

American Journal of Health, Medicine and Nursing Practice (AJHMN)



Effects of Occupational Stress on the Mental Health of Nurses in the Limbe and Buea Regional Hospitals, Cameroon

Binwi Florence & Mezatio Tsopbeng Maina



Effects of Occupational Stress on the Mental Health of Nurses in the Limbe and Buea Regional Hospitals, Cameroon

 Binwi Florence¹ & Mezatio Tsopbeng Maina²



Article history

Submitted 11.01.2024 Revised Version Received 12.02.2024 Accepted 16.03.2024

Abstract

Purpose: Nursing is an extremely stressful job, and high levels of occupational stress are believed to have negative effects on nurses. The aim of this study was to evaluate the prevalence of occupational stress, factors contributing to occupational stress on nurses and effects of occupational stress on nurses' mental health. A cross-sectional study design was used. The study duration was five months. A sample of 102 nurses was purposively selected to take part in the study from the Limbe and Buea Regional Hospitals, Cameroon and distributed by probability proportionate to size. Data was collected using a well structured questionnaire and entered into an excel spreadsheet then analyzed using the Weiman Occupational Stress Scale(WOSS).

Materials and Methods: Data was presented using tables. A cut off point of 43.6 was used to determine the level of stress. Anyone above 43.6 had severe and anyone below 43.6 had mild effects.

Findings: The study found out that nurses of the hospital were found to experience above average levels of occupational stress with the mean score and individual average score of 59.93 and 3.40 indicating a 51% higher than the established Weiman Occupational Stress Scale mean score of 33.75 and individual average of 2.25. The study found out that 61% of the nurses had severe stress while 39% had mild stress. The study also found that the most common stressors were Long work hours, handling a large number of patients alone and insufficient salary whilst the effects of occupational stress on mental health include: poor appetite, insomnia, depressive mood, trouble falling asleep, staying asleep or sleeping not too much, forgetfulness.

Implications to Theory, Practice and Policy: Nurses should identify and use mechanisms that help them to better cope with stress.

Keywords: *Occupational Stress, Mental, Health, Nurses, RHL, BRH*

1.0 INTRODUCTION

According to WHO, work-related stress refers to how people may respond when they are presented with work demands and pressure that do not match their knowledge and abilities. This, in turn, creates a challenge to the workers' coping skills. WHO describes a healthy work environment as one that has health-promoting conditions instead of only the absence of harmful conditions ^[1]. Numerous studies identify that nursing is a notoriously high-stress occupation, which is considered a worldwide problem ^[2]. Globally, its prevalence among nurses varies widely between 9.2% and 68.0% ^[3]. Nurses, in particular, are known to experience high levels of occupational stress. According to a study conducted in the United Kingdom, nurses were among the three most stressful occupational groups ^[4].

The sources of common workplace stressors for nurses include poor working relationships, high workload, understaffing, inadequate training, time pressure, emergency cases, lack of support and frequent demanding communication and relationships with patients and family members. The recent pandemic has also added to the sources of occupational stress for nurses ^[5].

Occupational stress, a common occurrence among various professions worldwide, is regarded as a major occupational health problem for healthcare professionals especially nurses ^[6]. According to the US Occupational Safety and Health Institute, nursing profession is ranked 27th among 130 studied professions regarding work-related mental health problems and nurses are under pressure and stress of their profession more than other medical professionals ^[6]. Work-related stress can damage a person's physical and mental health and ultimately have a negative effect on job productivity by increasing stress levels ^[7].

Job stress among nurses may affect their quality of life, and concurrently, the quality of care. The quality of life of nurses, who deal with human lives, is of particular importance since they can provide more effective services when they have a better quality of life ^[8]. In a study conducted in India, 87.4% of nurses reported occupational stress. Occupational stress has been reported to affect job satisfaction and job performance among nurses, thus compromising nursing care and placing patients' lives at risk. In addition, demands of various roles make nurses vulnerable to stress and psychological ill health ^[6].

