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Abstract

This study examines the stress and work performance of nurses in General Hospital, Ikot Ekpene. The objectives of this study were to determine the relationship between inadequate hospital equipment and work performance of nurses, to assess the relationship between nurse-patient ratio and work performance of nurses, and to assess the relationship between family variables and work performance of nurses in General Hospital Ikot Ekpene. All nurses from the units making a total of 146 respondents were used. The result was tested using person-product moment correlation. The findings reveal that inadequate work equipment contributes to heavy workload for nurses, thereby investing stress leading to an increased risk of spreading infections to patients and staff. Moreover the reduction in manpower affects nurses' performance and it was also observed that nurses struggling with personal matters of family challenges decrease work performance. Based on these findings, recommendations were made for providing quality medical equipment to the hospital by the government, recruitment of more nurses to reduce work load and ensuring quality nursing care and nurses balancing up family responsibilities by appropriate planning, programming and scheduling of family task to meet up with work responsibilities which reduce stress.

INTRODUCTION

BACKGROUND TO THE STUDY

Stress is a natural human response that prompts us to address challenges and threats in our lives. It is defined as a state of worry or mental tension caused by a difficult situation. Everyone experiences stress to some degree. Stress according to Robbions and Sarglic (2016) is a dynamic condition in which an individual is confronted with an opportunity, constraints, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important. Stress is an increasing problem in organizations and often causes adverse effects on work performance.

In today's work life, employees are generally working for longer hours, as the rising level of responsibility requires them to exert themselves even more strenuously to meet a rising expectations about work performance. Stress is a

common element in any kind of job and persons have to face it. It is a universal phenomenon experienced by all humans in the course during life on earth. According to Swanepoel (1998), work-related stress has been a topic that has received increasing attention in the area of occupational health. The optimal performance of nurses in health care settings play a critical role in care quality and patient safety. Stress contributes to decreased organizational performance, decreased employee overall performance, high error rate and poor quality of work, high staff turnover, disengagement and absenteeism due to health problems such as anxiety, hypertension, irritable bowel syndrome, emotional disorders, work life imbalance, depression and other forms of ailments such as frequent headache, obesity and cardiac arrests (Islam, 2012).

Stress could be positive or the negative, the positive stress is called 'Eustress' which may be mild, moderate, and intermittent. The negative stress called 'Distress' is high and unremitted, reduces performances which affects both mental and physical health, emotional and intellectual responses. Conditions and environment that causes stress are called stressors. Positive stress serves as a reinforcement to self- efficacy and beliefs that leads to higher performance and less stress. Rehman (2010) is of the view that high level of stressors like heavy workload and uncertainty about supervisor's expectations are associated with physical symptoms, large number of patients with one or two nurses on duty and sometimes one nurse or even one nurse to work in double shifts, stress get caused when the nurses does not fulfill the demand of the job. Manzoor (2011) stated that there are several factors which cause stress in employees at work, especially stress in nurses at general hospital Ikot Ekpene and such factors include job timing, inadequate facilities, hospital equipment, instruments and low human resources.

Stress can have a significant impact on nurses and the ability to accomplish the task, poor decision making, and lack of concentration may impair job performance and productivity. Interpersonal difficulties commonly stem mining from stressful situations may compromise group cohesion, thus impacting the efficient functioning of the complex work units within the health care organization, and the organization must address some of the variables that lead to stress and attrition or they will find themselves confronted with the dives consequences related to patient care delivery and meeting national patient safety goals other than retirement.

Statement of the Problem

General hospital, Ikot Ekpene is a secondary health institution in Ikot Ekpene local government area. Thus, so many patients come to the hospital with several complains, some of which are referred from lower level of health institutions for follow-up care and some from other local governments and states. This leads to the hospital being filled with large numbers of patients and in- patients, with this there is a great pressure on the few nurses working presently in the hospital. This exposes the nurses to unavoidable stress and accounts for problems such as negligence of duty, absenteeism resulting from ill health problems. On the other hand, inadequate facilities, hospital equipment, lack of instruments to work with and very few nurses to attend to patients as in one nurse to each patient in the other to give standardized care.

