

## Impact from unrest situations in the southernmost provinces on stress and coping, quality of Life and nursing administration as perceived by nurse administrators in the southernmost provinces

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### Abstract

The purposes of this descriptive research were to study the impact of the unrest situations in the southernmost provinces of Thailand on: 1) the stress of nurse administrators; 2) their methods of coping with the stress; 3) the effect on their quality of life; and 4) the impact on nursing administration. The sample consisted of a group of 72 nurse administrators in the southernmost provinces. The instrument used in this study was a questionnaire consisting of five parts. Part 1 collected demographic data; part 2 surveyed stress; part 3 examined how the participants coped with the stress; part 4 surveyed the quality of life of the participants; and part 5 was a focus-group interview regarding the nursing administration process. The data of parts 1 to part 4 were collected by self-report questionnaires, and were analyzed by frequency, percent, mean, and standard deviation; while the data for part 5 were obtained by eight focus-group interviews with 45 out of 72 nurse administrators, and were analyzed by content analysis. The results showed that a majority of the sample perceived overall stress, coping with the stress, and quality of life to be at moderate levels. The themes that emerged from the focus-group interviews reflected both pros and cons of nursing administration. Nurse administrators can use them as a guide for modifying nursing management skills in order to provide effective care despite the limited resources and pressures in these southernmost provinces.

**Key words:** unrest situation, perceived stress, coping methods, quality of life, nursing administration

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# ผลกระทบของสถานการณ์ความไม่สงบในพื้นที่จังหวัดชายแดนภาคใต้ ต่อความเครียด การปรับตัวต่อความเครียด คุณภาพชีวิต และการบริหารการพยาบาลตามการรับรู้ของผู้บริหารการพยาบาล ในจังหวัดชายแดนภาคใต้

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## บทคัดย่อ

การศึกษานี้เป็นการศึกษาเชิงบรรยายโดยมีวัตถุประสงค์เพื่อศึกษาผลกระทบของเหตุการณ์ความไม่สงบในสามจังหวัดชายแดนภาคใต้ต่อ 1) ความเครียด 2) การปรับตัวต่อความเครียด 3) คุณภาพชีวิต และ 4) การบริหารงานของผู้บริหารทางการพยาบาล กลุ่มตัวอย่างคือ ผู้บริหารทางการพยาบาลในโรงพยาบาลจังหวัดชายแดนภาคใต้จำนวน 72 คน เครื่องมือที่ใช้ในการวิจัยครั้งนี้เป็นแบบสอบถามประกอบด้วยข้อคำถาม 5 ส่วน ส่วนที่ 1 ข้อมูลส่วนบุคคล ส่วนที่ 2 ความเครียด ส่วนที่ 3 การปรับตัวต่อความเครียด ส่วนที่ 4 คุณภาพชีวิต และส่วนที่ 5 แบบสัมภาษณ์รายกลุ่มเรื่องผลกระทบของเหตุการณ์ความไม่สงบต่อกระบวนการบริหารการพยาบาล ผลการวิเคราะห์ข้อมูล พบว่า กลุ่มตัวอย่างส่วนใหญ่รับรู้ภาวะเครียด การปรับตัวต่อความเครียด และคุณภาพชีวิต โดยรวมอยู่ในระดับปานกลาง ผลการวิเคราะห์จากการสัมภาษณ์พบว่า สถานการณ์ความไม่สงบในจังหวัดชายแดนภาคใต้ส่งผลกระทบต่อทั้งทางด้านบวกและลบต่อกระบวนการบริหารงานทางพยาบาล ผู้บริหารทางการพยาบาลสามารถใช้ผลการศึกษานี้ปรับวิธีการบริหารงานทางการพยาบาลเพื่อเอื้อให้การบริหารทางการพยาบาลมีประสิทธิภาพเพิ่มขึ้น ในขณะที่ทรัพยากรการบริหารมีจำกัด และมีแรงกดดันจากสถานการณ์ความไม่สงบ

