

Impact of Work Stress on Job Performance Among Nurses in Private Multi-Specialty Hospitals

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ABSTRACT

The healthcare sector experienced rapid growth, which increased the responsibilities and challenges faced by nurses, particularly in private multi-specialty hospitals. The study examined the impact of work stress on job performance among nurses, aiming to identify work-related stressors, measure job performance outcomes, analyse the effect of work stress on job performance, and explore the role of perceived organizational support (POS) in managing work stress. A descriptive research design was adopted, and data were collected from a sample of 200 nurses working in private multi-specialty hospitals using a structured questionnaire through convenience sampling. The questionnaire covered various aspects, including sources of stress such as workload, role conflict, patient care demands, and shift patterns, as well as job performance indicators like task completion, quality of care, and professional conduct, along with POS levels. Data were analysed using descriptive statistics and ANOVA. The results revealed that heavy workload, irregular shifts, and insufficient staffing were the primary stressors affecting nurses. A negative relationship was observed between work stress and job performance, indicating that higher stress levels reduced overall efficiency and quality of care. However, perceived organizational support played a significant role in reducing stress and improving performance. The study concluded that enhancing organizational support, improving work conditions, and implementing wellness initiatives were essential to managing stress and sustaining nurses' job performance in private multi-specialty hospitals. **Keywords:** Work Stress, Job Performance, Nurses, Private Multi-Specialty Hospitals, Perceived Organizational Support, Healthcare Management.

INTRODUCTION

Nurses play a pivotal role in any health care institution and encompass the largest workforce in any health care institution; they act as direct caregivers who serve a hospital twenty-four hours a day, seven days a week. This gives nurses a unique perspective on both patient care and hospital operations [1]. Nurses occupy particularly interesting position in the provision of health care. Often they are the sole intermediary between the physician and the patient and in the front line of health services [2]. Nurses work long hours; 12-h shifts are common, especially in hospitals, and the job is physically taxing. In addition, nurses deal with human suffering daily. Nursing requires a high level of vigilance to assure patient safety in an environment that is complex and may even be chaotic. Medical emergencies added to the tension of patient care, and nurses deal with grief and loss when a patient dies.

All of these factors can increase a nurse's stress level and affect nurse health [3]. Stress is often described as a feeling of being overloaded, wound-up tight, tense and worried [4]. It is a disruptive condition that occurs in response to adverse influences from the internal or external environments [4]. Stress can be experienced from four basic sources; environment, social stressors, physiological, and thoughts [5]. The working environment is one of the most important resources of occupational stress [6].

Stress at work is one of the major psychosocial risks at work. Work-related stress is a problem and is of great concern to employees, employers, psychologists and counsellors [7]. Nursing, by virtue of its nature, is a profession subjected to a high degree of stress [8]. Occupational stress exists in all professions, but the nursing profession appears to experience more stress at work compared to other health-care workers [8, 9, 10]. Perceived stressful work increases the desire to leave the employer [11]. Job-stress in the nursing profession has been a global problem with rates of 9.20–68.0 % of nurses suffering from stress.

The success in delivering quality patient care depends on the efficiency and motivation of the nursing personnel [12, 13]. Stress is an important part of life, and is a necessary part of coping with everyday challenges. Problems start to occur when the stress response is inappropriate to the size of the challenge. If not managed, high-stress levels result in high levels of employee dissatisfaction, illness, absenteeism, high turnover, decreased productivity, and as a result, difficulty in providing quality service to clients [14].

Stress contributes to health problems in nurses and decreases their efficiency, imposing a direct economic cost on employers and great impact on patients' care [15].

Work stress has a significant negative impact on job performance among nurses in private multi-specialty hospitals, contributing to absenteeism, turnover, and decreased quality of care [16]. Researchers have consistently found that higher levels of work stress in nursing lead to increased burnout and reduced job satisfaction, ultimately lowering nurses' job performance [17]. Job stressors and low control are closely linked to poor job performance and reduced quality of nursing care [18]. The work stress among nurses is associated with deteriorated patient safety, unsatisfactory work environments, and concerns regarding the standard of care [19]. Recent research also reveals that determinants of work stress in private hospitals include educational status, working unit, and job satisfaction, with dissatisfied nurses almost five times more likely to experience work-related stress [20].

Work stress not only affects nurses' health and performance but may also result in negative coping strategies, decreased caring behaviours, and diminished compassion satisfaction, all of which threaten quality standards in private multi-specialty healthcare settings [21]. Based on this, the researchers wanted to conduct a study on the impact of work stress on the job performance of nursing workers, because many hospitals seek to achieve excellence in their institutional performance and maintain the lead in their domain of work, and in order to raise this sector to the ranks of sectors global health [22].

