ASSESSING THE EFFECTS OF OCCUPATIONAL STRESSORS IMPACTING NURSING PROFESION IN UGANDA, A CASE OF NURSES WHO CARED FOR COVID-19 PATIENTS AT MULAGO NATIONAL REFERRAL HOSPITAL.

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DECEMBER 2023

DECLARATION

I, **Adeke Caroline** hereby declare that this is my original work and has never been submitted to any university or institution of higher learning for any academic award.

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APPROVAL

I hereby declare that the research entitled ***Assessing occupational stressors impacting nursing professionals'. A case of nurses who cared for covid-19 patients at Mulago National Referral Hospital"*** has been accomplished under my guidance as a supervisor.

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TABLE OF CONTENT

DECLARATION ..... **i**
APPROVAL ..... **ii**
DEDICATION ..... **iii**
ACKNOWLEDGEMENT ..... **iv**
TABLE OF CONTENT ..... **v**
LIST OF FIGURES ..... **viii**
LIST OF TABLES ..... **ix**
LIST OF ACRONYMS ..... **x**
DEFINITION OF KEY TERMS ..... **xi**
ABSTRACT ..... **xii**

CHAPTER ONE: INTRODUCTION **1**
1.0 Introduction 1
1.1 Background of the Study 1
1.2 Statement of the problem 3
1.3 Justification 4
1.4 Objectives of the Study 4
1.4.1 General objective 4
1.4.2 Specific Objectives of the Study 4
1.5 Research Questions 4
1.6 Scope of the study 5
1.6.1Geographical scope 5
1.6.2 Content scope 5
1.6.3Time scope 5
1.7 Significance of the study 5
1.8 Conceptual frame work 5

CHAPTER TWO: LITERATURE REVIEW **6**
2.0 Introduction 6
2.1 Theoretical Review 6
2.2 Relationship between Occupational stressors and Nursing profession 8
2.3 Impact of occupational stressors on nursing professional. 10
2.4 Measures of addressing occupational stressors. 12

2.4.1 Encouraging workplace wellness. 12
2.4.2 Revamping the habitat. 13
2.4.3 Allowing for flexible hours and remote working. 13
2.4.4 Encouraging of social activity. 13
2.4.5 Creation of quiet time. 13
2.4.6 Recognition of employees. 14
2.4.7 Providing onsite or distance counselling. 14
2.4.8 Research Gap. 14

CHAPTER THREE: METHODOLOGY 15
3.0 Introduction 15
3.1 Research Design 15
3.2 Population of the Study 16
3.3 Sampling procedures 16
3.3.1 Sample Size 16
3.3.2 Sample Procedure 16
3.4 Data collection methods. 16
3.4.1 Data collection tools 17
3.5 Procedure for Data Collection 17
3.6 Reliability and validity 17
3.6.1 Validity of the instruments 17
3.6.2 Reliability 17
3.7 Data management and analysis. 18
3.7.1 Editing and Spot Checking 18
3.7.2 Coding 18
3.8 Ethical considerations 18
3.9 Conception of research. 18

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION 19
4.1 Introduction 19
4.2 Demographic characteristics 19
4.2.1 Gender 19
4.2.2 Age of the Respondents 20

4.2.3 Employment status 20
4.2.4 Religion of the Respondents 21
4.2.5 Marital status of Nurses 21
4.2.6 Occupation type of nurses 22
4.2.7 Working Experience 22
4.2.8 Education level of Respondents /current job level 23
4.3 Occupational stressors and nurses' profession. 23
4.4 Impact of Occupational Stressors on Nurses' Professionals: objective two 26
4.5 Measures of Addressing Occupational Stressors of Nursing Professionals 28

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS ... 30
5.0 Introduction 30
5.1 Discussion of the Study Findings 30
5.1.1 Factors for Occupational Stressors on Nurses Professionals 30
5.1.2 Impact of Occupational Stressors on Nurses' Professionals 30
5.1.3 Measures of Addressing Occupational Stressors of Nursing Professionals 31
5.2 Conclusion 31
5.3 Recommendation 31
5.4 Areas of Further Studies 32

REFERENCES 33

APPENDICES 35
APPENDIX I: Consent form in English 35
APENDIX II: Questionnaire 38
APENDIX III: Acceptance letter 44
APPENDIX IV: A map of Uganda showing Kampala District 45
APENDIX V: A map of Kampala showing the location of Mulago Hospital 46

LIST OF FIGURES

Figure 1: Conceptual framework. 6
Figure 2: Religion of respondents 21
Figure 3: Marital Status of Nurses 21
Figure 4: Working Experience of Respondents 22
Figure 5: Level of satisfaction with the current work environment 24
Figure 6: Rating of nurse's workload 25
Figure 7: Workload during pandemic 27

LIST OF TABLES

Table 1: Gender of the Respondents 19
Table 2: Age of Respondents 20
Table 3: Employment status 20
Table 4: Occupation type of nurses 22
Table 5: Education Level of Respondents 23
Table 6: General atmosphere of the workplace 24
Table 7: Bivariate analysis of general work atmosphere with current work environment 25
Table 8: Aspects of covid-19 that contribute to stress 26
Table 9: Effects of stress factors on nurses' professionals 27
Table 10: Measures to manage and balance increased workload during covid-19 28
Table 11: Responses on Possible Measures of Addressing Occupational Stressors of Nursing Professionals 29

LIST OF ACRONYMS

AHSPR **:** Annual Health Sector Performance Report.

HIV **:** Human Immune Virus.

HMIS **:** Health Management Information System.

HSCWs : Health and Social Care Workers.

ICT **:** Information Communication and Technology.

ICU **:** Intensive Care Unit.

KCU **:** King Ceasor University.

KII **:** Key Informant Interviews.

MH **:** Mental Health.

MNRH **:** Mulago National Referral Hospital.

MoH **:** Ministry of Health.

OPD **:** Outpatient Department.

SD **:** Standard Deviation.

SPSS **:** Statistical Package for Social Sciences.

TB **:** Tuberculosis.

WHO **:** World Health Organization.

DEFINITION OF KEY TERMS

COVID-19: The name of the disease caused by the novel coronavirus, SARS-CoV-2, which is short for "Coronavirus Disease 2019." If you're sick, you have COVID-19. You were infected by SARS-CoV-2.

Drive-through testing: Testing in which individuals remain in their homes, hospitals, under isolations, and medical staff in protective gear come to administer the swab test. Afterward, swabs are sent to a laboratory for testing.

Endemic: A disease that regularly infects humans, like the flu, strep throat or any common illness. There are four coronavirus strains that commonly infect humans, usually manifesting as colds.

Epidemic: An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. When there are enough outbreaks, in places beyond that initial spot that amounts to an epidemic.

Stage of exhaustion: Third stage of the general adaptation syndrome; the body's ability to resist stress becomes depleted; illness, disease, and even death may occur

Stage of resistance: Second stage of the general adaptation syndrome; the body adapts to a stressor for a period of time

Stress: Process whereby an individual perceives and responds to events that one appraises as overwhelming or threatening to one's well-being

Stressors: Environmental events that may be judged as threatening or demanding; stimuli that initiate the stress process.

ABSTRACT

The study investigated the effects of occupational stressors impacting nursing profession in Uganda, a case of nurses who cared for covid-19 patients at Mulago National Referral Hospital. The specific objectives of the study were to find out the relationship between occupational stressors and nurses' professionals, examine the impact of occupational stressors on nurses' professionals in MNRH and to identify the possible measures of addressing occupational stressors of nursing professionals in MNRH.

The study adopted a descriptive research design consisting of mainly quantitative approaches for the purpose of making valid and insightful conclusions. The study was conducted in Mulago National Referral Hospital, with the target population that mainly comprised of nurses who nursed post covid patients considering they have the required knowledge about the area of investigation. The study used both probability and non-probability sampling designs. The non-probability sampling design included purposive sampling while probabilistic sampling design specifically simple random sampling was adopted during the study. Interviews were conducted with a sample size of 100 respondents purposively estimated using a self-administered structured questionnaire.

The study findings revealed the fear of getting infected (reported by 66% of the respondents) followed by the fear of transferring the disease to their family members (reported by 53% of the respondents) as the greatest stress factors experienced. Additionally, a high proportion (59%) of respondents noted the workload to have increased. These had an impact on nurse's effectiveness to deliver healthcare and some of the impacts; It affects the relationship between nurses and their patients, it leads to poor patient care, it leads to low morale at work, stressors can lead to no care of patients, and that stressors can also lead to depression. However, the respondents proposed measures of addressing occupational stressors as encouraging workplace wellness (reported by 45%), encouraging workplace wellness (reported by 50%) allowing for flexible hours and remote working (45%).The study recommended that there should be interventions that eradicate some of these stressors. Nurse's ability to cope with the demands and stress from work may be improved with specific occupational health education and specific training programs that improve their knowledge and ability. Also, interventions at hospital level, including additional supervisor support, staff recognition policies, and more breaks provision, may be proved helpful to more supportive work environments establishment, preventing stress on a primary level.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter includes the background of the study, objectives, statement of the problem, significance, scope, research questions, and limitations to the study.

1.1 Background of the Study

The coronavirus disease 2019 (COVID-19), which originated in Wuhan, Hubei Province, China, at the end of 2019, has become a major public health problem in not only China but also on a global scale. On January 20th, 2020, the National Health Commission of China announced that COVID-19 would be included in the management of Class B infectious diseases, prevention and control measures for Class A infectious disease will be then adopted. With the continuous spread of this epidemic, a large number of both confirmed and suspected patients have gradually flooded into various major hospitals, significantly increasing the workload and pressures of clinical frontline nurses. (Awano N, 2021)

Due to a lack of human resources, nurses are required to undertake a significant amount of work at the clinical frontline of this epidemic. They do not only perform therapeutic work for patients but also provide life care, basic care, and psychosocial care. Moreover, they are involved in developing, opening new wards and are responsible for the disposal of medical wastes among other responsibilities. To protect themselves, nurses need to wear Personal Protective Equipment (PPE)—including goggles, N95 masks, and protective gears —while at work. However, using PPE over long periods of time can be exhausting. For example, when wearing a N95 mask, nurses need to speak loudly to ensure that their patients can hear them. (Blekas, 2020)

Occupational stressors refer to an individual's response to the characteristics of the work environment, which appears to be threatening and is caused by the individual's perceptions of the imbalance between job demands and their abilities to cope with those demands. There are many sources of job stress for nurses. As established, increasing one's workload can aggravate a person's stress levels. Particularly during this unique period, nurses are more stressed than ever as they are faced with a highly contagious disease and unfamiliar work environments and patterns. Moderate job stress is conducive in stimulating the potential of nurses. (Brotennbrenner, 2020). However, some studies have shown that extreme job stress is caused by excessive job-related demands (e.g., increasing workload, inadequate work environment)

which are more likely to lead to burnout. Simultaneously, working excessively and compulsively may affect well-being at work and increase the risk of burn out. All these affect their overall work quality, which is not conducive to the stability of a hospital's nursing team. One study found that the cumulative effects of repeated exposure to stressors results in poor mental health and functioning, our study is therefore of great significance. (Cherepanove, 2020)

Today, COVID-19 is a life-threatening disease all over the world and has become an international concern and a global emergency. Following the spread of the infection to more than 228 countries and territories around the world, it's reaching pandemic proportions of COVID 19 that originated from WUHAN CHINA. The healthcare personnel, especially nurses, have been in the frontline of providing care to the infected.