Improvise of many instruments were the order of care for carrying out procedures in the hospital and this poses lots of stress on the few nurses working in the hospital. With the few nurses working in the hospital, there was this inception of the ratio of nurses working presently in the hospital, the ratio is 1:1;1 meaning one nurses to work in the morning or one nurses on morning duty, one nurse in the afternoon or one nurse on afternoon duty and then one nurse on night duty and sometimes one nurse will work double shifts morning and afternoon shifts. This made the researcher to examine the stress and work performance of nurses in the general hospital, Ikot Ekpene

Objectives of the Study

1. To determine the relationship between inadequate hospital equipment and work performance of nurses in general hospital Ikot Ekpene

2. To assess the relationship between nurse-patient ratio and work performance of nurses in general hospital, Ikot Ekpene

3. To assess the relationship between family variables and work performance of nurses in general hospital Ikot Ekpene.

Research Questions

1. How can inadequate hospital equipment relate to the work performance of nurses in General Hospital, Ikot Ekpene?
2. What is the relationship between nurse-patient ratio and work performance of nurses in General Hospital, Ikot Ekpene?
3. How do the family variables of nurses relate to the work performance of nurses in General Hospital, Ikot Ekpene?

The Scope of the study covered all nurses working in the wards and in outpatient department of General Hospital, Ikot Ekpene

Literature Review

Inadequate hospital equipment and work performance of nurses

Work performance according to Wikipedia is how well an individual or nurse performs a job, role, task, or responsibility, and performance is evaluated with respect to documented responsibilities, objectives, goals, and reasonable expectations associated with a role, profession and institution or industry. Nursing performance is defined as a set of nursing activities or behaviors that are performed by nurses and directed toward the recovery and well-being of the patients assigned to their care. The main purpose is to meet the needs and expectations of the patients through this set activity. AbuAlRub (2004) affirms that the work performance of nurses is their

effectiveness in performing their roles and responsibilities directly related to patient care. At the bedside, nurses are responsible for assessing and monitoring the patient's changing conditions, coordinating their care, administering medications precisely and communicating with the patients and their families (Battisto, Pak, Vanderwood &Pilcher,2009; Westbrook, Duffield, Li & Creswick,2011), and any changes in their vigilance observations and performance may result in detrimental patient outcomes such as medical errors (Scott, Rogers, Hwang & Zhang, 2006) and may deter the patients' recovery process and resulting in early discharge from the hospital (Zhan & Miller,2003).

Nursing work maybe highly tasking and stressful (Golubic, Milosevic, Knezevic & Mustajbegovic, 2009) taxes the physical, mental, and perceptual abilities of the individual nurse. Nurses work long hours and without available hospital equipment (Rogers, Hwang, Scott, Aiken & Dinges, 2004) are fatigued or sleep deprived, especially working one nurse on night duty (Dorrican etal, 2008; Geiger-Brown et al. , 2012) have much workloads or encounter frequent interruptions (Aiken, Clarke, Sloane, Sochalski & Silber, 2002; Montgomery, 2007). Nurses are more likely to experience performance decrements during working hours that may affect the timely provision and safe delivery of patient care. According to Rosseter (2009), inadequate work equipment has increased the risk of occupational injury, reduced efficiency and effectiveness of care, proved an increased risk for error, thereby compromising patient's safety, negligence of duty, refusal to work and increased risk of spreading infection to patients and staff. A poor work environment definitely affects the quality of nursing care. Factors such as poor team work, excessive required working hours, lack of work flexibility, and quality of supervision, all affect nursing quality. Moyes (2008) observed a range of negative effects from faulty work equipment including overcrowding in the out- patient department, increased waiting time for operating rooms, cancelled surgeries, decreased patient satisfaction, and increased patient complaints perhaps most notably hospital reports that registered nurse perceptions of their ability to provide quality care declined.

In August 2002, 10% of surgical beds at John Hopkin's Hospital went idle as a result of inadequate surgical materials causing delays and cancellations. Delay of surgery brings about nurses extended working hours of the preoperative nurses, thereby exposing them to unavoidable stress.

Nurse Patient Ratio and Stress on Work Performance of Nurses

The decline in nurse's population has called for over use of available one's and effect reducing the quality of care to the detriment of patient care (Harrington, 2008). Nurses spend more time with patients than any other health care provider and patient outcomes are affected by nursing care quality, thus improvements in patient safety can be achieved by improving nurse performance. They spend a substantial amount of their time working long shifts and experience a high rate of musculoskeletal disorders.

