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OCCUPATIONAL STRESS AMONG NURSES AT HUNG YEN GENERAL HOSPITAL IN 2024

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ABSTRACT

Objective: To assess the prevalence and characteristics of occupational stress among nurses at Hung Yen General Hospital in 2024.

Methods: A cross-sectional study was conducted among 176 nurses using the Expanded Nursing Stress Scale (ENSS).

Results: The mean age of the study subjects was 38.19 ± 4.8; with female accounting for 89.2%; average length of service was 13.8 ± 4.7 years. Most nurses experienced low levels of stress (73.3%), while 26.7% reported moderate stress; no cases of high stress were observed. Among the surveyed areas, stress related to patients and their families had the highest average score (2.0 ± 0.6) and was at a moderate level.

Conclusion: Nurses at Hung Yen General Hospital mainly experience low-level stress; stress related to patients and their families is an area that needs priority intervention.

Keywords: Occupational stress; nurses; ENSS; hospital.

1. INTRODUCTION

Occupational stress in nursing arises when professional demands exceed an individual's capacity to cope effectively. This phenomenon has been widely recognized as a critical factor influencing both healthcare workers' well-being and the quality of patient care [1], [2]. Common stressors include high workload, pressure from patients and their families, stressful working environment, increasingly high professional requirements, and great professional responsibility. Stress not only reduces efficiency and productivity but also negatively affects safety in care, increases the risk of professional errors, and thus reduces the quality of medical services. In addition, the trend of considering patients as the center and as "customers" with increasingly high demands for satisfaction also increases pressure on medical staff, especially nurses. The consequences of prolonged stress can lead to reduced communication ability, decreased job satisfaction, occupational burnout, and even job abandonment [3]. At Hung Yen General Hospital, since implementing the comprehensive autonomy mechanism in 2018, the requirements for the quality of medical examination, treatment, and care have been increasingly improved to meet the growing healthcare needs of the people, thereby increasing work pressure on nurses. In this context, assessing the current state of stress and identifying related factors in nurses is necessary, as a basis for proposing intervention solutions to reduce stress, improve work efficiency and job satisfaction. Therefore, we conducted the study "The current state of stress among nurses at Hung Yen General Hospital in 2024" with the objective: To describe the current state of stress among nurses at Hung Yen General Hospital in 2024.

2. SUBJECTS AND METHODS

2.1. Study Subjects

All clinical nurses with at least 12 months of hospital experience who agree to participate in the study are included. Excluded are nurses undergoing training, on leave, or working in functional departments.

2.2. Study Time and Location:

From May 1st to October 1st, 2024. Study location: Clinical departments, Hung Yen General Hospital.

2.3. Research Methods

Research design: Cross-sectional descriptive study. All 176 nurses who agreed and met the inclusion criteria were selected.

2.4. Data Collection Tools

The Expanded Nursing Stress Scale (ENSS) questionnaire, developed by French S.E. and colleagues at McMaster University (Canada) in 1995, was used. This tool was translated into Vietnamese by Nguyen Ngoc Ha and used in surveys at hospitals in Thai Nguyen in 2010. The reliability of the ENSS was highly rated, with a Cronbach's alpha coefficient of 0.96 in the original version and 0.94 in Nguyen Ngoc Ha's Vietnamese version. The ENSS consists of 54 questions across 8 areas: (1) Facing death; (2) Conflicts with doctors; (3) Psychological preparation; (4) Problems with colleagues; (5) Problems with superiors; (6) Workload; (7) Uncertainty in treatment; (8) Problems with patients and their families. Assessment criteria: A 4-point Likert scale was used (1: Never stressed to 4: Extremely stressed). Stress levels were classified based on average scores: Low (1.00 - <2.00), Medium (2.00 - 3.00), and High (>3.00 - 4.00).

2.5. Data processing methods

Data were processed using SPSS 25.0 software, using frequency and percentages for descriptive analysis.

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2.6. Research ethics

The study was approved by the Scientific Council of Hai Duong Medical Technical University (Decision No. 217/QD-DHKTYTHD dated December 9, 2024). Participants voluntarily joined the study; all information was kept confidential and used only for research purposes.

3. RESEARCH RESULTS

3.1. Characteristics of the Study Subjects

Table 1. Individual characteristics of the study subjects (n = 176)

Variable	Characteristics	n	%
Age (Mean: 38.19 ± 4.86)	≤ 38 years	90	51.1
	> 38 years	86	48.9
Gender	Male	19	10.8
	Female	157	89.2
Educational level	Secondary	6	3.4
	College	96	54.5
	University	74	42.0
	Postgraduate	0	0
Marital status	Single	9	5.1
	Married	167	94.9
Years of experience	< 5 years	7	4.0
	≥ 5 years	169	96.0
	Mean ± SD	13.8 ± 4.7 (1 – 30)	
Department	Emergency/ICU	22	12.5
	Surgical	44	25.5
	Internal Medicine	76	43.2
	Specialized units	34	19.3

Observations: The average age of nurses is 38.19 ± 4.86, with women making up the majority (89.2%). The majority hold college or university degrees; most are married (94.9%) and have at least 5 years of experience (96.0%). Nurses are most concentrated in the Internal Medicine department. Overall, the study subjects have long years of work experience and relatively stable demographic characteristics.

