EFFECTS OF JOB STRESSOR ON THE HEALTH AND WORK BEHAVIOR AMONG THE NURSING PERSONNEL IN D.O. PLZA MEMORIAL HOSPITAL, PROSPERIDAD, AGUSAN DEL SUR 2008-2009

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ABSTRACT

The study assessed the effects of job stressors on the physical, medical, and work behaviors and interpersonal relationship of nursing service personnel in D. O. Plaza Memorial Hospital in Patin-ay, Prosperidad, and Agusan Del Sur. It aimed at addressing the issue on the kinds of job stressors experienced by the respondent. The different indicators were focused staffing; workload; working relationship with other personnel; hospital rules and regulation; and the effect on health and work behavior. A researcher-made instrument was used and administered to 80 nursing service personnel (9 head nurses/supervisors, 43 staff nurses and 28 nursing aides). It contains three (3) parts: Part-I deals on measuring demographic and work profile; Part-II is on nursing job stressors; and Part-III assess the effect of job stressor on physical' mental' and psycho-emotional symptoms and work behavior and interpersonal relationship. A descriptive-correlation and comparative research method was utilized in this study. The three hypotheses were formulated and tested in the study, using Chi-square test of independence; Analysis of variance; Pearson- r product moment correlation coefficient. The study established that job stress has significant effect on the mental effect of the job stressors among head nurse/supervisors, staff nurse and nursing aides. There is no significant difference on the ratings on the effect of the job stressors in terms of work behavior and interpersonal relationship among the three different types of respondents. Based on these findings, it is recommended that the government and hospital administration should lessen the job stressors by following the recommended patient ratio so that nursing service personnel will be efficient and effective in their performance.

Keywords: Job stressors, stress, work behavior, cognitive, emotional, physical, interpersonal well-being**.**

INTRODUCTION

Stress has constantly been a part of our daily lives. It is merely a consequence of daily living. Books and magazine are full of articles about stress, discussing all besides harmful effects of performing job (Bloom, 2004).

Akinboye et al (2002) conveyed that stress might be acute or chronic in nature. Each individual when exposed to a range of stressors, both at work and in their personal lives, ultimately affect his performance. Stress experienced at work is job stress (Mojoyinola, 2008). Pressure at work can be positive leading to increased productivity. However, when this pressure becomes excessive, it has a negative impact (Mubashir et al, 2000).

Bergen et al (2003) affirmed that the combination and interaction of systemic and traumatic stress place nurses and other working in the health care field at an increased risk of suffering

from serious negative stress effects in the areas of physical, emotional, cognitive, behavioral, and interpersonal well-being.

In addition, Schaufeli et al (1996) discussed the impact of stress on the workplace as very damaging. It can cause declining individual performance, efficiency, productivity, and low-morale (Parker et al, 1995). Judgment may be impaired, resulting in an increased risk of practice errors. Innovation, creativity, and collaboration suffer. Bournnais et al (1998) a cited by Berger et al (2003) stated that interpersonal effects of stress would be poor communication, aggression, mistrust , and defensiveness cause breakdown s in personal and workplace relationships.

In D.O Plaza Memorial Hospital, like any other government hospital, staffing has been a problem because taking care of patients in this hospital is very due to understaffing and/or overloading of patient assignment. A nurse or nursing attendant has to attend to as much as 30 to 50 patients for one shift. Schedule of work by shifting is erratic in nature. They also mandated to render 12 hours or 16 hours as need arises.

The above stressors are aggravated by multi-tasking role of the nurse where he/she dynamically works as charge nurse as well as medication nurse and an intravenous nurse. In addition, exposure to infections cases without proper personal protective devices is also an issue.

The role of the nurse is also strenuous specifically when they encounter problem such as management difficulties, interpersonal relationships with colleague and medical staffs, issues involving patient care, concerns about technical knowledge and skills, miscommunication of information, and the availability of the person to coordinate. Likewise, rules and policies in the hospital are not clearly defined and disseminated. These really affect working behavior of the nurses in terms of contradiction to the implementation.

With the given scenarios, the researcher is motivated to assess the relationship of job stress to health and work behavior of the nursing service D.O Plaza Memorial Hospital. The study also aims to address the issue on effective managing, and reduce or prevent work stress in order to enhance the physical, mental, and psycho- emotional health of the nurses, thus, improve their work behavior.

LITERATURE REVIEW

According to Jennings (2007), work in nursing first assessed in 1960 when Menzies identified four sources of anxiety among nurses: patient care, decision-making , taking responsibility, and change. The nurse's role has regarded as stress-filled based upon the physical labor, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Since the mid-80s, however, nurses' work stress may be escalating due to the increasing use of technology, continuing rises in health care costs (Jennings, 1994) and turbulence within the work environment.

