



Workplace stressors and their impact on the nurse managers' role



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Abstract

Background: Nursing is one of the professions that is known to expose its members to stress. Additionally, nurse managers work in complex health care environments that expose them to a substantial amount of stress. Workplace stressors have a negative impact on the nurse managers' performance. Objective: To explore workplace stressors and their impact on the nurse managers' role. Methodology: The study followed a qualitative exploratory inquiry. Participants were nurse managers working in 11 public hospitals in Botswana. A total of 49 nurse managers participated in this study. A semi-structured interview guide was used to collect data through written narratives. Emerging themes were identified through the use of thematic analysis. Results: The study identified 6 themes that outlined workplace stressors as experienced by nurse managers as follows: shortage of resources; lack of managerial and leadership skills; lack of progression; lack of support from supervisors; staff indiscipline, and nature of work. Participants perceived that exposure to workplace stressors resulted in low morale, customer complaints, and compromised quality of care. Conclusions: The study revealed that nurse managers were exposed to various workplace stressors in the healthcare environment. It was identified that the stress impacted negatively on the quality of care delivered to patients.

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Contents

Abstract.....	341
1 Introduction.....	342
2 Materials and Methods.....	342
3 Discussion of Findings.....	346
4 Conclusion.....	349
Acknowledgments.....	349
References.....	350

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1 Introduction

It has been established in literature that nursing is one of those professions that expose their members to stress, and that nurses experience a substantial amount of stress in comparison to other health professionals (Mehla et al., 2020; Turner, 2014; Udod et al., 2017; Van Bogaert et al. 2014). According to Cleary et al. (2018), nursing is a physically and emotionally demanding profession. Additionally, the International Council of Nurses (ICN) (2015) asserts that nursing is a stressful profession and that the working environment exposes nurses to stressors. Nurse managers experience the same type of stress that is experienced by the rest of the nurses, as they work in the same health care environment.

The role of the nurse manager involves providing oversight and direction to nurses for the achievement of activities in the assigned unit or department, in order to promote quality patient care (Adriaenssens et al., 2017; Middaugh & Willis, 2018). The nurse manager is the link between nurses and senior management, as their responsibilities include operations and practice. It is alluded that nurse managers often identify themselves as nurses and may struggle to reconcile their nursing role with the management role (McCabe & Sambrook, 2013; O'Rourke, 2007). Udod & Care (2017) corroborate this thought, as they indicated that nurse managers felt they were "being sandwiched" between staff needs and their responsibilities to senior management.

The nurse manager's role has been described as being demanding and stressful (McCabe & Sambrook, 2013; Udod et al., 2017). It has been observed that nurse managers are highly susceptible to workplace stressors and they experience the highest level of stress among health care providers (Udod et al., 2017). Moreover, Van Bogaert et al. (2014) stated that nurse managers were subject to substantial levels of stress.

Even though there are many studies that reports stress and workplace stressors as experienced by nurses and nurse managers, it appears that there have been no studies that have explored workplace stressors for nurse managers in Botswana hospitals. A study conducted by Magama & Kgositau (2018) addressed the perception of stress by nurses and concentrated on one locality in the South East of Botswana. Another study, conducted by Maphangela & Ramalivhana (2022), focused on occupational stress among nurses working in the three referral hospitals. This study explored workplace stressors and their impact on the nurse managers' role as experienced by unit and department nurse managers in the general wards of all district and 2 referral hospitals in Botswana.

2 Materials and Methods

Study design

The study was a qualitative exploratory inquiry that explored the common causes of stress for nurse managers and how these affected their work. This paper reports on the results of a question that set a basis for a major study on the strategies to enhance the resilience of nurse managers. The question explored workplace stressors and how they affect the nurse manager's role.

Population and sampling

The population for this study was all nurse managers working in the hospitals in Botswana, while the sample was nurse managers working in the general wards of district and referral hospitals.

Participants

Participants were registered nurses appointed or assigned as unit or departmental managers working in the general wards in district and referral hospitals in Botswana. Out of the 51 eligible nurse managers invited, 49 voluntarily agreed to participate in the study.

