

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

**ASSESSMENT OF JOB RELATED STRESS AND ITS PEREDICTORS
AMONG NURSES WORKING IN GOVERNMENT HOSPITALS OF WEST
SHOA ZONE, OROMIA REGION, ETHIOPIA, 2018**

BY

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ACRONYMS AND ABRIVIATIONS

AAU	Addis Ababa University
AOR	Adjusted Odd Ratio
CI	Confidence Interval
COD	Crude Odd Ratio
ENSS	Extended Nursing Stress Scale
ICU	Intensive Care Unit
NIOSH	National Institute for Occupational Safety and Health
NSS	Nursing Stress Scale
PI	Principal Investigator
OR	Odd Ratio
OPD	Out Patient Department
SD	Standard Deviation

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ABSTRACT

Background: Job stress is prevalent problem among nurses working in public Hospitals as they deal with large number of patients with variety conditions and work over load. Therefore, if it is not properly managed stress leads to high levels of employee, illness, absenteeism, high turnover, and decreased productivity that compromise provision of quality service to clients. However little has been addressed job related stress and its predicting factors in the study area

Objective: To assess the level of job related stress, and predicting factors among Nurses working in Public hospitals of West Shoa Zone, Oromia Region, Ethiopia, 2018. **Method:** Institutional based Cross-sectional study design supplemented with qualitative study design was used. A structured self-administered questionnaire was use to collect data from study participants from February 30,to march 30,2018. Study population was all nurses who are working in randomly selected in Public Hospitals in West Shoa Zone and sample size was 180 nurses from the six hospitals. The data were entered into info.3. and analyzed by SPSS window software 21 version. Descriptive statistics such as frequency distribution and measure of central tendency and variability were computed. Univariate and multiple logistic regressions were used to identify the association between dependent and independent variables. **Results:** A total of 180 nurses working in West Zone public hospitals were given the questionnaire, and the response rate was 98.3 % (177).The study indicated that 87(49.2%);95%CI:42.4%-56.5%) of nurses were occupationally stressful. Death and dying, uncertainty regarding patient treatment, conflict with supervisor and work load was the most sources of stress for nurses with mean scores of 2.76, 2.55, 2.5 and 2.4 respectively. Individual factors like respondents' work experience of less than five years (AOR=12.300,95% ,CI:2.59858.245), diploma holders; married (A OR=, 11.323,95 %,CI:4.213-30.434)and nurses who were work in emergency units (AOR=10.291,95%, CI:1.98-53.48).was significantly associated with overall job related stress score. **Conclusion and Recommendations** .In this cross sectional study almost half of the nurses were occupationally stressful. Individual factors like respondents work experience of less than five years, diploma holders; married and nurses who were work in emergency units was significantly associated with overall job related stress score. To prevent occupational stress among nurses, policy makers and different stake holders should come up with strategies and Programs that will help to develop stress reduction management for hospital based nurses

Key Words: job related stress, Nurse, West Shoa Zone.

1. INTRODUCTION

1.1. Background

Stress is a term for describing individual's negative interpretation for a real or subjective event as a threatening factor, which causes fear or anger (1)

Job related stress is defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (2)

It occurs when the demands of a working environment over power the capacities of workers to cope with. It can affect all types of workers and all occupations(3).Work related stress causes physical and psychological disorders. It also causes change in a person's physiology that forces them to deviate from their normal functions and work environment (4).The effects of job stress are considered terrible to both employees and employers. For the organization, the results are disorganization, disruption in normal operations, and decrease in productivity. For the employee, the effects of job stress are more than that of the organization(5) .Nursing is generally considered a stressful and demanding profession (6).There is a number of evidence that nursing is a stressful occupation, which can lead to disruptions in both psychological and physical health and can impair professional practice (7)

Work related stress on nurses would lead to absenteeism and turnover, which would affect the quality of patient care. That result in increased mortality among patients, failure to rescue and patient dissatisfaction (8). Causes of stress in nursing include also physical labor, suffering and emotional demands of patients and families, work hours, shift work, interpersonal relationships like inter- and intra-professional conflict, and other pressures that are central to the nursing work (9).

The lack of supportive relationship or poor relationship with colleagues and supervisors are also potential sources of stress (10).

A study found that work overload, uncooperative patients, criticism, negligent colleagues, lack of support from supervisors, and problems with physician caused stress to hospital nurses (11,12).

1.2. STATEMENTS OF THE PROBLEM

Impact of stress on health sector's employees is more prevalent due to environment complexity (13). Job related stress has been found to be one of the major healths Problem. Job related stress incurs economic costs on the society and influences physical and psychological health of nurses and it can lead to burnout of nurses as well as a negative attitude toward professional activities and lack of appropriate communications with the patients(14). Stress contributes to health problems in nurses and decreases their efficiency, imposing a direct economic cost on employers and great impact on patients' care (15). The main stressors regarding nurses are workload, relationships with other clinical staff, leadership and management style, emotional needs of patients and their families, poor patient prognosis, death and dying, shift working (9).

Job related stress exists in all professions, but the nursing profession appears to experience more stress at work compared to other health-care workers (16). Research indicated that high job related stress and physical and psychological problems in nurses leads to escape from job, the clashes between personnel and intense displacement, impaired health and inability to perform the task, vulnerabilities in professional communication, and ultimately reducing the quality of care provided and dissatisfaction and leaving the profession. The impact may also lead to harmful consequences in patient care like medication Errors and lack of appropriate attention to the care receivers (17).Nursing by its nature is a profession subjected to a high degree of stress (18). Nurses are one of the professional groups that are perceived to be knowledgeable in health related issues. With all these perceived knowledge on stress and its attending issues, nurses still go through stress[12].Nursing is generally perceived as demanding profession. Along with the increased demand and progress in the nursing profession, stress among the nurses has also increased .Perceived stressful work increases the desire to leave the employer (19). For example Job- related stress in the nursing profession has been a worldwide problem with rates of 9.20–68.0 % of nurses suffering from stress reported in the literature((20), (21)). The success in delivering quality patient care depends on the efficiency and motivation of the nursing personnel (22). Globally, the costs of work-related stress are estimated to be approximately \$5.4 billion each year, second to the most frequent occupational health problem, low back pain, and estimated to affect one in three employees(23).

Study conducted in Nepal on job related stress among nurses indicated that, a great number of the respondents (56%) had moderate stress followed by mild stress (34%) and severe stress (6%) whereas very less number of respondents (4%) had no stress in their job setting(24).

study done in United Arab Emirates on a relationship between nurse's stress and environmental occupational factors on 216 nurses selected with random convenience sampling method among nurses working in different wards of Al-Zahra hospital showed that 42 ± 6 mean stress level(24).

Study conducted in Kampala, Uganda the results indicated that nurses in Ugandan Hospitals experience moderate levels of occupational stress. The result also showed that nurses of all age groups experience high stress (25). study conducted in Sudan showed that the main sources of stress experienced by critical care nurses in Khartoum state hospitals were showed an average overall job related stress level of mean score 1.88 with standard deviation of 0.50 (26)

In Ethiopia, a study conducted in Jima Zone southwest Ethiopia showed an average overall job related stress level of 58.46 ± 12.62 , Addis Ababa, 37.8% of nurses reported experiencing occupational stress and in East Gojjam Zone Public hospitals northwest Ethiopia, 57.3% of nurses were occupationally stressful ((27),(28),(29)).

With this regard, there are few studies conducted on job related stress and its predicting factors among nurses nationally and there are no specifically in West Shoa Zone public hospitals. Thus this study identified the overall stress among nurses working in West Shoa Zone public hospitals and main factors that contribute to work-related stress. It could be used to guide preventive measures and to provide methods to reduce the job stress experienced by nurses in the study area.

1.3. SIGNIFICANCES OF THE STUDY

Job related stress has been found to be one of the major health Problems. Even though many studies were conducted in many developed and some part of developing countries .There is no study done in the study area, which shows the prevalence of job related stress and its predicating factors. Therefore this study will addressee the level of the problems and predicating factors in the study area.

At the same time it will give base line information for different stakeholders about job related stress and its predictors in nurses working in public hospitals

The results would also help health care institutions; particularly hospitals to recognize factors related to stress in nursing staff & help them to take corrective measures in attempt to create conducive environment and to improve the health status of their employees as well as efficiency and quality of care.

In addition, the study would be serving as providing information for policy makers and nurse managers to develop stress prevention.

Furthermore, the findings from this study benefit researcher interested in the field by providing information regarding job related stress and its predictors in nursing staffs working in public hospitals in the study area

1.4. Justifications

Job related stress is prevalent problem among nurses working in public Hospitals as they deal with large number of patients with variety conditions and work over load. Therefore, if it is not well identified and properly managed related job stress leads to high levels of employee, illness, absenteeism, high turnover, and decreased productivity that compromise provision of quality service to clients [8]. Globally, the costs of job-related stress are estimated to be approximately \$5.4 billion each year (23). Even though studies were conducted in developed and in some part of developing countries, there was no study done in the area to address the prevalence of job related stress in the study area.

Thus this study aims to address the gap by assessing the prevalence and a predicting factor of job related stress among nurses working in public hospitals of West Shoa Zone, Oromia Region, Ethiopia in 2018.

The finding of this study is important for:

- The regional health bureau by providing a base line data on gaps between dissemination of health information and current level of prevalence regarding job related stress.
- Moreover, the findings of the study will be used by Policy makers and different stake holders it provides a baseline data which may help them in designing and develop stress reduction management programs for hospital based nurses in the study area.
- To develop suitable recommendations based on the findings of the stress

2. LITERATURE REVIEW

This section is organized into three parts: definition of stress, job related stress among nurses and sources of job related stress.

2.1. Stress

Stress is the psychological, physiological and behavioral response by an individual when they perceive a lack of equilibrium between the demands placed upon them and their ability to meet those demands, which, over a period, leads to ill health (29). It is also described as a feeling of being overloaded, wound-up tight, tense and worried. All human beings experience stress at times. It can sometimes be useful to motivate us to get a task finished, or perform well. But it can also be harmful if we become over-stressed and it interferes with our ability to get on with our normal life for too long (30).

2.2. Job related Stress among Nurses

Workplace stress is the harmful physical and emotional responses that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands. In general, the combination of high demands in a job and a low amount of control over the situation can lead to stress (3). Nurse stress is defined as the emotional and physical responses resulting from the interactions between the nurse and her/his job environment where the demands of the work exceed abilities and resources (3).

A study conducted in Nepal on job related stress among nurses indicated that, a great number of the respondents (56%) had moderate stress followed by mild stress (34%) and severe stress (6%) whereas a very less number of respondents (4%) had no stress in their job setting (24).

A study conducted in hospitals of Udupi and Mangalore districts Karnataka, India, showed that stress was experienced by the nurses who were qualified and a significant association was also observed between stress and marital status stating that married subjects were more stressed than single (31). In 2013 a study done in Iran showed that overall, 34.90 % of nurses reported their job was extremely stressful and it was more in supervisors and head nurses than nurses (32). The study done in Dhule showed that the prevalence of occupational stress amongst nurses was 87.4%. In Ethiopia, a study conducted in Jima Zone South West Ethiopia showed an average overall job related stress level of 58.46 ± 12.62 , Addis Ababa, 37.8% of nurses reported experiencing occupational stress and in East Gojjam Zone Public hospitals northwest Ethiopia, 57% of nurses were occupationally stressful ((27),(28),29).