The members of healthcare teams, especially nurses, are exposed to many occupational hazards and experience high levels of stress. According to a study, the nurses who cared for deadly Ebola virus patients suffered from high levels of psychological distress. Corona virus (MERS-Cove) epidemic, nurses in Uganda at Mulago who cared for the infected patients will show, signs of anxiety, stress, aggressiveness, fear, anger with other distressful emotions. The pandemic also affected the psychological health of a considerable number of healthcare professionals in Uganda, so that their resilience will be at Risk in case of another wave of the infection. (Golden SD, 2021).

These difficult conditions resulted due to high population and high death rate cases of COVID-19 patients and inconsistency in caring for the patients due to high demand for oxygen and shortage. According to another study in South America, many healthcare professionals experienced lack of protective gears, during the pandemic. Concern about lack of equipment and fear of being infected will be greater in the personnel who will be involved in procedures in which aerosols will be produced. The nurses who had been isolated for 1–2 weeks suffered emotional exhaustion; they will be able to adapt psychologically after 3–4 weeks of working in isolated wards. (Lais J, 2023)

Long working hours and work overload, exposure to infection and close contact with COVID-19 patients, the stigma of being a potential carrier of the infection, social media pressures, and increase in the number of death cases lead to fatigue, despair, and helplessness in the nurses and undermine the quality and quantity of nursing care. Compared to the other professionals in

the healthcare system, nurses spend more time with patients and play a key role in controlling and treating emerging diseases. Research shows that nurses have experienced higher levels of occupational and psychological stress during the COVID-19 pandemic. Nurses' psychological health correlates with the quality of healthcare services, and occupational stress is one of the most influential factors in the psychological health of this nurses, it is necessary to evaluate nurses' mental health and stress management skills in facing and caring for COVID-19 patients and to identify barriers to their stress management. (LIX, 2021)

Occupational stressors can be defined as the perception of a discrepancy between environmental demands and individual capacities to meet these demands (Topper, 2023). Occupational stress has traditionally been a perpetual characteristic of quality of nursing care thus affecting all professions and societies. It is widely assumed that health workers experience occupational stress which is greatly as a result of local forces such as work settings, cultural orientation, and nature of work as well as levels of social support. Hence, occupational stress creates risk factors for patient safety and as result impedes performance. (MARADI Y, 2021) With attributions to the different organizational cultures, different health systems, resource availability, education levels, age, job security, experience, and nature of work, (Dass, 2021) asserts that occupational stress can be characterized.

1.2 Statement of the problem

The working environment characterized with working with severely sick patients, working for long hours and fear of being contracted with fatal diseases. Nurses within the hospitals face occupational stress whose consequences endangers the hospital service delivery function,

through reduced job satisfaction and organization commitment among nurse's professionalism in Mulago hospital. Health and Social Care Workers (HSCWs) continue to play a vital role in our response to the COVID-19 pandemic. It is known that HSCWs exhibit high rates of pre-existing Mental Health (MH) disorders which can negatively impact on the quality of patient care (Blekas, 2020).

1.3 Justification

The purpose of the study was to assess the effects of occupational stressors impacting nursing professionals at Mulago National referral Hospital (MNRH) who cared for covid-19 patients at the hospital. Assessing the effects of occupational stressors in nursing professionals is crucial for several reasons. It helped to identify factors affecting their well-being, job satisfaction, and performance. Understanding stressors enables targeted interventions, improving workplace conditions and ultimately enhancing patient care. Additionally, recognizing and addressing these stressors can contribute to the retention and overall job satisfaction of nursing staff, benefiting both individuals and the healthcare system as a whole.

1.4 Objectives of the Study

1.4.1 General objective

The general objective of the study was to assess occupational stressors impacting nursing professionals in Uganda, a case of nurses who cared for covid-19 patients at MNRH.

1.4.2 Specific Objectives of the Study

i. To find out the relationship between occupational stressors and nurses' professionals.
ii. To examine the impact of occupational stressors on nurses' professionals in MNRH.
iii. To identify the possible measures of addressing occupational stressors of nursing professionals in MNRH.

1.5 Research Questions

1. What is the relationship between occupational stressors and nursing professionals?
2. What is the impact of occupational stressors and nursing professionals?
3. What are the possible measures of addressing occupational stressors of the nursing professions?

1.6 Scope of the study

1.6.1Geographical scope

The study covered Mulago National Referral Hospital. Mulago hill is in the northern part of the city of Kampala immediately west of the Makerere University of health science, it's approximately 5 kilometres by road north east of Kampala district.

1.6.2 Content scope

The study addressed the effects of occupational stressors impacting nursing professionals in Uganda.

1.6.3Time scope

The study covered a period of 6 months, starting from June 2023 to December 2023.

1.7 Significance of the study

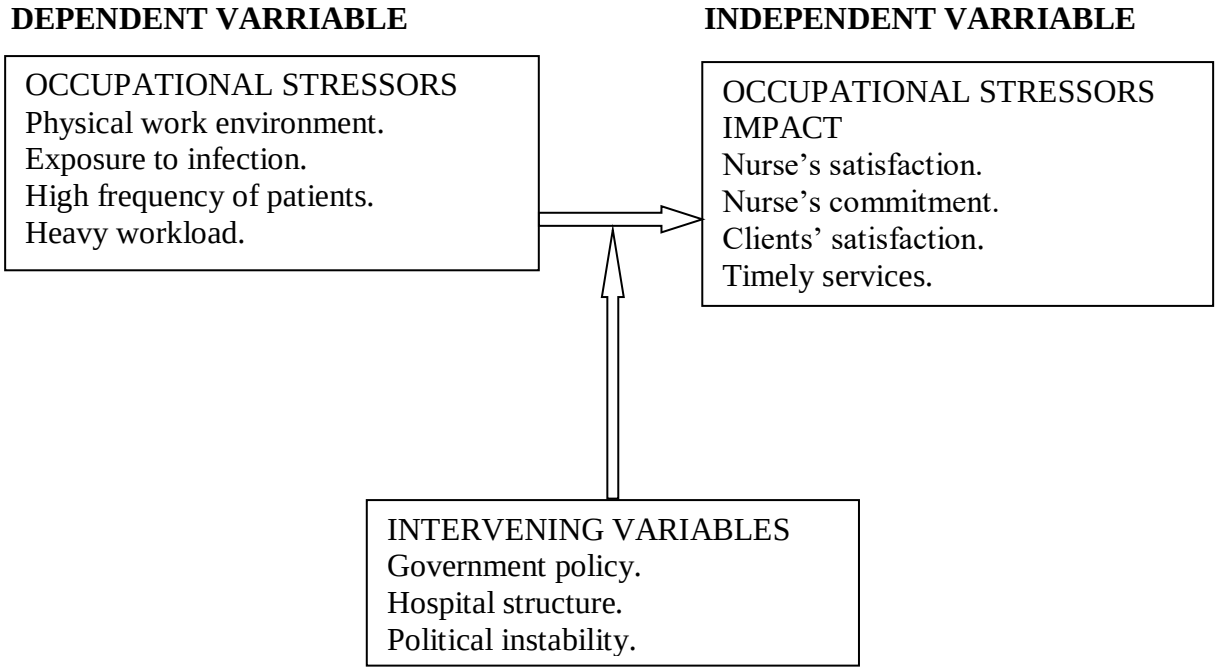
Significance of the study helped current and feature hospital nurses and policy makers in designing mechanisms that required safe and healthful working environment for nurses hence health services to the public especially nurses that are handling the COVID-19.

The study will also add to the existing literature of occupational stressors, job satisfaction and organization commitment in Ugandan hospitals. The significance of the study will create knowledge and provide information to the feature researches.

1.8 Conceptual frame work

The basic model that was used for the study was presented in a diagrammatic form. It examined the relationship between the impact of occupational stressors and the underlying occupational stressors; physical work environment, exposure to infection, high frequency of patients, heavy workload with intervening variables as government policy, hospital structure and political instability.

Figure 1: Conceptual framework.



The frame work suggested that the independent variables were conceptualized as consisting of nurse's satisfaction, nurse's commitment, clients' satisfaction and timely services while dependent variable was teacher Performance conceptualized as consisting of physical work environment, exposure to infection, high frequency of patients, heavy workload. On the other hand, the intervening variables were conceptualized as consisting of government policy, hospital structure, political instability.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This section presents the relevant literature and works of other authors and researchers on occupational stressors.

2.1 Theoretical Review

Occupational stress is an alarming worldwide phenomenon and was a major public health problem. Occupational stress refers to the process by which stressors in the work environment

lead to the development of psychological, behavioural or physiological strains that result in long-term health effects, and is also known as work- or job-related stress (Levy 2019). An expert survey conducted by the International Labour Organization (ILO) revealed that occupational stress is a worldwide problem that causes adverse personal and organizational outcomes, and a major concern in specific sectors, particularly in health care, education, services, finance.

The organizations, to make themselves efficient in utilization of resources, have gone through entire restructuring, layoffs, downsizing, and mergers. This has resulted in unstable employee-employer relationship which has caused great deal of stress among health personnel. (BA, 2021). There is no such thing as a stress-free job in the world. Everyone in his/her work is exposed to tension, frustration and anxiety as he/she gets through the duties assigned to him/her. In order to make our work experience and environment as pleasant as possible, it is better that we learn the technique of moderating and modulating our personal stress levels. Hence the research has shown that high level of stress seriously affects the performance of nurses as well as their health condition. This article reviews and summarizes three decades of empirical literature concerned with stress in general and occupational stress in particular with major coping strategies.

(Stephen William 2022) in his book titled "Managing Pressures for Peak performance - posture approaches to stress defines or start of the process of stress, which is the finaloutco me or the possible response to pressures. According to him pressure becomes stress and the process by which pressure becomes stress is called stress process". According to (STALL N, 2020) the concept stress, which dominates current research, is an extension of the appraisal hypothesis, that stress represents a relationship between a stressor and an individual's reaction. The study conducted by (James E. Driskel and Eduardo Salas 2019) investigated the effects of stress on status and decision-making in groups. When self and role characteristics are incongruent or antagonistic, the enactment is likely to be invalid and unconvincing, a part from the role being a source of stress. In an organization, stressful situations occur when an individual is confronted, with conflicting demands from members of his different" role sets; an individual is confronted with conflicting demands from within one of his roles sets. An individual is unclear about (or rejects) the expectations and behaviours appropriate to any one or more of his roles, which may also involve problems within and between his various role sets; These difficulties often occur when managers (and others) move into new roles, or when

their existing roles are modified in some way as a result of technological or organizational change. (KAUFMAN, 2021). To Sum up, occupational stress may be caused by factors external to the organization, such as the social, political and economic, that affect the organizational homeostasis within the larger environment, i.e., the macro system; Factors of the role set situation such as conflicting role demands, role pressures, overload and uncertainty of the work, i.e., micro-system. occupational stress is not a disease. Workers responses to stressors may be positive or negative depending upon the type of demands placed on them, the amount of control they have over the situation, the amount of support they receive and the individual responses of the person. In most of the cases, people adjust to stressors and are able to continue to perform their normal work duties.

