Variation in Stress Levels in the Nursing Profession:
A comparison between dementia and geriatric nurses.

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Variation in stress levels in the nursing profession: a comparison between dementia and geriatrics patients.

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Abstract

Background: Previous research has suggested a strong correlation between nurses’ occupational stress, and staff turnover (Hinshaw & Atwood, 1993) and suggested that Staff stress levels are affected by Occupational and resident characteristics.

Objectives: The aim of this current study is to a) investigate whether there is a correlation between levels of stress and job satisfaction in nursing home staff providing care for patients with dementia and in nursing staff who care for the general ageing geriatric population in the nursing home, and b) to investigate associations between these variables, occupational and individual characteristics of staff.

Method: A quantitative cross sectional research design was adopted, using a self-completion questionnaire survey of 42 nursing home staff members from Sancta Maria nursing home situated in Naas, Co. Kildare. Staff stress levels were measured using the Perceived Stress Scale and Job satisfaction was measured using the Job Satisfaction Survey.

Results: The results show that nurses working with patients with dementia experienced significantly higher levels of stress than nurses working with a general ageing geriatric population but there were no significant differences between the two groups in terms of job satisfaction. Those working part time experienced higher levels of stress. Being more extraverted in personality and having the support of a significant other were protective factors.
Conclusion: The results add support to the existing research findings that nurses working with patients with dementia experience more stress than those who work with a general ageing geriatric population in the nursing home setting. Staff were generally satisfied with work.

Keywords:

Stress, Job Satisfaction, Geriatric population, Dementia care, Nurses, Staff Turnover
INTRODUCTION

1.1. Stress

Baum (1990) defined stress as, “a negative emotional experience accompanied by predictable biochemical physiological, cognitive and behavioural changes that are directed either toward altering the stressful event or accommodating its effects” (p. 653–675). Some psychologists define stress as events that place strong demands on us. The term stress appears frequently in everyday discourse. Stress is a response that also has cognitive, physiological, and behavioural components. Thus you may hear a person say “I’m feeling stressed out”. Some stressors can affect behaviour in positive ways but when stress is extended over long periods of time it can have negative effects on both a person’s psychological and physical health. The presence of negative emotions is an important feature of the stress response and links the study of stress with the field of emotions (Zautra, 2003).

Stressors are specific types of stimuli being physical or psychological, which place demand on us that endanger our well-being. The more the demand on the person outweighs the resources available to that person to deal with them, the more stressful the situation is likely to be. However, it is important to mention that the definition of stress is not universal as stress is not inherently deleterious. Since later research has shown that only negative life changes and events consistently predict adverse health and behavioural outcomes, most researchers now define stress in terms of negative life experiences and changes only (Cohen et al., 1995; Lazarus, 1998). Each individual’s cognitive appraisal, their perceptions and interpretations, gives meaning to events and determines whether events are viewed as threatening or positive (Lazarus, 1984).
Research has also found that personality traits are also influential on combating stress because what may be viewed as overtaxing in one person may be exhilarating to another (French et al, 1972). Others appear to fall prey to relatively minor stressors. People differ so dramatically in their responses to stressful events that many health psychologists are now examining vulnerability factors such as personal and environmental factors that make people more or less reactive to stressful events. These vulnerability factors increase peoples’ susceptibility to stress events (Singer & Baum, 1982). These include low social support, poor coping skills and tendency to become anxious or pessimistic (Sarason et al, 1983). In contrast to this, protective factors which are personal resources that help people cope with stressful events include social support, effective coping skills and personality factors such as hardiness, optimism and coping self efficacy (Kobasa, 1979). These factors decrease an individual’s susceptibility to stress.

1.2. Occupational Stress

Freddenberger (1974) coined the term “burnout” to describe workers’ response to chronic stress common in occupations involving numerous direct interactions with people. The condition referred to as “burnout” could be described as a feeling of tiredness; loss of interest in all things, which may be personal, social and/or work related; increased feelings of frustration which interferes with occupational performance, and usually burnout occurs following prolonged exposure to stress (Aswathappa, 2007).

Occupational stress is a term used to define ongoing stress that is directly related to the workplace. The stressor may be as a result of the responsibilities associated with the work itself, or be caused by conditions that are based in the corporate culture or personality conflicts. As with other forms of tension, occupational stress can eventually have effect on physical and emotional well being if not managed effectively. Occupational stress adversely
effects performance, productivity, job satisfaction and health professionals (Gmelch, Lovrich, & Wilkie, 1984).

A survey conducted by the United Kingdom Health and Safety Executive published a document entitled ‘Self-reported work-related illness’, surveyed a representative nation sample of 75,000 nurses and found that nurses’ were amongst the highest groups who reported significantly raised rates of stress. Occupational Stress has been linked to absenteeism and staff turnover which in turn affects the quality of care provided to patients. The experience and instances of work related stress impacts negatively on the quality of nurses’ working lives, their social lives and may contribute to some forms of physical illness.

1.3. Sources of Occupational Stress

Nauert (2008) cites excessive workloads, cost cutting, a hostile work environment and competing role demands as the main sources of stress in the work place. There is considerable literature on the effects of stress on direct care staff working in nursing homes. Occupational burnout is considered endemic to the human service professions (Elliott et al, 2004). According to Vinokur-Kaplan (1991) organisational factors such as workload and working conditions are negatively related with job satisfaction. Stress has been regarded as an occupational hazard since the mid 1950’s and occupational stress has been cited as a significant health problem (Caplan et al, 1980). Menzies (1960) identified four sources of anxiety among nurses: patient Care, decision making, taking responsibility and change. More recently nurses’ occupational stress may be escalating due to increasing use of technology and equipment along with the increase in patient numbers and rises in health care costs.
1.4. Staff Turnover important Statistics

In recent times we have witnessed a sharp decrease in informal care being provided by family members in the family home for the ageing population. The tradition where families have been expected to care for their mothers and fathers and grandparents, has shifted very significantly to formal care in nursing homes from the later part of the 20th century. With demographic indicators showing an increasing need for long stay care facilities, the importance of professional geriatric care will rise considerably. This statement is collaborated by data and statistics gathered by Nursing Homes Ireland’s annual survey (2010). In 2003 there were 15,000 beds in this sector, this figure has increased substantially to just over 20,950 in 2010.

Growth in this area continues to be consistent annually in spite of the current economic climate. This may largely be due to Ireland’s ageing population resulting in a steady continued demand. With demographic indicators showing an ever increasing demand for beds there is increasing need to ensure the availability of high quality formal care for the elderly. It is imperative we achieve a better understanding of stressors in nursing homes so as to work towards possible interventions or policy development to ensure current staffing levels can be maintained and increased to meet demands.

