WORK PLACE STRESS AND EMPLOYEE PERFORMANCE IN GOVERNMENT HOSPITALS IN KAMPALA-UGANDA: A CASE OF MULAGO NATIONAL REFERRAL HOSPITAL

BY

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NOVEMBER, 2017
DECLARATION

"This thesis is my original work and has not been presented for a degree or any other academic award in any university or institution of higher learning".

______________________________
Name and Signature of Candidate

______________________________
Date
APPROVAL SHEET

“I confirm that the work reported in this thesis was carried out by the candidate under my supervision”.

Dr. Eric Mabonje

Name and Signature of the supervisor

6th November 2019

Date
DEDICATION

I dedicate the book to all medical workers especially those in public hospitals and more specific Mulago hospital staff, for their good time they spared in answering the questionnaires which helped the researcher on data collection, my children, friends and my course mates.
ACKNOWLEDGEMENT

This work has been successful as a result of various people's contribution especially my family; my Father, Mother children-Chris Nathan, Anne Faith and Ann Felicity, also my uncles, Brothers, sisters and best friends for both the moral and financial support they rendered to me amidst difficulties and hard times during my studies, and the pastors Denis Egwela, Adriko Jimmy, Denis and others who stood with me in prayers.

Special recognition goes to the administrators of Kampala International University for offering me the opportunity to pursue my Masters studies.

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The researcher would like to recognize the classmates for continuous support in group discussions and on the research work.
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ABSTRACT

The general objective of the study was to establish the effect of workplace stress on employee performance in government hospitals of Uganda, with the main focus on Mulago National Referral Hospital in Kampala as the case study. The Specific objectives were to examine the effect of work overload on employee performance, to establish the effect of work life balance on employee performance and to find out the effect of work relationships on employee performance in Mulago National Referral Hospital. From these specific objectives, research questions and hypotheses were formulated. The study adopted a cross sectional case study research design which involved triangulation (use of multiple data collection techniques simultaneously) i.e. utilizing both quantitative and qualitative approaches at the same time. The study population constituted 290 employees at both management and operations level. Respondents were selected from the 9 departments of Mulago National Referral Hospital. A sample size of 165 respondents was determined based on Krejcie & Morgan table of 1970, to determine sample size from a given population. The finding revealed that, Work life balance had a positive and significant correlation with employee performance ($r = 0.441^{**} \ P< 0.01$), there was a positive and significant relationship between Work overload on employee performance ($p<0.01, \ r = 0.618^{**}$). The findings further revealed that, the relationship between Work relationships and employee performance was positive but not significant ($p0.027>0.01, \ r = 0.139$). The study concluded that the negative implications of work stress are recognized as a challenge to both employers and workers being more likely to have high-strain jobs. Those with such jobs perceived their work to be physically demanding and less satisfying. Low personal incomes and low levels of education were also associated with higher stress. The study recommended that the organization must conduct needs assessment for an Employee Assistance Program, to reduce Workplace Stress of medical practitioners, the selected Government hospital in Kampala, Uganda should emphasize more on employees’ motivation by paying Employee salaries on time and giving them what is equivalent to their input (Equity and not equality). The government should enhance medical practitioners’ training through workshops to promote development careers of medical practitioners and improve on their salaries, and indeed according to the study, there was a poor performance on employees due to too much work stress, and yet the patient ratio is high.
CHAPTER ONE
INTRODUCTION

1.0: Introduction
This chapter presents the background to the study, statement of problem, the general and specific objectives, research questions and conceptual framework, significance of the study, justification, scope of the study and the operational definitions which are also part of the chapter contents.

1.1 Background to the Study
This section presents the historical, theoretical, conceptual and contextual backgrounds in relation to workplace stress and its effects on employee performance in hospitals in Uganda focusing on Mulago National Referral Hospital as the case study. This chapter presents the background to the study, problem statement, and purpose of the study, objectives of the study, research questions, research hypotheses, and scope of the study, significance of the study, study justification, conceptual framework and the operational definitions of key terms.

1.1.1 Historical background
Stress has been a significant and expensive workplace challenge for employees and employers in the world for a long time. For example, it has been estimated that workplace stress costed US employers an estimated $200 billion dollars a year through absenteeism, decreased productivity, turnover, workers compensation claims and health insurance costs (Maxon, 2009). In fact, health care expenditures were nearly 50% more for employees who report having high levels of stress (Goetzel, Anderson, Whitmer, Ozminkowski, Dunn & Wasserman, 2012). The Bureau of Labor Statistics (BLS, 2013) reports that the average amount of time a worker with a stress complaint takes off from work is 23 days, with 44% of employees who take time off due to stress taking off over 31 days.

Northwestern National Life (1991) found that 25% of employees report that their job is the number one stressor in their lives. Work stress is linked to health issues more strongly than
any other life stressor, including family issues and financial problems (The St. Paul Fire
and Marine Insurance Company, 1992). Living with this stress will take a toll on the
employee which in turn will take a toll on the organization through increased burnout,
decreased engagement, decreased productivity, decreased retention and decreased
participation leading to low employee performance (Bryner, 2006; Weaver, 2003).

In France, Job stress has had a significant relationship with job satisfaction and it was
viewed as an antecedent of job satisfaction (Stamps and Piedmonte, 2016; Stanton et al,
2015). There was an inverse relationship between perceived stress and job satisfaction. The
lack of satisfaction can be a source of stress while high satisfaction can lessen the effects of
stress which means both job stress and job satisfaction are interrelated (Flanagan and
Flanagan, 2015; Sveinsdottir et al, 2006; Zangaro and Soeken, 2007). Satisfied employees
were more productive compared to unsatisfied employee. Among the unsatisfied
employee’s problems are absenteeism and turnover intentions. It was important for any
management to keep employees engaged and productive, at the same time acknowledge
and educate employees on how to handle their stress. Effective stress management will not
only increase job satisfaction but indirectly will improve business results (Muhammad et
al., 2011).

The National Health Services (NHS) in the United Kingdom and in Australia reported that
occupational stress occurred among health professionals at higher levels than in any other
comparable profession (Adeb-Saeedi, 2015; Cottrell, 2016). This higher level of stress in
health service has been attributed to the nature of the work of health professionals in which
nurses, physicians and hospital administrators are involved in providing help to people
experiencing life crises (Tyson & Pongruengphant, 2016). Nursing has been shown to be a
strenuous profession, with nurses more exposed to stress-provoking factors than other
healthcare workers. According to Evans (2015), a survey commissioned by the Sunday
Times in 1997, reported that nursing was the sixth most stressful profession.
Tanzania is one of the countries that struggle to improve its economic status where currently there are many business organizations from both local and international organizations that are doing business in the country. Stress has been one of the major challenges in this country that has had affected the employees' performance that indirectly affects the organization's survival because if employees reduce their work efficiency and don't work best for their organization, this situation couldn't be only affected by organizational performance but also loss healthy shares in an increasing competitive market that may jeopardize their survival (Kazmi, Amjad and Khan, 2008). There were significant differences in levels of job stress, job satisfaction and job performance. Job stress has been reported to affect job satisfaction and job performance based on employee's experiences, types of organization and number of children they have (Nabirye, 2010). Among the key stress factors in employees were performance pressures, role ambiguity and homework interface. There is a negative relationship between job stress and job satisfaction. The employees who had high levels of job stress had low job satisfaction (Muhammad and Muhammad, 2012).

Stress dimensions have significant variance with gender, age, and grade of the employee. There is a negative correlation between stress and job satisfaction meaning that when the stress level increases among the employees it will have a negative effect on job satisfaction. Negative effect will be decrease in job satisfaction. The reason for increase in the stress level could be many like lack of clarity in their roles, overload of work, assignments, relationship conflict among the employees (Suryawanshi & Mali, 2013).

In Uganda, occupational stress is a much commented upon phenomenon of the 20th and now the 21st century society. In the present scenario, employees are struggling with the growing, and often conflicting, demands of the workplace and family life (Musisi, 2014). The lack of work-life balance results in a worrying increase on stress which could result in employee burn-out. According to Mukasa (2015), stress can cause even committed employees to lose motivation and become disillusioned. In this direction an attempt was made to study the
medical sector especially the hospitals and the occupational stress, the employees have undergone in this sector because this is one important sector where sweeping changes have taken place which puts pressure on the employees to deliver more and more sophisticated nature of work.

1.1.2 Theoretical background

The study was guided by the Person-Environment Fit theory (P-E Fit theory) as a much of contemporary stress theory that finds its origins in the early work of the social science research group at the University of Michigan and in particular the work of Kahn, French, Caplan and van Harrison. Together they developed the Person-Environment (P-E) Fit theory (Caplan, 1987). P-E Fit theory argues that stress can arise due to a lack of fit between the individual's skills, resources and abilities, on the one hand, and the demands of the work environment, on the other hand.

The basic premise of the person-environment (PE) fit theory is that stress arises from a misfit between person and environment — not from the two components separately, but as the factors of each related to one another. When individuals perceive that their work environments are not good, or do not fit well with the needs, wants, and desires that they personally would like to be fulfilled from work, the discrepancies create diverse strains, which are then hypothesized to affect workers' health and wellbeing. Environmental demands here include job requirements, role expectations, and group and organizational norms. Countering these demands are the individual's abilities represented through aptitudes, skills, training, time and energy the person uses to meet the demands. The idea is that the larger the discrepancy between person and environment, the greater the likelihood that strain, and a need for coping, will arise.

The Person-Environment Fit theory (P-E Fit theory) was relevant to the study in determining employee performance and also workplace stress, especially when the environment was stable and information required was got on time, such employees
performed very well, yet those whose requirements were not got had more stress levels getting high and their performance ran low.

1.1.1 Conceptual Perspective

Conceptually Workplace stress means the harmful physical and emotional responses that can happen when there is a conflict between job demands on the employee and the amount of control an employee has, over meeting these demands.

In reference to existing authors, it is defined as the perception of a discrepancy between environmental demands (stressors) and individual capacities to fill these demands (Topper, 2007; Vermut and Steensma, 2015; Ornels and Kleiner, 2003; Varca, 2014). Christo and Pienaar (2006) for example, argued that the causes of Workplace stress include perceived loss of job, and security, sitting for long periods of time or heavy lifting, lack of safety, complexity of repetitiveness and lack of autonomy in the job.

Work overload is regarded as a situation that happens when job demands exceed an individual's ability to deal with them; i.e. exceed the time and resources available. Work overload represents the weight of hours, the sacrifice of time, and the sense of frustration with the inability to complete tasks in the time given. Long working hours, particularly at the expense of other parts of workers' lives, help to create overload and added to long hours is the sense that there is too much to do in too little time. Gmelch et al. (1992) argues that Work overload represents the weight of the hours, the sacrifice of time, and the sense of frustration with the inability to complete tasks in the time given. Gmelch et al. (1992) cite the time, pace, and pressure as major factors contributing to stress and burnout. Work overload arises as a complex factor in the qualitative studies conducted by Duke (1988) and Whitaker (2014).

Work life balance is a concept including proper prioritizing between "work" (career and ambition) and "lifestyle" (health, pleasure, leisure, family and spiritual development/meditation). Robert Karasek and Colleagues (2015) defined work-life
balance as a state of well-being that a person can reach or can set as a goal in order to allow them to manage effectively multiple responsibilities at work, at home and in their community. Work-life balance is different for everyone and it supports physical, emotional, family and community health and does so without grief, stress or negative impact. Interpersonal relationships are regarded as a critical role in the development and maintenance of trust and positive feelings in a farm organization. Although the quality of interpersonal relationships alone is not enough to produce worker productivity, it can significantly contribute to it.

Workplace stress is defined as the perception of a discrepancy between environmental demands (stressors) and individual capacities to fill these demands (Topper, 2007; Vermut and Steensma, 2015; Ornels and Kleiner, 2003; Varca, 2014). Christo and Pienaar (2006) for example, argued that the causes of occupational stress include perceived loss of job, and security, sitting for long periods of time or heavy lifting, lack of safety, complexity of repetitiveness and lack of autonomy in the job.

Employee performance is defined as the outcome or contribution of employees to make them attain goals. While performance may be used to define what an organization has accomplished with respect to the process, results, relevance and success Uganda National Development Program (2016). Afshan et al. (2012) observe performance as the achievement of specific tasks measured against predetermined or identified standards of accuracy, completeness, cost and speed. Employee performance can be manifested in improvement in production, easiness in using the new technology, highly motivated workers.

1.1.2 Contextual background

Mulago Hospital was founded in 1913, and is the main National Regional Hospital for the entire country and a teaching hospital for the Makerere College of Health Sciences. It also serves as a general hospital for the Kampala metropolitan. This is a government owned
hospital which was expanded to its current scope in 1962 when the lower Mulago as commonly known was constructed to offer a better and wider health services and facilities to the entire country population. The hospital serves as a national referral for the entire country, and also as a general as well as health centre IV and III for Kampala metropolitan.

In 2014/15 Mulago had 1,880 staff this constituted 67% of the staffing positions leaving a gap of 581 staff to be filled. Mulago hospital had an annual budget of 38.14 billion in 2014/15. The patient load in Mulago hospital continues to be too heavy and affecting quality of services. During FY 2014/15, the hospital attended to 829,817 outpatient visits; 761,573 inpatients; 61,568 emergencies; 28,759 total ANC visits; 39,081 deliveries; 11,120 postnatal visits; 1,738,652 lab tests; 33,949 X-rays; 27,142 ultrasound scans; 49,680 immunization contacts; 13,397 major surgeries; 9,701 FP contacts (Mulago Hospital performance report, 2014/15). However in spite of all its successes registered as a hospital and by the government as a whole, administration of employee performance in terms of productivity, timely reporting at work (duty), and self-motivation at large among other factors has remained a challenge. In Uganda, several nationwide surveys have indicated that, about 58% of the workforce in organizations suffers from stress-related problems (The Weekly Mirror 2016). This means that stress can be a killer of many organizations in Uganda of which Mulago national referral hospital is no exception.

