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INDIVIDUAL RELATED FACTORS CONTRIBUTING TO PREVALENCE OF WORKPLACE STRESS AMONG HEALTH WORKERS OF MITYANA HOSPITAL, MITYANA DISTRICT. A CROSS SECTIONAL STUDY.

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Abstract

Background

Workplace stress has emerged as a pervasive concern in the healthcare sector, it compromises the physical and mental well-being of health workers, and undermines the quality of patient care. Stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues. The study aimed to assess the individual-related factors contributing to the prevalence of workplace stress among health workers at Mityana Hospital, in the Mityana district.

Methodology

The study adopted a cross-sectional descriptive and analytical survey design, employing a quantitative research approach. Data was collected from 36 health workers at Mityana Hospital using a semi-structured questionnaire. Respondents were selected through simple random sampling.

Results

Lack of family support (67%), beliefs that workplace stress is not reducible (64%), lower educational levels (58%), and insufficient training in stress management (58%), contributed to the prevalence of workplace stress. 21 (58%), held certificates, while only a few, 2 (6%), had master's degrees. 21 (58%), had never been trained in the prevention of workplace stress, while a smaller number, 15 (42%), had received such training. The majority of the respondents 24 (67%) were aged 20-30 years whereas the minority of the respondents 5 (14%) were aged 46 years and above. 22 (61%) were single whereas the diminutive of respondents 6 (17%) were divorced.

Conclusion

Key individual factors include the lack of family support, workers's pervasive beliefs that workplace stress is intractable, relatively lower educational levels, and insufficient training in stress management. These elements significantly impact the stress levels experienced by the health workers at Mityana Hospital.

Recommendation

The Ugandan Ministry of Health (MoH) should integrate stress management training and support programs into the national curriculum for healthcare professionals.

Keywords: *Prevalence of Workplace stress, Health workers, Individual factors, Mityana District.*
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Background of the study

Workplace stress (WPS), is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope (WHO, 2022). Globally, workplace stress is estimated to affect one in three employees in general, a public health problem in particular and it affects both developed and developing countries (Quispe-sancho et. al., 2021). Workplace stress occurs in all workers or employees and is high among healthcare professionals an important group that can be affected by workplace stress because of the nature of their work environment (Kementrian et. al., 2021).

Quispe et. al., (2020), in Peru, revealed that experience of fewer than 5 years as a health worker contributed to workplace stress among health workers. The study further revealed that 60% of health workers who had workplace stress had experience of less than 5 years as health workers. This was in line with the study conducted by Salilih et. al., (2023), in Ethiopia who revealed that 54% of health workers

who had workplace stress had experience of less than 5 years as health workers. The study concluded that experience of less than 5 years contributed to workplace stress among health workers. This was in line with the study conducted by Dowell et. al., (2020), in New Zealand who revealed that 64% of health workers who had work place stress had the experience of fewer than 5 years as a health worker. The study concluded that experience of less than 5 years contributed to workplace stress among health workers.

A study conducted by Gebeyehu et. al., (2021), in Ethiopia revealed that a lack of previous recent training in stress management contributed to workplace stress among health workers. The study further revealed that 54% of health workers who had work place stress had previous recent training in stress management. This was in line with the study conducted by Boran et. al., (2021), in Jordan who revealed that 67% of health workers that had workplace stress lacked previous recent training in stress management. The study concluded that a lack of previous recent training in stress management contributed to workplace stress among health workers. Therefore, the objective of this study was to assess the individual-related factors contributing to the prevalence of workplace stress among health workers of Mityana Hospital, Mityana district.

Methodology

Study design and rationale

The study was centered on a descriptive and analytical survey, and interviews were elicited in depth which involved quantitative research approaches. Data was collected from various respondents, and its ineffective collection used a triangular approach hence the design was the most appropriate. Moreover, the design enabled the collection of all the data necessitated at one point in time, to be completed within a limited amount of time available for doing it.

Study setting and rationale

The study was conducted at Mityana Hospital which is a government-owned Health facility under the management of the Ministry of Health (MoH). Mityana Hospital, also Mityana General Hospital or Mityana District Hospital is a hospital in the town of Mityana, Mityana District in the Central Region of Uganda. Mityana Hospital is located in the central business district of the town of Mityana, about 85 kilometers (53 mi) east of Mubende Regional Referral Hospital. This is approximately 69 kilometers (43 mi) west of Mulago National Referral Hospital, the largest hospital in the country It offers both curative and preventive services like Out-patient, In-patient, Maternal, and Child health care including immunization, ANC- Health education including daily run clinic of ART. The main occupation in the district is farming.

