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**JOB SATISFACTION, OCCUPATIONAL STRESS
AND MENTAL HEALTH AMONG NURSES IN THE
GREATER ACCRA METROPOLIS.**

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**This thesis is submitted to the University of Ghana, Legon
In Partial Fulfillment of the Requirements for the award of
M.Phil Psychology Degree.**

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DECLARATION

I, Aku Acquaye, hereby declare that this dissertation has been done by me under the supervision of Dr. R. Akuamoah-Boateng and Dr. Charity A. Akotia. This dissertation has never been presented either in part or in whole to any institution for the award of any degree.

Where views and ideas of others have been used, they have been duly acknowledged.

All errors and omissions are mine.



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DEDICATION

I dedicate this work to my dear mum Miss Esther Addawoo, my son Sena Kofi Abotsi, my siblings Adukwei and Kailee Acquaye and my nephew Nii Obodei Tetteh.



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The LORD, is my strength and my salvation; He has become the author and finisher of my faith. Glory is to the Lord Almighty for making it possible for me to bring this project to a successful completion. May His great name be praised for ever and ever. Amen.

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ABSTRACT

This study examines the influence of job satisfaction and stress on mental health of nurses. A total of one hundred and forty (140) nurses were made to complete survey items on index of job satisfaction questionnaire, stress situation questionnaire and the General Health questionnaire. The finding revealed that job satisfaction was positively related to mental health. There was no difference among nurses who were highly or less stressed with regards to mental health. Job satisfaction predicted mental health than stress. The results of the present study and their implications are discussed.

The study also examined job stress and tenure on one hand, as well as job satisfaction and tenure, results showed that tenure did not have any influence on job satisfaction. Also there was non-significant negative correlation between job stresses and tenure.

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CHAPTER ONE

INTRODUCTION

In everyday life, workers are confronted with a wide range of stressors in all aspects of their lives. No matter where one decides to work, be it in a private or public institution, there is no way he/she can escape the challenges which may make him/her undergo some level of stress. Occupational stress occurs when external demands and conditions do not match a person's needs, expectation or ideas or exceeds their physical capacity skills or knowledge for comfortably handling of a situation (French, Caplan & Harrison, 1982). According to Akuamoah-Boateng (1997), stress is defined as "a situation and a state of tension generated in an individual as a result of his/her perception of the situation as threatening to his/her existence".

It is therefore clear that the nature of today's competitive global markets have brought about the need for tight work arrangements/schedules and other measures aimed at surviving within the competitive terrain. Clinical work in general like other related professions may be considered stressful for a variety of reasons. For instance, one of the reasons advanced by Pines and Maslach (1978) is the fact that the day-to-day work demands a profound empathic relationship with patients over what may be a lengthy period. Apart from attending to the emotional need of patients and their relatives, some nurses undertake managerial responsibilities such as supervising junior staff. These demands predispose nurses to stress and psychological ill health. Research by Fitter (1987) identified the eight major sources of stress in general nursing, namely responsibility, workload, physical arduous work, overtime,

covering for absent colleagues, interpersonal conflict, responsibility for training, uncertainty and unpredictability.

Generally, the nursing profession is often characterized by occupational stress, frequent job turnover, and job dissatisfaction (Cooper, 1986; Hawley, 1992). Job satisfaction is a most important variable in understanding employee's experience of the work environment and is linked to job performance, organizational citizenship behavior, absenteeism, turnover, burnout, physical health, psychological well-being, counter-productive behavior, and life satisfaction (Spector, 1997). Most nurses may not be satisfied with their jobs as a result of employees' control, lower income, additional duty hour allowance (ADHA) being delayed and delayed promotions. Conrad and Parker (1985) described job satisfaction as a 'match' between what individuals perceive they need and what rewards they perceive they receive from their job. It may perhaps be in this view that Cascio (1998) suggested that recent changes in the global economy have led to the fundamental shift in the psychological contract between organizations and workers, leading to the need for rapid adjustment in the outlook and expectations of both employers and employees.

In the United Kingdom for instance, over twenty recent reports among health professionals have consistently shown that between one quarter and a half of National Health Service (NHS) staff, report significant personal distress (Weinberg & Creed, 2000). There exists a substantial body of evidence to suggest that high levels of stress are endemic throughout the NHS (Anderson, Copper & Willmoth, 1996), and that many of these stressors may be unique to health care (Calboun & Calboun, 1983; Payne & Firth-Cozens, 1987). The cost of

occupational stress is a recognized problem around the world (Dollard, 2003). The cost of occupational stress in the United States is estimated to range between 200 and 300 billion dollars annually (Le Fevre, 2003; Verespej, 2000). A study by Elkins (1990) in the United States revealed that 54 percent of absence from work is estimated to be stress-related. Another report of Verespej (2000) indicated that 75 percent to 90 percent of physician visits are estimated to be for stress-related complaints and illnesses. Employers risk the potential loss of talented, trained employees due to occupational stress and its results. Another concern is the employer's risk of being held legally for damages that result from stress in the workplace (Le Fevre et al., 2003).

The nursing profession in Ghana is no exception. Occupational stress, job dissatisfaction and frequent job turnover, seem eminent in the Ghanaian nursing profession. According to Dennis (1987), the stress experienced by the Ghanaian nurse comes in various forms – nurses often become a witness to people moaning, crying and screaming and at last gasping for life or even dying. The sight of blood, vomits, and excreta, exposed genitalia and helpless as well as unconscious patients assaults the sensibilities of nurses. As part of her daily routine, the nurse is a comforter to the man or woman who is dying of cancer and her relatives.

If nurses are unable to give adequate bedside care, normally because of other duties, they may become dissatisfied with their work. In some instances, when relatives of a hospitalized patient are not convinced that nurses are doing their best, they turn to be abusive physically or verbally, making the profession very stressful. All these make nurses ask the question “will I be able to give the necessary care to all who need them”. Psychologically she/he is threatened and disturbed.

Dennis (1987) discerned that doctors and administrators who may be required to support nurses rather frustrate them. They shove most of their responsibilities on the nurse due to their inadequacies and self-doubt. In a study by Buckenham and Mc Grath (1983), nurses saw their main function as assisting and supporting the doctors. This normally reduces their self-esteem, and they adjust by accepting this handmade role which in turn predisposes them to a lot of stress.

At a workshop entitled 'Obstacles in the workplace' which involved discussions with health workers, in rural health center in the Greater Accra region, it was found that the de-motivating effect of stress and dissatisfaction on the staff is transmitted to the way they perform their duties and their response to clients. A few statements from the health worker group discussion (Agyepong, Anafi, Aseama, Ansah, Ashong & Nalh-Dometey, 1998) are presented below as an example

'The practice of the MOH asking us to improvise when we ask for equipment is bad because coming to work without having good equipment to work with makes work annoying. Then when the patients come to disturb us with their problems they bore us and make us angry' (Agyepong et al., 1998)

When a different nurse was interviewed as to what makes her unhappy with her chosen profession, she commented:

'My salary is not good; I start thinking about things to do in the house (to supplement my income), and then I come to the clinic to be accused by the clients for coming to work late. This makes me angry and I talk anyhow to them.'

'If my landlord is demanding huge rents from me and my salary is already so small, this disturbs me and then I unconsciously direct my anger at the client'

Based on some of these statements, it is assumed that the nursing profession induces a lot of stress and job dissatisfaction. The attrition of nurses in the Accra Metropolis for the year 2005 was 150 out of a total of 943 nurses; 111 were on course work, 4 had resigned, 23 were on leave without pay, 10 had retired, and 2 were at large (Accra Metro Administration, 2005). This statistics shows that there was shortage of nurses, and those at post would have more to do to cover for the loss. The structure for promotion for nurses may also cause some level of dissatisfaction among nurses. Nurses in Ghana may not be happy due to the general perception that they normally have late promotions, after all the stress they go through. This paints the true picture of health workers' job dissatisfaction as well as stress.

Hales and Hales (1995) define mental health as the capacity to think rationally and logically and to cope with the transitions, stresses, traumas, and losses that occurs in our lives, in ways that allow emotional stability and growth. In general, mentally healthy individuals value themselves, perceive reality as it is, accept its limitations and possibilities, respond to its challenges, carry out their responsibilities, establish and maintain close relationships, deal reasonably with others, pursue work that suits their talent and training, and feel a sense of fulfillment that makes the efforts of daily living worthwhile.

It is obvious that nurses are prone to mental health problems compared with other workers because of night work and irregular shift which affect them physically and psychologically,

leading to various physiological problems. The assumption that nurses are exposed to more mental stress than other health-care professional may be due to the fact that, in addition to working in more stressful environment, nurses are required to develop increasingly higher skill levels because of advances in medical care and technology. It is therefore very important from the viewpoint of personnel administration to clarify the mental health status of nurses. (Suzuki, Ohida, Kaneita, Yokoyama & Miyake 2004)

1.0 Background of the Study

Since independence in 1957, governments in Ghana have attempted to increase access and improve quality of health services through a number of policy interventions in the health sector. Enactment of a new Health Service Act, 1996 (525) and the Medium Term Health Strategy (MTHS) are some of the social sector reforms aimed at restructuring the health sector. This was followed by a five-year rolling Programmes of Work (POW I and II) and it sought to achieve measurable improvement in the nation's health by targeting and helping to eradicate some selected health problems. The Ministry of Health oversaw all activities concerning health until the enactment of Act 525 in 1996. As part of the institutional reforms, roles and responsibilities were decentralized to different agencies. This culminated in the creation in 1997 and the official launching of the Ghana Health Service (GHS) in 2003 to take over the implementation of public health services. The Health Service Act, 1996 (525) also streamlined the MOH, and separated the service delivery, policy, and regulatory components of the ministry. The act paved the way for the strengthening of the regulatory bodies, especially the Food and Drugs Board, the Nurses and Midwives' Council, the Medical and Dental Council, the Traditional Medicine Board, the Funeral Homes Board, and the Private and Maternity Homes Board, (NDPC, Government of Ghana, 2005).

The key objectives of health sector reform in Ghana are;

- 1 Increasing access of health care through the removal of socio-cultural barriers, economic and financial barriers, and improving geographical or physical access.
- 2 Improving quality of health care through paying attention to client's perspective, improvement in competence and skills of providers, improvement in working environment by better management, provision of medical equipment and supplies and motivation of staff.
- 3 Improving the efficiency of delivery of care and avoiding waste through the creation of Ghana Health Service as a mechanism to reduce organization inefficiency, decentralization, improving financial management, improving planning and budgetary mechanism and resource allocation, improving management of logistics and supplies including transport, estate management and preventive maintenance, improving health information systems, and improving the use of research information.
- 4 Fostering partnership with other providers through promotion of greater collaboration with the private sector including NGO's and traditional practitioners, collaborate with other ministries to enhance education, environmental sanitation, water supplies, population control etc, in addressing the basic determinant of health and greater linkage of district assemblies.
- 5 Financial health care delivery through increasing government allocation to the sector, pooling of donor funds to ensure synergy of use and better coordination and better management of internally generated funds.

One of the key objectives of the Health Service Act, 1996 (525) was to improve quality of

health care through paying attention to client's perspective, improvement in competence and skills of providers, improvement in working environment by better management, provision of medical equipment and supplies and motivation of staff. In spite of all these efforts by the government, it appears occupational stress and job dissatisfaction is still eminent in the Ghanaian nursing profession.

