

## Stress in the Nursing Profession

Maria Stefania Manolache\*

*Psih. Maria Stefania Manolache, Iassy, Romania.*

### Abstract

This paper aims to study the issue of occupational stress and its effects on the behavioral level of healthcare employees. Occupational stress in various occupational areas such as healthcare affects not only professional but also personal life, its effects being felt in the behaviour and personal decisions of the employee. In this case, the importance of relaxation and coping mechanisms and strategies is clearly highlighted, which I have chosen to explore further in this paper. The present research aims to carry out a study on how 60 nurses, aged between 26 and 59, are affected by work-related stress. The objectives were: to identify the extent to which stress in the nursing profession affects the employee; to highlight the relationship between self-esteem and professional stress; to highlight the relationship between perceived self-efficacy and professional stress. The present research revealed that: employees in the nursing profession who have low self-esteem and low perceived self-efficacy also have higher levels of stress, which frequently leads to professional failure and dissatisfaction.

**Keywords:** stress; healthcare; occupational stress; nurses

### Introduction

#### Conceptual Framework for Dealing with The Notion of Stress

Summarising the literature, I have chosen to address the three paradigms of stress, presented as acceptations:

1. Acceptance of stress as a reaction - stress is the body's psychological or physiological response to a stressor in the environment (Zlate, 2007).
2. Acceptance of stress as a stimulus - stress is understood as a relatively normal condition of the environment.
3. Transactional acceptance of stress - stress is understood as a particular interactive relationship between the individual and the environment, in which particularly important is the correct assessment of environmental demands that exceed one's own coping resources and threaten the individual's well-being. (Băban, 1998).

In order to understand the issue as clearly as possible, a description of the typology of the different types of stress that individuals may face has been made: Distress, Hyperstress, Hypostress, Eustress, Acute Stress... The relationship of stress to negative emotions is absolutely obvious. When the individual is stressed, he feels emotions of frustration, anxiety, annoyance, fear or even depression. Thus, stress is closely linked to a series of negative emotions, many of which influence this state of stress to some extent, while others are merely consequences and

consequences of it, which are very interesting traits for psychology to study and analyse. Occupational stress generally occurs when there is an imbalance between demands and control, with demands referring to insufficient time, conflicting directives, high expectations of managers or high emotional involvement, and control referring to decision-making capacity. Nursing refers to the performance of forms of care and assistance to the sick. Caring for the sick is a great responsibility that relies on professional knowledge and high moral qualities. When patients are admitted to hospital or undergo outpatient treatment, they entrust their entire health and even their lives into the hands of these nurses.

Nurses are the main factor responsible for the quality and quantity of care and the costs of an institution (hospital/clinic). At the root of stress in healthcare are both external and internal causes. Stressors can come from both external circumstances and from within the emotional experience, but the most important causes of stress in the nursing profession are: awareness of the fatal consequences of any mistake, prompt intervention in emergency situations, insufficient remuneration, limited career advancement prospects, unsafe working conditions. A number of studies on nurses have also shown that women are more likely to experience stress than men. A major stressor for nurses is also the complexity of the profession, as well as fatigue (nurses' schedules are quite demanding).

## Strategies To Prevent and Combat Stress in The Nursing Profession

In stressful situations, the individual does not remain inactive, but is tempted to respond, to cope. We are dealing with so-called coping (the way we think and act to remedy the negative aspects of a stressful situation), which can take one of two forms:

- Problem-focused coping - which involves strategies aimed at managing the event.
- Emotion-focused coping - which refers to strategies aimed at regulating emotions associated with the stressful event.

Stress in the workplace seems to be an increasingly common problem, and a number of innovative, creative and effective relaxation methods and techniques have emerged, such as: peripheral imagery, focusing on one's own breath, centring, projecting an 'energy bubble', navigating beyond the self.

Self-conceptions are generally shaped by information gathered through social interaction activities, in which a person forms a view of him or herself based on others' projected self-conceptions and attitudes.

Self-esteem is therefore a positive or negative evaluation of one's own value in relation to self-image. The organisation of the characteristics that make up this self-image gives rise to self-esteem, which has 3 important components, between which there are interdependent links: self-love, self-confidence, self-concept. Empirical Investigations of Stress in The Nursing Profession.

## Research methodology

The present research aims to conduct a study on how nurses are affected by professional stress.

### Research problem

Occupational stress in the nursing profession occurs: As a mismatch between the employee and his/her professional activity;

As a result of non-specific manifestations that take place over shorter or longer periods of time, depending on the intensity of the stressors.