Giga and Hoel (2013) concluded that high rates of mergers, acquisitions, increasing economic interdependence among countries due to globalization, technological development, and restructuring have changed the organizational work over the last few decades have resulted in time pressure, excessive work demand, role conflicts, ergonomic insufficiencies and problematic customer relationship are causes of stress. In Uganda every year nearly 10,000 students graduate as medical professionals who strive for their career in the health sector which is the one of the largest economic backbone of the country, but it is
observed that for past few years that there are serious changeovers in career orientation, satisfaction and other such aspects in the employees in health sector especially doctors, that is why the doctors are taken as target population which would reflect the employers attitude towards the stress and its impacts on overall employee performance in government institutions like Mulago National Referral Hospital. According to the Mulago National Referral Hospital human resources performance report, (2013/2014), workers who are stressed are also most likely to be unhealthy, poorly motivated, and less productive and less effective at work and their organisation are less likely to be successful in a competitive market. Stress can’t be eliminated as it serves as a driving force if kept at a certain level, so stress needs to be managed in the sense that the level of patient care job satisfaction and other factor that affect it are optimized or minimized. For this reason there has been the need for a continuous change in management strategies and administration, and the demands on employees to perform have been increasing. This has brought a lot of pressure on the employees, who are expected to deliver a world class service without the corresponding increase resources and training, yet those who fail to deliver are threatened with dismissal and other forms of punishment. With jobs very difficult to come by these days in Uganda, many employees are crumbling under this pressure. Cases of employee stress are therefore on the ascendancy. It is in this view that this study is being conducted to identify the effects stress has on the performance of employees of Mulago National Referral Hospital.
1.2 Statement of the Problem

Most organizations with the aim of attaining higher performance end up saddling employees with overload of work in order to meet deadline and this might have psychological and physical effects on the employees which may result in something contrary to what these organizations want to achieve. Although organizations are paying more attention than in the past to the consequences of the trauma their employees go through when they place extra-ordinary demands on them, there is still more room for improvement. Again to generate enough revenue to be self-sustaining and to be able to fund the acquisition of modern equipment meant efficient service provision and optimal employment of resources. Therefore stress free work environment propels effective and high performance among employees in organizations (Flanagan and Flanagan, 2012).

However, in Mulago National Referral Hospital, it has been observed that there is lateness to work, low productivity and increased sick leaves, absenteeism from work and even careless mistakes done by doctors/nurses while performing their duties (Natukunda, 2008). Medical workers especially the nurses and Doctors have also observed that working when tired results in mistakes for which they are blamed; therefore, they would rather not go to work under such circumstances. This is in addition to the public outcry about the deteriorating Doctors and nursing care in Ugandan hospitals (Uganda Medical and Dental Practitioners Council, 2015/2016). Furthermore UBOS (2015) noted that medical workers are leaving the country for other countries with hope for better pay; this leaves the country with few medical workers who may not be efficient because of too much work (work overload). It is in the light of these problems that this research seeks to establish the effect of workplace stress on employee performance in government hospitals, focusing on Mulago National Referral Hospital as the case study.
1.3.0 Research objectives

1.3.1 General objective

The general objective of the study was to establish the effect of workplace stress on employee performance in government hospitals within Kampala focusing on Mulago National Referral Hospital as the case study.

1.3.2 Specific objectives

i. To examine the effect of work overload on employee performance in Mulago National Referral Hospital

ii. To establish the effect of work life balance on employee performance in Mulago National Referral Hospital

iii. To find out the effect of interpersonal relationships on employee performance in Mulago National Referral Hospital

1.4 Research Questions

i. What is the effect of work overload on employee performance in Mulago National Referral Hospital?

ii. What is the effect of work life balance on employee performance in Mulago National Referral Hospital?

iii. What is the effect of interpersonal relationships on employee performance in Mulago National Referral Hospital?
1.5 Research Hypotheses

The study was guided by the following hypotheses:

H1: Work overload significantly affects employee performance in Mulago National Referral Hospital

H2: Work life balance has a significant effect on employee performance in Mulago National Referral Hospital.

H3: Interpersonal Relationships have a significant effect on employee performance in Mulago National Referral Hospital.

1.6.0 Scope of the Study

This is divided into geographical, content and time scope

1.6.1 Geographical scope

The study was carried out at Mulago National Referral Hospital located at Mulago Hill, Kampala Uganda.

1.6.2 Content scope

The study looked at workplace stress and employee performance in the selected Government hospital in Kampala. The study put in to consideration the level of workplace stress in the selected areas of study, the level of employee performance, and the relationship between workplace stress and employee performance in these areas where the research was carried out.

1.6.3 Time scope

The study was restricted to a period of 4 years starting from 2009 to 2013. This period was selected because it was within that period that the board invested a lot of money in improving performance of its employees. This was the time when the hospital enacted regulations including but not limited to stress management policy, (Mulago National Referral Hospital Management Accounts, Quarter 1, 2009). The period was ample for the
study. This was hoped to give relevant and detailed information concerning the topic under
study.

1.7 Significance of the study

The study findings and recommendations will be beneficial to the following;

Policy makers and nurse managers; the results of this study may be used to guide policy
makers and nurse managers to develop a stress prevention/management model specific to
the Ugandan situation. Prevention and management of occupational stress among nurses
will not only improve their health but may improve job satisfaction and nursing care,
which will in turn reduce costs for the healthcare organizations as well as individuals.

To academia; it may help students at higher levels of education to add on the existing
literature on the impact of workplace stress on employee performance in the selected
Government hospital in Kampala. Also the findings and recommendations may help build
on existing information that can be used as reference.

To the stakeholders; the findings of this study may help management of different
organizations as it tries to articulate the factors that can cause inefficiency in managing
work stress and causing poor performance in the hospital institution.

1.8 Operational Definitions of Key Terms

Personal background characteristics; include the following demographic and work
characteristics: age, gender, marital status, number of children, hospital, ward/department,
nursing education, years of nursing experience, responsibility, and hours worked on a
typical day.

Occupational stress; refers to the harmful physical and emotional responses that occur
when the requirements of the job do not match the resources, capabilities and needs of the
worker (Alves, 2015).

Job satisfaction; refers to the level or degree to which employees like their jobs (Spector,
1997).
**Employee performance** refers to how effectively an individual carries out his/her roles and responsibilities related to his/her job (AbuAlRub, 2016).

**Workplace**: It is a physical environment where individuals perform their tasks and duties.

**Employee**: This is an individual hired to work for a company/organization which in return pays him/her a wage/salary.

**Performance**: It is the process of executing one’s tasks and actions.

**Stress**: It is a situation when an individual’s body mechanism is frustrated, tired and won out to effectively carry out their daily obligations.

**Workplace stress**: the term Stress itself is amorphous and sustains the difficulty in discerning its meaning.

**Employee Performance**: Employee performance is a term typical to the Human Resource field where employee performance can refer to the ability of employees to achieve organizational goals more effectively and efficiently.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter presents the theoretical review and a review of literature related to stress and employee performance. Literature has been reviewed in line with the study objectives.

2.1 Theoretical Review
The study was guided by the Person-Environment Fit theory (P-E Fit theory) as a much of contemporary stress theory that finds its origins in the early work of the social science research group at the University of Michigan and in particular the work of Kahn, French, Caplan and van Harrison. Together they developed the Person-Environment (P-E) Fit theory (Caplan, 1987). P-E Fit theory argues that stress can arises due to a lack of fit between the individual’s skills, resources and abilities, on the one hand, and the demands of the work environment, on the other hand.

The basic premise of the person environment (PE) fit theory is that stress arises from a misfit between person and environment – not from the two components separately, but as the factors of each relate to one another (Sherman et al., 2016), also. When individuals perceive that their work environments are not good, or do not fit well with the needs, wants, and desires that they personally would like fulfilled from work, the discrepancies create diverse strains, which are then hypothesized to affect workers’ health and wellbeing. Environmental demands here include job requirements, role expectations, and group and organizational norms (McGronogle & Kessler, 2015). Countering these demands are the individual’s abilities represented through aptitudes, skills, training, time and energy the person uses to meet the demands. The idea is that the larger the discrepancy between person and environment, the greater the likelihood that strain, and a need for coping, will arise.
The framework of workplace stress is based around the same foundation as the PE fit theory. They share two basic premises, first, that stress arises from the misfit between person and environment, and second, that subjective perceptions of work environments primarily determine strains. The difference between the two viewpoints is the framework's core definition. Arnold, Robertson and Cooper (2014) continued to state that occupational stress is a total process including the environmental sources of stress and the individual's perception of them, short-term and long-term physiological, psychological, and behavioral responses, as well as a number of modifying factors that influence the relationships among variables in the stress process (such as social support, and the quality of interpersonal relationships within the work environment). The P-E Fit theory makes explicit the interaction between the individual and the environment in shaping their response to work situations and events, but also highlights the importance of the individual's perception of the environment; and the interaction between them. Logically, this lack of fit can take three forms (Edwards, Caplan, & van Harrison, 1998): (1) the demands of the work environment exceed the employee's ability; (2) the employee's needs consistently fail to be met by the work environment; and (3) a combination of the two situations exists (i.e., where an employee's needs are not being met while at the same time their abilities are overstretched).

A review of the literature suggests that researchers have attempted to find an explanation regarding the potential relationship that exists between stress, an individual, and the environment. It has been theorized that if there is not an accurate fit between the person and the environment, strain will occur (French et al., 2016). More specifically, a person environment fit suggests that individual fit certain occupations based on the interaction of a multitude of variables. Theoretically, P-E Fit predicts that the magnitude of strain experienced by an individual is proportional to the degree of misfit between the individual
and their occupation (Pithess & Soden, 2014). Individuals vary in their needs and abilities just as jobs vary in their incentives and demands (French et al., 2016).

The Person-Environment Fit theory (P-E Fit theory) was relevant to the study in determining employee performance and also workplace stress, especially when the environment was stable and information required was got on time, such employees performed very well, yet those whose requirements were not got had more stress levels getting high and their performance ran low.

2.3 Conceptual Framework

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<td>Work Place Stress</td>
<td>Employee performance</td>
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<td></td>
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<tr>
<td>Work Overload</td>
<td>• Employee commitment</td>
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<tr>
<td>- Fatigue</td>
<td>• Effectiveness</td>
</tr>
<tr>
<td>- Thermal Stress</td>
<td>• Efficiency</td>
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<tr>
<td>- Time pressure</td>
<td>• job satisfaction</td>
</tr>
<tr>
<td>Work life balance</td>
<td></td>
</tr>
<tr>
<td>- Work-family interaction</td>
<td></td>
</tr>
<tr>
<td>- Flexible Work Arrangement</td>
<td></td>
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<td>- Leave of Absence/Vacation</td>
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<tr>
<td>Work relationships</td>
<td></td>
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<tr>
<td>- Communication</td>
<td></td>
</tr>
<tr>
<td>- Varied interaction</td>
<td></td>
</tr>
<tr>
<td>- Interrelatedness</td>
<td></td>
</tr>
</tbody>
</table>

Intervening factor

- Government policy
- Organizational policy

Figure 1: Conceptual Framework
Source: Adopted from Vroom's (1964) expectancy, Organizational career Development systems: and modified by the researcher.

Figure 1 Conceptual framework showing the relationship between workplace stress (independent variable) and employee performance (dependent variable)
The conceptual framework in Figure 1 above; shows that significant aspects of workplace stress was considered as the independent variable which was studied in terms of the different types of stressors such as Work Overload as included in the three dimensions such as Fatigue, Thermal Stress and Time pressure. As for Work-life balance, it included three dimensions such as work-family interaction, flexible Work Arrangement and Leave of Absence/Vacation while as Work relationships included three dimensions such as Effective communication, varied interaction and Interrelatedness of the employees. These factors influence employee performance. The lower the level of workplace stress in terms of work load, work life imbalance and work relationships, the higher the efficiency, effectiveness, work excellence, attitudes and job satisfaction/commitment of employees. Government policy can intervene by providing policies and guidelines that either enhance or reduce the capacity of institutions in using workplace environment to enhance employee performance and so the organization policies.

Therefore the preliminary model of the causes of stress and its consequences for job Design by: Motowidlo, et al. (2016) presumes that (a) Work Overload leads to affective states such as anxiety, hostility, and depression and to decrements in aspects of job performance, and (b) Work life balance is caused by specific events that occur at work. The more frequent and the more intensely stressful the events are for an individual, the greater the level of subjective stress. Job conditions partly determine the frequency with which these events occur. Work relationships such as job experience, Type A behavior pattern and fear of negative evaluation also determine their frequency as well as the intensity of their stressfulness for individuals. The model presumes also that subjective stress generates anxiety, hostility, and depression which, in turn, affect components of performance such as tolerance for frustration, clerical accuracy, interpersonal sensitivity, and selflessness.
2.4.1 The effect of work overload on employee performance

Putative stressors such as workload (i.e., concurrent task management, task switching, time pressure), heat and cold, noise, and fatigue have already been discussed in part during previous sections (e.g., attention, memory). Generally, a high workload with two or more tasks is a primary cause for decreased performance. There are two methods to measure or indicate high workload. One of the methods is worked on the performance level and therefore called "performance based indicators". The second approach is on the psychophysiological level (Warr, 2015). A shortage of labor causes the workload to increase per worker employed at work. Thus, each worker is expected to compensate for lack of additional workers. This results in decreasing level of quality of production. Nonetheless, the employees suffer from stress (Cranwell-Ward & Abbey, 2015).

Early views of stress treated the concept and the human organism in mechanistic terms (Cannon, 2015; Selye, 2015). Stress was frequently viewed as present when demands outweighed resources. The resulting strain on the system was seen as a stress effect. Later theorists included a cognitive component to this definition yet stress was still conceived as an imbalance between environmental demands and the organism's capability to adequately respond to those demands (Lazarus, 2015). This type of simplistic dichotomy lent itself to an interpretation of workload and other variables as stressors. For instance, it has been established that increased work volume requires greater resources to sustain performance. According to earlier views of stress, this fact alone draws the parallel between the two concepts. Although these is far from universal acceptance of this connection, many in the research immunity today still consider factors such as workload, stress-related. Although some have resisted the temptation to connect workload and stress, instead replying on descriptions of the task demands alone (Hancock & Desmond, 2016), this has proven difficult given the divergence among the research community. For example, Parasuraman
and Hancock (2016) drew a distinction between workload and task load, asserting that task load was the environmental load on the organism while workload was the experience of that loading by the organism as it attempted to adapt accordingly.

2.4.1.1 Fatigue

Although it will come as no surprise, the research on fatigue and performance consistency indicates that fatigue tends to degrade performance. Furthermore, the negative effects of fatigue increase as sleep is deprived for greater periods of time. Are these effects due to stress or the direct role fatigue plays? The answer is unclear. This review has included fatigue as a putative stressor in light of the convention for doing so in the stress and performance literature; however, few, if any, studies have definitively separated direct from indirect effects concerning fatigue. Before a further discussion of these effects, a brief review of the construct of fatigue is necessary.

