



Research Article

To Recognize the Causes of Stress and Its Effects Among Nurses Working in The Intensive Care Unit of Government Hospital Islamabad

Naimat Ullah*, Niaz Ali, Aqeela Naz, Memoona Khalid, Farzana Khalid, Shanala, Ghulam Zainab

National Institute of Health Islamabad, Pakistan

Article Information

Received: 15 June 2022

Revised version received: 16 July 2022

Accepted: 19 July 2022

Published: 28 July 2022

Cite this article as:

N. Ullah et al. (2022) *Int. J. Soc. Sc. Manage.* 9(3): 94-102. DOI: [10.3126/ijssm.v9i3.47028](https://doi.org/10.3126/ijssm.v9i3.47028)

*Corresponding author

Naimat Ullah,

National Institute of Health Islamabad, Pakistan

Email: ullahnaimat84@gmail.com

Peer reviewed under authority of IJSSM

©2022 IJSSM, Permits unrestricted use under the CC-By-NC license.



This is an open access article & it is licensed under a [Creative Commons Attribution Non-Commercial 4.0 International](https://creativecommons.org/licenses/by-nc/4.0/)

[International](https://creativecommons.org/licenses/by-nc/4.0/)

(<https://creativecommons.org/licenses/by-nc/4.0/>)

Abstract

Introduction: Stress is an unwanted condition for any reason, affecting an individual's life and developing socio-psychology problems. Identifying the main causes of the stress may vary different sources and especially for those who are working in a critical area of the hospital.

Aim: The main focus of the study is to interpret the effects of stress and strategic methods for reducing the stress among Nurses, working in the Intensive care unit of PIMS hospital.

Methodology: Cross-sectional study was conducted among ICU nurses of the PIMS hospital Islamabad. Our sample size was 150 nurses in critical areas, using a very simple method of obtaining the data.

Result: Overall findings of the result are showing that ICU nurses have insufficient knowledge about operating the main machinery creating more stress, conflicts with co-workers and doctors, prolonged shifts, and lack of support from seniors. These are the main reasons for the stress. The data was collected by the distribution of an official format questionnaire among the ICU nurses and their data was kept confidential.

Conclusion: The main motive of the study is to evaluate the knowledge of stress coping skills among ICU nurses and managerial skills and techniques which can reduce stress levels. Cognitive therapies and different training programs should be arranged by the ICU management and spare some time for recreational activities, maintain a balanced diet and keep busy with patient care and avoid unnecessary activities. Seniors and doctors should encourage their juniors and create a pleasant, positive atmosphere. All these activities can promote the health status of the patient.

Keywords: Intensive care unit; Nurse; Nursing; Stress; Coping skills

Introduction

Stress can be expressed as; it is psychological disturbing situation triggered by a sudden incidence affecting our daily life routines is stress. It could be generated when we experienced new and unwanted circumstances that disturbed our sense of self. In another term, stress is defined as that it is a condition that developed mentally, emotionally, and physically fatigue set to any response, in response to this situation our emotions are disturbed, feel

anxious and uneasy. The nursing profession is a challenging, more attentive, and complex job, which affects a nurse's personal life, it will affect physically, mentally, and emotionally. Stress is very common in different workplaces, where nurses are involved. Stress can be either positive or negative in different aspects, such as it helps to accomplish any task timely or to avoid any uncertainty. Stress can be a positive aspect when nurses are very proficient and have coping skills in their professional

routine. But it exceeds when the demand of work developed. In different ways, ICU stress affects nurses, and their behavior, affecting work performance which leads to anxiety, depression, insomnia, feelings of inadequacy, reduction of attention span, unable to concentrate, and impaired decision-making. A stressor is anything that causes the release of stress hormones. There are two broad categories of stressors: Physiological stressors and Psychological Stressors. Different kinds of stressors in nurses are workload, shortage of staff, lack of support from supervisors, conflict with peers and doctors, and demanding patients and relatives (Khan *et al.*, 2015).

