

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ART AND SOCIAL SCIENCES

(KNUST SCHOOL OF BUSINESS)

DEPARTMENT OF MANAGERIAL SCIENCE

KNUST

TOPIC:

**AN INVESTIGATION INTO THE IMPACT OF WORK RELATED
STRESS AND ITS EFFECT ON EMPLOYEES' PERFORMANCE AT
SDA HOSPITAL, KWADASO**

SUBMITTED BY:

MICHAEL OSEI AFRIYIE

(Bachelor of Management Studies)

AUGUST, 2012

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**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF
MANAGERIAL SCIENCE, KWAME NKRUMAH UNIVERSITY OF
SCIENCE AND TECHNOLOGY IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
BUSINESS ADMINISTRATION – (HUMAN RESOURCE
MANAGEMENT OPTION), SCHOOL OF BUSINESS, COLLEGE OF
ARTS & SOCIAL SCIENCES.**

SUBMITTED BY:

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AUGUST, 2012

DECLARATION

I hereby declare that this submission is my own work towards the Master of Business Administration – (Human Resource Management Option) and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

Stress is a universal phenomenon that manifests itself in humans as a result of different factors emanating from several experiences. It is a part of our everyday life; therefore, everyone should manage stress to a certain level. It is an ever-increasing problem in contemporary societies resulting in enormous costs. These make knowledge about stress management and its effect on performance of health workers very importance. It is also the reason why the study is timely and suitable. The study attempted to determine the causes of stress, stress management methods management use in the health sector and to determine the relationship between the effectiveness of those strategies with health workers performance in hospitals. Three research questions and four hypotheses were postulated; all the health workers (210) were selected to participate in the study and the data was collected with questionnaire and interview based on a 7-point-Likert-Scale. The result revealed that, there are so many causes of stress at SDA hospital. Again the way people manage stress is also diverse but physiological and psychological method were found to be mostly used by health workers in managing stress. The study revealed that, to be able to manage to optimum; there should be an integration of the method of managing stress. The study also indicates that, performance reduces because of stress, performance increase at optimum stress and performance does not increase when there is no stress or over stress. Based on these findings, recommendations were presented to management and individuals on how to manage stress to the optimum to increase job performance in health services. This is a very importance concern that needs to be addressed because stress is inevitable in health service delivery. Therefore, how it is managed is very important. As indicated in both the interviews and questionnaires that, stress has both positive and negative effect on job performance depending on how it is managed. Awareness of stress is very important in stress management procedures.

ACKNOWLEDGEMENT

I want to acknowledge my heavenly father for how far He has brought me. To this end, I will say I owe a special debt of gratitude to my God Almighty, the impossibility specialist, who gave me life, energy and knowledge for this challenging academic exercise.

My sincerest appreciation goes to my supervisor, Ms Hannah Vivian Osei; on whose counsel, unflinching support and suggestions gave me the much needed confidence to accomplish this work successfully.

I want to express my heartfelt appreciation to SDA Nurses' Training College for the educational sponsorship granted me to pursue this enviable course. I thank them for their time, understanding and financial package granted from the start and to the end of the whole programme. I say "Ayikoo" to you.

Finally, to all members who matter in this level of my education, I say may the almighty God shower his blessings upon you and replenished every resource spent on me bountifully. Amen!!

DEDICATION

In a special way, I dedicate this project work to my parents, the late Dr. Samuel Osei who built a solid educational foundation and legacy for me and has helped me enormously to come this far. And also, to my mother Madam Alice Afriyie Donkor for her invaluable support, encouragement and advice.

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More importantly, I dedicate this same piece of work to my lovely wife, Gloria Osei-Afriyie and my sons: Nathaniel Osei-Owusu Afriyie, Reginald Osei-Afriyie Amponsah and all my unborn children.

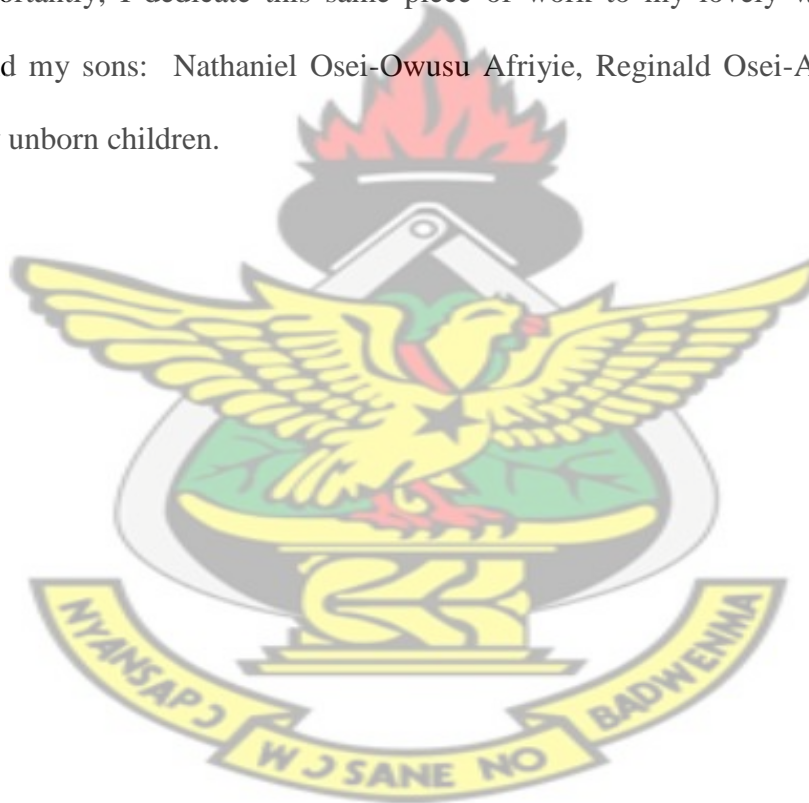


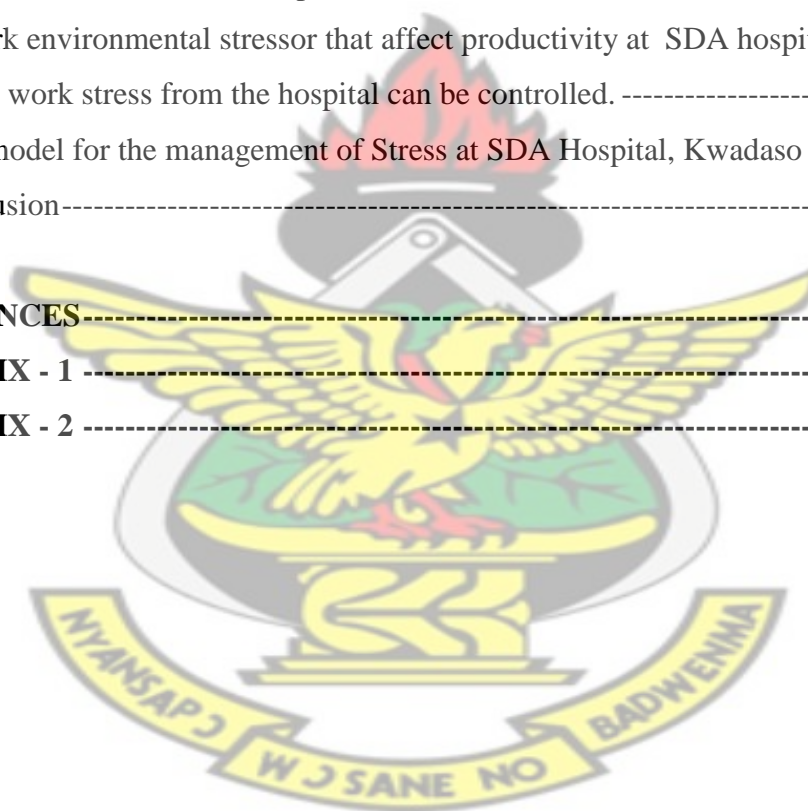
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CHAPTER ONE

INTRODUCTION

1.1 Background o the Study

Health personnel are often forced to perform under uniquely stressful conditions especially in emergency cases where the lives of people are at risk. Stress exists for health personnel not only in hostile situations but also through the demands of their work. Stress can take a significant toll on the performance, functioning, and effectiveness of health personnel.

Selye (1956) defined stress as a nonspecific response of the body to a stimulus or event (stressor). Under a general model of the stress response, when an individual experiences a stressor, the stressor will lead to a physiological response, one that can be measured by several indicators, such as elevated heart rate (Selye, 1956). Stressors vary in form and can include extreme temperature or lighting, time pressure, lack of sleep, and exposure to threat, among others. All stressors, however, tend to produce similar physiological responses within the body (Selye, 1956).

The main causes of work related stress are no control over work environment, personality traits, lack of relaxation along with ambiguous rules. All these factors also affect employees' performance (Meneze, 2005). This has been supported by Imtiaz and Ahmad (2009) that, better managed employees are more cooperative and serves as assets for an organization. They also assert that, when stress is ignored by the employer the results are increased absenteeism, cost, low productivity, low motivation and usually legal financial damages.

There have been a lot of empirical papers which focus on employee Job Performance and its relationship with employee perceptions regarding work stress in service context but little has been done in hospital sector in Ghana.

Another study by Imtiaz and Ahmad (2009) on impact of stress on employee productivity, performance and turnover; an important managerial issue indicates that, factors affecting stress are personal issues, lack of administrator support, lack of acceptance for work done, low span over work environment, unpredictability in work environment and inadequate monetary reward.

Stress varies from organization to organization depending on the nature of the work. In this study is particularly interested in time pressure, long work hours and lack of sleep, related stressors, including those related to family separation. Importantly, these are significant stressors associated with health services. This is especially significant in our environment where there are inadequate health personnel. Health personnel are expected to make sacrifices to support emergency situations where necessary. As a result of the many stressors faced by health personnel, it makes sense to look more closely at how stressors affect personnel functioning and performance in the service industry using SDA Hospital as a case study in Ghanaian perspective.

Even if some level of stress may have a positive effect on performance, as suggested by the inverted U-shape hypothesis, extended exposure to stress or a single exposure to an extreme stressor can have severe negative consequences on non-task performance

dimensions. For example, high levels of stress can lead to emotional exhaustion, lower organizational commitment, and increased turnover intentions (Cropanzano, et al. 2003).

Ugoji and Isele (2009) establish two major types of stress: eustress (good stress) and distress (bad stress). Eustress is often defined as individuals who have experienced moderate and low stress levels and distress is frequently defined as individuals who have experienced high stress level. Individuals who experience eustress will be able to meet job demands and this may help them to increase positive work life (satisfaction and positive moral values). Conversely, individuals who experience distress will not be able to fulfill job demands and this may motivate them to decrease quality of work life (dissatisfaction and negative moral values) (Fevre et al., 2003 and Millward, 2005).

This study investigates into work related stress and its effects on employees' performance in the health sector.

1.2 Statement of the Problem

Historically, stress has been viewed as an inevitable consequence of working life. This has been supported by research that, workers in the following ratios reported that their job is source of large amount of stress they experienced, 33%, and 77% articulated that they remain always or sometimes in stress during last 12 months, 23% reported that rarely experienced stress during their job (Imtiaz and Ahmad, 2009). The question of how stress affects performance is a relevant one given the nature of today's health environment and the challenges faced by health personnel on the frequent and long hour work. For health

planners and trainers to better prepare and support the inadequate personnel in the health sector and address this topic, there should be a study to examine how stress affects performance and how these effects can be controlled and applied to the health context.

The country's doctor-patient ratio is far below the standard set by the World Health Organisation (WHO). Statistics indicate that the doctor-patient ratio in Ghana is 1:13,000, a figure far below the WHO global standard pegged at 1:5,000. This situation in the country has been worsened by the exodus of health professionals, to seek greener pastures in developed countries. According to figures released in 2008 by Dr J. Koku Awoonor-Williams, the Upper East Regional Director of Health Services, the Upper East Region had a doctor-patient ratio of 1:29,000, the Upper West 1:44,000 and the Northern Region 1:93,000. This is similar to that of Asunafo North Municipality. The district has a Doctor – patient Ratio of 1:23, 456 which is far above the national level of 1: 10,380, Nurse - Population Ratio of 1:8,529, Midwives -Population Ratio of 1:9,382, Medical Assistant-Population Ratio of 1:46,913 and Bed-Population Ratio of 1:506. In Ashanti Region, doctor-patients ratio is 41,267 and that of nurses in 33,451. These ratios make stress inevitable in the health sector (Daily Graphic, 2009 and Dogbevi, 2009). Stress at work is an ever-increasing problem in organizations resulting in enormous costs both for organisation and employees. These realities have serious implications.

Therefore there is the need to investigate into its effect on performance and how it can be manage effectively. Against this problem called for this study to investigate into the effect of work related stress on the performance of health service personnel at SDA Hospital, Kwadaso and how management managed it to achieve objective.

1.3 Objectives of the Study

1.3.1 General Objective

The aim of the study is to investigate into work related stress and its effects on employees' performance in the health sector at SDA Hospital-kwadaso.

1.3.2 Specific Objectives

The specific objectives are:

- To identify work stressor at SDA Hospital, Kwadaso .
- To establish how work environment stressors affects productivity at SDA Hospital
- To determine how stress from work environment are managed at SDA Hospital.
- To come up with a model for the management of stress at SDA Hospital.

1.4 Research Questions

- What are the causes of stress at SDA Hospital, Kwadaso?
- How do work environment stressors affect productivity at SDA Hospital, Kwadaso?
- How is stress from work environment managed at SDA Hospital, Kwadaso?

1.5 Limitations of the Study

The study will be limited at SDA Hospital because of inadequate finance and the amount of data that need to be collected. Time will also be a constraint since the researcher is a student doing other classroom course. These will make generalizations about the findings of this study on work related stress and its effect on employees' performance on health

services difficult. This is because all the health services will not be studied due to these constraints.

1.6 Justification of the Study

Considering the little empirical research on the effect of stress on performance of health workers, it is worth investigating into work related stress and its effects on employees performance. The study will help in planning a timely stress management programme for the health workers, looking at their numbers, conditions and hours worked. Ghana Health Service, health planners and senior officials may find this information helpful in developing new training and support programmes that will help to improve the management of stress in the health sector.

