UNIVERSITY OF CAPE COAST

EFFECT OF WORK STRESS ON EMPLOYEES' WELLBEING: EVIDENCE FROM ESSIKADO GOVERNMENT HOSPITAL

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2022

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BY

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Dissertation submitted to the Department of Human Resource Management, School of Business of the College of Humanities and Legal Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Masters in Business Administration degree in Human Resource Management

SEPTEMBER 2022

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation, is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: …… Date: …….

Name: ……

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature: ……. Date: …….

Name: …….

ABSTRACT

The general wellbeing of employees' has been an issue of major concern as employees are very important assets in organisations. Globally, poor wellbeing of employees is the foremost reason for long-term work incapability in business organisations. This is worse for health professions – stress is widely recognized as having a disproportionate impact on the health and care professions. Health professionals are a high-risk category because of their work of caring for people, as well as the accompanying ambiguities about treatment success and the need to mask their self-doubt about their own competence. Hence, with a descriptive outlook, this study investigated the effects of work stress on the wellbeing of employees, with focus being on 75 Essikado Government Workers. The study collected quantitative data which comprised Likert scale options that identified the sources of work stress. The study found that the predominant sources of stress for these workers included experiences of harassment and subtle bullying at work, long working hours, no flexibility at work and a generally heavy workload most especially. Also, it was found that they do not have the necessary resources to perform their jobs, they are overburdened at work, and some are 'forced' to work overtime and finally, work stress puts heavy strains on the wellbeing of employees and even their work performance– resulting in sleeping problems, poor mental health, depression, poor dietary patterns, and inebriation. The study recommends that management ensures adequate staffing to reduce the burden. Also, the provision of incentives for these workers and also training them on current practices in their fields to augment their knowledge and skills to perform better at work.

KEYWORDS

Work stress

Workload

Wellbeing

Job Performance

Health Workers

Job Satisfaction

ACKNOWLEDGEMENT

I wish to acknowledge my supervisor, Dr. Mrs. Elizabeth Annan-Prah, for her guidance and support through the entire duration of this work.

DEDICATION

This work is dedicated to my husband, Reverend Ebenezer Eyim-Danquah and my mother, Mavis Annan.

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CHAPTER ONE

INTRODUCTION

The wellbeing of employees is naturally a good thing, intrinsically. But one question that most organisations have faced have been whether to invest in resource-intensive means that improve the wellbeing of employees in the short and long term, in the face of mounting stress in an overly populated world (Krekel et al., 2019). This struggle have been even more obvious and apparent for public establishments in countries like Ghana. The present study thus, sought to assess if there are enough evidence that point towards work stress significantly affecting the wellbeing of employees at the Essikado Government Hospital, one of such public establishments.

Employees are important, yes. But it is safe to say that some employees are more important than others. Health workers are incredibly invaluable and their importance in our world – from developing to developed worlds, cannot be overemphasized (Ortiga et al., 2022). They are perhaps one of the professions that are exposed to a high load of pressure due to the nature of their jobs. Health workers with little to no rest, and high loads of work stress are more prone to mistakes and such mistakes are almost intolerable in the health profession, as it may be the difference between life and death.

Background to the Study

The well-being of employees is habitually viewed as a key source of worry in present business dispensation as well as service sectors, by virtue of the fact that it has an explicit bearing on the general productivity and operation of the organisation in question (Walker, 2021). As a result, managers now place

a premium on employee satisfaction. (Walker, 2021). Because of the significant impact of poor worker wellbeing on the output of organisations, human resource managers, health practitioners, as well as academics are paying particular attention to what happens at work and investigating the link between work stress and employee welfare (Purba & Demou, 2019) and also the linkage between workload and work stress, which was found to be positive – the more the workload, the higher the perceived work stress by employees.

Notwithstanding the above, employee wellbeing does not exist in isolation, it is heavily influenced by other variables that comprises the ensuing factors; the level of perceived stress from the work environment, satisfaction with job, relations with supervisor and even colleagues, the amount of workload, etc. (Tuzovic & Kabadayi, 2021). These aforementioned elements have been discovered by academic scholars as either exerting a favourable or damaging influence on employee well-being. Particularly, work stress as one of these primary inducing factors has been widely studied and as such, it has been found as one of the most significant determinants that might adversely or favourably impact employee wellbeing among these variables (Arnold, 2017; Asiedu et al., 2018; Inceoglu et al., 2018; Berger et al., 2019; Mansour & Tremblay, 2019; Prasetyaningtyas et al., 2022; Tuzovic & Kabadayi, 2021).

So, if work stress is perceived as less by the employee, then their overall wellbeing is considerably improved or better, and the opposite is true as higher work stress is synonymous with lower levels of employee wellbeing (Elbay et al., 2020). However, work stress is an abstract concept whose level as perceived by employees, is mostly influenced by the load (workload). Thus, as a manner

of providing a succinct definition, workload is described as the quantity of labour placed on an individual, the time pressure required to complete the task, the individual's exerted effort, meeting task requirements, and the task's psychological and physiological consequence (Hart & Staveland, 1988).

"Workplace stress" is an insidious phenomenon that places quite the financial strain on businesses because it concerns valuable voluntary departure on the part of these employees (King, 2020). Workers in customer-oriented industries, typically face differing demands from the organization, managers, and customers, and this creates dissension and discords for employees (Purcell, 2019). Generally, stress is widely recognized as having a disproportionate impact on employees, it is perhaps felt more by employees in the health and care professions (Cullen et al., 2021).

Health professionals are a high-risk category because of their work of caring for vulnerable individuals, as well as the accompanying ambiguities regarding treatment success and the need to mask their self-doubt about their own competence (Resnick & Fins, 2021). The strain of being a minor part of a vast organization with little influence over its policies and which is prone to unpredictable and frequent change is added to this. Regrading of staff, closure, contraction and merger of hospitals, introduction of contracts for doctors, etc., have all been part of rapid changes in the health sector of many countries' in recent years; changes that do not consider how health personnel are affected (Antoniou & Koronaiou, 2018; Giga et al., 2018).

Taking into consideration the domains with more extant studies, the varied and potential sources of stress have been explored in hospitals across the

UK – amongst doctors, nurses, psychiatrists, clinical psychologists, etc. (Velana & Rinkenauer, 2021). Studies in the UK found some common themes across the aforementioned professions as common stressors for different categories of healthcare workers (Singh et al., 2020). These stressors include workload, client-related challenges, self-doubt, organizational procedures, relations and disputes with colleagues in the work environment, shortage of needed resources, and home-work conflict (Kent et al., 2019; Travers & Cooper, 2018).

Statement of problem

Globally, poor wellbeing of employees is now known as the foremost reason for long-term work incapability in business organisations (Harvey et al., 2017). The health profession is one of the most important professions as it is directly related to our health (Martínez-López et al., 2020). One primary source of stress in the health sector is the imbalanced ratio of doctors to patients and nurses to patients (Olawale et al., 2017). Furthermore, the Word Health Organisation (WHO), at the beginning of the first decade of the 21st century, estimated a worldwide deficit of a whooping 4.3 million health workers that would otherwise, ensure that the "targeted coverage levels of primary health-care interventions", are met (Chan, 2018).

Studies show that health-care workers were recorded to experience higher rates of abuse and suicide than other jobs (Ruiz-Fernández et al., 2020). The situation is further exacerbated when it is considered from the point view close to home (Africa) – for example, according to Uganda's Ministry of Health, up to 50% of staffing posts for health professionals in rural regions are unfilled (Desa et al., 2018). The inability to access to vital health services is a result of

the paucity of health personnel and it results is an overburdening of work and stress for health-care personnel (Bakibinga et al., 2020).

This widespread global occurrence is not restricted to the advanced countries, but its existence is widespread even here in Ghana as Appiah (2022) in their study, discovered that the loss of productivity related to poor wellbeing of workers represented a decrease of nearly 7% of its total GDP. These findings do not exist in isolation and putting things in perspective, it is worthy to note that research by Ofori et al., (2021) unearthed that in Ghana, the general wellbeing and performance of health workers were affected by work stress. Due to inadequate health workers in the country, the few ones available are mostly overburdened with too much work and this affects their general wellbeing negatively (Olawale et al., 2017; Kokoroko & Sanda, 2019; Saah et al., 2021).

Public, private for profit, private not for profit, and traditional systems are the four primary types of health care delivery systems in Ghana. Within the context of the study area – Essikado Government Hospital, like many other hospitals in Ghana with similar characteristics, falls under the category of public healthcare facilities. Within these healthcare facilities, it is widely known as common knowledge, they (government hospitals) have an acute shortage of resources and supplies as well as health personnel and these issues emanate from the fact that the funding for most public hospitals in Ghana is predominantly burdened on budgetary allocations from the Government of Ghana through the Ghana Health Services (Novignon & Tabiri, 2022).

Furthermore, these public hospitals are tasked with providing people with social care through the National Health Insurance Scheme initiative

(Adongo et al., 2021). These varied limitations have resulted in the performances of these healthcare facilities, lopsided – with private hospital workers receiving higher compensations with lesser workloads, resulting in lower perceived stress levels, and public hospitals' employees having more burdens with disproportionate levels of compensation. On the above premise, it is quite expedient to investigate the issue of work stress in public hospitals such as Essikado Government Hospital. With the goal of unearthing issues that surround the perception of employees at Essikado Government Hospital, of their stress and how it influences their output.

With the issues identified above, the focus of this study was on the effects of stress on the wellbeing of health workers – using indicators and symptoms of stress – including work performance issues, anxiety, and sleeping problems, etc. This was necessary given the importance of the health sector and the severity of the issues in negatively affecting general performance and productivity. Given the paucity of such studies on stress and well-being of health workers in our part of the world (Ghana), partly due to our lack of investment in Research and Development (R &D) and also due to the lack of attention and investment made in government-owned institutions, there is the need to understand the issue, in the present dispensation of global pandemics and diseases.

Purpose of the study

The study sought to investigate the effect of work stress on the wellbeing of employees. This was done by gathering evidence of the relationship existing between the variables that were of interest, from health workers at Essikado

Government Hospital in Sekondi-Takoradi. Thus, the general objective of the study was to investigate the effect of work stress on employees' wellbeing: evidence from Essikado Government Hospital.

Specific Objectives

The specific objectives of the study sought to;

1. identify the varied sources of stress that potentially affect workers at Essikado government hospital.
2. describe the workload of workers at Essikado government hospital.
3. examine the effect of stress on the wellbeing of workers at Essikado government hospital.

Research Questions

Given the above research objectives, the ensuing research questions were developed.

1. What are the varied sources of stress that potentially affect workers at Essikado government hospital?
2. Do workers at Essikado government hospital have heavy workloads?
3. What is the effect of stress on the wellbeing of workers at Essikado government hospital?

Significance of the Study

It is anticipated that at the tail-end of the present study, the underlisted significance would be brought to light: it is projected that enunciations would be made regarding how stress takes shape in the lives of health workers, and would be unearthed, given the igniting conditions – the factors that are

responsible for stress amongst workers at Essikado Government Hospital, will also be unearthed. Also, the outcome of the research will help the health sector to put in place necessary measures to help manage the workload of health workers thereby promoting good health practices and promoting the wellbeing of these workers, which at the long run will facilitate or increase performance.

Furthermore, one of the most basic importance of this study is its contribution to extant literature. The paucity that exists in literature, as far as the causes of stress amongst government workers is concerned, particularly amongst health workers in developing countries like Ghana, will be bridged even though in an infinitesimal sense. Finally, the study would also provide academics and even health professions and management, with a deeper understanding of the issues that these health workers face, and it would help them understand the issues better as well – all these geared towards providing a lasting solution to the issues of work stress and its ensuing effects on the wellbeing of health workers at Essikado Government Hospital.

Scope of the Study

The study focused on the effects of work stress on employees' wellbeing, particularly employees at the Essikado Government Hospital, Sekondi-Takoradi. It relied on the collection of primary data from subjects within the identified population. Also, with regards to the employees of the Hospital, the study incorporated only health workers. Other employees such as accountants, managers, office managers, etc., were exempted from the study.

Limitation(s) of the Study

One primary drawback of the research work was that evidence was gathered from one general hospital and the result may not necessarily reflect the entire picture of work stress and wellbeing among health workers in the sixteen regions in Ghana. Another limitation is the difficulty in accessing these workers due to their busy schedules.