Nurse stress is defined as the emotional and physical responses resulting from the interactions between the nurse and her/his job environment where the demands of the work exceed abilities and resources ^[9]. And Cameroon, like many areas of the world, is suffering a nursing shortage. With such critical shortage of nurses, there is a high expectation and workload for the available few. Thus, nurses are at risk of having stress and automatically mental health problems in Cameroon.

Despite the various studies on work-related stress, there is no study so far in Cameroon. So, this study was conducted to provide information on the effects of occupational stress on the mental health of nurses given that the targeted hospitals are the main hospitals in the southwest region with the highest number of referral cases and hence greater amounts of workload. Therefore, the aim of this study is to evaluate the prevalence of occupational stress, factors contributing to occupational stress on nurses and effects of occupational stress on nurses' mental health. Findings from this study will provide information on the effects of occupational stress on the mental health of nurses and this will be of importance to the nurses as they can identify their sources of stress and develop coping strategies which will help enhance their quality of life and increase use of skills.

Problem Statement

Work-related stress impacts healthcare professionals in many ways. Some of the ways it manifests itself are tiredness, harsh behaviours, anxiety, heightened blood pressure, low self-confidence, low job satisfaction and decreased efficiency. It causes depression, isolation from patients, absenteeism and decreased use of skills. In recent years, the demand on nurse/midwives has increased resulting in, for instance labour shortage, reorganization and increased workload ^[10]. From studies carried out, it is shown that in a health sector, nurses experience extreme workload as compared to other health workers as they are involved with not only professional task but also nonprofessional tasks and duties ^[11]. A major issue contributing to workload is the demanding nature of nurse's work attributed to factors consisting of work interruptions, procedures and processes involved in patient care ^[11].

Nurses are exposed to biological, chemical, physical, safety, ergonomic and psychological agents in delivering care. These factors especially psychological factors have an impact on the occurrence of complaints; as well as work-related accidents. Improving and paying attention to prevent its impact will improve nurse's health as well as improving patient outcomes ^[12]. Adequate knowledge on the effect occupational stress has on mental health will help reinforce healthy behaviors. However, available evidence suggests that the presence of social supports in organizations provide extra resources that have empowered nursing staffs to better cope with their job stress ^[11]. As well as organizational guidelines aimed at protecting nurses interest like providing good working conditions ^[11]. Despite the available data on the effect of occupational stress on mental health, many nurses still suffer from mental issues in healthcare settings.

However, compliance to preventive measures still remain low especially in our setting Cameroon where there is limited data on standards and guidelines to prevent mental issues due to occupational stress. Hence there is need to understand the effects of work-related stress on the mental health of nurses and this research is designed to study this issue among nurses at Limbe and Buea regional hospitals. It is hoped that the findings from this study would help shed light on the work related stressors which could help to draw out programs or policies to reduce this phenomenon at the workplace.

Research Objectives

General Objective

To evaluate the prevalence of occupational stress, factors contributing to occupational stress on nurses and effects of occupational stress on nurses' mental health.

Specific Objectives

- i. To determine the prevalence of occupational stress among nurses in the Limbe and Buea regional hospitals.
- ii. To identify the factors contributing to occupational stress on nurses in the Limbe and Buea regional hospitals.
- iii. To determine the effects of occupational stress on the mental health of nurses in the Limbe and Buea regional hospitals.

Research Questions

- i. What is the prevalence of occupational stress among nurses in the Limbe and Buea regional hospitals?
- ii. What are the factors contributing to occupational stress on nurses?
- iii. What are the effects of occupational stress on nurses' mental health?

Research Hypothesis

H₀₁: The mental health of nurses is not affected by the occupational stress.

H₀₂: The mental health of nurses is affected by occupational stress.

Theoretical Framework

Job Demands-Resources (JD-R) Model

This theory is chosen for its relevance to the topic in connection to stress. The JD-R model presents the relationship between two factors of working conditions: job demands and job resources, and how these factors determine the occurrence of work-related stress. In 2001 the researcher Demerouti and her colleagues first introduced Job Demands and Resources model, also called the JD-R model. The main objective of this model is to improve well-being and job performance of the employees preventing burnout. It is one of the frameworks for understanding well-being and ill-being of employee^[16]. The JD-R model categorizes working condition into two parts: job demands and job resources.

