



Effects of occupational stress and coping mechanisms adopted by radiographers in Ghana



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ARTICLE INFO

Article history:

Received 15 May 2015

Received in revised form

12 September 2015

Accepted 13 September 2015

Available online 1 October 2015

Keywords:

Occupational stress

Coping mechanisms

Ghana

Radiographers

ABSTRACT

Background: Studies have shown that population of radiography staff within various hospitals in Ghana decreased by 30% in the last decade due to several reasons. One of such reasons understood to be related to stress and job satisfaction which affect work output.

Purpose: To investigate the effects of occupational stress and the coping mechanisms adopted by radiographers in Ghana.

Method: A descriptive survey using a five-point Likert-scale questionnaire with pre-coded responses was administered via email to respondents. Purposive sampling method was used to select 190 radiographers who work in hospitals in Ghana. Descriptive statistics was mainly used to analyse the data using SPSS Version 20.

Results: Of a total 190 questionnaires sent, 122 were completed and returned giving a 64.3% response rate. Majority 78 (64%) of respondents were males and the predominant area of work was conventional radiography. Most radiographers revealed they were stressed with 63% indicating high/very high levels of stress. The consequent effects of stress on radiographers were sick absence, depression and job dissatisfaction. Most of the radiographers used primary interventions to cope with stress.

Conclusion: This study has demonstrated that most radiographers in Ghana are stressed. However, they cope well with problem-solving mechanisms. This suggests that the decrease in number of radiographers within various facilities in Ghana by 30% may not necessarily be caused by stress but other factors which need to be investigated. Nevertheless, occupational stress has an effect on radiographers' quality of working life and may directly impact on their behaviour during service delivery.

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Introduction

Stress has been defined by Brooker¹ as a combination of factors (physical, chemical or psychological) that poses a threat to the homeostasis of an organism and produces defensive responses such as physical or emotional trauma, or infection. It is described as occupational stress if one sustains the stress during working activities. Stress can affect different people in different ways, expressing its effects on individuals as well as on organisations.² Occupational stress has been linked to a range of adverse physical and mental effects, including insomnia, depression, cardiovascular disease and anxiety.³ Stressful working conditions have been identified to impact negatively on employee well-being by directly

contributing to negative health behaviours or by limiting an individual's ability to make positive changes to lifestyle behaviours, such as smoking and inactive behaviours.⁴ Studies show that occupational stress may be caused by social, individual, or workplace factors and has been recognised as a health hazard in working environments.^{3,5} Specifically, healthcare professions have been highlighted as stressful occupations and has been emphasised that healthcare workers are at risk of developing occupational stress symptoms.⁶ This growing perception that occupational stress negatively affected healthcare workers revealed a particular concern with regards to the effects of stress on health care professionals which includes radiographers.⁷ Extensive researches have been conducted to investigate the causes of stress amongst radiographers.^{3,4,8}

According to Thomas and Valli⁹ healthcare workers have been reported to be among the most stressed professionals. This has been attributed to the increased risk of infection, high job demands,

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compassion fatigue, understaffing, inadequate resources and a lack of control, which leads to an increase in job strain which causes increased occupational stress and eventually results in poor service delivery.¹⁰ Stress can therefore be understood as any event that strains or exceeds an individual's coping ability.¹¹

Knowledge of occupational stress, its sources, causes and effects are very important. This may help in formulating coping methods and better ways of managing such conditions as it could impact on individual clinical practice in order to maintain and promote healthy life as well as productivity.¹² In particular, while stress could be triggered by sudden unexpected pressures, it is often the result of a combination of stressful factors which accumulate over time, although there is no single cause of stress.¹³ It is therefore important to examine the quality of work life of individuals in health care professional practice to determine whether the work place supports or promote a positive environment.¹⁴ Lopopolo¹⁵ affirmed that factors that produce negative work experience such as stress are likely to produce negative work outcomes. This supports the admission by the Ministry of Health (MOH) of Ghana¹⁶ that occupational stress was responsible for job dissatisfaction as noted by several healthcare workers and to a large extent affected work-output. Consequently, most healthcare facilities were rendered understaffed by about one-third which was due to the impact of stress. According to Swift, Durkin and Beuster¹² it is estimated that in the UK occupational stress is responsible for six million days of sick leave a year, with stress being linked to many minor and major illnesses. These facts make it necessary to have knowledge of the effects of occupational stress and the coping mechanisms radiographers employ in the discharge of their duties.

