

# Factorizing towards the Prime Drivers of Job Stress: A study on Nursing Employees in Private Health Sector in Sri Lanka.

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**Abstract:** *The concept of stress management has attracted most of the researchers' attention in recent years. Over the past years, there has been a growing recognition of job stress as an important occupational health problem. In industry, there is a heightened awareness that occupational stress contributes to a significant portion of worker compensation claims, health-care costs, disability, absenteeism, and productivity losses. The main purpose of this study was to investigate the key drivers of work place stress for Nursing officers in the private health sector in Sri Lanka. For this purpose, the 49 nursing employees, who work in the private hospitals in Batticaloa district in Sri Lanka were selected as sample using simple random sampling technique. A quantitative approach was used in this study. A structured questionnaire along with other secondary sources were used to collect data. A research model and five hypotheses were developed. The independent variables were role conflict, relationship with others, workload pressure, homework interface, role ambiguity. The dependent variable was job stress. In order to measure the relationship between variables, correlation and multiple regression were applied to the findings. Findings showed that all the variables taken for the study were significantly associated with job stress of nurses who work in private hospitals in Sri Lanka. However, work overload was found to be the most significant factor of job stress in the selected sector. This study indicates and highlights the intensity of those factors that are involved to create a stress environment in the organization. So, this study suggests that an effective means of controlling the occupational stress must be developed.*

**Keywords:** Job Stress, Nursing Employees, Work Load, Work- Family Interface, Role Conflict, Role Ambiguity, Relationship with Others.

## 1. INTRODUCTION

Job stress has become one of the most popular 'occupational diseases' of the century to human and it has affected individuals' psychologically and physically, causing such impacts on employees. Numerous studies and research have been done on this subject in the last few years. While there is a considerable body of literature regarding the existence of stress across all sectors of employment, there is a belief that health workers are particularly susceptible to developing stress-related illness because of the nature of their work. It has been said that health professionals face an occupational stressor which is not part of most other professions. Stress has been a major concern of human service and helping professionals (Antonioni, et.al. 2006) and among the health care professional especially nurses are considered a high-risk group regarding work stress and burnout (Nishshanka, et.al., 2015). According to Rees and Cooper (1992), the health care workers in this cohort, in comparison with non-health care workers, report significantly higher levels of pressure and consequently have to deploy coping strategies more frequently, score lower on measures of type A behaviour, have higher levels of perceived control of their work, report lower levels of mental ill health but similar levels of job satisfaction. Hence, Nishshanka, et.al., (2015) argues that a high level of work-related stress among nursing officers is a considerable health issue which needs to be addressed by health care managers implementing effective coping strategies. Therefore, despite these facts, the present study aimed to identify and examine the key drivers of stress for nursing employees in the private health sector in Sri Lanka.

### 1.1 Contextual Gap

Many researches on job stress were carried out in the past. For example, El Shikieri and Musa (2012) conducted a study on the factors associated with occupational stress and their effects on organizational performance in a Sudanese University, while Murali et., al (2017) conducted a research on the impact of job stress on employee performance among the employees from various sectors in Malaysia. Further, in Iran a research was conducted in 2015 by Darvishpour and Hamidi (2015) by examining the impact of mental stress on employee job performance. Also, Rees (1995) examined the levels of work-related stress in 1,176 employees from the major occupational groups of one large health authority in the UK as a precursor to devising stress management strategies. Also, Similar studies were done in India. Rani, (2014), explored the effects of job stress on employee retention in India. And more recently Lopes and Kachalia (2016) conducted a study on the impact of job stress on employee performance in banking sector of India. Many studies were done on Sri Lankan context as well. Jayasinghe and Mendis (2017) conducted a study on Stress and job Performance in Banking sector of Northern region of Sri Lanka. Aroosiya and Hussin Ali (2016) studied about the impact of occupational stress on teaching staffs' performance in state universities in eastern province of Sri Lanka. Also Fernando (2015) did a research on occupational stress in public sector school teachers in Western province of Sri Lanka. Also, Nishshanka, et. al., (2015) did an assessment on level of work- related stress among nursing officers in Sri Jayawardanapura General hospital in Sri Lanka. Similarly, Rathnayaka and Ekanayaka (2016) conducted a research on the topic

of depression, anxiety and stress among undergraduate nursing students in a public university in Sri Lanka. Therefore, it seems that there is no study done on the private health sectors of Sri Lanka by examining job related stress. Therefore, this research intended to fill this research gap by analyzing and identifying stress drivers for nursing officers working at private hospitals in Sri Lanka.

