

The Impact of Occupational Stress on Employees' Job Satisfaction and Organizational Commitment among Nurses in Kampala District of Makindye Division, Uganda

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ABSTRACT

This study examines the impact of occupational stress on employees' job satisfaction and organizational commitment among nurses in Kampala District of Makindye Division, Uganda. According to the findings, respondents acknowledged the existence of occupational stress across all professions, with nursing appearing to be particularly stressful. On the stress rating scale, which compares work pressures, nursing received one of the highest scores among service occupations. Organizational commitment is characterized by a number of desirable outcomes, such as a strong belief in and acceptance of the organization's goals and values, a willingness to work hard for the organization, and a desire to maintain membership. The study recommended such as the introduction of recreation centers. This includes setting up leisure activities like putting in place pool tables, television; swimming pools soft music. This reduces job stress as employees are relaxed. Furthermore, reinforcement of employees such as giving them rewards, promotion and praises. This motivates the employees and this will make the employees work hard so as to be promoted hence good service delivery. In addition, the implementation of giving working wages also can contribute to the wiping away of the job stress. Here the workers can go home when happy if they are given wages as a thanks giving to what they have done for the organization or the company. This can include day to day allowances given to workers; healthy insurances offered to them also can contribute to stress cut off from the company workers; lastly are the holiday brake packages grated to workers after a tiresome service delivered in the organization.

Keywords: Impact, Occupational stress, Employees' job satisfaction, Organizational commitment, Nurses.

INTRODUCTION

Stress is a condition that many people experience, depending on the type of activity they engage involved. Having no stress is as bad as having too much. An object, material, or person experiences pressure or strain when under stress[1]. Stress can be defined as a physical and psychological strain on an individual's experiences as a result of negative emotional reactions or conflict in relationships. Stults-Kolehmainen [2] defines stress as an event or series of events that cause restraint, often leading to physical and psychological health problems. According to Sokołowski [3], stress has become such an ingrained part of our vocabulary and daily existence that it's difficult to believe that our current use of the term originated only a little more than fifty (50) years ago. Erm originated only a little more than fifty (50) years ago. Nursing poses occupational health hazards because it involves caring for patients with infectious diseases, as well as potential dangers from radiation, chemicals used for instrument sterilization, and anesthetics. They are also vulnerable to the breaking work of lifting and moving patients who cannot move themselves and often have contracted diseases through accidental pricking and using bare hands. Thus, vulnerability to diseases coupled with multiple stressors has a direct correlation with job satisfaction. Locke[4] defined job satisfaction as a positive emotional state that arises from an appraisal of one's job or work experience. Similarly, Smith et al.[5] defined job satisfaction as the ability to effectively respond to the facts of a given situation. Perceived discrepancies exist between the anticipated fair return and the actual experience. This suggests that the reaction to job satisfaction directly mirrors commitment, as the response strongly reflects both aspects of attitude. The response strongly represents both components of attitude, directly reflecting commitment. Organizational commitment is defined as the degree to which an employee identifies with the employing organization[6]. Job stress is one of the most important workplace health risks for employees in developed and developing countries [7]. There are a number of workplace factors, called job stressors, that make jobs stressful and difficult for a number of employees in services as well as manufacturing industries. Additional stressors

concern interpersonal relationships at work, such as conflicts with the behavior of supervisors, conflicts with colleagues, conflicts with subordinates, and conflicts with management policies [8]. Satisfaction has been the most frequently investigated variable in organizational behavior [4]. Job satisfaction refers to how positive people feel about their jobs and the differences between them. Low job satisfaction can be an important indicator of a decrease in employee production, leading to behaviors such as absenteeism [9] and turnover intentions. Previous studies suggest that a higher level of job stress causes less job satisfaction [10].

The private colleges of Pakistan are one of the fastest-growing sectors of the economy. Human resource specialists, supervisors, and the workforce themselves are actively exploring ways to enhance job satisfaction. Job satisfaction has a significant relationship with the performance of the work force, overall productivity, and organizational profitability [11]. Occupational stress is becoming increasingly globalized, affecting all countries, all professions, all categories of workers, as well as families and society in general [12]. Occupational stress is "a condition arising from the interaction of people and their jobs, characterized by changes within people that force them to deviate from their normal functioning." Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury (NIOSH)[13]. "When the demands and pressures placed on individual workers do not match the available resources, either from the organization or within the individual, stress can occur and endanger that person's health and well-being[14]". According to Vinothkumar[15], occupational stress is any discomfort that a person feels and perceives on a personal level due to instances, events, or situations that are too intense or frequent for them to manage effectively. The work environment in hospitals, where nurses deal with severely ill patients, long hours, and fear of contracting fatal diseases, leads to occupational stress, which in turn jeopardizes the hospital's service delivery function by reducing job satisfaction and organizational commitment. Therefore, the researcher was interested in investigating the impact of occupational stress on employees' job satisfaction and organizational commitment among nurses.