The study setting was selected because it had recorded cases of health workers with workplace stress and was in reach of the researcher and was where the investigator had noted the research problem under study.

Study population and rationale

The study involved a total of 36 health workers at Mityana hospital, Mityana District. A small number was selected for easy data collection. However, this number was slightly above the recommended sample size as per the research guideline provided by the Uganda Nurses and Midwives Examinations Board, 2009.

Sample size determination

The study involved a total of 36 health workers at Mityana hospital, Mityana District. A small number was selected for easy data collection. However, this number was slightly above the recommended sample size as per the research guideline provided by the Uganda Nurses and Midwives Examinations Board, 2009.

Sampling procedure

A simple random type of sampling procedure was used to select the respondents for the study. Selected health workers of Mityana Hospital, according to the Human Resource Registers, were selected at random, and at least one participant from each was given a chance to participate in the study. This was achieved by getting pieces of papers on which the word “inclusion” meaning included in the study and “exclusion” meaning excluded from the study were written for the respondents to pick. Whoever picked the “inclusion” paper was given a questionnaire to fill out, whereas those who picked the “exclusion” paper were exempted from the study.

Inclusion criteria

The study included all health workers with workplace stress at Mityana hospital, Mityana District, and who had voluntarily consented to participate in the study.

Definition of variables

Dependent Variable was workplace stress.

Independent variables were individual factors, patient-related factors, and health facility-related factors.

Research instruments

Data was collected using a semi-structured questionnaire which consisted of open and closed-ended questions. The questionnaires had questions with options where the respondents chose what best suited them. The instrument was pretested at Kikandwa Health Center III among 5 health workers. The questionnaire was used because it enabled the respondents to respond efficiently to the questions that were asked.

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Data collection procedure

Before administering the questionnaires, the researcher first explained the questions to the respondents. For those unable to read and write, questions were translated to them and their responses recorded in data. The procedure took 6 days where the researcher collected data from 6 respondents per day in order to obtain the required number of 36 respondents.

Data management

The filled questionnaires were collected, checked for completeness, and counted after every data collection day to ensure that they were all returned, coded, and kept in a safe place as a backup. A flash disk was also used to store data.

Data analysis and presentation

Data were manually analyzed and entered into a computer using Microsoft Word 2021. Then it was presented using tables and figures.

Ethical Considerations

An introductory letter was obtained from the Principal of Kampala University introducing the researcher to the Research Committee of Mityana Hospital to be allowed to conduct the study. Once permission was granted, the Chairman of Research introduced the researcher to the respondents. Respondents were assured of maximum confidentiality for all the information that was given. The study only commenced after study objectives had been clearly explained. Participants were asked to voluntarily consent to the study and were told about free entry and free exit when the need arose. Questionnaires were then administered to participants and were filled and then later returned to the researcher who kept them in the file.

Ethical approval

An introductory letter was obtained from the Principal of Kampala University introducing the researcher to the Research Committee of Mityana Hospital to be allowed to conduct the study. Once permission was granted, the Chairman of Research introduced the researcher to the respondents. Respondents were assured of maximum confidentiality for all the information that was given. The study only commenced after study objectives had been clearly explained. Participants were asked to voluntarily consent to the study and were told about free entry and free exit when the need arose. Questionnaires were then administered to participants and were filled and then later returned to the researcher who kept them in the file.

Informed consent

Participants were provided with clear and easily comprehensible details about the study's purpose, objectives, procedures, potential benefits, and risks. They were informed of their voluntary participation, the freedom to withdraw at any point, and the assurance of confidentiality regarding their responses.

Results

Table 1: Shows the respondent's socio-demographic characteristics, (n=36)

Responses	Attributes	Frequency (f)	Percentage (%)
Shows respondent's age.	20 - 30 years	24	67
	31- 45 years	07	19
	46 and above	05	14
	Total	**36**	**100**
Demonstratesrespondent's residence.	Urban	30	83
	Rural	06	17
	Total	**36**	**100**
Illustrates respondent's marital status.	Married	08	22
	Single	22	61
	Divorced	06	17
	Total	**36**	**100**

Source: Primary data, 2024.

Table 1 shows that the majority of the respondents 24 (67%) were aged 20-30years whereas the minority of the respondents 5 (14%) were aged 46years and above; furthermore, the vast of the respondents 30 (83%) lived in urban areas whereas the pocket-sized of the respondents 6 (17%) lived rural areas; in addition, the enormous of the respondents 22 (61%) were single whereas the diminutive of the respondents 6 (17%) were divorced.

