
EMPLOYEE STRESSORS AND WELLBEING OF HEALTHCARE WORKERS IN GOVERNMENT OWNED HOSPITALS IN CALABAR, NIGERIA

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Abstract

The study examines the correlation between Employee Stressors such as working overtime, workload and wellbeing of Healthcare Workers in Government owned Hospitals in Calabar, Nigeria, using the descriptive quantitative cross-sectional design, data were collected from 650 participants randomly selected from a population of 3774 working in two tertiary government-owned hospitals in Calabar, Cross River State, Nigeria, the sample size was determined using the Survey Monkey sample size determinant calculator. Data was collected using a self-developed structured questionnaire, data collected were analyzed using descriptive statistics and Pearson Product Moment Correlation. Result revealed that working overtime significant relates to the wellbeing of health workers (calculated r-value of 0.38 < critical r-value of 0.112). Findings also revealed a significant correlation between workload and the wellbeing of health workers (calculated R-value of 0.29 < critical R-value of 0.113). Base on this finding, there is a need for educational programs and workshops that is aimed at promoting a healthy work environment as well as healthy lifestyle and behaviour among health workers.

Keywords: *Employee Stressors, working overtime, workload, wellbeing, healthcare workers*

INTRODUCTION

The demanding and changing environment that is the world of work today has placed a lot of expectation and immense pressure on employees all over the world, leading to an increasing number of employee burnout and work-related stress. Employee Work-related stress has become an issue that management of organizations, scholar and employee of labour have started giving attention to because of its increasing rate, especially as it relates to the organizational performance and employee wellbeing. The National institute for occupational safety and health (2006) argued that stress is ranked among the top ten workplace-related diseases. A report by the Regus group (2019) points out that stress in the workplace has increased in the past two years and 6 out of every 10 employees suffer from stress and burnout. The American Institute for stress (2019) point out that 40 percent of all employees 'job is very stressful; 25 per cent of employees argue that their jobs are the major stressor in their life. 75 per cent of employees believe that there is too much job stress than a decade ago. In terms of burnout, A study by the Gallup group (2019) revealed that 67 per cent of all employees have experienced burnout as a result of their job.

Workplace related stress is a growing issue in the workplace and has been recognized to have a significant impact on organization profits and cost as well as the wellbeing and health of employees and the World Health Organization predict global workplace-related stress pandemic in the coming decade (Moreno Fortes, Tian & Huebner, 2020; Clough, March, Chan, Casey, Philip & Ireland, 2017). The international labour organization (2016) maintains that the continues globalization of the workplace and recent economic and financial crisis has led to organizations putting pressures and demanding more from employees. The World Health Organization (2019) reported that the cost of stress and burnout in the workplace to the global economy is 1 trillion dollars as a result of reduced productivity. The study by Gallup (2019) esteemed that job-related stress and burnout accounts for more than 125 million dollars in health care spending. Goh, Pfeffer, and Zenios (2016) study found that workplace related stress and burnout in United State has led to health care spending of almost 190 million dollars and this accounts for about 8 per cent of the United States healthcare outlay. The loss to organization is in terms of reduced productivity, absenteeism, claims from injuries, infection and outlay for health cost (Ogundipe, Obinna & Olawale, 2015; Attah & Angioha, 2019).

Healthcare workers are among the six most stressed and burnout employees globally (Cooper, Cooper & Eaker, 1988). This is because of the nature of their job which entails providing healthcare for man and also the kind of environment and hazardous occupation equipment they work with (Willard-Grace, Knox, Huang, Hammer, Kivlaham, & Grumback, 2019; Odonkor & Frimpong 2020). The study by Tekeletsadik, Mulat, Necho and Waja (200) revealed that workplace stress was high among healthcare workers. Their findings revealed that 46,8 per cent of health care workers suffering from stress as a result of the nature of their work. The study Etim, Bassey and Ndep (2015) found that 92.8 percent of health worker felt stressed at work as a result of workload, Adhocduties, emergencies, poor environment, lack of management support and lack of equipment.