2. 3. Sources of job related stress among Nurses

According to National Institute for Occupational Safety and Health (NIOSH) in general, studies of nurses have found the following factors to be linked with stress: a workload, relationships with other clinical staff, leadership and management style, emotional needs of patients and their families, poor patient diagnosis, death and dying and, shift working (33). Also study done on the development of expanded nursing stress scale showed that there were nine facets relating to sources of stress for nurses. These nine factors were divided into psychological, physical and social environment (34).

The lack of supportive relationship or poor relationship with colleagues and supervisors are also potential sources of stress (9, 10). A study found that work overload, uncooperative patients, criticism, negligent colleagues, lack of support from supervisors, and problems with physician caused stress to hospital nurses (11). Sources of stress in nursing include also physical labor, suffering and emotional demands of patients and families, work hours, shift work, interpersonal relationships like inter and intra-professional conflict, and other pressures that are central to the nursing work (12).

A cross sectional study done in Ghana on sources of stress among nurses in the greater accra region showed that the most predominant cause of stress was the number of hours that nurses use to work followed by financial difficulties and the death of patients (13)

As study conducted in Egypt the most frequent occupational stressors were: Not enough staff to adequately cover the unit and watching a patient suffers respectively. As subscales, workload and Death and dying were the most frequent and severe occupational stressors (35).

Other study conducted in Sudan showed that the main sources of stress experienced by critical care nurses in Khartoum state hospitals were death and dying situations and workload as described as following: the mean scores of expanded Nursing stress subscale domains showed that death and dying situations had the highest stress score, $M=2.23$, $SD=0.56$, followed by workload, $M=2.16$, $SD=0.61$, and problems with supervisors (36)

In Ethiopia study conducted on job, related stress and its predictors among nurse who were working in public hospitals of Jima Zone Oromia region. The highest level of job related stress was on the sub scale of dealing with death & dying mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % and workload 57.6 (27).

Another institutional cross sectional study conducted in Addis Ababa public hospital showed that One hundred twenty-one (37.8%) (95% confidence interval: 34.3 to 39.1) nurses reported experiencing occupational stress. Significant associations were found between nurses' stress and gender, work shift, illness, marital status, and worksite or unit. (37.2%) and the most frequently reported sources of stress at the workplace were workload (44.4%), patient death and dying (40.6%) and conflict with a supervisor and other nurses (28).

2.3.1. Socio Demographic factors

Socio-demographic in this study composed of several variables: gender, age, experience, specialization qualifications, marital status, number of children, and salary. Because of nurses are exposed to stress, it is important to understand the relationship between job related stress and these socio-demographic variables(37)

Research indicated that older nurses with more years of experience had less occupational stress than their younger colleagues. Regarding marital status, the average occupational stress among married employees was higher than the single (32). Study conducted in Kampala, Uganda the results indicated that nurses in Ugandan Hospitals experience moderate levels of occupational stress. The result also showed that nurses of all age groups experience high stress. Nurses with no children had significantly lower occupational stress than those who had children (25) .Married and widowed nurses had respectively about 2.5 times and two times higher stress than single nurses. In addition, nurses with longer experience showed lower stress level than nurses with one to five years of experience did (38).

Study conducted on work-related stress and associated factors among Nurses working in public Hospitals of Addis Ababa, Ethiopia, showed that significant associations were found between nurses' stress with, marital status, and type of ward/unit (28).

A recent institutional based Cross-sectional study design was done in East Gojjam Zone Public hospitals Northwest Ethiopia. work experience of respondents were significantly associated with occupational stress (26,27).Qualitative study design done in Greece and other studies indicated that occupational stress was higher among less qualified nurses(39).

3.3.2. Work place factors

The working place is one of the most important sources of jobrelated stress.

Stress score significantly differed across the departments; nurses working in ICU have more stress when compared to nurses working in other departments (32).Studies done in Jordan's majority of the nurses with the highest occupational stress were working in specialized units, while the least were in surgical departments(40).Working unit/department particularly working in the critical illness follow-up clinic & outpatient department mutual understanding at work between nurse & physician, and job satisfaction were predictor variables for overall job related stress (27, 29).

3.3.3. Psychological factors

As it was explained earlier job related stress ascends from three main sources: physical and psychological and social.

Psychological stressors refer to stressful nurses working conditions or the way that tasks are designed that define the overall job characteristic. Excessive exposure to psychological stressors lead to many long terms or short term psychological problems among nurses such as: Depression and anxiety, angry outbursts and Irritability, Isolation, memory and Cognitive problems and burnout(33).

The results by Mohamed et al (2011) revealed that the most common source of nursing stress among 135 ICU nurses at the Children's University Hospital at El-Shatby (Egypt) was: „Death and dying“, and „Uncertainty about treatment“, (35)

A Study conducted in Sudan on job related stress among nurses who were working ICU of Government hospitals showed that the death and dying situations as the most stressful (25)

In Ethiopia study done on job related stress among nurses working in government hospitals indicated that the highest level of job related stress was on the sub scale of dealing with death & dying mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % and workload 57.6 %(26).

Other study conducted in East Gojjam showed that 39.3% of the respondents were very much stressful with death and dying subscale and about 36% of respondents were very much stressful for Inadequate emotional preparation subscales. Majority of the respondents 93 (52.2%) were moderately stressful for uncertainty concerning treatment. Among psychological factors death and dying was the first sources of stress (29).

3.3.4. Workload factors

Physical stressors found in the nurses working environment and lead to many physical illnesses and problems.

Across-sectional study design conducted to examine the relationship of psychosocial job stressors and burnout in emergency departments in 3 hospitals in Spain. One hundred and ninety one returned the completed MBI and NSS. Results showed that „Workload“ was the most severe occupational stressors for nurses (40)

Other study showed that the most frequent occupational stressors items appears to be “Not enough staff to adequately cover unit” (mean = 1.58), followed by and “Lack of drugs and equipment required for nursing care” (mean = 1.46) (35). Workload subscale was the most sources of stress for nurses. (26). Cross sectional study conducted in Addis Ababa public hospital showed that the most frequently reported sources of stress at the workplace were workload (44.4%), patient death and dying (40.6%) and conflict with a supervisor and other nurses (37.2%) (28).

3.3.5. Social factors

The lack of supportive relationship or poor relationship with colleagues and supervisors are also potential sources of stress (lack of social support at work especially from supervisors, head nurses, and higher management and emotional demands of patients and families).

In 2012, across sectional study was done in Spain indicated that lack of social support, particularly from Supervisors and co-workers, were associated with deteriorated nurse wellbeing and more unfavorable Work/ organizational outcomes (40). Study conducted on occupational stress management among nurses in selected hospital in Benin city, Edo state, Nigeria showed that 28% accepted that unfriendly relationships with superior colleagues and subordinate is a cause of stress [36] study conducted in Addis Ababa public hospital among nurses showed that the most frequently reported sources of stress at the workplace were workload (44.4%), patient death and dying (40.6%) and conflict with a supervisor and other nurses (37.2%) [28]

Study conducted in East Gojjam showed that among social factors Problems with supervisors subscale was the first sources of stress with mean stress level of 2.64 out of 6 (29).

2.4. Conceptual Framework

This conceptual frame work is developed based information obtained during literatures interview factors related job related stress are divided into psychological factor, physical factor, social environment factor, workplace factor and personal factor (34,37)

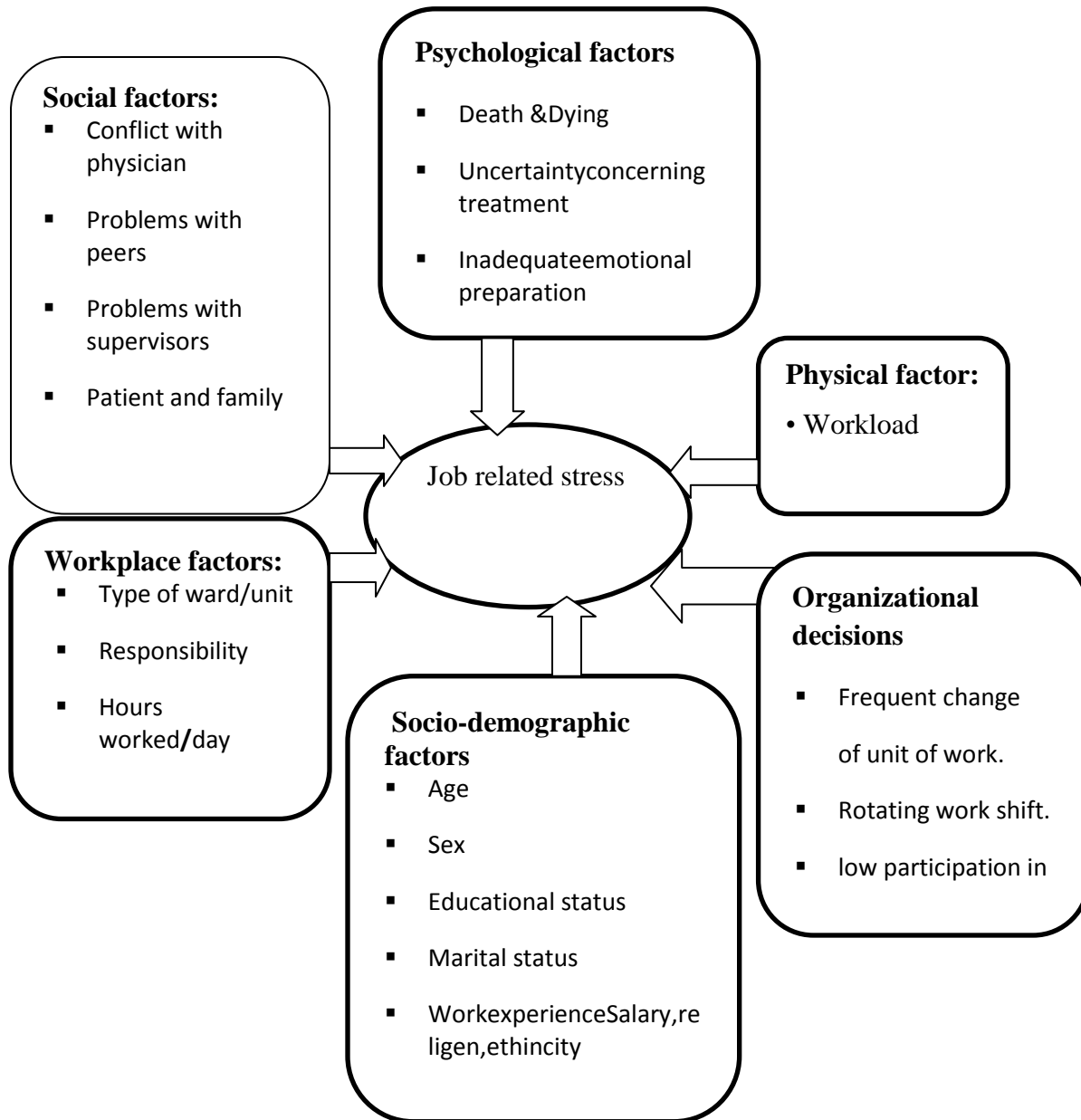


Figure 2: Conceptual framework on factors associated with job related stress among nurses in 2018.

3. OBJECTIVE

3.1. General objective:

- To assess job related stress and its predictors among nurses working in public hospitals of West Shoa Zone, Oromia Region, Ethiopia in 2018G.C.