1.2 Problem Statement

Recently, there has been a problem of brain drain of health workers in most African countries. Ghana exemplifies the lower rungs of a global shortage, with nurses hopping from country to country for better pay and better conditions. For example, in 2001, five hundred Ghanaian nurses went abroad – more than double the number of nurses who graduated, according to a January report in the Wall Street Journal by Bovard (1994). “Push” factors in developing countries that motivate health care personnel to migrate include professional dissatisfaction as a result of low remuneration, poor working conditions, and institutional inadequacies such as lack of autonomy and equipment, inadequate structures, weak internal systems and practices, lack of autonomy and incentives, and lack of funding for research. On the personal level, limited career prospects at home, poor intellectual stimulation, and the desire to seek a good education for children are motives for migrating. Major “pull” factors (deliberate or unintended actions of the destination countries that attract health care professionals to recipient countries) include the high demand for health professionals in developed countries.

In the Accra Metropolis alone, four nurses resigned, twenty-three were on leave without pay and two were at large for the year 2005 (Accra Metro Health Directorate, 2005). It is believed that poor job satisfaction and occupational stress with their negative effect on mental health of

health workers and for that matter nurses, have led to an increase in nurses' turnover, adversely affecting medical care in Ghana. Job satisfaction and occupational stress in nurses should be of great concern to all because nurses hold the majority of positions in most health care settings in the country and their replacement is costly and time consuming. Most nurses have ample exposure to varying degrees of job satisfaction. Some are so happy with their chosen profession whilst others are not. With the current attrition rate of nurses in the Accra Metropolis, and the anticipation of worsening conditions, the problem is to find out whether job satisfaction and occupational stress experienced by nurses in the Accra Metropolis really affect their mental health. The aims of this present study are therefore outlined below:

1.3 Aim and Objectives

The object of this research is to determine whether;

- 1 Job satisfaction affects the state of mental health of Ghanaian nurses.
- 2 Occupational stress affects the state of mental health of Ghanaian nurses.
- 3 Determine the predictive power of job satisfaction and occupational stress on Ghanaian nurses' mental health.

1.4 Relevance of the Study

This study will contribute to the research in stress and job satisfaction and their impact on mental health among nurses in Ghana. This will also help society to appreciate and understand the behavioral pattern of nurses with respect to service delivery. More importantly, by ascertaining the relationship between job satisfaction and occupational stress and their effect on mental health in general nursing, strategic policies could be put in place by stakeholders to address these issues so as to reduce the increased turnover of nurses in the Accra Metropolis and the nation as a whole.

CHAPTER TWO

LITERATURE REVIEW

2.0 THEORETICAL FRAMEWORK

2.1 Introduction

In the social and economic sciences, numerous studies have been investigated including workers' characteristics and organizations' features, which determine or are related to job satisfaction. Starting from psychology, literature about job satisfaction was developed in a wide range of research fields (Locke, 1976). Systematic studies about nature and causes of job satisfaction began in the 1930s, however Taylor recognized long before the importance of the workers' attitudes in determining their satisfaction and productiveness in 1912 (Taylor, 1970). In order for an organization to be successful they must continuously ensure the satisfaction of their employees. Job satisfaction is defined as an individual's reaction to the job experience (Berry, 1997). There are various components that are considered to be vital to job satisfaction. These variables are important because they influence the way a person feels about their job. These components include the following: pay, promotion, benefits, supervisor, co-workers, work conditions, communication, safety, productivity, and the work itself. Each of these factors figures into an individual's job satisfaction differently. One might think that pay is considered to be the most important component in job satisfaction, although this has not been found to be true. Employees are more concerned with working in an environment they enjoy.

Various theories have been constructed to explain what makes people satisfied with their job.

A review of the literature indicates that there is no general agreement on the definition or the

determinants of job satisfaction. Job satisfaction has been studied as the outcome of some factors or as the cause of some consequences, such as job performance, absenteeism, labour market mobility, and general life satisfaction (Staples & Higgins, 1998). Examples of studies belonging to the latter class are Podsakoff and Williams (1986) and Freeman (1978).

2.2 Theories of Job Satisfaction

Many theorists have tried to come up with an explanation for why people feel the way they do in regards to their job. Content theories identify factors leading to job satisfaction. Two major content theories are Maslow's Need Hierarchy theory (Maslow, 1954) and Herzberg's Two-Factor theory, also called Motivation-Hygiene (Herzberg, Mausner, & Snyderman, 1959). Herzberg's Two-Factor theory is widely known and one of the most interesting theories about job satisfaction, because it has both theoretical and practical consequences.

2.2.1 Motivation-Hygiene Theory

The Motivation-Hygiene theory introduces the term job enrichment, which is defined as an attempt to design tasks in such a way as to build in the opportunity for personal achievement, recognition, challenge and individual growth (Herzberg, 1966). The Motivation-Hygiene and Life Satisfaction theories will be employed in this study since nurse's pay and benefits are consequences of work but do not involve the work itself and job elements that do concern actual tasks and duties, example, level of responsibility, the amount of job control and the interest that the work holds for nurses and motivators. It is also believed that nurses who are happy in life tend to be happy in their jobs and vice versa.

2.2.2 Life Satisfaction

Judge et al (1998), Judge and Watanabe (1993), and Tait et al; (1989) have theorized that life satisfaction is not only consistent across time but that the extent to which a person is satisfied

with all other aspect of his/her life (example, marriage, friends, job, family, geographic location) is as well. Furthermore, people who are satisfied with their jobs tend to be satisfied with life. These researchers found support for their theory, as their data indicate that job satisfaction is significantly correlated with life satisfaction. Thus, nurses happy in life tend to be happy in their jobs and vice versa. In an interesting study, Judge and Watanabe (1994) found that for about two thirds of the people, high levels of life satisfaction are associated with high levels of job satisfaction. In other words, satisfaction with one's job "spillover" into other aspects of life, and satisfaction with other aspects of life "spillover" into satisfaction with one's job. For the remaining 30 or so percent of the population, either there is no relationship between life and job satisfaction or there is a negative relationship. Another interesting study by Judge (1993) demonstrated the importance of individual differences. Judge had over 200 nurses in a medical clinic complete a questionnaire tapping their propensity to grip about things in everyday life and also ask them to indicate how satisfied they were with their jobs. Judge found that, for nurses who were not chronic grippers, satisfaction was significantly correlated with turnover. This theory therefore forms the basis of this study. It is assumed in this study that satisfaction has a relationship with mental health, therefore if nurses are happy with their job they would have a better mental health and if they are dissatisfied they may lack a positive mental health which is believed to have led to an increase in nurse's turnover in the metropolis.

2.3 Theories of Occupational Stress

Much awareness has been created over the last three decades concerning stress at work and its undesirable consequences for health and safety of individuals and their organizations. There is much evidence which suggest that work is an area or aspect of life that can give rise to the

experience of stress and ill-health (Goldberg and Novack, 1992). It is obvious occupational stress is a growing problem that results in substantial cost to the individual employee.

Occupational stress is often seen in the light of aversive or unpleasant states that people experience as a result of their work. Kyriacou and Stucki (1978) defined occupational stress as the experience of unpleasant emotions, such as tension, frustration, anxiety, anger, and depression. The definition of stress has been concluded in several different review of literature to have three different but overlapping approaches.

The first approach called the engineering approach conceptualize occupational stress as an aversive or noxious characteristics of the work environment and in related study treats stress as an independent variable- the environmental cause of ill health. The second approach termed the physiological approach treats stress as the dependent variable; as a particular physiological response to the threatening and damaging environment. It defines stress in terms of the common physiological effects of a wide range of aversive or noxious stimuli. The third and final approach; the psychological approach, conceptualizes work stress as dynamic interaction between the person and their work environment; here stress is either inferred from the existence of problematic person environment interactions or measured in terms of the cognitive processes and emotional reactions which underline those interactions.

The Cognitive-Related Approach and the Dynamic equilibrium theory will be used as the basis for this study due to the fact that the cognitive-Related Approach is applicable to all domains of life and can be used to explain both positive and negative responses in the environment. The Dynamic equilibrium theory on the other hand integrates the perceived

quality-of-life literature with the cognitive-relational approach.

2.3.1. Lazarus Cognitive-Related Theory

Lazarus cognitive-relational theory conceptualizes stress as a process in which environmental stressors are mediated by cognitive appraisal which in turn leads to individual coping responses (Folkman, Lazarus, Gruen & DeLongis, 1986; Lazarus and Folkman, 1984). Cognitive appraisal evaluates or categorizes its various facets, with respect to its significance for well being (Lazarus & Folkman, 1984). According to Lazarus there are two types of cognitive appraisal: primary and secondary. Through primary appraisal, individuals evaluate the potential threat of the stressor. Through secondary appraisal individuals evaluate their own resources and capability for coping with the stressor. Both appraisals, in turn, influence a wide range of coping responses, which refer to individuals' emotional and behavioural efforts to deal with the stressful encounter (Folkman, et al., 1986). Meaning which ever coping response is used is determined by the individual appraisal of the environmental stressor (Lazarus, 1993).

Lazarus cognitive approach is used in the present study to explain nurse's perception of stress and how well they are able to cope. When nurses appraise their conditions of service as potentially harmful, beneficial, threatening, or challenging, they interpret the conditions as having consequences for their well-being and therefore will adapt coping strategies. Coping processes refer to the cognitive or behavioural efforts that people bring into play in an attempt to alter their environment (example nurses use problem focused coping) or manage their emotions (example emotion-focused coping).

2.3.2 Dynamic Equilibrium Theory

According to the dynamic equilibrium theory, stress is defined as a state of disequilibrium that arises when a change occurs that affects the individual's normal levels of psychological distress and well-being. Apprehending the cause of this change necessitates a separate assessment of the impact of personality, organization, coping processes and both positive and negative work experiences on the individual's normal levels of psychological distress and well-being. Cannon (1929) ; Selye (1975) view of stress which is based on an engineering model where stress is understood as the force exerted on a structure, which may then show signs of strain in response to that force was challenged by Hart, Wearing & Heady, (1993c); Hart & Wearing (1995); Heady & Wearing (1992). The missing parts of this formulation are those characteristics which create susceptibility to strain, either through innate personality traits, behaviours, resources, or organizational factors.

Hart and Wearing (1995) argued that both stable personality characteristics and the dynamic interplay between coping and daily work experiences together account for changes in levels of psychological distress and well-being. They demonstrated that psychological distress and morale operate as separate dimensions and make independent contributions to the quality of work life. That is, positive work experiences impact upon morale, and negative work experiences impact upon psychological distress. This suggests that morale may be improved by increasing positive work experiences and decreasing negative work experiences can reduce that psychological distress. In addition, research with teachers and police officers has indicated that these professional groups are not stressed so much by the nature of their work, but by the organizational context in which the work occurs (Headey & Wearing, 1992). The implication of this finding is that intervention should focus on developing a supportive

organizational climate that enables workers to cope more adaptively with operational work demands, rather than to direct change efforts at the nature of the work per se. A core set of organizational factors, among them staff relationship and leadership quality, is related to both psychological distress and morale. Other factors, such as excessive work demands, are negative and relate only to psychological distress, while factors such as opportunities for advancement, are positive and relate only to morale (Hart, Conn, Carter, & Wearing, 1993). That is, strains occur when excess elements (e.g. demands) may threaten one need and deficit elements (e.g. lack of communication or support) may threaten another. Careful analysis of both positive and negative organizational characteristics is therefore needed before intervening to ameliorate identified problems (Kenny, 1996). These core set of organizational factors, especially excessive work demands from nurses, is believed to have led to excessive stress in the nursing profession.