2.2 Relationship between Occupational stressors and Nursing profession

Nurses' perceived stress and perceived work stressors levels will be not high, but an increase in these variables may decrease nurses' motivation and performance. Thus, controlling nurses' stress levels and identifying possible stress sources related to the COVID-19 pandemic are important to support nurses in their work. (WHO, 2020).

This study aimed to examine the concept of stressors, which has become a part of our daily lives, in an organizational context, and to determine whether there is a relationship and interaction between stress management and job performance in organizations. In this article, which is an exploratory study, the sources behind organizational stress were investigated, and the individual and organizational results created by organizational stress management on business performance are discussed. Within the scope of the study, the studies in the literature conducted between 2005 and 2019 in different sectors and their results were examined. In the obtained results, significant negative relationships were found between stress management and job performance. Furthermore, in these results, the mediating role of stress management was be also detected.

The stressors can cause unwillingness to work, reluctance to go to work, making mistakes, leaving work, poor quality of work, deterioration of relationships and cooperation with colleagues, making inaccurate decisions, and negative behaviours. (TIN, 2020). The effects of work stress on the health sector may cause irrecoverable results. Literature data indicate that nurses' stress affects their motivation and performance negatively ((ZHANG H, 2020),).

The stressors, anxiety and burn out of physicians, nurses and assistant healthcare personnel who are in direct contact with patients can affect both their job performance and health conditions and reduce their quality of life. In healthcare professionals, the anxiety that occurs during or as a result of crisis intervention may impair their mental reasoning and abstract thinking skills and cause a lack of attention and coordination. Various emotions such as fear and anxiety can affect their problem-solving performance. The decrease in problem-solving ability may lead to a decrease in the efficiency of the services provided to protect the health of individuals and public health and to facilitate living conditions.

Stressors, which are considered to be one of the most critical problems of our age and affects the quality of life of living things, is the "war or runaway" reaction that an individual develops against a stimulus that threatens his/her adaptation to the environment (Awano N, 2021). While stress, which is a concept derived from the Latin word "estrictia," will be used in the 17th century with the meanings of disaster, trouble, calamity, and grief, in the 18th and 19th centuries, it will be used for psychological deteriorations in the individual, meaning ”power, pressure, and stress" (Cherepanove, 2020). According to many researchers and scientists, stress, which is considered to be the social and psychological plague of today, is evaluated as a condition that occurs with the individuals being forced physically and mentally and feeling under pressure and tension (LIX, 2021).

The exposure of individuals to excessive stress in the work environment leads to both an increase in costs (an increase in business absences, health expenditures, and insurance expenditures) and a decrease in organizational performance, as well as in job satisfaction, by decreasing the amount of goods and services produced per unit time (Blekas, 2020). According to (STALL N, 2020)the stress experienced also has consequences that are closely related to the organization, such as the individual's late arrival to work, increase in his/her absenteeism, increase in the labour turnover rate, alienation of the employee to work and workplace, and decrease in his/her performance.

The stress level, at which individuals' performance is the best, is the optimal positive stress level. At the positive stress level, the individual's motivation, ability to fight time pressure, speed of making important decisions, and contribution to performance are faster and higher. In cases when individuals cannot cope with personal and environmental dangers, stress transforms into negative stress, and this increases the presence of individuals who need help, who

experience difficulty in adapting to the environment, and who cannot transfer their energy to their work (Golden SD, 2021). Since the psychological structures of individuals in the workplace are directly reflected in the work they do, stressful individuals mean that the whole organization is stressful. All kinds of discomfort, psychological and mental problems experienced due to stress are directly reflected in employee performance, business relations, and business success (Dass, 2021). The mental and physical condition affecting the productivity, activity, health, and work quality of nurses is occupational stress, and this stress, which exceeds the optimum limit, may decrease the performance of the organization since it creates discomfort in nurses (WHO, 2020).

Stressors experienced and unmanaged in the organization will cause nurses to become increasingly nervous, to turn into hard-to-live people, will deteriorate business relations, will make nurses take wrong decisions, will reduce their performance, and, thus, increase their absenteeism, personnel turnover rate, and the rate and cost of work accidents stated that with the increase of stress to the optimum level, health problems would start in employees, there would be a decrease in individual productivity, and occupational accidents would increase with the loss of motivation and the decrease in attention. The authors added that in an organization that could not manage the level of stress, the absenteeism rate, conflicts, and the feeling of burn out syndrome would gradually increase, and organizational activity, productivity, and individual performance would decrease (cherepanove, 2020).

Stress is the essential struggle element for nurses who make an effort to maintain their lives and who want to provide satisfaction in their economic, social, and cultural roles. Even improvements to be made in the elements among organizational stress factors, such as general policies, structural disturbances of the business, and the inadequacy of the physical environment, are positive steps for stress management (Blekas, 2020). Since the culture in the organization affects the success of preventing and managing stress, open and insightful communication away from criticism and blame is crucial (Ayaz, 2019).

2.3 Impact of occupational stressors on nursing professional.

Workload and professional uncertainty affect employee job satisfaction negatively. (Laura McCann, (Chris Cardwell, 2020). Role conflict is an important job stressor that is faced due to the multiple roles (LIX, 2021). Role conflict may start when two or more concurrent and unsuited expectations exist in such a way that in agreement with a given role compromises

fulfilling other roles (Lais J, 2023)(Awano N, 2021). Role conflict decreases job satisfaction among both men and women.

According to a study of air force pilots of Iran, job stress reduces job satisfaction. (Dr. Khodabakhsh Ahmadi and (Golden SD, 2021). Occupational stress has a direct negative effect on job satisfaction in general, job stress has been viewed as a predecessor of job satisfaction, and the two constructs have been treated as related yet distinct. According to Stamps &(WHO, 2020) , job satisfaction has been found to have a significant relationship with job stress. Organization factors such as workload and working condition are negatively related with job satisfaction. The lack of satisfaction can be a source of stress, while high satisfaction can lighten the effects of stress it means that both job stress and job satisfaction are interrelated. Numerous studies found that job stress influences the employees' job satisfaction and their overall performance in their work. Because most of the organizations now are more demanding for better job outcomes. (STALL N, 2020) had defined stress as a situation which will force a person to deviate from normal functioning due to the change (i.e. disrupt or enhance) in his/her psychological and/or physiological condition, such that the person is forced to deviate from normal functioning.

Workers in an organization can face occupational stress through the role that the management gave. Role stress means anything about a national role that produces adverse consequences for the ideal (Blekas, 2020). Role related stress is concerned with how individuals perceive the expectations and other have ambiguity and role conflict (Alexandros-Stamatios, 2022). Family and work are inter-related and interdependent to the extent that experiences in one area affect the quality of life in the other (Sarantakos,. It asks about whether home problems are brought to workplace and work has a negative impact on home life (Alexandros-Stamatios G.A, 2022). Home-work interface is important for the workers to reduce the level of work-related stress. Several studies have highlighted the deleterious consequences of high workloads or work overload. Workload stress can be defined as the response people may have when presented with work demands and pressures that are not matched with their knowledge and abilities (i.e. no effort is enough') accompanied by the general physiological, psychological, and behavioural stress symptoms.(Brotennbrenner, 2020) has mentioned in his studies that one of the six factors of occupational stress are pressure originating from workload.

Role ambiguity is another aspect that affects job stress in the workplace. According to Cords & Dougherty (2021), role ambiguity exists when an individual lacks information about the requirements of his or her role, how those role requirements are to be met, and the evaluative procedures available to ensure that the role is being performed successfully. (Cherepanove, 2020) and (BA, 2021)studies found that role ambiguity to lead to such negative outcomes reduces confidence, a sense of hopelessness, anxiety, and depression.

The responsibility load creates severe stress among workers and managers. "Nurses' confidence on his or her own performance expectations and contributions at work are affected because of hurry nature of work. A feeling of incongruity between the skills they have and the workload given to them is the factor behind high stress among members in private bank. The study in china (KAUFMAN, 2021)indicates that the private Nurses3068 have high role conflict compared to public nurses. This indicates that a set of expectations applied to the incumbent by the organization and the role they perform within the organization is not in congruence with each other. According to (WHO, 2020), demands associated with family and finances can be a major source of 'extra-organizational' stress that can complicate, or even precipitate, work-place stress.

Russo &(Lais J, 2023)argued that the occurrence of stressors in the workplace either immediately following a period of chronic stress at home, or in conjunction with other major life stressors, is likely to have a marked impact on an outcome. According to (Awano N, 2021)work overloads and time constraints will be significant contributors to work stress among community nurses accompanied by the general physiological, psychological and behavioural stress symptoms (Blekas, 2020).

2.4 Measures of addressing occupational stressors.

Occupational stress can lead to burn out or physical illness, distress, decreased quality of life and poor performance at work by the nurses, and increase work absence and turnover. Reducing stress is a worthwhile investment for employers. Besides these outcasts, the following can be enhanced to reduce occupational stressors for better outcomes and productivities;(WHO, 2020).

2.4.1 Encouraging workplace wellness.

Exercise and healthy living are two of your best weapons against workplace stressors. Exercise takes employees' minds off the stress of their job to focus on the task at hand. It also improves

moods by increasing the production of endorphins, the brain's feel-good neurotransmitters. Encouraging nurses to go on a walk during lunch breaks, subsidize gym memberships, bring a yoga instructor into the office once a month, hold a steps contest among teams for those who own fitness trackers, off in the office. Nurses feel valued when they think you're looking out for their health. (cherepanove, 2020) reported that 66% of nurses felt extremely or very happy when their employer regularly stocked the refrigerator and cupboards, and 83% said that having healthy and fresh snack options will be a huge perk.

2.4.2 Revamping the habitat.

A lot of occupational stressors comes from environment. Think about every aspect of your office space and what it does (or doesn't do) for the wellness of your team. Simple things like the quality of the coffee or the height of the cubicle walls can affect nurse's engagement.

Update the office with an upbeat colour scheme, additional plants, or new silverware. If you have the space, think about adding a ping pong or football table to allow nurses to take their minds off their stress for a few minutes. Any changes that increase employee enjoyment will leave them feeling less stressed. (Dass, 2021).

