

## Impact of Training Program about Occupational Stress on Decision Making among Teaching Staff Members in faculty of nursing at Suez Canal University.

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### ABSTRACT

**Background:** Stress is an important issue within nursing teaching staff and it is difficult to find agreement among those who are expert in the area regarding a concise definition of stress. Nevertheless stress is seen as a negative feeling affecting people's health either physically and/or psychologically. Stress and decision making are intricately connected on the behavioral and the neural level; work stress has impact on teaching staff decision. **The aim of the study:** the study aimed to assess impact of occupational stress program on decision making among teaching staff members. **Research design:** A quasi-experimental design was utilized in this study. **Setting:** the study was conducted in the faculty of nursing at Suez Canal University. **Subject:** all teaching staff members working in 6 different scientific departments in the previous study setting. **Tools of the study:** Three tools were used to conduct this study; tool (I): occupational stress questionnaire which was used to assess stress level, tool (II): observation checklist which was used to assess occupational stressors and tool (III): decision making scale to assess decision making steps; data was collected from beginning July 2017 December 2018. **Results:** The study revealed that about half of the studied group had high stress level in preprogram with a slight decrease in post immediate and a high decrease in follow-up (12.3%). About two third of the studied group had made decision steps preprogram with slightly increased in post program, and followed by high increased (91.3%) in follow-up. **conclusion:** There was statistically significant improvement in teaching staff occupational stress level, with significant improvement in decision making before and after the implemented program, There was statistically significant relation between effect of occupational stress on decision making among teaching staff members (P value=.004) **Recommendation:** Providing periodic training in effective cognitive strategies concerning healthy stress reducers, and providing comprehensive training courses about communication, conflict resolution and team building to reduce occupational stress.

**Key words:** Decision Making, Occupational stress, Teaching staff

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## 1. INTRODUCTION

Many interactions between people and therefore the atmosphere manufacture stress. It's popularly aforementioned that life is filled with stress, that the normal daily activities of lifestyle that ought to naturally be a routine, typically becomes harder in completing the method one will normally (Adebisi, 2013). Stress is that the adverse reaction what people expertise because of excessive pressure or different kinds of demand placed on them. The accepted definition nowadays is one in all the interactions between matters and also the individual (Priyadharshini, Pujarand Sangeetha, 2017).

Stress may be a common development in today's geographic point. Varied surveys and studies ensure that occupation connected pressures are leading supply of stress for adults. Stress has been known as the "health epidemic of the twenty first century" by the planet health organization and is calculable to value yank businesses up to \$300 billion a year in accidents, absence, turnover, loss of productivity, direct medical, legal and insurance prices, workers' compensation awards (Seaward, 2017).

Occupational stress needs much attention from management since it has an untold consequence on employees' health mentally and physically (Rana & Munir, 2011). However, research studies suggest that job satisfaction, commitment and loyalty are key drivers to job performance (Näswall et al., 2015). Stress negative effects are: making mistakes, more time spent on tasks, poor quality work, impaired social functioning, burnout, anger, resentment, low morale (Ternan et al., 2016). When, the explanation for the strain is known, is of short period, and might be versed by a selected set of actions that eliminate the cause, this can be a healthy stress reaction.; However, once the supply of the strain isn't identifiable, becomes excessive, repeated, prolonged, or continuous, it becomes "distress"

and creates unhealthy physiological and psychological reactions (Yu, 2016).

Decision making is an important task that relies heavily on critical-thinking skills. It is a purposeful and goal directed effort that uses a systematic process to choose among options (Patricia, 2017). Many decisions should be made below stress, and lots of decision situations elicit stress responses themselves. Thus, stress and decision making are intricately connected, once work becomes stress effect on creative thinking, intelligence, and decision-making ability (Yu, 2016).

Teaching staff members face issues either with the governmental or institutional aspect such as; excessive work hours, poor management, rigid institutional policies, significant work, poor student behavior, poor operating conditions that embody decreasing resources and poor physical options of college buildings, lack of reward, and role ambiguity. On the opposite facet, the governmental issues include: ever changing higher reforms and policies, inadequate take into account educational activity sector, internal control and certification issues. These represent potential sources of stress of university lecturers (Eres& Atanasoska, 2011; Kauts& Saroj, 2012).

