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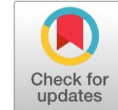


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NOR INTAN SHAMIMI A. A <sup>1</sup>, MUMTAZ AHMAD <sup>2</sup>

<sup>1,2</sup> Universiti Teknologi MARA, Selangor, Malaysia

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# STRESS MANAGEMENT AND ONCOLOGY NURSE BEHAVIOURS: AN ASSOCIATION IN NURSING PROFESSION

NOR INTAN SHAMIMI A. A <sup>1\*</sup> MUMTAZ AHMAD <sup>2</sup>

<sup>1,2</sup> Universiti Teknologi MARA, Selangor, Malaysia

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**Abstract.** Workplace stress which is associated with some superfluous behaviour has consequently affected negatively human's health status. The researcher has identified several types of behaviours closely in the nursing profession, namely turnover, absenteeism, presenteeism and violence. Therefore, the purpose of this paper is to investigate the relationship between workplace stress and oncology nurse behaviours. This study was initiated to resolve the behaviour issue among nurses, especially those involved in treating chronic disease patient. The data collection method used in this study was initiated by designing a questionnaire. After a few weeks, the researchers collected all the answered questionnaires. It has been disseminated using the convenience method, by definition, as one of the most common methods of sampling that go under various titles. It often uses the respondents that are easily accessible (Malim & Halim, 2011). From the findings, stress emanated more from turnover, absenteeism and presenteeism. In conclusion, the stress intervention measures should also focus on stress prevention for individuals. Future research is needed to highlight healthcare employees' role, especially for this critical unit and position in health care delivery.

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## INTRODUCTION

Stress is an everyday general term that is being used by many around the world. It is believed to happen when someone is unable to cope with the demands and pressures of any situation they face. Occupational stress has become one of the most severe health problems in the contemporary world (Lu, Cooper, Kao & Zhou, 2003). When an employee is no longer able to control the number of demands, stress will appear and it is shown that stress has detrimental health effect as well as negative impact on workplace productivity and profits (Bickford, 2005). The changes in the state-of-art technologies also are essentially the stress contributors because they need to update themselves with new technology, strategies and challenges apart from maintaining high quality patient care (Borkowski, 2011). Health care workers working in a hospital setting are exposed to high physical and mental demands which may affect their fatigue and stress level, with potential repercussions on patient care (Jones, Hocine, Salomon, Dab & Temime, 2015). To be precise, nursing profession is well recognized as a high-stressed job with potential for negative such as anxiety, depression, and Burnout Syndrome (BOS). Acute care nurses, however, may be at a particular risk for Posttraumatic Stress Disorder (PTSD) given their exposure to life-threatening situations, such as

mass casualties or dying patients (Czaja, Moss & Mealer, 2012). This is also supported by Meyer, Li, Klaristenfeld and Gold (2015) who claimed that nurses working in an acute care environment are frequently exposed to highly stressful and emotional situations such as relapse or death of patients. It is widely acknowledged that oncology nurses are among health care professionals who experience stress due to various physiological and psychological factors in the workplace (Heckman, 2012). Unnecessary behaviours such as turnover, absenteeism, presenteeism and violence were said to be caused by stress in the workplace. In order to promote worker health and ensure patient safety, it is advisable to reschedule organizational structure which may minimize fatigue, stress and other negative effects on health care workers (Jones et al., 2015).

Furthermore, there were some studies conducted by other researchers with the result that showed stress as the issue among oncology nurses specifically at several places. Below is the example of conducting stress in healthcare industry which involves nurses. Due to this, the researcher intends to measure the stress existence in MAKNA-PPUKM oncology ward. Nevertheless, this research was done at a small non-profit organization cancer ward which is located at the 1st floor of

\*Corresponding author: Nor Intan Shamimi A. A

†Email: [intanaziz06@yahoo.com](mailto:intanaziz06@yahoo.com)



Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM), Kuala Lumpur. Due to this small sample size as a limitation

for this study, unfavourable and sensitive findings may display reflecting the population.