Organisation of the Study

The study is divided into five general components i.e., chapters. Chapter one discussed the subject of the study as it exists as well as its dimensions of existence, and incorporated the problem statement, which clearly demonstrates the research's path and the reason for its existence as a problem. It also includes the general and the specific objectives, as well as the value of undertaking the research – who benefits from it, what benefits the research would provide to the subjects of the study and beyond, its organization, and technical jargon utilized in the study.

Chapter two examined the concept of stress, its varying dimensions and definitions, the factors that influence its widespread, its effect and how it influences the professions and careers of people from different industries and backgrounds. Within the chapter also, the relationships that exists between stress and other elements such as job performance, as espoused by other studies, are provided and discussed. The second chapter looked at the existence of the issue within the Ghanaian setting and it brings to lights what has been done so far and the shortfalls of these studies in Ghana. The said chapter also provides the theoretical and conceptual underpinning of the study, all of which are rather

crucial to providing an in-depth overview of existing and how these relate to the present study being investigated and also gives readers what was included in the literature review process. The third chapter provides details on both the research method and the field of study. The fourth chapter presents the findings together with its comments, and the last chapter presents the study's summary, conclusions, and suggestions.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a general overview of issues that are tangential to the study's variables. It looked at the concept of stress, its varying dimensions and definitions, the factors that influence its widespread, its effect and how it influences the professions and careers of people from different backgrounds. It also explored the relationships that exists between stress and other elements such as job performance, as espoused by other studies. How the problem exists within the context of the Ghanaian scene is also explored and this chapter brings to lights what has been done so far and the shortfalls of these studies in Ghana. The said chapter also provides the theoretical and conceptual underpinning of the study.

Conceptual Review

Over the last couple of centuries, the arrangements for delegating labour have changed from servitude, serfhood, and indentured labour to paid hire and contracts. And even in a little less than a decade, the speed of development has speeded up tremendously, and the information technology revolution has altered employment for many (Hennicks et al., 2022). Attitudes and behaviours change at an unhurried pace as compared to that of technological advancements and this is still evident in our dispensation, in different fields including the healthcare profession. In more developed nations, the societal "attitude of labour is still primarily based on the experiences" of the 19th and 20th centuries (Stadler et al., 2023). The phrase "the Industrialised World," which is still

commonly used to characterize more flourishing countries, reflects an unwillingness or even a prevailing inability to accept the reality that we live in a "post-industrial civilization" (Hennicks et al., 2022; Nöhammer, 2022). The most physically risky job has mainly been delegated to less developed regions of the globe. Millions of jobs have been created in various facets of the economy in industries that did not exist 30 years ago, yet the way labour is organized, and managerial techniques are frequently reminiscent of a bygone era (Stadler et al., 2023). The point here then reflects the situation in our own continent of Africa where employees continually use the same equipment, same level of knowledge albeit poor managerial techniques and poor organisation of labour and human resources (Osabutey & Jackson, 2019).

Regardless, the biggest harm produced by employment in modern societies, particularly in countries like Ghana, Nigeria, etc., is psychological - brains wrecked by brutal systems that are created and administered recklessly (Appiah-Boateng, 2020). Some businesses have reacted to these fluctuating patterns by endeavouring to alleviate the negative consequences of lousy work on both mental and physical health. Fewer companies have tried to motivate workers and boost production by promoting excellent health. Few individuals have accepted the idea of wellbeing as a factor in long-term business performance and a measure of their societal impact (Tuzovic & Kabadayi, (2021).

Ganster and Schaubroeck (1991) commenced their evaluation of the works on job stress and health more than 20 years ago by noting that there had been scores of studies on work stress in the ten years prior to that, as well as

several volumes that aggregated and reviewed this research. They pointed out that job stress research existed in a wide range of publications across various disciplines, making it particularly challenging to consolidate and synthesize this material. Workplace stress research has continued to develop and accelerate since then, making any attempt to synthesize it much more difficult (Przytuła et al., 2020; Brown & Harvey, 2021).

Similarly, many organizational scholars have argued that studying human wellbeing and physiology could benefit organizational research given the fact that physiological reactivity has the potential to explain the fundamental processes that connect being exposed to workplace stressors to diminished work performance, absenteeism, and health-care costs borne by employers (Greenberg, 2010; Hennicks et al., 2022).

Stress

Stress, as explored in the study of Ganster and Perrewé, (2011), may be defined as (a) a component of the environment outside of one's control but influences the individual, (b) “the individual's (psychological, physiological, and behavioural) reactions to environmental demands, dangers, and challenges”, or (c) “the interplay of the two”. In other domains, stress has been conceptualised as the body's indiscriminate reaction to any kind of undue strain and pressure, manifested by symptoms including raised blood pressure, hormone release, shortness of breath, tight muscles, sweating, and increased heart activity. Stress should not always be seen as a bad thing because whiles little stress keeps us awake and focused, too little stress can cause issues. However, excessive stress, particularly over a long time period, can result in

issues with both psychological and physical health (Hemmingsson, 2018). Within the confines of the present study, stress has been operationalised to incorporate three dimensions namely; occupational roles, personal resources and personal strains. Hence, when broken down, the merging of these three roles determine whether an employee within the area of interest is stressed or not.

Also, authors such as Marín-Beltrán et al., (2022) found that not only does stress affect the physical and mental health of workers, it has the potential to cause financial loss to institutions, organisations and governments. The authors indicated that it (stress) has been estimated to cost UK employers around £370 million and society as a whole about £3.75 billion each year (Marín-Beltrán et al., 2022).

Job Stress

Job stress is depicted as "a detrimental physical and emotional response that arises when a worker's capabilities, resources, or needs do not match the job's requirements". Job stress can cause health problems including severe damage(s) (Nisar & Rasheed, 2020). "Long-term job stress has been related to an increased risk of musculoskeletal illnesses, depression, and job burnout, as well as a variety of chronic diseases including cardiovascular disease and cancer" (Bhanu & Babu, 2018). Stressful working circumstances can also make it difficult for employees to perform properly, leading to workplace accidents and illnesses. Potential job loss, technology advancements, and poor top management were the most highly ranked and often mentioned organizational stresses in the 1990s workplace. "Work overload, poor supervision, and

insufficient training", are the most predominant stressors at the work unit level (Norman & Ricciardelli, 2022).

The study operationalises job stress based on what exists in literature. Extant Studies have operationalised job stress to incorporate all dimensions of activities they engage in within the confines of their occupation and all forms of strains, pressures, that may emanate from the discharging of duties assigned to them, particularly if they experience work-overload, in the face of inadequate resources available for them to discharge their duties (Hemmingsson, 2018; Guerci et al., 2022; Norman & Ricciardelli, 2022).

Job satisfaction

Job satisfaction is explained as "a pleasurable emotional state arising from one's employment evaluation, affective reaction to one's job, and attitude toward one's job." Job satisfaction, as presented by Judge et al. in 2020, "is an attitude, but researchers need distinguish between the objects of cognitive evaluation, which include affect (emotion), beliefs, and behaviours". In accordance with this interpretation, our attitudes towards our employment are formed by taking into account our feelings, beliefs, and behaviours (Judge et al., 2020; Satuf et al., 2018).

Within the context of this domain of research, job satisfaction has been investigated primarily under organisational and industrial psychology, in order to understand its role in performance outcomes as well as individual wellbeing (Rothausen & Henderson, 2019; Judge et al., 2020). Its construct has been found to have undergone considerable changes in recent years but one consistency that remains in predominantly all studies that have explicitly focused on job

satisfaction is its relevance in a tumultuous modern climate that is particularly wrought with high turnover rates (Davidescu et al., 2020). Employees with higher levels of job satisfaction are more likely to be loyal champions, ambassadors, and advocates to their organizations. Within the context of the present study, it has the potential to downplay high level of work stress.

Workload

Workload is described as the quantity of labour placed on an individual, the time pressure required to complete the task, the individual's exerted effort, meeting task requirements, and the task's psychological and physiological consequence (Casper & Sonnentag, 2020). Workload has been discovered to be a factor dependent on the structure of an organization. Employee job needs differ even within the same organization since employees of the same level may be assigned unequally. Workload disparities may be influenced significantly by educational qualification, area of specialization, or position in the organization (Inegbedion et al., 2020).

In most organizations, the departments to which employees belong have a considerable influence on the diversity of their task. However, even within the same department, employee workload is not guaranteed to be balanced (Doosty et al., 2019). Workload is an essential construct within the context of this study because it illuminates the dynamics at work: an employee's sense of workload balance or imbalance as a consequence of perceived inconsistencies between his workload and that of other organizational members can lead to dissatisfaction (Hamid et al., 2022). An employee will sense that he is being treated unjustly if he believes that colleagues who put in the same amount of

effort as him earn more than him or that he earns the same as those who put in less effort than him (Omosehin & Smith, 2019).

Work Stress

There have been numerous studies that assess the effect of work stress on various dimension of the lives of workers; some of these studies include that by Duygulu et al., (2013), whose study had at its core, the exploration of the possible "effect of role stress on the employees' occupational well-being – using a sample of 180 sales representatives working in the pharmaceutical companies in Izmir," the authors examined the "relationships among role stress and the employees` occupational well-being"; Tyler & Cushway, (1998), whose study investigated the "relationships between job stressors, coping strategies, job satisfaction and well-being, through the lens of Karasek's demand – discretion model"; Singh et al., (2022), whose study aimed to discover prevalent job stresses in a sample of 164 management and hourly workers employed at 65 dissimilar hotels over the course of eight days.

Earlier studies outside the boundaries of the health sector, have shown that "work stress is associated to stress-related illnesses" (Mansour & Tremblay, 2018). According to additional research, work stress not only raises blood pressure while an employee is at work but also causes physiological responses that last after they leave, which could have a negative impact on health. These responses can also occur at home and represent a significant risk of long-term health problems (Adnan 2019; Singh et al., 2022). Aside the accrued cost to employers' health care expenditures, the burden on society is also a concern as well as has been shown by extant studies (Destro et al., 2018).

Based on extant literature, evidence suggests an inverse relationship "between job stress and customer service quality", with employees that are less stressed providing better services than employees that are considered more stressed, and "customer service employees reporting chronic stress performing particularly poorly" (Duxbury et al., 2018; Singh et al., 2022). In general, work-related stress has been linked to declining work quality (Sa'adah et al., 2019; Mansour & Tremblay, 2018), "increased weariness, decreased employee capacity to learn, increased depressive symptoms, aggression, and withdrawal" (Singh et al., 2022).

Predominantly, research that have been undertaken from time to time have centred on the need to understand the link between "job stress", "job satisfaction", and its impact on employees' overall health (Smith, 2019). "Job stress and job satisfaction" are strongly connected to job performance (Doosty et al., 2019; Singh et al., 2022; Duygulu et al., 2013). People who are happy in their jobs do very well, while those who are very stressed out, perform badly and are always seeking for new jobs since job stress can cause severe physical difficulties (Yunita & Saputra, 2019). Economic globalisation and technological progress have a wide range of repercussions, including job insecurity, quick demand changes, and increased work pressure (Landsbergis, 2003; Taber, 2018). Employees' encounters with "downsizing, mergers, and outsourcing", are progressively shared, more and more, even in recognised areas of "industrial production, administration, and services" in sophisticated nations (Yunita & Saputra, 2019).

Stressful experiences have lately grown in the European workforce, according to studies that focus on the working conditions in Europe, albeit there are differences between nations and industries (Yunita & Saputra, 2019). "Workplace stress" may be detrimental to one's physical and emotional well-being. This has been proven in several epidemiological investigations based on two complimentary theoretical concepts: “the demand–control model” and “the effort–reward imbalance model” (Shahbazi et al., 2018; Wolfe et al., 2019; Yunita & Saputra, 2019). According to the demand–control paradigm, employment with high quantitative demands and little choice freedom have an adverse impression on health. “The effort–reward imbalance” concept focuses on contractual non-reciprocity, which occurs when exemplary work attitudes are not rewarded adequately on the fronts of income, esteem, advancement opportunities, and job stability (Yunita & Saputra, 2019).

Hodge et al., (2020) examined the complexities of stressful job situations over time in relation to mental health using longitudinal data from a large cohort, utilizing “the effort–reward imbalance model”. They investigate whether employees who either continuously report high levels of work-related stress or who report an increment in such stress from the original to the following measurement are more likely to experience poor mental health one year later than those who report either consistently low levels of work-related stress or decreasing levels of it over time. Under situations of downsizing and concomitant macroeconomic restrictions, both continuous and incident exposure to occupational stress have a high potential of occurring (Hodge et al., 2020).

