

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE
DEPARTMENT OF NURSING AND MIDWIFRY

ASSESSMENT OF STRESS AND COPING AMONG NURSES WHO WORK
AT GONDAR UNIVERSITY AND FELEGE HIWOT REFERRAL HOSPITALS,
AMHARA REGION, ETHIOPIA.

By

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A THESIS TO BE SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF
ADDIS ABABA UNIVERSITY IN PARTIAL FULLFILMENT OF THE REQUIRMENTS
FOR THE DEGREE OF MASTERS OF SCIENCE IN ADULT HEALTH NURSING

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MAY 2012

APPROVAL SHEET OF THE BORD OF EXAMINERS

This thesis by Fissiha Zewdu Amdie is accepted in its present Form by the Board of examiners as satisfying requirement for the Degree of Masters of Science in Adult Health Nursing.

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ACKNOWLEDGEMENTS

I wish to express my sincere appreciation and gratitude to the following:

- Mr.Erdaw Tachbele(BS.C, MSC , PhD candidate) for his encouragement and critical guidance throughout the course of this study.
- The Department of Nursing and Midwifery, Addis Ababa University, for granting me the permission to study.
- Many special thanks to my wife, S/r Mastewal Abebaw, for her continued support, understanding, being patient with me and allowing me to make use of her time to reach my goal.
- To God, Almighty, for the strength He provided me throughout the Study.

TABLE OF CONTENTS

APPROVAL SHEET OF THE BORD OF EXAMINERS	II
ACKNOWLEDGEMENTS	III
TABLE OF CONTENTS.....	IV
LIST OF TABLES.....	VII
LIST OF FIGURES	IX
LIST OF APPENDIXES.....	X
LIST OF ABBREVIATIONS	XI
ABSTRACT.....	1
CHAPTER ONE	3
INTRODUCTION	3
1.1 BACK GROUND	3
1.2 PROBLEM STATMENT.....	4
1.3 SIGNIFICANCE OF THE STUDY.....	6
CHAPTER TWO	7
LITERATURE REVIEW	7
2.1 SOURCES OF STRESS FOR NURSES	8
2.1.1 THEORIES OF STRESS	10
2.2 COPING STRATEGIES FOR NURSES.....	11
2.3 CONCEPTUAL FRAME WORK	12
CHAPTER THREE	15
OBJECTIVE OF THE STUDY	15
3.1. GENERAL OBJECTIVE.....	15
3.2. SPECIFIC OBJECTIVES	15
CHAPTER FOUR	16
METHODOLOGY.....	16
METHODS AND MATERIALS	16
4.1. STUDY DESIGN AND PERIOD.....	16
4.2. STUDY AREA	16
4.3. POPULATION.....	17
4.3.1.SOURCE POPULATION.....	17
4.3.2. STUDY POPULATION	17

4.4. INCLUSION CRITERIA.....	18
4.5. EXCLUSION CRITERIA.....	18
4.6. VARIABLES OF THE STUDY	18
4.6.1. THE DEPENDENT VARIABLES	18
4.6.2. INDEPENDENT VARIABLES.....	18
4.7. OPERATIONAL DEFINITIONS	18
4.8. SAMPLE SIZE & SAMPLING TECHNIQUE	19
4.9. DATA COLLECTION.....	19
4.10. QUALITY CONTROL	21
4.11. DATA PROCESSING AND ANALYSIS.....	21
4.12. DATA DISSEMINATION	22
4.13. ETHICAL CONSIDERATIONS	22
CHAPTER FIVE.....	23
5. RESULT.....	23
5.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS.....	23
5.2. FAMILY SIZE AND CHILDREN INFORMATION.....	25
5.3. WORKING EXPERIENCE INFORMATION	25
5.4. LEVEL OF NURSING EDUCATION.....	26
5.5. STRESS AND COPING MECHANISMS AMONG THE SAMPLED NURSES.....	26
5.5.1. SOURCES OF STRESS AND STRESS SCALE.....	26
5.5.2. STRESS SCALE BY AGE GROUP OF THE RESPONDENTS.....	28
5.5.3. SOURCE OF STRESS BY SEX CATAGORY OF THE RESPONDENTS.....	30
5.5.4. SOURCE OF STRESS BY YEAR OF EXPERIANCES OF THE RESPONDENTS	32
5.5.5. SOURCE OF STRESS BY WORKING AREAS OF THE RESPONDENTS.....	34
5.5.6. COPPING MECHANISMS OF THE RESPONDENTS	37
5.5.7. COPING STRATEGIES BY AGE CATAGORY OF THE RESPONDENTS	39
5.5.8. COPING STRATEGIES BY SEX CATEGORY OF THE RESPONDENTS	41
5.5.9. COPING STRATEGIES BY YEAR OF EXPERIANCES OF THE RESPONDENTS ...	43
5.5.10. COPING STRATEGIES BY WORKING AREAS OF THE RESPONDENTS	44
CHAPTER SIX	48
6. DISCUSSION	48
6.1. SOURCES OF STRESS	48
6.2. COPING STRATEGIES.....	50
CHAPTER SEVEN.....	54

7.1 LIMITATION OF THE STUDY	54
CHAPTER EIGHT	55
8. CONCLUSION AND RECOMANDATION	55
8.1 CONCLUSION	55
8.2. RECOMMENDATIONS	55
REFERENCES	57
APPENDIXES	63
DECLARATION SHEET	90

LIST OF TABLES

Table 1 Socio-Demographic Characteristics of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	24
Table 2. Identified Sources of stress items of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	26
Table 3 Analysis of Variance (ANOVA): Age on sources of stress of Nurses, who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	30
Table 4 Identified over all Sources of Stress by Sex category of Nurses, who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	30
Table 5 Independent T test analysis: Sex on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	32
Table 6 Analysis of Variance (ANOVA). Year of experience on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	34
Table 7 Identified Sources of stress of the respondents per unit/ward of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	34
Table 8 Analysis of Variance (ANOVA). Work area on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	36
Table 9 Identified coping strategies items of the respondents of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	37
Table 10 Identified coping strategies scale by Age group of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	39
Table 11 Analysis of Variance (ANOVA): Age on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	40
Table 12 Identified over all coping strategies by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	41
Table 13 Identified Coping Strategies by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	41
Table 14 Independent T test analysis: Sex on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	42
Table 15 Identified coping strategies by years of experience of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	43
Table 16 Analysis of Variance (ANOVA). Year of experience on coping strategies of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.	44

Table 17 Identified coping strategies per unit/ward of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.....45

Table 18. Analysis of Variance (ANOVA). Work area on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.....47

LIST OF FIGURES

Figure 1 Conceptual framework	14
Figure 2. Identified Sources of Stress scale by Age group of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.....	29
Figure 3. Identified Sources of Stress by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.	31
Figure 4. Identified Sources of stress by years of experience of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.....	33

LIST OF APPENDIXES

Appendix 1 Information sheet	63
Appendix 2. Consent form.....	65
Appendix 3. Questionnaire	67
Appendix 4. Amharic version information sheet and consent form	73
Appendix 5. Dummy tables	75
Appendix 6 Identified Sources of Stress scale by Age group of the respondents	76
Appendix 7. Identified Sources of Stress of the respondents by Sex Category.....	77
Appendix 8. Identified Sources of stress of the respondents by years of experience.....	77
Appendix 9. Bibliography of the principal investigator and advisor.....	79

LIST OF ABBREVIATIONS

USA: United States of America

ICU: Intensive Care Unite

OR: Operation Room

OPD: Out Patient Department

ANOVA: Analysis of Variance

SD: Standard Deviation

SPSS: Statistical Package for the Social Science software Program

WCQ: Ways of Coping Questionnaire

MEDLINE: Database of Medical Publications

UNESCO: United Nations Educational, Scientific and Cultural Organization

ABSTRACT

Background: A survey of literatures on nurses reveals that although a great deal of research has been carried out relating to stress and coping in nurses internationally, the information in Ethiopia is yet limited.

Objective: This study was designed to determine Sources of occupational stress and coping strategies among nurses who are working at Gondar University and Felege Hiwot Referral Hospitals, Amhara Region, Ethiopia.

Methodology: An institution based cross- sectional study was conducted from January to February, 2012 G.C among nurses who work at Gondar University and Felege Hiwot referral hospitals. For the purpose, a total of 268 Nurses were involved in the study. Sstandardized self administered questionnaires including Nursing Stress Scale and Ways of Coping Checklist were distributed among the nurses. In order to check the clarity of the questionnaires, a pilot pre test was conducted on nurses in Debark Hospital, Debark Town. Then the survey was conducted immediately after amending the questioners based on the feedback from the pre test. Statistical analysis of the data were conducted using Statistical Package(SPSS 20) for the demographic profile of the participants, the frequency of the adopted coping strategies and the mean scores (and standard deviation) of sources of stress. Analytical statistics were done to compare relationship among variables.

Result:

The greatest proportion of respondents was women (59.7%), Orthodox (97.4%), age between 23-35(63.1%) years, had less than 5 years of experience (44%). The following stressors were identified: death and dying, work load, uncertainty regarding treatment of a patient, work load. The most common strategy used by nurses was problem-solving and Seeking social

support and Accepting responsibility and the strategy least used were escape avoidance. In this study large proportion of nurses used Problem-focused approaches but an emotion-focused strategy were generally less used.

Conclusion:

It was concluded that sampled nurses are stressed. They should be sent for courses on human behaviour, resource management, interpersonal relation, stress management and crisis interventions.

CHAPTER ONE

INTRODUCTION

1.1 BACK GROUND

Stress first coined in the 1930s, has in more recent decades become commonplace in popular parlance. Stress could be defined simply as the rate of wear and tear on the body systems caused by life (1). It occurs when a person has difficulty dealing with life situations, problems and goals (2).

Stress may be acute or chronic in nature (3). It exists in different forms. It may be psychological, emotional, social, occupation or job related. Stress experienced by workers at work is called job stress. It may be due to a number of factors such as poor working condition, excessive work load, shift work, long hours of work, role ambiguity, role conflicts, poor relationships, with the boss, colleagues or subordinate officers, risk and danger, to mention a few. Certain responses indicate the presence of job stress in an individual, or group. It may manifest by the presence of headache, sleep disturbances, difficulty in concentration, short temper, upset stomach, job dissatisfaction and low morale (4). Other manifestations or indications of presence of job stress include muscular tensions and ache, tightness in the chest, high blood pressure, heart problems, snapping and arguing with others, aggressive or hostile behaviour, blaming others or administration for tension, absenteeism and high staff on job turnover. The above manifestations can be clearly observed in hospital nursing staff, which may have negative effects on their health, personal and work behaviours. Stress has physical, emotional, and cognitive effects.

Although all human beings have the capacity to adapt to stress, not everyone responds to similar stressors exactly the same (5). Up to a certain point, stress will improve people's

performance and quality of life because it is healthy and essential that they should experience challenges within their lives (6). However, if stress becomes excessive, it loses its beneficial effect and becomes harmful (7). People under pressure or other types of demands placed on them experience a range of reactions. Though, it is recognized that negative events do not always trigger psychological distress, people's reactions to them can be negative when the imposed demands are perceived to exceed ability to cope (8, 9).

1.2 PROBLEM STATEMENT

Stress is recognized as an inherent feature of the work life of nurses, and growing evidence suggest that it may be increasing in severity. Work-related stress has been implicated as a major contributing factor to growing job dissatisfaction, rapid turnover, and high attrition rates among nurses. Otherwise referred to as 'job' or 'occupational' stress it impacts not only on nurses' health but also their abilities to cope with job demands, which can have serious negative impact on the provision of quality care and health service delivery (10)

It is widely known that the health professions, and nursing in particular, are associated with increased occupational stress in many countries (11, 12). Job stress can be considered a nationwide epidemic in Ethiopian nurses who leave their profession because they report feelings of exhaustion and an inability to deliver quality patient care. Satisfaction in one's job is generally reduced when the stress is high and interfering with the ability to effectively perform daily tasks. In an investigation conducted by the American National Institute for Occupational Safety and Health, nursing was found to be one of the occupations that had a higher than expected incidence of stress related health disorders (10). In a study of hospital nurses, it was found that 27% of them experienced psycho physiological symptoms of stress, and 38% reported consulting a doctor in the past six months. Stress also have a significant impact on individual nurses and their ability to accomplish tasks and more specifically, poor

decision making, lack of concentration, apathy, decreased motivation and anxiety may impair job performance creating uncharacteristic errors (13).

All of the above can directly contribute towards absenteeism, decreased work performance, and ultimately, burnout. Nurses encountering ongoing stress are more likely to eat poorly, smoke and abuse alcohol and drugs, all of which can lead to negative health conditions affecting personal well-being errors (14).

A strong negative relation between nurses' occupational stress and job satisfaction has been found, based on which growing occupational stress results in increased turnover rate, which causes more and more nurses to leave the nursing profession (15). An important finding to note is that different nurses experience job stress differently (10, 16). Assuming therefore that their ways of coping may also vary; investigations in to the strategies used by nursing staff to cope with stress can inform the design for stress management programmes. And, such programmes may contribute to improving the quality of health services. A survey of the literature on nurses reveals that although a great deal of research has been carried out relating to stress and coping in nurses internationally, nothing has been written about nurses in Ethiopia. The international health services context is different to that in Ethiopia. Therefore while their findings offer important insights for understanding job stress and coping, they cannot provide a full and appropriate explanation of stress and coping of nurses in this context.

In Ethiopia, the concept of coping with job stress is relatively new compared to other European and North American countries. As a result, to date, there are no available data on coping strategies employed by nursing personnel in Ethiopian hospitals. This is related to a lack of programmes designed to effectively enable Ethiopian nurses to overcome stress and burnout and improve the quality of their services as well as job satisfaction.

1.3 SIGNIFICANCE OF THE STUDY

Stress is a complex phenomenon which results from interaction between an individual and the environment in which the person exists. Occupational stress, specifically, is a function of local forces, pressures and cultures that require customized interventions (17). Thus, significant differences in occupational stress among nurses may exist due to different work settings and levels of social support (18). There is no documentation in Ethiopia regarding the stress and coping strategies amongst nurses. It may for example, be assumed that because stress and coping has been studied extensively internationally, those findings could not be relevant to nurses in Ethiopia, therefore, this study identifies sources of occupational stress and coping mechanisms among nurses in Ethiopian hospital and the results of this study may be used to guide policy makers and nurse managers to develop a stress prevention or management model specific to the Ethiopian situation. Prevention and management of occupational stress among nurses will not only improve their health but may improve organizational commitment and nursing care, which will in turn reduce costs for the healthcare organizations as well as individuals.

CHAPTER TWO

LITERATURE REVIEW

The literature review is made to explore points related to nursing stress and its coping strategies in different countries of the world. The experience obtained in previous international nursing stress with a wide variety of coping strategies might be used by Ethiopian nurses while dealing with their work stress. To meet the review CINAHL, MEDLINE COCHRANE, Addis Ababa University Library, and Nursing and Midwifery Department Library databases were accessed using the key words; nursing, stress, and coping. The search was restricted to adult care institutional nursing. Not all studies identified the practice areas from which the study sample was drawn. Where this was stated, the sample came from a wide range of practice settings, and sometimes an entire hospital. There was no consistency between studies in this respect, but medical, surgical and high dependency (for example, intensive care) units were prominent.

