EFFECT OF GENDER AND HOSPITAL UNIT ON NURSES’ ANXIETY.

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ABSTRACT

The study investigated the effect of gender and hospital units on Nurses’ anxiety. Sixty nurses (males and females) selected from intensive care unit (ICU) and non-intensive care unit (non-ICU) of Federal Medical Centre (FMC), Owerri, Imo state Nigeria were used in the study. The state trait anxiety inventory (STAIY-I) developed by Charles D. Spielbergar (1983) which has 20 items was administered to them with the help of research assistants and the unit matrons. 2 x 2 factorial design was used and a-2 way analysis of variance (ANOVA) employed to analyze the data. The results of the study showed that nurses generally manifest anxiety, and gender and hospital unit have significant effects on nurses’ anxiety at P.<0.05. These results were discussed in line with health care delivery system and culture in Nigeria and their implications stated. Recommendations based on the results of the study were made.

Key Words: Nurses, Anxiety, Hospital, Gender.

INTRODUCTION

Daily human beings face anxiety. The insatiability of human wants, instability of human society, stressful work environment, desire to keep pace with our fast moving technological age, fear of the future, job demands, economic recession and weak relationships etc, constantly generate anxiety in us. Anxiety is an unpleasant emotion or state of mind characterized by worry, apprehension, dread and fear. It is a commonplace experience that everyone has from time to time. Sometimes it is categorized as an emotion or affect depending on whether it is being described by the person having it (emotion) or by an outside observer (affect).

In clinical practice, an anxiety can be classified into three forms: happy or every day, objective and neurotic anxiety. Every day anxiety occurs to everybody. It is a healthy type that assists us to be active rather than being emotionally flat. Sometimes, it is referred to as happy anxiety because it makes us to do and be where expected of us within the required space and time. Objective anxiety is a realistic response to danger in an environment while neurotic anxiety arises from an unresolved and unconscious conflict within an individual.

There are symptoms peculiar with anxiety such as nausea, dizziness, Palpitations, shaking, difficulty breathing etc. Anxiety of any type involves tension and discomfort. However, not all forms of anxiety are unhealthy. There is a normal or needed anxiety which helps us to be
up and doing in our daily activities. But there is an abnormal anxiety which is often referred to as anxiety disorder. This kind of anxiety is majorly characterized by tenseness, irritability and acute panic, and those suffering from it are hypersensitive to criticism and easily get discouraged and that is why it is sometimes called “free floating anxiety”. This is the type of anxiety that we are to examine for the purpose of this study. Researchers have shown that personality types, gender, age, shifting work, promotions, motivation, economic strength, work schedules and organizational variables are among key factors that initiate and sustain anxiety whether minor or major types.

Nursing is a unique profession that makes contribution with others in the health care delivery system that perceives man as an integrated whole or a bio-psycho-social being and as such, the holistic concept of health is then seen as including physical, emotional, psychological, intellectual and spiritual dimensions.

GENDER ISSUES:

Prior to Nigeria’s independence in 1960, there were more male nurses than females in the country (especially in the north) primarily due to the fewer number of females attending school (Hay and Oke, 1972) and the traditional beliefs that males are stronger than females and as such can face all that go with diseases (Uwaoma, 2000). In recent years, the situation has changed as there are more female nurses in the nursing profession. This is necessitated by the perceived caring nature of women. Indeed, the challenging nature of the nursing profession, globalization and world’s crusade for gender equality and offer of equal opportunities for boys and girls have presently repositioned nursing for a better public acceptance. Again, this has become possible due to the fact that girl child education is highly encouraged; females now represent more than half of the Nigerian population and the nursing profession centers on care giving which by public acceptance, seems to favour females more than males. Gender according to Scott (1986) is seen not only as a constitutive element of social relationships based on perceived differences between the sexes but also as a primary way of signifying relationships of power. Gender has been associated with differences in anxiety manifestations and management (Aguocha, 2011).