Data collection

Data was collected through written narratives guided by a semi-structured interview tool. The questions that were asked to participants were: “What are the causes of stress in the workplace as a nurse manager?” and “How do they affect your work?” Participants responded to the questions through written narratives. Participants were informed that their participation was voluntary, consent was requested from each of them, and they individually signed consent forms.

Data analysis

Data was analysed through thematic analysis. Written narratives were immediately typed to create raw data, and these acted as transcripts. The researcher read and re-read transcripts in order to understand the text and identify similar content; this was then grouped into categories and themes. The process continued until no new categories and themes emerged, in congruence with Braun & Clarke (2006). A co-coder was engaged to confirm the themes.

Ethical considerations

Ethical approval for the main study was obtained from both the University Research Ethics Regulatory Committee and the Ministry of Health in Botswana. Permission was also sought from and granted by each hospital. Additionally, consent was sought from all participants, and they individually signed a consent form after they were given detailed information about the study.

Findings

The study indicated that nurse managers were exposed to various workplace stressors that negatively impacted their role. Data analysis revealed the common workplace stressors and how they impacted the nurse managers' role, as reflected in the following themes:

Theme 1: Shortage of resources – staff, equipment, medicines, and funds

Theme 2: Lack of managerial and leadership skills

Theme 3: Lack of progression

Theme 4: Lack of support from supervisors

Theme 5: Supervisee indiscipline – absenteeism, insubordination, and a negative attitude towards work

Theme 6: Nature of work

Theme 1

Shortage of resources

Shortage of resources was identified as one of the common causes of stress. The following quotes from nurse managers' narrations also reflect its impact on the nurse managers' role:

“Shortage of resources makes performing duties difficult.”

“Shortage of resources compromises performance.”

The descriptions of resources included staff or human resources, equipment, medicines, and funds.

Shortage of staff

Most of the nurse managers indicated that they were experiencing a serious shortage of staff, with high nurse-patient ratios. The shortage was described in cases where there would be one nurse per shift or, in the worst-case scenario, the number of nurses would not be adequate to cover all shifts, resulting in one nurse working extended hours and covering two shifts. Sometimes the shortage of staff appeared to be worsened by circumstances surrounding care; for instance, by nurses accompanying patients for referral.

The following quotes indicate how shortage of staff impacted patient care:

“The most common cause of stress in my work is that there is serious shortage of staff (nurses and support staff) and this causes employees to be overworked and demoralized.”

“Shortage of staff also resulted in some duties either not carried out on time or not carried out at all. This resulted in unaccomplished tasks and failure to meet goals and deadlines.”

“Shortage of staff generally compromises the service delivery, and it is frustrating, especially for me as a nurse manager who has to ensure that the delivery of care is optimally done”.

Shortage of equipment and medicines

The inability to provide necessary services due to lack of appropriate equipment and shortage of medicines also contributed to stress for nurse managers. Shortage of equipment was caused by either the unavailability or malfunctioning of equipment. This is reflected in the following quotes how shortage of equipment affected the provision of services:

"Shortage of equipment makes work difficult because you cannot manage patients appropriately according to standards."

"Unavailability of equipment and malfunction of available equipment result in compromised performance."

Nurse managers were also stressed by the unavailability of medications in their hospitals. The following quotes indicate their concerns:

"It is a norm to have shortage of medications."

"Clients do not get medications as expected; this ends up being like we are failing our patients. Patients lose trust in us."

"Medicines are just ordered for patients even though they are out of stock."

Shortage of funds

Funds are important to purchase needed equipment and supplies. Nurse managers indicated that funds were inadequate to purchase or repair the equipment they needed to provide care.

One nurse manager stated that *"There is always lack of funds in this hospital to procure the necessary resources; that's leading to frustration."*

Another nurse manager expressed frustration due to failure to purchase necessary resources, due to lack of funds.

Shortage of funds was also associated with failure to provide other resources, such as uniforms and accommodation, as reflected by the statements from some nurse managers:

"There were no funds to be allocated for the procurement of uniform."

"There are no funds for nurses' accommodation while they are referring patients to other facilities and it resulted in low morale, as they had nowhere to sleep."