The research will provide enough information to serve as a reference for future researchers into stress, causes and how it can be managed. It will also contribute to knowledge on stress and its effect on performance.

1.7 Scope of the Study

The study covered SDA Hospital-Kwadaso in Ashanti Region. The study was limited to the work related stress and its effect on employees performance. The study also involved medical officers, nurses and administrative staff in the Hospital. SDA Hospital-Kwadaso was selected because; SDA Hospital is true representation of Hospitals in Ghana looking at the staff and its structure; hence the outcome of the study will be representative.

1.8 Methodology

The study will use mixed method techniques. Interview will be use to collect qualitative data while questionnaires will be use to collect quantitative data. Primary and secondary data will be used for this study. The primary sources are the information that will be gathered from self administered questionnaires, interviews and observations by the researcher. Secondary sources of data will be collected from books, articles, internet and documents from SDA Hospital-Kwadaso's records.

The population will be the nurses and doctors at SDA Hospital-Kwadaso. The sample size will be hundred respondents (100) drawn from administrative staff, nurses and doctors at SDA Hospital-Kwadaso. The Hospital administrator will be interviewed while ten (10), fifty (50) and forty (40) questionnaire will be given to doctors, nurses and administrative staff respectively. With the help of the statistical package for social sciences (SPSS), data collected will be summarized into statistical tables, graphs, charts to make interpretation easier.

1.9 Organization of the Study

Chapter one of the study will be the Introduction which comprises of the background of the study, problem statement, objectives of the study, research questions, justification of the study, methodology, scope of the study, limitations of the study, and organization of the study. Chapter two will be the review of the related literature which consists of job performance, stress management, causes of stress, effect of stress and how stress is managed. Chapter three will be the methodology of the study made up of research design,

sources of data, procedure for collecting data, population sample technique, sample size and data analysis. Chapter four will includes data analysis, discussion and findings and chapter five will be made up of the summary of findings, conclusions and recommendations.

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter first looks at theories predicting the direction of the relationship between stress and performance. It then examines how stress affects functioning in organizations in terms of individual performance, stress management, causes of stress. These categories were chosen because, they represent the specific objectives of the study, and they are particularly relevant in the context of organizational performance. Stress at work is costing a great deal of money. It has been estimated that, nearly 10 per cent of the United Kingdom's GNP is lost each year due to job-generated stress in the form of sickness, absence, high labour turnover, lost productive value, increased recruitment and selection costs and medical expenses (Arnold 2005). There is no doubt about this in Ghana; it costs a lot to organizations in Ghana of which Ghana Health Service (GHS) is no exception.

Many scholars have defined stress in different ways base on the content and the purpose of the study. It means different things to different people. According to Steele (1987) as quoted in Mullins (2007), people get seriously vague when it comes to stress definitions. There is something in the idea that stress is not just about hard work or unhappiness, but also about conflict, confusion and frustration. It's about the anxiety generated by multi-tasking and balancing priorities, meeting contradictory demands and about knowing where to start.

Lazarus and Folkman (1984) as quoted in Wortman (1992), stress is defined as that which we appraise as harmful, threatening, or challenging. Stress is the dysfunctional, psycho-physiological response to excessive emotional challenges or inordinate instinctual demands (Juniper 2003). It is also defined as "a condition or feeling experienced when a person perceives that 'demands exceed the personal and social resources the individual is able to mobilize'" (Lazarus n.d). Job stress according to Siegrist (1996) can be regarded as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or need of the work, and can lead to poor health and injury. Davis (1981) defines stress as "condition of strain on one's emotions, thought processes and physical conditions". Di Martino (2003) summarized the concept of stress as "the physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources needs of the employee".

From the above literature, job stress can be define in the content of the study as any harmful physical and emotional responses that occur as a results of challenging circumstances in the form of: inadequate resources to work with, meeting contradictory demands, un-conducive atmosphere, pressure from superior and personal relationship with other people. During stressful conditions, the body reacts in special manners to prepare itself for the action that it is threatening us, which influences our performance to different extent, as asserted by Arnod (2005) that, knowledge that a stress is likely to occur constitutes a threat to the individual.

Stress is not a disease, but if it is intense and goes on for some time without proper management, it can lead to a mental and physical ill health. As commonly refer to our colleagues, who we think are overstressed that they need some rest. This is to prevent depression, under performance and sickness. Most organizations are characterized by deplorable conditions, hostile environments, poor working conditions and long hours of work. This type of environment can cause stress in itself.

In this times where health care delivery services in Ghana are much more competitive and doctor-patient ratio increasing than ever before, stress management plays an important role in performance. Stress management is very crucial in organizational performance. Care must be taken on how it is managed, since there is no organization that will have stress-free employee as far as human institutions are concerned. Stress is a complex and dynamic concept (Mullins 2007), that is why it is very necessary to assess the stress and how it is managed in organizations to improve performance.

While it is acknowledged that stress is an inseparable part of everyday life (Certo, 2003), common management practice often assumes the need of a reasonable amount of pressure, anxiety or fear in the environment to motivate employees to achieve higher performance; pressure may have side effects such as the creation of employee dissatisfaction or even mental alienation (Sdrolas et al, 2005) which in turn, may compromise individual and/or organizational performance. Understanding the link between work stress levels and employee job performance becomes vital particularly for firms experiencing the adverse

effects of the recent crisis affecting the world's various industries (Kakkos and Trivellas, 2011).

The pressures of modern life, coupled with the demands of a job, can lead to emotional imbalances that are collectively labeled *stress*. Not all stress is unpleasant.

To be alive means to respond to the stress of achievement and the excitement of a challenge. In fact, there is evidence that people *need* a certain amount of stimulation, and that monotony can bring on some of the same problems as overwork. The term *stress* usually refers to excessive stress. Evidence of stress can be seen everywhere, from the 35-year-old executive who suddenly dies of a heart attack to the dependable worker who unexpectedly commits suicide. Several studies indicate that some people who abuse alcohol and/or drugs do so to help reduce stress (DeFrank and Ivancevich, 1998).

2.1 Levels of Stress

An increasing number of surveys report, perceived increases in levels of stress. There have been a number of highly publicized reports of successful legal claims based on the effects of stress. According to Lazurus (1990), as quoted in Wortman (1992), the level of stress we experience depends on the balance between how we judge situation as threat to our well-being and how we believe we have the resources to cope with the threat. This shows that our perception is a key factor in experiencing stress. When we perceive the threat as calm and our ability to cope as high, stress will be minimal but when we perceive the threat as severe and our ability to cope as weak, stress will be substantial.

Levels of job satisfaction and mental distress may vary according to the day of the week respondents are interviewed. Stress appears to disappear on Friday and Saturday (Mullins, 2007). It should be noted that, Friday is a working hour, but why is it that stress is low? What the researcher can say about this is to assert the view of Lazarus that, how employee perceived stress would depend on the level of stress.

2.2 Causes of Stress in Organizations

There are many causes for stress in any organization. Stress is somehow relative, what cause stress on A may not cause stress on B, but whatever the case may be, something may cause stress on you. Job stress according to Siegrist (1996) can be regarded as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or need of the work, and can also lead to poor health and injury.

Other studies by Mitchel (1985), Luthans (1988) and Stoner and Freeman (1989) also revealed that conditions that force employees to deviate from their normal functioning among others includes: poor economic and financial condition, organizational policies, non-participation in decision making, conflict, poor working condition, job insecurity, changes within an organization, inadequate or lack of motivation, and poor skill acquisition. All these factors also contribute to stress in organizations. Ogunjimi et al. (2009) also categorized the following as some of the causes of stress in organizations: interpersonal conflict, job security, poor remuneration, non-participation in decision making, and inadequate skill acquisition.

Different authors have also categorized causes of stress as job-related and non job-related. The following are some of causes of work related and non job-related causes of stress in organizations.

2.2.1 Work Related Causes of Stress

Work settings are normally highly stressful environment; however, the degree of stress varies with the kind of job and the organization. Some jobs and organizations expose individuals to high levels of stress on a regular basis while others involve lower levels of stress. According to Thomas and Richard (1967), work place stress might be: facing the negative behavior of boss, not reaching well-deserved career goals; worried due to office politics, stressed about some major change that is taking place in the organization, and job insecurity. Greenberg (1995) states that hospital staff and other jobs such as fire fighting, piloting, office management among others are expose to high levels of stress as against positions such as house-help and craft workers. Within the hospital, stress may differ from one department to another. For instance, all other things being equal, the stress that emergency room physicians experience would be of a greater degree than that of consulting room doctors. This has been supported by Shaw et al. (1983) that, certain jobs are more stressful than others due to existing features of the jobs such as making decisions, constant monitoring of devices or materials, repeated exchange of information with others, unpleasant physical conditions and performance of unstructured tasks rather than structured tasks. The greater extent to which a particular job requires these factors, the more stressful the job tends to be. The following are some of the causes of work related stress.

2.2.1.1 Role in the Organization

When a person's role in an organization is clearly define and understood, and when expectations placed upon individuals are clear and non-conflicting, stress can be kept to a minimum. However, researchers have clearly seen, this is not the case in many workplaces. Three critical factors: role ambiguity, role conflict and degree of responsibilities for others are seen to be major sources of stress (Arnold 2005).

2.2.1.2 Role Ambiguity and role Conflict

There is role ambiguity when individuals do not have a clear picture about their work objectives, their co-worker's expectations of them, and scope and responsibilities of their job. Often this ambiguity results simply because a supervisor does not lay out to the employee exactly what his/her role is, as asserted by Warshaw (1979) as "the individual just does not know how he or she fits into the organization and is unsure of any rewards no matter how well he or she may perform. The level of stress experienced by employees is of a greater magnitude when there is limited control over how to do their jobs and completing that job within a shorter time.

2.2.1.3 Work overload and under load

Work related stress is viewed by many as the load on employees to do more than they can handle in given period. Overload is one important causes of stress in many work settings (Greenberg, 1995). There are a lot of work overload in Ghana Health Services due to doctor-patient ratio, because of inadequacy of our health personnel.

In a research conducted by Fox et al (1993), with respect to several different measures, it was found out that the nurses showed greater signs of stress the more they were overloaded, but only when they also felt lacking in control. On the other hand, those who felt they could better control their work were not as adversely affected by overload. While overload is an important determinant of stress, it does not operate alone; as the study by Fox et al. (1993) indicates, its effects must be examined in conjunction with the amount of control people believe they have. In fact there seem to be considerable truth in the statement “The hardest job in the world is doing nothing-you cannot take a break” under load also leads to boredom and monotony. Since these reactions are quite unpleasant, under load can be stressful.

2.2.1.4 Relationship at Work

According to Makin et al (1996), as stated in Arnold (2005), other people and our varied encounters with them can be major sources of stress. Interpersonal relationships at work also cause stress in organizations, especially with immediate superiors, poor communications and office policies (Mullins 2007). Selye (1974) suggested that learning to live with other people is one of the most stressful aspects of life. Lazurus (1966) is also of the view that supportive social relationship with peers, supervisors and subordinates at work are less likely to create interpersonal pressures and will directly reduce levels of perceived job stress. The type of relationship that exists in the organization will determine what will happen to the employee. If it is positive, it will reduce stress but if it is negative, it will increase stress. The relationship may be the relationship with superiors and relationship with subordinates and colleagues.

2.2.2 Non-work Related Stress

There are events that occur outside the working environment of individual that causes stress. Such stress created outside of the workplace is carried back to work. Many events or experiences contribute to life related stress-everything from family squabbles to leaking roofs, to cars that would not start on cold mornings, long traffic. Events that cause stress outside of work may be either a major stressful life event or daily hassles (Greenberg 1995).

2.2.2.1 Stressful Life Events

In everyday life, various occurrences affect people's life; some occurrences demand adjustment to new situations and this creates a perceived burden of difficulty to cope. Holmes et al (1974) came out with the findings that certain circumstances such as the death of a spouse, divorce, marital separation among others caused higher levels of stress on individuals.

2.2.2.2 Hassles of Daily Life

Daily life is filled with countless minor irritations that seem to make up for their relatively low intensity by their high frequency of occurrence. Several findings have been propounded that daily hassles are important causes of stress. Such hassles come about as a result of the normal daily activities of people. Such daily hassles include time pressure hassles, inner concern hassles, financial hassles, and environmental hassles. The many human resource management practices designed to reduce home-work interface stress can help with some forms of conflict, but probably not all (Cooper and Lewis 1993).

According to Kossek and Ozeki (1998), as quoted in Arnold (2005) conflict between work and home can produce a variety of symptoms of stress. Stress at work can be caused by factors outside the workplace and have an impact on a person's non-work roles.

2.3 Stress Management

There are many ways to manage stress. This makes stress recognition very importance as far as managing stress is concern. Recognizing the stressors is the key to the stress management technique. There are many recognized stress as well as the ways to categorize and manage them. Imtiaz and Ahmad (2009) assert that, higher level of stress with no managerial concern for solution consequently lower employee's performance; staking organizational reputation and loss of skilled employees. These situations call for concern for employing effective stress management practices to increase employee satisfaction and overall employee performance. It is therefore important for work organizations to seek ways of effective managing stress to increase performance, under the barest minimum stress. According to Denga and Ekpo (1994), when stress exceeds normal, job performance begins to decline and when it reaches a breaking point, performance may become zero. A person experiencing immense stress breaks down, and may become too sick to work further.

A number of researchers have compared people who cope with stress by minimizing or avoiding it to those who use more confrontational or vigilant strategies, such as gathering information and taking action to change the situation (Holahan and Moos 1987). In general, research shows that confrontation/management is more successful than avoidance.

Individuals or organizations who deal with stress directly are not only likely to solve the stress but are also better prepared to handle future stress. The costly impact of stress is increasingly becoming discernable to modern and contemporary societies as asserted by Arnold (2005) that, the cost involve in stress are too clear. Whether manifested as minor complaints or illness, stress related symptoms exact a heavy payment. Therefore, there is the need for any organization to have effective and efficient way of managing stress to reduce its cost to the organization.

2.4.1 Stress Management Methods

According to Armstrong (2010), there are four main reasons why organizations should take account of stress and do something about it:

1. They have the social responsibility to provide a good quality of working life.
2. Excessive stress causes illness.
3. Stress can result in inability to cope with the demands of the job, which, of course, creates more stress and.
4. Excessive stress can reduce employee effectiveness and therefore organizational performance.

