

Stress Management among Nurses managing burns patients in National Orthopaedic Hospital, Enugu

By

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Abstract

This study was carried out to assess stress management among nurses managing burns patients in National Orthopaedic hospital Enugu. The research was guided by the three research questions and the objectives which aimed at identifying the stressful situations among nurses and factors contributing to nurse stress and procedures used in managing stress. Related literatures were reviewed and descriptive research design was used for this study. The total population of the 82 burns and plastic nurses were used for the study. A self-structured questionnaire with close ended questions to collect data for this study was used. Data gotten was analyzed using the statistical package of social science (SPSS) version 24 into frequency and simple percentage. The findings revealed that (3.6%) observed that standing for long hours dressing burns patient. (3.5%) had high job demand which ranked the highest (2.5%) indicated that break, casual or annual leave can help and reduce the stressful situation in NOHE. Based on the findings, recommendations were made which include, the need to give incentives to nurses managing burns patient, hospital management should support nurses who are interested in Burns and Plastic training in order to reduce job demand in NOHE. Encouragement of work shape for nurses, and employment of more nurses in other to reduce the work load on burns and plastic nurses.

Keywords: Stress management, Nurses, Burns Patients, Stressful Situations, Factors, procedures used

Introduction

Stress has been variously defined and described. Sruther, Bare Ihinkle & Cheever(2010), defined stress as a state produced by a change in the environment that is perceived challenging, threatening or damaging to a person's dynamic balance. The Oxford English Dictionary (2019) also defined stress as a state of mental or emotional strain or tension resulting from adverse or demands circumstances. It is a feeling of emotional or physical tension that can come from any event or thought which makes one feel frustrated, angry, or nervous. Sam. Abdo Redhaw Mustapha Krishna (2011), saw stress as the body's non- specific response to demands made upon it or to disturbing events in the environment that is not just a stimulus or a response, but rather a person by which we perceive and cope with environmental threat and challenges stress originally was conceived to be as pressure from the environment, then as strain within the person. Michie(2012).

Doherty (2011) saw stress as a state and not an illness experienced as a result of exposure to a wide range of work demands contributing to a wide range of outcomes. She added that this may concern the employees of health may be an illness or an injury or changes in his/her behavior and life style. Stress has sometimes been defined as the merely the level of activation with the notion that some stress is essential for activating people to achieve in their undertaking. It is the body's reaction to a challenge or demand. It can be said that stress can be positive in the sense that, stress response is designed to help us react when something potentially threatening happens, to help us deal with it and learn from it. Moderate, short lived stress can improve alertness and performance and boost memory. But when stress it lasts for a long time, it may harm your health.

Mind (2022), a registered Charity Organization in England (2022), Stress has so many signs and symptoms which includes anxiety, fear, anger/aggression, sadness irritation, frustration and even depression. Once stresses, one might start experiencing headache, nausea, indigestion, constipation, shallow breathing, sweating, heart palpitations, aches, and pains etc. the effects of stress can manifest in one's behaviours. The person may be tearful, falling asleep, sexual problems, smoke, take alcohol or take drugs more than usual, be indecisive or even withdraws from other people.

The demand in recent time and leisure which call for reactions and responses are called stressors. Stressors include marriage, death of a loved one losing a job, illness, starting university, work promotion, divorce, birth of a child, winning lottery, etc. everyone has different stress triggers, work stress tops the list. (Afolabi, 2019)

Alken (2012), emphasized that work related stress can consequently result in mental disorder, spondylolishiosis and back pain. He further added that this leads to frequent admissions of care gives (nurses) and early retirement, thereby drastically affecting national health services (Dan et al, 2025). Productivity, significantly, it reduces brain function such as memory concentration, learning and also impairs the immune system all of which centered at ineffective performance at work. Sauter (2018) defined occupational stress as the harmful physical and emotional responses that occur when the requirement of a job does not match the capabilities, resources or need of the worker. He attributes more than 10% of total claims of occupational stress factors in the work place of health care workers. This has increased the risk of distress, dying patients and organizational problems and conflict. It can simply be put that occupational stress related to one's job. It refers to a chronic condition.

