

## Nurses' Work-Related Stress, Job Satisfaction, and Intent to Leave: A Survey in Primary Health Care Centers

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**Key Words:** nurses, work-related stress, job satisfaction, intent to leave, primary health care.

**Summary.** The aim of this study was to investigate work-related stress, job satisfaction, and intent to leave among nurses in primary health care centers in Lithuania.

**Methods.** An anonymous survey was performed during May 1–31, 2012. General practice and community care nurses from 4 primary health care centers of Kaunas city participated in the survey ( $N=230$ , response rate 82.1%). All the respondents were women. A 56-item Extended Nursing Stress Scale was used. The Committee on Bioethics at the Lithuanian University of Health Sciences provided permission to perform this survey.

**Results.** The most frequent stressful situations for nurses were related to patient's death and dying, as well as to situations of patient care and communication with their relatives. Discrimination was the rarest stressful factor among the nurses. The nurses were enthusiastic at work and 83% of them had no intent to leave.

**Conclusions.** Death and dying are the most stressful factors for nurses at work in primary care centers. The other source of stress is irrelevant professional preparation of nurses, shortage of necessary knowledge and uncertainty in meeting patients' needs. The nurses expressed satisfaction with their job and felt their work was pleasant for them. Intent to leave the job had a weak positive relationship with nurses' stress at work and correlated with their job satisfaction.

### Introduction

Nurses constitute the biggest group of health care specialists. In 2011, there were 23 833 nurses including midwives or 74.5 nurses per 10 000 residents in Lithuania (1).

Nurses attend patients with various diseases and work with healthy people or those belonging to risk groups. The contribution of nurses to patients', patient groups' or public health is conditioned by nurses' competence, their work conditions, independence in making practical decisions, possibilities to initiate changes and, finally, general satisfaction with their work and profession overall.

Despite comprehensive efforts of health care institutions' authorities, professional organizations and representatives of employees, physical and psychological work conditions of nurses are still not favorable in Lithuania. In their working environment, nurses experience psychological violence and aggression from patients and their relatives. Work with sharp instruments and contact with patient's blood and body fluids as well as infectious disease agents, chemical work environment pollution and

stressful and noisy work environment, various forms of physical and psychological abuse also affect nurses' health (2–5). Insufficient support of colleagues, authorities and senior nurses (6), inadequate professional relations between nurses and physicians as well as among nurses themselves (7), lack of possibilities to appropriately perform professional roles, insufficient preparation for work (8), and short work experience (9) are among the stress factors experienced by nurses in other countries. The stress level of nurses who work in a health care institution providing primary and urgent medical help has been proven to be higher in comparison with nurses who work in hospitals, and such stress has been found to be influenced by critical family situations and heavy workload (10). In another study on community health care, every second nurse complained about too heavy workload and every third admitted to experience stress and tension at work. The authors have associated these findings with expanded activity of a community nurse and inadequate preparation to perform new roles requiring legal, pedagogical, communicative, and psychological knowledge

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as well as communication and administration skills (11). However, despite the stated problems, the majority of community nurses (68.1%) loved their work and were satisfied. Nurses who worked in an emergency institution (53.6%) were satisfied with their work, but one-third of them considered changing their job. High responsibility at work, rush, working shifts and at nights, burnout due to physical and psychological load, patients' verbal aggression and threats were mentioned to be the biggest stress factors (2). This study found associations between the experienced stress and emergency nurses' satisfaction with their work.

Unfavorable work environment factors intervene with provision of help, i.e., nursing and care following the highest quality standards, as expected and needed by a patient. In such cases, nurses experience stress, remorse, helplessness, moral pain, and bad mood; consequently, their work efficiency and productivity decrease (12). Constant stress in nurses' work has been found to be associated with worse physical and mental health, increased morbidity, more frequent change of work places, and greater possibility of burnout and quitting a job (4, 13, 14). Nurses who constantly experience stress tend to eat less, use soft drugs, abuse alcohol and drugs (15). Disappointment in the nurses' profession, colleagues, and employers, indifference toward patients and work, and antagonism toward the surrounding environment are detrimental to nurses, patients, and the health care institution itself (4).