Theoretical Review

The majority of research on occupational stress in health professionals have used one of two outcome measures: (a) a measure of psychological distress such as anxiety, depression, somatic symptoms, or a combination of these; or (b) a measure of work satisfaction. Any theory of occupational stress should predict that individuals who feel high workplace demands will have more health problems and be less satisfied with their jobs (Roelen et al., 2018). As a result, there should be a strong link between self-reported stresses and self-reported outcome measures.

However, the situation does not appear to be that straightforward, and in fact, correlations are often small, accounting for just around 10% of the variation in the outcome measure. This association also suggested that some people survive better than others, maybe due to a tougher personality, more adaptable coping mechanisms, or a greater support network. Personality differences, on the other hand, may amplify or perhaps entirely account for the association between perceived stresses and result. Differences in negative affectivity, or the tendency to continually judge oneself and one's environment negatively, might exacerbate such a connection (Comer & Sekerka, 2018).

"The Job – Strain Model and The Effort – Reward Imbalance Model" (Johannes Siegrist)

Concerns regarding the destructive influence of work stress on health, particularly the risk of cardiovascular disease, are growing. The "job strain model" and, quite recently, the "effort–reward imbalance model" have gotten a lot of attention for detecting "stressful components of the psychosocial work

environment" (Rigó et al., 2021; Kivimäki et al., 2018; Dingemans & Henkens, 2020), Job strain, according to the "workplace strain model," is a health threat for workers due to a blend of high work demands and insufficient job control (Kivimäki et al., 2018). The hypothesis is endorsed in part by some studies on cardiovascular mortality. According to Rinsky-Halivni et al., (2022) there is a modest potential link between occupational stress and fatal cardiovascular disease.

Other studies have connected cardiovascular mortality to a blend of high demands, limited resources, and poor income, as well as to job control alone rather than job control, work demands, or their interaction (Kivimäki et al., 2018). In addition to the more immediate employment conditions, "the effort–reward imbalance model" analyses the influence of labour force demand factors on health. The discrepancy between high labour efforts and low remuneration results in a health risk. Money, social approbation, job stability, and career chances are all aspects of rewards. Physicians are paying more attention to stress-related disorders such as burnout (Sara et al., 2018).

Disability insurance firms have raised rates by up to 30% due to a huge increase in these disorders among employees (Meneton et al., 2018; Baka, 2020). The adverse consequences of stress are quite concerning for both the health of doctors and the standard of patient care Cheng & Yi, 2018). Recent societal changes might be contributing to the rise in stress-related disorders among medical professionals. Patients have progressed from being completely reliant to being active participants in medical assessment. They are more well-informed, critical, and legally protected (Cheng & Yi, 2018). Furthermore,

changes in health-care organizations have weakened job security in several countries (Låstad et al., 2018). In recent years, the balance between job and family has been prone to shift. Family life is more demanding of both couples' time and dedication. These changes may have an impact on physicians' job experiences (Cheng & Yi, 2018).

The Job – Strain and the Effort – Reward Imbalance Models were adopted because they attempted to create singularity between strains most employees experience in their jobs and causation of health defects and complications. These models of occupational stress clearly predict that individuals who feel high workplace demands, and higher levels of workload will have more health problems and be less satisfied with their jobs (Roelen et al., 2018; Rigó et al., 2021). The models make it easy to identify amongst individuals within the study area, a linkage between the tremendous strains they face at work, and also elements of their state of wellbeing, particularly their physical and mental health.

Job – Demand and Resource Theory (JD-R)

Arnold Bakker and Evangelia Demerouti – 2007

The underpinning of this study is also supported by the "Job-Demand and Resource Theory" (JD-R). In accordance with the "JD-R theory", workplace happiness is the outcome of a balance of good and negative employment features (Bakker & Demerouti, 2014). Actual and perceived job responsibilities and resources have an impact on employees' work life quality and wellbeing (Demerouti et al., 2001). The psychological, physical, social, or

organizational components of a work that require emotional effort, skills, or intellect are collectively categorised as job demand (Bakker et al., 2014).

Psychological, social, physical, and organizational, are components of a job's resources that remain very important for job success performance (Bakker et al., 2014). Job performance refers to what an employee can do or achieve on the job. Stress-related psychological and physiological suffering is reduced when resources such as supervisory support, control, and time are available, resulting in improved workplace wellness. Workplace satisfaction is connected to success (Demerouti et al., 2015). Employees are more successful and efficient, according to managers and organizations, when they have influence or control over their rising job demands or workload.

Job requirements are the organizational, social, physical, and psychological aspects of work that necessitate employee effort and are associated with financial or emotional costs (Demerouti et al., 2001). Resources are those aspects of work that help achieve objectives, lower demands and costs, or foster personal development (Bakker & Demerouti, 2013). There are two mechanisms that relate needs and resources to personal and organizational results (Bakker & Demerouti, 2007; Demerouti & Bakker, 2011).

On one front, demands trigger health-damaging processes that frequently result in unpleasant results such as weariness or health issues (Bakker & Demerouti, 2007). Resources, however, are frequently linked to motivational processes that influence desirable outcomes like work satisfaction and citizenship behaviours (Fernet et al., 2013). Numerous empirical studies and

meta-analytical analyses back up the extrapolative influence of demands and resources on employee happiness and health (Lopez-Martin & Topa, 2019).

The JD – R Theory was adopted due to the fact that its tenets make it possible to identify constructs that directly contribute towards successful job performance. The theory brings to the fore, the positive and negative roles of demands and resources respectively. Job Demands, the negative construct, can potentially trigger health-damaging processes that may frequently result in unfavourable outcomes such as weariness or health issues (Bakker & Demerouti, 2007). The theory also exposes the other side of the argument – Resources, which are frequently linked to motivational processes that influence desirable outcomes like work satisfaction and appropriate work behaviours. Its adoption is expected to bring to light, the juxtaposing roles of work resources and work demands.

Empirical Review

Numerous studies are available in the domain of work-related stress; Job satisfaction safeguarded British medical experts against the physical and psychological impacts of long-term stress, according to earlier studies. As a result, research on both stress and satisfaction is required in order to devise effective intervention approaches (Bakker & de Vries, 2021).

In an attempt to explore the sources of stress in the lives of employees from different walks of life, Olawale et al., (2017) undertook an analogous study, where they used a cross-sectional tactic to assess the quality of sleep and wellbeing of workers within the health sector, gathered from several hospitals in the kingdom of Najran, Saudi Arabia. The survey was specifically carried out among health professionals who were in attendance for a conference held by the hospital as an aspect of the commemoration of mental health day in the Psychiatric hospital, Najran. The hospital is a mental health facility with inpatient and outpatient services available, along with a rehabilitation centre. "The Pittsburgh Sleep Quality Index", a useful tool for measuring the quality and pattern of sleep, was used to estimate sleep quality and its patterns (Olawale et al., 2017).

Regarding the second objective of the present study, one study that resonates the varying workloads of employees in work settings was by Janse van Rensburg et al., (2018), who involved 339 participants in their study to determine "the extent to which job demand and resources influence or effect work-related thriving and job performance among academic staff in South African universities of technology". According to the findings of the study, employment resources such as role clarity, progression, and salary boost employee happiness at work. Research

by Thompson-Hughes, (2019) on the links that exist between workplace wellbeing, job demands, and resources in a sample of veterinary nurses in New Zealand, more than halfway across the world from South Africa, found that excessive workload, if allowed unchecked, might negatively affect employees.

Widening the geographical horizon, studies have been conducted as far as Asia, on the workload of employees. In Asia, some of these studies include those conducted by Huang, Xing and Gamble (2019), who had within the focus of their study, “the workload and wellbeing of 697 employees in retail stores in China”. Workload has a considerable detrimental impact on employees' mental health, according to their research. This suggests that the bigger the employees' burden, the worse their health. Another study done by Han et al., (2020) to evaluate the relationships between job demands such as workload and employee wellbeing found that the degree of workload experienced had a substantial impact on employee wellbeing.

Another study by Wood et al., (2020) on the use of “work-nonwork support and employee well-being”; “the mediating roles of job demand, job control, supportive management, and work-nonwork conflict” found that employees' usage of work and nonwork support affects employee well-being by affecting their job control and supportive management experience. Carson et al., (2019) also undertook a study, with the goal of looking at “levels of mental well-being among sport coaches” and see if aspects of work life, such as workload and control, are linked to mental well-being. The study's findings revealed that poor mental health is linked to the capacity to self-manage workload. From their study, they unearthed that the inability to manage workload, resulted in poor mental health and vice versa.

Another research was undertaken to describe clinical nurses' job satisfaction experiences. Three focus groups that comprise 17 hospital nurses were used to gather information. Researchers conducted interviews with each focus group for an average of 2½ hours. "How do you describe your lived experience of work satisfaction as a clinical nurse?" was the major question. "Finding success" was rated as the most important aspect of clinical nurses' job happiness and satisfaction. This category was influenced by supportive interpersonal connections and the surroundings (Cheng & Yi, 2018). The participants used four interactional tactics to achieve job happiness via accomplishment, including offering purpose, discovering self-esteem, expanding life horizons, and improving self-capability.

The sense of accomplishment, stability, and pride were the aspects of job satisfaction among clinical nurses. There were many research studies done even in tangential dimensions such as those related to “the effects of job stress and mental health and job satisfaction and mental health”; one of these is the study by Yunita and Saputra, (2019), which focused on understanding the “patterns and characteristics of the effects of job stress and satisfaction and their relation to mental health among individuals” in an Iranian government organization (Yunita & Saputra, 2019).

Risks and Work

It has long been recognized that work have both positive and negative consequences on one's health and wellbeing (Perry et al., 2017). Galen stated in ancient Greece that work is "nature's physician, vital to human pleasure," while his Roman contemporary Pliny was the first to report mercury poisoning amongst slaves working in mines. “The Industrial Revolution” offered many merits to societies at large, but it also brought about new diseases that could be recognized

by the nascent science of medicine since they were clustered in certain occupational groups (Litchfield et al., 2016). So it was discovered that chimney sweeps had scrotal cancer, cotton workers had byssinosis, and matchmakers had "phossy jaw." There was a growing understanding that various chemical, physical, and biological contaminants encountered in the workplace may harm the health of those exposed during the 19th and 20th centuries (Kuranchie-Mensah & Amponsah-Tawiah, 2016). As a result, a slew of new laws were enacted to address specific risks and the sectors in which they occurred (Runge et al., 2014).

By the middle of the 20th century, it was clear that this tactic was ineffective, inconsistent, and reactionary. As a consequence, a more comprehensive strategy based on a risk management hierarchy was implemented, which included eliminating risks where possible, substituting fewer damaging options, or lowering exposures when usage was necessary (Litchfield et al., 2016). This plan has worked, and many industrial illnesses are no longer visible or are a result of decades of working. Hazards still exist in the modern workplace, but they are more typically related to the way labour is organized than to specific agents, and the resulting injury is more psychological than physical (Perry et al., 2017). “The UK Health and Safety Executive” is in the lead in financing investigations that would present an outstanding comprehension of the aspects of work that might impair psychological health and released management standards for businesses in the early twenty-first century.