Nurses work in high-stress environments, and a large body of research has focused on the sources and effects of occupational stress. Occupational stress is the result of conflicting internal and external pressures that cause strain and alter the effectiveness of individuals (19). The fact that nursing is a stressful job that has been widely and consistently recognized (20, 21, 16) and, empirical evidence shows that stress is linked to disease and illness (22).

Nurses who are stressed are more likely to report less satisfaction with their work, have more absenteeism (23), have more conflicts with colleagues (24), experience feelings of inadequacy, and have self-doubt, lowered self-esteem, irritability, depression, somatic disturbance, sleep disorders and burnout; all of which jeopardize the quality of care they

provide (25). A Survey of 129 nurses and 29 doctors in bone-marrow transplant units, indicate that half of the samples were emotionally exhausted and 80% reported feelings of low personal accomplishments (26). Nurses who were stressed also reported less satisfaction with work (27).

2.1 SOURCES OF STRESS FOR NURSES

In a study sample consisted of 2144 nurses working in 19 hospitals in Budapest, Hungary, northern Israel, Northern Italy, London, United Kingdom, and the Baltimore area of Maryland in USA by Sharon Glazer and Anett Gyurak the rank order of the first 10 stressors according to the highest percentage in each country were Lack of resources, Death and dying, Certain type of tasks, Leadership, Staff Shortage, Quantitative workload, Type of patients, Co-workers Psychological, Inadequate communication(28). In McNeely's descriptive cross sectional study of 308 palliative, psychiatric and general care nurses, the top five rated sources of stress (most often rated quite or extremely stressful) were directly related to the workplace situation. These "top five" were too much work/too little time; inadequate staffing in the unit; inability to meet patients' needs; very difficult/violent patients and; inadequate support/understanding from senior staff (29). In a study of Vatiswa Veronica Makie, a sample consisted of one hundred and fifty (150) nurses were asked and the most frequently reported source of stress appears to be workload, followed by emotional issues related to death and dying, not enough staff to adequately cover unit, non-nursing tasks required, such as clerical work, and not enough time to provide emotional support to a patient and the least source of perceived stress were difficulty in working with a particular nurse in the unit, and conflict with other nurses(30).In a sample of 90 hospital Admission and & Emergency department nurses Gholamzadeh and his colleagues identified problems related to physical environment, Work load, dealing with patients or their relatives and handling their anger or aggressive

behaviour, being exposed to health and safety hazards, lack of support by nursing administrators, a physician not being present in a medical emergency, lack of equipment as major sources of stress(31,12). Respondents of Usha Rani in a total of 79 district nurses of United Kingdom indicated that the major sources of stress were: time pressure, administrative responsibility, having too much to do, factors beyond one's control, interruptions, keeping up with National Health Service (NHS) changes, lack of resources, taking work home, and dealing with terminally ill patients and their relatives (32). Hipwell found that most common sources of stress were, too much work overload, poor communication with colleagues, erratic nature of the work and frequent patient deaths (20). Farrington also found that, working against the clock, having no second chance, excessive noise or undue quiet, unpleasant sights and sounds, and sudden swings of activity, were stresses reported by nurses (16). Similarly, a study of Mexican nurses found that frequent stressors were interpersonal relations, anguish, work overload and the work environment (33). This was similar to Narayan who found, work overload, interpersonal conflict and lack of support to be major stressors for nurses working with terminally ill patients (34, 35), which might be compounded by inadequate training, lack of time to deal with psychological components of care giving, and relationship difficulties with other medical staff (36). A study on causes of occupational stress across Eastern and Western European countries found that pressures due to workload, role ambiguity, changing responsibilities, dying patients and their relatives, conflicting demands of work and home, and nurses' lack of involvement in planning and decision making cut across cultures (37). The fact that nurses (females, mostly) are juggling their work role with other social roles such as parent and/or carer also causes them stressed and flattens their mood (38).

Lau (39) studied the sources of stress in a convenience sample of 80 ICU nurses in Hong Kong. The top five stresses identified by this study were 'inadequate staffing', 'poor benefits', and 'no opportunity for advancement ', 'poor pay and critical, unstable patients'. Taiwanese

nurses studied by Tsai (40) also showed similar sources of stress as the nurses studied by Lau (39), adding 'workload' and 'interpersonal relationships' to the list of work-related stresses that the Hong Kong Chinese nurses reported. There is some research suggesting that intensive care nurses are more stressed than nurses working in other areas (39). However, an ICU (Intensive Care Unit) nurse has disputed this view (22). It seems that the organizational climate (41) and the context of the job (42) influence nurses' reports of stress. Tyler (43) found that conflict with doctors was an important stressor for highly trained nurses in the private sector. Similarly in a study done by McFarlane D. and his colleagues, they found that external environment and the amount and quality of the workload as major sources of stress (44).

2.1.1 THEORIES OF STRESS

In the studies reported above, the researchers seldom refer to theories that may explain their findings, or directly test the assumptions of these theories. However, the theories cited by Taylor (45) could help to put findings from stress studies into a theoretical perspective. Taylor cites several theories of stress. The first suggests that negative stress overwhelms our cognitive capacities, the so-called cognitive-costs hypothesis. Evidence for the cognitive-costs hypothesis may be gleaned from the studies reported by MacNeil & Weisz (24) and Hipwell (20) because of nurses' complaints of having too much work, poor communication and conflict with colleagues and having to deal with frequent patient deaths. Another stress theory cited by Taylor (45) suggests that stress results from high levels of physiological arousal that impede an individual's ability to attend to important cues, especially when doing complex tasks. Also, stress can cause frustration that in turn may lead to irritation and annoyance. Findings from Foxall (25) and Farrington (16) suggest that dealing with complex tasks and working in a highly aroused state contributed to the stress reported by nurses in this study. In

the concept of learned helplessness initially reported by Seligman (46), stress occurs from repeated failure to control everyday events. Findings from Tsai (40) and Lau (39) suggest that issues around having little opportunity for advancement, poor benefits and inadequate staffing are major sources of stress for nurses. Evidence shows that working 12·5-hour shifts is associated with poorer work performance among nurses (47).

2.2 COPING STRATEGIES FOR NURSES

Coping strategies used by nurses to manage, or counteract their stress and dissatisfaction are various. In the study conducted by Sullivan the identified coping strategies were , seeking social support, ‘planful’ problem solving, accepting responsibility, positive reappraisal and avoidance (48). According to Vatiswa Veronica Makie, the most frequently reported coping strategy seem to be resorting more to prayer for assistance, followed by changed or grew as a person in a good way and took it out on other people and refused to believe it had happened as coping strategies seem to be employed the least (30). Similarly Lee et al identified that planning and getting one’s priorities as major strategies for controlling job stress. They also state that continuous training and developing skills and keeping the knowledge of the nurses up-to-date will show nurses some strategies for coping with stress (49). According to Usha Rani the most popular coping strategy were ‘talked to someone about how I was feeling’. The next two most popular responses were ‘just concentrated on what I had to do next’ and ‘talked to someone who could do something about the problem’. The least popular methods of coping were ‘to avoid being with people’, ‘went on as if nothing had happened’ and ‘blamed myself’ (32). In the work of Hope they reported nurses cope with stress by eating more (50). Further more in a study of Bianchi, F. and Lopes, G. it is found that social support is the most common way of coping for job stress(51). On the other hand in a study of Feng-Chuan et al they have shown that the top five coping strategies used in descending order included:

accepting it as experience and to commit him/herself performing proper avoidance in the future, examining carefully the process that results in such outcomes, seeking advanced learning or training to improve technique improvements, identifying the causes of the problems, and solving the problem using my own experience (52).

According to McNeely the main coping strategy reported was the use of social support in some form. This ranged from “visiting mum” to the use of formal meetings where staff could air any problem. Nurses reported that, when the ward had experienced a stressful or traumatic incident, staff did not go home until they had spent a few minutes, usually with “a cup of tea” at the end of the shift, discussing the incident and working through their feelings. Informal chats or group meetings, socializing after work with colleagues, and even shouting, crying or playing loud music on the way home were all given as ways of releasing the tension. One nurse reported that she had chosen her job from two opportunities on the basis of distance between work and home. The drive home from the chosen job gave an opportunity for 20 minutes “wind-down time” at the end of the day. The other two most frequently listed coping strategies were of the “avoidance/distancing/ denial” kind, such as “thinking of other things” or keeping busy and “tension reduction techniques”, such as exercise or shouting. Only ten of the 308 respondents reported using professional help to cope with work related stress, and some of those interviewed stated that although there was professional counselling available, they would not feel comfortable using it. Further, they felt that there was too little recognition among senior staff and administration of the stress carried by staff and of the need to provide better ways to help nurses to cope with the stress (29).

2.3 CONCEPTUAL FRAME WORK

Although perceptions towards the construct of work related stress may vary from one nurse to another, studies in general, view this term as a representation of physiological or

psychological reactions, or both, that are caused by routine work. Richard Lazarus and Susan Folkman suggested in 1984 that stress can be thought of as resulting from an “imbalance between demands and resources” or as occurring when “pressure exceeds one’s perceived ability to cope”. Stress management was developed and premises on the idea that stress is not a direct response to a stressor but rather one’s resources and ability to cope mediate the stress response and are amenable to change, thus allowing stress to be controllable and also categorized the stress coping behaviour as in to “problem focused” and “emotion focused “strategies . The former represents actions that are taken to solve the problem or issue directly, and the latter refers to action that an individual changes in relation to personal attitudes towards the emotion that was irritated by external stimuli (9). It is interesting to note that a nurse is unique as an independent human, with which is distinctive when responding to a difficulty. Many studies have shown that an individual nurse may behave quite differently in stress perceiving and associated coping (53).

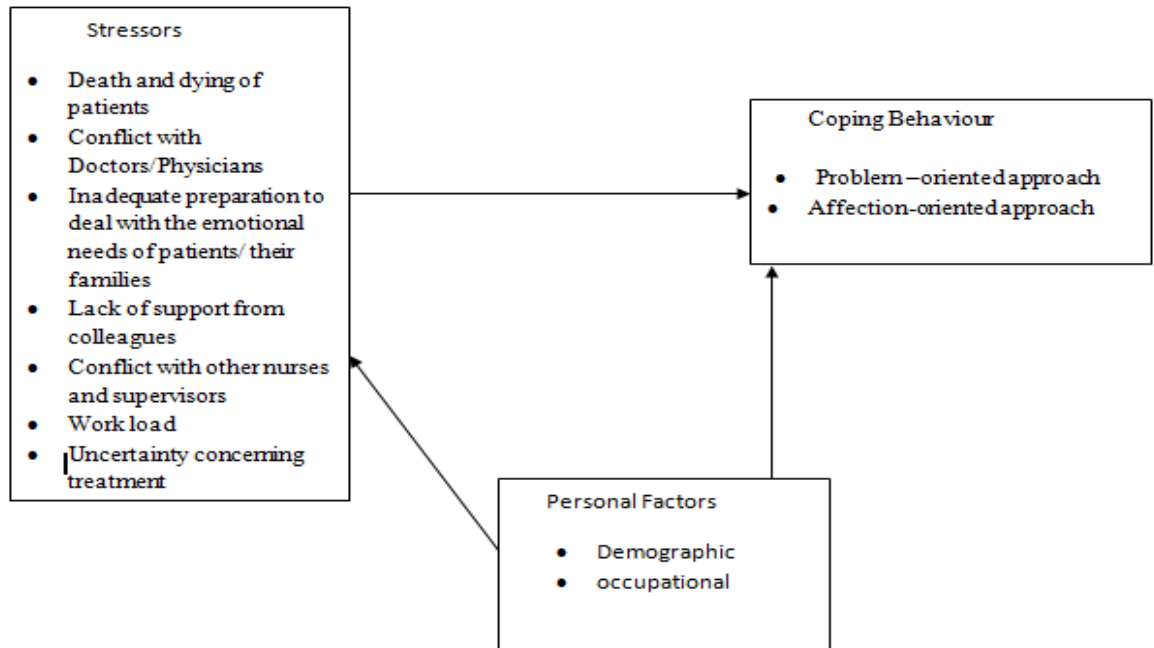


Figure 1 Conceptual framework

Taking the theoretical perspective of Lazarus and Folkman, this conceptual framework assumes that different stressors have varied levels of correlations with coping approaches, whereas the differences within the nurses' personal characteristics may affect the relationships between these variables.

CHAPTER THREE

OBJECTIVE OF THE STUDY

3.1. GENERAL OBJECTIVE

- To determine Sources of occupational stress and coping strategies among nurses who are working at Gondar University and Felege Hiwot referral Hospitals.

3.2. SPECIFIC OBJECTIVES

- To identify common sources of occupational stresses among nurses.
- To assess commonly used coping mechanisms for occupational stress among nurses.
- To identify the effects of personal factors on stress perception and associated coping behaviours.

CHAPTER FOUR

METHODOLOGY

METHODS AND MATERIALS

In this study the sample consists of nurses from Gondar University and Felege Hiwot referral hospitals who volunteered to study were included.

4.1. STUDY DESIGN AND PERIOD

An institution based cross- sectional study was conducted from January to February, 2012 G.C among nurses who work at Gondar university and Felege Hiwot referral hospitals to determine their Sources of occupational stress and coping strategies and all nurses were included as a study subjects for this study.

4.2. STUDY AREA

This study was conducted at Gondar University and Felege Hiwot referral hospitals, North Gondar and West gojam Zones, Ethiopia. Gondar town is located in north part of Ethiopia in Amhara region, Gondar is 748 km far from the capital city, Addis Ababa. It is located northern of Lake Tana and South West of Semen Mountain. The town has one university, one Teachers Education College, one technical and vocational training college, and one big tertiary level teaching and referral hospital and an airport.

Gondar College of Medical Sciences is the oldest medical school in Ethiopia. Established as the Public Health College in 1954. Gondar University Hospital is a tertiary level teaching and referral hospital, which acts as the referral centre for four district hospitals in the area and has 400 inpatient beds and provides health referral services for over 5 million

inhabitants in the northwest region of Ethiopia. Within its 400 staff it employs 50 doctors, 150 nursing staff, three pharmacists, 90 care staff and 25 laboratory scientists.

Bahir Dar is a city located approximately 578 km north-northwest of Addis Ababa. It is the capital of the Region. Administratively; Bahir Dar is considered a Special Zone and is one of the leading tourist destinations in Ethiopia, with a variety of attractions in the nearby Lake Tana and Blue Nile river. The city is distinctly known for its wide avenues lined with palm trees and a variety of colourful flowers. It is also considered one of the most beautiful, well planned, and safest cities by many standards, and in 2002 it was awarded *UNESCO Cities for Peace Prize* for managing to address the challenges of rapid urbanization. The town has one university, one technical and vocational training college, and one big tertiary level teaching and referral hospital and an airport.

Felege Hiwot Hospital is a tertiary level teaching and referral hospital, which acts as the referral centre for district hospitals in the area and has 300 inpatient beds and provides health referral services for over 5 million inhabitants in the northwest region of Ethiopia. Within its 250 staff it employs 20 doctors, 137 nursing staffs.

4.3. POPULATION

4.3.1.SOURCE POPULATION

The source population was all Gondar University and Felege Hiwot referral hospitals nurses.