The challenges people face in their workplace really shape their anxiety level and manifestations. Generally, where a nurse works can influence his or her state of mind, worldview, reaction to stress and daily living, personality, perception, communication, productivity, anxiety etc either positively or negatively. The various units in a hospital setting have their varying challenges, demands and prospects which invariably reduce or increase the level of the nurses’ anxiety. Since anxiety no matter the type or level, involves tension and discomfort, and can affect normal functioning of any individual, the nurses are not immune.

STATEMENT OF THE PROBLEM

Gender is a psychological variable which has generated a lot heat, discriminations, suppressions and abuses among the Ibos of Nigeria just like in most major tribes in the African continent. The questions still remain, why gender inequality, gender discrimination, gender neglect, and has the woman any contribution to make in nursing profession? Again, what are the measurable consequences of the perceived gender imbalance in nursing?

Hospital unit in its own wears anxiety which its workers are never immune to. Thus, as a situational variable it goes a long way to determine the placement, performance, state of mind and even anxiety level of the nurses who work in it. Could the manner anxiety manifest itself among hospital workers be gender specific or associated with the units in which the nurses work?

REVIEW OF LITERATURE

According to Bandura (1967), anxiety is learned and hence environmentally influenced. Freud (1909-1962), in his psychodynamic theory of anxiety, views anxiety not just for
external danger but also for the threatening breakdown in the ego’s struggle to satisfy the id without violating the demand of reality and superego.

Horner (1968), in her study of describing the motive to avoid success (MAS), proposed that many competent women feel ambivalent towards success, but particularly towards success which is atypical for women. Such success is seen as resulting in negative consequences, such as unpopularity or the loss of femaleness. In other words, being feminine and successful is seen as two highly valued but incompatible things.

Spielperger (1966) proposed that an operational and conceptual distinction be made between anxiety as a transitory state that fluctuates across time (state anxiety) and anxiety as a personality trait that is relatively stable across time (trait anxiety). The view of trait anxiety is similar to Atkinson’s conceptualization of motives, which he defined as dispositional tendencies acquired early in childhood that are latent until aroused by situational ones.

Career has been found to be highly associated with anxiety. Nursing profession in linked with anxiety and of course the hospital unit where the nurses work either amplifies or keeps under manageable control their anxiety level and manifestations (Aguocha, 2011).

HYPOTHESES

Four hypotheses were tested in this research:
(1) Nurses will not show a significant manifestation of anxiety.
(2) Female nurses will not suffer more anxiety than the male nurses.
(3) Nurse in the intensive care unit will not suffer more anxiety than the nurses in the non-intensive care unit.
(4) There will be no statistically significant interaction effect on gender and hospital unit on nurses’ anxiety.

METHODS

Participants

Sixty nurses (29 males and 31 females) within the age range of 21 and 45 years randomly selected from the intensive and non-intensive units of Federal Medical Center, Owerri, Imo State participated in the study.

Instrument

The instrument employed in this study was State Trait Anxiety Inventory (STAI) Y – I which was developed by Charles D. Spielberger (1983). It measures state anxiety which is a momentary or transitory or situation – specific emotion characterized by feelings of tension, apprehension and autonomic arousal.

Procedures

On getting approval from the Medical director of the hospital, the researchers sought for the informed consent of the participants who willingly took part in the study. With the assistance of the unit matrons, the trait anxiety inventory was administered to the nurses.

DESIGN AND STATISTICS

The design for the study was 2 x 2 factorial design because two independent variables with two levels each and tested simultaneously were studied.

