

**Health facility-related factors contributing to the prevalence of workplace stress among health workers of Mityana Hospital, Mityana district. A cross-sectional study.**

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**Abstract**

**Background:**

Workplace stress among healthcare professionals is estimated to be 67%, 71%, 63% among Western Africa, Southern Africa, and Central Africa. Health facility-related factors contributing to the prevalence of workplace stress among health workers of Mityana hospital, Mityana district.

**Methodology:**

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

**Results:**

Most of the respondents 22 (61%) were single, majority of respondents, 30 (83%), were not provided counseling services by their health facility, most of the respondents, 24 (67%), had never been abused at the workplace, majority of respondents, 19 (53%), found the rules and regulations at their workplace to be too strict, majority of respondents, 21 (58%), worked 8-hour shifts, most respondents, 25 (69%), described their workload as too heavy, majority of respondents, 27 (75%), started their morning shift at 8 AM, majority of respondents, 25 (69%), started their evening shift at 3 PM, there had never been any violence at the respondents' workplace.

**Conclusion:**

Certain characteristics of the health facility itself that play a critical role in shaping workplace stress include the absence of adequate counseling services, experiences of workplace abuse, overly stringent workplace regulations, and overwhelming workloads.

**Recommendations:**

Health facilities should evaluate and potentially revise workplace regulations to ensure they are fair, clear, and do not create unnecessary stress for staff.

*Keywords: Health facility-related factors, Prevalence of workplace stress, Health Workers of Mityana Hospital*

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**Background**

In Africa, the overall prevalence of work-related stress among health workers was found to be 47.5%, with 95% (WHO, 2022). Workplace stress among healthcare professionals is estimated to be 67%, 71%, 63% among Western Africa, Southern Africa, and Central Africa (WHO, 2022). In Sub-Saharan Africa, the prevalence of work-related stress among health workers was found to range from 15% - 77.5% (Joseph et. al., 2021). Furthermore, the prevalence of workplace stress among health workers stands at 31%, 25%, and 33% in Malawi, Central Africa, and Somalia, respectively. In East Africa, it is estimated that the prevalence of workplace stress ranges from 27.6% - 64% among health professionals (Anand & Mejid, 2021).

Furthermore, the prevalence of workplace stress stands at 56%, 68%, 77% in Rwanda, Kenya, and Tanzania, respectively (Anand & Mejid, 2021). This was related to a lack of support from the administration of the health facilities.

In Uganda, 64% of health workers (HW) feel stress on the job, nearly half say they need help in learning how to manage stress, and 42% say their coworkers need such help (Salam, 2022). Workplace stress can have a number of impacts on health, including mental and behavioral disorders such as exhaustion, burnout, anxiety, and depression, as well as other physical impairments such as cardiovascular disease and musculoskeletal disorders (Dagget et. al., 2019). In addition, stress can result in work

absenteeism, higher turnover, early retirement, lower productivity, and lower quality of services or products (Kara, 2021). It is upon this background that the researcher is set to determine the factors contributing to the prevalence of workplace stress among health workers of Mityana hospital, Mityana district. In Ethiopia, it was revealed that the lack of provision of counseling services to health workers contributed to workplace stress among health workers, showing 55% of health workers who had workplace stress lacked counseling services (Salilih et al., 2018). In New Zealand, 53% of health workers who had workplace stress lacked counseling services to health workers (Dowell et al., 2020). The aim of the study is to assess the health facility-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 a cross-sectional study, centered on a descriptive and analytical survey, and in-depth interviews were conducted, which involved quantitative research approaches. Data was collected from various respondents, and the ineffective collection used a triangular approach; hence, the design was the most appropriate. Moreover, the design enabled the collection of all the data necessary at one point in time to be completed within a limited amount of time available for doing so.

### **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 kilometres (53 mi) east of Mubende Regional Referral Hospital. This is approximately 69 kilometres (43 mi) west of Mulago National Referral Hospital, the largest hospital in the country. It offers both curative and preventive services like Outpatient, Inpatient, Maternal and Child health care, including immunization, ANC- Health education, including a 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, was within the researcher's jurisdiction, 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, from which at least one participant from each was given a chance to participate in the study. This was achieved by getting pieces of paper on which the words "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, who had voluntarily consented to participate in the study.

### **The dependent variable**

was workplace stress.

### **The independent variable**

were 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.

### **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 were recorded in data. The procedure took 6

days, during which 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 the 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 out and then later returned to the researcher, who kept them in the file.

**Results**

**Socio-demographic characteristics**

**Table 1: Respondents' socio-demographic characteristics (n=36)**

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

**Source: Primary data, 2024.**

Table 1, 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.

