Comparison of Occupational Stress and Clinical Performance among Nurses of Public and Private Sector: Role of Emotional Intelligence

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Abstract

The current study was aimed to investigate the comparison of occupational stress and clinical performance among nurses of public and private sector: role of emotional intelligence. The survey method was used as a method of data collection. The population of the study was employed nurses in Nishter hospital, Combined Military, Children Complex Hospital, City Hospital Multan, Buch International Hospital Multan. Purposive sampling technique was utilized to select the 100 (public, n = 50, private, n = 50). Results reveal that occupational stress is negatively correlated with clinical performance. Occupational stress has a negative impact on clinical performance among nurses. Emotional intelligence significantly mediates the relationship between occupational stress and clinical performance among nurses. Moreover, Occupational stress, emotional intelligence, and clinical performance were found to have significant variations concerning the sector of nurses. Nurses of private sector showed the greater level of occupational stress as compared to public sector. In addition, clinical performance of public sector nurses was reported higher as compared to private sector. Developing emotional intelligence and providing support and opportunities are crucial strategies to reduce occupational stress among nurses.

Keywords: Occupational stress, emotional intelligence, and clinical performance

1. Introduction

Globally, nursing is considered the backbone of the health care industry (Bibi et al., 2022). Nurses are the first line of defense of all health care systems. It is profession of care, providing care to others, caring includes understanding and connecting with others and it is exhibited when a nurse holds onto the professional nursing values. Nurses play an important role in the health care set up to provide a quality care to the patients and acknowledged to play a vital role in health organizations. The consequence of stress is not only affecting work performance, but also its effects on the individual's physical and psychological health. Levels of health problem that can occur when stress is prolonged or cannot be avoided. For instance, experiencing physical and mental symptoms, it is starting from a headache, backache, feeling mentally fatigued at the end of the day, frustrated, tense or angry, developing to chronic illness like cardiovascular diseases, hypertension, colitis, depression and/ or anxiety. The nursing profession has been known as a stressful profession that influences the quality of health care delivery and patient safety. In nursing, occupational stress such as workload and organizational factors including leadership are the major factors of causing stress among nurses (Arif et al., 2020).

Nursing is a health care profession exhibiting itself while nurses' carrying on its values playing a vital role in health organizations (Sultan et al., 2022). Depression includes feelings of indisposition, shortage of energy, despair, uselessness, disinterestedness and pessimism leading to suicide which is 9 to 20 percent in the society whereas its exact criterion proved it to be 3% in men and 4 to 9 % in women (Sultan et al., 2022). Depression and physical stress being directly inter-related are contributed by physical, psychological and social stimulants whereas various stressors creating chronic weariness result in depression (Saleh, 2018). Job stress is defined as the harmful physical and emotional responses arising from mismatch of jobs requirements with workers' capabilities, resources and needs. It causes poor health, hypertension, cardiac problems, substance abuse reducing life enjoyment, and immunity, mental and physical wellbeing leading to frustration and irritability whereas stressful work multiplies substance abuse used to cope with stress.

Private hospital nurses feel more burdened as contrary to those working in public hospitals. Shift duties, time pressure, and lack of respect from patients, doctors, administrators, insufficient staff, interpersonal relationship, death and low pay scale increase stress among nurses. This is a highly risky profession regarding stress related diseases and judging magnitude of the problem faced by tertiary care government hospital and studying its responsible factors is very essential which will help in streamlining the stress management programmes towards a specific direction ensuring professionals' health, better delivery and enhancing qualitative health services for the entire population. Although the occupational stress stands scrutinized and explored by researchers using various methodologies over the past 20 years, yet its literature requires to be reviewed using a postmodernist theoretical framework aiming at exploring the stress phenomenon and its application to stress management interventions within the health service (Bibi et al., 2022).