Table 2. Job characteristics of the study subjects (n = 176)

Variable	Characteristics	n	%
Number of shifts/ month	≤ 5 shifts	146	83.0
	> 5 shifts	30	17.0
	Mean ± SD	4.6 ± 1.5	
Additional duties	Yes	41	23.3
	No	135	76.7
Overtime work	Yes	70	39.8
	No	106	60.2
Annual leave	Yes	163	92.6
	No	13	7.4
Salary satisfaction	Yes	167	94.9
	No	9	5.1

Observations: The average number of on-call shifts is 4.6 ± 1.5 shifts/month, with the majority (83.0%) working ≤ 5 shifts. 23.3% of nurses have additional duties and 39.8% work overtime, reflecting the continued workload. However, the majority of nurses are guaranteed leave (92.6%) and are satisfied with their income (94.9%), indicating that the basic working conditions are stable.

3.2. Current Status of Stress in Nurses

Table 3. Current Status of Occupational Stress in Nurses (n=176)

Stress level	n	%
Low (54–108)	129	73.3
Moderate (109–162)	47	26.7
High (163–216)	0	0.0
Mean ± SD	91.23 ± 23.7	

Observation: The majority of nurses experienced low stress levels (73.3%), 26.7% experienced moderate stress, and no high-level stress was recorded; the average score of 91.23 ± 23.7 indicates that occupational stress was generally low.

Table 4. Levels of stress among nurses when facing patient death (n=176)

No.	Domain 1: Dealing with patients' death	Level of stress (%)				Mean ± SD	Stress level
		1	2	3	4		
1	Performing procedures that cause pain to patients (C1)	22.7	69.3	4.5	3.4	1.89 ± 0.6	Low
2	Feeling helpless when unable to save patients (C8)	27.3	47.2	15.9	9.7	2.08 ± 0.9	Moderate
3	Listening and talking with patients about dying (C15)	40.3	51.7	5.7	2.3	1.70 ± 0.7	Low
4	When witnessing patient death (C24)	26.7	40.3	14.2	18.8	2.25 ± 1.0	Moderate
5	Death of a patient with whom the nurse had a close relationship (C34)	39.8	39.2	10.8	10.2	1.90 ± 0.9	Low
6	Physician not present when patient dies (C44)	54.0	20.5	12.5	13.1	1.80 ± 1.0	Low
7	Witnessing patients' suffering (C50)	24.4	55.7	14.2	5.7	2.00 ± 0.8	Moderate
	Mean ± SD					1.95 ± 0.6	Low

Observations: Stress in area 1 was low (Mean: 1.95 ± 0.6), however, some situations such as witnessing patient death, feeling helpless when unable to provide treatment, and witnessing patient suffering had moderate stress levels, reflecting psychological pressure in end-of-life care. Areas 2-7 had low stress levels (Mean: 1.4–1.7), indicating that these factors were not prominent sources of stress. Specifically, Area 2 - Conflict with doctors: Low stress level with an average score of 1.6 (± 0.4), mainly when being reprimanded/criticized by doctors (1.8%). Area 3 - Lack of emotional preparation: Low stress level, average score of 1.7 (± 0.5). Most stressful when patients asked difficult questions (0.6%). Area 4 - Colleague Relationships: Average score is 1.4 (± 0.4), stress due to lack of opportunities to share feelings (1.1%) and difficulties working with colleagues (1.1%). Area 5 - Relationships with Superiors: Average score is 1.5 (± 0.5), most stressful when receiving reminders/criticisms (2.8%). Area 6 - Decision-making in stressful situations: Average score is 1.6 (± 0.4), mainly when dealing with stressful situations (6.3%). Area 7 - Uncertainty about treatment direction: Average score is 1.6 (± 0.5), exposure to personal danger accounts for 7.4%.

Table 5. Levels of stress experienced by nurses regarding the attitudes/behavior of patients and their families (n=176)

No.	Domain 8: Patients and their families	Level of stress (%)				Mean ± SD	Stress level
		1	2	3	4		
1	Patients make inappropriate demands (C7)	10.8	72.2	15.3	1.7	2.1 ± 0.6	Moderate
2	Family members make unreasonable demands (C14)	15.9	69.3	12.5	2.3	2.0 ± 0.6	Moderate
3	Being blamed for any mistakes (C23)	46.6	31.8	13.6	8.0	1.8 ± 0.9	Low
4	Being the person to communicate with patients' families (C31)	45.5	44.3	9.1	1.1	1.7 ± 0.7	Low
5	Dealing with aggressive patients (e.g., delirium, alcoholism, irritability) (C32)	17.6	51.1	19.3	11.9	2.3 ± 0.9	Moderate
6	Facing rude patients (potentially harmful to physical and mental health) (C41)	19.9	52.3	17.0	10.8	2.2 ± 0.9	Moderate
7	Facing rude or abusive family members (C49)	21.0	50.0	16.5	12.5	2.2 ± 0.9	Moderate
8	Worrying about being reported to supervisors by patients' families (C53)	47.7	43.8	8.0	0.6	1.6 ± 0.7	Low
	Mean ± SD					2.0 ± 0.6	Moderate

Comment: Field 8 had the highest average stress level (Mean: 2.0 ± 0.6) among all fields; the main stressors were related to inappropriate, rude, or abusive behavior from patients and their families, indicating a significant source of pressure for nurses.