Individual related factors contributing to prevalence of work place stress among health workers of Mityana hospital, Mityana district

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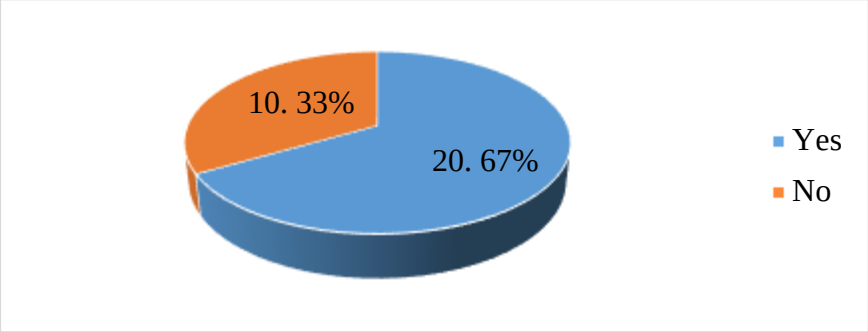
Figure 1: Shows family support for the respondents in relation to their jobs (n=36)



Source: Primary data, 2024.

Figure 1 indicates that a majority of the respondents, 24 (67%), never received support from their families concerning their jobs, while a minority, 12 (33%), received such support.

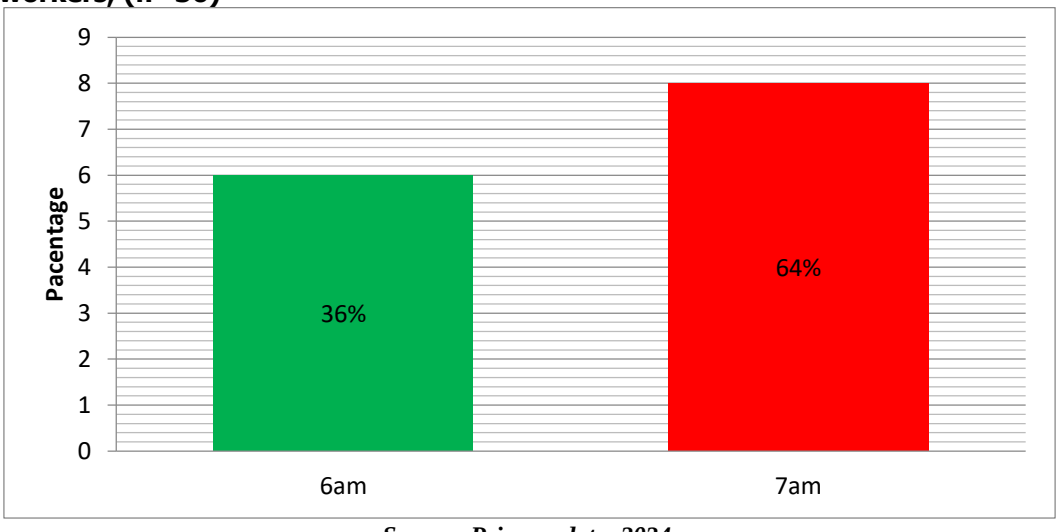
Table 1: Shows presents the respondents' knowledge of the most effective methods to prevent workplace stress, (n=36)

Response	**Frequency (f)**	**Percentage (%)**
Providing payment	21	58
Providing a health plan	06	17
Company outing	03	08
Not sure	05	14
Total	**35**	**100**

Source: Primary data, 2024.

Table 2 shows that the majority of respondents, 21 (58%), identified timely payment as the most effective method to prevent workplace stress, while the fewest, 3 (8%), cited company outings as the most effective method.

Figure 2: Showing awareness among respondents about reducing workplace stress among health workers, (n=36)



Source: Primary data, 2024.

Figure 2 reveals that most respondents, 23 (64%), believed that workplace stress could not be reduced among health workers, whereas a smaller group, 13 (36%), believed it could be reduced.

Table 2: Shows the duration of employment as health workers among the respondents (n=36)

Response	Frequency (f)	Percentage (%)
Less than 2 years	02	06
2 – 4 years	11	31
4 – 6 years	19	53
7 years and above	04	11
Total	**36**	**100**

Source: Primary data, 2024.

Table 3 shows that the majority, 19 (53%), had worked as health workers for between 4.1 and 6 years, while only a few, 2 (6%), had worked for less than 2 years.