STATEMENT OF THE PROBLEM

Nursing is one of the most demanding professions in the healthcare sector, requiring high levels of physical, emotional, and mental involvement. In private multi-specialty hospitals, nurses face numerous challenges such as heavy workloads, irregular shifts, staff shortages, role conflicts, and increasing patient care demands. These factors often lead to significant work-related stress, which can negatively affect their job performance, resulting in reduced efficiency, lower quality of patient care, and decreased job satisfaction. Moreover, prolonged exposure to work stress may contribute to burnout, absenteeism, and high turnover rates, posing a threat to the overall functioning of healthcare organizations. While perceived organizational support (POS) plays an important role in reducing stress and improving performance, many private hospitals lack structured support systems and wellness initiatives for their nursing staff. Understanding the relationship between work stress, job performance, and organizational support is essential for developing effective strategies to manage stress, improve nurse productivity, and enhance the quality of healthcare services. The study addresses this gap by examining the impact of work stress on job performance among nurses working in private multi-specialty hospitals.

OBJECTIVES OF THE STUDY

- ❖ To identify the work-related stressors among nurses working in private multi-specialty hospitals.
- ❖ To measure the job performance outcomes of nurses.
- ❖ To examine the impact of work stress on job performance of nurses.
- ❖ To explore the effects of perceived organizational support on the work stress of nurses

LITERATURE REVIEW

Work-Related Stressors among Nurses working in Private Multi-Specialty Hospitals

High levels of stress, fatigue and the demands of shift work put both nurses and patients at risk of harm [23]. Hospital managers need to maintain and enhance the quality of patient care, reduce and remove health-care-related errors, meet the organization' patient safety needs [24]. Currently, facing shortages in the nursing workforce, posing further stress when current staff is expected to do a variety of different shifts and extend their working hours to compensate for this shortage. Shift work is a work-hour system that employees work beyond the conventional daytime third of the 24-hour cycle [25] and are often 12, or 16 hours patterns [26]. Work-related stress is the response of people that exists when work stressors are unmatched with their knowledge, skills, or abilities which challenges their coping mechanisms [27]. Nurses faced with severe illness and the death of patients that makes nursing as highly stressful profession [28]. Therefore, the following hypothesis is proposed:

H1: High levels of work-related stressors significantly impact on work stress among nurses in private multi-specialty hospitals

Job Performance Outcomes among Nurses in Private Multi-Specialty Hospitals

Occupational stress and low job control have been shown to be risk factors for patient safety and to lead to poor job performance [29]. Found that the quality of job performance was reduced when job

dissatisfaction was present [30]. Effective teamwork and collaboration among nurses and multidisciplinary teams improve communication, patient outcomes, and workplace satisfaction. Studies emphasize that nurse-to-nurse collaboration enhances problem-solving, resource utilization, and patient safety culture [31]. Nurses' commitment to patient safety through careful monitoring, communication with patients and families, and adherence to safety protocols is critical. Research shows that patient safety culture and quality patient care correlate with nurses' effectiveness in teamwork, workload management, and professional development [32]. Accordingly, the study puts forward the following hypothesis:

H2: Effective teamwork, collaboration, and professionalism significantly improve nurses' job performance and patient care quality.

Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals

Rotational and night shifts have long been associated with increased fatigue, sleep disorders, and reduced cognitive functioning among nurses. Nurses working in shift-based roles report significantly higher stress, burnout, and lower job performance [33]. Nurses often work long hours without adequate rest breaks, which contributes to mental fatigue and reduced attention to detail. This lack of downtime during shifts has been shown to impair clinical judgment and increase the risk of errors [34]. Role ambiguity and inconsistent communication from supervisors are major predictors of nurse stress, argue that unclear directives disrupt workflow and decision-making, causing delays and mistakes, especially in fast-paced, private healthcare settings [35].

Patient aggression increases psychological strain, reduces confidence, and affects nurses' ability to provide calm and efficient care. Observed that nurses working under patient hostility during the pandemic experienced higher emotional fatigue and reduced effectiveness [36]. Staffing shortages lead to workload intensification, increased patient-to-nurse ratios, and insufficient support, all of which contribute to burnout and performance decline, identified understaffing as a core factor linked to poor job satisfaction and high detachment in ICU nurses [37]. Based on the above discussion, the following hypothesis is formulated:

H3: High levels of work stress significantly reduce nurses' job performance in private multi-specialty hospitals.