**คำสำคัญ:** สถานการณ์ความไม่สงบ ความเครียด การเผชิญความเครียด คุณภาพชีวิต การบริหารการพยาบาล

## Introduction

Recent research studies have shown that war or other unrest situations cause loss of lives, malnutrition, stress, and emotional distress, and also have an adverse impact on health-care systems.<sup>1,2</sup> People in such situations develop depression, anxiety, and emotional disturbances.<sup>3,4</sup> In Thailand, since 2001 the unrest situation in the three southernmost provinces of Thailand has resulted in the loss of lives of many innocent people and soldiers; destruction of schools, governmental offices and other public assets; and many changes in the lifestyles of the local residents. A recent statistical report summarized the results of the unrest situation up to the year 2006, and found that there were 1,228 violent events with 2,362 injured people (a morbidity rate of injured people of 5.9 per 100,000 per month) and 628 deaths<sup>5</sup>. The severity of the unrest situation has increased dramatically and its ending is unpredictable. One area of particular concern is the impact of this unrest on the nursing administration in this unrest area, which will be examined in this paper.

In the area of unrest, nurse administrators are key persons in the effective management of both staff and nursing care provision, including all steps of nursing administration such as planning, organizing, human resource management, leading, and controlling. All nurse administrators are also responsible for implementing hospital policies and the policies of the Ministry of Public Health. The unrest events may have impacted the quality of life and processes of nursing administration, through causing stress which requires effective coping skills to deal with. The knowledge gained from

this study will serve as primary data for hospital executives or policymakers to improve nursing administration in the areas of unrest in the southernmost provinces, to optimize safe working conditions, and to maintain an acceptable quality of care.

## Research questions

At what level do nurse administrators working in the southernmost provinces perceive their stress, their coping methods, and the impact on their quality of life from the unrest situations in the southern most provinces? What are the impacts of the unrest situation in the southernmost provinces on nursing administration?

## Framework

This study is interested in exploring the impacts of the unrest situation in Thailand's southernmost provinces on the stress level perceived by the nurse administrators working in the unrest areas, and how the nurse administrators coped with the unrest events and evaluated their quality of life. This study used the concepts of perceived stress of Cohen, Kamarak, and Mermelstein<sup>6</sup>; the coping strategies for perceived stress in task adaptation, emotional adaptation, and withdrawal/ adaptation as described by Cosway and Endler<sup>7</sup>; and the perceived quality of life in brief as developed by the World Health Organization<sup>8</sup> (WHOQOL-BREF), including the physical dimension, psychosocial dimension, social interaction, and environmental dimension. With this framework, researchers may better understand the impact of the unrest situation on the nurse administrators. In addition, researchers can clearly see the rich contextual evidence of

the impact of the unrest situation on the process of nursing administration through the interviews (guided by Robbins and DeCenzo<sup>9</sup>), including: the steps of setting a plan for care provision; modifying organizational structures and functions; the staff performs the right job/functions; taking care of the staff nurses' safety; reviewing the direction and strategies of the nursing department; and controlling the quality of care provision while experiencing staff shortages due to the risky environment of an unsecured workplace and unpredictable accidents occurring during the commute between hospitals and staff's houses.

#### **Materials and Methods**

**Population:** The population consisted of 97 nurse administrators—including head nurses, nurse supervisors, and directors of nursing—working in community and provincial hospitals in Yala and Narathiwat provinces.

**Sample:** The sample was a group of 72 head nurses, nurse supervisors, and directors of nursing from community and provincial hospitals who had been working in hospitals within the southernmost provinces of Thailand for at least two years. The recruitment started by a simple random sampling without replacement technique. The selected hospitals in Yala province were Raman, Tarn-to, and Ya-ha community hospitals, and Yala provincial hospital. The selected hospitals in Narathiwat province were Ra-ngae, Tak-bai, Wang, Srisakorn, and Ja-Nae community hospitals, and Naradhiwasrajanagarindra provincial hospital. The samples were then selected with purposive sampling.