2.4.3 Allowing for flexible hours and remote working.

You hired your nurses because you have confidence in their ability to do their jobs well and in a timely manner so let them prove it. Your office shouldn't feel like a cell, but rather a place that facilitates getting a job done. Let your nurses know that their job is defined by the quality and timeliness of their work, not when they punch the clock. Allow your nurses to work remotely, and give flexibility for start and end times. This freedom is great for office morale, and the policy shows nurses that you trust them enough not to babysitting.

2.4.4 Encouraging of social activity.

Nurses spend a lot of time together, and the more comfortable they are, the less stress they will feel. As co-workers get to know each other, expectations and communication barriers are broken down, greasing the wheels for easier future interactions.

2.4.5 Creation of quiet time.

Stressors can't be completely avoided, but you can help alleviate it when it arrives. Ensure your nurses have a place where they can take a break. Our research shows that more than 80 percent of disengaged and hostile nurses preferred the opportunity to have stress-relief breaks, such as a nap, massage, or required break. A small room, a lounge space at the end of the hall, and even

an outdoor bench can be perfect places to find refuge from the chaos of the daily grind. Think about longer, retreat-style vacations, which can serve the same purpose. If your organization can afford to do so, consider implementing "No Meeting Mondays" or something similar, essentially blocking off time for nurses to focus in on individual task and keep from getting bogged down with meetings or overwhelmed by a heavy workload.

2.4.6 Recognition of employees.

Nurses love being praised for a job well done, and recognizing their success results in a serious boost in engagement. Each employee has a different personality, so be mindful when considering how and when to recognize. Some nurses appreciate a call-out during a meeting or praise in a company-wide email, while more reserved types might prefer a card on their desk or a thank you in person. However, you choose to recognize, your nurses will appreciate that you are aware off their success and want to share it with others. This makes them happier and more comfortable, in turn lowering stress levels (Brotennbrenner, 2020).

2.4.7 Providing onsite or distance counselling.

Many organizations have also begun providing counselling as a way for nurses to help deal with stress; in a recent study, almost half of workers felt they needed help in learning how to handle the stresses of their jobs. This strategy in or out of the office, in group settings or individually can help nurses prepare for what stress will come their way. (KAUFMAN, 2021).

2.4.8 Research Gap.

Inspite the touted impact occupational stressors may have on nursing professional performance, not much has been done in the area of the provision of empirical evidence in support of the claims of occupational stressors on performance of nurses. Given this paucity of empirical studies, it is hoped that this study will fill a gap, provide useful support for understanding the determinants of nurses' performance in Mulago National Referral Hospital and other hospitals and health care providers in Uganda.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter presents the methodology which was used in the study; it includes research design, population of the study, sampling procedures, tools and instruments of data collection, procedure for data collection, reliability and validity, data analysis and presentation, and limitations of the study.

3.1 Research Design

The study adopted a descriptive research design consisting of mainly quantitative approaches for the purpose of making valid and insightful conclusions. Quantitative design which was classified in two broad categories, that is; experimental and general survey design examined an evaluation of occupational stressors impacting nurse's professionals in Uganda, a case study of Mulago National Referral Hospital as an independent variable whereas quantitativedesign involved the use of questions to obtain views from the respondents.

3.2 Population of the Study

The study was conducted in Mulago National Referral Hospital, with the target population that mainly comprised of nurses who nursed post covid patients considering they have the required knowledge about the area of investigation and also this was intended to avoid getting biased information from other respondents.

3.3 Sampling procedures

Sampling is the process of selecting units (e.g. people, organizations) from a population of a researcher's interest so that by studying the sample, the researcher may fairly generalize his/her results back to the population from which they will be chosen. Types of sampling employed in this research included; random sampling and purposive sampling (reported that Cas, 2019) with caution to ensure that both sexes of nurses were represented.

3.3.1 Sample Size

Primary data was obtained from nurses who nursed post covid patients in MNRH. A sample size of 100 was purposively estimated and during sampling, respondents were randomly selected and categorized, ensuring that both sexes but of different marital status and age groups were included in the study. This was intended to get a variety of views and unbiased responses to make the study a reality. Also, this sample was selected because, Sutton and David, (2019), state that a sample size should not be less than 30%. Beyond basic description it would be difficult for the researcher to undertake more complex statistical analysis, as most of these analyses require a minimum sample of 30%.

3.3.2 Sample Procedure

The study used both probability and non-probability sampling designs. The non-probability sampling design included purposive sampling while probabilistic sampling design specifically simple random sampling was adopted during the study. Purposive sampling was used to select different activities in the area of investigation in order to get the required data and information. Random sampling on the other hand was adopted to ensure that respondents had an equal chance of being selected to participate in the study.

3.4 Data collection methods.

Questionnaire method that involved the use of a structured questionnaire was used to collect data on the underlying occupational stressors and their effects on nurses' professionals. The

target population for the quantitative survey included nurses who nursed post covid patients in Mulago National Referral Hospital. Interviews included administering a self-administered questionnaire because it was the most appropriate method to study the attitudes, values, beliefs and motives of people, it also had an element of flexibility, these people were interviewed individually so as to get independent answers.

3.4.1 Data collection tools

The structured questionnaire was discussed in written form whereby the responses of the respondents were put on paper provided by the researcher requiring answers, which the responses by the participants were free according to their understanding.

3.5 Procedure for Data Collection

The researcher used questionnaires which were self-administered to carefully chosen respondents, nursing officers. The researcher took the structured questionnaires to the respondents proceeded by a briefing about the purpose of the questionnaires and requested the respondents to fill them in. Immediately the researcher collected the filled questionnaires. Careful observation of the nursing officers filling in the questionnaire was carried out by the researcher.

3.6 Reliability and validity

3.6.1 Validity of the instruments

Validity means that a research tool actually measures what it is meant to measure. Alternatively, it means that the tool is logical. For this case, the validity of the questionnaire was tested using the Content Validity Index test (CVI). This involved item analysis carried out by the supervisor and an expert who is knowledgeable about the theme of the study. The process involved examining each item in the questionnaire to establish whether the items brought out what they were expected to bring out.

3.6.2 Reliability

Reliability means the degree of consistency of the items, the instruments or the extent to which a test, a method, or a tool gives consistent results across a range of setting or when it is administered to the same group on different occasions. The reliability of research questionnaire was tested using Cornbrash's alpha coefficient test for its internal consistency to measure the research variables.

3.7 Data management and analysis.

From the retrieved filled in questionnaires, data was captured in soft copy to MS Excel. The data was then analyzed using MS Excel and this allowed for univariate and bivariate analysis to be performed and findings were presented in form of charts, frequency and percentage tables which were accompanied by interpretations, and then studied critically to have different views of the study variables. Reference was also given to show another perspective evidence of the study. This was intended to act as a basis for the evaluation of occupational stressors impacting nursing professionals.

3.7.1 Editing and Spot Checking

The researcher edited and spot checked the questionnaires during and after each interview with the respondents. This was done in order to ensure that information given was logical, accurate and consistent. Obvious errors and omissions were corrected to ensure accuracy, uniformity and completeness so as to facilitate coding.

3.7.2 Coding

This was done in order to ensure that all answers obtained from various respondents were given codes and classified into meaningful forms for better analysis.

3.8 Ethical considerations

It is important during the process of research for the researcher to understand that participation is voluntary; participants were free to refuse to answer any question and had the option to withdraw from the interviews at any time. Another important consideration, involved getting the informed consent of those going to be met during the research process, which involved interviews. Accuracy and honesty during the research process were very important for academic research to proceed. The researcher also treated the research project with utmost care, in that there was no temptation to cheat and generate research results, since it would jeopardize the results.

3.9 Conception of research.

Personal confidentiality and privacy were very important since they were in public. If individuals were used to provide information, it is important for their privacy to be respected? If private information accessed, then confidentiality was maintained.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter of the study deals with data presentation, analysis and the interpretation of the results. The analysis was guided by specific objectives and the research questions that were used in the study. The presentation was done in two main sections; the first presents the background information of the respondents and the second presents the descriptive analysis of the results following from the specific objectives.

4.2 Demographic characteristics

This section presents the profile of the respondents as explained below;

4.2.1 Gender

From table 1 below, it can be seen that the majority of respondents were female representing 72% (72) of the total respondents and male respondents were 28 representing 28% of the total respondents.

Table 1: Gender of the Respondents

Sex of respondents	**Frequency**	**Percentage (%)**
Male	28	28
Female	72	72
Total	**100**	**100**

Source. Primary Data (2023)

From the above presentation, it is clear that although majority of the respondents were female representing the highest percentage, the issue of gender sensitivity was adhered to by including both female and male in the study and this was done in line with the research objectives. Additionally, these findings could be a depiction that more females are employed by the Ministry of Health as nursing officers than male

4.2.2 Age of the Respondents

Table 2: Age of Respondents

Age	Frequency	Percentage (%)
Below 25	4	4
25– 45	60	60
Above 45years	36	36
Total	**100**	**100**

Source. Primary Data (2023)

From table 2, findings revealed that the least proportion (4%) of respondents were below 25 years, followed by 36% representing respondents in the age group of 45 and above and the majority (60%) in the age of 25-45. It can be implied that the majority of the respondents are in their most productive age and should be the most productive and efficient at their work places. The variations in the proportions of respondents across the different age groups could be as a result of majority of the nurse employees between the ages 25-45 being available to provide information needed.

4.2.3 Employment status

Table 3: Employment status

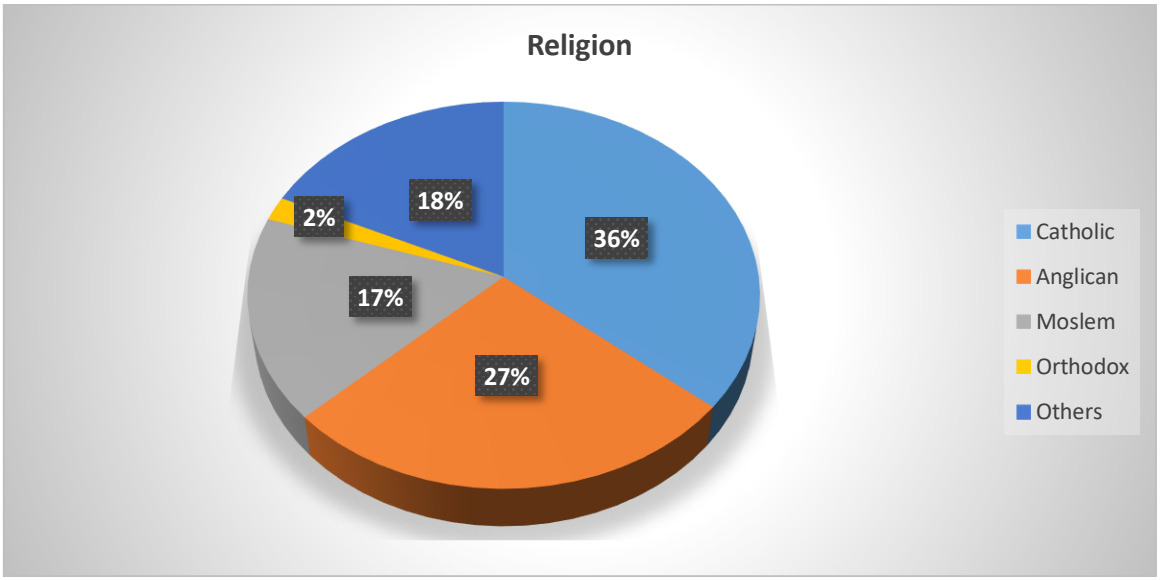
Employment status	Frequency	Percentage %
Employed by NGO	5	5
Employed by government	95	95
Total	**100**	**100**

Source. Primary Data (2023)

From the table 3, it can be seen that the majority of respondents were employed by government representing 95% (95) of the total respondents and those employed by an NGO were the minority representing 05% (05) of the respondents.