Job and Daiziel (2016) reviewed the concept and conclude that researchers have long struggled with how to define and study fatigue. A quick review of previous investigations bears this out. For example, these are numerous operational redefinitions of fatigue and little consensus on how to bind the construct. Brown (2016) suggested that, psychological fatigue is defined as a subjectively experience disinclination to continue the task" (p.289). Cercarelli and Rayan (2014) indicated that, fatigue involves a diminished capacity for work and possibly decrements in attention, perceptions, decision making, and skill performance. Perhaps must simply put, fatigue may refer to feeling tired, sleepy, or exhausted (NASA, 2014). Job and Dalziel (2016) posted the following definition of fatigue.

A state of an organism's, viscera, or central nervous system, in which prior physical activity and/or mental processing, in the absence of sufficient rest, results in insufficient cellular capacity or system wide energy to maintain the original level of activity and/or processing by using normal resources.
Gawron, French, and Funke (2016) provide an overview discussion of fatigue, and these authors suggest that there are two types. They consider physical fatigue peripheral, a reduction in capacity to perform physical work as a function of preceding physical effort. On the other hand, mental fatigue they contend is central, inferred from decrements in performance on tasks requiring alertness and the manipulation and retrieval of information stored in memory. Diamond and Hancock (2016) also identified two different types of fatigue but chose to classify them as passive and active. These authors suggested that passive fatigue is that which resembles vigilance—resulting from passive monitoring of a given system with little if any active interaction with that system. As one might guess, active fatigue has been defined as that which results from the continuous or prolonged interaction with a system. Desmond and Hancock defined fatigues as, a transition state between alertness and somnolence.

2.4.1.2 Thermal Stress

Under thermal stress (heat and cold) various cognitive processes appear to be impaired and this impairment seems to be related to the severity of these three scores. Cognitive impairments appear to be more prevalent under conditions of cold that those of heat. Most of the research literature in this area has assessed psychomotor and or perceptual-motor tasks and to a much lesser extend complex cognitive tasks. Accordingly, impairment patterns have been clearly demonstrated among psychomotor skills (particularly fine motor skills under cold conditions), but there are mixed results when it comes to higher-order cognitive abilities.

The explanation for such decrements remains unclear but likely originates from several sources. From a biological or neural functioning perspective, thermal stress may lead to be breakdown in thermal regulation. On the other hand, the discomfort caused by thermal extremes may result in an information processing distraction that interferes with task-related performance (i.e., drawing resources and attention away from the task and to word
the subjective experience). Similarly, volitional changes in strategy may occur. For example, it has been suggested that the strategic allocation of resources across different task components may change. In such a case, the shift in resources allocation may accompany a goal shift toward emotion-focused coping—a result of concurrent management of the task demands and the subjective discomfort of the stressor.

The number of contexts in which thermal stressors have been shown to degrade performance is large and includes those in attentive processes (Callaway & Dembo, 2014; Pepler, 2014; Vasmatzidis, Schlegel, & Hancock, 2015), memory (Giesbecht, Arnett, Vela, & Ristow, 2014; Hocking, Silberstein, Lau, Stough, & Roberts, 2016), psychomotor and/or perceptual-motor tasks (Baddeley & Fleming, 1967; Enander, 1989; Gaydoo & Dusek, 2014; Hyde, Thomas, Schrot, & Taylor, 1997; Idzikowski & Baddeley, 1983), problem solving (Fine et al., 1960), and under various training environments (Keinan, Friedland, & Sarig-Naor, 2014). Attention processing has typically been examined using vigilance tasks. Pepler (2014) found that, under the stress of heat, vigilance decreased over time. Vasmatzidis, Schlegel, and Hancock (2015) found similar decrements in vigilance, visual tracking, and auditory discrimination tasks when participants were subjected to heat. Callaway and Dembo (2014) examination of cold demonstrated its effects on the judgment of sizes. Subjects were instructed to put their foot into a bucket of ice water simulating stressful conditions related to thermal discomfort.

The authors found that the subjects tended to judge the objects as larger than matched controls. Due to the fact that size judgments typically require the incorporating of peripheral cues such as elements in the foreground (shadow, texture, relative position of other objects, etc), the authors concluded that subject had not attended to these cues, focusing instead on the central object these judgment did not appear to be related to ophthalmic changes and Callaway and Dembo (2015) (surmised that some physiological
mechanism seemed to increase the selectivity of an individual’s attention under the stress of cold.

Thermal stressors have also been employed in the study of working memory performance. These examinations have included both heart (Hocking, Silberstein, Lau, Stough, & Roberts, 2016) and could (Giesbrecht, Arnett, Vela, & Bristow, 2014). Giesbrecht, Arnett, Vela, and Bristow (2014) found that after immersion in cold water, tasks requiring minimal cognitive demands, remained unaffected (auditory attention, Benton visual recognition, digit span forward); however, these tasks deemed more cognitively challenging (digit span backward-requiring working memory, and the Stroop task) showed significantly degraded performance. Slaven and Windle (2014) simulated conditions of a disabled submarine and found that under the stress of cold, there were no significant performance decrements (including measures of working memory). However, self-report measures suggested that decrements were perceived. These authors concluded that motivation and the presence of peers (shipmates) may have played a role in mitigating the effects of thermal stress.

2.4.1.3 Time pressure
Time pressure has been found to degrade performance across a variety of cognitive domains. The range of performance domain that have been found to suffer under time pressure include: judgment and decision making (Entin & Serfaty, 2014), visual search behavior, vigilance and attention processes (Streufert & Streufert, 2014), Memory recall strategies (Cambell & Austin, 2015), concession making and integrative agreements (Pruitt, 2014; Pruitt & Canmevale, 2016), and subject’s self-rating of performance (Greenwood-Ericksen & Ganey, 2015). In addition to a general drop in performance, time pressure and the corresponding sense of urgency experienced tends to result in strategy-shifting in teams (explicit to implicit rules and greater coordination between members), task-or or load-shedding (of which strategy-shifting may be seen as one specific example),
tunneling of attention and visual scanning, and a speed or accuracy trade-off in performance.

Some have argued that time pressure is the central at the heart of all performance decrements and that any element that impinges on an operator’s workload does so through this variable. Hendy, Farrell, and East’s (2016) information processing model of operator stress is defined by time pressure. These authors posit that time pressure is the underlying stressor that determines operator performance, error production and judgments of workload.

In fact, according to Hendy et al all factors affecting workload are reduced to this variable. Moreover, the authors suggest that the relationship between a given task load and its corresponding time pressure can be estimated by dividing the tasks load by the rate at which information (related to the load) can be processed. This equation results in a determination of the decision time needed to manage the load. This figure is further divisible by the time availed to the operators to complete the operations in equations, which leaves a numerical function representing time pressure. The authors propose three possibilities by which human information processing can reduce load mismatch. The first is reduction in task load or the amount of information require to the processed. The second is an increase in the time available to complete the task, and the third is an increase in channel capacity (regulating the rate and volume of information required to be processed). The second is an increase in the time available to complete the task, and the third to be processed. The second is an increase in the time available to complete the task, and the third is an increase in channel capacity (regulating the rate and volume of information processing). Hendy et al. are certainly not alone in their alignment of time pressure and workload. O’Donnell and Eggemeier (2016) also drew a direct connection between these two variables. These authors have suggested that time pressure and workload are the operant conditions that lead to load-shedding.
2.4.2 The effects of work life balance on employee performance

2.4.2.1 Work - family balance

Work-family balance is defined as "satisfaction and good functioning at work and at home, with a minimum of role conflict" (Clark, 2016). Moreover, Parkes and Langford (2008) defined this as "an individual's ability to meet work and family-commitments, as well as other non-work responsibilities and activities". That is, these two definitions for work-life balance imply establishing an acceptable combination of work and life (Thornthwaite, 2016). And the majority of work-life studies have defined work-life balance in terms of the level of work-life conflict (Carlson et al., 2009). This study assumes that work-life balance corresponds to the absence of work-life conflict. Several empirical studies have showed that the experience of work-life balance is positively related to employees' performance and organizational performance as well (e.g., Harrington & Ladge, 2009; Parkes & Langford, 2008). More specifically, work-life balance has been shown to have positive outcomes, such as low turnover intention, improvement of performance, and job satisfaction (e.g., Cegarra-Leiva et al., 2012; Nelson et al., 2014; Scandura and Lankau, 1997). Work-life balance contributes to increasing employees' in-role performance (Magnini, 2009). The experience of psychological well-being and harmony in life helps employees concentrate on their work, resulting in better performance. For example, Netemeyer, Maxham, and Pullig (2015) asserted that work-family conflict can yield a negative impact on both in-role performance and extra-role performance.

In addition, work-life balance has a positive effect on employees' affective commitment to their organizations (Casper et al., 2011; Muse et al., 2008). That is, the experience of work-life balance generates feelings of loyalty to the organization and increases affective commitment. Affective commitment is an emotional attachment to the organizations or the employers which can cause employees to want to remain with the organizations (Allen and
Meyer, 2014). Employees become strongly attached to their organizations when their needs and expectations are satisfied (Meyer et al., 2014). The experience of work-life balance satisfies employees’ psychological demands to maintain the balance between work and life. Several empirical studies have supported that employees’ experience of work-life balance contributes to favorable evaluation of their organizations and affective commitment (Muse et al., 2008). Similarly, work interference with family (WIF) and family interference with work (FIW) are negatively related to affective commitment (Allen et al., 2016; Netemeyer et al., 2014; Streich et al., 2008).

The rise of families in which both partners are earning and increasing female participation in the sphere of employment has transformed the ways in which couples manage work and family responsibilities. Work and family integration can result in both negative (i.e., work-family conflict) and positive interactions (i.e., work-family enrichment). Work-family conflict and work-family enrichment can occur in either direction - “work-to-family or family-to-work”. Work demands, family demands and work flexibility are recognized to be important determinants of the work family interaction (Luo Lu et al, 2008). Berman (2016) wrote that as much as an employer may not want to be affected by the personal life of his employees, personal problems can sometimes affect employee performance. Managers need to be sensitive to employee personal problems, and be prepared to discuss the issues with employees when necessary. If an employee requires time off to deal with a personal problem, then granting that time off will help to show all of your employees that the company values its employees.

2.4.2.2 Flexible Work Arrangement
Understanding the relationship between flexible working and performance benefits the organisation in a number of ways. Langford (2008) assessed the quantity and quality of work of individual employees within organisations provides the opportunity to measure the direct influence of flexible working on organisational operations and effectiveness. The
positive work-life balance effects of flexible working are probably the best known and most frequently cited advantages. Aiming for a greater balance between demands from within and outside the workplace is often the driver for individuals to seek such arrangements. The interplay between employee wellbeing, work-life balance and performance brings into play factors such as organisational commitment, enthusiasm, energy and satisfaction. The findings support the intuitive expectation that the employee who is better able to integrate work and non-work will experience enhanced wellbeing.

Indirectly, this positive association impacts on performance, with employees in a sense 'repaying' their organisation with improved levels of motivation and drive. Some employees who had become accustomed to working flexibly expressed unwillingness to move back to a more traditional pattern, linking their flexible arrangement to reduced pressure and stress (Carlson et al., 2009). There was abundant evidence of individuals adapting their working arrangement over time to meet both changing job demands and evolving demands from the home, and great value was placed on the personal control to meet needs from both domains which was afforded by their flexible working pattern. So flexibility is highly valued, but does not remain static over time. Stress is linked to wellbeing and work-life balance, and here the picture is less clear (Clark, 2016). Flexible working could be seen as a positive measure which helped reduce workplace stress through reducing hours, cutting down on commuting time and minimising work overload.

However, it could also be a source of stress, if a reduction in hours meant that employees struggled to achieve objectives which had not been appropriately reduced to match such a change. This reinforces the message that flexible working needs to be well designed to succeed, particularly in the case of reduced hour's work where the required tasks of the role should reflect the hours available (Casper et al., 2011; Muse et al., 2008). Where flexible working is genuinely available to all employees within an organisation, it is perceived as more acceptable than when used only by a limited group of employees. This is
irrespective of whether or not organizational policy says that flexible working is available for all. The gap between the rhetoric of policy and the reality of the types of employees who actually take up flexible working can be indicative of the culture of the organisation. Often 'flexibility for all' translated into a large majority of parents of young children (particularly mothers) working in flexible ways (e.g., Harrington & Ladge, 2009; Parkes & Langford, 2008). This reinforces stereotypical views of what it means to be a flexible worker. There was nothing unusual identified in the barriers to a genuine flexible working culture: managerial resistance; a lack of role models, especially senior men; an unwillingness to 'go against the grain'; well-founded suspicions that career prospects would be harmed; an over-complicated application procedure (Allen & Meyer, 2014).

2.4.2.3 Leave of Absence/Vacation

Lounsbury and Hoopes (2016) defined vacation as “a cessation of work, a time when a person is not actively participating in his or her job. It is a time when a person is free to pursue other interests, and therefore a time when the work situation might lose importance compared to other domains of experience such as family and personal leisure”. Westman and Eden (1997), proposing to embed respite research within Hobfoll’s (1989) conservation of resources (COR) theory of stress, suggest that vacations are used as a time to replenish resources, to halt loss cycles and build gain cycles, thus preventing the strain resulting from job stress.

Situations in which the job’s demands exceed the individual’s resources are expected to produce stress. In such situations withdrawal represents a means of avoiding stress. For the organization, one of the most significant forms of withdrawal is absenteeism, an observable consequence of changing the allocation of time and effort from work to some nonworking activity and setting (Fichman, 1998). There are two main possible elements of absenteeism: duration and frequency. In the current study we relate only to frequency of absence since frequencies were found to be a more reliable measure than duration (see Melamed et al.,
2016). However, we used two measures, differentiating between reasons for absence: (a) absence for health reasons, which includes certified sick absence of more than three days; and (b) leave taken for “other reasons” for at least one day. Both kinds of absenteeism may result from stress. Hendrix (1985) found that the onset of cold and flu was a function of psychological stress, job-related tension, anxiety and poor eating and health habits.

Most withdrawal research treats absence and lateness as different manifestations of withdrawal from the aversive work environment. People who are having a hard time coping with stress in their jobs are more likely to call in sick or take a day off. According to Dilts et al. (1985), the phenomenon of absenteeism from the workplace is an expression of employees' withdrawal behavior, and can be seen as a measure of some form of organizational dysfunction. Similarly, Dwyer and Ganster (1991) note that work stress is linked to results of withdrawal behavior — that is, various stress factors cause the employees to want to absent themselves from the workplace.

Some researchers regard absenteeism from work as a conscious and considered decisional act on the part of employees who are interested in not arriving at work because they have other desires, personal matters, constraints, need for a break, or family obligations. A number of researchers have suggested that absenteeism may provide a “safety valve” for coping with stress. Neubauer (1992) found that nurses with high absenteeism rates rated their work environment as high in stress and low in control.