### 1.1 Significance of the study:

During my presence in the college, I heard a verbal complaint from some of the teaching staff that they were unable to make decisions while they were under work stress.

From researcher point of view decision making is very important in teaching staff members' career affected by stress, teaching staff members had numerous sources of stress which has negative effects on their teaching and learning abilities.

## 1.2 Aim of the Study

This study aims to assess impact of occupational stress program on decision making among teaching staff members.

### RESEARCH OBJECTIVES:

1. To assess occupational stress among teaching staff members in the Faculty of Nursing at Suez Canal University in Ismailia City.
2. To assess decision making steps among teaching staff members in the Faculty of Nursing at Suez Canal University in Ismailia City.
3. Examine the relation between occupational stress and decision making among teaching staff members.
4. To adopt, implement and evaluate occupational stress program and its effect on decision making for teaching staff members.

## 2. SUBJECTS AND METHODS

**2.1. Research design:** A quasi- experimental research design was used to fulfill the study aim.

**2.2. Study setting:** The study was carried out at Faculty of Nursing in Suez Canal University in Ismailia City. The faculty was established in 2006 and adopted problem based learning (PBL) education approach. The faculty included two buildings: administrative and educational. The administrative building consisted of basement and three floors. The basement consisted of one library, Store, bursary, community service training center, postgraduate hall, discussion hall. The first floor included language lab, computer lab, community service unit, quality office, security office, college secretary office and one auditorium for conference. The second floor consisted of teaching staff members' offices classified into six different departments and a

canteen. The third floor consisted of administration offices and higher administration offices such as Dean, Vices Dean offices and a canteen. The educational building consisted of the basement and two floors. The basement consisted of ten classes, clinical laboratories for nursing medical surgical, obstetric and pediatric laboratory, lecture hall, student affairs office, student activities hall, mosque, control rooms. The first floor included; two lectures hall, bath room, post graduate control, associate office, and attendance office. The second floor included; two classes, administrative offices as; benefits office, variable wages office, postgraduate office, faculty members affairs, academic support office, finance affairs and bathrooms.

**2.3. Subjects:** The study group include all teaching staff members (n=57) working at the same previous study setting on 2015. The sample included (3) assist professors, (11) lecturers, (18) assist lecturers and (25) demonstrators they work in six different scientific departments with different positions.

### 2.4. Tools of the study:

#### Tool (I): Occupational stress questionnaire:

**Part (1) Socio demographic characteristics:** This part included Socio demographic data of the study group such as: gender, age, marital status, academic position and, scientific department.

**Part (2) Occupational Stress Questionnaire:** to assess the stress level among the teaching staff Members at Faculty of Nursing in Suez Canal University. It was developed by researcher and based on Whitehead, (2001), university college union (UCU). It included 106 items which divided into three sections as a follows: Section (I) Stress-related factors: It contained 63 items under 6 stress factors. Scoring system: The items were scored as 0, 1, 2, and 3 for no stressful statues, occasionally stress, stress and very stressful respectively. Section (II) Stress signs and symptoms: It contained 26 items .Scoring

system: The items were scored as 0, 1, 2, and three for never felt of stress symptoms, rarely felt of stress symptom, sometimes felt of stress symptoms, and often felt of stress symptoms respectively. Section (III) Stress coping strategy: It included 17 items under 3 coping strategies. Scoring system: The items were scored as 1, and 2 point. The respondents check their answers; no I didn't use stress coping strategy and yes I used stress coping strategy respectively.

**Tool (II): Occupational stressors observational Checklist:** to assess occupational stressors among study group. It was developed by the researcher based on Whitehead, (2001), and Stephen, (2012), Cartwright & Cooper, (2012). It included (56 items) grouped under 4 sub sections. Scoring system: The items were scored as 1, 2 for absence of stressors, and presence of stressors respectively.