3.2. Specific Objective

- To assess the level of job related stress among nurses working in public hospitals of West Shoa Zone, Oromia Region, Ethiopia.
- To identify predictors of job related stress among nurses working in hospitals of West Shoa Zone, Oromia Region, Ethiopia.

4. METHOD AND MATERIALS

4.1. Study area and period

The study was conducted in West Shoa Zone of Oromia Region from February 30, to March, 30, 2018, G.C. According to the 2007 census of Ethiopia, the total population of the West Shoa Zone was estimated at 2,058,676 of which 1,028,501 are males and 1,030,175 are females (43). In this zone, there are 520 health posts, 92 health centers and 6 hospitals. These Hospitals are Ambo General Hospital, Guder Hospital, Gindeberet Hospital, Gedo Hospital, Jaldu Hospital and Hinchin Hospital. Ambo general Hospital is one of the oldest Hospitals found in Oromia Regional state. It is placed at the center of Ambo Town, which is the Capital of the zone and 111 km far from the center of the country Addis Ababa to the west.

Guder Hospital is found 10 km away from the road that go to Gedo Hospital. Gindeberet Hospital is found around northern part of the zone, which is around 185km from Addis. Gedo Hospital, which is among the recently established Hospitals and is found in Cheliya woreda of West Shoa Zone specifically in Gedo Town. Gedo Town is around 181 km from Addis Ababa and 70km from the capital of the zone, Ambo on the main road to Nekemt. Jaldu hospital is found at Jaldu woreda at Jaldu Town, which is 75km far from Ambo Town and Hinchin (Adabarga) Hospital found in Hinchin Woreda at Hinchin Town which is 120km far from Ambo Town.

4.2. Study design

Institution based cross sectional study design supplemented with qualitative research approach was conducted.

4.3. Source population

All nurses who were working in West Shoa Zone Public Hospitals.

4.4. Study population

All the randomly selected nurses who were found at work in West Shoa Zone Public Hospitals during the data collection period

4.5. Inclusion criteria and Exclusion criteria

4.5.1. Inclusion criteria

All selected nurses who were working in the six Government Hospitals during the study period.

4.5.2. Exclusion criteria

Nurses who were less than six months of work experiences

4.6. Sample Size determination and sampling procedure

4.6.1. Sample size determination

The sample size for the quantitative data was calculated by using a single population proportion formula. To calculate the sample size prevalence rate of job related stress was taken from the previous research as 57 % (27).

$$n = \frac{(z \alpha/2)^2 * p (1-p)}{d^2}$$

Where

P = prevalence of job related stress= 57%

Z = Level of confidence interval 95%=1.96

d =Degree of precession (the margin of sampling error to be used = 0.05

$$n = \frac{(1.96)^2 * 0.57(1-0.57)}{(0.05)^2} = 377$$

Since the source population is 289, which is below 10,000 finites, population correction is used.

nf = ni/ [1 + ni/N], where nf= the final sample size, ni = initial sample size 377 and N = source population.

$$\begin{aligned} nf &= 1 + \frac{ni}{ni/N} \\ &= 1 + \frac{377}{377/289} = 163.57 = 164 \end{aligned}$$

By considering a 10%, non-response rate the final sample size was 180.

6.1.1. Qualitative part

For the qualitative component of the study, four nurses were selected in each Public Hospital by purposive sampling from those key informants who were not involved in quantitative study was determining the sample size of the qualitative part of study.

4.6.2. Sampling procedure

In West Shoa Zone there are six Hospitals namely: -Ambo General Guder, Gedo, Gindaberat, Jaldu, and Adaberga. Hospitals with a total of 289 nurses. By simple random sampling 180 nurses were included in the study. The distribution of nurses' was taken by population proportion size from the six Hospitals:

Ambo general Hospital has a total of 81nurses, Guder Hospitals has a total of 46 nurses, Gedo Hospitals has a total of 44 nurses, Jaldu Hospital has a total of 29 nurses Gindebarat Hospital has total of41 nurses, and Adaberga Hospital has a total of48 nurses

To proportionate the number of study subject for each hospitals, the formula= $n = \frac{n \times nf}{N}$

was used. Where n=number of nurses in each hospital, nf = total sample size and N= the total number of nurses in the six hospitals

Proportional allocation, $n = \frac{n \times nf}{N}$

$n = n_1 + n_2 + n_3 + n_4 + n_5 + n_6 \dots$ is the total sample size (180)

$N = N_1 + N_2 + N_3 + N_4 + N_5 + N_6 \dots$ is total population size (289)

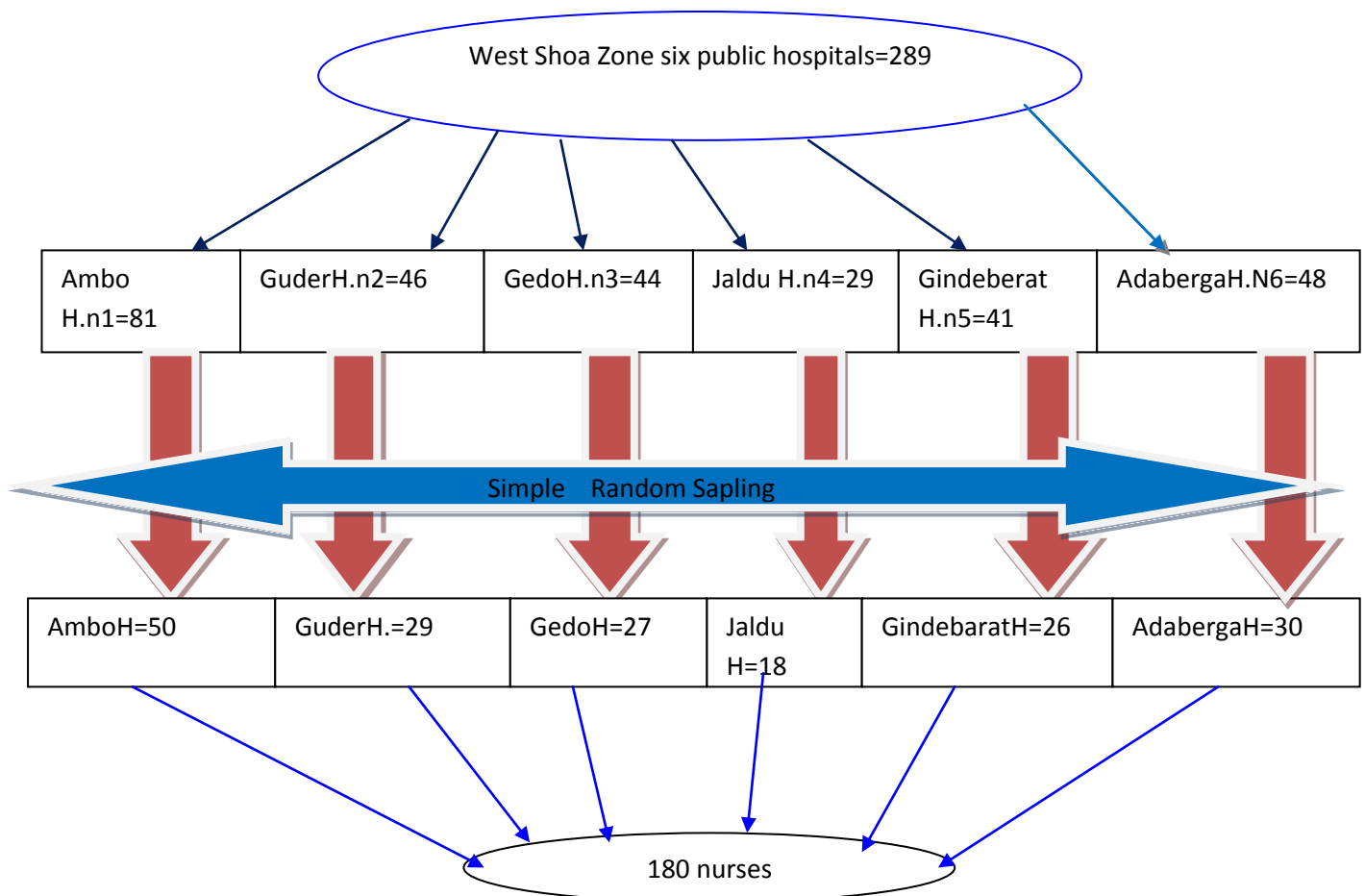


Figure 2: Schematic representation of sampling technique from the six Hospitals, 2018.

4.7. Variable

4.7.1. Dependent variable

- **Job-related stress.**

4.7.2. Independent variables

- socio-demographic character (Age, sex, marital status, level of education, qualification, Salary),
- work place factors (types of working unit/ward, responsibility and work hours per day).
- Social factors, psychological factors and physical factors.

4.8. Operational definitions

- **Job stress** is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resource (2)
- **Stress.** It is described as score of mean and above in the ENSS
- Not stressful:- below the mean score of the ENSS.
- **Physical factor:** refers to the source of stress which is measured by a variable: workload in ENSS(34).
- **Social factors:** refers to sources of stress which is measured by variables: eg conflict with physician, problems with peers and problems with supervisors in ENSS(34).
- **Psychological factors:** refers to sources of stress which can be measured by variables: like death and dying, inadequate emotional preparation and uncertainty concerning treatment in ENSS(34).
- **Work place factors:** refers to factors related with sources of stress which are measured by the variables of like types of ward, responsibility, and working hours as developed by the investigator.

4.9. Data Collection Procedure and tools

4.9.1. Instruments and Measurements for quantitative data

A structured self-administered questionnaire was used to collect data from study participants.

The questionnaire was adapted from literatures with modification to this study setting (34).

The questionnaire developed by English version translated into Afan Oromo language and then back into English after language experts in both cases participated to check its consistency.

The questionnaire consists of two parts. Part I deals with a selected socio-demographics and work characteristics information. Part II modified expanded nursing stress scale (ENSS) which

measures job related stress. Expanded nursing stress scale (ENSS) is a tool used to measures the level of occupational stress among nurses in hospital units. ENSS contained **57** items with nine subscales and all the items are related to physical, psychological and social working environment. For this study the investigator modifies the ENSS. One subscale i.e. Discrimination subscale with three items were not used in this study because of the no importance in our local context and it is not appropriate for measuring. In addition, one items also not included from conflict with peer sub scales. However, one subscale (organization decision making subscale with three items) was added from other study. The subscales are: death and dying 7 items, inadequate emotional preparation 3 items, uncertainty concerning treatment 9items, workload 8 items, conflict with physician 5 items, problems with peers 5 item, problems with supervisors 7 item, patient and family 6 items and organization decision3 items. Therefore ENSS consists of 53 items with nine subscales with response options in a likert-like format (1= never stressful, 2 = sometimes stressful, 3 = frequently stressful, 4 =always stressful) (34). Reliability of the instrument was established with an overall Cranach's alpha score of 0.78(34)

Six diploma nurses one for each hospital from nearby health center and two bachelor nurses supervisors were recruited. Training was given for one day on the purpose of the study, details of the questionnaire, and insuring confidentiality of the respondents. After being written consent the facilitators was administer the questionnaire to the participants, collecting the questionnaire after the participants finished and submitting the filled questionnaire to the principal investigator timely

4. 9.1.1. Qualitative data collection techniques

The qualitative data was collected using in depth interview with key informants (e.g. headnurses, nurse who has more experience) among nurses in the ward. The in depth interview questions consists of causes of job related stress, its effects and suggestions how to reduce stress among nurses. For in depth interviews the participants were selected using purposive sampling technique. A moderator and a note taker conduct the interview, and the discussion held and recorded after taking informed verbal consent. The duration of each interview was twenty five to thirty five minutes in length, and there was flexibility in order to facilitate rapport with the participant. All participants were interviewed in a place convenient to them.