Similarly, Greiner et al. (1998) used observational job analysis to measure stressor dimensions that interfere with task performance among 308 transit operators. Results indicate that individuals in the high stressor group were almost four times more likely to be in the high absenteeism group in comparison with individuals in the low stressor group. In the same vein, Rentsch and Steel (1998), studying civilian personnel working in a research and technology directorate, found that job characteristics were durable predictors of absence over a 6-year period.
2.4.3 The effect of work relationships on employee performance

Work relationship is the major factor determining the performance of employees. Good relationship with employees can be created through motivating employees, effective communication, good working conditions and effective communication. Deming (1997) as he cited workforce as a major contributor to higher contributor to high productivity levels.

A basic obligation of employees is adequate performance. How well an employee fulfills his or her obligation depends on the degree to which the management and the employees on what define satisfactory performance.

2.4.3.2 Communication

At the center of any successful work relationships is the important aspect of keeping employees informed about general matters affecting their work role. Communication and consultation within the organization contribute to increased understanding of management actions. Misunderstandings arising from day-to-day activities and improved trust between employers and employees, Communication is a two way process that needs to be made for upward as well as for downward communication. Formal communication channels are those that are officially acknowledged and approved, such as circulars, meetings, posters and so on. According to Cole (1997) organizations should acknowledge the supreme importance of Formal communication channels in the organization, and ensure that adequate mechanisms exists to stimulates and channel the exchange of information, suggestions, feelings and opinions between management and employees.

Greenbaum (1974) described four major purposes of organization communication. He identified regulation purposes where communication is intended to ensure that employee behavior is consistent with the goals of the organization. Seconds innovation purposes whereby the organization seeks to change the way that things are done. Third, integration purposes where the aim to encourage employees to identify with organization and raise morale. Fourth, information purposes, which employees will need in order to do their jobs.
All these are important aspects that management uses to enhance business processes within an organization and ensure that it remains as an entity. Cutter buck (2014) also added by identifying some roles of communication which they classify as task communication, Educational and motivational communication.

2.4.3.3 Varied interaction

Relationships in practices can be described as social or task related. Social relationships are personal and often based on activities that exist outside of work; task-related relationships are focused on professional issues. Practices should not view social and task-related relationships as mutually exclusive. In successful practices, a mixture of social and task-related relationships is required, and practices should encourage both. Stress exists in every organization either big or small the work places and organizations have become so much complex due to which it exists, work place stress has significant effects over the employees job performance, and the organizations in UK are trying to cope with this scenario, (R. Anderson, 2003). Eleven forces are used as an antecedent of stress by researches (Overload, Varied interaction, Role conflict, Responsibility for people, Participation, Lack of feedback, keeping up with quick technological change, being in an innovative role, Career growth, Organizational structure and environment, and Recent episodic events.)

2.5 Summary of reviewed literature

Based on the review of the literature, workplace stress and employee performance are the major factors associated with retention of both doctors and nurses and quality of care hospitals, and more so Mulago which is the focus on the study. Additionally, workplace (occupational) stress has been found to differ among professions and work settings. The majority of the research studies regarding sources of workplace stress and job satisfaction have been conducted on American and European nurses and their work settings. The conceptual model guiding this study indicated that cultural templates influence the appraisal of job demands, job
satisfaction, and job performance (Lazarus & Folkman, 1984). Therefore, given the diversity of reported stressors for medical workers, there is a need to identify the relationships among occupational stress, and job performance of medical workers in the Ugandan hospitals.
CHAPTER THREE
METHODOLOGY

3.0 Introduction
This Chapter includes the research design, study population, determination of the sample size, sampling techniques and procedure, data collection methods, data collection instruments, validity and reliability, procedure of data collection, data analysis and measurement of variables.

3.1 Research Design
The study adopted a cross sectional case study research design. Cooper (2015) looks at a cross sectional study as a snapshot of one point in time, that is, studies that are carried out once. Kombo and Tromp (2006) establishes that a case study seeks to describe a unit in detail, in context and holistically while ensuring that a great deal can be learned from a few examples of the phenomena under study. The cross sectional case study involved triangulation of both quantitative and qualitative approaches at the same time. Mugenda & Mugenda (2010) defined quantitative approach as that approach that produces discrete numerical data while the qualitative approach produces textual and non-numerical data. They further state that the advantages of using both approaches is that they help supplement each other as each method checks on another to reduce bias. Quantitative approach was used to gather information for proper analysis and making appropriate inferences, generalizations and conclusions to the population (Mugenda & Mugenda, 2010). Qualitative approach was employed so as to capture the information on attitudes and behavior hence supplementing information from quantitative sources (Arya & Yesh, 2016).

3.2 Study Population
The study population constituted 290 employees at both management and operations level. Respondents were selected from the 9 departments of Mulago National Referral Hospital. The departments of Mulago National Referral Hospital were: Executive Director, Directorate of Medicine, Obstetrics and Gynecology, Information and Communication
Technology, Finance & Accounts, Internal Audit, Directorate of Surgical Services, Pediatrics and Child Health and Human Resource and Administration (Mulago National Referral Hospital, human resource report, 2013). Roscoe (1976) observes that any number beyond 50 respondents is substantive enough to provide scientific findings.

3.3 Sample Size and selection

A sample is a collection of some (a subset) elements of population (Amin 2015). A sample was obtained from the accessible population and contained known elements/respondents or interviewees as per Mugenda & Mugenda approach (2014). The sample size in this study was determined using three techniques: purposive, simple random and use of Krejcie & Morgan table of 1970, to determine sample size from a given population. Table 1 below shows the earlier anticipated sample size estimates as 165 which were selected from the population of Mulago National Referral Hospital which is 290.

Table 1: Determining accessible population and Sample Size

<table>
<thead>
<tr>
<th>Departments</th>
<th>Population</th>
<th>Sample</th>
<th>Sampling technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>5</td>
<td>3</td>
<td>Purposive Sampling</td>
</tr>
<tr>
<td>Directorate of Medicine</td>
<td>75</td>
<td>10</td>
<td>Simple random</td>
</tr>
<tr>
<td>Internal Audit</td>
<td>21</td>
<td>18</td>
<td>Simple random</td>
</tr>
<tr>
<td>Information &amp; Communication</td>
<td>47</td>
<td>40</td>
<td>Purposive Sampling</td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance &amp; Accounts</td>
<td>29</td>
<td>10</td>
<td>Simple random</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>31</td>
<td>21</td>
<td>Simple random</td>
</tr>
<tr>
<td>Pediatrics and Child Health</td>
<td>35</td>
<td>23</td>
<td>Simple random</td>
</tr>
<tr>
<td>Directorate of Surgical Services</td>
<td>15</td>
<td>9</td>
<td>Simple random</td>
</tr>
<tr>
<td>Human Resource &amp; Administration</td>
<td>32</td>
<td>31</td>
<td>Purposive</td>
</tr>
<tr>
<td>Total</td>
<td>290</td>
<td>165</td>
<td></td>
</tr>
</tbody>
</table>

*Source: adapted from Krejcie & Morgan, (1970) and modified by the researcher*

3.4 Sampling Techniques and Procedure

The researcher employed simple random sampling to select respondents who participated in the study in order to eliminate bias. Simple random was a probability based sampling
method in which every unit of the target population had an equal chance of being selected. Purposive sampling was used to ensure rich information for in-depth study. Otherwise, the Krejcie & Morgan table (1970) sampling technique was adopted and modified by the researcher, to ensure representativeness of the sample and scientifically proven techniques of sampling.

3.5 Data Collection Methods

Data was collected from primary sources. Survey methods were used. A structured questionnaire and key informants were used to collect data.

The following data collection methods were used by the researcher.

Questionnaires
In agreement with Kothari (2015) a questionnaire with printed definite questions was administered to the respondents. The questionnaire was both structured and none structured. The choice of the questionnaire method was premised on its convenience and high probability of obtaining valid information without fear or favor.

Interviews
The interview data collection method was employed, the interview was tagged on the research questions, which enabled the researcher triangulate her finding with those got from the questionnaire. Through interviews, an in depth inquiry was realized; this enabled the researcher to obtain qualitative data. In support of this method, Admati and Pfleider (1988) Delong (2014) and He and Wang (2016) consensually appreciated the importance of interviews in not only obtaining quantitative and qualitative data, but they further argued that the method helps researchers to analyze, assess and interpret the varied responses and cross- check the validity of her findings.

Documentary Review
In respect to this, the researcher read further on stress and employee performance, obtained more specific documentary evidence, like Mulago National Referral Hospital reports,
minutes, Agendas, Human resource manuals, more seminal papers, publications and research oriented papers. These were instrumental in backing up the researcher's findings. Amin (2015) points out that reviewing the existing literature on the area of investigation improves on the researcher's clarity of the issues to be investigated.

**Focus Group Discussions**

Focus Group discussions formed the basis of the researcher's primary data. In this regard the researcher met groups of responds. Roscoe (1976) observes that small groups of respondents are effective to manage and gives better results than bigger ones. In this regard, the researcher lead respondents into responding to the questions asked.

**3.6 Data collection instruments**

**3.6.1 Structured Questionnaires for the medical workers**

Structured Questionnaires were administered to collect data from both the medical and non-medical employees of Mulago National Referral Hospital. These were quantitative in nature as the questions were open-ended. It was structured in five Likert standardized rating scale of 1-5 (1 strongly disagree, 2 disagree, 3 neither agree nor disagree, 4 agree, 5 strongly agree. It was used because of its convenience and efficiency in collection of both the qualitative and quantitative data (Sekaran, 2003) a copy of the questionnaire is hereto attached.

**3.6.2 Interview guide**

An interview guide was used to interview people at the decision making level at Mulago National Referral Hospital, these being the heads of departments and executive management. The guide was semi structured with some open-ended questions.

**3.6.3 Documentary checklist**

This method involved deriving information by carefully studying written documents of visual information from sources called documents. Document sources included
management reports, journals, electronic sources, data bases, magazines, internet, books etc.

3.6.4 Data Quality Control

In order to ensure data quality control, the different data collection methods helped to check the validity of findings. The questionnaires were pilot tested for their reliability. This was done to ensure that the questions asked were properly understood by the respondents and to avoid any ambiguity.

3.6.5 Validity

The validity of the instruments was tested to determine whether research measured what it intended to measure and to approximate the truthfulness of the results using the Content Validity Index (CVI) which was also done using expert judgment of the Research Supervisors taking only variable scoring above 0.70 accepted for Social Sciences (Amin, 2015). The CVI was measured using the formula:

\[
CVI = \frac{\text{Number of items declared valid}}{\text{Total number of items}}
\]

The results of the CVI are shown in table 3 below.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total No of items</th>
<th>Number of valid items</th>
<th>CVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>work overload</td>
<td>09</td>
<td>08</td>
<td>0.88</td>
</tr>
<tr>
<td>work life balance</td>
<td>12</td>
<td>10</td>
<td>0.83</td>
</tr>
<tr>
<td>interpersonal relationships</td>
<td>17</td>
<td>15</td>
<td>0.88</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>15</td>
<td>12</td>
<td>0.80</td>
</tr>
</tbody>
</table>

Source: Expert Judgments

Table 2 shows that work overload yielded CVI of 0.88, work life balance yielded a CVI of 0.83, and interpersonal relationships yielded a CVI of 0.88, while as employee performance at Mulago National Referral Hospital yielded a CVI of 0.80. Since all
variables yielded a CVI above 0.70 it is accepted for social sciences as recommended by Amin, (2015). This justified that the accuracy of the data and consistency of the findings was acceptable as also suggested by Sekaran (2003).

3.6.6. Reliability of the Instrument

The reliability of the instrument was tested to determine its consistency, or the degree to which it measured the same way each time it was used under the same condition with the same subjects. This was done by pilot-testing the questionnaire on a sample of 10 subjects in the Mulago National Referral Hospital and adjustments were made to enhance its reliability. These 10 subjects were not part of the 165 respondents in the sample size. The internal consistency (reliability) of the instrument was measured using Cronbach’s alpha coefficient taking only variables with an alpha coefficient value more than 0.70 accepted for social research; (Amin, 2015) generated from SPSS.

Table 3: Reliability of results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total No of items</th>
<th>Cronbach’s Alpha coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Overload</td>
<td>09</td>
<td>0.85</td>
</tr>
<tr>
<td>Work Life Balance</td>
<td>12</td>
<td>0.81</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>17</td>
<td>0.83</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>15</td>
<td>0.77</td>
</tr>
</tbody>
</table>

Source: Primary data

Table 4 above shows that work overload yielded Cronbach’s alpha value of 0.85, work life balance yielded Cronbach’s alpha value 0.81, interpersonal relationships yielded Cronbach’s alpha of 0.83 while as employee performance yielded Cronbach’s alpha of 0.77. Since all variables yielded alpha values above 0.70 accepted for social research; Amin (2015), it was concluded that the instrument was consistent in measuring the relationship between stress and employee performance in Mulago National Referral Hospital.
3.7 Procedure of Data Collection

Upon the approval of the research proposal, the researcher obtained an introductory letter from the department of higher Degrees of Kampala International University. This letter was presented to the managing Director, or Head of human resource at Mulago National Referral Hospital. The letter introduced the researcher to the respective offices and officers. In this respect, the researcher met potential and prospective respondents for data collection. In all data collection procedures, protocol was observed by obtaining and presenting permission letters to collect data both from Kampala International University and Mulago National Referral Hospital, the case study institution to enable access to study elements and convinced them to give the data.

3.8 Measurement of Variables

To measure variables in a quantitative approach, is to transform attributes of the conceptual framework of variables studied into numerical quantities. According to Amin (2015), measurement is the process of transforming abstractly conceived concepts or variables into numerical quantities. In this study, a likert scale was used.

Data on key variables was done where the researcher administered questionnaires and was measured on the likert scale (4, 3, 2, and 1) for strongly agree, agree, disagree and strongly disagree respectively. The respondents will select the response that best describes their reaction to each statement and the responses were weighed from one to five.

3.9 Data Analysis

Data analysis is the process of bringing order, structure and meaning to the mass of information gathered (Mugenda & Mugenda, 2014). Data collected from the field was sorted, coded by assigning themes to the study variables and later entered into a computer using statistical software (SPSS) to enable analysis. The data was able to answer the research questions and hypothesis.
3.9.1: Quantitative data analysis:

The analysis of quantitative data encompasses calculations such as averages, totals as compared to totals of responses expected. The process of data analysis involved editing, examining the collected raw data to detect errors and omissions and to correct this where possible. The first editing was done in the field and scrutinizing of the completed questionnaire. After central editing, questionnaires were then brought back where computer data entry was done into a statistical package for social scientist (SPSS) software. SPSS was used to capture data, data analysis and management. Tables were generated and these were then exported from SPSS into the word document and interpretation was done.