**Tool (III) Decision making scale:** to assess decision making steps among teaching staff members. It was developed by Mohamed, (2007) It included 46 items under 8 decision making steps as follows: Realizing the problem , collecting information, identifying the problem identifying the available alternatives to solve the problem, finding standards to evaluate the suggested solutions, having agreement and supporting solution, implementing solution, follow-up and evaluation of solution. Scoring system: The items were scored as 1, 2, 3, and four for never did decision making step, rarely did this step, often did this step, and always did the decision making step respectively.

## **2.5. Validity:**

It was verified 9 experts' in nursing administration including 7 from faculty of nursing, Ain Shams University and two from faculty of nursing, Cairo University. They revised the comprehensiveness, clarity, applicability, relevance and easy understanding

of questionnaires. According to their opinions were applied the required modifications.

## **2.6. Pilot study:**

It was conducted on 10% of study sample (6 teaching staff members) included in the sample. A pilot study was to test the clarity, applicability, efficiency of the tool and estimate the required time to gather data.

## **2.7. Educational program:**

The education program covered related practice knowledge and about occupational stress and decision making. It provides practical and theoretical experiences that enable the staff members to be knowledgeable and skillful in managing occupational stress and increase their knowledge. Collect the data from beginning of July, 2017 to ending of December 2018.

### **Three phases used to conduct the program:**

The researcher using questionnaire sheet to collect data from the teaching staff members to assess teaching staff occupational stress and used stressors observation checklist to assessed stressors in work place. The questionnaire sheets were filled by the teaching staff members while they were on duty within 30 to 45 minutes. An observational checklist for the Teaching Staff Members' stressors was carried out by the researcher. Study tools were filled in about 15 minutes to 30 minutes in the interview.in before and after the program.

### **Phase I: (preparatory)**

Two months for preprogram. Occupational stress training program was designed by the researcher including booklet, it was designed to assess knowledge and practices for the reduction of occupational stress and improve decision making among teaching staff members at faculty of nursing in Suez Canal University. The application of the educational program was flexible, depending on the need of staff members. At the end of each session summary,

feedback and further clarifications were done for vague items. Teaching / learning materials used in the program included audiovisual materials and handouts.

### **Phase II: Implementation**

Implementing the program in nine months (from September, 2017 to May, 2018)

The researcher divided the teaching staff members into 6 groups number of each group was determined according to number of participants in the study from each scientific departments. The program was conducted in staff offices and carried out in Nine months (6 weeks for each scientific Department). The total number of sessions for all scientific departments in the faculty was 36 sessions.

### **Phase III (Evaluation):**

Immediately Posttest (in June, 2018 to July, 2018) and another test after 3 months from the immediately test, the follow up test was done and take two months (from beginning of November, 2018 to ending of December, 2018). Comparing changes in teaching staff members' practice and knowledge to evaluate the effect of the program which done by pre, post and follow up test, using the previous tools.

#### **2.7.1 Administrative design:**

Official permission was taken from Vice Dean of Faculty of Nursing, Suez Canal University to carry out the study to carry out the study after explaining the nature and the aim of the study to

obtain the cooperation during implementing phase of the study.

### **2.8. Ethical considerations:**

And a verbal consent was obtained from the sample after explaining the aim and the nature of the study to obtain the cooperation during implementing of the study. They were assured about the confidentiality of the information gathered and that it was used only to the study and each participant has freedom to withdrawal from study at any time.

### **2.9. STATISTICAL DESIGN**

The data obtained set was coded and transformed into coding sheets at the end of the field work. And then the results were checked; data is inserted in (SPSS) version 19 by using computer software. Output drafts were checked against the revised coded data for typing and spelling mistakes. Finally, analysis and interpretation of data were conducted. Suitable descriptive statistics including frequency, percent distribution, mean and standard deviation were used to describe different characteristics. Post-Hoc paired comparisons test was used to test the significance of results of paired qualitative variables, and a nova test to test the significance of results. Pearson correlation test was conducted to evaluate the correlation between occupational stress and decision making. The value was considered when  $p < 0.05$  and a highly significant level value was considered when  $p < 0.001$ .