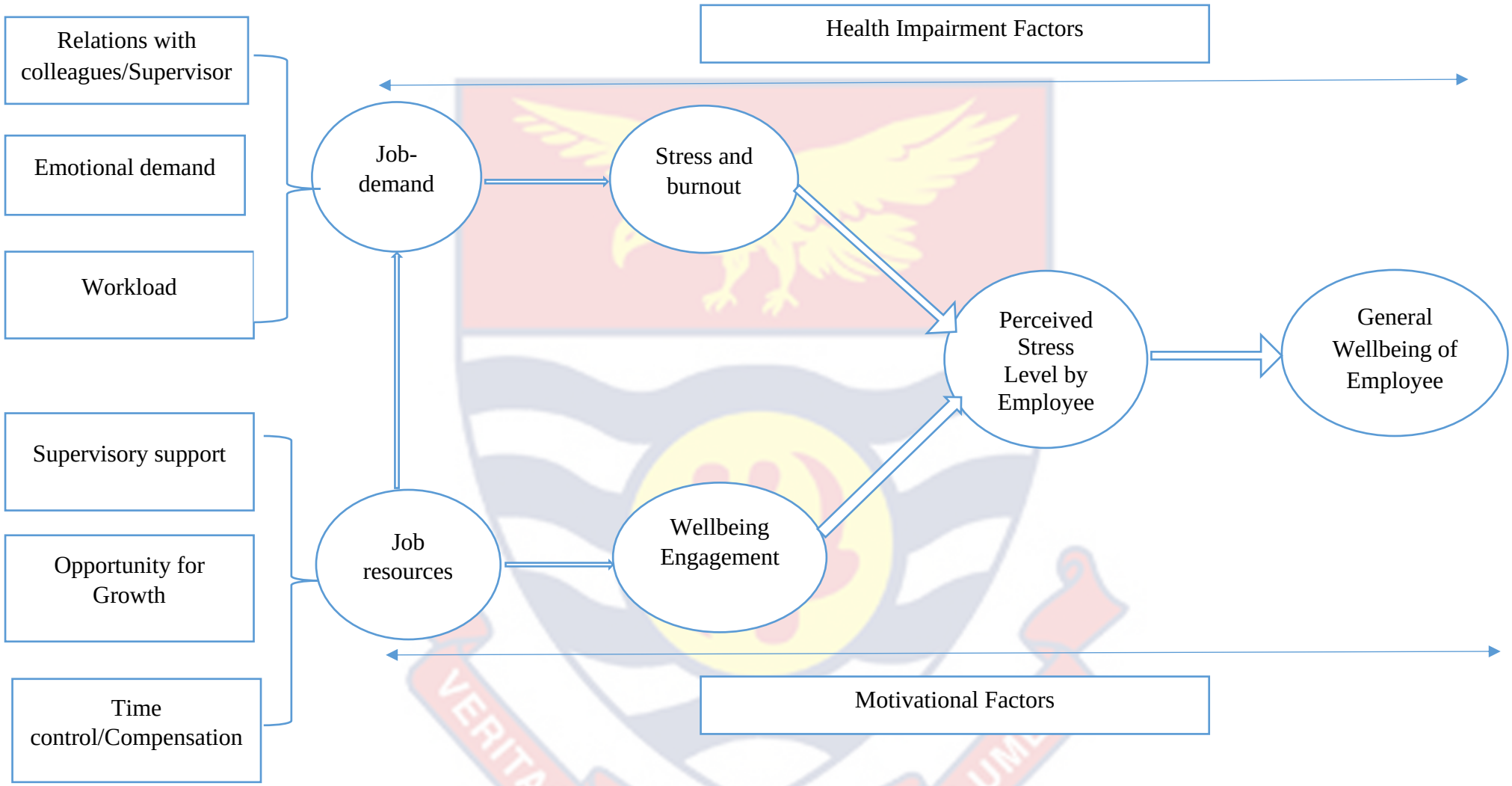

Figure 1: Conceptual Framework of the Study

Source: Author's Construct, Adapted from Schaufeli & Taris, (2014).

Conceptual Framework Description

The JD–R model suggests that perceived work-related burnout and wellbeing engagement, progress through two mechanisms; the first one relates to unfavourable, highly stressful work environments where job demands lead to tiredness, stress and burnout and this inevitably leads to poor or negative wellbeing and the second is associated with job resources whose adequacies ensure work engagement and growth or positive wellbeing of employees as shown on Figure 1.

But there exist other dynamics nonetheless – if job resources (i.e., time control, supervisory support, benefits, etc.) are insufficient, there will be high stress and burnout, which would reduce productivity as well as the employee's disengagement with results in evident motivation collapse (Schaufeli & Taris, 2014; Radic et al., 2020).

In the health impairment process, there is not just negative wellbeing observed as far as the employees are concerned, what we fail to see from the model, is the poor attitude to work, poor output and inefficiency. For the health workers sector, this translates as more individuals not getting access to basic quality healthcare given the fact that there is a direct link between the state of health workers and wellbeing of people generally.

In simple terms, as depicted on the framework, there is always a struggle between the elements of Job demand as against those of job resources. These elements lock horns on a daily basis in the execution of the duties of the employee. There is the potential for the resultant effect of excessive job demand

i.e., stress and burnout, to outweigh the outcome of job resources (wellbeing and positive engagement), when this happens, it is expected that there will be a negative wellbeing perception by the employee. Hence, the perception of employees regarding their levels of stress is driven by these factors and their state of balance.

Summary of Chapter

This chapter provided extant information on constructs that are important to the progression of the present study. It also reviewed theories that explain behavioural patterns within the context of the study and predicted certain exhibited behaviours given the right conditions.

The chapter also reviewed empirical data that also exists on the subject matter and provided a conceptual framework that clearly presents the linkages and relationships between elements of job demand and job resources and how they influence the perception of employees' work stress.

CHAPTER THREE

RESEARCH METHODS

Introduction

Chapter three (3) stipulates the philosophical foundation of the research and also offers an acumen of the research design adopted for this research. The chapter examines the various approaches and their rationales within the context of the research. Additionally, it describes the procedures used to collect and analyse the data for the study. The many methodologies and sampling strategies utilized to choose the study's respondents and participants are described.

Research Approach

The focus of quantitative research is on objective measurements and the statistical analysis of data gathered through surveys, questionnaires, and polls, as well as the use of computing methods to manipulate statistical data that has already been acquired (Babbie & Mujis, 2010). Quantitative research focuses on collecting quantifiable data and using it to understand a specific event or generalize it across groups of individuals. Introduction, literature and theory, methodology, results, and commentary make up the predetermined format of the final written report (Babbie & Mujis, 2010; Creswell & Creswell, 2017).

While qualitative research is often preferred in certain situations, there are times when a quantitative research approach may be more appropriate. The approach was selected given the nature of the research questions being investigated – the research questions were well-defined and required numerical or statistical answers, hence, a quantitative research approach was more

appropriate for the study. Also, the study sought to investigate correlational effects between some of the variables of interest. It was also imperative to remain objective and this also influenced the adoption of the quantitative research approach.

Research Design

"A research design is a model that governs scientific investigation" (Hung et al., 2021). Its goal is to turn the research into a project that can be put to the test. It is viewed as the reasonable progression connecting the scientific data to the research conundrum and, ultimately, to the inference. It deals with four important issues: the questions to look into, what information is pertinent, what information should be obtained, and how information ought to be analysed.

The descriptive research design was chosen as the methodology for this investigation. When doing research, a descriptive study design looks for information to carefully define a phenomenon, situation, or population. Instead than focusing on the why of the research problem, it helps by offering answers that go beyond the how question (Sukamolson, 2007). Four main reasons influenced the selection of the design; Descriptive research is mostly quantitative in nature and entails the collecting of measurable and systematic data that can be utilized for the research problem's statistical analysis as is the case of the present study. Secondly, the study does not seek to control the variables of interest. Unlike experimental research, where the variables are controlled and modified, the variables of interest in descriptive research are mostly uncontrolled variables (Fraenkel et al., 2012). This is one of the most

prominent traits of descriptive research. Rather, they are only recognized, scrutinized, and quantified. Additionally, it serves as the foundation for additional research since the information gathered during descriptive research aids in gaining a thorough grasp of the research topic and enables suitable response to it. Last but not least, it frequently uses cross-sectional studies. Cross-sectional designs are categorised as observational research styles that include obtaining data on several variables at the person level at a certain period (Fraenkel et al., 2012).

A variety of research methodologies can be used to investigate the goal variables when employing the descriptive method of research (Queirós et al., 2017). Although qualitative data is occasionally used for descriptive purposes, it mostly uses quantitative data outside of these instances (Sukamolson, 2007). It is crucial to emphasize that, while employing the descriptive approach of research, the researcher has no control over or influence over any variables. Simply naming, observing, and measuring the variables takes its place (Queirós et al., 2017). Hence, this design was selected as a lot has been done as identified in the literature and background of the study, this study would therefore, build on the findings of other studies for appropriate enunciation of the research objectives.

In the aftermath of this research, the findings will deliver the foundation for further research to be undertaken- through the provision of literature on the effects of stress on the wellbeing of workers in the health domain – specifically those at Essikado Government Hospital, and how these affect their performances. The study, surveyed workers of the Essikado Government

Hospital, in order to create a general comprehension of the variables that promote the stress of workers and how these affect their wellbeing.

For the purpose of the study, the descriptive design was selected for the reasons as follows;

The population under investigation falls under a profession that is extremely valuable but in developing countries such as Ghana where data are unavailable and government institutions hardly receive the necessary resources for their progression, the full extent of complications due to work stress are undocumented in such government-owned hospitals. Hence, the study adopted a descriptive design in order to undertake preliminary investigations, to gain a better understanding of the phenomenon and/or a population (public health institutions) that have received less exposure than they deserve, given their importance to populations and society as a whole. Adopting the design therefore paves the path for more extensive research. This can help researchers identify important variables and generate hypotheses for further research.

Also, because this was a cross-sectional study, it was more appropriate to adopt a descriptive design. The study sought to provide a snapshot of the phenomenon at a particular time and traditionally, such studies adopt the descriptive design.

Study Area (Essikado Government Hospital)

The study area refers to the geographical location that defines the research and it is the area where the findings of the study apply to. Within the context of this research, the 'study area' is the organization of interest- Essikado Government Hospital, located in Essikado, Sekondi-Takoradi**,** an old and

historical town in the Western region of Ghana. Its geographic coordinates are 4.9434125253964805, -1.7164265779805687 and it is about 12 kilometres from the Central Business District (CBD) of Takoradi and 3 minutes' drive from the heart of its host twin city – Sekondi. The town of Essikado is used mainly as a "dormitory town" for a variety of workers based in the regional capital and its environs – this includes health workers from the Polyclinic, the Government Hospital as well as the ministries and their agencies spread throughout Sekondi. The town is in the Essikado-Ketan constituency of Ghana.

Target Population

The present research adopted a sample of the population i.e., workers of Essikado Government Hospital. The subject of analysis or the research's intended population is the topic of the investigation or the group about whom the researcher may generalize the research findings. Depending on the study, these might be people, groups, organizations, or civilizations (Nachimias, 1992; Long, 2004).The subjects of the research, are the different level of workers at the Hospital.

Sampling Procedure

Sampling is the procedure undertaken in order to acquire items from a population's total supply or a sample frame to reflect the population as a whole. A sample is a portion of a population that is utilized to ascertain the populace's characteristics (Long, 2004). It is a method for choosing a representative model of that populace in order to examine the features of the populace as a whole (Lavrakas, 2008). Sampling's objective is to provide a sample that accurately depicts the full population and has all of its variances. This will guarantee that

the study sample's findings can be extrapolated to the entire populace (Hall, 2013).

Kreuger & Neuman (2006) state that sampling aims to produce a reduced unit from a broader population, allowing the researcher to conduct condensed study. Sample size estimation is a challenging process that requires both qualitative and quantitative factors to be done correctly. As a result, the researcher chooses a segment from the populace that demonstrates traits consistent of people impacted by the targeted populace, rather than include the complete target population in the research. This is due to the fact that while a census is suitable when the population is small, it becomes prohibitively expensive, time-consuming, and unreliable when the population is huge (Denscombe, 2007). Within the context of this research, the research adopted non-probability sampling techniques due to the inaccessibility of the sampling frame of the Essikado Government Hospital.

The sampling frame is calculated based on the target population. By means of the formula for the finite population as suggested by Yamane (1967), the sample size for this analysis was determined.

$$n = \frac{N}{1 + N\,(e^2)}$$

Where:

n= desired sample size

N= Population

e = margin of error at 10% (standard value of 0.10)

Therefore, using a population size of 300 at Essikado Government Hospital, the sample size is presented below:

$$n = \frac{300}{1 + 300\ (0.10^2)}$$

$$n = 75$$

Therefore, the required sample size of Essikado Government Hospital is 75.

The research employed non-probability sampling methods. The techniques used were accident and purposive sampling techniques. The study adopted the purposive technique only those who fit the study's profile were required i.e., health workers, but within the confines of the study area, there consists several other categories of workers. So to ensure that only those needed for the study were approached, the study identified health workers purposively by inquiring if a worker fell within the needed category or not. Afterwards, these individuals were selected accidentally. Therefore only those who possessed information relevant to the study's progress, had to be included in the purposefully sampled population. The researcher was able to use examples with the information required in connection to the research goals thanks to the purposive sampling approach.

These subjects of the study included only health workers of the Essikado Government Hospital, since it was very unlikely that workers in other domains of the hospital, i.e., accounting or administration, would experience or perceive stress in the same light as the health workers. Also, accidental sampling technique was used to pick the workers at random.

Data Source

This study used two data sources to increase the analysis's usefulness. The two sources encompass both the secondary and primary data sets. Data that has already been accumulated for a different purpose is known as secondary data. A detailed review of pertinent literature pertaining to the impact of stress on workers' wellbeing in various sectors including the health sector, was inclusive in the secondary data collection. These publications included statistical studies, journals, among additional documents pertaining to stress and its causative aspects.