**TABLE 1**  
**Stress in Health Care Industry**

No	Author/Year	Title	Findings
1	Chiang and Chang (2012)	Stress, depression, and intention to leave among nurses in different medical units: Implications for health-care management /nursing practice	Stress was assessed using the Perceived Stress Scale, 10-item version (PSS-10), which is widely used and has been shown to be valid and reliable. The results of the ANOVA tests revealed the significant differences ( $p < 0.05$ ) in the levels of stress, depression, and intention to leave among nurses in various medical units
2	Por, Barriball, Fitzpatrick and Roberts (2011)	Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students	The perceived stress scale indicated the mean score was 15.9 ( $n = 30$ ). The degree students reported the highest level of perceived stress compared to the accelerated students or diploma students which was statistically significant ( $p > 0.01$ )
3	Rheingans (2008)	Relationship Between Pediatric Oncology Nurses' Management of Patients' Symptoms and Job Satisfaction	Nurses' Distress and Interventions for Symptoms Survey (NDISS) and Measure of Job Satisfaction (MJS) has been used in this survey. Based on the stress response sequence model, study hypotheses proposed that nurses symptom management affects nurses distress and, in turn, job satisfaction.

Due to this, the researcher intends to measure the stress existence in MAKNA-PPUKM oncology ward. Nevertheless, this research was done at a small non-profit organization cancer ward which is located at the 1st floor of PPUKM, Kuala Lumpur. Due to this small sample size as a limitation for this study, unfavourable and sensitive findings may display reflecting the population.

## REVIEW OF THE LITERATURE

### Stress in Nursing Viewpoint

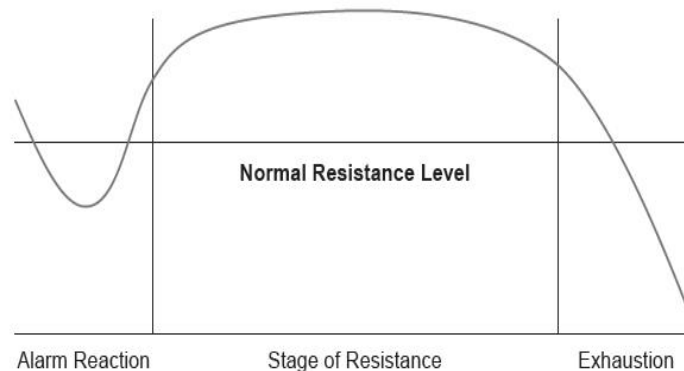
The scope of professional nursing practice has evolved over the years with a shift towards increased specialization. The development of nurses scope practice has been described by Castledine (as cited in Gill & Duffy, 2010) in the context of general and specialist practices. General practice has been described as a general experience across traditional specialist domain of nursing, while specialist practice includes specific expertise in particular fields of nursing. Moreover, nurses are concerned with health and health-related issues. Health is a multidimensional concept that encompasses complex bio-behavioural interactions and is influenced by various individual, psychosocial, behavioural and environmental factors (Kang, Rice, Park, Turner-Henson & Downs, 2010). Moreover, in any

health care organization, nurses are the frontline professional staffs playing an important and direct role in the delivery of health care services (Chiang & Chang, 2012). Due to this stress, employees tend to be fatigue, prone to mistakes and injuries and finally, will lead to poor concentration, short temper, job dissatisfaction and low morale, as recognized by Department of Health and Human Services, National Institute for Occupational Safety and Health (NIOSH, 2005). Nursing provides a wide range of potential workplace stressors as it is a profession that requires high levels of skills, teamwork and provision of continuous care (Jathanna, Latha & Prabhu, 2013). In Malaysia itself, nursing profession requires a great deal of collaboration with people of different professions, social background, cultures, as well as the ability to take on various roles during a single workday. Furthermore, it might include participation in teams, attendance during rounds and meetings, field trips, palliative works, providing counseling to patients and their families and social services. These stressful situations obviously caused problems for nurses in their daily work (Beh & Loo, 2012). Based on Figure 1 below, the researchers have used a theory called General Adaptation Syndrome (GAS) proposed by Austrian-born physician Hans Selye regarding the human stress that occurs in three different level of phases namely

Alarm, Resistance and Exhaustion. Phase One is Alarm where in this preliminary stage it begins with human body that recognizes danger and prepares to deal with threat or other names by fight or flight response. Then it is followed by Phase Two which is Resistance, the body shifts into this 2nd phase with the possibility of stress that can be resolved. Homeostasis begins to reinstate balance and a period of recovery for repair and renewal

then takes place. The last phase is Exhaustion where in this final stage, the stress still continues for some time. This is when we say that stress can overload, burnout or cause adrenal fatigue or dysfunction because at this moment, the stress levels go up and remains (Essence of Stress Relief, 2015). This is used to identify either the level of stress that has reached for oncology nurses leading to the final phase of the theory.

