

Job Stress and Its Impact on the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals

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Abstract

Using a descriptive and analytical approach, this study employed a quantitative, questionnaire-based method to identify job stress and its impact on the quality of care of nursing leaders. Surveys were distributed electronically to nursing leaders in Al-Qassim Region Government Hospitals, of which 250 were returned. After excluding incomplete responses from further analysis, a total of 243 questionnaires remained. The results showed that while the level of Job Stress was average amongst the nursing leaders in Qassim Region Government Hospitals, Job Uncertainty was the most significant stressor at a moderate level because it added to participants' work pressure. Following this was Job Conflict and Workload, which were similarly determined to be at moderate levels. This study ultimately concludes that hospital administrations must emphasize the importance of tasks among nursing leaders and develop educational and training courses to increase employees' knowledge of the tasks they are assigned to perform.

Keywords: *Job Stress; Job Conflict; Workload; Job Uncertainty; Quality of Care; Nursing Managers; Leadership Styles*

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I. Introduction

Health services are among the most expensive in the world. The prohibitive costs of these services can adversely affect not only the individual but also society at large. The sick or injured person cannot work, and therefore, cannot act in the service of their community until they recover. As such, public and citizen health is a precious commodity that should be preserved at all costs. Indeed, health institutions are considered a sanctuary for patients to seek wellness and even a place for healthy people to seek prevention (Jalab, 2016). Given the inherent stressfulness of their profession, nurses can be susceptible to feeling unsatisfied and insecure about their chosen line of work. These feelings can negatively impact their efficiency as well as affect their psychological and professional compatibility with one of the world's most demanding and high-stress careers. The impact of work stress on nurses' behavior is thus of great interest to many researchers from different fields. According to Sabira and Ismail (2015), this stress varies from one place to another, with the individual's degree of vulnerability depending on their psychological life. For example, a person may succeed in accommodating the rapid growth of the requirements of civilization but lose their physical and intellectual ability to be resilient to this pressure; in turn, this depletion and destruction of energy can culminate in the individual's self-destruction (Sabira& Ismail, 2015). Abu al-Husayn (2010) showed that nurses working in health institutions and hospitals are exposed to diverging degrees of psychological and social stress in the workplace and may feel that their efforts are not appreciated and rewarded. Thus, the present study aims to identify the effect of job stress on nursing leaders' quality of care at Qassim Region Hospitals.

II. Aims and Objectives

This research attempts to identify job stress and its impact on the quality of care of nursing leaders in Qassim Region Government Hospitals.

To achieve this, the researcher has proposed the following objectives:

- 1) Identify the level of functional pressures experienced by nursing leaders in Qassim Region Government Hospitals.

- 2) Identify the quality of the performance of nursing leaders in Qassim Region Government Hospitals.
- 3) Recognize the effect of functional stress variables (workload, conflict, and uncertainty) on the quality of care of nursing leaders in Qassim Region Government Hospitals.

Significance of the study

Health workers may experience higher stress and more pressure than any other profession, given the life-and-death nature of their occupation. Increasing this work pressure can lead to many health problems, including cardiovascular disease, hypertension, stress, anger, and persecution, leading undoubtedly to low productivity, increased vacations and absenteeism, and threats to self and others' safety and well-being (El Shikieri, 2012). The seriousness of this work stress in the healthcare sector is continually increasing as health institutions and their branched aspects are becoming more in contact with the public. The problems are gaining new dimensions and depths, which have compounded the severe repercussions of the work pressure on the health staff. The current study focuses on this work stress and its impact on the quality of care of the nursing leaders in Qassim region government hospitals. The present study thus has the following practical and theoretical significance:

Practical significance:

This study highlights the importance of work pressure among nursing leaders in Qassim Region Government Hospitals. This focus is useful for hospital management in reducing these pressures and explaining what they are, their causes, and solutions to alleviate the problems that may arise because of their increases.

This dissertation also aims to research one of the factors that can relate to the quality of service of nursing leaders in Qassim Area Government Hospitals by analyzing the effect on their quality of care of job pressures.

Theoretical significance

The current study will increase the literature's scientific content by localizing the research to an understudied area. This research will also form the basis for future researchers to carry through studies related to improving the quality of nursing leaders' performance in hospitals.

