

Introduction

- When stressors within a workplace exceed the employee's ability to perform tasks, it leads to Occupational Stress (Arnetz et al, 2011).
- Healthcare has been classified as a highly stressful profession (Sharma et al, 2014).
- Factors of occupation stress in healthcare include increased number of patients and diseases, advanced treatment facilities, care practices, longer work hours, and noncompetitive salaries.
- It is indicated that 80% of work injuries and 40% of additional financial expense in healthcare are related to Occupational Stress (Sveinsdottir et al, 2006)
- As per ICN, the cost of occupational stress is estimated between 200 – 300 million USD and 90% of staff's medical problems are associated with stress (Hassard et al, 2018).

Objectives

Study factors influencing occupational stress amongst healthcare workers and Identify the impact of impact of these factors. Those impacts include:

- 1) Poor working relationship amongst healthcare workers.
- 2) Increased workload towards the healthcare workers.
- 3) Work-life balance.

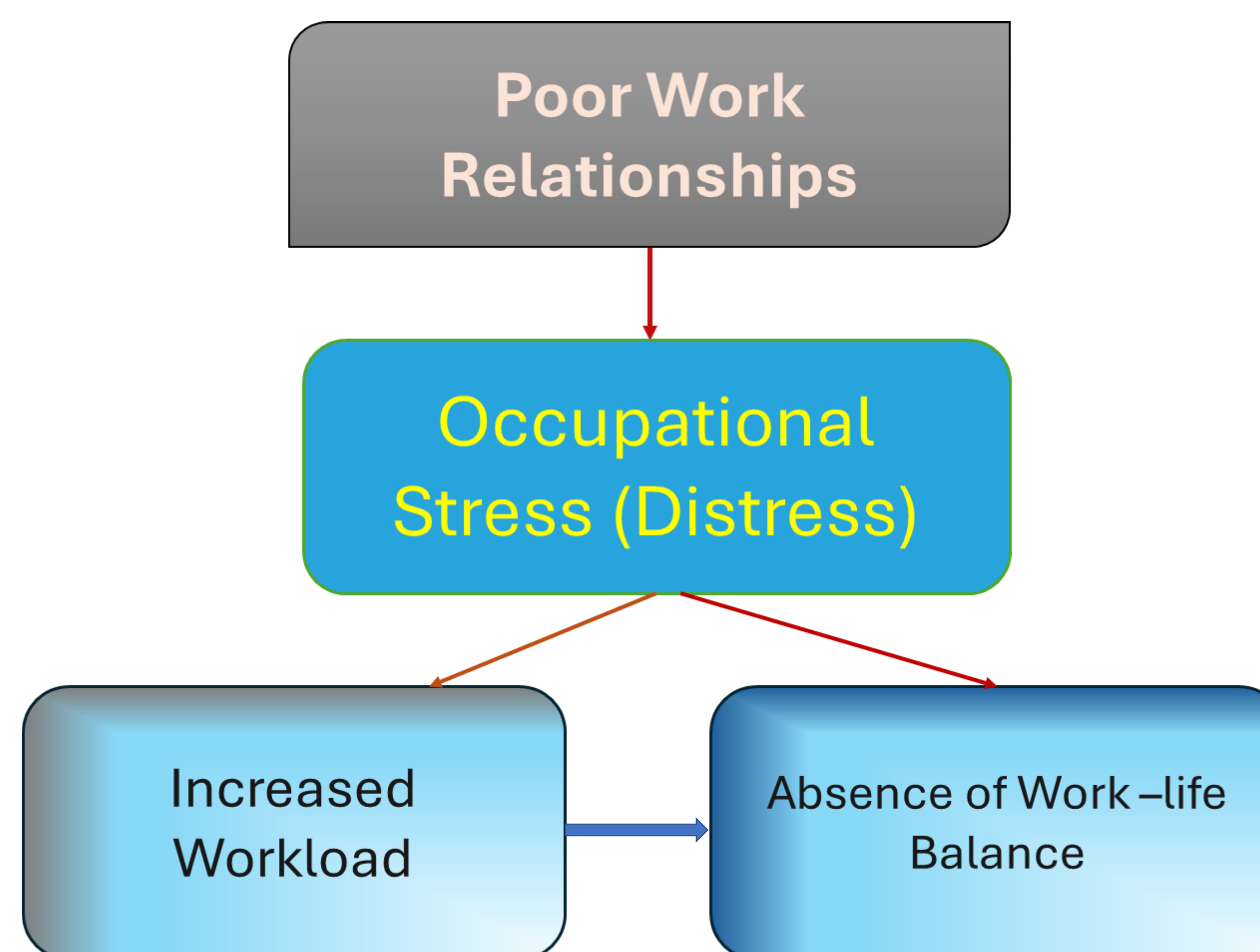
Theoretical Framework

- Increased workload expose staff to various mental conditions such as burnout, depersonalization (Jennings, 2008).
- Increased workloads negatively impacted personal accomplishments (Chipeta et al, 2016).
- Increased workload has gives way to Moral Nursing Distress (an emotional state in which healthcare professionals realize themselves unable to fulfill their ethical or moral responsibility) (Berry and Curry, 2012)
- The “absence of work-life balance will increase occupational stress (Heathfield, 2016).

Assumptions

- Poor working relationship has a significant impact in increasing occupational stress.
- Increased workload has a significant positive impact in increasing occupational stress.
- Absence of a work-life balance has a significant positive impact on occupational stress”.
- An increased workload has a significant negative effect on work-life balance, in other words, they are inversely related to each other.

Model



Methodology

Correlation Analysis was performed with the aid of SPSS
Sample Size: 27 health care professionals.
Design: Questionnaire was designed in a Likert scale arrangement stating extent of respondent's agreement.
Response Rate: 69.2%.

Analysis

1. The variables were correlated rejecting the null hypothesis and statistically satisfying the 3 hypothesis.
2. First Correlation: H1 poor working relationship leads to occupational distress, P value (Pearson's correlation coefficient = 0.003 < 0.5. This implies that first research objective is statistically significant.
3. Second Correlation: P value (Pearson's correlation coefficient value) is 0.2, the researcher fail to reject H2. This implies that increased workload leads to occupational distress.
4. The H3 correlation result produce a P value of (Pearson's correlation coefficient value of 0.07 < 0.5, the researcher fail to reject alternative hypothesis indicating that work life balance have a positive correlation with occupational Distress as the absence will increase stress factor

Conclusions

- Poor working relationship is the primary contributor to Occupational stress,
- The vertical hierarchy of management often lead to disputes and stress moreover, it exerts an authoritarian leadership (Doctor to Nurse to CCA to porter and so on).
- The main causative is the low staff morale and fewer efforts among teams in in healthcare industries..

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