Stress is a state of tension, i.e., a total of protective physiological reactions that a human body uses to react to unfavorable factors (stressors) (16). The first to use the term *stress* was Hans Selje, who developed the stress theory in 1936. Selje used the term *stress* to refer to certain nonspecific reactions of a human organism and any reaction of an organism to a set task; factors evoking such a state were referred to as stressors (17). Cox in 1991 referred to stress as an internal psychological state and a problematic interaction between a person and the environment (18). According to Antonovsky, stress is the effect that the inner or the outer environment has on the body, interfering with its homeostasis, whose re-establishment is not automatic or easy (19). Lazarus and Folkman in 1984 claimed that stress was a dynamic mutual relationship between a person and the environment. Although the authors claim that stressors or environmental factors are usually fatal misfortunes or life events, often they are small but annoying problems that need to be solved every day, e.g., disputes or responsibilities at work. Thus, stress is experienced when the person's resources are limited and additional responsibilities

are assigned. Some people would evaluate such a situation as a threat, but others as a challenge (20).

Moderate strain at work acts as a motivator and energy supply needed to accept challenges. However, very high expectations and strong pressure result in stress that negatively affects staff and organization (21). Work-related stress emerges from the contradiction between work requirements and personal ability to fulfil them; this is a personal perception of the inability to perform work tasks that are expected from the professional. Job satisfaction is a relatively stable personal disposition, i.e. it involves human traits and character in a certain situation (22). Serious disagreements among nurses and job dissatisfaction increase stress; therefore, nurses tend to consider quitting a job at an institution or even changing profession (23, 24).

The aim of this study was to investigate work-related stress, job satisfaction, and intent to leave among nurses in primary health care centers in Lithuania.

## Methods

**Instrument.** The quantitative study was conducted in May 2012. The instruments used in the study were the Expanded Nursing Stress Scale (ENSS) (French et al., 2000) with 56 items (25) and 8 questions pertaining to job satisfaction (7 items) and intent to leave (1 item) from Price and Mueller's (1981) Professional Turnover questionnaire (26). Additionally, 6 items on demographics were provided in the questionnaire. The data were collected using self-report surveys.

The Expanded Nursing Stress Scale (ENSS) comprised 9 subscales: death and dying, conflict with physicians, inadequate preparation, problems with peers, problems with supervisors, workload, uncertainty concerning treatment, patients and their families, and discrimination. The ENSS target nursing stress rather than general job stress. The questionnaire was translated to Lithuanian and was adapted for nursing practice, following methodological requirements for translation and adaptations of instruments (27). From the scale, one statement about the patient classification system was eliminated, as such a system is not typical of the nursing practice in Lithuania. The stress scale does not measure intensity, difficulty or level of stress; however, it allows evaluating the sources of stress at nurses' work. The alpha coefficients of all of 9 subscales were 0.90 or higher, and face validity assessments provided strong support for the ENSS.

The ENSS employs a Likert scale, where the statements are evaluated on the scale from 1 to 5 points (where 1 means "not typical of me" and 5

means "often [feel stress]"). In order to evaluate job satisfaction, the nurses were asked to indicate one of 4 possible answers: "completely agree," "agree," "disagree," and "completely disagree." The Price and Mueller's (1981) job satisfaction questions from Price and Mueller's Professional Turnover questionnaire were modified from a 5-point to a 4-point Likert scale, thus reducing the possibility of a less discriminatory central response. The item that measured nurses' intent to leave asked the respondents to rate their feeling about their future work on a 4-point Likert scale as "Definitely will not leave," "Probably will not leave," "Probably will leave," or "Definitely will leave."

Consent from authorities of the institutions was obtained. The researcher met with heads for nursing of each institution chosen for research who helped to distribute questionnaires to nurses in their workplace. The nurses were given one to two weeks to complete the questionnaires. The completed questionnaires were collected by the researcher in each medical institution.

**Study Sample and Its Selection.** General practice and community nurses of 4 primary care centers located in different parts of Kaunas city participated in the study. In total, 510 general practice and community nurses worked in the institutions chosen for research. A representative sample size ( $N=276$ ) was calculated according to Jadov's sample calculation formula with a 4% error and 95% probability. Of the 280 distributed questionnaires, 230 were returned from primary care centers (response rate, 82.1%).