In modern times, nursing care is more advanced; nurses are engaged to get advance education, and training in different fields, especially in critical care. The intensive care unit has been seen as one of the very stressful working places among different units of the hospital. Qualified and very skillful ICU Nurses (CCNs) are appointed for their training sessions are arranged. ICU nurses are very close in contact with patients, which are in life-threatening situations in the hospital and fighting for their lives. Situations become more complicated for the nurses when the needs for care increase and uninterrupted during patient care. Among ICU nurses, stress appears in a series of reactions that occurred when the need for care and work demand does not match their knowledge, skills and abilities (Owolabi *et al.*, 2012). Although Nurses are the pillar of any health care system, involved directly with patient's care, supporting their family and performing their duties round a clock. Nursing, as a profession found to be very stressful and considered a challenging job for those who are working in intensive care units. Routine work in the Intensive care unit is very demanding and needs full attention during patient care.

Nursing requires a high level of attention to assure patient safety and provide thorough care (Dagget *et al.*, 2016).

Although Nurses possess some emotional feelings and having insight, which develop some negative aspects of stress, e disintegration, work overload. All these negative points may develop some psychological problems (depression), despite all these situations nurses are incredibly committed to their job with honesty, for the sake of patient's health and life. Job in ICU is not looking so easy for nurses; it requires the patience and courage. "The most stressful job for a nurse in ICU is to looking after of the patients in critical or dying condition and also give encouragement to their relatives" (Kalfoss, 1999).

The intensive care unit is a very busy department, where serious and unstable patients are being treated, artificial machine (Ventilator) is used for unconscious and serious patients in ICU, also other life-saving drugs and machines are being used (e.g hemodialysis, IABP), all these machines are very important for the survival of patient's life and life-saving. ICU nurses must be very efficient, and skillful, to

be very calm and patient, having critical thinking. Furthermore, the Intensive care unit is the most technical side, in which ICU nurses have to make quick decisions and respond, i.e ventilated patient's fights for their life can be an indefinite task for ICU nurses.

Other factors are the main source of stress like as lack of staffing, conflicts between staff to staff or physicians, and overburden of work that develops stress. According to McGrath, many of the stresses identified amongst nurses are concerned with the working relationship of nurse to doctor and other healthcare staff, communication gaps, and arguing with patients and relatives, if a nurse is working in ICU that he or she needs a high level of knowledge and skills are required. A nurse will have to respond immediately in an emergency in a very high work overload and under staffing, lack of support, and lack of break time during duty hours (McGrath *et al.*, 2003).

In simple terms, the Hospital job is more challenging for the nurses, especially in ICU, they are engaged in patient care and nurses need to be more attentive during patient care while working in the ICU. This activity and act of taking care of the patient; will be in the favor of the patient's health, for the life span and it will be supported to patient's family, they depend on the nurses, and doctors and demand for quick recovery of the patient, all these circumstances will trigger stress on nurses.

Significance of Study

The main purpose of this study is to recognize and know the effects of stress on nurses during work in an intensive care unit (ICU), along with considering the minimum source of stress. By studying this article, nurses can identify stress, its effects either positive and negative impact on a daily routine, or how to overcome it. Stress levels can be reduced by using different methods like cognitive therapies and physical activities i.e healthy breathing exercises, eating healthy foods, recreational activities, avoiding unnecessary activities during duty time, and if there are any internal issues between the colleagues or co-workers then try to resolve them by using alternative solutions.

Negative stress can be minimized by using stress education and managerial strategies like as coping skills, discussed with your elders, seniors, maintain good physical activity, improve diet intake and improved workplace environment (Mehta & Chaudhary, 2005).

Justification of the Topic

The main reason for selecting this topic is because of intensive care unit is a more hectic and high-pressure field of the hospital and worked for the last 12 years in the same unit. During that period; our seniors were facing lots of problems as mentioned above that conflicts between co-workers, physician's harsh behavior towards nurses, and lack of staffing, misbehavior of patient's attendants with

nurses, all of these factors were the main source leads to stress. So, this topic can be a helping hand for the ICU nurses to know about occupational stress and how to cope it positively.

Purpose of the Study

The purpose of this study is to identify factors, which lead to stress among ICU nurses. After displaying the elements of stress and their sources, ICU nurses' acknowledgment will increase and their level of thinking will be stronger. Nurses may adopt effective stress coping skills; this will be helpful for their health, helping to improve nurses' confidence, work productivity, patient satisfaction, job performance, and organization-related outcomes.