A great number of methods can be found in the existing literatures. For instance, Bland (1999) summarized the methods into such types as the pragmatic, the spartan, touch-feely and new age. Ivanevich et al. (1990) described three broad categories of stress management intervention.

The first type of intervention focuses on the situation and aims to reduce the stressors present.

The second and third categories focus on the employees, and aim either to change the employees' cognitive appraisal of the situation, or to help employees cope more effectively with the consequences of stress by increasing their coping resources.

Armstrong (2010) asserts that, the ways in which stress can be managed by an organization include:-

- *Job design* – clarifying roles, reducing the danger of role ambiguity and conflict and giving people more autonomy within a defined structure to manage their responsibilities;
- *Targets and performance standards* – setting reasonable and achievable targets which may stretch people but do not place impossible burdens on them;
- *Placement* – taking care to place people in jobs that are within their capabilities;
- *Career development* – planning careers and promoting staff in accordance with their capabilities, taking care not to over- or under-promote;
- *Performance management processes*, which allow a dialogue to take place between managers and individuals about the latter's work, problems and ambitions;
- *Counselling* – giving individuals the opportunity to talk about their problems with a member of the personnel department or the company medical officer, or through an employee assistance programme;
- *Management training* in performance review and counseling techniques and in what managers can do to alleviate their own stress and reduce it in others;
- *Work-life balance policies* which take account of the pressures on employees who have responsibilities as parents, partners or careers, and which can include such

provisions as special leave and flexible working hours (Armstrong 2010).

Folkman et al. (1986), as quoted in Wortman (1992) listed eight distinct strategies to manage stress personally. The strategies are: Confrontation coping, social support, planful problem solving, self-control, distancing, positive reappraisal, accept responsibility and choose avoidance/escape.

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Health and Safety Executive (2003) has also named the following ‘beacons of excellence’ for stress prevention:

- *Senior management commitment* – stress interventions are unlikely to be implemented successfully without the long-term commitment of management.
- *Participative approach* – involving employees from all levels of the organization at every stage in a stress management programme increases the likelihood of a successful outcome.
- *Stress prevention strategy* – this should cover the aims of interventions, tasks, responsibilities and resources available.
- *Risk assessment and task analysis* – an appraisal of work activities should enable an employer to recognize stress hazards before interventions are designed.
- *Work-related and worker-related prevention and management* – interventions should be designed to tackle the causes of stress emanating from the work environment and support individuals who are not protected by the first set of interventions, or who are subject to special stressors (Armstrong 2010).

Mitchel (1985), Luthans (1988) and Stoner and Freeman (1989) noted that conditions that force employees to deviate from their normal functioning among others include the following: poor economic and financial condition, organizational policies, non-participation in decision making, conflict, poor working condition, job insecurity, changes within an organization, inadequate or lack of motivation, and poor skill acquisition. Ogunjimi et al. (2009) also asserts that “Public awareness campaign on the deadly affect of stress on individuals; Conflict management as part of training programme for people rising to managerial position; teaching employees on stress coping techniques” as some of the ways to manage stress in health sector.

Ugoji and Isele (2009) asserts that, organisations should create recreational activities within the work environment; provide adequate corporate communication channels; on the one hand and managers on the other hand should strive to take time off and relax from routine work; not participate in competitive physical exercise; and should take vital medication to minimize stress.

There are many techniques employees would like to apply to alleviate the stress physiologically and psychologically. The physiological techniques include breathing, meditation, exercising, massaging, etc; and the psychological techniques include imagining sitting in a comfortable place, looking at life differently and learning to relax and enjoy it, setting appropriate goals for you and so on. Essentially, meditation requires sitting quietly in a comfortable position, closing your eyes, relaxing your muscles and breathing slowly, without breaking your concentration by letting your thought enter your mind but rather

fully concentrating on your mantra (Greenberg 1995). Both these two kinds of techniques can be mastered from training and learning on your own.

Based on this existed literature and the authority of the authors whose literature has been analyzed, stress management method may be categorized as organizational method and employees' method. It can also be said that, the way stress is manage are diver depending on the type of organization, the kind of work and the individual. The study will throw more light into stress management methods in Ghana health sector. The study will also find whether the same trend will prevail in Ghana health sector.

2.4.2 Organization Strategies for Managing Stress

Organizations can play a key role in stress management. Although such actions will certainly not eliminate stress all together, they can go a long way towards eliminating many sources of stress in the workplace. Some of the measures are detailed below:-

An Incentive Mechanism: - Both reward and punishment should be deployed to balance the employees' stress felt. Then managers have reasonable excuses to determine the rewarding program matching up with the stress level, which means, the more stress the post or the task may bring, the more rewarding will be (Sutherland and Cooper 1997).

To Implement Special HR Trainings:-

People who cannot reduce stress through either their own efforts or with the support of others may benefit from learning the techniques of stress management: workshops in stress management, training courses on stress management, extensive in-house training. Inherent

in this approach is the notion that the organization and its working environment will not change, therefore the individual has to learn ways of coping that help him or her to fit in better (Cartwright and Cooper 1997).

One of the most popular approaches, which call for directly training employees to minimize the harmful effects of stress, is known as Stress Management Programmes that are widely used in organizations (Greenberg 1995). However, companies that do not use stress management programmes have other systematic ways of helping their employees. Many rely on help from their Employee Assistance Programmes (EAPs). These are plans that provide employees with assistance in meeting various problems such as career planning, personal, financial and legal problems. These initiatives have been in the form of Employee Assistance Programmes (EAPs) (Berridge et al., 1997).

Organizational Changes-Another way to handle the problem is to employ a consultant, who studies the organizational work environment and gets first hand feedback from the employees. The consultant is then able to suggest the steps to be taken to reduce the levels of stress at workplace. This approach strikes at the root cause of the problem. The consultant, through his first hand experience of the situation, is able to pin point the exact causes of stress at the workplace – like too much workload, contradictory expectations, mismatch in responsibilities and authorities, and unfair rewards. Stress can be reduced when organizational policies are written in ‘black and white’. Dissemination of policies in employee manual and if consistently followed, will aid in the elimination of ambiguities that might lead to stress.

2.4.3 Employees Strategies in Stress Management

There are several different approaches people can take to protect themselves against the adverse effects of stress and these fall under the following categories:-

Adjust Conception towards stress: - The first task of employees who want to manage the stress better is learning how to adjust their emotion in unchangeable working condition and environment (Bland 1999). The unnecessary worry about stress may become a new stressor on the contrary. However, even in a healthily developing company, every employee would feel stress. What the employees have to do is to keep the stress in a beneficial extent and transform it into driving forces.

Enhance Time Management-Employees that allocate their time in an orderly way can accomplish more tasks and feel less stress than those in a chaotic way, in the same time. Therefore, understanding and applying the principles of time management can help people to cope with the stress at work.

Robins (1999) listed the principles of time management as follows: (1) listing up the things to be done in each day; (2) arranging these things in order according to their importance and emergency; (3) arranging the agenda based on the order; (4) clarifying the regular pattern of your physiology cycle and to implement the most important thing when you are most efficiently and clear-headed (Sutherland1993).

2.5 Effect of Stress on Performance/Productivity

Study conducted by Kakkos and Trivellas (2011) to examine the impact of work stress on employees' job performance in the service industry supports a negative relationship between Stress experienced at work and employee job performance. This finding shed light into key drivers of job performance and contributes to the development of Human Resource (HR) strategies in service industries aiming at enhancing the human capital potential. According to Hughes et al. (2002), "Most performance problems can be attributed to unclear expectations, skills deficit, resource or equipment shortages or a lack of motivation".

Study by Ogunjimi et al. (2009) on "Comparative analysis of stressors on job performance of public and private health workers in Calabar, Nigeria" that investigated and compared the influence of stress on the job performance of health workers in the public and private sectors. Stress investigated in the study includes interpersonal conflict, job security, poor remuneration, non-participation in decision making, and inadequate skill acquisition. The result showed that interpersonal conflict, job insecurity and poor remuneration, did significantly influence the job performance of health workers in the public and private sectors, while non-participation in decision-making, and inadequate skill acquisition, were found not to have significant influence on job performance of public and private sectors health workers. These finding is very relevant to the study since it was conducted in Africa setting. The study will build on this by extending it in Ghanaians settings.

Studies by Selye (1974) and Luthans (1988), among other scholars revealed that stress weakens the human immune system. It thus paves the way for all sorts of diseases to invade the body of her victim with little or no resistance, depending on the severity of the stress.

Study by Imtiaz and Ahmad (2009) also showed immense support for negative relationship between stress and job performance. The results showed that with every unit; increase in personal dilemmas, decrease in financial reward, decrease in influence over work environment, decrease in supervisor support there would be 0.513, 0.079, 0.266, 0.117 decreases in job performance respectively. All these results are significant supporting the theory of U-shape theory of stress on performance and validating it in research.

Many studies about occupational stress were conducted using different samples, such as 68 health visitors, 56 district nurses, and 19 community/ psychiatric nurses in one health authority in the UK (Snelgrove, 1998), 547 male and female general practitioners and 449 consultant doctors in Scotland health science (Swanson et al., 1998), 335 male and female Greek junior hospital doctors in Greater Athens area (Antoniou et al., 2003), 461 nurses recruited from the public health and educational system in the Federal District Brazil (Stacciarini et al., 2004), and 23 nursing teams (Quoidah and Hansenne, 2009). Findings from these studies reported that the ability of employees to cope with physiological stress (workloads, working conditions, physical health and working hours) and psychological stress (relationships at work, support, mental health and positive thinking) had increased job satisfaction in the workplace. Another study by Ugoji and Isele (2009) revealed strong

relationship between the effectiveness of stress management strategies used in corporate governance and performance in the Nigerian workplaces.

Stoner and Freeman (1989), as well as Mitchel (1985) did observe that stress could have serious consequence for both employees' health and job performance. Stress can also cause depression, irritation, anxiety, fatigue, lowered self-esteem, and reduced job satisfaction, among others (Ojumjimi et al, 2008). Study by Ismail et al. (2009) conducted a study to measure the effect of occupational stress on job satisfaction. The result shows that, level of physiological stress has increased job satisfaction, and level of psychological stress had not decreased job satisfaction. Further, the study confirms that occupational stress does act as a partial determinant of job satisfaction in the stress models of the organizational sector sample.

It is obvious that these conditions can never allow any employee to put up his/her best in terms of job performance. No matter how resistible the person may be, to talk of expecting him to exhibit any meaningful level of concentration at work, they should be able to manage stress.

There are always complains from health care administrators in Ghana, about relatively inadequate resources, infrastructure and incentives them. All these factors contribute to stress. Although much of the research on the relationship between stress and performance focuses on the negative effects of stress, not all stress is bad as seen in the literature above. This has also been echoed by Selye (1956) that, stress is a necessary part of life and that it

does not always involve negative consequences. In fact, at certain moderate levels, stress can actually improve individual performance. Some of the positive and negative effects of stress are detailed below:

The following hypotheses were proposed:-

- H1: Employees' ability to cope with physiological stress is positively related to job satisfaction.
- H2: Employees' ability to cope with psychological stress is positively related to job satisfaction.
- H3: There is a negative relationship between stress and job performance.

2.5.1 Positive Effect of Stress

Rojas and Kleiner (2000) outline the following as some of the positive effect of stress on organizational performance:

- (1) Proper stress increases the breathing, level of adrenaline, production of coagulants in the blood, heart rate and consequent blood pressure, in which condition the employee is evoked to cope with the heavy work more efficiently.
- (2) In the appropriate stressful condition the employee's wisdom could be fully exploited and the employee's response could be sped up, so that the working efficiency is enhanced.

2.5.2 Negative effect of Stress

Rojas and Kleiner (2000) emphasized the following as some of the negative effects of stress in organizations:-

- a) In over stressful conditions, blood flow is diverted away from extremities such as the hands and the feet, breathing becomes shallow and rapid in an attempt to increase oxygen levels in the body, and blood sugar production increases to quicken metabolism to release fats and energy into the bloodstream (Donovan and Kleiner, 1994). All of these physical reactions threaten the employee's health badly.
- b) long-lasting and high-level stress could restrain the employee's brain response and body motivations, so that the working efficiency is reduced.
- c) The potential cost of stress to organizations, through, for example, high turnover, absenteeism, low morale, and reduced productivity has been noted frequently (McHugh and Brennan, 1993). Nowadays a curve is widely used to explain the connection between stress and the employee's working performance. This theory will be elaborated on the theoretical framework.

The following hypotheses were proposed:-

H4: There is a negative relationship between stress and job performance.

H5: There is a positive relationship between stress and reduce productivity.

H6: There is a positive relationship between stress and high turnover.

2.6 Theoretical framework

There is substantial research supporting the concept of “good stress.” Yerkes and Dodson (1908) were the first to “stumble” upon the inverted-U relationship between stress and performance. Their work focused on the effects of stress on the learning response of rats.

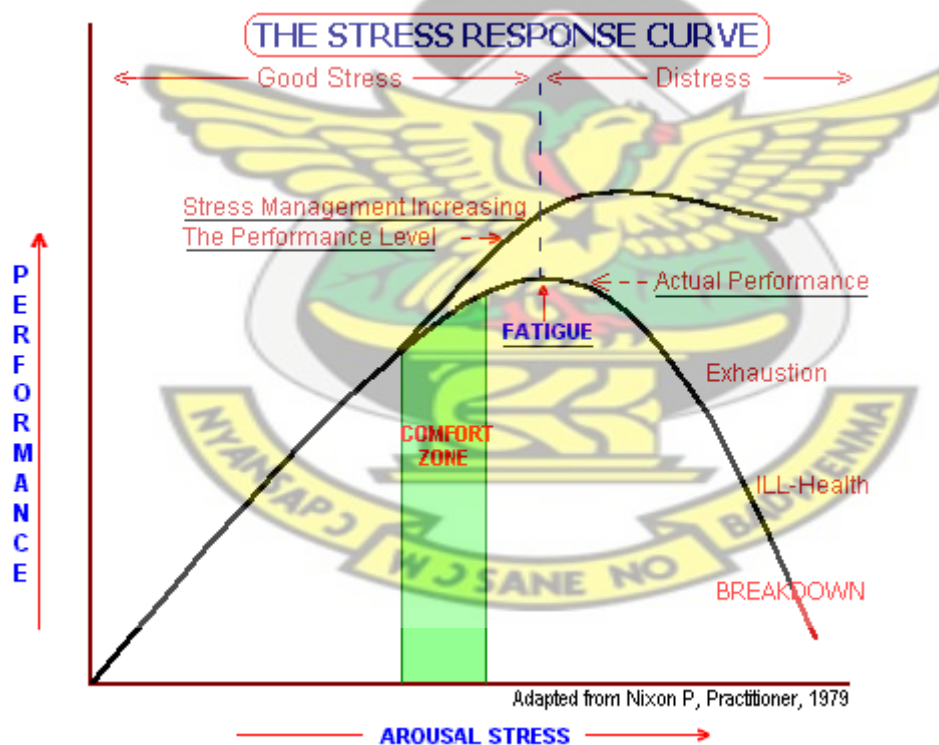
Using three trials with low, moderate, and high levels of stimulus, the authors find a weak but curvilinear relationship, with performance on the task improving as the stressor stimulus reached a moderate level and decreasing as stimulus strength increased beyond this point.

