

**JOB STRESSORS AND JOB RELATED STRESS
AMONG NURSES
AT NEW YANGON GENERAL HOSPITAL**

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M.B.,B.S

Dip.Med.Sc (Hospital Administration)

for the Degree of Master of Hospital Administration (MHA)

University of Public Health, Yangon

2019

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the Postgraduate Academic Board of Studies,
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as the partial fulfillment of the requirements
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This thesis has been approved by the Board of Examiners.

Chief Examiner

Examiner (1)

Examiner (2)

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ABSTRACT

In Myanmar, there was no systematic referral system and lack of primary screening of health care, there were increasing at the tertiary hospitals and there was workload burden and job stress occurred among nurses. The main purpose of this study is to explore the job stressors and job related stress among nurses in New Yangon General Hospital and to address the issue to reduce the job stress to improve their working behavior which had impact upon effectiveness and efficiency of health care system. The hospital based cross-sectional study design was conducted using self-administered questionnaires among 96 nurses with at least six months services. The questionnaires are adopted from Nursing Stress Scale (NSS) to determine the job stressors and General Health Questionnaires 12 (GHQ 12) to address the job related stress among nurses. The major job stressors were 'Feeling inadequacy of emotion support of the patient' (79.2%), 'Death and dying of the patient' (78.1%) and 'Workload' (56.2%). Some job stressors were positively correlated with each other such as 'Death and dying of the patient' and 'Feeling inadequacy' ($r=0.630$, $P\text{ value}<0.001$), 'Feeling inadequacy' and 'Relationship with physicians' ($r=0.448$, $P\text{ value}<0.001$) and 'Relationship with physicians' and 'Relationship with other nurses' ($r=0.507$, $P\text{ value}<0.001$). But there was only 3.1% of the respondents presented job related stress. The percentage of job related stress with high level of job stressor for 'treatment related to patient' was significantly higher than those low level of that stressor (15.4% and 1.2%, $P=0.047$). Qualitative findings revealed that the factors causing job stress were imbalance between workload and nurse resources in some department and nurses with low service duration had problems in communication with workers. Majority of the respondents had reported job related stress in communication with the patients and patients' attendants. Most of the respondents used self-relieved coping methods to reduce job stress such as room cleansing, staying alone, confided to roommates about stress, crying, coming out to have snacks and meditation. The job stress among nurses in NYGH was very low which was not problem. But this study pointed out that hospital administrator should find out the ways for better communication between doctors and nurses concerning treatment and information sharing about the patient. Further research regarding to the job stressors and job stress among medical doctors especially house surgeons and assistant surgeons should be carried out in NYGH.

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LIST OF ABBREVIATIONS

ANA	- American Nurses Association
B.N.Sc	- Bachelor of Nursing Science
CSI	- Coping Strategies Inventory
DPH	- Department of Public Health
DHRH	- Department of Human Resource for Health
ENSS	- Extended Nursing Stress Scale
FOC	- Free of Charges
GHQ	- General Health Questionnaire
ICN	- International Council of Nurses
ICU	- Intensive Care Unit
ILO	- International Labor Organization
JSS	- Job Satisfaction Survey
MJS	- Measure of Job Satisfaction Survey
M.N.Sc	- Master of Nursing Science
NHP	- National Health Plan
NIOSH	- National Institute of Occupational Safety and Health
NOGTH	- North Okkalapa General and Teaching Hospital
NSI	- Nursing Stress Indicator
NSS	- Nursing Stress Scale
OST	- Occupational Stress Test
SD	- Standard Deviation
SPOS	- Survey of Perceived Organizational Support
SPSS	- Statistical Package for Social Science
WHO	- World Health Organization
YGH	- Yangon General Hospital

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CHAPTER (1)

INTRODUCTION

1.1 Background Information

The disagreeable and unpleasant condition or position at work place which negatively influence on an individual's overall well-being and performance is known as job stress (Khan, Aqeel and Riaz, 2014). Job stress is an important part of nurses' lives that can impact productivity and performance, patient safety, staff morale, quality of care, retention and turnover. "Stress is a physical, mental, or emotional factor that causes bodily or mental tension". Stress may be external (from the environments, psychological, or social situations) and internal (illness, or from a medical procedures (WHO, 2011).

In the hospital environment, different and complementary stressors in the hospital environment have been evidenced in the nursing work process (Teixeira et al., 2016). Although some stressful conditions are specific to a particular type of hospital unit, nurses are subject to more general stress which arise from the physical, psychological, and social aspects of the work environment. High levels of stress results in and adversely affect patient care (Moustaka and Constantinidis, 2010).

Occupational stress in nurses appears to vary according to individual and job characteristics, and work-family conflict. Common occupational stressors among nurses are workload, role ambiguity, interpersonal relationships, and death and dying concerns. Emotional distress, burnout and psychological morbidity could also result from occupational stress. Nurses' common coping mechanisms include problem solving, social support and avoidance (Parikh, Taukari and Bhattacharya, 2004).

Naturally, nursing is a stressful professional. Nurses with stress can impact depression, isolation from patients, absence and decline in their qualification (Najimi, Goudarzi and Sharifirad, 2012). The nursing profession is associated with several job-related demands that play a role in creating stressful work environments. Studies have shown that psychosocial stressors among nurses produce considerable job stress, which can lead to health disorders and reduce the quality of nursing care (McVicar, 2003) (Awano, 2008).

Stress as an outcome of stressful workplace and tasks, causes nursing behavior in hospital wards. Many nurses have described experiencing high levels of occupational stress in their working environment (Tajvar et al., 2015). Many of the studies mentioned that job stress in nurses can be occurred at different hospitals of many countries, different wards, different nurses associating with workload, death and dying of patients, income, duty rotation, duration of services, relationships with physicians and other nurses, social supports, quality of patient care and patient outcomes (Swe-Win-Win-Khaing, 2017).

Duties and responsibilities of a registered nurse are observing and recording patient's behavior, coordinating with physicians and other healthcare professionals for creating and evaluating customized care plans, creating harmonious environment in order to provide emotional and psychological support to the patient and their families, diagnosing the disease by analyzing patient's symptoms and taking required actions for his/ her recovery, maintaining reports of patients' medical histories and monitoring changes in their condition, carrying out the requisite treatments and medications, checking the stock on regular basis for maintaining the inventory level and placing orders if required, changing patient's medication as indicated by their conditions and responses, adhering with the protocols, norms, rules and regulations to maintain complete medical records, maintaining hygienic and safe working environment in compliance with the healthcare procedures, conducting research for improving the nursing practices and healthcare outcomes, providing instant care during medical emergencies, like car accidents, burn, heart attacks and stroke, discussing treatment with pharmacists and physicians in the critical cases, providing necessary guidance on health maintenance and disease prevention, keeping an eye on each and every aspect of patient care that includes physical activity plus proper diet (College of Registered Nurses of Manitoba, 2005).

Health care personnel especially nursing personnel are the essential resources to healthcare system and efficient resources are vital to provide quality health care services for the entire society and to keep abreast with the advanced global health standard (Daryanto, 2014). Nurses are first line professionals and one of the building stones of our health system. Many worldwide studies showed that many job stress have effect on mental health and well-being of nurses, and compromising productivity, performance and the quality of patient care (Uchmanowicz et al., 2019).

A severe health workforce crisis is now facing in the developing countries as well as the developed countries globally. The International Council of Nurses (ICN) considers the shortage of nurses as a serious crisis that has unfavorable impact on health care globally. As a result, there is a significant requirement to cover the needs in nursing staff in various health care systems around the globe (WHO, 2011).

Health Care Organization in Myanmar provides health care services which is labor intensive. In hospital, the first line defense to solve the impasse concerning with the patients are nurses whose ability and communication skill reflect the image of organization. According to the Sustainable Developmental Goal 3, towards Universal Health Coverage and Myanmar health system reform, shortage of health care provider is being major problem (WHO, 2019).

New Yangon General Hospital is 200 bedded tertiary teaching hospital and situated at the corner of Pyay Road and Bogyoke Aung San Road, Lanmadaw Township, Yangon Region and constructed since 1982, donated by The Government of Japan as a Token of Friendship and Cooperation between Japan and Myanmar. The hospital was started at 1984 with Medical, Surgical and Urosurgical Unit. In 2011, it was established as 200 bedded hospital. There are seven clinical departments and 13 supportive departments. Toxicology unit which was opened at 2003, was involved in Medical Ward. The NYGH is a teaching public hospital with 167 nurses, no vacant in staff nurses and sisters but only a few vacant in trained nurses (Hospital profile, 2018).

1.2 Problem Statement

The nurse, who is working in a profession of public trust, is exposed to stressful conditions and the mental and physical exhaustion that often accompanies nursing can contribute to a lack of motivation, indifference and even illness. The chronic and constant stress leads to the shortage of nurses that in turn have direct effect on Myanmar Health Care System and decrease in quality of care (Parikh, Taukari and Bhattacharya, 2004).

According to 2017-2021 National Health Plan (NHP), Myanmar health system currently faces many challenges related to the availability and distribution of inputs including human resources. According to data of Department of Public Health (DPH) up to October 2015, Myanmar, the number of appointed nursing personal are (19,041) nurses and (12,725) midwives. In Department of Medical Services, there are (32,190)

nursing sanctioned posts in which (18,458) appointed posts and (13,732) vacant posts up to March 2016 (NHP, 2017).

A cross-sectional study was carried out in 72 nurses working in Intensive Care Unit (ICU) at Shahid Mohammadi Hospital in Iran and found that high and moderate levels of occupational stress were experienced by 83.9% and 10.7% of ICU nurses, respectively (Tajvar et al., 2015). A descriptive correlation cross sectional study about the Effect of Job Related Stressors on Nurses' Job Satisfaction in El - Shatby Maternity University Hospital, Alexandria, Egypt revealed that approximately 80% of studied nurses had high stress level (EI Dahshan and Hafez, 2014). A cross-sectional study in 2019 showed that nearly 55.4% had a moderate level of perceived stress and 49.8% had moderate occupational stress (Kshetrimayum, Bennadi and Siluvai, 2019).

In Myanmar, a study found that 50% of nurses in 500 bedded Military Hospital had job related stress. The findings of the researcher pointed out that the more stressor they encountered, the greater the stress they have (Thandar-Shwe, 2015). In aspect of stressors, the most common stressor for nurses in Yangon General Hospital was 'workload' stressor and the second was the 'patient and family' stressors, 30% of the ICU nurses experienced very severe stress related to patients and families (Khin-Htar-Khine, 2015).

Nursing profession is one of the stressful job in Myanmar, which is mainly caused by insufficient workforce, imbalance workload, increased non-nursing tasks and higher emotional needs of patients and their families. Job distress can be more affected on public hospital nurses comparing with private and military hospitals as the nurses working in public hospitals got low salary, minimum support, prolong working hours, over-workload and communication with different educated levels of people and the study showed that 53.1% of the nurses had experienced job related psychological distress (Swe-Win-Win-Khaing, 2017).

With changing of policy and politics in Myanmar, the public hospital upgraded the quality of the health care system and acceptability of public was increasing. As the cost for private hospital were much more times than public and lack of primary screening, there were increasing workload at the tertiary hospital.

1.3 Justification

There may be relationship between job related stress of nurses and the quality of health care services they provided. If nurses work with high job stress, it may have adverse patient outcomes. Moreover, public expectations and public utilization of public hospitals became high due to government policy of Free of Charges system. Therefore, health care providers become more and more stressful especially nurses as they are the first line professionals of contacting with patients and their families when they arrive to hospital and the most frequently touching to patients during hospitalization.

In Myanmar, a study for job stress in nurses was conducted in 2015 in YGH and a study for psychology distress among nurses in NOGTH was conducted in 2017. The NYGH is a public tertiary hospital with much workload and utilization and there was limited study among nurses in NYGH. Nurses in NYGH are facing much workload under stressful situation due to increased utilization of health services. The Hospital Performance Indicators showed that the average number of out-patients is increased doubly from 2009 to 2013 within five years and the in-patients is increased by one third. By assessing job related stress among nurses in NYGH, it is expected to identify the stressors and to provide valuable information for hospital administration and for further planning and policy which in turn may improve performance of nurses and improve quality of care.

CHAPTER (2)

LITERATURE REVIEW

Job stress is 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 (Christina and Konstantinos, 2008). Job stress affects to one's health and work. Research mentioned that excessive job stress can cause to many long-term health problems, including cardiovascular disease, diabetes mellitus, weakened in immune function, high blood pressure, musculoskeletal disorders, substance abuse, depression and anxiety. Stressful working conditions can also impact health indirectly by limiting our ability or motivation to participate in other health promoting behaviors such as eating well and exercising (LOWELL, 2019).

The International Labor Organization (ILO) asserts since 2001 that all countries, professions and all categories of workers, families and societies are affected by occupational stress. According to Alves, 40% of all American workers perceive their jobs as being extremely stressful (Alves, 2005). Workload, leadership/management style, professional conflict and emotional cost of caring have been the main sources of distress for nurses for many years (McVicar, 2003).

Occupational stress, a common occurrence among various professions worldwide, is regarded as a major occupational health problem for healthcare professional especially nurses. Occupational stress has been described to affect job satisfaction and job performance among nurses, compromising nursing care and placing patients' lives at risk (Nabirye et al., 2010).

One of the main factors of stress for nurses is the lack of preparation in handling the emotional needs of patients which causes anxiety within the nursing staff (Moustaka and Constantinidis, 2010). Nursing has been reported as a stressful specialty. Nursing staff working at the bottom of the hierarchy in hospitals are the ones who are more stressed out. The current nursing shortage and high turnover is of great concern because of its impact upon the efficiency and effectiveness of any health-care delivery system. Further, recruitment and retention of nurses are persistent problems associated with job stress (Rawal and Pardeshi, 2014).

The nursing work is a professional who has care as the primary function, which is mainly performed by the technical and/or nursing assistant. The nursing work in the hospital environment is recognized as highly stressful, several stressful conditions are linked to the responsibilities assigned to nursing (Teixeira et al., 2016).

Harry and colleagues (2015) mentioned that there are two types of stress; Eustress and Distress. The word stress is typically use in the negative context, but technically, the correct term is distress. Eustress or positive stress was characterized by motivates, focuses energy, is short-term, feels exciting, improves performance. Distress or negative stress was characterized by causes anxiety or concern, can be short- or long-term, feels unpleasant, decreases performance, can lead to mental and physical problems. Work and employment concerns frequent causes of distress are excessive job demands, job insecurity, conflict with teammates and supervisors, inadequate authority necessary to carry out tasks, lack of training necessary to do the job, making presentations in front of colleagues or clients, unproductive and time consuming meetings, commuting and travel schedules (Mills, 2015).

Job stress can positively influence individuals' work motivation; however, it is more typical for job stress to have adverse physical and psychological effects, which in turn undermine job satisfaction. The enhancing effect of mindfulness in these relationships can suggest an important role of mindfulness in the relationship between life style and job attitude (Lee, Hwang and Lee, 2019). Stress can be described as a dynamic and reciprocal relationship between the person and the environment. Nursing is an occupation with a constellation of circumstances leading to stress. Work-related stress (occupational stress) can be damaging to a person's physical as well as mental status, which directly and indirectly affecting their quality and productivity of work (Kshetrimayum, Bennadi and Siluvai, 2019).

2.1. International studies related to job related stress among nurses

In United Kingdom, a study was conducted on nurse occupational stress and the prevalence of stress among 125 nurses and midwives from one district general and one maternity hospital in 1997. The study showed that there was no difference between nurses and midwives in terms of their reported stress levels. The findings stated that 16.9% found the job 'very' or 'extremely' stressed. The results demonstrated that highest levels of stress were reported by the lowest grade of nurses (Wheeler, 1997).

Tajvar et al (2015) carried out a cross-sectional study in 72 nurses working in Intensive Care Unit (ICU) at Shahid Mohammadi Hospital in Iran. The study examined the occupational stress and mental health among nurses in a medical intensive care unit of a general hospital in Iran by using General Health Questionnaires 28 (GHQ-28) for assessing mental health and an Occupational Stress Test (OST) for assessing job stress. The study found that high and moderate levels of occupational stress were experienced by 83.9% and 10.7% of ICU nurses, respectively. The findings of the independent samples t-test showed that somatic symptoms had significant relationships with age and working experience ($p=0.01$) but there was no significant difference between somatic symptoms and working different shifts ($p>0.05$). The study pointed out that there was a high prevalence of occupational stress among ICU nurses and there was a significant relationship between occupational stress and mental health (Tajvar et al., 2015).

A descriptive correlation cross sectional study about the Effect of Job Related Stressors on Nurses' Job Satisfaction in El - Shatby Maternity University Hospital, Alexandria, Egypt. This study revealed that approximately 80% (40/50) of studied nurses had high stress level while 12% (6/50) had low stress level. The majority of studied nurses 84% (42/50) were dissatisfied with their job. Older nurses had low stress level compared to younger nurses (EI Dahshan and Hafez, 2014).

In 2015, a cross-sectional study was conducted by Zhou & Gong in China to explore the relationship between occupational stress and coping strategies among operation theatre nurses. The study was carried out by using questionnaire survey and analyzed using correlation and regression methods. The study showed that high stress level in the workload and time pressure subscales. Female nurses' occupational stress was positively correlated with designation and negatively correlated with operation sets per day and night shifts. The study stated that participants preferred self-control as a coping strategy (Zhou et al., 2018).

A cross-sectional study was conducted on the determinants of work stress for nurses and intention of leaving the profession among 231 nurses from three Italian public hospitals. The study was carried out by using Nursing Stress Scale (NSS) including 34 items with a score from 0 to 3, seven areas of job related stress are investigated and socio-demographic data information (age, occupational age, family structure etc). The study stated that the two stress areas with the highest scores were 'workload' (1.58) and 'death and suffering' (1.39). Demographic data associated to

higher stress scores are female gender ($p=0.03$) and working with night shifts ($p=0.02$). Moreover, the study also showed that intention to leave nursing profession is associated to higher stress scores ($p=0.002$). But age, occupational age, time to commute to work, number of children, having disables at home were not correlated to higher stress scores (Romano, Festini and Bronner, 2015).

In South Africa, a cross-sectional study was conducted about the occupational stress of nurses in South Africa. The study examined the difference between occupational stressors of professional nurses ($N=980$) and enrolled and auxiliary nurses ($N= 800$) by using Nursing Stress Indicator (NSI) including five reliable stress factors namely patient care, job demands, lack of support, staff issues and overtime. The study administered together with a biographical questionnaire. The study showed that the severity of stressors was higher for professional nurses compared with enrolled and auxiliary nurses. The most severe stressors for nurses included health risks posed by contact with patients, lack of recognition and insufficient staff. Moreover, watching patients suffer, demands of patients and staff issues were also severe stressors for professional nurses. Although this study revealed the job stressors for nurses, coping mechanism was not assessed (Rothmann, van der Colff and Rothmann, 2006) .

A qualitative study was carried out with semi-structured interviews to explore the experiences of stress in 20 palliative care providers of University Malaya Meaicl Centre in Malaysia. The study generated with nine basic themes: organizational challenges, care overload, communication challenges, differences in opinion, misperceptions and misconceptions, personal expectations, emotional involvement, death and dying thoughts, appraisal and coping (Beng et al., 2015).

A longitudinal study was conducted to assess the causes and consequences of occupational stress in emergency nurses in Belgian Hospitals. The study was carried out among 170 nurses in emergency departments in 2008 (T1) and 18 months later (T2). The study showed that turnover rates between T1 and T2 are high. Important changes over time was found in predictors and outcomes, changes in job demand, social support predicted job satisfaction, work engagement and emotional exhaustion. This study concluded that work-related interventions are important to improve occupational health in emergency room nurses and should focus on lowering job demands, increasing job control, improving social support and a well-balanced reward system (Adriaenssens, De Gucht and Maes, 2015).