Table 3: Shows whether the respondents have any chronic diseases, (n = 36)

Response	Frequency (f)	Percentage (%)
Yes	00	00
No	36	100
Total	**36**	**100**

Source: Primary data, 2024.

Table 4 discloses that none of the respondents had chronic diseases.

Table 4: Shows inquires whether the respondents had ever been diagnosed with any mental illness (n = 36)

Response	Frequency (f)	Percentage (%)
Yes	00	00
No	36	100
Total	**36**	**100**

Source: Primary data, 2024.

Table 5 discloses that none of the respondents had ever been diagnosed with a mental illness.

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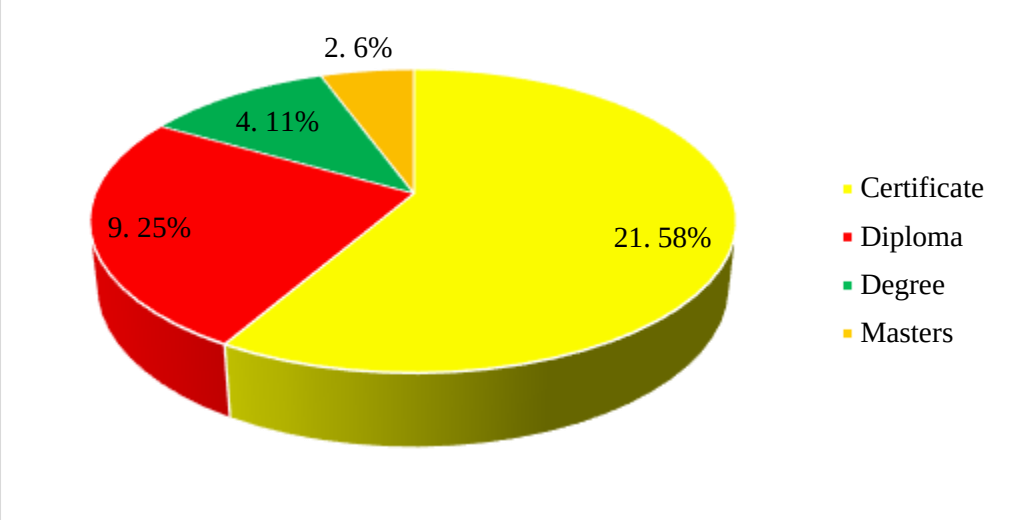
Figure 3: Shows the qualifications of the respondents, (n = 36)



Source: Primary data, 2024.

Figure 3 indicates that the majority of respondents, 21 (58%), held certificates, while only a few, 2 (6%), had master's degrees.

Table 5: Shows the respondents' training in the prevention of workplace stress, (n=36)

Response	Frequency (f)	Percentage (%)
Yes	15	42
No	21	58
Total	**36**	**100**

Source: Primary data, 2024.

Table 6 shows that the majority of respondents, 21 (58%), had never been trained in the prevention of workplace stress, while a smaller number, 15 (42%), had received such training.

Discussion

Figure 1 shows that a majority of the respondents, 67% (24 out of 36), did not receive support from their families regarding their jobs. This absence of family support may leave health workers more vulnerable to the effects of professional stress. This finding is consistent with the study by Anand et. al., (2018), in Ethiopia, which revealed that a lack of family support contributed to workplace stress among health workers.

Beliefs about Reducibility of Workplace Stress

Most respondents, 23 (64%), believed that workplace stress could not be reduced among health workers, indicating a lack of knowledge of workplace stress prevention strategies. This majority perception that workplace stress is not reducible is a significant finding, as it may reflect a lack of confidence in the ability to effectively manage and mitigate stress among this population. This belief can have implications for the willingness of health workers to engage in stress-reduction efforts. This finding aligns with the study by Odonkor et. al., (2021), in Ghana, which revealed that a lack of knowledge about the prevention of workplace stress contributed to workplace stress among health workers.

Educational Background

The fact that 58% of respondents held certificates, with only 6% possessing master's degrees, might reflect the level of preparation and resources available to handle complex situations in healthcare, which can be a contributing factor to stress. Workers with higher degrees might have better access to coping mechanisms or career advancement opportunities that can alleviate stress, suggesting that educational advancement could be a key area for stress reduction intervention. This finding is consistent with the study by Perkbox (2021), in the United Kingdom, which revealed that low levels of professionalism contributed to workplace stress among health workers.