Research since Yerkes and Dodson has supported the inverted-U relationship between stress and performance. Scott (1966) finds that individual performance increases with stress and resulting arousal to an optimal point and then decreases as stress and stimulation increase beyond this optimum. Furthermore, Srivastava and Krishna (1991) find evidence that an inverted-U relationship does exist for job performance in the industrial context. Selye (1975) and McGrath (1976) also suggest an inverted-U relationship between stress and performance. Finally, research on arousal theory supports the inverted-U hypothesis, assuming that external stressors produce a stress response that is similar physiologically to arousal. Sanders (1983) and Gaillard and Steyvers (1989) find that performance is optimal when arousal is at moderate levels. When arousal is either too high or too low, performance declines.

There are many critics of the inverted-U hypothesis who argue that the relationship between stress and performance does not have a U-shape.

One alternative model is a negative linear relationship. Jamal (1985) argues that stress at any level reduces task performance by draining an individual's energy, concentration, and time. Vroom (1964) offers a similar explanation, suggesting that physiological responses

caused by stressors impair performance. Some psychologists even suggest a linear positive relationship between stress and performance. For example, Meglino (1977) argues that at low levels of stress, challenge is absent and performance is poor. Optimal performance in his model comes at the highest level of stress. There have been some studies in support of this hypothesis, including Arsenault and Dolan (1983) and Hatton et al. (1995). Despite the empirical evidence supporting these alternative theories, the inverted-U hypothesis is still the most intuitively appealing and the most used explanation for how stress and performance are related (Muse, Harris, and Field 2003). Nixon in 1979 charted out the stress performance curve to explain how stress affects performance.



Look at the curve, our ability to perform increases up to a certain level of stress arousal. This is the healthy tension or eustress. But if this stress continues uncontrolled and a

fatigue point is reached, any further stress arousal will take the performance level down, ultimately leading to exhaustion, ill-health and, finally breakdown.

If stress management is applied daily and regularly before the fatigue point is reached, the stress performance curve can be straightened up dramatically. This shows how important it is for any organization to adopt proper stress management programme.

2.7 Conclusion

Although stress has always been an integral part of our daily life since prehistoric times, it has never been so emphasized in nowadays when competitive work becomes the central part of our daily life and our working efficiency can be heavily influenced by the stress at work. Since employee's working efficiency determines the organization's performance to much extent, stress management surely becomes the new hot point in HR management process.

Stress could be either beneficial or detrimental, which depends on its intensity and lasting time. Too much and too little stress is both unfavourable for enhancing employees' performance. What the managers should do to avoid that is maintaining the stress in the most optimistic extent. There are many methods to manage stress from both the managers' view and the employee's view. The managers should begin the stress management in employee selection stage by improving the match-up between employee and jobs, improve the performance appraisal and incentive mechanism, and give special HR training. People

should adjust his or her conception towards stress, enhance time management, and apply variable stress management techniques.

Finally, it is worthy of being emphasized that stress management is not a once-for-all project, but a systematic and dynamic process, which should be deeply rooted in organization culture and management routine.



CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This chapter outlines the various systematic procedures and techniques by which data was collected to answer the research question(s). It basically covers specific areas such as the research design, data collection procedures, sample, sampling procedures, data analysis and profile of Seventh - Day Adventist (SDA) Hospital, Kwadaso.

3.1 Research Design

According to Saunders et al. (2009) research methodology is a general plan of how you will go about answering your research question(s). They emphasized on the purpose, the strategy and the approach. A multi-method approach was adopted. Both qualitative and quantitative data were collected to answer the research questions. Primary and secondary data were used for the study. Both quantitative and qualitative were used to collect primary data while secondary data was collected from books, journals and internet.

The research approach was chosen based on the research purpose and questions set to be answered. This study adopted multi-method approach, thus qualitative and quantitative approach. Qualitative data helps to explore in detail the effect of stress on performance and develop theory from the data using semi-structured interviews. Quantitative data helps to present, describe, and examine relationship and trends in the data collected from the respondents using questionnaire. Qualitative and quantitative data were combine because,

it helps the study in revealing unanticipated results and also lead into confidence in the results.

This study adopted a case study strategy. Case study was adopted because it helped the researcher to conduct empirical investigations into the effect of stress on employees' performance and how it is manage using SDA Hospital as evidence. This helps to gain a rich understanding of the effect of stress, causes of stress and how it is manage. Case study strategy also helps the researcher to gain a rich understanding of the problem.

3.2 Source of Data/Data Collection Procedure.

There are two sources from which data was collected for this study. These are primary and secondary sources.

3.2.2 Primary Data

The primary source of data for this research involved the structured questionnaire, semi-structured questionnaires and interview. This data helped the researcher to answer the research questions and objectives.

The questionnaires were distributed to nurses and doctors at SDA Hospital to provide data relevant for the study. Face-to-face interviews were also conducted to gather data from the human resource manager in the Hospital.

The questionnaires used to collect the data were open-ended questionnaire and closed-ended questionnaire. These tools were used because of its advantages. Some of the reasons why open-ended questionnaires were used are that: it permits an unlimited number of possible answers, respondents can answer in detail, qualify and clarify responses and unanticipated findings can be discovered.

Whereas the reasons of using closed-ended questionnaires are that: it is easier and quicker for respondents to answer, answers are easier to code and statistically analyze, the respondents' choices can clarify questions meaning for respondents. Questionnaires received were screened properly for error, incomplete and/or missing responses. This helped to increase the validity and reliability of the data collected.

3.2.3 Secondary Data

Secondary sources of data were those that have already been processed or analyzed by other scholars or professionals. Secondary data were collected from the following sources: Report from the Hospital, Ghana Health Service (GHS) report, internet, articles, academic journals, and books to compare with the data provided in the questionnaires and the interview. Secondary data provide comparative and contextual data. This means that you can place your own findings within a more general context. Secondary data can also lead to unforeseen discoveries.

3.2.1 Target population

The target population for this study was doctors, nurses, midwives, pharmacists, dispensing technicians, lab technicians, orderlies and administrative staff at SDA Hospital, Kwadaso in Ashanti region. This group was targeted because the researcher believed that they could provide the required information about the topic under study. No preferences were given to period of service and academic qualifications.

Table 3.1 Number of Doctors, Nurses, Midwives, Pharmacists and other administrative staff

Staff	Number(s)
Nurses	104
Doctors	15
Midwives	10
Pharmacy Department	14
Lab Department	11
Orderlies/Security	21
Administrative Staff (Accountants, Admin. Asst., Secretaries, etc)	35
Total	210

3.2.4 Sample and Sample Procedure.

A total of (210) respondents consisting of doctors, nurses, and human resource manager at SDA hospital were selected. A purposive sampling approach was used to select the case study for convenience. This helped the researcher to do in-depth study to answer the research question. SDA Hospital was considered because; it was easily accessible to the researcher.

The respondents were Doctors (15), Nurses (104), Midwives (10), Pharmacy Department (14), Lab Department (11), Orderlies/Security (21) and administrative staff (35). The human resource manager was also interviewed. This makes total respondents of two hundred and ten (210). Effort was made to reach respondents from each department and profession.

3.2.5 Data Collection Instrument and Procedure

The researcher used questionnaire and interview as the tools for obtaining the necessary information for the research. Questionnaire was administered to respondents from all departments. Questionnaire and interview were developed by the researcher and administered to the doctors, Nurses, midwifery and administrative staff one by one. The questionnaire was made up of open-ended and closed-ended items. Questionnaire was chosen because it enabled the respondents the chance to answer the questions at their convenience and in the comfort period. The questionnaire was divided into four sections. Section 1 consisted of demographical information dealing with gender, educational qualifications, Department and years in working in the hospital. Section 2 included causes of stress in the hospital. Section 3 consisted of management of stress in the hospital.

The interview was face-to-face. The questions were asked and the answers given were filled in the way they were given ensuring that the ideas of the interviewer were not put down. The interviews took the form of conversation in which respondents were asked questions in connection with the research topic. The researcher used that opportunity and explained the objectives of the researcher.

3.2.6 Data Analysis

The nature of the study required both qualitative and quantitative analysis of data gathered. In this study, most of the cases were rated on point scale for instance a scale of 5 was assign to very high and 1 to very low. To enable the researcher to make better analysis, data collected were summarized into statistical tables and charts to make interpretation easier with the help of statistical package for social sciences (SPSS). Discussion, conclusion and recommendation were made out of the summarized data.

3.3 Profile of SDA Hospital

The Seventh – day Adventist (SDA) Hospital was established in 1991 as a Seventh-day Adventist medical institution and predominantly run and financed by the Seventh – day Adventist church. The SDA hospital creates a synergy of potency by spiritual healing with the medical. Since its inception about 20 years ago, the Seventh–Day Adventist (S.D.A) Hospital has made significant strides. The growth has been holistic. It stretches from change in its status, to widening of its catchments area and patronage to expansion in the range of services offered, to increase in its infrastructure and last but not the least increase in staff strength. The SDA hospital began as a Clinic and a Maternity Home. In 1994, there was the urgent need to expand the capacity of the clinic to meet the growing demand for the services it provided.

Further expansion has given way for an accounts office and another female ward. With an expanding rate in patronage, a four-storey multi-purpose complex block has been

constructive to ease the congestion and given the opportunity for the hospital to expand its mission far and wide.

Presently, the Hospital provides a 24-hour, 7 days a week service to the entire populace of the Kumasi Metropolis and beyond. Average daily patients attendance has risen from forty (40) at its inception to over five hundred (500) patients a day (both In-patients and Out-patients) Services offered have gone beyond general Out – Patients Department (OPD) to major surgical procedures, gynaecological cases, laboratory services, ultrasound scan, ophthalmology, maternal and child care, and adolescent friendly services. All this was made possible by a committed hospital management board and a dedicated staff of two hundred and fifty (250).

Currently the hospital is working with between 13 -15 National Health Insurance Facilities (NHIS) in and around Ashanti Region. In general this is what SDA Hospital stands for, to promote, restore, and maintain physical, mental social, Spiritual health of individual, families and households resident in Ghana through partnerships in training, service delivering, health Education and promotion by willing, disciplined, highly trained and motivated workforce. In terms of its corporate governance, the hospital has a well instituted board of governors and internal management team. The composition of the hospital's board is presented below:-

3.3.1 Board of Governors Composition

1. Central Ghana Conference of SDA President : Chairman
2. Medical Director of SDA Hospital : Secretary
3. Representative of Executive Committee CGC : Member
4. Central Ghana Conference of SDA Secretary : Member
5. Central Ghana Conference Treasurer : Member
6. Matron of SDA Hospital : Member
7. Finance Director of SDA Hospital : Member
8. Administrator of SDA Hospital : Member
9. Principal Pharmacist : Member
10. Legal Practitioner : Member
11. Chaplaincy Director of SDA Hospital :Member

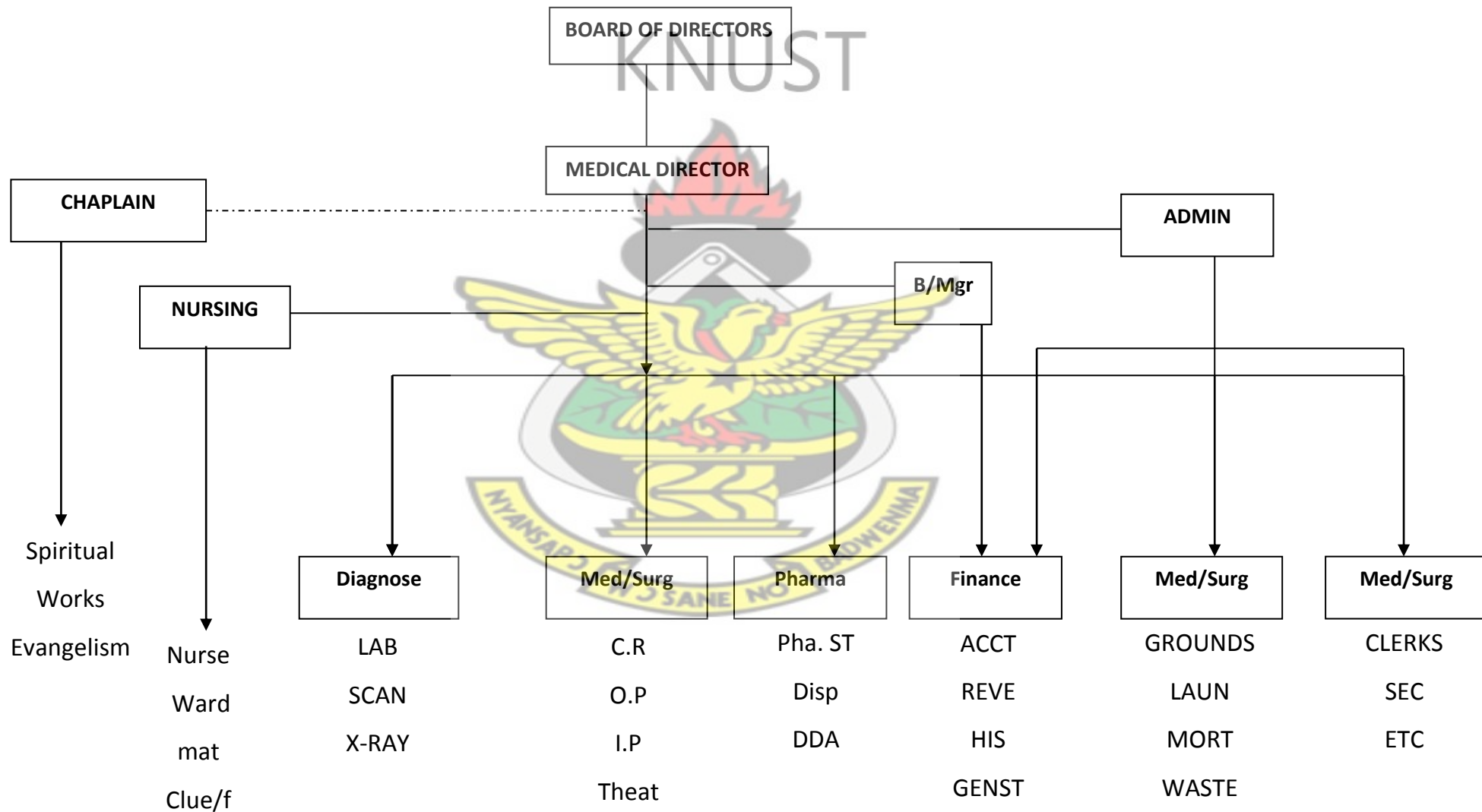
There is an internal audit department manned by the Auditor and other five member supporting staff.



