

The Effects of Stress on Nurse Counsellors Job Performance: A Case Study of Parirenyatwa Hospital

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Abstract

Original Research Article

The study sought to establish the effects of stress on job performance of nurse counsellors. Qualitative methodology was used to guide the study. Interviews and questionnaires were used as instruments to collect information. Representative sample of fifteen (15) nurse counsellors, two (2) administration officials and fifteen (15) patients were selected using simple random and convenience sampling techniques. Research findings revealed that nurse counsellors do get stressed. The causes of stress emanated from shortage of protective clothing, low remuneration, and work overload, communicable and chronic diseases. Recommendations from the study were that there was need for nurses' stress to be managed professionally; nurses' training should cover stress management; and nurse counsellors should be capacitated in professional counselling.

Keywords: Job Performance, Nurse Counsellor, Burnout and Stress.

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BACKGROUND OF THE STUDY

Hans Selye, (1985) defines stress as a state of psychological and physiological imbalance resulting from disparity between situational demand and the individual's ability and motivation to meet those demands. Stress is the body's way of responding to any kind of demand. It could be caused by both good and bad experiences. When people feel stressed by something going on around them, their bodies react by releasing chemicals into the blood. These chemicals give people more energy and strength, which can be a good thing if their stress is caused by physical danger. This can also be a bad thing, if their stress is in response to something emotional and there is no outlet for this extra energy and strength. Robbins (2001) noted that stress is a vigorous state in which a person is confronted with an opportunity, demand, or resource related to what the individual wishes and for which the outcome is perceived to be both vague and vital. Selye (1986) first introduced the idea of stress in to the life science. According to Carroll (2000) some stress can be good and some can be bad. There is a difference between stress and pressure. Pressure is seen as positive and something that actually helps improve our performance. Most people need a certain amount of pressure to perform well. However, the problems arise when the sources of pressure become too frequent without time to recover, or when just one source of

pressure is too great for us to cope (De Board, 2008). Davison and Barke, (2007) content that stress can be understood more comprehensively as, it is a condition which happens when one realizes the pressures on them, or the requirements of a situation, are wider than their recognition that they can handle. If these requirements are huge and continue for a longer period of time without any interval, mental, physical or behavioural problems may occur. Reddy, (1987) content that stress has a positive effect on employees of any organization. This is up to a certain extent to which an employee can cope with it, mostly it exceeds the bearable limits and have a negative result on employees.

Statement of the Problem

What are the effects of stress on job performance of nurse counsellors?

Research Questions

- What are the causes of stress for nurse counsellors?
- What are the effects of stress?
- Is there any relationship between job performance and stress?

Review of Related Literature

De Board, (2008) cites that the human body is designed to experience stress and react to it. Stress can

be positive, keeping us alert and ready to avoid danger. Stress becomes negative when a person faces continuous challenges without relief or relaxation between challenges. As a result, the person becomes overworked and stress-related tension builds. Robbins (2001) posits that stress that continues without relief can lead to a condition called distress, which is a negative stress reaction. Distress can lead to physical symptoms including headaches, upset stomach, elevated blood pressure, chest pain, and sleeping problems. Research suggests that stress also can bring on or worsen certain symptoms or diseases. Carol and Walton, (2000) contend that stress becomes harmful when people use alcohol, tobacco, or drugs to try and relieve it. Reddy, (2001) posits that modern life is full of hassles, deadlines, frustrations, and demands. For many people, stress is so common that it has become a way of life. Stress is not always bad. In small doses, it can help you perform under pressure and motivate you to do your best. The experience of stress is one important outcome of exposure to the hazards of work and to hazardous situations. Those hazards of work which are associated with the experience of stress are often termed stressors. Applied directly to nursing, contemporary theories of stress suggest that a situation which is typically experienced as stressful is perceived to involve work demands which are threatening or which are not well matched to the knowledge, skills and abilities. Work which does not full fill needs is stressful Having little control over work and receiving little support at work or outside of work are stressors, (Reddy, 1989).