### 3. RESULT

Table (1): Frequency distribution of the studied teaching staff members regarding socio demographic characteristics(no=57)

Demographic data	No= 57	%
<b>Age</b>		
<26	15	26.3
26-35	25	<b>43.9</b>
36-45	15	26.3
46-55	2	3.5
<b>Gender</b>		
Male	8	14.0
Female	49	<b>86.0</b>
<b>MS</b>		
Married	37	<b>64.9</b>
Single	20	35.1
<b>Position</b>		
Demonstrator	25	<b>43.9</b>
Assistant Lecturer	18	31.6
Lecturer	11	19.3
Assist professor	3	5.2
<b>Department</b>		
Administration	8	14.0
Community	9	15.8
Medical &Surgical	12	<b>21.1</b>
Obstetric	9	15.8
Pediatric	11	19.3
Psychiatric	8	14.0

Table (1): Shows that about half of subjects (43.9%) were aged from 26- 35 years old. While, 3.5% of them aged from 46-55 years old. In addition that, the highest percentage of them (86.0%, 64.9%, 43.9%, and 21.1%) were female, married, demonstrators and working in Medical Surgical department respectively

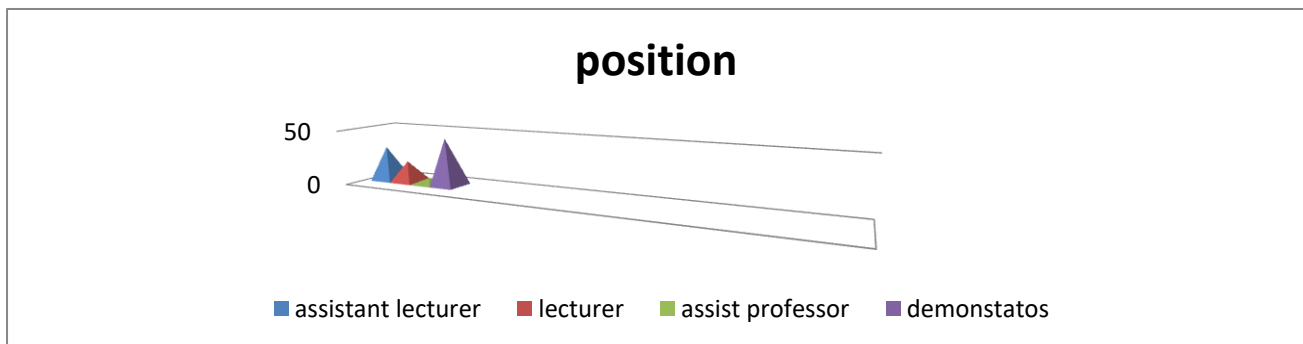


Figure (1): Frequency distribution of the studied teaching staff members regarding position (no=57)

Figure (1): shows that, the majority of staff in demonstrators position (43.9%) and the minority in assist professor (5.2%)

**Table (2): Percentage of sample regarding occupational stress related factors score pre/post and follow up the program implementation (n= 57)**