4.2.4 Religion of the Respondents

Figure 2: Religion of respondents

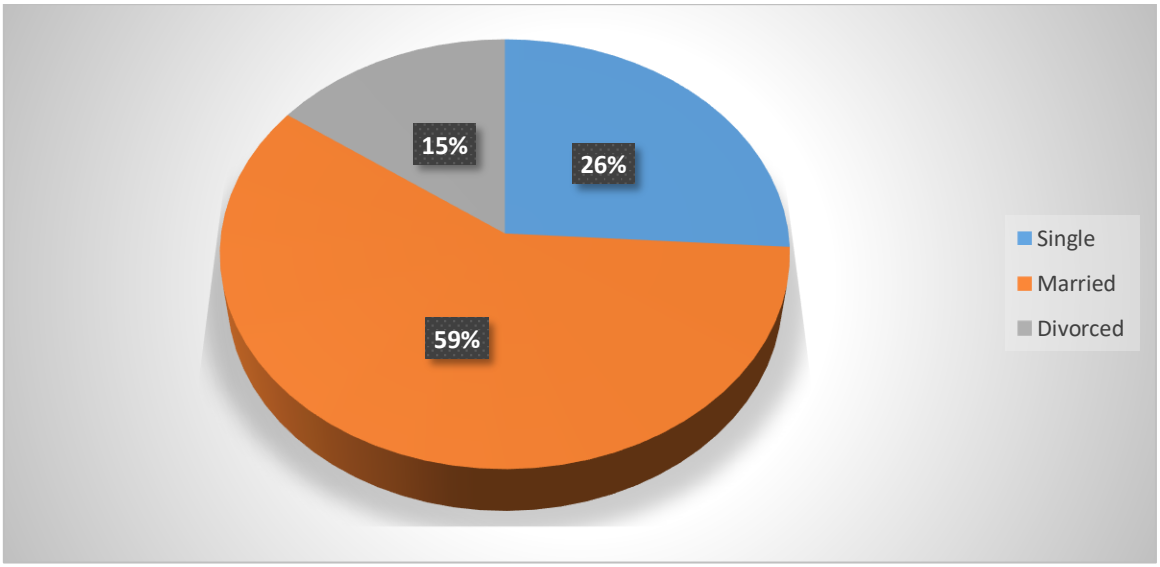


Source. Primary Data (2023)

The findings presented in figure 2 above revealed that religion distribution of the respondents was that those who were Catholics were the majority with 36% (36), Anglican were 27% (27) Moslems were 17% (17) Orthodox 02% (02) and other religions had 18% (18).

4.2.5 Marital status of Nurses

Figure 3: Marital Status of Nurses



Source. Primary Data (2023)

Results in figure 3 above shows that out of 100 respondents, 26% (26) were single, majority of the respondents were married represented by 59% (59) , while 15% (15) reported to have been divorced.

4.2.6 Occupation type of nurses

Occupation type of respondents was thought to be important because it directly impacts on the availability of the nursing officers to deliver timely healthcare services to the population.

Table 4: Occupation type of nurses

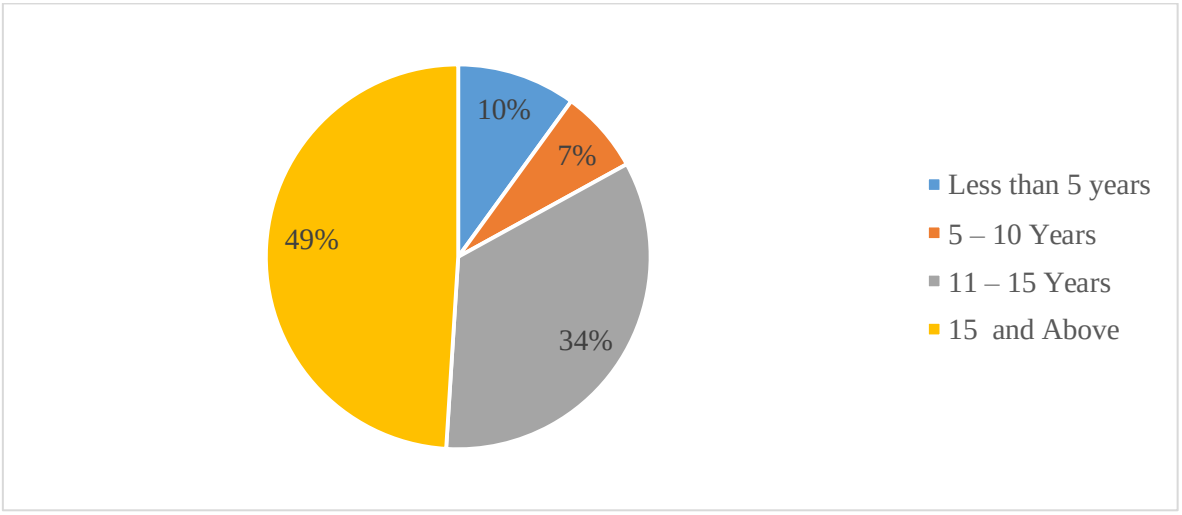
Occupation type	Frequency	Percentages (%)
Full-Time	98	98
Part-Time	2	2
Total	**100**	**100**

Source. Primary Data (2023)

The findings presented in the table 4 above revealed a considerable proportion (98%) of the respondents as perceived to be fulltime employees, with the other 2% reporting to be part time employees. These findings corroborate with the government requirement of government employees being fulltime staff.

4.2.7 Working Experience

Figure 4: Working Experience of Respondents



Source. Primary Data (2023)

Results in figure 4 above show that out of 100 respondents, 10had less than 5 years of working experience representing 10% of the respondents, 07 had 5 to 10 years of work experience representing 07% of respondents, 34% of respondents had working experience of 11 to 15 years and respondents who have worked for more than 15 years were 49 accounting to 49%. The results therefore indicated that the study engaged with respondents who had vast experience of work and they were suitable to provide useful information to the researcher.

4.2.8 Education level of Respondents /current job level

Table 5: Education Level of Respondents

Education Level	Frequency	Percentage (%)
Diploma in Nursing	52	52
Degree in Nursing	33	33
Masters	15	15
Total	**100**	**100**

Source. Primary Data (2023)

From table 5 above, it was established that the majority of the respondents are diploma holders with 52 representing 52% followed by degree in nursing holders with 33 (33%) of the total respondents and respondents with masters were 15 respondents representing 15%. This implies that the respondents from MNRH are well educated and therefore the information obtained from them can be relied upon for the purpose this study.

4.3 Occupational stressors and nurses' profession.

The study sought to investigate factors for occupational stressors on nurse's professionals in Uganda, specifically nurses who cared for post covid-19 patients at MNRH. Stressors, which are considered to be one of the most critical problems of our age and affects the quality of life of living things, is the "war or runaway" reaction that an individual develops against a stimulus that threatens his/her adaptation to the environment (Awano N, 2021).Considering how broad stressors could comprise of, the study focused on general work atmosphere, work load and explored other possible stressors as would be mentioned by the respondents.

Notably, respondents' opinions were sought about their perception on their general atmosphere at their workplaces and findings presented in table 6 below revealed a considerable proportion (62%) affirming their work environments were stressful compared to only 32% that appreciated the presence of team work as shown in table 6 below.

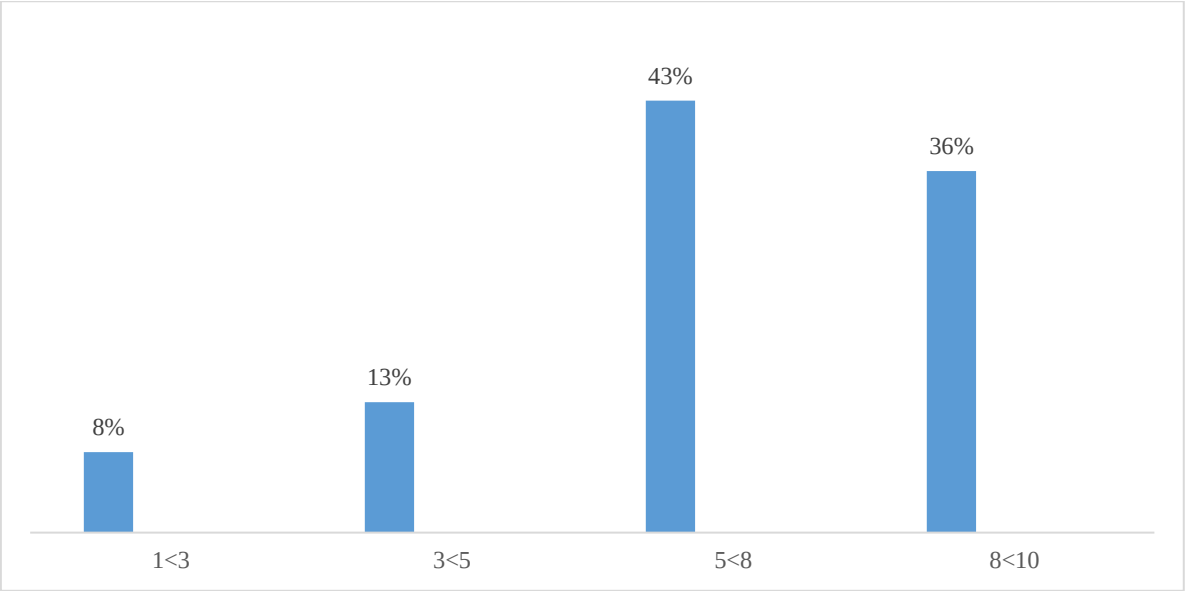
Table 6: General atmosphere of the workplace

General atmosphere of the workplace	Frequency	Percentages
Stressful	62	62
Strong team work	32	32
Lack of communication	2	2
Others	4	4
Total	**100**	**100**

Source. Primary Data (2023)

On the contrary, a further exploration to ascertain respondents' views on their current work environment revealed majority (79%) of the respondents to be satisfied, compared to the 8% who demonstrated low levels of satisfaction as shown in figure 5 below;

