

**WORK RELATED STRESS MANAGEMENT FOR  
NURSE DEPLOYMENT PROJECT  
IN SAMAR**

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A Thesis presented to  
**The Faculty of the College of Graduate Studies**  
SAMAR STATE UNIVERSITY  
Catbalogan City, Samar

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In Partial fulfilment  
of the Requirements for the Degree  
**MASTER OF SCIENCE IN NURSING**  
Major in Nursing Management and Clinical Supervision

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**AERON S. REZANO**

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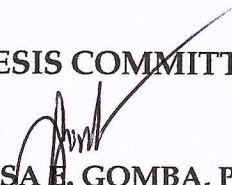
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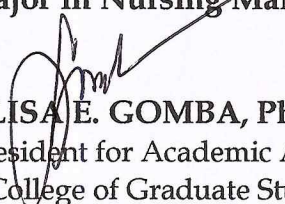
  
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## DEDICATION

The researcher dedicates this humble piece of work to all individual who in one way or another contributed and helped to the realization and completion of this study. Specially, to the researcher's beloved family, friends and colleagues for the love, encouragement and support given that inspired the researcher to finish this humble work, along with all hardworking and respected nurse respondents.

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## ABSTRACT

This study was conducted to assess the work related stress among NDP nurses deployed in South Maqueda Bay Municipalities, Western, Samar. The study utilized the descriptive-correlational research design using the standard questionnaire as the main data gathering instrument. Results showed that correlating the management standards for work related stress and the profile variables sex, civil status, and work experience of the nurse-respondents, none of the identified indicators showed to have a significant result. Hence, the null hypothesis of no significant relationship between the management standards for work related stress and profile variables sex, civil status, and work experience of the nurse respondents were not rejected at the 5% level of significance. nurse respondents work involvement in Nurse Deployment Project and level of stress were not significantly related to their age, sex, civil status, monthly salary income and work experience. Nurse respondents management standards for work related stress was not significantly related to their sex, civil status, monthly salary income and work experience, except to their age which has a significant relationship as to support source of work stress category. For the recommendation, nurse respondents must develop stress self-awareness strategies that would increase nurses better understanding with the different work related stressors.

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## CHAPTER 1

### THE PROBLEM AND ITS SETTING

#### Introduction

Stress has been defined in different ways over the years. Originally, it was conceived as pressure from the environment, then as strain within the person. The generally accepted definition today is one of interaction between the situation and the individual. It is the psychological and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressures of the situation (Michie, 2002).

Work-related stress became an increasing global problem affecting all categories of workers including healthcare professionals. World Health Organization (WHO) reported that stress, specially related to work is currently the second most frequent health problem and is a significant problem of our times. Several studies revealed that nurses are under greatest work stress and highest physical, psychological, and emotional strain (Jabonete, 2017).

The Department of Health (DOH) has designed the Nurse Deployment Project to improve local health systems that will support the country's attainment of Universal Health Care or "Kalusugan Pangkalahatan." The project hired registered nurses under contract of services with priority deployment in the twenty (20) poorest provinces and one thousand two hundred thirty three (1,233) focus municipalities of the National Anti-Poverty Commission (NAPC) and the

Department of Social Welfare and Development's (DSWD) Pantawid Pamilya Program (3Ps) or Conditional Cash Transfer (CCT) areas.

Community health nursing is recognized as a synthesis of public healthcare and nursing applied to protect and promote the health of population and fundamental to maximize the health of individuals, families, groups and communities (Terry, Nguyen & Hoang, 2015). As nurses perform their roles and functions under Nurse Deployment Project, they also experienced work stress which affects their work performance. A study of AbuAlRub (2004) indicated a significant relationship between job stress and job performance, nurses who reported moderate levels of job stress believed that they performed their jobs less well than did those who reported low or high levels of job stress.

Research study of Thian, Kannusamy & Klainin-Yobas (2015) revealed that the greatest work stressors experienced among nurses was high workload, time pressure, inadequate reward, inadequate patient interaction, unmanageable emotional demands of job and poor professional status of nurses. It also revealed that the least problematic work stressors for nurses were poor communication with co-workers and lack of professional feedback.

Considerable studies have been undertaken the work-related stress among nurses. However, studies assessing the level of work place stress and management standard for work-related stress among nurses under Nurse Deployment Project of the Department of Health is least studied. Since work-related stress might affect the work performance and can interfere with the nurses' ability to provide quality

care services, it is important to further study the stress they are experiencing. Thus, it is in this premise that the researcher is motivated to conduct this study to be able to identify the level of work place stress and sources of work-related stress among NDP nurses in Western, Samar.

### **Statement of the Problem**

This study aimed to determine the work - related stress among nurses deployed in south Maqueda Bay Municipalities, Western, Samar. Specifically it sought answers to the following questions.

1. What is the profile of the nurse-respondents under Nurse Deployment Project as indicated by their:

1.1 Age;

1.2 Sex;

1.3 Civil Status;

1.4 Monthly salary income; and

1.5 Period of work experience?

2. What is the nurse-respondents involvement in the Nurse Deployment Project on the following;

2.1 Health Education;

2.2 House Visits;

2.3 Recording; and

2.4 Reporting?

3. What is the level of stress of nurse-respondents deployed in Nurse Deployment Project in terms of:

3.1 Low Stress;

3.2 Moderate Stress; and

3.3 High Stress?

4. What is the management standards for work-related stress of the respondents in terms of the following;

4.1 Demands;

4.2 Control;

4.3 Support;

4.4 Relationship at work;

4.5 Role; and

4.6 Change?

5. Is there a significant relationship between the nurse-respondents demographic profile and their involvement in the Nurse Deployment Project?

6. Is there a significant relationship between the nurse-respondents demographic profile and their level of work place stress?

7. Is there a significant relationship between the nurse-respondents demographic profile and their management standards for work-related stress?

8. What stress management program maybe be derived based on the findings of the study?

### **Hypotheses**

From the specific questions, the following null hypotheses will be tested;

1. There is no significant relationship between the nurse-respondents demographic profile and their involvement in Nurse Deployment Project?

2. There is no significant relationship between the nurse-respondents demographic profile and their level of work place stress?

3. There is no significant relationship between the nurse-respondents demographic profile and their management standards analysis for work-related stress?

## Theoretical Framework

This study was anchored on the Lazarus Transactional Theory of Stress as cited by (Papathanasiou, Tsaras, Neroliatsiou & Roupa, 2015), Management Standards Model of Stress as cited by (Yeboah, Ansong, Antwi, Yiranbon, Anyan & Gyebil, 2014) and Organizational Role Theory as cited by (Parker & Wickham, 2005).

The theoretical framework of this study was based upon Lazarus Transaction Based Model. Lazarus model is taking into account the cognitive processes that mediate between stimulus and response, as well as the factors affecting these processes. In his cognitive evaluation theory, it focuses on the individual, the environment and on the simultaneous cognitive evaluation of environmental demands and stimulus response options (Papathanasiou, Tsaras, Neroliatsiou & Roupa, 2015).

This theory suggests how nurses respond and utilized stress management strategies in dealing work-related stress experienced in the Nurse Deployment Project. Lazarus Transactional Theory of Stress focuses on the person - environment transaction, strategies on how deal with potential or actual demands and coping mechanisms to be utilized.

Management Standards has developed a model that explains the main drivers or causes of stress in an organization which must be managed. These six primary stressors are as categorized demand, control, support, relationship at

work, change and role conditions in the organizations as cited by (Yeboah, Ansong, Antwi, Yiranbon, Anyan & Gyebil, 2014).

The six primary stressors indicated in the Management Standards model of stress was utilized in the present study to determine the work-related stress that NDP nurses experienced.

Organizational Role Theory (ORT) was developed in the 1960s and provides insight into the processes that affect the physical and emotional state of an individual in the workplace that affects their workplace behaviour. This theory focuses on the manner in which individuals accept and enact an array of roles in task-oriented and hierarchical systems. In an organizational context, role behaviours are the recurring patterns of actions that are considered important for effective functioning in that particular role and in that particular organization. Organizational Role Theory is underpinned by four basic assumptions associated with Role-taking, Role-consensus, Role-compliance and Role-conflict as cited by (Parker & Wickham, 2005).

Despite the differentiation made in the types of stress theory. The theoretical models that have been formulated for interpreting work-related stress are helping to identify stressors in a particular situation and predicting the possibility of an individual's adaptation to stressful situation.

### Conceptual Framework of the Study

Figure I shows the schematic presentation of the research process for this study. The conceptual framework reflects entirely the nature of the study. As identified in the diagram, the study was conducted to determine the work - related stress among nurses deployed in South Maqueda Bay Municipalities, Western, Samar during the year 2017-2018.

The base of the schema is a frame which represents and reflects on the respondents of the study and the research environment. The respondents of the study included nurses under the Nurse Deployment Project in South Maqueda Bay Health Network Municipalities who met the eligibility criteria.

The larger frame contains the major variables examined in the study; (1) involvement in Nurse Deployment Project, (2) level of stress, (3) and, management standards for work-related stress. These variables were measured through the use of a questionnaire. As shown by the arrow, relationships between the respondents' profile, involvement in Nurse Deployment Program, level of stress, and management standards for related stress were ascertained using inferential statistics.

The top frame represents the ultimate goal of the study which was to develop stress management program.

