

Prevalence of Work Related Stress among Health Practitioners at Chinhoyi Provincial Hospital

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Abstract

The study investigated the actual existence of work related stress among health practitioners at Chinhoyi Provincial Hospital in Mashonaland West Province. The 37 health workers, comprising of 22 female and 15 male subjects from 18 different departments, with experience on the job ranging from 0-5 years up to 16 years and more were conveniently selected as a sample. A descriptive survey was used for the collection of data. Structured questionnaires with closed and open ended questions were used to collect data. A pilot study was carried out to ensure validity and reliability of the research instrument. The study findings revealed that work related stress impacted on the social relations, health and psychosocial relationships of the health workers as these practitioners would not fully participate in social activities due to the work schedules they have. There was no significant variation that work related stress was a contributing factor to the health workers' health status, maybe it was due to differences in instruments used in this study and the other related studies done on the same subject. Work overload was the most mentioned variable that health workers indicated as contributing to work related stress and it was attributed to lack of resources in the whole Zimbabwean public health system. Psychosocial relations of the health workers were affected by the work overload and this in turn contributed to work related stress among the health practitioners. Work under-load was also indicated to contribute to work related stress when health workers would find themselves unable to perform duties as their skills require due to lack of equipment and other materials like medicines. This would occur especially when they watch a patient suffer where there are no materials and equipment or they turn away a patient due to lack of resources. When it came to the issue of salaries, the findings showed that this variable was the most topical issue among health workers who all indicated that the remuneration they got did not match the workload assigned to them as well as their professional qualifications.

Key words: stress, burnout, health practitioners, remuneration

1. Introduction

The Zimbabwean public health practitioners have been facing challenges of work related stress that manifest in various ways. Some of them absented themselves from work for no apparent reason or good cause, while some took frequent sick leave, some showed signs of exhaustion, cynical detachment from work and had feelings of ineffectiveness in executing their duties. Individuals who suffer from stress may complain of headaches, being easily tired, having growing feelings of inability to cope with work tasks allocated, a drop in personal motivation and a progressive loss of idealism and purpose. All these symptoms point to stress Baron(1992) explains that the stress may result in one experiencing pulse races, soaring of blood pressure, sweating and even lowered resistance to disease. Baron(ibid) further indicates that stress can result in one having low energy, feeling tired all the time, having frequent headaches, nausea, poor sleep and changes in eating habits. Such signs were evident in some health practitioners at Chinhoyi Provincial Hospital indicating that they could be suffering from work stress.

2. Stress

Lazarus and Folkman, 1984; Taylor, 1991 cited by Baron (1992:443) define stress as “-----response to events that disrupt, or threaten to disrupt our physical or psychological functioning”. In relation to the definition of stress given above, Kortum-Margot cited in the GOHNET Newsletter Issue No 2 of 2001/2002 described work stress as existing in three categories namely:

- ✚ The engineering approach; this approach views work stress as an aversive or noxious characteristics of the work environment.
- ✚ Physiological approach; which explains work stress as a physiological response to a threatening or damaging environment.
- ✚ Person-environment interaction approach; this approach views work stress as the dynamic interaction between the individual and his/her work environment.

This categorization brings in the assumption that health personnel at Chinhoyi Provincial Hospital could develop

work related stress due to the pressure of work, lack of equipment and other essential resources to do their work, thus aspects like medicine, machines and other essentials in their profession. Lack of adequate and satisfying working environment could made their work difficult to accomplish. In turn they could develop coping mechanisms that could be either harmful or healthy to them and the public they serve. Difficult or unpleasant work environment could cause work related stress. Observing the situation in Zimbabwean public hospitals one could notice that there was a shortage of medicines that are essential to the general public. Anti-retroviral drugs were not enough to serve all the population that was affected, medicines to reduce the effect of opportunistic infections were scarce, gloves could not be adequate for all health centres, some wards have no staff to man hence the bunching of male and female patients in a single ward, lack of linen in the wards(that has forced some patience to bring on blankets) and sometimes there is no electrical power. Such a working environment creates work related stress among the health practitioners.