The Effects of Perceived Organizational Support (POS) on Work Stress among Nurses in Private Multi-Specialty Hospitals

Perceived Organizational Support (POS) has been widely studied as a crucial factor in reducing work stress and burnout among nurses [38]. Organizational support systems such as counselling services and stress management resources are essential to maintaining the mental well-being of nurses. Adequate mental health services contribute to lower burnout rates and higher job satisfaction [39]. Training interventions, such as resilience and stress management training, have been found effective in reducing burnout and emotional fatigue among nurses, helping them better cope with stress [40]. The organization encourages open communication, which helps in addressing work stress. Open communication in the workplace is associated with improved stress management and job satisfaction among nurses [41]. Drawing from the literature review, the following hypothesis is proposed:

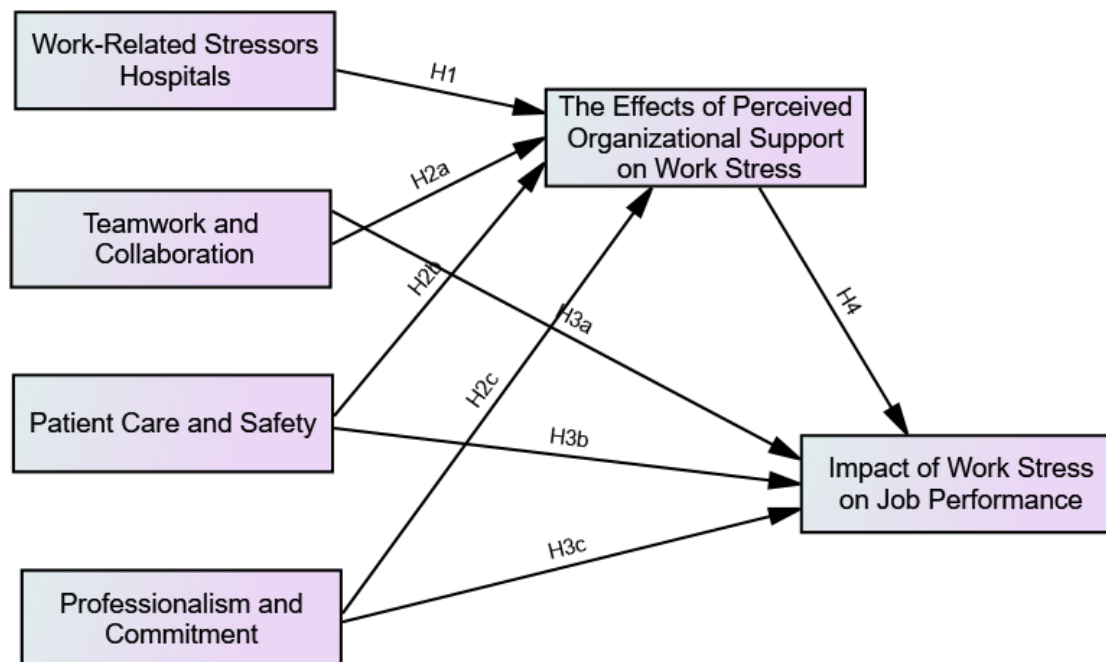
H4: Perceived organizational support significantly reduces work stress and enhances nurses' job performance.

RESEARCH GAP

Despite numerous studies investigating the relationship between work stress and job performance among nurses, significant gaps remain in the existing literature, particularly in the context of private multi-specialty hospitals. Most prior research has focused on government or single-specialty hospitals, leaving limited understanding of how diverse work environments and patient care demands in multi-specialty settings affect stress levels and performance outcomes. Additionally, few studies have explored the role of organizational policies, workload distribution, and availability of mental health support as mediating factors between stress and job performance. There is also a lack of longitudinal and comparative studies examining how different coping mechanisms, leadership styles, and hospital management practices influence stress-related performance deterioration over time. These gaps highlight the need for a more comprehensive investigation that integrates psychological, organizational, and environmental factors to better understand the complex interplay between work stress and job performance among nurses in private multi-specialty hospitals.

CONCEPTUAL FRAMEWORK

Chart 1: Mediating Role of Perceived Organizational Support in the Relationship Between Hospital Work-Related Factors and Job Performance Through Work Stress



RESEARCH METHODOLOGY

Type of Research: Quantitative research

Primary Data: Data were collected through a structured questionnaire administered to nurses working in private multi-specialty hospitals.

Secondary Data: Secondary data were obtained from published research papers, hospital records, academic journals, industry reports, and online databases related to occupational stress, nursing performance, and healthcare workforce management.

Sampling Design: Purposive Sampling

Sampling Universe: The sampling universe consisted of nurses working in private multi-specialty hospitals across India.