4.9. 2.Data quality assurance

Training given for data collectors and supervisors and pre testing of questionnaire was made to ensure the quality of data at Tulu Bolo hospital by using 5% of the sample size. Principal investigator and supervisors were made spot-checking and reviewing all the completed questionnaires to ensure completeness and consistency of the information collected. The data collectors were supervised by two supervisors. Data entry has done by the principal investigator to keep accuracy of the data. The in depth interview was done and the note taken transcribed immediately after the interview was over. Following each in -depth interview, the moderator and note taker were review the data collected.

4.10. Data processing and analyses

The data were entered into statistical software Epi info version 3.1 and subjected to cleaning using simple frequency and tabulation. Then, the analysis was made with IBM SPSS version 21 after exporting the prepared data. Descriptive statistics such as frequency distribution and measure of central tendency and variability (mean and standard deviation) was computed to describe variables of the study. To identify the existence of association between the selected dependent and independent variables, bivariate and multivariate logistic regression with 95% C.I was used. For all of statistical test used in this study, the significant level was $p\text{-value} < 0.05$. The data was described and presented using narrative text, tables, graphs, and chart.

The qualitative data were analyzed using a thematic method. Moving from the participant's description to the researcher's synthesis of all participants' descriptions.

For this study, the process of analyzing the interviews (written answers to the open questions in this study) was used as the following steps: reading the entire answers of open questions and dividing them into segments, specifying the significant phrases in each thought segment, formulating codes, categorizing the data, and finally creating the themes that emerge for further analysis. The emerged themes of the qualitative approach were integrated along with the quantitative results of the different questionnaires.

4.11. Ethical consideration

Ethical clearance and official letter was obtained from the Research and Ethics Committee of Department of Nursing and midwifery of AAU to the Hospitals. After getting permission from the Hospitals to participate in the study, written consent was obtained for willingness of

respondent to participate. The respondent privacy maintained by conducting the interview in a private place.

For in-depth interviews all the study participants were informed about the purpose of the study and finally verbal consent was obtained before interview. The respondents had the right to refuse participation or terminate their involvement at any point during the interview.

They were informed that there was not be any incentive or harm for their participation in this study.

4.12. Dissemination plan

The result of this research will presented to the community of department of nursing and midwifery of AAU and disseminated to the library and respective Hospitals for planning process and making intervention. Finally, it will be published in peer-reviewed journals for further utilization.

5. RESULTS

5.1. Socio-demographic Characteristics of respondents

The response rate of this study was 177(98.32%). A total of 105 (59.3%) male and 72 (40.7%) females participated in this study. The minimum age of the respondents' was 23 years, mean age 27.85 ± 4.28 years and a maximum of 56 years old. This study showed that 95 (53.7%) of the participants were diploma holders. Nearly half percent of the participants were nurses with less than 5 years of work experience. In addition 83(46.9%) were married and 40(22.6%) had children and eighty nine (50.3%) of respondents were single (Table 1)

Table 1: The socio-demographic characteristics of nurses working in West Shoa Zone Public Hospitals, Oromia Region, Ethiopia, 2018 (N = 177).

Variables	Categories	Frequency	Percentage
Gender	Male	105	59.3
	Female	72	40.7
Age	≤ 25 years	27	15.5
	26-30 years	126	71.2
	31-35 year	13	7.1
	≥ 36 years	11	6.2
Marital status	Single	89	50.3
	Married	83	46.9
	Divorced	5	2.8
Have children	Yes	40	22.6
Have children	Yes	40	22.6
Level of education	Diploma	95	53.7
	Bachelor	82	44.6
Work experience	<5 years	87	49.2
	5 to 10 years	72	40.7
	≥ 10 years	18	10.1

5.2. Work place factors

Majority of participants 140(79.1%) reported working eight hours standard shift on a typical day. Most of the participants 154 (87%) had been working in inpatient departments. From all participants 37 (20.9%) had extra responsibility on the wards/units (Table 2).

Table 2: Work characteristics of nurses in West Shoa Zone Public Hospitals, Ethiopia, 2018(n=177)

Variable	Categories	frequency	Percentage
Working Unit/department	Medical ward	36	20.3
	Obstetrics & Gynecology	35	19.8
	Emergency	25	14.1
	Pediatrics	31	17.5
	OPD	23	13
	Surgical ward	27	14.7
	Total	177	100
Rank/position	Staff Nurse	140	79.1
	Head Nurse	34	19.2
	Matron	3	1.7
	Total	177	100
Working hours/day	8hours	140	79.1
	>8hours	37	20.9
	Total	177	100

5.3. Job related stresses finding based on expanded nurse stress scale.

Social factors

In this study 58 (32.76%) of study participants reported that they sometimes had job related stress form problems to peers sub scale. About (26.6%) of study participants had work related stress frequently and 48(27.11%) were always in job related stress form problems with supervisors subscale. Among social factors, problems with supervisors subscale was the first source of stress with mean stress level of 2.64, and the least subscale concerning patient and their family with mean stress level of 1.9.(Table 3).

Table 3: The response of nurses to the social factors of ENSS, West Shoa zone public hospitals, Oromia Region Ethiopia, 2018(n=177).

Subscales	never stressful	Sometimes stressful	Frequently stressful	Always stressful	Mean
Conflict with physician	44(24.85)	56(31.63)	31(17.5)	46(25.99)	2.44
Problems with peers	61(34.5)	58(32.76)	25(14.2)	33(18.64)	2.16
Problems supervisors	39(22)	50(28.24)	40(22.6)	48(27.11%)	2.57
Patient and their family	69(39)	57(32.2)	32(18.1)	18(10.8)	1.99

Psychological factors

The study revealed that concerning psychological factors 67(37.85%) of the respondents were always stressful with death and dying subscale and only 28(15.8%) of the respondents reported that they were never stressful for death and dying with mean score of 2.76 out of 4. About 48(27.12%) of respondents were always stressful with inadequate emotional preparation subscales. Of the respondents 57 (32.2%) were sometimes stressful with uncertainty concerning treatment. Among psychological factors death and dying was the first sources of stress with the mean scales of 2.76 (Table 4).

Table 4: The responses of nurses to the psychological factors of ENSS, West Shoa zone public Hospitals, Oromia region, Ethiopia, 2018(n=177).

Subscales	never stressful	Sometimes stressful	Frequently stressful	Always stressful	Mean
Death and dying	28(15.8%)	53(29.94%)	29(16.38%)	67(37.85)	2.76
Inadequate emotional preparation	36(20.33%)	60(33.9)	31(17.5%)	48(27.12%)	2.49
Uncertainty concerning Treatment	33(18.64%)	57(32.2%)	44(24.85%)	43(24.3%)	2.55

Physical factor

The study showed workload was considered as a physical factor in which 37(20.9%) respondents were never stressful, 66(37.28%) were sometimes stressful, 36(20.33%) were frequently stressful and 38(21.46%) were always stressful for workload subscales with mean score of 2.4out of 4(Table 6)

Table 5: The responses of nurses to the physiological factors of ENSS, West Shoa zone public Hospitals, Oromia region, Ethiopia, 2018(n=177).

Subscales	never stressful	Sometimes stressful	Frequently stressful	Always stressful	Mean
Work load	37(20.9%)	66(37.28%)	36(20.33%)	38(21.46%)	2.4

Organizational decision making

About 36(20.3) of study participants had work related stress frequently and 27(15.25) were always in job related stress form organizational decision making subscale

Table:6 The responses of nurses to the Organizational decision making of ENSS, West Shoa zone public Hospitals, Oromia region, Ethiopia, 2018(n=177)

Subscales	never stressful	Sometimes stressful	Frequently stressful	Always stressful	Mean
Organizational decision making	58(32.76)	56(31.63)	36(20.3)	27(15.25)	2.18

Generally from the descending mean stress level of each sub scale the four most sources of stress in this study were death and dying with average mean 2.76, conflict with supervisors 2.55 uncertainty concerning treatment with average means 2.5 and workload with mean score of 2.4 out of 4 respectively. The least sources of stress sub scale were patient and their family with average mean 1.98 out of 4.

Table 7: The four most sources of stress sub scale by descending mean stress level West Shoa zone public Hospitals, Oromia region, Ethiopia, 2018(n=177)

Subscales	never stressful	Sometimes stressful	Frequently stressful	Always stressful	Mean
Death and dying	28(15.8%)	53(29.94%)	29(16.38%)	67(37.85)	2.76
Problems with supervisors	39(22)	50(28.24)	40(22.6)	48(27.11%)	2.57
Uncertainty concerning Treatment	33(18.64%)	57(32.2%)	44(24.85%)	43(24.3%)	2.55
Work load	37(20.9%)	66(37.28%)	36(20.33%)	38(21.46%)	2.4
Patient and their family	69(39)	57(32.2)	32(18.1)	18(10.8)	1.99

5.3. 1.Job related stress with selected /demographic and work place variables

Concerning marital status of respondent about 64(36.2%) of married participants were stressful and 18(10.2.3%) of single respondents were stressful. Regarding educational level about 62(35.0%) of diploma holder participants were stressful and 25(14.1%) of bachelor participants were stressful (figure2).

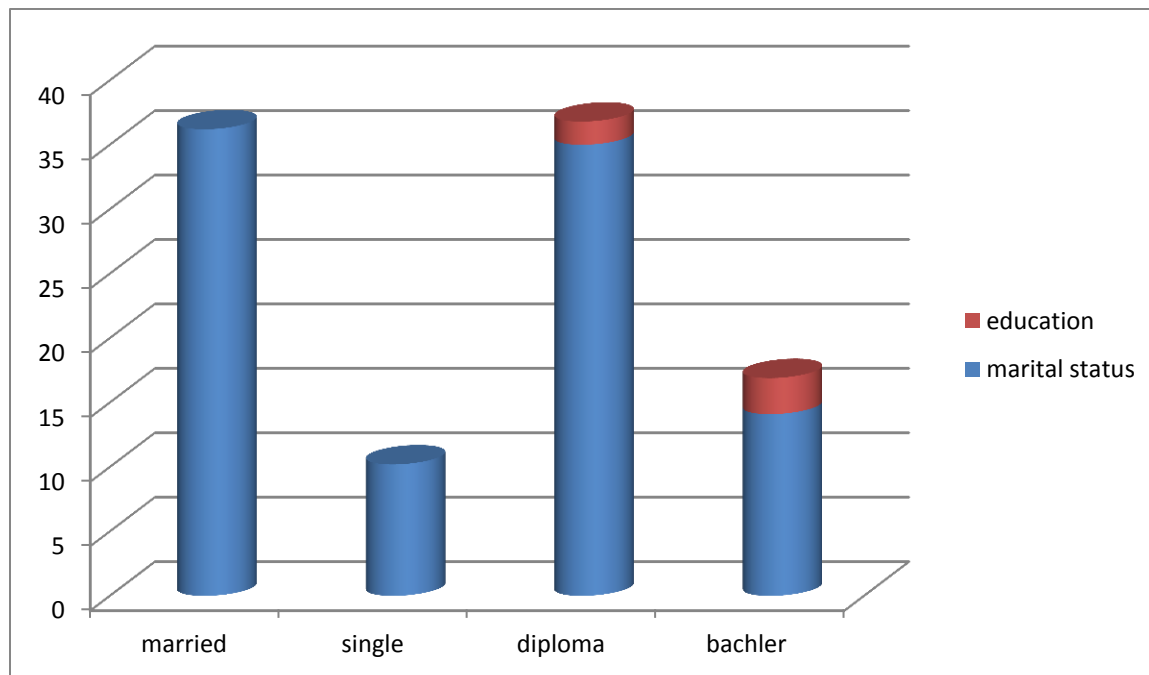


Figure 3: Percent of job related stress by marital status and level of education of nurses working in public Hospitals, of West Shoa Zone Oromia, Ethiopia, 2018