**Instrument:** The questionnaire consisted of five parts. Part 1 recorded demographic data, including age, marital status, years of experience in the nursing profession, years as head nurse, and division of nursing practice. Part 2 was a 14-item self-reported questionnaire measuring perceived stress on a 5-point Likert scale (Cronbach's alpha value, 0.81). The criteria for perceived stress were: a low level at 0-18.66; a moderate level at 18.67-37.33; and a high level at 37.34-56.00. Part 3 was a 48-item self-reported questionnaire on coping with stress, measured again on a 5-point Likert scale (Cronbach's alpha value, 0.79). It consisted of three subsections examining task-oriented coping measures, emotional measures, and withdrawal measures. Perceived criteria for adaptation were at a low level at 0-1.33; a moderate level at 1.34-2.67; and a high level at 2.68-4.00. Part 4 was a 26-item self-reported questionnaire on quality of life (QOL) on a 5-point Likert scale (Cronbach's alpha value, 0.77). The criteria for quantifying quality of life were: a low quality of life at  $\leq 60$  scores, a moderate quality at 61-80, and a high quality at greater than 80. Part 5 was a set of semi-structured open-ended questions regarding the impact of the unrest situation on the steps of nursing administration, modified from Robbins and DeCenzo<sup>9</sup>. The questionnaire was piloted with two individuals who had characteristics similar to the sample in order to check the clarity of questions and to give the interviewers practice in interviewing and recording.

### Data collection

The hospital directors and nursing directors of sampled hospitals were informed about the aims of the research project and the data collection procedures (based on a self-reported questionnaire and a focus-group interview at the participant's convenience after completing the questionnaire). The samples were asked to complete the self-report questionnaires concerning perceived stress, coping skills with perceived stress, and quality of life. After completion of the questionnaires, the participants then were randomly selected to participate in the focus-group interview. The researcher conducted focus-group interviews with a subgroup of the participants, using 50% of the studied hospitals yielding 20-25 nurse administrators from each province. The total number of interview participants was 45 nurse administrators out of 72 participants, in six focus groups from community hospitals and two groups from provincial hospitals. These eight focus-group interviews were conducted at a time and place convenient with the nurses' schedules. Each focus group consisted of 5-6 participants and took one hour to one hour and 45 minutes for the group interview. The appointment places for the focus-group interviews of the participants in Yala province were the hospitals of the participants

themselves, but those from Narathiwat province preferred to be interviewed at the meeting room in Naradhiwasrajanagarindra Hospital as a network center for the safety of both the researchers and participants.

### Data analysis

Ninety three percent (93.51%) of the questionnaires were completed, and these were analyzed for levels of perceived stress, levels of coping skills, and levels of quality of life using descriptive statistics including frequency, percentage, means, and standard deviation. The focus-group interviews were analyzed through content analysis for theme extractions, following which all extracted themes were validated with 20 of the interviewees through e-mail.

### Results

The results showed that the participants perceived their overall stress to be at a moderate level ( $\bar{X} = 22.28$ ;  $SD = 5.92$ ). A majority of the participants (72.2 %) perceived their stress to be at a moderate level ( $\bar{X} = 23.98$ ;  $SD = 4.38$ ). One-fourth of them (25%) perceived stress at a low level ( $\bar{X} = 16.05$ ;  $SD = 1.98$ ), and a few (2.8%) perceived stress at a high level ( $\bar{X} = 42.50$ ;  $SD = 0.54$ ) (Table 1).

**Table 1** Range, mean, standard variation, number, and percent of sample by level of perceived stress (n = 72)

Perceived stress	Range	Mean	SD	n	%
Low	11-18	16.05	1.98	18	25.0
Moderate	19-36	23.98	4.38	52	72.2
High	39-46	42.50	0.54	2	2.8
Overall	11-46	22.28	5.92	72	100.0

The sample reported their overall level of coping skills with the perceived stress to be at a moderate level ( $\bar{X}$  =2.03, SD=0.32). Each dimension was also at a moderate level, as

follows: task-oriented ( $\bar{X}$  =2.60, SD=0.59); withdrawal ( $\bar{X}$  =2.03, SD=0.45); and emotion-oriented ( $\bar{X}$  =1.46, SD=0.60) (Table2).