Literature Review

Stress is a condition of mental and physical disturbance if it remains prolonged time; causing harmful effects on our body systems and our body's chemical agent's releases of catecholamine and glucocorticoid and their chain of reactions causing stress (Ana, 2008).

The working environment of every field, especially the environment of the hospital is full of stress and the nursing field is the most demanding and stressful job. Intensive care unit nurses remained busy round a clock, atmosphere of the intensive care unit is challenging; where nurses perform their duties skillfully, carefully, and efficiently. Nurses are also human beings, they have the same feelings as others, and most of the time patients are on ventilators, fighting for their lives, At that moment, the nurse is only the person who is very close to the patient and taking care of the patient's health, another side of the family of the patient is also relying on doctors and nurses especially. Empathy or sensitivity is a main role of nurses and that establishes the improvement of work performances, and patient outcomes and that is a very great blessing for the family member of the patient.

ICU stress influences individuals' level of thinking, and behavior and might be indicated differently; i.e. over-sensitive, poor decisions making, drug-abusing, anorexia or upset stomach, sleep, sexual disorders, lack of activity (Pajarskienė and Jankauskas, 2000).

Stress may affect nurses work performance and leads to distort on patient's care. Psychological disturbance is one of the major components which disrupt carrying quality nursing care productively (Valizadeh *et al.*, 2012).

Stress among nurses is a common situation but when setting down a challenging and high-pressured condition, especially for those Nurses, who are working in the Intensive Care Units (ICU), are exposed to highly stressful actions rather than other nurses of other units (Azizollah, 2013) Prolong shifts, hectic routine in ICU is initiating socio- psychological problems for nurses. Al-Homayan *et al.* (2013) mentioned in their article that Stress is

developing different problems may result in insomnia, headache, peptic ulcer, emotional disturbances, and musculoskeletal pain (Al-Homayan *et al.*, 2013). A professional nurse can experience several anxious situations, but unquestionable limits exceeds. If the stressful condition does not ease and remained prolonged, simple adjustment is insufficient, staring fatigue and exhaustion. It is well explained that long lasting of over-exhaustion, unable to work and taking care of the patients. All these situations are following to agitation and anger, insomnia appear. "Over exhaustion may emerge not because of badly performed duties but due to focus on patients care honestly" (Lažinskienė, 2001).

In the hospital, Nurses are performing rotational duties (mostly the night shift). Workload and shortage of staffing affects work performance especially affect sleep, physical inactivity, poor dietary habits, and other psychological problems (Abdalkader 2008). French *et al.* (2000) pointed out nine scales of workplace stressors that may influence nurses; conflict with the coworkers, and physicians, problems with seniors, discrimination, overburden of the work, dealing with serious patient's death, noncooperation from patient's families (French *et al.*, 2000). Nurses may experience an overburden of stress because of the different challenges arising from the nature of the work and the condition of the patients. Working in collaboration with nurses and other health care workers, communication and conversation with the patient and his attendants, need to respond quickly and promptly. In urgent situations and heavy responsibility caused by patient care, a high level of knowledge and skills are needed in ICU. Lots of work, low income and less support from administrators, and conflict are the most important stressors (Shila, 2015).

Writers are agreed that nursing is difficult job, among other occupations, fully stressful. When a nurse is taking care and treating critical patients, it is even considered so exhausted, and being a nurse, is so such responsibility to be active and this day-to-day routine makes them into the exposure of a stress. (Mendes, 2018). Sometime nurse's belief about the experience of stress at work place has unwanted, undesirable effects, may effect on the health and safety of their own and on the health and effectiveness of their organizations. Stress is a socio-physiological and emotional response to an uncommon event resulting from an unbalance between stressful environments and defensive skills of the victim (Mohamedkheir *et al.*, 2016). Psycho-social risks are those which relate to the job content, work performance, management systems, environmental and institutional situations, on the one hand, and workers' competencies and needs, on the other hand. Targari B and co-writers have repeatedly mentioned about Job dissatisfaction can be considered as one of the most common consequences of job stress (Targari *et al.*, 2019). ICU nurse is dealing with a dying patient, they need more

care, including family has lots of concerned for patient's health and life, can be a major concern. However, the death of a patient is just one aspect of a more dilemma, and is always enclosed by other issues of patient care (Bailey et al., 2009).