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Training in Stress Prevention

Interestingly, 58% of respondents reported never having been trained in the prevention of workplace stress. This finding is crucial as it highlights a gap in stress management education among health workers. Without adequate training, workers may not only be more susceptible to stress but also less equipped to manage it when it occurs. This finding aligns with the study by Gebeyehu et. al., (2021), in Ethiopia, which revealed that a lack of previous recent training in stress management contributed to workplace stress among health workers.

These individual-related factors, including the absence of family support, the belief that workplace stress is not reducible, the lower educational attainment of health workers, and the lack of training in stress prevention, are significant contributors to the prevalence of workplace stress among the health workers at Mityana Hospital.

Conclusion

Key individual factors include the lack of family support, pervasive beliefs among workers that workplace stress is intractable, relatively lower educational levels, and insufficient training in stress management. These elements significantly impact the stress levels experienced by the health workers at Mityana Hospital.

Limitations of the study: The researcher encountered time constraints in the course of the study like balancing the research study and other demanding course works. Financial constraints were also encountered imitations.

Recommendation

The Ugandan Ministry of Health (MoH) should integrate stress management training and support programs into the national curriculum for healthcare professionals.

Mityana Hospital should implement comprehensive stress management programs for healthcare workers. This could include workshops on relaxation techniques, mindfulness training, and access to confidential counseling services.

Further research should be done to determine the potential benefits of peer support groups for healthcare workers to share challenges and coping strategies.

Acknowledgment

This research, which investigates the factors contributing to the prevalence of workplace stress among health workers at Mityana Hospital, Mityana District, was made possible through the contributions of many supportive individuals and organizations.

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Lastly, I would like to thank my family and friends for their unwavering encouragement and support throughout this project.

List of Abbreviations

ANC:	Antenatal Care
ART:	Antiretroviral Therapy
MoH:	Ministry of Health
WHO:	World Health Organization
WPS:	Work-Place Stress

Source of funding

This study was not funded

Conflict of interest

No conflict of interest declared

Author contributions

RK designed the study, conducted the data collection, cleaned and analyzed data and drafted the manuscript, JKU supervised all the study from conceptualization of the topic to manuscript writing and submission, GDA supported in study conceptualization and general supervision as well as mentorship.

Data availability

Data is available upon request.

Author Biography

Rashidah Kasumba is a student of Diploma in Nursing Extension at Kampala University School of Nursing and Health Sciences, Jacob Kibuuka Usuo is a tutor at Kampala University School of Nursing and Health Sciences, and Grace Denise Akwang is a tutor at Kampala University School of Nursing and Health Sciences.

References

1. Anand S, Mejid A. (2018). Prevalence and associated factors of work related stress among nurses working in worabe comprehensive and specialized hospital, south west Ethiopia. Prevalence;3(3):260-266.
2. Boran A, Shaheen M, Khader Y, Amarin Z, Hill Rice V. Work-related stress among health professionals in northern Jordan. Occup Med;62(2):145-147. https://doi.org/10.1093/occmed/kqr180
3. Dowell AC, Hamilton S, McLeod DK. (2020). Job satisfaction, psychological morbidity, and job

stress among New Zealand general practitioners. N Z Med J;113(1113):269.
4. Gebeyehu S., Zeleke B. (2021). Workplace stress and associated factors among healthcare professionals working in public healthcare facilities in Bahir Dar City, Northwest Ethiopia. BMC Res. Notes; 12:1-5. https://doi.org/10.1186/s13104-019-4277-1
5. Odonkor S.T., Adams S. (2021). Predictors of stress and associated factors among healthcare workers in Western Ghana. Heliyon;7. https://doi.org/10.1016/j.heliyon.2021.e07223
6. Perkbox. (2021). The 2018 United Kingdom Workplace Stress Survey in the United Kingdom.
7. Quispe-sancho A., Chambi-macedo K.L., Laurel-vargas V., Huamani-merma E., Cuzcano-gonzales K.V., Huaita-rocha M.A., et. al., (2021). Depression, anxiety, and stress in health professionals working during the COVID-19 pandemic in Peru. An Analytical Cross-Sectional Study;18. https://doi.org/10.29333/ejgm/11210
8. Salilih S.Z., Abajobir A.A. (2023). Work-related stress and associated factors among nurses working in public hospitals of Addis Ababa, Ethiopia: a cross-sectional study. Workplace Health & Saf; 62:326-332. https://doi.org/10.3928/21650799-20140708-02
9. WHO. (2022). Occupational Health; Prevalence of health care stress: Stress at the Workplace

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