**FIGURE 1**  
**Diagram of General Adaptation Syndrome (GAS) Model**



(Source: Rice, 2012)

### **Nurse's Behaviours Facing Job Pressure**

A nurses intention to leave is regarded as a withdrawal process from his/her workforce, stated by Chiang and Chang (as cited in Morrell, 2005). This is basically what organization is really concerned about because those employees who choose to leave often report their decision making as not avoidable, says Maertz and Campion (as cited in Hanks, 2010). The most gloomy part of management is that, they could not do anything nor to stop them from leaving their work. Other than that, excessive workload actually may cause some nurses to quit on-the-spot or to search for a new place to work, yet other nurses may be as stressed by the amount of work, but ultimately shrug it-off and stay on in the organization (Hanks, 2010).

The researchers also found out that stress is one of the reasons of high cost for organization to deal with absenteeism, because nowadays, lifestyle is full of hectic and messy routine jobs which the researchers can predict that lead to absenteeism. According to Donovan (2006) absenteeism among healthcare workers is a concern, especially when compared to full time employees in other sector of works. Furthermore, in this field of work, it may lead nurses to develop Compassionate Fatigue (CF). By definition, it is the loss of work-related satisfaction, or when the jobs bring more distress than satisfaction, Stamm (as cited in Sheppard, 2015) according to Unresolved CF often causes physical and emotional exhaustion, and can significantly

impair job performance. Due to this, it is known to cause absenteeism as well as turnover rates among healthcare providers such as registered nurses (Sheppard, 2015).

On the other hand, presenteeism is the make-up from the word absenteeism. This presenteeism occurs when employees are actually on the job but not fully functioning (McDonald, 2010). Productivity can be adversely affected by both absenteeism and presenteeism (Letvak, Ruhm & Gupta, 2013). He added that presenteeism may have greater adverse impact on the quality of patient care. A nurse who calls in sick can be replaced with a healthy substitute; but a nurse who remains on the job despite ill health may not be able to fully meet its demands. This situation is also being defined by Hemp (2004) in his quotation from McDonald (2010) claiming that, when people do not feel good, they simply do not perform their best.

By definition, the Ministry of Labours Health and Safety Act (2010) defines workplace violence as the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker. Workplace violence sometimes not only starts with physical force by a person against a worker, but it can also start from workplace harassment. Workplace harassment is engaging in a course of vexatious comment or conduct against a worker in a workplace. How it can turn to be workplace violence is when the harassment continually exists and still, the victim will not respond to

any attention made by a person. It may escalate over time into threats, or acts, of physical violence. Moreover, according to Blair (as cited in Kirchner, 2009) lateral violence in the nursing workplace can be defined as horizontal violence, bullying and workplace incivility. Co-workers who are victimised may experience fatigue or insomnia, stress, depression, shame or guilt, isolation, substance abuse or even suicidal behaviour (Blair, 2013).

## METHODOLOGY

This study has been approved, with the need for informed consent, by the oncology ward management staff located at the PPUKM, Kuala Lumpur. This ward belongs to Majlis Kanser Nasional (MAKNA) where they treat cancer patients registered through all government hospitals in Malaysia.

This case study was conducted to identify Stress Management And Oncology Nurse Behaviours: An Association in Nursing Profession. According to one of MAKNA managers, this non-profit organization has approximately 120 employees. This number was divided into other several places for instance, 71 staff located at the headquarters, another 60 are the oncology nurses which have been located in MAKNA Oncology Ward at PPUKM and others are in half-way house in Johor Bahru, a house where cancer patients stay while getting treatment at Hospital Sultan Ismail, Johor Bharu. The researchers used a table to determine sample size from a given population by Krejcie and Morgan (1970) to identify how many number of respondents should be collected according to organization's population. Since MAKNA-PPUKM nurses only employs a total of 60, 52 feedback is required to investigate the relationship between independent and dependent variables.

The researchers developed a structured questionnaire to be distributed to all respondents. The most important goal of a study using such an instrument is to learn about ideas, knowledge, feelings, attitudes and self-reported behaviours of a defined population (Phellas, Bloch & Seale, 2011). Done with designed questionnaire, researchers used convenience method to distribute the questionnaires before collecting them back a few weeks after that. Out of 60 questionnaires distributed, researchers managed to get 51 sets from the nurses.