Management Structure & Organogram of SDA hospital is presented below:

ORGANISATIONAL STRUCTURE OF SDA HOSPITAL

(ORGANOGRAM)



KEY TO ORGANOGRAM

NUR. =	NURSING
MAT. =	MATERNITY
CWC =	CHILD WELFARE CARE
F =	FAMILY PLANNING
LAB =	LABORATORY
CR =	CONSULTING ROOM
OPD =	OUT- PATIENT DEPARTMENT
IP =	IN – PATIENT
THEAT. =	THEATRE
PHA. ST =	PHARMACY STAFF
DIS. =	DISPENSARY
ACCT.=	ACCOUNTS
REVE.=	REVENUE
HIS =	HEALTH INSURANCE SERVICE
GEN. ST =	GENERAL STORES
GROUN =	GROUND
LAUN. =	LAUNDRY
MORT. =	MORTUARY
MED/SUR =	MEDICAL/SURGICAL
B/MGR =	BUSINESS MANAGER
ADMIN. =	ADMINISTRATOR

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

4.0 Introduction

This chapter presents the outcome of the analysis of the questionnaires. Thus, the data collected from nurses, doctors, pharmacist orderly, lab technicians etc are presented. The head of nurses, doctors and administration were also interviewed. Self administered questionnaires and interview was used to collect data from respondents. The presentation is in two parts, responses from the questionnaire were analyzed together while the interview responses were analyzed together. Tables, charts and statistics were used to present the output of the data collected.

4.1 Rate of Responses

Out of the two hundred and ten (210) questionnaires distributed to the respondents, a total of one hundred and eighty (180) were retrieved. This represents 85.7% collections. Thirty questionnaires were not retrieved due to several reasons.

4.2 Analysis of Demographic Data

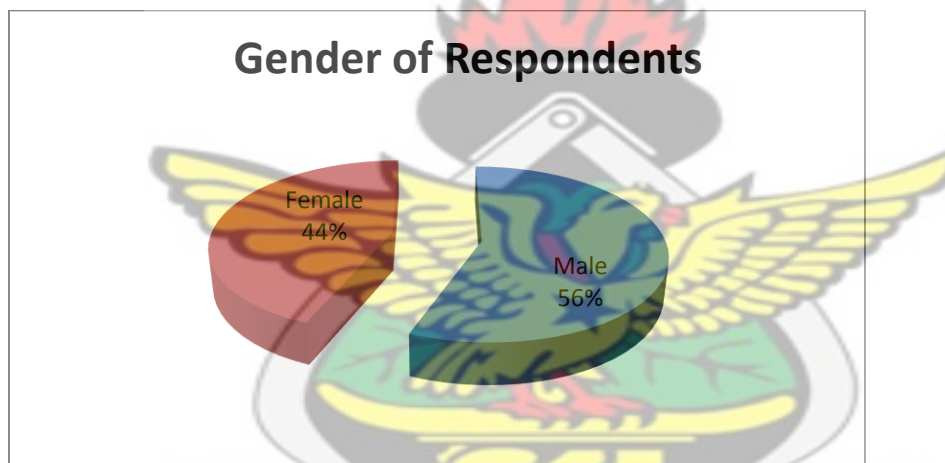
The following are the analysis of the demographic data collected from respondents in the hospital. This helps the researcher to relate it with their data provided on stress.

4.2.1 Gender of Respondents

Figure 4.1 below shows the gender of respondents.

It came out that, 56% of the respondents were male while 44% were female. This means that, majority of the respondents were male. In conclusion there are more male workers in the hospital than female workers as all workers as all workers were sampled. The percentage of female respondents could be attributed to the nurses where female form the majority.

Figure 4.1 Gender of Respondent

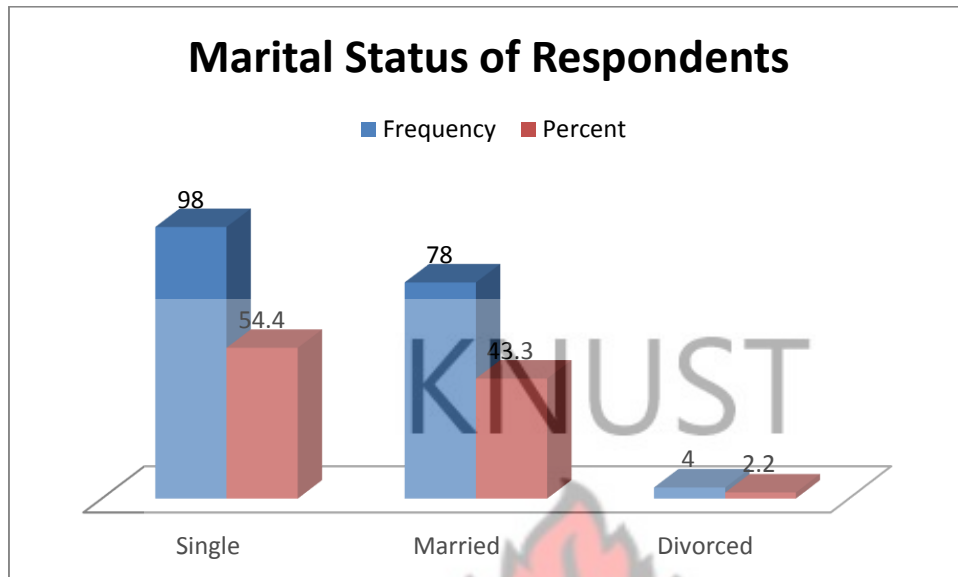


Source: Author's field study, 2012

4.2.2 Marital Status of Respondents

Figure 4.2 below shows the marital status of respondents. This question was meant to find the number of people who are married, single and divorced. It indicates that 54.4% were single, 43.3% were married while 2.2% were divorced. This means that, the study comprises of both singles, married and divorced. Therefore there are no biases in taking the views of only married or single. It is also clear that, majority of the respondents are single.

Figure 4.2 Marital Status of Respondents



Source: Author's field study, 2012

4.2.3 Age Group of Respondents

Table 4.1 below shows the age distribution of respondents.

Table 4.1 Age Group of Respondents

Age Group of Respondents	Frequency	Percent
Below 30	102	56.7
30-39	57	31.7
40-49	14	7.8
50-59	6	3.3
Above 59	1	.6
Total	180	100.0

Source: Author's field study, 2012

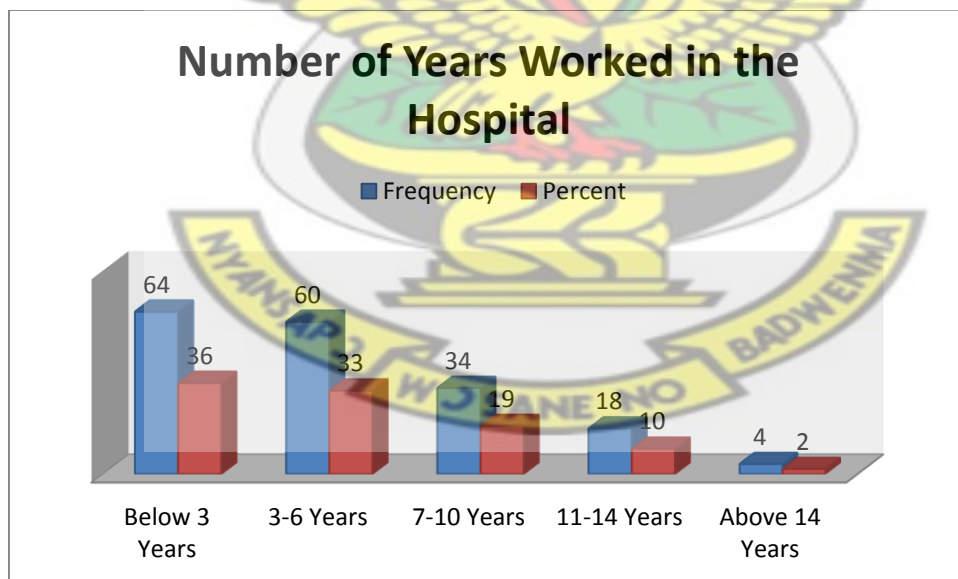
From the table above, 57% of the respondents were below 30 years, 32% were between the age group of 30-39, 8% were between the group of 40-49, 3% fall between the age group

of 50-59, while 1% were above 59. This indicates that, majority of the workers in the hospital are below the age of 30. This also shows that the hospital has more energetic workforce. Therefore their view on stress can be reliable since it also consists of other age group.

4.2.4 Number of Years Worked at the Hospital

Figure 4.3 below indicates that, 69% of the respondents have a tenure of 6 years and below. Out of this percentage, 36% have below three (3) years. Nineteen percent (19%) have worked between 7-10 years, 10% have worked there between 11-14 years whiles two percent (2%) of the total respondents have served the organization for over fourteen (14) years.

Figure 4.3 Number of Years Worked at the Hospital



Source: Author's field study, 2012

4.2.5 Higher Educational Level of Respondents

Table 4.2 below was meant to find out the educational background of respondents to assess whether they can read and understand what they are answering to help get the right data. The research revealed that the workforce are highly educated with 37% having degrees and 28% having diplomas, 8% have postgraduate certificates and professional certificates, while 18% have other certificates like SSSCE, O'level etc. This is not surprising as the respondents were mostly Doctors, Nurses, Midwives and Pharmacist.

This means that, majority of the respondents (82%) have attained tertiary education, therefore can read and understand the question asked. This means that the data provided can rely upon. From observation and the data, those possessing professional certificates are the medical doctors and few administrative staff working at the hospital.

Table 4.2 Higher Educational Level of Respondents

Higher Educational Level of Respondents	Frequency	Percent
Diploma	51	28
Degree	67	37
Postgraduate	14	8
Professional	15	9
Others	33	18
Total	180	100

Source: Author's field study, 2012

4.2.6 Number of Hours Worked in the Hospital

This question was meant to determine the hours worked per day and its correlation to stress in the hospital. According to the Labour Act (2003) Act 651 Section 33 of the act talks about the number of hours a worker is to work a day. The number of hours to be worked per day is eight (8) hours. However, from this research it was found out that 8% worked more than 11 hours while 52% worked between 8 – 10 hours. This according to the research worked, most staff runs the shift system so if your colleague does not come on time to release you from duty, the one on duty could work beyond the 8 hours mandated by the labour act.

Figure 4.3 shows that 1% of the respondents worked between 1-4 hours, 40% worked between 5-7 hours, 52% worked between 8-10 hours, while 7% worked between 11-14 hours. This means that, majority of the respondents worked between the hours of 5-10 representing 92%. Only few (8%) of the respondents worked for more than 10 hours and less than 5 hours.

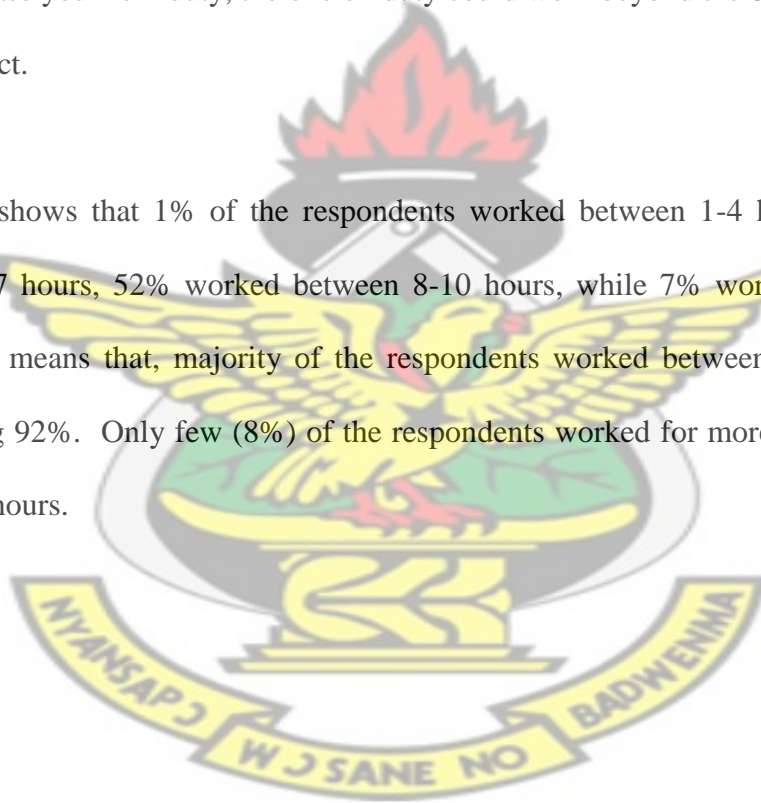
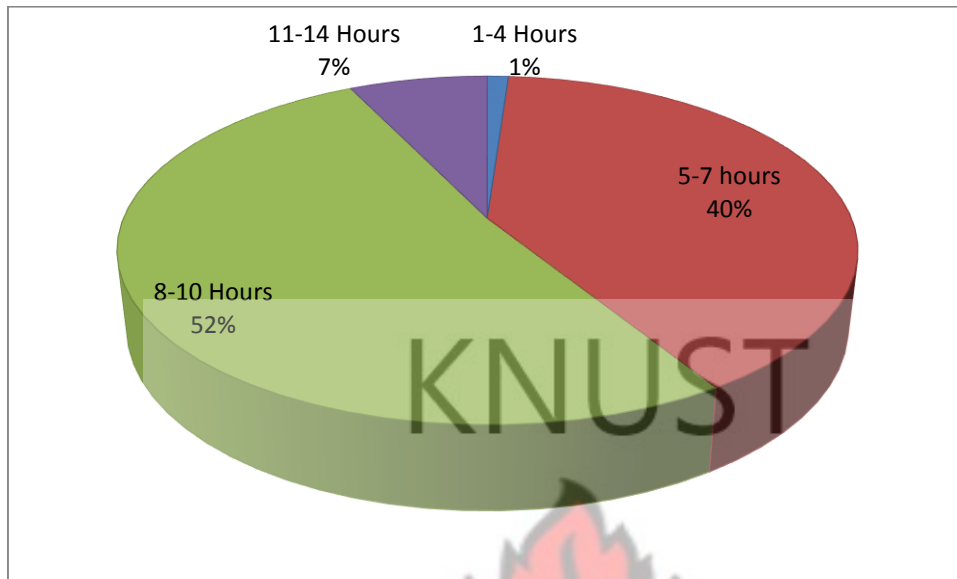


Figure 4.4 Number of Hours Worked in the Hospital



Source: Author's field study, 2012

4.2.7 Number of Children

This question was meant to determine the family size of respondents.

