



IDENTIFICATION OF WORK STRESS LEVELS ON NEW NURSES

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ABSTRACT

Reality Shock is a phenomenon that appears in new nurses as a result of a reaction to self-expectations when in a new work situation, which requires time to adapt well to the work environment, to deal with conflicts that will occur in the work environment. When entering a new work environment, nurses are faced with various problems including a lack of confidence in providing nursing care, an inability to think critically, and a lack of clinical ability. Job stress will reduce the performance of nurses, if this happens over a long period it will cause nurses to experience turnover intention. Based on the above, the researchers identified the level of work stress on new nurses which is the basis of research to minimize stress levels and improve the performance of new nurses. The method in this study is a survey in the form of a questionnaire to new nurses who work in 4 government agencies in Gorontalo Province. The number of respondents in this study was 98 respondents which was taken by the total sampling method. The results showed that most of the new nurses experienced work stress in the heavy category, namely 67 respondents (68.4%) while the nurses with mild work stress category were 31 people (31.6%). Based on this research, it can be concluded that new nurses are vulnerable to work stress, so it is hoped that a new nurse coaching program is needed to minimize the incidence of work stress.

Keywords: gorontalo province; new nurses; work stress

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INTRODUCTION

Nursing is a self- and team-based care of individuals of all ages, families, groups, and communities, includes health promotion, preventing disease, and the care of people who are ill, disabled, or dying (Potter *et al.*, 2017). The value of nursing services is one of the most influential pillars in determining the quality of service in a hospital. According to (Friganovic *et al.*, 2019), nurses are the largest group of healthcare workers. As a caregiver, nurses spend a longer time with patients (Sari and Rayni, 2020). To maintain the existence and assessment of the hospital, it is necessary to have professional nurses in providing health services. Professional nursing services basically must have authority, accountability, independent decision-making, and be able to collaborate and provide defense and support to patients (Potter *et al.*, 2017). This high demand for professionalism makes the task of a nurse not easy, especially if this is felt by new nurses who have to adapt to the environment and work demands in the work environment.

The phenomenon of reality shock arises as a result of a large gap between what was anticipated and what is the actual situation (Gaundan, 2018). When entering a new work environment, nurses will face various problems such as the problem of lack of confidence in the performance of providing nursing care, keep comparing between nursing practice on

college and hospital, always rely on senior nurses when providing nursing care because of the lack of confidence, experienced sleep pattern disturbance due to night shift things, as well as difficult to face patient's complaints that can cause work stress at work (Marbu, 2019).

Work stress is a form of reaction from negative emotional states in the form of physical and psychological imbalances that affect the biological, psychological, and social conditions of working individuals. The study done in the USA revealed that 93% of the nurses had high levels of stress (Bardhan *et al.*, 2019). The prevalence of work stress in nurses is different in each country. In developing countries such as Indonesia, the prevalence of work stress in nurses is quite high, as seen from the incidence of work stress in nurses in several areas in Indonesia, such as in Banda Aceh, where the prevalence reached 52.5% in 2017, in Manado 54.3% in 2017. in 2016 (Afra and Putra, 2017); (Trifena *et al.*, 2016) . This is supported by (Urip, 2015) research on work stress at a referral hospital in Gorontalo showed that out of 52 people who were respondents, 44.9% experienced mild stress, and 55.1% were found to be experiencing severe stress. Based on the explanation above, researchers are interested in conducting research that aims to describe the stress level of new nurses in Gorontalo Province.

METHOD

This study is an observational study that looks at the description of work stress in new nurses which is analyzed descriptively. The sampling technique used for determining the sample is Total Sampling. This descriptive research design is also a research method carried out to make a description or descriptive of a situation objectively (Nursalam, 2017). The criteria for the sample in this study were nurses with <2 years of service for nurses with DIII education and for undergraduate level with <1 year of service where the nurse did not have previous experience as a nurse in a hospital or health service center. The questionnaire used in this study was the Expanded Nursing Stress Scale (ENSS) questionnaire. The Indonesian version of the ENSS has been proven to have very good validity, reliability and internal stability, as an instrument that can be used to assess work stress in nurses in Indonesia. (Harsono *et al.*, 2017). The data was analyzed descriptively.

RESULTS

Table 1, it can be seen that most research respondents were in inpatient units/rooms, namely 53 respondents (54.1%), respondents were in the age range of 26-35 years (early adulthood) as many as 71 respondents (72.4%), respondents were female respondents as many as 59 respondents (60.2%). It can be seen that most of the research respondents were in the last education of S1/Ners as many as 67 respondents (63.2%). It can be seen that the marital status of most respondents is unmarried as many as 62 respondents (63.3%). It is known that most respondents worked for 3-6 months, and it is found that most respondents' employment status with honorary employee status is as many as 80 respondents (75.5%).