2.3.3. Personality and Organizational Factors

The two major factors responsible for occupational stress are Personality and Organizational factors. Personality has always been considered a major mediator of stress reactivity. That is, although certain events are regarded as normatively stressful, sensitivity to stressors varies between individuals. That is, individuals with different personalities will respond similarly to physical threats, but different responses to ego threats are related to personality differences (Eysenck, 1988). Most theories of occupational functioning agree that personality makes a significant contribution to performance and wellbeing, while acknowledging that the relationship between personality and environmental factors is dynamic and complex. For example, Work Adjustment Theory (Rounds, Dawis & Lofquist, 1987) is founded on the notion that stable cognitive, behavioural and emotional dispositions underpin work

adjustment, but that situational influences impact upon these stable dispositions for adaptation and change, in both positive and negative ways. Similarly, Headey & Wearing (1992) found that enduring personality characteristics, such as neuroticism and extraversion, determine people's daily work experiences, use of coping strategies, and levels of psychological distress and well-being. Extraversion has been positively correlated with subjective well being (Costa & McRae, 1980), while introversion and neuroticism are associated with increased stress (Fontana & Abouserie, 1993), emotional exhaustion and depersonalization (Piedmont, 1993). Hobfoll (1994), reacting to what he perceives to be the current over-emphasis on environmental factors, has urged a reconsideration of the role of personality in the etiology of occupational stress. He states that we can no longer pretend that there is an objective way to define stress at the level of environmental conditions without reference to the character of the person. In similar vein, Roskies, Louis-Guerin, & Forunier, (1993) concluded that "personality can cushion as well as aggravate the impact of occupational stress" with negative personality dispositions transforming stressors into strains and strains into symptoms. Negative affectivity, for example, has been associated with interpersonal conflict Spector & O'Connell (1994), negative emotions (Chen & Spector (1991), psychological distress, physical symptoms ((Watson, Pennebaker & Folger, 1986), and job strain (Decker & Borgen, 1993). The relationship between role stress and role distress has been found to be moderated by a range of personality characteristics including intolerance of ambiguity, dependency, strong affiliation needs, low risk propensity (Siegall & Cummings (1995),and high self-focused attention (Frone, Russel & Cooper, 1991). On the positive side, humour and optimism can significantly moderate the relationship between daily hassels, self-esteem maintenance, emotional exhaustion and physical illness (Fry, 1995).

Despite the enthusiasm for the view that personality characteristics are fundamental to an understanding of occupational stress, empirical support for such moderating effects has been mixed (Frone & McFarlin, 1989). Moreover, much of the research has been theoretical or exploratory, and it is difficult to formulate interventions based on findings that, a small amount of variance in the experience of occupational stress is accounted for by a particular personality characteristics. Researchers working within this framework would, of course, recommended that interventions be aimed at increasing humour, optimism and tolerance of ambiguity and decreasing negative trait affectivity, neuroticism and dependency. However, the literature is replete with evidence that personality characteristics are notoriously difficult to modify (McRae & Costa, 1994). Even if it were possible to change personality in the desired direction, it is not certain that workplace difficulties would improve without simultaneously attending to extrinsic organizational factors that may be operating. Moreover, personality traits may be fixed to some extent, but their place in the system as antecedents or consequences will depend on the nature of the interaction between individual and environmental systems, and to any changes that may occur within that system. Personality may also be defined as a function of coping style (Eysenck, 1988); consistent with a systematic framework, coping behaviours will also be influenced by the sources of occupational stress (O'Driscoll & Cooper, 1994) and the resources and external support available for dealing with them (Hart & Wearing, 1995).

Research into the role of organizational factors in the etiology of occupational stress has followed a similar trajectory to the one outlined above for personality. Ever lengthening list of putative factors has been identified. In two reviews of occupational stress, Cooper (1983; 1985) summarized and categorized six groups of organizational variables, outlined below that

may cause stress in the workplace.

These are:

- 4 Factors intrinsic to the job (e.g. heat, noise, chemical fumes, shift work)
- 5 Relationships at work (e.g. conflict with coworkers or supervisors, lack of social support)
- 6 Role in the organization (e.g. role ambiguity)
- 7 Career development (e.g. lack of status, lack of prospects for promotion, lack of a career path, job insecurity)
- 8 Organizational structure and climate (e.g. lack of autonomy, lack of opportunity to participate in decision making, lack of control over the pace of work)
- 9 Home and work interface (e.g. conflict between domestic and work roles; lack of spousal support for remaining in the workforce).

There is, of course, a complex relationship between occupational and organizational factors and psychological characteristics. Interpersonal conflict in the workplace, increasingly recognized as a major contributor to work disability, has a complex aetiology. Dissatisfaction with life, daily stress, neuroticism and hostility were all found to be significant risk factors for interpersonal conflicts at work for both men and women, (Appelberg, Romanov, Honkasalo, & Kosdenvuo, 1991) and for that matter nurses as well. Responses arising from a psychological framework have focused on tertiary and secondary interventions. Tertiary interventions include individual counseling, stress management programs, employee assistance programs, and workplace mediation for conflict resolution (Appelberg, Romanov, Heikkila, Honkasalo, & Kosdenvuo, 1996). Secondary interventions include training and education (Mackay & Cooper, 1987; Bohle, 1993). This is not to say that such interventions

are never effective in reducing occupational stress. In a recent study, Reynolds (1997) reported that individual counseling improved psychological well-being while organizational level interventions (i.e. increasing employees' participation and control) did not. However, Bohle (1993) argued that, in general, interventions of this nature imply that the problem of stress lies primarily with the individual, that the responsibility for change consequently lies primarily with workers, and that organizations are only responsible for assisting individual workers to change ... since no attempt is made to reduce or remove environmental stressors, interventions can best be seen as attempts to increase workers' tolerance of noxious and stressful organizational, task and role characteristics". While advancing our understanding to some degree, both personality and organizational factors research has remained wedded to the dominant medical and psycho medical paradigms outlined above. Although they highlight important putative factors that may contribute to occupational stress, these factors, considered separately, do not inform the rehabilitation process (Kenny, 1999).

2.4 Mental Health

"Mental health" and "mental illness" are not polar opposites but may be thought of as points on a continuum. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal wellbeing, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health until problems surface. Yet from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. These are the ingredients of each individual's successful contribution to community and society. Many ingredients of mental

health may be identifiable, but mental health is not easy to define. In the words of a distinguished leader in the field of mental health prevention, "... built into any definition of wellness ... are overt and covert expressions of values. Because values differ across cultures as well as among subgroups (and indeed individuals) within a culture, the ideal of a uniformly acceptable definition of the constructs is illusory" (Cowen, 1994). In other words, what it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures. The challenge of defining mental health has stalled the development of programs to foster mental health (Secker, 1998), although strides have been made with wellness programs for older people.

2.4.1 Mental Illness

Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and/or impaired functioning. Alzheimer's disease exemplifies a mental disorder largely marked by alterations in mood. Attention-deficit/hyperactivity disorder exemplifies a mental disorder largely marked by alterations in behaviour (over activity) and/or thinking (inability to concentrate). Alterations in thinking, mood, or behaviour contribute to a host of problems – patient distress, impaired functioning, or heightened risk of death, pain, disability, or loss of freedom (American Psychiatric Association, 1994).

This report uses the term "mental health problems" for signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder. Almost everyone has experienced mental health problems in which the distress one feels matches some of the signs

and symptoms of mental disorders. Mental health problems may warrant active efforts in health promotion, prevention, and treatment. Bereavement symptoms in older adults offer a case in point. Bereavement symptoms in older adults offer a case in point. Bereavement symptoms of less than 2 months' duration do not qualify as a mental disorder, according to professional manuals for diagnosis (American Psychiatric Association, 1994). Nevertheless, bereavement symptoms can be debilitating if they are left unattended. They place older people at risk for depression, which, in turn, is linked to death from suicide, heart attack, or other causes (Zisook & Shuchter, 1991; Frasure-Smith et al., 1993; Conwell, 1996). Much can be done – through formal treatment or through support group participation – to ameliorate the symptoms and to avert the consequences of bereavement. In this case, early intervention is needed to address a mental health problem before it becomes a potentially life-threatening disorder.0

2.4.2 The Process Theory of Psychology

Graham (2002) developed a theory called the '*process theory of psychology*', because the living dynamic of the theory is 'process', flow, movement and transitions from one inner state to another. The management of the transitions, the management of the inner processes whereby our very existence comes to be and is exhibited to the world outside of us, which is likely something important to us, and is the very essence of what is intended to be conveyed by the term "nouskills" (skills of the mind) which are the conceptualized techniques for better managing our inner transitions, state and processes.

Graham (2002) prescriptively defined mental health as a manner of functioning of the psychological processes within the person, so that the following applies in a mentally healthy person.

- **Integration:** There is an integrated quality to their thoughts and attitudes giving rise to a consistency in their reactions across various situations.
- ❖ The person has no extreme mental sets, with the overall pattern of their psychic structure exhibiting an integrated quality, with a balanced relationship between attitudes and reactions in one mental set as compared to another.
- ❖ Nouskills will enable the identification of extremes and the developing of self-statements, self-arguments and attitudes that moderate the extremes and provide the balance.
- **Poise:** Within the functioning of a person's life there are no great swings of mood, emotion or attitude that are not related to events of significance to them.
- ❖ Follows in part from effective integration, and further supported by nouskills that enable self-management of states and development of a calmer demeanor when under stress and pressure of circumstance. Also indicative of integration, with no extreme mental sets.
- **Transitions:** There is an ease of transition from one role to the next.
- ❖ They have the skills to shift from one role to another, to allow transitions between mental sets that do not exhibit marked breaks of conduct.

Unmanaged stress for employees can result in short and long-term negative health effects including exhaustion, physical pain, depression, sleep disturbances, and even death (Brock & Grady, 2002; Le Fevre et al., 2003).

2.5 Review of Related Studies

2.5.1 Stress, Job Satisfaction and Mental Health

In a study carried out by Usha (1999), the researcher examined the sources of stress associated with high levels of job dissatisfaction and mental health among practice managers and women general practitioners. Job dissatisfaction and mental health were compared among the two groups. Questionnaires were given out to 75 women general practitioners and 51 general practitioners. The findings showed that lack of communication and cooperation between colleagues and staff were the main sources of dissatisfaction and lack of mental well-being for both groups, wishful thinking coping which leads to high stress was predictive of job dissatisfaction and mental ill-health. There were no significant difference between practice managers and women general practitioners on the mental health scale. Women general practitioners experienced less job satisfaction with regard to the amount of work, and hours of work than practice managers. The study by Usha. (1999) although could reveal the causal relationship between job dissatisfaction and mental health between the two groups, it was, however, silent on any correlation between the two variables – job dissatisfaction and mental health which is one of the objects of this study. Also the two categories of individuals being practice managers and women general practitioners could have had different sources of stress that could have influenced the stress level in addition to their personal characteristics such as tenure and work experience. It is logical to think that some of these variables could have influenced the link between stress and job satisfaction. This was not considered by Usha (1999) in his study. The current researcher will however look at all these variables and estimate the extent to which number of years influence level of stress of nurses as well as how tenure also influences job satisfaction of nurses.