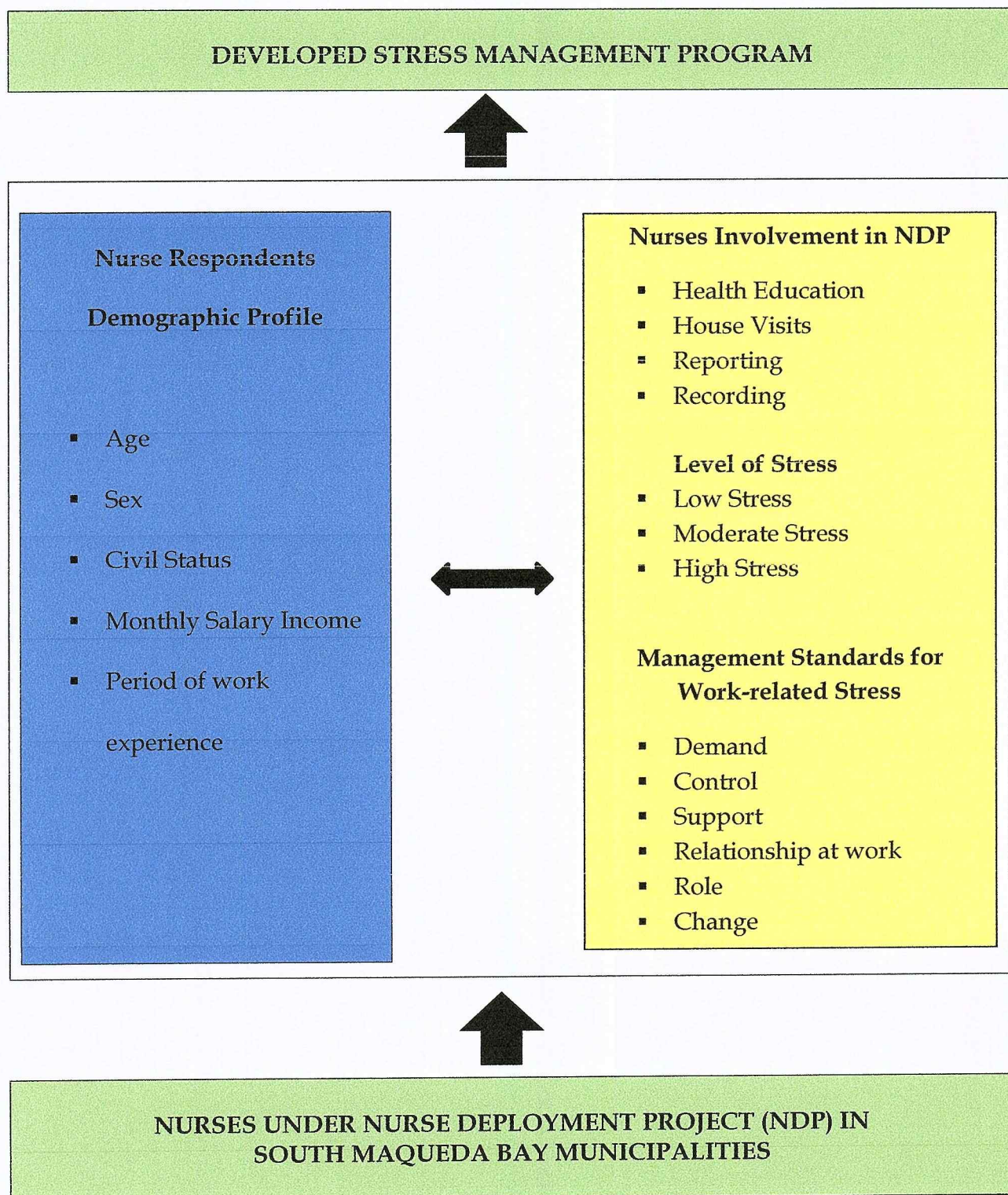


Figure1. Conceptual Framework of the Study

### **Significance of the Study**

This study will be beneficial and useful to the following individuals: the nurses, administrators, clients, health workers, and to future researchers.

**Nurses.** Findings will increase the nurses' awareness, understanding, and knowledge on how to manage stress necessary to improve work performance.

**Administrators.** Knowledge gathered from this study will enable the administrators to better understand, predict and manage stress experienced by nurses and be able to plan an effective stress management program.

**Clients.** They are the direct recipients of nursing care. Through this study, clients would be assured that they will receive safe and quality nursing care.

**Health Workers.** This study will give them awareness with the possible work-related stress that they might experience in the workplace and provide ideas on how to manage these work-related stressors.

**Future Researchers.** This study will serve the future researchers as a guide to health-care-providers who plan to do research about level and sources of work-related stress and will serve as a reference for those who will be working on similar research topic.

### **Scope and Delimitation of the Study**

The study focused on the Work-related Stress Management for Nurse Deployment Project in Samar. This study included 55 registered nurses working under the Nurse Deployment Project (NDP) of the Department of Health (DOH) in South Maqueda Bay Municipalities, Western Samar, Philippines. In the selection of nurse - respondents, the following criteria were followed: (1) registered nurse, (2) working under the Nurse Deployment Project (NDP) of the Department of Health (DOH), and (3) consented to participate in the study. All South Maqueda Bay Health Network Municipalities were taken as research settings for this study (Villareal, Pinabacdao, Calbiga, San Sebastian, Talalora, and Daram).

The primary instrument in the study was a questionnaire. Level of stress among nurse-respondents was measured using the Workplace Stress Survey instrument by American Institute of Stress (1998) and their work related stress was measured using Management Standard Analysis Tool by United Kingdom's Health and Safety Executive (2004). Since the current study was descriptive, cross sectional research, one important limitation was that correlation does not equal causation. While correlation is convenient and cost effective, it does not provide a good basis for establishing cause and effect relationship. The study was conducted during the months of November 2017 to February 2018.

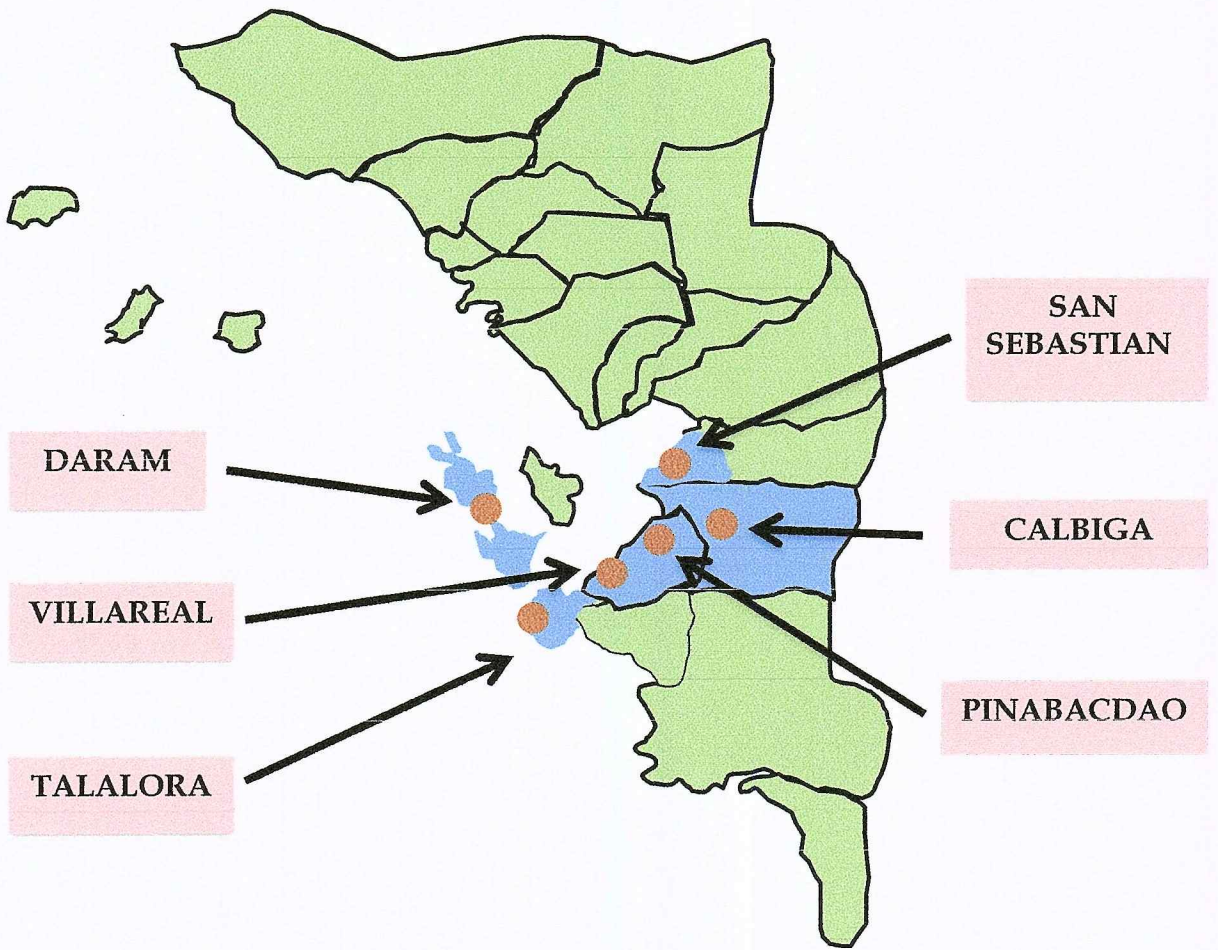


Figure 2. Map of the Municipalities under South Maqueda Bay Health Network

### **Definition of Terms**

The following words are clearly defined conceptually and operationally for better understanding and for providing a common reference between this researcher and the readers of this study.

**Change.** Pertains how organizational change is managed and communicated (Kerr, McHugh & McCrory, 2009). In this study, it refers to work-related stress that nurse-respondents may experience when changes at work are being made.

**Control.** It pertains how much the person has in the way they do their work (Kerr, McHugh & McCrory, 2009). In this study, it refers on how nurse-respondents handle their work tasks and activities.

**Demand.** A request or claim made with authority for what is due (Geddes & Grosset; Webster's Universal Dictionary and Thesaurus, 2002). In this study, it refers to the sources of stress experienced by the nurse-respondents which focuses on the issues such as workload, work patterns and the working environment.

**Health Education.** Is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes (World Health Organization). In this study, it is one of the nurse respondents work involvements under Nurse

Deployment Project where they provide relevant information and enhances knowledge of the community pertaining to health.

**High Stress.** In this study, it refers to the level of work stress experienced by the nurse respondents in the Nurse Deployment Project that has total score between (70-100).

**House Visits.** It is a planned activity aimed to promote health and prevent disease. It contributes substantially to individual and social well-being, by focusing attention at various times on either an individual, a social group or a community (Cowley, 1998). In this study, it refers to the nurse-respondents involvement in assessing the family health situation.

**Low Stress.** In this study, a total score of (10-39) stress responses indicates low stress.

**Moderate Stress.** In this study, these are stress responses that has a total score between (40-69).

**Nurse.** A healthcare professional that, in collaboration with other members of a health care team, is responsible for: treatment, safety, and recovery of acutely or chronically ill individuals; health promotion and maintenance within families, communities and populations, and the treatment of life-threatening emergencies in a wide range of health care settings (Schmalenberg & Kramer, 2009). In this study, it refers to the nurses under the Nurse Deployment Project (NDP) of the Department of Health (DOH).

**Relationship at work.** It includes positive working practices to avoid conflict and dealing with unacceptable behaviours (Brookes, Limbert, Deacy, O'Reilly, Scott & Thirlaway, 2013). In this study, it is one of the sources of stress that tackles on how nurse respondents collaborate with his/her co-workers, colleagues and clients in working area.

**Role.** Yeboah, Ansong. Antwi, Yiranbon, Anyan & Gyebil (2014) define whether people understand their role within the organization and whether the organization ensures that they do not have conflicting roles. In this study, it is one of the primary sources of stress where it emphasizes nurse-respondents understanding with regards to his/her role in the organization.

**Stress.** An event or set of circumstances causing a disruptive response; the disruption caused by a noxious stimulus or stressor (Berman, Audrey; Synder, Shirlee; Kozier, Barbara; Erb, Glenora; Kozier and Erb's Fundamentals of Nursing, 8<sup>th</sup> edition, 2008). In this study, it measures the nurse-respondents work stress experienced along demand, control, support, relationship at work, role and change category sources of stress.

**Support.** It includes the encouragement and resources provided by the organization, line management and colleague (Brookes et al., 2013). In this study, it pertains to the motivation and resources provided to nurse-respondents that will enhance the delivery of quality health services.

## CHAPTER 2

### REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the related literature and studies that were reviewed by the researchers to substantiate the problem of the study. The researchers gathered number of published articles, books, magazines, and periodicals written by both Filipino and Foreign authors. These references are proved useful in establishing some basic facts and principles which were useful in the conduct of this study.

#### Related Literatures

The following published articles by some authors were considered relevant and significant to the present topic.