**Health facility contributing to the prevalence of workplace stress among health workers of Mityana hospital, Mityana district.**

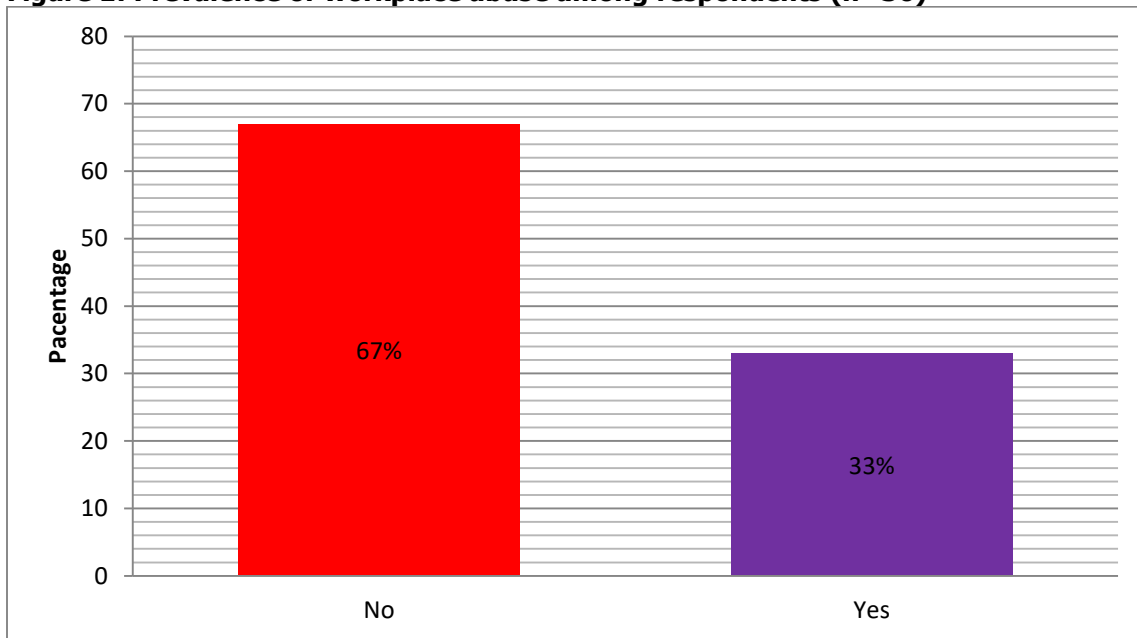
**Table 2: Provision of counseling services at respondents' health facilities (n=36)**

Response	Frequency (f)	Percentage (%)
Yes	06	17
No	30	83
<b>Total</b>	<b>36</b>	<b>100</b>

*Source: Primary data, 2024.*

Table 2: The majority of respondents, 30 (83%), were not provided counseling services by their health facility, while a smaller fraction, 6 (17%), were provided such services.

**Figure 1: Prevalence of workplace abuse among respondents (n=36)**



*Source: Primary data, 2024.*

Figure 1: Most of the respondents, 24 (67%), had never been abused at the workplace, while a minority, 12 (33%), had experienced workplace abuse.

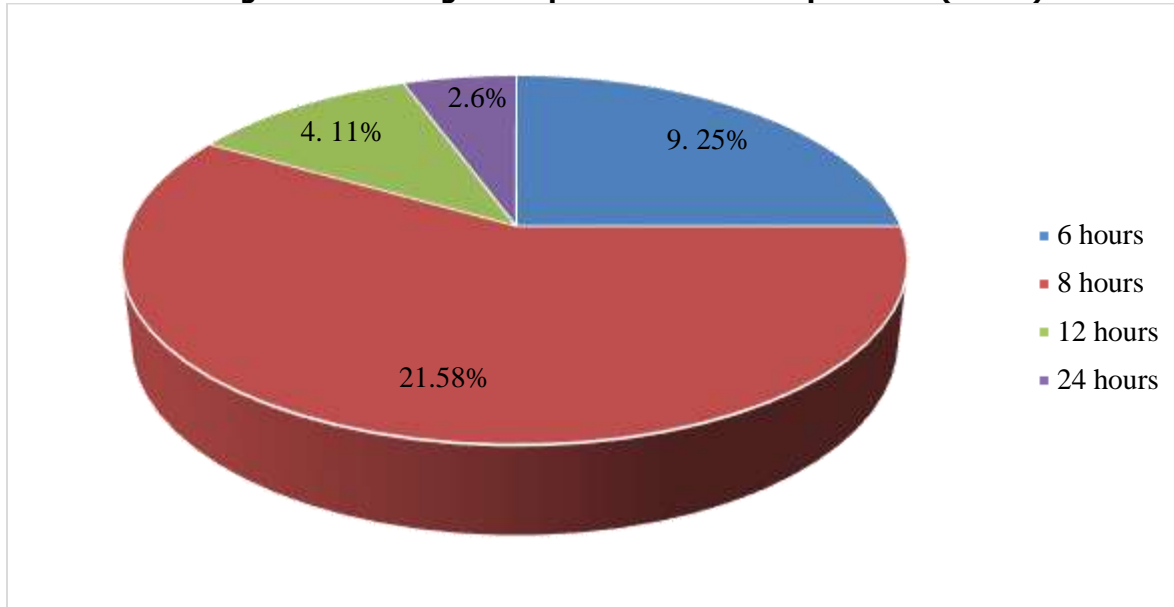
**Table 3: Respondents' views on the nature of rules and regulations at their workplace (n=36)**