In another study done by Stacciarini and Tro'ccoli (1999) using a sample of 461 nurses recruited from the public health and educational system in the Federal District of Brazil, a correlation study was performed using the following instruments; namely the nursing stress inventory, constructive thinking inventory, subscales of occupational stress indicator and a research design questionnaire. Results showed that National distribution were found for occupational stress, the state of health (psychological or physical) and job satisfaction among nurses. These results suggested that nurses had fewer psychological health problems compared to other Brazilian government white-collar workers; both groups also show similar job satisfaction. Occupational stress was directly associated with mental health and inversely associated with global constructive thinking and job satisfaction. The study by Stacciarini and Tro'ccoli (1999) is in line with the current study which seeks to find out whether job satisfaction and occupational stress has any influence on mental health among nurses under Accra Metropolis in Ghana. The slight difference between the current study and the above one by Stacciarini and Tro'ccoli (1999) is that the current study would concentrate on nurses which are different from the comparative style used by the former researcher. Further the weakness associated with comparative study such as the influence of non equivalence of compared groups as well as local history affect the findings which may not occur in the current study because of the non comparative nature of the study.

Kirkcaldy et al., (2002) carried out a study on occupational stress and health outcome among British and German managers. The participants in this study were 160 managers from diverse areas of public and private sectors in the old and new federal states, and a representative

matched group (n = 150) of UK managers. For the German sample, attempts were made to recruit as many senior managers as possible within a 13-month time period from 1 March 1999 until 30 March 2000. The average age was 47 years. The managers were responsible for an average of between seven and 40 personnel, and were mainly in the administrative and industrial area sector, as well as medical management. The general findings showed that for both British and German managers the outcome variables, work (dis) satisfaction and general (ill) health – mental and physical – were consistently associated with occupational stress. The study also supports the main idea behind the current study, which seeks to find out whether job satisfaction and occupational stress has any influence on mental health among nurses in Ghana. The only difference is the fact that the study of Kirkcaldy et al. (2002) was a comparative study dealing with managers from different cultures and from diverse background. The current study will however concentrate on only nurses, who were not considered in the study of Kirkcaldy et al., (2002).

In a related study, Landerweered and Boumans (1988) compared nurse's satisfaction and feeling of health and stress in 3 psychiatric wards in Dutch psychiatric hospitals. Wards studied were admission, short and long-term wards. They found out that although each group of nurses were satisfied with their job, nurses in the admission ward seemed to be generally satisfied in their work, showed higher level of job satisfaction and suffered less stress and enjoyed better mental health. The study revealed that if nurses are satisfied in their work, they are likely to suffer less stress and enjoyed better mental health. This shows some correlation between job satisfaction, stress and mental health, which is similar to the current study. The contrast is that the current researcher intends to concentrate on nurses in general hospitals and

polyclinics but not those in psychiatric hospital.

According to Moore and Copper (1996) work stress leads to emotional exhaustion (feeling of depression, helplessness and hopelessness and entrapment) it was also observed by Oehler et al. (1999) that there was a link between work stress and more serious and enduring mental disturbances like feeling of depression, sleeplessness, loss of concentration and so forth. In a study over 300 community mental Health Nurses in Wales by Hannigan et al. (2000), finding showed that half of the respondents were found to be overextended and highly emotionally exhausted and therefore unable to give themselves in their everyday work with the clients.

Kirkclady and Martin (2000) obtained these results with a group of nurses. In that study, home/work conflict was associated with loss of job satisfaction and psychological ill health. Another study by Cooper et al., (1989) on general practitioners found that the work/home conflict factor predicted job dissatisfaction and lack of mental well being for women general practitioners. Since the former researchers did not consider how job satisfaction together with stress could influence mental health the current researcher thought it wise to research on these variable using nurses within the Ghanaian context.

Lu and Tseng (1998) tested the integrative work stress model by collecting data from a heterogeneous sample of Taiwanese managers. Results predicted that these managers were under considerable work stress and were at risk of mental and physical ill-health. Internal control was related to higher job satisfaction, and was beneficial to mental health. However, its interaction with work stress was detrimental to psychological well-being. A specific facet of the Type A behavior pattern was also related to poorer physical health. These results show

that stress is positively correlated to mental health since managers who were under stress were at a high risk of mental health. Internal control was related to higher job satisfaction and a better mental health, so the current study is trying to find out whether job satisfaction directly affects mental health.

2.5.2 Stress, Coping Strategies and Mental Health

A related study by (Wong et al., 2001) examined the sources of stress and mental health of nurses in Hong Kong. It also attempted to explore the functions of coping strategies in determining the stress and mental health of nurses. Results showed that more than one-third of the nurses could be considered as having poor mental health, while supervisory role produced the highest level of stress, organizational environment also created a substantial amount of stress for nurses. The most frequently used coping strategies were positive ones, including direct action coping and positive thinking. This study confirmed the hypotheses that nurses who adopted more positive and fewer negative coping strategies had better mental health, but failed to substantiate the moderating effects of coping on stress and mental health of nurses. The results of the study found mental and occupation stress a problem among nurses. The study focused much on coping strategies but not on the influence of job satisfaction and occupational stress on mental health among nurses, which the current study is trying to reveal.

2.5.3 Job Stress and Mental Health

Yoshihisa (2001) carried out a research on Job Stress and Mental Health among Permanent Night Workers; the purpose of the study was to examine the amount of job stress and the mental health problems among permanent night workers, and also to examine what factors should determine the mental health condition of the permanent night workers. The study

group consisted of 435 garbage workers, and 384 of these workers completed the questionnaire, which included the NIOSH generic job stress questionnaire and 30 items of the General Health Questionnaire (GHQ). Workers with GHQ scores of 7 or more were defined as having psychiatric disturbance. Multiple logistic regression was performed to estimate the odds ratios (Ors) for psychiatric disturbance, including age, type of work, working year, marital status, and some scales of the NIOSH generic job stress questionnaire. The married workers were less likely to have mental health problems than single workers. The mental health of the workers with lower job control was better than the workers with higher job control. The workers with a higher workload were more likely to have mental health problems. The study showed that person with a high workload, high job control, and who were single had increased Ors for psychiatric disturbance among permanent night workers. It is possible that stress from higher workload might have led to mental health problems. As discussed earlier, excessive job demand leads to stress and this is manifested in the study, as workers with a higher workload were more likely to have mental health problems, however Yoshihisa et al., (2001) did not look at the link between job satisfaction and mental health which the current study is presently examining.

Mc Loughlin et al. (2005) conducted a comparative study on attitudes, mental health and job stress among GPs. The aim of the study was to perform the comparative study, within the same region of the attitudes, mental health and job stress of GPs, participating or not, in a general practice co-operative one year after its introduction. The hypothesis was that participating GPs would have more positive attitude towards cooperatives, better mental health and less stress. A comparative questionnaire was used to obtain the general attitudes of

GPs towards out-of-hours work, together with responses to the General Health Questionnaire 1-2 (mental health) and Stress Arousal Checklist (job stress). Results showed that 89 of 120 eligible practitioners responded (74%). Multiple regression analyses suggested that the independent variables (partnership arrangements, age, working, hours and membership of an out-of-hour, largely rural, cooperative (NoWDOC) did not account for any of the variability in the GHQ score but a significant amount of variability in stress and arousal score. The anticipated differences in mental health and job stress among participating GPs were not shown. As the new generation of GPs resemble the NoWDOC participants in their preferences for multi-partner practices with limited out-of-hours care provision. The study focused on positive attitudes, which the current study did not focus on, but its hypothesis that GPs would have more positive attitude towards cooperatives, better mental health and less stress supports the current study which seeks to find whether nurses who experience less stress at work will show a positive mental state than their counterparts who are more stressed. Mc Loughlin et al., (2005) did not however focus on job satisfaction and its relations with mental health, which the current researcher is presently examining.

In a study done by Shima et al. (1998) a set of questionnaires was administered to 2,017 employees from Tokyo. The questionnaires consisted of Stress at Work Questionnaire and the 12-item General Health Questionnaire (GHQ) and the Epidemiologic Stress Depression Scale (CED-D). The authors wanted to find out the effect of job stress on mental health. Multiple regression analyses were conducted treating the total scores of GHQ and CES-D as dependent variables and the subscales of stress at Work Questionnaire as the independent variables. It was concluded that whilst the undesirable effect of job stress on mental health was found in

this study, analyses showed that factors related to the level of mental health heavily depended on which indicators of mental health were used. This study supports the current study, which is trying to find out if occupational stress has any effect on mental health of nurses.

Boey (1999) used Goldberg's General Health Questionnaire (GHQ) to study 'distressed' and 'stress resistant' nurses in Singapore. Stress resistant nurses adapted to high levels of stress at work and remained mentally healthy. Their locus of control was internal and they exhibited higher self-esteem than the distressed nurses, who reported poor mental health status. The stress-resistant nurses, who had greater support from family relationships, demonstrated negative emotions as a means of coping less frequently. The study identified that the majority (79%) of the nurses appeared to enjoy good mental health. Twenty-one per cent of Boey's sample reported four or more symptoms on the GHQ, and 12 were considered to have mild mental health problems. The study reported on stress and mental health however job satisfaction as a variable was not mentioned at all. The current research is looking at all three variables namely Job Satisfaction, Occupational Stress and Mental Health.

2.5.4 Job Satisfaction and Mental Health

Kirkcaldy and Martin (2000) obtained results with a group of nurses. In that study, home/work conflict was associated with loss of job satisfaction and psychological ill health whilst a climate of organizational support was associated with job satisfaction. It would appear that job satisfaction is influenced by factors distinct from those related to stress, as well as being influenced by stress.

2.5.5 Mental Health

Borrill (1996), surveyed over 11,000 NHS staff, finding more than 28% of nurses to be suffering at least minor mental health problems (typically anxiety and depression). This compares with a figure of approximately 18% in the general employed population (Jenkins et al., 1997). The study was, however silent on the source of the mental health problems which this study seeks to unearth.

Kenshu et al. (2004) did a study on Mental Health among Health Nurses in Japan. The study investigated organizational factors underlying medical errors, which included drug-administration, incorrect operation of medical equipment, errors in patient identification and needle stick injuries. For each type of accident the percentage of those who had made medical errors was significantly higher for the mentally poor health group who had experience occupational accidents over the past 12 months. The questionnaire targeted 4,407 nurses in 8 general hospitals. The GHQ-12 was used as a scale for measuring mental health in nurses. Multiple logistic regression analyses revealed significant association between experience of medical error in the past 12 months and mentally poor health with night or irregular shift workers and age. It was therefore suggested that to ameliorate such conditions, it might be urgently required to adopt stress-coping programmers as a strategy for personnel administration. Although this study did not focus on job satisfaction and occupational stress on mental health, it was revealed that the mental health of nurses is quite poor. The suggestion made in the end, which was to adopt stress-coping programmers for nurses, showed that if nurses are able to overcome stress it would augur well for their mental health, and this is in the interest of the current study.