Table 1.
Respondent characteristics (n= 98)

Respondent characteristics	f	%
Workplace		
Ward	53	54,1
Intensive Care	30	30,6
Emergency Room	12	12,2
Outpatient Room	3	3,1
Age		
17-25 Years	27	27,6
26-35 Years	71	72,4
Gender		
Male	39	39,8
Female	59	60,2
Education		
DIII	32	30,7
DIV	5	5,1
S1/Ners	61	62,2
Marital Status		
Unmarried	62	63,3
married	36	36,7
Years of Service		
1-3 Month	32	32,7
3-6 Month	34	34,7
6-9 Month	14	14,3
9-12 Month	11	11,2
≥ 12 Month	7	7,1
Employment Status		
Civil Servant	24	24,5
Honorary Employee	74	75,5

Table 2.
Analysis Univariate (n= 98)

Respondent characteristics	f	%
Work Stress Level		
Mild Stress	31	31,6
Heavy Work Stress	67	68,4

Table 2, it can be seen that the respondents with heavy work stress were 67 respondents (68.4%) and 31 respondents (31.6%).

DISCUSSION

Based on the results of the research, shows that respondents in the mild work stress category are 31 respondents (31.6%), and respondents in the heavy work stress category are 67 respondents (68.4%). Based on the results of the study showed that respondents who were in the category of mild work stress were 31 respondents (31.6%), this was because respondents felt helpless when there were patients whose condition did not improve, listened to or talked to patients about their conditions were nearing death, death. a patient and the doctor was not there when the patient died.

This is in line with the results of research by (Kostka, Borodzicz and Krzemińska, 2021) which states that death and dying are stressors for novice nurses or nursing students who are practicing clinically, this is because, in some areas of hospital care, a person needs to be hospitalized several times or the hospitalization is prolonged due to the patient's condition. This allows nurses to get to know the patients and their families well. The more often nurses meet the patients, the greater is the bond they develop with their patients. such situations are

undoubtedly connected with strong emotions and enormous stress. Nurses experience a high level of stress and strong emotions triggered by the observation of dying patients. In the study group, 53.90% of participants experienced a high level of stress.

In addition, respondents also feel stressed when they have difficulty working with certain nurses in the unit, have disagreements about patient treatment, and have to make decisions about patients when the doctor is not around. These statements are included in the conflict subscale with doctors and other nurses which is in line with research from (Johan, Sarwar and Majeed, 2017) which states that major reasons of stress identified amongst nurses were inappropriate communication between nurses and doctors. Furthermore, communication and cooperation between nurses is also very important to maintain a professional workplace. A professional relationship between doctors and fellow nurses is of utmost importance for the patients well being and proper management. Whenever there are conflicts, lack of cooperation or communication, problems appear and cause stress, 50% nurses strongly agreed while 41% agreed that this causes stress to them. The results of this study are in line with research by (Rajeswari and Sreelekha, 2017), which states that nurses who work in hospitals have more concerns about safety while working as nurses, whether free from disease transmission or errors in operating special equipment. Nurses are also expected to always develop and learn special and modern tools, especially nurses in the intensive room.

Then not only assessment indicators can affect work stress levels. Individual characteristics possessed by a person can also be one of the causes of work stress and will affect the level of stress experienced. Based on gender, 11 respondents (28.2%) were found male with mild stress levels, and 28 respondents (71.8%) with severe stress levels. While the female gender with mild stress levels were 20 respondents (33.9%) and severe stress levels were 39 respondents (66.1%). If seen, respondents with female gender experience more work stress than males. However, this is also influenced by the fact that the research respondents are dominated by female respondents. According to (Ansori and Martiana, 2017), stating that gender has a strong relationship strength as a factor that affects work stress. Women have a greater percentage of the occurrence of stress compared to men. Women have a higher emotional tendency than men.

In addition to gender, marital status also contributes to work stress levels. Based on the results of the study, nurses with unmarried marital status 16 respondents (25.8%) with mild stress, and 46 respondents (74.2%) with severe stress. Then respondents who are married with mild stress levels are 15 respondents (41.7%) and severe stress 21 respondents (58.3%). According to Siagian in (Pratama, Fitriani and Harahap, 2020), marital status affects a person's behavior both positively and negatively. Couples with marriages that are going well can provide each other with positive emotional support to relieve the pressure that exists in the work environment. (Hasanah, Rahayuwati and Yudianto, 2020), the condition of marriage can affect a person's emotions, where there is a change in the relationship that shifts towards the maturity of the relationship that provides comfort and interdependence. So that married individuals have friends to share in solving a problem.