In Thailand, a qualitative study was carried about emergency department nurses' experiences of occupational stress and perceptions regarding stress in their workplace in 2015. The study carried out among 21 emergency department nurses in public hospital Bangkok by using semi-structured interviews for data collection. And the findings comprised three themes: (1) perceived stress, (2) consequences of stress, and (3) stress management. The study stated the results of this study can be used in hospital management to help them adopt effective strategies such as support programs involving co-workers/supervisors to decrease occupational stress among emergency department nurses (Yuwanich, Sandmark and Akhavan, 2015).

A descriptive quantitative cross sectional study was conducted Work-Related Stress Among Sri Lankan Nurses in Critical Care Settings – Causes of stress were due to having more dependents, extended duty shifts more than 100 hours a month, managerial issues, inadequate partner's contribution and improper workplace facilities (Dioso, Janoof and Thivyasuthan, 2017). A cross-sectional study conducted by Kshetrimayum N, Bennadi D, Siluvai S in 2019 showed that nearly 277 (55.4%) had a moderate level of perceived stress and 249 (49.8%) had moderate occupational stress. Significant positive correlation ($r = 0.144$, $P < 0.001$) between Expanded Nursing Stress Scale and Perceived Stress Scale.

2.2. Studies related to job related stress in Myanmar

In 2015, a cross sectional descriptive study was conducted to assess job related stress of military nurses at No.2 Military Hospital, Yangon (500 bedded) by using personality type questionnaires, NIOSH questionnaires, NSS questionnaires and GHQ questionnaires. A total of 80 participants from different departments were employed in the study. This study found that 50% of military nurses in No.2 Military hospital had job related stress. The findings stated that the respondents with short duration of services experienced stress mostly than those of longer duration of services. But there were no significantly differences social support, personality types and psychological distress of nurses. The findings also stated that treatment related to patients and relationship with physicians had significantly difference with the psychological distress among the nurses. The finding pointed out that the higher the stressor they encountered, the greater the stress they encountered (Thandar-Shwe, 2015).

A descriptive study was done in 2016 to assess the association between nurse-patient ratio and job satisfaction and providing nursing care activities of nurses at

Yangon General Hospital (YGH) in 2016. This study was conducted among 81 nurses of medical and surgical wards of YGH by using questionnaires for Job Satisfaction Survey (JSS). The study also used the nurses' duty reports and duty rosters of obtained wards and the office of Nursing Superintendent for nurse-patient ratio. The study stated that most of the respondents were dissatisfied with pay (82.72%) and satisfied with supervision (60.49%), coworkers (65.43%) and communication (44.44%). There was significant difference of levels of job satisfaction with nursing education of nurses and service duration of nurses. Apart from that, there was no significant difference among demographic characteristics and levels of job satisfaction (Tin-Mar-Wai, 2016).

Khin-Htar-Khine conducted a study about stress and coping strategies among nurses in Yangon General Hospital in 2015. Researcher used convergent parallel mixed method research design in this study. This study conducted among 173 nurses working in direct patient care wards in YGH by using Expanded Nursing Stress Scale (ENSS) questionnaires of French, Lenton and Walter (2000) to assess stressors and Tobin's Coping Strategies Inventory (CSI) for coping strategies. The study stated that the most common stressful situation was "Workload" stressor in which lack of enough staff to adequately cover the unit was the most stressful event perceived by staff nurse. The second most common stressor was the patient and family stressors in which (30%) of ICU nurses experienced very severe stress related to patient and families. The patient and family stressors in Diploma holders were significantly higher than that of B.N.Sc degree ($p=0.007$). The study also showed that the third and fourth common stressors as conflict with physicians and uncertainty concerning treatment respectively (Khin-Htar-Khine, 2015).

In 2017, Swe-Win-Win-Khaing conducted a descriptive study about Psychological distress among nurses in North Okkalapa General and Teaching Hospital, Yangon to assess the Psychological distress and coping methods among 96 nurses by using Expanded Nursing Stress Scale (ENSS) questionnaires of French, Lenton and Walter (2000) to assess stressors and Tobin's Coping Strategies Inventory (CSI) for coping strategies. The study stated that 53.1% of the nurses had job related psychological distress. It was found that socio-demographic characteristics had no effect on psychological distress statistically. Regarding to work related characteristics, there was statistically significant difference between 'nursing services', 'duty rotation pattern' and psychological distress ($p=0.04$) ($p=0.03$). Regarding to job stressors,

most of the respondents answered that workload was the most stressful stressor but there was no statistically effect on job distress. The most common methods of coping for nurses were talk to family, friends and spouse, listening music, shopping out, faith and praying, sleeping and spending time with families and friends (Swe-Win-Win-Khaing, 2017).

2.3. Conceptual framework

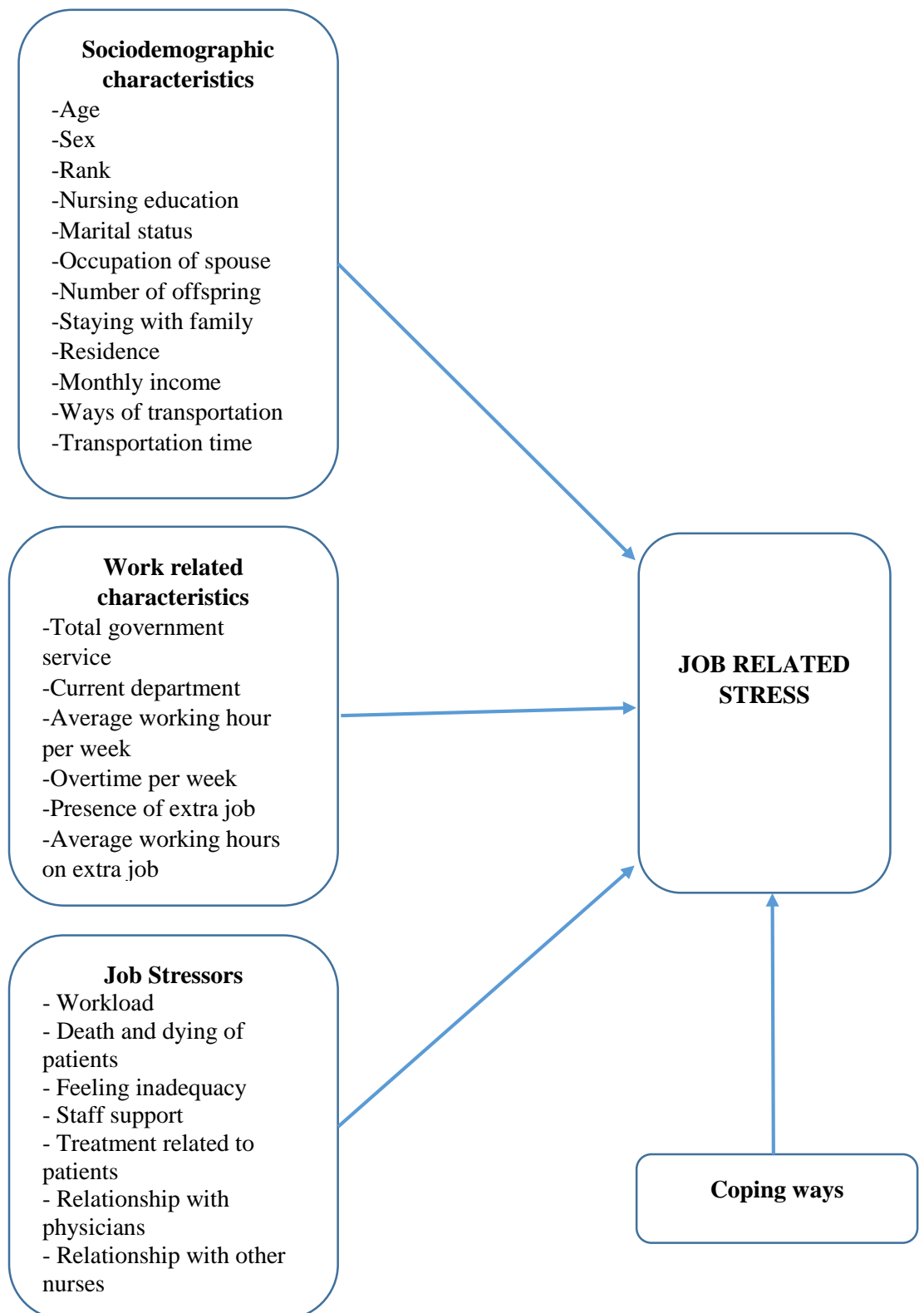


Figure 2.1 Job stressors and job related stress among nurses in NYGH

CHAPTER (3)

OBJECTIVES

3.1 General Objective

To identify job stressors and job related stress among nurses at New Yangon General Hospital

3.2 Specific Objectives

1. To describe work related factors of the study participants
2. To assess job stressors and job related stress among study population
3. To determine the association of work related factors and stressors on job related stress of the study participants
4. To explore the coping ways to overcome the job stress of the study participants

CHAPTER (4)

RESEARCH METHODOLOGY

4.1. Study Design

A cross-sectional study with mixed methods (explanatory sequential) design was used.

4.2. Study Period

The study was conducted from August to November, 2019.

4.3. Study Area

The study was carried out in New Yangon General Hospital (NYGH).

4.4. Study Population

For quantitative research

Study population consisted of sisters, staff and trained nurses currently working in NYGH.

- Inclusion criteria
 - All participants including both male and female with at least six months of services.
- Exclusion criteria
 - All nurses who are on leave at the time of data collection.

For qualitative research

In-depth interview was conducted to eight nurses in which four nurses from high job stress and four nurses from low job stress according to the self-administered questionnaires they had applied.

4.5. Sample Size Determination

The sample size was determined by the following formula:

$$n = z^2 p q / d^2 \text{ (Daniel and Cross, 2013)}$$

$$n = (1.96)^2 \times 0.53 \times 0.47 / (0.1)^2 = 96$$

Where

n = minimum required sample size

d = 0.1 (absolute precision required on either side of the proportion)

z = reliability coefficient, If confidence level = 95%, z = 1.96

$p =$ the proportion of the nurses who have psychological distress= 0.53

(Swe-Win-Win-Khaing, 2017)

$q = 0.47$

The minimum required sample size was 96.

4.6. Sampling Method and Sampling Procedure

Convenient sampling method was used. In NYGH, the total number of sisters, staff and trained nurses are 169, including sisters (16), staff nurses (81) and trained nurses (72). Samples from each department were invited and samples who willingly participated in the study were taken for quantitative research, ie. convenient sampling method was used. (25) nurses from Medical Ward, (29) nurses from Surgical Ward, (11) nurses from Intensive Care Unit, (9) nurses from Operation theatre, (8) nurses from Emergency and Out Patient Department, (4) nurses from Toxicology Department and (10) nurses from Pay Ward to achieve the required sample size.

For qualitative research, eight nurses (four nurses with high job stress and four nurses with low job stress) were selected according to the quantitative question to conduct in-depth interview (IDI).

4.7. Data Collection Method and Tools

After obtaining the informed consent of the participants and after explaining the purpose of the study, the data was collected by self-administered structured questionnaire and in-depth interview. And the permission from the authoritative persons of this study area was also obtained. Pretest was done at West Yangon General Hospital.

Self-administered questionnaires were used as data collection tool in this study.

Questionnaires were adopted from

- Nursing Stress Scale (NSS) (Gray-Toft and Anderson, 1981)
- General Health Questionnaire (GHQ- 12)(Goldberg and Williams, 1988).

The Nursing Stress Scale was used to determine the job stressors among nurses in NYGH that include 7 subscales with 32 items. It has been developed by Gray-Toft and Anderson (1981). The NSS consists of four point Likert scale which ranges from never-0, occasionally-1, frequently-2, very frequently-3 according to the perception of the respondents.

The seven subscales of NSS were workload, death and dying of the patient, feeling inadequacy, staff support, treatment related to patients, relationships with physicians and relationships with other nurses.

Mean score was obtained by summarizing all the scores divided by seven subscales. Low and high stressors level was based on cut-off point of mean score, in which low scores (<2) and high scores (≥ 2).

The General Health Questionnaire (GHQ) was originally developed by Goldberg and had been widely used in various cultures as a screening tool to determine whether an individual is at risk of developing job related stress (Goldberg and Williams, 1988).

The questionnaire was originally developed as a 60-item instrument but at present a range of shortened versions of the questionnaire including the GHQ-30, the GHQ-28, the GHQ-20 and the GHQ-12 is available. The most common scoring methods is Likert scoring styles (0-1-2-3). Since the GHQ-12 is a brief, simple, easy to complete, and its application in research settings as a screening tool is well documented (Montazeri et al., 2003).

Each of the 12 items on the GHQ was rated on a four-point Likert scale (better than usual-0, same as usual-1, less than usual-2, much less than usual-3). The mean score was obtained by summarizing the total scores divided by the items. Low score indicates no job stress and high score indicates job stress. The cut-off point of low and high score based on Likert score of the study (low score <2 , high score ≥ 2). Coping ways for job related stress was assessed by in-depth interview according to the interview guidelines.

4.8. Data Management and Analysis

Data collection was done. After checking for completeness and correctness, data entry was done by using Epi Data version 3.1 software and data clean up, data summarization and data analysis was carried out by computer using Statistical Package for Social Science (SPSS) software version 16. Descriptive and summary statistics was carried out. For the categorical data, frequency and percentage was calculated. For the continuous data, mean (SD) was described. Chi-square analysis was used to determine significant association between Job related stress and independent variables (socio-demographic characteristics, work related characteristics and job stressors in working environment). Two tailed $p < 0.05$ was considered

statistically significant. After analyzing the collected data, the findings were presented by means of graphs, tables and bar charts.

4.9. Ethical Considerations

This study has been approved by the Institutional Review Board of the University of Public Health, Yangon (UPH- IRB) with Certificate of Approval No. UPH- IRB (2019/ MHA / 9). Informed consent with thorough explanation about the study was obtained from all respondents. Identities of all respondents were kept confidentially and were not be disclosed without permission. All the records were maintained confidentially and were used only for research purposes.

CHAPTER (5)

FINDINGS

This study described the job stressors and job related stress among nurses in New Yangon General Hospital. Total 96 nurses included in this study.

5.1. Socio-demographic characteristics and job characteristics of the study population

Table (5.1) Socio-demographic characteristics of the respondents (n=96)

Characteristics	Number	Percent
Age		
<39 years	66	66.8
40-49 years	20	20.8
>50 years	10	10.4
Sex		
Male	0	0
Female	96	100
Rank		
Trained nurse	40	41.7
Staff nurse	46	47.9
Sister	10	10.4
Nursing education		
Diploma	64	66.7
BNSc	32	33.3
Marital Status		
Single	64	66.7
Married	32	33.3
Occupation of spouse (n = 32)		
Government employee	5	15.6
Company staff	9	28.1
Own business	15	46.9
Dependent	1	3.2
Others	2	6.2
Number of off-springs (n = 32)		
0	9	28.1
1	12	37.5
2	11	34.4

Table (1) Socio-demographic characteristics of the respondents (n=96) (cont :)

Characteristics	Number	Percent
Staying together with family		
Yes	42	43.8
No	54	56.2
Residence		
Government housing	74	77.1
Rent	9	9.4
Own	11	11.5
Other	2	2.1
Monthly income (kyats)		
<200,000	1	1.0
200,001-300,000	91	94.8
300,001-400,000	3	3.1
>400,000	1	1.0
Ways of transportation		
On foot	75	78.1
By bus	19	19.8
By own car	2	2.1
Transportation time to work		
≤ 30 minutes	74	77.1
>30 minutes	22	22.9

Socio-demographic characteristics of the respondents were described in table (5.1). The age distribution of the study population ranged from 22 years to 60 years with the mean age of 33 years. Majority of the respondents were <39 years. There was no male nurse in NYGH. There was no much difference in rank distribution of staff and trained nurses, 47.9% was staff nurse and 41.7% was trained nurse. Most of the respondents (66.7%) were Diploma holder, (33.3%) were Bachelor of Nursing holder. Regarding marital status, more than half (66.7%) was single and (33.3%) was married. Among married respondents, most of the respondents (37.5%) had only one child and (34.4%) had two children.

Regarding to residential status, 77.1% of the respondent were living in government housing, 11.5% were living in their own house and 9.4% were living in rent house or hostel respectively. Regarding to monthly income of the respondents, 94.8% of the respondents had monthly income of 200,000 to 300,000 kyats. Most of them 78.1% came to work on foot and 77.1% used ≤30 minutes of transportation time to work.

Table (5.2) Work related characteristics of the respondents (n=96)

Characteristics	Number	Percent
Total government services (years)		
< 3	25	26
3 - 6	15	15.6
>6 - 9	12	12.5
>9 - 12	9	9.4
>12 - 15	11	11.5
>15	24	25
Current department		
Medical	25	26
Surgical	29	30.2
ICU	11	11.5
Operation theatre	9	9.4
Emergency & OPD	8	8.3
Toxicology	4	4.2
Pay ward	10	10.4
Duty rotation pattern		
Routine duty shift	82	85.4
24-hour duty	2	2.1
Office hour	12	12.5
Average working hour per week		
≤ 50 hours	62	64.6
51-60 hours	31	32.3
>60 hours	3	3.1
Presence of extra job		
Yes	20	20.8
No	76	79.2
Average working hours per week for extra job		
≤30 hours	13	65
>30 hours	7	35

This table shows work related characteristics of the study population. In this study, one fourth of them (26%) had total government services < 3 years and another one fourth (25%) had total government services >15 years. Most of the respondents (30.2%) were from Surgical Ward and (26%) from Medical Ward. According to duty rotation pattern, nearly half of them (85.4%) were rotating duty shift and (12.5%) of the respondents were rotating office hour. Most of the study population (64.6%) was working ≤ 50 hours per week and only (3.1%) was working for > 60 hours per week.

Only one fifth of the respondents (20.8%) had extra job and 65% of them were working ≤ 30 hours and (35%) of them were working >30 hours.

5.2. Job stressors of the study population

The NSS questionnaires were used to assess the job stressors of the respondents. It contains 32 items that describe conditions that cause stress for nurses in the performance of their nursing tasks. The NSS consists of seven subscales; workload, death and dying, feeling inadequacy, staff supports, treatment related to patients, relationship with physicians and relationship with other nurses.

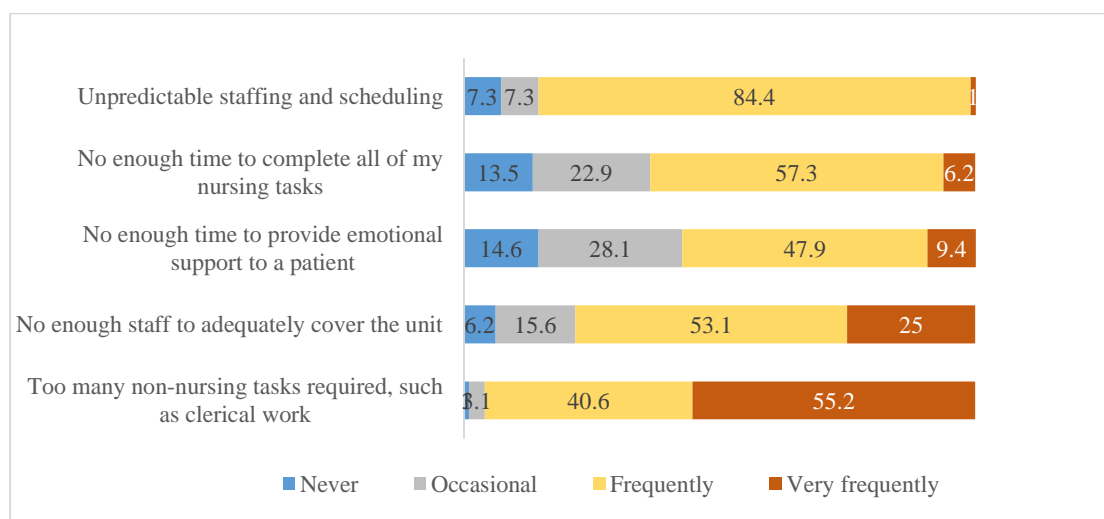


Figure (5.1) Job stressor (workload) of the respondents (n=96)

Figure (5.1) shows that more than half of the respondent (55.2%) answered ‘very frequently’ to ‘too many nursing tasks required, such as clerical work’. (84.4%) of the respondents answered ‘frequently’ to ‘unpredictable staffing and scheduling’ and 55 nurses (57.3%) responded ‘frequently’ to ‘no enough time to complete all of my nursing tasks’. Moreover, 51 nurses (53.1%) answered ‘frequently’ to ‘no enough staff to adequately cover the unit’ and nearly half of the respondent (47.9%) responded ‘frequently’ to ‘no enough time to provide emotional support to a patient’.