Over time, if appropriate and necessary measures are not taken to remove stressors, or where they cannot be fully reduced, to reduce them and increase the ability to adapt to stress, somatic and later even organic diseases may develop.

### The aim of the research

The present research aims to study the relationship between occupational stress and perceived self-efficacy.

## Objectives

- To identify the extent to which stress in the nursing profession affects the employee
- To highlight the relationship between self-esteem and professional stress
- To highlight the relationship between perceived self-efficacy and professional stress

## Hypothesis

- Low self-esteem in nurses is hypothesized to be related to higher levels of stress
- Low self-efficacy in nurses is assumed to be related to higher stress;
- It is assumed that with advancing age, nurses' perceived stress level will be lower.

Research instruments - The present research is a quantitative one and is based on the psychological testing method through a questionnaire, using 3 models:

- "Rosenberg" self-esteem measurement scale, consisting of 10 items, which measures personal values and feelings, thus global self-esteem.
- The Sherer questionnaire, which measures self-efficacy and has between 1 and 5 points. High scores represent high self-efficacy, while low scores represent low self-efficacy.
- Gheorghevici's (2006) 5-module Workplace Stress Questionnaire, which measures stress risk and consists of 6 modules:
  - Job demands - The higher the score, the higher the risk of stress.
  - Decision-making authority - The lower the score, the higher the risk of stress.
  - Discernment in the use of skills - The lower the score, the higher the risk of stress.
  - Terms of employment - The lower the score, the higher the risk of stress.
  - Help from bosses and colleagues - The lower the score, the higher the risk of stress.

The population under investigation - The present research was conducted on a group of 60 nurses, aged between 26 and 59 years.

## Analysis and interpretation of results

### Hypothesis 1

Low self-esteem in nurses is assumed to be related to higher stress levels. Correlation of self-esteem with stress level (Rosenberg with Gheorghevic). A correlation was observed between Rosenberg test scores and Gheorghevich test scores. which supports the hypothesis ( $r = -0.629$ ,  $p < 0.01$ ).

		Gheorghevi
Rosenberg	Pearson Correlation	-.629**
	Sig. (2-tailed)	.004
	N	60

\*\* . Correlation is significant at the 0.01 level (2-tailed)

### Hypothesis 2

Lower self-efficacy in nurses is assumed to be related to higher stress levels. Correlation of self-efficacy with stress level (Sherer with Gheorghevi). A correlation was observed between Sherer test scores and Gheorghevi test scores which supports the hypothesis ( $r = -0.362$ ,  $p < 0.01$ ).

		Gheorghevi
Rosenberg	Pearson Correlation	-.362**
	Sig. (2-tailed)	.004
	N	60

\*\* . Correlation is significant at the 0.01 level (2-tailed)

### Hypothesis 3

It is assumed that as nurses get older, their perceived stress level will be lower. Correlation of stress level (Gheorghevi) - age. The information in the table above confirms the correlation between Gheorghevi test scores and age, supporting the hypothesis that as age increases, stress level (as measured by Gheorghevi test) decreases.

		Varsta
Gheorghevi	Pearson Correlation	-.639**
	Sig. (2-tailed)	.000
	N	60

\*\* . Correlation is significant at the 0.01 level (2-tailed)

Psychological analysis of results. The present research revealed that: employees in nursing positions with low self-esteem and low perceived self-efficacy also have higher levels of stress, which frequently leads to job failure and dissatisfaction.

### Conclusions

Stress and burnout, also called the diseases of the century, are the most serious dysfunctions that occur in working life. For this reason, the need for ergonomic organisation of work in offices has arisen. In general, employees who experience symptoms of physical and mental fatigue have a negative attitude

towards their colleagues and experience a significant reduction in self-esteem and self-respect. In the nursing profession, stress arises as a result of insufficient mental resources to cope with professional demands and requirements. However, professional stress can also be beneficial to employee performance. In such circumstances we refer to eustress, which motivates and mobilises individual resources. Otherwise, when the effects of stress have a negative impact on the employee, we speak of distress. While constructive conflicts can often be motivating and idea-generating, conducive to renewal and change, destructive conflicts can lead to a waste of energy, time and even money.

Nowadays there are a lot of courses, projects and programs that help individuals to learn how to organize their life, time and workplace properly, and employees should take full advantage of all these actions to have a more peaceful, calm and stress-free life. Stress is an inevitable part of life, but it can have negative effects on physical and mental health. The importance of learning to manage stress to improve mental and physical health is vital. Having several ways to manage stress (such as relaxation techniques, exercise, adequate sleep and a healthy diet) helps us to improve our quality of life and mental health.

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