2.5.6 Job Satisfaction and Tenure

In a study entitled the relationship between tenure and non-tenure track status of extension faculty and job satisfaction, done in Texas, Boltes, Lippke, and Gregory (1995) conducted research to investigate the relationship between dimensions of organizational contribution and employee job satisfaction. They used faculty involvement, positive balance between work and home, vision, diversity, and professional development as predictors of job satisfaction and organizational commitment. Overall, 75 per cent to 80 per cent of tenured Extension faculty expressed concern or dissatisfaction in all seven dimensions of the survey.

Lacey and Shaver (2002) in a study examined the relationship between the reason nurses stay on the employment setting, a nurse's length of tenure in a job, nurse perceptions of short staffing in their organization and nurses satisfaction with work. Results show that correlation analysis for staff nurse in long term care setting revealed that length of job tenure was negatively associated with job satisfaction, in the sense that good pay was not the reason why nurses stayed on with their jobs or current employment for more than five years.

2.5.7 Job Stress and Tenure

Job Stress among Japanese Full-time Occupational Physicians: Shinizu, Hiro, Mishima, and Negata (2002) investigated job stress and the factors influencing job stress among Japanese full-time Occupational Physicians (Ops). The researchers mailed questionnaires to 716 full-time Ops who were members of "Sanyu-kai", an organization of Japanese full-time occupational physicians in enterprises. The questionnaires included gender, marital status, age, main type of company work, the number of full-time OPs, the number of employees served, duration of work, tenure in the present company, and job stress questions. The job stress questions consisted of 15 items which were decided after discussion among 10 experienced full-time OPs. Three hundred and thirty-three (47%) of the OPs returned

sufficiently complete questionnaires for analysis. Factor analysis of the job stress questions extracted three components; low understanding of occupational health services, conflicts between OPs and their partners, and discrepancies between their routine work and occupational health services. Multiple logistic regression was performed to estimate the odds ratio (ORs) for high job stress associated with age, gender, marital status, main type of work, duration of work, tenure and the number of employees. Males had less stress than females (OR = 0.37, 95 per cent CI = 0.19 – 0.70). The 20-39 year-old OPs had more stress than over 59-year-old OPs (OR = 2.8, 95 per cent CI = 1.5 – 5.6). Compared with those serving over 5,000 employees, the OPs serving 2,500 employees or fewer had less stress (ORs = 0.43 – 0.52, $p < 0.05$). The results indicated that job stress among Japanese full-time OPs was influenced by gender, age and the number of employees served. Age was negatively correlated with stress but had significant positive correlation with tenure and duration of work. It is therefore assumed that since age and tenure were positively correlated, tenure was also negatively correlated with stress. Since the study did not directly investigate tenure and stress future researchers were advised to do so. This is why the current study also investigated job stress and tenure.

2.5.8 Job Satisfaction and Job Stress

Brewer (2001) examined the relationship between job stress and job satisfaction among a random sample of 133 industrial and technical teacher educators. Correlation analysis revealed a strong inverse relationship between the constructs, with stressor related to Organizational support being more associated with job satisfaction than stressors related to the job itself. There were also significant differences ($p < .05$) in correlations between job satisfaction and frequency of stressors and correlation between job satisfaction and intensity

of stressors, suggesting that frequency of stressors had a greater impact on participants' job satisfaction than did intensity of stressors. These results have implications for addressing job stress and job satisfaction in higher education.

2.6 Hypotheses

Based on the literature review the following hypotheses were stated and tested

1. Nurses who are more satisfied with their job will report positive mental health than their counterparts who are less satisfied.
2. Nurses who experience less stress at work will report positive mental health than their counterparts who are more stressed.
3. Occupational stress will predict mental health among Ghanaian nurses than job satisfaction would.
4. There will be a negative correlation between tenure and stress experienced by nurses.
5. There is a significant positive correlation between tenure and job satisfaction.
6. There is a significant negative correlation between stress and job satisfaction.

2.7 Operational Definition of Terms

Job Satisfaction: Employee happiness as a result of his/her job experiences and expectations.

Occupational Stress: Job demands and expectations which are appraised by employees as threatening, challenging and harmful and the coping responses (behavioral and emotional effort) to deal with everyday encounters on the job.

Mental Health: An employee state of Psychological and emotional well-being.

General Nurse: Clinical nurses who are responsible for out-patient-department and

the wards in the various hospitals/polyclinics under the Accra Metro-Health Directorate.

CHAPTER THREE

METHODOLOGY

The sampling procedure, description of instruments/materials and procedure used in the data collection are presented in this chapter.

3.0 Subject/Sample and Population

The targeted population for the study was nurses within the Greater Accra metropolis. In Ghana currently, there are regional hospitals in all the ten (10) regions. This notwithstanding, most of these regions are strewn with district health facilities as part of the Government's drive to making health delivery accessible to all. Nurses in Greater Accra were chosen for the study for ease of having access to the required personnel for the study. Another reason accounting for the choice of nurses in the Greater Accra was the fact that the region has a greater number of health facilities than all other regions in Ghana, hence; one could conveniently generalize the findings of the study to reflect the characteristics of the wider population. One other reason for selecting nurses in the Greater Accra Metropolitan health directorate was that Accra is the capital city of Ghana with most of the nurses working under the metropolis employed by the Ministry of Health.

Under the Greater Accra Metropolitan Health Directorate, there are five (five) polyclinics and three (3) general hospitals. All three (3) general hospitals were selected for the study. Of the five (5) polyclinics, three were randomly selected for the study.

The three (3) polyclinics were selected using the simple random sampling technique. Since there are only five polyclinics under the Greater Accra Metropolis the researcher folded five

(5) papers which had the names of the five (5) various polyclinics and pick three (3) at random. Simple random sampling technique was used to ensure that all the polyclinics under the Accra Metropolis had equal chances of being selected. However, the three general hospitals namely the Achimota hospital, Marie Lousie Hospital and the La General Hospital are the only general hospitals under the Accra Metropolis and were all selected to participate in the study. In effect, an attempt was made to capture the defining characteristics of all staff employed by the Ministry of Health, hence, the inclusion of all general hospitals in the Greater Accra metropolis.

3.1 Sample Profile

A total of 180 questionnaire were distributed to the six various hospitals and polyclinics. Precisely, 30 questionnaires were given to the administrators/senior nurses of each hospital/polyclinic to be given to the nurses to complete. The questionnaire were distributed using convenient sampling approach, convenient sampling was employed because it was impossible to get all nurses at the same time because of shift work, therefore subjects who were present at the time the questionnaire were being administered were given questionnaire to complete. Both senior and junior nurses no matter their ranks were given questionnaires to fill. Out of the 180 questionnaires 140 were retrieved from the respondent given a response rate of 78%.

The following is a summary of the age range of respondents: 21 – 30 (18.4%), 31 – 40 (22.7%) and above 40 years (58.2%). It was also discovered that there were about 10% community nurses, 63% senior nurses as well as 7% graduates. About 26% of the respondents could, however, not indicate their educational level.

Of the total number of nurses sampled, 49.6% were registered, 30.6% were midwives with 10% in the “other” category. A total of 10% of the respondents could, however, not indicate their categories. There were 35.5% staff nurses, 20.6% nursing officers, 18.4% senior nursing officers and 13.5% others. About 12 per cent did not indicate their ranks.

3.2 RESEARCH DESIGN

The present study employed the use of a field survey. Survey according to Santrock (2004) is sometimes referred to as questionnaire, is an attempt to estimate the opinion, characteristics or behaviors of a particular population by investigating a representative sample. The study involved nurse’s job stress and satisfaction on their mental health. The study employed the use of research questionnaires to collect data from the population while convenient sampling approach was used for data collection. The survey method was used for data collection because information was being gathered from a large group of people and it takes a lesser time. It also provides one of the effective medium for the study of relationship among variables and ways attitude and behavior change over time. Data obtained through survey method is highly specific and precise. Survey provides reliability even though validity can be very low. Also, survey has the ability to identify attributes of a population from a small group of people (Alreck & Settle, 1985; Marshal, 1997; Fraenkel & Wallen, 2002).

3.3 Instruments

A 3-part standardized questionnaire was used for the data collection in addition to the demographic data; the questionnaire consisted of the Index of Work Satisfaction Questionnaire (Slavitt, Stamps, Piedmont & Haase, 1978), Stress Situation Questionnaire (Oubina et al., (1997) and General Health Questionnaire version 12 (Golberg (1970). Details

of these questionnaires are given below.

3.4 Questionnaire/Data Collection Instrument

3.4.1 Demographic Data

The demographic information consisted of questions seeking the respondents' age, marital status, religion, educational background, type of nurses, rank of job, year of service in ward, years of service in nursing. For the ease of analyzing the demographic data, scoring of data were as follows: age (below 20 years = 1, 20 – 30 = 2, 31 – 40 years = 3 and above 41 years as 4). For marital status, single was coded as 1, married coded as 2. The other demographic data followed the same sequence.

3.4.2 The Index of Job Satisfaction Questionnaire – IWS; (Slavitt, Stamps, Piedmont & Haase, 1978).

The Index of job Satisfaction Questionnaire – IWS; (Slavitt, Stamps, Piedmont & Haase, 1978) was used to measure job satisfaction amongst nursing staff in the hospitals/polyclinics. Authors of the scale recommended this strategy in a similar study by Burnard et al., (1999). The scale was administered in a questionnaire format and contains 27 statements related to work satisfaction. A Likert response format was used. Response categories include:

“Strongly agree = 7, agree = 6, slightly agree = 5, neither agree no disagree = 4, slightly disagree = 3, disagree = 2, and strongly disagree = 1”.

The highly satisfied respondents scored more on this scale than the less satisfied. Thus, the maximum score for the more satisfied responses was 189 while the minimum score for the less satisfied was 27, this simply means that respondents who were highly satisfied had a higher score while those who were less satisfied had a lesser score. If the response was strongly agreed the score given to the individual was 189 while scores given for strongly

disagree were 27.

Statements in the questionnaire covered various aspects of job satisfaction in the nursing profession. Although the psychometric properties of the scale have been reported elsewhere by William, (1990); Stamps and Piedmont (1986); Slavitt et al., (1978), a pilot study was carried out to ascertain the validity and reliability of the scale. The 27-item questionnaire with 20 nurses obtaining response on a seven point Likert scale yielded a mean of 98.95 (SD 14.38) with the coefficient alpha of 0.60. The questionnaire has five sub-scales. The various subscales and the corresponding co-efficient alpha obtain as a follows:

- ❖ Salary gave an alpha of 0.20, which is considered quite insignificant
- ❖ Doctor – nurse relationship gave an alpha of 0.76
- ❖ Interaction item gave an alpha of 0.65
- ❖ Task requirement gave an alpha of 0.43
- ❖ Administration gave an alpha of 0.35
- ❖ Autonomy gave an alpha of 0.60

The overall co-efficient alpha for the job satisfaction questionnaire is 0.60 which is moderately high showing that the questionnaire was reliable.

3.4.3. Stressful Situation Questionnaire

Oubina et al., (1997) Stressful Situation Questionnaire was adopted and used in this study.