The statistics used for this study was a 2-way analysis of variance (t-test), and thus, it was utilized.
RESULTS

Table I: A t-test summary table showing Nurses’ anxiety

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Male</td>
<td>29.76</td>
<td>5.53</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>34.09</td>
<td>3.87</td>
<td>31</td>
</tr>
<tr>
<td>Hospital Unit: Non-intensive</td>
<td>27.79</td>
<td>4.37</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>35.69</td>
<td>2.13</td>
<td>32</td>
</tr>
</tbody>
</table>

Results of the above table shows that nurses irrespective of their units manifest anxiety, female nurses’ level of anxiety was higher than males’ level of anxiety (29.76 and 34.09 respectively), and nurses in intensive care unit reported higher level of anxiety than those from non-intensive care unit of the hospital (27.79 and 35.69 respectively).

Table II: A 2-way Anova summary table showing the effect of gender and hospital unit on nurses’ anxiety and the interaction between the two independent variables.

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III sum of squares</th>
<th>df</th>
<th>Mean Square</th>
<th>Calculated Value (F)</th>
<th>Critical Value (sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Gender</td>
<td>42.126</td>
<td>1</td>
<td>42.126</td>
<td>4.204</td>
<td>.045</td>
</tr>
<tr>
<td>B Hospital Unit</td>
<td>681.878</td>
<td>1</td>
<td>681.878</td>
<td>68.045</td>
<td>.000</td>
</tr>
<tr>
<td>A x B Gender* Hospital Unit</td>
<td>57.793</td>
<td>1</td>
<td>57.793</td>
<td>5.767</td>
<td>.020</td>
</tr>
<tr>
<td>Error</td>
<td>561.177</td>
<td>56</td>
<td>10.021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>63028.000</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table shows that nurses who work in the intensive care unit (x=34.68) manifest more anxiety than those in the non-intensive care unit (x=27.78), female nurses who work in the intensive care unit (x=34.09) suffered more anxiety than male ones (x=29.75), and gender and hospital unit had statistical interactive effect on nurses’ anxiety.

DISCUSSION

The findings of this study reveal that nurses who work in the hospitals manifest anxiety with gender showing a significant effect on nurses’ anxiety. Further investigations indicate that female nurses show greater degree of anxiety than their male counterparts. This result supports the findings of Fink (1996) who investigated gender differences on anxiety level among students in Australia and found out that males adapt to anxiety more than females. Another similar study by Rachman (1998) in support of the present finding has it that males are 85% far away in adapting to anxiety while females have 15%. In the researchers’ view male dominance prevalent among our participants’ society where males find it difficult to express their negative feelings might have contributed to the present finding.

The findings of this study also reveal that hospital unit has significant effect on nurses’ anxiety. Again closer analyses indicate that Nurses in the intensive care suffer more anxiety than those in the non-intensive care unit.

The present result supports the findings of Mowrer (1948) who carried out an experiment on the anxiety levels of students before examinations by not threatening the experimental group and the result showed that the experimental group did better than the control group that were exposed to threats. The present researchers are of the view that since work environment has a lot of influence on the workers’ general performance and life style, the nurses working in the intensive hospital unit have been negatively affected seeing lots of health challenges among their patients.
RECOMMENDATIONS

Based on the findings, we recommend that nurses irrespective of their status, age, gender or length of service, should not be kept too long in the intensive care units of various hospitals. As often as possible nurses in the intensive care units should be given relaxation therapy and exposed to other designed programmes to reduce post traumatic stress disorders and enhance their general well being. We further recommend that more male nurses should be employed in the intensive care unit to meet up with the challenge of its anxiety producing stimuli and bearing in mind that males seem to absorb anxiety more than females.

CONCLUSION

Anxiety is a universal phenomenon cutting across ages, gender, professions, cultures and socio-economic status. Some professions including nursing and clinical psychology daily deal more with challenging stimuli that elicit anxiety. This becomes more glaring when the nurses work in the intensive unit where they often face health challenges. For Nigerian female nurses clothed in cultural taboos and upbringings, working in intensive care units makes them more prone to anxiety than their male counterparts. Hence the above scenario give support to the findings of the present research which show that nurses manifest anxiety, female nurses and those who work in the intensive care unit score high in the anxiety tests.

REFERENCES