*Theme 2**Lack of managerial and leadership skills*

Participants expressed inadequacies in managerial and leadership skills. These were clinicians and practitioners who were appointed into managerial positions without any training.

The following quotes reflect some nurse managers' concerns in relation to leadership skills:

"I did not undergo any managerial training. I think anyone appointed to be a manager has to undergo training so that they can develop leadership skills; this can make managers to be ready to face challenges and manage to solve problems."

"Lack of training or refresher courses on management and leadership is another source of stress. Many a times as a nurse manager we encounter new challenges every day. This needs us to be very competent and ready at all times to handle such challenges; however without the necessary preparation, as a manager you feel uncertain. But it stresses a lot to be in such a situation of having a lot of challenges that you cannot handle at times because you sort of lack the necessary skills and knowledge."

"If as a nurse manager one does not have good leadership skills, you cannot lead the unit accordingly, hence bringing more pressure and a lot of constraints."

"There is need for the hospital to lay out expectations for managers to facilitate them to know and perform their roles."

Another aspect that affected the nurse manager's leadership role was the lack of appropriate supervisory structures. The following quotes reflect some of the nurse managers' views.

"Most of the units are managed by Principal Registered Nurse instead of Chief Registered Nurse".

"..... you are made to lead people you are in the same scale with – there is a lot of resistance. It makes you panicky because people become very difficult feeling they are supervised by a colleague."

Theme 3

Lack of progression

Most of the nurse managers expressed lack of progression as one of the common causes of stress. The following quotes reflect those sentiments:

"Lack of promotion – stagnation in one position for 12 years now."

"Taking too many years in one scale; 9 years in C1 band."

"90% of nurses are on C1 scale more than 10 years; there is no motivation, they are stagnant in one position."

"There is slow or no progression in nursing; most nurses retire being Principal Registered Nurses even if they worked for 30 years. This is demoralizing for nurses, because it appears like no one is recognizing what you are doing."

"Being in the same scale for a long time is demoralizing and it negatively affect nurses' performance."

Theme 4

Lack of support from supervisors

Some nurse managers experienced stress due to lack of support from their supervisors, and they felt that there was no appraisal, recognition, or motivation, even though they worked hard. Other nurse managers equated support with visits by their supervisors, as reflected in the following quotes:

"Lack of support from management – The management needs to support unit heads at all times and give them emotional support."

"Lack of appraisal or motivation by supervisors – you work, no matter how hard, and you are never recognized."

"When management is not doing supporting visits and you meet problems and you don't have support."

"Failure of nursing management to try and understand my shortcomings and offer support if it is possible."

Theme 5

Staff indiscipline

The findings of the study reflect that staff indiscipline contributed to nurse managers' stress. Indiscipline has been divided into three sub-themes of absenteeism, insubordination, and a negative attitude towards work.

Absenteeism

Absenteeism has been indicated as one of the major causes of stress for nurse managers. Absenteeism included both unsubstantiated – where a nurse does not report to work without forwarding any reasons – and substantiated, mostly with sick leave; both can happen when the nurse was expected on duty, as shown in the following quotes:

"Some nurses would not turn up for work without any communication, and it would be experienced at the time when the nurse was expected on duty."

"Some nurses would bring sick leave at the time when they are expected on duty."

"Too many sick leaves also results in manpower shortage leading to poor nursing care."

"Absenteeism results in shortage of staff for that particular day. As the nurse manager I am expected to look for a replacement and it is not always easy. This is stressful."

Insubordination

Insubordination has also been seen as a cause of stress for nurse managers. Insubordination included situations where nurses were said to be disrespectful to, and appeared to undermine, their supervisors.

Below are some quotes reflecting insubordination:

"Some officers always look for the mistakes a manager makes and look down upon him/her; I feel undermined."

"Finding staff taking everything casually. I had to exercise some form of discipline of which some found it strange. This resulted in exhaustion, feeling of stress and inefficiency."

Negative attitude towards work

Nurse managers were concerned about nurses who were perceived to lack interest and commitment to work, and those perceived to have a negative attitude towards work. These are reflected in the following quotes:

"Some nurses are not committed to their work. This will affect my work because most of the time you have to talk to that officer and monitor them when they are on duty."