Methodology

Research Design

Detailed cross-sectional study was designed for this study. The study had been directed and managed among Intensive care unit nurses and a questionnaire format was distributed. Different methods and technique were used; SPSS software was used for data analysis. The format of the questionnaire had been filled by icu nurses.

Target Population

The study was conducted on different units of ICU nurses at PIMS hospital Islamabad.

Sample Size

Sample size was taken through convenient selection. Total population was 400.

If N =Population, n =Sample size,

$$E = \text{Margin of error } n = N/1 + (N) (E)^2 \quad n = 300/1 + (300) (0.05)^2$$

$$n = 300/1 + (300) (0.0025) \quad n = 300/1 + 1$$

$$n = 300/2 \quad n = 150$$

My sample size is 150

Ethical Considerations

The researcher informed to the participants (orally and in written form) about the aim of this study in terms of their participation, with the help of a full consent form and this was achieved via a letter attached to the questionnaire.

Confidentiality had been considered by informing participants.

Research Tool

A well-constructed close-ended questionnaire was distributed among the ICU nurses of the PIMS hospital. This research tool would be a questionnaire for collecting information related to conducting research. The questionnaire was consisted of different kinds of questions.

Inclusion Criteria

Intensive care unit nurses, who were working in that department.

Exclusion Criteria

Those nurses, who were working in other departments or units rather than ICU; also, who didn't agree to consent to a research study from ICU, and as well all nursing students had not been concluded. The study undertaken was exploratory that has provided insights into factors affecting occupational stress among nurses. For this empirical

research work, the field study method was chosen to systematically gather information from nurses working at various hospitals.

A research survey was conducted on a sample of 150 nurses. The Interviewee was selected on a random sampling basis. The research was carried out through a survey method for data collection. A highly organized and well-designed questionnaire format was utilized to get clear data on the Interviewee's concepts and attitudes. The informants were wanted to know and scaled on a 'Likert Scale' (Five-point scale), which was ranging from 'Strongly Disagree' being 1 to 'Strongly Agree' being 5.

For data interpretation, Coding, and modification: foremost, the form of questionnaires was completely screened and, on that behalf, all the mentioned statements were filled up and selected for the next proceeding. Incomplete the format of questionnaires was rejected in respectively.

Summary of Results

The total sample size selected during the study was 150 nurses, out of which most of the nurses, Average experience was around 2 to 5 years and the qualification of nurses was diploma, Bsn and Master. In this session, we will monitor and evaluate the nurse's knowledge about coping skills with stress.

Results and Discussion

In question no 1, Nurses responded on lack of knowledge may create stress for ICU nurses. 87 or 58% of nurses were strongly agreed. 61 or 41.7% of nurses strongly that insufficient knowledge is dangerous. 1 or .7% of the nurse was neutral. 1 or .7% of nurses strongly disagreed.

In response to question no 2, newly joined nurses in ICU were facing problems during performing ay procedure. 73 or 48.7% of nurses strongly agreed. 68 or 45.3% of nurses agreed in response to the above question. 4 or 2.7% of nurses remained neutral. 4 or 2.7% nurses were disagreeing. Only 1 or .7% of nurses strongly disagreed.

The Table 1 summarizes the result of question no 3, which was connected with the excessive workload and stress. According to the data collected, 82 or 54.7% of nurses strongly agreed with this question. 58 or 38.7% agreed in response to this question. Only 10 or 6.7% of nurses remained neutral.

In question no 4, 73 or 48.7% of nurses strongly agreed in response to that question. 64 or 42.7% of nurses agreed that a shortage of staff can cause stress. 13 or 8.7% of nurses were neutral.

In question no 5, nurses reacted that the prolonged shifts are the main cause of stress and 65 or 43.3% of nurses strongly agreed. 70 or 46.7% of nurses agreed. 12 or 8% of nurses are neutral. On; y 3 nurses disagreed on that question (2%).

