nurses are trained to deal with these factors but stress takes a toll when there are additional stressors. Stress is known to cause emotional exhaustion to nurses and this leads to negative feelings toward those in their care [Cottrel, 2001], Stress is acknowledged to be one of the main causes of absence from work [Mead, 2000]. Anxiety, frustration, anger and feelings of inadequacy, helplessness or powerlessness are emotions often associated with stress [Smeltzer, 2008]. If these are exhibited by a nurse, then the customary activities of daily living will be distorted. A nurse who is angry will find it difficult to give wholistic care to patients, this makes her negligent in her duties. Occupational stress in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates and errors in treating patient [Shirey, 2006]. Effective occupational stress management among nurses is geared towards reducing and controlling nurses' occupational stress and improving coping at work. It is towards this that this study focuses on finding out how nurses manage occupational related stress.

OBJECTIVES OF THE STUDY
1. To determine the type of occupational stress experienced by nurses in selected hospital
2. To determine the causes of occupational stress among nurses
3. To determine the occupational stress management strategies used by nurses

NULL HYPOTHESIS
1. There is no statistically significant relationship between age of nurses and the type of occupational stress experienced.
2. There is no statistically significant relationship between sex of nurses and the type of occupational stress experienced.
3. There is no statistically significant relationship between rank of nurses and the type of occupational stress experienced.
4. There is no statistically significant relationship between salaries earned and the type of occupational stress experienced.

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MATERIALS AND METHODS

RESEARCH DESIGN
The descriptive survey design was employed to carry out this study in Central hospital, Benin City which is located in zone A, ward 1 of Oredo Local government area in Benin City, Edo State. Staff strength of the hospital is seven hundred and twenty working in twenty-six departments. There are thirty-two units with four hundred and twenty bed spaces and two hundred and seventy one nurses working in these units of the hospital.

TARGET POPULATION
The target population for this study included all registered nurses in Central hospital Benin City.

SAMPLE SIZE AND SAMPLING TECHNIQUE
A total number of 100 respondents were drawn from the total population of 271 nurses using purposive sampling techniques from the thirty-two units in the hospital.

INSTRUMENT FOR DATA COLLECION
After a thorough review of literature, a structured questionnaire was designed and developed by the researcher with the help of the supervisor and experts in the area of occupational stress management. It contains qualitative and quantitative information on stress management among nurses. It was divided into 4 sections; namely;

A. Socio-Demographic Data
B. Causes of Occupational Stress
C. Types of Occupational stress
D. Occupational Management Strategie.

METHOD OF DATA ANALYSIS
Data was entered using the Statistical Package for Social Sciences [SPSS] for window 14.0 was used. The method for analyzing data collected was descriptive which involved the use of percentages and pie charts and inferential statistics using the chi square $[X^2]$ test. Level of significance was set at 5% [0.05] such that significant associations were established when $p < 0.05$.

ETHICAL CONSIDERATION
The following were ethical considerations for this study;
1. The study and its purpose were explained to the respondents
2. Correct explanation regarding the study was given and respondents were given the opportunity to decide whether or not to participate in the research, thus obtaining their informed consent.
 3. All information gathered from respondents was treated confidentially and used only for the purpose of the study, which was guaranteed by asking respondents not to indicate their names on the questionnaire.

RESULTS

Table 1: reveals that for age, 30(30%) of them were between 31 and 40 years, also 30(30%) are between 51 and 60 years of age, while 11(11%) of the respondents were between age 21-30 years. Females comprised 89(89%) of the group. Considering their marital status, majority of the nurses in the hospital were married in 77(77%), while 3(3%) were widows.

Considering their rank, majority of the nurses were Nursing Officer 1 and Nursing Officer 11 with 47(47%) and few Assistant Director of Nursing Service with 3(3%), and 96(96%) were Christians. 15(15%) of them earned money from other sources while 85(85%) had no other source of income apart from the salary paid them monthly. The nurses in Central Hospital Benin City earn money according to their ranks. With regards to their salary scale, majority of them 39(39%) earns N61,000 and above while 3(3%) of the respondents earned between N11000 and N30,000.