When stress prolongs or is not curtailed, it develops into burnout. Burnout, although related to stress has a slightly different meaning from stress. Smith et al (2007) explain that burnout is a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. The explanation indicates that the individual will have developed a somewhat numb feeling, a chronic condition that may develop unnoticed by the individual concerned. The two conditions, as indicated in the definitions show some complementary aspect where unattended stress develops into burnout. These two conditions can have adverse effects on the health profession whose mandate is to preserve lives of the public by delivering life saving services. For such services to be offered effectively, the health practitioners need to be free of stress and burnout. A health professional who has lost interest in his/her work may not effectively assist clients.

3. Stress, its symptoms, source and effects

Stress, like depression, is a universal experience. Both are generally self-limiting and may even prove to be beneficial in terms of personal growth(Cherniss,1980). In some circumstances, however, stress and depression may become excessive and morbid, and lead to considerable disability. The association of stress with physical and psychological disorders has aroused much controversy over the years, but the particular subject of 'burnout' has received comparatively little attention in Britain, for instance. In the USA, job stress and burnout syndrome(BOSS) have stirred up great interest, as demonstrated by articles by Jones and Cherniss (1980). The authors suggest that a high level of occupational stress leads to physical and emotional exhaustion, with consequent loss of efficiency. The condition is viewed to affect particularly those in the helping professions(health practitioners) and in responsible positions. Lazarus and Folkman, 1984; Taylor, 1991, in Baron (1992) explain stress as our response to events that disrupt, or threaten to disrupt our physical or psychological functioning. The authors further elaborate that stress is a common part of life in today's world. They agree that stress seems to exert negative effects on both physical health and psychological well-being of an individual. The Help Guide(2008) illustrates the body's stress response indicating that when one perceives a threat, the nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol. These hormones rouse the body for emergency action. The heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and one's senses become sharper. These physical changes increase strength and stamina, speed one's reaction time, and enhance one's focus – preparing one to either fight or flee from the danger at hand.

Stress is believed to be a normal physical response to events that make one feel threatened or upset one's balance in some way. When one sees danger – whether it is real or imagined – the body's defenses kick into higher gear in a rapid, automatic process. Thus the fight-flight reaction or the stress response. Hans Selye 1956, 1993), a stress scientist, cited in Plotnik (2002) explains that when individuals are exposed to stressors in their surroundings they experience various physiological reactions. These manifest in form of psychosomatic symptoms. Not only does stress make one feel overwhelmed, but it also triggers the 'fight-flight' response which greatly increases physiological arousal in turn causes psychosomatic symptoms. These symptoms refer to real and often painful symptoms. For example headaches, muscle pains and stomach problems, that are caused by psychological factors like worry, stress and anxiety. Continuous activation of the 'fight-flight' responses result in what Selye(1959, 1993) refers to as the General Adaptation Syndrome(GAS). This process is said to be controlled through the sympathetic nervous system. It prepares the body for action. The responses are brief and soon return to normal levels. The GAS consists of three stages namely: the alarm stage when the body prepares itself for immediate action, the arousal of the sympathetic nervous system when hormones are released to prepare for danger and the resistance stage when stress is prolonged. In this stage arousal is lowered unlike during the alarm stage but the body continues to draw on resources at an above-normal rate in order to cope effectively with the stressor.