The questionnaire was drawn up from the most frequently mentioned problems in both health staff in general and personnel in the psychiatric domain, collected from previous studies in the

literature (Payne & Firth – Cozens, 1987; Ullrich & Fitzgerald, 1990; Reig & Caruana, 1990; Koeske, Kirt & Koeske, 1993). According to the researchers of the stress situation questionnaire the questionnaire was given to a small group of professionals whose comments were useful for refining the instrument and adopting it to the target population. The final questionnaire describing occupational stress situations consists of a series of 58 items. The degree of emotional impact – item severity – was assessed from which Oubina et al., (1997) gave a graded numerical scale from 1 ‘slight stress’ to 5 ‘intense stresses’. Stressful Situation Questionnaire was grouped in their final subscales.

The Cronbach’s coefficient value on the severity scores of every subject was also computed by an items analysis. The minimum (slight stress) value obtained was 58 whilst the maximum (intense stress) was 290. The following Cronbach’s alphas were obtained for the various parts of the questionnaire.

- ❖ Relationship with patients (alpha = 0.82)
- ❖ Family rejection (alpha = 0.74)
- ❖ Deterioration and complications (alpha = 0.78)
- ❖ Job criticism (alpha = 0.87)
- ❖ Private life (alpha = 0.74)
- ❖ Work space (alpha = 0.90)
- ❖ Daily work (alpha = 0.90)
- ❖ Therapeutic decisions (alpha = 0.78)

The least of the Cronbach's alpha was 0.74 meaning the questionnaire had a high reliability and was valid.

This study adopted this Stressful Situation Questionnaire and a pilot study was carried out to ascertain the validity and reliability of the scale. Results showed that Mean for the 58 variables for the pilot study was 157.01 (s.d. 38.57) Cronbach's alpha of 0.93. The following Cronbach's alpha values were also obtained for the various parts of the questionnaire for the pilot study.

- ❖ Relationship with patients (alpha = 0.73)
- ❖ Family rejection (alpha = 0.51)
- ❖ Deterioration and complications (alpha = 0.79)
- ❖ Job criticism (alpha = 0.72)
- ❖ Private life (alpha = 0.62)
- ❖ Work space (alpha = 0.42)
- ❖ Daily work (alpha = 0.8731)
- ❖ Therapeutic decision (.0.80)

3.4.4 The General Health Questionnaire (GHQ)

The General Health Questionnaire (GHQ) by Goldberg (1970) is a measure of current mental health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures. The questionnaire was originally developed as a 60-item instrument but at present a range of shortened versions of the questionnaire including the GHQ-30, the GHQ-28, the GHQ-20, and the GHQ-12 are available. In this study the version 12 of the scale revised by Montazeri et al (2003) was adopted and used because the items it

contained were more relevant to the objectives of the study. The scale asked whether the respondent had experienced a particular symptom or behaviour recently. Each item is rated on a four-point scale (less than usual; no more than usual; rather more than usual; or much more than usual). The GHQ-12 gives a total score of 36 or 12 based on the selected scoring methods. The most common scoring methods are bi-modal (0-0-1-1) and Likert scoring styles (0-1-2-3). The Cronbach's alpha coefficient value for this questionnaire was found to be 0.87 and was the same for both males and females indicating satisfactory results. In the same way, when the correlation between the GHQ-12 and global quality of life scores was investigated, as expected a significant negative correlation emerged ($r = -0.56$, $P < 0.01$) indicating that those who were more distressed showed lower levels of global quality of life. This study used the Likert scoring styles (0-1-2-3). The pilot study conducted with 20 nurses using the GHQ-12 version cited a mean of 8.33 (s.d. 4.47) and an alpha of 0.72. The Cronbach's alpha score achieved in this study was 0.92. For its subscales, the Cronbach's alpha scores for anxiety, depression, sleeping disturbances, social dysfunction and feelings of inadequacy were 0.86, 0.84, 0.65, 0.74 and 0.82 respectively.

The reliability of the internal consistency of the questionnaire was measured using Cronbach's alpha coefficient for the General Health Questionnaire – 12. The alpha for the whole sample was found to be 0.87 and was the same for both males and females indicating satisfactory results. Validity of the instrument was performed using convergent validity. When the correlation between the GHQ-12 and global quality of life scores was investigated, as expected a significant negative correlation emerged ($r = -0.56$, $P < 0.01$) indicating that those who were more distressed showed lower levels of global quality of life.

3.4.5. PRETEST

A pilot study was conducted to ascertain the validity and the reliability of the questionnaires. In all 20 participants were selected from Dansoman Health Care Centre. Following this administration, needed corrections were made prior to administration to the main population. The results of the survey showed that questionnaires were understood adequately and very minor modifications were made on questions regarding the Job Satisfaction aspect of the questionnaires. For example; if a questionnaire was being taken to the polyclinic, the name of the hospital was changed to read polyclinic. Also the instruments used namely job satisfaction, occupational stress and mental health questionnaires had their internal consistencies measured as indicated in the description of each instrument above.

3.4 Data Collection Procedures

A letter of introduction from the Department of Psychology was taken to the Greater Accra Health Directorate, when it was approved; a letter of Assistance was given to the Researcher to be taken to the selected hospitals and Polyclinics. The Health Administrators and Senior nurses of the various hospitals were contacted to help the Researcher administer the data collection instruments (questionnaires), however in a few of the hospitals and polyclinics, the questionnaires were administered by the researcher herself. Questionnaires were administered using convenience sampling, that is senior and junior nurses who were present during the time questionnaires were being distributed were given questionnaires to fill due to the fact that nurses normally engage in shift work.

Respondents were encouraged to ask questions regarding the clarity of the questionnaire. Confidentiality was assured by asking participants not to write their names. A few of the nurses responded to questionnaires within 30 minutes and handed over questionnaires immediately to the researcher. This was done especially when the researcher administered the

questionnaires herself; however most of the questionnaire was answered within a period of three days to one week. Some of the respondents kept questionnaires at home making retrieval very difficult but with much perseverance the researcher finally obtained most of the questionnaires within a period of three months, during the three months period the researcher had to be visiting the hospitals and polyclinics twice or thrice every week retrieving and making sure that questionnaires were kept intact and not misplaced.

CHAPTER FOUR

RESULTS

4.0 Introduction

The present study sought to explore the impact of occupational stress on Ghanaian nurses' mental health and the effect of job satisfaction on mental health of Ghanaian nurses. Descriptive and inferential statistics were used in reporting the results. The results obtained were as follows.

Table 1: Mean & Standard Deviation of Mental Health among Respondents
Categorized Job Satisfaction and Stress

Variable	Stressed Employees		Less Stressed Employees		Total	
	Means	SD	Means	SD	Means	SD
Satisfied Employees	8.97	3.827	8.65	5.859	8.8	4.66
Less Satisfied Employees	6.26	1.86	4.8	2.59	5.53	2.34
Total	8.48	3.69	7.6	5.44	8.14	4.48

As indicated in table 1 the responses obtained were categorized into more stressed and less stressed or more satisfied and less satisfied by computing the average score below, which respective responses were recoded as less stressful and more satisfied and more satisfied respectively. Responses above the average/mean were recoded as more stressful and less satisfied respectively. The table above indicates the mean and standard deviation of the impact of Job Satisfaction and Stress on Mental Wellbeing of Ghanaian Nurses. To test for significance in the value obtained above, the Two-way ANOVA was used which is presented below.

Table 2: Two-way ANOVA Summary Table on the Effect of Job Satisfaction and Stress on Mental Health of Ghanaian Nurses.

Source of Variance	Sum of Square	df	Mean Square	F	p
Job Satisfaction	250.101	1	250.101	13.538	<.05
Stress	18.380	1	18.380	.995	ns
Job Satisfaction* Stress	7.735	1	7.735	.419	ns
Error	2512.495	136	18.474	–	–
Total	12047.000	140	–	–	–

Results in table 2 indicates a significant difference in the impact of job satisfaction on mental wellbeing of Ghanaian nurses [$F(1,136) = 13.5, p < .005$]. Nurses who were satisfied with their job recorded mean mental health scores of 8.97 which is higher than that of their counterparts who were not satisfied with their job (8.67). Meanwhile higher mean score reflects a better mental health. This implies that nurses who were satisfied with their job reported better mental health than their colleagues who were not satisfied with their job. The first hypothesis that nurses who are satisfied with their job will reveal positive state than their counterparts who are less satisfied is therefore supported.

On the other hand, there was no significant link between the levels of stress and wellbeing of nurses [$F(1, 136) = .995, p = ns$]. Thus nurses with high and less level of stress reported similar mental health status. This means, the mental wellbeing of Ghanaian nurses is independent of their stress levels. The hypothesis that nurses who experience less stress at

work will show positive mental state than their counterparts who are more stressed is therefore not supported.

It was hypothesized that occupational stress will predict mental health among Ghanaian nurses than job satisfaction. A result on this hypothesis is presented in the table below.

Table 3. Mean and Standard Deviation of stress, Job satisfaction and Mental Health Reported by Respondents.

Variable	Mean	SD	N
Mental Wellbeing	8.1429	4.48109	140
Job Satisfaction	98.1429	13.70846	140
Stress	153.6929	37.55723	140

Results in Table 3 revealed that the mean mental health score recorded by the respondents was 8.1429 with a standard deviation of 4.4811. The mean job satisfaction score as shown in Table 3 was 98.14 with a standard deviation of 13.71. That of stress was 153.69 and 37.56 respectively. To determine whether there was a significant relationship between the respective independent variables and the dependent variables, the Standard Multiple Regression Analysis was used and presented in table 4 below.

Table 4. Standard Multiple Regression Summary Table on Relationship between Job Satisfaction, Stress and Mental Health of Nurses.

Variables	Criterion (Mental Wellbeing)			
	R	B	T	P
Job Satisfaction	.509	.483	6.557	<.005
Occupational Stress	.228	.144	1.949	ns
R²	.279			
F	F(2,139) =26.45, p<.001			

A look at the results indicate a statistically significant relationship between the independent variable (combined) and the dependent variable [$R^2 = .279$; $F(2,139) = 26.45$, $p < .001$]. In this case, the independent variable (job satisfaction and occupational stress) could explain 27.9% of the variation in Ghanaian nurses' mental wellbeing. This implies that job satisfaction and occupational stress combine to predict the state of mental health of Ghanaian nurses. The analysis further explored the degree of predictability of the individual dependent variables (job satisfaction and occupational stress) and the dependent variable (nurses' mental health).

A closer examination of the values presented in table 4 indicate that job satisfaction could significantly predict mental wellbeing of nurses [$r(509)$, $N = 140$, $p < .001$] meaning, the more satisfied a nurse is, the better the state of mental wellbeing of the nurse(s) in question. The beta statistics (β), which explains the individual contribution of job satisfaction as a single variable to the dependent variable, yielded a value of .483. As a result, job satisfaction as a

single variable could explain 48.3% of the variation in the dependent variable (nurses' mental wellbeing). This implies that in the Ghanaian context, the state of nurses' mental health is to a large extent dependent on how satisfied the nurses perceive their job. However, there are other factors that predict the state of mental health of Ghanaian nurses since the beta value yielded .483 (48.3%).

The situation was, however, different when the relationship between nurses' stress and their state of wellbeing was assessed. The results indicated an insignificant relationship [$r(144), N = 140, p = ns$]. Implying that the state of mental health of Ghanaian nurses is independent of the level of stress they go through. The beta statistic (β) for occupational stress for instance yielded a value of .144, meaning, holding other variables constant, occupational stress a single variable could only explain 14.4 % of the variations in nurses' mental health.