The occupational stress is now accepted as a major factor for staff sickness and absenteeism within National Health Service NHS which adds to organizational insufficiency, high staff turnover, absenteeism owing to sickness, decrease quality and quantity of care, decrease job satisfaction and increased costs of health care. People with different jobs encounter stress differently due to cost problem. Others declared nursing a stressful profession having close relationship between occupational stress and job performance (Bibi et al., 2022). High stress resulting from both working environment and personal factors affects nurses' physical and mental health (Fooladi et al., 2022). The occupational stress being common the world over is regarded as a major health problem for health care professionals especially nurses which reportedly effects their job satisfaction and job performances and the significant differences therein exist due to different work settings (Cerna & Pavliushchenko, 2015).

Today, one of the most challenging duties of nursing school is achieving clinical practice proficiency. Emotional intelligence correlates with students' clinical practice performance. Previous study confirmed that the emotional intelligence of nursing students had significantly affected their clinical performance (Belay & Kassie, 2021). EI refers to the one's capability to recognize and manage owns and others emotions effectively. It also involves possessing the capability for motivation, creativity, and the ability to

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perform at an optimal level to accomplish tasks (Belay & Kassie, 2021). Fourth, Bar-On, 2006 conceptualizes EI as an arrangement of interconnected behavior driven by emotional and social competencies that influence performance and behavior (Bar-On, 2006). EI is likely to influence academic and clinical practice performance across a variety of fields in health (Gordon-Handler, 2018). The nursing students learn and staff nurses work in a stressful environment created due to different factors like work overloads, long duration of working hours, and having to interact with different personnel ranging from patients to healthcare teams (Koubova & Buchko, 2013). Studies have shown that higher EI is associated with lower levels of stress and better coping ability among students and other health care workers (Pau et al., 2007). As part of continuing professional development, EI plays a substantial role in the health care practitioner's interactions with clients and colleagues. In nursing, EI is considered as one of the main components of proficiency of care, which both affect their official work and the relationship with clients (Yang, 2015).

A study conducted in USA identified EI as an essential student characteristic which is highly related with clinical performance that further clarifies their professional behaviors for practice (Campbell et al., 2015). Due to its nature, the obstetrics and gynecology nursing care practice is often uncomfortable for many women as well as for many maternity nurse practitioners. In this case, higher EI also enables nurses to be more competent in certain skills that can help them to develop a trustful relationship with clients (Joseph et al., 2015). In general, EI enables nurses during clinical practice and professional work to make better decisions, manage their patients more effectively, improve relationships, and positively impact the quality of care received by patients and families (Renaud et al., 2012). The relationship between emotional intelligence and clinical practice performance is two-directional; the students need EI to perform better in clinical practice or acquire better EI from the practical experience along with good supervisors and different training events (Snowden et al., 2015).

Studies have shown positive correlations between EI and clinical performance of nursing students (Marvos & Hale, 2015). The studies revealed that the academic achievement and clinical practice performance of nursing students remained low due to different factors like long working hours of part-time employment, poor performance of prerequisite courses, clinical practice stress, and poor communication skills (Dante et al., 2011). Even though many factors like; age, gender, students' prior academic achievement, students' interest in clinical practice, and EI affect the clinical practice performance of students, recently nursing scholars have stressed the importance of emotional intelligence in improving students' clinical practice performance (Yang, 2015). In spite of the importance of emotional intelligence as a prerequisite for appropriate and quality nursing care performance, there is no study on the emotional intelligence of nursing students and its relationship with clinical performance in our country. Therefore, this study aimed to assess the relationship between emotional intelligence and clinical practice performance of nursing students during obstetrics and gynecology nursing practice, Southwest Ethiopia.