The Annual turnover rate of nursing home staff in Ireland is presently 11.3% and with a direct correlation between occupational stress in nurses, staff turnover and job satisfaction (Hinshaw & Atwood 1993), it is important that a better understanding of the stressors and strains encountered by nursing staff be investigated further to examine factors related to poor job satisfaction with the aim of decreasing the annual staff turnover rate in Ireland.
1.5. Dementia

Dementia is an umbrella term used to describe a collection of symptoms characterised by the loss of cognitive and social functioning and behavioural changes. Dementia is age-related and its incidence and prevalence increase significantly with advancing years. In Ireland, it is estimated that there are presently 44,000 people diagnosed with dementia. Because our population is ageing, it is estimated that over the next 30 years and by the year 2036 there will be over 104,000 people living with dementia in Ireland.

Over 84% of all residents accommodated in 152 nursing homes surveyed by Nursing Homes Irelands annual survey (2010), were in the medium or high categories of dependency, while 38% of residents within the 152 nursing homes surveyed had been formally diagnosed with dementia and were in the category of high dependency. Therefore it is reasonable to assume that the demand for formal care will only continue to increase in accordance with these figures.

This further justifies investment in research in this area as it is imperative we protect the workforce in this important sector of society.

1.6. Patients with Dementia

Dealing with challenging behaviours exhibited by patients with dementia is a major source of stress for nurses. The behavioural problems associated with dementia have the propensity to generate a great deal of distress for those whose task it is to provide care. High levels of stress in nursing home staff has been found to be directly related to working with more cognitively impaired resident populations such as those diagnosed with dementia.

Brodaty et al (2003) and Morgan et al (2002), in two recent reports from nursing homes found that staff experienced more stress when caring for patients with dementia.
Greater job satisfaction in relation to stress levels has been reported by those working with less cognitively impaired patients (Rodney, 2000). There are a number of reasons why this may be the case. While there is considerable literature on the effects of stress on nurses there has been little research looking at the differences between two different branches of care providers within the nursing home environment, i.e. those treating the more cognitively impaired patient diagnosed with dementia related diseases and those treating the ageing geriatric less cognitively impaired patient.

1.6.1 Individual Characteristics of the patient with dementia

A patient with dementia may initially have a difficult time adapting to an unfamiliar environment and may experience significant stress during this period due to being disorientated and often found to be in an increased agitated state in their new surroundings. The patient’s stress may be exhibited in behaviours which can be deemed as disruptive, challenging or even threatening for an acute care nurse.

Dementia is the most prominent mental disorder reported as being associated with Vocally Disruptive Behaviour (VDB) (Jackson et al 1989; Cohen-Mansfield et al, 1990; Cariaga et al, 1991). VDB is a complex phenomenon and has many aetiologies’. VDB has been identified as a heterogeneous and multi-faceted entity which is very difficult to treat. It is one of the most challenging behaviours reported by nursing home staff. The persistent noise reduces the quality of life of other residents, and is very distressing for staff (Everitt et al, 1991). VBD presents as a pattern of acute to chronic behaviour in patients. Overall the most common behavioural problems found in patients with dementia as cited by nurses are agitation, withdrawal and noisiness, other distressing behaviours also noted by nursing staff included physical abuse, verbal abuse, constant vocal disruption and wandering (Everitt et al, 1991). Patients with dementia may have difficulty managing powerful emotions. Patients
may express moodiness, frustration, or anger. They may display this aggressive behaviour during nurses’ care-giving tasks.

1.6.2 Aggressive Behaviour

Aggressive behaviour has been identified as one of the most serious challenges encountered in dementia care (Patel & Hope, 1992). The management of these behaviours is a priority for nurses as they struggle to deliver care to avoid further distress to the patient and to avoid the possibility of injury to the patient and themselves. A study conducted by Cohen et al. (1993) found that the frequency with which these behavioural disturbances are manifested by the patient has been identified as the strongest predictor of caregiver distress.

While caring for the ageing community is a critical service in all sectors in the nursing home, the primary aim of this current research will be to investigate nursing home staff stress related to dementia care primarily and to investigate whether there is a significant difference in the stress experienced by those caring for the more cognitively impaired population within the nursing home compared to the care of the ageing geriatric population which are in the lower dependency category. It is hoped that the research findings will prove useful in providing a better understanding of nurses’ stress in particular sectors within the nursing home environment. The research findings should provide additional information to aid the design of practical interventions within the sector and for examination and amendment of existing practices and policies as required in order to alleviate current stressors with the overall aim of increasing job satisfaction and decreasing current staff turnover rates in Ireland in this critical sector.
1.7. Increased Stress Levels, Decreased Job Satisfaction

According to Stamps & Piedmonte (1986) job satisfaction has been found to have a significant relationship with job stress. Vinokur-Kaplan (1991) stated that organisation factors such as workload and working condition were negatively related with job satisfaction. Fletcher & Payne (1980) identified that a lack of job satisfaction can be a source of stress, while high satisfaction can alleviate the effects of stress.

1.8. Day Time V’s Night Time Shifts

Previous research suggests an increase in stress in nursing staff is directly related to behavioural problems in patients and this relationship is even more prominent in those who are working day shifts (Everitt et al 1991; Novak & Chappell, 1996). This is attributed to patients tending to be most vocal and active during day light hours. As mentioned vocally disruptive behaviour, has been directly linked as being a stressor in nurses. It is also important to mention that most duties that would assume an active physical role are scheduled to be carried out during day light hours with the care nurse having more communication on a one on one basis with the patient as opposed to night shifts when most patients would be routinely asleep and with less one on one interaction and physical activity requiring completion.

This current study will also examine the levels of physical exhaustion experienced in a staff nurse following a day time shift as opposed to a night shift, with the aim of exploring further whether those working during day light hours find themselves significantly more exhausted than those who have worked a night shift.
1.9. Full Time V’s Part Time Shifts

Interestingly a study conducted by Norberg & Hallberg (1995) found that those working in a full time capacity experienced less stress than those who work in a part time capacity. This was due to the nurses’ familiarity with patients and their specific needs while also keeping up to date with the daily changing workplace environment and routines. Dollard et al. (1999) in their study found that since part-time employment often includes temporary, casual and term arrangements, it was not surprising to find that full-time workers were much more likely to have active jobs than part-time workers. Over half of part-time workers were low in both job control and psychological demands which suggests a passive type of job description. While in contrast, full-time workers were more likely to perceive their work days as stressful.

Overall, this study concluded that full-time workers were more likely to perceive their jobs as requiring a lot of physical effort. There is little research to be found on this topic of interest therefore an additional aim of this current research will be to further examine whether there is a significant difference in the stress levels experienced by those working part-time when compared with the results of those working in a full-time capacity as previous research suggests. It is intended that this current research will complement the findings in existing research.