When one is exposed to the same stressor or additional stressors, like in the case of the health practitioners who routinely face same challenges each day they are at work, it drains the body of its resources and leads to the third stage called exhaustion, which Gerrig and Zimbardo(2002) describe as when the body's

resources become depleted and the organism's susceptibility to illness increases. In severe cases like prolonged exposure to freezing temperatures the result of exhaustion can be death. Gerrig and Zimbardo (ibid) add that the dangers associated with the stage of exhaustion is that the actions of the adrenocorticotrophic hormone reduce the ability of natural killer cells to destroy cancer cells and other life threatening infections. If the body is chronically stressed the increased production of 'stress hormones' comprises the integrity of the immune system. Rathus and Nevid(1989) stress that too much of a good thing can make one ill. For instance marrying a 'Mr Right', finding a prestigious job and moving to a better neighbourhood all the same year could lead to headaches, high blood pressure and asthma. These all involve major life changes and can be a source of stress(Holmes and Rahe, 1967). As well Baron (1992) indicates that death or injury to a spouse or child, war, failure in school, changing jobs, moving, an unplanned pregnancy are a source of stress. Hassles(for example preparing food, losing money, noisy neighbor who disturbs sleep or being late for an appointment) of daily life can also cause stress. Rathus (1989) argues that such incidents are linked to psychological symptoms such as nervousness, worrying, inability to get going, feelings of sadness, feelings of aloneness. The environment also poses stressing situations such as natural disasters(like an outbreak of a disease in the case of health workers), technological disasters (accidents such as pricking oneself with an infected syringe, blackouts) noise, air pollution, extremes of temperature and crowding- Rathus and Nevid(1989). Health workers can suffer post traumatic stress disorder(PTSD) due failing to serve lives of cholera patients like what happened in August 2009 when there was such an outbreak throughout the country. Linda, Green and Grace, 1987 cited by Williams (2002) describe symptoms of PTSD as including nightmares and flashbacks, distress at exposure of reminders of the events, irritability, difficulty in concentrating and a general unresponsiveness.

4. The Zimbabwean Situation

In Zimbabwean public hospitals long queues are the order of the day, especially at Chinhoyi Provincial Hospital. Clients spend almost the whole day in a queue without being attended to and some may return home without getting the service they intended to get, let alone the services of a doctor. This alone implies that Zimbabwean public hospitals are understaffed regardless the freezing of posts in the Ministry of Health that employs medical practitioners. Those who had completed their training in various health professions ranging from nurses to laboratory technicians were denied their certificates so that they could not migrate to other countries that could employ them. Most Zimbabwean health professionals spend more time at work than in any other single extra-curricular activities. Situated in a town that does not have amenities to cater for recreation activities after work it is not surprising that jobs and careers are a central source of stress and burnout to the health professionals. Some of the factors producing stress among health professionals in Zimbabwe's health system is work overload or being asked to do too much in too short a period of time. For instance, when clients spend the whole day sitting on the bench waiting to be examined by a doctor, at the end of the day they only observe that there are just two doctors who appear to serve them hence some patients go home unattended. Sometimes it could be because of the economic hardships and political instability that the Zimbabwean health system lost a sizable number of health professionals to South Africa, Europe, America and Australia. This left Zimbabwe's public hospitals understaffed hence creating overload for the existing skeletal staff. Such overload on few staff may create stress among health care staff.

Interestingly less work can also cause stress and burnout to the worker. Such under-load may produce intense feelings of boredom and these in turn, can be very stressful. Despite brain drain which hit the health profession sector for the last 13 years, some departments were not severely affected. Examples of such departments are; the nurse aides, general hand personnel and the nursing department that continually trains staff locally(although in 2009 new graduates were not engaged due to freezing of posts). These may be affected by stress due to work under-load. When the nurses serve the clients who need their services, they have to wait for doctors who may not be available. On the other hand these nurses could suffer role conflict whereby the clients expect them to assist them with services they are unable to provide while their supervisors or seniors expect them to follow the client charter by giving satisfactory service when they have scarce resources. Under such environment, corrupt practices that include paying for attention from the health staff may prevail. Those who have money, relatives and friends working at the health centre may be able to get services at the expense of the poor and those without relatives and friends at the health centre. In some cases, in order to reduce queues, student nurses end up manning wards in the hospital while the qualified and experienced staff take the 'back seat' as a result of fatigue caused by too much work load. In such incidences, clients suffer as a result of too much work load on the few qualified health practitioners at the station by being offered sub-standard service from unqualified staff.