According to William (2003), other sources of job stress identified in the nursing work environment include physical work environment, staffing, and team respect. Studies of Hemmingway et al (1999), and Tovey et al (1999) has identified stressors as heavy workload, urgency of work to be performed, dying and death of patients, role conflict, lack of autonomy

in practice, lack of social support, poor job fit, insufficient knowledge base, unsafe workplace, rapidly changing health care environment as stressors for nurses.

Staffing as Job Stressors

Hospital Nursing Service Administration Manual (1994) identified that staffing is the process of determining and providing the acceptable number and mix of nursing the acceptable number and mix of nursing personnel to produce a desired level of care to meet the patient demand. It is largest and crucial aspect of administration because the quality of the personnel and their performance will determine the degree of achieving the goals of the nursing service. Overstaffed, undermanned, and unbalanced nursing terms have implication for the quality cost of patient care.

Nursing Skill Mix: The discovery of Joint Commission on Accreditation of Healthcare (2001) as recognized by brown, et al (2006) alleged that at the outset, nurses could be hesitant about expanding their skills across the entire patient continuum to include both intensive and progressive care competencies. Whether a nursing service is a registered nurse, midwife, nursing aide who graduated from a two-year, three-year, or four-year program, the transition into practice is quick, with little tie for mentoring or on-the-job training. Indeed, with many shifts short-staffed today, managers are reluctant to pull experienced nurses away patient care activities to serve as trainers and mentors.

Shifting as Job Stressors: Rosa et al (1997) recognized that shift work involves working outside the normal daylight hours. Shift workers might work in the evening, in the middle of the night, overtime, or extra-long workdays. They might also work regular days at one time or another. Many shift workers "rotate" around the clock, which involve changing work from day to evening or day to night.

Time of Shift: Rosa et al (1997) speak about twenty-four operations usually divided into two or three shifts. Which, start-and end-times depend on the length of the shift. Day shift (also called morning or first shift) start around 5 to 8 in the morning and ends around 2 to 6 in the afternoon. Evening shift (also called afternoon or second shift) start around 2 to 6 in the afternoon and ends around 10 in the afternoon to two (2) in the morning. Night shift (also called third, "graveyard", or "mid" shift) which start around 10 in the afternoon to two in the morning and ends around 5 to 8 in the morning. The time of shift is important because people who work in the late night or early morning hours often feel sleepy and fatigued during their shift. This happens because body rhythm (also called a circadian rhythm) tells the body to be asleep at those times.

How Regular or Predictable? Rosa et al (1997) noticed that health care workers in spite of irregularities/ unpredictable schedule usually know the schedule ahead of time. Even if the shift times change, a worker will know several days beforehand. This makes it easy to schedule other non-work activities particularly home concerns. If they cannot predict their schedules, it is difficult to get adequate rest. Linked with the result of Ejaz et al (2007) other stressors on the job include issues related to unplanned changes in scheduling such as having to come in early or stay late or called to work on a day off.

Work-Rest ratios: The more a person works, the less time he or she will have for rest. People who work an 8- hour shift will have 16 hours left in a day to do everything else, and to get some rest. People who work a 12 hour shift have only 12 hours to do everything else

and to rest. In a situation like this, the extra work hours mean more tiredness and less time for res. This is a two-edge sword (Rosa et al, 1997).

Workload as Job Stressors: According to crayon et al (2005), heavy workload of hospital nurses is a major problem for the American health care system. Nurses are experiencing higher workloads than ever before due to four main reasons: First, the demands for nurses are increasing because of population aging. Second, the studies of US DHHS HRSA Bureau of health Professional National Center (for Health workforce Analysis, (2002) and Kuehn (2007) avowed that the supply of nurses is not adequate to meet the current demand. Third, Baumann et al (2001) added that when a nursing shortage occurs, the workload increases for those who remain on the job. In response to increasing heath care cost since the 1990's, hospitals reduced their nursing staffs and implemented mandatory overtime policies to meet unexpectedly high demands, which made it significantly increased nursing workloads. Fourth, Aeken et al (2002) increasing cost pressure forced health care organizations to reduce patient length stay. As a result, hospital nurses today take care of patients who are sicker than in the past; therefore, their work is more intensive.