“Uncooperative staff members – I usually get hurt when somebody doesn’t want to cooperate when something needs to be done to improve service delivery in the unit.”

“Junior staff who are immature or not accountable. They need to be monitored most of the time.”

Nurse managers were also concerned about young nurses who were distracted from work by social media, as reflected in the following quotes:

“There is lack of commitment in young nurses as they spend most of the time on social media.”

“Supervising newly-employed nurses who seem not to be focused on total patient care. They are so influenced by social media that one has to keep on following where they are and what they are doing.”

“Lack of commitment of young nurses – they spend most of the time in social media and this compromises care.”

Theme 6

Nature of work

Findings revealed that nurse managers regarded the nature of work as a cause of stress especially working night duty, working long hours without rest and working during holidays. The following quotes reflect different aspects of nature of work that are a source of stress:

“Nurses work 24hours and holidays while other government officers from different departments enjoy holidays and not even working nights. There is no social life”.

“Whereby an officer, who accompanies patients during referral, will have to spend a night out but psychologically not prepared for this. Spending a night out, with no food to eat and also having nowhere to take a bath”.

“Nurses and nurse managers are overwhelmed with the load of other cadres such as Pharmacy and Lab. It affects nursing duties as it takes a lot of time, consuming nurses’ energy on other duties not specific to the profession itself”.

The situation was either described as “misuse” of or multiple roles for nurses or task shifting. It appeared that there was an expectation that nurses should be engaged in such activities.

3 Discussion of Findings

This study explored workplace stressors and their impact on the nurse manager’s role. The following workplace stressors were identified: shortage of resources; lack of managerial and leadership skills; lack of progression; lack of support from supervisors; staff indiscipline and nature of work. Workplace stressors will be discussed individually and linked to literature.

Shortage of resources

Shortage of resources was seen as one of the major workplace stressors. The resources were identified as staff, equipment, medicines and funds. Literature has identified shortage of resources as a source of stress for nurse managers which encompassed human resources, equipment and finances (Udod et al., 2017).

Shortage of staff was one of the major resources that were identified as stressors for the nurse managers. It resulted in work overload, failure to accomplish planned activities, fatigue and ultimately compromising patient care. From literature, shortage of staff has been identified as one of the challenges that nurse managers contend with (Udod et al., 2017; Adriaenssens et al., 2017). Shortage of staff and high workloads have also been seen as a source of stress for nurses and nurse managers (Adriaenssens et al., 2017; Mehta et al., 2020; Udod et al., 2017). A study by Nkomazana et al. (2015) identified that stakeholders perceived that there was shortage of health workers in primary health care settings in Botswana. It appears that the shortage of staff is not confined to primary health care settings as this study was conducted in district and referral hospitals.

Van Bogaert et al. (2014) acknowledged shortage of nurses as a worldwide challenge. The International Council of Nurses (ICN) (2015) have also affirmed shortage of nurses as a challenge in health care systems worldwide. Moreover, the World Health Organization (WHO) has expressed concern in relation to the shortage of nurses and midwives and its impact on health care (World Health Assembly 2011 WHA 64.7). Shortage of equipment and medicines were said to demoralize nurse managers as it affected their provision of care. Shortage, unavailability and malfunctioning equipment was one of the sources of stress for nurse

managers. Due to this shortage, there was disruption in the provision of services thus resulting in compromised care and nurse managers experiencing frustration. Shortage of equipment has been identified as one of the causes of stress (Mudaly & Nkosi, 2015).

Shortage of medicines was also seen as a stressor. Nurse managers felt that the shortage and unavailability of medicines affected provision of care. They perceived that patients lost confidence on them as a result of their failure to provide them with prescribed medications. However, there has been no literature identified that confirmed shortage of medicines as a stressor. Postma et al. (2022) indicated that unavailability of medicines can negatively impact patients and professionals may feel threatened by their inability to fulfil their moral obligations towards patients. Moreover, Walker et al. (2017) identified that medicine shortage resulted in professionals, including nurses, being frustrated as they were unable to meet the public expectations as health providers. These sentiments are aligned to the nurse managers' views and may imply some level of stress.