Nursing is a stressful profession which needs a high degree of emotional intelligence (EI) particularly when health care is delivered for women during the perinatal period. Hence, EI is essential to help them to control their emotions; as loss of ability to control emotions will increase fear, stress, and inhibit the quality of care to be delivered (Por, 2011). Other studies also showed that there was a positive correlation between students' EI and clinical practice performance (Kim, 2016). These findings give evidence to the idea that EI is fundamental for enhancing the clinical practice performance of nursing students. Therefore, members of the faculty of nursing (clinical supervisors) must help students to develop higher EI in the accomplishment of the nursing program so as to increase the students' clinical performance. In this study, multiple linear regression analysis showed that EI was the only predictor of clinical practice performance. This finding was consistent with a study finding in Korea where EI was reported as predictor of clinical practice performance (Kim, 2016). Another study also reported EI as a significant predictor of clinical practice performance of nursing students (Yang, 2015). This may indicate that students EI play a better role in determining their clinical practice performance. Therefore, there is a dire need to research this major work force of Pakistan that has been neglected and often taken for granted. This study was planned to examine level of occupational stress and clinical performance among nurses of public and private Sector: role of emotional intelligence.

1.1. Statement of the Problem

Nursing is a noble profession, providing intensive assistance, care, medical aid, and are responsible for multiple duties. There are several factors causing occupational stress among nurses. Pakistan is also facing a shortage of nurses in clinical practice and this has disrupted the medical procedure at an alarming stage. The present study aims to investigate the level of occupational stress and clinical performance among nurses of public and private sector: role of emotional intelligence.

2. Methods

The present study was conducted by correlational research design to investigate the level of occupational stress and clinical performance among nurses of public and private sector: role of emotional intelligence. The survey method was used as a method of data collection. The population of the study was employed nurses in Nishter hospital, Combined Military, Children Complex Hospital, City Hospital Multan, Buch International Hospital Multan. Purposive sampling technique was utilized to select the 100 nurses as the sample of study. Nurses' Occupational Stressors Scale: It is developed by Yi-Chuan Chen and colleagues in 2019.This is a 43-items scale, on a five-point Likert scale. Two items were excluded. Responses were with reliability range from 0.71 -0.83. The internal consistency range is from 0.35-0.77. Emotional Intelligence Scale: The EI scale is a self-report questionnaire developed by Dr. Sandhya Mehta, Ms. Namrata Singh in 2013. It consists of 69 items; responses are on a five-point Likert scale. It covers two main domains 1) personal competence 20 social competence. The internal consistency of this scale is .78 to .91. Clinical Performance Scale: It is developed by Emin Kahaya and Nurten Orall in 2017. It consists of 38 items on a five-point Likert scale. Reliability of this scale range from 0.72 to 0.87. It is used to assess nurses' performance in clinical settings. Data Analysis: Data was entered in SPSS for analysis. Inferential statistics were used to analyze the data. Following statistical tests were employed to analyze the data; Pearson Correlation Coefficient, Regressions, and mediation analysis and t-test.

3. Results

Table 1: Correlation Matrix between Occupational Stress, Emotional Intelligence and Clinical Performance among Nurses

		OS	EI	CP
1	Occupational Stress	1	-.591**	-.730**
2	Emotional Intelligence		1	.697**
3	Clinical Performance			1

Table 2: Showing the mediating effect of Emotional Intelligence between the relationship of Occupational Stress and Clinical Performance

Relationship	Indirect effect	Total effect	VAF	Assessment
OC>EI>CP	-.8240	-.8907	92.51%	Full Mediation

Table 3: Mean, Standard deviation, t-value and scores of Occupational Stress, Emotional Intelligence and Clinical Performance between Nurses of Public and Private Sector

Variables	Sector	N	Mean	Std. deviation	df	t-test	p-value
Occupational Stress	Public	50	23.09	11.964	98	15.921	.000
	Private	50	45.64	9.653			
Clinical Performance	Public	50	17.31	7.091	98	11.532	.000
	Private	50	11.62	6.534			