Concept and Models of Nursing Workload: Carayon et al (2005) pronounced that nursing workload measures can be categorized into four levels: (1) nursing personnel versus number of patient care of nurse-patient-ratio (workload at the unit), (2) Multi-tasking (situation level), 93) handling infectious cases (patient Level), and (4) area of assignment (job level). That the most commonly used unit level workload measure is the nurse-patient ratio. The nurse-patient ratio used to compare units and their patient outcomes in relation to nursing staffing. The suggestion cited on the above studies regarding improving patient care are limited to increasing the number of nurses in a unit or decreasing the number of patients assigned to each nurse.

Multitasking (Situation-Level Workload): Carayon et al (2005) suggested using another way to conceptualize and measure-nursing workload based on the multi-tasking (situation-level workload). In addition to the number of patients assigned to a nurse due to the design of the health care micro system. In their study, hey found that various characteristics of an IU micro system (performance obstacle ad facilitators)- such as a poor physical work environment, supplies not well stocked, Many family's needs and ineffective communication among multidisciplinary team members-significantly affect situational-level workload.

Reducing Infections among healthcare staff: According to the studies of Cake et al (2002) and Jiang et al (20003) as referred to by Joseph (2006) healthcare employees are at serious risk of contracting infectious diseases form patients due to airborne and surface contamination. Factors such as poor ventilation system and fungal contamination of the ventilation system that linked to the spread of nosocomial infections among patients may also affect staff.

Area of assignment (Workload at the Job level): According to Carayon et al (2005), the level of workload depends on the type of nursing job or specialty (ICU nurse versus operating room nurse), For instance, Schaufeliet al (1998) used a job-level measure of workload to investigate the fact of workload on burnout and performance among ICU nurse. Oates et al (1996) enlighten that workload measure at the job level are appropriate to use when comparing workload levels of nurses with different specialties or job titles (ICU nurses versus ward nurse). Same as the finding of Adali et al (2002) as bring up by Mims et al (2004) that the levels of stress in emergency, intensive care, ad internal medicine units using

the Maslach Burnout Inventory differ. The study revealed that nurses in the emergency department experienced a higher level of stress and related burnout than those that worked in the intensive care or internal medicine wards.

Working relationship with other Personnel as Job Stressors: According to hospital nursing Service Administration Manual (1994), the coordination function of the nursing service personnel serves to unite the units various function with other hospital department and other community agencies. Coordination helps achieve the purpose of the hospital when each department complement the work of the other. Communication is necessary in order to unite, facilitate, and synthesize resources. Information conveyed to, form and among the personnel. The Nursing service department should understand and appreciate the function and responsibilities of hospital personnel. This would yield a cooperative effort characterized by an efficient and harmonious relationship, which will produce great results for the hospital.

Teamwork and Communication: According to McCarthy et al (2006) and Uhlig (2002) as cited by Joseph (2006) mentioned that healthcare practitioners are required to process different types of information and react quickly to the continuously changing conditions of their patients. Further, it is critical that practitioners from different disciplines-nurses, physician, anesthetist and so on –communicate vital patient information with each other to prevent replication off efforts, error and other operational failures. However, culturally, the practice of healthcare practitioners gathering information and making decisions independently, noting actions in the medical record, and calling upon other practitioners only when needed (Uhlig et al,2002). Earning and communication happens most effectively through frequent human contact and social interaction. Such interaction allows for the exchange of explicit knowledge (e.g. through the patient record but also allows team members to notice cues and triggers from their team members that allow them to perform their work

Nurse and Physician relationship: Joint Commission on Accreditation of Healthcare (2001) stated that incidents of verbal abuse of nurses, typically by Physician, are unfortunately well known, even commonplace. Less well known is the impact of this disruptive behavior on nurse satisfaction and retention level. A recent study from Voluntary Hospitals of American (VHA) by Kosel (2002) found that among nurse, physicians and health care significant issue at their hospital. Rosenstein et al (2002) tells that disruptive behavior was a strong contributing factor to diminished nurse satisfaction and morale.

Co-Staff Support: According to Jennings (2007) there were various studies designed to evaluate ways to mitigate stress. In the study of Blau 92003), a general construct labeled "organizational support' exhibited the expected negative relationship with work stress. LaSergent (2005) stated differently, as nurse felt more stress, they relied more on social support.

Hospital Rules and Policies as Job Stressors: In Hospital Nursing Service Administration Manual (1994), stated that policies are guide or basic rules that govern action at all organizational levels. Policies intended to achieve predetermined objections. All personnel affected by policies should share in their formulation through discussion of proposal and the formulation of recommendations. The concerned body approves personnel policies. Approved policies should be in writing and kept-up-to-date.