Among the risk factors that predispose health workers to stress and burnout are hours worked perweek, job strain and over-commitment, excessive workload, medical workers shortage, shift work (Nwozichi & Ojewole, 2015; Koinis, Giannou, Drantaki, Angelaina, Stratou & Saridi, 2015). Other risk factors include worker lack of support from colleagues and senior colleagues, conflicts of interest among teams (de Boar, Lok, Van't Verlaat, Duivenvoorden, Baker & Smith, 2011; Odonkor & Frimpong, 2020; Eukoha & Angioha, 2019). Also, factors such as marital status, work units, bureaucratic interference, lack of equipment (Gebeyehu & Zeleke, 2019) are attributed.

In Nigeria, the healthcare system is bedevilled with a lot of problems amongst which includes poor infrastructures, insufficient investment, remuneration, inadequate personnel, making medical personnel work long hours and have too much workload (Etim, Bassey, & Ndep, 2015; Iji, Angioha and Okpa, 2019), and the environment in which they work in is harsh and inconducive. To make matters worse, the government contribution to the healthcare sector is abysmal and the budgetary contribution to the healthcare system is just 4.17 per cent of the federal allocation which is just under 5 US dollars per individual in the

nation (Tumba, 2020; Welcome, 2011; Mojoyola, 2017). All these and among others are risk factors that contribute to stress and burnout in Nigeria health care system, workplace stress affects the wellbeing of health worker as well as the quality of work that health workers perform. Work-related stress has also been known to increase the incidence of accidents in health institution. Studies such as that of Khan and Khurshid (2017); Rashol, Wang, Zhang, and Samma (2020) all found that stress negatively affects the wellbeing of the health workers. This study examines the correlation between Employee Stressors and wellbeing of health workers in Government owned Hospitals in Calabar, Nigeria

METHODS

Study Settings

The study was carried out in two government-owned health institutions, The University of Calabar Teaching Hospital and the Federal Neuropsychiatric Hospital. The University of Calabar teaching hospital was established as a tertiary institution from the former Saint Margret Hospital. It acts as a referral centre and provides healthcare service as well as training and research for medical students. The hospital has approximately 500 beds distributed to the different wards in the two annexes of the hospital. The hospital is divided into two sections, the administrative and clinical section. The administrative staff provide indirect and supportive care to patients while the clinical section provides direct and active care to patients. According to the information provided by the human resource nominal role, the staff strength of the hospital is 2749 distributed across the different department (Hospital file, 2019; Omang, Agba & Archibong, 2018).

The Federal Neuro-Psychiatric Hospital Calabar is a federal hospital specialized in the treatment of mental disorder established in 1903 and was formally a department in the former Saint Margret Hospital. It is specialized in the treatment, diagnosis and rehabilitation of individuals suffering from differential mental health issues. The hospital has over 108 beds scattered across the 7 different wards. According to the administrative report and employee payroll, the total number of employees was 1025 (administrative report, 2016).

Study Design

The descriptive quantitative cross-sectional method was adopted for this study. This method allows a researcher to at a point in time to discuss and analyze data collected from a particular population or its subset, to find causal effect between variables of a particular phenomenon under study (Setia, 2016; Omang, Ojong-EJoh, Bisong & Egom, 2020; Ofem & Omang, 2018). In adopting this method, a self-developed structured questionnaire was developed to elicit information from the population under study, the instrument was developed in a 4-point Likert scale format contains three sections.

Sampling

The population of the study is 3774. The sampling size used is 650 sample arrived at using the survey monkey sample calculator at 95 per cent confidence level and a margin of error of 3.5 per cent. For sample selection, the population of the study was stratified into two according to the institution under study, since the population of each institution known, the proportional sampling was then used in selecting the appropriate sample for

each institution. This allows for fair representation according to the sample size and population of each institution. This is highlighted in table 1. The random sampling technique was then used to select the samples from each institution.

Table 1: Showing Proportional Sampling of UCTH and FNPH

Tertiary institution in Cross River	Population (N)	Proportion of staff (n)	SAMPLE
UCTH	2749	0.73	473
FNPH	1025	0.27	177
Total	3774		650

Source: Field Work 2020

Ethical Consideration

Due clearance was collected from the ethical committee of both institutions under study. Permission for the study to be carried in both institutions was given in the form of written approval letters. A letter of consent was attached to all the instruments distributed and anonymity of all respondents was assured.

Data Analysis Procedure

Simple percentages, tables and figures were used to analyze the data that was collected from the field. Simple linear regression was used to check the relationship between the variables under study at 0.05 significant level.