Over the last century, stress as an interdisciplinary concept has become an area of great interest and has been researched extensively. Although the earliest studies on stress were mostly physiological, psychological models of stress have been developed once Selye established a link between stressors and illness in his model of general adaptation syndrome. The endeavor to understand psychological stress did not only involve the link between stress and illness; other human characteristics such as emotion, motivation, and performance were linked to stress. The realm of stress carries many diverse and distinct factors concerning the person and his or her environment. In organizational psychology, for example, stress is understood as a long-lasting and harmful emotional and somatic response

to stressors when the requirements of work do not accord with employees' capabilities, expectations, and needs (Haybatollahi, 2009).

Work organization and stress defined work-related stress as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. Stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues and where they have little control over work or how they can cope with its demands and pressures (Leka, Griffiths & Cox, 2003).

One of the most influential cognitive approaches to stress is the Lazarus Transactional Stress Model. The interaction between person and environment, which in particular working situations creates a feeling of being stressed, is the cornerstone of Lazarus' cognitive theory of stress. Individuals, according to this theory, have a cognitive evaluation of threats that come from the environment. This cognitive evaluation is called appraisal. The degree to which people appraise stress as a serious threat reveals the degree of stress experienced. However, only in particular conjunctions between a specific environment and a specific person can lead to a stressful threat appraisal. The term transaction implies that neither the individual nor the environment is carrying stress. What carries either objective or subjective stress resides in the relationship between the person and the environment (Haybatollahi, 2009).

The Management Standards has developed a model that explains the main drivers or causes of stress in an organization which must be managed. These six primary stressors are categorized as demand, control, support, relationship at work, change, and role conditions in the organizations. This model of stress defines work demand as all factors relating to the employees' workload, work design patterns and the environment. The control environment includes the extent to which employees have some say or are recognized in the organization also affects the way they work. Support factors include the encouragement, sponsorship, and resources provided by the organization, line management, and colleagues. When it comes to the issue of relationship at work, the Management Standards explain this as the existence or otherwise of a positive work environment. In terms of role, this is explained as the extent to which employees understand their roles in the organization and how the organization makes sure they do not have conflicting roles. Lastly, there is the issue about change management and in this case, it can be stressful for the employees to cope with it (Yeboah et al, 2014).

On the other hand, Organizational Role Theory (ORT) developed in the 1960s provides insight into the processes that affect the physical and emotional state of an individual in the workplace that affects their workplace behaviour. This theory focuses on the manner in which individuals accept and enact an array of roles in task-oriented and hierarchical systems. In an organizational context, role behaviours are the recurring patterns of actions that are considered important for

effective functioning in that particular role and in that particular organization. This theory is underpinned by four basic assumptions associated with role-taking, role-consensus, role-compliance, and role-conflict (Parker & Wickham, 2005)

Swaminathan and Rajkumar (2013) "Stress levels in Organizations and their Impact on Employees' Behaviour" conducted a study that focused on the levels of stress among the age group, profession, different varieties of jobs, hours of work and the influence of work environment on the degree of stress faced by employees. Swaminathan and Rajkumar also studied the optimum performance level of an individual and the three conditions responsible for work stress: role overload, role self-distance, and role stagnation.

Moustaka and Constantinidis (2010) "Sources and effects of work-related stress in Nursing" found out that work overload and role based factors such as lack of power, role ambiguity and role conflict can also produce stress which in turn reduces work efficiency, decreases performance capacity, and lack of concern for the organization and colleagues. To improve the performance of an individual in an organization, stress interventions that target sources of an occupational stress is required to support nurses.

Job Demands-Resources (JD-R) model lies on the assumption that whereas every occupation may have its own specific risk factors associated with job stress, these factors can be classified in two general categories (i.e. job demands and job resources). Thus, constituting an overarching model that may be applied to

various occupational settings irrespective of demands and resources involved. These demands refer to those physical, psychological, social, or organizational job aspects that require sustained physical and psychological (cognitive and emotional) effort or skills; and are therefore associated with certain physiological and or psychological costs. Job resources refer to those physical, psychological, social, or organizational job aspects that are functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, and stimulate personal growth, learning, and development (Bakker & Demerouti, 2007).

Lim, Bogossian and Ahern (2010) conducted a study on the "Stress and Coping in Australian Nurses", which identified factors that contribute to stress in Australian nurses; considered the coping strategies they used; and examined the effects of these stressors on nurses' health and well-being. Consequently, the results showed these stressors are work overload, role conflicts and experiences of aggression. Coping strategies included seeking support, problem solving and self-control. Most studies reported the detrimental effects of these stressors on nurses' physical and mental well-being with little consideration given to the spill-over effects of nursing work stress to their family and social relationships. Promotion of effective coping strategies and maintaining supportive social relationships are some of the strategies that would help reduce nurses' stress.

Mellor, Smith, Mackay and Palferman (2013) utilized case studies carried out in five large organizations drawn from public and private sectors in Great

Britain. The findings showed that senior management commitment and worker participation are keys to managing work-related stress and are commonly reported across organizations, although to variable form and depth.

Coping of stress is described as the successful management of problems and stressful situations. The coping strategy (coping mechanism) is defined as an innate or acquired response to a changing environment or to a specific problem or a situation. According to Folkman and Lazarus (1991), coping is the perceived and behavioral effort to adjust in specific external or internal requirements, which exceed the individuals' management resources. The effectiveness of coping strategies that an individual may use depends on various factors such as the number, duration and intensity of stress sources, previous experiences of the individual, available support systems and the personal abilities. As the coping and defense mechanisms strategies become ineffective, the individual may have difficulties in his interpersonal relationships, problems at work and significant reduction of abilities for addressing essential needs as cited by (Papathanasiou et al, 2015).

Work stress is a real challenge for workers and their employing organizations. As organizations and their working environment transform, so do the kinds of stress problems that employees may face. It is important that your workplace is being continuously monitored for stress problems. Furthermore, it is not only important to identify stress problems and to deal with them but also to promote healthy work environment and reduce harmful work aspects. Work itself

can be a self-promoting activity as long as it takes place in a safe, developed and health-promoting environment (Leka et al, 2003).

### **Related Studies**

The following studies conducted by some researchers were considered relevant and significant to the present topic, hence their citation to this study.

Najimi, Goudarzi and Sharifirad (2012) conducted a cross-sectional study aimed to determine the causes of job stress among nurses, a total of 189 nurses from Kashan hospitals of different wards participated the study. Occupational Stress Inventory-Revised (OSI-R) was used to determine the causes of work-related stress experienced by the nurses of Kashan, Iran. The results showed that the most important job stress aspects in female nurses were range of roles (48.4%), role duality (40.9%) and job environment (39.6%). In men, range of roles (57.5%), job environment (50%) and responsibility (45%) were the most significant aspects. In addition, lack of balance among skill, education, and job environment requirements in both genders were the least important aspects of job stress. The most common level of stress among the nurses was medium level and job factors were more involved in job stress than demographic and other factors.

Accordingly, this paper assesses work-related stress levels and sources among nurses deployed in San Maqueda Bay municipalities. However, compared to Najimi, Goudarzi and Sharifirad's study this paper used a different research

instrument, methodology, and type of respondents, i.e., respondents are from community centers instead of clinical facilities.

Meanwhile, Jose and Bhat (2013) conducted a descriptive study on stress and coping of nurses working in selected hospitals in India. The study population consisted of 1040 registered nurses working in selected medical college hospitals and government hospitals of Udupi and Mangalore districts. The results revealed that 60.38% of the subjects experienced low stress, 38.46% experienced moderate stress and stress was high among 1.15% of the subjects. Significant association was found between stress and professional qualification, marital status, and area of work. There was significant association between coping and marital status.

The aforementioned study was somehow related to the present study since both dealt with the assessment of work stress experienced by nurses. The result on the level of stress correlates with the present study where it shows that nurses under Nurse Deployment Project experienced "Low Stress". However, they differ in a way that the abovementioned study revealed that there was significant association found between stress and marital status, whereas the result of present study showed no significant relationship between nurse respondents civil status and work stress. In other words, civil status of the nurse respondents does not influence to their stress experienced in their work place.

Kerr, McHugh and McCrory (2009) conducted a cross-sectional study that investigated the relationship between the Health and Safety Executive's (HSE)

Management Standards (MS) and the following stress-related work outcomes: job satisfaction, job-related anxiety and depression and errors/near misses. A total of 707 employees within a community-based Health and Social Services Trust participated the study. Respondents completed the HSE Indicator Tool, a job-related anxiety and depression scale, a job satisfaction scale and an aggregated measure of the number of errors/near misses witnessed. The results showed a low response rate of 29%. Controlling for age, gender and contract type, the HSE MS (as measured by the HSE Indicator Tool) were positively associated with job satisfaction and negatively associated with job-related anxiety, job-related depression' and witnessed errors/near misses.

Accordingly, this paper utilized the above-mentioned study's research instrument which is the Health and Safety Executive's (HSE) Management Standards (MS) analysis tool. However, instead of studying the correlation of the HSE Managing Standards and stress-related work outcomes, the correlation between management standards and levels of stress experienced among nurses under Nurse Deployment Project (NDP) were focused on.

Meanwhile, Golubic, Milosevic, Knezevic and Mustajbegovic (2009) determined the occupational stressors present in nurses' working environment; described and compared occupational stress between two educational groups of nurses; estimated which stressors and to what extent they predict nurses' work ability; and determined if educational level predicts nurses' work ability.

Questionnaires were distributed to a convenience sample of 1392 (59%) nurses employed at four university hospitals in Croatia. It revealed that nurses with secondary school qualifications perceived hazards at workplace and shift work as statistically significantly more stressful than nurses with a college degree.

The above-mentioned study was substantially related to the present study since both dealt with the assessment of work-related stress experienced by the nurses. However, they differ on the variables used since the above-mentioned study used Occupational Stress Assessment Questionnaire and Work Ability Index Questionnaire as research instruments and locale of study conducted.

Haq, Iqbal and Rahman (2008) conducted a multi-method study to assess job stress among community health workers. In Pakistan, community workers called Lady Health Workers (LHW) deliver house-to-house basic health care in rural areas and urban slums. All LHWs from one typical rural sub-district in Rawalpindi were surveyed. Focus group discussions with a sub-set of these workers were also conducted. About a quarter of the LHWs were found to have significant occupational stress. Factors associated with stress included having low socio-economic status and having to travel long distances for work. Inconsistent medical supplies, inadequate stipends, lack of career structure and not being equipped to communicate effectively with families were the main factors for job dissatisfaction among these workers.

The foregoing study was substantially related to the present study as it dealt with the assessment of job stress experienced among community health care workers. However, it differs from the research instrument and methodology utilized.

Brookes et al, (2013) conducted a study that aims to explore how the HSE indicator tool has been implemented within organizations and to identify contexts in which the tool has been used, its psychometric properties and relationships with alternative measures of well-being and stress. Thirteen papers were included in the review with a response rate varying from 23 to 100 % between studies. Using factor analysis and measures of reliability, the studies suggest that the HSE indicator tool is a psychometrically sound measure. The tool has been used to measure work-related stress across different occupational groups, with a clear relationship between the HSE tool and alternative measures of well-being.