Job demands belongs to all the physical, social, or organizational aspects of the job that ask for sustained physical and/or psychological (cognitive and emotional) effort or skills and are associated with physiological and/or psychological costs. These include work pressure, emotional demands, time pressure, and unfavorable working environment^[16].

Job resources belongs to all the physical, social, or organizational factors of the job that help to achieve work goals, reduce job demands and the associated physiological and psychological costs, and stimulate personal growth, learning, and development. For example, good leadership, favorable works environment, career opportunities, role clarity, good teamwork, interpersonal relationships, coaching and mentoring. According to many empirical studies done on occupational group, every compound of executed work can be put in either in job resources or in job demands and when resources are available it boosts commitment and when there is high job demands it may lead to negative consequences like stress, exhaustion. To a certain extent availability of the resources decreases the chance of negative consequences associated with work strain^[17].

Conversely, job resources can balance the impacts of high job demands, and this can lead to positive results where employees become more engaged and motivated towards their work. The main purpose of the JD-R model is to avoid an imbalance between job demands and job resources. The imbalance between these two work factors could lead to a serious health and personal problems. Theoretically, two different but related psychological processes are assumed by JD-R model to explain “job strain” (e.g., stress, burnout) and “motivation” (for example, engagement, commitment)^[17]. Job demands (physical, mental, emotional) increase the strain with negative results on the employees' health and in some cases; workers could develop depression, anxiety, or burnout syndrome. Higher job demands in

comparison to inadequate resources lead to “health impairment process” causing negative outcomes such as poor performance, reduced organizational commitment, absenteeism, etc.

On the other hand, sufficient job resources (autonomy, feedback, support) may reduce negative impact of job demands and increase “motivation” among employees that leads to better final results ^[17]. Job resources are associated with work engagement which leads to positive outcomes such as organizational commitment, increased work performance, job satisfaction. Job demands and job resources rely on each other: an increased level of demands could reduce motivation and engagement, and in the same way, increased level of resources could decrease the strain and difficulties posed by the demands. The right equilibrium between job demands and job resources could be achieved if the negative perception of job demands is balanced with strong job resources ^[18].

Conclusively, JD-R model is chosen in our research to bring clarity to our topic. We decided to choose this theory since it integrates a focus on not only for the negative aspects of work like strain, stress, or burnout but also the positive aspects. It is relevant for all jobs features as it has a huge range of scope, it is flexible and can be customized to the need of any organization or individual and it is also for the entire stakeholder a general communication medium ^[19].

2.0 MATERIAL AND METHODS

This study was conducted using a quantitative cross-sectional hospital based study design. This study was carried out in the South West Region of Cameroon, precisely in the Buea and Limbe Sub-Divisions of the Fako Division. The study participants were contacted through two hospitals: Regional Hospital Limbe (RHL) and Buea Regional Hospital (BRH). The RHL is located in the Mile 1 neighborhood of Limbe. It is easy accessible as it located beside the road leading towards the half-mile park and Limbe town. It covers a surface area of 248km² as of 2005. It is bounded by the Unity quarter Limbe and the State registered nursing school Limbe. It is the primary referral hospital in the region.

The hospital has various departments and units where health care services are rendered. Functional and equipped units with both staff and equipment include; pediatric, neonatology, Maternity and gynecology, an intensive care unit (ICU), Surgical unit and theatre. Dental, radiology, Ophthalmologic and laboratory departments. BRH is located in Buea along the road to the Bokwaongo neighborhood. It is situated between the army barracks and the Delegation of Education. It is a public hospital which render health care services; hemodialysis, blood bank, Nephrology, imaging center. The hospital has various units with trained staff and health practitioners; maternity, medical unit, Neonatology, pediatric unit, surgical, theatre, Emergency. The hospital is also a teaching hospital for Medical and nursing students.