FINDINGS

Presentation of Results

Data collected from the field were according to each section of the research instrument. Each section was designed based on each specific objective of the study. The items on the instrument were answered using descriptive statistics such as tables, simple percentages and figures,

Objective One

Examine the extent to which working overtime relates to the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria

Table 2: Descriptive statistics of respondents' responses to working overtime relates to the wellbeing of health workers

S/N	Item	Completely True	True	Completely False	False
1.	I have worked overtime before	431 (72.6%)	126 (21.2%)	16 (2.6%)	21 (3.6%)
2.	I am seldom rewarded for working overtime	201 (33.8%)	164 (27.6%)	108 (18.2%)	121 (20.4%)
3.	the remuneration paid for working overtime is not commiserate with the amount of work and added time we put in	188(31.6%)	193 (32.5%)	123 (20.7%)	90 (15.2%)
4.	We work overtime because there is no enough manpower	12 (2.0%)	19 (3.2%)	367(61.8%)	196 (32.9%)
5	Working overtime causes burnout and affects my wellbeing	302 (50.8%)	277 (46.6%)	9(1.5%)	6(1.0%)

6	Working overtime reduces productivity	389 (65.4%)	194 (32.6%)	6(1.0%)	5 (0.8%)
7.	The hospital management has helped reduce the number of workloads that make workers work overtime	10 (1.7%)	26 (4.4%)	344 (57.9%)	214 (36.0%)

Source: Fieldwork, 2020

The result from the analyzed result on working hours as presented in table 3 revealed that 431 (72.6%) respondents indicated completely true that they have worked overtime before, 126 (21.2%) indicated true, 16 (2.6%) indicated completely false and 21 (3.6%) indicated false. On the second question, 201 (33.8%) indicated that they are seldom rewarded for working overtime, 164 (27.6%) indicated true. 108 (18.2%) respondents indicated that they are always paid their overtime allowance by ticking completely false and 121 (20.4%) indicated false. On the third question, 371 (64.1%) respondent positively that the remuneration paid to them for the number of working hour and task carried out is not commiserate, while 213 (35.9%) respondent false. On the fourth question, 31 (5.2%) respondents maintain that they work overtime because of lack of manpower and 563 (94.7%) indicated that the reason for working overtime is not because of lack of manpower. On the fifth question, 579 (97.4%) respondents indicated that working overtime causes burnout and affects their wellbeing, while 15 (2.5%), indicated that working overtime does not cause burnout and affects their wellbeing. On the sixth question, 583 (98.2%) indicated that working overtime reduces productivity, while 11 (1.8%) respondent does not agree that working overtime reduces productivity. On the final question, 36 (6.1%) respondents maintain that the hospital management has made attempts at reducing the workload that makes workers work overtime, while 358 (93.9%) respondent indicated that the hospital management has not done anything to reducing the workload that makes workers work overtime.

Figure 1: Graphical illustration of Responses on working overtime



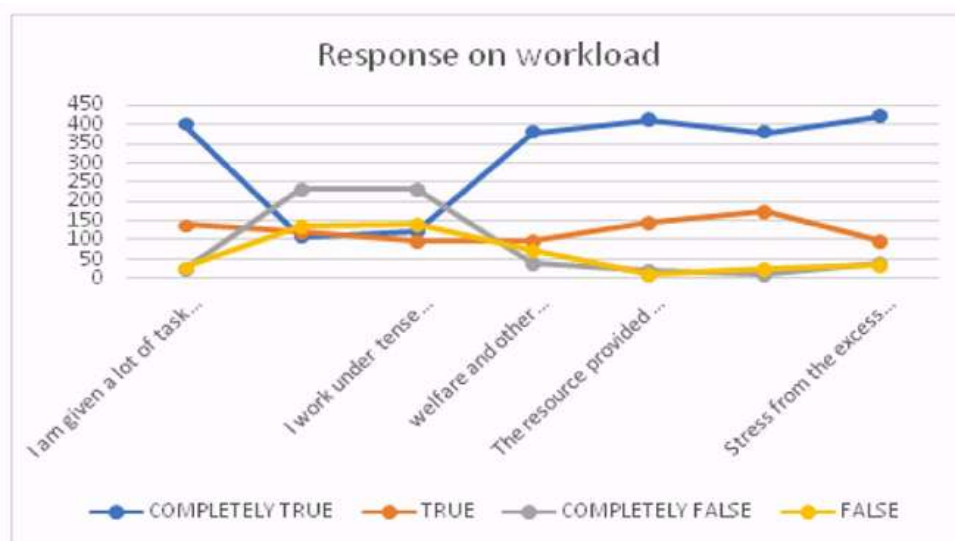
Objective two

Examine the correlation between surplus workload and wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria.