4. Discussion

Emotional intelligence is one of the domains studied extensively during the past decade. It is indicated in the literature that emotional intelligence reduces the impact of stressors and helps to work successfully and resourcefully. Higher association with emotional intelligence helps to deal with greater mental distress and enhance performance. The current study investigates the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Occupational stress is becoming a more widespread problem that affects workers in many industries and nations. Nurses are known for having high workloads, high occupational stress, high burnout rates, low job satisfaction, workplace bullying, and mental health issues. Job stress and burnout result from the cumulative effects of occupational stressors in the nursing profession consequently influence their clinical performance. There was a political problem faced globally is nurses abounding the nurses' practice (Khamisa et al., 2016). Results revealed that occupational stress is negatively correlated with clinical performance and emotional intelligence among nurses. Occupational stress negatively correlates with emotional intelligence and clinical performance thus making it difficult for nurses to work successfully (Luo et al., 2016). Occupational stress has a negative impact on clinical performance among nurses while emotional intelligence has a positive impact on clinical performance among nurses. The full mediation of emotional intelligence was found in the relationship between occupational stress and clinical performances among nurses. Moreover, nurses of private sector showed the greater level of occupational stress as compared to public sector. In addition, clinical performance of public sector nurses was reported higher as compared to private sector.

5. Conclusion

The current study was aimed to investigate the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Results revealed that occupational stress is negatively correlated with clinical performance. Occupational stress negatively correlates with emotional intelligence and clinical performance thus making it difficult for nurses to work successfully. Occupational stress has a negative impact on clinical performance among nurses. Occupational stress, emotional intelligence, and clinical performance were found to have significant variations concerning the sector of respondents. Moreover, nurses of private sector showed the greater level of occupational stress as compared to public sector. In addition, clinical performance of public sector nurses was reported higher as compared to private sector.

5.1. Contribution to the Theory

This research has some key contributions and implications. First of all, the results of the study contribute to emergent literature on mediating role of emotional intelligence, the impact of occupational stress on clinical performance among nurses. We focus on multiple dimensions of occupational stress, as overall contributors to clinical performance among nurses. Different stressors like as work demand, work-family conflicts, workplace violence, organizational issues, occupational hazards, and interpersonal relationship are considered as indicators of occupational stress. This research can guide researchers to examine occupational stress and clinical performance with different variables, with mediating or moderating role of different variables like as fatigue, socio-economic status, self-efficacy, availability of resources, and level of occupational expertise or using the same variables on different samples to examine the occurrence of similarities or differences among results. Moreover, new researchers are advised to employ different psychological theories, contemporary theoretical frameworks to understand the way occupational stress affects clinical performance, ways to minimize its negative effects, and helps to enhance clinical performance among nurses. Secondly, the practice of cross-sectional design, allows us to observe the impact of occupational stress on clinical performance on a single point (in a specific period/circumstances of time). A deeper and clear understanding of these variables required an intensive and longitudinal approach with diverse contexts. It is also recommended for future researchers to examine these relationships for other samples (paramedical or non-paramedical professionals) and asses that association exhibit similar outcomes to other cohort groups. Third, in our study, private sector nurses were found to have significant associations with high occupational stress that is consistent with other studies. A flexible schedule might lessen the occupational stress but it seems far apart due to heavy workloads and shortage of paramedical staff in hospitals. Emotional intelligence is found to be negatively

correlated with occupational stress. In addition, our results show the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Emotional intelligence is an individual factor and a personal resource that help to main balance stress and mental health. It also helps to adjust emotions to release pressure and stress actively and positively. That's why, nurses with more emotional intelligence deal with occupational stress in an efficient way, be able to relax, and continue to perform their clinical duties. It is stated, if occupational stress can't be reduced, work should be done on improving emotional intelligence to minimize occupational stress and enhance the performance.

5.2. Contribution and Implication of the Study

The results provide significant implications for policymakers, educators, service providers, and administrators. The first information is about the antecedents of occupational stressors. Several variables that have the potential to contribute to occupational were investigated and found to be a significant impact on clinical performance in a negative manner. These findings suggest significant identification of a few occupational stressors for nurses and other professionals and administrators should address these issues to lessen the occupational stress for professionals. Administrators should focus on the work demand, occupational issues, occupational hazards, and workplace violence on a priority basis, it can help to minimize occupational stress and help to enhance job performance among nurses and other professionals also. Meanwhile, occupational stressors contribute negatively to any occupation so professionals other than nurses must consider alleviating these stressors. It will help policymakers to take preventative measures against study variables based on the perception of nurses included in this study.

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