The above-mentioned study was substantially related to the present study since both studies tackled work-related stress experienced among employees including nurses and allied health professionals. However, they differ in a way that the above-mentioned study presented the application of HSE Management Standard Analysis Tool in thirteen research papers conducted by respective researchers and the methodology utilized.

Thian et al, (2015) conducted a descriptive-correlational research study that aimed to identify sources of work stressors among registered nurses and examine

the interrelationships among stress, positive affectivity and work engagement. A sample of 195 full-time nurses was recruited from a tertiary hospital in Singapore as the participant of the study. Data were collected via self-reported questionnaires and then analyzed using descriptive statistics and path analyses. The result showed that the greatest work stressors experienced by respondents was high workload (83.1%, n= 162), followed by time pressure (57.9%, n = 113), inadequate reward (32.8%, n= 64), inadequate patient interaction (24.1%, n= 47), unmanageable emotional demands of job (22.6%, n = 44) and poor professional status of nurses (22.6%, n= 44). The least problematic items for nurses were poor communication with co-workers (8.2%, n= 16) and lack of professional feedback (7.2%, n= 14).

The foregoing study has relevance to the present study considering both studies dealt with the sources of work-related stress being experienced by nurses. However, they differ in a way that the above-mentioned study gathered data among nurses working in a hospital facility, its research instrument and methodology utilized.

AbuAlRub (2004) conducted a correlational descriptive survey to investigate the relationships among a convenience sample of 263 American hospital nurses and 40 non-American nurses who were accessible via the Internet. This study aimed to investigate the effect of job-related stress on job performance among hospital nurses and the effect of social support from co-workers on the stress-performance relationship. Data were collected using a Web-based

structured questionnaire, which included the Nursing Stress Scale, the Schwirian Six Dimension Scale of Nursing Performance, the McCain and Marklin Social Integration Scale, and the demographic form. Descriptive statistics, Pearson product-moment correlations, and hierarchical regression techniques were used to analyze the data. The study revealed that perceived social support from co-workers enhanced the level of reported job performance and decreased the level of reported job stress.

The above-mentioned study was substantially related to the present study since both tackled work-related stress experienced among nurses. However, they differ in a way that the above study used to gather data from its respondents through internet and the research instruments used in the study.

Mojoyinola (2008) conducted a study in the effects of job stress on the physical health, mental health personal and work behaviours of nurses in public hospitals in Ibadan Metropolis, Nigeria. One Hundred Fifty Three (153) nurses working in the State Hospital, Ring Road and University College Hospital, Ibadan. The result showed job stress has significant effect on physical and mental health of the nurses. It also established that there was a significant difference in personal and work behaviour of highly stressed nurses and less stressed nurses.

The aforementioned study was cited as it bears similarity to the present study. However, they differ in terms of the research methodology, instrument utilized and the respondents of the study, where in it was distributed among nurses working in a hospital facility.

Gelsema, Vander Doef, Maes, Janssen, Akerboom and Verhoeven (2006) conducted a study that examined the influence of changes in work conditions on stress outcomes as well as influence of changes in stress outcomes on work conditions. A complete two-wave design was used with a time interval of 3 years. The sample consisted of 381 hospital nurses in different functions working in different wards. The result showed changes in work conditions are predictive of the outcomes, especially of job satisfaction and emotional exhaustion. The strongest predictors of job satisfaction were social support from supervisor, reward and control over work. It also revealed that the strongest predictors of emotional exhaustion were work and time pressure and physical demands.

The forgoing study was cited as it bears similarity with the present study as it assesses stress on the working condition of the nurses and its predictors. However, they differ in a way that the foregoing study correlated the influence of changing work conditions and stress outcomes on nurses experiencing work-related stress.

Ernst, Franco, Messmer and Gonzalez (2004) conducted descriptive-correlational a study that aimed to identify a set of factors that describes nursing satisfaction in the pediatric setting. Surveys were distributed to all nurses employed at a children's hospital in the Southeast. The result showed a significant relationship among nurses' job satisfaction, organizational work satisfaction, job stress and recognition in pediatric setting. It also revealed that job stress correlated significantly and inversely with age, years as nurse and years in the organization.

The aforementioned study has relevance to present study since it was used to test if there is a correlation between job stress and nurses' demographic profile as to their age and work experience. However, they differ in a way that the present study showed that there is no significant relationship between nurse respondents work-related stress as to their age (p-value 0.791) and work experience (p-value 0.113). In other words, age and work experience of nurse respondents does not have bearing on their level of work place stress.

De Castro, Cabrera, Gee, Fujishiro, and Tagalog (2009) conducted a cross-sectional study on Occupational Health and Safety Issues among Nurses in the Philippines. Data were collected through a self-administered survey during the Philippine Nurses Association 2007 convention. Measures included four categories: work-related demographics, occupational injury/illness, reporting behavior, and safety concerns. The result showed approximately 40% of nurses had experienced at least one injury or illness in the past year, and 80% had experienced back pain. Most who had an injury did not report it. It also revealed that the top ranking concerns were stress and overwork.

The above-mentioned study was related to the present study since it emphasizes work stress and overwork as one of concerns with regards to the occupational health and safety issues among nurses in the Philippines. However, they differ in the number of variables considered and research methodology utilized.

The foregoing studies cited have significant bearing and contribution to the present study in the sense that all of them tackled work-related stress experienced among employees. They differ in many aspects; however, they somehow provided the researcher clear insights in the conduct of the study.

## CHAPTER 3

### METHODOLOGY

This chapter deals with the comprehensive discussion of the methods and procedures employed, to systematically answer the specific problems posed for investigation. Specifically, this chapter focuses on the research design, locale of the study, respondents of the study, instrumentation, validation of instrument, data gathering procedure and the corresponding statistical techniques used for accurate data analysis and interpretation.

#### Research Design

A descriptive, correlational design was adopted for this study. Correlational studies display the relationships among variables by such techniques as cross-tabulation and correlations (Simon & Goes, 2001). This study design was appropriate as the primary objective of the investigation to explore on work-related stress management for Nurse Deployment Project in Samar. Data collections were based on survey using two standardized questionnaires.

The study employed both descriptive and inferential statistical tools to address the specific questions and hypotheses. Descriptive statistics included frequencies, means, percentages, and standard deviations. Inferential statistics such as the Pearson Product Moment Correlation and Point-Biserial Correlation

Coefficient were used to determine correlations between relevant variables and to test the significance of the relationship.

### **Instrumentation**

A survey questionnaire composed of three parts was administered to the respondents.

**Part 1** was a checklist which described the demographic profile of the nurses according to age, sex, civil status, monthly salary income, and period of work experience as NDP nurse.

**Part 2** was a checklist which described nurses work involvement in Nurse Deployment Project (NDP) as to health education, house visits, recording and reporting data.

**Part 3** was a standard questionnaire entitled Workplace Stress Survey developed by American Institute of Stress (1998). The instrument comprised 10 items to assess the level of stress of respondents. The responses are "Strongly Disagree (1,2,3,4)", "Agree Somewhat (5,6,7)" and "Strongly Agree (8,9,10)". To get the total job stress score add up the responses provided by the nurse respondents. A total score between (10-39) means low stress or you handle stress on your job well, between (40-69) moderately well and (70-100) represents high stress, maybe you are encountering problems that need to be resolved. To fully interpret the results based on the given statement refer to appendix A.

**Part 4** was the Management Standard Analysis Tool developed by the United Kingdom Health and Safety Executive (2004). The instrument comprised 35 items divided into 6 areas assess the work-related stress experienced among nurses. Likert scale responses (i.e. "Never", "Seldom", "Sometimes", "Often" and "Always" for items number one (1) to twenty three (23) and "Strongly Agree", "Disagree", "Neutral", "Agree" and "Strongly Agree" for items twenty four (24) to thirty five (35); eight (8) items under demand which includes issues such as workload, work patterns and the working environment, six (6) items under control, five (5) items under manager support and four (4) items under peer support which includes the encouragement and resources provided by the organization, line management and colleagues, four (4) items under relationship at work which includes promoting positive working practices to avoid conflict and dealing with unacceptable behaviour, five (5) items under role and three (3) items under change sources of stress. To fully interpret the results based on the given statement refer to appendix A.

#### **Validation of Instrument**

Permissions to use the tools were granted by their authors through email prior to actual conducting of the study. A pilot study was conducted using selected nurses under Nurse Deployment Project (NDP) deployed in the Municipality of Basey, Western Samar from to examine the reliability and score distribution. A two - week test retest reliability study of the questionnaires showed reliability score of 0.70.

Furthermore, the questionnaire underwent expert validation. This was done by the researcher presenting the questionnaire to his research adviser and other instructors from the college of nursing and health sciences for their constructive criticisms, suggestions, and modifications. After incorporating the modifications from the pilot study into the main study instruments, data collection was conducted. Before each respondent submitted their questionnaire, completeness of the data was confirmed by the research assistants. All quantitative data was entered into a Statistical Package for Social Sciences (SPSS) database and were audited for accuracy.

### **Sampling Procedure**

Respondents were registered nurses under the Nurse Deployment Program (NDP) in South Maqueda Bay Health Net Inter Local Health Zone, Western Samar, Philippines. All the municipalities under this area were taken as samples of the study. The specific location of the 6 municipalities subjected to this study was clearly shown on the map in Figure 2. In selecting respondents, the following criteria were followed: 1) registered nurse, (2) working under the Nurse Deployment Project (NDP) of the Department of Health (DOH), and (3) consented to participate in the study. Total enumeration was used to come up with the sample size. See table 1 for the nurse-respondents distribution in six (6) municipalities.

Table 1  
Nurse-Respondents Distribution

Municipalities	Number of Barangays	Nurses deployed under Nurse Deployment Project (NDP)
Villareal	38	11
Pinabacdao	24	7
Calbiga	41	9
San Sebastian	14	5
Talalora	11	5
Daram	58	18
Total	186	55

### Data Gathering Procedure

The researcher communicated with the respective rural health unit heads of the municipalities asking permission to conduct the study. After obtaining approval, the researcher and/or research assistants administered the questionnaires to the nurses under the Nurses Deployment Program (NDP) assigned in each municipality to ensure that the respondents understood the importance of the study, were willing to cooperate, properly responded to all of the questions, and that all instruments utilized were returned. Precautionary measures were taken into consideration to safeguard the study respondents' legal rights. The rights of these participants were assured through full disclosure of the nature of the study and maintaining confidentiality and anonymity of each participant. This was done through the following mechanisms: (a) the participants' were informed of the complete nature of the study and the responsibilities of the researcher; (b) the benefits of the study were explained to

the participants; (c) disclosure of the lack of known risks from participating in the study was made, and (d) anonymity was assured for each participant.

Confidentiality and anonymity of the respondents were maintained by only a code number on the questionnaire. The data collection took place in the months of November 2017 to February 2018.

### **Statistical Treatment of Data**

Data collected were entered in Microsoft Excel and were analyzed using SPSS version 20 (SPSS Inc., Chicago, IL, USA) using the descriptive and inferential statistics. For in-depth analysis and interpretation of data, the following statistics were used.