4.3.2. STUDY POPULATION

The study population was all nurses who work at Gondar University and Felege Hiwot referral Hospitals.

4.4. INCLUSION CRITERIA

All nurses who are currently working at Gondar University and Felege Hiwot referral hospitals was included.

4.5. EXCLUSION CRITERIA

Those Nurses who were on leave (maternity, annual, sick, fieldwork, or study) were excluded.

4.6. VARIABLES OF THE STUDY

4.6.1. THE DEPENDENT VARIABLES

- ◆ Sources of occupational stress
- ◆ Coping strategies

4.6.2. INDEPENDENT VARIABLES

- Age
- Religion
- Marital status
- year of experience in nursing
- Sex
- Ethnicity
- Children living at home
- Level of nursing education

4.7. OPERATIONAL DEFINITIONS

Several terms are important for understanding this study. Their definitions are provided below.

Stress is defined as respondents' physical and psychological symptoms and health related and social behaviours attributed to their work experiences.

Coping strategy is defined as any action identified by respondents to deal with these experiences.

“Problem focused / oriented” coping behaviour represents actions that are taken to solve the problem directly.

“Emotion focused/ Affection-oriented” coping behaviour refers to action that an individual change the personal attitudes towards emotion that was irritated by external stimuli.

Nurse refers to a person who cares for the sick or infirm; specifically: a licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health.

4.8. SAMPLE SIZE & SAMPLING TECHNIQUE

All nurses who are working in Gondar University and Felege Hiwot referral hospitals were included in the present study.

4.9. DATA COLLECTION

A self administered structured questionnaire, which consisted of three sections, was used to collect information regarding job stress and the adopted coping strategies of nurses working at Gondar University and Felege Hiwot referral hospitals from January 28-February 8 and the data was collected by intensively trained 5 B.sc nurses and the data was supervised by 2 supervisors. The first section attempted to delineate nurses' - personal profile, such as rank, and year of service in nursing, marital status, descriptive demographic statistics. The second

section, modified from the Nursing Stress Scale (NSS) which was designed to measure the frequency and sources of nursing stress experienced by nurses on different hospital units by Graft-Toft and Anderson. It consists of 33 items that describe situations that have been identified as causing stress for nurses in their performance of their duties which require Likert type response from 1 'Never' to 4 'Very frequently' according to their perceived occurrence in the workplace.

The Nursing Stress Scale identifies seven major sources of stress which are factor analyzed. One factor relates to the physical environment; four factors arise from the psychological environment and two from the social environment of the hospital. The workload subscale relates the physical environment. Death and dying; inadequately preparation to deal with the emotional needs of patients and their families; lack of staff support and uncertainty concerning treatment relate to the psychological environment. The social environment subscales consist of conflict with physicians and conflict with other nurses and supervisors.

A total score representing the overall frequency of stress experienced by a nurse was obtained by adding the nurse's responses to all 33 items. The range of the scores will be from 33 to 132, with a higher score indicating higher job stress (54).

The third section used Lazarous standard questionnaires to determine the types of coping strategies, used by nurses to cope with job stress. According to Folkman and Lazarus' cognitive appraisal model of coping (9), Coping involves a conscious effort to reduce stress. Within this model, coping strategies can be broadly categorized as either *problem-focused* - attempts to manage or alter the problem causing the stress - or *emotion-focused* -attempts to regulate emotional responses to the stressful situation (55).

The main body of the Lazarous questionnaires contained 66 coping statements reflecting a wide range of thoughts and actions that people use to deal with taxing events. Forty nine of the items on the questionnaire are divided into eight empirically constructed scales. The scales are described as follows: Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support Accepting Responsibility, Escape-Avoidance, Planful Problem Solving, and Positive Reappraisal (55).

4.10. QUALITY CONTROL

The quality of the data was assured by pre-testing the questioner prior to the start of the actual study and training about the data collection tools as well as data collection procedures was given to data collectors and supervisors. The objectives of the study were clearly explained to the data collectors as well as supervisors and it was given to data collectors and supervisors. The data was verified by the principal investigator during the data collection.

4.11. DATA PROCESSING AND ANALYSIS

After data collection all returned questioners were checked for completeness and consistency. Descriptive statistics were used to illustrate the demographic profile of the respondents; the frequency of the adopted coping strategies and the mean scores of job stress, sources of stress and Analytical statistics was used to compare relationship among variables which include Independent t-test, analysis of variance (ANOVA), and Pearson's correlation coefficient which used to address the third research objective. Assumptions for each statistical measure were met and an alpha level of 0.05 was established. In addition, the response mean of each of the 49 coping statements and eight coping scales was determined for the sample for both the Use and Effectiveness sections. The data was entered to Epi-Info version 33.4 and transferred to SPSS software version 20 to analyze the data.

4.12. DATA DISSEMINATION

The final result of the study will be given to Department of Nursing and Midwifery, Gondar University and Felege Hiwot referral Hospitals Administration, Ethiopian Nurses Association, and an attempt will be made to present at the conferences and to publish on reputable research journal.

4.13. ETHICAL CONSIDERATIONS

The ethical clearance and official letter of cooperation was obtained from IRB of Addis Ababa University and university of Gondar and Felege Hiwot referral hospitals. An official letter was obtained from Department of nursing and Midwifery and communicated to Gondar University and Felege Hiwot referral Hospitals Administration. The participants were asked to involve in the study voluntarily. The data was collected only after they give their consents to participate. To protect the privacy of participants, they were guaranteed for confidentiality and they were assured that identifying information will not be made available to anyone who is not directly involved. Till research accomplishment the questionnaire data will be kept in a well secured/locked cabinet. After the research defence and final work is approved by the department and then academic commission/or and university senate the original questionnaire data will be incinerated in a secured manner.

CHAPTER FIVE

5. RESULT

5.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDY

PARTICIPANTS

For the purpose it is a total of 268 staff nurses from two teaching referral hospitals (Gondar University and Felege Hiwot) were studied. The aim of the demographic data analysis was to investigate the respondents' weather they are mature enough to react on the questionnaire properly and to check whether they are well aware of their working environment.

From the analysis, it is found that the age distribution of the respondents classified in to three groups. This includes ages <25, between 25 and 35 and >35 Table 1). The results in general showed that the majority (63.1% n=169) of the respondents are between the age of 25-35years, 25.7% (n=69) are greater than 35 years and 11.2% (n=30) are less than 25 years of age and with a mean age 31.7052 ± 7.10006 SD years (Table 1). This demographic data showed that most of the respondents are mature enough to have well information regarding to their working environment and objectives of the study.

Moreover, most of the respondents (97.4% n=261) were belong to the Amhara ethnical group and the remaining (2.6% n=7) were belong to Tigre and Oromo ethnical groups (Table1).

Table 1 Socio-Demographic Characteristics of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

Age category	Frequency	Percent
>25	30	11.2
25-35	169	63.1
>35	69	25.7
Total	268	100
Religion category		
Orthodox	227	84.7
Muslim	23	8.6
Other	18	6.7
Total	268	100
Ethnic group		
Amhara	261	97.4
Oromo	3	1.1
Tigre	4	1.5
Total	268	100
Sex Category		
Male	108	40.3
Female	160	59.7
Total	268	100
Children at home		
No	120	44.8
Yes	148	55.2
Total	268	100
Year experience of nursing		
< 5years	118	44.0
5-10 years	90	33.6
> 10years	60	22.4
Total	268	100.0
Nursing qualification		
Masters	6	2.2
BSc	189	70.5
Diploma	73	27.2
Total	268	100

On the other hand, the sex wise analysis of the demographic data showed that of the total sampled respondents (n= 268), 59.7% (n=160) were female nurses (Table 1). Of the respondents 60.4% (n=162) were married and 33.6 % (n=90), 4.9 % (n=13) and 1.1 % (n=3)

were never married, divorced and widowed respectively. These results showed that majority of the respondents were married and have family responsibility.

Similarly in terms of religion, most of the respondents belong to Christian orthodox 84.7 % (n=227), while the others 15.3 % (n=41) belong to Muslim and others (Fig 3).

5.2. FAMILY SIZE AND CHILDREN INFORMATION

Among the sampled nurses in the study hospitals, average family size was 4, with a range from 0-8 individuals per household. The majority of the respondents (43% n=115) had a family size of 2-5. Regard to children information at household level, the result indicated that most (55.2% n=148) of the sampled nurses had children at home at the age of less than two years and the remaining had no children at home (Table 1).

5.3. WORKING EXPERIENCE INFORMATION

In line with this the respondents nursing work experiences were analyzed based on the year of working experience category of the respondents' (i.e. < 5 years, 5-10 years and > 10 years of experience) and it is found that their total experience in nursing was ranging from 1 to 31 years and of the respondents majority of nurses had <5 years of nursing experience 44% (n=118), 33.6 % (n=90) of them had a nursing experience of 5-10 years and only 22.4 % (n=60) had nursing experience of more than 10 years, with a mean 7.4142 ± 6.29756 SD years, while the mean current hospital nursing job experience was 5.1716 ± 5.11153 SD years (Table 1). As demonstrates above the respondents were relatively inexperienced.

5.4 LEVEL OF NURSING EDUCATION

In the present study majority of the respondents education in nursing was at the baccalaureate level 70.5 % (n=189) and the rest had Masters and Diploma, 2.2 % (n=6) and 27.2 % (n=73) respectively (Table 1).

5.5. STRESS AND COPING MECHANISMS AMONG THE SAMPLED NURSES

5.5.1. SOURCES OF STRESS AND STRESS SCALE

From the analysis of nurses stress scales and each items it is found that the overall mean score of the Nursing Stress Scale was high (87.01 ± 17.67) they experience high frequency of stress, and it is also clearly observed that there exist differences between the stress scales, the death and dying is found to be the most stressor scale with the grand mean value of 3.3 ± 0.91 (Table 2) followed by the uncertainty regarding treatment of a patient (2.67 ± 0.85) and work load (2.58 ± 0.87) respectively (Table 2).

Table 2. Identified Sources of stress items of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

Stress scale	Stressors	Mean	SD
Death and Dying	Performing procedures that patients experiencing as painful	3.24	0.903
	Feeling helpless in the case of a patient who fails to improve	3.22	0.869
	Listening or talking to a patient about his /her approaching death	3.31	1.026
	The death of a patient	3.58	0.82
	The death of a patient with whom you developed a close relationship	3.56	0.89
	Physician not being present when a patient dies	3.04	1.021
	Watching a patient suffer	3.38	0.88
Grand mean		3.33	0.91
Conflict with physicians	Criticism by a physician	2.56	1.219
	Conflict with a physician	1.98	0.888
	Fear of making a mistake in treating a patient	2.64	0.962
	Disagreement concerning the treatment of a patient	2.56	0.881

Stress scale	Stressors	Mean	SD
	Making a decision concerning a patient when a physician is unavailable	2.76	0.845
Grand mean		2.50	0.959
Inadequate preparation	Feeling inadequately prepared to help with emotional needs of a patient's family	2.09	0.722
	Being asked a question by a patient for which I do not have a satisfactory answer	2.21	0.866
	Feeling inadequately prepared to help with the emotional needs of the patients	2.16	0.678
	Having to deal with a particularly demanding, angry or depressed patient	2.87	0.668
Grand mean		2.33	0.7335
Lack of support	Lack of opportunity to talk openly with other unit personnel about problems in the unit	2.04	0.886
	Lack of opportunity to share experiences and feelings with other personnel in the unit	1.99	0.893
	Lack of opportunity to express to other personnel in the unit my negative feelings towards patients	1.91	0.79
	Lack of support system available in the hospital	3.03	0.839
Grand mean		2.24	0.85
Conflict with other nurses	Conflict with a supervisor	2.13	0.808
	Criticism by a supervisor	2.03	0.893
	Difficulty in working with a particular nurse in the unit	2.03	0.878
Grand mean		2.06	0.86
Work load	Unpredictable staffing and scheduling	2.27	0.766
	Too many non-nursing tasks required, such as clerical work	2.58	1.023
	Not enough time to complete all nursing tasks	2.82	0.807
	Not enough staff to adequately cover unit	2.97	0.893
Grand mean		2.58	0.87
Uncertainty regarding treatment	Inadequate preparation for the job	2.61	0.982
	Inadequate information from a physician regarding the medical condition of a patient	2.9	0.799
	A physician ordering what appears to be inappropriate treatment for a patient	2.9	0.917
	A physician not being present in a medical emergency	3	0.859
	Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment	2.44	0.853
	Uncertainty regarding the operation and functioning of specialized equipment	2.23	0.717
Grand mean		2.67	0.85

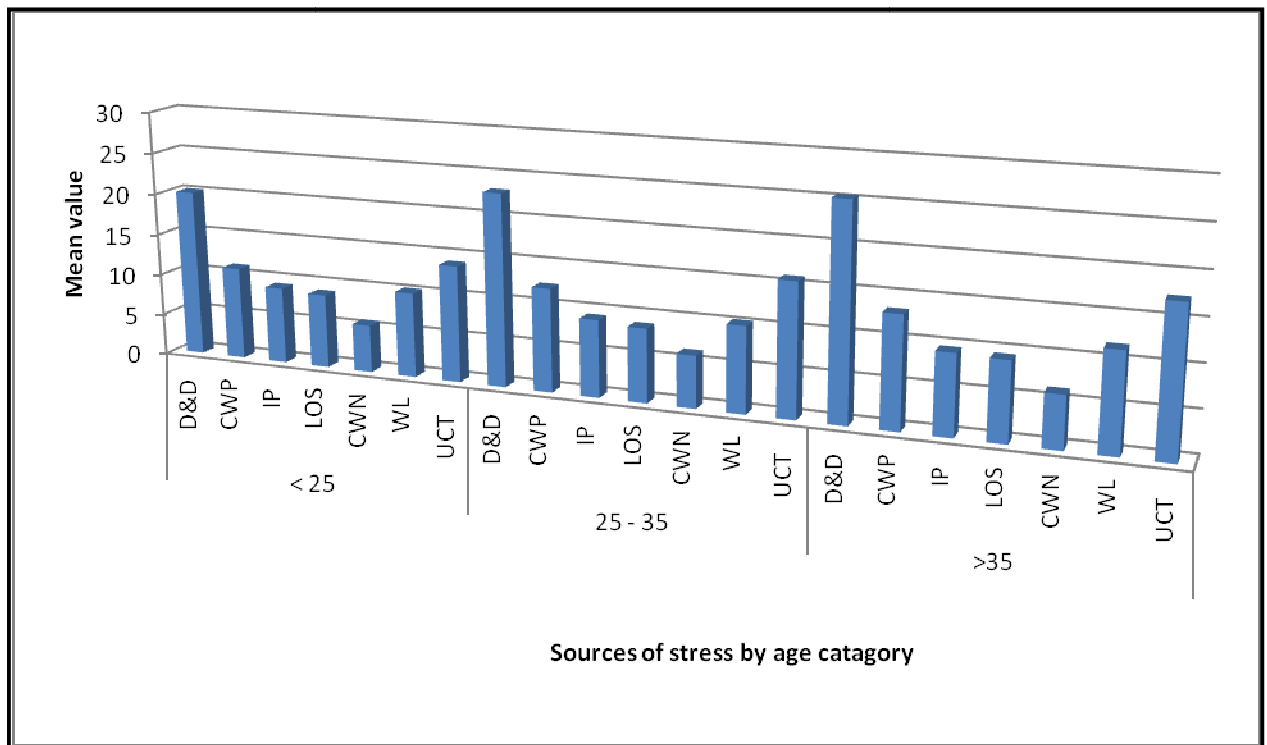
Similarly, when we see the each stressors item separately, death of the patient is found to be the most stressor (3.58 ± 0.82) among the different listed sources of stress items for the nurses in the study hospitals followed by the death of the patient with whom they developed a close relationship (3.56 ± 0.89) and watching a patient suffer (3.38 ± 0.88) (Table 2) in descending order respectively. Fortunately all the stressors with the high mean value are found under the death and dying stresses scale indicating important parameter to deal with in detail.