Based on the results of the study, it was found that new nurses with heavy work stress levels were 67 respondents (68.4%), this was because the workload of new nurses was felt to make them stressed. Respondents stated that the schedule and arrangement of staff were unexpected, not enough time to complete nursing tasks, and too many non-nursing tasks to do such as administrative tasks. This is in line with the results of the Health and safety at work

Summary statistics for (Britain, 2018), in their research nurses, have a workload as the main factor causing work stress. Then reinforced by research results from (Wardhani, 2018), which states that the most stressful question points are not enough staff in the unit and too many non-nursing tasks.

Then new nurses who feel they are not trained enough for the tasks to be done, are exposed to occupational safety and health risks and must be responsible for a task without adequate experience. (Wardhani, 2018), states that many new nurses are stressed because they are exposed to occupational health and safety hazards. Nurses are also expected to always develop and learn to operate special and modern tools with digital technologies (Booth *et al.*, 2021). If it is associated with the characteristics of the respondents based on the nurse's tenure. The results showed that 13 respondents (40.6%) worked for 1-3 months with mild stress and 19 respondents (59.4%) had severe stress. Then the working period of 3-6 months with mild stress as many as 7 respondents (20.6%) and 27 respondents (79.4%) with severe stress. Furthermore, for a working period of 6-9 months with mild stress as many as 5 respondents (35.7%) and 9 respondents (64.3%) with severe stress. The working period of 9-12 months with mild stress as many as 2 respondents (18.2%) and 9 respondents (81.8%) with severe stress. And for a working period > 12 months with mild stress as many as 4 respondents (57.1%) and severe stress as many as 3 respondents (42.9%).

The working period is one of the important stages in influencing the occurrence of one's work stress. According to (Isnainy *et al.*, 2019), the longer a person's working period, the higher the orientation toward work performance, where at this stage people will focus on increasing competence. Based on research conducted by the Labor Force Survey 2014 in (Lasena, 2021), it was found that there were 440,000 cases of work stress in the UK with an incidence rate of 1.38 cases per 100,000 new nurses who experienced work stress events. Based on the results of the study, respondents were also found to be stressed because they were criticized by their supervisors/supervisors and asked to be responsible for something that was beyond their control. Research by (Herqutanto *et al.*, 2017), states that problems with supervisors/supervisors fall into the group causing high work stress. Then (Wardhani, 2018) research, points that make nurses stressed are the statements "Criticized by supervisors/ supervisors" and "responsible for things that are not within their authority".

Another factor that also affects the work stress experienced by new nurses is education. Based on the results of the study, it was found that respondents with DIII Nursing education with light work stress 11 respondents (34.4%) and 21 respondents (65.6%). Then DIV Nursing education with mild stress as many as 2 respondents (40.0%) and severe stress as many as 3 respondents (60.0%). And education S1/Ners with light stress as many as 18 respondents (29.5%) and severe as many as 43 respondents (70.5%). More educated health workers have higher expectations for the extrinsic aspects of their jobs and so are more dissatisfied if these expectations are not met, even though they have higher intrinsic satisfaction due to their higher education levels. When job description is not commensurate with professional qualification / preparation, it can be a source of stressor at work (Al Makhaita, Sabra, & Hafez, 2014, Ayivi, 2016, Al Hajjar, 2013 in Anand and Mejid, 2018).

The higher the education of people with the knowledge gained so that people with higher knowledge will be better able to cope with the stress that occurs within them compared to those with lower education. Lack of knowledge affects the situation when facing problems in the workplace that can trigger work stress that propagates to low-performance problems. Poor communication, poor decisions, lack of creativity, and innovation lead to unproductive tasks.

Age also affects the incidence of work stress in nurses. based on the results of the study, respondents aged 17-25 years with mild stress were 18 respondents (66.7%) and severe stress 9 respondents (33.3%). Then respondents aged 26-35 years with mild stress as many as 13 respondents (18.3%) and moderate stress as many as 58 respondents (81.7%). From these results, it can be seen that nurses aged 17-25 years tend to be more with mild work stress levels more than nurses aged 26-35 years who are more moderate work stress levels. The results of this study are inversely proportional to the research of (Anand and Mejid, 2018), someone who has an older age has lower stress than someone who has a younger age. This is because someone older has more experience and an increasing level of maturity so they are more capable of making decisions, controlling emotions, thinking rationally, and being open to views and opinions from others so that they can withstand stress-increasing fluctuations.

CONCLUSION

Based on the results of the study, it was found that the respondents were new nurses with heavy work stress levels as many as 67 respondents (68.4%) and mild stress of as many as 31 respondents (31.6%). Based on these results, it can be identified that new nurses are prone to experiencing severe stress which of course can affect nursing services.

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