Nursing workload and violations: According to reason et al (1990) as alluded to by Carayon et al (2005) violation defined as deliberate deviations from those practices (i.e., written rules, policies, instructions, or procedures) that believed necessary to maintain safe or secure operations. The studies of reason et al (1990) and Lawton (1998) enlighten that violations literature emphasize the role of the social and organizational context, where behavior governed by operating procedures, code of practices, rule, and regulations, this approach emphasizes factor in the work system that can contribute to violation. The study of Parker (2000 has begun to explored caregivers' violation of protocols in the healthcare field the first factor, behavior, was described as a n improvisation (no rule available), a violation of clinical protocol, or compliance with a clinical protocol. The second factor, patent outcome, described as good, bad, or poor. Whether outcomes were good or bad, violation evaluated more negatively. Procedure may stifle innovation and make people less able to function in novel situations.

Effects of Job Stressors to Health and Work Behavior: Job stress describes the stress associated with the professional or work environment. According to Jennings (2006) the effect of occupational stress for the nurse, regardless of whether stress is perceived positively or negatively, the neuroendocrine response yields physiologic reactions that may ultimately contribute to illness (Selye, 1956). According to national Institute for occupational safety and Health (NIOSH) (1998), job stress defined as the harmful physical and emotional response that occur when the requirement of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

Effects of Job Stressors to Physical: According to NIOSH (1998), stress sets off an alarm in the brain, this response by preparing the body for defensive action. The nervous system is aroused and hormones released to sharpen the senses, quicken the pulse, deepen respiration, and tense the muscles. This response (sometimes called e fight or flight response) is important because it helps us defend against threatening situations. The response is programmed biologically. However, when stressful situations go unresolved, the body kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself seriously compromised. As a result, the risk of injury or disease escalates.

Sleep problem to night-shift work among nurses: Czeisler et al (1980) as cited by (2007) individual working nights and rotating shifts rarely obtain optimal amounts of sleep. In fact, an early objective study showed that night shift workers obtain 1 to 14 hours less sleep than normal when they were working nights. Haririson et al (2000) articulated that sleep loss is cumulative and by the end of the workweek, the sleep debt (sleep loss) may be significant enough to impair decision-making, initiative, integration if information, planning and plan execution, and vigilance. Sleep loss make people sleeper while awake, which may affect the shift worker's ability to perform activities safely and efficiently, both on and off the job.

Fatigue: The research of Rosa et al (1997) tells that most permanent night workers never really get used to the schedule. Fatigue occurs because most night workers go back to a day schedule on their days off. They never completely allow their sleep less during the day, so they do not recover from fatigue. This fatigue can carry over from day to day. Over several days, fatigue can accumulate to unsafe level. Because the shift time area always changing, they can never completely adapt to a set wok schedule.

Gastro-intestinal problems: The studies of Knutsson (2003) and Caruso et al (2004) as cited by Trinkoff et al (2007) found out that gastrointestinal (GI) complaints are common in shift workers. It could be due to changes in circadian rhythms of GI function, sleep deprivation leading to stress response and changes in immune function, or the type of foods that are available during the shifts. Shen et al (2006) as mentioned by Roger (2007) alleged that sleeps duration linked to metabolism and the regulation of appetite.

Hypertension and heart disease: Repitte (1993) mentioned by Mojoyinola (1984) that strong evidence that jobs with the combination of high demand and low control constitute a risk factors for hypertension and heart disease. He added that several studies have confirmed that the combination of high demands and low control produces job stress and related to heart disease.

Physically risk factors and musculoskeletal problem: According to Trinkoff et al (2003) as mentioned by Trinkoff et al (2007) confirmed that health care work is highly physically/postural demanding, and task requiring heavy lifting, bending and twisting. Related with the study of Miller et al 920060 as cited by Joseph (2006) revealed that lower back pain is pervasive problem among nursing staff and is a result of poor fitness, long periods of standing and efforts far exceeding workers strengths. Comparable with the studies of Engkvist et al (1998), nurses found to be at particular risk injury during patient transfers, which require sudden movements in non-neutral posture.

Effects of Job Stressors on Mental Health: Job stress had linked to increased risk for wide range of mental health outcomes. Kozier et al (2007) tells that cognitive indicators of distress are thinking response that include problem solving, structuring and self-control, or self-discipline, suppression. According to Carayon et al 920050, nurses experiencing stress and burnout may not be able to perform efficiently and effectively because their physical and cognitive resource may reduce, this suboptimal performance may affect patient care and its safety. Moreover, the studies of Gillberg et al (1994) as mentioned by Roger (2006), numerous have confirmed that prolonged wakefulness significantly impairs speed and accuracy, hand-eye coordination, decision-making, and memory.. Very low level of personal control had found to be psychologically harmful whereas greater control has been associated with better mental health.