Working in an environment where there is skeletal staff may result in role ambiguity whereby an employee's job description becomes unclear. A health profession who works as a nurse may be forced to do other tasks that are roles which are incompatible. For instance the nurse matrons are both nurses and supervisors. The shortages of working tools that impedes their juniors' work also affect them. It would then

create role stress when they have to appraise their subordinates as required as required by their own bosses. The shift system, whereby health professional alternate their starting time at work, was introduced to alleviate stress and burnout associated with the nature of their work. Some health practitioners work during the night and after a week they are supposed to rest for seven(7) days. this is applicable mostly to those nurses who serve admitted patients in the wards and those nurses who serve the maternity labour wards. For the midwives, a midwifery allowance is paid since their tasks carry more risk than the ordinary nurses. Doctors also get what is called 'on-call' allowances which cater for emergency calls they get from the hospital. Regardless of these incentives, doctors have been known to be nowhere to be found when emergencies occur or have been know t delay arriving at the hospital when they are needed.

It has also been noted that work related stress among health practitioners resulting from heavy workloads and poor salaries may in turn cause stress in the client who has to spend the whole day waiting to get a service that may not materialize thus passing of stress and burnout from doctor or nurse to the client. This may result in clients losing faith in the health profession. As they perform their duties, health professionals may also suffer work related stress induced by performance appraisal, a system used to evaluate employees' performance. When the evaluation procedure is perceived as fair by employees, stress can be low whereas when it is seen as unfair, stress is likely to be high among workers. No one wants to feel that rewards such as raises, promotions, or bonuses are being distributed unjustly. This may be evident at Chinhoyi Provincial hospital where some incentives are given with the help of the Global Fund and UNICEF. Those holding senior positions and doing less work might be the ones who get more than those doing more work. Kortum-Margot cited by GOHNET Newsletter Issue No 2 of 2001/2002 explains that when one has work related stress and burnout, she/he experiences upset relationships with the family, friends and colleagues at work. Thus, when an individual is stressed up he/she may not relate well with his/her spouse, children, extended family members, friends, neighbours or even his/her workmates. Such conditions described by GOHNET Newsletter (ibid) may also be existing among health professionals at Chinhoyi Provincial Hospital.

Due to Zimbabwe's economic meltdown, local currency was adversely affected and multicurrency system was adopted on 1 February 2009. This caused the treasury to operate on limited resources on wages for all civil servants including the health practitioners who get paltry salaries in the range between US\$150 and US\$200 per month. Low salaries that are well below poverty datum line of US\$45(which was then raised to \$230 including allowances in 2013) per month for other low ranked health practitioners and too much work to be done may create stress among health professionals in Zimbabwe. It was the intention of this study to find out if such conditions existed at Chinhoyi Provincial Hospital among the health workers. Around 2009, UNICEF, in order to alleviate stress caused by low salaries and to compliment government efforts to retain professionals, had been giving incentives to health practitioners so as to motivate them to effectively execute their duties although some health practitioners reported anomalies in the distribution of the incentives by their senior administrators (GAVI Partners' Forum 18-10 Nov 2009, UNICEF-Zimbabwe_ Immediate _Needs 16_Dec_2008). Regardless of such incentives in the health sector, the health personnel still exhibited behaviours indicating lack of interest in their work. the human resource department is also given a tough task of continually dealing with acts of misconduct which may in turn cause stress on the human resource officer who would be required to address the issues of absenteeism, substandard performance and strained relationships at work. Some of the ethical principles outlined in the nurses code of ethics indicate that it is the mandate of the health practitioners to prioritize the client who is the main stakeholder and save life. Training as a health practitioner then entails upholding the ethical principle of maleficence which seems to be ignored due to stress.