Sample Size: 200 respondents

Reliability of the Study

Table 1: Reliability of the Study

Sno	Dimensions	Number of items	Cronbrach Alpha value
1	Work-Related Stressors among Nurses working in Private Multi-Specialty Hospitals	7	0.842
2	Teamwork and Collaboration	3	0.801
3	Patient Care and Safety	3	0.784
4	Professionalism and Commitment	3	0.812
5	Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals	7	0.857
6	The Effects of Perceived Organizational Support (POS) on Work Stress among Nurses in Private Multi-Specialty Hospitals	6	0.826

The Cronbach's Alpha values for the six dimensions range from 0.784 to 0.857, which falls within the acceptable range of 0.7 to 0.9. This indicates that the scales used in the study are highly reliable and demonstrate good internal consistency, ensuring that the measurement instruments are dependable for assessing the impact of work stress on job performance among nurses in private multi-specialty hospitals.

Tools used for the study: PA, Descriptive statistics and one-way ANOVA

ANALYSIS AND INTERPRETATION

Table 1: Personal Information of the Respondents

Personal Information	Particulars	Frequency	Percent
Age	Below 25 years	39	19.5
	25-34 years	46	23.0
	35-44 years	51	25.5
	45-54 years	43	21.5
	Above 55 years	21	10.5
Gender	Male	116	58.0
	Female	84	42.0
Marital Status	Single	26	13.0
	Married	56	28.0
	Divorced	64	32.0
	Widowed	54	27.0
Educational Qualification	Diploma in Nursing	32	16.0
	B.Sc. Nursing	60	30.0
	M.Sc. Nursing	65	32.5
	Other	43	21.5
	Total	200	100.0

The age distribution of the respondents showed that 25.5% were between 35-44 years, 23% were in the 25-34 years, 21.5% were in the 45-54 years, 19.5% were below 25 years and 10.5% were above 55 years. The gender distribution revealed that 58% were male and 42% were female. The distribution of marital status showed that 32% were divorced, 28% were married, 27% were widowed and 13% were single. The educational qualifications of the respondents indicated that 32.5% had completed a Master of Science (M.Sc.) in Nursing, 30% had obtained a Bachelor of Science (B.Sc.) in Nursing, 21.5% had other related qualifications and 16 % had completed a diploma in nursing.

Table 2: Professional Details of the Respondents

Professional Details	Particulars	Frequency	Percent
Total Work Experience	Less than 1 year	33	16.5
	1 - 3 years	51	25.5
	4 - 6 years	47	23.5
	7-10 years	43	21.5
	More than 10 years	26	13.0
Designation	Staff Nurse	26	13.0
	Senior Nurse	77	38.5
	Nurse Supervisor	31	15.5
	Head Nurse	42	21.0
	Others	24	12.0
Department / Ward Assigned	ICU	29	14.5
	Emergency	46	23.0
	General Ward	38	19.0
	Operation Theatre	37	18.5
	Paediatrics	22	11.0
	Others	28	14.0
Type of Shift Mostly Assigned	Day Shift	46	23.0
	Night Shift	82	41.0
	Rotational	72	36.0
Monthly Income	Less than Rs.15,000	30	15.0
	Rs.15,000 - Rs.25,000	49	24.5
	Rs.25,000 - Rs.35,000	47	23.5
	Rs.35,000 - Rs.50,000	46	23.0
	Above Rs.50,000	28	14.0
Number of Night Shifts per Month	None	36	18.0
	1-4	59	29.5

	5-8	49	24.5
	More than 8	56	28.0
	Total	200	100.0

The distribution of work experience among the respondents showed that 25.5% had 1-3 years of experience, 23.5% had 4-6 years, 21.5% had 7-10 years, and 16.5% had less than 1 year of experience and 13 % more than 10 years of work experience. The distribution of designations showed that 38.5% were employed as senior nurses, 21% as head nurses, 15.5% as nurse supervisors, 13% as staff nurses, and 12% were employed in other positions.

The distribution of respondents across departments showed that 23% were assigned to the emergency ward, 19% to the general ward, 18.5% to the operation theatre, 14.5% to the intensive care unit (ICU), 14% were in other departments and 11% were in paediatrics. The shift distribution indicated that 41% worked on night shifts, 36% worked on rotational shifts, and 23% worked on day shifts.

The income distribution of the respondents showed that 24.5% earned between Rs.15,000-Rs.25,000, 23.5% earned between Rs.25,000 - Rs.35,000, 23% earned between Rs.35,000 -Rs.50,000, 15% earned less than Rs.15,000 and 14% earned above Rs.50,000. The frequency of night shifts revealed that 29.5% worked 1-4 night shifts, 28% worked more than 8 night shifts, and 24.5% worked 5-8 night shifts and 18% did not have any night shifts in a month.