Table 1: Demographic information of respondents

Group	Frequency	Percentage
AGE		
20-25 year	26	17.3 %
26-30 year	57	38.0 %
31-35 year	39	26.0 %
36 and above	28	18.7 %
Total	150	100.0 %
Qualification		
Diploma Nurse	70	46.7%
BSN	68	45.3%
Master	12	8%
Total	150	100%
Experiences		
1-3 year	56	37.3%
4-6 year	44	29.3%
7-9 year	25	16.7%
10 and above	25	16.7%
Total	150	100.0%

Table 2: Data collected by answers of research questions given by respondents

1. Lack of knowledge about operating special equipment I,e (ventilators, etc.)can cause stress		
Strongly agree	87	58.0%
Agree	61	40.7%
Neutral	1	0.7%
Strongly disagree	1	0.7%
Total	150	100.0%
2. Lack of practice and inadequate skills in performing Any procedure can cause stress. (ABGS sampling, etc.)		
Strongly agree	73	48.7%
Agree	68	45.3%
Neutral	4	2.7%
Disagree	4	2.7%
Strongly disagree	1	.7%
Total	150	100.0%
3.The excess workload is a reason for stress.		
Strongly agree	82	54.7%
Agree	58	38.7%
Neutral	10	6.7%
Total	150	100.0%
4. Shortage of staff is a source of stress.		
Strongly agree	73	48.7%
Agree	64	42.7%
Neutral	13	8.7%
Total	150	100.0%
5. Prolonged shifts or extra duties (night duty and overtime)are the sources of stress.		
Strongly agree	65	43.3%
Agree	70	46.7%
Neutral	12	8.0%
Disagree	3	2.0%
Total	150	100.0%
6. Lack of motivation and recognition for one's effort is a reason for stress.		
Strongly agree	58	38.7%
Agree	84	56.0%
Neutral	8	5.3%
Total	150	100.0%
7. Prolong standing and no time for a break is a reason for Stress		
Strongly agree	50	33.3%

Table 2: Data collected by answers of research questions given by respondents

Agree	80	53.3%
Neutral	15	10.0%
Disagree	5	3.3%
Total	150	100.0%
8. Lack of support from the supervisor/manager is a source of stress		
Strongly agree	57	38.0%
Agree	78	52.0%
Neutral	15	10.0%
Total	150	100.0%
9. Conflict with doctors during duty hours can cause stress		
Strongly agree	60	40.0%
Agree	69	46.0%
Neutral	18	12.0%
Disagree	3	2.0%
Total	150	100.0%
10. Lack of cooperation among nurses is a cause of stress		
Strongly agree	60	40.0%
Agree	74	49.3%
Neutral	14	9.3%
Disagree	2	1.3%
Total	150	100.0%
11. Lack of resources and availability of equipment can(ventilators, etc) cause Stress		
Strongly agree	64	42.7%
Agree	63	42.0%
Neutral	22	14.7%
Disagree	1	.7%
Total	150	100.0%
12. The unexpected death of the patient is a cause of stress		
Strongly agree	60	40.0%
Agree	76	50.7%
Neutral	14	9.3%
Total	150	100.0%
13. Problematic or bad-mannered behavior of patients is the reason for stress		
Strongly agree	47	31.3%
Agree	70	46.7%
Neutral	29	19.3%
Disagree	4	2.7%
Total	150	100.0%
14. Aggressive and demanding family members are the source of stress		
Strongly agree	60	40.0%
Agree	65	43.3%
Neutral	22	14.7%
Disagree	3	2.0%
Total	150	100.0%
15. The patient is undergoing a painful procedure (CVP line, CPR, etc) is a reason for stress		
Strongly agree	45	30.0%
Agree	64	42.7%
Neutral	31	20.7%
Disagree	10	6.7%
Total	150	100.0%
16. Possibility or fear of getting cross-infection from patient scan (tuberculosis, hepatitis B, C) causes stress		
Strongly agree	48	32.0%
Agree	76	50.7%

Table 2: Data collected by answers of research questions given by respondents

Neutral	22	14.7%
Disagree	4	2.7%
Total	150	100.0%
17. An improper work environment (noisy surroundings etc) is an origin of Stress		
Strongly agree	57	38.0%
Agree	80	53.3%
Neutral	12	8.0%
Disagree	1	.7%
Total	150	100.0%
18. Inappropriate communication between nurses and doctors can cause stress		
Strongly agree	45	30.0%
Agree	87	58.0%
Neutral	15	10.0%
Disagree	3	2%
Total	150	100%

In response to question no 6, 58 or 38.7% of nurses strongly agreed. 84 or 56% of nurses agreed. Only 8 or 5.3% of nurses were neutral.