Shortage of funds was also perceived as a stressor. Funds are necessary to procure equipment and supplies and to fulfil other staff related activities. Shortage of funds appeared to have an overarching effect on other challenges that caused stress for nurse managers. Udod et al. (2017) expressed that nurse managers often contend with financial constraints. Budget and finances have also been seen as sources of stress for nurse managers (Udod et al., 2017; Adriaenssens et al., 2017).

Lack of managerial and leadership skills

Nurse managers perceived their lack of managerial and leadership skills as a stressor. They were appointed to leadership positions due to their performance as clinicians not because of their managerial prowess. Without any training or skills development before or after appointment to leadership positions, they saw themselves as lacking and inadequate. It also appeared that the environment in most hospitals was not conducive for the nurse managers to transverse their role especially where the hierarchy was not clearly defined.

Even though this study identified lack of management and leadership skills as a stressor, literature does not directly identify lack of managerial and leadership skills as a source of stress for nurse managers. However, lack of clarity concerning nurse managers' responsibilities (Van Bogaert et al., 2014) and organizational demands (Udod & Care, 2011) have been associated with work related stress. Udod et al. (2011) assert that creating a better understanding of the responsibilities of nurse managers will facilitate them to cope with their demanding positions. It is evident in literature that leadership development strengthens leadership competencies and improve organizational performance (Frich et al., 2015; Lawson, 2020; Sonnino, 2016).

Lack of appropriate supervisory structures was one of the complex issues that nurse managers had to grapple with. In some hospitals, managerial positions were relegated to a lower cadre than expected and this put a strain on nurse managers. In those hospitals where a rank lower than the expected one was designated manager, there were other nurses of the same rank under their supervision. It created a hostile environment for the manager, led to resistance and made the manager to feel inadequate. The researcher has not identified literature that identified a similar situation related to management supervisory structures.

Lack of progression

In this study, progression meant an upward mobility from a lower position to a higher one. Lack of progression for nurses and nurse managers were seen as a stressor. Nurses and nurse managers remained in the same positions for a long time and were at the lower grades of the determined progression ladder. It was described as "stagnation" or "being stuck in one position" by most of them. Lack of progression was interpreted to mean lack of recognition to nurses and nurse managers contributions in the health sector. This is in line with a study done in Australia that identified not progressing at work as a source of stress and it was interpreted as lack of recognition of their efforts (Happell, 2013). Most of the nurse managers indicated that lack of progression demoralized both nurses and themselves hence affected their performance.

Lack of support from supervisors

Participants believed that there should be support and reinforcement from supervisors. Support was also described as understanding the nurse manager's shortcomings and offering guidance. There has been a link between lack of support from senior management and stress. Nurse managers who perceived that there was inadequate support from their supervisors experienced stress. Being recognized and appraised for one's performance by supervisors was seen as support. Additionally, supervisor visits to their units, understanding nurse managers' limitations and providing guidance was also labeled as support. These assertions are not peculiar to this study. Lack of recognition from supervisors has been seen as a stressor (Mehta et al., 2020). In a study by Udod et al. (2017), nurse managers perceived that their supervisors were not supportive and did not appreciate what was happening in their units. Van Bogaert et al. (2014) assert that nurse managers who encounter organizational constraints should be able to discuss their concerns and how to handle them with their supervisors. The interaction between the nurse managers and their supervisors can only occur when the work environment has been cultivated to enhance an open relationship that makes them feel safe to do so. Yang et al. (2024) identified that nurse managers who perceived that they received support from management felt that they were valued and recognized.

Staff indiscipline

Absenteeism, insubordination and negative attitude towards work were seen as indiscipline. Some nurses absented themselves from work, whether substantiated or unsubstantiated, when they were expected to report on duty. Absenteeism contributed to staff shortage, work overload and disrupted work schedules for those on duty. It was seen as a cause of frustration, low morale and contributing to poor performance. Absenteeism has also been seen to contribute to shortage of staff where clients will be cared for by fewer nurses thus compromising care (Batool et al., 2019; Mudaly & Nkosi, 2015). A study exploring absenteeism in a general hospital in South Africa identified work characteristics such as work overload, shortage of staff, shortage of equipment as some of the causes of absenteeism (Mudaly & Nkosi, 2015) and these have also been identified as stressors in this study. Furthermore, absenteeism has been identified as a cause of low morale to nurses who remain on duty and affect quality of care (Mbombi et al., 2018).