The Relationship Between Occupational Stress and Job Satisfaction

Occupational stress is defined as any characteristic of a job environment that poses a threat to the individual with either excessive or insufficient supplies to meet his or her needs. It is a condition that occurs when there is a perceived (real imagination) imbalance between situational demands and a person's ability to respond adequately to them[3]. It is a mental and physical condition that affects an individual's productivity, effectiveness, and personal quality of work. An individual needs a moderate amount of stress to be alert and capable of functioning effectively in an organization. To a moderate level, stress is healthy and necessary for activating performance and creativity[16]. However, beyond a certain level, stress becomes counterproductive, and it is often a major devastating effect on organizations[17]. However, many individuals experience stress, and its effects depend on many things, for example, individual characteristics such as social support, hardiness, behaviors' role in the effect of stressors, stress on employee experiences, and portrays[18]. Nurses' stress is a growing concern because nurses care for a large percentage of health care personnel, and therefore their stress is significant and paramount to the economic implications for the hospital through employee dissatisfaction, lowering productivity, emotional and physical health, and behaviors that hamper the hospital's performance[19].

According to Hashmi[20], occupational stressors cause stress, which in turn causes strain in the following forms:

1. Lowered emotional health manifests as psychological distress, depression, and anxiety.
2. Lowered physical health can also manifest as heart disease, insomnia, headaches, and infections.
3. Organizational symptoms include dissatisfaction, absenteeism, lower productivity, and poor work quality.

The Relationship Between Occupational Stress and Organizational Commitment

Other negative effect of stress associated with impaired individual functioning of the worker in the workplace, as it reduces efficiency, decreases the capacity to perform, deepens initiatives, and reduces interest in working in other wards. It also leads to increased rigidity of thought, a lack of concern for the organization among colleagues, and a loss of responsibility [21]. Occupational stress exists in all occupations in the nursing profession, but nurses appear to be particularly stressed. By nature, nursing is a stressful and emotionally demanding occupation. Nurses have a heavy load to bear from sharing the traumas of illness, injury, and death with patients, family members, and friends. Nurses complain of tardiness and ill health, resulting in a high level of absenteeism, shunning work, and subsequent attention from the profession [19]. Stress in nursing comes from a wide range of sources, which include intrinsic job factors like poor working conditions and workload, roles in organizations, e.g., role conflict and role ambiguity, career development escorted by a lack of promotion policies in hospitals, and a lack of participation in decision-making. Stress can arise from tasks like an accident or providing terminal care to a young AIDS patient with whom she has been in a relationship for many months [19]. According to Keller [22], the primary source of an individual's tension in an organization is rote conflict and role ambiguity. Role conflict occurs when messages and cues from a superior about the role are clear but contradictory or mutually exclusive. When compliance with another set of roles is objectionable or impossible, we refer to it as role conflict [23]. Later research identifies many other stressors, such as role overload, underload, conflict, expectation, erosion, isolation,

and self-role distance. All these stressors lead to lower productivity, tension, dissatisfaction, and psychological withdrawal from the group or work. According to Stewart[24], high expectations, multiple roles, and the work environment are the major sources of stress for women physicians in the community. Health funding must also have been considered; the root cause of stress among medical practitioners remains the question of funding. According to research, there is a close connection between occupational stress, hospital and health center understaffing, and limited access to various health resources [25]. Diverse environmental conditions synergistically increase the overall job demands placed on employees, thereby lowering their tolerance for other stressors and decreasing their motivation. Stress is associated with conditions such as noise, heat or cold, poor ventilation, inadequate lighting, and ergonomic design are all associated with stress [26].

METHODOLOGY

Research design and the study's population

To draw valid conclusions, the study used a quantitative research design. The study population comprises government officials, local residents, and representatives of non-government organizations because they possessed the necessary understanding of the subject matter, and this approach also aimed to prevent the collection of biased data from other participants.

Sampling procedures sampling

Sampling is the process of selecting units from a population of interest, such as people or organizations, so that the researcher can fairly generalize the results to the original population. The types of sampling employed in this research included random sampling and purposive sampling[27].

Sample Size

We selected and categorized the respondents randomly. The study utilized 100 respondents, representing both sexes with varying marital statuses and age groups. They included 30 non-government officials, 50 local people, and 20 government officials. The study became a reality by incorporating a variety of viewpoints and unbiased responses. Sim, Kim and Suh[28] stipulated that a sample size should not fall below 30. Beyond the basic description, it would be difficult for the researcher to undertake a more complex statistical analysis, as most of these analyses require a minimum sample size of 30.

Sample Procedure

The study used both random sampling and purposive sampling procedures. We used purposive sampling to select different activities in the area of investigation. We used random sampling to ensure respondents had equal chances of selection.

RESULTS

Table 1: Gender Distribution of the Respondents

Sex	No of respondents	Percentage
Male	20	40%
Female	30	60%
Total	50	100

Source: Primary Data

According to the study findings in table 1, the females represented a bigger percentage than males and they constituted 60% and males 40% of the total sample. Table 1 above shows the gender of the respondents and it was found that 45% of the respondents were males and 55% were females. This therefore means that the majority of the respondents are female and the female dominate the enterprises with over 55%.