On the other hand, the least grand mean for the sources of stress scale of the nurses in the study hospitals were calculated for conflict with other nurses (2.06 ± 0.86) (Table 2). Similarly, Lack of opportunity to express to other personnel in the unit their negative feelings towards patients found to be the least (1.91 ± 0.79) source of stress for the nurses in the study hospitals indicating nurses do not have fear to deal with other with regarding to the patient case.

5.5.2. STRESS SCALE BY AGE GROUP OF THE RESPONDENTS

The analyses of the stress scales between age group of the respondents in the study hospitals showed that among the three groups, the group of subjects with the age of 35 years and above were associated with relatively more stress (13.29 ± 2.65) than the other age groups followed by age group 25-35 (Figure 5 and Appendix 6). On the other hand, the stress scale within the age group indicated that death and dying is the most frequent stressor with the highest mean value in all age groups followed by Uncertainty concerning treatment and Conflict with physician respectively (Figure 5 and Appendix 6).

Figure 2. Identified Sources of Stress scale by Age group of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.



- D&D- Death and dying, CWP-Conflict with Physician, IP- Inadequate Preparation, LOS- Lack of Support, CWN- Conflict with other nurses, WL-work load, UCT- Uncertainty concerning treatment.

In lined with the above results in analysing age with stress scales, the analysis of variance (ANOVA) showed that there is significant difference ($P=0.05$) within age for stresses (Table 3). Moreover, even if it is not strong the correlation analysis showed that there is a significant positive relationship ($R>50$) between age and death and dying, Work load and Uncertainty concerning treatment (Table 3). However no significance difference was observed between

age and Conflict with physician, inadequate preparation, Lack of support and Conflict with other nurses (Table 3).

Table 3 Analysis of Variance (ANOVA): Age on sources of stress of Nurses, who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

	SOURCES OF STRESS	F	P	R
AGE	Death and dying	15.35	0.00	0.32
	Conflict with physician	3.95	0.20	0.16
	Inadequate preparation	0.75	0.47	0.06
	Lack of support	1.21	0.29	0.07
	Conflict with other nurses	0.80	0.45	0.05
	Work load	8.64	0.00	0.21
	Uncertainty concerning treatment	7.75	0.00	0.23

One way ANOVA revealed significant differences between the sources of stress in terms of age overall ($f=7.67$ $p=0.001$) (Table 3).

5.5.3. SOURCE OF STRESS BY SEX CATAGORY OF THE RESPONDENTS

The table below (Table 4) illustrated that females are more venerable for stress. The overall stress score by sex wise is an evident that females tend to have more stress than men (table 4).

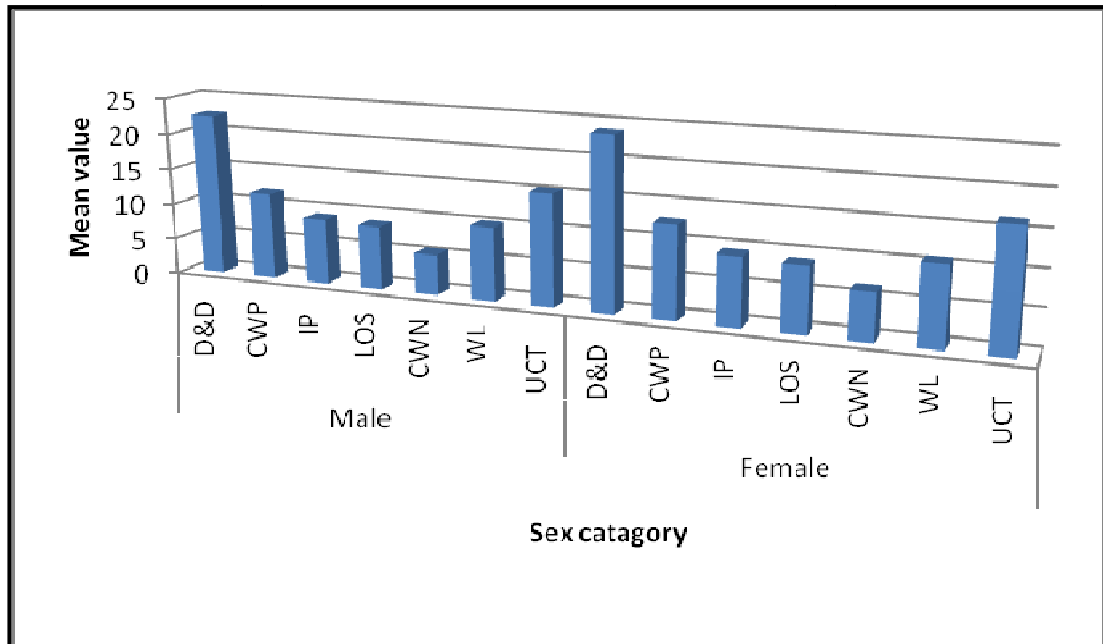
Table 4 Identified over all Sources of Stress by Sex category of Nurses, who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

Sex Category	Mean	Standard Deviation
Male	83.89	17.01
Female	89.11	17.85
Grand	87.01	17.67

When we see the sources of the stress for female and male, the death and dying is the most and common sources of stress while uncertainty concerning treatment and Conflict with

physician are for the second and third frequent sources of stress for both sex category with the different mean of value (Figure 6 and Appendix 7).

Figure 3. Identified Sources of Stress by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.



- D&D- Death and dying, CWP-Conflict with Physician, IP- Inadequate Preparation, LOS- Lack of Support, CWN- Conflict with other nurses, WL-work load, UCT- Uncertainty concerning treatment.

In lined with the above results, Independent sample T test revealed that there is significant difference ($P=0.05$) between sex on Death and dying, Conflict with other nurses and work load sources of stresses in the study hospitals (Table 5). Moreover, the correlation analysis showed that there is a relation between sex and over all stress ($f=5.74$ $p=0.01$) while some sources of stress do not (Table 5). For example, Conflict with other nurses as a source of stress has a relatively better correlation ($R=0.20$) with compared to the others while work load showed a relatively very weak correlation ($R=0.12$) with sex (Table 5).

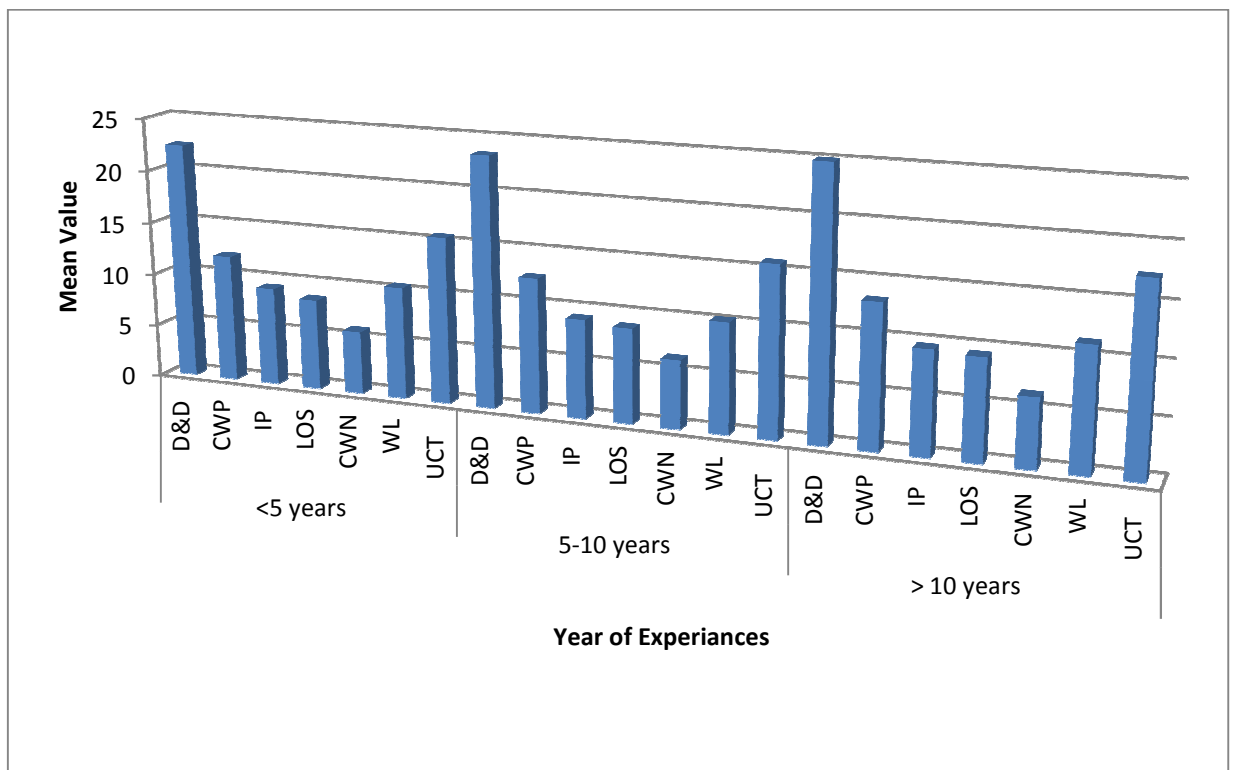
Table 5 Independent T test analysis: Sex on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

SEX	SOURCES OF STRESS	F	P	R
		Death and dying	1.46	0.02
	Conflict with physician	4.12	0.09	0.10
	Inadequate preparation	1.84	0.17	0.08
	Lack of support	0.00	0.45	0.04
	Conflict with other nurses	8.27	0.00	0.20
	Work load	5.62	0.03	0.12
	Uncertainty concerning treatment	0.20	0.06	0.11

5.5.4. SOURCE OF STRESS BY YEAR OF EXPERIANCES OF THE RESPONDENTS

The analysis of sources of stress by year of experiences of the respondent showed that there is a difference on the sources of stress by year of experiences. The highest mean value was observed for individuals with the year of experience >10 year (Figure 7 and Appendix 8). Indicating individuals in this age category are more stressed as compared to the other groups. Similarly, within the category of the year of experiences, it is observed that there is difference among the sources of stress for the respondents (Figure 7 and Appendix 8). For example, within the category of all age groups death and dying accounts the highest mean value (Figure 7 and Appendix 8) followed by uncertainty concerning treatment and Conflict with physician for the second and third highest value respectively (Figure 7 and Appendix 8) in all year of experiences.

Figure 4. Identified Sources of stress by years of experience of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.



- D&D- Death and dying, CWP-Conflict with Physician, IP- Inadequate Preparation, LOS- Lack of Support, CWN- Conflict with other nurses, WL-work load, UCT- Uncertainty concerning treatment.

Similar with the above result, the ANOVA also showed that there is significant differences ($P=0.05$) among the sources of stress for year of experiences. The significances were observed for death and dying ($P=0.00$), uncertainty concerning treatment (0.02) and work load (0.03). The correlation also observed significant for death and dying ($R=0.21$), uncertainty concerning treatment (0.15) and work load (0.10). However, the correlation observed was not strong rather it is weak for the stress mentioned above (Table 6).

Table 6 Analysis of Variance (ANOVA). Year of experience on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

YEAR EXPERIENCE	OF	SOURCES OF STRESS	F	P	R
		Death and dying	6.42	0.00	0.21
		Conflict with physician	2.67	0.07	0.14
		Inadequate preparation	0.82	0.43	0.06
		Lack of support	0.97	0.38	0.07
		Conflict with other nurses	1.46	0.23	0.09
		Work load	3.46	0.03	0.10
		Uncertainty concerning treatment	3.78	0.02	0.15

5.5.5. SOURCE OF STRESS BY WORKING AREAS OF THE RESPONDENTS

The result of sources of stress by working area revealed that among the working area, the maternity ward nurses found to be the most stressed nurses with grand mean of 13.24 ± 3.09 followed by OPD and Paediatrics ward with the mean value of 12.71 ± 3.2 and 12.65 ± 3.16 respectively (Table 7). It is also observed that within the sources of stress there is a difference for each working area. For example, death and dying, Uncertainty concerning treatment and Conflict with physician accounts the first highest mean value (23.95 ± 1.53 , 16.8 ± 3.75 and 11.4 ± 2.89) respectively (Table 7) for ICU indicating that these are the frequent sources of stress for ICU as compared to the others (Table 7).

Table 7 Identified Sources of stress of the respondents per unit/ward of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

Ward	Sources of stress scale	Mean	SD
ICU	Death and dying	23.95	1.53
	Conflict with physician	11.4	2.89
	Inadequate preparation	9.35	1.95
	Lack of support	8.5	2.3
	Conflict with other nurses	5.8	1.96

Ward	Sources of stress scale	Mean	SD
	Work load	10.7	2.31
	Uncertainty concerning treatment	16.8	3.75
Grand mean		12.35	2.38
Maternity ward	Death and dying	25.65	2.86
	Conflict with physician	13.92	3.71
	Inadequate preparation	9.69	2.49
	Lack of support	9.19	2.81
	Conflict with other nurses	6.57	2.94
	Work load	11.15	2.809
	Uncertainty concerning treatment	16.53	4.03
Grand mean		13.24	3.09
Operation Theatre	Death and dying	20.37	5.85
	Conflict with physician	10.51	3.571
	Inadequate preparation	8	1.6
	Lack of support	7.79	2.49
	Conflict with other nurses	5.17	1.73
	Work load	9.5	1.9
	Uncertainty concerning treatment	13.79	4.21
Grand mean		10.73	3.05
Paediatrics ward	Death and dying	24.07	4.44
	Conflict with physician	12.763	3.266
	Inadequate preparation	9.5	2
	Lack of support	9.31	2.68
	Conflict with other nurses	6.78	2.25
	Work load	10.1	3.13
	Uncertainty concerning treatment	16.07	4.42
Grand mean		12.65	3.16
Surgical ward	Death and dying	22.47	4.83
	Conflict with physician	12.92	3.45
	Inadequate preparation	9.15	1.6
	Lack of support	9.02	1.9
	Conflict with other nurses	6.57	1.96
	Work load	10.5	2.41
	Uncertainty concerning treatment	16.55	4.03
Grand mean		12.45	2.88
Medical wards	Death and dying	23.05	5.11
	Conflict with physician	12.38	3.561
	Inadequate preparation	9.49	2.37
	Lack of support	9.38	2.97
	Conflict with other nurses	6.1	2.19
	Work load	10.92	2.68
	Uncertainty concerning treatment	16.29	4.37
Grand mean		12.51	3.32
Ophthalmic ward	Death and dying	23.94	4.36
	Conflict with physician	12.52	4.29
	Inadequate preparation	9.47	2.34

Ward	Sources of stress scale	Mean	SD
	Lack of support	9.1	3.22
	Conflict with other nurses	6.52	2.29
	Work load	10.42	2.38
	Uncertainty concerning treatment	15.73	3.47
Grand mean		12.52	3.19
OPD	Death and dying	23.79	4.75
	Conflict with physician	12.95	4.19
	Inadequate preparation	9.69	2.15
	Lack of support	8.93	2.8
	Conflict with other nurses	5.88	2.21
	Work load	11.34	2.2
	Uncertainty concerning treatment	16.44	4.1
Grand mean		12.71	3.2

Similar with the above result, the ANOVA also showed that there is a significant differences (P=0.05) among the working area for sources of stress. The significances were observed for death and dying (P=0.00), Conflict with physician (0.03), and Inadequate preparation (P=0.04) for all working areas. The correlation also showed significant for death and dying (R=0.10), Inadequate preparation (0.05) and Conflict with physician (0.03). However, the correlation observed was not strong for all sources of stress with the work area rather it is weak (Table 8).