Table 3: Sociographic Variables of the Respondents

Sociographic Variables	Particulars	Frequency	Percent
Work Hours per Week	Less than 30 hours	40	20.0
	30 - 40 hours	38	19.0
	41 - 50 hours	60	30.0
	Above 50 hours	62	31.0
Distance between Home and Workplace	Less than 5 km	38	19.0
	5 - 10 km	51	25.5
	11 - 20 km	62	31.0
	More than 20 km	49	24.5
Support System at Home	Strong family support	45	22.5
	Moderate family support	85	42.5
	Minimal or no family support	70	35.0
	Total	200	100.0

The distribution of weekly work hours showed that 31% worked more than 50 hours per week, 30% worked between 41 and 50 hours, 20% worked less than 30 hours, and 19% worked between 30 and 40 hours. The distribution of the distance between home and workplace revealed that 31% traveled 11-20 km, 25.5% traveled 5-10 km, 24.5% traveled more than 20 km, and 19% traveled less than 5 km. The distribution of the support system at home indicated that 42.5% had moderate family support, 35% had minimal or no family support, and 22.5% had strong family support.

Descriptive Statistics

Table 4: Work-Related Stressors among Nurses working in Private Multi-Specialty Hospitals

Particulars	N	Mean	SD
I have too many patients to care for during my shift.	200	2.77	1.401
I work overtime regularly to complete pending work.	200	2.97	1.314
I feel stressed due to lack of appreciation for my efforts.	200	2.92	1.273
I lack proper training for dealing with medical emergencies.	200	2.86	1.192
Lack of coordination among departments increases my stress levels.	200	2.88	1.328
I face difficulties due to poor communication within the hospital.	200	3.00	1.341
Lack of medical equipment or supplies causes stress.	200	2.85	1.302
Valid N (list wise)	200		

The above table indicates that the employees occasionally attended too many patients during their shift (2.77), worked overtime to complete pending work (2.97), felt stressed due to a lack of appreciation for their efforts (2.92), lack adequate training to handle medical emergencies (2.86), faced stress due to a lack of coordination among departments (2.88) and felt stressed because of insufficient medical equipment or supplies (2.85). The employees sometimes faced difficulties due to poor communication within the hospital (3.00).

Table 5: Job Performance Outcomes among Nurses in Private Multi-Specialty Hospitals

Particulars	N	Mean	SD
Teamwork and Collaboration			
I maintain good communication with fellow nurses and doctors.	200	3.30	1.341
I collaborate effectively with multidisciplinary teams.	200	2.94	1.296
I willingly assist colleagues during peak workload.	200	3.02	1.282
Patient Care and Safety			
I ensure patient safety while carrying out all medical procedures.	200	2.95	1.342
I maintain good communication with patients and their families.	200	2.90	1.274
I carefully monitor patients for early signs of complications.	200	2.89	1.324
Professionalism and Commitment			
I maintain a professional attitude towards patients and colleagues.	200	2.91	1.277
I adhere to hospital policies and ethical standards.	200	3.02	1.240
I am committed to continuous professional development.	200	2.79	1.283
Valid N (list wise)	200		

The above table indicates that the employees disagree with collaborating effectively with multidisciplinary teams (2.94), ensuring patient safety while carrying out all medical procedures (2.95), maintaining good communication with patients and their families (2.90), carefully monitoring patients for early signs of complications (2.89), maintaining a professional attitude towards patients and colleagues (2.91) and committed to continuous professional development (2.79). The employees agree with maintaining good communication with fellow nurses and doctors (3.30), willingly assisting colleagues during peak workload (3.02) and adhering to hospital policies and ethical standards (3.02)

Table 6: Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals

Particulars	N	Mean	SD
Frequent night and rotational shifts lower my efficiency at work.	200	3.02	1.305
Lack of breaks during shifts impacts my concentration and job performance.	200	3.01	1.295
Conflicting instructions from supervisors reduce my productivity.	200	2.86	1.306
Handling aggressive or uncooperative patients affects my overall efficiency.	200	3.10	1.297
Shortage of nursing staff increases my stress and reduces quality of care.	200	3.06	1.313
Workplace noise, crowding, or poor hygiene distracts me and affects my performance.	200	3.02	1.230
Frequent emergencies increase stress levels and reduce my ability to remain calm and effective.	200	2.88	1.281
Valid N (list wise)	200		

The above table indicates that the employees agree with frequent night and rotational shifts lower their efficiency at work (3.02), lack of breaks during shifts impacts their concentration and job performance (3.01), handling aggressive or uncooperative patients affects their overall efficiency (3.10), shortage of nursing staff increases the stress and reduces quality of care (3.06) and workplace noise, crowding, or poor hygiene distracts and affects the performance (3.02). The employees disagree with conflicting instructions from supervisors reduce the productivity (2.86) and frequent emergencies increase stress levels and reduce the ability to remain calm and effective (2.88).