Based on deductions made from Table 4, job satisfaction is a better predictor than occupational stress. The third hypothesis that occupational stress will predict mental health among Ghanaian nurses than job satisfaction would was therefore not supported.

The link between tenure (number of years in service) and stress was also assessed and relevant information obtained on this is presented in the table 5.

Table 5: Mean and Standard Deviation of Stress and Number of Years in Service

Variables	Mean	SD	N
Stress	153.6929	37.55723	140
Tenure	2.6204	1.57709	137

Results in Table 5 showed that mean stress score recorded by the respondents was 153.69 with a standard deviation of 37.56. Mean tenure was 2.62 with a standard deviation of 1.58. These two (2) variables were correlated with Pearson's Product Moment Correlation Coefficient. Results obtained from this analysis are presented in Table 6.

Table 6: Pearson's Product Moment Correlation Coefficient Summary Table on Correlation between Tenure and Stress

Variables	Statistics	Stress	Tenure
Stress	Pearson Correlation	1	-.055
	Sig. (1-tailed)	.	.262
	N	140	137
Tenure	Pearson Correlation	-.055	1
	Sig. (1-tailed)	.262	.
	N	137	137

Results in Table 6, revealed that negative correlation exists between number of years of service and stress reported [$r(137) = -0.055$, $p = n.s.$]. However, this correlation was not significant indicating that the fourth hypothesis that, there will be a significant negative correlation between tenure and stress experienced by nurses' was not supported by the data.

It was also hypothesized that "there will be a positive correlation between tenure and job satisfaction among the nurses". Relevant information on this is presented in the table below.

Table 7: Mean and Standard Deviation of Job Satisfaction and Number of Years in Service

Variables	Mean	SD	N
Tenure	2.6204	1.57709	137
Job Satisfaction	98.1429	13.708546	140

Results in Table 7 revealed that mean tenure score recorded by the respondents was 2.62 with a standard deviation of 1.58. Mean job satisfaction score recorded was 98.14 with a standard deviation of 13.71. These two variables were correlated with Pearson's Product Moment Correlation Coefficient. Results obtained from this analysis are presented in Table 8.

Table 8: Pearson's Product Moment Correlation Coefficient Summary Table on Correlation between Tenure and Job Satisfaction

Variables	Statistics	Tenure	Job Satisfaction
Tenure	Pearson Correlation	1	-.078
	Sig. (1-tailed)	.	.183
	N	137	137
Job Satisfaction	Pearson Correlation	-.078	1
	Sig. (1-tailed)	.183	.
	N	137	140

Results in Table 8, indicate that a non significant negative correlation exists between tenure and job satisfaction [$r(140) = -0.078, p = n.s.$]. Thus the hypothesis on the link between tenure and job satisfaction was not supported by the results of the analysis.

Finally, it was also hypothesized that there is a significant negative correlation between stress and job satisfaction. Information on the results on this hypothesis is presented in the table below.

Table 9: Mean and Standard Deviation of Job Satisfaction and Stress

Variables	Mean	Std. Deviation	N
Job Satisfaction	98.1429	13.70846	140
Stress	153.6929	37.55723	140

Results in Table 9 showed that the mean stress score reported by respondents was 153.69 with a standard deviation of 37.56. Job satisfaction mean score recorded by the respondent was 98.14 with a standard deviation of 13.71. The two variables (job satisfaction and stress) were correlated with Pearson's Product Moment Correlation Coefficient. Results obtained are presented in Table 10.

**Table 10. Pearson's Product Moment Correlation Coefficient Summary
Table on Correlation between Stress and Job Satisfaction**

Variables	Statistics	Job Satisfaction	Stress
Job Satisfaction	Pearson Correlation	1	-.175 (*)
	Sig. (1-tailed)	-	.019
	N	140	140
Stress	Pearson Correlation	-.175 (*)	1
	Sig. (1-tailed)	.019	
	N	140	140

* Correlation is significant at the 0.05 level (1-tailed)

As shown in Table 10, a significant positive correlation exists between stress and job satisfaction of the nurses [$r(140) = 0.175, p < 0.05$]. This also implies that the final

hypothesis that there is a significant negative correlation between stress and job satisfaction was also not supported by the results of the analysis.

4.1 Summary of Results

In a summary, the findings showed among others that:

1. Nurses who are more satisfied with their job revealed a positive mental state than their counterparts who are less satisfied.
2. Nurses who experience less stress at work did not show positive mental state than their counterparts who are more stressed.
3. Occupational stress was not a better predictor of mental health than job satisfaction.
4. There was a non significant negative correlation between tenure and stress experienced by nurses.
5. There is a non significant negative correlation between tenure and job satisfaction.
6. There is a significant positive correlation between stress and job satisfaction.

CHAPTER FIVE

DISCUSSION

The study investigated Job Satisfaction, Occupational stress and mental health among nurses in the Accra Metropolis. The purpose was to determine how job satisfaction influences the state of mental health in Ghanaian nurses, how occupational stress influences the state of mental health in Ghanaian nurses, it was also aimed at finding out how the combined interaction of both stress and satisfaction influences the state of mental health. Also the researcher investigated tenure and stress as well as tenure and job satisfaction.

Data was obtained by administering questionnaire that consisted of demographics as well as the three scales, which were namely the index of job satisfaction questionnaire, stressful situation questionnaire, and the General Health Questionnaire. One hundred and forty (140) practicing nurses under the Greater Accra Metropolis responded to the questionnaire. In all six (6) hypotheses were tested.

The first hypothesis, which states that nurses who are satisfied with their job will reveal positive mental state than their counterparts who are less satisfied, is supported. This is in line with the findings of Judge and Watanbe (1994) that high levels of life satisfaction are associated with high levels of job satisfaction meaning satisfaction with other aspects of life spillover into satisfaction with one's job. From this study it is assumed that satisfaction has a positive relation with mental health so that nurses who are satisfied with their job will reveal a positive mental health than those dissatisfied with their job.

The first hypothesis also has a link with Landerweered and Boumans (1988) whose study revealed that nurses who are satisfied with their work are likely to suffer less stress and enjoyed better mental health. This shows some positive correlation between job satisfaction, and mental health. Nurses who are happy with their chosen profession will always go about their duty happily than those who are not and this can facilitate healthy mental health in the nurse. No doubt this was found by the current study.

Hypothesis two which states that nurses who experience less stress at work will show positive mental state than their counterparts who are more stressed was not supported. This is not in line with the findings of Yoshihisa et al., (2001) whose study revealed that persons with high stress were more likely to have mental health problems. Similarly, this finding is inconsistent with the findings of Lu and Tseng (1998) who's tested an integrative work stress model by collecting a data from a heterogeneous sample of Tiawanese managers. Results predicted that stress is positively correlated to mental health since managers who were under stress were at a high risk of mental health. This may be due to the fact that there is a similarity between stress and mental health symptoms. For example Oehler et al., (1999) observed that there is a link between work stress and more serious enduring mental health disturbances like feeling of depression, sleeplessness, loss of concentration and the like.

It is also important to note that clinical work in general is very stressful; Pine and Maslach (1978) have observed that this may be due to the fact that the day-to-day work demands a profound empathic relationship with patients over a lengthy period. Therefore what may seem very stressful may depend on the individual perception of the situation. Nurses who see

their work as a challenge may see overcoming certain duties as positive and necessary, therefore although the situation may be very stressful the assurance of overcoming it gives them a positive mental health just like their counterparts who are less stressed. It appears that nurses who are more stressed may equally have coping strategies to help them endure stress just like their counterparts who are less stressed, this is also linked to the study by Wong et al., (2001) who observed that nurses who adopt more positive and fewer negative coping strategies will have a better mental health. This is the reason why there is no difference in the mental health of those who are more stress or less stress.

The third hypothesis, which states that “occupational stress, will predict mental health among Ghanaian nurses than job satisfaction” was also not supported. This is due to the fact that job satisfaction is a better predictor of mental health than occupational stress. The first hypothesis, which states that nurses who are satisfied with their job will reveal positive mental state than their counterparts who are less satisfied is supported, however hypothesis two (2) which states that ‘nurses who experience less stress at work will show positive mental state than their counterparts who are more stressed’ was not supported. The testing of hypothesis one and two make it clear that in the Ghanaian context nurses’ mental health is better predictable by job satisfaction than job stress is. This may be due to the fact that symptoms of stress is similar to the symptoms of mental health therefore stress cannot be a good predictor of mental health, however job satisfaction is a different variable all together and therefore a strong predictor of mental health.

The fourth hypothesis, which states that “there is a negative correlation between tenure and

job stress" is not supported due to the fact that there was a non-significant correlation between tenure and job stress experienced by nurses. This is not in line with the study of Shinizu, Hiro, Mishima, and Negata (2002) whose study showed that tenure was negatively correlated with stress. This could be due to the fact that nurses who have stayed on the job for longer periods have lots of coping mechanisms, also the training of nurses prepares them for much challenges in the work setting, therefore what may seem so stressful to other employees may just look ordinary to a nurse. Nurses who have stayed on the job for longer periods may also have much experience to deal with situations that seem stressful, since experience is the best teacher.

Lacey and Shaver (2002) did a study which examined the relationship between the reason nurses stay on the employment setting, a nurse's length of tenure in a job, nurse perceptions of staffing in their organization and nurses satisfaction with work, revealed that length of job tenure was negatively associated with job satisfaction, in the sense that good pay was not the reason why nurses stayed on with their jobs or current employment for more than five years. This is in support of the findings of the fifth hypothesis which revealed that there is a non significant negative correlation between tenure and job satisfaction. Most nurses may enjoy what they do because it may be inherent or a gifted talent from God without necessarily thinking about how much they earn. To most of these nurses seeing people's recovery from their sick bed may be seen as a sense of fulfillment and contributing their quota to society.

The final hypothesis which states that there is a negative correlation between stress and job satisfaction is also not supported, this is in line with the study of Kirkcaldy and Martin (2000)

whose results with a group of nurses showed that, job satisfaction is influenced by factors distinct from those related to stress, as well as being influenced by stress.

The result for hypothesis five is not in support with Brewer (2001) whose finding revealed that Correlation analysis has a strong inverse relationship between the constructs (stress and job satisfaction). Stressors related to Organizational support were more associated with job satisfaction than stressors related to the job itself. There were also significant differences ($p < .05$) in correlations between job satisfaction and frequency of stressors and correlation between job satisfaction and intensity of stressors, suggesting that frequency of stressors had a greater impact on participants' job satisfaction than did intensity of stressors. In both cases however stress and job satisfaction has some links. In this study conducted, stress was positively correlated with job satisfaction, in accordance with the study conducted by Agyepong et al., (1998) nurses when asked to improvise by M.O.H. became angry and vent their anger on their patients, here one can say that stress brings out the worse in nurses and makes them dissatisfied with taking good care of their patients. Also when a nurse was interviewed as to what makes her unhappy with her chosen profession she commented on poor remuneration which in turn causes lateness and anger toward her clients. These comments make us understand that nurses under the Accra Metropolis are not satisfied with their work due to lack of equipments, rental problems, as well as low remuneration which also causes them a lot of stress. Therefore although the nursing profession is basically stressful, lack of items and material things as mentioned above cause nurses a lot of stress as well as dissatisfaction.