Table 8 Analysis of Variance (ANOVA). Work area on sources of stress of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

WORK AREA	SOURCES OF STRESS	F	P	R
		Death and dying	3.16	0.00
	Conflict with physician	2.25	0.03	0.03
	Inadequate preparation	2.10	0.04	0.05
	Lack of support	1.19	0.30	-0.03
	Conflict with other nurses	1.84	0.07	-0.00
	Work load	1.82	0.08	0.02
	Uncertainty concerning treatment	1.55	0.15	0.01

5.5.6. COPPING MECHANISMS OF THE RESPONDENTS

In the present study it is shown below (Table 9) that nurses seem to be resorting more to Planful problem-solving (1.77 ± 0.80), Seeking social support (1.54 ± 0.77) and Accepting responsibility (1.49 ± 0.76) strategies while, escape avoidance as a coping strategy seems to be employed the least (0.90 ± 0.78) (Table 9).

Table 9 Identified coping strategies items of the respondents of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Coping Scale	Ways of Coping Mechanism	Mean	STD
Confrontive coping	Tried to get the person responsible to change his or her mind.	1.47	0.85
	I expressed anger to the person(s) who caused the problem	1.25	0.99
	I let my feelings out somehow	1.52	0.59
	Took a big chance or did something very risky.	0.38	0.75
Grand mean		1.15	0.79
Distancing	Made light of the situation; refused to get too serious about it.	1.22	0.63
	Went on as if nothing had happened	0.75	0.76
	Went along with fate; sometimes I just have bad luck.	0.62	0.77
	Didn't let it get to me; refused to think too much about it.	1.18	0.62
	Tried to forget the whole thing.	1.09	0.72
Grand mean		0.97	0.70
Self-controlling	I told myself things that makes me feel better	1.91	0.81
	I tried to keep my feelings to myself.	1.07	1.06
	I tried to keep my feelings from interfering with other things too much.	1.96	0.70
	Tried not to burn my bridges, but leave things open somewhat.	1.5	0.75
	I thought about how a person I admire would handle this situation and used that as a model.	1.46	0.73
	I jogged or exercised	1.04	0.99
	I tried not to act too hastily or follow my first hunch.	1.15	0.59
	Kept others from knowing how bad things were.	0.98	0.77
Grand mean		1.38	0.80
Seeking social support	Accepted sympathy and understanding from someone	2.01	0.70
	I got professional help.	0.76	0.99
	I asked a relative or friend I respected for advice.	1.83	0.77
	Talked to someone about how I was feeling	1.57	0.63

Coping Scale	Ways of Coping Mechanism	Mean	STD
Grand mean		1.54	0.77
Accepting responsibility	Criticized or lectured myself	1.58	0.93
	Accepted it, since nothing could be done	1.16	0.68
	Realized I brought the problem on myself.	0.72	0.75
	I made a promise to myself that things would be different next time.	2.05	0.72
	I apologized or did something to make up.	1.94	0.74
Grand mean		1.49	0.76
Escape-Avoidance	Wished that the situation would go away or somehow be over with	1.51	0.74
	Hoped a miracle would happen.	1.15	0.96
	Had fantasies or wishes about how things might turn out.	1.57	0.78
	Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.	0.28	0.65
	Got away from it for awhile, tried to rest vacation	0.62	0.77
	Avoided being with people in general.	0.56	0.80
	Refused to believe that it had happened.	0.83	0.77
	Took it out on other people.	1.03	0.71
	Slept more than usual.	0.54	0.83
Grand mean		0.90	0.78
Planful problem-solving	I prepared myself for the worst	1.55	0.74
	I made a plan of action and followed it.	1.09	0.95
	Just concentrated on what I had to do next – the next step.	2.31	0.70
	I tried to analyze the problem , to understand it better	2.51	0.64
	Changed something so things would turn out all right.	1.55	0.86
	Drew on my past experiences; I was in a similar situation before.	1.43	0.90
	I went over in my mind what I would say or do	1.86	0.81
	Came up with a couple of different solutions to the problem.	1.98	0.59
	Turned to work or substitute activity to make my mind off things	1.64	0.92
Grand mean		1.77	0.80
Positive reappraisal	I prayed	1.76	1.05
	I changed something about myself.	1.39	0.66
	I was inspired to do something creative.	1.19	0.81
	Changed or grew as a person in a good way.	1.55	0.85
	Rediscovered what is important in life.	1.28	0.73
Grand mean		1.43	0.82

Similarly, when we see the coping mechanism separately, I tried to analyze the problem, to understand it better found to be the most employed coping strategy (2.51±0.64) among list of

copied items for the nurses in the study hospitals followed by Just concentrated on what I had to do next (2.31 ± 0.70), I made a promise to myself that things would be different next time (2.05 ± 0.72) and Accepted sympathy and understanding from someone respectively (2.01 ± 0.70) (Table 9).

On the other hand, Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc found to be the least (0.28 ± 0.65) coping strategies for the nurses in the study hospitals indicating nurses do not use drugs and sedatives to cope with their stresses.

5.5.7. COPING STRATEGIES BY AGE CATAGORY OF THE RESPONDENTS

The analyses of the stress scale between age group of the respondents in the study hospitals showed that among the three groups, the group of subjects with the age of 25- 35 years and above seem to be resorting more to coping strategies (8.41 ± 2.78) than the other age groups followed by age group < 25 (Table 10). On the other hand, the coping strategies within the age group indicated that Planful problem-solving is the most employed coping strategy with the highest mean value in all age groups followed by Self-controlling and Escape-Avoidance but in case of age group > 35 Accepting responsibility took the third place respectively (Table 10).

Table 10 Identified coping strategies scale by Age group of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Age group	Coping scale	Mean	SD
< 25	Confrontive coping	4.16	2.15
	Distancing	5.56	2.16
	Self-controlling	11.13	3.48
	Seeking social support	5.53	1.71
	Accepting responsibility	6.06	2.34
	Escape-Avoidance	10.03	3.83
	Planful problem-solving	14.83	2.98
	Positive reappraisal	7.60	1.99

Age group	Coping scale	Mean	SD
Grand mean		8.11	2.58
25 - 35	Confrontive coping	4.88	1.97
	Distancing	4.82	2.24
	Self-controlling	11.44	3.20
	Seeking social support	6.30	1.64
	Accepting responsibility	7.90	2.62
	Escape-Avoidance	8.30	4.01
	Planful problem-solving	16.08	3.49
	Positive reappraisal	7.59	3.04
Grand mean		8.41	2.78
>35	Confrontive coping	4.17	1.65
	Distancing	4.65	2.30
	Self-controlling	10.02	2.80
	Seeking social support	6.15	1.45
	Accepting responsibility	6.94	1.86
	Escape-Avoidance	6.69	3.24
	Planful problem-solving	15.98	3.37
	Positive reappraisal	5.91	2.60
Grand mean		7.56	2.41

In lined with the above results in analysing age with coping strategies scale , the analysis of variance (ANOVA) showed that there is significant difference (P=0.05) within age for coping strategies (Table 11). Moreover, even if it is not strong and negative the correlation analysis showed that there is a significant relationship (R>50) between age and Self-controlling, Escape-Avoidance, Positive reappraisal, but Accepting responsibility showed positive correlation (Table 11). However no significance correlation was observed between age and confrontive coping distancing, Seeking social support, Accepting responsibility and Planful problem-solving (Table 11).

Table 11 Analysis of Variance (ANOVA): Age on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

	Coping strategies	F	P	R
AGE	Confrontive coping	4.29	0.015	- 0.05
	Distancing	1.78	0.170	- 0.10

	Self-controlling	5.02	0.007	- 0.14
	Seeking social support	2.92	0.056	0.07
	Accepting responsibility	9.30	0.00	0.01
	Escape-Avoidance	8.78	0.00	- 0.24
	Planful problem-solving	1.74	0.177	0.06
	Positive reappraisal	8.96	0.00	- 0.21

5.5.8. COPING STRATEGIES BY SEX CATEGORY OF THE RESPONDENTS

The table below (Table 12) illustrated that in relative males restore coping strategies more. The overall coping score by sex wise is an evident that males tend to use more coping strategies than females (Table 12).

Table 12 Identified over all coping strategies by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Sex Category	Mean	Standard Deviation
Male	66.75	16.56
Female	64.35	13.65
Grand	65.55	15.11

When we see the coping strategies for female and male, the Planful problem-solving is the most and common coping strategy while Self-controlling and Escape-Avoidance are for the second and third frequent used for both sex category with the different mean of value (Table 13).

Table 13 Identified Coping Strategies by Sex Category of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Sex	Stresses scale	Mean	SD
Male	Confrontive coping	4.75	2.01
	Distancing	4.71	2.48
	Self-controlling	11.54	3.25

Sex	Stresses scale	Mean	SD
	Seeking social support	6.21	1.79
	Accepting responsibility	7.75	2.61
	Escape-Avoidance	8.44	4.01
	Planful problem-solving	15.77	3.56
	Positive reappraisal	7.56	3.12
Grand mean		8.34	2.85
Female	Confrontive coping	4.53	1.88
	Distancing	4.96	2.13
	Self-controlling	10.71	3.10
	Seeking social support	6.15	1.49
	Accepting responsibility	7.24	2.40
	Escape-Avoidance	7.83	3.84
	Planful problem-solving	16.01	3.32
	Positive reappraisal	6.88	2.75
Grand mean		8.04	2.61

In lined with the above results, Independent sample T test revealed that there is significant difference ($P=0.05$) between sex on self controlling coping strategy in the study hospitals (Table 14). Moreover, the correlation analysis showed that there is a no relation between sex and over all coping strategies ($F=1.67$ $P=0.19$) (Table 14).

Table 14 Independent T test analysis: Sex on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

	SOURCES OF STRESS	F	P	R
SEX	Confrontive coping	0.82	0.36	-0.05
	Distancing	0.82	0.36	-0.05
	Self-controlling	4.46	0.03	-0.12
	Seeking social support	0.07	0.77	-0.01
	Accepting responsibility	2.66	0.10	-0.10
	Escape-Avoidance	1.54	0.21	-0.07
	Planful problem-solving	0.32	0.57	0.03
	Positive reappraisal	3.49	0.06	-0.11

5.5.9. COPING STRATEGIES BY YEAR OF EXPERIENCES OF THE RESPONDENTS

The analysis of restored coping strategies by year of experiences of the respondent showed that there is a difference on the coping strategies by year of experiences. The highest mean value was observed for individuals with the year of experience 5-10 years (Table 15). Indicating individuals in this age category used more coping strategies as compared to the other groups. Similarly, within the category of the year of experiences, it is observed that there is difference among the coping scales for the respondents. For example, within the category of all age groups Planful problem-solving accounts the highest mean value (Table 15) followed by Self-controlling and Escape-Avoidance for the second and third highest value respectively but in case of group of nurses with greater than 10 years of experience Accepting responsibility took the third place (Table 15) in all year of experiences.

Table 15 Identified coping strategies by years of experience of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Year of experience	Stresses scale	Mean	SD
< 5 years	Confrontive coping	4.24	1.82
	Distancing	4.88	1.97
	Self-controlling	10.85	3.16
	Seeking social support	5.99	1.63
	Accepting responsibility	6.88	2.33
	Escape-Avoidance	8.08	3.78
	Planful problem-solving	15.79	3.56
	Positive reappraisal	7.15	2.72
Grand mean		7.98	2.62
5-10 years	Confrontive coping	5.22	2.09
	Distancing	4.96	2.50
	Self-controlling	11.67	3.36
	Seeking social support	6.42	1.57
	Accepting responsibility	8.31	2.72
	Escape-Avoidance	8.65	4.32
	Planful problem-solving	16.01	3.33
	Positive reappraisal	7.61	3.15
Grand mean		8.61	2.88

Year of experience	Stresses scale	Mean	SD
> 10 years	Confrontive coping	4.45	1.73
	Distancing	4.68	2.43
	Self-controlling	10.48	2.43
	Seeking social support	6.18	1.64
	Accepting responsibility	7.26	2.10
	Escape-Avoidance	7.21	3.41
	Planful problem-solving	16.03	3.30
	Positive reappraisal	6.50	2.85
Grand mean		7.85	2.49

Similar with the above result, the ANOVA also showed that there is significant differences (P=0.05) among the coping strategies for year of experiences. The significances were observed for Confrontive coping (P=0.00) and Accepting responsibility (0.00). The correlation also observed significant for Confrontive coping (R=0.08) and Accepting responsibility (R=0.10). However, the correlation observed was not strong rather it is weak for the stress mentioned above (Table 16).

Table 16 Analysis of Variance (ANOVA). Year of experience on coping strategies of Nurses who work at Gondar University and Felege Hiwot Hospitals, May, 2012.

	SOURCES OF STRESS	F	P	R
YEAR OF EXPERIEANCE	Confrontive coping	7.06	0.00	0.08
	Distancing	0.28	0.75	-0.02
	Self-controlling	2.95	0.06	-0.01
	Seeking social support	1.82	0.16	0.06
	Accepting responsibility	9.07	0.00	0.10
	Escape-Avoidance	2.45	0.08	-0.06
	Planful problem-solving	0.14	0.86	0.03
	Positive reappraisal	2.63	0.07	-0.06

5.5.10. COPING STRATEGIES BY WORKING AREAS OF THE RESPONDENTS

The result of restored coping strategies by working area revealed that among the working area, the Paediatrics ward found to use coping strategies most with grand mean of 8.79 ± 2.75

followed by Ophthalmic and Surgical wards with the mean value of 8.70 ± 3.41 and 8.40 ± 2.43 respectively (Table 17). It is also observed that within the used coping strategies there is a difference for each working area. For example, Planful problem-solving, Self-controlling and Escape-Avoidance accounts the first highest mean value (15.47 ± 3.18 , 11.97 ± 2.90 and 9.63 ± 4.26) respectively for paediatric ward (Table 17).