Table 7: Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals

Particulars	N	Mean	SD
My organization provides adequate mental health support to help manage work stress.	200	2.94	1.248
The training provided by the organization helps reduce stress in high-pressure situations.	200	3.03	1.236
The organization encourages open communication, which helps in addressing work stress.	200	2.94	1.229
My supervisor is approachable and offers assistance when I feel stressed at work.	200	3.04	1.258
The organization actively works to reduce workloads during peak stress periods.	200	3.06	1.230
The organization's policies help reduce burnout and stress among nurses.	200	2.84	1.258

Valid N (list wise)	200		
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The above table indicates that the employees agree with training provided by the organization helps to reduce stress in high-pressure situations (3.03), supervisor is approachable and offering assistance when they feel stressed at work (3.04) and organization actively works to reduce workloads during peak stress periods (3.06). The employees disagree with organization providing mental health support to help manage work stress (2.94), organization encouraging open communication to address work related stress (2.94) and organization's policies help to reduce burnout and stress among nurses (2.84).

Table 8: Comparison between the Personal Information (Age) of the Respondents and Various Dimensions

Ho1: There is a substantial link between the personal information (age) of the respondents and various dimensions.

Dimensions	Age	N	Mean	SD	F	Sig.
Work-Related Stressors among Nurses working in Private Multi-Specialty Hospitals	Below 25 years	39	2.85	0.477	1.020	0.398
	25-34 years	46	2.97	0.458		
	35-44 years	51	2.85	0.605		
	45-54 years	43	2.83	0.502		
	Above 55 years	21	3.03	0.289		
	Total	200	2.89	0.500		
Teamwork and Collaboration	Below 25 years	39	3.31	0.637	1.350	0.253
	25-34 years	46	3.05	0.744		
	35-44 years	51	3.07	0.749		
	45-54 years	43	2.93	0.844		
	Above 55 years	21	3.10	0.746		
	Total	200	3.09	0.752		
Patient Care and Safety	Below 25 years	39	3.05	0.818	1.958	0.102
	25-34 years	46	2.93	0.752		
	35-44 years	51	2.68	0.742		
	45-54 years	43	3.08	0.816		
	Above 55 years	21	2.86	0.786		
	Total	200	2.92	0.788		
Professionalism and Commitment	Below 25 years	39	3.02	0.612	0.388	0.817
	25-34 years	46	2.88	0.824		
	35-44 years	51	2.85	0.790		
	45-54 years	43	2.87	0.706		
	Above 55 years	21	2.97	0.586		
	Total	200	2.91	0.725		
Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals	Below 25 years	39	3.10	0.550	1.200	0.312
	25-34 years	46	2.97	0.579		
	35-44 years	51	2.88	0.494		
	45-54 years	43	3.06	0.495		
	Above 55 years	21	3.01	0.444		
	Total	200	3.00	0.523		
The Effects of Perceived Organizational Support (POS) on Work Stress among Nurses in Private Multi-Specialty Hospitals	Below 25 years	39	3.08	0.501	0.899	0.466
	25-34 years	46	2.93	0.544		
	35-44 years	51	2.91	0.506		
	45-54 years	43	2.95	0.536		
	Above 55 years	21	3.07	0.515		
	Total	200	2.97	0.521		

There is a substantial link between work-related stressors among nurses working in private multi-specialty hospitals (0.398), teamwork and collaboration (0.253), patient care and safety (0.102), professionalism and commitment (0.817), impact of work stress on job performance of nurses in private multi-specialty hospitals (0.312), the effects of perceived organizational support (POS) on work stress among nurses in private multi-specialty hospitals (0.466) and age of the respondents.

Table 9: Comparison between the Professional Details (Designation) of the Respondents and Various Dimensions

Ho2: There is a substantial link between the professional details (designation) of the respondents and various dimensions.