Related with work experience of respondents from those nurses who had less than 5 years of work experience about 66(37.3%) of study participants were stressful and about 37(20.9%) of study participants were not stressful (Figure 3)

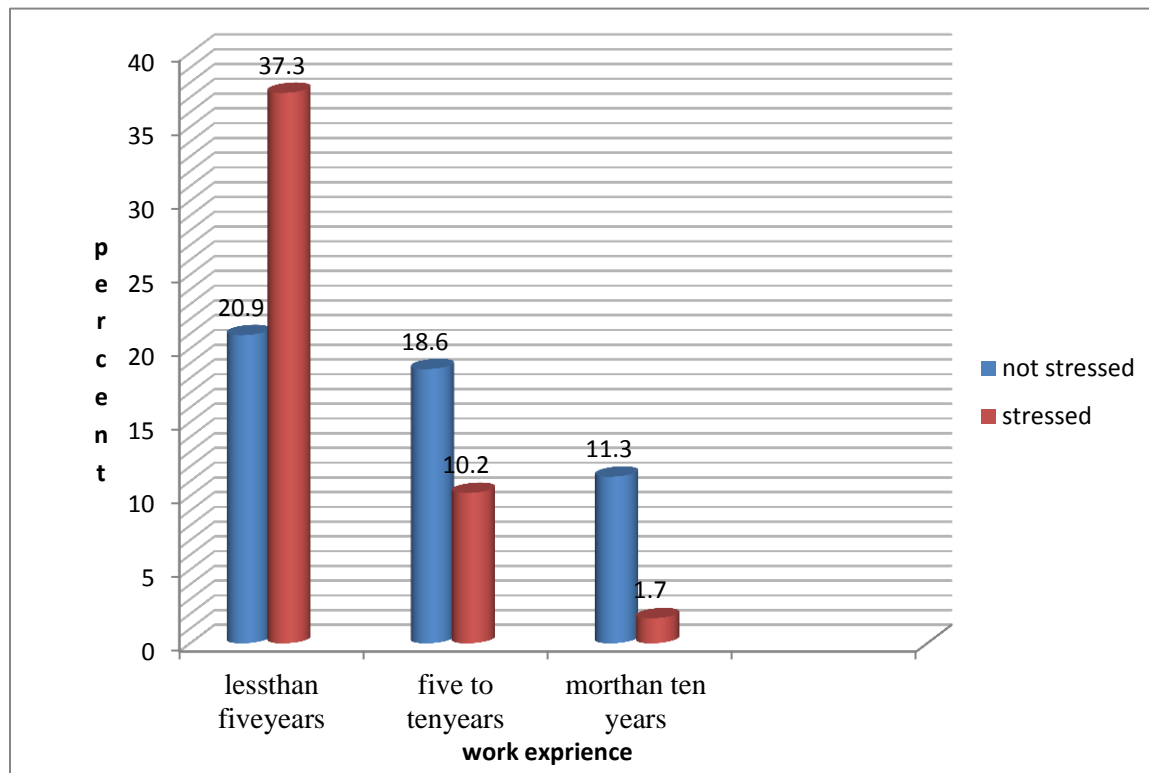


Figure 4: Percent of job related stress by work experience of nurses working in West Shoa Zone public Hospitals, Oromia, Ethiopia, 2018.

5.3. 2. Overall level of job related stress among nurses

To determine the general overall level of occupational stress and to dichotomize the response, respondents having average score of below mean value were classified as ‘not stressful’, and those with average score of mean value and above were considered as ‘stressful’. Accordingly, 87(49.2%) of nurses had occupational stress (Figure 4).

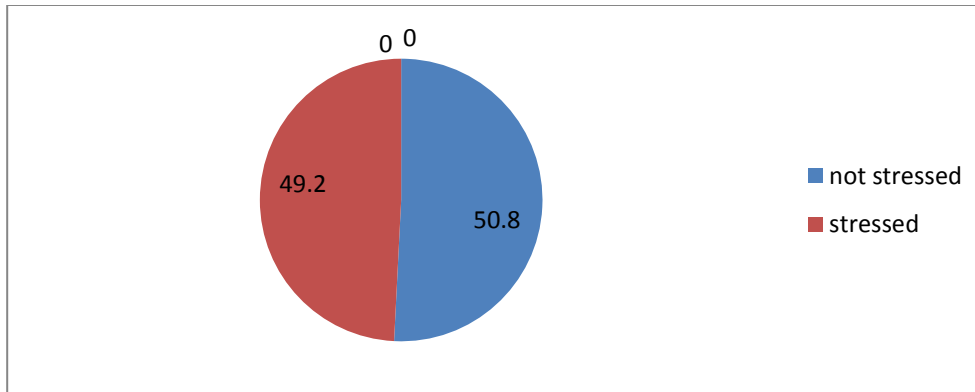


Figure 4: Overall level of occupational stress among nurses in West Shoa Zone public Hospitals, Oromia, Ethiopia, 2018(n=177).

5.3.3. Factors associated with job related stress

Binary Logistic regression was performed to assess the association of each independent variable with job related stress. The factors that showed a p-value of 0.2 and less were added to multivariate regression model. The model contained four independent variables. The result revealed that level of education of respondents was among the variables that were found to be associated with job related stress. Participants who were diploma holders were almost four times greater than often stressed compared with those bachelor Degree holders. (AOR=, 3.851, 95 % CI: 1.497-9.721).The other variables that were found to have association were the participants' working experience. The occurrence of odd ratio of less work experienced study participants were twelve times and over six times than those who have more than ten years working experiences (AOR=12.300,95% CI:2.59858.245) and, (AOR=6.442,95% CI:1.149-36.107) respectively. Marital status was also found to be among the factors associated with job related stress. Respondents those who were married were eleven times greater than to stressed than single or those who were not married

(A OR=, **11.323**,95 CI: **4.213-30.434**)

Furthermore, working units of participants was also found to affect the outcome variable.

Respondents who had been working in emergency room were about ten times greater than to be stressed than those who were working in surgical wards(AOR=10.291,95% CI:1.98-53.48).

Table.8.Bivariate and multivariate binary logistic regression of factors associated with Job related stress of nurses in public Hospital of West Shoa Zone Oromia, Ethiopia, 2018. (N=177)

Predicating Variables	Job related Stress		COR (95.0% C.I)	AOR (95.0% C.I)
	yes	No		
Work experiences	N (%)	N (%)		
less than five-year	66(37.3%)	37(20.9%)	11.892(3.311-42.707)	12.300(2.598-58.245)**
five to ten years	18(10.2%)	33(18.6%)	3.636(.95013.923)	6.442,95%(1.149-36.107)
more than ten years	3(1.7%)	20(11.3%)	1.0	1.0
Marital status				
Married	64(36.2%)	19(10.7%)	12.351(5.948-25.645)	11.323(4.213-30.434)**
Divorced	5(2.8%)	5(2.8%)	3.667(.956-14.0690)	1.832(.331-10.131)
Single	18(10.2%)	66(37.3%)	1.0	1.0
level of educations				
Diploma	62(35.0%)	33(18.6%)	4.284(2.277-8.059)	3.815(1.497- 9.721)*
Bachelor	25(14.1%)	57(32.2%)	1.0	1.0
Working unit				
Medical ward	27(15.3%)	9(5.1%)	6.750(2.194-2.194)	4.014(.942-17.101)
Obstetrics/Gynecology ward	25(14.1%)	11(6.2%)	5.114(1.713-15.268)	2.812(.699-11.317)
Emergency room	20(11.3%)	5(2.8%)	9.000(2.487-32.567)	10.291(1.9801-53.480)*
Pediatric ward	6(3.4%)	25(14.1%)	.540(.159-1.828)	.406(.079-2.080)
OPD	1(.6%)	22(12.4%)	.102(.012-.896)	.118(.009-1.480)
Surgical ward	8(4.5%)	18(10.2%)	1	1.0

COR=Crude Odds Ratio, AOD=Adjusted odds ratio, 1=Reference, ** significant at p –value <0.02,

*significant at p –value <0.05, C.I- confidence interval

5.4. In-depth interviews results

A total of twenty four selected key informants were participated in the in-depth interview. Majority of informants had similar understanding about job related stress prevalence and its predicting factors in public hospital of West Shoa Zone and explained as follows:

.Of the respondents who participated in in-depth interview seven of the respondents reported that the behavior of supervisors was considered a source of stress. One interviewee said” a supervisor asked me to work in another unit one hour to end the shift. Many tasks not completed .It is like double tasks at the same time because I have to take care of my assigned patient, this made me stressed because of too many tasks at the same time”

Work load is the other factor reported by five of the respondents. They said” there is shortage of nurses in the ward, many patients were admitted, as a result we are not able to finish the work on time. Most of the time we get tired because of overload. As a result, some of them forgot to write notes and there is incident of medication administration error which led to investigation at nursing office”. I may forget to do something to complete the physician’s order I may forget to send the blood specimen to the laboratory. There are errors sometimes, I would say”

Other four participants who were working in emergence room reported that they became angry and upset after seen very sick patient suffering from pain and believe that they had some responsibility for it or did not do enough to save the patient.

Additionally ten key informants reported that nursing services or care given by a nurse at health facility was not balanced with the payment that the nurse gain monthly, also there was problem with lack of updated information, training no, enough information and training is given how working with newly developed technological product equipment in order to provide quality care for the patient confidently. Furthermore, workers also feel unclear about just what the scope and responsibilities of his or her job

Following data analysis, four principal themes were emerged from the data .

1. Handling a large number of patients with few staff

They said” there is shortage of nurses in the ward, many patients were admitted, as a result we are not able to finish the work on time. Most of the time we get tired because of overload

2. Lack of opportunity for growth/promotion, training update information

Ten key informants reported that there was problem with lack of updated information, training no, enough information and training is given how working with newly developed technological product equipment in order to provide quality care for the patient confidently

3. Lack of social support at work

One interviewee said "a supervisor asked me to work in another unit one hour to end the shift. many tasks not completed .It is like double tasks at the same time because I have to take care of my assigned patient, this made me stressed because of too many tasks at the same time"

4. Difficulty dealing with severely ill patients or dying

Participants who were working in emergence room reported that they became angry and upset after seen very sick patient suffering from pain and believe that they had some responsibility for it or did not do enough to save the pa

The effect or severity of stress: Among a total of twenty four respondents asked about the effect or severity of stress in their working environments most of respondents reported that when stressful events occur during work: it affected the relationship of nurses with patients and their families ,One interviewee reported that when I am stressed I became angry with patients and look negatively to nursing jobs", and the 2nd person reported that " I do not answer patient's questions as I have difficulty to concentrate". Other three married female and six male staff nurses participants said that stress affects the time nurses spend with their families. Each time they extend working or being under pressure they deducted this time from their family. Thus they remarked that stressful events in hospital affected their home too: Few hours after the event, they went home while their mood was bad. " their relationship with their family members was bad too", stress also originates from home due to several reasons such as prolonged duty hours, especially night duty, inability to look after their children, carrying out family responsibilities etc. Some nurses showed that mistakes of nursing notes result from stress events:

Four main themes emerged from suggestions given by key informants on how to prevent job related stress among nurses

Theme 1 Increasing numbers of nurses:

Participants suggested hiring more nurses in order to decrease their level of stress which means decreasing workload

Theme 2. Setting principles in nurse relationships with other nurses and supervisor'

They suggest that these relationships should be based on clear principles to avoid conflicts and to reduce stress: cooperation between nurses and other health worker was ideal during work time."We need clear policy'

Theme 3 . Clear job description:

Many participants considered clear job description is helpful in reducing stress among nurses.' nurses must get clear job description before getting jobs. Important for confirming rights and defending themselves.