In question no 7, 50 or 33.3% of nurses strongly agreed. 80 or 53.3% of nurses agreed. 15 or 10% of nurses were neutral. 5 or 3.3% of nurses disagreed.

In question no 8, 57 or 38% of nurses strongly agreed. 78 or 52% of nurses agreed. 15 or 10% of nurses were neutral.

In response to question no 9, 60 or 40% of nurses strongly agreed. 69 or 46% of nurses agreed. 18 or 12% of nurses are neutral. Only 3 or 2% of nurses disagreed.

In response to question no 10, 60 or 40% of nurses were reacted as strongly agreed. 74 or 49.3% of nurses agreed against this question. 14 or 9.3% of nurses were neutral. Only 2 or 1.3% of nurses disagreed.

In question, no 11, 64, or 42.7% of nurses strongly agreed. 63 or 42% of nurses agreed. 22 or 14.7% of nurses were neutral. Only 1 or .7% of nurses disagreed.

In question no 12, 60 or 40% of nurses strongly agreed. 76 or 50.7% of nurses agreed. 14 or 9.3% of nurses were neutral.

In question no 13, nurses in ICU facing rude and bad-mannered behavior can be a source of stress and in the response above question, 47 or 31.3% of nurses were strongly agreed. 70 or 46.7% of nurses agreed. 29 or 19.3% of nurses were neutral. Only 4 or 2.7% of nurses disagreed.

In response of question no 14, 40% nurses were strongly agreed, 43.3% were agreed on that point of view, 14.7% were neutral, and only 2% were disagreed.

In question, no 15, 45, or 30% of nurses strongly agreed. 64 or 42.7% of nurses agreed. 31 or 20.7% of nurses were neutral. 10 or 6.7% of nurses disagreed.

In question no 16, 48 or 32% of nurses strongly agreed. 76 or 5.7% of nurses agreed. 22 or 14.7% of nurses were neutral. Only 4 or 2.7% of nurses disagreed.

In question, no 17, 57, or 38% of nurses strongly agreed. 80 or 53.3% of nurses agreed. 12 or 8% of nurses were neutral. Only 1 or .7 nurses disagreed.

In response to the question no 18, 45 or 30% of nurses strongly agreed. 87 or 58% of nurses agreed. 15 or 10% of nurses were neutral. Only 3 or 2% of nurses disagreed.

The nursing profession is one of the most demanding professions in the health sector and the nurse is the person who plays a key role in the hospitals and other occupational field. Nurses bear a heavy workload and responsibility for patient's health care, especially in ICU; nurses have a vital role to handle the stressful pressure of ICU. Stress is defined as it is the mental or psychological disturbance due to external pressure of daily life incidences that can be in a positive or negative way. ICU nurses are highly qualified, and professional, and have the skills to run machineries like ventilators and invasive or noninvasive monitors and infusion pumps. ICU nurses are working round the clock and they are stuck in the same area for the well-being of patients' health, their families, and relatives.

Nurses are the best example of human beings and ICU nurses were at high risk during the Covid-19 pandemic.

Different authors and researchers mentioned in their books and research that the stressful work of ICU nurses is developing mental, physical, and emotional distractions from their normal life. Among ICU nurses, stress appears in a series of reactions that occurs when work demand does not match their knowledge, skills, and abilities (Owolabi *et al.*, 2012). In other situations, stress may develop due to conflicts with co-workers and do not receive any positive response from the senior colleague.

The main motive of this study and research was well defined the atmosphere of nurses in the ICU of PIMS and what are the main problems that nurses are facing, that lead to stress. We collected data by distributing questionnaire forms to each nurse of the Critical units of the PIMS and received different views and responses from ICU nurses, which identified main issues (i.e lack of knowledge and skill about operating special types of equipment, conflicts with seniors and doctors, shortage of staff and prolong duties) of the nurses, which developing stress during the working place. In response to collected results from data, 58% of nurses strongly agreed that lack of knowledge and 54% of nurses had concerned that excessive workload is the main cause of stress. In another way, Nurses' determination and their hard work with responsibilities help out to patient's health.