Table 17 Identified coping strategies per unit/ward of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

Sources of stress scale	Ward	Mean	SD
ICU	Confrontive coping	3.60	2.06
	Distancing	4.25	0.85
	Self-controlling	11.15	2.53
	Seeking social support	5.25	1.20
	Accepting responsibility	7.20	2.80
	Escape-Avoidance	7.90	2.22
	Planful problem-solving	14.10	2.55
	Positive reappraisal	7.20	2.60
Grand mean		7.58	2.11
Maternity ward	Confrontive coping	4.73	2.12
	Distancing	4.50	2.62
	Self-controlling	11.26	3.79
	Seeking social support	6.46	1.67
	Accepting responsibility	7.88	2.84
	Escape-Avoidance	7.61	4.74
	Planful problem-solving	16.34	3.55
	Positive reappraisal	6.76	3.26
Grand mean		8.19	3.07
Operation Theatre	Confrontive coping	3.89	1.71
	Distancing	4.51	1.74
	Self-controlling	9.89	3.32
	Seeking social support	5.20	1.26
	Accepting responsibility	6.31	2.40
	Escape-Avoidance	8.24	3.08
	Planful problem-solving	14.41	3.24
	Positive reappraisal	6.86	2.38
Grand mean		7.41	2.39
Paediatrics ward	Confrontive coping	5.23	1.88
	Distancing	5.50	2.86
	Self-controlling	11.97	2.90
	Seeking social support	6.60	1.46

Sources of stress scale	Ward	Mean	SD
	Accepting responsibility	8.07	2.50
	Escape-Avoidance	9.63	4.26
	Planful problem-solving	15.47	3.18
	Positive reappraisal	7.84	2.98
Grand mean		8.79	2.75
Surgical ward	Confrontive coping	4.68	1.62
	Distancing	5.26	2.33
	Self-controlling	11.31	2.51
	Seeking social support	6.10	1.73
	Accepting responsibility	7.78	2.54
	Escape-Avoidance	7.44	2.79
	Planful problem-solving	16.86	2.91
	Positive reappraisal	7.76	3.07
Grand mean		8.40	2.43
Medical wards	Confrontive coping	4.67	1.80
	Distancing	4.45	1.92
	Self-controlling	10.38	3.12
	Seeking social support	6.34	1.68
	Accepting responsibility	7.47	2.36
	Escape-Avoidance	7.80	4.15
	Planful problem-solving	16.05	3.12
	Positive reappraisal	6.90	2.73
Grand mean		8.01	2.61
Ophthalmic ward	Confrontive coping	5.68	5.15
	Distancing	5.15	2.56
	Self-controlling	11.36	3.46
	Seeking social support	6.47	1.54
	Accepting responsibility	7.89	2.51
	Escape-Avoidance	9.31	5.19
	Planful problem-solving	16.36	3.53
	Positive reappraisal	7.42	3.35
Grand mean		8.70	3.41
OPD	Confrontive coping	4.37	1.96
	Distancing	5.09	2.29
	Self-controlling	11.30	3.54
	Seeking social support	6.44	1.62
	Accepting responsibility	6.97	2.12
	Escape-Avoidance	7.34	3.86
	Planful problem-solving	16.72	4.18
	Positive reappraisal	6.65	3.04
Grand mean		8.11	2.83

However, one-way analysis of variance showed that the difference in coping strategies score between the wards was not statistically significant ($P > 0.05$). Moreover the Pearson

correlation test also demonstrated that work area ($P > 0.05$) were not significantly correlated with coping strategies scores (Table 18).

Table 18. Analysis of Variance (ANOVA). Work area on coping strategies of Nurses who work at Gondar University and Felege HIwot Hospitals, May, 2012.

WORK AREA	SOURCES OF STRESS	F	P	R
	Confrontive coping	3.00	0.59	-0.03
	Distancing	1.38	0.25	-0.07
	Self-controlling	1.48	0.07	0.11
	Seeking social support	3.48	0.59	0.03
	Accepting responsibility	1.78	0.66	-0.02
	Escape-Avoidance	1.60	0.53	0.03
	Planful problem-solving	2.69	0.59	-0.03
	Positive reappraisal	0.90	0.82	-0.01

CHAPTER SIX

6. DISCUSSION

6.1. SOURCES OF STRESS

Investigating the sources of stress and coping strategies was the principal purpose of this study. An interesting result from this purpose was the frequency of reported stress by nurses was high enough to be considered serious and the sampled nurses showed significantly higher stress levels. With regard to the sources of stress, the study reveals the death and dying, the uncertainty regarding treatment of a patient and work load created the most frequent sources of stress for nurses who are working at Gondar and Felege Hiwot referral hospitals. The fact that dealing with death/dying was cited as the most common workplace stressor is not surprising because nurses in Ethiopia traditionally have not received sufficient education about dealing with death/dying so they do not know how to express their emotions when encountering such process of a patient. On the other hand the uncertainty regarding treatment of a patient was the most frequently listed workplace stressor and was most likely related to the changing role of the nurse in Ethiopia. In the study hospitals, nurses tended to gain their professional autonomy in a competitive manner based upon experience and level of education in caring of the patient. For example, 70.5% of nurse respondents in this study hold a first degree. This level of education tends to foster an increase in autonomy in decision-making of the nurses and this sense of independence in decision-making among nurses is much stronger compared to the level of independence in decision-making that occurred in the past. As a result, the head nurse respondents most likely felt stressed when their opinions about patient care differed from or were questioned by the physicians. This result is similar with other previous studies. For example, in a study performed by [McFarlane D](#), the major sources of stress were the external environment and the amount and quality of the workload (44).

Similarly, the present finding is also supported by [V. V. Makie, Tyson and Hipwell, et al](#) in such study it is identified that emotional issues related to death and dying and work load as the most frequent stressor (30, 37, and 20). Moreover, the result of the present study also consistent with the finding of [Gholamzadeh S. et al., and, Xianyu, Vickie & Lambert and Narayan et al](#) (31, 12, 34). In such study, it is found that problem related to physical environment, work load, lack of support by nursing administrators, a physician not being present in a medical emergency and lack of equipment as major stressor. [Lambert et al](#) (56) suggest that, regardless of culture and country specific professional role, nurses identify the amount of work that they are expected to carry out and the emotional issues related to death and dying to be overwhelming. They argue that unless hospital environments, at a global level, contend with nursing workload factors and the stress of contending with patient death and dying issues, it is unlikely that the worldwide nursing shortage will be adequately addressed.

The other interesting result from the present study is that age and year of experience has positive significant relationship with workplace stressor, death and dying, Uncertainty concerning treatment and work load. This finding is supported by [Vickie Lambert et al](#) (57). This indicated that older nurses would have lots of family issues so that they would be exhausted and feeling of responsibility and might also reflect that, as nurses become more experienced, the more that responsibilities and work demands increase. Finding that dealing with the death/dying of patients positively correlated with the age and years of experience in nursing might suggest that nurses have dealt with death/dying for a long period of time. As known as age increases so does the year of experience. The fact that year of experience found to be positively related with Uncertainty concerning treatment might be a reflection of the evolving nursing education system. Older nurses in this study, who have higher experiences than the younger nurses, tended to come from less academically rigorous nursing programs

than many of the younger nurses. Thus, the older nurses would indicate more uncertainty concerning treatment than the younger nurses. However, this finding of the present study was in contradiction with the findings of [Xianyu, Vickie & Lambert \(12\)](#). In this study it is identified that age and year of experience in nursing has no relationship with the workplace stressor, death and dying, Work load and Uncertainty concerning treatment and on the other hand they found that uncertainty with patient care were discovered to be negatively correlated with the number of years worked as a nurse. This is because most of the nurses in the [Xianyu, Vickie & Lambert \(12\)](#) were identified as young, well educated and not much worried on the families issues and not subjected to stresses.

6.2 COPING STRATEGIES

In terms of coping strategies, the present study identified that the most common strategy used by nurses were Plan full problem-solving, seeking social support and accepting responsibility. Exercising plan full problem- solving is a character trait common used by nurses (30). Such findings have shown that plan full problem solving are the major coping method of nurses and most frequently utilized coping strategies. However, self-control also identified as the common next to plan full problem- solving coping method for hospital nurses (30). The reason plan full problem solving was the most frequently used coping strategy might be related to nurses realizing that they are very much responsible for caring the patient and their act in the wards. However, the nurses in Ethiopia are so different since they are not autonomous and rarely function as colleagues with physicians about deciding in patient care. In order to cope, nurses in this study tried to avoid being questioned by physicians so they could move ahead and continue to carry out their nursing obligations.

On the other hand, [Lee et al, \(49\)](#), also identified planning and getting one's priorities as major strategies for controlling job stress. They also state that continuous training and

developing skills and keeping the knowledge of the nurses up-to-date will show nurses some strategies for coping with stress. Interestingly, the result of the present study was similar to the result of [Lee et al](#), and [Xianyu et al](#), It is identified as positive reappraisal; plan full problem solving and self-control were found to be the three most frequently identified ways of coping(49, 12). The reason is that these coping modes were used as coping strategies by the nurse respondents' were cultural character and educational background. Over the past 5–10 years, there has been a major change in the quality of nurses in Ethiopia. In the past, nurses tended to have only a diploma education and some even lacked that basic level of nursing preparation. Nurses now tend to have a higher level of educational preparation and be between 25and 35 years of age. In this study, the nurses' average age was 31.7 years and their highest educational preparation was primarily at the first degree level. All these characteristics could contribute to the nurses' ability to engage in plan full problem-solving and accepting responsibility since plan full problem-solving is coping methods that can be enhanced through increased educational preparation (9).

The second most common strategy used by the nurses in the study hospitals was seeking social support. The reason is that social support coping strategy has a cultural and social dimension and nurses in Ethiopia mostly utilize them as a coping on Job stress. This might be culture plays major role in relation to social support. Such result is supported by the findings of [Bianchi Usha R and McNeely](#) (51, 32, 29). In this findings, it is identified the social support is the major way for nurses to cope with job stress. Apart from the social support, [McGrath et al](#). consider colleagues' support as a factor for decreasing stress (58).

The most surprising fact of this study was that accepting responsibility as a coping strategy considered by the sampled nurses in the study hospitals as a third strategy. This result was consistent with the finding of [Feng-Chuan et al](#). Their study have shown that the top five

coping strategies used in descending order included: accepting it as experience and to commit him/herself performing proper avoidance in the future, examining carefully the process that results in such outcomes, seeking advanced learning or training to improve technique improvements, identifying the causes of the problems, and solving the problem using my own experience (52). This revealed that most nurses had been well educated to be patient and self-restrain themselves not to confront the problems while providing nursing services. In addition, they would have been encouraged to solve the problems in rational ways and might be because exercising accepting responsibility have spiritual character trait in Ethiopia and spirituality plays a major role in one life and in other hand most people desire societal acceptance, identification and the avoidance of disharmony with others. However, such character is in contradiction with the findings of [Gholamzadeh S, et al](#), (31). In this finding accepting responsibility is the list strategy used by the nurses in Iran.

The other interesting result from the present study is that year of experience has positive significant relationship with coping strategies, confrontive coping accepting responsibility. The fact that year of experience found to be positively correlated with confrontive coping might be a reflection of the evolving nursing education system and it is possible that, as a result of increased professional experience, this confrontation was a demonstration of the nurses' attempt to exercise more professional autonomy. This might be particularly noted when an experienced nurse works with a new physician who has limited clinical experience. The nurse might know more about certain aspects of patient care than the inexperienced physician, resulting in increasing confrontive coping.

On the other hand, year of experience also found to be positively correlated related with accepting responsibility. This is because as the year of experience increases the responsibility will also increase and further brings exercising accepting responsibility. In other hand

exercising accepting responsibility have spiritual character trait in Ethiopia and spirituality plays a major role in one life and in other hand most people desire societal acceptance, identification and the avoidance of disharmony with others.

CHAPTER SEVEN

7.1 LIMITATION OF THE STUDY

Since stress is a complex phenomenon, more instruments could have been used to measure it. This study used cross-sectional data instead of a longitudinal study design because of time and financial limitations. This prevented me from identifying further sources of stresses and coping mechanisms. Moreover, samples were recruited from two governmental referral hospitals in Amhara Regional state. This may limit its generalizability to the entire hospitals in Ethiopia because those working in private hospitals feel different stressors due to organizational control over them and lack of job security.

A self-administered questionnaire may have social expectation bias, of which it may disguise respondents' true psychological properties to the questions. Furthermore, no qualitative method was used in the study. The above limitations are recommended for further studies

CHAPTER EIGHT

8. CONCLUSION AND RECOMANDATION

8.1 CONCLUSION

From the results and discussion of this study, it is concluded that workplace stressor, death and dying, Uncertainty concerning treatment and work load were the identified sources of stress in the study hospitals amongst the sampled nurses. However, these stresses varied in their level of expression as segmented by age, sex, experience and work area indicating the nurses stresses were high enough to be considered seriously. Similarly it appears that comparison between age, sex, work experience and work area categories demonstrated that one category is more stressful than another. On in the other hand the frequently reported employed coping strategies were Plan full problem-solving, seeking social support and accepting responsibility respectively. The correlation also showed that age, and work experience found to have either positive or negative relationship with the workplace stressors and coping strategies. However, it was difficult to understand that nurses' exhaustion and feeling of responsibility could affect their level of stress. Interestingly nurses use adoptive coping strategies in dealing with their work stress as displayed by their use of plan full problem-solving. Therefore, the following possible recommendations are forwarded to comprehend the findings more.

8.2. RECOMMENDATIONS

- To ensure that efficient nursing care is given to the patients, the government (Federal, State) the Ministries of Health or the hospitals management boards should help in reducing sources of stress in the nurses.

- Nurses working conditions need to be quickly improved by giving them adequate salary that commensurate with the demands of their jobs. They should also be involved in vital decisions concerning their jobs and their patients.
- In-service training, workshops and seminars should be organized for nurses to update their knowledge and skills on different coping strategies. They should be sent for courses on human behaviour, resource management, interpersonal relation, stress management and crisis interventions.
- Intervention studies assessing the methods for decreasing workplace stress and for fostering both effective coping strategies should be considered, so as to enhance Ethiopian hospital nurses' work environment.
- In the future, an examination of Ethiopian nurses' un identified workplace stressors, their coping strategies and personal factors related to sources of stress and coping strategies needs to utilize a sample that comes from a more diverse geographical area and private hospitals than was selected for this study in order to have a more comprehensive picture of Ethiopian hospitals.

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APPENDIXES

Appendix 1 Information sheet

ADDIS-ABABA UNIVERSITY, SCHOOL OF MEDICINE

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY.

INFORMATION SHEET:

You are invited to participate in a research study to be conducted by an M.sc student at the Addis Ababa University, school of medicine, college of health sciences, department of nursing and midwifery. Please read the following statements and ask any questions before you agree to participate.

TOPIC: Assessment of Sources of Occupational Stress and Coping Strategies among Nurses who are working at Gondar University and Felege Hiwot Referral Hospitals. North Gondar and West Gojam Zones, Ethiopia.

OBJECTIVE OF THE STUDY: The main objective of this study is to determine Sources of occupational stress and coping strategies among nurses who are working at Gondar University and Felege Hiwot referral Hospitals.

PARTICIPATION PROCEDURE AND GUIDELINES:

1. The information you provide will be kept completely anonymous. That is your name will not be on any of the forms.
2. The time to fill the questionnaire will take about 45 minutes.
3. You do not have to answer any questions that you don't want to answer, and you may terminate the filling of the questionnaire at any time you want to.