Both hospitals are referral hospitals in the region and were chosen because of their background in surgery both minor and major and the level of referral cases. The population of interest for this study were nurses working at the surgical unit, emergency unit, theatre, intensive care unit, maternity at the RHL and BRH. These units were selected because they are known to have high amount of workload. A well-structured questionnaire with closed ended multiple choice questions was used to collect data. Data was collected on socio-demographic characteristics, prevalence of occupational stress, factors contributing to occupational stress of nurses and the effects of occupational stress on the mental health of nurses.

Reliability was ensured by pre-testing the questionnaire with nurses of Diligent Care Clinic Malingo, Buea and some corrections were made. This study was authorized by Department of Nursing, Faculty of Health Sciences, University of Buea, Cameroon. Ethical clearance was obtained from the Faculty of Health Sciences Institutional Review Board (No). Administrative authorization was first obtained from the Regional Delegation of Public Health, Southwest Region (No. 711/611), and then from the administration of the selected hospitals. A written consent form was signed by each participant willing to take part after going through the participant's information sheet. Data collected was entered into an excel spreadsheet then analyzed using the Weiman Occupational Stress Scale(WOSS).

The Weiman Occupational Stress Scale was used to establish a baseline score for the participants in the study. The Weiman Scale is a fifteen question Likert-type instrument that measures work related stress. Answers on the scale range from 1-5 points, with 1 = never, 2 = seldom, 3 = sometimes, 4 = frequently, and 5 = nearly always. The WOSS is scored by adding together the total number of points for the 15 questions and then dividing the sum by the number 15, or the number of test questions. The range that can be scored by a subject is a maximum of 75 and a minimum of 15. The greater the score, the more occupational stress is being reported.

The Weiman Occupational Stress Scale has a baseline value (mean score of 33.75 and individual average of 2.25). The study found out that nurses of the hospital were found to experience above average levels of occupational stress with the mean score of 59.93 and individual average score of 3.40. The nurses in this study therefore scored on average 3.40 which is 51% higher than the calculated WOSS baseline and with the WOSS, the higher the score, the higher the perceived stress

3.0 FINDINGS

A total of 102 participants took part in this study and were aged 18 years old and above. The majority of the participants were 24-29 years old 44(43.1%), females 75(74.0%) and majority 50(49.0%) of the participants had 0-2 years of work experience (Table 1).

Table 1: Socio-Demographic Characteristics of the Participants

Socio-demographic characteristics		Frequency (N=102)	Percentage (%)
Age (years)	18-23	26	25.5
	24-29	44	43.1
	30-35	21	20.6
	>36	11	10.8
	Total	102	
Sex	Male	27	26.0
	Female	75	74.0
	Total	102	
Marital status	Single	77	75.0
	Married	25	25.0
	Divorced	0	0.0
	Co-habitation	0	0.0
	Total	102	
Education	NA	0	0.0
	SRN	40	39.2
	HND	7	6.9
	BSc	48	47.0
	MSc	6	5.9
	PhD	1	1.0
	Total	102	
Religion	Christian	101	99.0
	Muslim	1	1.0
	Other	0	0.0
	Total	102	
Monthly income	<100,000	72	70.6
	100,000-200,000	28	27.5
	>200,000	2	1.9
	Total	102	
Household size	1-4	61	59.8
	5-8	36	35.3
	9-12	4	3.9
	>12	1	1.0
	Total	102	
Work experience	0-2	50	49.0
	2-4	25	24.5
	4-8	16	15.7
	8-10	5	4.9
	>10	6	5.9
	Total	102	

In order to explore which items may constitute the most common sources of stress to workers of the hospital, responses were summed up across all participants for each question and, judging from the totals obtained, all the fifteen items are common sources of occupational stress. Dividing their respective total scores by the total number of participants for the question resulted in above-average score means (Table 2). These include; Long work hours (5.28), Nursing difficult patients (4.95), Exposure to infectious diseases (4.69), Handling a large number of patients alone (4.63), Lack of break period during shift (4.53) (Table 2).

