

RESEARCH ARTICLE

Work stress and risk factors in the nursing profession at two hospitals in Kuantan

Fatin Najihah Mislin¹, Nor Ashikin Sopian¹, Nurliyana Moh Hussin¹, Nurul Ainun Hamzah² and Wan Zaiton Wan Sulaiman^{1*}

¹Faculty of Industrial Sciences and Technology, Universiti Malaysia Pahang Al-Sultan Abdullah, Lebu Persiaran Tun Khalil Yaakob, 26300 Kuantan, Pahang, Malaysia

²Environmental and Occupational Health Programme, School of Health Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia

Abstract - This study aims to determine the risk factors that influence work stress among nurses at two hospitals in Kuantan, Pahang, using a validated questionnaire. The findings of this research would serve as a guideline to propose a better strategy to help nurses cope with stress at the workplace. A cross-sectional study was conducted at the hospitals to examine work stress and its associated risk factors among nurses, using a convenience sampling method. Data collection involved distributing questionnaires consisting of socio-demographics, the risk factors of work stress, and work stress. The results indicate that shift work is perceived as the primary risk factor for occupational stress among nurses, with the highest mean score (4.09), followed by workload (3.75) and the work environment (3.23). Correlation analysis shows that only the relationship between shift work and work environment is statistically significant ($r = -0.411$, $p < 0.01$), indicating that higher shift demands correlate with a low perception of the environment. On the other hand, workload ($r = -0.208$), work environment ($r = 0.206$), and shift work ($r = 0.123$) show non-significant, low correlations with perceived work stress in this study. This study recommends that hospital management take proactive steps to address the stress issues that currently exist by offering a variety of suitable supports that would include techniques of handling stress at work.

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1. Introduction

Work-related stress is a widespread issue, triggered by mismatched work demands and individual capabilities, leading to a challenge in coping. Various factors contribute to work-related stress, including interpersonal conflicts, job insecurity, and excessive workload [1]. As a global epidemic, stress is linked to numerous negative outcomes, such as increased physician visits, absenteeism, turnover, reduced productivity, physical disabilities, poor healthcare quality, and a higher risk of medical errors [2] - [3]. These outcomes may not only severely impact individuals, families, and communities but also cause financial loss due to disruptions in workplace performance [4]. In the healthcare sector, particularly in nursing, the continuous demand for 24/7 care exposes professionals to psychosocial hazards. Nurses, serving as care managers, face significant challenges, including work-related stress. Research reveals that high levels of stress among nurses not only impact their emotional, physical, and psychological well-being but also jeopardise patient care, compromising its quality and elevating healthcare costs [5] - [6]. Studies indicate that local factors, including work characteristics, patterns, and cultural orientations, vary in their sources, levels, and effects on occupational stress. These differences suggest considerable variations in nursing stress across countries, highlighting the need for enhanced organisational stress management programs. Identifying sources and contributing factors associated with work-related stress is crucial for improving nurses' well-being and, consequently, the quality of healthcare services [5]. Despite many studies having been conducted in this area [5] - [12], the factors that account for the stress remain elusive. This study focuses on the relationship between work stress and risk factors that contribute to it. This is shown in the conceptual framework in Figure 1.

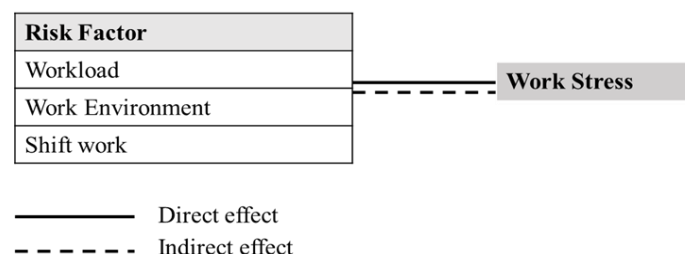


Figure 1. A schematic diagram of the conceptual framework

1.1 Stress

Stress is a response to challenging circumstances and threats, motivating individuals to take action. Various factors such as personality, early life experiences, genetics, and societal conditions influence our ability to cope with stress. Excessive

stress can have adverse effects on health and well-being, manifesting as anger, depression, anxiety, and substance misuse. Behavioural and psychological effects include abuse, helplessness, and alienation from coworkers.

1.2 Work Stress

Occupational or workplace stress occurs when job requirements do not align with an individual's needs, resources, or talents. This can negatively impact mental and physical health, leading to illness, absences, or reduced work output. Three models explain work-related stress: Transactional Theories, Job Characteristics Theory (JCT), and Stimulus-Based Models, each providing different perspectives on stress triggers and responses.

