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A Study Occupational Stress and Burnout on Employee Job Performance: A Study of Nurses in Clinics of Kanchipuram District

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ABSTRACT

This study was conducted to assess the impact of stress and burnout on performance of registered nurses in the primary healthcare facilities of Kanchipuram district. The examination of the writing on nurses reveals that although a great deal of research has been carried out relating to occupational stress and burnout , little has been written about the impact of stress and burnout on performance of nurses in rural setting in Tamilnadu. In carrying out the study, a random sample technique was used to select 200 registered nurses from 50 primary healthcare facilities. A quantitative, descriptive and correlation research design was employed in this study to collected Information through questionnaires. The impact of occupational stress and burnout on performance of registered nurses only at Kanchipuram district. After gathering relevant data, a descriptive and correlation analysis was conducted to determine the relationship between stress and performance, as well as burnout and performance. The findings of the study revealed that job stress and burnout do not impact registered nurses job performance.

Keywords: Occupational Stress, Employee Job, Nurses, Clinics, Kanchipuram District

I. INTRODUCTION

The nursing profession has been depicted as one of the most stressful occupations across the globe, and this makes nurses exceptionally susceptible to burnout. The negative impact of occupational stress and burnout on organizational performance is undisputable. Research studies have revealed that high level of stress and associated burnout among nurses leads to decreased performance. The South African health system consists of public and private health sectors. The noted that approximately 82% of the South African population depends on the public healthcare services, and accounts to 40 % of the total health expenditure. The private sector which accounts for 60% of the total expenditure provides services for the 18% of the population, who are privately insured. Therefore, the public healthcare sector is overused and yet underfunded. Not surprisingly, there are daily reports of poor patient care, lack of resources such as medications and other resources, and patients being turned away because there are no healthcare workers and other services at the facility

Research Problem

The research studies have been conducted on the impact of stress on the performance of nurses in rural clinics of Kanchipuram district. Occupational stress in nursing has been studied extensively, however most of these studies were conducted in urban hospitals or developed countries. The healthcare system in Tamilnadu is nurse-driven; nurses outnumber doctors 5 to 1. As a result majority of the population receive their formal health care from nurses rather than doctors. Tamilnadu has adopted a primary health care approach, and the clinics form the point of entry to access healthcare services in this country. The country has changed its legislative policies thereby allowing nurses to assume a greater role in the management of patients with HIV/AID including diagnosis and management of these patients. All the clinics in the Kanchipuram district are currently rolling most of them started initiating this treatment in early 2015. The majority of the nurses in these facilities complain about how stressful it is working in rural clinics.

Importance of the Study

The purpose of the study is to investigate the relationship between job stress and burnout on the performance of nurses in rural clinics.

The objective of the study

1. To examine the frequency of workplace stress and burnout between nurses in rural public clinics.
2. To consider how workplace stress and burnout of nurses has impacted on their performance.
3. To study on factors that causes workplace stress and burnout amongst nurses.
4. To find out effective and efficient ways of managing workplace stress and burnout of nurses.

II. LITERATURE OF THE STUDY

1. **Schaufeli, Maslach, and Marek (1993)** looked at the various models of burnout and discovered many elements of the syndrome common to most conceptualizations. First, job burnout is characterized by dysphonic symptoms. These symptoms are work-related and manifest themselves in "normal" persons who did not suffer from a previous psychopathology. In most cases, mental and behavioral symptoms were more prevalent than physical ones. Finally, negative attitudes and behaviors of individuals suffering from job burnout result in a decrease in effectiveness and work performance.
2. **Demerouti, Bakker, Nachreiner & Schaufeli(2001)** examined Job demands refer to those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs. Caplan, R. D. & Jones, K, W. (1975) examined quantitative work load refers to the amount of work a person is asked to complete in a given amount of time. Role ambiguity exists when a person does not know what is expected of him or her for adequate performance of a role or task demand. The found that intellectual responsibility is treated as a measure of decision latitude and time pressure as a measure of job demands related to work load. Examined it can be concluded that particularly strong and consistent relationships exist between job demands and burnout. Role overload and role conflict are two potentially useful concepts that may promote better understanding of the relation between multiple roles and stress. Some of the inconsistent findings in the literature in this area may stem from researchers' failure to distinguish between the concepts. That is, role overload and conflict may affect stress differently, and the conceptual confusion surrounding these concepts may be masking important differences in their effect.

III. METHOD OF DATA COLLECTION

Questionnaires were used to collect data. Questionnaires are economical, and can be delivered in person, by email or mail. The disadvantages of using questionnaires include low response rate and response bias, difficult to understand subjects‟ responses, and difficult to check if the subject understood the questions. The first part of the questionnaire attempted to delineate demographic profiles of the registered nurses, namely age, gender, years of experiences as a registered nurse and marital status. The questions on demographic profiles were included because literature indicates that gender, age, marital status and years of experiences are some of the factors that were found to be closely linked to stress and burnout in nurses.