Work related stress has been associated with a number of causes such as poor working environment, inadequate personal relationship nature of Nursing Organizational factors, role characteristics, stress consequences, problem staff behavior, mental problem (Anderson, 2015). It can be attributed to long working hours, heavy worked, job insecurity and conflicts with co-workers or bosses.

However in managing stress among nurses, Galeency Clopecha of medicine (2008) has it that stress management is a set of techniques and programs intended to help people deal more effectively with stress in their lives by analyzing the specific stressors and taking positive actions to minimize their effects. Centres for studies on human stress Canada (2017), identified some stress management strategies as tracking one's stress, developing healthy responses to stress, establishing boundaries learning how to relax, talking to your heads/supervisors and getting some support. In the management of burns patients, the nurse is confronted with a routine of a great work such as pain, suffering, depression, disturbed sleep pattern, impaired mobility, uncertainties due to the burns sequel (Alken, 2012; James et al., 2025). Nursing are to burns patients is therefore considered extremely exhausting and capable of causing changes to health worker (Nurses) as they are responsible for direct care delivering to individuals, families and communities.

Occupational stress is a recognized problem in health care workers. Nursing has been identified as an occupation that has high stress. In an investigation conducted by National Institute of Occupational Safety and Health in the U. S. A. (2022), Nursing was found to be one of the occupations that had a higher than expected incidence of stress related health disorders.

Stress in nursing is an important issue as it can affect the nurses, the quality of care they provide and the desire to remain in nursing (Gongge, 2018). Stress may be caused by the time limited events such as the pressure of work deadliness, family demands, job insecurities, short staffing or long distance to the place of work.

Stress among nurses has resulted in poor health delivery, absenteeism from work and strained relationship between the nurses and the patients. A holistic approach to stress management among nurses has to be practical in order to effectively reduce stress.

National Orthopaedic Hospital, Enugu is regional burns centre with burns patients directly admitted or by referral from the six states that make up the Eastern Region of Nigeria. It has received and treated burns patients with varying degrees of burns and also of many types not minding the age bracket of patients. These patients have over the years been well taken care of by health care workers with the nurses playing a vital role.

It can therefore, undoubtedly be said that nurses in NOHE equally suffer occupational stress. This must have affected the nurses health and the productivity level too. In order to reduce stress, it is important to understand the contributing factors and their effects on an individual and organization. All these worries instigated the researcher to find out stress management among nurses managing Burns Patients in NOHE.

Literature Review

Stress is a state of psychological imbalance resulting from the disparity between situational demand and the individual's ability and motivation to meet these needs (Anbazhagan and Soundarrajan, 2013). Mojiriola (2017) described stress as been derived from the word "string" which means "to be drawn tight". Michie (2012) conceived stress as pressure from the environment, then as strain within the person. Kead (2014) propounded the concept of stress as the rate of all wear and tear caused by life. More so Ogedera Tanner (2010) put it as stress may be understood as a state of tension experienced by individual facing extra ordinary demands, constraints or opportunities. The pressure of modern life, couple with the demand of job can lead to emotional imbalances that are collectively labeled stress.

Concept of occupational/work related stress

Gongge defines occupational stress as a situation, where in job-related factors interact with an employee, changing his or her psychological condition in a way that the person is forced to deviate from normal functioning. Occupational stress is a stress related to one's job. It often

stem from unexpected responsibilities and pressure that do not align with a person's knowledge, skills or expectations, inhibiting one's ability to cope.

It can increase when workers do not feel supported by superior or colleagues or feel as they have little control over work process (Anabazhan and Soundararajan, 2013). Esllidsen (2014), put it that worker related stress is a process in which an individual perceives the threats or demands associated with work as being more than the individual can handle, thereby negatively affecting the psychological or physiological state of the individual.

World Health Organization (2020) perceived related stress as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities to cope. A term commonly used in the professional business industry occupational stress to the ongoing or progressing stress on the employee experiences due to responsibilities, conditions, environment or other pressure of the workplace (Bamboo, 2022). Occupational stress is defined as the harmful physical and emotional responses that occurs when the requirements of the body do not match the capabilities, resources, or need of the workers. Nursing environment includes an enclosed atmosphere, time, pressure, excessive noise, sudden swing from intense to mundane. (Kama, 2011), Nurses are trained to deal with these factors but stress take a toll when there are additional stressors.