**Ethical Considerations.** Permission for research (No. BC-KS(M)-260, April 16, 2012) was obtained from the Bioethics Committee of the Lithuanian University of Health Sciences. The respondents were given an informed patient consent form. They were told about the importance of answers and assured that the researchers would follow the confidentiality and anonymity principles. Their right to refuse to participate in the study was emphasized.

**Statistical Data Analysis.** Statistical data analysis was performed using SPSS 17.0 (Statistical Package for Social Sciences) and Excel packages. For statistical quantitative data analysis, we employed descriptive statistics, variable frequency analysis, and nonparametric data tests for 2 and more than 2 independent samples in case of a rejected null hypothesis about the normal distribution (Mann-Whitney test for 2 samples and Kruskal-Wallis test for 3 and more samples).

In order to determine statistically significant differences between different sociodemographic characteristics, we used the chi-square ( $\chi^2$ ) test, number

of degrees of freedom, and statistical significance  $P$  (difference statistically significant when  $P<0.05$ ). The descriptive statistics were performed with a 95% confidence interval for calculation of the mean variable values. The results are presented with significance of statistical hypotheses, and standard deviation is used in the description of value distributions.

To evaluate the strength of the relationship between variables, the Spearman rank correlation coefficient was employed. The strength of correlations was evaluated taking into considerations the coefficient value.

For data representation and determination of statistically significant differences, similar answers were combined: answers "Definitely will not leave" and "Most probably will not leave" were combined as "Will not leave," and the answers "Most probably will leave" and "Definitely will leave" were combined as "Will leave."

## Results

In total, 230 nurses from 4 primary health care centers participated in the study. All the respondents were women. They were distinguished into 4 age groups. Almost two-thirds of the subjects belonged to the age groups 40–49 and 50–59 (31.3% and 32.2%, respectively). Almost three-fourths of the subjects (69.6%) were married. The majority (76.5%) of the respondents had a college education and 85.2% had 11 years or longer experience in the field of nursing. More than half (63.5%) of the respondents worked as general practice nurses and one-third of them worked as community nurses. Two-thirds (78.3%) had a workload equaling one full-time position (Table 1).

The nurses indicated a medium work-related stress level (mean, 140.6; SD, 32.55; range, 76–230). The nurses in the 40–49-year age group indicated that the experienced stress level was higher than average. Among those whose stress level exceeded the average, 56% had a higher university or college education, 48% had 11 years or more of professional experience, and 51% worked more than one full-time position.

The level of job satisfaction was greater than average (mean, 17.08; SD, 1.97; range, 11–22). Among the nurses whose level of job satisfaction was higher than the average, 53% were younger than 39 years, 55% had a higher university education, 50% had up to 5 years of professional experience, and 50% worked more than one full-time position.

Nurses' stress was assessed according to the statements on which factors cause or do not cause stress

Table 1. Sociodemographic Characteristics of Respondents

Sociodemographic Characteristics	N (%)
Age in years	
Up to 39	51 (22.2)
40–49	72 (31.3)
50–59	74 (32.2)
60 and more	33 (14.3)
Marital status	
Married	160 (69.6)
Divorced	28 (12.2)
Widow	21 (9.1)
Single	21 (9.1)
Education	
Vocational	176 (76.5)
College and university	54 (23.5)
Work experience in years	
Up to 5 years	12 (5.2)
6–10 years	22 (9.6)
11 years and longer	196 (85.2)
Position	
Community nurse	84 (36.5)
General practice nurse	146 (63.5)
Work load in equivalents	
<1.0	28 (12.1)
1.0	180 (78.3)
>1.0	22 (9.6)

to nurses at work. On the subscale *Stress factors*, nurses indicated to experience stress most frequently due to a patient's death and dying (21.4 points). Discrimination among staff was thought to be the least frequent stress-causing factor (4.5 points) (Table 2).

On the subscale *Death and dying*, which includes factors that most frequently cause stress, the highest score (3.27 of 5 points) was given to the statement about a patient's death when the respondents had a closer relationship with the patient. On this subscale, performance of painful procedures was indicated to cause stress least frequently (2.86 points) (Table 3).

On the subscale *Conflict with physicians*, the item *criticism by a physician* was scored highest (3.11 points of 5). Disagreement concerning the treatment of a patient was considered to be most rarely causing stress (2.14 points).