Effects of nursing shortages have been linked to the following; increased nurses' workload, increased risk of spreading infection to the patient, increased risk for error, thereby leading to greater lost for the employer and

the health care system, increase in nurses perception of unsafe working conditions, contributing to increase shortages and hindering local or national recruitments efforts (Carlos, 2007); the effect of unbalance nurse patient ratio on the following groups of person/persons (Bennet, 2002) effect on the government; low productivity, increase mortality rate.

Effect on the patient; prolong illness, extended period of stay in the hospital and increase mortality. Effect on nurses includes fatigue, negligence of duties and reduced efficiency of care provided thus affecting general productivity. Johnson (2002) stated that improvements of nurse's strength could result in safer patient care; nurses in some health care facilities are still over burdened with too many patients to care for per shift, long working hours pose one of the most serious threats to patient safety, because fatigue shows reaction time, diminishes attention to detail, and contribute to error. According to Erh (2005) 53% of physicians and 65% the public cited that nursing shortage as the leading cause of medical error poses a compromise to the effective client's care, thus lowering patient's satisfaction.

Family Variables of Nurses and their Work Performance

Balancing family life and work can be difficult for any profession to perform. However, this is especially true for nurses, for instance, if a nurse is struggling with personal matters or family illness, her work performance might be compromised, thus causing stress and low job performance. The last decades have seen dramatic changes in family life, including an increase in dual earner households and single-parent families as well as a greater number of employed adults who are also caring for an elderly or informed relatives (Casper & Biachi, 2002) that means many employees are simultaneously jugging paid work, and unpaid work. Family variable conflicts are common sources of stress and have been linked to nurses' health and family functioning as well as labor market decisions and performance. Burnout among nurses not only threatens their own health, but that of their families. Both work interfering family conflict and family interfering work conflict are positively related with emotional exhaustion and cynicism.

Therefore, work interfering family conflict is positively related with professional efficacy, whereas family interfering with work conflict has been found to be positively associated with stress in previous studies, work and family are two important domains in adult life. However, the role of these two domains is always incompatible that participation in one domain makes it difficult to participate in the other one. Nurses both males and females with a family need to have household responsibilities and tasks, these tend to pose an unbalanced relationship with the nursing tasks and family responsibilities. Compared to other occupational populations, medical staff are devoting much time and energy to work and experiencing a higher level of work for family size before attending to helpless patients in the hospital is reported to be associated with many symptoms and possible consequences such as depression, absentees, and substance abuse thereby posing a threat to the patient's well-being and that of the family, thus in turn lowers the performance in any family

Theoretical Framework

The theoretical framework for this study is Callista Roy's Adaptation Model. In 1976, Sister Callista Roy developed the adaptation model of nursing, the nursing theory explains or defines the provision of nursing care. Roy's model sees the individual as a set of interrelated systems (biological, psychological, and social). The individual strives to maintain a balance between these systems and the outside world, but there is no absolute level of balance. Individuals strive to live within a unique band in which he or she can cope adequately Roy's Model sees the then as a "biopsychosocial" being in constant interaction with a changing environment as all conditions, circumstances and influences that surround and affect the development and behavior of the person.

Nurses everyday are faced with stress and Roy's goal for nursing is the promotion of adaptation in each day-day experiences, thereby contributing to the nurse's health, quality of care rendered, and balancing between his or her family and work.

Application of the Theory

For nurses to cope with a changing work environment, nurses should use both innate and acquired mechanisms, which are biologically psychological and social in origin and learn to adapt. Adaptation is a function of the stressors she is exposed to and her adaptation level. Nurses' adaptation level should be such that it comprises of a zone indicating the range of stimulation that will lead to a positive outcome thereby compensating performance.

Methodology

The research design used for this study was a descriptive survey, because it described the situation as it occurs in the natural setting.

Area of Study

The research was conducted in General Hospital, Ikot Ekpene, located within the urban area of Ikot Ekpene Local Government Area The important landmarks of the hospital are Police Station and Grove's Memorial Methodist Cathedral by the North, Magistrate Court 11by South, Union Bank and Motor Park by the East, Goretti Girls Secondary School by the West. This study area was chosen because General Hospital Ikot Ekpene is the most affected health facility experiencing nursing shortage although it is always populated with patients. This is because Ikot Ekpene is a Senatorial District Headquarters with border towns and with a lot of commercial activities. Being an urban center with migration of people from rural areas and other border towns and with the attendant problem of urbanization, there is an increasing population of patients that visit the hospital. Based on these facts, General Hospital, Ikot Ekpene was chosen as the area of study.