A study conducted among nursing professionals revealed that the situation in the work environment can provoke anxiety, particularly when there is lack of materials, equipment and staff coupled with patients relatives hassle, and well as nursing care systemization difficulties and high complexity procedures. (Steel, et al, 2014). Lee and Graham (2016), stated that poor management is the major causes of stress. Blair, and Littlewood (2012), emphasized that work relationships are potential stressors. Sources of stress in this field are the conflicts with co-workers and the lack of staff support. His another assessment showed that lack of social support from colleagues and less satisfaction with head nurses contribute significantly to the appearance of stress. Marshal (2013) opined that some become nurses because they are confronted with the reality of the job, they come to realize that it is not what they thought and so see it becomes a stress to the stressful nature of nursing tasks and the involvement with death and the dying people become a problem to them. Cooper (2016), also stated that the danger of facing infectious diseases, use of sharp equipment patients, blood/liquids, chemical substances, use of dangerous medication expose nurses to stress.

Sarafas, et al (2016) found out, is a study that contact with death patients and their families, conflicts with supervisors and uncertainties about the therapeutic effect caused significantly

higher stress among participants. Baye, et al (2020) put it that work related stress was associated with child rearing working units, work on rotation, and chronic medical illness. The HSE, UK identified six main areas that can lead in work related stress if they are not managed properly. These are demands, control, support, relationship role and change. Marks (2021) talked about signs and symptoms of stress. He stated that stress can affect all parts of the body. Including your emotions, behaviours, thinking ability, and physical health. No part of the body is immune but because people handle stress differently, symptoms of stress can vary. Gholamzadehn Sharif and Radi (2011) agreed that different nurses experience job stress differently Mum, Gudding (2015) and Marks (2021) grouped the signs and symptoms of stress into four(4) items thus;

1. **Emotional symptoms:** this includes depression, Avoiding others/isolation , Moodiness ,Feeling overwhelmed ,Agitation ,Inability to relax.
2. **Cognitive symptoms.** This may includes: Lack of concentration, Constant worry, Poor Judgment, Memory loss, Feeling of negativity, Racing thoughts
3. **Behavioural symptoms:** this deals with change in appetite eating more or less, sleep disorders. ,More use of alcohol, drugs or cigarettes, procrastinating and avoiding responsibilities.
4. **Physical Symptoms:** Loss of Sexual Drive, Frequent Colds and Infections, Insomnia, Low Energy, Headaches, Diarrhea, Constipation, and Nausea, Dry Mouth and Hard Time swallowing, Chest Pain and Rapid Heartbeat etc.

The health and safety executive UK. Offers the following list of warning signs as indicator of occupational stress.

1. Staff attitude and behavior
 2. Loss of motivation and commitment
 3. Staff working increased long hours
 4. But for diminishing returns
 5. Poor time king
 6. Arguments
 7. More sickness absence
- More complaints and grievances

Burns nurses and stress.

Munhall (2007), stated that the management of injured burn patient requires a multidisciplinary approach, the bulk of burn care activities have indicated to involve the expertise of burn nurse Nursing practice demands appropriate utilization of technical skill, physical and mental strength (Polit & Bask, 2010). In burns Nursing, nurses care for patients

who at times may be unpleasant, hostile frustrated and with the fact that burns treatment is always painful (Levis, Kleikemper Dirkson, 2014). Greenfield (2010) emphasized that nurses play an important role in the overall management of patients with urn injuries and she describes such as a role as pivotal in burn care.

Dobrun et al, (2018) revealed that there is the need for nursing management and policy makers to design strategies to ensure adequate staffing efficient organization and an encouraging work environment. A combination of organizational change and stress management are often the most useful approach for preventing stress at work (Dean Graham, 2011). Both organization and employee can employ strategies at organizational and individuals at levels. Generally organizational level strategies include job procedure modification and employee assistance program (EAP) individual level. Strategies include taking vocation getting a realistic job preview to understand the normal workload and schedules of the job will also help people to identify whether or not the job fit them (Selye, 2011).