Rating the items on the subscale *Inadequate preparation*, nurses were most often concerned about being exposed to health and safety hazard (3.23 points of 5). Feeling inadequately trained of what he/she has to do was least stressful (2.43 points).

In relation to *Problems with peers*, most often nurses feel stress being blamed by anything that

Table 2. Mean rates of the subscales of Expanded Nursing Stress Scale

Stress Subscales	No of Items	Min	Max	Mean	SD
Death and dying	7	8.0	34.0	21.4	5.53
Conflict with physicians	4	4.0	20.0	10.0	3.47
Inadequate preparation	7	7.0	33.0	18.9	4.93
Problems with peers	7	7.0	27.0	14.8	4.51
Problems with supervisors	7	6.0	28.0	15.1	4.91
Workload	6	6.0	28.0	15.3	4.57
Uncertainty concerning treatment	8	10.0	36.0	20.9	5.20
Patients and their families	7	8.0	32.0	19.5	5.09
Discrimination	3	3.0	14.0	4.5	2.34

Table 3. Ratings of death and dying subscale

Items	Mean	SD	Min	Max
Performing procedures that patients experience as painful	2.83	0.9	1	5
Listening or talking to a patient about his/her approaching death	2.86	1.1	1	5
A physician not being present in a medical emergency	3.10	1.1	1	5
The death of a patient	3.24	1.2	1	5
The death of a patient with whom you developed a close relationship	3.27	1.3	1	5
Physician(s) not being present when a patient dies	2.93	1.4	1	5
Watching a patient suffer	3.21	1.1	1	5

goes wrong (3.08 points of 5) and almost never had stress because of difficulties in working with nurses of the opposite sex (1.42 points).

On the subscale *Problems with supervisors*, nurses indicated that they most frequently experienced stress because of criticism by nursing administration (2.98 points of 5). The lack of support from other health care administrators (2.08 points) was the least frequent factor of nurses' work-related stress.

On the subscale *Workload*, the item about too many unrelated nursing tasks required demonstrated the highest mean rate (2.86 points of 5) and having to organize the doctor's work was among the rarest stressful factors (2.25 points).

The analysis revealed that on the subscale *Uncertainty concerning treatment* the nurses rated the item concerning the decision-making about a patient when the physician was unavailable with the highest points (3.02 points of 5). Inadequate information from a physician about a patient was least stressful (2.35 points)

Patients making unreasonable demands commonly create stressful situations when *nurses deal with them and their families* (3.03 points of 5). However, the nurses did not feel stress often because of the lack of time to provide emotional support to the patient (2.58 points).

The results revealed that the subscale *Discrimination* with 3 items was the least relevant with nurses' work-related stress (Table 4).

The data analysis of the nurses' job satisfaction showed that the item "Most days I am enthusiastic about my job" was scored highest (3.19 points of

4). The negative item that nurses did not like their work was rated with the lowest score (1.70 out of 4) (Table 5).

The majority (87.8%) of the nurses considered their job to be rather pleasant (28.7% fully agreed, 59.1% agreed). The majority (86.1%) of the respondents found real enjoyment in their job and 24.8% fully agreed with this statement. The respondents were not bored with their job, as only 10.4% reported so while the majority (89.6%) denied that.

One item measured the nurses' intent to leave. The study revealed that 41.3% of the nurses definitely had no intent to leave their present job; 3.1% were definitely sure to leave (Table 6).

The only statistically significant difference was found between those nurses who had an intention to leave and those who did not in relation to the stress subscale *Workload*. For the nurses without an intention to leave, the workload as a stressful factor emerged less often (Student *t* test,  $P=0.012$ ). The results demonstrated that greater frequency of work-related stress was associated with stronger

Table 6. Nurses' ratings on their intent to leave

Question	Statement	%
What statement most clearly reflects your feeling about your future in your present work place?	Definitely will not leave	41.3
	Probably will not leave	41.7
	Probably will leave	13.9
	Definitely will leave	3.1

Table 4. Ratings of the discrimination subscale

Items	Mean	SD	Min	Max
Being sexually harassed	1.62	1.1	1	5
Experiencing discrimination because of race and ethnicity	1.39	0.7	1	5
Experiencing discrimination on the basis of sex	1.47	1.0	1	5