Target Population

The target population for this study comprised of all nurses working in General Hospital Ikot Ekpene numbered one hundred and fifty (150).

Sample and Sampling Technique

All nurses in all the units and out-patient departments of the hospital were used as they were small in number.

Instrument for Data Collection

A self -structured questionnaire that is close ended with structured items on each research question. It had two sections A and B. Section A comprises of information on demographic data of respondents while section B elicits information on the variable under study that was used with yes and no options. There were thirteen items for the three variables used

Test of Reliability

Pilot testing was carried out to establish the reliability of the instrument. Copies of the questionnaires were administered to nurses at Cottage Hospital, Ukana Essien Udim Local Government Area. Reliability was ascertained using Pearson Product Moment Correlation formula and the result was 0.997. The instrument was considered reliable for the study.

DATA PRESENTATION AND ANALYSIS

This chapter deals with the analysis and presentation of data obtained from the study. A total of 150 questionnaires were administered to the respondents and (146) were properly completed and returned. The analysis of the study was based on one hundred percent (146) of respondents.

TABLE 1: DEMOGRAPHIC DATA OF THE RESPONDENTS

ITEMS	VARIABLES	FREQUENCY	PERCENTAGE (%)
Age in Years	20-30	31	21.23
	31-40	47	32.19
	41-50	59	40.41
	51 and above	9	6.164
	Total	146	99.994

Sex	Female	115	78.76
	Male	31	21.23
	Total	146	99.99
RANK	SNO	40	27.39
	PNO	30	20.54
	CNO	66	45.20
	ADNS	10	6.849
	Total	146	99.97
Religion	Christianity	145	99.31
	Islamic	1	0.68
	Others	-	-
	Total	**146**	**99.99**
Marital Status	Single	10	6.84
	Married	120	82.19
	Divorced	-	-
	Widow	16	10.95
	Total	**146**	**99.98**
Professional Qualification	RN/RM	70	47.94
	RN/PSY	40	27.39
	B. Sc	27	18.49
	M. Sc	9	6.16
	P. Hd	-	-
	Total	**146**	**99.98**
Working Experience	1-10	20	13.69
	11-20	50	34.24
	21-30	50	34.24
	31 and above	26	17.80
	Total	**146**	**99.97**

From table 1 above demographic data, respondents showed that (21.23%) of the respondents fell within the age of 20-30, (32.19%) of the respondents were within the range of 31-40 years, (40.41%) of the respondents fell within the age range of 41-50 years and (6.164%) of the respondents fell within the range of 51 and above.

For Sex: (78.76%) were female and (21.23%) were male.

For Rank of Nurses: (27.39%) (SNO), (20.54%) were (PNO), (45.20%) were (CNO), and (6.849%) were (ADNS)

By Religion: (99.31%) were Christians while (0.68%) were Islam.

For Marital Status: (6.84%) were single, (82.19%) were married, while (10.95%) were widowed.

For Professional Qualification: (47.94%) were RN/RM, (27.39%) were RN/PSY, (18.49%) were B.Sc and (6.16%) were M.Sc

Work Experience: It revealed that (13.69%) were between 1-10 years, (34.24%) were between 11-20 years, (34.24%) were between 21-30 years, (17.80%) were 31 years and above.

SECTION B

ANALYSIS OF DATAS BASED ON RESEARCH QUESTION

RESEARCH QUESTION 1

QUESTIONNAIRE ITEMS	YES	%	NO	%
Does faculty work equipment contribute to medical errors?	120	82.19	26	17.80
Does inadequate work equipment contribute to heavy work duty load on nurses?	100	68.49	46	31.50
Does inadequate work equipment increase the risk of occupational injuries?	84	57.53	62	42.46
Does inadequate work equipment reduce the efficiency and effectiveness of patient's care?	104	71.23	42	28.76
Does inadequate work equipment lead to increased risk of infection spreading to patients and staff	106	72.60	40	27.39

Result:

From the table above, the result shows that 120(82.19%) respondents agree that faulty work equipment contributes to medical errors while 26(17.80%) disagree. Results also reveal that 100(68.49%) respondents agreed that inadequate work equipment may contribute to heavy work duty load on nurses while 46(31.50%) disagreed. 84(57.53%) respondents agreed that inadequate work equipment increase the risk of occupational injuries while 62(42.46%) disagreed. Furthermore, 104(71.23%) respondents agreed that inadequate equipment reduces efficiency and effectiveness of patient's care while 42(28.76%) disagreed. 106(72.60%) agreed that inadequate work equipment reduce efficiency and effectiveness of patient's care while 40(27.39%) disagreed.

HYPOTHESIS 1

Ho: there is no significant relationship between inadequate hospital equipment and work performance of nurses in General Hospital Ikot Ekpene.

HI: there is a significant relationship between inadequate hospital equipment and work performance of nurses in General Hospital Ikot Ekpene.

The above hypothesis was tested using Pearson Product Movement Correlation (PPMC) The result showed calculated value 3 and critical value 0.878

Since the calculated value is greater than the critical value of the null hypothesis which states that there is no significant relationship between inadequate hospital equipment and work performance of nurses in General Hospital Ikot Ekpene is rejected and the alternative hypothesis (Hi) which states that there is a significant relationship between inadequate hospital equipment and work performance of nurses in General Hospital Ikot Epene is maintained.

RESEARCH QUESTION II

ITEMS	YES	%	NO	
Do long hours of work increase the risk for error of nurses?	97	66.43	49	33.56
Does nursing shortage cause negligence of duty which increases the mortality rate?	75	51.36	71	48.63
Does the decline in nurse's population affect nurse's performance	75	51.36	71	48.63
Does decline in nurse's population reduce patient's safety?	100	68.49	46	31.50

Result:

From the table above, the results reveal that 97(66.43%) respondents agreed that long hours of work increase the risk for errors of nurses while 49(33.56%) respondents disagreed. However, 75(51.36%) respondents agreed that nursing shortages caused negligence of duty which increases the mortality rate, while 71(48.63%) respondents disagreed. Furthermore, 75(51.36%) respondents agreed that a decline in nurse's population could affect nurse's performance while 71(48.63%) respondents disagreed. Futhermore, 100(168.49) respondents agreed that a decline in nurse's population could reduce patient's safety, and 46(31.50%) respondents disagreed.

TEST FOR HYPOTHESIS II

Ho: there is no significant relationship between Nurse-Patient Ratio and Stress on Work Performance of nurses in General Hospital Ikot Ekpene.

HI: there is a significant relationship between nurse patient ratio and stress on work performance of nurses in General Hospital Ikot Ekpene

The above hypothesis was tested using Pearson Product Movement Correlation (PPMC). The results showed a calculated value 2 and critical value 0.950