Table 4.3 shows that, 53% of the respondents do not have any children, 39% of the respondents have between 1-3 number of children, while 8% have between 4-6 number of children. This means that, diverse people were included in the study. Therefore the view can somehow be generalise for both people having children and those not having in term of their stress.

Table 4.3 Number of Children

Number of Children	Frequency	Percent
None	95	53
1-3	70	39
4-6	15	8
Total	180	100.0

Source: Author's field study, 2012

4.2.8 Number of Old and Disable Dependent

This question was meant to assess the stress that one may be exposed to in the house so that they will not mix it with that of job related stress.

In the literature review according to (Arnold 2005), “Three critical factors: role ambiguity, role conflict and degree of responsibilities for others are seen to be major sources of stress”. So, the higher the number of old and disable dependent the higher the stress for workers.

A higher percentage of respondent (i.e 71%) do not have old and disabled dependant, 25% of the respondents have 1-3 number of dependants, 3% and 1% have 4-6 and 7-9 number of dependents respectively. This should not give stress according to Arnold 2005 because those respondents do not have much responsibility in the house.

Table 4.4 Number of Old and Disable Dependent

Number of Old and Disable Dependent	Frequency	Percent
None	128	71
1-3	45	25
4-6	6	3
7-9	1	1
Total	180	100.0

Source: Author's field study, 2012

4.2.9 Positions/ Titles of Respondents

Table 4.5 below answer the question “your job title” this question was meant to assess the position of respondents to make sure there are no biases in the data collected and all the stakeholders have been contacted.

Table 4.5 Positions of respondents

Position of respondents	Frequency	Percent (%)
Doctors	9	5
Nurses	100	55
Midwives	5	3
Pharmacy Department	8	4
Lab Department	10	6
Orderly/Security	18	10
Administrative Staff	30	17
Total	180	100

Source: Author's field study, 2012

Table 4.5 indicates that, 5% of the respondents were doctors, 55% were nurses, 3% were midwives, 4% were pharmacist, 6% were lab technicians, 10% were orderly/security and 17% were administrative staff. This means that, the study comprises of all the sectors of the hospital. It also indicates that, the outcome is true representative of all the personnel in the hospital hence representative.

4.3 Analysis of the Main Data

Keys/Interpretation of the Mean(M) and Standard Deviation (S.D) Values

Mean value greater than 4.0 means it is significant

Mean value less than 4.0 means it is not significant

Mean value equal to 4.0 means it is moderate

Standard deviation value below 2 means less dispersion

Standard deviation value of 2 and above means more dispersion

4.3.1 Causes of Stress at SDA Hospital

This question was meant to determine the causes of stress in the hospital. Knowing the causes of stress will help authorities in the hospital to know how to manage stress since it is expected in the hospital. The responses of the respondents were measured on a 7-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the effect of stress on performance.



Table 4.6 Causes of Stress at SDA Hospital

Disagreement and Indecision	N	Mean	Std. Deviation
Unfriendly attitude in co-workers	180	2.63	1.546
Job Responsibility is against better judgment	180	3.24	1.745
Cant satisfied conflicting demand from superiors	180	3.07	1.678
Trouble refusing overtime	180	2.74	1.698
<i>Average</i>		2.92	1.66675
Pressure on Job			
Overload at work, unable to complete work	180	3.48	1.555
Too much supervision	180	3.78	1.860
Job requirement are taking toll on private life	180	3.24	1.875
Rushed to complete work	180	3.04	1.674
<i>Average</i>		3.39	1.741
Job Related Health Issue			
Work conditions are unhealthy	180	3.59	1.890
Physical dangers exist at job	180	3.68	1.811
Sick days are discouraged	178	3.25	1.790
<i>Average</i>		3.51	1.830333
Work Overload Stress			
Can't consult with others on projects	180	2.97	1.812
Co-workers are inefficient	180	3.16	1.705
responsible for too many people	180	4.19	1.704
<i>Average</i>		3.44	1.740333
Job Barrier Stress			
Hope for advancement is limited	180	3.87	1.701
Sex/age discrimination exist	180	2.65	1.883
Not suited to job	180	2.38	1.481
Work has no personal meaning	180	2.47	1.656
Work goes unrecognized	180	2.98	1.708
<i>Average</i>		2.87	1.6858

Source: author's field study, 2012

According to table 4.6, it can be seen that, work overload stress (mean=3.44) and job related health issue (mean=3.50) were rated high as some of the ways of the causes of stress in the hospital. While, disagreement and indecision (mean=2.92) and Job Barrier Stress (mean=2.98) were rated as the least causes of stress in the hospital. This means that

work overload; job related issue and pressure on job are some of the causes of stress in the hospital as asserted by researchers in the literature review. Job barriers disagreement and indecision were not supported.

4.3.1.1 Additional Causes of Stress in the Hospital

The respondents were asked to mention any additional causes of stress in the hospital. Table 4.7 represent the additional causes of stress in the hospital that were not captured in the literature reviewed:

Table 4.7 Additional Causes of Stress in the Hospital

Additional Causes of Stress in the Hospital
Pressure from home (caring for my children at home, external family influence on my job)
Pressure from patients and staff
Bad relationship (insults from superiors in front of patients, abusive languages and harshness)
Doing the same kind of work
Lack of motivation and inadequate salary (not receiving pay for working)
Inadequate equipments, power outage and human resources
Small environment to work in which leads to speed and over crowding
No specific and adequate time to rest during work
Short-notice of time to take additional duties elsewhere or transfers
Doing something you do not know how to do it (lack of skills)
Unrealistic expectations from superiors
Work not appreciated

These are some of the factors that the respondents listed as being some of the additional causes of stress in the hospital. This confirmed the assertion that, stress is cause by various factors and different people responds to stress differently. What will cause stress in A will not cause stress in B. From the additional causes of stress, it came out that many of the

respondents stressed on some causes of stress in the hospital that were not supported in the group analysis.

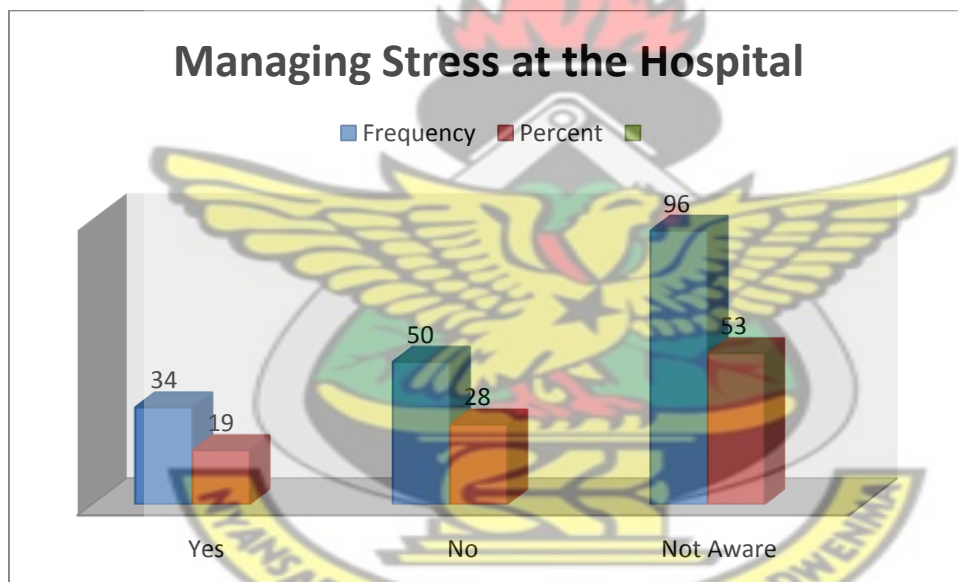
4.3.2 Managing Stress at the Hospital

Figure 4.5 below answer the question “does the hospital have a way of managing stress”.

This question was meant to assess if there is stress management method by the hospital.

This will help the study to know how the authorities handle stress and perceived it.

Figure 4.5 Managing Stress at the Hospital



Source: Author's field study, 2012

Figure 4.5 shows that, 19% of the respondents said yes, there is stress management methods in the hospital, 28% and 53% said no and not aware that, there ways of managing stress in the hospital. This means that, there are no ways of managing stress in the hospital since majority of the respondents (61%) did not affirmed it and also supported in the

interviews. This means that, it was prudent to inquire from the respondents on how they manage stress themselves, which have been addressed below.

4.3.2.1 Ways of Managing Stress Individually at SDA Hospital

The table below answers the question “which of the following strategy do you adopt to comfort yourself when you are stressed out”. This question was meant to determine the ways of managing stress in the hospital. Knowing the way stress is managed will help authorities in the hospital to know how to manage stress since it is inevitable in organization. The responses of the respondents were measured on a 7-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the effect of stress on performance.

Table 4.8 Ways of Managing Stress Individually at SDA Hospital

Ways of Managing Stress Individually at SDA Hospital	Mean	Std. Deviation
Engage in delaying of work	2.37	1.788
Redraw from work of interest	2.74	1.825
Take time off and relax from routine work	3.50	2.099
Physiological methods like breathing, meditating, exercising, massaging	4.35	1.826
Psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task	4.38	1.932
Seek excitement by doing reckless things	2.08	1.526
Job provide much variety	3.52	1.629
My job is arrange so that I often have opportunity to see job through completion	3.92	1.578
My job give me considerable opportunity for independence and freedom	4.24	1.770
My job provides with feeling that I know whether I am performing well or poorly	4.44	1.773
My job is one where people can be affected by how well it gets done	4.97	1.921

Source: Author's field study, 2012

From the table 4.8, it can be observed that respondents perceived that, the criteria are some of the ways that the respondents used to manage stress in the hospital. The criteria which include: engage in delaying of work, redraw from work of interest, take time off and relax from routine work, physiological methods like breathing, meditating, exercising, massaging, psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task, seek excitement by doing reckless things, Job provide much variety, my job is arrange so that I often have opportunity to see job through completion, my job give me considerable opportunity for independence and freedom, my job provides with feeling that I know whether I am performing well or poorly, and My job is one where people can be affected by how well the work gets done were analysed.

A calculated mean score of 2.37 which is close to 2 on the likert scale shows that; engage in delaying of work is not use to manage stress in the hospital, a standard deviation of 1.78 indicates that there is less dispersion of the opinions of the respondents, therefore the mean can be depended upon. A calculated mean score of 2.74 on the likert scale shows that redraw from Work of interest is not use to manage stress, a standard deviation of 1.82 shows that there is less dispersion of the opinions, hence the can be rely upon.

A calculated mean score of 3.50 on the likert scale shows that taking time off and relax from routine work is not use to manage stress, a standard deviation of 2.09 shows that there is less dispersion of the opinions, hence the can be rely upon. A calculated mean score of 4.35 on the likert scale shows that physiological methods like breathing,

meditating, exercising, massaging is use to manage stress, a standard deviation of 1.82 shows that there is less dispersion of the opinions, hence the can be rely upon.

A calculated mean score of 4.38 on the likert scale shows that psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task is use to manage stress, a standard deviation of 1.93 shows that there is less dispersion of the opinions, hence the can be rely upon. A calculated mean score of 2.08 on the likert scale shows that seek excitement by doing reckless things is not use to manage stress, a standard deviation of 1.52 shows that there is less dispersion of the opinions, hence the can be rely upon.

A calculated mean score of 3.52 on the likert scale shows that job provide much variety is not use to manage stress, a standard deviation of 1.62 shows that there is less dispersion of the opinions, hence the can be rely upon.

A calculated mean score of 3.92 on the likert scale shows that job is arrange so that I often have opportunity to see job through completion is not use to manage stress, a standard deviation of 1.57 shows that there is less dispersion of the opinions, therefore the can be rely upon.

A calculated mean score of 4.24 on the likert scale shows that job is arrange so that job give me considerable opportunity for independence and freedom is not use to manage stress, a standard deviation of 1.77 shows that there is less dispersion of the opinions,

therefore the can be rely upon. A calculated mean score of 4.44 on the likert scale shows that job provides with feeling that I know whether I am performing well or poorly is use to manage stress, a standard deviation of 1.77 shows that there is less dispersion of the opinions, therefore the can be rely upon.

A calculated mean score of 4.97 on the likert scale shows that job is one where people can be affected by how well it gets done is use to manage stress, a standard deviation of 1.92 shows that there is less dispersion of the opinions, therefore the can be rely upon.