Furthermore, the primary data collected raw data for the research, through the use of administered questionnaires. The crucial data source was the organisation involved. The primary data accumulated, included raw data on the effect of stress on the wellbeing of these employees and this was processed into information. Additionally, data from online journals, papers, published and unpublished studies by other researchers were used in the study.

Data Collection Instruments

The following instrument were created to collect the information to make informed and accurate conclusions.

Questionnaire for the Survey

This covered both formal and unstructured questions. The ordered questions, also known as closed ended questions, are those that are followed by a list of all possible options or preferences, from which respondents choose the answer that best fits their case. Unstructured questions, also known as open-ended questions, are those that allow the respondent full freedom of answers.

This allowed the researcher to ask the respondents for their thoughts and perspectives on the study in their own words. The structured and unstructured questionnaires were used to gather data about respondent's personal as well as informed opinion on the subject of inquiry.

Respondents were made aware that the study's aim was purely scholastically oriented, and that their answers would remain in stringent confidence in order to conduct a thorough investigation where they are kept anonymous. Actual permission was obtained from the respondents before they took out the necessary details. Furthermore, the 57-item version of the questionnaire was web-based in Google Form. It was administered virtually through a link which was shared with all of the study participants and collected data were uploaded to the database.

The data for this research was collected through a questionnaire survey. The instrument was sent electronically to a total of 75 employees at the Essikado Government Hospital, Essikado, Sekondi-Takoradi. Variables of interest were assessed using varieties of questions and also incorporated were some items from the works of Frantz, & Holmgren, (2019) – adapted from their work was a 4-point Likert scale ranging from 1 to 4, with 1 indicating an observation never made (total disagreement) and 4 indicating an observation made always (complete agreement). The questionnaire comprised four sections as follows; section A – demographic characteristics of respondents, section B – the varied sources of stress that potentially affect workers at Essikado Government Hospital, and section C – the workload of workers at Essikado Government Hospital and section D – the effect of stress on the wellbeing of workers at Essikado Government Hospital.

Data Processing and Analysis

Data gathered were cleaned to avoid missing values existing. The dataset was afterwards, transformed into an SPSS format data type, for the purpose of this study. The SPSS Data were processed using descriptive and inferential tools of analysis – this specifically included the use of mean, standard deviation and correlation coefficient analysis to identify whether there are relationships that exist between the variables and also to test the statistical significance of relationships that were identified between variables of interest.

Variables and Data Requirement

Any property that can be observed and varies over time is referred to as a variable. It may change over time within a single person, across different people, or even between different groups (Long, 2004). According to (Dawson, 2002), a variable is an idea, judgment, or concept that may be estimated to have a range of possible values. Each study includes variables because they are necessary for analysing variances. They have the power to affect or alter a report's conclusion. The study objectives and objectives for the analysis were used to create the variables. Themes discussed in the literature analysis were also taken into account. The variables included demographic data, socio-economic data, dimensions of stress, contributing factors, conceptual measures such as quality of sleep, quality of relationships amongst others, in this analysis.

Summary of Chapter

Details on the techniques utilized to respond to set research questions are provided in this chapter. The study adopted an exploratory outlook due to the limited availability of literature in this area i.e., investigating stress and its

effects on employees' wellbeing in the health sector in Ghana, government hospitals to be precise. Limitations include bureaucracy at these formal employment settings and the issue of little to no literature that details the activities of the hospital, as little focus is given to organisations such as these.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter provides into details, the results of the research. After carefully reading over the introduction, pertinent literature, and methods, this section of the research offers the analyses and discussion of the outcomes. As stated earlier, the general objective of the research was to investigate the effect of work stress on the wellbeing of employees by focusing on employees within the health sector at Essikado Government Hospital – the first objective of the study sought to identify the varied sources of stress that potentially affect workers at Essikado government hospital, the second objective of the study also sought to examine the stress level of workers at Essikado government hospital, and the final objective assesses the effect of stress on the wellbeing of these workers. Data collected was analysed using SPSS v25. Data gathered were analysed using both descriptive and inferential statistics.

Through the analysis, the chapter also provides answers to the research questions that are pertinent to the study. Details of the variables are presented in the results section below;

Variable Description

The dependent variables comprised the wellbeing and performance of health workers, its indication is a result of the types and perceived level of stress of the worker; whilst the independent variable is the stress and its sources as indicated by the respondents.

Socio-demographic Characteristics of the respondents

A total sample size of 75 individuals (health workers) was adopted for the study. The instrument was designed using Kobo Tool and it was distributed to all the respondents using via known contacts at the health facility. Exactly 75 entries were retrieved from the respondents and analysed.

Table 1 shows the breakdown of the sex respondents. The analysed data revealed that 54.7 percent of the respondents were females as compared to 45.3 percent being males – this is a marginal difference, which is quite unlike the status quo but comes as no surprise as the respondents comprised not just nurses but also doctors and even other workers whose area of expertise is tangential to the medical field.

Gender distribution of health workers at the hospital is not as vast as the national observation. According to statistics, a decade ago, male and female nurses employed by the Ministry of Health in Ghana make up 4,984 (13.5%) and 31,943 (86.5%), respectively (Ministry of Health, 2016; Appiah, Appiah & Lamptey, 2021). The differences between the sex representation was expected to be vast but it was not the case since the study was not limited to just nurses, the study incorporated all health professions that were found, to ensure inclusiveness and representation. Furthermore, the data on which that premise was made, was established almost a decade ago. It is possible that that wide gap has been reduced significantly.

Table 1: The Sex of Respondents

Sex	Percent	Frequency
Female	54.7	41
Male	45.3	34
Total	100.0	75

Source: Fieldwork, (2022)

Age of Respondents

The data also showed that majority of the respondents (57.3 percent) were within the age group 31-40. This is followed closely by those within the age group 21-30 and 41-50, both representing 18.7 percent of the respondents each. Only four (5.3 percent) individual was found to be within the age category 51-60. It surmises to say that about 76 percent (57.3 + 18.7 = 76) of the respondents were between the ages 21 and 40. This information is presented in Table 2.

Table 2: Age Groups of Respondents

Age Groups	Percent	Frequency
21 – 30	18.7	14
31 – 40	57.3	43
41 – 50	18.7	14
51 – 60	5.3	4
Total	100.0	75

Source: Fieldwork, (2022)

Level of Education

As expected, all respondents had some level of tertiary education; 45.3 percent of the respondents had some form of a professional certificate – including Higher National Diploma (HND), Diploma in nursing, amongst others. 32 percent of the respondents had a first degree, and a lower percentage

of them i.e., 22.7 percent, had any form of post-graduate degree or education. This was not surprising given the diverse pool of health workers at the hospital.

Table 3: Level of Education of Respondents

Level of Education	Percent	Frequency
First Degree	32.0	24
Postgraduate Degree	22.7	17
Professional certificates	45.3	34
Total	100.0	75

Source: Fieldwork, (2022)

Profession of Respondents

Regarding the specific profession of the respondents, as presented in Table 4, the analysed data revealed that a remarkable 60 percent of the respondents were nurses, 22.7 percent of them identified as doctors, 17.3 percent were physician assistants. More than half of the respondents identified as being nurses and it comes as no surprise truly, because it truly reflects the state on the national level as there are more nurses than doctors in Ghana (Boafo, 2018).

Table 4: Profession of Respondents

Profession	Percent (%)	Frequency
Doctor	22.7	17
Nurse	60.0	45
Physician Assistant	17.3	13
Total	100.0	75

Source: Fieldwork, (2022)

Duration of Employment

Majority of workers had worked at the hospital between 1-5 years – this made up more than half of the respondents (53.3 percent), 32 percent of the respondents had worked there for a period of between 6-10 years, 12 percent had worked there for over 10 years and just 2.7 percent had worked there for less than a year and this made up only 2 of the respondents.

Table 5: Duration of Employment

Duration of Employment	Percent	Frequency
< 1 Year	2.7	2
1-5 Years	53.3	40
6-10 Years	32.0	24
> 10 Years	12.0	9
Total	100.0	75

Source: Fieldwork, (2022)

Marital Status

Regarding the marital status of the respondents, 70.7 percent of them were married, another 24.0 percent of them were single and just a handful of them were divorced (5.3 percent). This is only fitting as divorce rates in Ghana are rather very low, comparatively.

Table 6: Marital Status of Respondents

Marital Status	Percent	Frequency
Divorced	5.3	4
Married	70.7	53
Single	24.0	18
Total	100.0	75

Source: Fieldwork, (2022)

Number of Children

In Table 7, the number of children of each respondent is presented. From the analysed data, just about 13.3 percent of the respondents had no children. 16 percent of the respondents had only one child, another 41.3 percent had two children and only two individuals representing 2.7 percent of the respondents, had 5 children but none of them had more than 5 children.

Table 7: Number of Children of Respondents

Number of Children	Percent	Frequency
1	16.0	12
2	41.3	31
3	17.3	13
4	9.3	7
5	2.7	2
None	13.3	10
Total	100.0	75

Source: Fieldwork, (2022)

The Varied Sources of Stress that Potentially Affect Workers at Essikado Government Hospital.

The study identifies certain variables that contributed to the achievement of each objective. For the purpose of the first objective, the ensuing were identified, and the responses of the respondents are presented in tables below;

Table 8: Ability to Cope with Demands of Job

Ability to Cope with Job	Percent	Frequency
Yes	86.7	65
No	13.3	10
Total	100.0	75

Source: Fieldwork, (2022)

To reiterate, the study sought after identifying the varied sources of stress that have the potential to affect the life of these health workers at Essikado Government Hospital. One of the variables that were used to identify stress sources, was the capability of the workers to get by even with their job demands. From the data gathered and analysed, it was observed that more than two-thirds of the respondent confirm that they are able to cope with the demands – this made-up 86.7 percent of the respondents. And just a little over 10 percent (13.3 percent) identified as not being able to cope with the demands.

Table 9: Control Over Performance of Tasks

Control Over Tasks	Percent (%)	Frequency
Yes	80.0	60
No	20.0	15
Total	100.0	75

Source: Fieldwork, (2022)

Secondly, the study investigated whether the respondents had control over the way they performed their tasks. Majority of the respondents responded in the affirmative, indicating that they indeed had control over how they performed their tasks. 80 percent of the respondents fell in this category. And exactly 20 percent responded in the negative regarding their control over their ability to control the way they perform their tasks.

Table 10: Availability of Information to Perform Tasks

Information Availability	Percent (%)	Frequency
Yes	66.7	50
No	33.3	25
Total	100.0	75

Source: Fieldwork, (2022)

Table 10 presents the results regarding the availability of information for these employees to perform the tasks at work. The responses from the respondents indicated that 33.3 percent of them do not have the very needed information to carry out their tasks at work. And twice this number indicated that they receive enough information to perform their tasks (66.7 percent).

Table 11: Troubles regarding Relationships, Harassment and Bullying at Work

Work Troubles	Percent (%)	Frequency
Yes	69.3	52
No	30.7	23
Total	100.0	75

Source: Fieldwork, (2022)

As indicative of table 11, the study also explored the occurrences of harassment, bullying and other relationship strains at the hospital, as experienced by the respondents. Almost 70 percent (69.3 percent) of the workers indicated that they do experience issues relating to their relationships with other workers, harassment, and bullying. Just a little over 30 percent (30.7 percent) of the respondents indicated that they do not experience some of these issues. This is quite worrying given the fact that these are individuals that are tasked with preserving and improving the wholesome state of people's health. If they are subjected to issues such as the ones identified above, then it would be only result in poor performance of their jobs.

Table 12: Average Number of Working Hours/Day

Average Number of Hours	Percent (%)	Frequency
<8 Hours	25.3	19
8-12 Hours	70.7	53
>12 Hours	4.0	3
Total	100.0	75

Source: Fieldwork, (2022)

The study also gathered data on the number of hours respondent work, per day. The data analysed indicated that just 3 workers representing 4 percent of the respondents, work for more than 12 hours a day on average and about a quarter of the respondents (i.e., 25.3 percent) work for a duration that averages less than 8 hours a day. The greater portion of the workers surveyed work on an average of 8 to 12 hours a day. This represented about 70.7 percent of the respondents. This was no surprise most government-owned institutions and agencies in Ghana, work an average of 8-9 hours a day (Alhassan et al., 2013).

Notwithstanding, other known government-owned institutions and agencies are not subjected to the stress that health workers are generally subdued to. Coupled with other influencing factors, working more than 8 hours a day, has the potential to exert undue pressures and stress on health workers in hospitals like the Essikado Government Hospital.