Table (5.3) Job stressor (workload) level of the respondents (n=96)

Workload level	Frequency	Percent
Low level	42	43.8
High level	54	56.2

This table shows that 56.2% of the respondents had high job stressor (workload) level and 43.8% of the respondents had low level for job stressor (workload). In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

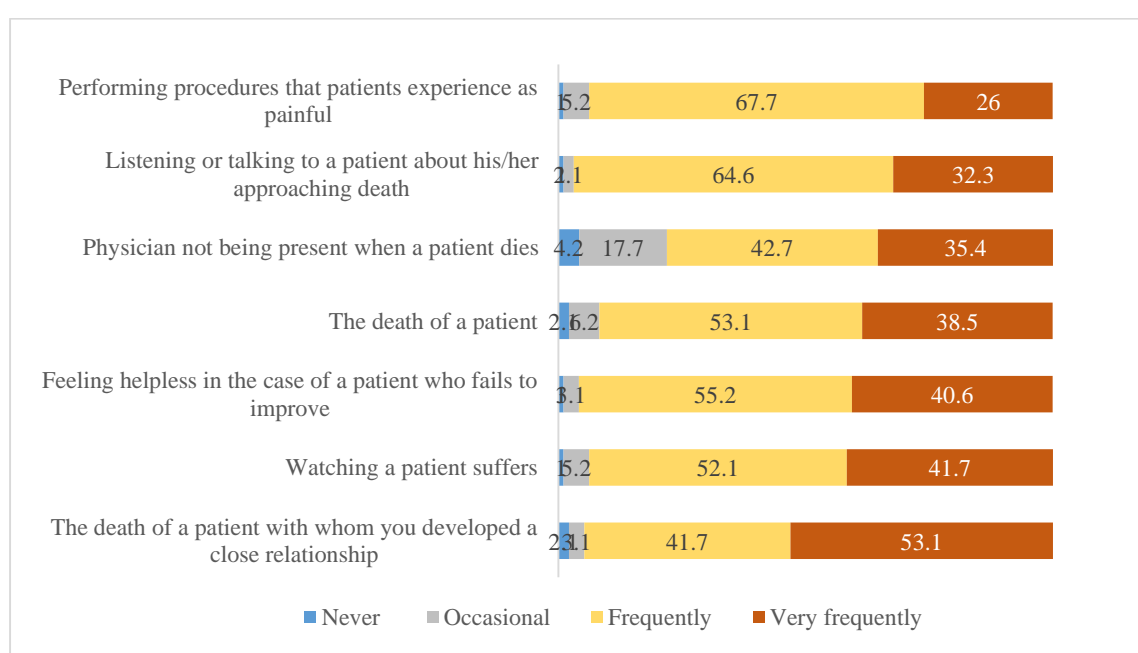


Figure (5.2) Job stressors (death and dying) of the respondents (n=96)

Regarding to job stressor (death and dying), 67.7% of the respondents answered ‘frequently’ to ‘performing procedures that patients experience as painful’. More than half, (55.2%), (64.6%) and (53.1%) of the respondents responded ‘frequently’ to ‘feeling helpless in the case of a patient who fails to improve’ and ‘listening or talking to a patient about his/ her approaching death’ and ‘the death of a patient’ respectively. 51 nurses (53.1%) of the respondents answered ‘very frequently’ to ‘the death of a patient with whom you developed a close relationship’, (42.7%) and (52.1%) of the respondents responded ‘frequently’ to ‘physician not being present when a patient dies’ and ‘watching a patient suffers’.

Table (5.4) Job stressor (death and dying) level of the respondents (n=96)

Death and dying level	Frequency	Percent
Low level	21	21.9
High level	75	78.1

According to this table, (78.1%) of the respondents had high job stressor level of death and dying of the patients in which (21.9%) of the respondents had low level of that job stressor. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

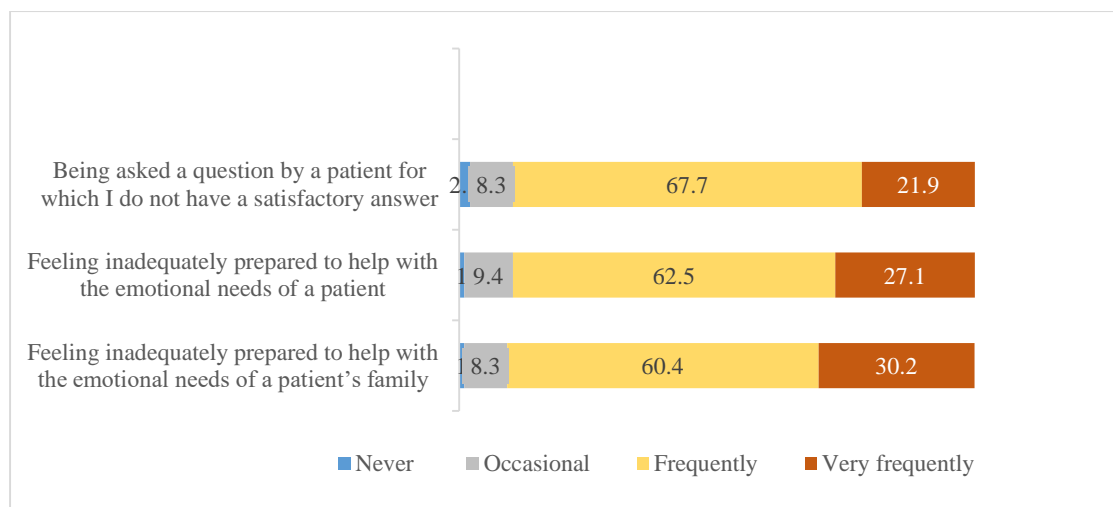


Figure (5.3) Job stressors (feeling inadequacy) of the respondents (n=96)

Figure (5.3) shows that 58 nurses (60.4%), 65 nurses (67.7%) and 60 nurses (62.5%) answered 'frequently' to 'feeling inadequately prepared to help with the emotional needs of a patient's family', 'being asked a question by a patient for which I do not have a satisfactory answer' and 'feeling inadequately prepared to help with the emotional needs of a patient' respectively.

Table (5.5) Job stressor (feeling inadequacy) level of the respondents (n=96)

Feeling inadequacy	Frequency	Percent
Low level	20	20.8
High level	76	79.2

This table shows that (79.2%) of the respondents had high level of job stressor for feeling inadequacy whereas (20.8%) of the respondents had low job stressor level. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

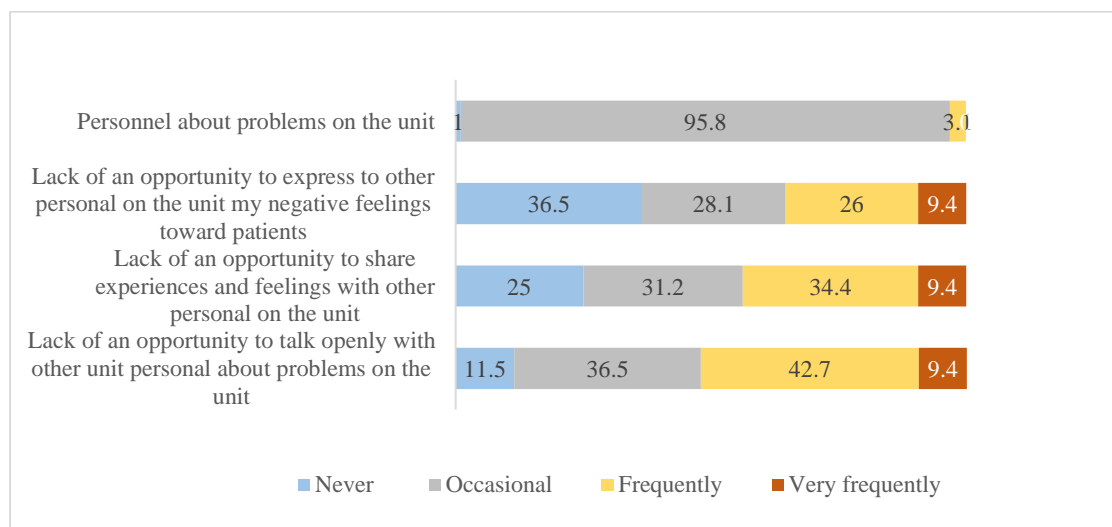


Figure (5.4) Job stressors (staff support) of the respondents (n=96)

Figure (5.4) mentions that 41 nurses (42.7%) responded ‘frequently’ to ‘lack of an opportunity to talk openly with other unit personal about problems on the unit’. Nearly all respondents 92 nurses (95.8%) answered ‘occasional’ to ‘personnel about problems on the unit’ and no one responded ‘very frequently’ to this issue. 24 nurses (25%) responded ‘never’, 30 nurses (31.2%) responded ‘occasional’, 33 nurses (34.4%) responded ‘frequently’ and 9 nurses (9.4%) responded ‘very frequently’ to ‘lack of an opportunity to share experiences and feelings with other personal on the unit’. About one third (36.5%) of the respondents answered ‘never’ to ‘lack of an opportunity to express to other personal on the unit my negative feelings toward patients’.

Table (5.6) Job Stressor (staff support) level of the respondents (n=96)

Staff support	Frequency	Percent
Low level	83	86.5
High level	13	13.5

According to this table, (86.5%) of the respondents had low job stressor level for staff support and (13.5%) had high level for this stressor. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

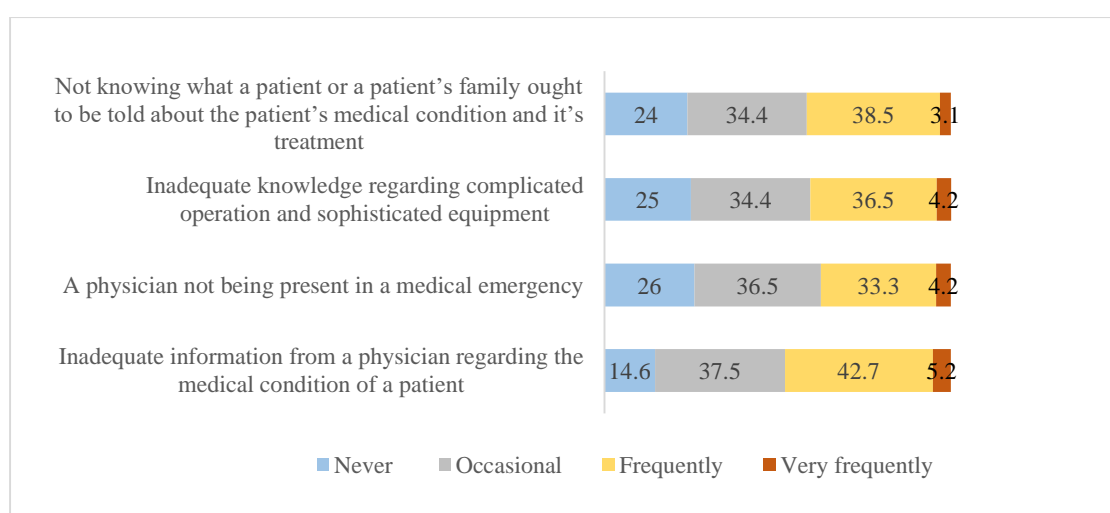


Figure (5.5) Job stressors (treatment related to patients) of the respondents (n=96)

Regarding to job stressors of treatment related to patients, 41 nurses (42.7%) responded 'frequently' to 'inadequate information from a physician regarding the medical condition of a patient'. There were 35 nurses (36.5%) of the respondents answered 'occasional' to 'a physician not being present in a medical emergency'. More than one third of the respondents (38.5%) and (36.5%) answered 'frequently' to 'not knowing what a patient or a patient's family ought to be told about the patient's medical condition and its treatment' and 'inadequately knowledge regarding complicated operation and sophisticated equipment' respectively.

Table (5.7) Job stressors (treatment related to patients) level of the respondents (n=96)

Treatment related to patients	Frequency	Percent
Low level	83	86.5
High level	13	13.5

According to this table, (86.5%) of the respondents had low level of job stressor for treatment related to patients and (13.5%) had high level of this job stressor. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

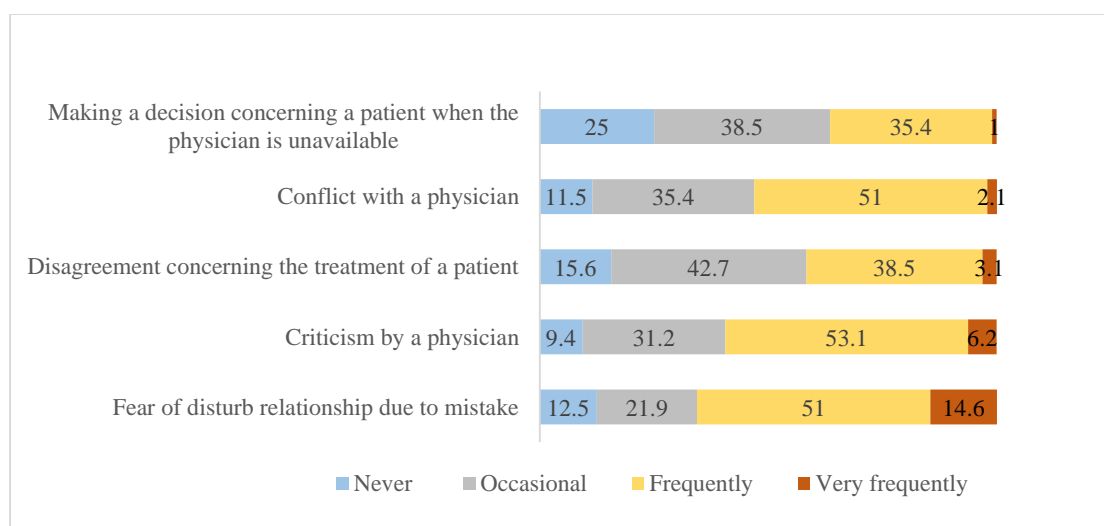


Figure (5.6) Job stressor (relationships with physicians) of the respondents (n=96)

Figure (5.6) mentions that more than half (53.1%) of the respondents answered 'frequently' to 'criticism by a physician'. A little over half (51%) of the respondents responded 'frequently' to 'conflict with a physician' and 'fear of disturb relationship due to mistake'. More than one third, (42.7%) responded 'occasional' to 'disagreement concerning the treatment of a patient' and (38.5%) answered 'occasional' to 'making a decision concerning a patient when the physician is unavailable'.

Table (5.8) Job stressor (relationships with physicians) level of the respondents (n=96)

Relationships with physicians	Frequency	Percent
Low level	78	81.2
High level	18	18.8

According to this table, (81.2%) of the respondents had low level of job stressor for relationship with physician whereas 18.8% had high job stressor level. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

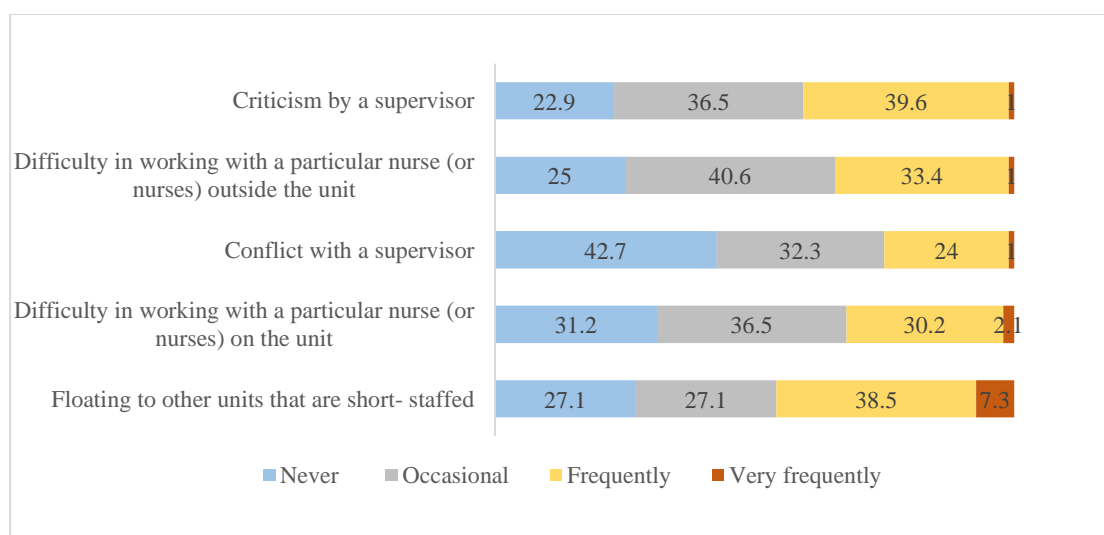


Figure (5.7) Job Stressors (relationships with other nurses) of the respondents (n=96)

For the job stressors of relationship with other nurses, more than one third, 41 nurses (42.7%) responded ‘never’ to ‘conflict with a supervisor’ and 37 nurses (38.5%) responded ‘frequently’ to ‘floating to other units that are short-staffed’. There were 39 nurses (40.6%) that answered ‘occasional’ to ‘difficulty in working with a particular nurse (or nurses) outside the unit’ and 38 nurses (39.6%) that answered ‘frequently’ to ‘criticism by a supervisor’. More than one third, (36.5%) of the respondents responded ‘occasional’ to ‘difficulty in working with a particular nurse (or nurses) on the unit’.

Table (5.9) Job stressor (relationships with other nurses) level of the respondents (n=96)

Relationships with other nurses	Frequency	Percent
Low level	89	92.7
High level	7	7.3

According to this table, there were (92.7%) of the respondents who had low level of job stressor for relationship with other nurses and (7.3%) had high level of this job stressor. In this study, low level means the mean score less than two (<2) and high level means the mean score equal or greater than two (≥ 2).

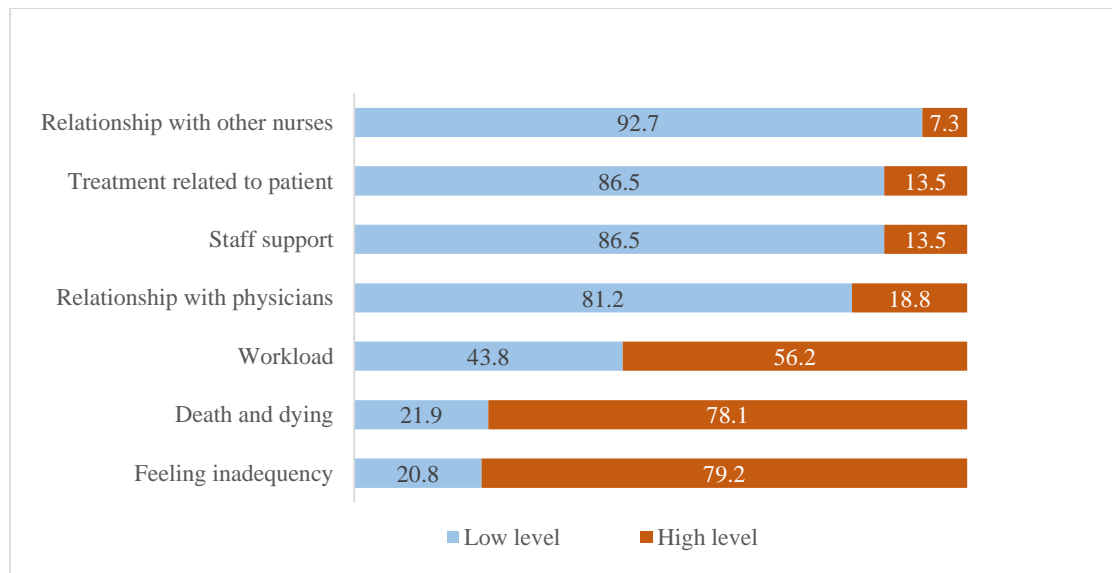


Figure (5.8) Comparison of Job stressors occurred among nurses

This figure mentioned that the job stressor of ‘Feeling inadequacy’ occupied as the most stressor (79.2%) for the nurses in NYGH followed by the other job stressors of ‘Death and dying’ (78.1%) and ‘Workload’ (56.2%).