Table 3: Descriptive statistics of respondents' responses to Workload relates to the wellbeing of health workers

S/N	Item	Completely true	True	Completely false	false
1	I am given a lot of tasks to do in this job.	401 (67.5%)	139 (23.4%)	26 (4.4%)	28 (4.7%)
2.	The job task that I do in this job is very monotonous and tasking	102(17.2%)	119(20.0%)	230(39.1%)	134 (22.6%)
3.	With the number of workloads, I have to do, I work under tense circumstance	122(20.5%)	99 (16.7%)	232(39.1%)	141 (23.7%)
4.	my welfare and other fringe benefits are not appropriate for the quantum of workload I have to do in this job	381 (64.1%)	99 (16.7%)	41 (6.9%)	73 (12.3%)
5.	The resource provided for this work is not appropriate with the quantum of workload	413 (69.5%)	147 (24.7%)	23 (3.9%)	11(1.9%)
6.	Am most time burnout because of The excessive workload I am tasked with	381 (64.1%)	175 (29.5%)	11 (1.9%)	27 (4.5%)
7	Stress from the excess workload affects my wellbeing	423 (71.2%)	97 (16.3%)	39 (6.6%)	35 (5.9%)

Source: Fieldwork, 2020

Figure 2: Graphical illustration of Responses on workload

The result from the data gathered from the field as presented in table 4 revealed that most of the respondents 540 (90.9%) indicated completely true that they are given a lot of tasks to do in their current job position, while 54 (9.1%) indicated false. On the second question, a large number of respondents 364 (61.7%) indicated that the work they do is not monotonous, while 221 (37.2%) indicated that their work is monotonous. On the third question, a large number of the respondents 373 (62.8%) indicated that they do not work under tense environment even with the workload they are given, while 221 (37.2%) indicated that they work in tensed environment. On the fourth question, majority of the respondents 480 (80.8%) indicated that their remuneration is not appropriate for the kind of task they carry out in their job, while 114 (19.2%) indicated that their remuneration is

appropriate. On the fifth question, majority of the respondents 560 (94.2%) indicated that they are not provided with enough resource to carry out the large amount of task they are allotted, while 34 (5.8%) indicate that they are given enough resources to carry out their task. On the sixth question, majority of the respondents 556 (93.6%) indicated that they suffer from burnout as a result of stress caused by too much workload, while 38 (6.4%) maintain that they do not suffer from burnout. Finally, majority of the respondents 530 (87.5%) indicated that stress as a result of too much workload affects their wellbeing and 74 (12.5%) indicate that they do not suffer from stress.

Correlation Analysis

Correlation analysis was carried out to check the relationship between the variables under study. Pearson Product Moment Correlation was used to analyze the variable under study at 0.05 level of significance. The correlation coefficient is a standardized measure of an observed effect, it is a commonly used measure of the size of an effect and that values of +.1 represent a small effect, +.3 is a medium effect and +.5 is a large effect.

The first analysis was carried out to check the correlation between working overtime and the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria.

Table 4: Pearson Product Moment Correlation analysis of working overtime and the wellbeing of health workers

Variables	N	X	SD	r	Sig
working overtime	594	12.25	2.17	0.38	*.006
wellbeing of health workers	594	3.43	2.51		

*Significant at .05 level, $df = 592$, critical $r = 0.112$

Source: Field survey, 2020

The result from the analysis of the first analysis showed that the calculated r-value of 0.38 is more than the critical r-value of 0.112 at a significant level of 0.05 and a degree of freedom of 592. This result implies that there is a correlation between working overtime and the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria. This result implies that working overtime leads to stress and burnout and affects the wellbeing of workers.

The second analysis was carried out to check the correlation between workload and the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria.