Even though absenteeism was labelled as indiscipline in this study, literature has often associated it with stress. Happell et al. (2013) indicated that absenteeism was a consequence of stress. In addition, nursing stress has been linked to sickness absence (Ida et al., 2009). It may be necessary to explore factors influencing nursing absenteeism in Botswana rather than merely relating it to indiscipline.

Insubordination was also seen as a sign of indiscipline. Nurse managers experienced lack of respect and a feeling of being undermined by their supervisees. Lack of appropriate supervisory structures appeared to perpetuate insubordination and negativism from junior staff. Nurse managers need to understand the needs and behaviors of different groups of nurses in order to understand how best to deal with them and prevent unnecessary stress. The International Council of Nurses has identified conflict with colleagues as a source of stress for nurses (ICN, 2015). According to Hendricks & Cope (2012), newer graduates are trained to be assertive and to voice their opinion, which can be interpreted as being disrespectful by veteran nurses and can cause frustration.

Negative attitude towards work was also seen as a form of indiscipline. Perceptions of lack of interest, lack of commitment towards work and utilization of social media platforms were regarded signs of negative attitude towards work. It appears that this type of attitude was more prominent in junior staff and "young nurses". Hendricks & Cope (2012) assert that working with different generational groups of nurses may be challenging for nurse managers as they may display differences in attitudes and values. Hendricks & Cope (2012) further indicated that the millennials are technology dependent. It is imperative that nurse managers explore their supervisees' strengths in the use of technology, harness it appropriately, and create assignments that would refocus them to utilize their technological skills in the provision of care and in the process create a conducive work environment. As it is clearly stipulated by Hendricks & Cope (2012) that due to the rapid change with technologies, there is a possibility that the neophyte of the workforce would possess the critical skill of information gathering (Hendricks & Cope 2012).

Nature of work

Nurse managers perceived the nature of their work as a stressor. Nursing services are provided 24 hours a day, 7 days a week, and 52 weeks a year, and nurse managers are responsible and accountable for the care provided. Nurses work day shifts, night shifts, and during public holidays. In this study, nurses also indicated that they accompanied patients during referral from district hospitals to referral hospitals, which also disrupted their work. Moreover, there were additional tasks which were perceived as being the duties of other teams, but which were seen as additional duties, thus increasing workload and overwhelming nurse managers. According to [Al-hrinat et al. \(2024\)](#), nurses provide round-the-clock care. Shift work and working odd hours has been identified as a stressor ([Akweenda et al., 2016](#); [Al-hrinat et al., 2024](#); [Happell et al., 2013](#); [Ida et al., 2009](#); [Mehta et al., 2020](#)). [Udod et al. \(2017\)](#) and [Van Bogaert et al. \(2014\)](#) opine that nurse managers were prone to stress due to the nature of the job.

4 Conclusion

The study established various workplace stressors that affect nurse managers working in public hospitals. The environment in which that nurse managers provide services appeared to bring different challenges that they had to grapple with, resulting in them experiencing stress. Stressors for nurse managers in this study appeared to centre on the resources, the skills, and the environment that are required to enhance and facilitate quality nursing care. The researcher has not identified any previous study that has observed lack of medicines and lack of managerial and supervisory skills as sources of stress for nurses and nurse managers. Nurses and nurse managers who are exposed to workplace stressors tend to lose focus and develop low morale. Those with low morale tend to become inactive and lose interest in their work. As a result, there will be poor performance in the delivery of nursing care and nursing services. Poor performance often leads to customer complaints. The overall impact of workplace stressors is poor quality of care. It is imperative that nurse managers develop coping strategies that will enable them to withstand workplace stressors and continue to provide quality nursing care.

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No conflict of interest declared.

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