PARTICIPATION BENEFITS AND RISKS:

1. There is no risk to you for participating other than use of your time.
 2. The only information that you need to fill in that could identify you, is your rank, work area and your years of experience.
-

3. No incentives will be given.

RIGHTS TO REFUSE TO PARTICIPATE:

1. You may decide to stop participating.
2. There is no consequence for non-participation or if you decide to stop participating.

RIGHTS AS A PARTICIPANT:

1. You have a right to ask the supervisor/data collector and even the principal investigator any unclear things related to this questionnaire or study.

AGREE TO PARTICIPATE

YES.....

NO.....

SIGNATURE.....

DATE.....

Appendix 2. Consent form

ADDIS-ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE, DEPARTMENT OF NURSING AND MIDWIFRY

CONSENT FORM TO CLARIFY THE RESPONDENTS AGREEMENT FOR THE STUDY.

Assessment of sources of occupational stress and coping strategies among hospital nurses at Gondar University and Felege Hiwot Referral Hospitals, North Gondar and West Gojam Zones, Ethiopia.

INTRODUCTION

1. Questionnaire identification number.....

I am a member of the research team. I will request you to read carefully to what I wrote about the purpose and general condition of the study and sign whether you agree or disagree to participate in this study.

CONSENT FORM

The purpose of this study is to assess sources of occupational stress and coping strategies among hospital nurses at Gondar University and Felege Hiwot Referral Hospitals, North Gondar and West Gojam Zones, Ethiopia.

You are selected to be one of the participants in this study. The study will be conducted through self administered questioners. The information you gave us is confidential and will be used only for study purpose. A code number will identify every participant and no names will be used. If a report of the result is published, only summarized information of the total group

will appear. The filling of the questionnaire is voluntary, you have the right to participate, or not to participate or refuse to do so at any time during the study.

Thank you.

PRINICPAL INVESTIGATOR: - FISSIHA ZEWDU

Signature..... Date.....

Address: - AAU, Department of Nursing and Midwifery

Cellular Number: - 091-77-61-31

1. Are you willing to participate in the study?

A, Yes..... B, No.....

Signature

Appendix 3. Questionnaire

ADDIS-ABABA UNIVERSITY, SCHOOL OF MEDICINE

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFRY

Dear Nurse _____

My name is Fissiha Zewdu Amdie. I am a postgraduate nursing student at Addis Ababa University and now I am doing M.sc proposal in partial fulfilment of masters degree in adult health nursing on stress and coping strategies amongst nurses in a hospital setting.

You need not reveal your identity when completing the questionnaire, and therefore all your responses are confidential. The only information that you need to fill in that could identify you, is your rank, work area and your years of experience. However, no names will be used. Your participation in the study is voluntary. There is no risk to you for participating other than use of your time. You may decide to stop participating. There is no consequence for non-participation or if you decide to stop participating. You have a right to ask the supervisor/data collector and even the principal investigator any unclear things related to this questionnaire or study.

Instructions for Completing Questionnaire

You are requested to complete the questionnaire comprises of 102 statements. The first 36 statements are a list of situations that commonly occur in a hospital unit. For each statement indicate by means of a (×) how often in your present unit you have found the situation to be stressful. The range from which you can select your response is as follows:

- Very frequently 4
-

- Frequently 3
- Occasionally 2
- Never 1

The last 66 statements are a list of statements about cognitive and behavioral efforts to manage a specific stressful event. The range from which you can select your response is as follows:

- Used a great deal 3
- Mostly used 2
- Used sometimes 1
- Not used 0

Instructions for Return of Questionnaire

Once you have completed the questionnaire please place it in the plain white envelope provided and seal it. If you do not wish to participate, please place the blank questionnaire in the plain white envelope provided and seal it. I will collect it from you at the end of your nursing shift.

If you have previously completed a questionnaire, please do not complete the questionnaire again, just let me know that you have previously participated and return the blank questionnaire and envelope.

I look forward to your participation, and thank you for completing the questionnaire.

Fissiha Zewdu

M.sc student

SECTION 1: For each statement below please give your answer.	
Age:	
Sex:	
Religion:	
Ethnicity:	
Marital status:	
Children living at home:	
Work area:	
Year of experience in nursing:	
Years of experience at Gondar Hospital:	
Level of nursing education	

SECTION 2: For each statement below indicate by means of a (x) how often in your present unit you have found the situation to be stressful.					
NO	STATEMENT	VERY FREQUENTLY 4	FREQUENTLY 3	OCCASIONALLY 2	NEVER 1
1	Performing procedures that patients experiencing as painful				
2	Feeling helpless in the case of a patient who fails to improve				
3	Listening or talking to a patient about his /her approaching death				
4	The death of a patient				
5	The death of a patient with whom you developed a close relationship				
6	Physician not being present when a patient dies				
7	Watching a patient suffer				
8	Criticism by a physician				
9	Conflict with a physician				
10	Fear of making a mistake in treating a patient				
11	Disagreement concerning the treatment of a patient				

12	Making a decision concerning a patient when a physician is unavailable				
13	Feeling inadequately prepared to help with emotional needs of a patient's family				
14	Being asked a question by a patient for which I do not have a satisfactory answer				
15	Feeling inadequately prepared to help with the emotional needs of a patient				
16	Lack of an opportunity to talk openly with other unit personnel about problems in the unit				
17	Lack of opportunity to share experiences and feelings with other personnel in the unit				
18	Lack of opportunity to express to other personnel in the unit my negative feelings toward patients				
19	Lack of support system available in the hospital				
20	Conflict with a supervisor				
21	Criticism by a supervisor				
22	Difficulty in working with a particular nurse in the unit				
23	Having to deal with a particularly demanding, angry or depressed patient.				
24	Unpredictable staffing and scheduling				
25	Too many non-nursing tasks required, such as clerical work				
26	Not enough time to complete all my nursing tasks				
27	Not enough staff to adequately cover unit				
28	Inadequate preparation for the job I'm expected to do.				
29	Inadequate information from a physician regarding the medical condition of a patient				
30	A physician ordering what appears to be inappropriate treatment for a patient				
31	A physician not being present in a medical emergency				
32	Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment				
33	Uncertainty regarding the operation and functioning of specialized equipment				
SECTION 3: For each statement below indicate with an (x) how often you use each of the following to manage stressful events in your work/job.					

NO	STATEMENT	USED A GREAT DEAL 3	FREQUE NTLY USED 2	USED SOMETI MES 1	NOT USED 0
35	Just concentrated on what I had to do next – the next step.				
36	I tried to analyze the problem in order to understand it better.				
37	Turned to work or substitute activity to take my mind off things				
38	Tried to get the person responsible to change his or her mind.				
39	Criticized or lectured myself				
40	Tried not to burn my bridges, but leave things open somewhat.				
41	Hoped a miracle would happen.				
42	Went along with fate; sometimes I just have bad luck.				
43	Went on as if nothing had happened.				
44	I tried to keep my feelings to myself.				
45	Slept more than usual				
46	I expressed anger to the person(s) who caused the problem.				
47	Accepted sympathy and understanding from someone				
48	I told myself things that helped me to feel better.				
49	I was inspired to do something creative.				
50	Tried to forget the whole thing.				
51	I got professional help.				
52	Changed or grew as a person in a good way.				
53	I apologized or did something to make up.				
54	I made a plan of action and followed it.				
55	I let my feelings out somehow.				
56	Realized I brought the problem on myself.				
57	Got away from it for a while; tried to rest or take a vacation.				
58	Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.				
59	Took a big chance or did something very risky.				
60	I tried not to act too hastily or follow my first hunch.				
61	Rediscovered what is important in life.				
62	Changed something so things would turn out all right.				
63	Avoided being with people in general.				
64	Didn't let it get to me; refused to think				

	too much about it.				
65	I asked a relative or friend I respected for advice.				
66	Kept others from knowing how bad things were.				
67	Made light of the situation; refused to get too serious about it.				
68	Talked to someone about how I was feeling.				
69	Took it out on other people.				
70	Drew on my past experiences; I was in a similar situation before.				
71	Refused to believe that it had happened.				
72	I made a promise to myself that things would be different next time.				
73	Came up with a couple of different solutions to the problem.				
74	Accepted it, since nothing could be done.				
75	I tried to keep my feelings from interfering with other things too much.				
76	I changed something about myself.				
77	Wished that the situation would go away or somehow be over with.				
78	Had fantasies or wishes about how things might turn out.				
79	I prayed.				
80	I prepared myself for the worst.				
81	I went over in my mind what I would say or do.				
82	I thought about how a person I admire would handle this situation and used that as a model.				
83	I jogged or exercised.				

Appendix 4. Amharic version information sheet and consent form

አዲስ አበባ ዩኒቨርሲቲ

የህክምና ት/ቤት

የነርቲንግና ሚዲዋይፍሪ ት/ት ክፍል

ጥናታዊ የመረጃ መሰብሰቢያ ቅጽ

1. የጥናቱ ተሳታፊዎች የ መረጃ ቅጽ

የጥናቱ ርዕስ: የነርቲንግ ከስራ ተያያዥ ወጥረት መንስኤና ከወጥረት መላቀቂያ መንገዶች ዳሰሳ ፤ ጎንደር ዩኒቨርሲቲ እና ፈለገ ህይወት ሪፈራል ሆስፒታሎች አማራ ክልል ኢትዮጵያ።

የጥናቱ ዓለማዊ: የዚህ ጥናት ዋና ዓላማዉ የነርቲንግ ከስራ ተያያዥ ወጥረት መንስኤና ከወጥረት መላቀቂያ መንገዶች ማጥናት ነዉ።። ይህን መሰረት በማድረግም የነርቲንግ ከስራ ተያያዥ ወጥረት መንስኤና ከወጥረት መላቀቂያ መንገዶች ማጥናት በማጥናት ነርቲንግ ከስራ ተያያዥ ወጥረት መንስኤና ከወጥረት መላቀቂያ መንገዶችቻቸዉ ታወቆ አስፈላጊዉ የስራ ቦታ እገዛ እና አስተዳደራዊ ጥቅም እንዲያገኙ የሚያስችሉ ስልቶችን/አሰራሮችን ለመቀየስ የሚጠቅም መረጃ ለመሰብሰብ/ለማግኘት ነዉ።።

ሊደርስ የሚችል አደጋ : በዚህ ጥናት ውስጥ አደጋ የሚያደርስ ድርጊት የለም።

የሚገኝበት ጥቅም: በዚህ ጥናት ውስጥ የሚሳተፉ ነርቲንግ ምንም ተጨባጭ ጥቅም አያገኙም።

ሚስጢራዊነት: የ ማንኛውም የጥናቱ ተሳታፊዎች መረጃ በሚስጢራዊነት ይያዛል ፡ ፡ የእያንዳንዱን ግለሰብ መረጃ

ከዋናው ተመራማሪ እና አማካሪ በስተቀር ማንም ሊያገኝ አይችልም።።

ፊቃደኝነት ስለማቋረጥ: የጥናቱ ተሳታፊዎች መረጃን ያለመስጠት፣ በጥናቱ ለመሳተፍ ፋቃደኝነት ያማሳየት

እንዲሁም ናሙና ያለመስጠት መብታቸው የተጠበቀ ነ ዉ። ፡

ለማንኛው ጥያቄ አድራሻ ማወቅ ካስፈለገዎ

የጤና ሳይንስ ኮሌጅ ህክምና ፋኩሊቲ፣ አዲስ አበባ ዩኒቨርሲቲ

የድህረ ምረቃ ፕሮግራምና ምርምር የተባባሪ ዲን ቢሮ ፡

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የዋናው ተመራማሪ አድራሻ : -

በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የነርስ እና የስነ ተዋልዶ ጎ/ክፍል የ ድህረመረቃ ትምህርት ክፍል

ስልክ 0918776131

2. የስምምነት ቅጽ

እኔ ከዚህ በታች ስሜ የተገለጸውና የፈረምኩ ግለሰብ የሰጠሁት መረጃ የነርሶች ከስራ ተያያዥ ውጥረት መንስኤና ከውጥረት መላቀቂያ መንገዶች ዳሰሳ ፤ በጎንደር ዩኒቨርሲቲ እና በፈለገ ህይወት ሪፈራል ሆስፒታሎች አማራ ክልል ኢትዮጵያ መረጃ ለመስብሰብ ሲሆን የጥናቱ ውጤትም የመንግስትንና በዚህ ዘርፍ የተሰማሩ ተቋማትን የአገልግሎት ጥራትና ተጠቃሚነትን ለማሻሻል የሚረዳ ነዉ።

በተጨማሪም የሰጠሁት መረጃ ሚስጢራዊነቱ ፈጽሞ የተጠበቀ እንደሚሆን ተነግሮኝ ተስማምቻለሁ።

መረጃውን የሰጠዉ ሰዉ ፊርማ -----

መረጃዉ የተሰበሰበበት ቀን -----

መረጃዉን የሰበሰበዉ ሰዉ ስምና ፊርማ -----

Appendix 5. Dummy tables

Nursing Stress Scale (Gray-Toft & Anderson)

SOURCES OF STRESS	Mean	Standard Deviation	Maximum	Minimum	n
Emotional issues related to death and dying					
Conflict with Physicians, Nurses and Supervisors					
Inadequate preparation to meet the emotional demands of patients and their families.					
Lack of support					
Conflict with other nurses					
Workload					
Uncertainty concerning treatment					

STATEMENT	n	Minimum	Maximum	Mean	Standard Deviation
Performing procedures that patients experiencing as painful	268	1	4	3.24	0.903
Feeling helpless in the case of a patient who fails to improve	268	1	4	3.22	0.869
Listening or talking to a patient about his /her approaching death	268	1	4	3.31	1.026
The death of a patient	268	1	4	3.58	0.815
The death of a patient with whom you developed a close relationship	268	1	4	3.56	0.887
Physician not being present when a patient dies	268	1	4	3.04	1.021
Watching a patient suffer	268	1	4	3.38	0.872
Criticism by a physician	268	1	4	2.56	1.219
Conflict with a physician	268	1	4	1.98	0.888
Fear of making a mistake in treating a patient	268	1	4	2.64	0.962
Disagreement concerning the treatment of a patient	268	1	4	2.56	0.881
Making a decision concerning a patient when a physician is unavailable	268	1	4	2.76	0.845
Feeling inadequately prepared to help with emotional needs of a patient's family	268	1	4	2.09	0.722
Being asked a question by a patient for which I do not have a satisfactory answer	268	1	4	2.21	0.866
Feeling inadequately prepared to help with the emotional needs of the patients	268	1	4	2.16	0.678
Having to deal with a particularly demanding patient	268	1	4	2.87	0.668

STATEMENT	n	Minimum	Maximum	Mean	Standard Deviation
Lack of opportunity to talk openly with other unit personnel about problems in the unit	268	1	4	2.04	0.886
Lack of opportunity to share experiences and feelings with other personnel in the unit	268	1	4	1.99	0.893
Lack of opportunity to express to other personnel in the unit my negative feelings towards patients	268	1	4	1.91	0.793
Lack of support system available in the hospital	268	1	4	3.03	0.839
Conflict with a supervisor	268	1	4	2.13	0.808
Criticism by a supervisor	268	1	4	2.03	0.893
Difficulty in working with a particular nurse in the unit	268	1	4	2.03	0.878
Unpredictable staffing and scheduling	268	1	4	2.27	0.766
Too many non-nursing tasks required, such as clerical work	268	1	4	2.58	1.023
Not enough time to complete all nursing tasks	268	1	4	2.82	0.807
Not enough staff to adequately cover unit	268	1	4	2.97	0.893
Inadequate preparation for the job	268	1	4	2.61	0.982
Inadequate information from a physician regarding the medical condition of a patient	268	1	4	2.9	0.799
A physician ordering what appears to be inappropriate treatment for a patient	268	1	4	2.9	0.917
A physician not being present in a medical emergency	268	1	4	3	0.859
Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment	268	1	4	2.44	0.853
Uncertainty regarding the operation and functioning of specialized equipment	268	1	4	2.23	0.717