## DATA ANALYSIS

Correlation coefficient method has been used to verify the relationship between workplace stress and oncology nursing behaviours which were divided into four acknowledged behaviours namely turnover, absenteeism, presenteeism and violence. Based on the findings between stress and turnover, researchers have found that there was a significant relationship

between these variables. It has shown that when nurses felt difficult to cope with job activities, they chose not to communicate regularly ( $p \leq .005$ ,  $r = -.386$ ). They felt the work burden was too much when no communications took place during working time. From this, it is agreed that nursing profession requires high levels of skills, teamwork and provision of continuous care (Jathanna et al., 2013) and since stress stops them from being productive worker, their decision to leave cannot be avoided as stated from Maertz and Campion (as cited in Hanks, 2010). Other than that, most of the oncology nurses felt uncomfortable with their working environment. However, they believed they would have an opportunity if they chose to stay longer at the organization ( $p = .923$ ,  $r = -.014$ ). This may not be significant as probably, the environment would not affect too much on their performance. Next, the researchers looked for the findings between stress and absenteeism and found some significant points that can be forecast. The first prediction was, most of the oncology nurses felt confident in handling their work problems especially involving cancer patients, and due to that reason, they tended to argue in the workplace ( $p = .272$ ,  $r = -.157$ ). It may not be significant and perhaps the ratio of this happened in a small percentage or none at all. However, the researchers discovered that there was a moderately significant relationship in this variable. For situation that was out of control, for example, making mistakes or confusion in giving treatment, nurses easily got angry with colleagues and they even had small disagreements. This actually led them to a personal attack towards each other ( $p = .077$ ,  $r = -.250$ ). As they deal with human's critical life, making mistakes in the delivery of care compromising responsibility towards the patients and families. This finding continued to look for relationship for presenteeism among oncology nurses. Based on the statistical output, presenteeism was present in this organization. The first result indicates an average positive relationship where even the nurses felt difficult to cope with their job activities, though they still they attended work. Nevertheless, at that same time they felt good staying at home ( $p = .024$ ,  $r = -.315$ ). Probably, they were concerned on attendance and did not want to engage in disciplinary action. Besides, a high  $p$  value suggested that strong evidence existed between these variables. The second result indicate a weak relationship among nurses as well as, not significant. Even though they were uncomfortable with the working environment, they still managed their focus on achieving goals, if they were sick or not feeling well ( $p = .208$ ,  $r = .179$ ). This is supported by Letvak, Ruhm and Gupta (2013) that productivity can be adversely affected by both absenteeism and presenteeism. Presenteeism may have greater adverse



impact on the quality of patient care. A nurse who calls in sick can be replaced with a healthy substitute; but a nurse who remains on the job despite ill health may not be able to fully meet its demands.

The last finding on this relationship was to see whether violence occurred among themselves. It has shown not significant point between these variables. Even though some nurses might face difficulties in coping with job and still attended work, they were somehow victims of workplace violence ( $p = .551$ ,  $r = .085$ ). Violence can be divided into several types, not only focusing on physical attack. According to Ministry of Labour's Health and Safety Act (2010), any vexatious comments can also be considered as violence. Moreover, according to Blair (as cited in Kirchner, 2009) lateral violence in the nursing workplace can be defined as horizontal violence, bullying and workplace incivility. Other result that researchers found was a not significant relationship where nurses were confident in handling work problems individually, but at the same time, they were hesitant to report violence to the management since they were afraid of losing their job ( $p = .730$ ,  $r = -.050$ ). Most probably, violence happened less in this organization and because of that, the  $p$  value is high and not significant.

## CONCLUSION

Based on the generated results, it is shown that only turnover,

absenteeism and presenteeism are the concern among this group of nurses in this population. Violence has happened in a smaller number of cases, and it does not involve physical attack that caused injury. It is also proven that the results cannot apply the said theory which the nurses do not fall until Phase Three which is Exhaustion. Specifically, oncology ward nurses in this organization still can balance their stress and job while handling their job without getting too much strains. Because of that, the researchers have recommended several options which might be useful and helpful for the organization as well as for the nurses to continuously serve cancer patients more efficiently and deliberately, for example reschedule duty shift, remove unwanted tasks, to enhance recognition or bonus for nurses, increase health promotion for awareness and donation, to build managing stress clinic and increase physical activity. Overall, in healthcare industry, nursing has been identified as one of the most stressful jobs. This argument has been supported by Dasgupta (2012) saying that, US National Institute for Occupational Safety has placed nursing in the top 40 occupations with the highest prevalence of stress-related disorders. This is due to their main job to treat and care for patients, plus with more additional administrative works which they need to consider. To treat, motivate and even communicate with the patients also requires the sense of enthusiasm and apart from that, they have been burdened with other non-related jobs.