Another source of stress of workers of the hospital, is the perceived heavy workload of the health workers. As shown in table 17. Having 93.3 percent of respondents indicating that they have a high workload may point to the fact that perhaps their greatest source of stress is the workload they are subjected to in their various capacities they perform at the hospital.

Furthermore, the issue is exacerbated given the various health crises we have been facing locally, regionally and globally – the series of viruses (Monkey virus, Covid-19 virus, amongst others, have worsened the resilience of our healthcare systems and it is thus no surprise that these workers are saddled with heavy workloads (Asiamah et al., 2021).

To complement and confirm the responses of the workers on the issues identified as the sources of work stress in their lives, a 4-point Likert scale was also administered to the respondents across 14 issues they experience in the performance of their jobs and even during their off-duty hours. The 4 – points were defined as;

1 – Least level of agreement

2 – Disagreement to some degree

3 – Agreement to some degree

4 – Highest level of agreement

The Likert scale options were analysed using basic descriptive statistics that compiled the Mean and the Standard deviation of the observed dataset (responses). Furthermore, the Cronbach Alpha (α) was also calculated to show how reliable and consistent, these observations were. The Likert scale options and Cronbach Alpha, are presented in table 13 and 14 below;

Table 13: Sources of stress on the wellbeing of workers

Scale Item Statistics			
Items	Mean	Std. Deviation	N
Have Heavy Workload	3.0533	.73325	75
Experience job insecurities	2.4400	.62037	75
Confrontation with my colleagues	2.5200	.64431	75
Experience work performance issues	2.6533	.55734	75
Sadness, anxiety, sleeping problems	2.7067	.58756	75
Self doubt concerning my capabilities	2.3733	.63189	75
Job has little to no flexibility	3.0133	.70698	75
Hospitals lack the needed resources	2.7867	.79344	75
Very satisfied with my job	2.4667	.64375	75
Job affects my mental health	2.8133	.65126	75
Anxiety on work	2.7200	.58263	75
Experience depression cause of my job	2.5600	.59820	75
Burnt-out at the end of each day	2.7333	.52847	75
Job negatively affects wellbeing	2.7200	.93808	75

Source: Fieldwork, (2022).

Table 14: Cronbach's Alpha Reliability Analysis

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha (Standardized Items)	N of Items
.688	.688	14

Source: Fieldwork, (2022).

Based on the foundations laid by other studies, this study identified some sources of stress that potentially affect workers in diverse forms. Based on the scale option provided in the instrument dispensed to the respondents, the study found that as exposed by other extant studies as well, there are several factors, that are the genesis of the varied level of work stress experienced by these

employees. These factors are; a heavy workload, experience job insecurities, confrontation with my colleagues, experience work performance issues, sadness, anxiety, sleeping problems, self-doubt concerning my capabilities, job has little to no flexibility, hospitals lack the needed resources, job affects my mental health, anxiety, experience depression cause of my job, burnt-out at the end of each day and the job negatively affects wellbeing, generally. This was depicted in the conceptual framework of the study which indicated that higher levels of stress and burn-out lead to higher perceptions of stress and poor wellbeing (Schaufeli & Taris, 2014).

The average score for the health workers on each of the factors presented in table 13 are above 2 on a scale of 4. This shows that the respondents predominantly agreed with the statement as per their experiences and the standard deviations of these mean values, make it more acceptable because this translates as there being less dispersion of observed values in the sample. The scale items with the highest mean values were the ones concerning heavy workload and the flexibility of their jobs – these items had mean values of 3.0533 and 3.0133 respectively. And as already defined, from the scale definition, 1 represents complete disagreement and 4 represents complete agreement, hence, a value of 3.0533 truly reflects the nature of their workload and is probably one of the very momentous sources of work stress for the health workers of Essikado Government Hospital. Other sources of stress as identified by the employees include lack of flexibility, the ability to define certain characteristics regarding the performance of one's job, goes a long way to

reduce all forms of stress and also ensures the best output as defined by Colquitt, et al., (2014).

The other top ranked sources of stress items in accordance with their level of agreement, included those with mean values not less than 2.7. There is also the issue of sleeplessness and sadness (2.7067), lack of resources to perform jobs (2.7867), the effect of the job on their mental health (2.8133), being burnt-out at the end of the day (2.7333), feeling anxiety due to their jobs (2.7200) and a general negative effect of the job on their wellbeing (2.7200). These observations only confirm the other findings of the study such as the ones depicted in early tables.

These factors identified above, are well within the purview of sources of stress as defined by (Frantz, & Holmgren, 2019; Krishna et al., 2015). According to the study of (Krishna et al., 2015), stress in the workplace is fuelled by factors that encompass employee empowerment and role overload, which their study discovered to be the most significant factors. Other factors included workplace characteristics, anxiety, poor sleep and were the predominant factors that contributed towards job stress.

The present study discovered that the respondents indicated forms of agreement (agreeing to strongly agreeing) regarding all issues identified as potentially being a source of stress for them, as far as their work is concerned. Hence, within the purview of this study and based on, the mean values of the items, factors that are generally stressful to health workers at Essikado Government Hospital include, their heavy workload, a job with little flexibility, effect on their mental health, long working hours, burn-out, lack of resources,

job insecurities, the existence of conflicts with colleagues, sleeplessness and anxiety due to stress from work.

In addition to the above, the study also assessed the reliability of the scale items through the use of Cronbach's Reliability Test. This generated the Cronbach's Alpha (α), which was 0.688, on a scale of 1 (see table 14). This according to some standards, is a good observation (Taber, 2018). There is consistency in the items of the scale and its output is reliable. Notwithstanding, it is worth noting that there is a linear relationship between the number of items on a scale and its reliability – the more items we have on a scale, the greater the chances of generating a higher Cronbach's alpha.

The Workload of Workers at Essikado Government Hospital

The second objective of the study sought to explore the workload of health workers at the Essikado Government Hospital. The respondents provided factors that are giving them higher workloads and also they also ranked their level of work stress on a scale of 1-10.

Table 15: Perception of Stress at Work

Stressed at Work	Frequency	Percent (%)
No	1	1.3
Yes	74	98.7
Total	75	100.0

Source: Fieldwork, (2022).

First and foremostly, the respondents were questioned about their perception of stress at work – whether they feel stress when they are in the workplace due to varying factors. In consistency with the earlier documented findings, only one individual (1.3 percent) identified as not feeling any form of

stress at work. the 98.7 percent of the respondents indicated that they indeed feel stressed at work. The factors that cause this stress were already identified in earlier paragraphs; their workload with the health workers predominantly working a minimum of 8-12 hours a day, poor relations between themselves and other employees or even employer, etc.

Table 16: Perception of Level of Stress of Respondents

High Level of Stress	Frequency	Percent (%)
No	2	2.7
Yes	73	97.3
Total	75	100.0

Source: Fieldwork, (2022).

In addition to confirming their state of stress, the respondents also indicated that they are under high levels of stress. 97.3 percent of the respondents indicated that they were under a high level of stress as compared to just 2.7 percent who indicated that they were not under a high level of stress. This is only fitting giving the fact that the health profession is one of the most stressful professions particularly that of nurses and other tangential health workers (Fox et al., 1993; Connell, 2014).

Table 17: Nature of Workload of Respondents

Heavy Workload	Frequency	Percent (%)
No	5	6.7
Yes	70	93.3
Total	75	100.0

Source: Fieldwork, (2022).

The respondents also provided an insight into the nature of their jobs – what it constitutes and why they were of the stance that they had a high level of stress. As already seen in other facets, over 90 percent (93.3 percent) of the

respondents indicated that they had a heavy workload. It was not surprising to say the least. Regarding those that indicated that they had heavy workload, these were individuals who also had other jobs aside their job at the Government-owned hospital.

Some of these nurses and doctors also worked shifts in some private practices in the Sekondi-Takoradi Metropolitan Assembly Area. Sometimes, they worked more than 12 hours a day, running two shifts at different facilities. This is quite worrisome given the nature of their jobs and the requirement of precision and perfection. However, the current economic predicament, according to these respondents, is the reason for the need to work longer hours, longer shifts or even more than a job.

Table 18: Reasons for Heavy Workload of Respondents

Reason for Heavy Workload	Frequency	Percent
Lack of resources to perform tasks	57	75.9
I over work	7	9.3
I can't cope with my work demands	4	5.2
My role entails a lot	3	4.1
My work takes most of my time	1	1.3
Sometimes I have to work overtime	2	2.7
Work overload and lack of resources sometimes	1	1.3
Total	75	100.0

Source: Fieldwork, (2022).

At this point, it has already been established that the respondents predominantly had experiences of high levels of stress due to the heavy workloads they have. Thus, it was necessary to understand the reasons for their collective stance. It was found that more than 75 percent (75.9 percent) of the respondents believed they do not have access to the needed resources to enable them to perform their duties as health workers at the designated facility. 9.3 percent of the respondents indicated that they overwork, and this compounds

their workload, firstly because of the inadequate human resources and also poor state of machines and devices.

Furthermore, the few remaining respondents indicated that they have heavy workloads due to their inability to cope with the demands of their tasks, the complexity of their individual roles, the need for them to overwork to either make more money or meet the demands of their job and a blend of two or more of these. All of these aforementioned factors are the causal elements that contribute to the heavy workload of the health workers at Essikado Government Hospital.

Table 19: Rank of perceived level of stress by Respondents

Rank for Level of Stress (1-10)	Frequency	Percent
5	3	4.0
6	9	12.0
7	31	41.3
8	27	36.0
9	5	6.7
Total	75	100.0

Source: Fieldwork, (2022).

In addition, the respondents were asked to rank their level of stress per their own discretion, on a scale of 1-10. Where 1 indicated the lowest level of stress and 10 indicated the highest level of stress they have ever experienced. It was no surprise in the least that the respondents experienced levels of stress that ranged from 5 to 9. This was a clear indication of consistency in the experience of high levels of stress amongst the respondents due to heavy workloads. The lowest recorded level of stress – 5, was indicated by just 4 percent of the respondents, workers that pegged their stress level at 6, were just 12 percent as well.

The majority of the respondents fell in the stress level category of 7, this represented 41.3 percent of the respondents and the was followed suite by those that indicated that their stress level was 8 – making up 36 percent of the respondents. This tells a rather compelling tale of the level of perceived and experienced stress of health workers at the hospital. To give a larger picture, collectively, respondents who indicated a stress level of 7 and above comprised 84 percent of the respondents. This observation provides a glimpse at the true nature of the healthcare profession.

Effects of Stress on the Wellbeing of Workers at Essikado Government Hospital.

Finally, the research also sought to assess the effect of stress on the wellbeing of workers at the Essikado Government Hospital. This was achieved through correlational analysis and also the use of scale items. These are presented below;

Correlational Analysis

To examine the effects of the measures of stress on the wellbeing of employees, a Pearson correlational analysis was done. The variables used for the analysis are presented as; 1 = Heavy workload, 2 = Job insecurities, 3 = confrontations, 4 = Performance issues, 5 = Sleeping problems, 6 = Self-doubt, 7 = No flexibility, 8 = Lack of resources, 9 = Satisfied with job, 10 = Poor mental health, 11 = Anxiety, 12 = Daily Burnout, 13 = Depression, 14 = Alcohol intake, 15 = Poor diet, 16 = Poor general wellbeing. The results are presented below;