Theoretical Framework

For evaluating the stressful situations transactional model of stress, the structure for processing and coping with stress with stress events by Lazarus & folkman (1984) Glanz & Schwartz (2008) is used. The transactional model is a procedure which provides events to understand the stress and how to use coping strategy to the beneficial effect on health promotion, health education and disease prevention. Thus, the used framework for the present study is the transactional model of stress and coping by Lazarus & Folkman (1984). Moreover, understand this theory on stress and coping is fundamental to develop effective strategies and approaches for nurses and healthcare providers to improve coping and promote physical, mental, and somatic well-being. This theory is one of the most effective cognitive approaches to stress and coping (Lazarus & Folkman 1984).

Lazarus (1966) considered stress to be a transactional phenomenon between the person and the environment. The hypothesis of this theory is describing an individual's process which including cognitive evaluations and coping response. Evaluation can be percipient or impercipient and they are affected by conditional, temporal, and factors. Coping represents the physiological and psychological efforts made to make the situation more manageable or more controllable (Hulbert-Williams et al, 2013). More so transactional model of Glanz & Schwartz (2008) appraisals is divided into primary and secondary. When the individual's facing a stressful situation, the evaluation of threats, harm, or challenges are called primary appraisal, and having the ability to control or improve the situation and manage the negative emotional responses are secondary appraisal.

Furthermore this theory exposes the sources of occupational stress for nurses and they are using coping strategies to process different demands (external or internal) associated with stressors.

As a conclusion of this theory, table 1. Summarizes key concepts, meanings, and uses of the transactional model of stress and coping. Some of the concepts are matched to the results of this study and will be discussed in discussion chapter.

Table 1. Transactional Model of Stress and Coping

Concept	Definition	Application
Primary Appraisal	Appraisal of the importance of a stressor, threatening or challenging situation	Understanding of the event as threatening can be source of anxiety, can cause the pain
Secondary Appraisal	Appraisal of managing the stressor and an individual's coping resources.	Understanding of person's capability to make changes of the events, managing person's emotional reflection, and/or cope dynamically can lead to successful coping and adaptation
Coping Efforts	Applying real strategies to mediate primary and secondary evaluations (appraisals).	
Problem Management	Strategies and plans directed at being able to change the stressful event.	Active coping solving problems and searching for information which can be useful to be used.
Emotional Regulation	Strategies and plans aimed at changing the direction of individual's thoughts of feelings about a stressful events.	Free expression to a strong emotion, behavior, avoidance, denial, and searching social support and be applied.
Managing Based Coping	Coping actions that involve positive feelings and emotions, which is return support physically and mentally the coping process by giving the chance of representing the problem in different reviews	Positive revolution, positive events, rethinking of plans to make changes

Outcome of Coping (adaptation)	Wellbeing emotion, good attitude, healthy actions.	The consequences of coping strategies could be adapted in short and long term positivity or negativity.
Dispositional Coping Style	Common ways of acting that can influence an individual's physical or emotional responses to the stressor.	
Information Seeking	Attentional Styles that are alert (monitoring) vs, those that connecting to the avoidance (blunting)	Monitoring could gather anxiety and vigilant, it could also gather active coping. Blunting could increase worries but as well could decrease commitment and duties.
Optimism	Brings positive expectations for result and outcomes	Optimists could experience fewer symptoms and/or quick recovery diseases.

Empirical Studies

A study by Afolabi, Rasheed and Fashina (2019) titled occupational anxiety and its associated factors among nurses in Lagos, Nigeria examined. The prevalence of anxiety and its associated factors among nurses in Lagos, Nigeria. It was a descriptive cross sectional design and a convenient sampling technique was used to examine 248 nurses data were collected with a structured self developed questionnaire that pilot tested for reliability and validity. A standardized tool of Hamilton Anxiety Rating Scale was adopted and incorporated into the questionnaire to measure prevalence of anxiety among the participate.