It is to this background that the study sought to find out if work related stress contributed to the behaviour of health practitioners when giving services to patients at Chinhoyi Provincial Hospital. The research was expected to provide answers to the following questions:

- ✚ Does work related stress prevail among health practitioners at Chinhoyi Provincial Hospital?
- ✚ To what extent does work related stress affect Chinhoyi Provincial Hospital health practitioners' social relations?
- ✚ What type health problems do Chinhoyi Provincial Hospital health practitioners display as a result of work related stress?
- ✚ To what extent does work related stress contribute to psycho-social problems among Chinhoyi Provincial Hospital health practitioners?
- ✚ To what extent do low salaries awarded to health practitioners contribute to work related stress among Chinhoyi Provincial Hospital health practitioners?
- ✚ How does work overload or work under-load contribute to the development of work stress among Chinhoyi Provincial Hospital health practitioners?

5. Methodology

The survey design was used in this study to collect information on a selected attribute from the sample of

respondents drawn from the Chinhoyi provincial Hospital health practitioners through the use of question. Structured and unstructured questions were utilized to gather information on the prevalence of work related stress and burnout among health practitioners at Chinhoyi provincial Hospital. a pilot study was done at a hospital that has same characteristics as the target research area in order to improve the research instrument.

5.1 Sample

The sample was drawn from a population that consisted the hospital staff compliment of 397(the expected/authorised establishment being 446) employees as at the time of the study(Chinhoyi Provincial Hospital Human Resources Database, 2010). The sample under study was forty health practitioners (20 male and 20 female) although only 37 (93%) managed to successfully return the completed questionnaires. The convenience sampling method was used on the sample due to the nature of their work of attending to sick people and emergencies. This enabled the researcher to reach the nearest health worker in each department on the research list.

5.2 Instruments

Questionnaires were used in this study as a data collection instrument which would assist to obtain responses from health practitioners in different Chinhoyi Provincial Hospital departments. The fact that the questionnaires would provide confidentiality and anonymity to the health workers since the study sought to probe into the health practitioners attitudes towards their work and this could lead to victimization or labeling made the questionnaire an appropriate tool. This instrument could pose challenges in that a 100% return rate might not be achieved, semi-literacy of some workers like the mortuary attendants, nurse aides and others who could not understand English language. The researcher made follow-up on the questionnaires by visiting the hospital regularly to collect those completed and got 37(93%) out of 40(100%). As for those semi-literate, questions would be explained using vernacular or administered orally by the researcher. The instrument had three sections, thus; A, B and C whereby section A solicited the respondents bio-data, B had structured closed ended questions and section C had open ended questions.

5.3 Research Procedures

As alluded by Cohen and Manion(1994), convenience sampling rests on the closest and most available subjects to constitute the sample. In this study, the convenience sampling method was used to enable the researcher to choose the nearest health practitioners within reach at the time of research. This reduced the long waiting time for practitioners tied up in their duty of serving patients, for instance the few indigenous doctors who would be in theatre operating patients.

5.4 Ethical Considerations

The ethical considerations catered for in this study included informed consent whereby respondents were given the information on what the research was about and given the option to respond or refuse to participate and stop participating if they felt so. Confidentiality was the key ethical consideration whereby each participant was assured of anonymity and confidentiality. They were not supposed to provide their names on the questionnaire.

Table 4.1: Respondents' Bio-data

Variable	Frequency	f(%)	Total
Sex			
Male	15	41	100
Female	22	59	100
Occupation			
Medical Doctors	2	5	100
Laboratory Scientists	1	3	100
General Nurses	12	32	100
Radiographers	1	3	100
Pharmacy Technicians	1	3	100
Health Information Officers	1	3	100
Administration Officers	2	5	100
Midwives	2	5	100
Psychiatric Nurses	1	3	100
Clerks	1	3	100
Human Resources Officers	2	5	100
Occupational Therapists	2	5	100
Student Nurses	1	3	100
Physiotherapists	2	5	100
General Hand	1	3	100
Rehabilitation Technician	1	3	100
Nurse aids	1	3	100
X-ray operators	2	5	100
Counselor	1	3	100
Experience in Present Job			
	Frequency	f(%)	Total
0-5 years	15	41	100
6-10 years	6	16	100
11-15 years	5	14	100
16years & above	11	30	100