Theme 4. Increase chance for upgrade, and update information

Most participants suggested that enough information and training is essential how working with newly developed technological product equipment in order to provide quality care for the Patient confidently

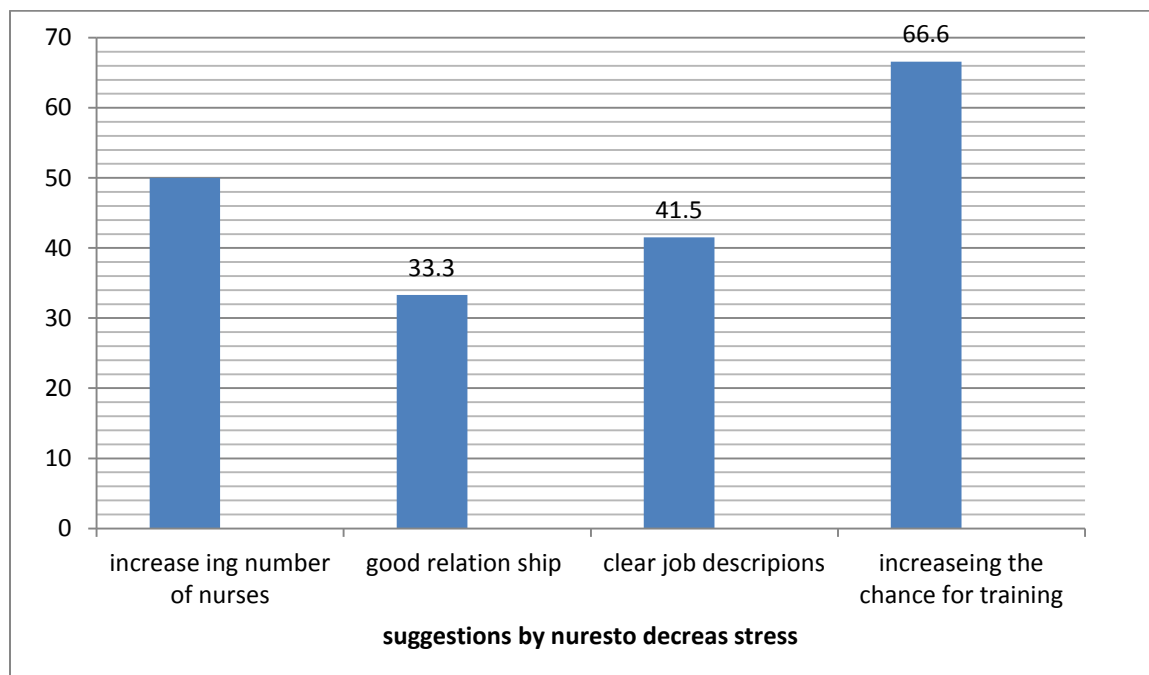


Figure 5: Suggestions that would be helpful in decreasing stress in nurses working in public hospitals of West Shoa Zone, Ethiopia, 2018(n=24)

6. DISCUSSION

This study aimed to assess the level of job related stress, and its predicating factors among nurses working in Public hospitals West Shoa Zone, Ethiopia.

The study revealed that the overall prevalence rate of job related stress of this study was (49.2%). This finding is high compared to study done in Iran where 34.9% of nurses reported that their job was very or extremely stressful [32]. The possible reasons for the difference may be the tools used or study setting. It was also high compared with study conducted in Addis Ababa Ethiopia where the prevalence of stress among nurses was 37.8 % [28]. The finding of this study is lower compared to previous studies conducted in Delhi which identified that 87.4% of nurses had jobs related stress and in Jima Zone South West Ethiopia that showed an average overall job related stress level of 58.46 ± 12.62 , (27, 41). This might be due to the fact that in this study the sample size was relatively small compared with that study done in Jima, but in Delhi the difference might be due to tools and study setting area..

This study indicated that “death and dying” uncertainty regarding patient treatment, conflict with supervisor and work load was the major source of stress for nurses. Death and dying was perceived as the first greatest source of stress. The current study revealed that death and dying is a major source of stress which is consistent with studies done in , Sudan that showed the mean scores of ENSS of dealing with death and dying situations had the highest stress score, mean =2.23, Standard deviation=0.56, and in Jima, again the highest stressful condition that nurses rated as always stressful were the death and dying of a patient with mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % (25,36) . . *This findings also supported by the qualitative components of most key informants reported that they became angry and upset after seen very sick patient suffering from pain and believe that they had some responsibility for it or did not do enough to save the patient.*

The possible explanation might be due to cultural and humanitarian compassionate of the study participants as it is emotional issues regarding patient’s death/dying. The second source of job related stress in this study was uncertainty concerning treatment subscale. It is similar with the study done among 135 ICU nurses at the Children’s University Hospital at El-Shatby (Egypt) that showed death and dying”, followed by uncertainty about treatment” (35) . This might be due to lack of experiences/skill or ability to handle unexpected and difficult problems. problems with supervisors and conflict with physician subscale was the source of stress with mean stress

level of 2.64, and 2.44 respectively. It is congruent with the study done in Spain, Nigeria, and in Ethiopia (East Gojjam and Addis Ababa) which indicated that conflict with supervisor found as the source of job related stress (40, 37, 29, 28). This might be because of lack of relationship and mutual understanding and collaboration or supervisors control over work process instead of supportive.

In the current study many of the socio-demographic variables were not significantly associated with overall occupational stress. However some of them like work experience level of education, working unit and marital status were significantly associated with overall occupational stress in multivariate logistic regression. Accordingly Participants those have less than five years working experiences and five to ten years work experiences were ten times and four times more likely to be stress than those nurses who have had more than ten years work experience (AOR=12.300, 95% (CI: 2.59-58.245) and (AOR=6.442, 95% (CI: 1.14-936.107)). This result was consistent with a study conducted in Iran, Sudan, at a university hospital in USA and East Gojjam that less experienced nurses got less support from coworkers in which nurses with higher experience showed lower stress level than the nurses with one to five years of experience. Also this study was supported by other research on Japanese found that nurses with less work experience were less likely to be adequately prepared and were more likely to be uncertain about treatment [29, 32, 25, 38, 41]. In general less year experienced nurses were more stressed. This might be nurses greater than 10 years experience had adapted with stressors through time and developed tolerance of the stressful situation; this also propose that as experience increases, there is a concurrent increase in nurses' capability to handle occupational and workplace stresses across various nursing contexts.

However this result was inconsistent compared with a study in Addis Ababa [28], where no significance association was found between occupational stress and work experience. This discrepancy may be due to organizational difference (This may be explained by different nursing tasks and working conditions at different settings giving up to exposure to different sources of stress, like work shift, working hours, shortage of nurse and increase in number of patient which is not balanced with the number nursing staff).

Level of education was among the variables that were found to be associated with job related stress. Participants who were diploma holders were four times stressed than bachelor Degree holders. (AOR=4, 95 % (CI: 1.497- 9.721)). This in line with the qualitative study done in

Greece and other studies which indicated that occupational stress was higher among less qualified nurses (40).

Marital status was significantly associated with occupational stress and showed similarity with other studies in India and Iran where married nurses were more stressed than single nurses. Married and widowed nurses had respectively 2.5 times (OR = 2.51; 95% CI, 1.79-3.52) and two times (OR = 1.96; 95% CI, 1.23-3.12) higher stress than single nurses. [34, 35, 38, 41,]. *This was also triangulated by the qualitative component as some nurse of them thought that workplace stress disturbed their home or family life. One possible reason can explain that married nurses have extra responsibilities for their home management and have accountabilities for spouse and children*

Furthermore, working units of participants was also found to affect the outcome variable.

Respondents who had been working in emergency room were about ten times stressed than those who were working in surgical wards (AOR=10.291, 95%(CI: 1.98-53.48).the current study is in line with study done in Jordan's where majority of the nurses with the highest occupational stress were working in specialized units, while the least were in surgical departments (40,). *This also triangulated by the qualitative component participants who were working in emergence room reported that they became angry and upset after seen very sick patient suffering from pain and believe that they had some responsibility for it or did not do enough to save the patient*. This may be due to nurse who is working in this unit help patients who are unstable & acutely ill need more observation and critical care, and unexpected numbers of patients at any time than other units. All these and others would possibly make them more stressful.

7. STRENGTHS AND LIMITATIONS OF THE STUDY

7.1. Strengths of the study

- Six public hospitals were included to make the study representative.
- Qualitative methods was used to support or enhance the validity of the result

7.2. Limitations of the study

- Since the quantitative study was through questionnaire it might be subjected to response set bias from the respondents

8. Conclusion and Recommendations

8.1. Conclusion

In the current study almost half of nurses were occupationally stressful. Individual factors like respondents. Work experience of less than five years, diploma holders; married and nurses who were work in emergency units was significantly associated with overall job related stress score Death and dying, and uncertainty concerning treatment, and conflict with supervisors had been major sources of job related stress among nurses and patient and family had the least.

8.2. Recommendations

For policy makers and government

To prevent occupational stress among nurses, policy makers and different stake holders come up with strategies and Programs that will help to develop stress reduction management programs for hospital based nurses.

For hospitals

.The organization should consider increasing the nursing staff to create a better balance between the number of patients and nurses

Supervisors have mutual understanding and collaboration relationship with Nurses and discuss together, if they have any problems to reduce stress level.

Should be clearly define workers' role and responsibilities

Training programs should be arranged:

- ❖ To develop employee and update their professional knowledge and skill to reduce stress among nurses.
- ❖ To dealing with stressful situations prior to involvement in critical care setting is recommended
- ❖ To increases skills' of supervisors in field of administration

For further research

It is good if more studies be conducted on a larger scale especially in country wide to identify sources of job related stress for hospital based nurses

Futher more longitudinal research will be done to draw causal relationship of job related and its predictors.

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**Addis Ababa University,
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School of Allied Health Science
Department of Nursing and Midwifery
Graduate Studies**

10. APPEDICS

Annex A: Subject Information Sheet (English Version)

Dear participant!

My name is_____I am a student attending a post graduate programme in nursing at Addis Ababa University College of Health Sciences, School of Allied Health Science, Department of Nursing and Midwifery, Currently I will under take research on “ assessment of job related stress and its predicating factors mong nures working in West Shoa Zone Government Hospitals”.For this study, you are selected randomly amon nurses working in West Shoa Zone Government Hospitals.As a participant and before getting your consent, you need to know all necessary information related to the study which will be detailed as follows.