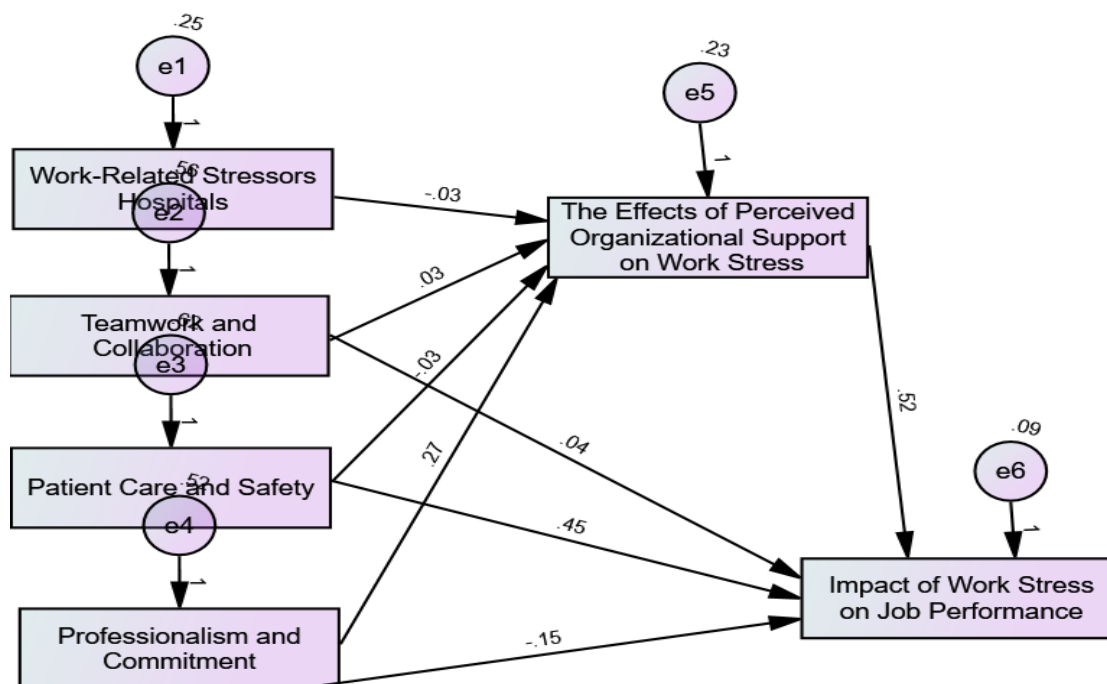
Dimensions	Age	N	Mean	SD	F	Sig.
Work-Related Stressors among Nurses working in Private Multi-Specialty Hospitals	Staff Nurse	26	2.98	0.506	1.284	0.278
	Senior Nurse	77	2.88	0.478		
	Nurse Supervisor	31	2.88	0.495		
	Head Nurse	42	2.78	0.471		
	Others	24	3.04	0.596		
	Total	200	2.89	0.500		
Teamwork and Collaboration	Staff Nurse	26	2.81	0.839	3.106	0.017
	Senior Nurse	77	3.13	0.784		
	Nurse Supervisor	31	3.43	0.746		
	Head Nurse	42	3.03	0.525		
	Others	24	2.90	0.764		
	Total	200	3.09	0.752		
Patient Care and Safety	Staff Nurse	26	2.99	0.745	0.256	0.906
	Senior Nurse	77	2.87	0.763		
	Nurse Supervisor	31	2.92	0.792		
	Head Nurse	42	2.87	0.813		
	Others	24	3.03	0.906		
	Total	200	2.92	0.788		
Professionalism and Commitment	Staff Nurse	26	2.91	0.629	0.495	0.739
	Senior Nurse	77	2.86	0.710		
	Nurse Supervisor	31	2.81	0.719		
	Head Nurse	42	2.99	0.815		
	Others	24	3.01	0.739		
	Total	200	2.91	0.725		
Impact of Work Stress on Job Performance of Nurses in Private Multi-Specialty Hospitals	Staff Nurse	26	3.13	0.560	1.044	0.386
	Senior Nurse	77	3.01	0.491		
	Nurse Supervisor	31	2.86	0.470		
	Head Nurse	42	3.01	0.526		
	Others	24	2.94	0.629		
	Total	200	3.00	0.523		
The Effects of Perceived Organizational Support (POS) on Work Stress among Nurses in Private Multi-Specialty Hospitals	Staff Nurse	26	2.99	0.523	1.729	0.145
	Senior Nurse	77	3.02	0.496		
	Nurse Supervisor	31	2.77	0.463		
	Head Nurse	42	3.07	0.534		
	Others	24	2.92	0.608		
	Total	200	2.97	0.521		

There is a substantial link between work-related stressors among nurses working in private multi-specialty hospitals (0.278), patient care and safety (0.906), professionalism and commitment (0.739), impact of work stress on job performance of nurses in private multi-specialty hospitals (0.386), the effects of perceived organizational support (POS) on work stress among nurses in private multi-specialty hospitals (0.145) and designation of the respondents. There is no substantial link between teamwork and collaboration (0.017) and designation of the respondents.