III. Review of the Literature

Job Pressure:

Jobs are characterized by their advantages as an economic and social imperative in the lives of individuals and communities, and their fundamental existence. Jobs provide the bond between the person and their community, improving their mental, physical, and psychological health, and enabling their goals to be achieved. As such, for all people, jobs are a legitimate privilege. They depict a mechanism that is applied between man and nature jointly and is carried out using a particular technique. Therefore, a job is a group of activities performed by a person using their mind, hands, and any available technology or resources to achieve procedural goals, which ultimately contributes to the creation of human life (Abadi et al., 2017).

In today's fast-paced world, life without pressure is difficult. With the advent of pressure almost automatically, the essence of work has undergone drastic changes. In every mode of employment, this job pressure is prevalent, and people must face it in every area of life. In addition, it is a global phenomenon that happens in the workplace in different ways. Employees are also expected to sustain increasingly longer hours over a prolonged period in modern business life as their obligations continue to increase. Job pressure over the years has been determined in different ways (Fonkeng, 2018).

The interaction between the environment and the individual results in pressure, according to Amoako et al. (2017), which causes emotional stress that eventually affects the physical and mental health of the person and, ultimately, their job performance. It is important to note that pressure is triggered by circumstances or conditions that cause a state of imbalance within a person. As a result of tension, there is an impeccable price on individuals, organizations, and community. In exchange, this strain induces extensive anxiety on the part of the workers and pressure-related disorders, which can result in low productivity.

The matter of job pressure receives a lot of attention from researchers on account of the impact of these stresses on employees' behavior towards their work. These pressures vary from place to place, and the degree of their effect varies depending on how they relate to a person's psychological life. The modern person may succeed in absorbing the rapid growth of the requirements of civilization, but as a result, they may lose their physical and psychological ability and resistance to endure this pressure, which leads to the depletion and destruction of that energy (Sabira & Ismail, 2015).

The management of institutions in all its forms seeks to achieve its goals by managing this job pressure. In so doing, it can improve employee performance and allow them to achieve a sense of job satisfaction and belonging to their work. In this context, good performance is considered a means of economic progress, while job satisfaction and belonging are the individual's primary motivations in committing to their

work. The topic of work pressure is thus related to organizational behavior and human resource management as job pressure affects performance, affiliation, and employee satisfaction (Giurgiu, 2016).

Many researchers have shown that work pressure impacts job performance in one way or another. Fonkeng (2018), for example, noted that work pressure is a major reason for low productivity in the workplace. Furthermore, it affects organizational outcomes such as decreased performance, increased absenteeism, and increased employee dissatisfaction.

Jalab (2016), meanwhile, stated that to maintain good performance in institutions, officials should pay attention to enterprise management and recognize the characteristics of their field regarding the types of situations that impose excess pressure on employees. In the context of healthcare, these officials must be fully prepared financially, humanly, scientifically, and administratively to improve the level of health services, given the importance of the human factor and its role in institutions. It is thus necessary to focus on knowing the factors surrounding healthcare workers and identifying the sources of job pressure in their profession.

Definition of Job Pressure:

The definition of 'pressure' in this study is taken from one of the well-known researchers, Hans Selye. He showed that the emotional depressor, which can be physically harmful when a job does not require or communicate the skills, resources, or needs of a worker for a given position, can thus be considered the job pressure, which is identified, in turn, as a mental and physical challenge for the person and even the organization to overcome (Muraale et al., 2017).

Furthermore, Ahmed and Ramzan (2013) showed that pressure is an unwelcome response to extreme stress or other kinds of demands imposed on staff. Several studies have shown that variables, such as the working environment, administrative support, and workload, are crucial to assessing the pressure a job can have and its effect on employees' physical and mental health.

The concept of job pressure was also referred to by Nekoranec and Kmosena (2015) as an unspecified response from the body to any demand for it. The body, however, only has a limited capacity to respond to such stresses. As the workplace brings a range of employee demands, substantial pressure may exhaust their ability to handle or cope with them for a prolonged period of time.

Employment pressure is known to arise when there is a discrepancy between the employment's demands and the individual worker's resources and abilities to match them. This concept emphasizes the relationship between people and their working environment and helps to understand why a situation that one person considers to be a relaxing challenge can trigger a damaging degree of pressure to be encountered by another (Ajayi, 2018).