Since the calculated value is greater than the critical value, therefore, the null hypothesis (H0) which states that there is no significant relationship between nurse patient ratio and stress on work performance of nurses in General Hospital Ikot Ekpene is rejected and the alternative hypothesis (Hi) which states that there is a significant relationship between nurse patient ratio and stress on work performance of nurses in General Hospital Ikot Ekpene accepted
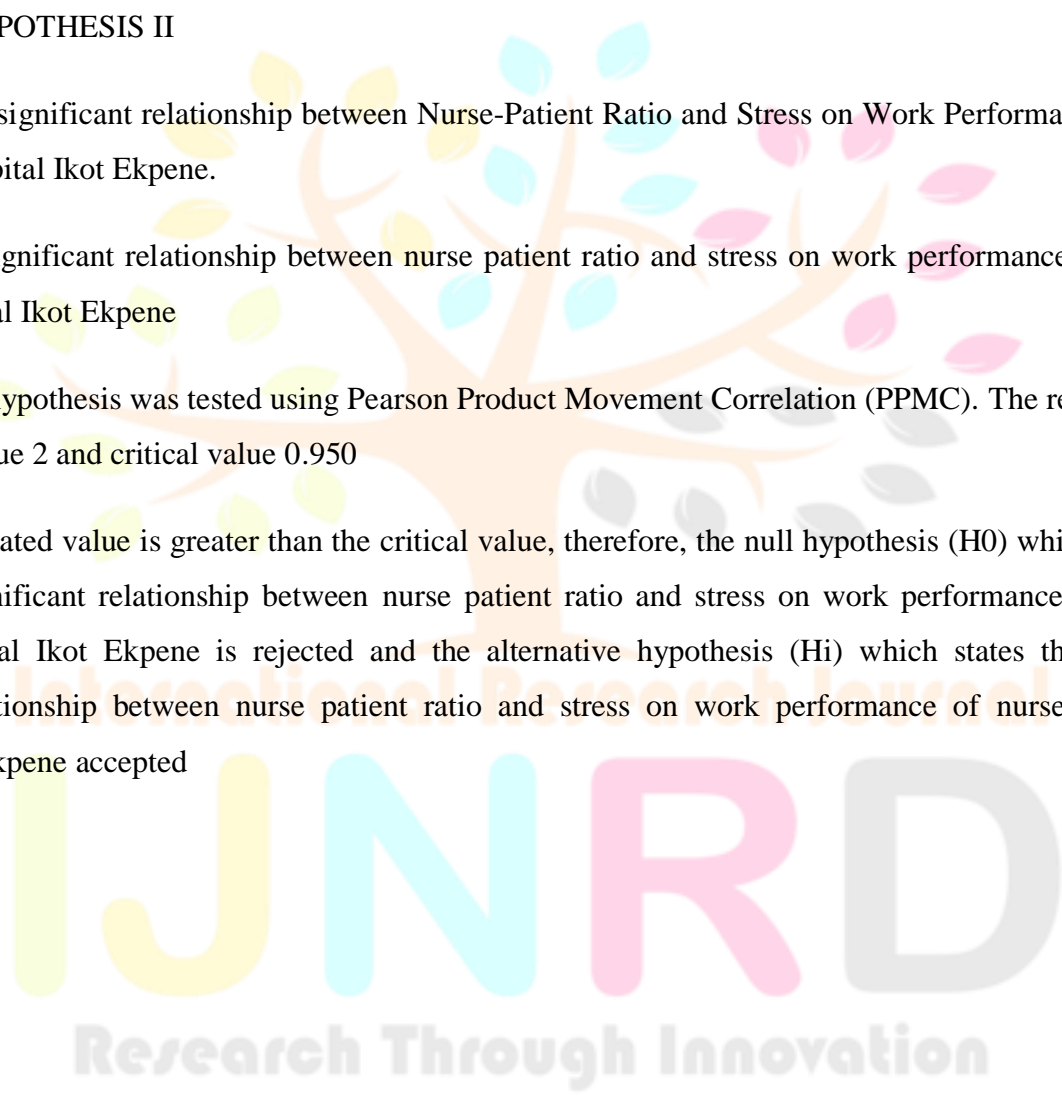
RESEARCH QUESTION III

How do the family variables of nurses affect their performance?

ITEM	YES	%	NO	%
Can family conflict interference lead to emotional exhaustion of the nurses?	109	74.65	37	25.34
Does household responsibilities and task pose and tasks pose an unbalanced relationship with nursing task?	96	65.75	50	34.24
Does family size of nurses affect their performance in the hospital?	99	67.80	47	32.19
Does struggling with family illness decrease work performance	88	60.27	58	39.72

Result:

Results from the above table revealed that 109(74.65%) of the respondents accepted that family conflict interference leads to emotional exhaustion of the nurses while 37(25.34%) respondents disagreed. Furthermore, 96(65.75%) of the respondent agreed that household responsibilities and tasks pose an unbalance relationship with nursing tasks while 50(34.24%) respondents disagreed. However, 89(67.80%) respondents agreed that the family size of the nurses affect their performance in the hospital while 47(32.19%) respondents' disagreed. In addition, 88(60.27%) respondents agreed that struggling with family illness may decrease work performance while 58(39.72%) respondents disagreed.

TESTING FOR HYPOTHESIS II1

Ho: there is no significant relationship between family variables of nurses and their work performance in General Hospital Ikot Ekpene.

HI: there is a significant relationship between family variables of nurses and their work performance in General Hospital Ikot Ekpene

The above hypothesis was tested using Pearson Product Movement Correlation (PPMC). The result showed calculated value 2 and critical value 0.950

Since the calculated value is greater than the critical value, the null hypothesis (Ho) which states that, no significant relationship between Family Variables of Nurses and their Work Performance in General Hospital Ikot Ekpene is rejected and the alternative hypothesis (H1) which states that there is a significant relationship between Family Variables of nurses and their Work Performance in General Hospital Ikot Ekpene is maintained.