Response	Frequency (f)	Percentage (%)
Too strict	19	53
Too lenient	04	11
Lenient	06	17
Strict	07	19
<b>Total</b>	<b>36</b>	<b>100</b>

*Source: Primary data, 2024.*

Table 3, the majority of respondents, 19 (53%), found the rules and regulations at their workplace to be too strict, while the fewest, 4 (11%), described them as too lenient.

**Figure 2: Working hours per shift for the respondents (n =36)**



**Source: Primary data, 2024.**

Figure 2: The majority of respondents, 21 (58%), worked 8-hour shifts, whereas a small number, 2 (6%), worked 24-hour shifts.

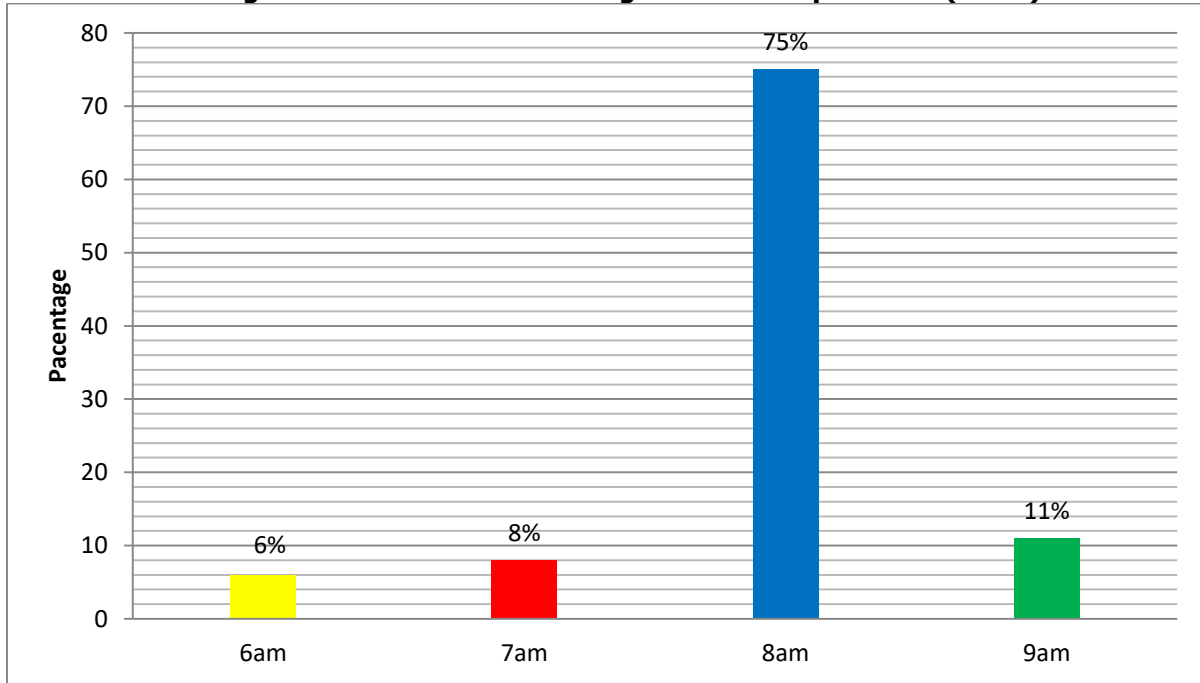
**Table 4: Respondents' perceptions of their workload (n=36)**

Response	Frequency (f)	Percentage (%)
Too heavy	25	69
Heavy	05	14
Light	06	17
<b>Total</b>	<b>36</b>	<b>100</b>

**Source: Primary data, 2024.**

Table 4, most respondents, 25 (69%), described their workload as too heavy, while a minority, 5 (14%), considered it heavy.

