

Experiencing Occupational Stress: Insight from Hospital Staffs in an Emerging Economy

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Abstract

Each person has ever experienced occupational stress at some time in his or her career. Hospital staffs experience occupational stress due to the high expectations from the work they do. This research aimed to study the sources of work-related stress and its coping strategies among hospital staffs on their performance. This study employed survey research using Bekwai Municipal Hospital in the Ashanti Region of Ghana as a case study. Data was collected through a structured questionnaire survey with varying scales that assessed demographic variables, sources of stress, coping strategies and effects of work-related stress. Descriptive statistics was used to examine the type of work-related stress and performance, Pearson correlation coefficients and Kendall's coefficient of concordance on coping with stress, Kendall's coefficient of concordance and multiple linear regression were used to determine the lack of task control on sources of stress. The result shows role ambiguity as the strongest predictor of stress of task control. Support and advice from others and an avenue for participants to air their views helped them to cope with stress. Reduced productivity was identified as the major effect of work-related stress on performance. The study concludes that the awareness of stressors and its coping strategies can be considered to enhance employee's performance. The paper suggests a practical alignment of job demands and its resources. This synchronization will reduce strain and burnout to improve work-engagement thereby enhancing employee well-being.

Keywords

Stress, Work Demands, Hospital Staffs, Coping Strategies, Sources of Stress

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1. Introduction

Having a job is essential as it helps individuals meet the basic needs of improving their quality of life. Most people least expected that being in employment could have negative consequences. Stress happens at work when the environment is not conducive but workers still utilise their potentials for the good of an organisation. There has been a growing belief that the experience of stress at work has undesirable consequences for organisations and the health of their employees. Stress at work is a major challenge to employees including health workers and their organisations [1]. Stress

experienced due to the job one does is described as occupational stress [2]. Stress is an unpleasant, disruptive and often disabling emotional experience and one that can have ramifications for psychological and physical health [3]. Workplace stress is a significant problem for organisations [4].

High costs of work-related stress have financial implications to employers and governments due to employee sickness, poor productivity, staff turnover and work accident [5]. Recent estimates on work-related stress, depression or extortion suggest that 595,000 workers suffering from work-related stress, depression or anxiety new or long-standing in

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2017/18 with 15.4 million working days due to work-related stress in Great Britain [6]. Nearly two-fifths of UK businesses (37%) have seen an increase in the stress-related absence in 2018, with heavy workloads and poor management style which has risen from 32% to 43% in 2018

[7]. American Institute of Stress estimates that job stress costs United States industry more than \$300 billion a year in absenteeism, turnover, diminished productivity; and medical, legal and insurance costs [8]

Table 1. Summary of sources of stress-related hazards.

Factor	Description
Job content	The main functions or key performance area of a post
Workload/work pace	The amount of work an individual has to do
Control	Low participation in decision making and lack of control over workload
Resources	Things that will equip a worker to work effectively
Organizational culture	The value system, practices and expectations that guide and inform the actions of workers in an organisation
Interpersonal relationships at work	A strong association among individuals working together in the same organisation
Role of the organisation	Role ambiguity, role conflict, and responsibility for people
Career development	The processes an individual may undergo to evolve his/her occupational status
Compensation and benefits	Remuneration that an employee receives in return for his/her services to an organisation
Home-work interface	Conflicting demands of work and home, low support at home, dual-career problems.

Source: Adapted from Cox et. al., [3]

The effects of stress on employees' are physical and mental which has the potential to affect their behaviour and performance; this can have serious repercussions for all employers [9]. The nature of the work of the health professionals placed them to experience significant levels of occupational stress, which can lead to illness, increased absenteeism, high staff turnover, unsafe behaviour and increased accident rates [10]. Stress-related hazards at work can be characterized by work content and work context. [11].

A study investigated the supervisors' perceptions of their needs, barriers, and roles in promoting employee well-being. Results from the interviews of supervisors showed that supervisors perceived the biggest barriers to be workload, ambivalence about their role, absence of support from leadership, lack of control and flexibility, inability to gauge on-site resources. The study concludes that the results can be of assistance when creating workplace well-being programs [12]. Nurses are subject to more general stress which arises from the physical, psychological and social aspects of the work environment [13].

This study reported the sources of occupational stress in an Emergency Department (ED) of a large teaching hospital in the north of England using a questionnaire. The findings suggest that internal (ED) interventions improved workers' job control, increased support from management and involvement in organisational change may reduce work stress [14].