Purpose of the study: the purpose of this study is assessment of of job related stress and its predicating factors mong nures working in West Shoa Zonepublic hospitals

Benefits and risk of the study:

Benefits: result of the study helps programmers or policy makers to design intervention on job related stress and its predictors. In this way, you may get benefit from the intervention policy.

Risks: . There is no possible risk associated with participating in this study except the time spent for responding to the questionnaire.

Confidentiality: Your name will not be written in this form and any information you tell us will not be disclosed to third party. Your participation is voluntary and you are not obligated to answer any question you do not wish to answer. If you feel discomfort with the question, it is your right to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, please feel free to contact the principal investigator.

Address of the principal investigator:

Amsalu Nemara Cell phone: +251913173930,

E- mail: amsalunamara@gmail.com

Annex B: Consent Form English Version

I am informed all about the purpose of the study and my rights to decide not to participate or discontinue my participation at any time in the process of the interview, and I have volunteered to participate in this study

The participant Sign_____

Supervisor: Name_____ Signature: _____ Date: _____

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____

Annex C: Questionnaire English Version

Questionnaire for nurses to study on job related stress, and its predictors among nurses working in West Shoa Zone Public Hospitals, 2018.

Part I: Socio-demographic Information (please put/circle the answer on the space provided)

S/ no.	Items	Response and categories
101	Hospital where you work	_____hospital
102	Age	_____year
103	Sex	1. Male 2. Female
104	Religion	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Other(specify)_____
105	Marital status	1.Single 2.Married 3. Divorced 4. Widowed
106	Do you have children	1.Yes 2. No
107	Ethnicity	1. Oromo 2. Amhara, 3. Garage 4. Tigre 5. Others
108	Level of education in nursing	1.Diploma holder 2. Bachelor Degree 3. Master Degree
109	Work experience in nursing	_____year/s

110	Ward/unit where you work	1. Medical ward 2. Surgical ward 3.Obstetrics/Gynecology 4. Pediatrics ward 5. Intensive Care Unit (ICU 6.Ophthalmology 7.OPD 8.Psychiatry 9. Others
111	Rank/position	1.Staff nurse 2.Head nurse 3.Supervisor nurse 4.Matron Nurse
112	Salary	_____Birr
113	Working hours	1.8hours 2.>8hours

Part two: Expanded Nursing Stress Scale (ENSS)

The statements you are about to read concerns about job related stress. You are being asked for your opinion of each statement. Please rate by circling the number that corresponds to how stressful you feel from each item. There is no right or wrong responses for these responses.

S/no.	Items	Never stressful	sometimes stressful	frequently stressful	Always stressful
	Work load				
101	Not enough time to provide emotional support to the patient	1	2	3	4
102	Not enough staff to adequately cover the unit.	1	2	3	4
103	Not enough time to respond to the needs of patients' families	1	2	3	4
104	Not enough time to complete all of my nursing tasks	1	2	3	4
105	Not enough equipment supply/not functioning well	1	2	3	4
106	Too many non-nursing tasks required	1	2	3	4
107	Making decisions under pressure	1	2	3	4
108	Having to work through breaks.				
	Dealing with death & dying				
109	Feeling as my support is helpless in the case of a patient who fails to improve.	1	2	3	4
110	The death of a patient with whom you developed a close relationship	1	2	3	4
111	Physician not being present when a patient dies	1	2	3	4
112	Watching a patient suffer.	1	2	3	4
113	The death of a patient.	1	2	3	4
114	Talking to patient about death.	1	2	3	4
115	Performing procedures that patients experience as painful	1	2	3	4

	Organizational decisions				
116	Frequent change of unit of work.	1	2	3	4
117	Rotating work shift.	1	2	3	4
118	Centralization; low participation in decision making.	1	2	3	4
	Inadequate emotional preparation				
119	Feeling inadequately prepared to help with emotional needs of a patient.	1	2	3	4
120	Being asked a question by a patient for which I do not have satisfactory answer.	1	2	3	4
121	Feeling inadequately prepared to help with the emotional needs of a patient's family.	1	2	3	4
	Conflict with physician				
122	Criticism by a physician	1	2	3	4
123	Conflict with a physician	1	2	3	4
124	Disagreement concerning the treatment of a patient	1	2	3	4
125	Making a decision concerning a patient when the physician is unavailable	1	2	3	4
126	Having to organize doctors' work	1	2	3	4
	Problems with peers				
127	Lack of opportunity to talk openly with other personnel about problems in the work setting	1	2	3	4
128	Lack of opportunity to share experiences and feelings with other personnel in the work setting.	1	2	3	4
129	Lack of an opportunity to express to other personnel on the unit my negative feelings towards patients	1	2	3	4
130	Difficulty in working with a particular nurse (or nurses) in my immediate work setting.	1	2	3	4
131	Difficulty in working with nurses of the opposite sex	1	2	3	4
	Problems with supervisors				
132	Conflict with a supervisor	1	2	3	4

133	Lack of support from immediate supervisor	1	2	3	4
134	Criticism by supervisor	1	2	3	4
135	Lack of support from nursing administrators	1	2	3	4
136	Being held accountable for things over which I have no control.	1	2	3	4
137	Lack of support from other health care administrators	1	2	3	4
138	Criticism by nursing administrators.	1	2	3	4
	Uncertainty concerning treatment				
139	Inadequate information from a physician regarding the medical condition of a patient	1	2	3	4
140	A physician ordering what appears to be inappropriate treatment for a patient	1	2	3	4
141	Fear of making a mistake in treating a patient	1	2	3	4
142	A physician not being present in a medical emergency	1	2	3	4
143	Feeling inadequately trained for what I have to do	1	2	3	4
144	Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment	1	2	3	4
145	Uncertainty regarding the operation and functioning of specialized equipment	1	2	3	4
146	Being exposed to health and safety hazards	1	2	3	4
147	Being in charge with inadequate experience	1	2	3	4
	Patient and family				
148	Patients' unreasonable demands	1	2	3	4
149	Unreasonable demands by Patients' families	1	2	3	4
150	Being blamed for anything that goes wrong	1	2	3	4
151	Being the one that has to deal with patients' families	1	2	3	4
152	Dealing with abuse from patients' families	1	2	3	4
153	Dealing with abusive patients	1	2	3	4

Guidelines for in-depth interviews on job related stress and its predictors

Name of moderator_____

Date _____

Time stated _____Time ended_____

Total number of participants_____

Introduction

- Greeting
- Introduce the moderator and note taker with the participant
- Explain the purpose of study
- Tell him/her how confidential is the study and participation is completely on voluntary basis
- Ask him/her their informed verbal consent and tell that we use tape recorder
- Tell him/her to relax and talk freely and create friendly relation with participants

Discussion guide

1. What are the common problems nurses encounter in their work place? (Probe them esp. on job related stress)
 2. What are the common causes of job related stress to nurses in this hospital?
 3. To what extent do you feel stressed in your job?
 4. Do you think that these factors are preventable? How? Probe
 - Is there anything to add?
 - Closing and summarizing
1. Ask any question, comment or suggestion
 2. Thank the participant for their golden time

Annex D: Afan Oromo version of Information Sheet and Informed Consent

Guca odeeffannoo fi waliigaltee

Mata-duree: - Naannoo Oromiyaa, Gidina Lixa Shawaa Hosipitaal fayyaa mootummaa keessatti dhiphina hojjiin wal qabatee fi wantoota wali qunamitii qaban neersoota irra ga'uu fi sabaaba kan ta'an qo'achuuf dha.

Qo'annoo kana kan gaggeessan:- Obbo Amsaaluu Namarraa(BSc.N)

Gorsittoonni Qo'annichaa- Dr. Amsaalee Cherie (BSc, MSc.N, PhD)

Sr. Tsiyoon Alemu (BSc, MSc)

Dhaabbata – Muummee Narsiingii fi Miidifayifarii, Koolleejjii Meedikaalaa fi Saayinsii Fayyaa, Yuunversiitii Addis Ababaa.

Baasii Qo'annoo kana Kan deggaru- Yuunversiitii Addis Ababa

Seensa

Guci odeeffannoo fi walii galtee kun kan qophaa'ee kaayyoo qo'annoo kanaa ibsuun akka hirmaattaan garee qo'annoo kanaa isin gaafachuuf. Miseensoni garee qo'annoo kanaas abba qonnichaa dabalatee namoota odeeffannoo funaanan afurii, hordoftoota figorsitoota Yuunversiitii Addis Ababa lam ofii keessaa qaba.

Kaayyoo qo'annichaa

Kaayyoon qo'annichaa inni ijoon dhiphina hojiin walqabateefi wantoota isaan walqunamitti qaban neersoota hospltaala fayyaa mootummaa keessa hojeetan irra ga'uu fi sababa kan ta'an qo'achuudha.

Bu'aan qorannoo kanaa raagaa bu'uura (kessaa'uu bakka qorraannoo kanaaf) dhiphina hojiin walqabateefi wantoota isaan walqunamitti qaban neersoota hospltaala fayyaa mootummaa keessa hojeetan irra ga'uu ittisuu ni gargaara.

Miidhaa-qo'annoo: kana irratti hirmaachuun yeroo keessaan hanga daqiiqaa soddomaa kan hin caalle isin jalaa fudhachuu danda'a malee miidhaa addaa isin irraan ga'u hin qabu. Bu'aa inni hawaasaf kennu ilaaltaanii yeroo keessan haarsaa nuuf gootu jennee abdanna.

Bu'aa: qorannoo kana keessatti hirmaachuun bu'a kallattiin isin argattan jiraachuu baatullee hirmaachuun keessaan dhiphina hojiin waliqabatee fi wantoota isaan waliqunamti qaban neersoota hospitaala fayyaa mootummaa keessa hojeetan irra ga'u fi sababa kan ta'an baruuf nu gargaara kun immoo kallatti furmaataa xiinxaluu ni gargaara.

Kaffaltii hirmaannaa: kanfaltiin mallaqaan ykn faayidaan addaa waan qo'annoo kana irratti hirmaatteef siif kennamu hin jiru.

Iccitii: maqaan kee gaffii irratti hin barreeffamu.deebiin ati kennitu hundi haala amansiissaadhaan qabama.Egga odeeffannoon walit qabamee boodaa waraqaan gaaffii ati irratti guutte sanduqa keessatti naqamee cufamee taa'a.maqaan kee waan irra hin jirreef lakkoofsa addaa keennameen eegamee qoratticha fi gargaartotaaan qofa illaalama.

Qorannicha irratti hirmaachuu ilaalchisee: qorannoo kanarratti hirmaachuu ilaalchisee guutumaan guutuutti eeyyama kee irratti hundaa'a yeroo barbaade addaan kute bahuuf mirga ni qabda kanaafis miidhaan sirra ga'u gonkumaa hin jiru.

Namoota argachuu dandeessan: Projeekitiin qo'annoo kana koree namussa Yuunversiitii Addis Ababaatin gulaalmee mirkaannee jira. waa'ee qo'annaa kanaa ilaalchisee odeeffannoo dabalaata yoo barbadaan koree hasoofisisuun ni danda'ama. Qo'annoo ilaalchisee gaaffii yoo qabaattan namoota armaan gadii hasofsiisuu dandeessu.

ObboAmsaaluu Namarraa

Bilb.0913173930,

Immeeli- amsalunamara@gmail.com

Annex E: Afan Oromo Version of Consent Form

Unka waliigaltee

Gaaffilee Dhiphina hojiin walqabatefi wantoota waliqunamtii qaban narsoota hospitaala mootummaa keessa hojeetan irra ga'uu baruuf qophaa'an.