1.10. Emotional & Social Support

According to the American Institute of Stress, emotional support is a powerful stress buster. Emotional support can come from sympathetic and compassionate family, friends or a significant other one can confide their stressors burdens and fears in. The stress and coping theory (Lazarus & Folkman, 1984) examines coping styles of caregivers.
Support of caregivers by others help alleviate stress if the supporter is of an understanding and empathetic nature (Hayley et al, 1987). The knowledge that we can rely on others for help and support in a time of crisis helps blunt the impact of stress. In contrast lack of social and emotional support is a significant vulnerability factor.

House et al (1988) found that those who have high levels of social support are more disease resistant when they are under stress. Many other studies show that social support decreases psychological distress in people that are dealing with stressful life situations and events (Pakenham et al, 2007). Emotional support for the nurse has been found to be a helpful resource in combating stress because working with patients with dementia has been found to be particularly stressful and emotionally exhausting for the nurse. There is little existing research in this area. As a result an additional aim of this research will be to investigate if there is a significant difference in stress levels found between those who have a significant other to confide hardship or burdens in and those who don’t feel they have a significant other to confide in to help allay their stress.

1.11. Support from Management

When examining causes and effects of stress it is important to consider the relationships between nurses and nurse managers. Relationships between staff nurses and nurse managers are particularly important when examining the rates of burnout amongst nurses. Problematic relationships among team members were shown to increase burnout rates (Demir, 2003). The management role of an organisation is one of the aspects that effect work-related stress among workers (Alexandros-Stamatios et. al, 2003).

An additional aim of this current research is to investigate whether there is a correlation between levels of stress and the support received from management. Weinberg et al, (2000) found that managerial support helped to reduce stress
1.12. Length of Service

Research has shown that those with more years of experience have more confidence when undertaking task requirements than younger less experienced nurses. Ernst et al, (2004) found that nurses with more years of experience experienced less job stress than their younger counterparts. The more experience they had the more confidence they had gained and they showed less concern about time demands and were less concerned about task requirements. The current research will also investigate whether there is a significant correlation between participant stress levels and job satisfaction and their length of service.

1.13. Stress and personality

(Kobasa, 1982, 1979) found that a hardy personality is a common stress mediator. A hardy personality has been found useful for problem focused coping strategies and less emotion focused coping (Kobasa & Pucetti, 1983). The stress-hardy personality is characterised by three beliefs: control, commitment and challenge. Stress-hardy individuals have a sense of control over events in their lives. They have a strong commitment to something outside of themselves and an ability to view stress and change as challenges and opportunities, instead of threats. Birch (2001) conducted research consistent with Kobasa’s views and also found that in family or work conflict personality is identified as important factor in whether individuals perceive situations as stressful. Personality traits are influential in that what one person may find over-taxing and stressful may be exhilarating to another.

The differences of individual personality characteristics such as personality and coping style will allow us to predict whether certain job conditions will result in stress or not. Identifying individual personality differences may allow us to identify those with suitable personality characteristic and coping skills that may lead to constructing a better prevention
strategy that will focus on the worker and identify ways to help them cope with demanding job conditions.

McCrae & Costa (2003) suggested a five higher order factor of personality. The big five factors have been found consistently in trait ratings and include openness, conscientiousness, extraversion, agreeableness and Neuroticism. It is assumed that when a person is places at a specific point on each of these five dimensions by means of a psychological test, behaviour ratings, or direct observations of behaviour, the essence of his or her personality will be captured (McCrae & Costa, 1993). Anxiety is a specific trait of neuroticism and it has been connection with work place stress, while it is a temporary state (Venkula, 1988) certain individuals may be particularly vulnerable to feelings of stress and worry. Research has shown that the performance of a person with high levels of neuroticism drops in stressful situations (Costa & McCrae, 1992). A study by Buhler et al (2003) found Neuroticism to be associated with exhaustion. Those with an external locus of control feel more at the mercy of external events and are more susceptible to depression as well as other health problems, and tend to keep themselves in situations where they will experience additional stress. An external locus of control has been shown to be positively related to stress and burnout (French, 2005). Extraversion has been also positively correlated with stress (Swickert et al, 2002).

In this current research another aim will be to investigate whether an individual personality trait such as extraversion correlates with stress i.e. whether a significant correlation exists between the stress levels experienced by nurses and their individual personality traits.
1.14. Preamble to Hypotheses:

This literature review has described some previous research in respect to stressors encountered by nurses in the nursing home environment and other characteristics which may influence how one nurse experiences and copes with stress differently to another. Of particular importance are the study findings by Brodaty, Draper & Low (2003) who found that nurses’ caring for patients who are more cognitively impaired have a direct association with higher levels of stress and decreased job satisfaction (Novak & Chappell, 1996).

This current research will expand beyond the existing link between increased stress and decreased job satisfaction in nurses when caring for more cognitively impaired patients, to also investigate whether working part-time or full-time, night shift or day shift, existences of a significant other, support from management, length of service and one’s personality have a direct effect on levels of stress encountered and job satisfaction.

1.15. Hypotheses Objectives:

The purpose of this cross sectional quantitative research design will be to determine whether there is indeed a variation in stress levels encountered in nurses’ working with different patients populations within elderly care, and whether this can directly influence a person’s emotional state in relation to stress. An additional aim of this research will be to examine the stress levels of the two nursing groups and to investigate whether there is indeed a significant correlation between levels of nurses’ occupational stress, and the likelihood of decreased job satisfaction which in turn may result in a higher rate of staff turnover for those working with patients with dementia, when compared with those working with ageing patients who are less cognitively impaired.
**Hypothesis 1:**

There will be a significant difference in stress levels between those Nurses caring for patients with dementia and those who care for geriatric ageing patients.

**Hypothesis 2:**

Those who care primarily for patients with dementia will be significantly less satisfied with their jobs than those who work with geriatric ageing population in the nursing home.

**Hypothesis 3:**

There will be a significant difference in stress levels experienced by those who work part time and those who work full time.

**Hypothesis 4:**

Those with adequate support from a significant other will have significantly lower stress levels than those with no significant other.

**Hypothesis 5:**

Those who feel they receive adequate support from management will be significantly less stressed than those who don’t feel they are adequately supported.

**Hypothesis 6:**

Those with fewer years of service will experience significantly higher stress levels than those with more experience.

**Hypothesis 7:**

Nurses with extravert personality traits will experience significantly less stress than nurses who have lower extraversion scores.
METHOD

2.1. Materials / apparatus

The research questionnaires were given to the head of nursing at the facility who would distribute the individual questionnaires to nursing staff at the beginning of their shifts. The cover page introduced the participant to the study and informed them of what would be expected of them along with advising them of their right to withdraw from the study at any time. Assessment measures included basic demographic information within the first page of the questionnaire. The Perceived Stress Scale (PSS; Cohen et al, 1983); the Job Satisfaction Survey (JSS; Spector, 1994); The Significant Others Scale, short questionnaire version (Power et al, 1988); The Big Five Trait Taxanomy (John, O.P. 1999) and 5 questions which were Novel Questions designed to measure factors such as insufficient support from management, insufficient tools and other factors that may prevent the participant from being unable to adequately carry out their daily tasks completed the questionnaire.