The study found out that the participants studied is 12.9% and associated factors include career and job ambiguity 97/9% mistrust unfairness and office politics 91.9%, unclear policies and no sense of distraction 80.2% demand 80.0% and poor remuneration 79.0%. the study equally found out that nurses capability of managing work related tension that could lead to anxiety, disorder is dependent on inherent factors and interplay of the conditions.

This study no doubt studied nurses and occupational anxiety but did not narrow down to nurses managing burns patients.

Methodology

According to Adebisi, Abosede & Onanuga (2016), research design is a process or guide for finding specific answers to research problems and question. Furthermore, Adekeye (2016) states that one of the key to conducting a successful research is the use of appropriate design and the findings of the research termed reliable and objective, so long as suitable research design.

This study used a non-experimental cross sectional survey design to determine stress management among nurses managing burns patient in National Orthopaedic Hospital (NOHE). This study design was more preferred because it involves the collection of quantitative data from a cross-section of an entire population at a given point in time. It draws a sample or subset which is usually a representative of the entire population using scientific procedures or methods. Data generated from the subset or group as used to generalized draw conclusions and make inferences.

This study was carried out in National Orthopaedic Hospital Enugu (NOHE) is situated in Enugu metropolis along Enugu-Abakaliki express road. It is bounded by the military Cantonment 82 Division Barracks Enugu at the East, Area Command Police Station by the South, National Grammar School Abakpa Nike, Enugu by the North and the Enugu International Airport and Emene Community at the west. The Hospital is situated under Enugu East Local of Enugu State. It is a specialist hospital for Orthopaedics, Plastic Surgeries, POP cast, and Burns management with administrative block, ward and other departments. The target population for the study is all the nurses, managing burns patients in NOHE. The sample size selected for the study is 82 nurses. Nurses working in burns unit and wards.

The questionnaire was designed in a way that respondents were able to understand the items using close ended questions. Content validity assesses whether test is representative of all aspect of the construct. The collected data were analyzed using frequency and percentages presented on a table.

Findings

Demographic data of the respondents.

Table 1: Socio-demographic characteristics of respondent ` n=82

S/N	Variables	Respondent	Frequency	Percentage %
1	Gender	Male	27	33.9
		Female	55	66.1
			82	100%
2	Age ranges	Below 20 years	2	2.4

		21 – 25 years	14	17.0
		26 – 30 years	32	39.0
		Above 30 years	34	41.6
3			82	100%
3	Level of Education	Diploma	35	43%
		B.N.Sc	35	43%
		Master/Doctorate	7	8.0%
		Other degrees	5	6.0%
			82	100%
4	Rank	DNS	NIL	
		DDNS	NIL	
		ADN	3	4%
		CNO	12	15%
		ACNO	7	18%
		PNO	17	21%
		SNO	15	18%
		NOI	13	16%
		NOII	15	18%
			82	100%
5	Unit/wards	Trauma unit	20	24%
		Acute Burns Unit	14	17%
		Burn Extension	14	17.0%
		Isolation unit	17	21%
		Children ward	16	21%
			82	100%
6	Years of service	0-10years	41	50%
		11-20years	30	37%
		21-30years	?	8%
		31-35years	4	5%

Author's field work (2026)

Table 1 showed results for demographic data of respondents. Out of 82(100%) respondents, the findings revealed that 2(2.4%) of the respondents were below 20years, 14(17.0%) between 21-25years old, 32(39.0%) between the 26-30years old, 34(41.6%) between 30years and above. Most of the response were female 27(66.1%) of the respondents were while 55(33.9%) were males respondents. 35 (43%) had diploma in Nursing, 35(43%), had their first degree in nursing, 7(8.0%) had their masters in nursing, while 5(6.0%) had their degrees

in other courses. Regarding their ranks, 5(0.9%) were Director of Nursing Services, 3(4%) Assistant Director of Nursing Services, 12(15%) Chief Nursing officers, 7(8%) Assistant Chief Nursing Officers, 17(21%) Principal Nursing Officers, 15(18%) Senior Nursing Officer, 10(12%) Nursing Officer and, 15(18.1%) Nursing Officer II. Acute burn unit has the highest number of nurses (24%) Burns extension and Isolation unit have equal number of nurses 14(17%) each, while 17(21%) of them came from children ward 15(18%) from trauma unit (15(18%) For working experience, 41(50%) had 0-10years working experience, 7(8%) had 21-30years working experience, 4(5%) had 31-35years working experience.