5.1 Contribution

A distinguish contribution to the present study is that it provides two significant findings which were found from the research. That nurses who were satisfied with their jobs were significantly more mentally healthy than their counterparts who were not satisfied with their jobs. Also there was a significant positive relationship between stress and job satisfaction. These major finding did not agree with the previous finding of Stacciarini and Troccoli (1999). Their finding showed that Occupational stress was inversely associated with job satisfaction thus laying a foundation for further research in the Ghanaian study of nurses.

Secondly, the uniqueness of this study is that other researchers whose studies related with the variable job satisfaction, occupational stress, and health outcomes for example kiracaldy et al., (2002) were mostly involved in comparative studies with different cultures and backgrounds however, the researcher concentrated on only nurses from the same country.

Finally the present study has been innovative by presenting the fact that stress was a non predictor of mental health among Ghanaian nurses. Though this is inconsistent with the finding of Yoshihisa (2001) that stress from higher workload might led to mental health problems, it provides foundation and stimulation for further research.

The study also adds to examine tenure and job stress as well as tenure and job satisfaction and brought out the finding that both variables (Job Stress and Job Satisfaction) have non-significant correlation with tenure. This finding does not only add to knowledge but could stimulate further research.

5.2 Limitations and Recommendations for Future Studies

The respondents who participated in the study were selected conveniently. This implies that the finding cannot be generalized. Future researchers interested in this area of study should consider using a random sampling technique so as to make generalization of the finding possible.

Satisfied nurses showed a healthier mental health which is necessary for effective practice as a caregiver. It is recommended that factors that influence the satisfaction of nurses be identified example increased remuneration and facilities be given to nurses to ensure a healthy mental health among nurses.

5.4 Conclusion

The mental health of nurses has become a contemporary problem in the Ghanaian work organizations. The study on job satisfaction and job stress on mental health of nurses is very necessary in this day and age, which implication has proved very useful for nurses and those who will want to join the nursing profession.

The results of this study have enlightened Ghanaians about the outcome of job satisfaction on mental health also given the knowledge that satisfaction and stress had strong links. Thus the Ministry of Health will consider policies to put in place to make nurses more satisfied with their jobs which in turn will give them a better mental health. Remuneration and facilities which would make working more satisfying should be considered immediately so that patients may get the adequate care needed. More workshop programmes are needed for nurses to bring out their fears and frustrations. Also because the research did not consider other areas like private and other regions apart from Accra Metropolis, further research is needed in these areas.

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APPENDICES

RESEARCH QUESTIONNAIRE

UNIVERSITY OF GHANA

QUESTIONNAIRE ON THE THESIS TOPIC:

JOB SATISFACTION, OCCUPATIONAL STRESS AND MENTAL HEALTH AMONG STRESS

This research forms part of the requirement for the award of M.Phil degree in Psychology, a programme the researcher is currently pursuing at the University of Ghana, Legon. It is solely for academic purposes. Please give correct response as much as you can to enable the researcher present a genuine write up.

Name of Polyclinic/Clinic:

SECTION A

Demographic Characteristics of Respondents

- a. Sex: Female [] Male []
- b. Age: Below 20 [] 21-30 [] 31-40 [] 41 or above []
- c. Marital Status: Single [] Married [] Separated/Divorce []
- d. Religion: No religion [] Christian [] Muslim [] Others []
- e. Education: Community nurse [] SRN []
Graduate [] Postgraduate []
- f. Types of nurses: Enrolled [] Registered []
Mid-wives [] Others []
- g. Ranks of job: Staff Nurses [] Nursing Officers Seniors []
Nursing Officers [] Others []
- h. Year of service in ward: 1-5 years [] 6-10 years []
10 or above []
- i. Year of service in nursing: 1-5 years [] 6-10 years []
11-50 years [] 16-20 years [] above years []

SECTION B**JOB SATISFACTION**

- 7 **Strong Agree**
- 6 **Agree**
- 5 **Slightly Agree**
- 4 **Neither Agree nor disagree**
- 3 **Slightly Disagree**
- 2 **Disagree**
- 1 **Strongly Disagree**

Below is a list of how one feels about his or her job. Please read each item in the list carefully and indicate how much you strongly agree (7) or slightly disagree (1) with each of the statement in the box. Please mark the box that corresponds to the response appropriate to you.

1) Subscale salary item

ITEM	1	2	3	4	5	6	7
My present salary is satisfactory							
The present rate of increase in pay for nurses is satisfactory							
An upgrading of pay schedules for nurses is not needed							
Considering the high cost of hospital care, every effort should be made to hold nurses salaries about where they are now or at least not to increase them substantially							

2) Subscale doctor-nurse relationship item

ITEM	1	2	3	4	5	6	7
There is a lot of teamwork between nurses and doctors in this polyclinic							
Doctors in this polyclinic generally understand and appreciate what the nursing staff does							
Doctors in general cooperate with the nursing staff here							

3) Subscale-professional status item

ITEM	1	2	3	4	5	6	7
There is no doubt whatsoever in my mind that what I do in my job is really important							
I am really satisfied with the types of activities I do in my job							
What I do in my job add up to anything really significant							
My particular job doesn't require much skills or know how							

4) Subscale – interaction item

ITEM	1	2	3	4	5	6	7
The nurses here don't hesitate to pitch in and help one another when things get busy							
There is good deal of teamwork and cooperation between various levels of nurses							
The nurses here are friendly and outgoing as I would like							
Nurses in this polyclinic don't do a lot of bickering and backbiting							

5) **Subscale – task requirement item**

ITEM	1	2	3	4	5	6	7
There is not too much clerical and “paper work” required of nursing personnel in this polyclinic							
I spend as much time as I’d like to taking care of patients							
I have plenty of time and opportunity to discuss patients care problems with other nurses							
The amount of time I must spend on administration work is reasonable and I am sure that patients don’t suffer of it							

6) **Subscale – administration item**

ITEM	1	2	3	4	5	6	7
I am really satisfied with the way nursing work is organized and get done at this polyclinic							
The nursing administrators generally consult with the staff on daily problems and procedures							
I have the feelings that this polyclinic is organized with the needs of patients given top priority							
There is no doubt that his polyclinic cares a good deal about the welfare of its employees, nursing personnel included							

7) **Subscale – autonomy item**

ITEM	1	2	3	4	5	6	7
I feel that I am not supervised more closely than I need be and more closely than I want to be							
I sometimes feel that I do not have too many bosses who tell me conflicting things							
I am sometimes required to do things in my job that are not against my better professional nursing judgement							
My supervisors do not make all the decisions. I have little direct control over my own work							

SECTION C**OCCUPATIONAL STRESS**

Below is a list of related with nursing stress. Please read each item in the list carefully and indicate how stressful you find the situation. Use the following scale.

Slight stress **Intense Stress**

1 **2** **3** **4** **5**

Relationship with patients

ITEM	1	2	3	4	5
Verbal communication is difficult with some patients.					
I have to deal with patients who are locked inside themselves.					
Some patients get strongly attached to me.					
Sometimes patients or their relatives complain to me because the treatment doesn't show any clear progress.					
Some patients want to check everything I do.					
I have the feeling that some patients try to influence me by crying.					
I don't have enough time to do deeply into each patient's personal problems.					
Seeing patients crying disconcerts me.					
I feel personally rejected by some patients.					
Patients being lay about coming to appointments causes me constant problems.					

Family rejection

ITEM	1	2	3	4	5
Some of my relatives do not believe we look after patients adequately.					
I feel personally rejected by some of my relatives.					

Identification with the patient

ITEM	1	2	3	4	5
Some patients receive very little support from their relatives.					
Signs of adverse effects of treatment distress me.					
I have to deal with severely handicapped patients.					
Sometimes I have to deal with patients who remind me of people close to me.					
Sometime I worry about the relatives of chronically severe ill patients.					
It is hard to face so many people's suffering everyday.					
Sometimes before going to sleep or getting up, I worry about particular patients' problems.					

Deterioration and complications

ITEM	1	2	3	4	5
Sometimes I have seen the long and painful advance of diseases suffered by patients.					
I have to deal with patients who are very likely to commit suicide.					
Some patient's frequent relapses discourage me from continuing treatment.					
I deal with many patients whose condition I know will remain basically unchanged all their life.					
I have to deal with patients whose contribution to treatment is extremely low.					
Sometimes I have to deal with aggressive patients.					

Job Criticism

ITEM	1	2	3	4	5
Sometimes I feel worn out inside.					
There are times when I ask myself the purpose of my job.					
I feel disappointed by the limited power or what I do.					
I am hardly paid for what I do.					
I too often have to work night and weekends.					
A great deal of individual abilities is wasted on the kind of work that is normally carried out.					
My work can lead to exhaustion.					
The system of mental health care is quite disorganized.					
I feel trapped by my profession.					

Private life

ITEM	1	2	3	4	5
Occasionally I am so absorbed in my job that I cannot dedicate to my family as much time as I would like to.					
Some problems with my friends or family result from my work situation.					

Work space

ITEM	1	2	3	4	5
My work is frequently impaired by space limitations.					
I regret that there is not quite place where I could where chat to my colleagues without being disturbed.					

Daily work

ITEM	1	2	3	4	5
I am continually called or interrupted when having private conversations with patients.					
I spend too much time on administrative work and bureaucratic problems.					
Sometimes I feel no motivation for doing tasks, which do not correspond to my occupation.					
The telephone rings too often.					
I have very little freedom to make my own decisions.					
I get very little acknowledgement of my work from my superior or from colleagues.					
I have conflicts with my colleagues or other professionals.					
Sometimes I have to "carry the can" for others mistakes.					
There are people in the team/section unit who sometimes act too independently.					
My proposals for action have very little impact.					
Work overload impairs the quality of my work.					
Incompetent staff too often interferes in my work.					
I sometimes receive contradictory commands.					
There are too many people training.					

Therapeutic decisions

ITEM	1	2	3	4	5
In isolated cases and as a result of orders from my superiors, I have to do something particular even though I'm skeptical.					
Occasionally I ask myself if we really help the patient with our prescriptions.					
There are occasional disagreements among the group on some therapeutic aspects.					
Sometimes the optimal type of intervention for the patient is not accessible or available.					
Sometimes the therapeutic responsibility for certain patients is hard to take.					

SECTION D

MENTAL HEALTH

We would like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks.

Please answer all the questions simply by ticking the answer that you think most applies to you.

Remember that we want to know about the present and recent complaints, not those you had in the past.

It is important that you try to answer all the questions.

HAVE YOU RECENTLY

ITEM	1	2	3	4
- been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
felt that you are playing useful part in things?	More so than usual	Same as usual	Less so than usual	Much less than useful
- felt constantly under strain	More so than usual	Same as usual	Rather more than usual	Much less capable
- felt you couldn't overcome difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
been able to enjoy your normal day-to-day activities	Not at all	Not more than usual	Less so than usual	Much more than usual
been able to face up to problems?	More so than usual	Same as usual	Less able than usual	Much less able
- been feeling unhappy and depressed	Not at all	No more than usual	Rather more than usual	No more than usual
- been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
been thinking of yourself as a worthless person	Not at all	No more than usual	Rather more than usual	Much more than usual
- been feeling reasonably happy, all things considered?	More so than usual	About the same as usual	Less so than usual	Much less than usual