A study conducted in Felege-Hiwot Referral Hospital in Northwest Ethiopia among healthcare professionals to determine the level of workplace stress revealed that workload and working in night shift were significantly associated with workplace stress [15].

A study conducted within the Indian context using a sample of

334 Doctors working in government hospitals found that female doctors experience more stress than their male counterparts. Moreover, it was revealed that doctors working in disturbed ambience had a significantly higher stress score than the doctors in the peaceful ambience. Also, there exists a difference in the nature and quantum of role stress among doctors belonging to various specializations. The study concluded that the majority of doctors employed a defensive mode of coping (avoidance coping), followed by an impressive coping style (approach coping) [16].

It was observed from a study of 222 medical staff in a neonatal intensive care unit that physicians and nurse practitioners are more likely to experience heavy work pressure, irregular work hours and work-life conflict. Evidence from the study lend support to "the stress of higher status" hypothesis and provide insights into the job demands and mental health issues confronted by medical workforce [17].

Work stress is thought to affect organisations by increasing absenteeism, decreasing commitment to work, increasing staff turnover, decreasing performance and productivity, increasing unsafe working practices and accident rates [11]. Work stress can be reduced through ergonomics, work and environmental design, organizational and management development, worker education and training, and developing more sensitive and responsive management systems and enhanced occupational health provision [1]. When workers experience work-related stress, this may lead to a variety of physiological, emotional, cognitive, and behavioural reactions [11].

The individual differences of the worker such as personality, age, education, experience and coping style are the most important in predicting whether certain job specification will result in stress. These individual differences demand

complementary prevention strategies that focus on the individual and promote ways to prevent the source of stress at work [3]. Coping is consistently changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appeared as taxing or exceeding the resources of the person [7]. Coping styles refers to consistent and stable preferences for particular strategies for dealing with stressful situations while coping behaviour refers to the responses which individuals actively make in stressful transactions [2].

Hospital facilities expose workers to a wide range of hazards such as physical, chemical, ergonomic and psychological. The need to provide a safe and healthy working environment for health workers is in line with the 1992 Constitution and the Labour Act 2003, Act 651 [18]. It is of the essence to state that a person ability to deal with stress at work is influenced by the knowledge, skills and the ability to meet work pressure with the support of others [2]. Organisations have the social responsibility to provide a good working environment for its workers to improve employee productivity and organisational performance [19].

A study done in Ankara, Turkey between January 2001 and July 2001 on 109 healthcare professionals in five Oncology hospitals. The study found evidence of physical and psychological stress. It revealed that factors influencing the stress level were marital status, age, unfairness in promotion opportunities, lack of appreciation of efforts by superiors and problems experienced with patients. The self-confident approach was the norm whereas the submissive approach was the least coping strategy used by the physicians and the nurses [20]. Active cognitive coping, active behavioural coping and avoidance are some of the stress coping strategies [21].

Interpersonal relationships are an important component of the psychosocial work environment that may affect health, job satisfaction, and productivity. A Swedish cohort study found that negative interpersonal relationships at base-line showed that high demands predicted serious conflict and exclusion by co-workers. Low skill discretion predicted exclusion by co-workers [22].

In a study to analyse the association between job stress and interpersonal relationships on and outside of the job in Europe. The study found that the probability of a worker getting stressed up decreases with the help and support provided by the manager; and maintaining cooperation and getting on well with colleagues [23]. Role ambiguity and role conflict can be greatly reduced through a strong and positive interpersonal relationship; and the personality factors of the job holder all help in managing work-related stress [24].

Finances are one of the causes of worry to a worker, irrespective of gender or age. Financial stress can cause high-risk behaviours, absenteeism and less productivity in the workplace [25]. Role conflict arises when employees are faced with inconsistent, or even incompatible, demands as to how they should behave to properly fulfil their roles whereas role ambiguity arises when employees do not have a clear idea of the boundaries of their roles or tasks and responsibilities [26]. The potential effect of role conflict and role ambiguity are very sensitive both for an individual and organisation due to emotional consequences. This is where effective leadership comes to play considering the negative consequences of role conflict and role ambiguity.

The Occupational and Environmental Health Programme of the Ghana Health Service (GHS) carried out several studies and concluded that not only do workers work under conditions that are hazardous to their health, but the staffs are also not sensitized to Occupational Health and Safety (OHS) issues. It is important to point out that when demands and resources are usually in balance work design and management can be described as healthy and vice versa. On the other hand, if demands and resources are out of balance then work stress is more likely to occur.