Table 5. Ratings of job satisfaction items

Items of job satisfaction	Mean	SD
I find real enjoyment in my job	3.17	0.6
I consider my job rather pleasant	3.10	0.6
I am often bored with my job	1.89	0.7
I am fairly well satisfied with my job	3.03	0.7
I definitely dislike my job	1.70	0.7
Each day on my job seems like it will never end	1.85	0.6
Most days I am enthusiastic about my job	3.19	0.6

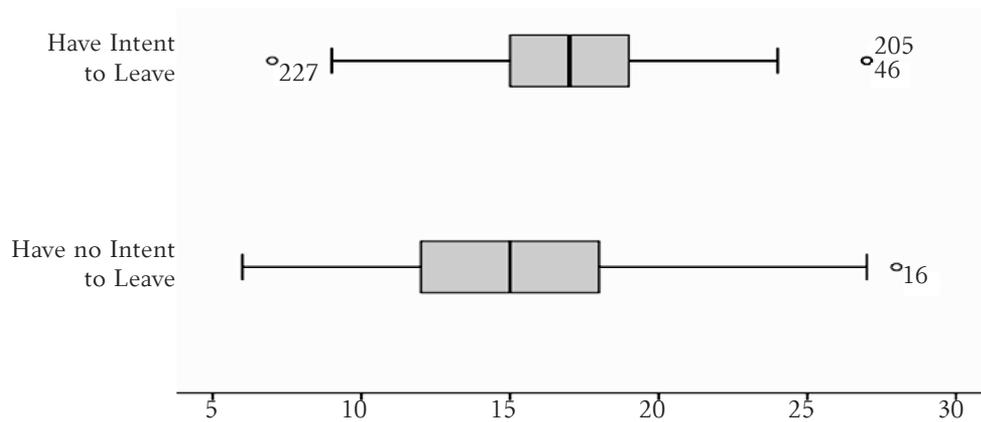


Fig. Intentions of nurses in relation to the evaluation of the stress subscale *Workload* ( $P < 0.05$  comparing 2 groups of intent)

intent of nurses to quit the job, i.e., more nurses were sure about leaving their job. The differences in nurses' future intentions at the institution in relation to the frequency of experienced stress are graphically represented in Fig.

The Spearman rank correlation coefficient was calculated, and the weak direct relation between nurses' stress and future professional intentions was found (Table 7). The highest positive correlation was determined between the stress subscale

Workload and the intent to leave the job' ( $r = 0.245$ ,  $P < 0.001$ ): if workload-related stress was frequently experienced at work, there was stronger intention to leave the job. Correspondingly, the weak relationship between the all nurses' job satisfaction items and their intent to leave the job was determined. Nurses who experienced enjoyment in their job were fairly well satisfied and enthusiastic about it or considered it rather pleasant reported the strong intention not to leave present job.

Table 7. Correlations Between Stress Subscales, Job Satisfaction Items and Nurses' Intent to Leave

Subscales and Items	Nurses' Intent to Leave	
	<i>r</i>	<i>P</i>
Stress subscales		
Death and dying	0.20	0.758
Conflict with physicians	0.101	0.126
Inadequate preparation	<b>0.160</b>	<b>0.015</b>
Problems with peers	<b>0.131</b>	<b>0.048</b>
Problems with supervisors	0.125	0.059
Workload	<b>0.245</b>	<b>&lt;0.001</b>
Uncertainty concerning treatment	<b>0.141</b>	<b>0.033</b>
Patients and their families	<b>0.144</b>	<b>0.028</b>
Discrimination	0.032	0.079
Job satisfaction items		
I find real enjoyment in my job	<b>0.473</b>	<b>&lt;0.001</b>
I consider my job rather pleasant	<b>0.414</b>	<b>&lt;0.001</b>
I am often bored with my job	<b>-0.201</b>	<b>0.002</b>
I am fairly well satisfied with my job	<b>0.462</b>	<b>&lt;0.001</b>
I definitely dislike my job	<b>-0.227</b>	<b>0.001</b>
Each day on my job seems like it will never end	<b>-0.152</b>	<b>0.021</b>
Most days I am enthusiastic about my job	<b>0.231</b>	<b>&lt;0.001</b>

## Discussion

Work-related stress is often called professional stress. The main idea of this concept is that certain situations at work may provoke diseases or psychological stress. Stress at work is the main problem for both separate individuals' health and organizations, causing employees to quit their job and turnover overall as well as physical and mental health problems.