Table (5.10) Correlation between job stressors (n=96)

	Workload	Death and dying	Feeling inadequacy	Staff support	Treatment with patient	Relationship with physicians	Relationship with nurses
Workload Pearson Correlation(<i>r</i>) <i>P</i> value	1	0.233 0.022	0.285 0.005	0.164 0.109	0.137 0.182	0.206 0.044	0.232 0.023
Death and dying Pearson Correlation <i>P</i> value		1	0.630 <0.001	0.082 0.425	0.057 0.583	0.333 0.001	0.301 0.003
Feeling inadequacy Pearson Correlation <i>P</i> value			1	0.284 0.005	0.168 0.101	0.448 <0.001	0.340 0.001
Staff support Pearson Correlation <i>P</i> value				1	0.371 <0.001	0.241 0.018	0.191 0.063
Treatment with patient Pearson Correlation <i>P</i> value					1	0.361 <0.001	0.320 0.001
Relationship with physicians Pearson Correlation <i>P</i> value						1	0.507 <0.001
Relationship with nurses Pearson Correlation <i>P</i> value							1

Table (10) showed the association between job stressors. The job stressor of ‘Death and dying of the patient’ had positive correlation with the stressor of ‘Feeling inadequacy’ ($r = 0.630$, $P \text{ value} < 0.001$). The stressor of ‘Feeling inadequacy’ had positive correlation with ‘Relationship with physicians’ ($r = 0.448$, $P \text{ value} < 0.001$) and the job stressor of ‘Relationship with physicians’ had positive correlation with ‘Relationship with other nurses’ ($r = 0.507$, $P \text{ value} < 0.001$).

5.3. Job stress of the study population

The GHQ-12 questionnaires were used to assess the job related stress of the participants. It was divided by two categories; no job related stress in which the mean scores less than two (<2) and job related stress which was equal or greater than two (≥ 2).

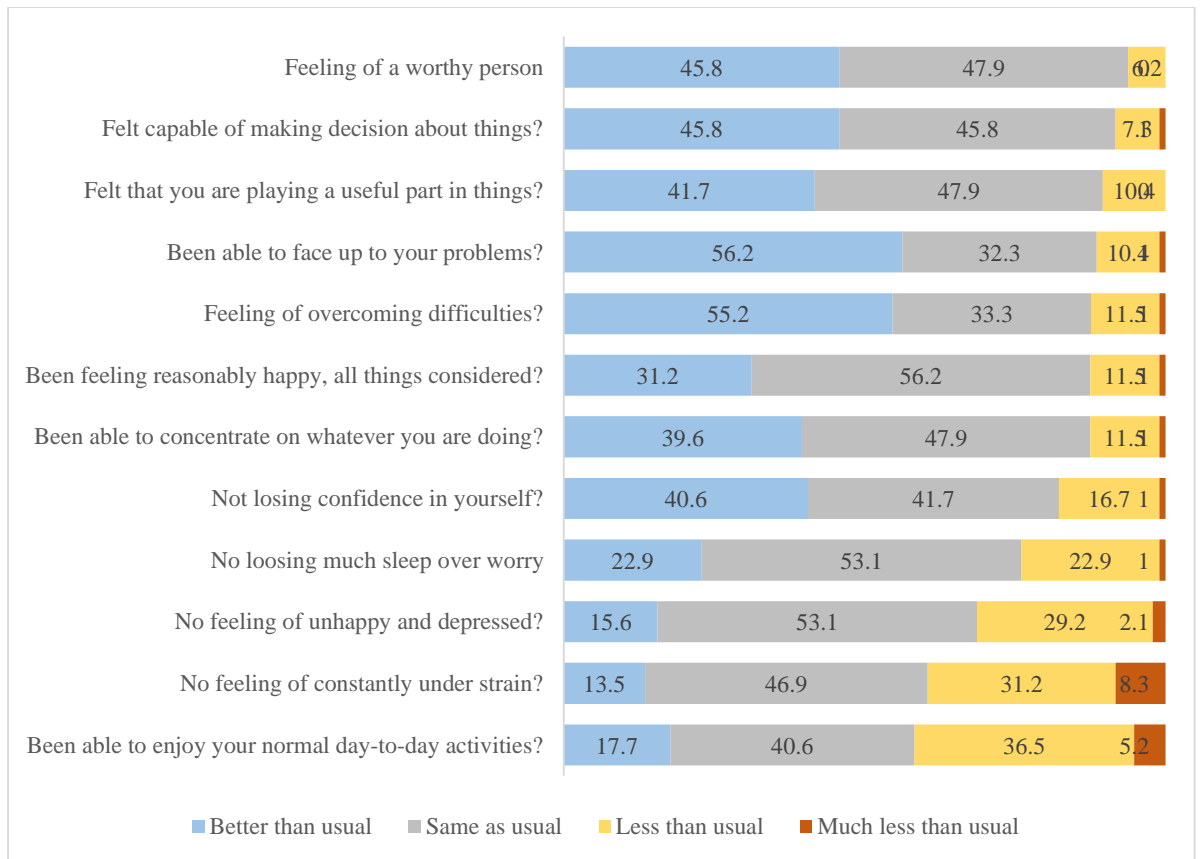


Figure (5.9) Job related stress of the respondents (n=96)

According to this figure (5.9), the main job related stress was contributed by the item of ‘Been able to enjoy your normal day-to-day activities’ in which (36.5%) of the respondents answered ‘less than usual’ and (5.2%) of the respondents responded ‘Much less than usual’. The second contributed item was ‘No feeling of unhappy and depressed’ in which (29.2%) responded ‘Less than usual’ and (2.1%) answered ‘Much less than usual’. Another item that contributed to job related stress was ‘No feeling of constantly under strain’ where (31.2%) of the respondents replied ‘Less than usual’ and (8.3%) responded ‘Much less than usual’. The last one that contributed to job stress was ‘No losing much sleep over worry’ where (22.9%) answered ‘Less than usual’ and (1%) responded ‘Much less than usual’.

Table (5.11) Job related stress level of the respondents (n=96)

Job related stress level	Frequency	Percent
No stress	93	96.9
Stress	3	3.1

95% CI for stress = (0, 0.07)

According to this table, 96.9% of the respondents had no job related stress and 3.1% had job related stress. In this study, no stress means the mean score less than two (<2) and stress means the mean score equal or greater than two (≥ 2).

5.4. Association between socio-demographic characteristics, job characteristics, job stressors and job related stress of the respondents

Table (5.12) Association between socio-demographic characteristics and job stress (n=96)

Characteristics	Stress	No stress	<i>P</i> *
Age			
≤ 30 years	2 (4.5%)	42 (95.5%)	0.592
> 30 years	1 (1.9%)	51 (98.1%)	
Rank			
Trained Nurse	2 (5.0%)	38 (95%)	0.569
Staff Nurse & Sister	1 (1.8%)	55 (98.2%)	
Nursing education			
Diploma	2 (3.1%)	62 (96.9%)	1.000
BNSc & MNSc	1 (3.1%)	31 (96.9%)	
Marital status			
Married	0 (0%)	32 (100%)	0.548
Single	3 (4.7%)	61 (95.3%)	
Monthly income			
≤ 300000	3 (3.3%)	89 (96.7%)	1.000
> 300,000	0 (0%)	4 (100%)	
Ways of transportation to work			
By foot	2 (2.7%)	73 (97.3%)	0.527
By vehicle	1 (4.8%)	20 (95.2%)	
Transportation time to work			
≤ 30 minutes	2 (2.7%)	73 (97.3%)	0.527
> 30 minutes	1 (4.8%)	20 (95.2%)	

Table (5.12) Association between socio-demographic characteristics and job stress (n=96) (cont:)

Characteristics	Stress	No stress	<i>P</i> *
Current residence			
Government housing	2 (2.7%)	72 (97.3%)	0.546
Rent & own	1 (4.5%)	21 (95.5%)	

* Fisher's exact test

According to this table, job related stress occurred in (4.5%) of the respondents with age less than 30 years old and (1.9%) of the respondents with age over 30 years old. There was no statistically significant difference between age of the respondents and job related stress ($P=0.592$). It means that job stress was not different in different age group in NYGH.

Regarding to rank of the respondents, (5%) of the trained nurses and 1.8% of the staff nurses and sisters had job related stress and there was no significant association between rank of the respondent and the job related stress ($P=0.569$). For the education of the respondents, job stress occurred in (3.1%) of both diploma holder and BNSc holder. There were no statistically significant association between nursing education and job related stress ($P=1.000$). It means that rank and education of the respondent had no effect on job stress.

For marital status of the respondents, job stress only occurred in (4.7%) of single respondent and there was no association between marital status and job related stress ($P=0.548$). Regarding to monthly income, only (3.3%) of the respondents with monthly income less than or equal to 300,000 kyats had job stress and no statistically significant association found between monthly income and job stress ($P=1.000$). It can conclude that marital status and monthly income did not have effect on job related stress of the respondents.

Job related stress occurred in (2.7%) of the respondents who used walking way to hospital and 4.8% of the respondents who used vehicle to hospital. There was no statistically significantly association between ways of transportation to work and job stress ($P=0.527$). Regarding to the transportation time to work, job stress occurred in (2.7%) of the respondents who took less than 30 minutes to work and (4.5%) of the respondents who took more than 30 minutes to work. There was no statistically significant association between transportation time to work and job stress ($P=0.527$). Therefore, ways of transportation and transportation time to work had no effect on job related stress.

For staying together with family, stress occurred in (2.4%) of the respondents who stay with family and (3.7%) of the respondents who did not stay with family and there was no association between staying with family and job stress ($P=1.000$). For current residence, (2.7%) of the respondents who live in government housing and (4.5%) of the respondents who live in rent or own, had faced with job related stress but there was no statistically significant association between current residence and job related stress ($P=0.546$). This study shows that staying with family and current residence had no effect on job stress.

Table (5.13) Association between work related characteristics and job stress (n=96)

Characteristics	Stress	No stress	P^*
Nursing services			
≤ 96 months (8 years)	2 (4.1%)	47 (95.9%)	1.000
> 96 months (8 years)	1 (2.1%)	46 (97.9%)	
Duty shift			
Routine duty shift	2 (2.4%)	80 (97.6%)	0.380
Office hour & 24 hour	1(7.1%)	13 (92.9%)	
Working hours per week			
≤ 50 hour per week	3 (4.8%)	59 (95.2%)	0.550
> 50 hour per week	0 (0%)	34 (100%)	
Extra job			
No	2 (2.4%)	74 (97.6%)	0.508
Yes	1 (5%)	19 (95%)	
Extra job hours per week			
≤ 30 hour per week	1 (7.7%)	12 (92.3%)	1.000
> 30 hour per week	0 (0%)	7 (100%)	

* Fisher's exact test

This table shows that job stress occurred in (4.1%) of the respondents who had less than or equal to eight years' service and (2.1%) of the respondents who had more than eight years' service. There was no statistical significantly association between nursing services and job stress ($P=1.000$). For the duty shift, (2.4%) with routine duty shift and (7.1%) with office hour and 24-hour duty had presented job stress and there was no positively significant association between duty shift and job related stress ($P=0.380$).

Regarding to working hours per week, (4.8%) the respondents who work less than or equal to 50 hours per week had job stress and there was no association

between working hours and job stress ($P=0.550$). It can conclude that the nursing services and working hours per week had no effect on job stress.

For the extra job, (2.4%) of the respondents with no extra job and (5%) of the respondents with extra job presented job stress. There was no statistically significant association between extra job and job stress ($P=0.508$). (7.7%) of the respondents who took less than or equal to 30 hours for extra job occurred job related stress and there was no statistically significant association between extra job hours and job stress ($P=1.000$). Therefore, the extra job and extra job time did not have effect on job stress.

Table (5.14) Association between job stressors and job stress (n=96)

Job Stressors	Stress	No stress	P^*
Workload			
High	2 (3.7%)	52 (96.3%)	1.000
Low	1 (2.4%)	41 (97.6%)	
Death and dying			
High	2 (2.7%)	73 (97.3%)	0.527
Low	1 (4.8%)	20 (95.2%)	
Feeling inadequacy			
High	2 (2.6%)	74 (97.4%)	0.508
Low	1 (5%)	19 (95%)	
Staff support			
High	1 (7.7%)	12 (92.3%)	0.357
Low	2 (2.4%)	81 (97.6%)	
Treatment related to patients			
High	2 (15.4%)	11 (84.6%)	0.047
Low	1 (1.2%)	82 (98.8%)	
Relationships with physicians			
High	1 (5.6%)	17 (94.4%)	0.468
Low	2 (2.6%)	76 (97.4%)	
Relationships with other nurses			
High	1 (14.3%)	6 (85.7%)	0.205
Low	2 (2.2%)	87 (97.8%)	

* Fisher's exact test

This table shows that the association between job stressors and job stress. Regarding to job stressor of workload, (3.7%) of the respondents with high job stressor and (2.4%) of the respondents with low job stressor occurred job stress and there was no statistically significant association between job stressor of workload and job related stress ($P=1.000$). Job stress occurred in (2.7%) of the respondents who had

high job stressor of death and dying of the patients and (4.8%) of the respondents with that low job stressor. There was no statistically significant association between job stressor (death and dying of the patient) and job stress ($P=0.527$).

For the job stressor of feeling inadequacy, (2.6%) of the respondents with high level of job stressor of feeling inadequacy and (5%) of the respondents with low job stressor had presented job related stress but there was no statistically significant association between job stressor of feeling inadequacy and job stress ($P=0.508$). As for job stressor of staff support, (7.7%) of the respondents with high level of job stressor for staff support and (2.4%) of the respondents with low level of job stressor occurred job related stress. There was no statistically significant association between job stressor for staff support and job related stress ($P=0.357$).

Regarding to the job stressor for treatment related to patients, (15.4%) of the respondents with high job stressor for treatment related to patients and (1.2%) of the respondents with low job stressor level had job stress and there was statistically significant association between job stressor for treatment related to patients and job related stress ($P=0.047$). There were (5.6%) of the respondents with high level of job stressor for relationship with physicians and (2.6%) of the respondents with low level of job stressor presented with job stress ($P=0.468$) and (14.3%) of the respondents with high level for job stressor of relationship with other nurses and (2.2%) of the respondents with low level of job stressor had occurred job stress ($P=0.205$).

This study shows that although there were job stressors such as workload, death and dying of the patients, feeling inadequacy of emotional support for the patients, staff support to each other and relationship with physicians and relationship with nurses among nurses, there was no statistically significant association between above job stressors and job stress in NYGH. But this study mentions that there was significant difference between job stressor of ‘treatment related to patients’ and job stress ($P=0.047$).

5.5. Qualitative findings on work related factors which can lead to job stress and coping ways for job stress

Eight in depth interviews (IDIs) were conducted for qualitative assessment for work related factors which can lead to job stress and coping ways for job stress.

Table (5.15) Background information of the participants for interview

No	Ranking	Age (years)	Service years (years)	Job stress
1.	Sister	53	25	Low
2.	Sister	52	25	Low
3.	Sister	49	24	Low
4.	Sister	50	26	High
5.	Staff nurse	49	24	High
6.	Staff nurse	45	18	Low
7.	Trained nurse	23	2	High
8.	Trained nurse	25	2	High

Work related factors

လုပ်ငန်းခွင်ဆိုင်ရာ အချက်အလက်များ

Human resources

Out of eight participants, most of the respondents responded that there were enough nurses and health care providers compared with the patients but a few responded that there was scarcity of nurses in some departments.

“အခုလက်ရှိရောက်နေတဲ့ ခွဲစိတ်ကုသဆောင်မှာ ဆရာဝန်၊ လက်ထောက်ဆရာဝန် AS နဲ့ အလုပ်သင် ဆရာဝန် House Surgeon တွေ၊ သူနာပြုတွေ အင်အားအနေနဲ့ လုံလောက်မှုရှိပါတယ်။ လူနာအင်အားနဲ့ဆို လုံလောက်ပါတယ်။ Sister က ၂ယောက်နဲ့ သူနာပြုဆရာမ ၁၇ ယောက်ရှိပါတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ခွဲစိတ်ဆောင်)

“There was enough doctors, assistant surgeon, house surgeon and nurses compared with patients. There were two sisters and 17 nurses in each major ward.”

(Sister with low stress, surgical unit)

“အခုလက်ရှိ ဝန်ထမ်းအင်အားအရ အဆင်ပြေပါတယ် ဝန်ထမ်းအင်အား ကျွန်မတို့ sister ၂ ယောက်နဲ့ သူနာပြုအင်အား ၂၁ ယောက်ရှိပါတယ်။ Elective ကော emergency ပါ ပါလို့ ကျွန်မတို့က full strength ဆင်းရပါတယ်။ ဒါပေမဲ့ Permanent တော့မဟုတ်ဘူး ဂျူတီအဆိုင်းနဲ့ဆိုတော့ အဆင်ပြေအောင် လုပ်ထားပါတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ခွဲစိတ်ခန်း)

“According to current nurse resources, we are working with two sisters and 21 nurses. We had to take full strength of nurses for both elective and emergency operation. But we had to go on with duty shift but not permanent.”

(Sister with low stress, operation theatre)

“အခုလက်ရှိက ပြင်ပလူနာဌာနရောက်နေတာပါ။ ဂျူတီအဆိုင်းနဲ့ဆင်းရတာမို့လို့ အဆင်ပြေ ပါတယ်။ အရမ်းတော့ပင်ပန်းတယ်၊ လူနာတွေအားများပါတယ်၊ စိတ်ဖိစီး တာတော့ မဟုတ်ပေမဲ့ အရမ်းပင်ပန်း တယ်။ ဆရာမအင်အားတော့လုံလောက်ပါတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော သူနာပြုဆရာမ၊ ပြင်ပလူနာဌာန)

“I am now serving at OPD. There was no problem because of duty shift. We were very tired, there were many patients, although there was not stressed, we felt very tired. Nurse resources was enough.”

(Trained nurse with high stress, OPD)

“ကျွန်မတို့ Poison Unit မှာ သူနာပြုအင်အား တော်တော်နည်းပါတယ်။ သူနာပြုက စုစုပေါင်း ၇ ယောက်၊ အလုပ်သမားက ၄ ယောက်၊ အလုပ်သမား ၁ ယောက်က မလာ တော့ဘူး။ အခု ၃ ယောက်နဲ့ run နေရတယ်။ Duty rotation လှည့်လို့ သိပ်အဆင် မပြေတော့တာ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော အထက်တန်းသူနာပြု၊ အဆိပ်သင့်ရောဂါဌာန)

“There was scarcity of nurses in our Poison Unit. The total nurses were seven, workers were four. One worker was absent and now we had to continue with three workers and it was difficult to rotate the duty.”