1.2.1 Transactional theories

According to Lazarus & Folkman [12], stress is a direct outcome of a transaction or interaction between the individual going through the event and the environment. This theory states that stress results from a tripartite interplay among an individual's internal and external environments, their analytical assessment of environmental demands, and their available options for responding. Cognitive evaluation interprets the vast amount of internal and external information that the brain processes at the neurocognitive level daily. Decision-making is the process by which an individual evaluates his or her strategies, assets, and opportunities for bargaining with potential or actual demands. There's a gap between what some individuals consider nice occurrences and what others consider challenging ones. Both internal factors (the strength of outside sources) and external factors (the person's beliefs) can affect how the situation is viewed.

1.2.2 Job characteristics theory

Hackman & Oldham [13] argued that both positive and negative aspects of one's job might cause mental states that influence behaviour and cognitive outcomes, such as satisfaction. According to this paradigm, the five most important features of a job's characteristics are identity, autonomy, skill variety, task priority, and feedback. These traits bring about three crucial psychological states: knowing the results, feeling responsible for the effort, and experiencing the meaning of the work. High levels of internal motivation, growth satisfaction, overall job satisfaction, and work efficiency result from these psychological states.

1.2.3 Stimulus-based models

The Holmes and Rahe [14] stress theory explains how life changes, or events, act as stressors that trigger physical and emotional responses, potentially increasing the risk of illness. According to this stimulus-based theory, both positive and negative life events can cause stress, depending on their impact on the individual. They created the Social Readjustment Rating Scale (SRRS), which measures the stress level associated with life events, such as divorce, and suggests that higher scores indicate a greater risk of illness. This scale highlights the variability in how people experience stress and emphasises cautious use due to differences in individuals' reactions. Theories like this stress model are important in occupational health as they show how a person's work environment affects their well-being. These models help identify workplace stressors, understand individual perceptions, and predict whether people can adapt to stressful situations. Specifically, they are useful in studying occupational stress among nurses by highlighting the physical and psychological stressors that can impact job performance in hospital settings.

1.3 Factors Influencing Work Stress

1.3.1 Workload

Workload, the tasks assigned to employees, varies based on organisational structures, education, speciality, and position within a company. Excessive workload, particularly in healthcare settings, can lead to occupational stress among nurses, affecting job satisfaction and performance. Research [15] shows a positive correlation between increased workload and heightened job stress among outpatient department nurses.

1.3.2 Work environment

The work environment encompasses physical aspects, work processes, and social interactions. Poor organisational structures and a lack of managerial support contribute to nurses' stress, dissatisfaction, and burnout. Workplace violence and toxic environments elevate stress levels, impacting physiological well-being. Environmental conditions and job stress are significantly and linearly related, with varying attitudes, uncertainties, workload distribution, and hazardous conditions contributing to workplace stress [16].

1.3.3 Shift work

Shift work, especially night shifts, disrupts circadian rhythms and sleep patterns, negatively affecting mental health. Working evenings and night shifts is associated with substance misuse, mood disorders, and serious mental illnesses. Long work hours during shifts, especially the late-night shift, contribute to increased fatigue. Police officers working night or afternoon shifts report higher job-related stress than their day-shift counterparts. Shift workers with high stress and low social support are more likely to experience fatigue, depression, and insomnia [17]. In summary, stress is a complex phenomenon influenced by various factors, and understanding its sources in the workplace, such as workload, work environment, and shift work, is crucial for addressing and managing occupational stress.

2. Materials and Methods

2.1 Study Design and Sampling

This investigation has employed a cross-sectional research design. A cross-sectional study is a research design that gathers data from a population at a specific point in time to investigate the prevalence of exposures and outcomes and examine potential relationships between them. The study used a convenience sampling methodology, a type of non-probability sampling in which participants are selected based on their availability and willingness to participate, rather than through random selection. The sample consisted of 21 nurses from a government hospital in Kuantan and 53 from a private hospital in Kuantan. Data were collected by distributing questionnaires to nurses in the hospitals via email and WhatsApp. To enhance participation, recipients were encouraged to share the survey link with colleagues, thereby expanding the study's reach. The questionnaires were bilingual (English and Bahasa Melayu) to ensure clear understanding and reduce interpretation bias among local nurses at the hospital.