Appendix 6 Identified Sources of Stress scale by Age group of the respondents

Age group	Stresses scale	Mean	SD
< 25	Death and dying	20.13	5.30
	Conflict with physician	11.13	3.27
	Inadequate preparation	9.2	2.7
	Lack of support	8.9	2.89
	Conflict with other nurses	5.7	2.11
	Work load	10.2	2.26
	Uncertainty concerning treatment	14	4.11
Grand mean		11.32	3.23
25 - 35	Death and dying	23.04	4.82
	Conflict with physician	12.38	3.77
	Inadequate preparation	9.23	2.06
	Lack of support	8.81	2.7

	Conflict with other nurses	6.25	2.27
	Work load	10.27	2.68
	Uncertainty concerning treatment	15.9	4.34
Grand mean		12.26	3.23
>35	Death and dying	25.42	3.065
	Conflict with physician	13.3	3.55
	Inadequate preparation	9.59	1.98
	Lack of support	9.4	2.55
	Conflict with other nurses	6.23	2.17
	Work load	11.71	2
	Uncertainty concerning treatment	17.4	3.25
Grand mean		13.29	2.65

Appendix 7. Identified Sources of Stress of the respondents by Sex Category

Sex	Stresses scale	Mean	SD
Male	Death and dying	22.55	5.01
	Conflict with physician	12.02	3.43
	Inadequate preparation	9.11	1.94
	Lack of support	8.82	2.65
	Conflict with other nurses	5.63	1.9
	Work load	10.24	2.72
	Uncertainty concerning treatment	15.49	4.13
Grand mean		11.98	2.668
Female	Death and dying	23.85	4.48
	Conflict with physician	12.8	3.85
	Inadequate preparation	9.46	2.22
	Lack of support	9.07	2.71
	Conflict with other nurses	6.55	2.36
	Work load	10.9	2.42
	Uncertainty concerning treatment	16.46	4.16
Grand mean		12.72	3.17

Appendix 8. Identified Sources of stress of the respondents by years of experience

Year of experience	Stresses scale	Mean	SD
<5 years	Death and dying	22.37	5.33
	Conflict with physician	11.98	3.688
	Inadequate preparation	9.25	2.28
	Lack of support	8.55	2.84
	Conflict with other nurses	5.92	2.28
	Work load	10.53	2.51
	Uncertainty concerning treatment	15.6	4.25
Grand mean		12.02	3.31

Year of experience	Stresses scale	Mean	SD
5-10 years	Death and dying	23.46	4.46
	Conflict with physician	12.6	3.7
	Inadequate preparation	9.21	1.95
	Lack of support	8.84	2.57
	Conflict with other nurses	6.38	2.21
	Work load	10.27	2.63
	Uncertainty concerning treatment	15.84	4.18
Grand mean		12.37	3.1
> 10 years	Death and dying	25	3.22
	Conflict with physician	13.31	3.63
	Inadequate preparation	9.63	2.05
	Lack of support	9.4	2.52
	Conflict with other nurses	6.4	2.14
	Work load	11.36	2.44
	Uncertainty concerning treatment	17.35	3.75
Grand mean		13.20	2.82

Appendix 9. Bibliography of the principal investigator and advisor



curriculum vitae



Personal information

Name	Amdie, Fissiha Zewdu	
Address(es)	University of Gondar, GCMHS Campus, P.O.Box 196, Gondar, Amhara Region, Ethiopia	
Telephone	+2510581110174	Mobile: +251918776131
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E-mail	<u>fmzewdu@gmail.com</u>	
Nationality	Ethiopian	
Date of birth	20, 02, 1984	
Gender	Male	
Marital Status	Married	

Work experience

- Dates (from – to) **September, 2005- Aug 2009**
 - Occupation or position held **Senior teacher in Hibret comprehensive school**
 - Main activities and responsibilities **Teaching and Guiding**
 - Name and address of employer **North Gondar zone educational office.**
 - Type of business or sector **Governmental Organization**

 - Dates (from – to) **Starting from September 2009 -September 2010**
 - Occupation or position held **Instructor**
 - Main activities and responsibilities
 - ❖ **Teaching courses for under graduate students**
 - ❖ **Participate in research activities which are executed within university**
 - ❖ **Community consultancy services**
 - ❖ **Leading course and research team with in my department**
 - ❖ **Leading Practical Attachment Program for undergraduate student**
 - Name and address of employer **University of Gondar, Department of Nursing**
-

• Type of business or sector **Governmental University(Higher Education Institution)**

Education and training

• Dates (from – to) **September, 2003 - July, 2005**

• Title of qualification awarded **Diploma in chemistry**

•Principal subjects/occupational skills covered **Inorganic Chemistry, Organic Chemistry, Analytical Chemistry, Botany, Zoology.**

• Name and type of organization providing education and training **Gondar College Of Teachers Education , Governmental College (Higher Education Institution)**

• Dates (from – to) **September, 2005 - July, 2009**

• Title of qualification awarded **Bachelor of science in Nursing(Bsc)**

•Principal subjects/occupational skills covered **Anatomy and Physiology, Biochemistry, Microbiology, Parasitology, Medical Surgical, Fundamentals of Nursing, Health assessment, pediatrics nursing, communicable disease, Project Writing.**

• Name and type of organization providing education and training **University of Gondar ,Governmental University (Higher Education Institution)**

• Dates (from – to) **September,1998 – July, 2002**

• Title of qualification awarded **The Ethiopian School Leaving Certificate**

•Principal subjects/occupational skills covered **Ethiopian Preparatory School Education**

• Name and type of organization providing education and training **Fasiledes Comprehensive Secondary School**

• Dates (from – to) **September, 1998 – August, 2002**

• Title of qualification awarded **Certificate of Completing Secondary School**

• Principal subjects/occupational skills covered **Ethiopian Secondary School Education**

• Name and type of organization providing education and training **Fsiledes Comprehensive Secondary School**

Short Training and Participation

• Dates (from – to) **March 1-9, 2010**

• Name and type of organization providing training **University of Gondar in collaboration with JHPIEGO ETHIOPIA.**

• Principal skills covered **Getting basic teaching- learning skills and abilities/effective teaching sk
student performance assessment, OSCE, clinical teaching skills.**

• Title of qualification awarded **Certificate of Participation**

• Dates (from – to) **July 2003-Augest 2003**

• Name and type of organization providing training **Taby computers (NGOs)**

• Principal skills covered **To access basic computer skills**

• Title of qualification awarded **Certificate**

- Dates (from – to) **September, 2009 – June, 2010**
- Name and type of organization **University of Gondar in collaboration with *JHPIEGO ETHIOPIA.***
providing training
- Principal skills covered **Pedagogical science skills**
- Title of qualification awarded **Certificate of Participation**

Mother tongue **Amharic**

Other language(s)

Self-assessment

European level ()*

Language

Understanding	Speaking				Writing				
Listening	Reading		Spoken interaction		Spoken production				
C2	Proficient user	C2	Proficient user	C2	Proficient user	C2	Proficient user	C2	Proficient user

Other language(s)

Self-assessment

Understanding	Speaking	Writing
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<i>European level (*)</i>	Listening		Reading		Spoken interaction		Spoken production			
Language English	C2	Proficient user	C2	Proficient user	C2	Proficient user	C2	Proficient user	C2	Proficient user

Technical skills

+ Fundamental Computer Skills (Word, PowerPoint, Excel, Access, e-mail scanning)

Internet Browsing and Exploring

+ Pedagogical skills

+ Proposal writing skills

+publication writing skills

Social skills and competences

Open-minded, committed, self starter, sociable

Additional Information

References

1. Abebaw Eredie(RN,Bsc,Msc)

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CURRICULUM VITAE OF THE ADVISOR

1. PERSONAL INFORMATION

Name:- Erdaw Tachbele Betre

Address: Addis Ababa University, Faculty of Medicine school of Nursing and Midwifery

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Tell. (091) 164 28 80

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Date of birth: January 16, 1967 G.C

Place of birth: North Shoa, Ethiopia

Nationality: Ethiopian

Religion: Orthodox Christian

Sex: Male

Marital Status: Married and a father of three

Language: Amharic and English

2. EDUCATIONAL BACKGROUND

1. PHD fellow (2nd year) on Tropical and Infectious Diseases, College of health sciences, Addis Ababa university (since 2010).
2. M.Sc Degree in Biomedical sciences, Faculty of sciences Addis Ababa University(2004-2004)
3. B.Sc Degree in Applied Biology, Faculty of sciences Addis Ababa University(1990-1993)
4. Diploma in Teaching Biology, Kotebe College O teachers Education(1986-1987)
5. Elementary and secondary school : molale senior secondary school(1974-1985)

M.Sc Thesis: Cockroach Associated Food – born bacterial pathogens in Hospital and catering centres in Addis Ababa.

3. SHORT COURSES AND TRAINING:

1. Certificate in introduction to computer with an excellent rate of performance offered by African virtual university in collaboration with Addis Ababa University, June 2004.
2. Participated workshop on standardization of HIV/AIDS knowledge and skill for nurses and midwifery faculty members organized by JHPIEGO in collaboration with MOE, MOH and CDC Ethiopia, January 15-26, 2007, Addis Ababa Ethiopia.
3. certificate of attendance on application of genetics to disease control organized by armar hasen research institute/ALERT in collaboration with well come trust animal health for developing world, June 13-15,2007.Addis Ababa, Ethiopia .
4. Attended pre-service education effective teaching skills training for nursing and midwifery faculty members organized by JHIEGO in collaboration with MOH, MOE and CDC-Ethiopia. September 24-October5, 2007, Awassa, Ethiopia.

5. Participated on Instructional design workshop for nursing and midwifery faculty organized by JHPIEGO in collaboration with MOH, MOE and CDC- Ethiopia. December 17-27, Bahir Dar, Ethiopia.
6. Participated on student assessment methods workshop for nursing and midwifery faculty organized by JHPIEGO in collaboration with MOH, MOE and CDC-Ethiopia. February 18-22, 2008, Bahir dar, Ethiopia.
7. Attended training of trainers on infection prevention clinical training course organized by JHPIEGO in collaboration with MOH, MOE, and CDC-Ethiopia. August 18, 2008 to September 3, 2008, Adama, Ethiopia.
8. Worked as lead trainer on effective teaching skills and student assessment methods(two weeks training) for defence health science college instructors organized by UCSR-Ethiopia for six rounds with in the last three years.
9. Worked as lead trainer on infection prevention (one week training) for defence health science college instructors organized by UCSR- Ethiopia for five rounds with in the last three years.
10. Worked as lead trainer on standards based education management and recognition for university instructors in Ethiopia organized by UCSD-Ethiopia (five rounds).
11. Offered two round trainings on reproductive health and HIV/AIDS issues for new comer University students and one round for administrative staff of AAU organized by AAU MARCH Project within the last two years.
12. Developed training manual and offered three round trainings on laboratory supply management for pharmacy professional organized by Ethiopian pharmacy professional association with in the last two years.
13. Organized and conducted clinical effective teaching skills for AAU medical faculty staff sponsored by JHPIEGO-Ethiopia.

4. WORK EXPERIENCE

1. Lecturer in medical microbiology, immunology and parasitology, school of nursing and midwifery degree program from 2004 till now, Addis Ababa University.
2. Advised 10 M.Sc theses in nursing postgraduate program since 2008, school of nursing and midwifery, Addis Ababa University.

3. Academic coordinator of centralized school of nursing (regular and continuing programs) from June 2004-august 2009.
4. Director centralized school of nursing, Addis Ababa University from December 1999 to December 2001.
5. Assistant lecturer and Academic Service coordinator at Centralized school of nursing, Addis Ababa University from May 1997 to December 1999.
6. Graduate Assistant at Centralized school of nursing, Addis Ababa Health Bureau from November 1994- April 1997.
7. Participated in developing and reviewing different curricula for diploma, degree and graduate programs.

5. PUBLICATION

1. Tachbele E, Erku W, Gebre-michael T, Ahenafi M, Cockroach associated food borne pathogens from some hospitals and restaurants in Addis Ababa ,Ethiopia: Distributions and Antibigrams . Journals of Rurals and tropical public health, 5: 4-41, 2006.
2. Course Taught: Human Anatomy, Human Physiology, Microbiology and Parasitology for undergraduate programs. Developed lecture note on medical microbiology and parasitology for degree program.

6. MEMBERSHIP

1. Vice-chairman, academic committee of centralized school of nursing,from January 1995 to December 1999.
2. Chairman, Library committee of centralized school of nursing, from May 1997 to December 1999.
3. Chairman, Social committee of centralized school of nursing, from October 1998 to December 2001.
4. Member, Tender committee of faculty of medicine ,Addis Ababa University from March 2000 to December 2001.
5. Member, Biological society of Ethiopia, since February 2004.
6. Life Member, Ethiopian public health association since August 2005.
7. Member, Bioethics committee of faculty of medicine since. June 2005.

8. Chairman, school research committee 2006-2008.
9. Member, school research and development team since 2008.
10. Member, teaching learning team since 2008.
11. Member, school curriculum review committee 2004-current.
12. Team leader, standards based on educational management and recognition (SBEM-R) since September 2007.

COMMENT

- References can be provided up on request
- Very much interested in teaching, research and academic administration.

DECLARATION SHEET

1. Declaration of the Principle investigator

I, the undersigned, declared that this thesis is my original work in partial fulfilment of the requirements for the Degree of Masters of Science in Adult Health Nursing. All the resources of the material used for this thesis and all people and institutions who gave support for this work are fully acknowledged.

Name: Fissiha Zewdu Amdie

Signature: _____

Place of Submission: Addis Ababa University

Date of Submission: _____

2. Approval of the primary advisor

This thesis work has been submitted for examination with my approval as a university advisor.

Advisor's Name: Mr. Erdaw Tachbele (B.sc, M.sc, PhD Fellow)

Signature: _____

GLOSSARY

Description of Folkman and Lazarus ways of coping questionnaire subscales

Coping subscale	Description of coping subscale
Confrontive	Aggressive efforts used to alter a situation; describes the individual as using some degree of hostility and risk taking behaviour
Distancing	Detachment or disengagement ; a strategy to minimize the significance of the situation
Self controlling	Efforts that are used by individuals to regulate their feelings and action
Seeking social support	Efforts used to obtain informational tangible, and/ emotional support
Accepting responsibility	Recognizes one's role in solving a problem
Escape avoidance	Wishful thinking and behavioural efforts to avoid confronting a problem or stressful situation
Planful problem solving	Problem focused efforts to alter the situation, including an analytic approach to problem solving
Positive reappraisal	A religious dimension includes giving positive meaning to a situation by focusing on one's personal growth