2.1.1 Perceived Stress Scale (SPP; Cohen et al, 1983)

The PSS is a single item measure consisting of 14 questions which ask the participant in each case to indicate how often they felt or thought a certain way during the last month. It is the most widely used psychological instrument for measuring the perception of stress. Participants are asked to rate their level of correspondence to each of the five prototype statements using a 5 point likert scale i.e., 0 = Never to 4 = very often. These ratings provide a profile of the participant’s feelings of perceived stress during the month and are designed to measure the extent to which persons perceive (appraise) their demands to exceed their ability to cope. Higher perceived stress scores are associated with greater vulnerability of the
participant to stressful life events. Scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items.

2.1.2 Job Satisfaction Survey (JSS; Spector, 1994)

The JSS contains 36 short statements with a nine facet scale to assess employee attitudes about the job and aspects of the job. The short statements include questions like “I feel the work I do is appreciated”. The JSS is a questionnaire used to evaluate nine dimensions of job satisfaction related to overall satisfaction. This instrument is well established among the other job satisfaction scales. Participants rate the extent to which each statement best describes how they feel about each statement. A summated rating scale format is used, with six choices per item ranging from 1 disagree very much to 6 agree very much. The nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Co-workers, Nature of work and Communication. The JSS was originally developed for use in human service organisations, but it is now applicable to all organisations. Given the JSS uses 6-point agree-disagree response choices, we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items and agreement with negative-worded items represents dissatisfaction. It was decided however in this particular study to use only 10 of the 36 questions as some of the questions on the survey lacked relevance and did not apply to the nursing profession and may have therefore caused confusion amongst participants.

2.1.3 Significant Others Scale (SOS, Power et al, 1988)

The scale measures different functional resources of social support that may be provided by a number of significant role relationships within an individual's social network.
There are 4 questions on the SOS, these four questions are repeated but directed to 5 different significant others. Person 1 being spouse or partner, person 2 being Mother, person 3 a Father, person 4 Brother or Sister and person 5 being Son or Daughter. For the purpose of this study the participants were directed towards answering in terms of a “significant other” to include any or all of the 5 categories of persons. Each of the four questions are 2 part questions with part a) requesting the participant to circle from 1 – 7 on the scale that best applies to how their significant other provides the type of support that is listed and how often, part b) then asks the participant to rate their ideal on the scale from 1 – 7 across the three categories that range from 1 – 7 are Never, Sometimes and Always. Each participant is asked to mark between 1 and 7 under the titles that best describe the support received from their significant other.

2.1.4 The Big Five Trait Taxonomy (John, O.B. 1999)

The Big Five Trait Taxonomy contains 44 questions. It was developed in 1999 by Oliver. P John and it contains a number of characteristics that may or may not apply to the participant. It determines the respondent’s personality along five broad domains or dimensions of personality that are used to describe human personality. For example does the participant agree that they are someone who is talkative? The participant is requested to write the number in the space provided beside each statement to indicate the extent to which the participant agrees or disagrees with the statement. It is on a 5 point likert scale 1 being disagree strongly to 5 being agree strongly. As well as providing an overall score, the big five trait taxonomy determines scores of respondents along five broad dimensions of personality types; Extraversion which includes specific traits such as talkative and energetic, Agreeableness includes traits such as kind and affectionate, Conscientiousness which includes traits like organised and thorough. Neuroticism includes traits like being quite a
tense or anxious person, and finally Openness which includes traits such as having wild interests and being an imaginative person.

2.1.5 Five Novel Questions

The final page of the questionnaire contained five novel questions which were designed to measure what factors may result in the participants’ inability or difficulties in carrying out their job or daily tasks sufficiently. Answers are measured across a 6 point scale 1 being Disagree very much with 6 being Agree very much. The novel questions were designed to further collaborate and compliment the findings from the other questionnaires.

2.2. Participants

The sample comprised of 42 nurses, (N=42) who were staff at a nursing home in Naas Co Kildare and were recruited by approaching the nurse manager within the nursing facility and requesting her permission and her assistance in gathering the desired data from the staff members. The nurse manager distributed the questionnaires to each willing participant. Participation by nurses was voluntary and there was no inclusion or exclusion criterion. No compensation for participation in the study was given. Thus the survey sample comprised of a convenience sample of willing staff working in the nursing home. A typed coversheet was attached introducing the study and clearly explaining their right to withdraw at any time, what will be expected of the participants and requesting demographic information such as, gender, age range, married/significant other, employment status being full time or part time and length of service. The ward each participant worked on was requested to be clearly indicated on the top of the demographics page in a space provided. The demographic composition of the sample is shown in Table (i).
All 42 staff members who participated in this research were female (n=42). Of the 42 participants in the sample, 4.8% were aged between 20-25 (n=2), 33.3% were aged 26-35 (n=14), 31% between 36-45 (n=13), 21.4% between 46-55 (n=9) and 9.5% aged 55+ (n=4). Of the participants (N=42), 8 worked part-time, (n=8) while the remainder worked full time (n=34). All participants (N=42) answered yes to having a significant other/confidant. Of the sample (n=11) had 1-5 years of service, (n=15) had worked 6-10 years, (n=5) had 11-15 years of service, 5 had 16-20 years and the remaining 6 had over 21 years of service.

Of the sample 18 worked in the dementia ward (n=18) and the remainder worked primarily in the geriatric ageing services ward (n=24).

2.3. Design

A cross sectional quantitative research design was employed in this current study. The predictor variables were: the ward in which the nurse worked, whether or not they had the support of a significant other, their length of service their employment status and their personality. The criterion variables were stress and job satisfaction. The demographic predictors were gender, age range, significant other, and length of service.

2.4. Procedure

After obtaining approval from the Psychology department in Dublin Business School, participants were recruited by canvassing nursing homes for permission to access a sample. I obtained a list of Health Service Executive approved private nursing homes from Nursing Homes Ireland and began phoning each one until I located a care home that had a specialised dementia care unit. This pushed my canvass further afield as only 21% of nursing homes in Ireland have specialised dementia care units.
Following a brief outline of the intended study Sancta Maria nursing home which has a specialised dementia care unit, agreed to participate. The director of nursing at the nursing home and the proprietor of the nursing home gave their permission for the involvement of their facility in the study. An emailed copy of the questionnaire was forwarded to the director of nursing for her consideration. Due to the time constraints of the director and the facility being a 35 minutes drive away, a comprehensive conversation via Skype was held with the director of nursing explaining in detail what would be expected from participating staff members, and what the aim of my research would be. This ensured that any concerns or queries the director of nursing had regarding the questionnaires would be aired prior to commencement.