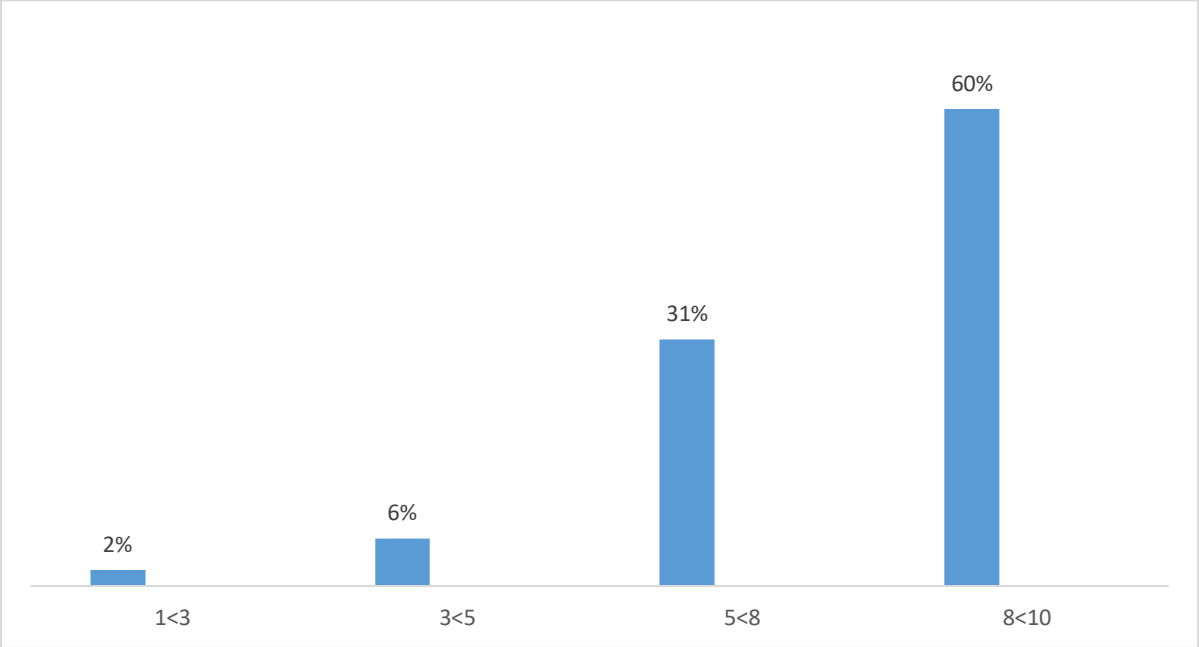
Figure 5: Level of satisfaction with the current work environment



Source. Primary Data (2023)

To further ascertain work stressors, nurses' opinions were sought on their workload and the findings in figure 6 below revealed that majority (60%) of the respondents reported a high workload denoted by 8<10 compared to only 2% who seemed comfortable that the workload was low. Findings are presented in figure 6 below;

Figure 6: Rating of nurse's workload



Source. Primary Data (2023)

Interestingly, a bivariate analysis of the general atmosphere at work and the current work environment revealed that of those that noted the general atmosphere to be stressful, 55% were satisfied and 31% were very satisfied with the current work environment.

Table 7: Bivariate analysis of general work atmosphere with current work environment

General atmosphere at work	Current work environment			
	1<3	3<5	5<8	8<10
Lack of commutation	0%	0%	50%	50%
Stressful	5%	10%	55%	31%
Strong team work	16%	16%	19%	50%
No response	0%	50%	50%	0%
Grand Total	8%	13%	43%	36%

Source. Primary Data (2023)

The findings discussed above suggested a presence of occupational stressors, particularly stressful work environment and high workload (reported by 62% and 60% respondents respectively). And as stated by (Blekas, 2020), the exposure of individuals to excessive stress in the work environment leads to both an increase in costs (an increase in business absences, health expenditures, and insurance expenditures) and a decrease in organizational performance, as well as in job satisfaction. These findings also corroborated with the study findings were

94% of the respondents attested to the fact that occupational stressors had an impact on nurse's profession. Some of the impacts as obtained during the interviews included; It affects the relationship between nurses and their patients, it leads to poor patient care, it leads to low morale at work, stressors can lead to no care of patients, and that stressors can also lead to depression.

4.4 Impact of Occupational Stressors on Nurses' Professionals: objective two

The second objective of the study aimed to examine the impact of occupational stressors on nurses' professionals in MNRH. To this effect, respondents were subjected to a set of questions to ascertain their opinions on their engagement in nursing post covid-19 patients in terms of the workload and their general wellbeing at their workplaces.

The findings presented in table8 below highlight the aspects of covid-19 that significantly contributed to stress levels among the nursing officers and it can be observed that the fear of getting infected was the greatest (reported by 66% of the respondents) stress factor to the respondents followed by the fear of transferring the disease to their family members (reported by 53% of the respondents).

Table 8: Aspects of covid-19 that contribute to stress

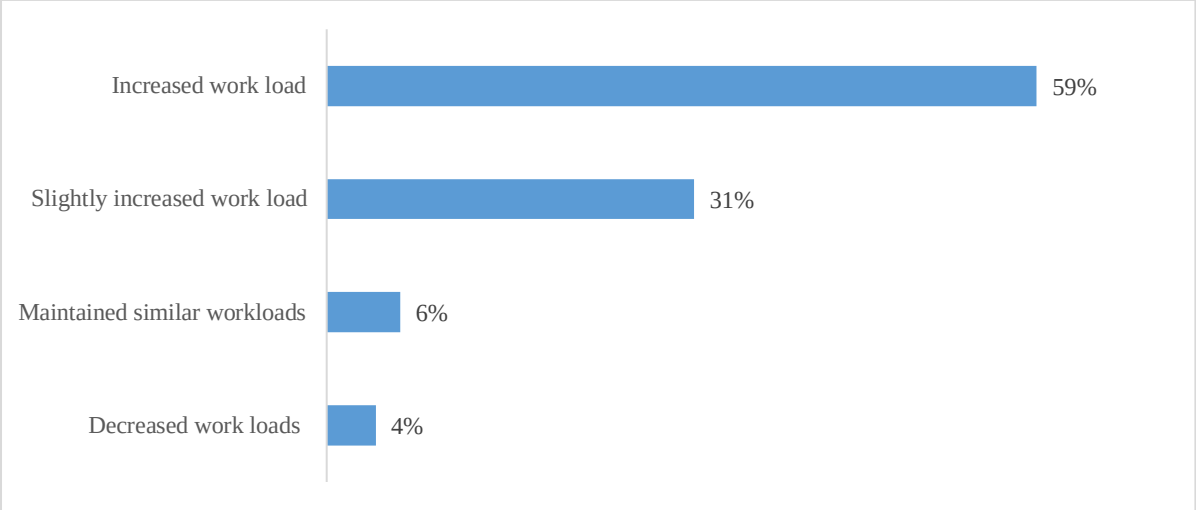
Related statement	Frequency	Percentage
You may be infected by covid-19	66	66%
You can transfer covid-19 to your family members	53	53%
No treatment for Covid-19	40	40%
Conflict between your duty and your own safety physical exhaustion /fatigue	38	38%
To see how patients with Covid-19 die	33	33%
Seeing your colleagues stressed or scared of lack of insufficient protection	31	31%

Source. Primary Data (2023)

To further ascertain the stressors faced by nurses at MNRH during the pandemic, respondents' opinions were sought about the workload during the pandemic compared to their usual work demands. Findings in figure 7 revealed a high proportion (59%) of respondents noting the

workload to have increased followed by 31% who reported the workload to have slightly increased.

Figure 7: Workload during pandemic



Source. Primary Data (2023)

The table 9 below shows findings of a further analysis to ascertain the perceived effects of plausible stress factors on nurses' professionals that were prevalent as they nursed post covid-19 patients at MNRH;

Table 9: Effects of stress factors on nurses' professionals

Effects of stress factors on nurses' professionals	Female	Male	Total
Working conditions affect employee performance.	99%	100%	99%
Health workers' environment can be affected by the work load.	82%	68%	78%
Equipment and supplies affect the nurses' morale to work.	94%	93%	94%
Inadequate resources affect nurses' performance.	93%	96%	94%
Heavy amounts of work increase stress among nurses.	100%	96%	99%
Working overtime affects nurses' effective service delivery.	80%	100%	86%
Low number of nurses in departments leads to heavy work load.	96%	100%	97%
Mismatched work roles affect nurses' effectiveness.	94%	82%	91%
Low staffing levels lead to burn out among nurses.	92%	100%	94%
Non-functional equipment in the hospital setting increases.	88%	96%	90%

Source. Primary Data (2023)

Across both sexes of nurses that participated in the study, findings in table 9 above revealed considerably high proportions affirming to the effects of the stress factors on the performance of nurses. Working conditions, heavy amounts of work, low numbers of nurses in departments were among the top stressors affecting effectiveness and efficiency of nurses (reported by 99%, 99% and 97% respectively). These findings agreed with those from the study of air force pilots conducted by Dr. Khodabakhsh Ahmadi and (Golden SD, 2021), where the findings revealed that job stress reduces job satisfaction and efficiency.

Overall, the deduction drawn from the analysis above is that the stressors faced by nurses that nursed post covid-19 patients had a considerable amount of effects on the nurse's effectiveness and efficiency at MNRH despite their ability to adopt different copying mechanisms to deliver on the job to provide healthcare services to the population.

4.5 Measures of Addressing Occupational Stressors of Nursing Professionals

Reducing stress is a worthwhile investment for employers. The third objective of the study sought to identify the possible measures of addressing occupational stressors of nursing professionals in Uganda. Findings obtained are presented below;

The results presented in table 10 below revealed that majority (63%) of the respondents reported to have received equipment and means of protection. Other mechanisms reported almost comparable proportions.

Table 10: Measures to manage and balance increased workload during covid-19

Measures to manage and balance increased workload during covid-19	Percentage
A supportive atmosphere in your office	16%
Additional compensation for working with Covid-19	13%
Availability of equipment and means of protection	63%
Recovering patients with COVID-19	8%

Source. Primary Data (2023)

In addition to the above, respondents also reported to have had support systems and resources to help manage covid-19 related stress. These included encouraging workplace wellness (reported by 45%), recognition of nurses (reported by 28%), allowing for flexible hours and remote working (reported by 15%) and encouraging social activities (reported by 10%).