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TABLE 1: SOCIAL DEMOGRAPHIC DATA OF REPONDENTS

DEMOGRAPHIC DATA	VARIABLE	FREQUENCY[N]	PERCENT [%]
AGE [YEARS]	21-30	11	11.0
	31-40	30	30.0
	41-50	29	29.0
	51-60	30	30.0
SEX	Male	11	11.0
	Female	89	89.0
MARITAL STATUS	Single	20	20.0
	Married	77	77.0
	widow	3	3.0
RANK	Assitant Director of Nursing Service	3	3.0
	Chief Nursing Officers	34	34.0
	Assitant Chief Nursing Officers	9	9.0
	Principal Nursing Officers	4	4.0
	Senior Nursing Officers	8	8.0
	Nursing Officers 1	16	16.0
	Nursing Officers 11	26	26.0
RELIGION	Christianity	96	96.0
	Islam	2	2.0
	Traditional	2	2.0
SALARY EARNED[#]	11000-20000	1	1.0
	21000-40000	2	2.0
	31000-40000	19	19.0
	41000-50000	15	15.0
	51000-60000	24	24.0
	61000 and above	39	39.0

Table 2: FREQUENCY DISTRIBUTION OF RESPONDENTS BY CAUSES OF STRESS EXPERIENCED IN VARIOUS UNITS.

RESPONDENTS IN THIS STUDY; N = 100			
CAUSES OF STRESS	RESPONSES	FREQUENCY(N)	PERCENTAGE(%)
NURSING DIFFICULT PATIENTS	Yes	67	67.0
	No	33	33.0
HARASSMENT FROM AGGRESSIVE RELATIVES	Yes	64	64.0
	No	36	36.0
WORKING WITH INCOMPETENT STAFF	Yes	33	33.0
	No	67	67.0
FREQUENT NIGHT DUTY	Yes	40	40.0
	No	60	60.0
POOR SALARY	Yes	82	82.0
	No	18	18.0
LACK OF BREAK PERIOD DURING SHIFT	Yes	71	71.0
	No	29	29.0
LACK OF INCENTIVES FOR OVERTIME	Yes	83	83.0
	No	17	17.0
HANDLING A LARGE NUMBER OF PATIENTS ALONE	Yes	83	83.0
	No	17	17.0
INADEQUATE DELEGATION OF RESPONSIBILITIES	Yes	57	57.0
	No	43	43.0
JOB INSECURITY	Yes	73	73.0
	No	27	27.0
LACK OF PROMOTION	Yes	79	79.0
	No	21	21.0
UNFRIENDLY RELATIONSHIPS WITH SUPERIOR COLLEAGUES AND SUBORDINATE	Yes	28	28.0
	No	72	72.0

Table 2: Shows the causes of stress experienced by respondents. Majority of the nurses 83(83%) identified that lack of incentives for overtime and handling a large number of patients alone imposed stress on them, while few of the nurses 28(28%) accepted that unfriendly relationships with superior colleagues and subordinate is a cause of stress. Among the respondents 11(11%) said that non conducive environment, lack of hospital equipments, shortage of health workers, lack of harmony among staff (i.e. no love) and noisy environment imposed stress them.

Table 3: FREQUENCY DISTRIBUTION OF RESPONDENTS BY THE TYPES OF STRESS EXPERIENCED

RESPONDENTS IN THIS STUDY; N = 100			
TYPES OF STRESS	**RESPONSES**	**FREQUENCY(N)**	**PERCENT(%)**
PHYSICAL STRESS EXPERIENCED?	Headache	49	49.0
	Ulcer	4	4.0
	Insomnia	17	17.0
	Fatigue	24	24.0
	Increase blood pressure	2	2.0
	Headache and fatigue	2	2.0
	Headache and increase blood pressure	1	1.0
	Ulcer,insomnia,increase blood and Hairloss	1	1.0
EMOTIOAL STRESS EXPERIENCED?	Anxiety	24	24.0
	Anger	40	40.0
	Over reaction	15	15.0
	Frustration	12	12.0
	Compulsive behavior	1	1.0
	Night terrors	1	1.0
	Anxiety and anger	3	3.0
	Anxiety and frustration	1	1.0
PSYCHOLOGICAL STRESS EXPERIENCED?	Forgetfulness	36	36.0
	Lack of concentration	44	44.0
	Withdrawal	12	12.0
	Memory loss	1	1.0
	Forgetfulness and lack of concentration	2	2.0

Table 3: shows the types of stress experienced by the respondents. Majority of nurses 73(73%) experienced headache and fatigue are the most physically type of stress experienced, few of them experienced increased blood pressure 2(2%). 40(40%) of the nurses experienced anger as the most type of emotional stress while few of them accepted frustration and compulsive behaviours 12(12%) and 1(1%) respectively, some others experienced anger, anxiety and frustration together in 4(4%). Majority of the nurses 44(44%) accepted that lack of concentration was the most psychological type of stress experienced in the ward, while withdrawal and memory loss were the least experienced psychological type of stress by nurses in 12(12%) and 1(1%) respectively.