Once the questionnaires were distributed to the director of nursing she then informed me that she would ensure that each member of staff received the questionnaire with the cover letter at the beginning of each shift. The cover letter ensured all respondents of their right to withdraw at any time and that participant confidentiality was of utmost importance and ensured anonymity. My telephone number was clearly highlighted at the bottom of the cover page should there be any queries as it was not possible for me to be present at distribution in this particular setting. Once the questionnaires had been completed by staff members the director of nursing phoned to inform me that they were ready for collection.

2.5. Data Analysis

Descriptive statistics were used to calculate mean scores and standard deviations. Using descriptive statistics the data was explored to investigate for normal distribution. Following confirmation from completion of tests to find the data was normally distributed, an Independent samples T-Test was used to compare differences between the groups, while a Pearson’s R correlation was used to test relationships between variables. A Spearman’s Rho
Correlation was chosen due to the nature of the range the answer had, to use to test the relationship for Hypothesis five, even though the data was parametric. Statistical analysis was performed using SPSS version 18.0.
RESULTS

3.1 Introduction

This chapter will set out to outline the results of the conducted study. The primary focus of the study was to explore the stress levels experienced by those who work in geriatric services and to investigate in particular whether the stress levels experienced vary according to the ward in which the participant works. The findings of the study are presented categorically.

3.2 Descriptive Statistics

There were 42 participants who took part in the current study, all of which were female. This investigation was based on the following personal demographic characteristics: the specific ward, in which the respondent worked, their gender, age range, employment status, whether or not they had a significant other and their length of service within the nursing profession. The results of which are outline below in table i. The analysis of the collected data from the respondents highlighted a number of key points pertaining to their gender, age, their terms of employment and their length of service within the nursing profession.
Table i. Demographics and characteristics of data sample (n=42)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward (Mean SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia Ward</td>
<td>18</td>
<td>42.9</td>
</tr>
<tr>
<td>Geriatric Ageing W</td>
<td>24</td>
<td>57.1</td>
</tr>
<tr>
<td>Age (Mean SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-25</td>
<td>02</td>
<td>4.8</td>
</tr>
<tr>
<td>26-35</td>
<td>07</td>
<td>16.7</td>
</tr>
<tr>
<td>36-45</td>
<td>20</td>
<td>47.6</td>
</tr>
<tr>
<td>46-55</td>
<td>09</td>
<td>21.4</td>
</tr>
<tr>
<td>55+</td>
<td>04</td>
<td>9.5</td>
</tr>
<tr>
<td>Significant Other</td>
<td>42</td>
<td>100</td>
</tr>
<tr>
<td>Employment Status (Mean SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>08</td>
<td>19.0</td>
</tr>
<tr>
<td>Full Time</td>
<td>34</td>
<td>81.0</td>
</tr>
<tr>
<td>Length of Service Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>11</td>
<td>23.8</td>
</tr>
<tr>
<td>6-10</td>
<td>15</td>
<td>28.6</td>
</tr>
<tr>
<td>11-15</td>
<td>05</td>
<td>21.4</td>
</tr>
<tr>
<td>16-20</td>
<td>05</td>
<td>11.9</td>
</tr>
<tr>
<td>21+</td>
<td>06</td>
<td>14.3</td>
</tr>
</tbody>
</table>

*Frequency & percentage scores for demographic questions.

3.2.1 Age of participants

The trend of the employees in terms of age indicates that the majority of the respondents are in the middle age group with just under half of the respondents (42.9%) (refer to Figure i.) aged between 26-45 years of age. While in contrast only 4.8% of respondents were aged between 20 – 25 reflecting a middle age grouped employee population.
3.2.2 Terms of employment

The data received from respondents refers to the category of contract type or employment structure to which the employee belongs. The results of the questionnaire indicate that an overwhelming majority of 42 respondents (81%) are employed on a permanent basis. Only 19% of employees indicated that they worked on a part time basis.

This illustrates that the majority of contracts offered by the facility were on a full time capacity.
3.2.3 Length of service

The data displayed in figure iv refers to the length of service the nurse has. It shows that 50% of those who participated in this study (n=21) have less than 10 years service. This may be connected to the length of time in which the nursing home has been opened and commenced recruitment in the latter part of 2001 employing newly qualified staff.

Figure iii. – Length of service
3.3 Inferential Statistics

3.3.1 Hypothesis 1

An Independent samples t-test was conducted and found that there was a statistically significant difference between the stress levels experienced by those who work in with patients with dementia in the dementia ward and those that work in the geriatric ward (t(40)=3.337, p<0.05, 2-tailed). Those who worked in the dementia ward (mean=26.50, SD=6.08) were found to have higher levels of stress than those who worked in the geriatric ward (mean=19.79, SD = 6.70). (refer to table i).

Table i – Perceived Stress Scores

<table>
<thead>
<tr>
<th>Care Ward</th>
<th>Dementia</th>
<th>Geriatric Care</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Stress Score</td>
<td>26.50</td>
<td>19.79</td>
<td>3.337</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>(6.08)</td>
<td>(6.70)</td>
<td>3.385</td>
<td></td>
</tr>
</tbody>
</table>

Note. * = p < .05, *** = p < .001. Standard Deviations appear in parentheses below means

3.3.2 Hypothesis 2

An Independent samples t-test found that there was no statistically significant difference the between the job satisfaction scores of those who worked in the dementia ward when compared with those who worked in the geriatric ward (t(40)=2.557, p<0.05, 2-tailed). (refer to table ii).
Table ii. – Job Satisfaction scores

<table>
<thead>
<tr>
<th>Care Ward</th>
<th>Dementia</th>
<th>Geriatric Care</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>34.05</td>
<td>29.87</td>
<td>2.557</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>(5.55)</td>
<td>(4.99)</td>
<td>2.518</td>
<td></td>
</tr>
</tbody>
</table>

Note. * = p < .05, *** = p < .001. Standard Deviations appear in parentheses below means.

3.3.3 Hypothesis 3

An Independent samples t-test was conducted and found that there was a statistically significant difference between the stress levels experienced by those who part time and those that work full time (t(40)=2.039, p<0.05, 2-tailed). Those who worked in the dementia ward (mean=26.5, SD=6.08) were found to have higher levels of stress than those who worked in the geriatric wards (mean=19.79, SD = 6.70) (refer to table iii).