Effect to Job Stressors on Psycho-emotional Health: According to Kyriacou (2001) as mentioned by de Nobile et al (20050 tells that occupational stress, also known as job stress, had defined as the experience of negative emotional stress such as frustration, worry, anxiety, and depression attributed to work related factors. Manthei et al(1996) stated that occupational stress is an individual experience, dependin on the traits of individuals, in that not all people react to events the same way. The studies of Aluja et al 9 20005), Angere (20030, and Borger et al (2003) conveyed at psychological consequences include job dissatisfaction, reduced job commitment, anxiety, fear, frustration, anger and of most concern, burnout.

Effect Job stressors to Work behavior: According to Olaleye (2002) as touch upon by Mojoyinola (2008) concede stress is as important psychological concept that can affect health, well-being and job performance in negative dimensions. Similar with the finding of Schult et al (2002) as bring up by Mubashir et al (2005) that there various ways that stress symptoms or outcomes reflected in the workplace.

Effect of Job Stressors to Work Performance: According to William (20033) stress and the negative outcomes of stress had recognized as financially costly to any health ca organization. Negative outcomes of job stress among nurses include illness, job dissatisfaction, decline in overall quality of care, absenteeism, and staff turnover (Schwab, 1996). Job stress describe the stress associated with the professional or work environment.

Job Dissatisfaction: Aeken et al (2002) and Darvas et al (2002) as alluded to by Carayon (2005) acknowledged that relationship between nurses working conditions is influence with high workload and job dissatisfaction. Cabvanaugh, (19920 as cited by Trinkoff et al (2007) tells that job dissatisfaction of nurses can lead to low morale absenteeism, turnover, and poor job performances and potentially threaten patient care quality and organizational effectiveness.

Absenteeism: The study of Mead (2000), acknowledge that the stress is one of the major cause of absence from work. According to Roger et al (2004), in the research of working hours in the hospital staff nurses and patient safety there were already hints that the fatigue associated with working twelve-hour shifts is contributing to job dissatisfaction ad absenteeism among registered nurses. Not only did nurses report an unusually high number of sick day's years, but also nurse working twelve-hour shifts reported significantly higher absenteeism rates than nurses working traditional eight-hour shifts.

Errors: According to the Institute of Medicine report to Err is Human: Building a Safer Healthcare system, as quoted by Joseph, 2006 more than 98,000 people die each year in US hospitals due to medical errors (active failures) occur at the point of service (for example, a nurse administering the wrong drug), most occur due to flaws in the healthcare system or facility design-such as due to high levels or inadequate communication systems.

Decline in overall quality of care: According to research funded by the Agency for Healthcare Research and Quality (AHRQ) (2004) hospitals with low nurse staffing levels make clear to that there were have higher rates of poor patient outcomes such as pneumonia, shock, cardiac arrest and urinary tract infections. Aeken et al (1996) as mentioned by Carayon et al (2005) explains that heavy nursing workload seems related to sub optimal patient care.

Effect of Job Stressors to Interpersonal Relationship

Lack of Time. According to Carayon et al (2005), nursing workload definitely affects the time that a nurse can allot to various task. Under a heavy workload, nurses may not have sufficient time to perform tasks that can have a direct effect on patient safety. Griffith et al (1999) notify heavy nursing workload can influence the care provider decision to perform various procedures. Baggs et al (1999) inform heavy workload may also reduce the time spent by nurses collaborating and communicating with physician, therefore affecting the quality of nurse-physicians collaboration. Studies of Davis et al (2003) and LLenore et al (1999) also avowed heavy workload could lead to poor nurse-patient communication. This lack of time may also result in an adequate training or supervision of new nurses.

Improve staff and patient satisfaction and morale through integrated environmental design

According to Tyson et al (2002) and Mroczek etal (2005) as talk about by Joseph, 2006 acknowledge that a supportive physical work environment, along with other factors such as

high autonomy, low work pressure, and supervisor support, Positively affects job satisfaction and burnout among nurses. Further, studies show that environment (i.e., physical environment, culture and work processes) which include patients and families as active participants in the care process (as opposed to passive recipients of care result in higher levels of satisfaction among patients and families Uhleg et al (2002). However, to include families in the care process, is important to provide spaces for families in the patient room and on the unit where they can spend extend period. Single rooms have clear advantage over multi bedrooms in this regard due to increased privacy for patient-family interaction and more space and furniture to accommodate family presence (Chaudhurt et al, 2006; Ulrich et al, 2004). In addition to these factors, organizational policies such as those that limit family visitation hours might influence family involvement and satisfaction with care.