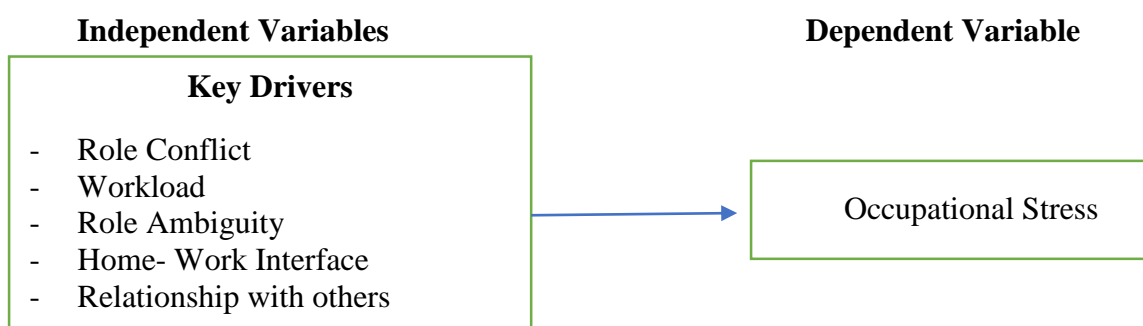
## 2. LITERATURE REVIEW

Stress is a prevalent problem in modern life (Smith, 2000; Chang & Lu, 2007). Occupational stress can be defined as a disruption of the emotional stability of the individual that induces a state of disorganization in personality and behaviour (Nwadiani, 2006). Newman and Beehr (1979) as cited in defined job stress or workplace stress as “a situation wherein job-related factors interact with the worker to change his or her psychological and/or physiological condition such that the person is forced to deviate from normal functioning”. Selye (1964, as cited in El Shikieri and Musa (2012) described stress as a set of physical and psychological responses to adverse conditions or influences. However, it is stated that stress is not all bad as it has two forms i.e. eustress and distress where eustress is positive and distress is negative. So, eustress is good for the progressive level of performance whereas situation is inverse in case of distress. To cope with distress organizations work a lot and go for interventions which are called stress management interventions (SMIs) in order to help people of the organization to cope with it in an effective way. Members of the organization are showing to different kind of stressors in their organizations. A stressor may be defined as any characteristic of the workplace that poses a threat to the individual (Bridger et al., 2007). Several studies have highlighted the drivers of work place stress. According to Cooper and Marshall (1976) there are five broad categories of stressors; factors intrinsic to the job, role in the organization, relationships at work, career development and organizational structure/climate. El Shikieri and Musa (2012) has also found that role conflict and ambiguity, lack of participation in decision making, lack of authority, workload, unsatisfactory working conditions and interpersonal relationships were the main job stressors that affect organisational performance in Sudanese university. According to Wilkes et al. (1998) work overloads and time constraints were significant contributors to work stress among community nurses. Al-Aameri AS. (2003) has mentioned in his studies that one of the six factors of occupational stress is pressure originating from workload. Furthermore, several studies had revealed that poor social environment and lack of support or help from co-workers and supervisors are considered job stressors. According to Selye (1974) learning to live with other people is one of the most stressful aspects of life (as cited in Manshor, 2003). Conflicting or uncertain job expectations, too much responsibility (Rees & Redfern, 2000), too many “hats to wear”, being undervalued and the threat of redundancy are all some of the sources of occupation stress (Fairbrother & Warn, 2003; Manshor, 2003). Job insecurity and lack of opportunity for growth, advancement, or promotion, rapid changes for which workers are unprepared are other aspects of occupation stress. Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems (Manshor, 2003) as well as unrealistic dead- lines are known to cause occupation stress (Rees & Redfern, 2000; Johnson et al., 2005). In this study few of the above mentioned variables were selected as independent variables.