This study was aimed at finding out the level of work-related stress and job satisfaction of nurses at Kaunas city primary health care centers and correlations between stress and intentions to change the job. The results revealed that nurses were most often stressed by nursing situations associated with a patient's death and the dying process, i.e., performance of procedures painful to patients; listening to patients and conversations with them about the approaching death; a patient's death and doctor's absence when a patient is dying; watching patients suffer, etc. The data of the conducted research are in line with the data obtained in other studies (28, 29), reporting that nurses most often experience work-related stress because of a patient's death and dying when they have to observe patients suffering and when they feel inappropriately prepared to nurse dying patients. The same researchers indicated that workload was the second most frequent and the biggest stressor in the nurses' work environment when nurses do not have enough time to fulfil all the nursing tasks or they do not have time to consult with their colleagues (28). The study performed in Lithuania revealed that nurses lacked support from colleagues and more often experienced stress because of doctors' criticism (29).

Studies conducted in other countries have demonstrated that nurses most often are stressed by absence of clarity regarding treatment (when there is a lack of information from a doctor about a patient's health state; when a doctor administers treatment which later appears to be inappropriate; or when a nurse does not know what to tell a patient or their relatives about the patient's state or treatment, etc.) (30). The present study also confirmed that a number of stressful situations in nurses' work are associated with uncertainty in patient care when nurses feel to be inappropriately prepared to satisfy emotional needs of a patient's family, lack sufficient information from a doctor regarding a patient's health status or are intimidated to make a mistake in nursing a patient, etc.

A relatively big part of the study participants felt inappropriately prepared for professional activity, i.e., lacked preparation to satisfy patient's emotional

needs, felt uncertainty in using and working with special equipment, and were not able to make decisions. Thus, the nurse's competence and constant improvement could serve as a work-related stress reducing and confidence boosting strategy for nurses and their authorities.

Pinikahana and Happell also reported to have observed increasing workload of nurses due to their lack, which also causes stress more frequently. Nurses with a number of nursing and other tasks (e.g., additional documentation) are not always able to combine additional responsibilities and their direct work, perform tasks on time and provide patients with emotional or physical support, which evokes stress for different profile nurses (31). A study performed by Glumbakaitė and Šeškevičius also demonstrated that the most intensive stressors experienced by nurses at work were increasing workload, conflicts with doctors as well as doubts and concern regarding further actions to be taken (32). The significant correlation between stress and burnout syndrome, emotional, depression, psychosomatic symptoms were also reported in the Lithuanian study (33). Therefore, rational distribution of tasks at work, planning of staff numbers according to nursing intensity and maintenance of the optimal level would allow nursing authorities to balance the physical and emotional workload of nurses and to reduce the effect of stressful factors.

It was determined in this study that discrimination among staff rarely caused stress to nurses working at primary health care centers, which shows a good relationship between nurses and its low impact on the emergence of stress, as conflicts with colleagues are listed as the rarest source of nurses' stress.

In our study, statistically significant weak positive correlations were determined between nurses' intent to leave their job and frequency of their experienced stress because of inadequate preparation, problems with peers, workload, uncertainty concerning treatment, and communication with patients and their relatives. The results prove the direct link between nurses' psychological atmosphere at work and strength of their professional commitments. Job satisfaction was also positively related with nurses' intent to leave, i.e., nurses who indicated greater job satisfaction were less prone to leave it. Job satisfaction is inseparable from the organizational culture: when the climate in an organization is favorable, nurses feel that their work is useful and are, thus, aware of their own value. The majority of staff wish to have better work conditions and feel responsible for the performed work.

They also want to be listened, wish to be treated as individuals, and want an institution to take care of their needs and problems.

In order to reduce the impact of stressors, organizational changes are essential, e.g., to increase the number of nurses, thus, reducing their workload. This is not always possible; therefore, first, nurses should be provided with support after stressful events and their work conditions should be improved. The authorities are recommended to implement such strategies as communication strengthening between authorities and staff, definite expectations and roles, promotion of fast and constructive conflict solving, psychological consultations that would be available to nurses after stressful situations, observation and monitoring of stressful situations (34).