**Table 2 Means and standard deviation of stress coping methods (n =72)**

Stress coping methods	Mean	SD	Level
Task-oriented	2.60	0.59	moderate
Withdrawal	2.03	0.45	moderate
Emotion-oriented	1.46	0.60	moderate
Overall	2.03	0.32	moderate

The overall quality of life of the participants was at a moderate level ( $\bar{X}$  =60.11, SD=8.76). When considered by dimensions of quality of life, two were at a moderate level: physical ( $\bar{X}$  =73.63,

SD=11.96), and social relationship ( $\bar{X}$  =66.50, SD=11.52). The others were at low levels: psychosocial ( $\bar{X}$  =56.88, SD=11.30), and environment ( $\bar{X}$  =43.44, SD=13.42) (Table 3).

**Table 3 Means, standard deviation, and levels of quality of life by dimensions (n = 72)**

Dimension	Mean	SD	Level
Physical	73.63	11.96	moderate
Social interaction	66.50	11.52	moderate
Psychosocial	56.88	11.30	low
Environment	43.44	13.42	low
Overall	60.11	8.76	moderate

### Results from focus group interviews

The focus group participants were 45 nurse administrators: 12 from provincial hospitals and 33 from community hospitals. Their average age was 43.12 years (SD=5.34), with an average length of experience as head nurse of 10.20 years (SD=4.38). All had a bachelor's degree in nursing, and most were Muslim (67.50%) and lived near the hospital where they worked (70.28%).The themes that emerged from focus-group interviews regarding the impact of the unrest situation on the processes involved in nursing management were as follows:

### Planning

There was no specially prepared plan for taking care of the victims of the unrest situation in the southernmost provinces. As the participant "Ms. A" stated: "We don't have any contingency plan for casualties from the unrest situation- from bombs, or even gunshots because we already have a plan for massive injuries from accidents...."

Plans for home visits to take care of clients with chronic diseases were interrupted, as it was unsafe for healthcare providers to go out of the hospital to provide care in the communities.

As the participant "Ms. B" stated: "Three months ago, one health-care provider was accidentally shot during his home visit to a group of chronic cases. This event was very threatening to others. We don't really trust anyone else, because we can't know which side he or she is on; therefore it too risky to go out. Most schedules for home visits have been canceled."

Hospitals benefited financially, as they were allocated more "The government allocated an increased budget for installing surveillance cameras; adding more security personnel; changing the dark/black garbage bins to transparent ones; strengthening the fences around the hospitals; and arranging for hospital vans to service the staff when they are on duty."

There was an emerging plan for special recruitment of needed staff. As the participant "Ms. BB" stated: "During site visits by higher authorities from the Ministry of Public Health in the middle of the unrest situation, we had a chance to directly inform them of the need of getting more staff. Later our request...was approved." Participant "Ms. C" stated that: "Some nurse administrators were alert in finding ways to recruit new staff, because we realized that since this is such a terrible event, new nurses from other provinces won't have any interest in working here [in hospitals in these southernmost provinces]. I have tried to convince some daughters of our own staff to work here, and set a policy for further supporting their higher education in nursing."

### Organizing

This refers to the restructure of the nursing organization and the functions and roles of nurse administrators in each position. During the unrest

situation some functions/roles have been modified as follows:

The nursing departments have adjusted the system of reporting to the nursing director in case of an emergency. Previously, the report system followed the line of authority. At the present time, head nurses are able to report all issues related to health problems of victims from the unrest situation, for better organization and preparation, such as: the severity and number of the injured victims; site visits by higher authorities; visits by soldiers for safety measures around the hospitals; and upcoming visits by newspaper reporters.

There is an emerging alliance system and network among hospitals within the southernmost provinces for mutual assistance. The alliance system refers to, for instance, temporarily shifting the staff from one community hospital to another in case of massive victims from a particular unrest situation. Another approach of the alliance system is the formation of a special committee-consisting of health-care volunteers, community leaders, and religious leaders-to address safety issues for both health-care personnel and the general population. As the participant "Ms. DD" stated: "I asked nurses from here to help the nurses in hospital T...when many victims were referred...to that hospital." Another participant stated that during the present unrest situation, some medical equipment and supplies are often out of stock. In the meantime, suppliers are afraid to come down to the south, so they change the logistics system. The hospital itself must arrange transportation for those items. Quite often they receive help from the provincial hospital in the lending of necessary supplies, sometimes even an ambulance.