The above aforementioned literature provided he researcher insights in establishing the correlation of job stressor of staffing pattern, working relationship and hospital rules and policies and its effect to physical, mental, psycho-emotional health, work performance and its interpersonal relationship with the different members off the organization.

METHODOLOGY

This chapter presents the research design, research setting, research respondents, research instrument, data gathering procedure, and the statistical tools used in this study.

Research Design

The method used in the study is descriptive-correlation research. It is descriptive since it describes the demographic profile of the respondents, the level of job stressors, and the degree of the effects of job stressors to health and work behavior. It is correlation because it gathers and analyzes the data, which established the relationship between the degree of effects of job stressors with the profile of the respondents, as well as, between the level of job stressors and the degree of effects of job stressors.

The study is also comparative in nature because it determines the significant difference in the rating of the three groups of respondent's in the degree of effects of job stressors.

Research Environment, Population, and Sample

This study conducted at D.O Plaza Memorial Hospital, formerly Agusan del Sur Provincial Hospital. It established in 1973 through effort of the late Governor Democrito Otaza Plaza. When this man passed away in 1990, the hospital's name changed into D.O Plaza Memorial Hospital in honor of his name. D.O Plaza Memorial Hospital is the only tertiary hospital in the province of Agusan del Sur. It is located at the heart of the Government Center, Patin-ay, Prosperidad, Agusan del Sur occupying. The hospitals occupy a total land area of eight (8) hectares. It has a 100 – bed capacity that caters the Agusanons and nearby provinces like Surigao del Sur and Compostella Valley. The hospital services are General Medicine, General Pediatrics, General Obstetrics and Gynecology, General Surgery and Trauma, Ophthalmology, Diagnostics services such as Radiology, Ultrasonography and Electrocardiography, Dental Services, Reproductive Health Services, Immunization and Ambulance.

The hospital has a total population of 280; with 22 medical staff; 88 nursing service personnel excluding volunteer staff and 170 for the ancillary personnel.

Population and Sampling

The researcher used the non-probability sampling design utilizing the purposive sampling technique in the selections of respondents in the nursing service personnel. Since all of them were not able to meet the criteria set such as, the respondents: are assigned in the seven units namely pediatric, Emergency unit, Surgical & Obstetric – Gynecology ward, Medical & Isolation ward, Operating and Delivery room and Intensive Care Unit. They are employed at least 40 hours a week and in direct patient care on-patient units. They are registered nurse and/or nursing aide. They do not belong to management personnel and nursing service personnel and not assigned in the central supply room and outpatient department. Lastly, nurses assigned in the field and/or technical department.

Table I: Distribution of the Respondents in Terms of Position

Respondent according to group	N	N
Head Nurse / Supervisor	15	9
Staff Nurse	43	43
Nursing Aide	30	28
Total	88	80

The study has three (3) groups of respondents, which are composed of 15 head nurses, 43 staff nurses, 30 nursing aide. Table 1 shows the distribution of the respondents.

These respondents were chose because they are well oriented to the organization, past the initial stress of working in a new environment, and working in similar situations. Volunteer nurse and nursing aide were not included from the study for their level of stress experience is different to those who give full responsibility in caring the patients. Nurses in the management positions excluded because there are differences in stressors related to job responsibilities.

After knowing, the sample size based on the criteria set and due to the limited number of respondents identified for each group, all of them taken as respondents. However, eight (8) survey instruments not retrieved.

Research Instrument

The study utilized a researcher – made instrument. The instrument conducted to allow the collection of desired information. The preliminary draft submitted to the thesis adviser and research consultants for comments, suggestions, and validity. The modifications made by the researchers to keep it genuine.

The instrument was trying out of the instrument to ten (10) selected nursing service personnel who excluded as respondent of the study. The satisfaction with the reliability coefficients of 0.98 analyzed the result of the try out, which is considerably very high. Conference with the adviser and research consultant helped improved the items that aided in making the instrument valid and reliable.

The instrument contains three parts. Part I consist of the items about demographic profiles. Part II consists of items, which will determine the level of job stressors. Respondents are

asked to rank the stressor from 1 – 5, with five as the most stressors and one is the least stressors. Part III consists of items, which will determine the degree of effects of job stressors to health, work behavior, and interpersonal relationship.