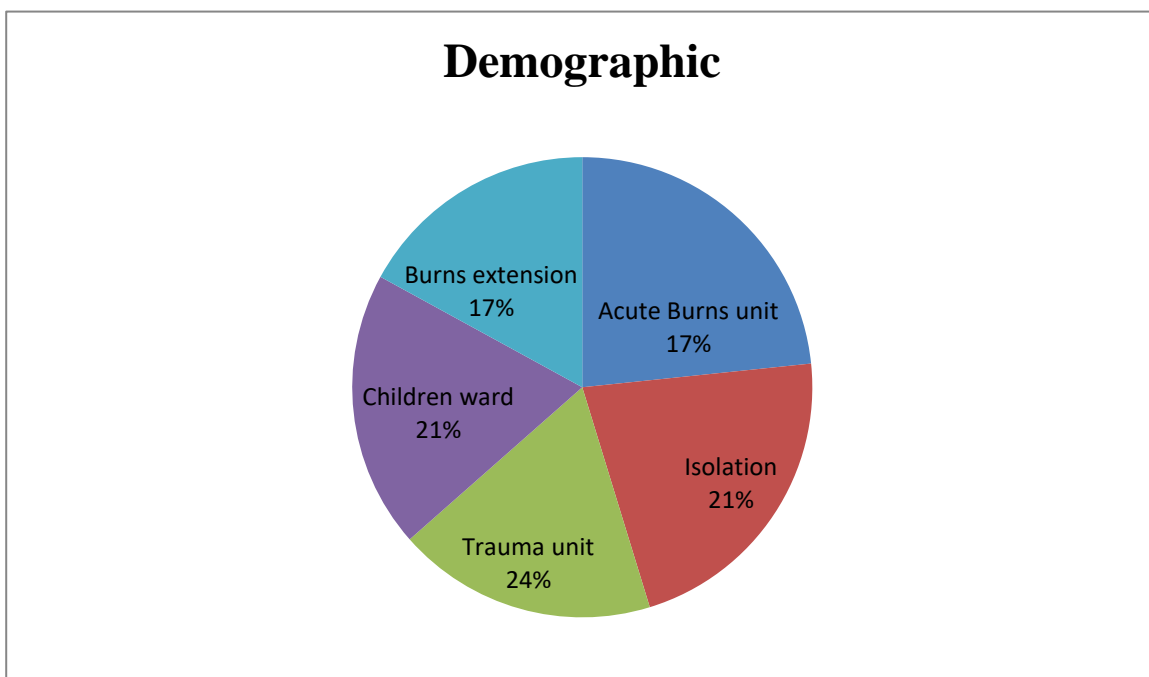


Fig 1 A4-D pie chart showing result from numbers of nurses working in each unit/ward

Research question I: What situations are stressful to nurses managing burns patient in NOHE?

Table 2: Showing situation that are stressful to nurses managing burn patients. n=82

S/N	Questionnaire Item	SA	A	D	SD	Weight Mean	Mean Score	Likert Remark
		4	3	2	1			
1	Nursing care to burn patients is considered extremely stressful and exhausting	48 (5.9%)	27 (33%)	5 (6.0%)	2 (2%)	285	3.5	Positive