Table iii. – Part Time/Full Time

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Part Time</th>
<th>Full Time</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status</td>
<td>34.87</td>
<td>30.91</td>
<td>1.859</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>(5.69)</td>
<td>(5.36)</td>
<td>1.701</td>
<td></td>
</tr>
</tbody>
</table>

Note. * = p < .05, *** = p < .001. Standard Deviations appear in parentheses below means.
3.3.4 Hypothesis 4

A Pearson’s R correlation was computed to assess the relationship between those who receive adequate support from their significant other and their perceived stress scores. There was a strong negative correlation between the two variables (\( r = -.488, n = 42, p = 0.001 \)). A negative correlation means that relatively high scores on one variable are paired with relatively low scores on the other variable, which demonstrates the higher the perceived stress score the lower the scores on the significant other score (refer to Table IV).

Table VI. – Pearson’s correlation Significant other and perceived stress

<table>
<thead>
<tr>
<th>Significant Other &amp; Perceived Stress Score</th>
<th>R</th>
<th>N</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale Score</td>
<td>-.493**</td>
<td>42</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**p < 0.01

3.3.5 Hypothesis 5

A Pearson’s R correlation was computed to assess a relationship between the scores of those who felt they did not receive adequate support from management and their scores on the perceived stress scale. It found that there was a non significant negative association between the two variables (\( r = -.127, n = 42, p = .422 \)) (refer to Table V).

Table V. – Pearson’s correlation Support from management, Perceived stress scores

<table>
<thead>
<tr>
<th>Support from management, Perceived stress scores</th>
<th>R</th>
<th>N</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale Score</td>
<td>-.127**</td>
<td>42</td>
<td>.422</td>
</tr>
</tbody>
</table>

**p < 0.01
3.3.6 Hypothesis 6

A Spearman’s Rho Correlation found that there was a non significant negative association between levels of stress experienced by participants and their length of service (rho = -.256, p > 0.05, 2 tailed) (refer to table vi).

*Table vi. – Spearman’s Rho Perceived Stress and length of service*

<table>
<thead>
<tr>
<th>Perceived Stress and length of service</th>
<th>Rho</th>
<th>N</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale Score</td>
<td>-.229</td>
<td>42</td>
<td>.145</td>
</tr>
</tbody>
</table>

**p < 0.01

3.3.7 Hypothesis 7

A Pearson’s R correlation was computed and found that there was a moderate negative correlation between the two variables. Therefore there was a relationship between nurses with extravert personality traits and their perceived stress scores (r = -.363, n = 42, p = 0.018). (refer to table vii).

*Table vii. – Pearson’s correlation Extraversion & perceived Stress*

<table>
<thead>
<tr>
<th>Extraversion &amp; Perceived stress scores</th>
<th>R</th>
<th>N</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale Score</td>
<td>-.363</td>
<td>42</td>
<td>.018</td>
</tr>
</tbody>
</table>

**p < 0.01
DISCUSSION

4.1 Aim of study & discussion:

The current study advances efforts to investigate and understand the linkage between stress experienced by nursing staff and their job satisfaction as a result but in particular to investigate a difference in stress levels experienced in terms of the ward in which the nurse works. The purpose of this chapter is to identify areas for discussion based on the analysis of the research findings. This chapter will also provide an overview of the strengths and limitations of the study and enable the reader to firmly grasp the inherent link between the literature, the research objectives, findings, and discussion. This chapter also provides the foundation to build on the conclusions of the research and to highlight areas for further investigation based upon the research.

4.2 Hypotheses analysis

The findings of this study are consistent with research conducted by Brodaty et al (2003) and Morgan et al (2002), pertaining to nursing home staff experiencing more stress when caring for more cognitively impaired patients with dementia the findings of this study support the findings of past existing research. Existing research provides support to the first hypothesis of this study which found that there was a significant difference between the stress levels experienced by those who worked in the dementia specific ward within the nursing home and the levels of stress experienced by nurses working with the geriatric ageing population within the nursing home. These findings are also supported by (Draper et al. 2000) who also found that working with patients with dementia exhibiting behaviours associated with the disease such as vocally disruptive behaviour (VDB) are more stressful for nurses.
As hypothesised, nurses caring for patients diagnosed with dementia scored significantly higher on the perceived stress scale than those who care for patients in the geriatric ageing ward. This provides support to similar findings by (Everitt et al, 1991, Novak & Chappel, 1996), who also found that the characteristics of the nursing home population affects staff stress levels and this was directly related to working with more cognitively impaired resident populations. Future research should extend the present findings by employing measures that can explore more varied aspect of stress and susceptibility e.g. it is important to mention that this study did not screen the participants in advance for stress: therefore it did not take into account extraneous variables or influences from outside of the workplace in influencing stress levels.

The second hypothesis suggested that working with patients with dementia would result in being less satisfied in their job as found by (Novak & Chappell, 1996). Using the Job Satisfaction Survey, an independent samples t-test found there was no statistically significant difference in the job satisfaction reported by those who worked in the dementia ward and those who worked in the geriatric ward. This hypothesis was therefore not supported. Perhaps the use of only part of the Job Satisfaction Survey explains how this study did not show significant differences in Job Satisfaction between the two groups.

The third hypothesis was examined by using an Independent samples t-test and found that there was a statistically significant difference in the perceived stress scores of those who work part time and those who work full time. Those who worked part time scored higher than those who worked part time. These findings are consistent with existing research conducted by Norberg & Hallberg (1995) which found that those working in a full time capacity experienced less stress than those who work in a part time capacity. This may be in part down to the full time nurses’ having familiarity with patients and their specific needs and
requirements while also keeping up to date with the daily changing workplace environment and routines.

Hypothesis 4 stated that those with adequate support from a significant other will have significantly less stress than those with less support from their significant other. A Pearson’s R correlation was computed to assess the relationship between those who receive adequate support from their significant other and their perceived stress scores. There was a strong negative correlation between the two variables $r = -.488$, $n = 42$, $p = 0.001$ this means that those who scored higher on the perceived stress scale scored lower on the significant other scale thus supporting the hypothesis that those participants who indicated they received less support from a significant other were found to be more stressed. These findings are consistent with previous research findings that also found that social support decreases psychological distress in people that are dealing with stressful life situations and events (Pakenham et al, 2007).

Hypothesis 5 hypothesised that those who feel they receive adequate support from management will be significantly less stressed than those who perceive they receive support from management. A Pearson’s R correlation was computed to assess the relationship between the two variables. It found that there was a non significant negative correlation between the two variables. As it did not reach statistical significance this hypothesis was not supported. This may be perhaps down to in part the size of the sample, or to the fact that most participants felt they received adequate support from management at the facility.

Hypothesis 6 stated that those with less service will experience significantly more stress than those with more experience. A Spearman’s Rho correlation was conducted to assess the relationship between the scores. A non significant negative association was found,
between levels of stress experienced by participants and their length of service. As it did not reach statistical significance this hypothesis was not supported.