6. Results

As shown in table 4.1, 41% of the subjects were male and 59% female. On occupation 5% were medical doctors, laboratory scientists 3%, nurses 32%, radiographers 3%, pharmacy technicians 3%, administrative officers 5%, midwives 5%, psychiatric nurses 3%, clerks 3%, human resources officers 5%, occupational therapists 5%, student nurses comprised 3%, physiotherapists 5%, the general hands 3%, rehabilitation technicians 3%, nurse aids 3%, x-ray operators 5%, and counselors made up 3% of the subjects.

The table also shows subjects' experience on the job they occupied were: 0-5 years; 40%, 6-10 years; 16%, 11-15 years; 14% and those who have occupied the same job for 16 years and more comprised of 30% of the subjects. The 0-5 years experience on the job exceeds those who have stayed on the job indicating that mostly health practitioners have moved to neighbouring countries, the Western countries or left their jobs due to dissatisfaction that leads to stress.

The bio-data indicates that the majority of the respondents interviewed were female nurses. This could be due to the fact that female nurses work in geographical areas where their families reside and work. Especially the married female nurses usually relocate to join their husbands. Nurses comprised 32% which makes the majority of the subjects. The main business of a hospital is nursing patients and this could be a contributing factor to the highest number of female subjects. The distribution of the health practitioners by gender (41% male and 59% female) confirms the country's population ratio that indicates that female population exceeds that of the male population (51% female, 49% male). This can also be explained using the feminist perspective which explains the dominance of women in the nursing profession (Bimha,2000). Liberal feminism posits that the traditional categorization of men to the domain of rational thinking and reason, while women to caring and emotions leads to sexual division of labour. The content of women's work in the household is carried over on the same caring professions in nursing (Wollstonecraft,1972;Rees,1992:25).

It was also noted that those who have served for 0-5 years on the job made up the majority (40%) of the subjects. This would be attributed to the staff migration to neighbouring countries and the West for greener pastures hence the engagement of new staff all the time.

Prevalence of work related stress and burnout among health practitioners at Chinhoyi Provincial Hospital is going to be presented following subjects' bio-data (gender, occupation and experience on the job).

Research question 1: Does work related stress prevail among health practitioners at Chinhoyi Provincial Hospital?

Responses from subjects indicated that the health practitioners have many work challenges that result in them showing signs of stress such as feeling as if they lack control over their work or having little control. Across the departments, 47% of the respondents felt they could not help patients when work tools were scarce or not available so this would make them feel lacking control over their work hence stressing them. Due to lack of enough work tools, the work was indicated by 33% of the nursing staff, 50% of x-ray operators, 50% of rehabilitation technicians, 50% of medical doctors, 100% of laboratory technicians and 100% of midwives to be monotonous and routine, not challenging at all hence failing to arouse the brain that is used to new discoveries especially in the case of physicians. This hospital is a referral hospital that serves the whole province which houses seven (7) districts and has been indicated by almost 35% that their workplace is a high pressure environment that can trigger stress, while some respondents (60%) complained of management that does not reward or recognise subordinates for work well done. They indicated that such behaviour discourages health practitioners to do their work whole heartedly and makes the workplace a living hell. Working too much without enough time to relax and socialize with family and friends was mentioned by 58% of the health practitioners in departments such as maternity, x-ray, rehabilitation, mortuary, the doctors and nursing fraternity. Management was indicated as expecting subordinates to do more than they could manage. Like expecting the midwife to assist an expecting mother to deliver when there are no gloves, at the same time expecting the practitioner to avoid being HIV infected or infecting the patient. Due to freezing of posts of the nursing fraternity and the exodus of health practitioners to neighbouring and overseas countries, 50% of the subjects showed that doing too much work without any assistance leads to fatigue. The nature of their work in the circumstances, as indicated by 50% of the medical doctors, x-ray operators, occupational therapists, also lead to failing to get enough sleep after a day's tiring work because they have to fend for their families who cannot be sustained by the paltry salaries they get. Their appetite for food is also negatively affected and some indicated going on sick leave so often which could be a result of stress. About 7% Male subjects showed that they resorted to taking too much alcohol to soak away their fatigue, while about 15% agreed to skipping work or coming in late and leaving early before the end of a working day. About 26% of the subjects indicated that they no longer enjoyed their work now as much as ever. Such indications may indicate the existence of some form of work related stress among the health practitioners at this hospital.