Payne and Cooper (2001) argued that a work hazard is an aspect of the work situation or an event which carries the potential for harm. Work hazards can be broadly divided into the physical, which include the biomechanical, chemical, microbiological and radiological, and the psycho-social. Psycho-social hazards are those which relate to the interactions among job content, work organization, management systems, environmental and organizational conditions, on the one hand, and workers' competencies and needs, on the other. Those interactions which prove hazardous influence workers' health through their perceptions and experience. Exposure to both types of hazard may threaten psychological and physical health. Robbins, (1994) suggests that their effects may be mediated by at least two pathways. First, a direct physical-chemical mechanism, for example, as in the effects of infection with the human immune-deficiency virus (HIV) as a contributory factor in AIDS; and second, a psycho-physiological stress-mediated mechanism, for example, as in the effects of perceived loss of control as a possible contributory factor in coronary heart disease. Wiley, (2004) says that these two mechanisms do not offer alternative explanations of the hazard-health relationship; in most hazardous situations, both operate and interact to varying extents and in various ways. Examples of such interactions may exist in relation to

work-related upper limb and back disorders. A combination of physical load, stress and muscle tension may contribute to the onset of the problems.

Stress and Job Performance

Stress can be either helpful or harmful to job performance, depending upon its level. When stress is absent, it limits job challenges and performance becomes low. As stress increase gradually job performance also tends to increase because stress helps a person to gather and use resources to meet job requirements. If stress is high, it turns into a damaging force. Job performance begins to decline at the same point because excessive stress interferes with performance. An employee loses the ability to cope, fails to make a decision and displays inconsistent behaviour. If stress continues to increase even further, it reaches a breaking point. At this breaking stage, an employee is very upset and mentally devastated. Soon he or she breaks down. . Performance becomes poor and a person no longer feels like working for their employer. Absenteeism increases resulting into quitting of a job or getting fired (Robbins, 2000). Robbins (2000) states that stress should not be too low or too high. It must be within the range and limits of employee's capacity to tolerate his performance level. A controlled stress which is within limits is always beneficial and productive than an uncontrolled one. Management of every organisation must always consider their employees as assets of their firm and not slaves. Efforts should be made regularly to monitor and study stress levels in working environment. Necessary adjustments and arrangements should be made to control stress and its causes. Co-operation, kindness, respect, good manners and discipline among members of an organisation always create a stress free, healthy, friendly and productive environment in a workplace.

Cooper, C.L. (1999) posits that understanding the emotional aspect of a human factor also plays a key role in determining the success prospect of an organisation. No matter how intelligent a workforce is, it is emotions and not logic that drives them to give their best. Cooper also cites that people in some work place experiencing more stress than others. Particularly those in occupations where workers are to display emotions like in nursing, social work and teaching. An extreme form of stress can result, a stage when a person starts treating his clients as objects. The person evaluates himself negatively and feels emotionally exhausted as Sheena, (2005) notes. In such extreme cases, performance has been known to dip considerably and this drop in productivity can be attributed to stress. Hence it is imperative to define stress, understand its implications and counter the risk of productivity loss by effectively managing stress in oneself and in others.

Theories of Stress

Brantley and Thomason (2010) as quoted by Dworetzky (1989) state that there are several theoretical

positions devised for examining and understanding stress and stress disorders. Brantley and Thomason, (1995) categorised them into three groups. Response theories, stimulus theories and interaction theories or transaction theories. Stimulus refers to stress which can be categorised as emanating from three sources. These are: Catastrophic events such as Tornadoes and earthquakes. Major life events like death. Chronic circumstances such as living in crowded or noisy conditions. Because chronic stress responses involve actual physiological changes to body systems and organs, a good bit of attention has been paid to acute physiological stress responses. It has also been looked at how they might possibly lead to subsequent chronic stress Barker, C. and Pistrang, W. (1995). Historically both Cannon and Selye (1956) provided the foundation for the current interest in this physiological process. Cannon was the first to use the term 'homeostasis as McEwen and Stellar, (1999) cite. According to Cannon, (1992), the body possesses an internal mechanism to maintain stable bodily functioning or equilibrium. As the environment presents the organism with various challenges, the body must respond to each new situation by adjusting various physiological systems to compensate for the resources being taxed. A classic example of this type of compensation involves fluid regulation.