Findings of an in-depth analysis into factors that facilitate copying with stress among nurses are presented in table 11 below

Table 11: Responses on Possible Measures of Addressing Occupational Stressors of Nursing Professionals

Related statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Encouraging workplace wellness	50%	14%	19%	5%	11%
Revamping the habitat	55%	9%	15%	9%	9%
Allowing for flexible hours and remote working	45%	20%	15%	15%	5%
Encouraging of social activities	40%	35%	10%	7%	8%
Creation of quite time	50%	20%	13%	7%	10%
Recognition of nurse employees	57%	13%	15%	8%	7%
Providing onsite or distance counselling	54%	16%	15%	8%	7%

Source. Primary Data (2023)

As revealed above, encouraging workplace wellness had 50% (50) of the respondents who strongly agreed, 14% (14) agreed, 19% (19) were not sure, 05% (05) disagreed and 11% (11) strongly disagreed. Revamping the habitat had 55% (55) of the respondents who strongly agreed, 09% (09) agreed, 15 (%) (15) were not sure, 09% (09) disagreed and 09% (09) of the respondents strongly disagreed. Allowing for flexible hours and remote working had 45% (45) of the respondents who strongly agreed, 20% (20) agreed, 15% (15) were not sure, 15% (15) disagreed and 05% (05) strongly disagreed. Encouraging of social activities had 40% (40) of the respondents strongly agreeing, 35% (35) agreed, 10% (10) of the respondents were not sure, 08% (08) disagreed and none of the respondents strongly disagreed with the provided statement. Creation of quite time had 50% (50) of the respondents who strongly agreed, 20% (200) agreed, 13% (13) were not sure, 07% (07) disagreed and 10% (10) of the respondents strongly disagreed. Recognition of nurse employees accounted for 57% (57) of the respondents who strongly agreed, 13% (13) agreed, 15% (15) were not sure, 08% (08) disagreed and 07% (07) strongly disagreed. Providing onsite or distance counselling had 54% (54) of the respondents strongly agreeing, 16% (16) agreed, 15% (15) of the respondents were not sure, 08% (08) disagreed and none of the respondents strongly disagreed with the provided statement.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, conclusion and recommendations of the study findings in line with the study objectives which was to find out the factors for occupational stressors and nurses professionals, to examine the impact of occupational stressors and nurses' professionals in Uganda and to identify the possible measures of addressing occupational stressors of nursing professionals in Uganda.

5.1 Discussion of the Study Findings

5.1.1 Factors for Occupational Stressors on Nurses Professionals

As the first objective of this study was to find out the factors for occupational stressors and nurses professionals at Mulago National Referral Hospital, the study finding was as below;

According to the study findings through responses from the respondents of MNRH, stressors on Nurses Professionals, 62% of respondents affirmed their work environments were stressful compared to only 32% that appreciated the presence of team work. On the contrary, 79% of the respondents also revealed to be satisfied with the current work environment, compared to the 8% who demonstrated low levels of satisfaction. Majority (60%) of the respondents reported a high workload denoted by 8<10 compared to only 2% who seemed comfortable that the workload was low. The findings discussed above suggested a presence of occupational stressors, particularly stressful work environment and high workload (reported by 62% and 60% respondents respectively).

5.1.2 Impact of Occupational Stressors on Nurses' Professionals

As the second objective of this study was to examine the impact of occupational stressors and nurses' professionals at Mulago National Referral Hospital, the study finding was as below;

The fear of getting infected was the greatest (reported by 66% of the respondents) stress factor to the respondents followed by the fear of transferring the disease to their family members (reported by 53% of the respondents). Additionally, a high proportion (59%) of respondents noted the workload to have increased followed by 31% who reported the workload to have slightly increased. Considerably high proportions of respondents affirmed to the effects of the stress factors on the performance of nurses where working conditions, heavy amounts of work, low numbers of nurses in departments were among the top stressors affecting effectiveness and efficiency of nurses (reported by 99%, 99% and 97% respectively).

5.1.3 Measures of Addressing Occupational Stressors of Nursing Professionals

As the third objective of this study was to identify the possible measures of addressing occupational stressors of nursing professionals at Mulago National Referral Hospital, the study finding was as below;

63% of the respondents reported to have received equipment and means of protection as measures implemented to manage and balance the increased workload during the pandemic. Other mechanisms reported almost comparable proportions (16%, 13% and 8%). In addition to the above, respondents also reported to have had support systems and resources to help manage covid-19 related stress. These included encouraging workplace wellness (reported by 45%), recognition of nurses (reported by 28%), allowing for flexible hours and remote working (reported by 15%) and encouraging social activities (reported by 10%). Encouraging workplace wellness had 50% respondents who strongly agreed, revamping the habitat had 55% respondents who strongly agreed, allowing for flexible hours and remote working had 45% respondents who strongly agreed, encouraging of social activities had 40% respondents strongly agreeing, creation of quite time had 50% respondents who strongly agreed, recognition of nurse employees accounted for 57% who strongly agreed and providing onsite or distance counselling had 54% respondents strongly agreeing.

5.2 Conclusion

As this study was set to investigate the impact of occupational stressors and the nursing profession, occupational stress leads to the deterioration of nurse's physical and mental health status, while it is negatively affecting the adoption of good practices concerning nurses' caring behaviours. Therefore, Occupational stress affects nurses' health-related quality of life negatively, while it can also be considered as an influence on patient outcomes.

5.3 Recommendation

The study recommended that there should be interventions that reduce, minimize or eradicate some of these stressors. Nurse's ability to cope with the demands and stress from work may be improved with specific occupational health education and specific training programs that improve their knowledge and ability.

The study further recommends that nurses' exposure to stress-related factors can be considered as a predictor of their caring behaviours implementation, while this also affects their health-related quality of life negatively. More specifically, conflicts with co-workers were

independent predictors for assurance of human presence, professional knowledge and skills and patient respectfulness dimensions, conflicts with doctors for respect for patient dimension and conflicts with supervisors and uncertainty concerning treatment for positive conceitedness dimension.

The study also recommended that interventions at an institutional and hospital level, including additional supervisor support, staff recognition policies, and more breaks provision, may be proved helpful to more supportive work environments establishment, preventing stress on a primary level.

5.4 Areas of Further Studies

This research recommends a similar study to be done but concentrate on nurses and health workers in public hospitals and health facilities.

There is need for a study to be conducted to determine the challenges facing nursing profession and the measures to address the challenges.

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APPENDICES

APPENDIX I: Consent form in English

Title of the proposed study:

Effect of occupational stressors impacting nurse's professionals in Uganda, a case study of Mulago National Referral Hospital"

Investigators

Principal Investigator: **ADEKE CAROLINE** Contact: 0772823889

Sponsor institution identity: King Ceasor University

Purpose

This study aims to assess the effects of occupational stressors impacting nursing professionals in Uganda, a case study of Mulago National Referral Hospital**.**Understanding these factors is essential for enhancing patient, nursing and doctor's safety and healthcare quality.

Why the particular patient was chosen?

Procedures:

You will be requested to take part by sharing details about your encounters and observations pertaining to the above stated encounters at the hospital. Interviews, and a review of medical data may all be part of this.

Risks/Discomforts

Participation in this study involves minimal risks, such as the potential for discomfort or emotional distress when recalling. occupational stressors impacting nursing profesional

We will take measures to minimize these risks.

Benefits

By participating in this study, you will contribute to help current and feature hospitals, nurses and policy makers in designing mechanism that required safe and healthful working environment for nurses hence health services to the public

The results may benefit the broader scientific community and healthcare practices in Uganda.

Alternatives

Participation in this study is voluntary. You have the option to decline participation or withdraw at any time without any penalty. There are no mandatory alternatives to participating in this research.

Confidentiality

Your privacy will be maintained throughout the study. All personal and sensitive information will be kept confidential. Access to confidential information will be restricted to the research team, authorized representatives of the local Research Ethics Committee (REC), and Uganda National Council for Science and Technology (UNCST).

Compensation

For your time lost and inconvenience caused by the study procedures, token of 10000/= Uganda shillings will be compensated.

Compensation for participating including time lost and inconvenience from procedures

Not applicable

Compensation for transport if applicable

Not applicable

Questions about the study

If you have any questions about the study or need further information, you can contact the investigators at 0772823889 **ADEKE CAROLINE**

Questions about participants rights

If you have any questions about your rights as a research participant, please contact 0772618111-Dr. Nakibuuka the chair of the REC

STATEMENT OF CONSENT/ASSENT

..... Has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will not alter my usual services. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Name ……Signature of particpants .....Date .....

Witness

Name ……Signature ……Date……

Investigator

Name ……Signature ……Date ……..

APENDIX II: Questionnaire

Please circle appropriately

SECTION A: Background information of respondents

1. Gender:

a) Male

b) Female

2. Age

a) Below 25

b) 25-45 yeas

c) Above 45years

3. Employment status

a) Employed by Government

b) Employed by NGO

4. Religion

a) Catholic

b) Anglican

c) Moslem

d) Orthodox

e) Other, please specify……

5. Marital status:

a) Single

b) Divorced

c) Married

d) Other

6**. Working experience**

a) Less than 5 years

b) 5-10 years

c) 11-15 years

d) Above 15 years

7. Occupation type

a) Full-time

b) Part-time

c) Locum

d) Others (specify) _____

8 Current job level

a) Principal Nurse
b) Senior Nurse
c) Nursing officer
d) Asst. Nurse Officer

SECTION B: Structured questions: objective one

7. How would you describe the general atmosphere of your workplace?

a) Stressful
b) Strong team work
c) Lack of commutation
d) Others

b) If others, list them below ……

8. On a scale of 1 to 10 how satisfied are you with your current work environment?

a) 1<3
b) 3<5
c) 5<8
d) 8<10

9. How would you rate your current workload?

a) 1<3
b) 3<5
c) 5<8
d) 8<10

10. In your opinion do you think occupational stressors have any impact to nursing profession?

a) Yes
b) No

b) If yes, what are some of these occupational stressors impact? List them in the space below.……

11. Do think there can be any ways that occupational stressors can be avoided or reduced?

a) Yes
b) No

b) If yes, suggest these measures or ways that can be used to reduce the occupational stressors rate?.....

Objective two: Impact of occupational stressors on nursing professionals

11. Are there some specific aspects related to the pandemic that contribute significantly to your stress levels

a) You may get infected by COVID-19
b) You can transfer COVID-19 to your family or friends
c) Conflict between your duty and your own safety Physical exhaustion / fatigue
d) No treatment for COVID-19
e) To see how patients with COVID-19 die
f) Seeing your colleagues stressed or scared of Lack or insufficient protection

12. How was the workload during the pandemic compared to your usual work demands

a) Increased work load
b) Slightly increased work load
c) Maintained similar workloads
d) Decreased work loads

13. Perceived stress factors /occupational stressors in the workplace

N/S	Question	YES	NO	N/A
1.	Working conditions affect employee performance			
2.	Health workers' environment can be affected by the work load			
3.	Equipment and supplies affect the nurses' morale to work			
4.	Inadequate resources affect nurses' performance			
5.	Heavy amounts of work increase stress among nurses			
6.	Working overtime affects nurses' effective service delivery			
7.	Low number of nurses in departments leads to heavy work load			
8.	Mismatched work roles affect nurses' effectiveness			
9.	Low staffing levels lead to burn out among nurses			
10.	Non-functional equipment in the hospital setting increases Workload			

OBJECTIVE THREE: Measures of addressing occupational stressors

14. What measures if any, has your work place implemented to manage and balance the increased work load during the pandemic (*Circle the correct one of your choice*)

a) A supportive atmosphere in your office

b) Recovering patients with COVID-19

c) Availability of equipment and means of protection

d) additional compensation for working with Covid-19

15. What support system or resources does your workplace provide to help manage Covid-19 related stress?

a) Encouraging workplace wellness.

b) Recognition of nurses

c) Encouraging social activities

d) Allowing for flexible hours and remote working

16. Perceived factors that facilitate coping with stress among nurses

#	Question	YES	NO	N/A
11.	Encouraging workplace wellness			
12.	Having a good working environment			
13.	Allowing for flexible hours and remote working			
14.	Encouraging social activities			
15.	Creation of quite time			
16.	Recognition of nurses			
17.	Providing on site and distance counselling			

THANK YOU VERY MUCH FOR YOUR ACTIVE PARTICIPATION

APENDIX III: Acceptance letter

TELEPHONE: +256-41554008/1
FAX: +256-414-5325591
E-mail: admin@mulago.or.ug
Website: www.mulago.or.ug

IN ANY CORRESPONDENCE ON THIS
SUBJECT PLEASE QUOTES NO..... .