DISCUSSION OF THE FINDINGS

This chapter deals with the discussion of findings based on the research questions, relationships with other studies, summaries, conduction, recommendation, and suggestions for further studies.

RESEARCH QUESTION I

How does inadequate work equipment relate to the performance of nurses in General hospital Ikot-Ekpene?

From findings it was discovered that the majority of the respondents admitted to the fact that inadequate work equipment contributes to stress and low performance among nurses.

This is consonance with Islam (2012) who stated that the effect of inadequate work equipment has increased the risk of occupational injury, reduced the efficiency and effectiveness of care provided and increases error thereby compromising patients' safety negligence of duties, refusal to work, fatigue, and exhaustion of the nursing work force and increases the risk for spreading infection to patients and staff.

The researcher also observed that provision of adequate work equipment to the hospital will alleviate stress and performance will be well achieved.

Therefore, efforts should be intensified by the State government and other relevant authorities to create an enabling working environment for nurses to enhance their productivity.

RESEARCH QUESTION II

What is the relationship between nurse-patient ratio and their performance?

Findings revealed that the majority of the respondents accepted that nurse-patient ratio affects the productivity of nurses. This is in agreement with the findings of Harrington (2008), who stated that the decline in nurse population has called for over use of available ones and in effect reducing the quality of care to the detriment of the patients/clients. The researcher also observed that the ratio of nurses to patients in the study area is inadequate most of the time as other paramedical staffs are used to carry out nursing functions, thus, the quality of care provided cannot be guaranteed. This calls for serious concern on the hospital administration to employ more nurses if the desired level of patient's care is to be achieved.

RESEARCH QUESTION III

How do family variables relate to the performance of nurses in the study area?

From the findings made from the research question III, It was observed that the majority of the respondents agreed to the fact that nurse family size affects productivity in the hospital.

Work and Family are important domains of adult life, however, the role expectation of these participation in one domain may make it difficult to participate in other ones, therefore findings are in agreement with the findings of (Asper & Biachi) (2002) that many employees are simultaneously juggling paid work and unpaid work. If nurses program their family's responsibilities appropriately, it would help in balancing the patient's satisfaction in the hospital as well as their role in the family.

NURSING IMPLICATION

Based on the findings of the study, it has been observed that if stress among nurses is not abated, it may endanger their health, thereby reducing the ability to provide quality care to the patient, their social educational qualification, ranks and tears of working experiences.

The data were analyses using tables and simple percentages and tested using Pearson Product Moment Correlation (PPMC). The findings revealed that a greater number accepted that stress on nurses had a negative effect on performance and care rendered to patients in General Hospital Ikot Ekpene.

It did not only affect the patients but also posed adverse effects on the nurses' health. Based on the findings, recommendations to help ameliorate these challenges were made

SUMMARY:

The aim of this research was to examine the stress and the performance of nurses in General Hospital Ikot-Ekpene. A brief introduction of the study was made; the work reflected the statement of the problem, significance, purpose, and definition of terms, scope, limitations, and a comprehensive review of related literature with the topic.

Callista Roy's adaptation theory was used to explain the problem. The research questions were answered through the data collected from the questionnaire. These questionnaires were constructed and administered to a sample of 146 respondents. (Nurses).

CONCLUSION

Based on the findings from the study, it was concluded that stress on nurses in General Hospital Ikot – Ekpene affected their performance, health and even prolonged patient hospitalization due to less nurse patient ratio, Nurses error due to faulty work equipment and substandard quality of care rendered to the patients.

The researcher believes that stress on nurses will be reduced when factors are appropriately handled. Moreover, there will be a decrease in the patient's satisfaction of care as a result of so much stress on the nurses.

To achieve a reduction in stress among nurses, appropriate and quality medical equipment should be provided to the hospital and proper training of nurses on the handling of technical work equipment, which will alleviate stress and enhance performance in the hospital. In addition, employment of nurses in the hospital will help balance up the gap of less nurse-patient ratio thereby enhancing short stay of patients in the hospital.

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