Table 4: FREQUENCY DISTRIBUTION OF RESPONDENTS BY OCCUPATIONAL STRESS MANAGEMENT STRATEGIES.

RESPONDENTS IN THIS STUDY; N = 100			
OCCUPATIONAL STRESS MANAGEMENT STRATEGIES	**RESPONSES**	**FREQUENCY(n)**	**PERCENT (%)**
BREAKTIME	Never	**25**	**25.0**
	Sometimes	**64**	**64.0**
	Always	**11**	**11.0**
RELAXATION	Never	**11**	**11.0**
	Sometimes	**67**	**67.0**
	Always	**22**	**22.0**
MEDITATION	Never	**24**	**24.0**
	Sometimes	**65**	**65.0**
	Always	**11**	**11.0**
EXERCISES	Never	**17**	**17.0**
	Sometimes	**68**	**68.0**
	Always	**15**	**15.0**

Table 4: Shows that majority of the nurses sometimes carried out the occupational stress management strategies like observation of break time 64(64%), relaxation 67(67%), meditation 65(65%) and exercises 68(68%).

Table 5: shows other occupational stress management strategies used by the respondents. Majority of nurses 94(94%) managed their time better while 65(65%) of them managed stress by altering the situation they found stressful to them. 90(90%) of the nurses identified sources of stress and avoid them, 88(88%) expressed their feelings instead of bottling them up and adjust their standard and attitude. Also 89(89%) ate excessively while 83(83%) kept their sense of humour by laughing always. 69(69%) adapted to stress, 67(67%) took drugs while 65(65%) altered the situation.

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TABLE 5: FREQUENCY DISTRIBUTION OF RESPONDENTS BY OTHER OCCUPATIONAL STRESS MANAGEMENT STRATEGIES USED.

OTHER OCCUPATIONAL STRESS MANAGEMENT STRATEGIES	RESPONSES	FREQUENCY(N)	PERCENTAGE(%)
RESPONDENTS; N = 100			
IDENTIFY SOURCES OF STRESS AND AVOID UNNECESSARY STRESS	No	10	10.0
	Yes	90	90.0
TAKING OF DRUGS	No	33	33.0
	Yes	67	67.0
ALTER THE SITUATION	No	35	35.0
	Yes	65	65.0
EXPRESS YOUR FEELINGS INSTEAD OF BOTTLING THEM UP	No	12	12.0
	Yes	88	88.0
MANAGE YOUR TIME BETTER	No	6	6.0
	Yes	94	94.0
ADAPT TO STRESS	No	31	31.0
	Yes	69	69.0
ADJUST YOUR STANDARDS AND ATTITUDES	No	12	12.0
	Yes	88	88.0
KEEP YOUR SENSE OF HUMOR BY LAUGHING ALWAYS	No	17	17.0
	Yes	83	83.0
ACCEPT THE THINGS YOU CAN'T CHANGE	No	21	21.0
	Yes	79	79.0
EATING EXCESSIVELY	No	11	11.0
	Yes	89	89.0

HYPOTHESES TESTING

TABLE 6: PEARSON CHI-SQUARE (X^2) SHOWING RELATIONSHIP BETWEEN SOME SOCIO-DEMOGRAPHIC DATA AND THE TYPES OF STRESS EXPERIENCED

VARIABLES	PEARSON'S CHI SQUARE TEST(X^2)	TYPES OF STRESS EXPERIENCED		
		PHYSICAL	EMOTIONAL	PSYCHOLOGICAL
AGE(YEARS)	X^2	0.93	0.44	0.98
	P VALUE	P > 0.05	P > 0.05	P > 0.05
	REMARKS	No Significant Difference	No Significant Difference	No Significant Difference
SEX	X^2	0.51	0.28	0.18
	P VALUE	P > 0.05	P > 0.05	P > 0.05
	REMARKS	No Significant Difference	No Significant Difference	No Significant Difference
RANK	X^2	0.27	0.00	0.34
	P VALUE	P > 0.05	P < 0.05	P > 0.05
	REMARKS	No Significant Difference	Significant Difference	No Significant Difference
SALARY EARNED(#)	X^2	0.96	0.93	0.61
	P VALUE	P > 0.05	P > 0.05	P > 0.05
	REMARKS	No Significant Difference	No Significant Difference	No Significant Difference

Four hypotheses were tested, in testing the hypothesis, the decision rule is that of the calculated p-value, if less than 0.05 (P < 0.05), the null hypothesis (Ho) will be rejected in favour of the alternative hypothesis (H_A) and vice-versa.