### 2.1 Theoretical Framework

A model of theoretical framework has been developed based on the review of related literature and previous findings. The proposed research model is as follows:

**Figure 1:** Theoretical framework of key drivers of stress for nursing employees in private hospitals in Sri Lanka.



### 2.2 Research Hypothesis:

The following research hypotheses were developed with respect to nursing employees in private health sector in Sri Lanka.

- H1: Role ambiguity is positively associated with job stress.
- H2: The relationship with others is positively associated with job stress.
- H3: Work load is positively associated with job stress.
- H4: Home- work interface is positively associated with job stress.
- H5: Role conflict is positively associated with job stress.

## 3. RESEARCH METHODOLOGY

### 3.1 Research Design

In this study, the quantitative approach was used and it was a correlation study that uses the survey method to collect data. The independent variables were role ambiguity, relationship with others, work load, home- work interface and role conflict. The dependent variable was job stress.

### 3.2 Population and Sampling

Population for this study was the nursing employees working in private hospitals in Batticaloa district in Sri Lanka. From selected 10 private hospitals located in Batticaloa district, a sample of 49 nursing employees were selected using simple random sampling technique.

### 3.3 Research Instrument

In this research, both primary and secondary data were collected. The primary data was collected personally by the researcher as an assurance of confidentiality to respondents. A structured and close ended questionnaire was used for this study as a research instrument. The questionnaire is comprised of total 16 items and all responses were given on a five-point Likert Scale. A total of 49 structured questionnaires were distributed between the private hospitals in Batticaloa district of Sri Lanka. Secondary data was collected from journal articles, textbooks, Internet newspaper articles, and magazines.

### 3.4 Validity and Reliability of the Questionnaire

Pilot study was used to examine the validity and reliability of the questionnaire. Validity test was determined by getting a few people consisting of researchers and academicians to review the questionnaire for face and content validity. The reliability of the questionnaire was accomplished by collecting data from 10 employees who were not the participant of this study. Based on the feedbacks appropriate changes were made to the questionnaire. After assurance of validity and reliability, the data collection was continued from the sample respondents from the selected private hospitals in Batticaloa district in Sri Lanka. The Cronbach alpha method was used for the reliability test of each of the 6 research concepts of job stress, role ambiguity, relationship with others, work load, home- work interface and role conflict. Thus, the reliability of questionnaire was confirmed by the result generated from Cronbach alpha test as the alpha value was greater than 0.7 for all the measurement items.

### 3.5 Data Analysis

Data was analyzed using Statistical Package of Social Science (SPSS). Inferential statistics in the form of Pearson Product Moment Correlation and regression were used to determine the relationship between the independent variables and job stress of nursing employees working in the private hospitals in Sri Lanka. The elements that display high correlation reveal a strong relationship between the predictor variable and dependent variable. The level of significance was set at  $p = 0.05$ .

## 4. Results

### 4.1 Relationship between Key Job -related Factors and Job Stress of Nursing Employees in Private Hospitals in Sri Lanka

**Table 1: Correlations of Key Drivers of Job Stress**

Correlations	Job Stress	
	Pearson Correlation (r)	Sig. (2-tailed). P-value
Role ambiguity	.543**	.000
Relationship with others	.523**	.000
Work load	.728**	.000
Role conflict.	.684**	.000
Home- work interface	.710**	.000

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Correlation was carried out to test the hypothesis. As shown in Table 1, H1, H2, H3, H4 and H5 were not rejected. Based on the result, which was shown in the correlation table, all of the independent variables significantly influence on job stress of the nursing employees in the selected private hospitals.

**Table 2: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. Change	F
1	.781 <sup>a</sup>	.610	.565	2.30108	.610	13.459	5	43	.000	1.798

a. Predictors: (Constant), Role Ambiguity, Relationship with others, Work load, Home- Work interface and Role Conflict.

b. Dependent Variable: Job Stress

In Table 2, R-square value equals 0.610. It means that 61% of the variation in job stress can be predicted by variation in role ambiguity, relationship with others, work load, home- work interface and role conflict. It also inferred from the result that there are also other factors also influence on employee's job stress in private hospitals in SriLanka, which was not included in this study. Durbin Watson value = 1.79 which is between 1.5 and 2.5. It indicates that independence residual is accepted in the model and there is no autocorrelation error in the data.