The important question about managing work-related stress must be: what causes this experience? Could it be personal factors, design and management of work, work environment or the organization? This study was conceptualise on the backdrop of the issues raised earlier in the introduction and the concerns of OHS unit of the GHS which has the mandate to ensure that compliances are adhered to on health and safety at the workplace. In finding answers to the questions raised Bekwai Municipal Hospital was used as a case study investigating how stresses experiences by hospital staffs in the daily working life of a worker and how they cope with these stresses.

2. Methods

The study employed a cross-sectional design using a case study and survey approach. The survey was used as a measurement of the staff (participants) opinion on occupational stress. This was used as behaviours and situations about people can be obtained only by asking a sample of them about themselves. This study adopted the case study method but used a single case study approach as its focus was discovery led where the study described and discusses components and dimensions of occupational stress facing staff of Bekwai Government Hospital.

Table 2. The population and sample of the study.

Population of the study			Sample size	
Category (number)			Category	Percentage
Professional nurses (64)	Supply Officer (2)	Drivers (3)	Nurses	26%
Enrolled nurses (42)	Dental Assistant (1)	Physician Assistant [Dental] (2)	Health Assistants	12%
Midwives (22)	Pharmacy Technician (7)	Physician Assistant [Medical] (2)	Medical Officers	10%
Health assistants (30)	Pharmacist (2)	Technical Officer [X-ray] (1)	Pharmacy	10%
Medical Officers (6)	Estate Officer (1)	Technical Officer [Biostat] (1)	Accounts	10%
Dentist (1)	Chief Executive Officer (1)	Technical Officer [Lab] (1)	Laboratory	4%
Technical Assistant (1)	Administrator (1)	Technical Officer [H/Information] (1)	X-ray	4%
Nutrition Officer (1)	Accountant (1)	Biomedical Scientist (2)	Administration	6%
Mortuary Attendant (1)	Accounts Officers (5)	Biostatistics Assistant (2)	Records	16%
Artisan (1)	Anaesthetics (3)	Orderlies (12)	Mortuary	2%
Total = 220 staffs			Total = 50 (100%)	

Source: Field Data, 2018

The population of the study included all staffs both the permanent and temporary status at the hospital totalling 220 at the time of the study. The sample used was 23% of the study population this is significant considering that it excludes those on the afternoon, night shifts and those on annual leave. The data collection method affected the sample size since data was collected in the morning of working hours considering that it is a Municipal Hospital.

Questionnaires were distributed to all the participants involved in the study. The aim of the study was outlined to the participants before completion and code numbers were used instead of names to ensure that individual staff could not be identified. Instructions were given about how to use the scales of the survey. The study was thus carried out having obtained informed consent and ensuring maximum confidentiality to all the participants.

A self-completed questionnaire was used to collect the data. The questionnaire had four sections with four types of questions:

1. Factual questions (age, gender, qualifications and working experiences)
2. Subjective questions – these related to sources of stress and coping with stress by the participants. The scale for these two thematic areas was a self-constructed scale designed by the authors.
3. Open-ended questions – on the effect of work-related stress on performance.
4. Closed-ended questions on types of work-related stress experienced by the participants.

The reliability assessment of the different subcomponents of the questionnaire after data collection revealed a Cronbach's alpha value of 0.926 for coping with stress (7 items) and 0.986 for sources of stress (12 items). All the alpha values were above 0.70 which is normally acceptable by researchers as good reliability of a scale to indicate its internal consistency.

Descriptive statistics such as frequency and percentages were employed to analyse data used to present the socio-economic characteristics of the health services workers on work-related stress issues. Pearson correlation coefficient and Kendall's coefficient of concordance were on coping with stress.

Besides, the study made use of multiple regression analysis to establish the relationship and the significance of the independent variables on causes of work-related stress and lack of task control.

The estimated equation was specified as:

$$LTC_{it} = \alpha_i + \beta_1 X_{1t} + \beta_2 X_{2t} + \beta_3 X_{3t} + \varepsilon_t \quad (1)$$

Where:

X_1 = Interpersonal relationship at work

X_2 = Financial and economic factor

X_3 = Role ambiguity

Where β_0 represents the constant of the intercept and ε_t is the error term. LTC is the dependent variable which represents a lack of task control of a health services worker. Poor interpersonal relations, financial and economic factors and role ambiguity are represented by X_1 , X_2 and X_3 respectively. The independent variables are expected to have a positive relation with lack of task control.