Hypothesis 1: There is no statistically significant relationship between age of nurses and the types of occupational stress experienced.

Table 4.6 reveals that the calculated Pearson's Chi-square for the physical, emotional and psychological types of stress experienced are (0.93, 0.44, 0.98) (P>0.05) respectively. The value of Pearson's chi-square represent a relationship not significantly different from zero (P>0.05) in favour of the null hypothesis. Hence the null hypothesis is accepted i.e. there is no statistically significant relationship between the age of nurses and the types of occupational stress experienced by nurses.

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Hypothesis 2: There is no statistically significant relationship between sex of nurses and the type of occupational stress experienced.

Table 4.6 reveals that the calculated Pearson's Chi-square for the physical, emotional and psychological types of stress experienced are (0.51, 0.28, 0.18) (P>0.05) respectively. The value of Pearson's chi-square represent a relationship not significantly different from zero (P>0.05) in favour of the null hypothesis. Hence the null hypothesis is accepted i.e. there is no statistically significant relationship between the sex of nurses and the types of occupational stress experienced by nurses.

Hypothesis 3: There is no statistically significant relationship between rank of nurses and the type of occupational stress experienced.

Table 4.6 reveals that the calculated Pearson's Chi-square for the physical and psychological types of stress experienced are (0.27, 0.34) (P>0.05) and the calculated Pearson's Chi-square for the emotional types of stress experienced is 0.00 (P<0.05). Thus, the value of pearson's chi-square represent a relationship significantly different from zero (P<0.05) in favour of the alternate hypothesis because of the emotional type of stress experienced by the nurses. Hence the null hypothesis is rejected in favour of the alternate hypothesis; there is statistically significant relationship between the rank of nurses and the types of occupational stress experienced by nurses.

Hypothesis 4: There is no statistically significant relationship between salaries earned and the type of occupational stress experienced.

Table 4.6 reveals that the calculated Pearson's Chi-square for the physical, emotional and psychological types of stress experienced are (0.96, 0.93, 0.61) (P>0.05) respectively. The value of Pearson's chi-square represent a relationship not significantly different from zero (P>0.05) in favour of the null hypothesis. Hence the null hypothesis is accepted i.e. there is no statistically significant relationship between the salaries earned by nurses and the types of occupational stress experienced by nurses.

RESULTS AND DISCUSSION

The socio-demographic data shows that majority (59%) of the nurses in central hospital were senior adults, of senior cadre and were married. Most of the nurses were females and this may be due to the fact that people believe that nursing is a female profession. It was also revealed that the Christians were predominant in the hospital. Majority of them depend only on their salary earned and money is paid them according to their rank. Majority of them were also promoted within ten years of stay and some were yet to be promoted as at the time of study. Majority of the nurses were from maternity, labour and gynaecological units.

With regards to the causes of stress, majority of the nurses identified poor salary, handling a large number of patients, lack of incentives, lack of promotion, nursing difficult patients and harassment from patient's relatives. This finding supports the view of Stordeur et al. [2001] who attempted to rank stressors in order of severity of impact, the main ones being ranked as: high workload, conflict with other nurses/physicians, experiencing a lack of clarity about tasks/goals, a head nurse who closely monitors the performance of staff in order to detect mistakes and to take corrective action. Most of them identified Job insecurity as a cause of stress, this is in contrast to the study carried out by Kane [2009] whose study found that job insecurity does not stress nurses. Others causes identified include; non-conducive environment, lack of hospital equipments, shortage of health workers, lack of harmony among staff and noisy environment. This finding is consistent with the study carried out by Kane [2009], it was found that most important causes of stress were jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay.