When an organism ingests a large amount of water, the kidney releases more waste fluid into the bladder for eventual disposal in an effort to maintain bodily equilibrium. According to Cannon, (1935), failure of the body to respond to environmental challenges by maintaining bodily homeostasis results in damage to target organs. Death may eventually occur. He translated his work with physical challenges associated with eating, drinking, and physical activity into those of a psychological nature. Cannon, (1935) hypothesised that common homeostatic mechanism were involved. Accordingly, an organism's response to threat may involve significant sympathetic nervous system arousal. This will result in increase in respiration and heart rate significantly. If the compensatory response is inadequate, tissue damage can result. The organism will be placed at a greater risk of subsequent medical problems associated with damaged tissue.

RESEARCH METHODOLOGY

Qualitative methodology was used in this study. A case study method was used also used in the data generation. Research instruments used were questionnaires and interviews. In this study simple random sampling was applied. Representative sample of thirty two (32) participants were used in the study.

RESULTS

The research was aimed at establishing the effects of stress on nurse counsellor's job performance. The effects of stress were identified as emanating from

the working with patient with chronic diseases, verbal abuse from patients, high work overload, low remuneration, lack of protective clothing, long working hours and dealing with death and dying. It was found out that while most of the participants valued the management of stress, there was no professional counsellor for the nurses at the clinic. They felt that nurse counsellors needed to be trained in counselling so as to know how to handle issues like that of bereavement. Most of the nurse counsellors pointed out that they need to be trained in professional counselling. The study revealed that if nurse counsellors were stressed, it would negatively impact on their job performance. It was also highlighted that nurse counsellors would report late for duty when stressed.

DISCUSSION

This study sought to establish the effects of stress on nurse counsellor's job performance. Patients interviewed in the study indicated that they had realised on several occasions that nurse counsellors reflected signs of stress when administering their medicine. They said in some cases they happily and took time to inform patients of the purpose of the drug and its name but at times they just gave the medication without any explanation. Other patients said nurse counsellors became very rude if you ask them the purpose of the medication. It was noted that nurse counsellors were at work for twelve hours which made them stressed. Their social life was highly affected by their job. They mentioned that during public holidays, weekends and during night they would be at work when they were supposed to be with their families. Most of the married nurse counsellors stated that they wanted to be with their families during the above mentioned times. This finding from the study is in support of findings by Karasek (2007), who posited that one of the stressors for nurses is lack of social interactions. Nurse Counsellors felt vulnerable when treating patient with communicable diseases without protective clothing. Most nurses indicated that they felt at risk of contracting the disease.

CONCLUSION

The study sought to establish the effects of stress on job performance of nurse counsellors. Following findings that were brought to the surface of this study, it was revealed the effects of stress were noted to be negative attitudes about nurse counsellors from the community. Nurse counsellors were not able to deliver quality nursing care due to stress and patients were not happy with the nursing care delivered to them. Patients thought that nurse counsellors did not care about them even if they die but nurses reflected that death of a patient causes a lot of stress in them. Some of the professional principles were said to be difficulty to practise and did not cover all the issues that are faced in the nursing practise. Patients were not to be treated without their consent. The issue of confidentiality was of concern.

Recommendations

- Need for a policy document that addresses the issue of stress management amongst nurse counsellors;
- Promotion of home based care for patients with chronic conditions.
- Increase the human manpower of nurse counsellors who are professionally trained in counselling.

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