Data Gathering Procedure

The conduct of the study as well as the distribution of the questionnaire done after the permission from the hospital director granted. The researcher did the following:

First, a letter of permission secured from the Dean of the Graduate Studies. After the approval, it then passed to the Provincial Health Officer II of D.O Plaza Memorial Hospital.

Subsequently the researcher started administering the questionnaire personally and with the help of other employees. Prior to the interview, an informed consent obtained from all the nursing service personnel. This includes information on the voluntary nature of the participation and the importance of study. The nursing personnel who were assigned in the clinical area specifically in the wards/units in which their tasks were highly demanding (Pediatric, Emergency Unit, Intensive Care Unit, Surgical Ward, Obstetrics – Gynecology ward, Medical & Isolation ward, Operating Room and Delivery Room, Floor II – Left wing and Right wing), were invited and requested to answer freely the questionnaire. Finally, the researcher collected the questionnaires after one week.

Research Ethics

The researcher politely asked the permission of the respondents to participate in the study. The information regarding the study explained to the respondents. They give the opportunity to ask questions to understand the purpose of the study and were assured that the information they will give shall not be used for the study alone. A letter to participate in the study was hand over to the respondents. After his/her consent, each respondent has given a questionnaire. Survey respondents were not to identify their responses with the names or initials. Survey on respondents grouped in terms of actual duties performance if they are head nurses and/or supervisor, staff nurse, and nursing aide for identification.

Statistical Treatment /Tools

The data treated statistically using the following tools:
Frequency and Percentage. This used to describe the respondents in terms of their demographic and work profile.
Mean and Weighted Mean. This used in analyzing the level of job stressors and the effects of job stressors in terms of health indicators on Physical, on Mental, and on Psycho – emotional and work indicator on work behavior and interpersonal relationship.
One-way Analysis of Variance (ANOVA). This used to determine the significant difference on the effects of the job stressors on the health and work behavior of the respondents when grouped according to the type of respondents.
Pearson Product Moment Correlation of Coefficient or Pearson. This used to determine the significant relationship between the Level of Job Stressors experienced by the Respondents and their health and work performance and interpersonal relationship. This used to test the reliability of the research instruments.

Chi – Square Test of Independence. This used to determine the significant relationship between the profile of the respondents and the effects of job stressors on their health (physical, mental and psycho-emotional) and work behavior and interpersonal relationship.

DISCUSSION

The level and the degree of effect of job stressors had the following findings:

1. **Demographic Profile**

   Half of the respondents belong to the age bracket of 21 to 30 years old. Most of them are by female respondents (91.2%). And half of them (56%) are married. In terms of educational attainment, most are registered nurses (65%) who are staff nurses (53.8%) in the position, and more than half of the respondent (58.8%) had permanent work status.

   More than one-fourth (27.5) of the respondents worked for 1-3 years followed by less than a year and 7-9 years while the least is working 10 -12 years. Presently, most of the respondents assigned in the medical –isolation ward (20%), followed by Floor II- Right wing and surgical/gynecological and obstetric ward while the least are coming from floor II-left wing and other areas. In terms of average number of patient handled, 45% of the respondents handled 21 to 30 patients and the least have handles 31 patients or more (15%).

2. **The level of Job stressors**

   The identified item, which are most stressful (ranked as 5th) in the different areas of interest include the following:

   2.1 Staffing pattern : "I am asked to became a reliever of an absentee staff during off duty"

   2.2 Scheduling: " I am scheduled to work for 5 consecutive days of night duty or always being assigned in night duty shift"

   2.3 Workload:

   a. Nursing personnel versus of number of patients cared for 'I am scheduled to work more than 8 hours of duty (12 hours/16hours per day) or more than 40";
   b. Multitasking; " Having more than one task per shift"
   c. Handling infectious agents: " Communicable disease are not properly identified or classified for proper isolation"
   d. Area of assignment: "The Emergency room, followed by the Operating Room".

   2.4 Working relationship with other personnel: The different personnel identified were doctors, head nurses or supervisors, co-staff, and ancillary division. In their interaction, the personnel identified as stressful during specified events are as follows:

   a. Doctors: " Not being present in an emergency or when a patient is in distress"
   b. Head nurses and supervisors: " Hesitate to help when asked for assistance or lack of support"
   c. Co-staff: "Creates a conflict or critics and backbites the concerned personnel."
   d. Subordinates: "Not following delegated assignment."
   e. Ancillary division: "Not being around in times of need."