Table 20: Correlation Between Constructs of Stress and Wellbeing

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Pearson Correlation	1	-.023	.055	.145	.413	-.014	.598	.647	-.311	.417	.067	.525	-.161	-.143	.013	.572
	Sig. (2-tailed)		.848	.640	.214	.000	.902	.000	.000	.007	.000	.568	.000	.166	.222	.913	.000
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
2	Pearson Correlation	-.023	1	.333	.447	.248	.575	-.137	.029	.257	-.128	.196	.239	.237	-.014	.288	-.041
	Sig. (2-tailed)	.848		.004	.000	.032	.000	.242	.808	.026	.272	.092	.039	.040	.907	.012	.728
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
3	Pearson Correlation	.055	.333	1	.321	.408	.214	-.164	-.177	.287	-.055	-.039	.056	.146	.169	-.045	-.136
	Sig. (2-tailed)	.640	.004		.005	.000	.066	.160	.130	.013	.637	.741	.636	.212	.147	.703	.245
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
4	Pearson Correlation	.145	.447	.321	1	.222	.411	.046	.167	.306	-.143	.196	.141	.063	.124	.256	.122
	Sig. (2-tailed)	.214	.000	.005		.056	.000	.694	.153	.008	.219	.091	.229	.590	.291	.027	.297
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
5	Pearson Correlation	.413	.248	.408	.222	1	.044	.140	.299	.117	.137	.112	.267	.089	.120	.101	.119
	Sig. (2-tailed)	.000	.032	.000	.056		.707	.232	.009	.319	.239	.338	.021	.447	.305	.388	.311
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
6	Pearson Correlation	-.014	.575	.214	.411	.044	1	-.163	.107	.230	-.058	.068	.262	.154	.102	.221	-.026
	Sig. (2-tailed)	.902	.000	.066	.000	.707		.164	.360	.047	.620	.565	.023	.186	.382	.057	.822
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
7	Pearson Correlation	.598	-.137	-.164	.046	.140	-.163	1	.583	-.400	.358	.075	.335	-.210	-.056	.121	.719
	Sig. (2-tailed)	.000	.242	.160	.694	.232	.164		.000	.000	.002	.524	.003	.071	.635	.301	.000
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
8	Pearson Correlation	.647	.029	-.177	.167	.299	.107	.583	1	-.358	.393	.191	.410	-.200	-.008	.209	.609
	Sig. (2-tailed)	.000	.808	.130	.153	.009	.360	.000		.002	.000	.101	.000	.085	.943	.072	.000
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75

Continuation of Table 20

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	Pearson Correlation	-.311	.257	.287	.306	.117	.230	-.400	-.358	1	-.499	-.079	-.066	.119	.029	-.059	-.340
	Sig. (2-tailed)	.007	.026	.013	.008	.319	.047	.000	.002		.000	.499	.573	.308	.803	.613	.003
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
10	Pearson Correlation	.417	-.128	-.055	-.143	.137	-.058	.358	.393	-.499	1	.181	.285	.099	.059	-.022	.334
	Sig. (2-tailed)	.000	.272	.637	.219	.239	.620	.002	.000	.000		.120	.013	.400	.615	.852	.003
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
11	Pearson Correlation	.067	.196	-.039	.196	.112	.068	.075	.191	-.079	.181	1	.018	.185	-.068	.058	-.022
	Sig. (2-tailed)	.568	.092	.741	.091	.338	.565	.524	.101	.499	.120		.881	.113	.562	.619	.853
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
12	Pearson Correlation	.525	.239	.056	.141	.267	.262	.335	.410	-.066	.285	.018	1	-.077	.018	-.019	.365
	Sig. (2-tailed)	.000	.039	.636	.229	.021	.023	.003	.000	.573	.013	.881		.512	.879	.874	.001
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
13	Pearson Correlation	-.161	.237	.146	.063	.089	.154	-.210	-.200	.119	.099	.185	-.077	1	-.015	.041	-.247
	Sig. (2-tailed)	.166	.040	.212	.590	.447	.186	.071	.085	.308	.400	.113	.512		.896	.728	.033
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
14	Pearson Correlation	-.143	-.014	.169	.124	.120	.102	-.056	-.008	.029	.059	-.068	.018	-.015	1	.331	.052
	Sig. (2-tailed)	.222	.907	.147	.291	.305	.382	.635	.943	.803	.615	.562	.879	.896		.004	.657
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
15	Pearson Correlation	.013	.288	-.045	.256	.101	.221	.121	.209	-.059	-.022	.058	-.019	.041	.331	1	.430
	Sig. (2-tailed)	.913	.012	.703	.027	.388	.057	.301	.072	.613	.852	.619	.874	.728	.004		.000
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
16	Pearson Correlation	.572	-.041	-.136	.122	.119	-.026	.719	.609	-.340	.334	-.022	.365	-.247	.052	.430	1
	Sig. (2-tailed)	.000	.728	.245	.297	.311	.822	.000	.000	.003	.003	.853	.001	.033	.657	.000	
	N	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75

Source: Fieldwork, (2022).

Table 20 presents the correlation between the variables that represent both stress and wellbeing of the employees of Essikado Government Hospital and also presents significant levels at a 95% confidence level. For Stress variables, the study identified the following; Heavy workload, job insecurities, frequent confrontations with colleagues, performance issues, self-doubt, poor job flexibility, lack of resources, satisfaction with job, daily burnout, alcohol intake and poor diet. On the other side, the following variables also represented the wellbeing of employees; frequent sleeping problems, poor mental health, anxiety, depression and poor general wellbeing. These variables for both constructs were adapted from the works of Frantz & Holmgren, (2019).

From the analysis, the first construct of stress (high workload) correlated significantly with the constructs; sleep problems, flexibility, resources, job satisfaction, poor mental health, anxiety and general wellbeing. With a positive r value of 0.572, heavy workload moderately correlated positively with poor general wellbeing of employees. This means that as workload increases, there will be an elevation in the perception of the employees as having a poor general wellbeing, taking into the consideration of other variables of course.

The second variable representing stress, job insecurity, had a positive and significant correlation with the constructs of confrontations, performance issues, sleeping problems, self-doubt, job satisfaction, burnout, depression and poor diet. This simply means that as their feelings of job insecurity increased, there will be corresponding increments in poor job performance, self-doubt, depression, poor diet and their wellbeing will be affected with elevations in their experience of sleeping issues. One surprise finding with this particular construct was that the correlation between feelings of job insecurity and job satisfaction

was positive and statistically significant. However, the correlation was very weak, with an r value of .257.

Performance issues as a potential source of work stress also correlated positively with job insecurities (poor performance is sure to affect one's job security), potential for more confrontation with colleagues, self-doubt, job satisfaction and poor dietary state (even though it had a weak correlation coefficient of .256). The findings were not unusual since scores of studies have shown that poorer performance at work can affect our sense of confidence, and sometimes even the appetite for food, for fear of losing our jobs due to our poor performance.

Sleeping problems which was constructed as a variable measuring wellbeing, was found to have a positively significant correlation with heavy workload (higher workloads are bound to influence our sleep quality), coupled with lack of sleep, this can also affect our state of mind and result in higher levels of confrontations with our colleagues and even employers. The construct is also positively correlated with lack of job resources (this means that not having the needed resources at work may potentially result in the worker expending more energy to complete tasks and responsibilities). This also include human resources, inadequate human resource at the organization may be detrimental towards the wellbeing of individual employees, as they would have to do more, to cover more grounds, which may affect the time available for rest and sleep. One direct result identified was the effect it also had on burnout – poor sleep patterns are expected to result in frequent and higher burnouts experienced by the employees.

Another important independent construct of the sources of stress was lack of resources. Its correlation with the other variables indicated that it had a significant and positive correlation with heavy workload of employees (r = 0.647), indicating that the poorer the state of resources in the organisation, the worse off employees are, with respect to the workloads they are given. Other important variables include its significant resultant effect on sleep quality (wellbeing), its effect on general job satisfaction, poor state of employee mental health. This was a very important construct which was found to be positive but weak (r = 0.393). But nonetheless significant and it is thus expected that as employers fail to provide the necessary resources for employees, they would have difficulties performing their duties and it possesses a danger to their mental health. The construct corelated positively with job burnout, and finally employees' perception of general wellbeing.

Job satisfaction also correlated negatively with workload (r = -0.311), it also influenced feelings of insecurities, the occurrence of confrontations, performance, feelings of self-doubt. It is also influenced by job flexibility, and lack of resources. Finally, it was found to have a negative effect on the mental health of employees and their general perception of wellbeing (-0.340). As job satisfaction increases, employees are likely to not feel insecure, confront other workers. However, on the other hand, a lack of job satisfaction is expected to negatively affect mental health of employees and also negatively affect employees' perception of their general wellbeing.

Another important element of stress was burnout. It turns out that it correlated positively with workload (r = 0.525), insecurities (0.239), resulted in sleeping problems, feelings of self-doubt, is also affected by lack of job

flexibility (0.335), it also results in poor mental health (0.285), and the general sense of wellbeing. The findings were incredibly synonymous to that of Kim (2008). In spite of the taint of time, it still remains that employees are affected by the same factors or elements, notwithstanding present evolution of the work environment.

These findings were not unusual from what is observed in other industries, other government-owned or even privately-owned organisations outside the health sector where similar studies have been conducted. Earlier studies outside the boundaries of the health sector, have already proven that "work stress is strongly related to stress-related illnesses such as mental illnesses (Mansour & Tremblay, 2018), which was also the case of the present study. Regarding physiological health, according to additional research, work stress not only raises blood pressure while an employee is at work but also causes physiological responses that last after they leave, which could have a negative impact on health. Furthermore, these challenges in the world of work, present a significant risk of long-term health problems (Adnan 2019; Singh et al., 2022).

The findings corroborated the views of previous research reported in the current study's literature, demonstrating that job happiness is caused by several elements such as compensation, flexibility, employment security, and so on (Lee et al., 1990; Demerouti et al., 2015; Krishna et al., 2015; Asif et al., 2017; Coggburn et al., 2017; Kasbuntoro et al., 2020). In terms of interpersonal relationships, work structure, and management, the primary stressors coincided with the International Labour Organization's psychosocial hazards (Türkoglu et al., 2017). As a result, the research may be stated to confirm the findings of

earlier studies and to infer that controlling the job component is within the jurisdiction of the organization, whereas the individual should handle the personal aspect of their lives for a holistic sense of job satisfaction.

Table 21: Effects of Stress on Wellbeing of Employees

Scale Item Statistics			
Items	**Mean**	**Std. Deviation**	**N**
Sadness, anxiety, sleeping problems	2.7067	.58756	75
Self-doubt concerning my capabilities	2.3733	.63189	75
Job affects my mental health	2.8133	.65126	75
Anxiety on work	2.7200	.58263	75
Experience depression cause of my job	2.5600	.59820	75
Burnt-out at the end of each day	2.7333	.52847	75
Dietary patterns are poor	2.3733	.73104	75
Take alcohol frequently	2.2267	.76359	75
Job negatively affects wellbeing	2.7200	.93808	75

Source: Fieldwork, (2022).

In addition to the correlation between the elements of stress and that of wellbeing, the mean and standard deviation values for these elements were also presented, to give general opinions of the respondents on the effect stress has on their wellbeing. The perceptions of the respondents regarding these variables were presented on a scale (1-4). To reiterate, the respondents revealed their level of agreement with each item – each of these items reflecting the effect of work stress on the wellbeing of these health workers. The identified effects of work stress and their mean scores included the workers experiencing insomnia (sleeping problems), anxiety and sadness – 2.70, poor mental health – 2.81, experience depression cause of my job – 2.56, burnt-out at the end of each day – 2.73, dietary patterns are poor – 2.37, take alcohol frequently – 2.22 and a generally negative effect on wellbeing – 2.72.

All items were recorded as having mean scores of more than 2.00. This translates as the respondents generally agreeing to these statements. The items with the highest mean were the effect of the job on their mental health, feeling burnt-out at the end of each day, having anxiety, and agreeing that the job generally affects their wellbeing negatively. These are issue that ought to be taken seriously. The health profession is a one that ought not to be trifled with, and the workers within the profession cannot afford to make mistakes as a health professional – be it a nurse, doctor or even a radiographer. But these effects are sure to place a dent on the performance of their jobs, not just their wellbeing but it stands to reason that if their wellbeing are affected then they surely will have issues performing their duties. These issues including other factors such as resource availability and investment, may well be the cause of the predicament we refer to as the poor state of health care in the country.

These findings come as no surprise as other studies have even made connections between cardiovascular mortality of employees, to a blend of high demands, limited resources, and poor income, as well as to job control alone rather than job control, work demands, or their interaction (Kivimäki et al., 2018). According to the aforementioned authors, there is a modest potential link between occupational stress and fatal cardiovascular disease (Kivimäki et al., 2018). In addition to the more immediate employment conditions, "the effort–reward imbalance model", in analysing the influence of labour market factors on health, denotes that the discrepancy between high labour efforts and low remuneration, results in a health risk. Money, social approbation, job stability, and career chances are all aspects of rewards and renumeration. Hence, workers are not just in search of good paying jobs, they want better working conditions

as well. Physicians are paying more attention to stress-related disorders such as burnout (Sara et al., 2018).

The wellbeing of an individual is a function of the prevailing workload they are subjected to; the existence of holistic wellbeing, peace at the workplace, sense of security, confidence, availability of working tools, job flexibility as well as financial reward. This has been found to be true in studies across several dispensation and time, discipline and even geographical region (McNeese-Smith, 1999; Iacovides et al., 2003; Harputlu, 2014; Kasbuntoro et al., 2020).