Table 5: Pearson Product Moment Correlation analysis of surplus workload and the wellbeing of health workers

Variables	N	X	SD	r	Sig.
Surplus workload	594	11.69	1.78	0.29	*.030
wellbeing of health workers	594	2.30	2.51		

*Significant at .05 level, $df = 592$, critical $r = 0.113$

Source: Field survey, 2020

The result from the analysis of the first analysis showed that the calculated R-value of 0.29 is more than the critical R-value of 0.113 at a significant level of 0.05 and a degree of freedom of 592. This result shows that there is a correlation between surplus workload and the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria. This result implies that surplus workload leads to stress and burnout and it affects the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria.

DISCUSSION OF FINDINGS

From the data collected from the field, out of the 594 respondents used for the study, 356 representing 59.9 per cent were female, while 238 respondents representing 40.1 per cent were male. The distribution of the respondents based on age revealed that most of respondents 159 representing 26.7 per cent were aged between 26 and 33, 153 representing 25.8 per cent were aged between 34 and 41. 151 respondents representing 25.4 per cent were aged 42 and above. 131 respondents representing 22.1 per cent were aged between 18 and 25 years. The distribution of respondents' base on educational qualification revealed that 298 respondents representing 50.2 per cent were B.Sc./B.Ed./B.A holders, 192 respondents representing 32.3 per cent were M.Sc./M.Ed./M.A holders. Data also revealed that 61 respondents representing 10.3 per cent were OND/NCE holders. 23 respondents representing 3.9 per cent were SSCE holders. Finally, 20 respondents representing 3.4 per cent had doctorate degrees.

From the analysis of the data using simple regression, it was discovered that there is a correlation between working overtime and the wellbeing of health workers. This result implies that working overtime leads to stress and affects the wellbeing of workers. This is because most of the participants 579 (97.4%) reported that working overtime causes stress and affects their wellbeing. Also, most of the participants 557 (93.8 %) reported working overtime. Studies have been conducted that confirms and supports this finding. The study of Kikuchi, Odagiri, Ohya, Nakanishi, Shimomitsu, Theorell and Inoue (2020) that assessed the correlation between length of overtime work and the various stress response among Japan workers found that the length of overtime work that an employee puts in relates with the various stress response. Wong, Chan and Ngan (2019) in their study investigated the effect of long working hours on occupational health. The result from the meta-analysis revealed that long working hours correlates with an adverse occupational health effect. Another study by Taris, Ybema, Beckers, Verheijden, Geurts and Kompier (2011) found that overtime work correlates with adverse subjective health, but not with body mass.

The second analysis revealed that there is a correlation between surplus workload and the wellbeing of health workers. This result implies that surplus workload leads to stress and it affects the wellbeing of health workers in government-owned healthcare institution in Calabar, Cross River State, Nigeria, this is because from the analysis of the data collected from the revealed that most of the participants 540 (89.9%) workload is more than they are supposed to have. Also, most of the participants 556 (93.6%) are most times stressed as a result of their workload. Most of the participants 520 (87.5%) also report

Stress from the excess workload affects my wellbeing. Studies have been conducted that confirms and supports this finding. Gregory, Russo and Singh (2017) study on EHR alert related workload as predictors of burnout in primary caregiver givers found that alert workload relates to physical fatigue and cognitive weariness of caregivers. The study of Kokoroko and Sanda (2019) examine the impact of workload on job stress of nurses in Ghana. Using a cross-sectional design to collect data from 216 nurses using a structured question, findings revealed a significant association between workload and a high level of stress among nurses. Shabbir and Raza Naqvi(2017) assessed the effect of workload and job complexity on employee job performance. Findings revealed that workload and job complexity have a significant positive correlation to stress. The study also revealed that job stress significantly relates to job performance.

CONCLUSION AND PRACTICAL IMPLICATION

The findings of this study have shown that Employee Stressors such as working overtime and workload among healthcare workers is a serious issue and it affects their wellbeing as well as productivity. Hence there is a need for educational programs and workshops that is aimed at promoting a healthy work environment as well as healthy lifestyle and behaviour. Health institution should provide job description for employees to reduce roles conflicts which leads to stress. Health institution and management should allow health workers to control the way they handle their job and also provide adequate resources for them to do their work.

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