<i>Stress related factor</i>		<i>Pre</i>	<i>Post</i>	<i>Follow up</i>	$\chi^2$	<i>P</i>
<b><i>Demand</i></b>	<i>Stress</i>	36 (63.2%)	33 (57.9%)	3 (5.3%)	41.6	<0.0001**
	<i>No stress</i>	21 (36.8%)	24 (42.1%)	54 (94.7%)		
<b><i>Control</i></b>	<i>Stress</i>	38 (66.7%)	37(64.9%)	5 (8.7%)	53.5	<0.0001**
	<i>No stress</i>	19 (33.3%)	20 (35.1%)	52 (91.3%)		
<b><i>Relation</i></b>	<i>Stress</i>	<b>41 (71.9%)</b>	<b>39 (68.4%)</b>	13 (22.8%)	19.3	<0.0001**
	<i>No stress</i>	16 (28.1%)	18 (31.6%)	44 (77.2%)		
<b><i>Role</i></b>	<i>Stress</i>	<b>32 (56.1%)</b>	<b>29 (50.8%)</b>	<b>17 (29.8%)</b>	50.2	<0.0001**
	<i>No stress</i>	25 (43.9%)	25 (43.9%)	40 (70.1%)		
<b><i>Change</i></b>	<i>Stress</i>	34 (59.6%)	32 (56.1%)	4 (7%)	39.8	<0.0001**
	<i>No stress</i>	23 (40.4%)	25 (43.9%)	53 (93%)		
<b><i>Support</i></b>	<i>Stress</i>	36 (63.2%)	33 (57.9%)	3 (5.3%)	41.6	<0.0001**
	<i>No stress</i>	21 (36.8%)	24 (42.1%)	54 (94.7%)		
<b><i>Total</i></b>	<i>Stress</i>	33 (58%)	30 (52.6%)	3 (5.3%)	40.4	<0.0001**
	<i>No stress</i>	24 (42%)	27 (47.4%)	54 (94.7%)		

Table (2): Shows that all occupational stress-related factors was significant before and after the program implementation (p<0.0001).The highest percentage (71.9%) of sample regarding occupational stress related to relation factors in preprogram and decreased to (68.4%) in post program. while, the lowest percentage among sample related the role factor was (56.1%) in preprogram with decreased (50.8% and 29.8%) post and follow up respectively. In addition, the lowest percentage (5.3%) of sample regarding occupational stress related to demand and support factor in follow up.

**Table (3): The mean score of sample regarding occupational stress signs and symptoms in pre/ post and follow up (n =57)**

<i>Stress sign and symptoms</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error</i>	<i>95% Confidence Interval for Mean</i>		<i>Minimum</i>	<i>Maximum</i>
				<i>lower Bound</i>	<i>Upper Bound</i>		
<b><i>Pre</i></b>	<b>52.544</b>	<b>11.2885</b>	1.4952	49.549	55.539	24.0	72.0
<b><i>Post</i></b>	52.421	11.2662	1.4922	49.432	55.410	24.0	72.0
<b><i>Follow</i></b>	<b>43.596</b>	<b>6.3608</b>	.8425	41.909	45.284	2.0	50.0
<b><i>Total</i></b>	49.520	10.7130	.8192	47.903	51.138	2.0	72.0

As regards to table (3) the highest mean score of sample in occupational stress signs and symptoms was (52.544±11.2885) in pre. While, lowest mean score (43.596±6.3608) in follow up.

Table (4): The mean score of sample regarding the Total Occupational stress in pre/ post and follow up phases of the program (n =57)

Total stress level	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
<b>Pre</b>	<b>240.737</b>	<b>40.8589</b>	5.4119	229.896	251.578	120.0	319.0
<b>Post</b>	238.632	42.4536	5.6231	227.367	249.896	110.0	320.0
<b>Follow</b>	<b>188.877</b>	<b>27.6134</b>	3.6575	181.550	196.204	2.0	214.0
<b>Total</b>	222.749	44.4136	3.3964	216.044	229.453	2.0	320.0

As illustrated in table (4) the highest mean score for Total Occupational stress among studied sample was (240.737± 40.8589) in pre and lowest mean score was (188.877±27.6134) in follow up.

Table (5): Post-Hoc Multiple Comparisons test shows that difference between occupational stressors among studied sample regarding pre, post and follow up (n=57).