Sample Size and Sampling Technique

The target population in this study consisted of registered nurses from the 38 clinics in the Kanchipuram district. There are 231 professional or registered nurses in the PHC clinics of the Bushbuckridge Sub-district, in Mpumalanga province. A non-probability sampling technique was adopted due to access restraints to nurses; Kanchipuram district comprised a large geographic catchment area. A total of 200 questionnaires were distributed to nursing and management staff; 50 to nursing staff.

Method of Data Analysis

The questionnaires were checked for missing data and for correct completion. Descriptive statistics namely, the mean, frequency, standard deviation were used to describe and summarize the data on stress, burnout and job performance, collected from the respondents. Analytic statistics included the independent t-tests, ANOVA and Pearson's correlations.

Result and Discussion

Age Wise Respondent

Table 1

		Frequency	Percent	Valid percent	Cumulative percent
Valid	below 30	43	21.5	21.5	21.5
	30-40	50	25.0	25.0	46.5
	40-50	70	35.0	35.0	81.5
	50-above	37	18.5	18.5	100.0
	Total	200	100.0	100.0	

Source: Primary Data

The sample consisted of 200 nurses. In terms of age, 21.5 % of the respondents were between the ages of below 30 years and above 50 years, 18.5 % were over 40-50 years of age, 35% were between the ages of 30-40 years 25%

Gender Wise Respondent

Table 2

		Frequency	Percent	Valid percent	Cumulative percent
Valid	male	132	66.0	66.0	66.0
	Female	68	34.0	34.0	100.0
	Total	200	100.0	100.0	

Sources: Primary Data

The sample consisted of 200 nurses of which 66% were female and 34% male.

Martial Wise Respondent

Table 3

		Frequency	Percent	Valid percent	Cumulative percent
Valid	Married	109	54.5	54.5	54.5
	single	91	45.5	45.5	100.0
	Total	200	100.0	100.0	

Sources: Primary Date

The sample consisted of 200 nurses 54.5% percent of respondents were married, 45.5% were single,

Experiences Wise Respondent

Table 4

		Frequency	Percent	Valid percent	Cumulative percent
Valid	Less than 10 years	69	34.5	34.5	34.5
	10-20 years	63	31.5	31.5	66.0
	More than 20 years	68	34.0	34.0	100.0
	Total	200	100.0	100.0	

Source: Primary Data

The sample consisted of 200 nurses, 34.5 percent of the respondents have between 10 and 20 years in the nursing field, 31.5% have between 10-20 years. On the other hand, only 34% indicated they have more than 20 years experience

Performance Rating

Overall Performance Rating By Managers

Table 5

		Frequency	Percent	Valid percent	Cumulative percent
Valid	Unsatisfactory Performance	64	32.0	32.0	32.0
	Satisfactory Performance	73	36.5	36.5	68.5
	Good Performance	63	31.5	31.5	100.0
	Total	200	100.0	100.0	

Source: Primary Data

In terms of the performance ratings (Table -5) of nurses by their managers, 32% of managers felt that the nurse's performance was satisfactory. Twenty percent of the nurses were ranked as good performers with only 31.5% of nurses ranked as unsatisfactory performers. Despite the fact that the nurses in this study are overly stressed and burnt out as described above, they still perform well.

Performance and Stress

Table 6

	Value	DF	ASYMP. SIG. (2-Sided)
Pearson Chi-Square	34.066[a]	9	.000
Likelihood Ratio	40.851	9	.000
Linear-by-Linear Association	3.058	1	.080
N of Valid Cases	200		

Source: Primary Data

Table- 6 the Kruskal Wallis tests between burnout, stress and performance show no significant relationship between the variables (P >0.05). These results are unexpected and are in opposition to what most studies have found. This means that for this sample of nurses, stress and burnout has little to no effect on nurse's performance.

Performance and Stress

Table 7

	Value	DF	ASYMP. SIG. (2-Sided)
Pearson Chi-Square	1.030[a]	12	1.000
Likelihood Ratio	1.035	12	1.000
Linear-by-Linear Association	.134	1	.715
N of Valid Cases	200		

Although as can be seen in table 4.1.6 test items show an association between stress and burnout, overall, the burnout indicator does not show this association.

IV. CONCLUSIONS

The aim of the research was to investigate the relationship between job stress and burnout on the performance of nurses in rural clinics. The objectives of the study were to investigate the prevalence of workplace stress and burnout amongst nurses in rural public clinics, to establish how workplace stress and burnout of nurses has impacted on their performance and to investigate factors that cause workplace stress and burnout amongst nurses. The research showed that there is a negative relationship between job stress and burnout on the performance of nurses in rural clinics of Kanchipuram. Supporting the literature, the results showed that nurses in Kanchipuram district are highly stressed, with the main causes of stress been work overload, time pressure, and lack of social support, understaffing, role ambiguity, as well as dealing with severely ill or dying patients. The findings also showed that RNs in this sub district experience a high level of burnout, in keeping with the view in the literature that high level of stress in the caring profession will ultimately lead to burnout. The majority of the respondents were rated as average performers, and only 20% as good performers. Therefore, there is negative relationship between job stress and job performance, as well as between burnout and job performance.

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