2	Nurses dressing burns patients who are standing for long hours is very stressful	50 (61%)	29 (35%)	3 (4%)	0 (0%)	293	3.6	Positive
3	Dealing with burns patient is relative stressful	32 (39.0%)	43 (52%)	7 (9%)	0 (0%)	271	3.3	Positive
4	Poor working relationship among nurses managing burns patients is stressful	18 (22%)	40 (49%)	17 (21%)	7 (8%)	233	2.8	Positive
5	Emotion and anxiety of nurses managing burn patient feel stressful	30 (37%)	25 (30%)	15 (18%)	12 (15%)	237	2.9	Positive
Grand mean							16.11	
Average mean							3.2	

$$\text{Mean score} = \frac{(48 \times 4) + (27 \times 3) + 5 \times 2 + 2 \times 1}{48 + 27 + 5 + 2} = \frac{285}{82} = 3.1$$

$$\text{Grand scores} = 3.6 + 3.5 + 3.3 + 2.9 + 2.8 = 16.1$$

$$\text{Average mean} = \frac{16.1}{5} = 3.22$$

$$\text{Criterion means} = 4 + 3 + 2 + 1 = \underline{10} = 2.5$$

Research question I:

Result in Table 4:2 above shows that mean score of the items on nurses stressful situation. The item scores for the 5 items ranges from (2.8 – 3.6). The result shows that all the 5 items had mean score above (2.5) which is the average mean score.

Nurses standing for long hours dressing patients wound is regarded as the most stressful situation with mean (3.6), nursing care to Burns Patients mean (3.5) is the next stressful situation, dealing with burn patient relative (3.3), nurses emotions and anxiety (2.9) and the lest is the poor working relationship among nurses (2.8).

Research Question 2: What factors contribute to nurses stressful situation among nurses managing burns patients in NOHE?
 Questionnaire items 12-16 answered this question

Table 3: Shows managing burn patient.

S/N	Variable items	SA 4	A 3	D 2	SD 1	Weight Mean	Mean score	Likert Remark
12	High job demand	52 (63%)	22 (27%)	8 (10%)	0 (0%)	290	3.5	Positive
13	Low skill discretion	15 (18%)	36 (44%)	18 (23%)	13 (15%)	217	2.6	Positive
14	Low support from supervisor	32 (39%)	25 (30%)	18 (22%)	7 (9%)	246	3.0	Positive
15	Hospital policies	27 (33%)	41 (50%)	11 (13%)	3 (4%)	256	3.1	Positive
16	Burn out, depression and memory loss contributing to stressful situation in managing burns patients	25 (30%)	40 (49%)	12 (15%)	5 (6%)	249	3.0	Positive

Research question II:

Result in Table 4.3 above shows that score of the items on factors contributing to nurses stressful situations. The scores for the 5 items ranges from(2.6 – 3.5) the result shows that all the 5 items had mean score above(2.5) which is the average mean score.

High job demand had the mean score of (3.5) hospital policies is the next factor contributing to stressful situation (3.1), low support and memory loss (3.0) and the least is low skill discretion (2.6).

Research Question 3: What methods do nurses use in managing their stressful situation in NOHE?

S/N	Questionnaire	SA 4	A 3	D 2	SD 1	Weight Mean	Mean score	Likert Remark
17	Engaging in physical once a week or more	24 (29%)	30 (37%)	25 (30%)	3 (4%)	239	2.9	Positive
18	Having adequate sleep	45 (55%)	34 (41%)	3 (4%)	0 (0%)	288	3.5	Positive
19	Visiting friend and browsing internet	18 (22%)	31 (38%)	14 (17%)	19 (23%)	212	2.6	Positive
20	Taking break or casual leave and annual leave	48 (59%)	24 (29%)	10 (12%)	0(0%)	284	2.5	Positive
21	Recognize and accept your limit	32 (39%)	40 (49%)	9 (11%)	1 (1%)	267	2.3	Negative
22	Controlling your behaviour and adopt to changing circumstances	23 (28.3%)	43 (53.4%)	10 (12.1%)	6 (7.3%)	247	3.0	
23	Listening or playing music while at home are methods of managing stress	36 (44%)	30 (36%)	13 (16%)	3 (4%)	263	3.2	

Research question III

Result in Table 4.4 above shows that mean score of the items on method that nurses used in managing their stressful situations. The scores for the 7 items ranges from (2.3-3.5). The result shows that all the 6 items had mean score above 2.5 which is the average mean score, and 1 item had lower score, which is below (2.5). nurses who have adequate sleep had mean score of (3.5), listening an playing music while at home (3.2), controlling your behaviour and adapt to changing circumstances (3.0), engaging in physical exercise once a week or more (2.9), visiting friends and browsing internet (2.6), taking break or casual leave and annual leave (2.5) the lowest is (2.3) recognize and accept your limit as a nurse which shows negative result.