   2.5 Hospital rules and policies: " Are not well implemented or followed"

3. **The degree of the effects of the stressors on the health and work behavior of the respondents**

   a. On Physical Health. The item of "Tired/ fatigue" has the highest mean of 4.48 with verbal description of "Low." In addition, 3.05 or "Average" is the over-all mean.
   b. On Mental Health. The item "Insomnia, Difficulty falling asleep" has the highest mean of 3.52 with verbal description of "average" while "lost interest in things" has

the lowest mean of 2.76 with the same description of "average". In addition, the over-all mean is 3.01, which mean " average"

c. On Psycho-emotional Health. The item of anxious in situations that did concern me previously; anxiety; phobias;" has the highest mean of 3.26 with verbal description of "average". The lowest mean of 2.68a9"average) is Boredom and depression/burst into tears or cries. While the over-all mean is 2.94, which also mans "Average"
d. On Work Performance. The item of "Fail to assess the patient condition properly by gathering accurate data " has the highest mean of 3.35 and with verbal description of 'average' In contrast, the least duty (absenteeism) or fai to report on time/ not punctual 9tardiness)" with a mean of 2.87 or "average ". The over-all mean shows 3.12, which mean "aveage."
e. When combining the health indicators such as physical, mental and psycho-emotional, the grand mean reveals of 3.0 or average"
f. On Interpersonal relationship. The item of "Not enough time to respond to the needs of patients' families and significant others" has the highest mean of 3.43 with verbal description of average. While the item of "Fail to nurture the feelings of trust and confidence (do not offer help and backbite) among the colleague' has the lowest mean of 3.06 which mean "Average". The over-all mean for work indicators in terms of interpersonal relationship is 3.23 or "Average"
g. When combing work performance and interpersonal relationship, the grand mean for work behavior is 3.18, which mean " Average"

4. Test for significant relationship between the profile of the respondents and the effects of job stressors on health and work behavior

a. There is a significant relationship between the physical aspect and the age, current area of assignment and average number of patients.
b. There is a significant relationship between the mental aspect and the length of service
c. There is a significant relationship between the psycho-emotional aspect and the educational attainment and length of service.
d. There is a significant relationship between the work behavior and the employment status, length of service, current area of assignment and average number of patients.
e. There is a significant relationship between the job stressors in terms of interpersonal relationship of work performance and the employment status, length of service, current area of assignment and average number of patients

5. Test for significant relationship between the levels of job stressors and the health

a. There is a significant relationship between their health and staffing, scheduling and area of assignment as workload.
b. There is a significant relationship between their work behavior and handling infectious cases as workload and working relationship with co-staff.

6. Test for significant difference on the ratings on their effects of the job stressors among the 3 groups of respondents

a. There is a significant difference on the mental effect of the job stressors among head nurse/ supervisors, staff nurse and nursing aides.
b. There is no significant difference on the ratings on the effect of the job stressors in terms of work behavior among the three different types of respondents.

CONCLUSIONS

Based on the result, the following conclusions were drawn:

1. Job stress greatly affects young respondents aged 21-30 with short work experience and who are handling 21 to 30 patients. The most affected with stress are those with permanent work status.
2. a. The respondents value their schedule, especially, their time of rets and are highly stressed when their schedule disrupted or when they need to render consecutive night duty shifts.
   b. The area identified as most stressful is the emergency room and the operating room. These highly specialized areas need personnel who are trained and highly skilled.
   c. Having more than one task per shift considered highly stressful for all respondents.
   d. handling infectious cases is a significant stressors
3. The identified stressors from staffing pattern, relationship and hospital rule, and policies have sufficient degree of effects towards physical, mental, psycho-emotional relationship. (It means it did not create great impact that would disturb their daily living.)
4. a. Demographic profile much as age, current area of assignment, average number of patients, the length of service and educational attainment affect the degree of stress response to physical health, mental health and psycho-emotional health.
   b. demographic profile such as the employment status, length of service, current area of assignment and average number of patients affect he degree of stress response to work performance and interpersonal relationship.
5. a. Job stressors such as staffing, scheduling and area of assignment as workload influence the degree of stress response to physical health, mental health and psycho-emotional health
   b. Job stressors such as handling infectious cases as workload and working relationship with co-staff influence the degree of stress response to work performance and interpersonal relationship.
6. The job stressors among three grouped of respondent were affected most on mental stress although there rating varies. Their cognitive thinking, differ among head nurse/ supervisor, staff nurse and nursing aide, which attributed to their age differences, their number of years' experience, their position, or the scope of their work responsibilities and their education attainment. On the other hand, there was no significant/ variation on their response in terms of work behavior. This entails that they do not allow the stress to affect their work behavior.

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