(Staff nurse with high stress, poison unit)

“အခုလက်ရှိက Medical Unit ရောက်နေတာ Medical Unit မှာ နဂိုက သူနာပြုအင်အား ၂၀ လောက်ရှိတယ်၊ အခုတော့ ၁၇ ယောက်ပဲရှိတယ်၊ ဆရာမအင်အား က အဆင်ပြေပါတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော အထက်တန်းသူနာပြု၊ ဖျားနာဆောင်)

“Currently serving at Medical Unit. Nursing resources were 20 at first but now only 17 nurses, which was convenient.”

(Staff nurse with low stress, medical unit)

“အလုပ်သမားက ၃ ယောက်ပဲရတယ်၊ ၁ ယောက်ကတော့ ပုံမှန်ချတယ်။ သွေးတောင်းတဲ့ အချိန်ဆို သွားရော YGH မှာသွားတောင်းရတာ။ သန့်ရှင်းရေး အမှုက သိမ်းတဲ့အလုပ်ကို ဆရာမတွေပဲ လုပ်တာများတယ်။ သူတို့ကိုတော့ ချော့ခိုင်းရတယ်။ တစ်ယောက်က အခက်အခဲရှိတယ်ဆိုရင် တခြားသူတွေကိုပါ လိုက်ညှိ ရတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောသူနာပြုဆရာမကြီး၊ အထူးကြပ်မတ်ကုသဆောင်)

“We had got only three workers, one for routine duty, but it was difficult when it needed to request blood from YGH. Most of the ward cleaning was done by the duty staffs. We had to persuade them smoothly to do ward duty. If one of the workers had difficulty for duty shift, we had to bring round the duty shift of the other two.”

(Sister with high stress, ICU)

Salary

Although all responded to this issue, only a few mentioned that the salary was low and due to the low salary, it could lead to unhappiness in job which may in turn made a nurse feel more stress and lead to attrition.

“လစာကိုပြောချင်တာ၊ ဝန်ထမ်းတွေ ဘာလို့အလုပ်မှာမပျော်တာလဲဆိုတော့ လစာကနည်း တယ် နိုင်ငံတကာလစာကိုချိန်ပြီးပေးသင့်တယ်။ အခုလစာကအဆင် မပြေဘူးလေ၊ ကျွန်မတောင်မှ ယောက်ျားက ပံ့ပိုးထားလို့ အလုပ်မှာစိတ်ပါပါ လုပ်နိုင် တာ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ခွဲစိတ်ဆောင်)

“Government staffs were unhappy in job because salary was low. It should be in line with international salary. Now salary was not enough, including me. I was supported by my husband and that why I could make myself interested in my duty.”

(Sister with low stress, male surgical unit)

Communication with workers

Out of the respondents, most sisters can handle workers because they knew that the workers were low education and will do everything when they were spoken not much rudely, preferred politely. But trained nurse and staff nurse had problems to communicate with workers because the workers thought that the nurses had less service compared to them. Staff nurses mostly did not have problems with workers but sometimes due to scarcity of workers, there was problem between nurses and workers.

“အလုပ်သမားဆိုတာ အပြောပဲလိုတာပါ။ သူတို့ကို ခိုင်းတယ် ဆိုတာ အဓိကက ကိုယ့်အလုပ်ပြီးဖို့ဆိုတော့လေ ကြည့်ပြီး ခိုင်းရတယ်။ အပြောကြောင့်လည်း ဟိုတစ်ခေါက်က ကျွန်မ ward ထဲ blue staff နဲ့ အလုပ်သမားထရန်ဖြစ်ကြတာ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ခွဲစိတ်ဆောင်)

“Workers..... only needed a talk. We used them mainly for completing our job and so we needed to know to give order. Because of the talk, one blue staff had quarreled with the workers.”

(Sister with low stress, male surgical unit)

“အလုပ်သမားတွေနဲ့ ဆက်ဆံရေးကတော့ ကျွန်မဆီမှာ အလုပ်သမားက အမျိုးမျိုး ရှိတယ်။ Sharp ဖြစ်တဲ့လူရှိတယ် Dull ဖြစ်တဲ့လူရှိတယ်၊ ဘယ်လိုလူမျိုးကို ဘယ်လို နေရာမှာသုံး ရမလဲဆိုတာကို ကျွန်မသိတယ် အဲဒါကြောင့် ကျွန်မကအဆင်ပြေတယ်။ တချို့အရေးကြီးတဲ့နေရာမှာ Sharp ဖြစ်တဲ့လူကိုခိုင်းမှ အဆင်ပြေတယ်၊ Dull ဖြစ်တဲ့ လူကို ဘာမှသိပ်အရေးမကြီးတဲ့ နေရာမှာသုံးတော့ သူလည်းအဆင်ပြေ ကိုယ်လည်း အဆင်ပြေတယ်လေ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ခွဲစိတ်ဆောင်)

“For communication with workers, I had various types of workers such as dull and sharp workers. I knew how to command them to what task each. So I had no problem with the workers. In some important places, it was needed to use the sharp workers and the dull workers to some less important places. By this way, not only we but also the workers did not have problems.”

(Sister with low stress, female surgical unit)

“အလုပ်သမားတွေနဲ့ ဆက်ဆံရတာလည်းအဆင်ပြေပါတယ်။ ကိုယ် trained ထားတဲ့ အလုပ်သမားတွေဆိုတော့ အဆင်ပြေပါတယ်။ သူတို့တွေကို ခဏခဏ မပြောင်းရအောင်လည်း ပြောထားပါတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောသူနာပြုဆရာမကြီး၊ အထူးကြပ်မတ်ကုသဆောင်)

“It was no problem to communicate with the workers as we had trained them. We had made them not to shift frequently.”

(Sister with high stress, ICU)

“အလုပ်သမားတွေက အပြောချိုချိုနဲ့ ခိုင်းရင်တော့ အဆင်ပြေတယ် ဒါပေမဲ့ အရမ်းအလုပ်များလို့ ရှုပ်နေလို့ ပြောမိရင် သူတို့ကမကြိုက်ကြဘူး။ အမြဲတော့လည်း မချိုနိုင်ဘူးလေ။ အဲလိုမျိုးဆိုရင် အဆင်မပြေချင်တော့ဘူး။ ကိုယ်တွေငယ်တယ်ဆိုပြီး သူတို့ကတခါတလေ ဆရာလုပ်ချင်တယ်။ အဲ့ဒါတွေကိုမကြိုက်တာ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောသူနာပြုဆရာမ၊ ပြင်ပလူနာဌာန)

“There was no problem when the workers were talked sweetly and smoothly, but they disliked when they were asked to do in many tasks in some times. We can't always ask them sweetly or smoothly. In such circumstance, we had problems with them. Sometime they didn't listen us because we were younger than them. I disliked that.”

(Trained nurse with high stress, OPD)

“စနေ၊ တနင်္ဂနွေဆိုရင် ward တစ်ခုလုံး သန့်ရှင်းရေးလုပ်ပါတယ်။ ဆရာမက တော့ ၁ ယောက်ပဲ Duty ချတယ်။ ကုတင်တွေဖယ်ပြီး အကုန်လုံး သန့်ရှင်းရေး လုပ်ရ တာဆိုတော့ ဆရာမနဲ့ အလုပ်သမား ၁ ယောက်ပဲရှိတော့ ကုတင်တွေမရတယ်။ တွန်းလို့

လည်း မရဘူး၊ ဘီးတွေမပါဘူး၊ ပင်ပန်းတယ်။ အလုပ်သမားတွေကလည်း ငြီးတယ်၊ တစ်ယောက်တည်းကိုပဲ ခဏခဏခိုင်းသလို ဖြစ်လို့ ခိုင်းရင်သိပ်မလုပ်ချင်ဘူး”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောအထက်တန်းသူနာပြုဆရာမ၊ အဆိပ်သင့်လူနာဌာန)

“We did all ward cleaning in Saturday and Sunday. Only one nurse was on duty. We had to move all the patient beds and cleaned the whole ward. There was only one nurse and one worker on duty, the patient beds didn't have wheels and so can't push them and had to lift them. It was so tired that the duty worker didn't want to do much.”

(Staff nurse with high stress, Poison Unit)

Communication with patients and attendants

Almost all the respondents mentioned that there were some difficulties to deal with patients and their attendants.

“လူနာစောင့်တော့ တော်တော်များများပြောရတယ်။ နားထောင်တဲ့လူရှိသလို နားမထောင်တဲ့ လူလည်း ရှိတယ်။ နားမထောင်တဲ့လူတွေဆို ဘယ်လောက်တောင် ပြန်ပြောသလဲဆို တော့ နင်တို့ ဆေးရုံကို လာချင်လို့ လာတာမဟုတ်ဘူး ပျော်လို့ လာတာလဲမဟုတ်ဘူး ဟို အပြာမ အနီမ အမဲမဆိုပြီး မကြားတကြား ကြားအောင် ပြောတယ်၊.....တချို့ဆို ဧည့်သည်တွေချိန်မဟုတ်ဘူးလို့ပြောတာတောင် ကျွန်မကဝန်ထမ်း မို့လို့ ဒီအချိန်ပဲအား လို့ ဝင်တာဆိုပြီး အတင်းဝင်တာ။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသောသူနာပြုဆရာမကြီး၊ ခွဲစိတ်လူနာဌာန)

“We had to tell many things with the patient attendants. There were some attendants who followed the rules and regulations whereas some attendants didn't follow. The attendants who didn't follow the rules and regulations told that they came to hospital not for happiness. Sometimes they told about nurses rudely and told to be heard by nurses.....Some visitors came to hospital in prohibited time when they were free because of being government staffs”

(Sister with low stress, surgical unit)

“တချို့လူနာနဲ့ပါလာတဲ့လူတွေက ကိုယ့်ကိုချက်ချင်းမလုပ်ပေးရကောင်းလားဆိုတဲ့ အကြည့် နဲ့ ကြည့်ပါတယ်။ ဒါပေမဲ့ နည်းပါတယ်။ ညီမတို့က ချက်ချင်းလုပ်ပေးတာများ ပါတယ်။ အခုလို ရာသီအချိန် ဖျားတဲ့လူတွေများတာကိုတော့ အရေးကြီးရင် ကြီးသလို ဦးစားပေးပြီးလုပ်တော့ တချို့က သိပ်မကျေနပ်ဘူး။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော သူနာပြုဆရာမ၊ ပြင်ပလူနာဌာန)

“Some people who accompanied with the patient gave a rude look to us for not treating their patient at once. But it was only a few. We gave immediate care to almost all the patients who came to us. Now there were many patients with seasonal influenza and we gave emergency care according to triage. But some did not satisfy.”

(Trained nurse with high stress, OPD)

“လူနာစောင့်နဲ့ ပတ်သက်တာတော့ ပြောရတယ်။ ဖိနပ်စီးဖို့ အပြင်ဝတ်ဝတ်ဖို့ ခေါင်းစွပ်တပ်ဖို့ သန့်ရှင်းဖို့ အမြဲကြည့်ပြီးပြောရနေတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော သူနာပြုဆရာမကြီး၊ အထူးကြပ်မတ်ကုသဆောင်)

“We had to tell the patient’ attendants for wearing ICU slippers, outside coat and cap and always watched for staying clean.”

(Sister with high stress, ICU)

Coping ways for job related stress

There were various coping ways for the job related stress among nurses.

“အငယ်တွေက နည်းနည်းပြောတာနဲ့ မျက်နှာပျက်သွားတာပဲ ကျွန်မတို့ငယ်ငယ်ကဆိုရင် ကိုယ့်အကြီးတွေကပြောရင် မျက်နှာမပျက်ဘူး ပြုံးတယ် ပြုပြင်တယ်။ အခုခေတ်ကတော့ အားမရပါဘူး။ စိတ်ဖိစီးမှုလို့တော့ မဟုတ်ပါဘူး စိတ်မကောင်းဖြစ်ရင် ဖြည့်တွေးလိုက်တယ်။ စဉ်းစားမိရင်စိတ်တိုလို့ အခန်းသန့်ရှင်းရေး လုပ်လိုက်တယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသောသူနာပြုဆရာမကြီး၊ ခွဲစိတ်ကုသဆောင်)

“The junior nurses disliked when they were told by their senior one.

When we were young and being told by our senior, we wore smile and corrected. Nowadays, we can't make as before. It was not stressed but felt sorrow. I clean my room when I felt angry at the time of thinking about that.”

(Sister with low job stress, Surgical Unit)

“ကျွန်မအတွက်တော့ အလုပ်နဲ့ပတ်သက်တဲ့ စိတ်ဖိစီးမှုဖြစ်လာရင် ဆေးရုံအုပ်ဆီ တိုက်ရိုက်ပြောတယ်၊ မဖြစ်နိုင်ရင် မဖြစ်နိုင်ကြောင်းပေါ့ ဆေးရုံအုပ်ကြီးကလည်း ပြန်ပြီးဖြေရှင်း ပေးတယ်၊ တခြားနဲ့ စိတ်တိုတာ စိတ်ဖိစီးလာရင် ကျွန်မဘယ်သူနဲ့မှ စကားမပြောတော့ဘူး။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော သူနာပြုဆရာမကြီး၊ ဖျားနာဆောင်)

“As for me, if I felt stress in duty, I directly told to the MS if not possible to do some things that MS asked. MS also solved for the problems. If I felt stress, I didn't speak to anyone and stay alone.”

(Sister with low job stress, Medical Unit)

“အလုပ်အရမ်းများတယ်။ ကျွန်မတို့က team အလိုက်လုပ်ရတာဆိုတော့ အလုပ်အရမ်းများရင် မနိုင်မနင်းအရမ်းဖြစ်ရင် surgeon တွေနဲ့ညှိရတယ်။ အဲ့လိုမနိုင်မနင်းတွေဆိုလည်း ဝန်ထမ်းတွေကို အော်ဟစ်ပြီး ခိုင်းရတာပဲလေ..... တခါတလေ ဘာမှန်းမသိတဲ့ စိတ်ဖိစီးမှုရှိတတ်တယ်၊ အလုပ်ရှုပ်လွန်းလို့ ပေါင်းပြီး စိတ်ဖိစီးလာရင်တော့ ဘယ်သူနဲ့မှ စကားမပြောတော့ဘူး။ တစ်ယောက်တည်း နေလိုက်တယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသောသူနာပြုဆရာမကြီး၊ ခွဲစိတ်ခန်း)

“We had many things to do. As we had to operate in team, if there were so much operations or other tasks, we had to negotiate with surgeons. We had to shout and order to workers at the time of many operations..... Sometimes I had stress that I can't describe. Being busy, together with stress, I didn't want to speak with anyone and stay alone.”

(Sister with low job stress, OT)

“အလုပ်ရဲ့ stress ကတော့ များပါတယ်၊ တခါတလေ ပင်ပန်းလွန်းလို့ ထမင်း တောင် မစားချင်တော့ဘူး စိတ်ပါညစ်လာတာ အဲ့stressကို အိမ်ပြန်ရောက်တာနဲ့ အစ်မကို ဖုန်းနဲ့လှမ်းပြီး နာရီဝက်လောက် ပြောလိုက်တယ်၊ မုန့်စားထွက်လိုက်တယ်၊ ပြန်လာတော့ ပင်ပန်းပြီးအိပ်လိုက် တယ်”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောသူနာပြုဆရာမ၊ ပြင်ပလူနာဌာန)

“There were much stress about job. Sometimes, I felt so tired that I couldn't eat and became dread. I told and confided to my sister for half an hour. Then I went out for snacks. When arriving home, I felt much tired and felt asleep.

(Trained nurse with high stress, OPD)

“အလုပ်ကတော့အရမ်းများတော့ စိတ်ဖိစီးမှုတော့ ဖြစ်တယ်၊ ဒါပေမဲ့ ပွစိပွစိ ပြောလို က်တယ်၊ ward sister ကိုပြောပြတယ်၊ တင်ပြတယ်၊ သက်သက်ကြီးတော့ စိတ်ဖိစီးမှု လျှော့ချတာမျိုးတော့ မလုပ်ဖြစ်ပါဘူး ဘတ်စ်ကားအကြာကြီးစီးရင်းနဲ့တောင် အိမ်ပြန် ရောက်ရင် မေ့သွားတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော အထက်တန်းသူနာပြု၊ အဆိပ်သင့်ရောဂါဌာန)

“Because there was so busy, I felt stressful. But I complaint to ward sister. I didn't take time to cope my stress. But I had to go on bus for hours and forgot it when arrived at home”

(staff nurse with high job stress, Poison Unit)

“ကျွန်မက ကျွန်မကိုပြောလွန်းလို့ stress များရင်တောင် စိတ်ထဲမှာ သူတို့ဝဋ်လည်မှာလို့ စဉ်းစားပြီး စိတ်ဖြေတာပါ။ တချို့တွေက ပညာပြတယ် အမျိုးမျိုးပေါ့ ဒါပေမဲ့လည်း သူတို့ အကုသိုလ်နဲ့ သူတို့သွားကြ လိမ့်မယ်လို့ စိတ်ထဲမှတ်ယူထားတယ် အဲဒါနဲ့စိတ်ဖြေတယ်။ ပြောတဲ့လူတွေ ပြန်ဝဋ်လည်လိမ့်မယ်လို့ စိတ်ထဲထားလိုက်တယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုနည်းသော အထက်တန်းသူနာပြု၊ ဖျားနာဆောင်)

“I felt stress when I had been told by someone. I made myself relieve my stress by thinking that they would be told by others as she was told. Someone pushed me to be stressful but I just simply thought that they would have the same action they made to her.

(Staff nurse with low job stress, Medical Unit)

“ခဏခဏ လက်ဆေးရတာလည်းအမောပဲ ရောဂါကူးမှာ ကြောက်လို့ အိမ်ကလည်း စိတ်ပူနေလို့ နေ့တိုင်းဖုန်းဆက်ပြီး ပြောရတယ်၊ ဘုရားပိုရှိခိုးဖြစ်တယ် အဲဒါနဲ့ပဲ စိတ်ဖိစီး တာကို ဖြေဖျောက်ရတာ။” “stress များတဲ့အချိန်တိုင်း အခန်းဖော်အစ်မကိုပြောပြတယ်၊ အရမ်းအဆူ ခံရရင်တော့ အဆောင်ရောက်ရင် အစ်မတွေ ကို ပြောပြရင်း ငိုလိုက်တယ် အပြင်ခဏထွက်လိုက်တယ် စိတ်ပေါ့သွားတယ်။”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသောသူနာပြုဆရာမ၊အထူးကြပ်မတ်ကုသဆောင်)

“Because I was afraid of infection, I had to go for hand washing frequently. My family also felt worried about me and made a call every day. The coping way for my stress was paying homage to Buddha.” “Whenever I felt stressful, I confided to my roommate. If being scolded hardly, I told to my roommate and crying and going out.”

(Trained nurse with high job stress, ICU)

“ကျွန်မတို့ဆီရောက်တဲ့အထဲမှာ H1N1 positive ဘယောက်က ဆုံးသွားတယ်။ အဲနောက်ပိုင်း ဆရာမတွေ တစ်ယောက်ပြီး တစ်ယောက်ဖျားတယ်၊ ဖျားလည်းဖျားတော့ duty ချလို့အဆင်မပြေ တော့ဘူး။ အဲမှာ ကျွန်မ stress တွေများပြီး ဒုက္ခရောက်ရော ကျွန်မက ရုံးပေါ်တက်ပြီး matron ကိုတင်ပြတယ်။ ဆေးရုံအုပ်ကြီးကိုလည်း တင်ပြတယ်။ စိတ်ကလည်းတိုတယ်၊ နောက်တော့ ကိုယ့်ဟာကိုယ် စိတ်လျှော့ပြီး တရား ပဲမှတ်တော့တယ်။” “ကျွန်မအတွက်တော့ အားလုံးက stress ချည်းပဲ၊ များသောအားဖြင့် တရားနဲ့ပဲ ဖြေပါတယ်၊ တရားထိုင်တယ်”

(လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများသော သူနာပြုဆရာမကြီး၊ အထူးကြပ်မတ်ကုသဆောင်)

“There was one patient expired with H1N1 positive. Then the nurses felt ill one after another and so it was difficult to rotate the duty. In such condition, I felt much stressful and went to office and told the condition to Matron and Medical Superintendent. I felt angry but I chose meditation as coping way.”