The hypotheses of the study were constructed as follows:

H_{01} = Poor interpersonal relations has an insignificant impact on lack of task control

H_{02} = Financial and Economic factors have an insignificant impact on the lack of task control

H_{03} = Role ambiguity has an insignificant impact on the lack of task control

Variable description

Dependent variable

Lack of task control (LTC): This is basically how a worker

feels about the task or work he/she performs at the workplace. It has to do with low participation in decision making and lack of control over workload.

Independent variables

Interpersonal relationships at work (X_1): Relationships with others at work (i.e., superiors, colleagues, and subordinates) are potentially stressful. It is therefore hypothesised that poor relationships with superiors and interpersonal conflict among colleagues have an insignificant impact on lack of task control.

Financial and Economic Factor (X_2): The financial wellness of an employee has the potential to affect performance positively or otherwise in the management of stress. It is therefore hypothesised that financial and economic factor has an insignificant impact on lack of task control.

Role Ambiguity (X_3): Role ambiguity is the lack of clarity concerning the employee's targets and duties. It is therefore hypothesised that role ambiguity has an insignificant impact on lack of task control.

3. Results and Discussion

This section discusses the study sample, type of work-related stress experienced by the participants, sources of stress, coping with stress and effects of work-related stress.

3.1. Descriptive Statistics of the Sample

The sample consisted of fifty (50) participants, 38% were male and 62% were female, ranging in age from 21 years to 60 years with a mean age of 35 years. On the average, participants had eight years of working experience in their roles in the hospital. It is an indication that in terms of what to do on the job the participants are supposed to have the competency to carry their duties with less supervision.

The distribution of participants indicates better coverage in terms of spread to be able to capture all the views and experiences of participants so far as occupational stress is a concern. Educational qualification is one of the key indicators to know the literacy level of the participants. This helps in the understanding and application of the concepts and issues on the occupational stress as related to hospital staffs.

In terms of educational attainments, 14% each accounted for high school and postgraduate respectively. Diploma holders and Bachelor degree holders had 38% and 28% respectively with the least of 6% for professional qualifications from several disciplines.

3.2. Types of Work-related Stress

The study was interested in examining the experiences of the

health workers on types of work-related stress. The focus was primarily on three indicators as physical, behavioural and psychological occupational stress.

The physical stress on the job causes an individual to experience a range of physical symptoms associated with anxiety. It can be severe depending on the level of the stress, as this can lead to feelings of anger and irritability, low mood and depression on an emotional level. In a dichotomous response question, it was revealed that 39 (78%) of the participants indicated that they had experienced physical occupational stress before whereas the 11 (22%) stated that they have not experienced physical occupational stress on the job. The result is similar to a previous study by Bamber [2], which reported that prolonged moderate levels of stress can lead to physical ailments. Also, the result supports the finding of Claridge and Cooper [9] which revealed that stress affects employees' physical, mental health and well-being. This could manifest itself at the emotional level which can lead to feelings of anger and irritability, low mood and depression. If not managed well has the potential for a worker to withdraw from supportive relationships.

Behavioural stress consequences include increased smoking, increased alcohol consumption, less attention paid to eating a healthy diet and increased use of tranquillizers. This might be implied that an individual may experience increased arguments and interpersonal conflicts, being less productive and more prone to accidents. It was revealed that 42 (84%) had experienced behavioural occupational stress at work while 8 (16%) indicated that they have not experienced it on the job. In terms of psychological stress, a participant may experience feelings of unhappiness, worrying more than usual, increased irritability, and reduced job satisfaction, motivation and commitment to the organisation. This was a major concern for the participants as 44 (88%) confirmed through their responses that they have experience psychological occupational stress whereas 6 (12%) indicated otherwise. The study suggests that the experiences of occupational stress by the participants are strongly influenced by the interaction between the individual and environmental factors. The result agrees with the assertion of Houtman and Jettinghoff [11] that due to high job demands this may lead to a variety of physiological, emotional, cognitive, and behavioural reactions. When exposure to stress does not decrease and continue over prolonged periods, it could take a longer time for employees to recover. Its implications are mental and physical disorders resulting in sickness and absence from work and work disability.