Nurses themselves have to be aware of the factors causing stress and dissatisfaction in the working environment. Individual tension-reducing measures (e.g. active rest, relaxation exercises after work, etc.) will enhance their competence level and promote harmony among staff, teamwork as well as quality of service. Nurses' initiatives to participate in the activity of committees of hospitals could enhance problem solving and job satisfaction among staff (35).

Stress-reducing measures and methods include not only professional activities, but also student training. During nursing studies (especially clinical practice), future nurses develop good professional relationship, communication skills, conflict management, teamwork and emotional preparation for communication with patients and their families. These learning outcomes, like technical skills, should be equally emphasized. Later in their work, enhancement and renewability of clinical skills are important to nurses so that they could feel prepared to work and solve daily issues.

To sum up, stress may be claimed to be an im-

portant feature of nurses working at primary health care centers, i.e. stress factors and their frequency are different. Decreasing numbers of nurses and other auxiliary staff and rising requirements aggravate physical and psychological work conditions, and stress is becoming a topical issue, due to which intentions to leave the job appear. The nurses in our study were relatively satisfied with their job; however, their satisfaction should be growing.

#### Limitations of the study

A limitation of this study was the use of the simplistic 7-item measure of job satisfaction and only 1 item of intent to leave. Such assessment provided only a global measure of overall nurses' job satisfaction and general orientation about their intent to leave.

#### Conclusions

The work-related stress level of nurses working at primary health care centers was average. Most often nurses felt stressed by a patient's death and dying as well as by threats to nurses' health and safety due to inappropriate preparation and decision-making when a physician was unavailable; discrimination among staff caused stress least frequently.

The level of nurses' job satisfaction was higher than average, i.e. they were most frequently enthusiastic about their work, really enjoyed their work, and felt it to be pleasant.

The majority of the nurses had no intent to change their job. Work-related stress was weakly positively associated with intentions to leave: the more often the work-related stress is experienced, the stronger the intentions of nurses are to leave the job. Nurses' job satisfaction had a weak relationship with their intent to leave as well.

#### Statement of Conflict of Interest

The authors state no conflict of interest.

## Pirminės sveikatos priežiūros slaugytojų darbe patiriamo streso, pasitenkinimo darbu ir ketinimų išeiti iš darbo vertinimas

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**Raktažodžiai:** slaugytojos, darbe patiriamas stresas, pasitenkinimas darbu, ketinimai išeiti iš darbo, pirminė sveikatos priežiūra.

**Santrauka.** Tyrimo tikslas – išsiaiškinti pirminės sveikatos priežiūros centruose dirbančių slaugytojų nuomonę apie darbe patiriamą stresą, pasitenkinimą darbu bei ketinimus išeiti iš darbo.

*Tyrimo metodai.* Atlikta anoniminė anketinė bendrosios praktikos ir bendruomenės slaugytojų apklausa (N = 230, atsakas – 82,1 proc.). Tyrimas vyko 2012 m. gegužės mėn. keturiuose Kauno m. pirminės sveikatos priežiūros centruose. Visos respondentės buvo moterys. Tyrimui naudota Išplėstinė slaugos streso skalė, kurią sudarė 56 teiginiai. Tyrimui atlikti gautas Lietuvos sveikatos mokslų universiteto Bioetikos komiteto leidimas.

*Rezultatai.* Dažniausiai slaugytojoms stresą darbe kelia pacientų mirtis ir mirimo procesas, pacientų priežiūra ir bendravimas su jų artimaisiais. Slaugytojų diskriminacija kolektyve – pats rečiausias darbo veiksnys, sukeliantis stresą slaugytojoms. Slaugytojos dirba entuziastingai ir 83 proc. neketina keisti darbo.

*Išvados.* Pirminės sveikatos priežiūros centruose dirbančioms slaugytojoms stresą dažniausiai sukelia pacientų mirtis ir mirimo procesas. Kiti dažni streso šaltiniai: netinkamas profesinis pasirengimas, reikiamų žinių stoka, neužtikrinamas tenkinant pacientų poreikius. Slaugytojos patenkintos savo darbu ir teigia, kad darbas joms yra malonus. Darbe patiriamas stresas teigiamai koreliavo su pasitenkinimu darbu. Nustatytos menkos teigiamos ir neigiamos sąsajos tarp slaugytojų darbe patiriamo streso dažnumo ir jų ketinimų išeiti iš darbo.

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