(Sister with high job stress, ICU)

CHAPTER (6)

DISCUSSION

The major job stressors for nurses in NYGH were 'Feeling inadequacy', 'Death and dying' and 'Workload'. The job related stress only presented in a few participants and the main issues contributed to job related stress were 'Been able to enjoy your normal day-to-day activities', 'No feeling of unhappy and depressed', 'No feeling of constantly under strain' and 'No losing much sleep over worry'.

This study mentioned that office hour duty nurses were more susceptible to job related stress which was not reflected to the other study conducted by Romano, Festini & Bronner, study on the determinants of work stress for nurses and intention of leaving the profession in public hospitals in Italy, found that nurses with night shift duty were associated with higher stress scores (Romano, Festini and Bronner, 2015).

In this study, most of the respondents followed the routine duty shift (4 pm off, 7 pm off, long day, night duty), and some rotated office hour and 24-hour duty. However, the duty shift had no effect on job stress. The duty rotation was not the same for every department, most of the departments rotated with the agreement among nurses in their respective department. That is why job stress was less than expectation among nurses in NYGH. This study was different from a study conducted by Swe-Win-Win-Khaing in which the nursing tasks were not finished or no enough staff to run during their 7 pm off duty shift and no enough time to rest and presented job stress among nurses (Swe-Win-Win-Khaing, 2017).

Even the job stressor of the workload was high, there was no job stress among nurses as there were the long stay nurses in their respective ward and they knew how to handle, that's why, the workload cannot lead to job stress no longer for them. Moreover, there was no ward rotation among nurses in NYGH, and that might be one of the reasons for the respondents felt satisfied in their job even in high job stressors.

Regarding to working hours, a few presented for job stress on working less than or equal to 50 hours per week, it meant that the working hours did not have effect on job stress as there was no heavy task to take responsibilities during working time which was reflected to a study conducted by Swe-Win-Win-Khaing, nearly two third

of the respondents were working overtime of five to ten hours per week for non-nursing tasks such as clerical works led to job stress (Swe-Win-Win-Khaing, 2017).

Majority of the respondents did not have extra job for income as they did not want any stress from extra job and there was only a portion of the respondents who had extra job, worked for less than or equal to 30 hours per week which was reflected to the study conducted by Thandar-Shwe, both military and public nurses did not have extra job for income (Thandar-Shwe, 2015).

In this study of work related characteristics, most of the respondents were old service in NYGH as they started their nursing life in a ward up to promotion, ie, promoted trained nurses to sister in the same ward without rotation and they all were skillful in their respective ward and can handle and solve out many problems.

In this study, job stressor of feeling inadequacy had highest level for nurses in NYGH followed by job stressor of death and dying and workload, whereas others had low level of job stressors among the respondents which was not agreed to the study of Swe-Win-Win-Khaing, in which 'workload' was the most stressful stressor for nurses in NOGTH and the study conducted by Thandar-Shwe in which workload was the most stressful stressor in Military Hospital nurses by comparing mean of the two studies (Thandar-Shwe, 2015)(Swe-Win-Win-Khaing, 2017).

Most of the respondents answered questions concerning 'workload' for total scores of highest especially for 'non-nursing tasks such as clerical works' and 'no enough time to complete the nursing tasks'. Therefore, the recent study was reflected to the study conducted by Bashir Ibrahim Alhajar in 2013 who studied occupational stress among hospital nurses in Gaza-Palestine, stated that 'workload' was the most stressful stressor among hospital nurses in Palestine (Alhajar, 2013).

Based on this finding, only (3.1%) of the respondents presented job stress which was much different from the study on psychological distress among nurses in NOGTH conducted by Swe-Win-Win-Khaing, mentioned that (51.3%) of the respondents had job related psychological stress (Swe-Win-Win-Khaing, 2017). When comparing with military nurses conducted by Thandar-Shwe, found that (50%) of military nurses had job related stress (Thandar-Shwe, 2015). To study on other similar studies in Myanmar, Khin-Htar-Khine studied for stress and coping strategies among nurses in YGH, showed that (71%) of respondents were under stressful conditions (Khin-Htar-Khine, 2015). The much difference may be due to different

natures of the hospitals and the NYGH had few speciality department compared to NOGTH and YGH. Moreover, the Main Urosurgical Unit was handed over to Yangon Speciality Hospital in 2014, that's why, the workload was reduced in NYGH that lead to low level of job related stress. Another reason that made nurses in NYGH being low stress was that the tasks of injection to patients were done by medical doctors.

In the study conducted by Tin-Mar-Wai, (39.51%) of nurses were not satisfied with their job (Tin-Mar-Wai, 2016). However, nursing is a stressful professional even there was no job stress in this study but due to high public expectations and utilization, there were high job stressors such as 'workload', 'death and dying' and 'feeling inadequacy'. There were some reasons that made nurses become no stress such as having hostel supported by hospital, needless to take much time to come to hospital, needless to be frightened to serve in new ward as there was no rotation pattern for changing ward and enough manpower of nurses.

These findings showed that there was no statistically significant difference between socio-demographic characteristics and job related stress of the respondents and those findings were different from the study conducted by Thandar-Shwe, mentioned that marital status and monthly income had effect on job related stress among military nurses in which (60.4%) of military nurses who had married got job related stress (Thandar-Shwe, 2015).

According to findings, there were no statistically significant difference between work related characteristics and job related stress and this study was not reflected to the study of psychological distress among nurses in NOGTH conducted by Swe-Win-Win-Khaing, stated that elder nurses were prone to stressful conditions than younger nurses and nurses working with day shift had higher stress than night shift (Swe-Win-Win-Khaing, 2017).

It can be concluded that the nurses from NYGH did not present job related stress on their work related characteristics as they all were convenient in their respective departments such as duty shift, working hours per week, extra job and working hours for extra job per week. Nursing is one of the stressful professions but this study mentioned that the nurses in NYGH were absent of stress in their job and felt high job satisfaction.

Based on this study, job stressor for 'feeling inadequacy of emotional support for the patient' was the highest level of stressor in NYGH. Most of the respondents (79.2%) had high level of this job stressor but only (2.6%) among those respondents

presented job related stress. Therefore, it needed to reinforce the knowledge of nursing care or continuous nursing education. For another job stressor of ‘death and dying’, (78.1%) of the respondents presented high level of stressor whereas only (2.7%) among them presented job related stress. The job stressor for ‘workload’ was not the highest stressor in this study which was not reflected to the study conducted by Swe-Win-Win-Khaing in which workload was the highest job stressor in the study of psychological distress among nurses in NOGTH (Swe-Win-Win-Khaing, 2017).

In this study for the job stressor for the treatment related to patients, 15.4% of the respondents got job related stress and there was association between this job stressor and job stress. It was reflected to the study of conducting by Swe-Win-Win-Khaing of psychological distress among nurses in NOGTH in which the job stressor for ‘treatment related to patients’ reported (42.7%) got job stress and had associated with that job stressor.

Regarding to other job stressors, ‘staff support’, ‘relationship with physicians’ and ‘relationship with other nurses’ presented low level in those job stressors and there was no association between those job stressors and job related stress. It can be concluded that the current study presented low job related stress and therefore high job satisfaction which in turn had direct effect on high quality patient care.

According to qualitative findings, there were enough nurses in each unit but with some exceptional unit such as Poison Unit, therefore it should be reassigning the nurse resources to every unit equally and fairly. The salary was one of the most important for job satisfaction which in turn had direct effect on patient care and attrition.

Regarding to communication with workers, there was problem between nurses and workers occurred due to scarcity of workers and so it should recruit the workers as much as possible. Furthermore, low service nurses had problem in communication with workers and therefore, it should make the workers following the rules and regulations strictly. For communication with patients and attendants, most of the attendants did not follow the rules and regulations. Therefore, the principals, rules and regulations should be strengthening for them.

The followings were some coping ways for nurses when facing with job stress such as room cleansing, complaint to Medical Superintendent, staying alone and not speaking to anyone, confiding and retelling to her elder sister or roommates, coming out to have some snacks, having a long travel to hospital on bus, crying and going out

for a while and meditation. Most of the respondents used self-relieved coping methods to reduce job stress except complaint to Medical Superintendent.

For quantitative research, all the nurses in NYGH were invited and samples who willingly participated in the study were taken, ie, convenient sampling method had been used instead of simple random sampling.

The study could not describe and explore deeply for work-related stress because low service nurses were reluctant to explore their opinion and they were afraid of confiding their feelings to us who stayed near the Medical Superintendent.

CHAPTER (7)

CONCLUSION

In this study, the major job stressors were 'Feeling inadequacy of emotion support of the patient', 'Death and dying of the patient' and 'Workload'. But there were only very few respondents presented job related stress which was mainly contributed by 'Been able to enjoy your normal day-to-day activities', 'No feeling of unhappy and depressed', 'No feeling of constantly under strain' and 'No loosing much sleep over worry'. Qualitative findings revealed that most of the respondents used self-relieved coping methods to reduce job stress such as room cleansing, staying alone, confided to roommates about stress, crying, coming out to have snacks and meditation.

The job stress among nurses in NYGH was very low which was not problem. But this study pointed out that the hospital administrator should find out the better ways for communication between doctor and nurses concerning treatment and information sharing about the patient. Moreover, most of the respondents wrongly misperceived that non nursing tasks such as clerical tasks were not their duties and responsibilities and they pointed out as a workload burden and so the hospital administrator or supervisor should correct their misperception. The job stressors and job stress among medical doctors in NYGH should be found out for further research.

CHAPTER (8)

RECOMMENDATIONS

1. The ways for better communication between doctors and nurses concerning treatment and information sharing about the patient should be found out and the communication gap should be reduced by making sure the presence of changes book in department and should be handed over carefully.
2. The wrong perception of nurses about workload burden related with non-nursing tasks should be corrected by defining the nursing task role and responsibilities and counselling.
3. The rules and regulations of patients and attendants and visitors should be reinforced.
4. More general workers should be recruited as much as possible.
5. It should make workers strictly following the rules and regulations of the workers.
6. The job stressors and job stress among house surgeon and assistant surgeon should be addressed for further research.

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ANNEXES

Annex (1) Variables and operational definitions

No	Variable	Operational definition/Category of variable	Scale of measurement
1.	Age	Age of respondent in complete years	Ratio
2.	Sex	Considered with reference to social and cultural differences.	Nominal
3.	Marital status	The status of current bonding between men and women	Nominal
4.	Education	Highest level of education attained by the respondent	Ordinal
5.	Shift duty	Duty including four off duty (7 am to 4 pm), seven off duty (7 am to 12 noon, 4 pm to 7 pm)	Nominal
5.	Work characteristics	General work information of respondent	Nominal
6.	Job Stressors	Workload, death and dying of patients, feeling inadequacy, staff support, treatment related to patients, relationships with physicians, relationships with other nurses	Nominal
7.	Job Stress	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.	Nominal
8.	Coping ways	The ways of coping of the respondent to adapt or overcome their job related stress	Nominal

နောက်ဆက်တွဲ (၂) သုတေသနသဘောတူညီချက်ပုံစံ - Informed Consent Form (Myanmar and English)

သုတေသနနည်းပညာနှင့် ကျင့်ဝတ်ကော်မတီ

ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ် (ရန်ကုန်)

သုတေသနသဘောတူညီချက်ပုံစံ

- အဓိကသုတေသီအမည် - ဒေါက်တာရင်ရင်မြင့်
- ဌာန - ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်၊ ရန်ကုန်
- သုတေသနခေါင်းစဉ် - ရန်ကုန်ပြည်သူ့ဆေးရုံသစ်ကြီးတွင် တာဝန်ထမ်းဆောင်နေသော သူနာပြုဆရာမများ၏ လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုကိုဖြစ်စေသောအရာများနှင့် လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများ အား သုတေသနပြုလုပ်ခြင်း။

အပိုင်း (က) သုတေသနနှင့် သက်ဆိုင်သောအချက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်မသည် ဒေါက်တာရင်ရင်မြင့် ဖြစ်ပါတယ်။ ကျွန်မသည် ဆေးရုံအုပ်ချုပ်မှု ပညာမဟာသိပ္ပံဘွဲ့အတွက် ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်တွင်တက်ရောက်နေသောသူ တစ်ဦးဖြစ်ပါတယ်။ ကျွန်မအနေနဲ့ ရန်ကုန်ပြည်သူ့ဆေးရုံသစ်ကြီးတွင် တာဝန်ထမ်းဆောင်နေသော သူနာပြုဆရာမများ၏ လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုကိုဖြစ်စေသောအရာများနှင့် လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများအား သုတေသနပြုလုပ်လိုပါသဖြင့် သင့်အားပါဝင်ရန် ဖိတ်ခေါ် လိုပါသည်။ သင့်အနေနဲ့ မရှင်းလင်းသည်များရှိပါကပြန်လည်မေးမြန်းနိုင်ပါသည်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ရည်ရွယ်ချက်မှာ ရန်ကုန်ပြည်သူ့ဆေးရုံသစ်ကြီးတွင် တာဝန်ထမ်းဆောင်နေသော သူနာပြုဆရာမများ၏ လုပ်ငန်းခွင်ဆိုင်ရာစိတ်ဖိစီးမှုကို ဖြစ်စေသောအရာများနှင့် လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများ မည်သို့ရှိမည်ကိုလေ့လာလိုပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနသည် သင်ကိုယ်တိုင်မေးခွန်းများကို ဖတ်ရှုလေ့လာ၍ ဖြေဆိုရန်ဖြစ်ပြီး မိနစ် ၃၀ ခန့်ကြာမြင့်မည်ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများရွေးချယ်ခြင်း

သင့်အား ဤသုတေသနတွင်ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းမှာ သင်၏လုပ်ဆောင်မှုများသည် လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုကိုဖြစ်စေသောအရာများနှင့် လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများရှိ/ မရှိခြင်း အပေါ် အခြေခံသောသဘောထားအမြင်သည် ပြုပြင်ရေးလုပ်ဆောင်မှုများအပေါ် အထောက်အကူ ပြုနိုင်မည်ဟု ယူဆ၍ ဖြစ်ပါသည်။

၅။ မိမိဆန္ဒအလျောက်ပါဝင်ခြင်း

ဤသုတေသနတွင်ပါဝင်ကူညီခြင်းသည် သင်၏သဘောဆန္ဒအလျောက်သာဖြစ်ပါသည်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ဆန္ဒအတိုင်း ရွေးချယ်မှုသာဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ဤသုတေသနတွင်ပါဝင်ဖို့ သင်သဘောတူမည်ဆိုလျှင် သင်ကိုယ်တိုင်မေးခွန်း များကို ဖတ်၍ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ ခန့်ကြာမြင့်မည်ဖြစ်ပါသည်။ သင်သည် သီးသန့် နေရာတစ်ခုမှာ ဖြေဆိုရမှာဖြစ်ပြီးသင်၏လူမှုရေးအချက်အလက်များ၊ လုပ်ငန်းခွင်နှင့်ဆိုင်သော အချက်အလက်များ နှင့် မိမိတို့လုပ်ငန်းခွင်အပေါ် ကျေနပ်မှုနှင့် ပတ်သက်သော သဘောထားအမြင်နှင့် အခက်အခဲများ မည်သို့ရှိမည်ကို လေ့လာလိုပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောက်အယှက်ဖြစ်၍ မဖြေဆို လိုသော မေးခွန်းများရှိပါက သင့်ဆန္ဒ အလျောက် မဖြေဆိုပဲ ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင်ပါဝင်သောကြောင့် သင့်အတွက်တိုက်ရိုက်အကျိုးကျေးဇူးရှိမည် မဟုတ် ပါ။ သို့သော်ပါဝင်မှုသည် လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုရှိခြင်း၊ မရှိခြင်းအပေါ် အခြေခံသော သဘောထားအမြင်တို့သည် ပြုပြင်ရေးလုပ်ဆောင်မှုများအပေါ်တွင် အထောက်အကူဖြစ်စေပါသည်။

၈။ အချက်အလက်များသိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှကောက်ယူရရှိသည့် အချက်အလက်များကို လုံခြုံစွာထားရှိမှာ ဖြစ်ပါသည်။ သင့်ထံမှသိရှိရသည့်အချက်များကို သုတေသနအဖွဲ့မှ တစ်ပါးအခြားမည်သူမှ မသိစေရပါ။

၉။ သုတေသနရလဒ်များကိုဖြန့်ဝေခြင်း

ဤသုတေသန၏ တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိစေရန် ရလဒ်များကိုသာ ဖြန့်ဝေမှာဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့်ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာမေးမြန်းလိုလျှင် ဒေါက်တာရင်ရင်မြင့်၊ ဖုန်း ၀၉-၂၅၄၅၂၆၆၆၄ ကိုဆက်သွယ်နိုင်ပါသည်။ ဤသုတေသနကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသန ပြုမူဆိုင်ရာ ကျင့်ဝတ်ကော်မတီမှ ခွင့်ပြုချက်ရရှိပြီးဖြစ်ပါသည်။

အပိုင်း (ခ) သုတေသနတွင်ပါဝင်ရန်သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် လုပ်ငန်းခွင်အပေါ် စိတ်ဖိစီးမှုနှင့် ပတ်သက်သော သဘောထားအမြင်အား လေ့လာသောသုတေသနတွင်ပါဝင်ရန်ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင်ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူးမရရှိပါ။ ကျွန်ုပ်သည် ကိုယ်တိုင်မေးခွန်းများကို ဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ ခန့်ကြာမြင့်မည်ဖြစ်ကြောင်း နှင့် လူမှုရေးအချက်အလက်များ၊ လုပ်ငန်းခွင်နှင့်ဆိုင်သော အချက်အလက်များနှင့် မိမိတို့လုပ်ငန်းခွင်အပေါ်စိတ်ဖိစီးမှုနှင့် ပတ်သက်သော သဘောထားအမြင်အားမေးမြန်းမှာဖြစ်ကြောင်း သိရှိရပါသည်။ ဤသုတေသနတွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များကို ဖတ်ရှုပြီးဖြစ်ပါ သည်။ မရှင်းလင်းသည့်မေးခွန်းများကိုလည်း မေးမြန်းနိုင်၍ ၎င်းတို့ကို ကျွန်ုပ်သည် ကျေနပ်စွာဖြေဆိုပေးပါသည်။ ကျွန်ုပ်ဆန္ဒအလျောက် ဤသုတေသနတွင်ပါဝင် ရန် သဘောတူ ပါသည်။