2.2 Research Instrument

In this quantitative study, the primary data collection tool is a questionnaire divided into five sections (A, B, C, D, and E). Section A comprises sociodemographic information such as age, gender, race, marital status, education level, and employment history. Sections B, C, and D focus on risk factors influencing work stress, covering three (3) components: workload, working environment, and work shift. Section E contains questions regarding work stress. Each component contains five (5) questions adapted from existing studies, including the Nursing Stress Scale, Perception of Effects of Shiftwork Questionnaire [18], and Practice Environment Scale of the Nursing Work Index [19]. Respondents rate the frequency of stressful events on a 5-point Likert scale: strongly disagree, disagree, neutral, agree, and strongly agree. According to Cohen et al. [20], the Perceived Stress Scale's third section has been modified. The Perceived Stress Scale (PSS) is the most widely used psychological measure for gauging an individual's sense of stress and assessing work-related stress, comprising 10 items. Respondents use an ordinal scale to indicate the frequency of stress-related experiences in the past month. The questionnaire will be analysed using frequencies and percentages to assess the prevalence of different stress factors among the 100% sample of nurses ($n = 74$).

2.3 Statistical Analysis

The Statistical Package for Social Sciences (SPSS) version 22.0 was used to analyse the data collected. The Kolmogorov-Smirnov test results show that all variables, workload, work environment, shiftwork, and work stress, have p-values less than 0.05, indicating that the data are not normally distributed. Therefore, non-parametric tests are used to analyse the correlation of the data.

2.4 Reliability Study

The Pilot study results show that most findings demonstrated acceptable internal consistency, with Cronbach's alpha values of 0.799 for workload, 0.703 for shift work, and 0.75 for perceived stress, all exceeding the minimum acceptable threshold of 0.70. However, the work environment construct recorded a Cronbach's alpha of 0.335, which is below the acceptable range ($\alpha \geq 0.50$), indicating low reliability for this variable. This happened due to misinterpretation by the pilot participants, which was later addressed in the main study. Removing the "work environment" variable would result in omitted variable bias, weakening the explanatory power of the questionnaires regarding workload and stress.

3. Results and Discussion

3.1 Sociodemographic Study

Section A of the questionnaire form indicates the socio-demographic information of the respondents. Table 1 summarises the percentages of variables in the socio-demographic information: type of hospital, gender, age, marital status, level of education, work experience, and working hours. The respondents are from a private and a government hospital, and most are female, aged 20-29 years. For marital status, most respondents are married (62.2%), and for level of education, most have a diploma (78.4) as their highest level of education and have 3-4 years of work experience.

3.2 Level of Work Stress

Likert-scale measurements were taken for both the independent and dependent variables in this study. The instrument has a five-point Likert scale ranging from 0 to 4 (0: "never", 1: "almost never", 2: "sometimes", 3: "fairly often", and 4: "very often"). The independent variable has a five-point Likert scale ranging from 1 to 5 (1: "strongly disagree", 2: "disagree", 3: "neutral", 4: "agree", and 5: "strongly agree"). Table 2 shows the level of stress. The mean value for the dependent variable, perceived stress, is 2.73 ($SD = 0.23$). In summary, a mean value greater than 3.68 indicates that nurses in Kuantan hospitals perceived higher stress levels. Many factors contribute to work stress among nurses across different departments, and the emergency department has been shown to contribute more to work stress levels [21]. Nurses on the front lines during the COVID-19 pandemic were also under greater pressure than before or after the pandemic [22]. A study by Tatala et al. found a positive relationship between stress and burnout, with age significantly influencing this link [23]. The effect was most evident in the oldest age group, particularly in those with reduced personal accomplishment.

Table 1. Demographic data

Variables	Classifications	Frequency	Percent (%)
Types of Hospital	Private Hospital	53	71.6
	Government Hospital	21	28.4
Age	20- 29 Years	38	51.4
	30-39 Years	26	35.1
	40- 49 Years	8	10.8
	50 Year and above	2	2.7
Gender	Male	30	40.5
	Female	44	59.5
Marital Status	Single	26	35.1
	Married	46	62.2
	Divorced	2	2.7
Level of Education	Diploma	58	78.4
	Degree	12	16.2
	Certificate	4	5.4
Working Experience	2-3 Years	8	10.8
	3-4 Years	28	37.8
	4-5 Years	10	13.5
	5-6 Years	12	16.2
	More than 6 Years	16	21.6

Table 2. Level of work stress

Item	Statistical parameters	Value
Work stress	Mean	2.73
	Std. Deviation	0.23

3.3 Risk Factors Influencing Work Stress

Table 3 shows the risk factors of work stress. The main source of stress was examined through the mean value for each dimension. It was found that shift work is the main risk factor influencing work stress, with a mean of 4.09, followed by workload (mean value of 3.75) and work environment (mean value of 3.23). The mean perceived stress level among nurses is high, with the highest mean values for independent variables being shift work, followed by workload and work environment. A study in Taiwan has found that a fixed shift work schedule has been beneficial for healthy lifestyles and lower perceived stress, which may improve hospital nurses' holistic well-being [24].