Table 2: Prevalence of Occupational Stress

Causes of stress	Total score	Group average score	Individual average score	p-value
Nursing difficult patients	362	74.20	4.95	0.000
Inadequate staffing levels	325	65.00	4.33	0.000
Harrasment from aggressive relatives	339	67.80	4.52	0.000
Nursing patients without relatives	275	55.00	3.67	0.000
Working with incompetent staff	177	35.40	2.36	0.000
Frequent night duty	323	64.60	4.31	0.000
Lack of break period during shift	340	68.00	4.53	0.000
Handling a large number of patients alone	347	69.40	4.63	0.000
Inadequate delegation of responsibilities	259	51.80	3.45	0.002
Job insecurity	288	57.60	3.84	0.000
Lack of opportunity for growth/promotion	295	59.00	3.93	0.000
Unfriendly relationship with supervisor	190	38.00	2.53	0.000
Long work hours	396	79.20	5.28	0.000
Exposure to infectious diseases	352	70.40	4.69	0.000
Needle stick injuries	227	45.40	3.03	0.767
Overall score	4495	59.93	3.40	
WOSS baseline	2531	33.75	2.25	

Based on the factors contributing to occupational stress on nurses, majority 30 (29.4%) say handling a large number of patients alone is frequently a factor of occupational stress, likewise, a majority 51 (51.0%) also said inadequate staffing levels is frequently a factor of occupational stress (Table 3).

Table 3: Factors of Occupational Stress of Nurses

Variables	Never N° (%)	Seldom N° (%)	Sometimes N° (%)	Frequently N° (%)	Nearly always N° (%)
Handling a large number of patients alone	1 (1.0)	10 (9.8)	26 (25.5)	30 (29.4)	35 (34.0)
Inadequate staffing levels	5 (4.9)	12 (11.8)	20 (19.6)	52 (51.0)	13 (12.7)
Long work hours	0 (0.0)	3 (2.9)	30 (29.4)	45 (44.1)	24 (23.5)
Frequent night duty	11 (10.8)	17 (16.7)	34 (33.3)	24 (23.5)	16 (15.7)
Limited support from coworkers	12 (11.8)	25 (24.5)	29 (28.4)	30 (29.4)	6 (5.9)
Resources are inadequate	8 (7.8)	9 (8.8)	26 (25.5)	33 (32.4)	26 (25.5)
Conflicts with co-workers/patients/relatives	17 (16.7)	16 (15.7)	26 (25.5)	31 (30.4)	12 (11.8)
I feel that my salary is insufficient for the work I do	7 (6.9)	13 (12.7)	20 (19.6)	17 (16.7)	45 (44.1)
My job requires that I handle emergencies on a regular basis	6 (5.9)	10 (9.8)	21 (20.6)	34 (33.3)	31 (30.4)

Upon ranking the factors contributing to occupational stress, long work hours (8.80) ranks first, while handling a large number of patients alone (8.76) and i feel my salary is insufficient for the work i do (8.58) ranks second and third respectively (Table 4).

Table 4: Ranking the Factors Contributing to Occupational Stress

Factors	Total score	Group average score	Individual average score	Rank order	p-value
Long work hours	396	79.20	8.80	1st	0.000
Handling a large number of patients alone	394	78.80	8.76	2nd	0.000
I feel that my salary is insufficient for the work I do	386	77.20	8.58	3rd	0.000
My job requires that I handle emergencies on a regular basis	380	76.00	8.44	4th	0.000
Resources are inadequate	366	73.20	8.13	5th	0.000
Inadequate staffing levels	362	72.40	8.04	6th	0.000
Frequent night duty	323	64.60	7.18	7th	0.000
Conflicts with co-workers/patients/relatives	311	62.20	6.91	8th	0.000
Limited support from coworkers	299	59.80	6.64	9th	0.000
Total score	3217	643.41	74.52		
Average score	71.49	8.28			

Based on the effects of occupational stress on the mental health of nurses, majority 62 (60.8%) of the nurses had several days when they become annoyed or irritable, also a majority 54 (52.9%) had several days where they experienced poor appetite, insomnia, depressive mood (Table 5).