An increased delegation of roles and responsibilities to the nurse supervisor to provide and manage effective care of patients resulting from the unrest situation. As the participant "Ms. F" stated: "The nurse supervisor is also responsible for assignment of RNs from the referring center to help other units if needed at the peak hours of nursing service [4 p.m. to 8 p.m.]." Another participant, "Ms. G" reported that the dressing/injection room was rearranged in order to provide more space for victims during an emergency.

#### **Human resource management**

This refers to the challenges of nurse administrators to manage the nursing staff appropriately during the unrest situation. Three sub-themes emerged, as follows:

A need for nurse administrators to put great effort into having sufficient nurses to take care of patients. One participant shared her experience that: "In the past, the number of staff nurses in the three southernmost provinces was less than what would be expected, which meant that staff (nurses) have heavy workloads. In particular, since the unrest situation began, some nurses have moved out of the area. But the policy of 'one Tambon [district], one nurse' has failed. Up until now, we have only had six out of 13 student nurses from this project. We do have positions for new nurses, but nobody is willing to work here. Many of their parents will not allow them to apply for work here, either. I have tried to hire new nurses using the hospital's existing budget, but it didn't work out."

An increase in the safety measures for staff. Some non-clinical risks, such as road injuries or accidental gunshots, can happen any time. Therefore nurse administrators must inevitably approve two consecutive shifts. This means that a nurse is required to work 16 hours a day (e.g. from 8 a.m. until midnight) to reduce the chance of risk. As participant "Ms. F" stated: "I as a head nurse have to rearrange the staff's shift work to keep most of them feeling safe. Also, I need to allow my staff to wear casual T-shirts and trousers instead of a white uniform, to avoid the chance of their being hurt by protesters." However, some felt unfamiliar to work without wearing the white uniform, also some patients had difficult time to distinguish the health providers, so I have to encourage my staff to wear the white uniform again.

A mentoring system has gained more attention from senior nurses. As the unrest situation has persisted, some workshops for improving staff competency have been canceled because most guest lecturers postponed their schedules during the peak of the unrest situation. The nursing staff is also afraid of taking a trip out of the area. On the other hand, most hospitals in these areas are in the middle of the process of hospital accreditation. Therefore, mentoring by their senior nurses is necessary. As the participant "Ms. M" stated: "Most senior nurses train, teach, and coach their young staff about clinical skills, about practicing with quality as guided by the Institute of Hospital Quality Improvement and Accreditation, and about computer programs and databases. We need to help

each other since guest lecturers are afraid of coming down here." Another participant said that: "We have to ask...the provincial hospital for permission to join their conferences, since we cannot arrange any meetings here because it's too risky."

### Leading

Promoting reconciliation among health care personnel. This theme refers to the ability of nurse leaders to lead the staff in working happily together by encouraging them to respect and trust each other. As one participant stated: "In our daily work, we have tried not to critique or talk about the current unrest situation, as we don't really know the root causes of the existing problems (unrest situation). We need to be aware of speaking out or using words that could cause conflict."

Supporting the ability of health-care personnel to access needed information about the current status of the unrest situation. As violence can break out anytime and anywhere, watching the local news or being aware of any societal movement near the hospital or in nearby communities will be useful for risk avoidance.

Situational leadership is required. Since they are more experienced in the uncertainties of the unrest situation, nurse leaders need to express their leadership and serve as role models in motivating their staff. One participant stated that she herself sticks to her job, with no intention of moving out of the area. She focuses on providing the highest quality nursing services, and encourages her staff to realize that nursing is an exceptional occupation, and offers a way to make daily by helping others who are sick or injured. She also urges nurses to be careful of what they say, and try to be considerate.

### Controlling

Increasing interest in becoming involved in improving the quality of services. This refers to the positives resulting from the unrest situation: for example, that for reasons of safety, health-care personnel are encouraged to stay within the hospital during the unrest situation. This stand by the hospital allows staff to invest more time in providing better quality nursing care. Previously, before the unrest situation, staff could provide home visits or perform field work in the community as scheduled, with a workload much greater than the staff ratio. But during the unrest situation, no person or organization can guarantee anyone's safety. This requires a modification of working style, changing from the proactive care service of going out into the surrounding communities. Instead, staff members remain in the hospital and wait for individual clients to visit. Similarly, many people in the community feel they cannot risk a trip to the hospital as well. Adjusting the approach to caregiving will allow staff to have more time to invest in quality work.