3.3. Sources of Stress

The study employed the Variance Inflation Factor (VIF) to test for multicollinearity in the multiple linear regression

model. The Tolerance should be > 0.1 (or $VIF < 10$) for all variables; the VIF values show that all the explanatory variables have no serious multicollinearity problem. It is concluded that the regression model used has integrity and is appropriate. The Durbin-Watson statistics was used to check for auto-correlation, the Durbin-Watson $d = 1.286$, which is between the two critical values of $1.5 < d < 2.5$ and therefore can assume that there is no first-order linear auto-correlation in the study multiple linear regression. From Table 3, it can be observed that the overall regression model is significant at a probability level of 1% with an F statistic of 115.926 which

indicate a model with a good fit with the independent variables. The adjusted R^2 is 87.6% meaning 87.6% of the changes in the lack of task control will be explained by the changes in the independent variables and control variables in the model. The remaining 12.4% of the changes in the lack of task control will be explained by other factors not in the model. The adjusted R^2 gives more accurate information about the fitness of the model than R^2 (88.3%). All the three constructs included in the model were significant and had positive coefficients, that is they move in the same direction

Table 3. Effect of lack of task control on sources of stress.

Independent variables	Model 1				Collinearity statistics	
	B	t-statistics	p-value	Adjusted R^2	Tolerance	VIF
Constant	.716	3.265	.002	0.876	-	-
Poor interpersonal relationship	.136***	3.491	.000		.445	2.245
Financial and economic factor	.322***	3.516	.000		.249	4.020
Role ambiguity	.390***	3.635	.000		.211	4.741
	F=115.926, Sig = 0.000				Durbin-Waston =1.286	

Source: Author's computation, 2019. Dependent variable: Lack of task control, *** $p < 0.01$.

Multiple linear regression was calculated to predict participants' lack of task control as a source of stress based on poor interpersonal relationship, financial and economic factors; and role ambiguity. A significant regression equation was found ($F(3, 46) = 115.926, p < .001$ with R^2 of .883). Participants' predicted lack of task control is equal to $.716 + .136$ (relationship) $+ .322$ (financial) $+ .390$ (role), where all the three independent variables are coded 1 = strongly disagree and 5 = strongly agree. Participants increased .136, .322 and .390 respectively in terms of work-related stress due to the effect of lack of task control. Role ambiguity has the greatest influence on the lack of task control ($\beta = .390$), followed by the financial and economic factor ($\beta = .390$) and then poor interpersonal relationship ($\beta = .390$). The direction of influence for all the three independent variables is positive and variables were significant predictors.

The effects of workplace interpersonal stress can have a detrimental effect on psychological well-being and have associated with depressive symptoms. In terms of poor interpersonal relationship at the workplace, 56% of the participants agree that it affects task control by a job holder. The finding is in line with Stoezter et. al., [22] where it was found that negative interpersonal relationships most of the time cause interpersonal conflict and exclusion by co-workers. This might not be good for teamwork as negative interpersonal relationships ruin the work environment, could reduce the productivity of co-workers and has the potential to adversely affect the overall performance of the hospital. Indeed, supportive relationships in the workplace help to reduce stress at work. Also, maintaining cooperation and

getting on well with colleagues decrease the probability of experiencing stress, confirming the positive and gratifying features of contact with co-workers as stated by Nappo [23]. However, positive interpersonal relationships can weaken the effects of role ambiguity and job tension on stress levels as noted by Armstrong [24]. Strong interpersonal relationships have been proven to be an important factor when it comes to both happiness and health at the workplace.

The financial and economic factor is related to pay and benefits of the employee. Employees would want to see that their promotions and career development are not unnecessarily delayed to improve their income as these are rewarded in salary and benefits. Financial distress can take its toll both mentally and psychically affecting the quality of individual personal life and work. It is not surprising that 90% of the sampled participant was of the view that it stressed them even beyond work-related issues. Money is the leading source of stress among Canadians, significantly more than work, personal health and relationships. A three-year study by the Financial Planning Standards Council concluded in 2014 that 76% of Canadians said they were financially stressed as indicated by Bonner [25]. The result of the present study aligns with Bonner [25] stressing how financial stress of individuals has the potential to intensifies the likelihood of interpersonal relationships, morale, ethics, high-risk behaviours, presenteeism and absenteeism. The effect is that it makes those employees less engaged and less productive in the workplace.