**Table 3: ANOVA Table of Drivers of Job Stress**

ANOVA <sup>b</sup>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	356.316	5	71.263	13.459	.000 <sup>a</sup>
	Residual	227.684	43	5.295		
	Total	584.000	48			
a. Predictors: (Constant), Role Ambiguity, Relationship with others, Work Load, Home- Work Interface, Role Conflict						
b. Dependent Variable: Job Stress						

The ANOVA results (F (5, 13),  $p < 0.05$ ) are presented in Table 3. The significant results suggest that at least one of the 5 independent variables would be a significant predictor of job stress.

#### 4.1.1 Stepwise regression method

Stepwise regression was carried out to determine the significant job stressor.

**Table 4: Result of Stepwise Regression Analysis**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics						
					R Square Change	F Change	df1	df2	Sig. Change	F	Durbin-Watson
1	.728 <sup>a</sup>	.530	.520	2.41563	.530	53.081	1	47	.000		1.782
a. Predictors: (Constant), Work Load											
b. Dependent Variable: Job Stress											

The results indicate that there is just one significant determinant of job stress of nursing employees in private hospitals in SriLanka which is their work load and it explains 53% of the variation of job stress of nursing employees in private hospitals in SriLanka.

## 5. DISCUSSION, CONCLUSION AND RECOMMENDATION

### 5.1 Discussion

Five hypotheses and 16 research questions were developed in this study. There were five independent variables, which are role ambiguity, relationship with others, work load, home- work interface, role conflict. This study investigated the relationships between the independent variables and job stress, which is the dependent variable. The result of the analysis revealed that all the five independent variables have positive relationship with job stress in private hospitals in SriLanka. Consequently, H1, H2, H3, H4, and H5 were not rejected. The positive significant relationship between role ambiguity and job stress is in accordance with the findings of El Shikieri and Musa (2012), Cooper and Marshall (1976). The association between the relationship with others and job stress is in accordance with the research findings of El Shikieri and Musa (2012), Faragher et.al., (2004). The relationship between work load and job stress concurs with the research findings of Wilkes et al. (1998) and Al-Aameri AS. (2003). The relationship between home- work interface and job stress is in accordance with the results of Faragher et.al., (2004), Odio et.al. (2013) and Rees (1995). The relationship between role conflict and job stress is in accordance with the research findings of El Shikieri and Musa (2012), Cooper and Marshall (1976).

### 5.2 Conclusion and Recommendations

This study was conducted to determine the key drivers of occupational stress for nursing employees in the private hospitals in SriLanka. All job-related factors concerned for this study were positively associated with occupational stress of employees who work in the private hospitals in SriLanka. Also, the study found that among these independent variables, work load was the most important and significant job stressor. This study indicates and highlights the intensity of those factors that are involved to create a stress environment for the nursing employees in the private hospitals in SriLanka. Therefore, the private hospitals need to elevate the situation and resolve all the factors affecting the employees. Hence, the hospitals should take necessary steps to maintain a required level of stress in the culture. For this the organizations (hospitals) may develop different interventions to control the stress. This could be achieved by constructing clear formal rules, policies and guidelines so that all the employees have to fulfil.

### 5.3 Limitations of the Research and Suggestions for Future Study

All researches have their own limitations. This one is not an exception and it carries some limitations. One of the most obvious limitations is that the sample used in the present study was drawn only from 10 private hospitals located in Batticaloa district of Sri Lanka. Hence, the findings cannot firmly be generalized to all private hospitals located in different regions of the country. To address these issues further comprehensive studies on the topic with much larger sample size and broader coverage of branches throughout Sri Lanka is required. Then only the generalizability of the research findings of the study can confidently be ensured. Another caveat of this study is that this research considered the impact of five independent variables on occupational stress in private hospitals in Sri Lanka; certainly, there are more independent variables that have significant influence on job stress and that were excluded from regression because of measurement issues. Therefore, future studies could possibly examine a wider host of factors so as to conclude the gap and to improve the generalizability of the results.

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