occupational stressors			Mean Difference	Std. Error	Sig.
<b>Organization</b>	Pre	Post	-.2105	.9483	.973
		Follow	-.2105	.9483	.973
	Post	Follow	.0000	.9483	1.000
<b>Administrative</b>	Pre	Post	11.8070*	.7458	.000
		Follow	11.8070*	.7458	.000
	Post	Follow	.0000	.7458	1.000
<b>Social</b>	Pre	Post	2.0526*	.2722	.000
		Follow	2.0526*	.2722	.000
	Post	Follow	.0000	.2722	1.000
<b>*Interpersonal</b>	Pre	Post	.3158	.1652	.139
		Follow	.3158	.1652	.139
	Post	Follow	.0000	.1652	1.000
<b>*Conflict</b>	Pre	Post	8.3158*	.5378	.000
		Follow	8.3158*	.5378	.000
	Post	Follow	.0000	.5378	1.000
<b>*Work</b>	Pre	Post	2.3158*	.1996	.000
		Follow	2.3158*	.1996	.000
	Post	Follow	.0000	.1996	1.000
<b>*Teach</b>	Pre	Post	1.1754*	.1708	.000
		Follow	1.1754*	.1708	.000
	Post	Follow	.0000	.1708	1.000
<b>*Career</b>	Pre	Post	14.5263*	1.7853	.000
		Follow	14.5263*	1.7853	.000
	Post	Follow	.0000	1.7853	1.000
<b>Total</b>	Pre	Post	14.5263*	1.7853	.000
		Follow	14.5263*	1.7853	.000
	Post	Follow	.0000	1.7853	1.000

Table (5) shows that the highest statistically significant difference for occupational stressors among studied sample was related to administrative, social concerning interpersonal stressors and was also high



in staff concerning work overload, teaching and career development (p value=.000) between pre, post and follow up. While, lowest significance was in organization approach (p value=.973).And no significance between post and follow up in all stressors (p value=1.000)

**Table (6): The percentage of Decision making among teaching staff members in the three phases of the program i.e. pre/ post and follow up (n=57).**

<i>Decision making steps</i>	<i>Made decision making steps</i>		<i>Not made decision making steps</i>		$\chi^2$	<i>P</i>
	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>		
<i>Pre</i>	35	61.4%	22	38.6%	28.2	<0.0001**
<i>post</i>	37	65.0%	20	35.0%		
<i>follow-up</i>	52	91.3%	5	8.7%		

Score >60% made decision, score <60% don't made decision.

The table (6) Reveals that the percentage(61.4% and 65%) of study group of decision making steps was high in pre and immediate post respectively and was followed by high increase in follow up (91.3%).In addition, there was a significant difference concerning decision making in pre/ post and follow-up phases of the program (p-value<0.0001).

**Table (7): The mean score of study group regarding decision-making in pre/post and follow up phases of the program implementation (n=57).**

<i>decision making steps</i>	<i>Pre</i>		<i>Post</i>		<i>Follow</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
<i>Realize</i>	8.474	1.8718	8.474	1.8718	9.281	1.7500
	<b>Total (8.743±1.8609)</b>					
<i>Collect</i>	13.789	3.3739	13.789	3.3739	16.035	1.8024
	<b>Total (14.538±3.1140)</b>					
<i>Identify</i>	13.667	3.9112	13.667	3.9112	15.158	2.0856
	<b>Total (14.164±3.4653)</b>					
<i>Solve</i>	22.526	5.7200	22.526	5.7200	25.789	2.1691
	<b>Total (23.614±5.0483)</b>					
<i>Findings</i>	32.860	8.9272	32.860	8.9272	38.895	3.8807
	<b>Total (34.871±8.0998)*</b>					
<i>Agree</i>	14.298	4.6712	14.298	4.6712	16.702	2.2358
	<b>Total (15.099±4.1610)</b>					
<i>Implement</i>	8.667	2.3705	8.667	2.3705	9.596	1.3869
	<b>Total (8.977±2.1281)</b>					
<i>follow-up</i>	13.193	4.1077	13.193	4.1077	16.456	2.7063
	<b>Total (14.281±3.9886)</b>					
<i>Total</i>	127.474	31.5957	127.474	31.5957	147.912	10.8386
	<b>Total (134.287±28.1029)</b>					

Table (7): Shows that the highest total means score of teaching staff regarding finding in decision making steps in pre/post and follow-up phases of the program implementation were (34.871±8.0998). The lowest mean score related to realizing and implementing steps (8.743±1.8609) (8.977±2.1281) respectively in pre/post and follow-up phases of the program implementation.