Research question 2: To what extent does work related stress affect Chinhoyi Provincial Hospital health practitioners' social relations?

The results show that regardless of gender, occupation or work experience, the health practitioners have no spare time for relaxing and socializing. Almost 60% showed that they felt their family and friends demanded too much from them, which could in actual fact be the effect of work stress that made them unable to balance work and social life.

Research question 3: What type health problems do Chinhoyi Provincial Hospital health practitioners display as a result of work related stress?

Stress as indicated by Mealer, Shelton, Berg, Rothbaum and Moss (2007) in their study on psychiatric nurses, public health nurses, and intensive care unit (ICU) in the Phillipines can contribute to such symptoms as migraine, dizziness, sleeping disorders, cough and colds and diarrhea. In this study, it seemed due to the difference in instruments employed, the environment in which the subjects exist and the differences in culture contributed to resilience developed. This is indicated by the 7% that agreed to have taken sick leave so often.

Research question 4: To what extent does work related stress contribute to psycho-social problems among Chinhoyi Provincial Hospital health practitioners?

In some environments like the Western world, work related stress leads to drug, alcohol abuse, eating more food (binging) or less food, drinking more coffee and/or smoking more cigarettes (Dr. Beverly Potter on <http://www.softpanorama.org/social/burnout.shtml>). However in this study, due to cultural differences whereby the majority of the health workers are females whose lifestyles are governed by African patriarchal culture that emphasizes shame induction and collectivism, problems are dealt with by a group not an individual. Thus, shameful behaviour exhibited by an individual, impacts on the group (clan or family). Such a culture has helped curb effects of work stress like alcohol/drug abuse and other anti-social behaviours among the studied subjects with 7% as indicated in question 1.

Research question 5: To what extent do low salaries awarded to health practitioners contribute to work related stress among Chinhoyi Provincial Hospital health practitioners?

The findings indicated that salaries had a strong relationship with work related stress among health practitioners at Chinhoyi Provincial Hospital. Almost 99% of the subjects showed that they were stressed by the remuneration that did not match the workload or qualifications they had. ILO research done in the 1980s on job satisfaction by Swedish Central Bureau of Statistics showed that 26% have an instrumental attitude to their work. They considered 'their work to yield nothing except the pay-that is no feeling of personal satisfaction'. Work is regarded purely as an instrument for acquiring an income. This is also in line with the Bible letter by Saint Paul to Timothy (Timothy 2:6) that says: "it is the hard working farmer who ought to have the first share of the crops". Today most organizations, including the health system, are striving to improve productivity, services and quality in order to maintain or improve their position in the business world. Most often workers will not give extra or sustained effort without some form of incentive.

Research question 6: How does work overload or work under-load contribute to the development of work stress among Chinhoyi Provincial Hospital health practitioners?

It was evident that work over load, as shown by 40% of the respondents, contributed to work related stress among general nurses and female subjects in particular, being the main executors of the hospital's main business (Wollstonecraft, 1972; Rees, 1992:25). The shortage of medicines and other equipment needed at the hospital that was common in Zimbabwean public hospitals at the time of research (2009-2012) made it difficult for the health practitioners to assist their clients. They would just turn them away and spend the day sitting idly, which would create work under-load which was indicated by 27% of the subjects. Some wards were never opened since opening of the provincial hospital, not because there were no ill people in the province, but because there was no equipment to get the wards working. With the staff turnover the nurses may be overwhelmed with work due to mass migration that occurred in 2008/2007 era and also non-recruitment of newly qualified nurses due to the freezing of posts by the Ministry of Health in 2009 till now.