When considering the factors determining workplace productivity which are related to the nature of a job, the work environment or the organizational role of the job-holder plays

a major role in reducing job-related stress or otherwise. In terms of role ambiguity, 84% of the participants agree that it has a greater effect on task control by a job holder. The finding suggests the need for better clarification of job role and task, even though as professional healthcare staffs, there will be a job description based on their job analysis. According to the literature (Wieneke *et. al.*, [12]; Moustaka & Constantinidis [13]; Cooper & Quick [26]), role conflict and role ambiguity affect the employee well-being in terms of task autonomy and control. If not managed well increase in role conflict and role ambiguity could lead to an enhancement in disengagement and exhaustion. It will diminish job satisfaction and effectiveness on the job which can negatively affect interpersonal relationship and

teamwork. In conclusion, role conflict and role ambiguity are often linked to undesirable outcomes for both the employee and the employer as the purpose of task control are effectiveness and efficiencies.

3.4. Coping with Stress

The discussion is on the mean score and how the themes are correlated using the Pearson Correlation Matrix. The second column of Table 4 indicates the mean scores of the seven themes with the highest mean score of 1.82 on a dichotomous scale indicating that participant’s sought support and advice and utilizing the availability of avenues to air their views concerning their role on the job which were respectively ranked first in coping occupational stress within the hospital.

Table 4. Results of the mean, standard deviation and Pearson Correlation on coping with stress.

Theme	Mean	SD	1	2	3	4	5	6	7	Rank
1. seek support and advice	1.82	.388	1							1 st
2. resort to hobbies	1.72	.454	.751**	1						3 rd
3. manage time	1.64	.485	.625**	.831**	1					4 th
4. planning ahead	1.60	.495	.574**	.764**	.919**	1				5 th
5. management listening	1.28	.454	.292*	.389**	.468**	.509**	1			6 th
6. avenue to air view	1.82	.388	1.000**	.751**	.625**	.574**	.292*	1		1 st
7. effort recognition	1.78	.418	.882**	.852*	.708**	.650**	.331*	.882**	1	2 nd

Source: Author’s computation, 2019. Note: N= 50, Cronbach Alpha = 0.926, W^a = 0.346, ** 0.01 level (2-tailed). * 0.05 level (2-tailed)

The lowest-ranked theme had a mean score of 1.28 confirming that the participant’s suggesting that management must improve in the area of listening to workers concerns and resolve those issues timely. The Kendall’s coefficient of concordance (W^a = 34.6%) implies that 34.6% agreed to the overall ranking with the belief that indeed there are diverse views by the participants on how they cope with occupational stress on the job. It can be inferred from the result that participant’s coping styles and behaviours are critical in mitigating and managing work-related stress which the result aligns with the suggestion of Bamber [2]. It was reported in Cox *et. al.*, [3] that individual differences demand complementary prevention strategies that focus on the individual and promote ways to prevent the source of stress at work. Thus, the participants must appreciate specific kinds of stressor that they may encounter in their work life and how they must apply appropriate coping behaviours to mitigate it. This will benefit from CIPD [7] suggesting that coping is consistently changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appeared as taxing or exceeding the resources of a person.

The least correlation coefficient of the Pearson Correlation Matrix as indicated in Table 4 is .292* whiles the highest correlation coefficient is 1.000**. Correlations were computed among the seven themes on how the fifty participants cope with occupational stress on the job. The results from Table 4 on the Pearson Matrix suggest that all

the 21 correlations were statistically significant at p <.01 and p <.05 at two-tailed. It indicates that 10 out of the 21 correlations r(50) was greater than or equal to .70 while the other 11 correlations r(50) is between .292 and .625. The correlation of avenue to air views by participants and seek support and advice had a correlation coefficient (r) equal to 1.000 indicating a perfectly positive relationship suggest that the coefficient is significantly different from zero. It can be concluded that the participants recruited from the hospital are aware of the need to seek support and advice from the relevant offices of the hospital if occupational stress has to be mitigated.

The result affirms the views of Dewe *et. al.*, [21], stressing for the need to use active cognitive coping, active behavioural coping and avoidance to deal with work-related stress. Physicians and nurses used self-confident approach more often than the submissive approach in coping with work-related stress as noted by Isikan *et. al.*, [20]. It was revealed in Rashid and Talib [16] that the majority of doctors employed a defensive mode of coping, followed by impressive coping style. As indicated in Birhanu *et. al.*, [15], hospital managers must put in place policies to deal with workplace stress. This study is of the view that regular talk about stress with hospital staffs by it management could provide emotional support. Moreover, provision of wellness programs will help reduce stress and encourage work/life balance.