Table 5: Effects of Occupational Stress on the Mental Health

Variables	Not at all N° (%)	Several days N° (%)	More than half of the days N° (%)	Nearly everyday N° (%)
Become easily annoyed or irritable	27 (26.5)	62 (60.8)	10 (9.8)	3 (2.9)
Poor appetite, insomnia, depressive mood	27 (26.5)	54 (52.9)	15 (14.7)	6 (5.9)
Trouble falling asleep, staying asleep or sleeping not too much	26 (25.5)	35 (34.3)	19 (18.6)	22 (21.6)
Little interest or pleasure doing things	47 (46.1)	44 (43.1)	5 (4.9)	6 (5.9)
I feel emotionally drained by my work	21 (20.6)	39 (38.2)	28 (27.5)	14 (13.7)
Feeling nervous, anxious on edge	35 (34.3)	49 (48.0)	12 9 (11.8)	6 (5.9)
Poor appetite or overeating	46 (45.1)	38 (37.3)	14 9 (13.7)	4 9 (3.9)
I feel that I work too hard at my job	18 (17.6)	23 (22.5)	38 (37.3)	23 (22.5)
worrying too much about different things	23 (22.5)	37 (36.3)	29 (28.4)	13 (12.7)
Feelings of guilt or Nightmares about duty	46 (45.1)	39 (38.2)	14 (13.7)	3 (2.9)
Forgetfulness	31 (30.4)	55 (53.9)	12 (11.8)	4 (3.9)

Upon ranking of the effects of occupational stress on the mental health of nurses, the first effect was I feel that I work too hard at my job (6.14), second was Trouble falling asleep, staying asleep or sleeping not too much (5.48), and third I feel emotionally drained by my work (5.43) (Table 6).

Table 6: Ranking the Effects of Occupational Stress on Mental Health of Nurses

Effects	Total score	Group average score	Individual average score	Rank order	p-value
I feel that I work too hard at my job	270	67.50	6.14	1st	0.000
Trouble falling asleep, staying asleep or sleeping not too much	241	60.25	5.48	2nd	0.000
I feel emotionally drained by my work	239	59.75	5.43	3rd	0.000
worrying too much about different things	236	59.00	5.36	4th	0.000
Poor appetite, insomnia, depressive mood	204	51.00	4.64	5th	0.000
Become easily annoyed or irritable	193	48.25	4.39	6th	0.000
Feeling nervous, anxious on edge	193	48.25	4.39	6th	0.000
Forgetfulness	193	48.25	4.39	7th	0.000
Poor appetite or overeating	180	45.00	4.09	8th	0.000
Feelings of guilt or Nightmares about duty	178	43.50	3.95	9th	0.000
Little interest or pleasure doing things	174	43.50	3.95	10th	0.000
Total score	2301	574.25	52.21		
Average score		52.20	4.75		

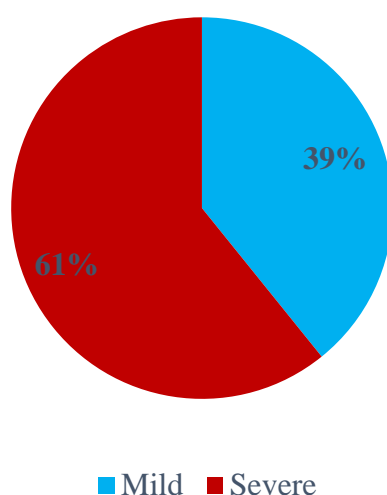


Figure 1: A Chart Demonstrating the Effect of Stress on the Mental Health of Nurses

Discussion

The aim of this study was to evaluate the prevalence of occupational stress, factors contributing to occupational stress on nurses and effects of occupational stress on nurses' mental health. The modal age of this study was 24-29 years at 44(43.1%), most of the participants were females 75(74.0%) and unmarried 77(75.0%). Bachelors in nursing holders were the majority 48(47.0%). Majority of the nurses received a monthly salary of <100,000frs 72(70.6%).