**Frequency count.** This statistical tool was used in quantifying the profile of the respondents and their responses on the questionnaires.

**Percentage.** This statistical tool was used in the analysis and interpretation of the profile of the respondents and their responses on the questionnaires.

**Weighted Mean.** This statistical measure was used to determine the quantitative characteristics or profile of the respondents. This was also used to measure the level of work place stress and management standards for work-related stress along: demands, control, support, relationship at work, role, and change.

**Standard Deviation.** This statistical measure was utilized in describing the extent to which data varied among themselves.

**Pearson Correlation Coefficient.** This statistical tool was used to determine correlations between relevant variables.

## CHAPTER IV

### PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the data gathered, the analysis undertaken, and the interpretations made in connection with the specific questions of the study. The data gathered are presented in tabular forms with their corresponding statistical analysis and interpretation.

#### **Profile of Nurse Respondents**

This section reflects the data obtained regarding the profile of the respondents such as age, sex, civil status, monthly income, and period of work experience.

**Age.** Table 2 shows the frequency distribution of respondents in terms of age. The majority of the respondents (70.9%) belonged to the age bracket of 25 - 29 years old and 20 to 24 years old respectively. In addition, the mean age of the sample was 27.04 years with standard deviations of 6.42 years. This means that the current nursing workforce is composed of early adulthood. This result is in contrast with international studies suggesting that globally, the nursing workforce is aging with fewer young people entering the profession to replace the large number of baby boomers due to retirement in the coming decade (Erickson & Grove, 2007). For example in Australia, the average age of a nurse was 43.2 years (Peterson, 2013).

Table 2

## Distribution of the Respondents According to Age

Age (Years)	F	Percentage
45 - 49	1	1.8
40 - 44	1	1.8
35 - 39	1	1.8
30 - 34	2	3.6
25 - 29	39	70.9
20 - 24	11	20.0
Total	55	100
<b>Mean Range</b>	27.04 years	
<b>SD</b>	6.42 years	

**Sex.** Table 3 shows the sex distribution of the nurse-respondents. It can be gleaned from the table below that the majority of the nurse respondents were female (72.7%) and the remaining proportions were male (27.3%). This result is an avowal that the nursing profession remains a female - dominated profession. Published studies consistently suggest that the nursing profession continues to be viewed as women's work, a profession supporting the stereotypical feminine traits of nurturing, caring and gentleness, in contrast to masculine characteristics of strength, aggression and dominance (Meadus, 2000; MacWilliman, Schmidt & Bleich, 2013).

Table 3

## Distribution of the Respondents According to Sex

Sex	F	Percentage
Male	15	27.3
Female	40	72.7
Total	55	100

**Civil Status.** As reflected in Table 3, majority of the nurse-respondents are single (83.6%) and nine or 16.4% are married. As revealed by the result single nurses are the dominant NDP nurses. To support this result, a study of Maestripleri (2010) suggest that single individuals are more responsive to stress than married individuals, a finding consistent with growing body of evidence showing that marriage and social support buffer against stress.

Table 4

## Distribution of the Respondents According to Civil Status

Civil Status	F	Percentage
Single	46	83.6
Married	9	16.4
Total	55	100

**Monthly Salary Income.** Table 4 describes the frequency distribution of the nurse-respondents according to their monthly income. All the nurse-respondents monthly salary income is between Php 20,001 - 25, 000. Further reflected in the table is the mean nurse-respondents monthly salary income of Php 22,500. This result implies that nurse-respondents receive a good salary in return to their good working performance. A study of Atefi, Abdullah, Wong and Mazlom (2014) emphasizes that salary was considered one of the most important factors affecting nurses job satisfaction. Likewise, a study of Dieleman, Toonen, Touré and Martineau (2006) revealed that salaries and incentives are important factors for health workers and should not be neglected, however this study does show that gains in motivation could be made by giving greater responsibility to staff, by

holding staff responsible and by improving mechanisms for recognition. In Nurse Deployment Project, a salary of Twenty-Six Thousand Eight Hundred Seventy-Eight Pesos (Php 26,878.00) is given in full for nurses who have completed the number of working days (Department of Health).

Table 5

## Distribution of the Respondents According to Monthly Salary Income

Monthly Salary Income	F	Percentage
25,001 - 30, 000	0	0.0
20,001 - 25, 000	55	100
15,001 - 20, 000	0	0.0
10,001 - 15, 000	0	0.0
5,001 - 10, 000	0	0.0
<b>Mean</b>	Php 22, 500	

**Work Experience.** Table 5 describes the frequency distribution of the nurse-respondents according to years of work experience.

As gleaned in the table, twenty-one or 38.2% had a work experience of 2.5 to 3 years. Sixteen or 29.1% had 3.5 and above, eleven or 20.0% had a work experience of 1 year and below, while the few remaining respondents (12.7%) had 1.5 to 2 years work experience. This suggests that the current nursing workforce is relatively young with more new nurses entering the profession. It is also worth noting that only a small percentage of nurses have 1.5 to 2 years of experience. This

may be due to the fact that most nurses, after acquiring two years of experience leave the country and look for greener pastures overseas.

Table 6

## Distribution of the Respondents According to Work Experience

Work Experience*	F	Percentage
3.5 and above	16	29.1
2.5 - 3	21	38.2
1 - 2	7	12.7
1 year and below	11	20.0
Total	55	100

\* Presented in years

**Nurse-respondents involvement in the Nurse Deployment Project**

Table 7 reflects the data obtained regarding the involvement of the nurse-respondents in the Nurse Deployment Project in terms of health education, house visits, recording, and reporting.

Table 7

## Nurse Respondents Involvement in the Nurse Deployment Project

Nurse Deployment Project	Frequency	Percent
Health Education	55	100.0
House Visits	55	100.0
Recording	55	100.0
Reporting	55	100.0
*Multiple Response		

**Health Education.** Fifty-five or 100 % of nurse- respondents are involved in health information dissemination thru health education in their respective area of assignment. The result implied that most of the nurse-respondents were involved in this kind of activity to impart ideas on the topics which focuses on

health. Dong, Li, Chen, Chang and Simon (2013) conducted a study that is intended to assess the effectiveness of five health workshops in a Chinese community, focusing on depression, elder abuse, nutrition, breast cancer and stroke. A community-based participatory research approach was implemented to plan and organize the workshops. The result shows that the health workshops have significantly improved participants' understanding throughout the five health themes and it also revealed that health education workshops increased older adults' understanding of the risk factors and consequences of depression, elder abuse and breast cancer.

**House Visits.** Fifty-five or 100 % of nurse-respondents were involved in conducting home visits in their respective catchment areas. According to the study of Olds, Kitzman, Knudtson, Anson, Smith and Cole (2014) revealed that prenatal and infant/toddler home visits by nurses is a promising means of reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings.

**Recording.** Fifty-five or 100 % nurse-respondents were involved in recording significant health data's as part of documentation process. Health records are the most important database of health treatment of the patient. Consistent recording by doctors, nurses and other staff is proof of proper monitoring of the health, planning and treatment. Initial health records were used to describe individual processes. Chronological recording of health data is

exemplary and ensures legal security of the operator and the patient because only authentic documents and records are available and can be used as evidence for exercising the rights of an individual (Marinič, 2015).

**Reporting.** Fifty-five or 100 % nurse-respondents were involved in this category. The result implied that nurse-respondents adhere in reporting gathered data's. Montalvo (2007) research titled "The National Database of Nursing Quality Indicators®" described the work and accomplishments related to the NDNQI as researchers utilized its nursing-sensitive outcomes measures to demonstrate the value of nurses in promoting quality patient care. NDNQI is the only national nursing database that provides quarterly and annual reporting of structure, process, and outcome indicators to evaluate nursing care at the unit level.

#### **Level of Work Place Stress experienced by the nurse-respondents in the Nurse Deployment Project**

This study also looked into the level of work place stress experienced by the nurse-respondents in the Nurse Deployment Project.

Table 8 shows the level of work stress experienced by the nurse respondents in Nurse Deployment Project. Both statement "I could usually do a much better job if I were given more time", with a mean of 7.24 and "My job has a lot of responsibility, but I don't have very much authority", with a mean of 6.44 is interpreted as "Slightly High Stress".

Table 8  
Level of Work Stress Experienced in the Nurse Deployment Project

Statement	Mean	Interpretation
I can't honestly say what I really think or get things off my chest at work	6.02	Slightly High Stress
My job has a lot of responsibility, but I don't have very much authority	6.44	Slightly High Stress
I could usually do a much better job if I were given more time	7.24	Slightly High Stress
I seldom receive adequate acknowledgement or appreciation when my work is really good	6.29	Slightly High Stress
In general, I am not particularly proud or satisfied with my job	2.49	Slightly Moderate Stress
I have the impression that I am repeatedly picked on or discriminated against at work	2.29	Slightly Moderate Stress
My workplace environment is not very pleasant or safe	2.53	Slightly Moderate Stress
My job often interferes with my family and social obligations, or personal needs	3.07	Slightly Moderate Stress
I tend to have frequent arguments with superiors, co-workers or customers	2.07	Slightly Moderate Stress
Most of the time I feel I have very little control over my life at work	3.04	Slightly Moderate Stress
<b>Overall Mean</b>	4.15	Moderate Stress

\*8.01-10 - High Stress

6.01-8.00 - Slightly High Stress

4.01-6.00 - Moderate Stress

2.01-4.00 - Slightly Moderate Stress

1.00-2.00 - Low Stress

On the other hand, the statement "I tend to have frequent arguments with superiors, co-workers or customers" with a mean of 2.07 and the statement "I have the impression that I am repeatedly picked on or discriminated against at work" with a mean of 2.29 is interpreted as "Slightly Moderate Stress".

The overall mean for the level of stress experienced by the nurse-respondents in the Nurse Deployment Project is 4.15 interpreted as "Moderate Stress". The result correlates to the study of Thian et al, (2015) that showed one of the high work stressors experienced by nurses is time pressure (57.9%) while, items under poor communication with co-workers (8.2%) and lack of professional feedback (7.2%) factors reveals the least work stressors experienced by nurses. Also, a study of AbuAlRub, (2004) showed that perceived social support from co-workers enhanced the level of reported job performance and decreased the level of reported job stress. It also revealed that nurses who reported moderate level of job stress believed that they performed their job less well than those who reported low or high levels of job stress.

Table 9  
Level of Work Stress Experienced in the Nurse Deployment Project

Stress Level	Frequency	Percent (%)
High Stress	0	0.0
Moderate Stress	25	45.5
Low Stress	30	54.5
Total	55	100.0

As reflected in Table 9, thirty or 54.5% nurse-respondents experienced "Low Stress" while twenty-five or 45.5 % nurse-respondents experienced "Moderate Stress". The result implied that some of the NDP nurses deployed in South Maqueda Bay Municipalities encountered less work-related stress in their work place or they used stress management strategies that helps to reduce the

work stress they experienced. This result correlates to the study of Jose & Bhat (2013) that majority of the nurses working in selected hospitals of Udupi and Mangalore districts Karnataka, India experienced low stress (60.38%), moderate stress (38.46%) and high stress (1.15%). A study of Mojoyinola (2008) revealed that there is significant difference in personal and work behaviour of highly stressed and less stressed nurses.