3.9.2: Qualitative data analysis

The researcher organized and prepared data for analysis by sorting and arranging the data into various themes as was reflected in the key informant guide. The researcher read through all the data to obtain a general understanding of the information collected, coded the responses, generated themes for analysis and interpretation of the meaning of the data.
CHAPTER FOUR
PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter presents; analyses and interprets the study findings on the relationship between stress and employee performance in Mulago National Referral Hospital. The first section presents the response rate. This is followed by background information on the respondents and then a presentation, analysis and interpretation of the study findings in relation to the specific objectives. The descriptive for the items in the instrument were also presented using means for each item to define the relative opinion of the respondents for that particular item. The results from the Zero Order correlations and the regression analysis results were also presented and computed at 2-tailed level of significance in accordance with the non-directional hypothesis testing.

4.1 Response rate

The study took an inquiry into knowing the response rate of the respondents in the study.

Figure 2: Response rate of distributed questionnaires

A total of 154 questionnaires were returned out of the 165 distributed giving a response rate of 93.3%. According to Amin (2015), 70% is a good representation of the survey

Source; primary data

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Figure 2: Response rate of distributed questionnaires

A total of 154 questionnaires were returned out of the 165 distributed giving a response rate of 93.3%. According to Amin (2015), 70% is a good representation of the survey
population, hence 93.3% is a high response rate and results obtained from the gained respondents contain substantial information. On the other hand, ten (10) key informants were interviewed among the top management of Mulago National Referral Hospital. Therefore 154 respondents comprised the total number of respondents used for testing the hypothesis of the study which according to Mugenda & Mugenda (2010:83) is a very good response rate. This implied that overall majority of respondents participated in the study.

4.2 Demographical Characteristics

This section presents the characteristics of the respondents in relation to the gender, age, and time worked by the respondents as submitted in the study questionnaire using graphs.

4.2.1 Gender of the Respondents

A bar graph was used by the researcher to present the Gender of the respondents. Figure 1 below presented the results:

**Figure 3: Distribution of gender of the respondents (N=154)**

![Bar graph showing gender distribution](image)

*Source: Primary data*

**Figure 3** above shows that a majority of 92 (59.7%) of the respondents were male as compared to 62 (40.3%) who were females. This finding suggested that a gender imbalance in the number of respondents in Mulago National Referral Hospital which may be attributed to a lack of affirmative action in relation to the effect of stress on employee performance at the Mulago National Referral Hospital, therefore this needs to be given due
attention by ensuring gender mainstreaming in the Mulago National Referral Hospital. On the other hand it also implied that the research was not biased because both female and male responded therefore the rewards put in place should be gender sensitive.

4.2.2 Age of the Respondents

A bar graph was used by the researcher to present the age group of the respondents. Figure 4 below presented the results:

Figure 4: Distribution of Age groups of the respondents (N=154)

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30</td>
<td>(16.7%)</td>
</tr>
<tr>
<td>31-35</td>
<td>(5.6%)</td>
</tr>
<tr>
<td>36-40</td>
<td>(27.8%)</td>
</tr>
<tr>
<td>41-45</td>
<td>(12.5%)</td>
</tr>
<tr>
<td>46-50</td>
<td>(12.5%)</td>
</tr>
<tr>
<td>51+</td>
<td>(25%)</td>
</tr>
</tbody>
</table>

Source: Primary data

Figure 4 above shows that 43 (27.8%) of the respondents were aged between 36-40 years followed by 38 (25%) who were 51 years and above while those who were aged 26-30 years constituted 26 (16.7%) of the total number of respondents. Those who were aged 41-45 years and 46-50 years each constituted 19(12.5%) of the total number of respondents while the least number of respondents 9(5.6%) were aged 31-35 years. This finding suggested that the respondents were of reasonable level of maturity by virtue of their age groups, yet a quarter (25%) of the staff in Mulago National Referral Hospital were closing in to retirement (51 and more years). This implied that the years of the respondents reduced
with increase in age. Therefore, more young people participated in the study than the other age groups.

4.2.3 Level of Education of Respondents

A pie chart was used by the researcher to present the level of education of the respondents. Figure 5 below presented the results:

**Figure 5: The distribution of the level of education of the respondents (N = 154)**

![Bar chart showing the distribution of education levels: Degree with 56.9%, Post Graduate with 26.4%, Others Specify with 12.5%, and Diploma with 4.2%]

*Source: Primary data*

Figure 5 above shows that a majority of 88 (56.9%) of the respondents had attained a university degree as their highest level of education followed by 41 (26.4%) who had attained a post graduate and 19 (12.5%) who had other education qualifications other than those mentioned above. The least number of respondents 6 (4.2%) had attained only a diploma as the highest level of education. This finding revealed that the respondents had attained a reasonable level of education to understand the effect of reward system’s on staff retention at the Mulago National Referral Hospital (Mulago National Referral Hospital), hence providing reliable data. This also means that that the respondents were knowledgeable enough to provide the necessary data for the accomplishment of this study.
4.2.4 Duration of Service at Mulago National Referral Hospital

A Bar graph was used by the researcher to present duration of service of the respondents at Mulago National Referral Hospital. Figure 6 below presented the results:

**Figure 6: Duration respondents have worked with Mulago National Referral Hospital (N=154)**

Source: Primary data

Figure 6 above shows that a majority of 102 (66.6%) of the respondents has worked with Mulago National Referral Hospital for the period between less than one year and two years; 34 (20.8%) of the respondents had worked with Mulago National Referral Hospital for the period between 3 - 4 years and lastly 18 (12.6%) respondents had worked for a period between 5 - 7 years and above. This finding revealed that the majority of the respondents had worked with Mulago National Referral Hospital for a period of less than 3 years; hence being in position to explain the effect of reward system’s on staff retention at the Mulago National Referral Hospital (Mulago National Referral Hospital), hence providing reliable data.
4.3 The effect of work overload on employee performance in Mulago National Referral Hospital

The first objective of the study was to establish the effect of work overload on employee performance in Mulago National Referral Hospital. Work overload was conceptualized to include indicators of stress in Mulago National Referral Hospital and also measured using 6 items scored on a four point Likert scale ranging from; 4 for Strongly agree, 3 for Agree, 2 for Disagree, and 1 for Strongly disagree. The findings are tabulated in Table 7 below using mean and standard deviation descriptive statistics.

Table 4: Mean and standard deviation results for effect of work overload on employee performance (N=154)

<table>
<thead>
<tr>
<th>Work overload</th>
<th>Min.</th>
<th>Max.</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long working hours causes fatigue which leads to stress in the hospital</td>
<td>1.00</td>
<td>5.00</td>
<td>4.65</td>
<td>.641</td>
</tr>
<tr>
<td>Uncooperative and unfriendly work colleges leads to stress in the hospital</td>
<td>1.00</td>
<td>5.00</td>
<td>4.09</td>
<td>.949</td>
</tr>
<tr>
<td>At Mulago National Referral Hospital, Long distance to work place leads to</td>
<td>1.00</td>
<td>5.00</td>
<td>4.44</td>
<td>4.850</td>
</tr>
<tr>
<td>stress in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of funding, resources and support services leads to stress in the hospital</td>
<td>1.00</td>
<td>5.00</td>
<td>3.47</td>
<td>1.113</td>
</tr>
<tr>
<td>At Mulago National Referral Hospital, Job insecurity leads to stress in the hospital</td>
<td>1.00</td>
<td>5.00</td>
<td>3.90</td>
<td>.770</td>
</tr>
<tr>
<td>Time pressure and uncooperative and unfriendly work colleges leads to stress in the hospital</td>
<td>1.00</td>
<td>5.00</td>
<td>4.03</td>
<td>.868</td>
</tr>
</tbody>
</table>

Source: Primary data

From the table 4 above, it can be noted that following the 4-point Likert scale, all the items had a mean above 3.50 which implied that most of the respondents agreed with the statements. It was established that work overload (mean=4.65), emergency of new
technology (mean=4.09), long distance to work place (mean=4.44) and uncooperative and unfriendly work colleagues (mean=3.90) were held to cause occupational stress. Additionally, long working hours (mean=3.83), and job insecurity (mean=4.03) were also responsible for occupational stress in the organization. Only one item was found not to cause stress which was lack of interest in the job (mean=3.47). Therefore, not only one Putative Stressor can be held to cause stress but a combination of such factors.

The quantitative results were further supplemented by the findings from the key informants who further affirmed that stress could be due to factors intrinsic to the job, such as poor physical working conditions, work overload or time pressures. Often, one's role in the organization and the ambiguity associated with the job resulting from inadequate information concerning expectations, authority and responsibilities to perform one's role as well as the conflict that arises from the demands placed on the individual by superiors, peers and subordinates could also result in stress. A third factor is the impact of status incongruence, lack of job security and thwarted ambition on one's career progression.

One of the respondents shared;

"...Stress could be due to factors intrinsic to the job, such as poor physical working conditions, work overload or time pressures, work with bosses and colleagues, including bullying in the workplace could result in a lot of stress. At an organizational level, the structure and climate, including the degree of involvement in decision making and participation in office politics could result in a stressful climate."

In response to the Work overload, one respondent shared:

"Additional sources of stress documented in the ASSET model include the impact a person's working life has on their life outside of work (work-life balance), the amount of satisfaction people derive from their work, the degree of control and autonomy people have in the work place, and the levels of commitment in the work
place both from the employee to the organisation and from the organisation to the employee.”

This meant that the negative linear relationship occurs between the two when employee performance decreases with stress (distress). Employee performance can also increase as a consequence of stress, thereby implying a positive linear relationship between the two.

Thirdly, there could be a U-shaped or a curvilinear relationship wherein, mild stress could increase the productivity initially up to a peak and then it declines as the person descends into a state of distress. Alternately, there need not be any quantifiable relationship between the two.

The above findings are supported by the findings from key informants whereby one of the principal officers from Mulago National Referral Hospital had this to say;

“....one should be able to identify the stressors at work, assess them and manage them too. One should be careful not to remove the rewarding aspects of the job.”

This meant that Stress resulting from work is a major problem and it takes a toll on one's physical and mental well being. Moreover, the management of stress is not easy, as can be ascertained by the documented ineffectiveness of stress management interventions. However, a few pointers could be had for managers to counter and mitigate stress effectively. First and foremost, one should be able to identify the stressors at work, assess them and manage them too. One should be careful not to remove the rewarding aspects of the job. Occupational stress does not always lead to distress and if challenges are dealt with effectively, then growth and positive changes can result in an individual. The challenge lies in providing the tools required to handle the effective management of workplace demands. The implications of cognitive appraisal models which suggest that stress is an 'individual problem', best addressed by positive appraisal techniques, are flawed.

Therefore, this further indicated that work overload significantly affects employee’ performance in Mulago National Referral Hospital.
4.3.1 Correlations

To further explain the descriptive statistics results and establish whether a relationship existed between work overload and employee' performance in Mulago National Referral Hospital, to test the strength and direction of that relationship, Pearson’s correlation coefficient analysis was undertaken at the 99 and 95% confidence limits as shown below:

Table 5: The relationship between work overload and employee’ performance

<table>
<thead>
<tr>
<th>Correlations</th>
<th>work overload</th>
<th>employee’ performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>work overload</td>
<td>Pearson Correlation 1</td>
<td>.441**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N 154</td>
<td>154</td>
</tr>
<tr>
<td>employee' performance</td>
<td>Pearson Correlation .441**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N 154</td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).

Source: primary data

The results in the Table 5 above reveal that work overload had a positive and significant correlation with, and employee’ performance \( r = 0.441** \ P < 0.01 \). This means that the two variables were positively related; implying that any positive change in work overload tied to certain employee’ performance in the hospital, there is a likelihood that this will result into change in employee’ performance, this supported the hypothesis that there was a positive and significant relationship between work overload and employee’ performance in Mulago National Referral Hospital. This also implied that work overload is a significant predictor of employee’ performance and therefore, stress results in substantial cost to work organizations through sickness absence, medical expenses, and lost productivity, the low employee’ performance will be registered.
4.3.2 Regression Analysis

A linear regression model was used to determine the proportion that the independent variable, work overload accounts for employee' performance, the results are summarized in tables below as shown.

Table 6: The relationship between Work overload and employee' performance

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>8.165</td>
<td>1</td>
<td>8.165</td>
<td>193.604</td>
<td>.000a</td>
</tr>
<tr>
<td>Residual</td>
<td>8.182</td>
<td>195</td>
<td>4.217E-02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16.347</td>
<td>196</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Work overload

b. Dependent Variable: employee' performance

Source: primary data

The independent variable, Work overload, was statically significant in affecting employee’ performance, Sig. (.000<0.01) as shown in Table 6 above. This implied that there was a meaningful positive relationship between the independent variable; work overload and the dependent variable; employee’ performance in Mulago National Referral Hospital.
Table 7: Causal relationship between Work overload and employee’ performance

<table>
<thead>
<tr>
<th>Co-efficient</th>
<th>Un-standardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Coefficients</td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>.455</td>
<td>.048</td>
<td>9.451</td>
<td>.000</td>
</tr>
<tr>
<td>Work overload</td>
<td>.445</td>
<td>.039</td>
<td>.441</td>
<td>13.914</td>
</tr>
<tr>
<td>a. Dependent Variable: employee’ performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: primary data

The regression results from the Table 7 above showed that a unit of change in work overload brings about .441 or 44% change in employee’ performance in Mulago National Referral Hospital. Therefore, the work overload are identified as the predictor for employee’ performance. Hence, H1 which states that work overload have a significant positive on influence on employee’ performance in Mulago National Referral Hospital is supported and accepted.