Ghana's health care system suffers from inadequate staffing, outdated and poorly functioning equipment.¹⁷ This coupled with long working hours, exposure to infectious diseases and hazardous substances, threat of malpractice litigations and constant encounters with death and dying combines to expose radiographers to occupational stress. The detrimental effects of occupational stress on work performance have also been reported.¹⁸

Ghana has a population of about 26 million inhabitants with about 200 registered radiographers. This suggest a ratio of one radiographer is to about 130,000 people; an indication of a high workload on the radiographers. Besides, the legal weekly working hours in Ghana for radiographers is 40 h but often many do more than that because of the high work demands. Meanwhile, studies have shown that the population of radiography staff in the various hospitals in Ghana had decreased by 30% since the last decade.^{16,17,20} One of the major reasons speculated as a cause was related to occupational stress and job satisfaction which to a large extent could affect work-output.¹⁷ According to O'Leary¹⁹ working under stressful conditions affects quality of service delivery. However, ensuring delivery of quality radiography services is an ethical responsibility which requires commitment and dedication of radiographers as well as their ability to adopt relevant coping mechanisms to deal with occupational stress encountered during the discharge of their duties. In particular, a study of causes and effects of occupational stress and adopted coping methods is deemed necessary to enable radiographers adopt a positive attitude towards work and cope with stress in order to maintain required professional standards and provide better services to patients with fewer inconveniences.

According to Insel and Roth² there are different types of action plan developed for stress intervention in the workplace and they are grouped into three levels: Primary interventions (i.e. job redesign), secondary (stress management training and health training activities) and tertiary (counselling/return to work policies) respectively. This supports Chang et al.⁷ who suggested that

institutions should provide training sessions for staff on how to cope with stress as it would reduce workplace stress. In accordance with the Ministry of Health and Ghana Health Service code of ethics,²⁰ ensuring quality service is an ethical obligation of health care service providers including radiographers. This therefore makes it apparent to ascertain the sources, causes, level and effects of occupational stress and methods of coping amongst radiographers in Ghana, as well as finding avenues for eliminating such causes of stress. Though literature has been published worldwide on occupational stress amongst radiographers whose job demands much physical effort,²¹ the prevalence of occupational stress among Ghanaian radiographers has not been investigated presently, and hence little work has been done to assess the sources, levels and effects of stress and coping mechanisms adopted by radiographers in Ghana. The current study seeks to address these issues by establishing the sources and determining the level of occupational stress amongst radiographers, identifying the associated effects, and establishing the coping mechanisms adopted by radiographers in Ghana.

Methods

In investigating the effects of occupational stress and coping mechanisms adopted by radiographers in Ghana, a quantitative design was applied. Purposive sampling method was used to select 190 radiographers who work in hospitals in Ghana. Due to the large sample frame of all registered radiographers in Ghana, a descriptive survey was found to be the most appropriate method. A 5-point Likert-scale questionnaire with pre-coded responses was therefore administered via email to respondents. Descriptive statistics was mainly used to analyse the data using SPSS Version 20.

Ghana has a well-defined population of about 200 registered radiographers. This study involved all diagnostic and therapy radiographers engaged in clinical practice in all the hospitals in the ten regions of the country who were expected to be able to answer questions relating to occupational stress encountered as well as coping methods and consented to participation. Non clinical radiographers were excluded from the study. Student radiographers on clinical rotation placements were also excluded because they were deemed not to have adequate clinical practice.

The population of radiographers in Ghana is small. Hence, to minimize the effects of bias which also affects the validity of the study and rendering generalisation of results unfeasible, the entire population of 190 radiographers was used in this study. The study was piloted with 5 radiographers, comprising clinical lecturers and postgraduate radiography students (practising radiographers) for purposes of meeting the objectives and testing the feasibility of the study as well as ascertaining the clarity and appropriateness of the questions. A 100% return rate for the pilot study was achieved. In order to test the reliability of the questionnaire and consistency, a test-retest was carried out.

According to Israel²² ethical issues are necessary considerations to ensure no harm befalls a respondent as a result of participating in a research study, and that their confidentiality and anonymity are respected. Hence, in compliance with ethical regulations to ensure privacy and anonymity of participants in accordance with Ghanaian and UK laws, ethical approval was granted from the Cardiff University School of Healthcare Studies Research Ethics Committee, the Ghana Society of Radiographers (GSR) to access its members.

According to Creswell,²³ self-completed questionnaires are the most appropriate data collection tool for a survey concerning attitudes, beliefs, opinions, and knowledge of a population. In respect of achieving the objectives of this study, the use of questionnaires was decided as the most appropriate method for data collection. In

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