The final hypothesis, hypothesised that Nurses with extravert personality traits i.e. those who scored higher on the extraversion scale will experience significantly less stress than other personalities. A Pearson’s R correlation was computed to investigate the theory. A moderate negative correlation between the two variables was found. Therefore there is a relationship between nurses with extravert personality traits and their perceived stress scores.

This study was designed to determine the role extraversion plays with stress and coping. As aforementioned an extraverted personality includes specific traits such as being talkative and energetic. Having an extraverted personality may influence the utilisation of social support and may be more likely to seek the support again of a significant other at work which ties in with our earlier hypothesis, hypothesis 4 which hypothesised that those participants who indicated they received less support from a significant other were found to be more stressed. This may require further exploration for future research. These findings with regard to extraversion were consistent with previous research (Swickert et al, 2002) who also found a correlation between extraversion personality traits and stress.

This study will now examine the implications of the current research.

4.3 Implications

Several implications from this study merit attention. Principally the findings from this study support the existing research that working with more cognitively impaired resident populations is associated with higher levels of stress (Everitt et al, 1991, Novak & Chappell, 1996). As statistics show Ireland has an ageing population, as a result these findings suggest that it is crucial we protect the workforce that provides such an important service. Should the findings of this study and other previous research be ignored the implications for this
workforce will be detrimental and likely to result in continued high staff turnover, leaving the sector understaffed and unable to cope with the demand for patient care.

The introduction of programmes to help ease the stressors and to educate those in coping with stress, this could also have positive implications for the profession as a whole and in turn decrease staff turnover by reducing stress levels within the occupation.

Future interventions may be taken in a proactive manner or a reactive manner. Proactive measures focus on taking action before the problem occurs, or prevent the problem occurring at all. This can be done by education in providing training programmes, stress coping skills workshops, and selection programmes and by using better selection criteria, and by an amendment to administrative methods. The use of reactive intervention involves measures which focus on alleviating the problem of stress, by using methods such as counselling programmes.

However prevention is better than cure and proactive better than reactive. Hallberg & Norberg (1993) found that the implementation of systematic clinical supervision combined with individualised patient care decreased staff stress, burnout and strain. Annual training and up-skilling in the care of cognitively impaired patients has been found to alleviate the burden felt by nursing staff (Chappell & Novak, 1992).

4.4 Limitations

Like other empirical studies, this study too has its limitations. Firstly this present study was a small scale study with (n=42) participants. The data sample was small therefore this may limit the generalisability of these findings to a larger population. This would still need to be asserted. Future researchers may want to utilize a greater sample size. The reliability and validity of the study could be strengthened by increasing the sample size and an increased sample size would allow a more detailed empirical study of the relationships between variables and closer examination of the variables that have multiple categories.
The sample was taken from one nursing home which may limit the generalisability of the results since the nursing home featured in this study may not be representative of nursing homes on the whole. An increased nursing home involvement may create a more diffused set of results and findings.

More factors or variables could also be included in the questionnaire as stress can be caused by many different aspects of the working and home environment. A potential correlation between some of the independent variables, (e.g. gender, age, length of service, etc) may need to be further reported in a future study.

Of course the utilisation of self report measures do not always bring forth accurate reporting of the negative views of oneself or others that respondents may have, as self reporting is subject to bias (Dodd-McCue & Taraglia, 2010; Donaldson & Grant-Vallone, 2002).

All of the participants within this study were female. With only 3.0% of the total nursing population in Ireland being male and with nursing viewed traditionally as a feminine occupation it limits the ability for research to be carried out in relation to gender differences in stress in the nursing profession. Therefore it has been a limitation of this study that it was not possible to investigate gender differences in relation to stress and job satisfaction within the nursing profession.

4.5 Future research

As aforementioned, this study sample was on a small scale, the findings are not as robust as those from a larger study and may required further examination in a larder study. Each of the participants may have different views of what a stressor for them is and have subjective views of what stress is. Therefore as a result the information collected in this
current small scale study is on a quite personal level and as a result may not possibly be comparable nationally. For future research it would be advisable to use a measurement tool, for example the Maslach Burnout Inventory, MBI, to evaluate their individual views on and levels of occupational stress with each of the nurses in advance of questionnaire distribution may have delivered more robust and comparable data with other global studies.

Due to the time and resource limitations this study has concentrated on employee perceptions specifically in the area of stress and job satisfaction. Additional academic research is required in order to build a fully comprehensive view of the stressors specifically in the area of care providers within the nursing home environment.

It is advisable for an all encompassing perspective of the research question, future research studies into the area of stress and job satisfaction within the sector should also incorporate the research of managerial attitudes and their objectives.

4.6 Conclusion

The purpose of this chapter is to summarise the main findings and points of the research and to present the overall conclusions emanating from this study. The research intended to explore whether there was increased stress and decreased job satisfaction in those who work with more cognitively impaired patients with dementia. Based on the findings of this study, there are a few key points of note.

As there was a significant difference in the stress levels experienced by those who work with more cognitively impaired patients then those who work with less impaired ageing population within the nursing home, the findings of this research study highlight the need for further exploration of the stress experienced by nurses in this crucially important sector within our ageing society. The research suggests a need for further interventions in this area to improve nurses’ ability to manage stress. It is very important that there is greater emphasis on and understanding of the needs of employees within the geriatric services sector.
Unhealthy job stress among the people who are working in this extremely important sector of society is detrimental to the future of the occupation. Failure of the health service executive to provide a healthy working environment with the minimum level of unhealthy job stress possible, will lead to many more problems in the near future as a result of a discontent workforce causing an increased turnover of staff.

The reviewed literature highlighted some areas that may require further investigation. For example McElligott et al, (2009) found that Nurses reported poor stress management skills, therefore firstly methods of dealing with occupational stress should be incorporated into initial nursing training and secondly, stress management education should be part of an on-going continuous training course and offered as an annual refresher course in particular areas for the qualified nurse should also be organised.

Analysis of the research findings also demonstrated the need to consider the needs of employee’s. This will enable the organisation to gain a greater understanding of the variables specific to the population in question. Furthermore, the challenging goal however, is to devise methods to decrease stress thus decreasing staff turnover rates. Future interventions to decrease turnover of staff may include as aforementioned education and providing support and coping skills and measures of up-skilling to provide emphasis and focus especially on staff who have worked longer in nursing homes. Alteration of time pressures and organisational uncertainty with the provision of education training and more support of nursing staff may be helpful. Future studies may include measurement of such variables. These findings now further support the importance of stress interventions in nursing homes for staff providing an essential service.