In this present study, the prevalence of occupational stress is 100%, which is similar to a study carried out in the USA 93%, Botswana 74%, and Ethiopia 48.4%. The high rate of variation could be due to differences in methodology. The analysis of this study shows that there is a high level of stress among nurses. Past administrations of the WOSS yielded a baseline score of 2.25. The nurses in this study therefore scored on average 3.40 which is 51% higher than the calculated WOSS baseline and with the WOSS, the higher the score, the higher the perceived stress. The result was in line with the findings of Adzakpah^[13] in which the nurses scored on average 10% higher than the calculated WOSS baseline. On associating socio-demographic data and level of effects of causes of occupational stress, sex was found to be statistically significant with a p-value of 0.013.

With the high demand of this profession, some factors are also seen to contribute to work-place stress. These factors could be intrinsic to the job such as; long working hours, work overload, time pressure, lack of breaks and poor physical work conditions which could lead to decrease productivity of an organization^[10]. From this study, majority of the nurses identified long work hours, handling a large number of patients alone, I feel that my salary is inadequate for the work I do, my job requires that I handle emergencies on a regular basis, inadequate resources, inadequate staffing levels as factors contributing to stress. These findings are consistent with a study carried out in Ghana by Godwin et al which identified handling large number of patients alone, inadequate staffing levels, long work hours, frequent night duty as factors contributing to occupational stress on nurses.

The stress associated with the profession has negative influence on the quality of life of nurses and reduces performance and effectiveness of the services provided^[14]. Also, sleep deprivation is another is another contributor to nurses health, as sleep is a vital and basic need for people of all ages. Lack in sleep could lead to experiences such as; feeling sleepy, sleep disorders and fatigue all day^[15]. From this study, it was identified that majority 62 (60.8%) of the nurses say they have several days when they become annoyed or irritable, also a majority 54 (52.9%) say they spend several days where they have poor appetite, insomnia, depressive mood. This is in line with a study carried out by Doruk et al in Turkey.

4.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

This study revealed that the prevalence of occupational stress of nurses in the nurses working in the surgical, maternity, theatre, ICU and emergency units of the Limbe and Buea regional hospitals is very high.

Factors such as long work hours, handling a large number of patients alone, and insufficient salary contributes to the occupational stress of the nurses working in the surgical, maternity, theatre, ICU and

emergency units of the Limbe and Buea regional hospitals. Occupational stress has an effect on the mental health of nurses in the Limbe and Buea regional hospitals.

Recommendations

This study has helped to identify the effects of occupational stress on the mental health of nurses to ensure that the prevalence of occupational stress is being reduced. It is of importance to the patient to improve care, improve disease outcomes and reduce cost. To the nurse, it is of importance as they can identify their sources of stress and develop coping strategies which will help enhance their quality of life and increase use of skills.

Acknowledgements

The authors would like to thank all the participants who took part in this study.

Limitations of the Study

This study was carried out only in two health facilities in the Fako division of the southwest region.

Conflict of Interest

The authors declare that they have no conflicts of interest.