Discussion of Findings

The findings in table 2 indicated that the mean scores of each of the 5 items of the objective on nurses, opinion on the result, situations that are stressful to nurses. The mean score for the 5 items on the result of situations that are stressful to nurses ranges from 2.8 to 3.6. it shows that all the items had mean score equal to and above 2.5 which is the criterion mean. The findings that nurses dressing burns patients who are standing for long hours is very stressful (mean = 3.6), “nursing care to burn patients is considered extremely stressful and exhausting (mean = 3.5) ‘Dealing with burns patient relative stressful” (mean = 3.3) “Emotional and anxiety of nurses managing burn patient feel stressful” (mean = 2.9) “Poor working relationship among nurses” (mean = 2.8) show positive mean scores of situation that are stressful to nurses managing burns patient in NOHE. The possible interpretation is that these are the major causes of stressful situation among nurses managing burn patient in NOHE. This finding is in line with Greenfield (2010) who emphasized that nurses play an important role in the overall management of patients with burns injuries had it that emotions and anxiety of nurses managing burns patients feel stressful. As American John Hopkins (2022) stated that nurses role in burns care is described as psycho emotional demanding.

The result in Table 3 that shows high job demand (mean 3.5), “low hospital policies” (mean 3.1). “low support from supervisor” (mean 3.0). “Burn out depression and memory loss contributing to stressful situation in managing burns patients” (mean 3.0). “low skill discretion” (mean 2.6) it was observed that all the factors mentioned high job demand ranked the highest. This could be attributed to the fact that NOHE is a regional burns center and such attract a good number of burns victims from the neighboring states of the south east geopolitical zone.

This agreed to a study carried out by Rothman Sebastine and Calff (2016) which found out five notable stress factors as patients care job demands, lack of support, staff issues and over time.

The result presented on table 4 above showed items of the objectives on “having adequate sleep” (mean score 3.5) “listening or playing music while at home are methods of managing stress among nurses” (mean score 3.2) “Controlling your behaviour and adapt to changing circumstances” (mean 3.0) “Engaging in physical exercise once a week or more” (mean 2.9). “Taking break or casual leave and annual leave” (mean 2.5) “The mean ranges (2.5 – 3.5)which is the criterion and the above findings show positive response to method of stress management, while “Recognize and accept your limit” (mean score of 2.3) is the lowest hence the negative result item 21. Seley’s (2011) had an opinion that taking a vacation, getting a

realistic job preview to understand the normal work load and schedules of the job will also help people to identify whether or not the job fit them.

Conclusion

Stress among nurses, particularly those managing burn patients at the National Orthopaedic Hospital, Enugu (NOHE), has reached a critical level that requires urgent attention from hospital management and the wider society. The physically and emotionally demanding nature of burn care exposes nurses to persistent stress, which can negatively affect their wellbeing, job performance, and the quality of patient care delivered. In addition, the growing rate of brain drain among nurses has further aggravated the situation, resulting in staff shortages and increased workload for those who remain. This continuous pressure contributes to burnout, reduced efficiency, and a decline in healthcare service delivery. It is therefore essential for hospital authorities and policymakers to adopt effective stress management strategies, including adequate staffing, provision of psychological support, and improvement of working conditions. Strengthening incentives and retention policies is also necessary to reduce the migration of skilled nurses. Where the exit of nurses becomes inevitable, prompt replacement and proper orientation of new staff should be ensured to maintain continuity and quality of care. Addressing these concerns holistically will enhance nurses' wellbeing and promote better patient outcomes.

Recommendations

Based on the findings from the study, the following recommendations were made.

1. There is need to give incentive to nurses managing burns patient in NOHE.
2. The hospital should support nurses who are interested in Burns and Plastic training in order to reduce the job demand in NOHE.
3. They should encourage workshop among nurses managing burns patients in NOHE
4. NOHE should employ more nurses in order to reduce the work load on burns and plastic nurses.

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