**Table (8): The relation between decision making practice, occupational stress and stressors among the studied group (n=57).**

Variables	Decision making		Occupational stress	
	R	Sig	r	Sig
Occupational stress	1.947	-.004*	-	-
Stressors	.808	.709	1.285	.305

Table (8) Reports that there was a statistically significant difference between occupational stress and the ability to make decision among teaching staff members (p value=.004). This denoted correlational analysis between occupational stress and decision making indicated a strong negative relationship. This means that, when occupational stress increases the ability to take a decision decrease and vice versa.

#### 4. DISCUSSION

A wide range of stressful experiences can influence human decision making in complex ways beyond the simple predictions of a fight-or-flight model. Recent advances may provide insight into this complicated interaction, potentially in directions that could result in translational applications. Early research suggests that stress exposure influences basic neural circuits involved in reward processing and learning. Among this biases are habit and modulating our propensity to engage in risk-taking (Porcelli, 2017).

Regarding to socio demographic data of teaching staff members, findings showed that about half of study group 26-35 years old. The highest percentage of them were female, married and had demonstrator position and working in Medical Surgical department .that may because the curriculum of medical surgical department studying in two days per week so need excess staff numbers .This study also found the highest percentage of participating teaching staff members had demonstrators position because

this faculty was new. This finding disagrees with Ghareeb& Mohamed, (2014) who found that more than one-third of respondents were assistant professors.

The study agree with Krishnamurthy& Jagatheeswari, (2014) who showed that about half of the respondents belong to the age between 25 and 40 years, Most of the respondents are married. And also agree with that of Ghareeb & Mohamed, (2014) who found that the female was a majority of respondents, the age group from 26 to 35 years about half were in, and the married group was a majority.

Regarding occupational stress-related factors, the findings of the present study showed that there was a significant difference between pre and post the program. The highest percentage in stress factors pre the program was relation factors. That because the teaching staff members dealing with more conflict situation during the day and also may be due to the staff felled isolated on curriculum area from other scientific departments. And also the study found the

highest percentage in stress factors follow up in the program was role. That may be because the teaching staff members confront unclear job description, lack of participation in decision making and no time for career development.

The study found the lowest percentages were demand and support after the program from researcher point of view that because the teaching staff received high levels of management support, informed about what was going on, good job facilities, minimum change in time table and don't confront violent or aggressive behavior. Also during the program the teaching staff member learned about how break the work into small tasks and not take the work at home and say no to overloaded work.

This finding agrees with **Vanishree, (2014)** in assessing the impact of occupational stress in staff members educators who found that all role stressors were significant related to job stress. And also agree with **Grawitch et al., (2010)**. There are many factors that cause stress for police officers as the organization, personal life choices, and the everyday routine.

Regarding stress signs and symptoms, this study found there was a high statistically significant difference in stress signs and symptoms scoring as regard pre and follow up the program. This may be because the teaching staff members learned during the program how to deal with occupational stress by coop with change, do exercise and deep breathing relaxation technique, minimize stress in environment, job multitasking .

These findings agree with **Diller and Patros, (2011)** investigated the connection between pulse rate reactivity to a stressor (a serial subtraction task) and impulsivity, who found that people who were more reactive to stress responded with high impulse. And also agree with **Krishnamurthy & Jagatheeswari, (2014)** who showed that the most sample becoming

restless, felt the difference in respiratory conditions, increased physical complaints such as muscle aches or more frequent illnesses, having frequent headache while doing the job, that had most level of impact on the physical fitness due to stress, suffering from depression, or having felt depressed such as sadness or loss of motivation” that had high influence on their stress levels with regards to their Health situations

Regarding total stress level, this study found there was more than half of the studied group had high stress level preprogram, and minority post follow-up. From the researcher point of view this result may be due to the staff study and work to received career development in same time, over loaded work and insufficient number of teaching staff members. And after the program the teaching staff learns how applied stress coping strategy and they reconcile their work duties and other duties as study.