According to Stoewen, (2017), there are eight (8) elements of wellbeing, and these are; physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental wellbeing. Stoewen points that each of these dimensions are mutually interdependent – it rarely happens that one exist outside the existence of the other. Wellbeing that comprises just a few of these dimensions, is incomplete. This study sought to subtly identify some of these dimensions of wellbeing from the responses provided by the respondents and from the standpoint of Stoewen, (2017), the respondents lack in several components of their wellbeing including the intellectual, emotional, social and vocational wellbeing. There is thus, the dire need to improve working conditions generally for all health workers, with the aim being to improve the state of their wellbeing and also improve the services they render, in folds.

Table 22: The Occurrences of More Grievances and Complaints from Employees

Higher Grievances and Complaints	Frequency	Percent (%)
No	2	2.7
Yes	73	97.3
Total	75	100.0

Source: Fieldwork, (2022).

To complement the scale items that identified some of the effects of stress on the wellbeing of workers, some issues that range from complaints from employees, increased reports of stress as experienced by the employees, and absenteeism due to illnesses. Regarding the consistent cases of grievances and complaints from the employees, 97.3 percent indicated that there is indeed rising cases of grievances and complaints as compared to only 2.7 percent whose opinions were in the opposite direction – they were of the view that there are no occurrences of more complaints and grievances.

Table 23: Increased reports of stress in recent years

Increased reports of stress in recent years	Frequency	Percent (%)
No	5	6.7
Yes	70	93.3
Total	75	100.0

Source: Fieldwork, (2022).

93.3 percent of the respondents also indicated that there are consistent increment in the reports of stress by employees, to the human resource management team. The compounding effects of the poor availability of resources, the heavy workload amongst other factors, may be the causal agents for this consistent increment in the report of stress by the health workers, in recent years. High levels of stress has led to more reports and/or "complaints" by these workers. In addition, higher stress levels and poor service conditions as indicated by Khamisa et al., (2015), have a high potential to result in employee turnover. Many of them would find little motivation to continue working at the hospital.

Table 24: Reported Cases of Absenteeism of Health Workers due to Illnesses.

Reported cases of Absenteeism due to illnesses	Frequency	Percent (%)
No	18	24.0
Yes	57	76.0
Total	75	100.0

Source: Fieldwork, (2022).

There is a direct relationship between stress levels and workload and the wellbeing of employees and their performance. Higher workload and stress levels result in poor wellbeing as revealed by the health professionals, and this has the potential to result in sicknesses and the resultant effect of absenteeism. When there is poor state of wellbeing of workers, then what comes next is poor performance of tasks and the occurrences of mistakes, but mistakes is the one thing health workers and professionals cannot afford. As a mistake can cost a human life.

Summary of Chapter

This chapter gives a thorough explanation of the study's results, how they relate to those of other research in the same field, and potential explanations for discrepancies that may have been observed or identified. The study also provided an insight into the varied sources of stress that potentially affect the wellbeing of these workers, explored their workload and also the effect of stress on the wellbeing of workers at the Essikado Government Hospital.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter offers an overview of the research's results, offers suggestions for further research on the topic, and draws conclusions based on the information garnered. The study sought to investigate the effect of work stress on the wellbeing of healthcare workers at the Essikado Government Hospital. The proposed investigation was steered by three objectives: identify the varied sources of stress that potentially affect workers at Essikado government hospital, to explore the workload of health workers at Essikado government hospital and examine the effect of stress on the wellbeing of workers at Essikado government hospital.

The study embraced the quantitative outlook to investigate the phenomenon and using descriptive design. Subjects for the research covering 75 persons, were carefully chosen by employing the purposive and accidental sampling techniques. Evidence from the respondents was gathered through the use of a well-designed questionnaire. Before, during, and after the data gathering process, the study made sure that ethical principles were upheld. The research utilised SPSS version 25 for analysis.

This chapter summarizes the study's main conclusions and presents them. It then draws inferences from the findings and considers their implications in light of current trends and their potential practical applications. It further gives some recommendations to help improve the situation at Essikado Government Hospital and it also offers potential areas for further research that could be investigated.

Summary of Key Findings

The study's findings have mostly supported the underlying influence of workload on the wellbeing of health workers. Out of 75 respondents, majority, representing 54.7 percent were females. Respondents were within the ages of 20 to 60+, about 57.3 percent of these respondents were within the age group 31-40. About 60 percent of the respondents were nurses, 22.7 were doctors and the remaining 17.3 percent were physician assistants. Also, the study found that 53.3 percent of the respondents have worked at the hospital between 1 to 5 years, 32 percent have been working there for about 6 to 10 years, 12 percent have been there for over a decade and just 2.7 percent have been there for less than a year. Probing the sources of workload, findings revealed that the varied sources of stress included harassment and bullying at work, long working hours, no flexibility at work and a generally heavy workload.

Following suite, research question two sort to explore the workload of health workers at the Essikado Government Hospital. Analyses revealed the following characteristics of the workload of respondents; it was found that they do not have the necessary resources to perform their jobs, they are overburdened at work, and some are forced to work overtime. On the quest to answer research question three, it was found that work stress put heavy strains on the wellbeing of employees and even their performance at work – their workload and the related high level of stress as indicated by the employees, resulted in sleeping problems, poor mental health, depression, poor dietary patterns, and the frequent consumption of alcohol.

Conclusions

An essential highlight of the present research is that it explores the effects of work stress on the wellbeing of health workers and generally reinforces preceding studies, in spite of qualms noted about the factors that may cause work stress among health workers, there are consistencies in the present studies and the evidences accrued in previous studies (Tyler & Cushway, 1998; Yunita & Saputra, 2019; O'neill & Davis 2011; Duygulu et al., 2013; Caruso, 2014), findings from the aforementioned authors, confirm some of the sources of stress identified in the present study. Also, as illustrated from the "Job – Demand theory, the study confirms the postulated stance that actual and perceived job responsibilities and resources have an impact on employees' work life quality and wellbeing (Demerouti et al, 2001). Hence, given the poor availability of resources, it was no surprise that the employees' perception and actual stress were high.

Moreover, as shown by the outcomes of this research, organizational and individual characteristics like stress levels, burnout, and resource availability all have an impact on workload, and these issues are still very important to many hospitals. The results would thus have an influence on hospital managers' judgments on the steps to be taken to guarantee that such elements are addressed for outstanding state of wellbeing for the healthcare professionals, which ensures optimal performance of healthcare professionals. For instance, management's resource allocation might serve to lessen the challenges employees face while carrying out their duties.

The Job – Demand and Resource theoretical keystone of organizational practices imply that workers have latitudinal decision-making prowess in

respect to an organisation's resources and the job demand. High job demands trigger health-damaging processes that frequently result in unpleasant results such as weariness or health issues (Bakker & Demerouti, 2007). Other studies have also linked the availability of resources, to motivational processes that influence desirable outcomes like work satisfaction and even improved wellbeing (Fernet et al., 2013). From a theoretical standpoint, Guerin et al. (2006) contend that limitations brought on by work-related activities (resources) would typically have an effect on health and, as a result, job performance.

Therefore, if management at the Essikado Government Hospital provide the needed varying levels of resources, the issue of poor wellbeing of workers can be minimalised tremendously. To further support the findings of this study, other numerous empirical studies and meta-analytical analyses back up the prognostic control of demands and resources on employee wellbeing and health (Lopez-Martin & Topa, 2019).

Recommendations

Taking the findings into consideration, recommendations given include;

- It is recommended that management of the Essikado Government Hospital to ensure suitable recruitment in order to alleviate the burdens on the relatively few health workers staff as such deficiencies have been linked to increased workload, poor staff performance and the resultant effect of poor wellbeing.
- Also, there is the need for heads of these government-owned hospitals to find innovate ways to keep the workers motivated and in the best state of mind. This can be achieved by improving conditions of service or working conditions – reducing the working hours so they have more

time to take care of themselves as well, and not just people that come to the hospital with ailments.

- In addition, the study recommends that there be a collaboration between the hospitals, the Ministry of Health and the Ghana Health Service to provide training that would bring health workers to speed on techniques in the industry. There is the need for health workers – nurses, midwives, doctors, etc., to be provided with training on the current trends and practices of their industry. This would help them remain relevant, informed and also make them appreciate the importance of their roles in the field they find themselves.

Areas for Future Research

- It was unearthed from the present study that the issues of workload and work stress are more complex than previously thought. With this in mind, it is therefore, recommended that there is the need for further studies to provide a much elaborate grasp of the issues that the hospital and hospitals like it, face. A qualitative approach would go deeper and find answers to the 'whys' and 'hows'. Also, another potential direction for future research is the role of financial reward in ensuring workers are satisfied. Because hospitals are extremely important given how they are directly connected to our wellbeing.

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APPENDIX

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMANITIES AND LEGAL STUDIES

SCHOOL OF BUSINESS

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

Dear respondent,

The objective of this study is to investigate the effect of work stress on the wellbeing of employees. I appeal to you to answer the following questions as honestly as possible. No identity will be disclosed, and the information will be used for purely academic purposes.

Thank you in advance for your cooperation.

Correspondent's Email: najmunkoh@gmail.com

Mobile Number: 0541744728/0208247717

SECTION A: Socio-Demographic Characteristics

These statements are about you. Kindly tick in the box the answer that best describes your response in each of the states.

1. Sex: [ ] Male [ ] Female
2. Age (years) of respondent: [ ] 21 - 30 [ ] 31 – 40 [ ] 41 –50 [ ] 51 – 60 [ ] 60+
3. How long have you been with the Hospital? [ ] < 1 year [ ] 1-5 years [ ] 6-10 years [ ] > 10 years
4. Educational Level: Postgraduate Degree [ ] First Degree [ ] HND [ ] Professional certificates [ ]

5. Occupation: [ ] Nurse [ ] Doctor [ ] Physician Assistant [ ] Other (Specify)……
6. Marital Status: [ ] Single [ ] Married [ ] Divorced Other (Specify)……..
7. Number of Children: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5+ [ ] None

Section B: The Varied Sources of Stress that Potentially Affect Workers at Essikado Government Hospital

8. Are you able to cope with the demands of your jobs? [ ] Yes [ ] No
9. Are you able to control the way you perform your tasks at work? [ ] Yes [ ] No
10. Do you receive enough information and support to perform your tasks? [ ] Yes [ ] No
11. Do you have or previously had trouble with relationships at work, or are being bullied or harassed? [ ] Yes [ ] No
12. Do you fully understand your role and responsibilities as well as performing it very well? [ ] Yes [ ] No
13. Are you engaged when the hospital is undergoing any form of structural change? [ ] Yes [ ] No

Section C: The Workload of Workers at Essikado Government Hospital

14. What is the average number of hours you work each day at the hospital? [ ] <8 Hours [ ] 8-12 hours [ ] >12 hours
15. Are you able to meet the requirements of the role you perform at the hospital? [ ] Yes [ ] No

16. Would you say you have a heavy workload? [ ] Yes [ ] No
17. Do you feel stressed at work or when on any activity that is work-related? [ ] yes [ ] No
18. Would you say you experience a high level of stress from your job? [ ] Yes [ ] No
19. Are there more reports of stress at the hospital compared to previous years? [ ] Yes [ ] No
20. What is the general performance of workers at the hospital? [ ] Excellent [ ] Good [ ] Poor
21. Are workers frequently absent due to sickness? [ ] Yes [ ] No
22. Do you observe that there are more complaints and grievances from the workers? [ ] Yes [ ] No

Section D: The Effect of Stress on the Wellbeing of Workers at Essikado Government Hospital

The following statements are on the sources and effects of stress on employees at the Essikado Government Hospital, through the use of Likert scale options. Please indicate the extent to which agree to each statement by ticking [√] one number of each item.;

1-Least level of agreement, 4- the Highest level of agreement

s/n	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I have a heavy workload				
2.	I experience job insecurity on most days				
3.	I often have confrontations with my colleagues (once a week or more)				

4.	I experience work performance issues				
5.	I experience the following – sadness, anxiety and sleeping problems				
6.	I experience self-doubt as far as my capabilities for the role are concerned				
7.	I believe my job has little to no flexibility				
8.	The hospital lacks the resources needed for employees to be their best				
9.	I am very satisfied with my job				
10	I feel my job affects my mental health				
11	I experience anxiety on things work-related				
12	I feel burnt out at the end of everyday				
13	I experience some form of depression cause of my job				
14	I take alcohol frequently cause it helps me calm down				
15	I would say my dietary patterns are poor				
16	Generally, my job negatively affects my wellbeing				

On a scale of 1-10, what would you rank your perceived level of stress you experience at work?

Thank You