Tamassini (2015) defined job pressure as reactions that occur either when work demands are functional or related to the individual and their membership to the company. These pressures stem from the interaction of many internal or external factors related to the work environment, which can negatively or positively affect both the individual and the organization.

Types of Job Pressure:

There are several kinds of occupational stresses. Job pressure was divided into systemic pressure and psychological pressure by Awadh et al. (2015). In science and mass media, the popularity of systemic pressure derives primarily from the work of the endocrinologist, Hans Selye. Selye found in a series of animal experiments that a number of stimulus events (e.g., heat, cold, and toxic agents) that have been applied intensively and have been capable of producing similar effects for long enough, suggesting that they are not unique to either stimulus event. These nonspecifically induced shifts, according to Selye, constitute a stereotypical pattern (i.e. a particular systemic pressure response pattern).

Meanwhile, social pressure is commonly known to induce the release of cortisol and catecholamine. In situations with elevated ego involvement, low predictability, low controllability, and novelty, these pressure hormones appear to be released. The time immediately before major surgery, when the secretion of these psychological endocrine hormones increases steeply, is one such extreme situation for patients (Leyk, 2019).

In addition, Belli (2016) further identified three other types of job pressure. These categorizations are as follows:

Acute pressure: this type of pressure can happen to anyone at some point in their life. Acute pressure is situational and associated with passing, fleeting issues. Accordingly, this type of pressure can even be considered a positive factor in some circumstances, such as facing a new and exciting challenge. Even so, the feelings associated with acute pressure still deserve the attention of researchers.

Exhaustion and burnout; this type of job pressure, by contrast, deserves immediate attention from scholars. They can begin to experience serious symptoms, such as a depressive mood, lack of enthusiasm, a sense of separation, or even depression, when an employee is under constant and sustained pressure. At this stage, the employee's pressure has gone into exhaustion, which necessitates prompt action to be taken.

Pressure that is centered on fear; the pressure they feel is more likely to be disguised as fear for certain staff, usually managers. Pressure-related symptoms, including insomnia leading to fatigue, irritability or outbursts of frustration, low mood, low productivity followed by feelings of low performance, frequent absence and a higher incidence of sickness, are shared, at least with fear, by mammals. An employee is more likely to report feeling "afraid" than "pressured" when focusing on a normal workday when they are frequently expected to make critical decisions that have wide-ranging implications.

Another form of job pressure is based on harm and need, which has its own essence in any job pressure. The effects of work pressure vary specifically, and while not all of these are negative, some of them may be necessary. Job pressure can be divided according to these criteria into good and appropriate pressures, which are the pressures needed by the work environment. For example, many occupations require the manager to impose pressure on workers to retain their motivation to implement all job requirements. Work pressure, on the other hand, may also be defined as non-benign and harmful; these are stresses that influence employees negatively and result in harm, such as work reluctance and feelings of anxiety and depression (Abadi et al., 2017).

Factors of Job Pressures:

Job pressures arise because of their dependence on "environmental, organizational, and personal factors" (Abadi et al., 2017).

Environmental Factors:

An external occurrence that induces individual pressure or anxiety in a physical setting is known as environmental pressure. Either intentional or inadvertent, it can be a force induced by nature or humans. Many impacted by these stresses do not inherently alter, but as a consequence, their actions may change drastically. Environmental pressures in the workplace include a range of risks and inconveniences (Adomaitis, 2018).

According to Bin-Hussein (2018), these environmental factors in job pressure can consist of the following:

Uncertain economic situation: The economic environment may be affected by increasing inflation or recession in a particular country, which negatively influences individuals, making them anxious and nervous.

Accelerated Technology Development: The impact of computer technologies on a variety of businesses can result in individuals feeling significant pressure if they cannot use these technologies.

Social changes: These new phenomena have emerged in societies that differ from traditional values, leading to the emergence of a problem in a particular society, thus enhancing the sense of job pressure for individuals.