The findings go in line with **Addo and Joseph, (2016)** who showed that majority of the staff operating in little and Medium Scale Enterprises practiced high level of activity stress. The study showed that about half were extremely stressed. And additionally according to a research work by **Rahman et al., (2014)** whose finding recommended that, intrinsic to the work of staff members educators had the lowest score classified as a tendency of highest stress.

Regarding decision making, this study found about two third of the studied group had make decision in pre-test, and the majority in post program. This result may be because the faculty members take training courses to develop decision-making at the Center for Education Development, but the researcher does refreshment to regain what they have learned.

This was corresponding with **Bremault, (2016)** who found that the best practice and implementation approach, applicability to

independent practitioners and inter-professional teams, focus on training/mentoring to enhance knowledge/skills, and provision of tools/processes. Post-training, participants agreed that they followed the Model's guiding principles the majority used problem-solving, more than two third understood discipline-specific roles, about three quarter were confident in their knowledge and more than half pertinent legislation, more than two third accessed consultative services, and about two third received management support. And also agree with **Beikzad, et al., (2012)** who found that, it is necessary to take steps in improving the performance of academic staffs towards the achievement of final goals or increasing effectiveness. In order to increase job performance, participation in decision making is necessary to be implemented.

On other side the study disagree with **Bess and Dee, (2008)** who observed that members of faculty feel uncomfortable dealing with problems that are not participate in decision-making repertoires because the decisions are time-consuming, prone to human error, and anxiety-producing.

This study found strong negative relation between occupational stress and ability to make decision among teaching staff members. This means, when occupational stress increases the ability of taking a decision decreases and vice versa. On the point of researcher this relation may be due to the facts that when the sample studied faced in stress, conflict situation, or over loaded work they have block of thought and they either take a quick decision or don't take decision at all .

This finding is corroborated with a study by **Vanishree, (2014)** who confirmed that, work overload, work ambiguity and work conflict brings about job stress among workers in Staff member Educators resulting in poor

concentration, mental block and poor decision making skills. In a similar study by **Yozgat, Yurtkora and Bilginoglu, (2013)** who reported that similar researches works on other sectors have found the correlation analysis between occupational stress and employees' performance indicated a strong negative relationship. This means that, occupational stress will increase with a decreasing rate in employees' job performance and vice versa

On other side, this study disagrees with **Tedeschi & Calhoun, (2014)** who showed that, although the work on eustress and posttraumatic growth doesn't focus on to the link found between positive life events and decisions making, it does provide some perspective on how stress is being interpreted in the current dissertation. More research could be done to investigate whether life stress has a positive impact on health and also the role of eustress in healthy aging and decision making.

## 5. CONCLUSION

In the light the present study findings; it can conclude that the program was effective with statistically significant improvement in teaching staff knowledge and practice in reducing occupational stress before and after program implementation with statistically significant improvement in decision making among them. The result shows more than half of the studied group had high stress level before the program, and decreased after the program implementation. Teaching staff knowledge about occupational stress was increased after program and there was statistically significant improvement in their practice in stress coping strategies to control the stress and increase ability to make decision after program implementation. The result indicated a statistically significance relation between the effect of occupational stress on decision making. This mean the correlation analysis between

occupational stress and decision decrease indicated a strong negative relationship. This means, occupational stress increases with a decreasing in the ability of taking a decision and vice versa.

## 6. RECOMMENDATIONS

Providing occupational stress management program periodically to improve personal coping mechanism and Institute Work/Life Balance Strategies, as a follows:

1. Guiding all faculty members to exercise by these methods (start a walking club at lunch time, look for group discounts at near health clubs, bring in a fitness trainer associate in-service day, and supply exercise instrumentality or facilities, training in deep muscle relaxation techniques).
2. Increase physical and human resources for nursing faculties which are the effective way to reduce the high workload problem by upgrading teaching facilities, providing greater funding for research, increasing IT support services, and increasing professional development opportunities.
3. Providing workshops for conducting occupation stress management program periodically.
4. Providing comprehensive training courses about communication, conflict resolution and building the team to decrease occupational stress.

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