သုတေသနတွင်ပါဝင်သူအမည် -----
သုတေသနတွင်ပါဝင်သူလက်မှတ် -----
ရက်စွဲ -----

အပိုင်း (ဂ) အသေးစိတ်မေးမြန်းခြင်းအတွက်မိတ်ဆက်စကားပြောရန်

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်မသည် ဒေါက်တာရင်ရင်မြင့်၊ ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်မှဖြစ်ပါတယ်။ မိမိတို့ လုပ်ငန်းခွင်အပေါ် စိတ်ဖိစီးမှုနှင့်ပတ်သက်သော သဘောထားအမြင်နှင့် လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုများအား မည်သို့ရင်ဆိုင်ဖြေရှင်းသည်ကို ဆန်းစစ်သောစာတမ်း ပြုစုရန်ဖြစ်ပါတယ်။ အခုလိုဖြေကြားပေးသော အကြံဉာဏ်မှာအလွန်အသုံးဝင်မှာ ဖြစ်ပါတယ်။ အချိန်ပေးဖြေကြားပေးတဲ့အတွက် ကျေးဇူးတင်ပါတယ်။ စိတ်ဖိစီးမှုများကြုံတွေ့လာတိုင်းဖြေရှင်းသည့်နည်းလမ်းများကို လွတ်လပ်စွာ ဆွေးနွေးပေးလိုပါတယ်။ ဆွေးနွေးချက်များကို အသံသွင်းခွင့်ပြုပါ။ ကျွန်မတို့မကြားလိုက်ရတဲ့ မမှတ်လိုက်မိတဲ့ အကြောင်းအရာများ ကို ပြန်ဖွင့်ပြီးနားထောင်ချင်လို့ဖြစ်ပါတယ်။ အဲဒီဆွေးနွေးချက်များကို စာတမ်းပြုစုမည့်ကိစ္စ တွေမှာပဲ အသုံးပြုမှာဖြစ်ပါတယ်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ရည်ရွယ်ချက်မှာ ရန်ကုန်ပြည်သူ့ဆေးရုံသစ်ကြီးတွင် တာဝန်ထမ်းဆောင်နေသော သူနာပြုဆရာမများ၏ လုပ်ငန်းခွင်ဆိုင်ရာစိတ်ဖိစီးမှုကို ဖြစ်စေသောအရာ များနှင့် လုပ်ငန်း ခွင်စိတ်ဖိစီးမှုများ မည်သို့ရှိမည်ကိုလေ့လာလိုပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနသည် မိမိတို့လုပ်ငန်းခွင်အပေါ် စိတ်ဖိစီးမှုနှင့်ပတ်သက်သော သဘောထားအမြင်နှင့် လုပ်ငန်းခွင်ဆိုင်ရာစိတ်ဖိစီးမှုများအား မည်သို့ရင်ဆိုင်ဖြေရှင်းသည်ကို ဆန်းစစ်ရန်ဖြစ်ပြီး ၁၅ မိနစ်ခန့်ကြာမြင့်မည်ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများရွေးချယ်ခြင်း

သင့်အား ဤသုတေသနတွင်ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းမှာ သင်၏လုပ်ဆောင်မှုများသည် လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုကိုဖြစ်စေသောအရာများနှင့် လုပ်ငန်းခွင်စိတ်ဖိစီးမှုများရှိ/ မရှိခြင်းအပေါ် အခြေခံသောသဘောထားအမြင်သည် ပြုပြင်ရေးလုပ်ဆောင်မှုများအပေါ် အထောက်အကူပြုနိုင်မည်ဟု ယူဆ၍ ဖြစ်ပါသည်။

၅။ မိမိဆန္ဒအလျောက်ပါဝင်ခြင်း

ဤသုတေသနတွင်ပါဝင်ကူညီခြင်းသည် သင်၏သဘောဆန္ဒအလျောက်သာဖြစ်ပါသည်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ဆန္ဒအတိုင်း ရွေးချယ်မှုသာဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ဤသုတေသနတွင် ပါဝင်ဖို့ သင်သဘောတူမည်ဆိုလျှင် သင်ကိုယ်တိုင်မေးခွန်း များကို ဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ ခန့်ကြာမြင့်မည်ဖြစ်ပါသည်။ သင်သည် သီးသန့် နေရာတစ်ခုမှာ ဖြေဆိုရမှာဖြစ်ပြီးသင်၏လူမှုရေးအချက်အလက်များ၊ လုပ်ငန်းခွင်နှင့်ဆိုင်သော အချက်အလက် များနှင့် မိမိတို့လုပ်ငန်းခွင်အပေါ် ကျေနပ်မှုနှင့် ပတ်သက်သော သဘောထားအမြင်နှင့် အခက်အခဲ များမည်သို့ရှိမည်ကို လေ့လာလိုပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောက်အယှက်ဖြစ်၍ မဖြေဆိုလိုသော မေးခွန်းများရှိပါက သင့်ဆန္ဒ အလျောက် မဖြေဆိုပဲ ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင်ပါဝင်သောကြောင့် သင့်အတွက်တိုက်ရိုက်အကျိုးကျေးဇူးရှိမည် မဟုတ် ပါ။ သို့သော်သင်ပါဝင်မှုသည် လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှုရှိခြင်း၊ မရှိခြင်းအပေါ် အခြေခံသော သဘောထားအမြင်တို့သည် ပြုပြင်ရေးလုပ်ဆောင်မှုများအပေါ်တွင် အထောက်အကူဖြစ်စေပါသည်။

၈။ အချက်အလက်များသိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှကောက်ယူရရှိသည့် အချက်အလက်များကို လုံခြုံစွာထားရှိမှာ ဖြစ်ပါသည်။ သင့်ထံမှသိရှိရသည့်အချက်များကို သုတေသနအဖွဲ့မှ တစ်ပါးအခြားမည်သူမှ မသိစေရပါ။

၉။ သုတေသနရလဒ်များကိုဖြန့်ဝေခြင်း

ဤသုတေသန၏ တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိစေရန် ရလဒ်များကို သာ ဖြန့်ဝေ မှာဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့်ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာမေးမြန်းလိုလျှင် ဒေါက်တာရင်ရင်မြင့်၊ ဖုန်း ၀၉-၂၅၄၅၂၆၆၆၄ ကိုဆက်သွယ်နိုင်ပါသည်။ ဤသုတေသနကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသနပြုမှုဆိုင်ရာ ကျင့်ဝတ် ကော်မတီမှ ခွင့်ပြုချက်ရရှိပြီးဖြစ်ပါသည်။ ကော်မတီအား ဆက်သွယ်လိုပါက ပြည်သူ့ကျန်းမာရေး တက္ကသိုလ်၊ ရန်ကုန်။ အမှတ် ၂၄၆၊ မြို့မကျောင်းလမ်း၊ လသာမြို့နယ်၊ ရန်ကုန်မြို့သို့ ဆက်သွယ် မေးမြန်းနိုင်ပါသည်။ ရုံးဖုန်းနံပါတ် +၉၅၁ ၃၉၅၂၁၃, +၉၅၁ ၃၉၅၂၁၄ - ၂၃/၂၅.

အပိုင်း (ဃ) အသေးစိတ်မေးမြန်းခြင်းတွင်ပါဝင်ရန် သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် လုပ်ငန်းခွင်အပေါ် စိတ်ဖိစီးမှုနှင့် ပတ်သက်သော သဘောထားအမြင်အား လေ့လာသော သုတေသနတွင်ပါဝင်ရန်ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင် ပါဝင်သော ကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူးမရရှိပါ။ ကျွန်ုပ်သည် ဆွေးနွေးရန်မေးခွန်းများကို သေချာစွာဖတ်ရှုပြီးဖြစ်ပါသည်။ ၎င်းတို့ကို ကျွန်ုပ်သည်ကျေနပ်စွာဖြင့် ဆွေးနွေးပေးပါသည်။ ကျွန်ုပ်ဆန္ဒအလျောက် ဤသုတေသနတွင်ပါဝင်ရန်သဘောတူပါသည်။

သုတေသနတွင်ပါဝင်သူအမည် -----

သုတေသနတွင်ပါဝင်သူလက်မှတ် -----

ရက်စွဲ -----

Annex (2) Informed consent form (Myanmar and English)

Academic and Ethical Board

University of Public Health, Yangon

Informed Consent Form

Name of the Investigator - Dr Yin Yin Myint
Name of Organization - University of Public Health, Yangon
Title of research - Job stressors and job related stress among nurses
at New Yangon General Hospital

PART A. Information sheet

1. Introduction

I am Dr Yin Yin Myint and I am studying postgraduate degree at University of Public Health, Yangon. I am conducting a research titled “Job stressors and job related stress among nurses at New Yangon General Hospital, Yangon”. I am going to give you information and would like to invite you to participate in this study. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information that you don’t understand and I will take time to explain. If you have questions later, you can ask me.

2. Purpose of the research

In this study, we would like to gather job related stress of nurses at NYGH. This information might be helpful in strengthening the health care management system.

3. Type of research intervention

This research will involve your participation by face-to-face interviewing.

4. Participant selection

You are being invited to take part in this research because we feel that you had sense of getting better health care system.

5. Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You can choose not to participate in the study and nothing will change. You may change your mind later and stop participating even if you agreed earlier.

6. Procedures

We are inviting you to take part in this research. If you accept, you will be interviewed by me or by my research assistance using a questionnaire. The information recorded is confidential, and no one else except the Principle Investigator (Dr. Yin Yin Myint) will have access to the information documented during your interview.

7. Benefits

There will be no direct benefit to you, but your participation likely to help us find out more about how to solve the problems and manage to reduce the psychological distress of nurses.

8. Confidentiality

The research being done in the hospital may draw attention and if you participate you may be asked questions by other people in the hospital. We will not be sharing information about you to anyone outside the research team. The information that we collect from this research will be kept private. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is and we will keep the number safely.

9. Sharing the results

The knowledge that we get from this research will be shared with you and hospital management staff before it is made widely available to the public. We will publish the results so that other interested people may learn from the research.

10. Whom to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact Dr Yin Yin Myint, University of Public Health, Yangon, Mobile: 09254526664.

PART B. Certificate of consent

I have been invited to participate in research titled “job stressors and job related stress among nurses at New Yangon General Hospital, Yangon”. I understand that I will participate by answering the survey questionnaires. I am aware that there may be no benefit (money or any other rewards) to me personally. I have been given with the name and address of a researcher who can be easily contacted. I have read foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked and have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time without any way affecting my personal life.

Signature of participant :

Name of participant :

Date :

Part C. Informed consent form for in depth interview

1. Introduction

I am Dr Yin Yin Myint and I am studying postgraduate degree at University of Public Health, Yangon. I am conducting a research titled “Job stressors and job related stress among nurses at New Yangon General Hospital, Yangon”.

2. Purpose of the research

This study is to assess “Job stressors and job related stress among nurses at New Yangon General Hospital, Yangon”.

3. Type of Research Intervention

This research will involve your participation for in depth interview about fifteen minutes.

4. Participant Selection

You are being invited to take part in this research because we feel that you will interest in “Job stressors and job related stress among nurses at New Yangon General Hospital, Yangon”.

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether participate or not.

6. Procedure

I would like to invite you to take part in this research project. If you accept, you have to answer for in depth interview about fifteen minutes. It will be taken at a place which is comfortable for you. The questionnaires will include job related problem. You do not have to answer any question or take part in the discussion if you feel the issue(s) are too personal or if talking about them makes you uncomfortable.

7. Benefits

Participation in this study will not benefit the participant directly but your participation is likely to help us find out more about how to solve the problem of human resource attrition related to their job related stress.

8. Confidentiality

I will not be sharing information about your participation in this study to anyone outside. The information that I collect from this research project will be kept private.

9. Sharing the Results

The knowledge that I get from research will be only to the persons who have the responsibility for this study. I will then publish the results to be read only by the interested people.

10. Who to contact

If there are any queries before, during and after the study you can directly contact the investigator Dr Yin Yin Myint, Phone – 09 254526664 or via email [yinyinmyint140218@ gmail.com](mailto:yinyinmyint140218@gmail.com) . This proposal had been reviewed and approved by the Institutional Review Board, University of Public Health, Yangon which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha Township, Yangon, 11311. Office phone +95 1395213, +95 1395214 ext:23/25.

Part D. Consent form for in depth interview

I have been invited to participate in research about “Job stressors and job related stress among nurses at New Yangon General Hospital”. I am aware that there may be no benefit to me personally and that I will be paid only for my time spent. I have read the facts thoroughly. I have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of participant :

Signature of participant :

Date :

နောက်ဆက်တွဲ (၃) မေးခွန်းပုံစံများ - Questionnaires Form (Myanmar and English)

သူနာပြုများ၏ လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှု အခြေအနေများကိုလေ့လာခြင်းနှင့် သက်ဆိုင်
သော မေးခွန်းများ

ရက်စွဲ။ -----

လျှို့ဝှက်နံပါတ်။ -----

အပိုင်း (၁) ကိုယ်ရေးအချက်အလက်ဆိုင်ရာ နောက်ခံအကြောင်းအရာများ

၁။ အသက် (ပြည့်ပြီးအသက်) -----

၂။ ကျား/မ
(၁) ကျား
(၂) မ

၃။ လက်ရှိရာထူးအဆင့်
(၁) သူနာပြု (၃)
(၂) အထက်တန်းသူနာပြု

၄။ သူနာပြုပညာအရည်အချင်း
(၁) သူနာပြုဒီပလိုမာဘွဲ့
(၂) သူနာပြု သိပ္ပံဘွဲ့
(၃) သူနာပြု မဟာသိပ္ပံဘွဲ့

၅။ အိမ်ထောင်ရေးအခြေအနေ
(၁) လူပျို/ အပျို
(၂) အိမ်ထောင်ရှိ
(၃) အိမ်ထောင်ကွဲ
(၄) မုဆိုးဖို/ မုဆိုးမ
(၅) အခြား

၆။ အိမ်ထောင်ရှိပါက အိမ်ထောင်ဖက်၏ အလုပ်အကိုင်
(၁) အစိုးရဝန်ထမ်း
(၂) ကုမ္ပဏီဝန်ထမ်း
(၃) ကိုယ်ပိုင်စီးပွားလုပ်ငန်း
(၄) နေ့စားဝန်ထမ်း
(၅) မှီခို
(၆) အခြား

၇။ သားသမီးဦးရေ -----

၈။ မိသားစုနှင့် အတူနေထိုင်ခြင်း
(၁) ရှိ
(၂) မရှိ

၉။ လက်ရှိနေထိုင်မှု အခြေအနေ

(၁) ဝန်ထမ်းအိမ်ရာတွင် နေထိုင်ခြင်း

(၂) ငှားရမ်းနေထိုင်ခြင်း

(၃) ကိုယ်ပိုင်အိမ်တွင်နေထိုင်ခြင်း

(၄) အခြား

၁၀။ မိမိ၏ တစ်လစုစုပေါင်းဝင်ငွေပေါင်း -----

၁၁။ လုပ်ငန်းခွင်သို့သွားသော နည်းလမ်း

(၁) လမ်းလျှောက်၍ လာသည်

(၂) အများသုံး ဘတ်စ်ကားဖြင့် လာသည်

(၃) တက်စ်စီ (အငှားကား) ဖြင့် လာသည်

(၄) ကိုယ်ပိုင်ကားဖြင့် လာသည်

၁၂။ လုပ်ငန်းခွင်သို့ လာရာတွင် ခရီးလမ်းတွင် ကြာမြင့်ချိန် -----

(၁.၁) လုပ်ငန်းခွင်ဆိုင်ရာ အခြေခံအချက်အလက်များ

၁။ သူ့နာပြုလုပ်သက်စုစုပေါင်း -----နှစ် -----လ

၂။ လက်ရှိတာဝန်ထမ်းဆောင်နေသော ဆေးကုသဆောင်အမည် -----

၃။ လက်ရှိတာဝန်ထမ်းဆောင်နေမှု အခြေအနေ

(၁) ဂျပူတီအဆိုင်းဖြင့် ဆင်းခြင်း

(၂) နေ့တာဝန် (မနက် ၇ နာရီမှ ည ၇ နာရီ)

(၃) ညတာဝန် (ည ၇ နာရီမှ မနက် ၇ နာရီ)

(၄) ၂၄ နာရီ တာဝန်

(၅) ရုံးချိန်တာဝန်

၄။ တစ်ပတ်လျှင် အလုပ်လုပ်ရချိန်ပေါင်း - -----နာရီ

၅။ ယခုတာဝန်အပြင် ဝင်ငွေရသော အခြားအလုပ် (ရှိပါက မေးခွန်း ၆ သို့)

(၁) ရှိ

(၂) မရှိ

၆။ အခြား ဝင်ငွေရသော အလုပ်အတွက် တစ်ပတ်လျှင် လုပ်ရသည့်နာရီပေါင်း

-----နာရီ

အပိုင်း (၂) လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ဖိစီးမှု ဖြစ်စေနိုင်သော အချက်များ					
စဉ်	အကြောင်းအရာ	လုံးဝမရှိပါ	မရှိလောက်နည်းသည်	တခါတရံရှိသည်	အမြဲတမ်းရှိသည်
		၀	၁	၂	၃
(၁) အလုပ်ပမာဏ					
၁	ကြိုတင်မခန့်မှန်းနိုင်သော တာဝန်နှင့် အချိန်ပြောင်းလဲချထားမှု ရှိတတ်သည်။				
၂	သူနာပြုစုခြင်းမဟုတ်သောလုပ်ငန်းတာဝန်များမှာများပြားလွန်းသည်။				
၃	လူနာများအတွက်စိတ်ပိုင်းဆိုင်ရာ ပံ့ပိုးမှုပေးရန် အချိန်မလုံလောက်ပါ။				
၄	မိမိ၏ သူနာပြုတာဝန်ဝတ္တရားများ ပြည့်စုံအောင်ဆောင်ရွက်ရန် အချိန် မလုံလောက်ပါ။				
၅	မိမိဆေးကုသဆောင်တွင် ဆောင်ရွက်ရသည့် လုပ်ငန်း နှင့် ဝန်ထမ်းအင်အားမှာ လုံလောက်မှုမရှိပါ။				
(၂) လူနာသေဆုံးမှုနှင့်သေဆုံးခါနီး အခြေအနေ					
၁	မိမိ၏လူနာအား ပြုစုစောင့်ရှောက်ရာတွင် လူနာအား နာကျင်မှု ဖြစ်စေသောအခါ စိတ်ဖိစီးမှု ခံစားရသည်။				
၂	ဆေးကုသမှုပေးနေသော်လည်း တိုးတက်မှုရှိမလာနိုင်တော့သည့် လူနာများမြင်ရသောအခါ စိတ်ဖိစီးမှုခံစားရသည်။				
၃	သေဆုံးခါနီးလူနာများအကြောင်း ပြောဆိုဆွေးနွေးခြင်း (သို့မဟုတ်) နားထောင်ရာတွင် စိတ်ဖိစီးမှုခံစားရသည်။				
၄	လူနာသေဆုံးချိန်တွင် စိတ်ဖိစီးမှု ခံစားရသည်။				

၅	မိမိနှင့် ရင်းနှီးမှုရှိသည့် လူနာသေဆုံးရာတွင် စိတ်ဖိစီးမှု ခံစားရသည်။				
၆	လူနာသေဆုံးချိန်တွင် ဆရာဝန်အနားတွင် မရှိသည့်အခါ စိတ်ဖိစီးမှုခံစားရသည်။				
၇	လူနာသေဆုံးခါနီး ခံစားနာကျင်နေရသည်ကို မြင်ရသော အခါ စိတ်ဖိစီးမှု ခံစားရသည်။				
(၃) လုံလောက်မှုမရှိသောပံ့ပိုးမှုတို့ကြောင့်ခံစားရခြင်း					
၁	လူနာ၏ မိသားစုဝင်များအား စိတ်ပိုင်းဆိုင်ရာ ပံ့ပိုးမှုပေး ရန် လိုအပ်နေသေးသည်ဟူသော စိတ်ခံစားမှုမျိုး ခံစား ရသည်။				
၂	လူနာမှ သိရှိလိုသည့် မေးခွန်းများအတွက် ကျေနပ် လောက်အောင် မဖြေဆိုနိုင်သည့်အခါ စိတ်ဖိစီးမှု ခံစား ရသည်။				
၃	လူနာအား စိတ်ပိုင်းဆိုင်ရာ ပံ့ပိုးမှုပေးရန် လိုအပ်နေသေး သည်ဟူသော စိတ်ခံစားမှုမျိုး ခံစားရသည်။				
(၄) ဝန်ထမ်းအချင်းချင်းပံ့ပိုးမှု					
၁	မိမိဆေးကုသဆောင်နှင့်ပတ်သက်သည့် ပြဿနာများ အား အခြားဌာနများရှိ လုပ်ဖော်ကိုင်ဖက်များနှင့် ပွင့်လင်း စွာပြောဆိုနိုင်သည့် အခွင့်အရေးမရှိခြင်း။				
၂	မိမိဆေးကုသဆောင်နှင့် ပတ်သက်သည့် အတွေ့အကြုံ များနှင့် ခံစားချက်များအား မိမိဆေးကုသဆောင်ရှိ လုပ် ဖော်ကိုင်ဖက်အချင်းချင်း ဖလှယ်နိုင်သည့် အခွင့်အရေး မရှိခြင်း။				
၃	မိမိဆေးကုသဆောင်မှ လူနာများနှင့် ပတ်သက်သည့် အခြေအနေများအား မိမိဆေးကုသဆောင်ရှိ လုပ်ဖော် ကိုင်ဖက်များအား ပြောပြခွင့်မရှိခြင်း။				
(၅) လူနာအားဆေးကုသမှုပေးခြင်း					
၁	လူနာ၏ ဆေးကုသမှုနှင့် ပတ်သက်၍ ဆရာဝန်ထံမှ ညွှန်ကြားချက်ပြည့်စုံစွာ မရရှိခြင်း။				
၂	လူနာအရေးပေါ်အခြေအနေ ဖြစ်ပေါ်ချိန်တွင် ဆရာဝန် မရှိခြင်း။				

