

Sources of occupational stress among nurses in five countries

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Abstract

Content analysis on nurses' perception about the nature of occupational stress was performed in this study to identify emic and etic experiences of occupational stress. Nurses from Hungary, Israel, Italy, U.K., and the U.S., gave their responses in writing to the question: "What causes you the most stress or anxiety on your job?" in the dominant tongue of their country. Results indicate both etic and emic sources of job-related stress. 'Performing certain tasks' and 'type of patients' were invariant sources of stress across all five nations. Furthermore, nurses in the U.K. reported 'skillsset of staff' as a source of stress and Hungarian nurses indicated 'low salary' and 'lack of resources' as sources of job stress more frequently than nurses in the other nations of this study.

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1. Introduction

Most studies of occupational stress among nurses have been conducted quantitatively and in single countries (for reviews see [Beehr & Glazer, 2001](#); [Glazer & Beehr, 2005](#)); no qualitative research has been done across cultures. Determining which stressors are most salient across different countries is relevant in order to develop prevention strategies and/or the resources needed to deal with the relevant stressors. [Beehr, Jex, Stacy, and Murray \(2000\)](#) suggested that assessing job-specific stressors (i.e., stressors that are conceptually and operationally specific to a job) is as important, if not more important than assessing generic stressors (i.e., stressors that can occur in any job that is embedded in a set of roles). In a meta-analytic study regarding stressors among U.S. nurses, [Wheeler \(1997b\)](#) depicted six stressor categories (i.e., leadership, organizational control, job-related, job image, reward system, human resources system related) relevant to nurses (in the U.K.).

Although functions that nurses perform are mostly invariant across cultures ([Bureau of Labor Statistics, 2002/2003](#)), education, training, status, equipment, and pay relative to other occupations within country and relative to nurses in other countries differ ([Glazer & Beehr, 2005](#)). These circumstances would likely influence reports of different job-specific stressors and different levels of similar stressors. [Beehr and Glazer \(2005\)](#) noted that although there is quite a bit of information on general work-related role stressors, there is a great need for research on more job-specific stressors. This is especially true with regards to nursing, which constitutes the largest health-care occupation ([Bureau of Labor Statistics](#)). Therefore, in this study we identify culture-specific (i.e., emic) and culture-general (i.e., etic) stressors faced by nurses in each of five countries (Hungary, Italy, Israel, U.K., and USA), without making *a priori* assumptions.

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1.1. Qualitative research on occupational stress

Numerous problems are associated with quantitative survey methodology (the dominant type of data reported; Wheeler, 1997b, 1998a), including generic use of the word ‘stress,’ assessment of generic stressors, researcher-imposed notions of relevant stressors and strains (Jex, Beehr, & Roberts, 1992), and little cross-cultural validation (Glazer, 2002). First, as Jex et al. (1992) found, many scholars have erroneously used the generic word ‘stress’ to capture either stressors, strains, or both, however empirically they found that in the general population the word stress is most strongly associated with strains and anxiety. Hence, the meaning of stress to survey respondents is most likely what some occupational stress models define as strains, even though the researchers might have intended ‘stress’ to reflect stimuli or stressors. This confusion is so pervasive that it is practically impossible to compare research studies that stem from different interpretations of occupational stress (Jex et al., 1992; Wheeler, 1998b).

The problem concerning the definition of stress is compounded when traversing national boundaries. For example, Glazer (1999) noted that translating ‘stress’ into Hebrew could result in two words that, back-translated into English, would mean “pressure” (or stressors) or “strains/anxiety.” This point relates back to the need for more research that clarifies causes of stress without researchers imposing the meaning for respondents. In this article, work-related stressors are defined as markers of the work itself, including aspects of the work environment (physical stressors, e.g., noise or heat), psychosocial environment (e.g., relations with co-workers and managers) or the job role (e.g., role ambiguity, and role conflict). Strains are conceptualized here as consequences of stressors that are appraised (Lazarus & Folkman, 1984) as negative and something that exceeds or taxes the individual’s coping resources (e.g., Jex & Beehr, 1991). Strains can be physiological (e.g., elevated cortisol level, increased heart rate, blood pressure, cardiovascular symptoms, and back pain), psychological (e.g., depression, anxiety, and burnout), and/or behavioral (e.g., work place violence, and turnover) (Beehr & Glazer, 2005). Strains can also become stressors if they are perceived to be taxing one’s coping resources (Semmer, McGrath, & Beehr, 2005).

Second, cross-cultural quantitative stress research has demonstrated differences in mean scores on stressors (e.g., Johns & Xie, 1998; Miller et al., 2000; Schaufeli & Janczur, 1994; Spector, Cooper, & Aguilar-Vafaie, 2002; Spector et al., 2004). These studies further indicate that cross-cultural differences lie in the frequency at which aspects of the job are reported as stressful by incumbents in a particular nation (Lu, Tseng, & Cooper, 1999; Siu & Cooper, 1997; Wong, Chen, Yu, Lin, & Cooper, 2002). Frequency of reported stressors across cultures might be due to the political and institutional settings in which these organizations are embedded (Glazer & Beehr, 2005), which are impacted by government rules and policymaking (Hofstede, 1984). Therefore, it is important to consider the frequency at which stressors are mentioned within each culture. The frequency of mention could be indicative of its salience, however the majority of quantitative studies used an *a priori* set of stressors from which respondents chose. In order to uncover job relevant and truly salient stressors it is, therefore, important that respondents freely answer about the causes of their stress (Cooper, Dewe, & O’Driscoll, 2001). After all, only the job incumbent really knows what stressors are most causal of her² ‘stress or anxiety.’ The need for exploratory research that does not impose an *a priori* list of stressors is further warranted by a recent trend in studying stress across cultures (e.g., Baba, Galperin, & Lituchy, 1999; Glazer & Beehr, 2005). From a cross-cultural perspective, stress is likely a universal phenomenon, however what causes stress or anxiety among nurses in different cultures is still inconclusive (Glazer, 2002).

1.2. Solution for cross-cultural stress research

In this study, we content analyze reports of occupational stress among hospital nurses in five countries (Hungary, Israel, Italy, U.K., and USA). Free write-in responses to one open-ended question, “what causes you stress or anxiety” are analyzed. Although this procedure for a qualitative study is somewhat unorthodox, we argue that ‘what is stress’ to each individual has an almost automatic-like visceral response. It does not take very long to determine what causes one’s own stress or anxiety and therefore respondents are likely able to recount job stressors and strains without in-depth interview. Furthermore, which stressors lead to strains is different for each individual in different circumstances (Semmer et al., 2005); however, consistency of stressor-reports in various cultural contexts would suggest a

² The singular pronoun and possessive for a nurse will be in the feminine form of ‘she’ or ‘her’ because 90.2% of the nurses in the present study are female.

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