Seensa

Ani _____ qorannoo mata-durree dhiphina hojiin wali-qabate fi wantoota waliqunamtii qaban narsoota hospitaala fayyaa mmoottummaa keessa hojeetan irra ga'uujedhu qorachuuffan jedha. kanaafis namusa qorrannoo dhaabbata, mumme narsiingii fi midwaayifeerii, kolleejjii saayinsii fayyaa Uniiversitii Addis Ababaa, waajjira fayyaa goodina lixa Shawaa fi ooganaa hospitaala irra eeyyama fudheera.

Kaayyoo qo'anna kanaa giddugaleessa godhachuudhaan ati narsoota kutaa kana keessaa hojeetan keessa carraadhaan filatamtee jirta. Akka itti hirmaatus abdiin qaba. Kanaafuu gaaffilee guca kana irra jiran ofii keetiin akka irratti naa guuttu sin gaafadha. Qo'annoo kana irratti guca kenname kana guttun keetiin miidhaan sirra ga'u hin jiru. Maqaan kee guca kana irratti hin guutamu. Deebii ati guuttu kunis guutumaan guutuutti iccitiin isaa kan eegame ta'a. Deebiin ati kennitu maqaa ykn eenyummaa kee wajjin wal hin qabatu jechuudha.

Guca ati guuttu kana ilaalu kan danda'an abba qorannoo kana gageessuu fi gargaartota isaa qofa dha. Atis kana hubattee gaaffilee jiran hunda akka naa guutuu kabajaan si gaafadha. Garuu yoo kan hin barbaanne ta'e guutuu dhiisuu ni dandeessa.

Guca kana guutuun hanga daqiiqaa soddoma qofa sitti fudhachuu danda'a.

Hirmaachuuf fedhii qabdaa? Eyyee _____ Lakki _____

Eyyee yoo jette odeeffannoo armaan olii hubachuun hirmaannaan kun fedhii kee ta'uu isaaf mallattoo kee qofa bakka duwwaa kana irratti nuuf kaa'i.

Mallattoo _____ Guyyaa _____

Kutaa 1ffaa: Gaaffilee haala Waligala Dhuunfaa Fi Hawaasumma

Lakk.	Gaaffilee	Deebii
101	Maqaa hosiptaala keesa hojjetu	-----
102	Saala	1.Dhiira 2.Dhalaa
103	Umurii	_____
104	Sadarkaa baruumsaa olaanaa	1.Dipiloomaa 2. Digirii 1ffaa 3. digrii 2ffaa
105	Amantii	1. Ortodooksii 2. Musliima 3. Protestantii 4.Kaatolikii 5. kanbiraa (ibsii) _____
106	Qomoo	1. Oromoo 2. Guragee 3. Amaara 4. Tigree 5. kan biraa (ibsii) _____
107	Haala Gaa’elaa	1. kan hinherumne/ hinfunee □2. kan herumte/ kan fudhee 3. Hiikteetti 4. Abbaan manaa/haadha manaa du’eera
108	Ijoolee qabdaa?	1.Eeyee 2.lakkii
110	Galii ji’aan (qarshii Etiyophiyaattin)	_____
111	Muuxannoo hojii wagga dhaan	Waggaa-----
112	Yeroo amma ga’ee/hojii dabalataa qabdaa?	1.Eeyee 2.lakkii
112	Waardii/kutaan ati keesa hojetuu	1.kutaameedikaalii 2.kutaa sarjikaalii 3.kuutaadhibee gadameesafiwalaansa hadholiulfaa 4.kutaa dhibee walaansa da’imani 5.kutaa gargaarsa atatamaa 6.kutaa walaansa dhibee ija’a 7.kutaawalaansadhibee xiinsammuu Kanbiraa-----
113	Sa’atii hojii	1.saddeeti 2.saddeetii oli.

Kutaa 2ffaa.

Gaaffileen armaan gadii jiran safartuu dhiphina hojiin wali-qabatee fi wantoota wali qunamitii qaban /job related stress and its perdicatrors/ yemuuta'an,tokkoon tokko hima tareefamani keessaa kan ilaalicha kee ilaalatu, deebii sirrii yookan immoo sirri mit kan jedhu hinjiruu.kanaafuu lakkoobsa cinat tarrefamee tokko qofaa filachuudhaan yaada kee kan ilaalu filuudhaan kaa'i.

Lakk	Gaaffilee	Safartuu			
		Goon kumaa nan dhiphisu	Xinnoo nadhphisaa	Gidugalessa nadhphisaa	Dararan nadhphisaa
	Du'a fi Du'uu ilaalchisee				
101	Yemmuu Dhukubsataan ati gargaarsa/walaansa gootuf fooyya'uu didu sitti dhaga'amee abdii kutachudhaan	1	2	3	4
102	Dhukubsatan yemmuu du'u	1	2	3	4
103	Dhukubsata baay'ee itti dhiyaatu yemmuu du'u	1	2	3	4
104	bakka hakiimni hin jirret Dhukubsataan yemmuu du'u	1	2	3	4
105	dhukubsataan yemmuu dhiphatu ilaaluu	1	2	3	4
106	Waa'ee du'aa odeessuu	1	2	3	4
107	Yemmuu dhukubsataa dha gargarsa/walaansa dhu kubbin akka iti dhagaamu gochuu danda'u gootuuf	1	2	3	4
	Walitti bu'insa hakiimii wajjinii ilaalchisee				
108	Hakiimii dhaan yemmuu ceepha'amuu	1	2	3	4
109	Hakiimii wajjin yemmuu wal loluu	1	2	3	4
110	Wal'aaansa dhukubsa taa irratti hakiimi walii galuu dhabuudhaan	1	2	3	4
111	Bakka akiimiin hin jirretti murtoo yemmuu gootu	1	2	3	4
112	Hojii akiimin hojjechu yemmuu hojjetu	1	2	3	4
	Qophaa'ina xiinsammuu gahaa ta'e gochuu dadhabuu				
113	Maatii dhukubsataaf deeggarsa fedhii xiinsammuu gochuuf sirriitti hin qophoofne jettee sitti dhagamuudhaan.	1	2	3	4
114	Yemmuu dhukubsataan gaaffii ati deebii quubsaa ta'e deebisufii hin dandeenye si gaafatu	1	2	3	4
115	Dhukubsataaf deeggarsa fedhii xiinsammuu gochuu sirriitti hin qophoofne jettee sitti dhagamuudhaan	1	2	3	4
	Rakkoo miltoo/hiryaa bakka hojii wajjinii ilaalchisee				
116	Rakkoolee hojii irratti si qunnamanii hojjetoota kan biraa wajjin haasa'uu YKN mari'achuuf yeroo carraa dhabdu.	1	2	3	4
117	Muuxannoo fi miira hojiif qabdu hojjetaa kan biraaf hiruudhaaf yeroo carraa dhabdu	1	2	3	4
118	Yeroo miira gadhee dhukkubsataa kutaa keessa ciisuuf qabdu hojjetoota kan biraatti himuuf carraa dhabdu .	1	2	3	4
119	Kutaa itti ramadamtee hojjetu keessatti namoota /nersoota/ tokko tokko wajjin yemmuu walii hin galle	1	2	3	4
120	Hojjetaa faallaa saalakee ta'ee wajjin hojjechuu	1	2	3	4
	Itti gaafatamaa ykn to'ataa wajjin rakkoo jiru ilaalchisee	1	2	3	4
121	Itti gaafatamaa wajjin wal loluu	1	2	3	4
122	Itti gaafatamaa sitti dhiyaatu irraa yemmuu gargaarsa hatatamaa dhabduu	1	2	3	4

123	Itti gaafatamaan kee yemmuu si ceepha'u	1	2	3	4
124	Itti gaafatamtuu /maa neersii irraa yemmuu deeggarsa dhabdu	1	2	3	4
125	Wanta siin hin ilaallannetti itti gaafatamaa ta'uu	1	2	3	4
126	Qaama iiti gaafatamaa fayyaa kan biraa irraa yemmuu gargaarsa dhabdu	1	2	3	4
127	Itti gaafatamaan neersii yemmuu si ceepha'u	1	2	3	4
	Dhiibbaa hojii /work load/	1	2	3	4
128	Dhukubsataaf deeggarsa xiinsammuu gochuuf yeroo gahaa dhabudhaan	1	2	3	4
129	Maatii dhukubsataaf fedhii isaaniif deebii deebisuuf yeroo dhabudhaan	1	2	3	4
130	Hojii kutaa keessa hojjetu keessaa waliin ga'uuf hojjetaa gahaan yemmuu dhibu.	1	2	3	4
131	Hojii neersii kan hin taane baay'ee hojjechuun si eeggachuudhaan	1	2	3	4
133	Meeshaaleen gahaa ta'e dhibuudhaan ykn inni jiruyyuu yoo sirriitti hin hojjetu ta'e	1	2	3	4
	Hojii ga'ee nersii kan hinta'in baayyee yemmuu hojjetu	1	2	3	4
134	Haala dhiibba ta'ee keessat murtoo keennudhaan	1	2	3	4
135	Yeroo boqonnaa keetii hojii yemmuu hojetuu	1	2	3	4
	Gargaarsa /wal'aansa/ quubsaa ta'e kennuu dhabuu irratti				
136	Akiimii irraa odeeffannoo gahaa yoo hin arganne ta'e	1	2	3	4
137	Yeroo akiimni dhukubsataadhaaf dawwaa sirrii hin taane ajeju	1	2	3	4
138	Dhukubsataa yemmuun wal'aanu dogoggoran hojjedhe jettee sodaachuudhaan.	1	2	3	4
139	Yeroo balaan tasaa uumamu akiimni hin jiru yoo ta'e	1	2	3	4
140	Wantan hojjechuu qabdutti leenjii gahaa ta'e hin qabu jettee yaaduudhaan	1	2	3	4
141	Haala dhukubsataaf waa'ee wal'aansa isaaf godhamuu qabu dhibamaas ta'e maatii isaatti maal akkaan himi tu wallalluudhaan.	1	2	3	4
142	Meeshaalee adda ta'an akkaataa itti fayadama isaaniif faayidaa isaa hubannaa gahaa ta'e dhabuudhaan.	1	2	3	4
143	Fayyaa balaa irra waantota buusan saaxiluu	1	2	3	4
144	Muuxannoo gahaa osoo hin qabaatiin itti gaafatamummaa fudhachuudhan	1	2	3	4
	Dhukubsataa fi maatii isaa ilaalchisee	1	2	3	4
145	Fedhii dhukubsataa sababa hin qabneef	1	2	3	4
146	Fedhii maatii dhukubsataa sababa hin qabneef	1	2	3	4
147	Balleessa kamiifiyyuu ceepha'amuu	1	2	3	4
148	Maatii dhukubsataa wajjin mari'achuuf itti gaafatamummaa fudhachuu	1	2	3	4
149	Maatii dhukubsataa wajjin wantoota barbaachisa hin taane/gadhee mari'achuu	1	2	3	
150	Dhukubsata am ala addaa /kan lolu wajjin mari'achuu.	1	2	3	4
	Murtoo dhabbatichaa ilaalchisee				
151	sa'atiin hojii yeroo yeroot yemmuu jijiramuu	1	2	3	4
152	Dareen/kutaan hojii yeroo yeroot yemmuu jijiramuu	1	2	3	4
153	Murtoo gochuu irratt hirmanaan kee yemmuu gadi ana ta'u	1	2	3	4