Prolonged shifts or extra duties are other main sources of stress, result shows that 46.7% of nurses agreed with this question and 43.3% strongly agreed. This routine may produce mental distortion, along with disturbances in the daily routine of the nurses, during the survey we observed that ICU Nurses had problems with no breaks during heavy and prolonged duties, which will lead to immunity problems for the nurses and they may get infection easily. According to a survey conducted and displayed by an educational hospital in Ahwaz, Iran, 50 to 60% of nurses working in ICU suffer from prolonged shifts and prolonged duties without breaks lead to stress (Latifzadeh, 2015).

Different studies clarify that no response from the seniors and co-workers can be a root of stress. In the above-mentioned question that ICU nurses of PIMS responded % agreed that no response from seniors and % were strongly agreed and in the second part of the question, conflicts with co-workers Nurses of ICU PIMS were % strongly agreed and % agreed.

French *et al* (2000) have highlighted nine scales of workplace stressors that may affect nurses; conflict with the coworkers, with a physician, problems with seniors, discrimination, the burden of the work, dealing with serious patients, death, and noncooperation from patient families (French *et al.*, 2000). In response to data collection, we encountered more female nurses than male nurses, females were most engaged and disturbed working in ICU, and because of that women or female nurses have to manage home, kids and duties become a vital source of stress and especially shift duties (night) which can affect their marital and social life leading depression, physical and mental fatigue, performance dissatisfaction. The association of stress may lead to tiredness and putting a negative impact on health, such as altered blood pressure, digestive disorders, and socio-psychological disturbance.

Nurses are the backbone of any health care sector and they have full responsibility to take care of the patient's health and well-being, get rid of infected diseases, and facilitate,

and encourage the family of the patient at a critical time when the patient puts on artificial respiration (ventilator). When the unpredictable death of the patient occurred, that may cause a stressful impact on nurses. In response to the question on the unexpected death of the patient, critical care nurses of PIMS responded that 40% strongly agreed and 50.7% agreed. So, the result shows nurses are distressed due to the unexpected death of patients. In some articles, researchers have mentioned in their articles that results and findings reported in the International Journal of Science and Research that more than 50% of nurses suffer from the uncontrollable situation of stress due to death and dying patients under their care (Gulavani and Shinde, 2014).

ICU nurses spent most of their time with patients taking care of them and taking great interest in patients' well-being, after all, the efforts of the nurses; they are facing rude and abusive behavior from the family of the patient, and nurses interact with the family of the patient round o clock till patient admitted in ICU. Regarding aggressive and demanding behavior from the family of the patient, nurses responded that 40% of nurses strongly agreed and 43.3% of nurses agreed on this question that sometimes family members become the cause of stress. In another form of situation, poor communication between doctors and nurses leads to stress and becomes a major problem for the well-being of the patient. The working environment of the ICU is so stressful and it is affecting nurses' performance but nurses are more reliable and responsible in handling critical situations in a smooth way and taking care of the patients skillfully. It is no doubt that nursing is a more demanding profession in today's era and Nurses of PIMS ICU are more professional, qualified, and has strong patience. Our study is worth monitoring that direction and observation on the situation of stress ICU nurses while working at PIMS hospital in our article and our main objectives are obtained.

Limitations

Every person knows that when and how coping skills should be used and how to manage the workload and stress of daily life. They can interpret the stress and situations during a stressful event. Collecting data and using statistical methods are becoming more suitable and easier, organizing the data, analyzing and interpreting them on SPSS 22. The software was a huge challenge for us.

Time bounding and financial support for any students is very difficult and arranging by themselves. This was not very easy and comfortable for us to collect data and do such surveys in critical areas of any hospital, because every staff was busy with critical patients and shift duties as the main reason, and some of the staff were less cooperative during the distribution of the questionnaire forms and filling up that.

Conclusions

A very clear message of this study is to recognize the effects of stress on ICU nurses and how to overcome it. Critical care nurses need to be more conscious and try to improve their mental level strong and skill level. During the survey, a series of questionnaires were developed and distributed amongst them to analyze the stress level in the working place and to evaluate the main issues in the ICU. This was a great experience during this study and surveillance; learned new things, and learned to use various tools and interpretation of data.