## REFERENCES

- Beh, L. S., & Loo, L. H. (2012). Job stress and coping mechanisms among nursing staff in public health services. *International Journal of Academic Research in Business and Social Science*, 2(2), 131-176.
- Bickford, M. (2005). Stress in the workplace: A general overview of the causes, the effects and the solutions. *Canadian Mental Health Association*, 1-3.
- Blair, P. L. (2013). Lateral violence in nursing. *Journal of Emergency Nursing*, 39(5), 75-78.
- Borkowski, N. (2011). *Organizational behavior in health care* (2nd ed.). Sudbury, MA: Jones & Bartlett Publisher.
- Chiang, Y. M., & Chang, Y. (2012). Stress, depression, and intention to leave among nurses in different medical units: Implications for healthcare management/nursing practice. *Health Policy*, 108(2), 149-157.
- Czaja, A. S., Moss, M., & Mealer, M. (2012). Symptoms of posttraumatic stress disorder among pediatric acute care nurses. *Journal of Pediatric Nursing*, 27(4), 357-365.
- Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self-efficacy. *Journal of Health Management*, 14(4), 513-534.
- Donovan, T. (2006). *Employee absenteeism in a southern ontario tertiary care hospital: A record linkage study*. Master thesis, Queens University, Ontario, CA.
- Essence of Stress Relief. (2015). *Hans selye's general adaptation syndrom*. Retrieved from <http://goo.gl/ciBIPS>
- Gill, F., & Duffy, A. (2010). Caring for cancer patients on non-specialist wards. *British Journal of Nursing*, 19(12), 761-767.
- Hanks, A. (2010). *Employee turnover: The effects of workplace events*. Phd dissertation, Rice University, Texas, US.
- Heckman, H. M. (2012). Stress in paediatric oncology nurses. *Journal of Paediatric Oncology Nursing*, 29(6), 356-361.
- Jathanna, R. P. N., Latha, K. S., & Prabhu, S. (2013). Occupational stress and coping among nurses in a super specialty hospital. *Journal of Health Management*, 14(4), 467-479.

- Jones, G., Hocine, M., Salomon, J., Dab, W., & Temime, L. (2015). Demographic and occupational predictors of stress and fatigue in French intensive-care registered nurses and nurses' aides: A cross-sectional study. *International Journal of Nursing Studies*, 52(1), 250-259.
- Kang, D. H., Rice, M., Park, N. J., Turner-Henson, A., & Downs, C. (2010). Stress and inflammation: A biobehavioral approach for nursing research. *Western Journal of Nursing Research*, 32(6), 730-760.
- Kirchner, B. (2009). Safety: Addressing inappropriate behavior in the perioperative workplace. *AORN Journal*, 90(2), 177-180.
- Letvak, S. A., Ruhm, C. J., & Gupta, S. N. (2013). Nurses' presenteeism and its effect on self-reported quality of care and costs. *American Journal of Nursing*, 112(2), 30-38.
- Lu, L., Cooper, C., Kao, S., & Zhou, Y. (2003). Work stress, control beliefs and well-being in greater china-an exploration of sub-cultural differences between the PRC and Taiwan. *Journal of Managerial Psychology*, 18(6), 479-510.
- Malim, M. R., & Halim, F. A. (2011). *Business statistics*. Selangor, MY: Oxford Fajar Sdn.Bhd.
- McDonald, L. (2010). *The experience of presenteeism: Acute care nurses working in northern health*. Master thesis, University of Northern, British Columbia, CA.
- Meyer, R. M., Li, A., Klaristenfeld, J., & Gold, J. I. (2015). Pediatric novice nurses: Examining compassion fatigue as a mediator between stress exposure and compassion satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nursing*, 30(1), 174-183.
- Ministry of Labor's Health and Safety Branch. (2010). *Workplace Violence and Harassment: Understanding the Law*.
- NIOSH. (2005). *Stress at work*. Retrieved from <http://goo.gl/3a1jKr>
- Phellas, C. N., Bloch, A., & Seale, C. (2011). *Structured methods: Interviews, questionnaires and observation*. Researching Society and Culture. London, UK: SAGE Publications Ltd.
- Por, J., Barriball, L., Fitzpatrick, J., & Roberts, J. (2011). Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students. *Nurse Education Today*, 31(8), 855-860.
- Rheingans, J. I. (2008). Relationship between pediatric oncology nurses' management of patients' symptoms and job satisfaction. *Journal of Pediatric Oncology Nursing*, 25(6), 312-322.
- Rice, V. H. (2012). *Handbook of stress, coping and health*. Thousand Oaks, US: Sage Publishing Inc.
- Sheppard, K. (2015). Compassion fatigue among registered nurses: Connecting theory and research. *Applied Nursing Research*, 28(1), 57-59.

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