

Chapter 11

How the Prevalence of Work Stress Influences the Quality of Life and Performance of Hospital Employees

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ABSTRACT

Recently the COVID-19 pandemic has very clearly revealed the enormous challenges and risks our healthcare workers are facing globally while working in difficult situations. They are more prone to make mistakes which can lead to harmful effects on them and their patients leading to work stress which has become a part of their daily lives. A dearth of studies has examined this concept in an organizational context as it affects an individual's life and work. This study is examining the influence of work stress on employee performance and quality of life of healthcare workers. Data collected from employees of selected hospitals with the help of a structured questionnaire were analyzed using SPSS version 23. Findings of correlation and regression analysis revealed a significant positive influence of the work stress on employee performance and quality of life.

INTRODUCTION

Since medical personnel have to retort to the needs of patients and families very fast, medical practice is stressful. When compared to other occupations, health care professionals experience very high levels of stress. Numerous organisational and behavioural studies have been conducted to ascertain the unique pressures experienced by health care professionals (Jacobsen et al., 2014; Nübling et al., 2010). The

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primary contributors of occupational stress are workload, leadership style, professional conflict, emotional cost of caring, as well as a lack of incentive and shift work (McVicar, 2003). Bridger et al. (2013) demonstrated high levels of stress and burnout among nurses causing absenteeism or nursing turnover and finally resulting in staff shortages and increased workload intensity. Physicians attribute occupational stress mostly to high quantitative demands (the amount and pace of work), perceived greater obligation toward patients, role uncertainty, personal costs, their relationships with colleagues and employees, and medical bureaucracy (Bernburg et al., 2016; Pedrazza et al., 2016). Radical changes prompted by the need to remain profitable and meet future demographic needs, as well as digitalization, are putting further burden on the healthcare sector and its workforce (Abramovitz and Zelnick, 2010; Farquharson et al., 2013). As health expectancy increases, 11.6 percent of the world's population is projected to be over 65 years old in 2022, leading in an increase in global health care demand (Deloitte, 2018). Additionally, decreases in hospital services, an increased emphasis on outpatient treatment, and staff shortages are structural sources of high expectations that act as additional chronic psychosocial risk factors for remaining personnel (Aiken et al., 2002). Any medical errors or omissions can be costly, detrimental to a patient's life, and occasionally irrevocable. In medical professions, night shifts and extended working hours are also very common. Currently, healthcare system is operating under the most difficult conditions of COVID 19 epidemic which has disturbed the whole world and lead to demises. The psychological health of healthcare workers is facing an intense social work load that is disrupting their critical thinking performance. This decrease in critical thinking ability may give rise to a decline in the efficiency of the services provided to ease the living conditions and to secure the health of individuals.

Working face-to-face with patients can give rise to serious issues such as feeling of isolation, fear of life, and annoyance among healthcare professionals, and stress may be the reaction to these concerns in them (Xiang et al., 2020; Zhang et al., 2020). Cai et al. (2020) revealed that healthcare professionals possess tremendously high stress levels during the COVID-19 epidemic. According to new studies, occupational stress accounts for 50-60% of all non-working days (Golubic et al., 2009). Work-related stress has been shown to be harmful when there is a mismatch between job needs, worker skills, available resources, and required resources (Tyagi, Moses, and Rana, 2017). Work-related stress has been shown to be harmful when there is a mismatch between job requirements, capabilities of workers, resource availability etc. (Mursali et al., 2009). The majority of studies agree that professional stress can occur from variety of dangers (Clegg, 2001). These dangers are separated into two categories: physical and psychosocial. Workplace exposure to physical dangers has been linked to anxiety, which leads to work-related stress. Psychosocial risks include variables such as organization, job design and administration, over and above the social structure of the workplace, all of which can have a negative effect on individual's quality of life (Cox and Rial-Gonzalez, 2002). Organizational as well as Individual issues such as mental, behavioral, and physical outcomes, work life quality, organizational commitment, and performance are frequently influenced by occupational stress (Beheshtifar et al., 2011). It can escort to injury and bad health. When workforce is stressed, they are more likely to be less motivated, unhealthy, unproductive and insecure at work (Tyagi, 2021). In a competitive market, their businesses are not very successful. Stress can occur as a result of pressures at home and at work. Employers cannot protect their employees from stress that arises outside of the workplace, but they can protect them from stress that arises as a result of their jobs. Workplace stress can cause issues for an organizational performance and its workers quality of life. Proper management and good work environment of organization can prevent stress of employees (Tyagi and Moses, 2020). Poor level of quality of life is linked to high level of work stress related to job discontent that ultimately result in a higher likelihood of leaving the company (Fair-

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