၃	လူနာ၏ရောဂါနှင့်ဆေးကုသမှုအခြေအနေနှင့် ပတ်သက်၍ လူနာနှင့်လူနာရှင်များကို ပြောပြထားသင့် သော အချက်များကို မသိခြင်း။				
၄	ဆေးကုသမှုနှင့် ဆိုင်သော ခွဲစိတ်မှု/ စက်ကိရိယာများနှင့် ရင်းနှီးကျွမ်းဝင်မှု မရှိခြင်း။				
(၆) ဆရာဝန်-သူနာပြုဆက်ဆံရေး					
၁	သူနာပြုစုခြင်းနှင့် ပတ်သက်၍ ဆရာဝန်၏ ဝေဖန်မှုကို ခံရခြင်း				
၂	သူနာပြုစုခြင်းနှင့် ပတ်သက်၍ ဆရာဝန်နှင့် ပြောဆို ဆက်ဆံရေး အဆင်မပြေခြင်း။				
၃	လူနာအားသူနာပြုစုပေးရာတွင် လွဲမှားသွားမည်ကိုစိုးရိမ်ခြင်း။				
၄	လူနာအား ကုသမှုနှင့်စပ်လျဉ်း၍ ဆရာဝန်နှင့် သဘော ကွဲလွဲမှုရှိခြင်း။				
၅	ဆရာဝန်မရှိသောအခါ လူနာနှင့် သက်ဆိုင်သော ဆုံးဖြတ်ချက်များ ပြုလုပ်ရခြင်း။				
(၇) သူနာပြုအချင်းချင်းဆက်ဆံရေး					
၁	အုပ်ချုပ်သူသူနာပြုနှင့် ဆက်ဆံရေး အဆင်မပြေခြင်း။				
၂	ဝန်ထမ်းအင်အားမလုံလောက်မှုကြောင့် ဌာနတစ်ခုမှ တစ်ခုသို့ မကြာခဏ ပြောင်းလဲတာဝန် ထမ်းဆောင်နေရခြင်း။				
၃	မိမိဆေးကုသဆောင်မဟုတ်သည့် သူနာပြုများနှင့် အလုပ်တွဲလုပ်ရာတွင် ခက်ခဲမှုရှိခြင်း။				
၄	အုပ်ချုပ်သူ သူနာပြု၏ ဝေဖန်မှုကို ခံရခြင်း။				
၅	မိမိဆေးကုသဆောင်မှ သူနာပြုများနှင့် အလုပ် တွဲလုပ်ရာတွင် ခက်ခဲမှုရှိခြင်း။				

အပိုင်း (၃) စိတ်ဖိစီးခံရမှု အခြေအနေအားဆန်းစစ်မေးခွန်းလွှာ။

စဉ်	အကြောင်းအရာ	ပိုကောင်းလာသည်	ယခင်အတိုင်း	နဲ့လျော့နည်း	များများလျော့နည်း
		၀	၁	၂	၃
၁	မည်သည့်လုပ်ဆောင်မှုကိုမဆို အာရုံစူးစိုက်နိုင်စွမ်း ရှိ ခြင်း။				
၂	မိမိကိုယ်ကိုအသုံးဝင်သော လူတစ်ယောက်ဟု ခံစားရ ခြင်း။				
၃	လုပ်ဆောင်ရန်ရှိသည်များကို ကောင်းစွာ ဆုံးဖြတ်နိုင် စွမ်းရှိသည်ဟု ခံစားရခြင်း။				
၄	မိမိကြုံတွေ့ရသော ပြဿနာများကို ရင်ဆိုင်နိုင်စွမ်းရှိ ခြင်း။				
၅	မိမိ၏ နေ့စဉ်ပုံမှန်လုပ်ငန်းများတွင် စိတ်ပျော်ရွှင်မှုရှိခြင်း။				
၆	မည်သည့်ကိစ္စမဆို အကျိုးသင့် အကြောင်းသင့် ချင့်ချိန် ပျော်ရွှင်နိုင်စွမ်း ရှိခြင်း။				
၇	တွေ့ကြုံရသော အခက်အခဲများကို ကျော်လွှားနိုင်စွမ်း ရှိသည်ဟူသော ခံစားချက်ရှိခြင်း။				
၈	ပျော်ရွှင်မှုနှင့် စိတ်ဓါတ်မကျသည့် ခံစားမှုမျိုးရှိခြင်း။				
၉	မိမိကိုယ်ကို ယုံကြည်ချက်ရှိနေသည့် ခံစားမှုမျိုးရှိခြင်း။				
၁၀	စိုးရိမ်ပူပန်မှုကင်းသော အခြေအနေအောက်တွင် နေနေရ သည့်ခံစားချက်ရှိခြင်း။				
၁၁	စိုးရိမ်ပူပန်မှု မရှိခြင်းကြောင့် ကောင်းစွာ အိပ်စက်ရသည် ဟူသော ခံစားချက်ရှိခြင်း။				
၁၂	မိမိကိုယ်ကိုတန်ဖိုးရှိသောလူတစ်ဦးဟုထင်မြင်နေသည့် ခံစားမှုမျိုးရှိခြင်း။				

Annex (3) Questionnaires (English form)

Nurses' job related stress research questionnaires (Needless to describe name)

Part (1) Sociodemographic characteristics

1. Age (Completed age) -----
2. Sex
 - (1) Male
 - (2) Female
3. Current rank
 - (1) Trained nurse
 - (2) Staff nurse
4. Nursing education
 - (1) Diploma
 - (2) BNSc
 - (3) MNSc
5. Current marital status
 - (1) Single
 - (2) Married
 - (3) Divorced
 - (4) Widowed
 - (5) Other
6. Occupation of spouse
 - (1) Government employee
 - (2) Company staff
 - (3) Own business
 - (4) Manual labor
 - (5) Dependent
 - (6) Other
7. Number of offspring -----
8. Staying together with family
 - (1) Yes
 - (2) No

9. Current residence

- (1) Government housing
- (2) Rent
- (3) Own
- (4) Other

10. Monthly Income (in kyats)

- (1) 100000 - 200000
- (2) 200001 – 300000
- (3) 300001 – 400000
- (4) 400001 – 500000

11. Ways of transportation to work

- (1) On foot
- (2) By bus
- (3) By taxi
- (4) By own car

12. Transportation time to work -----

- (1) < 30 minutes
- (2) 30 – 60 minutes
- (3) >60 minutes

1.2 Questions for work related factors

1. Total government service (mention completed years) -----

- (1) <3 years
- (2) 3-5 years
- (3) 6-8 years
- (4) 9-11years
- (5) 12-14 years
- (6) > 14 years

2 . Current department -----

- (1) Medical
- (2) Surgical
- (3) Emergency
- (4) Poison department
- (5) Intensive Care Unit

3. What rotation pattern do you follow?

- (1) Shift duty (4 off, 7 off)
- (2) Long day only (7am-7pm)
- (3) Night duty
- (4) Office hour
- (5) 24 hour duty

4. Average working hours per week -----

5. Presence of extra job

- (1) Yes
- (2) No

6. Average working hours on extra job if presence -----

Part (2) Job stressor					
No	Item	Never	Occasionally	Frequently	Very frequently
1. Work load					
1	Unpredictable staffing and scheduling				
2	Too much non-nursing tasks required, such as clerical work				
3	Not enough time to provide emotional support to a patient				
4	Not enough time to complete all of my nursing tasks				
5	Not enough staff to adequately cover the unit				
2. Death and dying of patients					
1	Performing procedures that patients experience as painful				
2	Feeling helpless in the case of a patient who fails to improve				
3	Listening or talking to a patient about his/her approaching death				
4	The death of a patient				
5	The death of a patient with whom you developed a close relationship				
6	Physician not being present when a patient dies				
7	Watching a patient suffer				
3. Feeling inadequacy					
1	Feeling inadequately prepared to help with the emotional needs of a patient's family				

2	Being asked a question by a patient for which I do not have a satisfactory answer				
3	Feeling inadequately prepared to help with the emotional needs of a patient				
4. Staff support					
1	Lack of an opportunity to talk openly with other unit				
2	Personnel about problems on the unit				
3	Lack of an opportunity to share experiences and feelings with other personnel on the unit				
4	Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients				
5. Treatment related to patients					
1	Inadequate information from a physician regarding the medical condition of a patient				
2	A physician not being present in a medical emergency				
3	Not knowing what a patient or a patient's family ought to be told about the patient's medical condition and its treatment				
4	Inadequate knowledge regarding complicated operation and sophisticated equipments				
6. Relationships with physicians					
1	Criticism by a physician				
2	Conflict with a physician				
3	Fear of disturbed relationship due to mistake				
4	Disagreement concerning the treatment of a patient				
5	Making a decision concerning a patient when the physician is unavailable				

7. Relationships with other nurses					
1	Conflict with a supervisor				
2	Floating to other units that are short-staffed				
3	Difficulty in working with a particular nurse (or nurses) outside the unit				
4	Criticism by a supervisor				
5	Difficulty in working with a particular nurse (or nurses) on the unit				

Part (3) General health questionnaire (GHQ-12) to assess job related stress					
		Better than usual	Same as usual	Less than usual	Much less than usual
1	Been able to concentrate on whatever you are doing?				
2	Felt that you are playing a useful part in things?				
3	Felt capable of making decisions about things?				
4	Been able to face up to your problems?				
5	Been able to enjoy your normal day-to-day activities?				
6	Been feeling reasonably happy, all things considered?				
7	Feeling of overcoming difficulties?				
8	No feeling of unhappy and depressed?				
9	Not losing confidence in yourself?				
10	No feeling of constantly under strain				
11	No losing much sleep over worry				
12	Feeling of a worthy person?				

နောက်ဆက်တွဲ (၄) အသေးစိတ်ဆွေးနွေးရန်အချက်များ

လုပ်ငန်းခွင်ဆိုင်ရာ အထွေထွေအချက်အလက်များ

- ၁။ ဆရာမတို့ အခုလက်ရှိရောက်နေတဲ့ ဆေးကုသဆောင်မှာ ဆင်းရဲတဲ့ အခြေအနေလေးကို ပြောပြပါလား။
- ၂။ ဆရာမအင်အားအနေနဲ့ကော အဆင်ပြေပါသလား။
- ၃။ ဆရာမတို့အနေနဲ့ ဆေးကုသဆောင်မှာရှိတဲ့ အလုပ်သမားတွေနဲ့ ဆက်ဆံတဲ့အခါမှာ အဆင်ပြေပါသလား။
- ၄။ ဘာပြဿနာများရှိပါသလဲ။
- ၅။ လူနာစောင့်တွေကို ပြောရသေးလား။ စည်းမျဉ်းစည်းကမ်းတွေ လိုက်နာရဲ့လား။
- ၆။ ဆရာမတို့အနေနဲ့ တခါတရံ ခွင့်ယူလိုပါက အဆင်ပြေရဲ့လား။
- ၇။ ရာထူးတိုးနှင့် ပတ်သက်တာတွေကော ကျေနပ်မှုရှိပါသလား။

ဖြေရှင်းသည့်နည်းလမ်းများ

- ၁။ မိမိလက်ရှိတာဝန်ထမ်းဆောင်နေသော ဆေးကုသဆောင်တွင် အလုပ်ပမာဏအရမ်းများ၍ စိတ်ဖိစီးမှုဖြစ်ပါက ဘာတွေလုပ်ပြီး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၂။ လူနာသေဆုံးမှု (သို့မဟုတ်) သေဆုံးခါနီးတွင် စိတ်မကောင်းဖြစ်၍ စိတ်ဖိစီးမှုဖြစ်ပါက ဘယ်လိုပြန်ပြီး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၃။ လုံလောက်မှုမရှိသောပံ့ပိုးမှုတို့ကြောင့်ခံစားရသည့် အချိန်တွင် စိတ်ဖိစီးမှုဖြစ်ပါက ဘာတွေလုပ်ပြီး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၄။ ဝန်ထမ်းအချင်းချင်းပံ့ပိုးမှုနဲ့ ပတ်သက်ပြီး စိတ်ဖိစီးမှုဖြစ်ပါက ဘယ်လိုမျိုး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၅။ လူနာအားဆေးကုသမှုပေးသည့် အကြောင်းအရာနဲ့ ပတ်သက်ပြီး စိတ်ဖိစီးမှုဖြစ်ပါက ဘယ်လိုမျိုး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၆။ ဆရာဝန်-သူနာပြုဆက်ဆံရေးတွင် အဆင်မပြေမှုရှိတဲ့အခါမျိုးတွင် စိတ်ဖိစီးမှုဖြစ်ပါက ဘယ်လိုမျိုး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။
- ၇။ သူနာပြုအချင်းချင်းဆက်ဆံရေးမှာလည်း အဆင်မပြေမှုရှိတဲ့အခါမျိုးတွင် စိတ်ဖိစီးမှုဖြစ်ပါက ဘယ်လိုမျိုး စိတ်ဖိစီးမှုကိုလျှော့ချပါသလဲ။

Annex (4) In-depth Interview Guidelines

General Factors that related to Job Characteristics

1. Can you tell the condition of your current department?
2. How is going on about nurse resources in your ward?
3. Do nurses have any problem in communication with workers ?
4. What are the problems?
5. Do the attendants and visitors follow the discipline of attendants and visitors?
6. Is there any problem for you to take leave?
7. Do you satisfy with the promotion?

Coping Ways

1. How did you cope yourself when you feel stress due to much workload?
2. How did you cope yourself when you feel stress due to death and dying of the patients?
3. How did you cope yourself when you feel stress due to inadequate support for the patient?
4. How did you cope yourself when you feel stress due to staff support?
5. How did you cope yourself when you feel stress due to treatment related to patients?
6. How did you cope yourself when you feel stress due to relationship with physician?
7. How did you cope yourself when you feel stress due to relationship with nurses?

Annex (5) Scoring system

Part (2) Job stressor					
No	Item	Never	Occasionally	Frequently	Very frequently
1. Work load					
1	Unpredictable staffing and scheduling	0	1	2	3
2	Too much non-nursing tasks required, such as clerical work	0	1	2	3
3	Not enough time to provide emotional support to a patient	0	1	2	3
4	Not enough time to complete all of my nursing tasks	0	1	2	3
5	Not enough staff to adequately cover the unit	0	1	2	3
Low level < 2 mean score, High level \geq 2 mean score					
2. Death and dying of patients					
1	Performing procedures that patients experience as painful	0	1	2	3
2	Feeling helpless in the case of a patient who fails to improve	0	1	2	3
3	Listening or talking to a patient about his/ her approaching death	0	1	2	3
4	The death of a patient	0	1	2	3
5	The death of a patient with whom you developed a close relationship	0	1	2	3
6	Physician not being present when a patient dies	0	1	2	3
7	Watching a patient suffer	0	1	2	3
Low level < 2 mean score, High level \geq 2 mean score					

3. Feeling inadequacy					
1	Feeling inadequately prepared to help with the emotional needs of a patient's family	0	1	2	3
2	Being asked a question by a patient for which I do not have a satisfactory answer	0	1	2	3
3	Feeling inadequately prepared to help with the emotional needs of a patient	0	1	2	3
Low level < 2 mean score, High level ≥ 2 mean score					
4. Staff support					
1	Lack of an opportunity to talk openly with other unit	0	1	2	3
2	Personnel about problems on the unit	0	1	2	3
3	Lack of an opportunity to share experiences and feelings with other personnel on the unit	0	1	2	3
4	Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients	0	1	2	3
Low level < 2 mean score, High level ≥ 2 mean score					
5. Treatment related to patients					
1	Inadequate information from a physician regarding the medical condition of a patient	0	1	2	3
2	A physician not being present in a medical emergency	0	1	2	3
3	Not knowing what a patient or a patient's family ought to be told about the patient's medical condition and its treatment	0	1	2	3

4	Inadequate knowledge regarding complicated operation and sophisticated equipments	0	1	2	3
Low level < 2 mean score, High level \geq 2 mean score					
6. Relationships with physicians					
1	Criticism by a physician	0	1	2	3
2	Conflict with a physician	0	1	2	3
3	Fear of disturbed relationship due to mistake	0	1	2	3
4	Disagreement concerning the treatment of a patient	0	1	2	3
5	Making a decision concerning a patient when the physician is unavailable	0	1	2	3
Low level < 2 mean score, High level \geq 2 mean score					
7. Relationships with other nurses					
1	Conflict with a supervisor	0	1	2	3
2	Floating to other units that are short-staffed	0	1	2	3
3	Difficulty in working with a particular nurse (or nurses) outside the unit	0	1	2	3
4	Criticism by a supervisor	0	1	2	3
5	Difficulty in working with a particular nurse (or nurses) on the unit	0	1	2	3
Low level < 2 mean score, High level \geq 2 mean score					

Part (3) General health questionnaire (GHQ-12) to assess job related stress					
No	Items	Better than usual	Same as usual	Less than usual	Much less than usual
1	Been able to concentrate on whatever you are doing?	0	1	2	3
2	Felt that you are playing a useful part in things?	0	1	2	3
3	Felt capable of making decisions about things?	0	1	2	3
4	Been able to face up to your problems?	0	1	2	3
5	Been able to enjoy your normal day-to-day activities?	0	1	2	3
6	Been feeling reasonably happy, all things considered?	0	1	2	3
7	Feeling of overcoming difficulties?	0	1	2	3
8	No feeling of unhappy and depressed?	0	1	2	3
9	Not losing confidence in yourself?	0	1	2	3
10	No feeling of constantly under strain	0	1	2	3
11	No losing much sleep over worry	0	1	2	3
12	Feeling of a worthy person?	0	1	2	3
Low level < 2 mean score, High level ≥ 2 mean score					

Annex (6) Gantt Chart

Month	August				September				October				November				December			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Protocol preparation	█	█																		
Protocol defend			█																	
Pilot study – Preparation for data collection				█																
Data collection					█	█														
Data entry and analysis							█	█	█	█										
Preparation for Grand Presentation											█	█	█							
Thesis preparation														█	█					
Submission of Thesis (Draft)																█				
Thesis defend																	█	█		
Correction and Submission of thesis																				█

Annex (7) Curriculum Vitae

Name	Dr Yin Yin Myint	
Gender	Female	
Date of birth	22.12.1981	
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Employment history	1. Social Security Board (Head office, Naypyitaw) (15.7.2017 to 31.12.2018) 2. Naypyitaw Social Security Clinic (28.4.2015 to 31.12.2016) 3. Social Security Board (Head office, Naypyitaw) (1.1.2015 to 27.4.2015) 4. Meikhtilar Social Security Clinic (4.6.2013 to 31.12.2014) 5. (1000) bedded Naypyitaw General Hospital (11.8.2008 to 3.6.2013)	
Publication	-	