Recommendations

On the bases of the result perceived during the survey, we would like to suggest and recommend top management of the PIMS should hire new staff so that the stress of workload may reduce. Senior nurses and supervisors should cooperate with their juniors and try to teach them about new things especially ICU machinery and new procedures and encourage them.

Hospital management makes flexible policies and arranges such management skills programs and workshops for seniors and other staff of the ICU. ICU top management should arrange recreational activities for them, this will help to reduce the burden of stress and juniors can easily avail a chance to become familiar with their managers and seniors.

References

- Abdalkader R and Hayajneh R (2008) Effect of Night Shift on Nurses Working in Intensive Care Units Jordan University Hospital. *European Journal of Scientific Research* 1: 70-86
- Al-Homayan AM, Shamsudin FM, Subramaniam C and Islam R (2013) Impacts of Job Demands on Nurses' Performance Working in Public Hospitals. *American Journal of Applied Sciences* 10: 1050-1060.
- Azzizollah A, Zaman A, Khaled O & Razieh J (2013). The relationship between Job stress and performance among the hospital's nurses. *World of sciences journal* 1: 181-188.
- Dagget T, Molla A and Belachew T (2016) Job related stress among nurses working in Jimma Zone public hospitals, South West Ethiopia: a cross sectional study. *BMC Nursing* 15: 39. DOI: 10.1186/s12912-016-0158-2.
- French SE, Lenton R, Walters V and Eyles J (2000) An empirical evaluation of an expanded nursing stress scale. *Journal of nursing measurement* 8(2): 161-178.
- Gulavani A and Shinde M (2014) Occupational stress and job satisfaction among nurses. *International Journal of Science and Research (IJSR)* 3(4): 733-740.
- Kalfoss MH (1999) *Sutikti sunkiai sergančius ir mirštančius pacientus – stresas ir valdymas* Klinikinė slauga 1. – Vilnius: Charibdė, P. 51 – 57.
- Khan N, Anwar H and Sayed M (2015) Prevalence of Stress Factors in Nurses in Lady Reading Hospital (LRH), Khyber Teaching Hospital (KTH), and Hayatabad Medical Complex (HMC) Hospitals, Peshawar, KPK. *International Journal of Innovative Research and Development* 4(4).
- Lažinskienė J (2001) Perdegimo sindromas, *Gydymo menas.* 6(69): 80 – 81.
- McGrath A, Reid N and Boore J (2003) Occupational stress in nursing. *International journal of nursing studies* 40(5): 555-565.
- Mehta RS, Chaudhary RN (2005) Job related stress among the nurses working in critical care areas at BPKIHS, Nepal. *Nursing & Midwifery Research Journal* 1(2): 70-76.
- Mendes R (2018) *Dicionário de saúde e segurança do trabalhador: conceitos-definições-história-cultura.* Novo Hamburgo: Proteção Publicações Ltda.
- Mohamedkheir RA, Amara ZM, Balla SA and Mohamed HA (2016) Occupational stress among nurses working in intensive care units in Public Hospitals of Khartoum State, Sudan 2016. *American Journal of Health Research* 4(6): 166-171.
- Owolabi AO, Owolabi MO, OlaOlorun AD and Olofin A (2012) Work-related stress perception and hypertension amongst health workers of a mission hospital in Oyo State, southwestern Nigeria. *Afr J Prim Health Care Fam Med* 4(1): 307. Doi: 10.4102/phcfm.v4i1.307
- Pajarskienė B and Jankauskas R (2000) Streso darbe poveikis širdies ir kraujagyslių sistemai *Medicinos teorija ir praktika.* 1(21): 75 – 76.
- Shila LKZ (2015) Occupational Stress and Its Related Factors in Nurses Working in Intensive Care Units of Educational Hospitals. *Journal of Novel Applied Sciences* 483-487
- Tirgari B, Rafati F and Mehdipour Rabori R. (2019) Effect of sexual rehabilitation program on anxiety, stress, depression and sexual function among men with coronary artery disease. *Journal of sex & marital therapy* 45(7): 632-642
- Valizadeh L, Farnam A, Zamanzadeh V and Bafandehzende M. (2012) Sources of stress for nurses in neonatal intensive care units of East azerbaijan province, Iran. *J Caring Sci* 1(4): 245-254. DOI: 10.5681/jcs.2012.034