4. DISCUSSION

General stress situation of nurses: Research results show that the majority of nurses have low stress levels (73.3%), while 26.7% are at a medium level and no cases of high stress were recorded. The average stress score is 91.23 ± 23.7, corresponding to low stress. This result is lower than the study by Nguyen Thi Thuy Linh et al. at the Post Office Hospital in 2023 (48.1% medium stress) [4]. This difference may be related to hospital size, number of patients and work pressure. At the same time, the results are also lower than the study by Mohammed A. I. (2019), in which the average stress level is higher [5], showing differences in organizational context and working environment between countries.

Field 1 – Facing Patient Death: In this study, stress in the area of facing patient death was low (mean: 1.95 ± 0.6). However, some factors had moderate stress levels, such as witnessing patient death, feelings of helplessness when unable to provide treatment, and witnessing patient suffering. This indicates that although nurses have some degree of adaptation, situations related to death still cause significant psychological pressure. This result is lower than the study by Elizabeth M. Andal in the Philippines, where the average stress score for all factors was above 2.0, but it still reflects the specifics of the profession when frequently exposed to stressful situations.

Field 2 – Conflict with Doctors: The study results showed that stress in relationships with doctors was low (mean: 1.6 ± 0.4), mainly related to being reprimanded or criticized. This result is similar to the study of Tran Thi Ngoc Mai, in which the level of disagreement between doctors and nurses is mild (Mean: 1.31) [6]. This shows that the cooperative relationship between members of the care team is relatively stable.

Field 3 – Lack of emotional preparation: Stress due to lack of emotional preparation is low (Mean: 1.7 ± 0.5), with the main stress factor being when patients ask difficult questions. This result is similar to the study of Tang Thi Hao at Thai Binh Children's Hospital (Mean: 1.83) [7]. This shows that nurses have a certain level of psychological preparation in patient care, however, they still need more support in communication skills and situation response.

Field 4 – Relationship with colleagues: The level of stress in relationships with colleagues is low (Mean: 1.4 ± 0.4). The main stress factors are related to the lack of opportunities to share emotions and difficulties in coordinating work. However, the level of impact is not high, indicating a relatively good cooperative working environment among nurses.

Field 5 – Relationship with superiors: Stress related to superiors is low (Mean: 1.5 ± 0.5), with the main stress factor being reprimands or criticisms. This result is consistent with the research of Tang Thi Hao [7], which shows that the managerial role generally does not create great pressure on nurses.

Field 6 – Workload and decision-making: The level of stress due to workload is low (Mean: 1.6 ± 0.4). However, some situations such as having to make decisions under stressful conditions still cause certain pressure. This result is similar to the study of Nguyen Thi Thuy Linh (Mean: 1.94) [4], which shows that although the workload is high, it is still within the control of nurses.

Field 7 – Uncertainty about treatment direction: Stress in this field is low (Mean: 1.6 ± 0.5). However, exposure to personal health hazards is recorded at a medium stress level. This result is consistent with the study of Dang Thi Nguyet [8], which shows that occupational risk is still a factor that needs to be considered.

Field 8 – Patients and patient's family: This field has the highest average stress level (Mean: 2.0 ± 0.6) among the research fields. The main stress factors are related to inappropriate, rude or violent behavior from patients and their families. This result is consistent with the research of Tang Thi Hao [7], which shows that interaction with patients and their families is a significant source of stress for nurses in clinical practice.

5. CONCLUSION

The research results show that the majority of nurses at Hung Yen General Hospital have low levels of occupational stress (73.3%), 26.7% have moderate stress levels, and no cases of high stress levels were recorded. By area, stress was mainly at a low level, including: facing patient death (mean: 1.95 ± 0.6), conflicts with doctors (1.6 ± 0.4), lack of emotional preparation (approximately 1.6–1.7), relationships with colleagues (1.4 ± 0.4), relationships with superiors (1.5 ± 0.5), workload and decision-making (1.6 ± 0.4), and uncertainty in treatment (1.6 ± 0.5). Specifically, the area related to patients and their families has a moderate stress level (mean: 2.0 ± 0.6), being the most prominent source of stress, mainly due to inappropriate behavior or pressure from patients and their families. Overall, occupational stress for nurses in hospitals is low; however, attention should be paid to factors related to interaction with patients and their families in order to propose appropriate interventions, contributing to improved care quality and job satisfaction for nurses.

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