Organizational Factors:

Organizational factors are one of the main sources of job pressure. Accordingly, scholars have been specifically concerned with the organizational behavior behind or resulting from these factors. The apparent difference in job pressures between enterprises can be attributed to several reasons, such as policies applied in the organization of work, the organizational climate, and the size of the facility (Al-Momani, 2019). According to Abadi et al. (2017), the sources of these factors include:

Job Requirements: The job pressures and thereby, stresses, may vary with the job requirements, depending on the nature of the responsibilities and roles of each employee at a given organization.

The quality of relationships in the job environment: The interaction between staff in the job environment can fulfill the employees' social needs. However, if these interpersonal relationships are negative, they may lead to the emergence of job pressures and a sense of isolation.

Organizational structure: When decisions are made with a high degree of centralization and accompanied by weak communication and a lack of growth opportunities, the staff can often experience great psychological pressure.

Personal Factors:

Personal factors are the sources of job pressure resulting from the individual in their capacity as an employee. Personal factors include two types, a) pressures related to the employee's life conditions and b) employee internal pressures (Sarah B, 2019).

Pressures related to the employees' life conditions: These pressures consist of external personal factors, such as family problems, that lead to an employee's feeling of confusion or distress (Ben-Baz, 2018).

Employee internal pressures: these pressures refer to the internal factors of the employee, such as their ambition to achieve a particular goal. These depend on the nature of the individual's personality and the way they think (Deif et al., 2019).

Solutions to Deal with Job Pressure

To cope with job strain, there are several options. These were described by Mashala (2018) as a) choosing the profession that corresponds to the nature of the job specialty of the individual or his abilities and overall predispositions; b) having the willingness and determination to resolve all the causes of work pressure; c) improving skills and abilities through continuous training and drawing on a colleague's expertise; and d) attempting to access a door for an optimistic, respectful, and productive discussion on the essence of financial dues with the administration.

Abadi et al. (2017) further proposed other solutions to job pressure, including:

Time control to eliminate lag.

Time management during working hours.

Focusing instead of being wrapped up in the specifics on the consequences and the generalities of work. If a printer runs out of paper, for example, the employee may either spend time waiting for the problem to be solved or solve the problem himself or herself.

Trying, instead of joining the hopeless and failed masses, to spread a spirit of hope and optimism among employees.

There are usually several causes of stress, such as the structure or style of the management or the culture of the organization. It is important to note that approaches to work pressure management often concentrate on improving a person without improving the sources of pressure. In addition, by masking these causes of stress, they can be of little efficacy and may be counterproductive. For example, it may lead to a temporary feeling of well-being by breathing deeply and thinking positively about a circumstance that creates work pressure, but it will encourage the circumstance to continue, leading to continuous stress that can also affect others. The primary objective of the individual approach should be to improve the skills and trust of people in improving their circumstances, rather than helping them adjust to the stressful situation and embrace it (Williams, 2020).

Health Quality of Care at Hospitals:

Hospital care refers to a treatment provided to the patient in a hospital setting, whether it is a diagnosis, guidance, or medical intervention that results in satisfaction, acceptance, or use by the patients to achieve a better health condition. As identified by Globenko and Sianova (2012), this command refers to three dimensions of care provided in hospitals, namely:

The distinctive characteristic of care, which is linked to the essence of the health service itself and consists of several different diagnostic and therapeutic procedures.

The desired benefits from care, as represented by the various elements that the patient or other auditors receive from the hospital to meet their health needs. In some cases, these benefits are considered customer satisfaction packages.

Prevailing care, which is represented by all the added elements that the hospital provides to the patient. It includes the appointment system, patient reception, telephone communication services, and coordination with other hospitals and social and humanitarian organizations, among others.

Bouabbas (2010) explained that quality in the health field and health institutions have taken several forms. First, expanding the quality of healthcare included improving the service for all members of society and all customers, not just patients. Secondly, the quality field extended to cover all preventive and reinforcing services, not just clinical services. Third, quality tools to improve service began to evolve to include the use of brainstorming, priority matrix, illustrations, graphs, and other instruments. Fourth, the concept of team spirit has spread, and the performance of every person and worker in a health institution or hospital has become important to any quality of service.

Quality Elements of Health Services:

To achieve quality within health care, there are a set of elements that must be achieved (Sultan, 2012):

Equality: This is the patient obtaining a fair and equal share of medical care according to their needs.