### **Management Standard for Work-related Stress**

This study tried to investigate the management standard for work-related stress of nurse-respondents along: demands, control, support, relationship at work, role and change.

**Demand.** As reflected in the table 10, it showed eight sources of work-related stress that includes issues such as workload, work patterns and the working environment. The statement "I have to work very intensively" showed the highest mean of 2.67 interpreted as "Moderate Stress", while statement "I have unrealistic time pressures" got the lowest mean of 3.87 interpreted as "Slightly Moderate Stress". The Sub Mean for this category is 3.34 interpreted as "Moderate Stress". This significant finding correlates with the study of Gelsema et al, (2006) that the strongest predictor of emotional exhaustion is work, time pressure and physical demands. Also, a study conducted by Lim, Bogossian and Ahern (2010) revealed that nurses reported major stressors including high work demands, conflict at work and shortage of staff.

Table 10  
Management Standards for Work-related Stress of Nurse Respondents as to Demand

Demands	Mean	Interpretation
Different groups at work demand things from me that are hard to combine	2.96	Moderate Stress
I have unachievable deadlines	3.62	Slightly Moderate Stress
I have to work very intensively	2.67	Moderate Stress
I have neglect some tasks because I have too much to do	3.53	Slightly Moderate Stress
I am unable to take sufficient breaks	3.35	Moderate Stress
I am pressured to work long hours	3.60	Slightly Moderate Stress
I have to work very fast	3.15	Moderate Stress
I have unrealistic time pressures	3.87	Slightly Moderate Stress
<b>Sub-Mean</b>	3.34	Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

**Control.** Presented in table 11, control factor consists of six items which assessed how much the nurse-respondents do their work. The statement "I can decide when to take a break" showed the highest mean of 3.42 interpreted as "Moderate Stress", while the statement "My working time can be flexible" with a mean of 3.76 and statement is interpreted as "Slightly Moderate Stress". The Sub Mean for this category is 3.59 interpreted as "Slightly Moderate Stress".

**Table 11**  
**Management Standards for Work-related Stress of Nurse Respondents as to Control**

<b>Control</b>	Mean	Interpretation
I can decide when to take a break	3.42	Moderate Stress
I have a say in my own work speed	3.62	Slightly Moderate Stress
I have choice in deciding how I do my work	3.75	Slightly Moderate Stress
I have a choice in deciding what I do at work	3.45	Moderate Stress
I have some say over the way I work	3.53	Slightly Moderate Stress
My working time can be flexible	3.76	Slightly Moderate Stress
<b>Sub-Mean</b>	3.59	Slightly Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

A study of Naqvi, Khan and Kant (2013), showed that majority of public health sector employees considered management system as the major contributor of creating job stress, lack of financial rewards, low control over the work environment, personal issues and inflexibility in work hours. Likewise, A study of Moustaka and Constantinidis (2010) research entitled "Sources and effects of work-related stress in Nursing", found out that aspects of the work itself can be stressful. Work overload and role based factors such as lack of power, stress is

associated with reduced efficiency and decreased capacity to perform work-related task.

**Support.** Table 12 reflects the two categories of support namely, manager's support and peer support. Under manager's support, the statement "I can rely on my line manager to help me out with a work problem" showed the highest mean of 3.41 interpreted as "Moderate Stress" while the statement "My line manager encourages me at work" with a mean of 3.95 was interpreted as "Slightly Moderate Stress". According to Leka et al, (2003) stress occurs in a wide range of circumstances but is often made worse when employees feel they have little support from supervisors and colleagues.

Meanwhile, in peer support category statement "I receive the respect at work I deserve from my colleagues" showed the highest mean of 4.05 interpreted as "Slightly Moderate Stress". According to the study of Thian et al. (include all authors), (2015), the least work stressors experienced among nurses are poor communication with co-workers and lack of professional feedback.

The Sub Mean for work-related stress under support category is 3.93 interpreted as "Slightly Moderate Stress". The result implied that nurse respondents have least issue of work stress experienced with the peer support factor than manager's support maybe because nurse-respondents are afraid that they would always depend on their line manager's help in making possible solutions for work-related problems they might encounter at work.

Table 12  
Management Standards for Work-related Stress of Nurse Respondents as to  
Support

Support	Mean	Interpretation
Manager's Support		
I am given supportive feedback on the work I do	3.89	Slightly Moderate Stress
I can rely on my line manager to help me out with a work problem	3.41	Moderate Stress
I can talk to my line manager about something that has upset or annoyed me about work	3.67	Slightly Moderate Stress
I am supported through emotionally demanding work	3.71	Slightly Moderate Stress
My line manger encourages me at work	3.95	Slightly Moderate Stress
Peer Support		
If work gets difficult, my colleagues will help me	4.29	Slightly Moderate Stress
I get help and support I need from colleagues	4.18	Slightly Moderate Stress
I receive the respect at work I deserve from my colleagues	4.05	Slightly Moderate Stress
My colleagues are willing to listen to my work-related problems	4.25	Slightly Moderate Stress
<b>Sub-Mean</b>	3.93	Slightly Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

A study of AbuAIRub (2004) showed that that perceived social support from co-workers enhanced the level of reported job performance and decreased the level of reported job stress.

Table 13  
Management Standards for Work-related Stress of Nurse Respondents as to Relationship at Work

	Mean	Interpretation
<b>Relationship at Work</b>		
I am subject to personal harassment in the form of unkind words or behaviour	4.20	Slightly Moderate Stress
There is friction or anger between colleagues	3.78	Slightly Moderate Stress
I am subject to bullying at work	4.64	Low Stress
Relationship at work are strained	3.55	Slightly Moderate Stress
<b>Sub-Mean</b>	4.04	Slightly Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

**Relationship at work.** Table 13 shows the responses of the respondents on relationship at work. The statement "Relationship at work are strained" got the highest mean of 3.55 interpreted as "Slightly Moderate Stress". A study of Michie (2002) identified relationship at work and organizational structure as sources of stress or buffer against stress. Managers who are critical, demanding, unsupportive or bullying create stress, whereas a positive social dimension of work and good team work reduces it. On the other hand, the statement "I am

subject to bullying at work'' with a mean of 4.64 was interpreted as ''Low Stress''. To support this result, a study of Yildirim (2009) showed that thirty seven percent of the total 286 female nurses had never or almost never encountered workplace bullying during the last 12 months. The sub mean for this category is 4.04 interpreted as ''Slightly Moderate Stress''.

**Table 14**  
Management Standards for Work-related Stress of Nurse Respondents as to Role

Role	Mean	Interpretation
I am clear what is expected of me at work	4.16	Slightly Moderate Stress
I know how to go about getting my job done	4.16	Slightly Moderate Stress
I am clear what my duties and responsibilities are	4.62	Low Stress
I am clear about the goals and objectives for my department	4.60	Low Stress
I understand how my work fits into the overall aim of the organization	4.20	Slightly Moderate Stress
<b>Sub-Mean</b>	4.35	Slightly Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

**Role.** Table 14 presents the responses of respondents on management standards for work-related stress on role category. The statement ''I am clear what is expected of me at work'' and ''I know how to go about getting my job done'' got the highest mean of 4.16 interpreted as ''Slightly Moderate Stress''. Meanwhile,

nurse respondents experienced least stress in statement "I am clear what my duties and responsibilities are" with a mean of 4.62 interpreted as "Low Stress". A study of Lim, Bogossian and Ahern (2010) revealed that the work-related stressors experienced among Australian nurses are work overload, role conflicts and experiences of aggression. This result also correlates with the study conducted by Swaminathan and Rajkumar (2013) that role overload, role self-distance, and role stagnation are responsible for work stress.

Table 15  
Management Standards for Work-related Stress of Nurse Respondents as to Change

Change	Mean	Interpretation
I have sufficient opportunities to question managers about change at work	3.11	Moderate Stress
Staff are always consulted about change at work	3.67	Slightly Moderate Stress
When changes are made at work, I am clear how they will work out in practice	3.84	Slightly Moderate Stress
<b>Sub-Mean</b>	3.54	Slightly Moderate Stress

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

**Change.** Table 15 presents, the three sources of work-related stress that reflects how organizational change is managed and communicated. The statement "I have sufficient opportunities to question managers about change at work" got the highest mean of 3.11 interpreted as "Moderate Stress". Gelsema et al, (2006)

conducted a study that examined the influence of changes in work conditions on stress outcomes as well as influence of changes in stress outcomes on work conditions. The result showed changes in work conditions are predictive of the outcomes, especially of job satisfaction and emotional exhaustion. The strongest predictors of job satisfaction were social support from supervisor, reward and control over work. On the other hand, statement "When changes are made at work, I am clear how they will work out in practice" got the lowest mean of 3.84 interpreted as "Slightly Moderate Stress". The Sub-Mean for this category is 3.54 interpreted as "Slightly High Stress".

Table 16  
Summary of Stress Category under Management Standard for Work-related Stress

Sources of stress	Sub Mean	Interpretation	Rank
Demands	3.34	Moderate Stress	1
Control	3.59	Slightly Moderate Stress	3
Support	3.93	Slightly Moderate Stress	4
Relationship at work	4.04	Slightly Moderate Stress	5
Role	4.35	Slightly Moderate Stress	6
Change	3.54	Slightly Moderate Stress	2
Over all mean	3.83	Slightly Moderate Stress	

\*1.01-1.50 - High Stress

1.51-2.50 - Slightly High Stress

2.51-3.50 - Moderate Stress

3.51-4.00 - Slightly Moderate Stress

4.51-5.00 - Low Stress

As reflected in Table 16 under management standard for work-related stress among nurse-respondents, it revealed that the highest source of work

stressor that nurse-respondents experienced was stress responses under demand category. However, the least work stressors that nurse respondents experienced were stress responses under change, control, support, relationship at work and role category of stress. The overall mean was 3.83 interpreted as "Slightly Moderate Stress".

### Relationship between respondents profile and their level of work place stress

This section discusses the relationship between the respondents profile and the level of work place stress.

Table 17  
Correlation between Nurse-Respondents Profile and their Level of Work Place Stress

Profile Variables	Correlation Coefficient	Level of Stress	
		p-value	Interpretation
Age	$r = 0.037$	0.791	Not Significant
Sex	$r_{pb} = 0.083$	0.545	Not Significant
Civil Status	$r_{pb} = 0.215$	0.115	Not Significant
Work Experience	$r = 0.216$	0.113	Not Significant

It can be gleaned from Table 17 that there were no statistically significant correlations between the level of work place stress and the nurse-respondents age ( $p=0.791$ ), sex ( $p=0.545$ ), civil status ( $p=0.115$ ), and work experience ( $p=0.113$ ), therefore the hypothesis, "There is no significant relationship between the nurse-respondents demographic profile and their level of work place stress", was accepted. The result implied that age, sex, civil status, and work experience of nurse-respondents does not influence stress experienced in the work place.