3.5. Effects of Work-related Stress on Performance

The effects of work-related stress on performance by the participants were investigated in four thematic areas that are absenteeism, low morale, reduced productivity and poor work relations. The participants were asked to choose one key theme that has had a strong effect on them considering work-related stress on their performance. The result shows that most of the participant's experience of work-related stress on performance indicated that reduced productivity was a major issue (42%), followed by having poor work relations (24%), absenteeism (20%) and low morale (14%) in that order. The results from this current study confirm reports of how stress could be very unpleasant and associated with reduced efficiency and diminished productivity (Cox et. al., [3]; American Psychological Association [8]). Moreover, this is in agreement with the work of Harris [10], where it was found out that workers experiencing work-related stress may have a variety of physiological, emotional, cognitive, and behavioural reactions. It could be said that there are three aspects of the whole relationship between a worker and his/her work: the job, the environment and the worker. It is of the essence for employers not to overlook unfavourable working conditions and their negative effects by not focusing too much on the bottom line. Employees are entitled to a positive environment to work in. They are also entitled to expect that there are agreed policies, procedures and systems in place at work to respond to their concerns.

4. Conclusion

Occupational stress is a real challenge for workers and their employing organisations. The causes of stress are many and varied. In the workplace, a host of factors may contribute to employee stress. Employers need to be aware of the job factors which create stress and the responses to stress on their employees. It is important that the workplace is being continuously monitored for stress problems and its likely effects on job performance.

The purpose of this paper was to examine hospital staffs experiences on occupational stress. The result has shown that psychological occupational stress was the major type of work-related stress of the sampled staff as compared to behavioural and physical occupational stress in that order. This is not surprising as psychological occupational stress directly will have an impact on behavioural and physical occupational stress. It is worth mentioning that certain aspect of the work in itself is the creation of stress such as management culture and style and how the organisation communicate with it employees. Our findings agree with studies of (Bamber [2]; Claridge & Cooper [9]; Houtman &

Jettinghoff [11]). It can be concluded that the identification, consequences and coping strategies are important for organisational well-being in terms of employees performance and company profitability.

The results of the multiple regression analysis indicated about 88% of the variability in lack of task control by the employee. All three predictors in the model were significant with a positive coefficient. That is, the three factors have a substantial effect on the lack of task control. Role ambiguity is the strongest predictor, followed by the financial and economic factor and poor interpersonal relationships. The results on the regression analysis are in line with the literature (see, for instance (Wieneke et. al., [12]; Moustaka & Constantinidis [13]; Stoetzer et. al., [22]; Nappo [23]; Armstrong [24]; Bonner [25]; Cooper & Quick [26]). Employee happiness and health hinges on positive interpersonal relationships in the workplace coupled with a specific job role makes employees more engaged and productive.

In terms of the ranking of how the participant's cope with stress suggest that seeking support and advice was ranked first with an avenue to air your view. The second-ranked was effort recognition and the very least ranked was management listening to stress concerns of participants. The Pearson correlation matrix result found a perfect positive relationship between avenue to air views by participants and seek support and advice. The awareness of the level of stress coping strategies among the participant was high as this will help them to mitigate occupational stress. The confirmation of the study's findings aligns with the literature (see, among Bamber [2]; Cox et. al., [3]; CIPD [7]; Birhanu et. al., [15]; Rashid & Talib [16]; Dewe et. al., [21]). Reduced productivity was ranked first followed by poor work relations, absenteeism and low morale in that order on the effects of work-related stress on performance. The results confirm with the literature among (Cox et. al., [3]; American Psychological Association [8]; Harris [10]). Employees are entitled to a positive environment to work in and not to be subjected to unacceptable behaviours at work.

The paper suggests a practical alignment of job demands and its resources at the hospital to better employee's performance. This synchronization will help to reduce strain and burnout to improve work-engagement thereby enhancing employee well-being. Given that work-related stress is potentially one of the most protracted and chronic of stressors, it is clear that this problem needs to be given priority not just on humanitarian and economic grounds but also on physical and mental health grounds. It is important to state that stress at the workplace is not going to stop, even moving forward it will probably be intense than the current state. Most people need a certain level of stress to perform well that is positive stress. The most critical issue is the avoidance of stress or how it will be managed by employees and employers.

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