4.4 The effect of Work life balance on employee performance in Mulago National Referral Hospital

The second objective of the study was to determine the effect of Work life balance on employee performance in Mulago National Referral Hospital. Work life balance was conceptualized and measured using 9 items scored on a four point Likert scale ranging from; 4 for Strongly agree, 3 for Agree, 2 for Disagree and 1 for Strongly disagree. The findings are tabulated below using mean and standard deviation descriptive statistics.
Table 8: Descriptive results for rationalizing of the effect of Work life balance on employee performance

<table>
<thead>
<tr>
<th>Putative Stressors</th>
<th>MEAN</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of Working tools causes stress in the hospital</td>
<td>3.79</td>
<td>1.006</td>
</tr>
<tr>
<td>High workload causes stress in the hospital</td>
<td>4.21</td>
<td>0.871</td>
</tr>
<tr>
<td>Safety of the employees causes stress in the hospital</td>
<td>3.92</td>
<td>1.160</td>
</tr>
<tr>
<td>Noise in the hospital causes stress</td>
<td>3.78</td>
<td>0.868</td>
</tr>
<tr>
<td>Heat in the hospital causes stress amongst the staff</td>
<td>4.33</td>
<td>0.805</td>
</tr>
</tbody>
</table>

Source: Primary data

Table 8 above shows that the respondents stated that the Absence of Working tools causes stress in the hospital is one of the work life balance that effect employee performance in Mulago National Referral Hospital at a (Mean=3.79, Standard deviation=1.006); this implied that that it is not that significant if workers have the most developed technological equipment; the most important is to provide workers with sufficient working tools and to enable them to do a good job. Deming (2016) supports this fact stating that the absence of the right tools or their insufficient amount hinders employees from performing at the desired level. In the hospital, the cases when there are no sufficient working tools are: breakdown of the machine; the lack of raw materials in the production line; unclear work instructions and misplacement of the right tool. It is also important to provide the worker with work tools. Here, it is possible to give an example concerning their absence: an employee says he/she spends a large amount of time changing tools needed to perform since they break due to low quality. The management buys low-quality tools to save money for the company. The employee argues that money saved on buying cheaper tools would not result in any overall savings since it would consume 10 times more time spent on changing them. When asking the employee why this is of concern to him since he/she still gets paid for the hours of work, he/she says that he could perform much better if was
provided with tools of higher quality. This employee performs at the acceptable level (calculated by the management and with respect to the tools provided); he/she does what he is expected to do. Thus his/her job satisfaction is at an “ok” level. Yet the tools are an obstacle making it impossible to perform in a way employee wants and knows he/she could to being provided with the right tools. Hence, employee’s sense of well-being is affected in a negative way.

When the respondents were asked whether high workload causes stress in the hospital, they agreed at a (Mean = 4.21, Standard deviation = 0.871); this implied that generally, a high workload with two or more tasks is a primary cause for decreased performance. There are two methods to measure or indicate high workload. One of the methods is worked on the performance level and therefore called “performance based indicators”. The second approach is on the psycho-physiological level. A shortage of labor causes the workload to increase per worker employed at work. Thus, each worker is expected to compensate for lack of additional workers. This results in decreasing level of quality of production. Nonetheless, the employees suffer from stress.

The findings of this research show that the majority of respondents do not experience positive effects when the workload is high with the exception from two respondents. They are workers that expressed that they get triggered and are more focused with increased workload. The same respondents state that they feel good from performing both their normal and additional tasks. Opposite, most of the other respondents think that the workload varies or increases at times, and when it increases to a great extent for a long period of time, they say they feel tired and stressed. For the majority of the respondents high workload affected their job-related well-being negatively. When the workload is too high, respondents feel tiredness, frustration, and stress. The range of feelings can be seen in the Figure 7.
Figure 7: Feelings occurring when workload is perceived as too high

From the respondents’ responses it can be seen that when the workload gets too high, 41% of them feel stressed, 24% - tired, or 24% - frustrated. These feelings represent the negative spectrum of feelings that are included in the concept of well-being; when these negative feelings overweight the positive range of feelings employee feels, that reduces employee’s well-being.

As regards to whether Safety of the employees causes stress in the hospital they agreed at a (Mean=3.92, Standard deviation=1.160); this meant that developing safe working conditions is of paramount significance. Researchers in different disciplines address this issue and are all mostly concerned with reducing frequency and severity of work accidents. Dangerous working conditions may influence not only employees’ productivity and work outcomes; they also generate stress which leads to a lower job satisfaction or even an increase in personnel rotation. Alertness and stress can be determinants of work accidents, in that the increasing feeling of control over working environment or increased feeling of self-esteem and competence will reduce the likelihood of accidents. Increased job
satisfaction, good working results, promotion possibility are those factors that would generate positive emotions of employees.

The respondents similarly indicated that Noise in the hospital causes stress (Mean=4.33, Standard deviation 0.805) and that at Mulago National Referral Hospital, Heat in the hospital causes stress amongst the staff (Mean=4.37, Standard deviation=0.863) respectively; these implied that heat stress is not only a problem for employees who work outdoors, but also for those working around subjects emitting heat, and it can greatly impair productivity of those who perform strenuous work. Moreover, heat stress can also impair performance in tasks requiring mental effort, on the other hand the levels of dry-bulb temperature that are desired for permitting optimal level of workers' performance. Desired temperatures are: for "moderate, hard work" 18°C, for "strenuous work" 15°–16°C, and for "light, sedentary work" 21°C in winter, and 25°–26°C in summer.

This further meant that noise as "unwanted sound appears to affect the quality of work and the level of performance. The most noticeably affected by noise tasks are those requiring concentration. Moreover, noise also possibly affects physiological health of working individual and when frequency of noise exceeds 90 dB, there is a noticeable decrease in workers' performance. Therefore the maximum noise frequency level in the workplace should not exceed 85-90 dB. the effect of noise on performance is dependent on what kind of noise it is: steady or intermittent. If the noise is steady, the employee can adapt to it increasing physical effort; however, if the noise is intermittent, it is more difficult to adapt and there might appear a decrease in performance. However, even though noise can be steady, in some cases when its level is too high (more than 95 dB), it may cause a physiological damage over time and cause decreased performance.

In an interview with one of the Managers, it was expressed that:

..."It is also important to provide the worker with work tools. Here, it is possible to give an example concerning their absence: an employee says he/she spends a large
amount of time changing tools needed to perform since they break due to low quality. The management buys low-quality tools to save money for the hospital. The employee argues that money saved on buying cheaper tools would not result in any overall savings since it would consume 10 times more time spent on changing them. When asking the employee why this is of concern to him since he/she still gets paid for the hours of work, he/she says that he could perform much better if was provided with tools of higher quality. This employee performs at the acceptable level (calculated by the management and with respect to the tools provided); he/she does what he is expected to do. Thus his/her job satisfaction is at an "ok" level. Yet the tools are an obstacle making it impossible to perform in a way employee wants and knows he/she could to being provided with the right tools. Hence, employee's sense of well-being is affected in a negative way.”

In another interview, one officer further put it that:

"...that the main cause of stress and negative feelings in the working place are when the machines break down or when the working tools are not where they are supposed to be. When there is a problem, we have to fix it as fast as possible and then you get stressed because you do not know where the right tool is which means that we have to run around and find it. I feel stressed when it happens.” He explains further that the machines could break down several times in a relatively short period of time. In addition, the same respondent mentions that he feels frustrated and irritated because he already fixed the machines, yet the same error occurs.”
The interview findings further prove that, Work life balance have a direct effect on employee performance which results into low levels of employee performance Mulago National Referral Hospital.

4.4.1 Correlations

These findings were further analyzed in order to establish the strength and direction of the relationship between the variables in the study, using Pearson correlation coefficient analysis that was undertaken at the 99 and 95% confidence limits while on the other hand Regression Analysis was used to examine the variance in employee performance (dependent variable) that is explained by Work life balance (independent variables) as shown below.

<table>
<thead>
<tr>
<th></th>
<th>Work life balance</th>
<th>employee performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work life balance</td>
<td>Pearson Correlation 1</td>
<td>.618**</td>
</tr>
<tr>
<td>N</td>
<td>154</td>
<td>154</td>
</tr>
<tr>
<td>Employee performance</td>
<td>Pearson Correlation .618**</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>154</td>
<td>154</td>
</tr>
</tbody>
</table>

**Correlation is significant at 0.01 levels (2-tailed).**

Source: Primary data

From the Table 9 above, the findings revealed positive and significant relationship between Work life balance on employee performance \((p<0.01, \ r = 0.618**\)). When the correlation value was squared in order to establish the effect of the independent variable dimension to the dependent variable, the results revealed that 0.38 or 38% was the percentage effect of Work life balance on employee performance. This implied that the environmental conditions such as noise and heat, for instance, can be considered as significant threats to the effectiveness of work, the motivation, and health of employees. Unsatisfactory working
conditions are highly correlated with coronary heart disease \((r = +.83)\) (cited in Argyle, 1989, p.16), and as far as work effectiveness and the level of motivation are concerned, they get reduced thus diminishing overall work results.

### 4.4.2 Regression Analysis

Regression analysis was used to determine the extent to which work life balance predicts employee performance in Mulago National Referral Hospital. The results obtained are shown by Table 8 and 9;

**Table 10: Model summary between Work life balance and employee performance**

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.618a</td>
<td>.380</td>
<td>.610</td>
<td>.48254</td>
</tr>
<tr>
<td>a. Predictors: (Constant), Work life balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 11: Causal relationship between Work life balance and employee performance**

<table>
<thead>
<tr>
<th>Co-efficient</th>
<th>Model</th>
<th>Un-standardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>1.268</td>
<td>.252</td>
<td></td>
<td>5.026</td>
<td>.000</td>
</tr>
<tr>
<td>Work life balance</td>
<td>.354</td>
<td>.149</td>
<td>.618</td>
<td>2.369</td>
<td>.020</td>
</tr>
<tr>
<td>a. Dependent Variable: employee performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source: Primary data**

From the regression Table 10 and 11 above, the findings further revealed that there is a significant positive relationship between Work life balance and employee performance. The standardized coefficient of 0.618 or 61.8% shows that 61.8% of the successfulness of employee performance in the hospital can be explained by the work life balance in Mulago National Referral Hospital. Therefore, the null hypothesis which stated that “Work life
balance have a significant influence on employee performance in Mulago National Referral Hospital was accepted and alternative hypothesis accepted.

4.5 The effect of Work relationships on employee performance in Mulago National Referral Hospital.

The third objective of the study was to establish the effect of Work relationships on employee performance in Mulago National Referral Hospital. Work relationships was conceptualized and measured using 7 items scored on a five point Likert scale ranging from; 5 for Strongly agree, 4 for Agree, 3 for Not sure, 2 for Disagree and 1 for Strongly disagree. The findings are tabulated below using mean and standard deviation descriptive statistics.

Table 12: Descriptive results for the effect of Work relationships on employee performance

<table>
<thead>
<tr>
<th>The effect of Work relationships on employee performance</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of nursing experience creates stress that effects employee performance</td>
<td>4.75</td>
<td>0.436</td>
</tr>
<tr>
<td>In the hospital, fear of negative evaluation creates stress that effects employee performance</td>
<td>4.62</td>
<td>0.568</td>
</tr>
<tr>
<td>Frequency of stressful events effects employee performance</td>
<td>4.54</td>
<td>0.871</td>
</tr>
<tr>
<td>Tolerance with nurses and doctors creates stress that effects employee performance</td>
<td>4.46</td>
<td>0.502</td>
</tr>
<tr>
<td>Quality of patient care creates stress that effects employee performance</td>
<td>1.92</td>
<td>0.960</td>
</tr>
<tr>
<td>Warmth toward other nurses creates stress that effects employee performance</td>
<td>1.79</td>
<td>0.711</td>
</tr>
<tr>
<td>Intensity of stressful events effects employee performance</td>
<td>1.96</td>
<td>1.180</td>
</tr>
</tbody>
</table>

Source: Primary data

Table 12 above shows that respondents indicated whether the years of nursing experience creates stress that effects employee performance (mean=4.75, standard deviation=0.436) while they also indicated that the in the hospital, fear of negative evaluation creates stress
that effects employee performance (mean=4.62, standard deviation=0.568). Similarly, the
respondents agreed that the frequency of stressful events effects employee performance
(mean=4.54, standard deviation=0.871) while they also indicated that the tolerance with
nurses and doctors creates stress that effects employee performance (mean=4.46, standard
deviation=0.502). These findings suggested that fear of negative evaluation is associated
with higher levels of stress (through its effect on intensity of stressful events), yet it too has
a positive effect on sensitivity and consideration for co-workers. One explanation might be
that nurses, who feel anxious, either because of enduring dispositions toward social anxiety
or because of situational induced feelings of stress, are more concerned about making a
favorable impression, or for that reason show more warmth and tolerance toward their co-
workers.

However, the respondents felt that Quality of patient care does not create stress that effects
employee performance (Mean=1.92, Standard deviation=0.960) while they also disagreed
that the warmth toward other nurses does not create stress that effects employee
performance (Mean=1.79, Standard deviation=0.711). The respondents felt that the
Intensity of stressful events effects employee performance (Mean=1.96, Standard
deviation=1.180). This implied that hostility had no significant effect on any performance
variable, depression had a significant negative effect on all performance variables except
tolerance with patients, and anxiety had a significant positive effect on warmth toward
other nurses. These results suggest that if the negative effects of subjective stress on job
performance are mediated by affect, it is depression that transmits it, not hostility or
anxiety. When anxiety affects performance, its effects are very different from those of
depression. Anxiety seems to cause nurses to behave more warmly toward other nurses,
whereas depression seems to cause them to behave less warmly. Fear of negative
evaluation, which is saturated with social anxiety, has an effect on tolerance with nurses
and doctors similar to that of anxiety on warmth toward other nurses. Like anxiety, fear of negative evaluation is associated with higher levels of stress (through its effect on intensity of stressful events), yet it too has a positive effect on sensitivity and consideration for co-workers. One explanation might be that nurses, who feel anxious, either because of enduring dispositions toward social anxiety or because of situational-induced feelings of stress, are more concerned about making a favorable impression, or for that reason show more warmth and tolerance toward their co-workers.

Findings from key informant’s interviews and focus group discussions revealed that most of the respondents were in agreement that stress and employee performance are the key issues in Mulago National Referral Hospital concerned about at the moment.

One Assistant Officer had this to say:

"........ Many individual characteristics might be correlates of stress but restriction to job experience, behavior pattern, and fear of negative evaluation have negative relations between age or experience and stress since selective withdrawal of the idea that voluntary turnover is more probable among people who experience more stress, that certain characteristics dispose some people to experience more stress, and that people are differentially likely to quit according to those characteristics. As a result, the people who remain with the organization longer are those with more stress-resistant traits. Self-esteem is also related to stress in that people have deep-seated needs for social approval. Accordingly, events that represent social rejection are stressful and lastly fear of negative evaluation and job experience are work relationships that cause people to behave in ways those precipitate stressful events and to experience such events as more intensely stressful when they occur."