Table 2: Age distribution of respondents

Response	Frequency	Percentage
18-25 yrs	8	25%
26-35 yrs	15	40%
36-45yrs	7	20%
46+	5	15%

Source: Primary Data

In the study findings in Table and figure 2, as per the findings from the respondents, it was established that age group age group 18 - 25 constituted of 25% of the total sample, whereas the 26 - 35 age group was represented by 40% and the 36 - 45 age group had a representation of 20% and those of 46+ constituted of 15% of the total sample. This implied that the majority of the sample fell in age category 26-35.

Table 3: Marital status of respondents

Marital status	Frequency	Percentage
Married	40	40%
Single	27	27%
Divorced	22	22%
Widowed	11	11%
Total	100	100%

Source: Primary data

Table above shows that 40% of the respondents were married, 27% were single, 22 were widows and 11% were widowers. This means that majority of the respondents were married people followed by singles.

Table 4: Nationality of the respondents

Sex	Frequency	Percentage
Ugandans	65	65
Others	35	
Total	100	100

Source: Primary data

Table 3 and figure 4 above shows the nationality of the respondents and it was found that 35% of the respondents were foreigners and 65% were Ugandans. This therefore means that the majority of the respondents are Ugandans and the Ugandans dominated the enterprises with over 65%.

Table 5: Relationship between occupational stress and organizational commitment

Response	Local people	NGO officials	Government officials	Frequency	Percentage
Possess a threat to individuals	12	20	6	38	38%
Characterized by a number of desirable outcomes including strong belief	3	9	5	17	17%
Occupational stress exists in all professions	5	11	2	18	18%
Protects individuals from negative outcomes	2	10	7	19	19%
Total	30	50	20	100	100%

Source: primary data

From the table above, 38% of the respondent reported that occupational safety and healthy as the leading relationship between occupational stress and organizational commitment. Work place stress or job stress is defined as any characteristics of the job environment that poses a threat to individuals either excessive demands or insufficient supplies to meet the need to a rising tension ma person. Furthermore Occupational stress exists in all professions but nursing appear to be particularly stressful. Stress rating scale to compare work pressures, nursing had _one the highest scores among the service occupations Organizational commitment is characterized by a number of desirable outcomes including strong belief in and acceptance of the goal and values of the organization, a willingness to work hard for the organization and desire to maintain membership in the organization. Respondents reported that Staff commitment is an important ingredient to organizational success. The impact of stress on individuals with different degrees of commitment and found that individual who have high degree of commitment to their organizations experience greater amounts of stress than those who are less committed.

Organizational commitment protects the individual from negative outcomes as stress. Job stress and its more severe forms are increasingly prevalent in the work environment.

Table 6: Impacts of occupational stress on employees job satisfaction and organizational commitment among nurses.

Response	local people	NGO officials	Government officials	Frequency	Percentage.
Role conflict	4	16	12	41	50%
Workload	6	4	5	24	25%
source of stress	15	20	1	20	20%
reduces job satisfaction	5	10	3	15	5%
Total	30	50	20	100	100%

Source: primary data

According to the table above, 50% of the respondents suggested role conflict as the leading impact of occupational stress on employee's job satisfaction and organizational commitment among nurses, work load. Takes the 2nd position, source of stress 3rd and followed by reduces job satisfaction in the 4th position.

CONCLUSION

The results of the study have shown that the attitude of hospitals administrators towards job stress is negative. The hospital administrators don't mind about reducing job stress and promotion of job satisfaction. On the basis of the study, there are a number of different explanations for occupational job stress and organizational commitment. The phenomenon of occupational job stress reflects many 'factors external to the hospitals, such as effects of poverty, work obligations or the opportunity cost of attending hospitals. It is in this light that the Ministry of health should increase on its budget in hospitals since most of them lack funds to cater for requirement of drugs. The hospitals also should devise internal means of raising funds. They can, for example, engage in simple businesses such as hospital canteen and gardening in which they can raise little money to buy simple equipment like beds. Introduction of recreation centers. This includes setting up leisure activities like putting in place pool tables, television; swimming pools soft music. This reduces job stress as employees are relaxed. Furthermore, reinforcement of employees such as giving them rewards, promotion and praises. This motivates the employees and this will make the employees work hard so as to be promoted hence good service delivery. In addition, the implementation of giving working wages also can contribute to the wiping away of the job stress. Here the workers can go home when happy if they are given wages as a thanks giving to what they have done for the organization or the company. This can include day to day allowances given to workers; healthy insurances offered to them also can contribute to stress cut off from the company workers; lastly are the holiday brake packages granted to workers after a tiresome service delivered in the organization. More so, formation of "social-financial" groups is urgently needed. For the financial groups are the local and advanced groups that are formulated in order to meet the financial scandals in order to scrap-off the grinding and persistent n poverty in the society. These groups are also impotent because they also help to check the good and everlasting peace that can help to promote the spirit of togetherness in order to sweep poverty out of the society. For example, the now Ugandan locally made SACCOS in the society are aimed at boosting a persistent good economical situation in the society and the statistical data of research conducted previously by the sub county economical team of Makindye Kampala in Uganda shows that 82% of the youth have priotised local and social financial groups that are determining the good standards of leaving.

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