Uncontrollable costs resulted in an excessive budget for cleaning the units. The unexpected costs for cleaning the units came about because during the unrest situation, there were many injured patients as a result of the violence. This required very strict safety measures around the unit and the hospital by a substantial number of the soldiers. Also, the extra numbers of family members and friends who intended to look after their loved ones meant the visiting hours had to become more flexible. Therefore, the units were crowded all day long. This means that the costs of electricity and cleaning the floors and toilets were uncontrollable.

## Discussion

Nurse administrators' perceived stress is at a moderate level. They have seen and heard about all kinds of violent acts in the surrounding vicinity since 2001-2002, when the unrest situation began, including the loss of lives of innocent lay people, monks, and principals or directors of schools near the risky areas, as well as the destruction of mosques/temples and public utilities. All nurse administrators have certainly experienced stress<sup>6</sup> but they seem to be able to gradually adapt to it, even though the unrest situation is ongoing. Also, with an average age of 43 years and having acted as head nurses for an average of 10 years, the nurse administrators in the study have been guided for their entire working lives by the professional Code of Nursing Conduct. This has inculcated a sense of responsibility, so if they experience some stress they will be able to alleviate it in the proper manner. In addition, nurse administrators are presently required to perform a heavy workload, as they are responsible for improving the quality of nursing provision and enhancing staff nurses' competency in order to achieve the criteria for hospital accreditation. For this reason, nurse administrators tend to focus on being task-oriented rather than coping with personal stress.<sup>10, 11</sup> They have no time to be preoccupied with stress, as they have many issues to manage simultaneously. Also they have learned to improve their communication skills as an essential quality of leadership, especially during the southern unrest situation, in order to keep staff nurses with multicultural backgrounds working together peacefully.<sup>12</sup> In the meantime, nurse administrators reported that their quality of lives were at a moderate level because of uncertainty because

of uncertainty from the unrest situation, and the risky environment. Each nurse administrators may perceive the severity of the unrest situation differently, depending upon individual values and background.<sup>13</sup> Being under such pressure, nurse administrators in the southern areas still received some psychological and resource-allocation support from the Thailand Nursing Council, the Nurse Association of Thailand, and the Ministry of Public Health. This assistance helped nurse administrators absorb suffering, allowing them to balance their work life and personal life to some degree.<sup>8</sup>

Group interview findings related to the nursing administration process revealed that the unrest situation yielded pros and cons for the administration. Positives included increased budgets for creating a safer environment, and the effective re-allocation of some resources,<sup>14</sup> allowing staff nurses to put an emphasis on improving the quality of nursing care.<sup>9,15</sup> While the schedules of home visits and proactive plans with the community outside the hospital were interrupted, most nurse administrators were impressed by the assistance received from nearby hospitals, demonstrating a desire to help within the nursing profession.<sup>16-18</sup> However, fatigue from working on duty for a few days consecutively was unavoidable, considering staff nurses' risk from traveling between their houses and the hospital.<sup>19-21</sup> And the cleaning cost of wards was tremendously increased due to the number of visiting relatives, as well as visitors from the Ministry of Public Health and other governmental organizations, who came to give support, since the unrest situation in southern Thailand was such an unusual event in the southern region.<sup>22</sup>

## Conclusion

Nurse administrators within the southernmost provinces who had experienced to the unrest situation firsthand reported overall stress, coping with perceived stress, and quality of life at moderate levels. They also perceived positive and negative impacts from the unrest situation.

## Future research

1. Nurse administrators should further study the relationship between task-oriented coping and quality of working life in order to improve the effectiveness of nursing performance.
2. Nurse administrators should study motivation strategies, and promote a greater competency development of registered nurses working in the southernmost provinces.
3. Nurse administrators should create a healthy environmental climate, supporting high quality services through the approaches of knowledge management and continuous improvement.

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