60
4.5.1 Correlation

These findings were further analyzed using Pearson correlation Analysis in order to establish the strength and direction of the relationship between the variables in the study. Pearson’s correlation coefficient analysis was undertaken at the 99 and 95% confidence limits, while Regression Analysis was used to examine the variance in employee performance (dependent variable) that is explained by Work relationships (independent variables) as shown below.

Table 13: The effect of Work relationships on employee performance

<table>
<thead>
<tr>
<th>Correlations</th>
<th>employee performance</th>
<th>Work relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>employee performance</td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>154</td>
</tr>
<tr>
<td>Work relationships</td>
<td>Pearson Correlation</td>
<td>.139</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.027</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>154</td>
</tr>
</tbody>
</table>

Source: Primary data

The study revealed that the relationship between Work relationships and employee performance was positive but not significant (p0.027>0.01, r = 0.139). This implies that Work relationships are not significant predictors of employee performance as regards to Mulago National Referral Hospital.

4.5.2 Regression Analysis

Regression analysis was used to determine the extent to which Work relationships predict employee performance in Mulago National Referral Hospital. The results obtained are shown by Tables below;
Table 14: Significance of Work relationships to employee performance in Mulago National Referral Hospital

<table>
<thead>
<tr>
<th>ANOVA(^{b})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

\(^{a}\) Predictors: (Constant), Work relationships
\(^{b}\) Dependent Variable: employee performance

From the Table 14 the independent variable, Personal Characteristics, was not statistically significant in explaining employee performance (Sig=0.027, p>0.05, F=1.198), as shown in table above. This implies that when there is a weakness in the Work relationships of the staff, employee performance reduces as indicated by the negative standardized beta values in Table 15

Table 15: Causal relationship between among employees

<table>
<thead>
<tr>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

\(^{a}\) Dependent Variable: Employee performance

The regressions results from the Table 15 above shows that a unit changes in Personal Characteristics, account for 1.9% variation in employee performance. This implies that Work relationships are not significant predictors of employee performance while on the other hand it also implies that focus on improving employee performance should not be put on minimizing the effect of Personal Characteristics.
Table 16: Model summary of Work relationships and employee performance

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.019</td>
<td>.019</td>
<td>.003</td>
<td>.48413</td>
</tr>
</tbody>
</table>

Predictors: (Constant), Work relationships

*Source; primary data*

From the above tables Table16, 17 and 18; it can be concluded that the findings did not support the H3 that states that Work relationships affect employee performance levels.

4.6 Dependent Variable (employee performance)

The purpose of the study was to establish the relationship between stress and employee performance in the case study of Mulago National Referral Hospital. In order to achieve this purpose of the study, respondents were asked whether they agree with the factors that affect employee performance in the case study of Mulago National Referral Hospital.
Table 17: The mean results of respondents rating on employee performance in Mulago National Referral Hospital

<table>
<thead>
<tr>
<th>factors that affect employee performance</th>
<th>Min.</th>
<th>Max.</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical surrounding of the job which include high level of noise</td>
<td>1.00</td>
<td>5.00</td>
<td>4.52</td>
<td>1.006</td>
</tr>
<tr>
<td>long working hours required by many jobs appear to take a toll on employee performance</td>
<td>1.00</td>
<td>5.00</td>
<td>4.44</td>
<td>0.871</td>
</tr>
<tr>
<td>Morale and company culture affect employee performance</td>
<td>1.00</td>
<td>5.00</td>
<td>3.56</td>
<td>1.160</td>
</tr>
<tr>
<td>Goals and expectations of the hospital management affect employee performance</td>
<td>1.00</td>
<td>5.00</td>
<td>4.61</td>
<td>0.868</td>
</tr>
<tr>
<td>Level of qualification and job fitness</td>
<td>1.00</td>
<td>5.00</td>
<td>3.60</td>
<td>0.805</td>
</tr>
<tr>
<td>You are free from conflicting with others at work</td>
<td>1.00</td>
<td>5.00</td>
<td>2.08</td>
<td>0.436</td>
</tr>
<tr>
<td>Your are motivated well at work</td>
<td>1.00</td>
<td>5.00</td>
<td>2.73</td>
<td>0.568</td>
</tr>
<tr>
<td>There is goal clarity among the employees at work</td>
<td>1.00</td>
<td>5.00</td>
<td>3.67</td>
<td>0.871</td>
</tr>
<tr>
<td>Your work conditions are greatly improved</td>
<td>1.00</td>
<td>5.00</td>
<td>3.57</td>
<td>0.502</td>
</tr>
<tr>
<td>Your job is flexible and suitable for you</td>
<td>1.00</td>
<td>5.00</td>
<td>3.01</td>
<td>0.960</td>
</tr>
<tr>
<td>You have feedback from your managers on work related issues</td>
<td>1.00</td>
<td>5.00</td>
<td>2.34</td>
<td>0.711</td>
</tr>
<tr>
<td>You can use modern technology at work</td>
<td>1.00</td>
<td>5.00</td>
<td>3.77</td>
<td>1.180</td>
</tr>
</tbody>
</table>

Source; primary data

In regard to the dependent Variable (employee performance), responses were as shown in Table 17 above. The results revealed that in Mulago National Referral Hospital, the respondents agreed that the long working hours required by many jobs appear to take a toll on employee performance at a (Mean 4.44); Morale and company culture affect employee performance at a (Mean 3.56); Level of qualification and job fitness at a (Mean 3.60).
However, they disagreed that the staff are not free from conflicting with others at work at a (Mean 2.08); respectively.

The respondents agreed as regards to whether There is goal clarity among the employees at work at a (Mean 3.67); the work conditions are greatly improved at a (Mean 3.57); Goals and expectations of the hospital management affect employee performance at a (Mean 4.61); physical surrounding of the job which include high level of noise at a (Mean 4.52) and lastly that You can use modern technology at work at a (Mean 3.77), respectively. It was further revealed by the key informants that employee performance can be represented by a simple statistic (for example, a retention rate of 80% usually indicates that an organization kept 80% of its employees in a given period). However, many consider employee performance to be closely affected by the working environment as identified as one of the biggest factors that affect employee performance. The employees strongly agreed that the working environment, the level of qualification and job fitness, technical training, goals and expectations, tools and equipment, morale and company culture, employee health to be affecting their performance.

As one of the respondents had to say that;

"Good employee performance can be attributed to clear goals and expectations. When everyone understands the targets and expected outcomes, it is easier to take steps to get there and measure performance along the way. The finding is in agreement Rebecca (2010) who argued that organizations without clear goals are more likely to spend time on tasks that do not impact results."

4.7 The effect of workplace stress on employee performance in Mulago National Referral Hospital.

To test the effect of stress on employee performance focusing on Mulago National Referral Hospital, each of the independent variables (Work overload, Work life balance
and Work relationships) was individually computed into a single variable with the dependent variable (employee performance) using SPSS by calculating their combined new variables namely: Work overload, Work life balance and Work relationships. These variables were correlated with dependent variable, employee performance in Mulago National Referral Hospital. The correlation results are presented in Tables 18 and 19 below.

Table 18: correlation between Work overload, Work life balance and Work relationships on employee performance

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work overload</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work life balance</td>
<td>-.013</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work relationships</td>
<td>.192</td>
<td>.717**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Employee performance</td>
<td>.139</td>
<td>.566**</td>
<td>.482**</td>
<td>1.000</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Findings revealed positive and significant results between Work life balance with Employee performance (p<0.01, r = 0.566) and Work relationships and employee performance (p<0.01, r = 0.482). The relationship between Work overload and employee performance was positive but not significant (p<0.01, r = 0.139).

Regression Analysis

A multiple regression analysis was conducted to address the effect of the all independent variables (Work overload, Work life balance and Work relationships) of the study and employee performance in Mulago National Referral Hospital and the results below were obtained:
Table 19: Results of the Multiple Regression Analysis

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>.514</td>
<td>.310</td>
<td>1.658</td>
</tr>
<tr>
<td></td>
<td>Work life balance</td>
<td>.581</td>
<td>.068</td>
<td>.443</td>
</tr>
<tr>
<td></td>
<td>Work overload</td>
<td>-.003</td>
<td>.217</td>
<td>-.003</td>
</tr>
<tr>
<td></td>
<td>Work relationships</td>
<td>.250</td>
<td>.043</td>
<td>.303</td>
</tr>
</tbody>
</table>

**a. Dependent Variable: employee performance**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>.630</td>
</tr>
<tr>
<td>R Square</td>
<td>.397</td>
</tr>
<tr>
<td>Adjusted R Square</td>
<td>.392</td>
</tr>
<tr>
<td>F Statistic</td>
<td>87.430</td>
</tr>
<tr>
<td>Sig. F Statistic</td>
<td>.000</td>
</tr>
</tbody>
</table>

*Source: Primary Data*

Results from Table 19 above indicate that Work life balance and Work relationships explain 39.7% of the variance in the employee performance in Mulago National Referral Hospital (Adjusted R Square = .392). Results further indicate that Work life balance (Beta = .443, sig. < .01) are a better predictor of employee performance in Mulago National Referral Hospital than the perceived Work overload (Beta = .303, sig. < .01). The regression model was significant at the 99% confidence level. Lastly Work overload (Sig=0.217, p>0.05) and Work relationships (Sig=0.207, p>0.05) are not significant predictors of employee performance at the 0.05 level. The only significant predictor is Work life balance (Sig=0.000, p<0.05). When Work overload and Work relationships improve, employee performance reduces as indicated by the negative standardized beta values. The variable with the positive and highest beta is Work overload.
CHAPTER FIVE
SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
This chapter presents the summary of the study, discussions of the findings, conclusions and recommendations made. It also presents proposed areas for further research. The discussions, conclusions, and recommendations are presented according to the objectives of the study.

5.2 Summary of findings

5.2.1 The relationship between Work life balance and employee performance in Mulago National Referral Hospital
It was found out that Work life balance had a positive and significant correlation with employee performance ($r = 0.441^{**} P< 0.01$). This means that the two variables are positively related; implying that variables were positively related; implying that any positive change in Work life balance tied to certain employee performance in the hospital, there is a likelihood that this will result into change in employee performance, this supported the hypothesis that there was a positive and significant relationship between Work life balance and employee performance in Mulago National Referral Hospital. This also implied that Work life balance is a significant predictor of employee performance and therefore, stress results in substantial cost to work organizations through sickness absence, medical expenses, and lost productivity, the low employee performance will be registered. This supported the hypothesis that there was a positive and significant relationship between Work life balance and employee performance in Mulago National Referral Hospital. This also implied that Work life balance is a significant predictor of employee performance and on the other hand, it was also revealed that the independent variable, extrinsic rewards, was statically significant in affecting employee retention, Sig. (.000<0.01), this implied that there is a meaningful positive relationship between the independent variable Work life
balance and the dependent variable Employee performance in Mulago National Referral Hospital.

5.2.2 The effect of Work overload on Employee performance in Mulago National Referral Hospital

The study findings revealed that there was a positive and significant relationship between Work overload on employee performance \((p<0.01, r = 0.618^{**})\). When the correlation value was squared in order to establish the effect of the independent variable dimension to the dependent variable, the results revealed that 0.38 or 38% was the percentage effect of Work overload on employee performance. This implied that the environmental conditions such as noise and heat, for instance, can be considered as significant threats to the effectiveness of work, the motivation, and health of employees. Unsatisfactory working conditions are highly correlated with coronary heart disease \((r = +.83)\) (cited in Argyle, 1989, p.16), and as far as work effectiveness and the level of motivation are concerned, they get reduced thus diminishing overall work results. On the other hand, it was also revealed that there was a significant positive relationship between Work overload and employee performance. The standardized coefficient of 0.618 or 61.8% shows that 61.8% of the successfulness of Employee performance in the hospital can be explained by the Work overload in Mulago National Referral Hospital. Therefore, the null hypothesis which stated that “Work overload have a significant influence on Employee performance in Mulago National Referral Hospital was accepted and alternative hypothesis accepted.

5.2.3 The effect of interpersonal relationships on employee performance in Mulago National Referral Hospital.

The findings revealed that the relationship between interpersonal relationships and employee performance was positive but not significant. This implied that Work relationships were not significant predictors of employee performance as regards to MULAGO National Referral Hospital. The findings also revealed that the independent variable, Personal Characteristics, was not statistically significant in explaining employee
performance (Sig=0.027, p>0.05, F=1.198. This implies that Work relationships were not significant predictors of employee performance as regards to Mulago National Referral Hospital. Lastly it was revealed that a unit changes in Personal Characteristics, accounted for 1.9% variation in employee performance. This implied that Work relationships were not significant predictors of employee performance while on the other hand it also implied that focus on improving Employee performance should not be put on minimizing the effect of Personal Characteristics.

5.3 Discussion

5.3.1 The relationship between Work life balance and Employee performance in Mulago National Referral Hospital

The findings revealed that Work life balance had a positive and significant correlation with employee performance; this meant that the two variables were positively related; implying that that Work life balance was a significant predictor of employee performance. This finding is in agreement with Gelderman et al., (2006) who noted that some of the common external causes of Workplace Stress include noise, crowds, and physical feelings such as hunger or lack of sleep, pressure at work, trouble in your relationships, financial concerns or medical issues. Internal causes of Workplace Stress include an inability to accept imperfection, pessimism and negative self-talk.

The findings agreed with Katzenbach J. R and Smith D, (2014), notes that frustration sometimes causes the officer to turn against their spouse, children, colleagues, prisoners or themselves, Katzenbach J. R and Smith D, (2014). It is at this point that the press carries banner headline such as “Administration Police Officer turns gun against his daughter killing her instantly and then attempts to kill him or employees goes berserk kill his senior and attempts to kill him.” The public on the other hand condemns the incidence and accuses the entire force of being trigger-happy. This means that Benjamin & Lahey
(2016), who notes that stress, is negatively correlated to their work performance. In short, the more the level of Workplace Stress, the lower is the performance. It was conventionally perceived that reasonable levels of Workplace Stress would boost the employees and improve their work performance. At this point some stakeholders don't assume their responsibilities in improving education system and working condition in teaching and learning process. All stakeholders have to work hand and hand so that educational carrier can be a better place to be to each and every one who is in that industry.

It further in agreement with Warr (2015) who states that environmental pressures may sometimes cause problems for skilled performance, resulting in impaired quantity or quality of working output, or, for example, mistakes in decision making. Thus, it is important to take into consideration the environment in which employees operate. The physical work environment stressors have not been focused enough upon by previous research. However, it is significant to explore them since working environment and working tools are not only related to job performance; they are also one of the major factors of stress (as mentioned in the stress section). If work tools are not provided or provided insufficiently, it has a negative effect not only on the level of stress, but also on the ability to perform. In this situation, even though the employee feels job satisfied and performs at a permissible level, his/her general level of well-being might not be that acceptable (Wicks, 2006).