MULAGO NATIONAL REFERRAL HOSPITAL
P. O. Box7051
KAMPALA, UGANDA

21 December 2023.

Ms. Coroline Adeke
Principal Investigator
King Ceasor University.

Dear Ms. Adeke,

Re: Approval of Protocol MHREC 2677: "Assessing the Effects of Occupational Stressors Impacting Nursing Profession in Uganda, A Case of Nurses who Cared for COVID-19 Patients at Mulago National Referral Hospital".

The Mulago Hospital Research and Ethics Committee reviewed your proposal referenced above and granted approval of this study on 21 December 2023. The conduct of this study will therefore run for a period of one (1) year from 21 December 2023 to 20 December 2024.

This approval covers the protocol and the accompanying documents listed below;

- Consent form
- Questionnaire

This approval is subjected to the following conditions:

1. That the study site may be monitored by the Mulago Hospital Research and Ethics Committee at any time.
2. That you will be abide by the regulations governing research in the country as set by the Ugandan National Council for Science and Technology including abiding to all reporting requirements for serious adverse events, unanticipated events and protocol violations.
3. That no changes to the protocol and study documents will be implemented until they are reviewed and approved by the Mulago Hospital Research and Ethics Committee.
4. That you provide quarterly progressive reports and request for renewal of approval at least 60 days before expiry of the current approval.
5. That you provide an end of study report upon completion of the study including a summary of the results and any publications.
6. That you will include Mulago Hospital in your acknowledgements in all your publications.

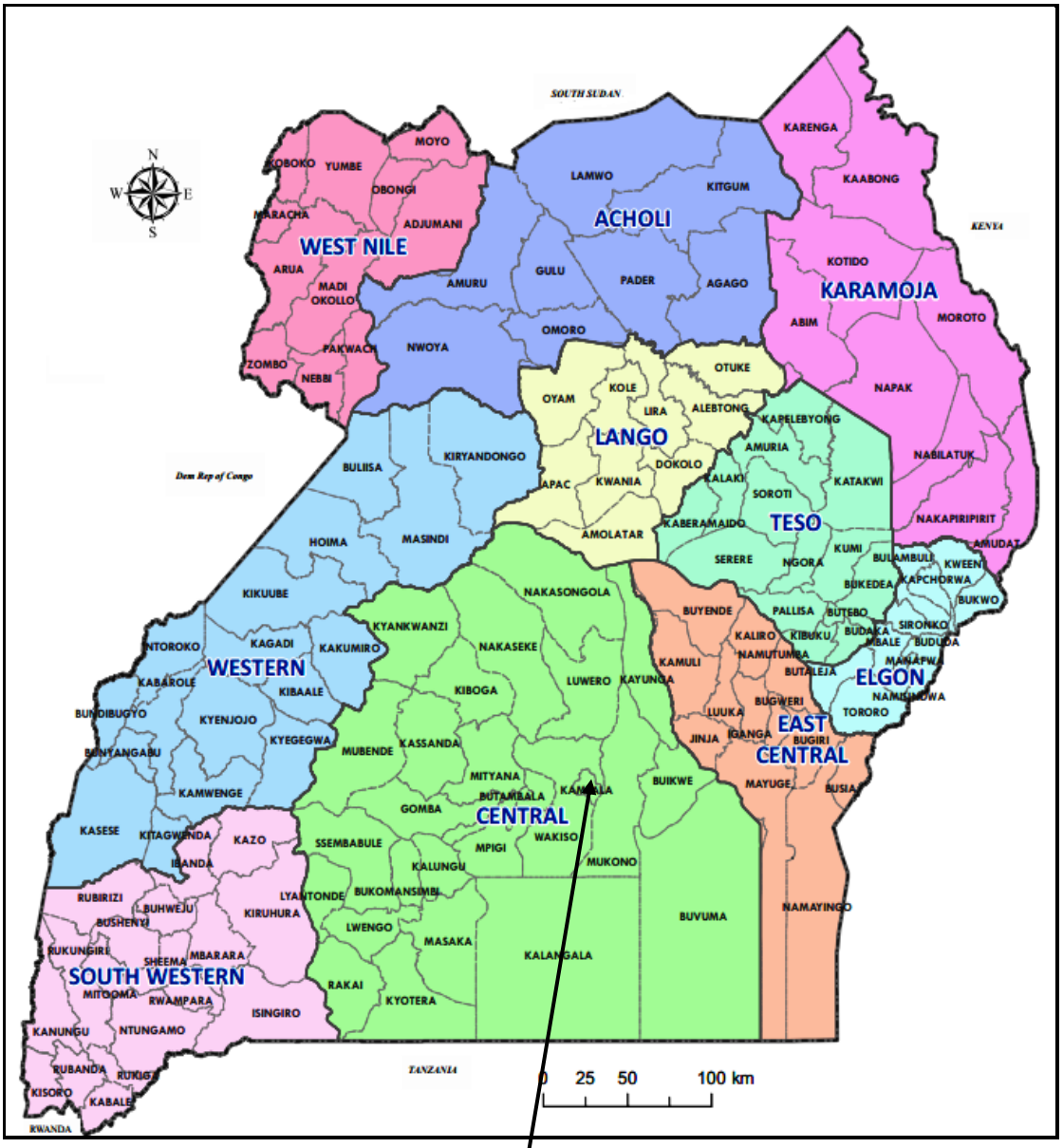
I wish you the best in this Endeavour.

APPROVED
APPROVAL DATE EXPIRY DATE
21 DEC 2023 20 DEC 2024
MULAGO RESEARCH ETHICS COMMITTEE
IRC

DR. NAKWAGALA FREDERICK NELSON
CHAIRMAN- MULAGO HOSPITAL RESEARCH & ETHICS COMMITTEE.

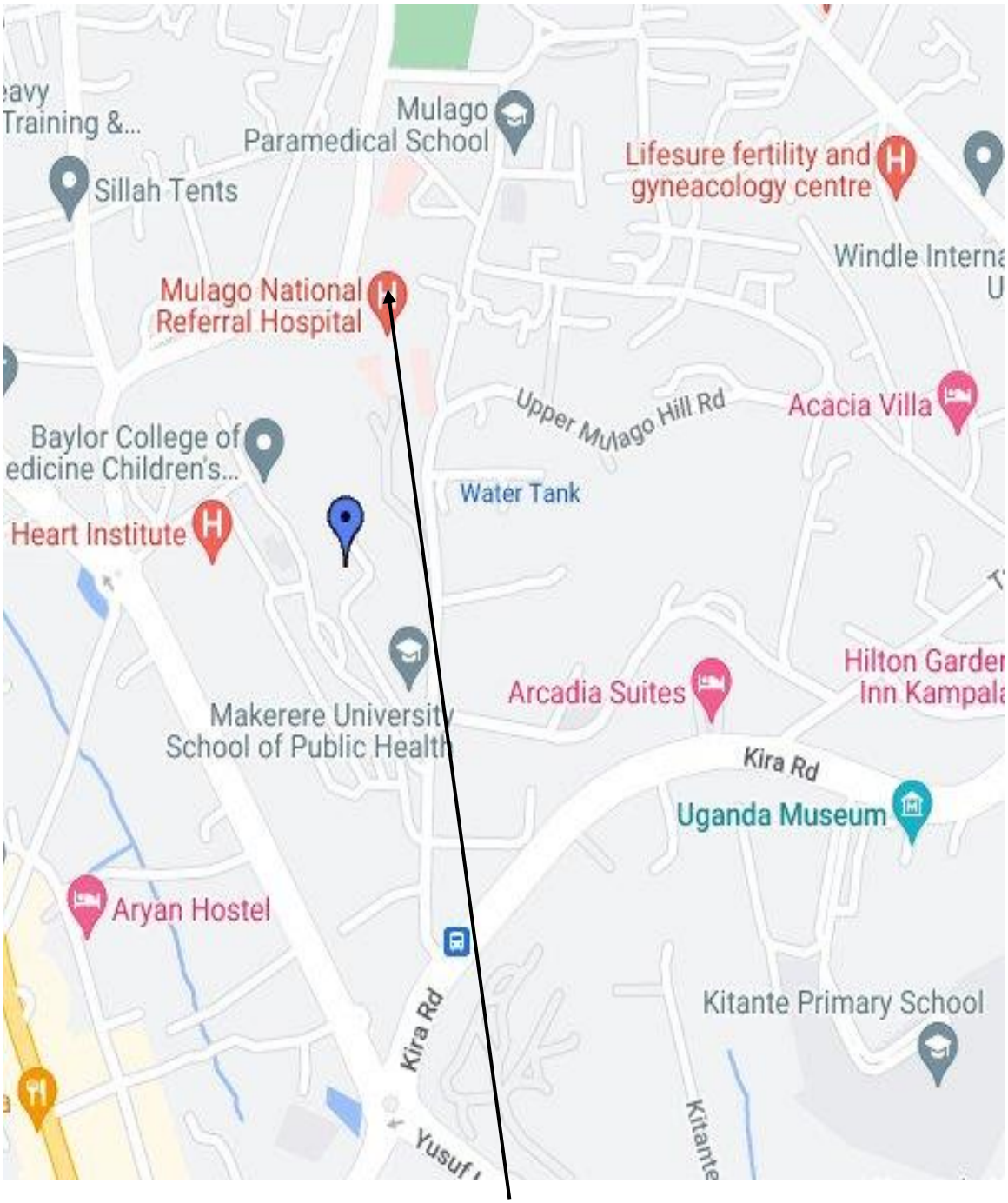
Vision: "To be the leading centre of Health Care Services"

APPENDIX IV: A map of Uganda showing Kampala District



KAMPALA DISTRICT

APENDIX V: A map of Kampala showing the location of Mulago Hospital



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