According to the results, job is one where people can be affected by how well it gets done (4.97), job provides with feeling that I know whether I am performing well or poorly (mean=4.44), psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task (mean=4.38), physiological methods like breathing, meditating, exercising, massaging (mean=4.35), job is arrange so that job give me considerable opportunity for independence (mean=4.24), were rated high as some of the ways of managing stress in the hospital. While, seek excitement by doing reckless things (mean=2.08), engage in delaying of work (mean=2.37), redraw from work of interest (2.74) were rated as the least way of managing or comforting when stress out.

This means that ways of managing stress in the hospital are that:- when job is one where people can be affected by how well it gets done, when job provides with feeling that you know whether I am performing well or poorly, psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task,

physiological methods like breathing, meditating, exercising, massaging, arranging job so that job give considerable opportunity for independence, when job is arrange so that it often have opportunity to see job through completion, when job provide much variety and take time off and relax from routine work. This supports the theory by researchers that the above are some of the methods that are use to manage stress. This was also confirmed in the interview. But seek excitement by doing reckless things, engage in delaying of work, redraw from work of interest as the way of managing or comforting when stress out was not supported in the hospital as stated in the literature review due to several reasons.

4.3.2.2 Additional Ways of Managing Stress

The following are the additional ways that respondents listed as being a way of managing stress in the hospital but were not captured in the literature review:

- i. Attending and participating in other activities like listening to music, watching television, reading newspapers and singing;
- ii. Changing routine activities like changing duty roster, changing with other colleagues etc.
- iii. Proper communication to other staff. People should communicate to colleagues in proper way so that others will not be offended by other person statement. Like using abusive language, talking harshly to colleagues in the presents of patients, etc. when superiors use proper language to communicate to people, it help to reduce stress in the hospital;
- iv. There should be enough time to prepare both physically and psychologically. This is achieve by having exercising, massaging, playing games and thinking

about better things about life and forgetting about any work related issues ones out of the hospital;

- v. Taking rest from work related issues to relax by going on leave. This helps to attend to other social issues like excursion, vacation, hanging out with friends and family and engage in recreational activities
- vi. Drinking more water. Taking more water is one the effective ways to manage stress in short time;
- vii. The study also revealed that, taking drugs is one of the ways to manage stress, but the type of drugs that were used to manage stress was not determined. Care should be taken in using drugs to manage stress because the side effect of the drug may be dangerous though not known for now;
- viii. Reducing workload by walking, stretching out, staying away from work for a while;
- ix. Bathing, sleeping or stop thinking. The study also revealed that, when you take a cold shower, sleep and stop thinking about job related issues, it helps to distress.

4.4 Personality Trait of Respondents

This question was meant to assess the personality of the respondents. This will help us to know how different people address the issue of stress and how it affects in their job performance. The responses of the respondents were measured on a 7-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the effect of stress on performance.

Table 4.9 Personality Trait of Respondents

Personality Trait of Respondents	N	Mean	Std. Deviation
Worries a lot	180	3.12	1.819
Is original, comes with new ideas	180	4.99	1.523
Is Communicative, talkative	180	4.06	1.752
Does a thorough job	180	4.79	1.774
Is sometimes rude to others	180	2.17	1.508
Has a forgiving nature	180	4.87	1.889
Tend to be lazy	180	2.30	1.746
Get nervous easily	180	2.83	1.555
value artistic experiences	180	4.00	1.698
is reserved	180	3.54	1.696
Does things effectively and efficiently	180	5.54	1.544
is considerable and kind to others	180	5.58	1.543
has an active imagination	180	5.34	1.347
Is relaxed and handles stress well	180	5.09	1.565

Source: Author's field study, 2012

From table 4.9, it can be observed that respondents perceived that, the criteria used really apply to them.

As perceived by the results, respondents see themselves as someone who “is considerable and kind to others” (mean=5.58), “does things effectively and efficiently” (mean=5.54), “has an active imagination” (mean=5.34) and “Is relaxed and handles stress well” (mean=5.09) were rated high on the scale while “Is sometimes rude to others” (mean=2.17), “Tend to be lazy” (mean=2.30), “Get nervous easily (mean=2.83) was the least important factor encouraging students and lecturers to adopt and use ICT. The standard deviation for all these traits are less than 2, this indicates that there is less dispersion of the opinions of the respondents, therefore the mean can be depended upon. This means that, respondents sometimes have these traits (average value which is more than 4), except the ones that were supported (mean score less than 4).

4.5 Experience of the Following Factors Per Month

Table 4.9 below answer the question “over the last one month, have you experienced any of the following symptoms, changes in behavior or emotion?” This question was meant to determine the correlation of stress on the health of personnel in the hospital. The responses of the respondents were measured on a 7-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the effect of stress on performance.

Table 4.10 Experience of the Following Factors per Month

Experience of the Following Factors Per Month	N	Mean	Std. Deviation
Insomnia-difficult to sleep	180	3.22	1.935
Headaches	180	3.69	1.831
Muscular tension	180	3.72	1.766
Mood Swings	180	3.29	1.696
Feeling nauseous or being sick	180	3.36	1.732
feeling depressed	180	3.07	1.705

Source: Author’s field study, 2012

According to Table 4.9 the result indicates that, muscular tension (mean=3.72) and headache (mean=3.69) were rated as having more relationship with stress while feeling depressed (mean=3.07) and mood swing (mean=3.29) were rated as having correlation with stress occasionally.

This means that, though stress have some effect on personnel health conditions, it does not have a strong relationship with it. This may be because, they are using the right method to manage stress and are available to drugs to curb any health issues before it becomes serious one.

4.6 Effect of Stress on Job Performance

The tables 4.10 below answer the question “which of the following do you agree as being an effect of stress on your performance at work?” This question was meant to determine the correlation between stress and job performance on the health personnel in the hospital. The responses of the respondents were measured on a 7-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the effect of stress on job performance.

Table 4.11 Effect of Stress on Performance

Effect of Stress on Performance	Mean	Std. Deviation
Stress speed up responses to work	2.87	1.820
My productivity reduce because of stress	4.33	1.793
Performance increase when I am under stress	3.37	1.840
Performance increase when I am at normal stress	4.39	1.748
My performance increase when I am over stress	2.82	1.903

Source: Author's field study, 2012.

From table 4.10, it can be observed that respondents perceived that, the hypothesis were proved positive except stress increase performance and speed up responses to work. The hypothesis that stress speed up responses to work, productivity reduces because of stress, performance increase when one is under stress, performance increase when one is at normal stress and performance increase when one is over stress were tested.

According to the results, performance increase at normal stress (mean=4.39), productivity reduce because of stress (mean=4.33) were proved to be true while performance increase when one is over stress (mean=2.82), stress speed up responses to work (mean=2.87) were violated in the hospital while performance increase under stress (mean=3.37) were neither

supported nor violated in the hospital. These were not supported because; the incentive in working in over stressful environment is not conducive in Ghana as may be happening in other developed countries.

This means that, stress is not that bad but it depends on how one handles and perceived it. Though productivity reduces because of stress and performance reduces when there is over stress in the hospital (it does not help personnel to focus well on job), performance increases at normal stress. Therefore, it is the duty of management to be able to manage stress to the optimum as stated by researchers.

4.7 Job Performance

Tables 4.11 below seeks to assess employees' performance in terms of certain criteria listed in the table. This question was meant to determine the correlation of stress on job performance of personnel in the hospital. The responses of the respondents were measured on a 5-point Likert type rating scale. The arithmetic mean and standard deviations were also calculated to confirm the relationship of stress on job performance.

Table 4.12 Job Performance

Job Performance	N	Mean	Std. Deviation
Quantity of work	180	3.38	1.216
Quality of work	180	3.80	1.054
Attendance	180	4.01	1.022
Professional knowledge	180	4.02	.939
Getting along well with others	180	4.02	.974

Source: Author's field study, 2012.

According to the result, quantity of work (mean=3.38), quality of work (mean=3.80), were rated as good while attendance (mean=4.01), professional knowledge (mean=4.02) and were rated as having more relationship with stress while feeling depressed (mean=3.07) and getting along well with others (mean=4.02) were rated as very good in the hospital. This means that, attendance, getting along well with others and professional knowledge is very good in the hospital. This may be because, they belong to professional institutions. Again since you need to come before the other go on shift, you try all the possible means to be there if not those who are suppose to go home will embarrassed you through calling you to come on duty. This checks and balance has is a contributing factor. This also help to reduce stress, since they all contribute to stress management methods.

4.8 Interview Responses

Interviews were contacted with the Human Resource Manager, Matron, Medical Director and Administrator. The following were their responses.

4.8.1 Causes of Stress at SDA Hospital

The respondents were asked on the causes of stress in the hospital? Among the answers received were: inadequate resources, unfavorable working environment, unknown job description, and pressure from clients.

4.8.2 Complaints on Stress

The HR Manager was asked if he sometimes receives complaints from staff on stress. The response Yes, they sometimes receive complaints about stress issues from staff in the hospital.

The interviewees were asked “which of the causes of stress do you experience most, please explain” interviewees said that, work overload and lack of skills to handle technical issues and unknown job description.

4.8.3 Stress Management at SDA Hospital

A question was asked to find out if management have a way of managing stress at the hospital. They responded that, there is no stress management procedure in the hospital. This shows how management treats stress in the hospital, though it is inevitable.

4.8.4 Effect of Stress on Performance

A member from the interview team was asked if there are some positive effect of stress in the hospital. The response that, stress sometimes increase output, it makes personnel alert and prepare for emergencies and increase performance in the short term. This supports the responses from the questionnaire and supports the hypothesis that, stress increase responses of personnel, increase job performance at normal stress and reduce performance when there is over stress.

4.8.4.1 Negative Effects

The interviewees were asked about what are some of the negative effect of stress in the hospital. The following are some the response that came out, it reduces performance when it occurs for long time, results in poor working output, frustration and confusion can arise because of stress and effect on health. This also supports the responses from the questionnaires and the hypothesis tested that over stress reduces job performance and reduce productivity.

4.8.4 Absenteeism and Stress

A member of the interview group was asked if they been experiencing absenteeism because of stress. Luckily, almost all the members of the interview team were also part of the hospital's in-house management team. The responses were that, Yes; people do not report to work because of stressful condition. This also supports the assertion that stress reduces productivity, because absenteeism obviously affects productivity negatively.

The second question to the team was if they have any comments on the relationship between stress and job performance at SDA hospital. The responses were that, it does not help in staff performance, stress should be manage well since it can reduce performance and productivity, employees should also be aware of the effect of stress, again stress has both positive and negative effect on job performance and we need expert on stress management to handle stress situations in the hospital.

This is very importance concern that needs to be address because stress is inevitable in health service delivery. Therefore how it is manage is very importance. As indicated in both the interview and questionnaires that, stress has both positive and negative effect on job performance depending on how it is managed. Awareness of stress is very importance in stress management procedures.

KNUST



CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATION AND CONCLUSSION

5.0 INTRODUCTION

From the data collected from the study, the following findings, recommendations and conclusion came out.

5.1.1 Causes of Stress at SDA Hospital

The study revealed the following as the causes of stress at SDA hospital, Kwadaso:-

- i. Work overload stress (cannot consult with others on projects, co-workers are inefficient and responsible for too many people);
- ii. Pressures on job, patients, colleague staff and home (i.e. caring for my children at home, external family influence on my job) and pressure on bad human relations (insults from superiors in front of patients, abusive languages and harshness).
- iii. Doing the same kind of work makes the work monotonous and brings boredom. And lack of motivation and inadequate salary (not receiving pay for working) can also be attributed to the cause of stress.
- iv. Small environment to work in which leads to speed and overcrowding;
- v. Inadequate equipments, power outage and lack of adequate human resources;
- vi. No specific and adequate time to rest during work.
- vii. Short-notice of time to take additional duties elsewhere or transfers;
- viii. Work not appreciated by patients and supervisors;
- ix. Unknown job description.

5.1.2 Managing Stress at SDA Hospital

From the study, it came out that there are no established ways by which management use to manage stress in the hospital since majority of the respondents (61%) did not affirmed.

5.1.3 Ways of Managing Stress at SDA Hospital

The study revealed that, the following as some of the ways that personnel at SDA hospital use to manage stress:-

Physiological methods like breathing, meditating, exercising, massaging;

Psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task;

When job gives considerable opportunity for independence and freedom

When job provides with feeling whether performing well or poorly;

When job is one where people can be affected by how well it gets done;

Arranging job so that job give considerable opportunity for independence;

When job is arranged so that it often has opportunity to see job through completion;

When job provide much variety;

Listening to music, watching television, reading and singing;

Changing routine activities like changing duty roster, changing with other colleagues etc.;

Proper communication to other staff;

There should be enough time to prepare both physically and psychologically;

Taking rest from work related issues to relax by going on leave;

Drinking more water and eating followed by a very good sleep;

Taking drugs is one of the ways to manage stress;

Reducing workload by walking, stretching out, staying away from work for a while;
Involving in various activities like bathing, sleeping or stop thinking.

5.1.4 Personality Trait of Respondents

The study revealed that, personnel at SDA hospital: Is considerable and kind to others;
Does things effectively and efficiently; Has an active imagination; Is relaxed and handles stress well is original, comes with new ideas; Is Communicative and talkative; Does a thorough job;
Has a forgiving nature and Value artistic experiences.

5.1.5 Effect of Stress on Performance

From the study it came out that, performance increase at normal stress (mean=4.39), productivity reduce because of stress (mean=4.33) at SDA hospital and make personnel alert for work as also supported in the interviews.

The study also revealed that, personnel attendance, professional knowledge and getting along well with others is very good which helps to increase performance and reduce the level of stress in the hospital.

5.2 Recommendation

The study presents the following recommendation to management and individuals in health sector:-

5.2.1 Work Stressors at SDA Hospital, Kwadaso

The causes of stress such as: work under load or overload, lack of proper job description, motivations not commensurate with work done, pressure from patients, lack of key resource, lack of proper communication between subordinates and supervisors should be manage effectively at optimum to increase performance in the hospital.