5.3.3 The relationship between Work relationships and employee performance in Mulago National Referral Hospital

The findings revealed that there was a relationship between work relationships and employee performance was positive but not significant. This implied that Work relationships were not significant predictors of employee performance as regards to Mulago National Referral Hospital. This related the fact that besides external factors, there
were internal factors too that can cause stress, like the age of the individual, sex, education and a personality that is deemed Type A or inherently stressful. Type A individuals are competitive, hostile, impatient and hard driving. The findings agreed with Benjamin & Lahey (2016) the degree to which we react to Workplace Stress varies according to our personal characteristics. Different people react differently to Workplace Stress partly because of cognitive factors. According to Benjamin & Lahey (2016) some people actively seek information about Workplace Stress whereas other avoid such information and block them even from their minds. These and other cognitive styles are important in determining Workplace Stress reaction.

This meant that Long-term exposure to Workplace Stress can lead to serious health problems. Chronic Workplace Stress disrupts nearly every system in your body. It can raise blood pressure, suppress the immune system, increase the risk of heart attack and stroke, contribute to infertility, and speed up the aging process. Long-term Workplace Stress can even rewire the brain, leaving you more vulnerable to anxiety and depression. If you don't learn to properly manage Workplace Stress, its long-term effects can become damaging to both your mental and physical health. Chronic Workplace Stress can cause serious mental disorders such as anxiety or panic disorders, depression or sleep problems like insomnia. According to HelpGuide.org, physical symptoms that are commonly exacerbated or caused by Workplace Stress include heart and digestive problems, obesity and skin disorders like eczema, Taylor, S.E., (2014).

The study findings are in agreement with several other authors. Mead (2016) argues that most employees work further away from home than they used to, and the travel to and from the workplace is often very stressful on today's congested roads. This commute also greatly extends to working day, lessening the time available for non-work activities that would be used to relax and reduce on stress. To Elovainio et al (2015), working in a job just for the money leads to a lack of self-value and lack of fulfillment which causes stress.
itself. Further, working with people that you don't like and don't 'get on with' (who are not friendly and cooperative) can be a huge source of occupational stress. Giga & Hoel (2003) say that spending many hours each day with people you hate can be very bad for your long term health, especially if you get angry or resentful regularly.

5.4 Conclusions

This section presents the conclusions, reflecting key lessons that were observed on the basis of the study results and the preceding discussion.

5.4.1 The relationship between Work life balance and employee performance in Mulago National Referral Hospital

The study sought to investigate the relationship between Work life balance and employee performance in Mulago National Referral Hospital. Also on a full analysis, it is clear that the findings revealed that Work life balance had a positive and significant correlation with employee performance; this meant that Work life balance were a significant predictor of Employee performance in Mulago National Referral Hospital.

5.4.2 The effect of Work overload on employee performance in Mulago National Referral Hospital

The findings revealed that there was a positive and significant relationship between Work overload on employee performance. When the correlation value was squared in order to establish the effect of the independent variable dimension to the dependent variable, the results revealed that 0.38 or 38% was the percentage effect of Work overload on employee performance. The results showed that Work overload explain 24.5% of the variation in influencing the employee performance in Mulago National Referral Hospital, implying that if efforts to increase Employee performance are to be well directed, they should be put on minimizing the effect of environmental stressors.
5.4.3 The relationship between work relationships and employee performance in Mulago National Referral Hospital

From the correlation and regression results, the findings revealed that the relationship between work relationships and employee performance was positive but not significant. This implied that work relationships were not significant predictors of employee performance as regards to Mulago National Referral Hospital. The findings also revealed that the independent variable, Personal Characteristics, was not statistically significant in explaining Employee performance. This implies that an effect in staff Work relationships reduces employee performance as indicated by the negative standardized beta values. Lastly it was revealed that a unit changes in personal characteristics, accounted for 1.9% variation in employee performance. This implied that work relationships were not significant predictors of employee performance while on the other hand it also implies that focus on improving employee performance should not be put on minimizing the effect of personal characteristics.

5.5 Recommendations
In light of the research findings, the following recommendations are made:

In reference to objective one; the study recommends that the organizations that are sincerely committed to developing a compensation system that is designed around performance will want to consider the use of incentive pay. Typically given in addition to rather than in place of the wage, incentive plans should be viewed as an additional dimension to the wage structure which matches with work load. Incentives can be paid based on individuals, group, or organization-wide performance - a pay for performance concept in the Individual incentive plan payoff for individual performances.
For objective two; the study recommends that management must conduct an analysis of the organizational mood and climate by assessing the reasons why the employees think the hospital does not care about its employees and what can they do to change it.

Furthermore the study recommends that in order to enhance Workplace Stress of medical practitioners, the selected Government hospital in Kampala, Uganda should emphasize more on employees' motivation by paying Employee salaries on time and giving them what is equivalent to their input.

For objective three; the study recommends that the government should enhance medical practitioners training through workshops to promote development careers of medical practitioners and improve on their salaries, selected Government hospital in Kampala, Uganda should improve on the concept of Employee performance by dealing with the causes and effects of Workplace Stress. Organizations should ensure good working environment for the employees and ensure that measures to minimize occupational stress are put in place. Measures such as appropriate working hours, quality tools and equipment, relative workloads, leaves and breaks can reduce occupational stress at the same time improve employee performance.

5.4 Areas for further studies
The findings of the study indicated that there was an influence between Workplace Stress and Employee performance among selected Government hospital in Kampala, Uganda. Thus, this finding could be used as a basis for further research to investigate more on the other factors like; motivation of medical practitioners, supervision of medical practitioners activities in Government hospital and professionalism of medical practitioners in selected Government hospital in Kampala, Uganda which influence the performance of medical practitioners in private hospitals.
REFERENCES


Armstrong, M & Murlis, H (1988), 'Reward management: a handbook of salary administration'


Ehrbar, A 1998. 'EVA: the real key to creating wealth' , Wiley.Neely, Ad 1998.'


Dear Sir/ Madam,

Greetings!

I am a Masters Degree in Human Resource Management candidate of Kampala International University. Part of the requirements for the award is a research thesis. My study is entitled, *Workplace Stress and Employee Performance in the selected Government hospital in Uganda.*

Within this context, may I request you to participate in this study by answering the questionnaires? Kindly do not leave any option unanswered. Any data I will provide shall be for academic purposes only and no information of such kind shall be disclosed to others.

May I retrieve the questionnaire within five days (5)?

Thank you very much in advance.

My faithfully,

Mrs. [Signature]

6/11/2017
APPENDIX II: CLEARANCE FROM ETHICS COMMITTEE

Date_________________

Candidate’s Data

Name______________________________________________
Reg. # _____________________________________________
Course _____________________________________________
Title of Study ________________________________

____________________________________________________

Ethical Review Checklist

The study reviewed considered the following:

__ Physical Safety of Human Subjects
__ Psychological Safety
__ Emotional Security
__ Privacy
__ Written Request for Author of Standardized Instrument
__ Coding of Questionnaires/Anonymity/Confidentiality
__ Permission to Conduct the Study
__ Informed Consent
__ Citations/Authors Recognized

Results of Ethical Review

__ Approved
__ Conditional (to provide the Ethics Committee with corrections)
__ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____________________________
Member’s ______________________________
APPENDIX III: INFORMED CONSENT

I am giving my consent to be part of the research study of Mrs. Akoth Anna Catherine’s research that will focus on Workplace Stress and Employee Performance of selected hospitals in Kampala.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials: ________________________________

Date______________________________
APPENDIX IV: FACE SHEET: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Gender (Please Tick)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
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Age (Please Tick)

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<tr>
<td>Below 20</td>
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<td>20 - 29</td>
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<td>30 - 39</td>
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<tr>
<td>40 - 49</td>
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<tr>
<td>50 Above</td>
<td></td>
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</table>

Marital status (please tick)

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</thead>
<tbody>
<tr>
<td>Married</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
</tr>
<tr>
<td>Divorced/ separated</td>
<td></td>
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<tr>
<td>Widow</td>
<td></td>
</tr>
</tbody>
</table>

Qualifications (Level of Education):

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<tbody>
<tr>
<td>Certificate</td>
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<tr>
<td>Diploma</td>
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<tr>
<td>Bachelors</td>
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<tr>
<td>Masters</td>
<td></td>
</tr>
<tr>
<td>Ph. D</td>
<td></td>
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<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Years of Working experience

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>01 to 02 years</td>
<td></td>
</tr>
<tr>
<td>03 to 05 years</td>
<td></td>
</tr>
<tr>
<td>05 and more years</td>
<td></td>
</tr>
</tbody>
</table>
Part Two:

RESEARCH INSTRUMENTS

Questionnaire to determine the level of Workplace Stress

Direction: please tick the appropriate rating on the space under each column which corresponds to your best choice.

<table>
<thead>
<tr>
<th>Rate</th>
<th>Response mode</th>
<th>Description</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Strongly agree</td>
<td>I agree with no doubt at all</td>
<td>Very High</td>
</tr>
<tr>
<td>3</td>
<td>Agree</td>
<td>I agree with some doubt</td>
<td>High</td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
<td>I disagree with some doubt</td>
<td>Low</td>
</tr>
<tr>
<td>1</td>
<td>Strongly disagree</td>
<td>I disagree with no doubt</td>
<td>Very Low</td>
</tr>
</tbody>
</table>

Option B: Workplace Stress

<table>
<thead>
<tr>
<th>No</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work overload</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>1.0</td>
<td>I am clear with what is expected of me at work</td>
</tr>
<tr>
<td>1.1</td>
<td>I can decide when to take a break at work</td>
</tr>
<tr>
<td>1.2</td>
<td>My work demand things from me that are hard to combine</td>
</tr>
<tr>
<td>1.3</td>
<td>I know how to go about getting my job done</td>
</tr>
<tr>
<td>1.4</td>
<td>I am subject to personal harassment in the form too much workload</td>
</tr>
<tr>
<td>1.5</td>
<td>I have unachievable deadlines at work</td>
</tr>
<tr>
<td>1.6</td>
<td>If work gets difficult, my colleagues will help me</td>
</tr>
<tr>
<td>1.7</td>
<td>I am given supportive feedback on the work I do</td>
</tr>
</tbody>
</table>

Work life balance

| 1.8 | I have to work very intensively |
| 1.9 | I have a say in my own work speed |
| 2.0 | I am clear with my duties and responsibilities at work |
| 2.1 | I have to neglect some tasks because I have too much to do |
| 2.2 | There is friction or anger between colleagues |
| 2.3 | If I had an option some time I would run away from work |
| 2.4 | Sometimes the work load is just too much to concede |
| 2.5 | I have ever thought of resigning from this work |

Work relationships

| 2.6 | I have gained/lost weight due to my work schedules |
| 2.7 | My sex drive is lower, I can experience changes in my urge to have sex |
| 2.8 | I find myself grinding my teeth some times |
| 2.9 | I feel an increase in muscular aches and pains especially in the neck, head, lower back, shoulders |
| 3.0 | I find I have a greater dependency on alcohol, caffeine, nicotine or drugs |
3.1 I find that I don’t have time for many interests / hobbies outside of work

**Part three: questionnaire to determine the level of Employee Performance**

Direction: please tick appropriate rating on the space under each column which corresponds to my best choice.

<table>
<thead>
<tr>
<th>Rate</th>
<th>Respondent's mode</th>
<th>Description</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Strongly agree</td>
<td>I agree with no doubt at all</td>
<td>Very High</td>
</tr>
<tr>
<td>3</td>
<td>Agree</td>
<td>I agree with some doubt</td>
<td>High</td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
<td>I disagree with some doubt</td>
<td>Low</td>
</tr>
<tr>
<td>1</td>
<td>Strongly disagree</td>
<td>I disagree with no doubt</td>
<td>Very Low</td>
</tr>
</tbody>
</table>

**Option B: Employee Performance**

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>My job requires a high level of skill</td>
<td>4</td>
</tr>
<tr>
<td>1.1</td>
<td>My job requires that I learn new things.</td>
<td>3</td>
</tr>
<tr>
<td>1.2</td>
<td>My job allows me freedom to do other things</td>
<td>2</td>
</tr>
<tr>
<td>1.3</td>
<td>I have a lot to say about what happens in my job</td>
<td>1</td>
</tr>
<tr>
<td>1.4</td>
<td>My job is less hectic and less demanding</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>I am free from conflicting with others at work</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>I am motivated well at work</td>
<td></td>
</tr>
<tr>
<td>1.7</td>
<td>There is goal clarity among the employees at work</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>My work conditions are greatly improved</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>My job is flexible and suitable for me</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>I have feedback from my managers on work related issues</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>I can use modern technology at work to perform my duties</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>I need ability, training and experience to work well</td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>I have been able to complete my tasks on time and hitting my targets</td>
<td></td>
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<tr>
<td>2.4</td>
<td>I am a committed worker and consider myself a valuable asset of this hospital</td>
<td></td>
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<tr>
<td>2.5</td>
<td>I rarely complain because of work load</td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>I complete my work so early and help my colleagues to hit their targets</td>
<td></td>
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</table>
# APPENDIX V: PROPOSED BUDGET

<table>
<thead>
<tr>
<th>Particular</th>
<th>Quantity</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Stationary</td>
<td></td>
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</tr>
<tr>
<td>Paper 1 Ream</td>
<td>15,000/=</td>
<td>70,000/=</td>
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<tr>
<td>Printing</td>
<td></td>
<td></td>
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<tr>
<td>Transport costs</td>
<td></td>
<td>300,000/=</td>
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<tr>
<td>Research Assistants</td>
<td>03 (15,000/=*2 days)</td>
<td>90,000/=</td>
</tr>
<tr>
<td>Data Analysis</td>
<td></td>
<td>400,000/=</td>
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<tr>
<td>Up keep</td>
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<td>250,000/=</td>
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<tr>
<td>Miscellaneous</td>
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<td>300,000/=</td>
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<tr>
<td>Total</td>
<td></td>
<td><strong>1,425,000/=</strong></td>
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</table>
## APPENDIX VI: TIME FRAME

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<tr>
<th>Activity</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>1. Conceptual Phase</td>
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<td>2. Design &amp; Planning</td>
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<tr>
<td>Chapter 2-3</td>
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<tr>
<td>3. Thesis Proposal</td>
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<tr>
<td>4. Empirical Phase</td>
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<td>5. Analytic Phase</td>
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<td>6. Dissemination Phase</td>
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<td>7. Viva Voce</td>
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<tr>
<td>8. Revision</td>
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