A study of Al-Hawajreh (2011) showed that there is no significant relationship among female and male nurses working in selected Jordanian hospital and their job related stress. The results also correlate with the study of Jose and Bhat (2013), that there is no significant association found between nurses' work stress and their age, income per month and total years of experience. However, a significant association found between nurse's stress and marital status. It says that married subjects are more stressed than subjects who are single. This significant finding is however different with the present study that civil status of nurse-respondents does not have bearing on their level of work place stress.

#### **Relationship between nurse respondents profile and their management standards for work-related stress**

Table 18 indicates the correlation between nurse-respondents profile and their management standards for work-related stress.

**Age.** Analysis showed statistically significant correlation between management standards for work-related stress and managers support (0.322), thus, the null hypothesis; "There is no significant relationship between management standards for work-related stress along manager's support and age" was rejected. This result implied that the older the nurse- respondent the higher the Managers' Support given, hence, less stress is experienced. A study of Ernst et. al, (2006) revealed that job stress correlated significantly and inversely with age, years as a nurse, and years in the organization. This could be because the nurses

get adjusted with the work environment as they gain experience and become older.

However, the other indicators under management standards for work-related stress correlated to profile variable age showed to be Not Significant. Hence, the null hypothesis of no significant relationship between management standards for work-related stress along: demands, control, peer support, relationship at work, role and change and the profile variable age of the nurse respondents were not rejected at the 5% level of significance. This result implied that demands, control, peer support, relationship at work, role and change does not influence the age of the nurse respondents in managing stress.

Table 18  
Correlation between nurse respondents profile and their management standards for work-related stress

Management Standards for Work-related Stress	Age		Profile Variables				Work Experience	
	Corr. Coeff.	p-value	Sex Corr. Coeff.	p-value	Civil Status Corr. Coeff.	p-value	Corr. Coeff.	p-value
Demands	0.166	0.225	0.081	0.556	0.064	0.642	0.104	0.452
Control	0.099	0.474	0.041	0.765	0.009	0.945	0.164	0.232
Support								
Manager	<b>0.322</b>	<b>0.016*</b>	0.045	0.742	0.251	0.064	0.015	0.912
Peer	0.242	0.075	0.251	0.064	0.131	0.339	0.081	0.555
Relationship at Work	0.120	0.384	0.220	0.106	0.148	0.279	0.073	0.598
Role	0.163	0.234	0.047	0.731	0.107	0.437	0.004	0.976
Change	0.316	0.019	0.098	0.477	0.203	0.136	0.035	0.802

$\alpha = 0.05$

**Sex.** Results showed in Table 18 that correlating the management standards for work-related stress and the profile variable sex of the nurse- respondents, none of the identified indicators showed to have a significant result. Hence, the null hypothesis of no significant relationship between the management standards for work-related stress and profile variable sex of the nurse respondents were not rejected at the 5% level of significance. This result implied that sex of the nurse respondents did not influence their management for work-related stress along: demands, control, support, relationship at work, role and change.

**Civil Status.** Results showed that correlating the management standards for work-related stress and the profile variable civil status of the nurse- respondents, none of the identified indicators showed to have a significant result. Hence, the null hypothesis of no significant relationship between the management standards for work-related stress and profile variable civil status of the nurse respondents were not rejected at the 5% level of significance. This result implied that civil status of the nurse respondents did not influence their management for work-related stress along: demands, control, support, relationship at work, role and change.

**Work Experience.** Correlating the management standards for work-related stress and the profile variable work experience of the nurse-respondents, none of the identified indicators showed to have a significant result. Hence, the null hypothesis of no significant relationship between the management standards for work-related stress and profile variable work experience of the nurse respondents

were not rejected at the 5% level of significance. This result implied that work experience of the nurse respondents did not influence their management for work-related stress along: demands, control, support, relationship at work, role and change.

These findings are consistent with a research study of Dagget, Molla et al, (2016) that showed sex, age, marital status, length of service, educational qualification, position, salary and working unit were not found significant predictors of job related stress. However, the present study revealed that correlating the management standards for work-related stress along Managers' Support and the profile variable age of the nurse respondents showed to be significant with a correlation coefficient value of 0.322 and a corresponding p-value of 0.016.

## Chapter 5

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusions drawn and the recommendations that were formulated based on the results of the study.

#### Summary of Findings

The following are the salient findings of the study.

1. A total of 55 NDP nurses who met the inclusion criteria participated in the study. The NDP nurse respondents' ages range from 21 to 48 years old with a mean of 27 years. Majority of them were female and most of them are single. All the NDP nurse respondents have monthly salary income of Php 20,001 - 25,000. Twenty-one (38.2%) of the respondents have work experience of two and a half to three years, sixteen (29.1%) for three and a half years and above, eleven (20.0%) with one year and below work experience, and seven (12.7%) with one and a half to two years under Nurse Deployment Project of the Department of Health.

2. Fifty-five or 100% of nurse-respondents are involved in health information dissemination thru health education in their respective area of assignment, fifty-five or 100% of nurse-respondents were involved in conducting home visits in their respective catchment areas, fifty-five or 100% nurse respondents were involved in recording significant health data's as part of

documentation process, and fifty-five or 100% nurse-respondents were involved in reporting.

3. Thirty or 54.5% nurse-respondents experienced "Low Stress" while twenty-five or 45.5 % nurse-respondents experienced "Moderate Stress".

4. Management standards for work-related stress revealed that greatest work stressor experienced by the nurse-respondents was item under demand with a sub mean of 3.34 interpreted as "Moderate Stress". However, nurse-respondents experienced slightly moderate stress on items under control, support, relationship at work, role, and change.

5. There were no statistically significant correlations between the level of work place stress and the nurse-respondents age ( $p=0.791$ ), sex ( $p=0.545$ ), civil status ( $p=0.115$ ), and work experience ( $p=0.113$ ), therefore the hypothesis, "There is no significant relationship between the nurse-respondents demographic profile and their level of work place stress", was accepted. The result implied that age, sex, civil status, and work experience of nurse-respondents does not influence stress experienced in the work place.

6. Analysis showed statistically significant correlation between management standards for work-related stress and managers support (0.322), thus, the null hypothesis; "There is no significant relationship between management standards for work-related stress along manager's support and age" was rejected.

7. Results showed that correlating the management standards for work-related stress and the profile variable sex, civil status, and work experience of the nurse-respondents, none of the identified indicators showed to have a significant result. Hence, the null hypothesis of no significant relationship between the management standards for work-related stress and profile variable sex, civil status, and work experience of the nurse respondents were not rejected at the 5% level of significance.

### Conclusion

The following conclusions were drawn based on the findings above.

1. The majority of the nurse-respondents are on their late twenties, female, single, with monthly salary income between Php 20,001 - Php 25,000, and have been working under the Nurse Deployment Project for 2 ½ - 3 years.
2. Nurses under the Nurse Deployment Project were involved in conducting health education, house visits, recording, and reporting.
3. Most of the nurse respondents experienced "Low Stress" in Nurse Deployment Project.
4. The highest source of work stressor that nurse respondents experienced was on the items under demand category. However, the least work stressors that nurse respondents experienced were items under change, control, support, relationship at work and role category of stress.

5. Nurse respondents work involvement in Nurse Deployment Project and level of stress were not significantly related to their age, sex, civil status, monthly salary income and work experience.

6. Nurse respondents' management standards for work-related stress was not significantly related to their sex, civil status, monthly salary income and work experience, except to their age which has a significant relationship as to support source of work stress category.

### **Recommendations**

Based on the conclusions, the following recommendations were made:

The researcher would like to recommend that there should be forgoing assessment of the level and sources of work-related stress among nurses under Nurse Deployment Project.

1. Nurse respondents must develop stress self-awareness strategies that would increase nurses better understanding with the different work-related stressors.

2. Nurse respondents must employ effective stress management strategies in response to the identified work-related stressors.

3. Administrators should assess the perceived work stress that NDP nurses experienced and incorporate stress management training in orientation activities.

## CHAPTER 6

### PROPOSED STRESS MANAGEMENT PROGRAM FOR NURSE DEPLOYMENT PROJECT

#### Rationale

This stress management program was formulated based on the findings of the study on management standards for work-related stress experienced among nurses deployed in municipalities under South Maqueda Bay Health Network. This will be used to present the work-related stress that NDP nurses experienced and enhance their stress management strategies in dealing with these stressors.

#### Description

Stress management provides information to nurses deployed under Nurse Deployment Project of the Department of Health on the perceive work stress they experienced, strategies and ways to manage stress. The program ensures that NDP nurses will effectively manage these stressors that are necessary in order to improve quality of working condition and enhance working performance.

#### Objective

To implement stress management program, strategies and interventions through stress self - awareness by discussing issues related to work stress management.

### Stress Management Strategies

1. Prioritize work tasks that need to be accomplished first so that you will be able to maximize and make use of the time well.
2. Maintain a good communication and harmonious relationship with immediate supervisors, co - workers, colleagues and clients.
3. Presentation of NDP nurse job description during work orientation pertaining to their role and functions to be performed, program policies and regulations.
5. When changes at work occur, nurses should consult their immediate supervisor so that they will be able to work things out together and come up with a good solution.
4. Conduct team building activity among rural health unit staff and human resource for health deployed at least twice a year in order to develop camaraderie and good working relationship.
6. Formulate an activity that will enhance and promote nurses better understanding with the different work-related stress that they might experience, increase their self-awareness and boost their level of confidence upon performing assigned work tasks.

### Implementation Timeline Strategies

Action plan on enhancing stress management strategies among NDP nurses

<b>Data Reference</b>	<b>Scheme of Presentation</b>	<b>Plan of Activities</b>	<b>Time Frame</b>	<b>Locus of Responsibility</b>
1. Table 5 Management standards for work-related stress experienced by NDP nurses	Session 1 Assessment	Lecture/Discussion on stress management	Half day	Resource speaker
	Session 2 Feedback	Open forum discussion	Half day	Resource speaker RHU staff NDP nurses
		Individual reflection exercises	Half day	Resource Speaker
		Group Discussion		
		Role Playing	Half day	Administrators NDP nurses
		Creating a stress self-awareness management strategies	Half day	Administrators NDP nurses

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## **APPENDICES**



Appendix A

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
Catbalogan City, Samar



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Dear Fellow Nurses,  
Greetings!

The undersigned is presently working on a research study entitled “**Management Standards for Work-related Nurses under Nurse Deployment Project in Samar Coastal Municipalities**” as a final requirement for Thesis Writing in Master of Science in Nursing.

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Samar Coastal Municipalities. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

In this connection, I would like to request for your honest and objective responses to the questionnaire, attached herewith. Please do not leave any questions unanswered.

Thank you so much.

Very truly yours,

(Sgd) **REZANO, AERON S.**  
*Researcher*

Noted by:

(Sgd) **DOLORES L. ARTECHE DScN**  
*Thesis Adviser, Dean, CONHS*



Appendix B

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**DANILO B. FAMI, MD**  
 Municipal Health Officer  
 RHU - Basey  
 Basey Western, Samar  
 Sir:

The undersigned is presently working on a research study entitled **“Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in Samar Coastal Municipalities”** as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Samar Coastal Municipalities. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

In this connection, I would like to ask permission from your good office to allow me or my representative to distribute questionnaires to the NDP Nurses. The information collected will be held in complete confidence by using only numbers to identify the data.