6. Discussion

The results showed that health practitioners at Chinhoyi provincial Hospital suffer some form of stress and burnout due to various working pressures. Work overload was seen to be one of the stressors. This was indicated by the long queues of patients waiting to be served by a few practitioners within the health institution. The health practitioners would be expected to do too much within too short a period of time hence leading to exhaustion. When the nurses have done their part, they would suffer work under-load due to feelings of inadequacy resulting from waiting to hand over the patient to a doctor who were not be available. Such a situation led to role conflict which also made health practitioners suffer work stress. They would be expected to assist where a doctor was needed in order to religiously follow the client's charter which advocate for giving the client service under all odds even when resources are scarce (equipment and medicines). The health workers' job description would then be unclear due to overlapping tasks that they would end up doing in order to serve the patient, thus bringing in the concept of role ambiguity into play.

Low salaries that were indicated to be below the poverty datum line also contributed to work related stress among health practitioners. Rewards such as bonuses, incentives, raises, or promotions were shown as sometimes distributed unjustly, hence leading to losing interest in work due to stress. In some instances it was indicated that management did not recognise the sacrifice made by their subordinates and this would contribute to work stress.

The working environment also brought work stress to the health practitioners whereby both male and female patients would be placed in a single ward due to lack of adequate human and material resources. Job turnover had negatively impacted the availability of human capital such as specialist doctors, laboratory technicians, radiographers, while the economic melt-down impacted on equipment for rehabilitation, gloves, medicines and others. Such conditions were indicated as unsatisfactory and stressing. When a health practitioner like a midwife cannot access gloves in this HIV and AIDs era, the working environment becomes difficult and unpleasant. The health worker would be torn into two whereby one part dies to serve the patient and the other dreads for safety from a devastating virus that is incurable.

Lastly the study found out that all this work stress overlapped to the health workers' social relations. They failed to spare time for their friends, spouses, extended family and children. They felt as if these relations were demanding too much from them, when in actual fact they would come home stressed up. Some few health workers would turn to alcohol and smoking which is a form of changes in psycho-social behaviour, especially the male health workers.

8. Conclusions and Recommendations

The results of the study concludes that work related stress prevails among the health workers at Chinhoyi

Provincial Hospital to some extent. Work overload deprived the health workers from enjoying leisure time. Work under-load was also experienced in some departments where resources were scarce, role ambiguity and role conflict were indicated, unfair performance appraisal and low salaries all contributed to work related stress among health practitioners hence impacting on social relations. Health conditions were indicated to be affected to a lesser extent by the respondents and psycho-social problems of the health practitioners were affected by the work related stress.

From the findings of this study, the researcher recommends that the health system finds a way of reducing the occurrence of stress among health practitioners by:

- ✚ reducing demands through more realistic and gratifying goals
- ✚ training health practitioners staff coping strategies (e.g time management techniques)
- ✚ putting up development support groups for health practitioners
- ✚ putting in place work-focused counselling and consultation to staff under high levels of stress

Modify the job structure by:

- ✚ engaging in supervisor training(with regular monitoring and feedback)
- ✚ giving health workers frequent vacations and breaks during working hours
- ✚ spreading most difficult and unrewarding tasks among all staff
- ✚ providing the opportunity to work in more than one role and programme, altering rewarding and unrewarding activities such as everyday duties with UNICEF funded tasks
- ✚ having career ladders for all staff, for instance sponsoring their professional development

Where stressors are beyond individual control, preventive measures at the organizational level can be to:

- ✚ set clear and consistent goals
- ✚ foster staff autonomy and participation in decision making
- ✚ provide shared responsibilities
- ✚ have formal mechanisms and training for group and organizational problem-solving and conflict-resolution for all staff
- ✚ more research needs to be done on the prevalence of work related stress among health practitioners in Zimbabwean public health system so as to improve the services given to patients/clients.

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