Teamwork and Collaboration

Respondents who are working as staff nurse (2.81) and other positions (2.90) disagree with their teamwork and collaboration. Respondents who are working as senior nurse (3.13), nurse supervisor (3.43) and head nurse (3.03) agree with their teamwork and collaboration.

Chart 2: Output towards the model



The framework focuses on the structural relationships between factors affecting job performance in hospitals, focusing on work-related stress, organizational support, and mediators. It represents a Structural Equation Model (SEM) and identifies key variables such as work-related stress, teamwork and collaboration, patient care and safety, professionalism and commitment, and perceived organizational support.

Work-related stress negatively impacts perceived organizational support, but it positively influences teamwork and collaboration. Better teamwork significantly improves patient care and safety, while safe patient care environments foster stronger professional commitment. Perceived organizational support plays a significant positive role in reducing the negative effects of work stress on performance.

The impact on job performance is influenced by patient care and safety, professionalism and commitment, and perceived organizational support. Higher safety leads to better performance, while higher commitment under extreme stress could lead to burnout and lower performance.

Organizational support is the strongest protective factor against stress-related performance decline, and teamwork and collaboration play a central role in improving patient safety and professional attitudes. Excessive work-related stress only slightly influences organizational support and job performance directly, suggesting other mediators are more critical. The model captures both direct and indirect effects, especially via patient care, safety, and professionalism.

FINDINGS

Personal Information

Most of the respondents have an age group within 35-44 years. Most of the respondents are male. Most of the respondents are divorced. Most of the respondents completed M.Sc. Nursing.

Professional Details

Most of the respondents have a work experience of 1-3 years. Most of the respondents are designated as senior nurse. Most of the respondents are working in emergency department. Most of the respondents are mostly assigned to night shift. Most of the respondents are earning a monthly income between Rs.15,000 - Rs.25,000. Most of the respondents are working 1-4 night shifts per month.

Sociographic Variables

Most of the respondents are working above 50 hours per week. Most of the respondents are travelling a distance of 11-20 km daily to reach the hospital from home. Most of the respondents having moderate family support.

Recommendations

- Future recommendations highlight the urgent need for comprehensive and sustainable strategies to address occupational stress among nurses and promote their overall well-being.
- Healthcare organizations should focus on building supportive work environments that encourage open communication, teamwork, and professional collaboration to reduce role conflicts and enhance job satisfaction.
- Continuous investment in training and development programs aimed at strengthening stress management, emotional resilience, and coping skills is essential to empower nurses in handling high-pressure situations effectively.
- Optimizing nurse-to-patient ratios and ensuring equitable workload distribution can significantly reduce burnout and improve both staff performance and patient care quality. Moreover, organizations should implement robust mental health support systems, including counselling services, peer-support networks, and wellness initiatives, to mitigate psychological distress and lower turnover rates.
- Recognizing nurses' contributions through fair compensation, rewards, and inclusion in decision-making processes can further enhance their motivation, job satisfaction, and long-term retention.
- Finally, ongoing research and innovation are vital to developing evidence-based, culturally sensitive, and context-specific interventions that address stress in diverse healthcare settings. By adopting these integrated approaches, healthcare systems can create a healthier workforce, improve patient outcomes, and ensure the sustainability of nursing practice.

CONCLUSION

Occupational stress among nurses remains a persistent and critical challenge that directly affects both healthcare providers and patient outcomes. The study highlights that multiple factors such as heavy workload, insufficient resources, workplace conflicts, and limited involvement in decision-making contribute significantly to elevated stress levels. Left unaddressed, this stress manifests in severe psychological effects like anxiety, depression, and burnout, alongside physical health problems including musculoskeletal disorders and chronic illnesses. These consequences not only reduce nurses' productivity and job satisfaction but also compromise the overall quality and safety of patient care.

The findings further emphasize the importance of effective coping strategies and stress management interventions. Encouraging positive coping mechanisms such as mindfulness practices, relaxation techniques, seeking social support, and engaging in professional development can enhance nurses' resilience and mental well-being. At the organizational level, creating supportive work environments, ensuring adequate resources, fostering teamwork, and involving nurses in decision-making are critical for reducing stress and preventing burnout.

In essence, addressing occupational stress in nursing requires a dual approach: empowering nurses with personal coping skills while implementing systemic organizational changes. Prioritizing stress management not only improves the health and well-being of nurses but also elevates the quality of patient care, enhances job satisfaction, and contributes to the sustainability of healthcare systems. By focusing on prevention, support, and resilience-building, healthcare organizations can foster a healthier, more efficient, and more compassionate workforce.

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