Table 3. Risk factors of work stress

Section	Mean	Std. Deviation
Workload	3.75	0.47
Work Environment	3.23	0.29
Shiftwork	4.09	0.47

3.4 Relationship between Risk Factors and Work Stress

Risk factors triggering stress responses are investigated, with workload, work environment, and shift work identified as independent variables influencing nurses' perceived stress. While respondents report moderate stress levels (mean value of 2.73), correlation analysis indicates a low association between these three factors and stress. To determine the association and strength of the relationship between the risk factors and work stress, Spearman's rank correlation (r) was employed, as shown in Table 4.

Table 4. Correlation Analysis between the risk factors and work stress

Variable	Work stress	Workload	Work environment	Shiftwork
Work stress	1.000			
Workload	-0.208	1.000		
Work environment	0.206	-0.204	1.000	
Shiftwork	0.123	-0.105	-0.411**	1.000

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

The analysis shows a significant relationship between shift work and work environment ($r = -0.411$, $p < 0.01$), indicating that as shift work demands increase, perceptions of a positive work environment tend to decrease. The

correlation value between workload and work stress $r = -0.208$) indicates a weak negative relationship between the two. The results also show a low positive correlation between the work environment and work stress ($r = 0.206$), suggesting that as the work environment improves, work stress tends to increase. For Shiftwork and Work Stress ($r = 0.123$), there is a very weak positive correlation, indicating that shiftwork has a minimal direct relationship with stress levels in this sample. In the emergency room at Rumah Sakit Al Islam, Bandung, 9 nurses reported experiencing high work stress due to a burdensome work environment. In comparison, 10 nurses perceived the demands as mild and experienced low work stress [25]. A study from a hospital in Indonesia shows a significant correlation between nursing workload and occupational stress, particularly in high-pressure environments such as the emergency department. To mitigate these effects, it is recommended that nurses adopt effective and constructive self-management strategies. Proactively managing these stressors is essential to ensure that high work demands do not compromise the quality of patient care or overall service excellence [21].

4. Conclusions

This research provides important insights into socio-demographic characteristics, descriptive analysis, and correlations concerning the perceived work stress levels of nurses in Kuantan hospitals. Descriptive analysis shows that shift work is perceived as the primary risk factor for job stress, followed by workload and work environment. Correlation analysis reveals that only the relationship between shift work and work environment is statistically significant, indicating that higher shift demands correlate with a lower perception of the environment. In contrast, workload, work environment, and shift work show non-significant, low correlations with perceived work stress in this study. By incorporating the results of this study, along with evidence from other research, healthcare organisations and management can effectively monitor stress levels and provide necessary support to nurses in line with their job roles and specifications. The insights from this research also directly impact nurses, enhancing their understanding of how they respond to variables that influence their perceived stress levels.

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Declaration of Competing Interests

The authors declare no relevant financial or non-financial conflicts of interest.

CRedit Author Contribution Statement

F.N. Mislin: Methodology; Investigation; Formal Analysis; Data Curation; Writing – Original Draft

N.A. Sopian: Data Curation; Validation; Visualisation; Writing – Review & Editing

N. Moh Hussin: Validation; Visualisation; Writing – Review & Editing

N.A Hamzah: Validation; Visualisation; Writing – Review & Editing

W.Z Wan Sulaiman: Data Curation; Validation; Supervision; Conceptualisation; Writing – Review & Editing

Availability of Data and Materials

The datasets generated and/or analysed during the current study are available from the corresponding author on reasonable request.

Ethics Statement

Human Data or Participation: This study was conducted in accordance with the ethical principles of the Declaration of Helsinki. The research involved an anonymous online questionnaire and posed no more than minimal risk to participants. Participation was entirely voluntary, and informed consent was obtained electronically from all participants before they completed the survey. Participants were provided with information about the study objectives, the voluntary nature of their participation, the confidentiality of their responses, and their right to discontinue the survey at any time before submission. No personally identifiable information was collected or retained.

Generative Artificial Intelligence Disclosure

AI-based tools were used solely for language editing and grammar refinement. No AI content generation or data interpretation was performed. All intellectual contributions are original and solely attributable to the authors.

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