These conclusions have formed the basis upon which both theoretical and practical recommendations for future research has been made.
Referencing:


Harrington, J.M., (2001). Health effects of shift work and extended hours of work. *Occupational and Environmental Medicine, 58*(1), 68-72


John, O.P. (1999). The Big Five Trait Taxonomy


Menzies IEP. Nurses under stress. *Internat Nurs Rev*. 7; 9-16


Power (1988). The Significant Others Scale, short questionnaire version


Appendices:

Appendix A: Cover Page for questionnaire

Dear participant,

As part of my final year thesis in the BA Honours Arts programme in Dublin Business School I am undertaking a study investigating the differences in stress levels and job satisfaction between two nursing groups. One group caring for patients with dementia and the other caring for the ageing geriatric population in the nursing home.

I am inviting you to participate in this study.

Participant confidentiality is most important therefore your name will not be required so please be assured that the questionnaire will have full anonymity. Participation is completely voluntary and you do have the option to opt out of the study at any time should you wish to do so.

Please be honest when completing the questionnaire which should take no longer than 10 minutes to complete.

Thanking you in advance.

Yours sincerely,

Aoife Fegan

086 8796224
Appendix B: Questionnaire

Tick the appropriate boxes □

Ward

Dementia □
Ageing Geriatric Ward □

Gender

Male □
Female □

Age:

20-25 □
26-35 □
36-45 □
46-55 □
55+ □

Marital Status/Significant Other

No □
Yes □

Employment Status

FullTime □
Part-time □

Length of Service:

1-5 yrs □
6-10yrs □
11-15yrs □
15-20yrs □
20yrs + □
Please read each of the following statements and rate them from 1-5 how best they describe you. Choose either 1, 2, 3, 4, 5.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Fairly Often</td>
<td>Very Often</td>
</tr>
</tbody>
</table>

1. In the last month, how often have you been upset because of something that happened unexpectedly?

2. In the last month, how often have you felt that you were unable to control the important things in your life?

3. In the last month, how often have you felt nervous and stressed?

4. In the last month, how often have you successfully dealt with irritating life hassles?

5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?

6. In the last month, how often have you felt confident about your ability to handle your personal problems?

7. In the last month, how often have you felt that things were going your way?

8. In the last month, how often have you found that you could not cope with all the things you had to do?

9. In the last month, how often have you been able to control irritations in your life?

10. In the last month, how often have you felt that you were on top of things?

11. In the last month how often have you been angered because of things that happened outside of your control?
12. In the last month, how often have you found yourself thinking about things that you have to accomplish?

13. In the last month, how often have you been able to control the way you spend your time?

14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Please circle the one number for each question that comes closest to reflecting your opinion about it.

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<tr>
<td></td>
<td>Disagree very much</td>
<td>Disagree moderately</td>
<td>Disagree slightly</td>
<td>Agree slightly</td>
<td>Agree moderately</td>
<td>Agree very much</td>
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</table>

1. I feel I am being paid a fair amount for the work I do.  
2. My supervisor is quite competent in doing his/her job.  
3. When I do a good job, I receive the recognition I should receive.  
4. Many of our rules and procedures make doing a good job difficult.  
5. I like the people I work with.  
6. Communications seem good within this organisation.  
7. My supervisor is unfair to me.  
8. I do not feel that the work I do is appreciated.  
9. My efforts to do a good job are seldom blocked by red tape  
10. I like doing the things I do at work.
Please circle a number from 1-7 to show how well your Significant other (Spouse, Partner, confident you can confide in) provides the type of help/support listed. The second part of each question asks you to rate how you would like things to be

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<th>Sometimes</th>
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1.  
   a) Can you trust, talk to frankly and share your feelings with your significant other   1  2  3  4  5  6  7  
   b) What rating would your ideal be?   1  2  3  4  5  6  7  

2.  
   a) Can you lean on and turn to your spouse/partner in times of difficulty?   1  2  3  4  5  6  7  
   b) What rating would your ideal be?   1  2  3  4  5  6  7  

3.  
   a) Does he/she give you practical help?   1  2  3  4  5  6  7  
   b) What rating would your ideal be?   1  2  3  4  5  6  7  

4.  
   a) Can you spend time with him/her socially?   1  2  3  4  5  6  7  
   b) What rating would your ideal be?   1  2  3  4  5  6  7
Please read each of the following characteristics that may or may not apply to you and rate them from 1-5 how best they describe you. Choose either 1, 2, 3, 4, 5.

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<tbody>
<tr>
<td>Disagree Strongly</td>
<td>Disagree a Little</td>
<td>Neither agree or disagree</td>
<td>Agree a little</td>
<td>Agree Strongly</td>
</tr>
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</table>

**I am someone who.....**

1. ______ Is talkative
2. ______ Tends to find fault with others
3. ______ Does a thorough job
4. ______ Is depressed, blue
5. ______ Is original, comes up with new ideas
6. ______ Is reserved
7. ______ Is helpful and unselfish with others
8. ______ Can be somewhat careless
9. ______ Is relaxed, handles stress well
10. ______ Is curious about many different things
11. ______ Is full of energy
12. ______ Starts quarrels with others
13. ______ Is a reliable worker
14. ______ Can be tense
15. ______ Is ingenious, a deep thinking
16. ______ Generates a lot of enthusiasm
17. _______Has a forgiving nature
18. _______Tends to be disorganised
19. _______Worries a lot

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<td>disagree</td>
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<td></td>
<td></td>
<td>Agree Strongly</td>
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</table>

20. _______Has an active imagination
21. _______Tends to be quiet
22. _______Is generally trusting
23. _______Tends to be lazy
24. _______Is emotionally stable, not easily upset
25. _______Is inventive
26. _______Has an assertive personality
27. _______Can be cold and aloof
28. _______Perseveres until the task is finished
29. _______Can be moody
30. _______Values artistic, aesthetic experiences
31. _______Is sometimes shy, inhibited
32. _______Is considerate and kind to almost everyone
33. _______Does things efficiently
34. _______Remains calm in tense situations
35. _______Prefers work that is routine
36. _______Is outgoing, sociable
37. _______Is sometimes rude to others
38. _______Makes plans and follows through with them
39. _______Gets nervous easily
40. _______Likes to reflect, play with ideas
41. _______Has a few artistic interests
42. _______Likes to cooperate with others
43. _______Is easily distracted
44. _______Is sophisticated in art, music, or literature

Please read each of the following characteristics that may or may not apply to you and rate them from 1-5 how best they describe you. Choose either 1, 2, 3, 4, 5.

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</table>

Please read each of the following characteristics that may or may not apply to you and rate them from 1-5 how best they describe you. Choose either 1, 2, 3, 4, 5.

1.______I receive adequate support from Management to enable me to carry out daily tasks
2.______The equipment available to me eases my ability to carry out my daily tasks
3.______My family pressures & demands prevent me from concentrating fully on daily tasks.
4.______I would much prefer working night shift with less disruption vocally from patients
5.______I find I experience more physically tired when I work a day shift than a night shift.
Thank you for your time and co-operation