**Figure 3: Start time of morning shifts for respondents (n=36)**



*Source: Primary data, 2024.*

Figure 3: The majority of respondents, 27 (75%), started their morning shift at 8 AM, while the fewest, 2 (6%), started at 6 AM.

**Table 5: Presents the start times for respondents' evening shifts (n=36)**

Response	Frequency (f)	Percentage (%)
2 pm	03	08
3 pm	25	69
4 pm	02	06
5 pm	06	17
<b>Total</b>	<b>36</b>	<b>100</b>

*Source: Primary data, 2024.*

Table 5: The majority of respondents, 25 (69%), started their evening shift at 3 PM, while a smaller number, 2 (6%), started at 4 PM.

**Table 6: Occurrence of violence at the respondents' workplace (n = 36)**

Response	Frequency (f)	Percentage (%)
Yes	00	00
No	36	100
<b>Total</b>	<b>36</b>	<b>100</b>

*Source: Primary data, 2024.*

Table 6 shows that there has never been any violence at the respondents' workplace.

## Discussion

### Health facility contributing to the prevalence of workplace stress among health workers of Mityana hospital, Mityana district.

**Provision of Counseling Services:** A large majority of respondents, 30 (83%), were not provided counseling services by their health facility. This finding suggests a significant gap in the availability of mental health and counseling support for health workers at Mityana Hospital. The lack of access to these services can exacerbate the stress experienced by health workers, as they may not have the necessary resources to cope with the challenges they face in the workplace. This finding is consistent with the study by Salilih et. al. (2018) in Ethiopia, which revealed that the lack of provision of counseling services to health workers contributed to workplace stress.

**Workplace Abuse:** Most of the respondents, 24 (67%), had never been abused at the workplace, while a minority, 12 (33%), had experienced workplace abuse. Although the majority of health workers had not experienced abuse, the finding that a significant proportion had been subjected to workplace abuse is concerning. Exposure to abuse, whether verbal, emotional, or physical, can contribute to increased stress, anxiety, and a deterioration of the overall work environment. This finding aligns with the study by Bartram et. al. (2022) in Australia, which revealed that the presence of workplace abuse contributed to workplace stress among health workers.

**Rules and Regulations:** The majority of respondents, 19 (53%), found the rules and regulations at their workplace to be too strict. This is a significant finding, as it suggests that the health workers at Mityana Hospital perceive the existing rules and regulations as overly restrictive and burdensome. When health workers perceive the rules and regulations in their workplace as too strict, it can create a sense of frustration, reduced autonomy, and a lack of flexibility in their daily work routines. This can lead to increased stress, as health workers may feel constrained in their ability to effectively carry out their duties and respond to the dynamic needs of their patients. This finding is consistent with the study by Kara (2021) in Kenya, which revealed that 53% of health workers with workplace stress reported too strict guidelines.

**Workload:** Most respondents, 25 (69%), described their workload as too heavy, while a minority, 5 (14%), considered it heavy. This finding indicates that the majority of health workers at Mityana Hospital are burdened with an excessive workload, which can be a significant source of stress. A heavy workload can lead to burnout, decreased job satisfaction, and reduced quality of care, ultimately affecting the overall well-being and performance of the health workers. This finding aligns with the study by Tawatsupa et.

al. (2023) in Thailand, which revealed that a heavy workload contributed to workplace stress among health workers.

These health facility-related factors, including the lack of counseling services, the experience of workplace abuse, the perceived strictness of rules and regulations, and the excessive workload, are significant contributors to the prevalence of workplace stress among the health workers at Mityana Hospital.

## Conclusion

Certain characteristics of the health facility itself that play a critical role in shaping workplace stress include the absence of adequate counseling services, experiences of workplace abuse, overly stringent workplace regulations, and overwhelming workloads.

## Recommendations

Health facilities should evaluate and potentially revise workplace regulations to ensure they are fair, clear, and do not create unnecessary stress for staff.

Health facilities should conduct a workload analysis to identify areas for improvement, which could involve exploring staffing adjustments or implementing strategies to streamline workflows and improve efficiency.

## Acknowledgement

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. I extend my deepest appreciation to my supervisor, Mr. Jacob Kibuuka Usuo, whose expert guidance was indispensable throughout the study. Special recognition is due to the staff at Mityana Hospital, whose cooperation and commitment to addressing workplace stress were crucial to this research. I am also grateful for the constructive feedback from my peers and faculty, and for the insightful perspectives provided by health professionals and community leaders in the area. Lastly, I would like to thank my family and friends for their unwavering encouragement and support throughout this project.

## List of abbreviations

WHO:	World	Health
Organization		
WPS:	Work-Place	Stress

## Source of funding

The study was not funded.

## Conflict of interest

The author did not declare any conflict of interest.

### **Author Biography**

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