The types of stress experienced by majority of the nurses revealed by this study include; headache, Insomnia and fatigue as physical type of stress. This finding agrees with that of Peterson [2004] whose Study found that, among nurses examined, 1 in 5 were at risk for stress-related health problems; 2 in 5 experienced distress because of too much pressure or mental fatigue at work. Fatigue is known to lead to error, injury, and carelessness on the part of a nurse at work. Most of them experienced anger, frustration and compulsive behavior as types of emotional stress. Majority of the nurses accepted that lack of concentration, forgetfulness and withdrawal as the most psychological types of stress experienced in the ward. Psychological stress category was least experienced by the nurses in Central

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Hospital, Benin City. Conversely, nurses who implement various stress-coping strategies exhibit fewer mental health problems such as anxiety, depression, and feelings of inadequacy [Wong et al., 2001]

With regards to occupational stress management, the findings revealed that majority of the nurses sometimes went on break, carryout exercises, and relaxes in other to manage stress. Some also meditated positively or negatively in managing stress. This study also revealed that, majority of the nurses identified sources of stress and avoided unnecessary stress, altered the situation, expressed their feelings instead of bottling them up, managed their time better, and adjusted their standard and attitude as other ways of managing stress.

The first hypotheses tested showed no relationship between age and types of stress experienced. This finding is consistent with Kane [2009] whose study found that Increase in age or seniority did not significantly decrease stress. Also there was no significant relationship between sex, salary earned and the types of stress experienced by nurses. It is believed that the basic concept of stress relates both to an individual's perception of the demands being made on them and to their perception of their capability to meet those demands [McVicar 2003]. There was significant relationship between the rank of nurses and of the emotional type of stress experienced maybe because they were easily emotional. This is in consistent with Olaleye's study in 2002 who stated that job stress and burnout syndrome had significant interactive effect on state of health and coping ability of nurses.

CONCLUSION

In conclusion, health care professionals are more susceptible to occupational stress because of intense daily activity. Nurses are not ever thought of as needing help but only as the care givers, and applying some techniques for nursing stress burnout prevention are more important than we ever thought .With the global increase in the aged population, the intensity of health care problems, the incidence of chronic illnesses and advanced technology, nurses are faced with a variety of work-related stressors. In seeking to identify which stress management activities work the best, it is advisable to try a number of different strategies especially the healthy ones and then determine which ones seem to be the most effective. Human beings can become sick if they work too long at a high sustained pace without stress management. They are at their most productive and healthy state if they can work at a manageable level.

IMPLICATIONS OF OCCUPATIONAL STRESS FOR NURSING
Occupational stress has been linked with nursing burnout, if the environment for which the nurse practice can be conducive then stress will decrease. Stress may also lead to absenteeism at work because of the physical, emotional and psychological effect it will have on the nurse. To reduce occupational stress among nurses, encourage and reward risk taking among staff linking contributions and patient outcomes, use scenarios to discuss how staff as a group can commit to solving problem/issue together, stimulate alternative solutions through conflict management and assertiveness training, create fun work environment, encourage and reward creativity among staff to generate ideas and implement new practices, discuss opportunities with staff to increase sense of autonomy such as shared governance and self -scheduling; use case studies to reinforce problem-focused strategies versus stress reduction. Promote new learning experiences among staff, they should actively participate in organizational committees and groups in correlation with nursing and midwifery council; promote change as constructive, engage staff in the change process and reward positive changes in behavior and practices.

SUGGESTIONS FOR FURTHER STUDIES
The types of stress in nurses need to be researched further to make policy decisions that will improve the work-life balance for nurses. Also the reason why nursing is seen as a female profession and nursing staff shortages should be researched into, these might in a way reduce stress.

RECOMMENDATIONS
Based on the findings of this study the following recommendations were made:
• Nurses should be provided opportunities for learning a multitude of stress management strategies and self-soothing techniques directly applicable to the nursing environment and easily utilizable on the job.
• Nurses should be given incentives and there should be an increment in salary earned, this will greatly increase productivity, and ultimately decrease burnout and attrition rate.
• Nurses' executives should foster the building of relationships within the workplace and create avenue for nurses to relate, vent about stressors, and commune with co-workers through mutual problem solving.

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- Conducive environment and job security should be created for nurses in the hospital environment; this fosters a team approach to completing tasks and determining system needs.
- Establishing a mentoring program for new employees, creating a warm and inviting break room that is conducive to socializing is essential, and there should be professional respect among nurses and nurse supervisors.
- Nurses' executives should provide ways for professional counseling of nurses in any of their weakness caused by stress of the job.
- Stress intervention programme should be introduced in nursing colleges before the commencement of clinical nursing, where nurses will be trained regarding their general health well being on how to recognize impending stress and its management to prevent burnout.

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