5.2.2 Work environmental stressor that affect productivity at SDA hospital, Kwadaso

There should be some liberal standard that will enable health workers to deliberately avoid stressful situations. This is because, working under stressful environment could be challenging and the outcome may not be palatable especially if the following elements are present:-

Lack of state-of-the-art technology to meet the ever increasing health cases in the country. There are not enough comfortable office spaces for work. Senior officers sometimes need to share one office. Lack of space for future expansion projects. The hospital can only develop vertically. Lack of key professionals (Dentist, Physiotherapist etc) to handle specialist cases.

5.2.3 How work stress from the hospital can be controlled.

There should be proper communication between management and other staff in the hospital.

There should be proper job redesign and rotational duties for staff at the SDA hospital.

Management should desist from buying staff annual leave. It should be mandatory for all staff to enjoy their leave no matter how serious their services may be needed.

5.2.4 A model for the management of Stress at SDA Hospital, Kwadaso

Management should create recreational activities within the hospital. This will help personnel to reduce stress since recreation is use as a stress management procedure. There should be a range of activities that will balance work and social lifestyle. That is, work/life balance (i.e in HR) should be emphasized thoroughly.

Management should ensure that, leave is compulsory for every health worker. This will help them to take time off and relax from routine work and spend some time with family, friends etc. This means the idea of buying an employee's leave because of scarcity of such professionals should not be encouraged.

Management should employ an expert in stress management at the hospital to help manage stress to optimum. This is because stress is inevitable no matter what you do therefore; its management should be a priority to management.

5.3 Conclusion

The study attempted to determine the causes of stress, stress management methods management use in health sector and to determine the relationship between the effectiveness of those strategies with health workers performance in hospitals. Valid and

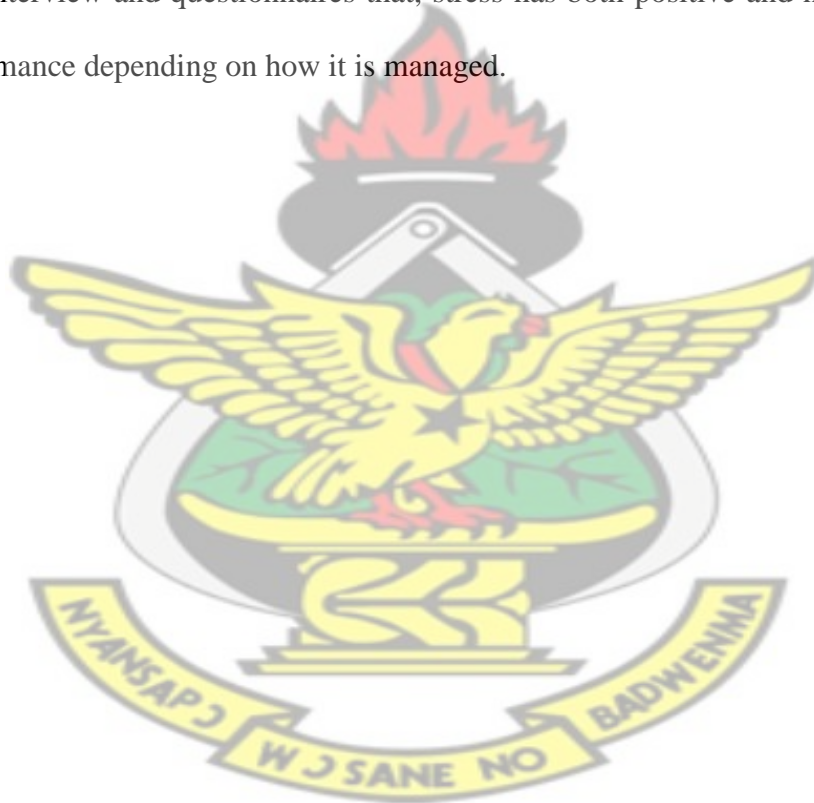
reliable measurement scales like mean and standard deviation (SD) were used to measure Pressure on job as some of the causes of stress in the hospital.

The study shown that, pressure from home, bad relationship at work, pressure from patients and staff, doing the same kind of work, lack of motivation and inadequate salary, bad working environment, inadequate resources, unrealistic expectations from superiors and work not appreciated by patients and supervisors. Again the study revealed that, there are integrated approaches of managing stress. Thus, integration leisure with work and with other stress management strategies such as physical exercise; eating, Psychological methods like imagine sitting at comfortable place, looking at life differently, enjoying cool songs after a hectic task; drinking more water, supportive colleagues; resting, reducing workload, consciously avoiding stressful situations, when job provides with feeling whether performing well or poorly; when job is one where people can be affected by how well it gets done, and taking drugs are some of the effective strategies for stress management. It was also revealed that, there is a relationship between the effectiveness of stress management strategies used by managers and performance in the hospital. As shown in the hypothesis tested that, performance increase at normal stress (mean=4.39) and productivity reduce because of stress (mean=4.33).

Again, the study did not support the hypothesis that, performance increase when there is no stress. This was, demonstrated in their quality of work, quality of work, attendance, professional knowledge and getting alone well with others. This indicates that, management should try as much as possible to manage stress to an optimum to increase

performance of health workers. It is not oblivious that, stress cannot be totally eliminated from the corporate governance, but could be minimized to a manageable magnitude (optimum). This means that both hospital administrators and health workers play a positive role as far as stress management in health sector is concern.

This is very importance concern that needs to be address because stress is inevitable in health service delivery. Therefore how it is manage is very importance. As indicated in both the interview and questionnaires that, stress has both positive and negative effect on job performance depending on how it is managed.



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APPENDIX - 1

KWAME NKRUMAH UNIVERSITY OF SCIENCE & TECHNOLOGY KNUST SCHOOL OF BUSINESS

RESEARCH QUESTIONNAIRE

This questionnaire is to be completed by Doctors, Pharmacists, Nurses, Midwives, Paramedics, and other administrative staff of SDA Hospital, Kwadaso-Kumasi. The information will be used as part of the empirical research on the topic: “An investigation into the impact of work related stress and its effects on employees’ performance at SDA Hospital, Kwadaso”. Kindly complete this questionnaire as objectively as possible. The information given out is solely for academic purpose and would be treated as confidential. Thank you.

Please, write or tick (✓) the appropriate response to each of the questions.

1. Gender: Male ☐ Female ☐
2. Marital status: Single ☐ Married ☐ Divorced ☐
3. Age range: a. below 30 ☐ b. 31-39 ☐ c. 40 -49 ☐ d.50 -59 ☐ e. Above 60 ☐
4. Number of years you have worked at this Hospital.
a. below 2 yrs ☐ b.3-6yrs ☐ c.7- 10yrs ☐ d.10-14ys ☐
e. above 15yrs ☐
5. Highest educational level.
a. Diploma ☐ b. Degree ☐ c. Postgraduate ☐ d. Professional ☐
e. Others (specified).....
6. Number of hours worked per day? a) 1- 4hrs b) 5 – 7hrs c) 8 – 10hrs
d) 11-14 hrs
7. Number of children: a) None ☐ b)1- 3 ☐ c) 4 – 6 ☐ d) 7 – 9 ☐
8. Number of old and disable dependent: a) None ☐ b) 1- 3 ☐ c) 4 – 6 ☐
d) 7–9 ☐
9. Job Title: (Please specify).....

10. NB: For each of the question circle only one number to indicate your response.

1. Instructions: Think about how often you encounter the following situations.

Rate yourself with the following scale in each category:

1=Never, 2= Rarely, 3= occasionally, 4= neutral 5=Sometimes, 6= Often, 7= Very often

Unfriendly attitude in co-workers	1	2	3	4	5	6	7
Overloaded at work, unable to complete tasks during an average day	1	2	3	4	5	6	7
Work conditions are unhealthy	1	2	3	4	5	6	7
Can't consult with others on projects	1	2	3	4	5	6	7
Hope for advancement or raise is limited	1	2	3	4	5	6	7
Job responsibilities go against your better judgment	1	2	3	4	5	6	7
Too much supervision	1	2	3	4	5	6	7
Physical dangers exist at work place	1	2	3	4	5	6	7
Co-workers are inefficient	1	2	3	4	5	6	7
Sex/age discrimination exists at job	1	2	3	4	5	6	7
Can't satisfy conflicting demands from superiors	1	2	3	4	5	6	7
Job requirements are taking their toll on your private life	1	2	3	4	5	6	7
Sick days are discouraged	1	2	3	4	5	6	7
Responsible for too many people	1	2	3	4	5	6	7
Not suited to job	1	2	3	4	5	6	7
Trouble refusing overtime	1	2	3	4	5	6	7
Rushed to complete work or shortage of time to complete a given task	1	2	3	4	5	6	7
Work has no personal meaning	1	2	3	4	5	6	7
Work goes unrecognized	1	2	3	4	5	6	7
I am not involve in decision making	1	2	3	4	5	6	7
Usually there is no work for me to do	1	2	3	4	5	6	7

11. Any additional factor that cause stress on you, please specify?

.....

12. Does the Hospital have a way of managing stress? Yes [] No [] Not aware []

13. Which of the following strategy do you adopt to comfort yourself when you are stressed out? Use the ratings below:-

1=Never, 2= Rarely, 3= occasionally, 4= neutral 5=Sometimes, 6= Often, 7= Very often

Ways of managing stress							
Engage in delaying of work	1	2	3	4	5	6	7
Withdraw from work of interest	1	2	3	4	5	6	7
Take time off and relax from routine work	1	2	3	4	5	6	7
Physiological methods like breathing, meditating, exercising, massaging	1	2	3	4	5	6	7
Psychological methods like imaging sitting in a comfortable place, looking at life differently, enjoying cool songs after a hectic task	1	2	3	4	5	6	7
Seek excitement by doing reckless things	1	2	3	4	5	6	7
My job provides much variety	1	2	3	4	5	6	7
My job is arranged so that I often have the opportunity to see jobs or projects through to completion	1	2	3	4	5	6	7
My job gives me considerable opportunity for independence and freedom in how I do my work	1	2	3	4	5	6	7
My job provides me with the feeling that I know whether I am performing well or poorly	1	2	3	4	5	6	7
My job is one where a lot of other people can be affected by how well the work gets done	1	2	3	4	5	6	7

14. What additional method do you use to manage stress, please specify?

.....
.....

1=Never, 2= Rarely, 3= occasionally, 4= neutral 5=Sometimes, 6= Often, 7= Very often

I see myself as someone who							
worries a lot	1	2	3	4	5	6	7
is original, comes up with new ideas	1	2	3	4	5	6	7
is communicative, talkative	1	2	3	4	5	6	7
does a thorough job	1	2	3	4	5	6	7
is sometimes rude to other	1	2	3	4	5	6	7
has a forgiving nature	1	2	3	4	5	6	7
tends to be lazy	1	2	3	4	5	6	7
gets nervous easily	1	2	3	4	5	6	7
values artistic experiences	1	2	3	4	5	6	7
is reserved	1	2	3	4	5	6	7
does things efficiently and effectively	1	2	3	4	5	6	7
is considerate and kind to others	1	2	3	4	5	6	7
has an active imagination	1	2	3	4	5	6	7
is relaxed and handles stress well	1	2	3	4	5	6	7

15. Over the last one month, have you experienced any of the following symptoms, changes in behaviour or emotion? Rate your answer with the scale

1=Never, 2= Rarely, 3= occasionally, 4= neutral 5=Sometimes, 6= Often, 7= Very often

	1	2	3	4	5	6	7
Insomnia - difficulty in getting to sleep	1	2	3	4	5	6	7
Headaches	1	2	3	4	5	6	7
Muscular tension / aches	1	2	3	4	5	6	7
Mood swings	1	2	3	4	5	6	7
Feeling nauseous or being sick	1	2	3	4	5	6	7
Feeling depressed	1	2	3	4	5	6	7

16. Which of the following do you agree as being an effect of stress on your performance at work? Where SD=strongly disagree D = Disagree SLD = Slightly Disagree
N=Neither Agree nor Disagree SLA = Slightly Agree A=Agree
SA=Strongly Agree

	SD	D	SLD	N	SLA	A	SA
Stress speed up my responses to work	1	2	3	4	5	6	7
My productivity reduce because of stress	1	2	3	4	5	6	7
My performance increase when I am under stress	1	2	3	4	5	6	7
My performance increase when I am at normal stress	1	2	3	4	5	6	7
My performance increase when I am over stress	1	2	3	4	5	6	7

17. Job Performance

How will you evaluate your job performance in terms of...? Where
1= Unsatisfactory 2=Satisfactory 3=Good 4=Very Good
5=Excellent

	1	2	3	4	5
Quantity of work	1	2	3	4	5
Quality of work	1	2	3	4	5
Attendance	1	2	3	4	5
Professional knowledge	1	2	3	4	5
Getting along well with others	1	2	3	4	5

APPENDIX - 2

INTERVIEW GUIDE FOR THE ADMINSTRATORS

This questionnaire is to be completed by the administrator, Human Resource Manager and head of department of SDA Hospital, Kwadaso-Kumasi. The information will be used as part of the empirical research into “Assessing the effect of stress on job performance on health personnel. A case study at SDA Hospital” Please note that the responses you provide are completely anonymous.

SECTION B: CAUSES OF STRESS AT SDA HOSPITAL

1. What are the causes of stress in the hospital? Please explain
.....
2. Do you normally receive complaints from staff about stress?
.....
.....
3. Which of the causes of stress do you experience most, please explain?
.....
.....

SECTION C: STRESS MANAGEMENT AT SDA HOSPITAL

4. Does the Hospital have a way of managing stress? Yes [] No [] Not aware []
5. If yes, how do you manage stress in the Hospital?
.....
.....
6. What measure have you put in place to make sure staff comply with stress management policies in the hospital?
.....
.....
7. Do you have any measure to improve stress management in future?
.....
.....

SECTION D: EFFECT OF STRESS ON PERFORMANCE

8. What are some of the positive effect of stress in the hospital?

.....
.....

9. What are some of the negative effect of stress in the hospital?

.....
.....

10. How will you measure performance when personnel are under stress, over stress and at moderate stress, please explain?

.....
.....

11. In your own view, what are some of the effect of stress on job performance?

.....
.....

12. Has anybody resign or leave because of stress, please explain?

.....
.....

13. Do you experience absenteeism because of stress, please explain?

.....
.....

14. Any comments on the relationship between stress and job performance at SDA Hospital?

.....
.....