I hope that this request will merit your favourable response.

Very truly yours,

(Sgd) **REZANO, AERON S.**  
*Researcher*

Noted by:

(Sgd) **DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

(Sgd) **DANILO B. FAMI, MD**  
*Municipal Health Officer*

## Appendix C



Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**MERRY CHRIS VENUS LAGADO, MD**

Municipal Health Officer  
 RHU - Daram  
 Daram, Western, Samar

Maam:

The undersigned is presently working on a research study entitled **“Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities”** as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

In this connection, I would like to ask permission from your good office to allow me or my representative to distribute questionnaires to the NDP Nurses. The information collected will be held in complete confidence by using only numbers to identify the data.

I hope that this request will merit your favourable response.

Very truly yours,

(Sgd) **REZANO, AERON S.**  
*Researcher*

**Noted by:**

(Sgd) **DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

(Sgd) **MERRY CHRIS VENUS LAGADO, MD**  
*Municipal Health Officer*



Appendix D

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**CRISTINA C. ABAIGAR, MD**  
 Municipal Health Officer  
 RHU - Calbiga  
 Calbiga, Western, Samar

Maam:

The undersigned is presently working on a research study entitled “**Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities**” as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

In this connection, I would like to ask permission from your good office to allow me or my representative to distribute questionnaires to the NDP Nurses. The information collected will be held in complete confidence by using only numbers to identify the data.

I hope that this request will merit your favourable response.

Very truly yours,

**(Sgd) REZANO, AERON S.**  
*Researcher*

**Noted by:**

**(Sgd) DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

**(Sgd) CRISTINA C. ABAIGAR, MD**  
*Municipal Health Officer*



Appendix E

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar




---

**ARRIANE KRISNA ROSE T. TUAZON, MD**  
 Municipal Health Officer - DTTB  
 RHU - San Sebastian  
 San Sebastian, Western, Samar

Maam:

The undersigned is presently working on a research study entitled **“Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities”** as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

In this connection, I would like to ask permission from your good office to allow me or my representative to distribute questionnaires to the NDP Nurses. The information collected will be held in complete confidence by using only numbers to identify the data.

I hope that this request will merit your favourable response.

Very truly yours,

(Sgd) **REZANO, AERON S.**  
*Researcher*

Noted by:

(Sgd) **DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

(Sgd) **ARRIANE KRISNA ROSE T. TUAZON, MD**  
*Municipal Health Officer-DTTB*



Appendix F

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**LORIZA M. SORIANO, MD**  
 Municipal Health Officer - DTTB  
 RHU - Villareal  
 Villareal, Western, Samar

Maam:

The undersigned is presently working on a research study entitled “**Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities**” as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

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I hope that this request will merit your favourable response.

Very truly yours,

**(Sgd) REZANO, AERON S.**  
*Researcher*

**Noted by:**

**(Sgd) DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

**(Sgd) LORIZA M. SORIANO, MD**  
*Municipal Health Officer-DTTB*



Appendix G

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**MARK IVAN S. JADOC, MD**  
 Municipal Health Officer - DTTB  
 RHU - Talalora  
 Talalora, Western, Samar

Sir:

The undersigned is presently working on a research study entitled **“Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities”** as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

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I hope that this request will merit your favourable response.

Very truly yours,

(Sgd) **REZANO, AERON S.**  
*Researcher*

Noted by:

(Sgd) **DOLORES L. ARTECHE, DScN**  
*Thesis Adviser, Dean, CONHS*

**Approved:**

(Sgd) **MARK IVAN S. JADOC, MD**  
*Municipal Health Officer - DTTB*



Appendix H

Republic of the Philippines  
**SAMAR STATE UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
 Catbalogan City, Samar



**CORNELIO A. SOLIS, MD, MCHM**

Municipal Health Officer

RHU - Pinabacdao

Pinabacdao, Western, Samar

Sir:

The undersigned is presently working on a research study entitled **“Management Standards for Work-related Stress among Nurses under Nurse Deployment Project in South Maqueda Bay Municipalities”** as a final requirement for Thesis Writing in Master of Science in Nursing (MSN).

The purpose of the study is to assess the work-related stress and level of stress being experienced by the nurses deployed in Municipalities under South Maqueda Bay (SMB) Health Net. The result that could be gained from this study would provide essential and useful information for the institutional managers in identifying nurses need, develop strategies to address and improve the quality of working conditions and finally reduce stress among nurses under Nurse Deployment Project.

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I hope that this request will merit your favourable response.

Very truly yours,

**(Sgd) REZANO, AERON S.**

*Researcher*

**Noted by:**

**(Sgd) DOLORES L. ARTECHE, DScN**

*Thesis Adviser, Dean, CONHS*

**Approved:**

**(Sgd) CORNELIO A. SOLIS, MD, MCHM**

*Municipal Health Officer-DTTB*

## Appendix I



Samar State University  
College of Graduate Studies  
Catbalogan City, Samar



## Nurse Respondents Survey Form

## PART I. General Information

**Instructions:** This contains items about your personal background. Please supply the needed information by filling in the blank spaces provided and/or by putting a check (✓) mark on the appropriate spaces.

Name (Optional): \_\_\_\_\_ Age: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Monthly Salary Income:

- 5,000-10,000
- 10,001-15,000
- 15,001-20,000
- 20,001-25,000
- 25,001-30,000
- Other: \_\_\_\_\_

Period of Work Experience

- 1 year                       3 years
- 1 ½ year                       3 ½ years
- 2 years                       4 years
- 2 ½ years
- Other: \_\_\_\_\_

## PART II. Nurses involvement in Nurse Deployment Project

What are the roles or work involvement that you perform in your assignment area? Please check (/) the following items;

- Health Education
- House Visits
- Recording
- Reporting

## PART III. Workplace Stress Survey

The items below are the stresses which you may encounter in the working area. Write the number after each questions which best describes you.

STRONGLY DISAGREE                      AGREE SOMEWHAT                      STRONGLY AGREE  
 1      2      3      4                      5      6                      7                      8      9      10

1. I can't honestly say what I really think or get things off my chest at work	
2. My job has a lot of responsibility, but I don't have very much authority	
3. I could usually do a much better job if I were given more time	
4. I seldom receive adequate acknowledgement or appreciation when my work is really good	
5. In general, I am not particularly proud or satisfied with my job	
6. I have the impression that I am repeatedly picked on or discriminated against at work	
7. My workplace environment is not very pleasant or safe	
8. My job often interferes with my family and social obligations, or personal needs	
9. I tend to have frequent arguments with superiors, co-workers or customers	
10. Most of the time I feel I have very little control over my life at work	

### PART III. Health and Safety Executive (HSE) Management Standards Indicator Tool

**Instruction:** It is recognized that working conditions affect worker well-being. Your responses to the questions below will help us determine our working conditions now and enable us to monitor future improvements. In order for us to compare the current situation with past or future situations, it is important that your responses reflect your work in the last six months.

**Please encircle one of the following responses for each statement.**

Demands					
3. Different groups at work demand things from me that are hard to combine	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
6. I have unachievable deadlines	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
9. I have to work very intensively	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
12. I have neglect some tasks because I have too much to do	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
16. I am unable to take sufficient breaks	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
18. I am pressured to work long hours	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
20. I have to work very fast	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
22. I have unrealistic time pressures	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always

<b>Control</b>					
2. I can decide when to take a break	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
10. I have a say in my own work speed	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
15. I have choice in deciding how I do my work	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
19. I have a choice in deciding what I do at work	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
25. I have some say over the way I work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
30. My working time can be flexible	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
<b>Support Manager's Support</b>					
8. I am given supportive feedback on the work I do	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
23. I can rely on my line manager to help me out with a work problem	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
29. I can talk to my line manager about something that has upset or annoyed me about work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
33. I am supported through emotionally demanding work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
35. My line manger encourages me at work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree

<b>Peer Support</b>					
7. If work gets difficult, my colleagues will help me	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
24. I get help and support I need from colleagues	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
27. I receive the respect at work I deserve from my colleagues	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
31. My colleagues are willing to listen to my work-related problems	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
<b>Relationship at work</b>					
5. I am subject to personal harassment in the form of unkind words or behaviour	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
14. There is friction or anger between colleagues	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
21. I am subject to bullying at work	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
34. Relationship at work are strained	(5) Strongly Disagree	(4) Disagree	(3) Neutral	(2) Agree	(1) Strongly Agree
<b>Role</b>					
1. I am clear what is expected of me at work	(5) Never	(4) Seldom	(3) Sometimes	(2) Often	(1) Always
4. I know how to go about getting my job done	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
11. I am clear what my duties and responsibilities are	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
13. I am clear about the goals and objectives for my department	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always

17. I understand how my work fits into the overall aim of the organization	(1) Never	(2) Seldom	(3) Sometimes	(4) Often	(5) Always
<b>Change</b>					
26. I have sufficient opportunities to question managers about change at work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
28. Staff are always consulted about change at work	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
32. When changes are made at work, I am clear how they will work out in practice	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree

## Appendix J

### Part 3 questionnaire: Workplace Stress Survey

To fully interpret the results based on the given statement, mean range were constructed as follows:

<b>Mean Range</b>	<b>Qualitative Description</b>
8.01 – 10.00	High Stress
6.01 – 8.00	Slightly High Stress
4.01 – 6.00	Moderate Stress
2.01 – 4.00	Slightly Moderate Stress
1.00 – 2.00	Low stress

### Part 4 questionnaire: Management Standard Analysis Tool

To fully interpret the results based on the given statement, mean range were constructed as follows:

<b>Mean Range</b>	<b>Qualitative Description</b>
1.01 – 1.50	High Stress
1.51 – 2.50	Slightly High Stress
2.51 – 3.50	Moderate Stress
3.51 – 4.50	Slightly Moderate Stress
4.51 – 5.00	Low stress

CURRICULUM VITAE

**PERSONAL DATA**

Name : Aeron Solano Rezano

Birthdate : December 01, 1993

Place of Birth : Pinabacdao, Samar

Home Address : Purok 1 Brgy. Mambog Pinabacdao, Samar

Citizenship : Filipino

Civil Status : Single

Religion : Roman Catholic

Occupation : Registered Nurse

Father : Renato Raquil Rezano

Mother : Nila Solano Rezano

**EDUCATIONAL BACKGROUND**

Graduate : **Master of Science in Nursing**  
Samar State University  
Catbalogan City, Samar  
S.Y. 2017 - 2018

College : **Bachelor of Science in Nursing**  
Samar State University  
Catbalogan City, samar  
S.Y. 2010 - 2014

Secondary : West Coast Agricultural High School  
Brgy. Mambog Pinabacdao, Samar  
S. Y. 2006 - 2010

Elementary : Mambog Elementary School  
Brgy. Mambog Pinabacdao, Samar  
S. Y. 2000 - 2006

**WORK EXPERIENCE**

**DOH - Nurse I**  
Provincial Department of Health  
Catbalogan City, Samar  
July 2015 - Present

**TRAINING ATTENDED**

**Intravenous Therapy Training**  
Eastern Visayas Regional Medical Center  
Tacloban, City  
Septemeber 29 - October 1, 2016

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