REFERENCES

- [1] World Health Organization(WHO). (2020). Stress at the workplace. https://www.who.int/occupational_health/topics/stressatwp/en/
- [2] Guo YF, Luo YH, Lam L, Cross W, Plummer V, Zhang JP. Burnout and its association with resilience in nurses: A cross-sectional study. *J Clin Nurs*. 2018 Jan;27(1-2):441-449. doi: 10.1111/jocn.13952. Epub 2017 Sep 4. PMID: 28677270.
- [3] Dagget T, Molla A, Belachew T. Job related stress among nurses working in Jimma Zone public hospitals, South West Ethiopia: a cross sectional study. *BMC Nurs*. 2016 Jun 16;15:39. doi: 10.1186/s12912-016-0158-2. PMID: 27313502; PMCID: PMC4910212.
- [4] Karimi, A., Adel-Mehraban,M., & Moeini, M. (2018). Occupational stressors in nurses and nursing adverse events. *Iranian journal of Nursing and Midwifery Research*, 23(3), 230-234. https://doi.org/10.4103/ijnmr.IJNMR_253_15 PMID: 29861763; PMCID: PMC5954646.
- [5] Health and Safety Executive (2020). Work-related stress, anxiety or depression statistics in Great Britain, 2020. <https://www.hse.gov.uk/statistics/causdis/stress.pdf>.
- [6] Dighe SV. Occupational stress among nurses. *International Journal of Science & Healthcare Research*. 2020; 5(3): 25-29
- [7] Unaldi Baydin N, Tiryaki Sen H, Kartoglu Gurler S, Dalli B, Harmanci Seren AK. A study on the relationship between nurses' compulsory citizenship behaviours and job stress. *J Nurs Manag*. 2020;28(4):851–9.
- [8] Layali I, Ghajar M, Abedini E, Emadian SO, Joulaei M. Role of Job Stressors on Quality of Life in Nurses. *J Mazandaran Univ Med Sci*. 2019;29(180):129–33.
- [9] Adzakah G (2016) Occupational stress among nurses in a hospital setting in Ghana. *Clin Case Rep Rev 1*: doi: 10.15761/CCRR.1000207
- [10] Tangi Tupavali Lukolo, Linda N Lukolo, Lukangi Charles Kimera (2021). The effects of workload on Nurses' mental health in Katutura state hospital in Windhoek, Namibia. *International journal of medical science and health research*. Vol5.No.03:2021.ISSN:2581–3366. DOI:10.51505/ijmshr.2021.5307. Retrieved from Researchgate.net.
- [11] Emmanuel Kokoroko, Mohammed A. Sanda (2019). Effect of workload on job stress of Ghanaian OPD Nurses: The role of the coworker support. *Safety and health at work*, volume 10, issue 3, <https://doi.org/10.1016/j.sah.2019.04.002>. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2093791118304050>
- [12] Fatemeh Rostami, Amin Babaei-Pouya, Gholamheidar Teimori-Boghsuni, Azam Jahangirimehs, Zahra Mehri, and Maryam Feiz-Arek (2021). Mental workload and Job satisfaction in Healthcare workers: The moderating role of Job control. *Frontiers in Public Health*. 2021;9:683388.doi:10.3389/fpubh.2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8446529/#__ffn__sectitle.
- [13] Godwin Adzakah, Alexander S. Laat and Harrison S. Fiadjoe. Occupational stress among nurses in a hospital setting in Ghana. 2017. *Clin Case Rep Rev 1*: doi: 10.15761/CCRR.1000207

- [14] Ali- Reza Babapow, Nasrin Gahassab-Mozaffai & Azita Fathnezhad-Kazemi. Nurses' Job Stress and it's Impact on Quality of Life and Caring Behaviours: a cross-sectional study. BMC Nursing 21, Article number 75 (2022).
- [15] Doruk Yaylak, Betul Caliskan, Tugrem Karakas, Ozge Mertt, Cerren Onc, Ozon Kose, Zerrin Gokce Yucel & Llolkan Inal. Heavy Workload of Nurses and Effects of it on Sleep/Rest Levels. TMSJ.
- [16] Pennbrant S, Daderman A. Job demands, work engagement and job turnover intentions among registered nurses: Explained by work-family private life inference. Work. 2021;10(Preprint):1-3.
- [17] Arslan SS, Alemdaroglu I, Karaduman AA, Yilmaz OT. The effects of physical activity on sleep quality, job satisfaction, and quality of life in office workers. Work. 2019;63(1):3-7.[10]
- [18] Queijo AF, Martins RS, Andolhe R, Oliveira EM, Barbosa RL, Padilha KG. Nursing workload in neurological intensive care units: cross-sectional study. Intensive and Critical Care Nursing. 2013;29(2):112-6.
- [19] Hazavehei SMM, Hamidi Y, Kharghani Moghadam SM, et al. Exploring the views of medical staff in transforming a hospital into a health promoting hospital in Iran: a qualitative research. Hospital Practice. 2019;47(5):241-248.

License

Copyright (c) 2024 Binwi Florence, Meztio Tsopbeng Maina



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).
Authors retain copyright and grant the journal right of first publication with the work simultaneously licensed under a [Creative Commons Attribution \(CC-BY\) 4.0 License](https://creativecommons.org/licenses/by/4.0/) that allows others to share the work with an acknowledgment of the work's authorship and initial publication in this journal.