Effectiveness: The required benefit from medical care, whether at the patient, hospital, or community level, is realized.

Appropriateness: The appropriateness of the service provided in terms of the method, procedures, location of its provision, and its compatibility with the patient's needs and health condition.

Globenko and Sianova (2012) identified other elements of quality, including ease of access, acceptance, and efficiency. Ease of access indicates that the services should not be useful within a certain time or place limits. Acceptance, meanwhile, refers to the notion that patients, their families, and the service providers themselves should accept medical care in the hospital, including doctors, nurses, technicians, and community members in general. Lastly, efficiency refers to the balance in allocating the available resources between the services provided and the patients who benefit from them without the service or patient being overwhelmed by others.

We can thus conclude that the quality of services provided by hospitals can be judged by these elements, which collectively represent the most important attributes of healthcare quality.

Job Stress Among Nurse Leaders

Among the various nursing positions, nurses who undertake leadership and management duties are of increasing interest. Roles such as nurse leaders or nurse managers include both clinical nursing skills and administrative management roles and the nursing team's teamwork (Gonnelli, Raffagnino, & Puddu, 2016).

It has been known for a long time that a manager or leader's position is inherently stressful (Younger, 2019). Specifically, in the mid-1990s, the stress of nurse leaders was rightly impacted by the reconstructing efforts of many hospitals and health systems. Nurse leaders were severely challenged by the unexpectedly expanded period of power, including the breadth of responsibilities and financial and organizational performance demands. As a result, job pressure is generated by performance requirements and the need for staff support, as nurse leaders must cope with the challenge of competing goals.

Nursing managers or leaders play a vital role as key stakeholders in the healthcare system in maintaining a stable working atmosphere where nurses can provide secure and quality patient care while attaining an organizational vision and objectives (McSherry et al., 2012). Therefore, the position of nursing leaders is filled with tension based on physical labor, human suffering, long hours of service, staffing problems, and interpersonal relationships that are fundamental to the work done by nurses (Sharma et al., 2014). Thus, Downey, Parslow, and Smart (2011) acknowledged that poor relationships among colleagues, lack of financial incentives from hospital authorities, poor working climate, and conflicting roles in the ward are key causes of stress among nursing leaders. Therefore, due to the scarcity of staff, many hospitals are struggling to maintain nursing leaders, which constantly undermines the continuity of quality nursing care (Labrague et al., 2016). Many nursing leaders are further escalating the situation by either leaving or considering leaving their job because of the tension. A survey involving 291 nursing leaders in acute care hospitals in the United States, for example, found that 62 percent of nursing leaders expected to leave their current job in the next two to five years, citing stress as the primary reason (Warshawsky & Havens, 2014).

Due to top-down reforms proposed by the administration and bottom-up reforms demanded by subordinates, middle managers in healthcare have also reported considerable workload and job stress (Conway & Monks, 2011). Nurse leaders are required to have clinical expertise and business management knowledge, unlike most business managers (Omoike et al., 2011).

The position of the nurse manager is vital to organizational performance, patient outcomes, and satisfaction and empowerment of staff work (Duffield et al., 2011). Most research in this field, however, have concentrated on the effects of the stress of nurse managers, showing that it is triggered by task overload, task uncertainty, fiscal responsibilities, insufficient human resources, and intrapersonal distress (dean Care, 2011), which can contribute to negative organizational performance.

Qualitative research was performed by Miller (2020) that pointed to a number of negative findings linked to the stress of becoming a nurse manager. This included feelings such as anger, shame, anger, aggravation, and worry, as well as health consequences such as sleeplessness, irritability, restlessness, impatience, fatigue, breathlessness, and tense muscles. Another comprehensive research study that associated nurse manager stress with lower job satisfaction, lower organizational participation, higher turnover intentions, and increased symptoms of physical and mental health has confirmed these findings (Sabina, 2019). Despite this emerging interest in the personal effects of nurse manager stress, studies that quantitatively analyze the relative significance of stressors of nurse managers on their perceptions of stress are void in the literature, making this study relevant in advancing our understanding.

IV. Related Literature:

According to Bersin (2015), the effectiveness of the organization is linked to its human resources, particularly the extent of their personnel's effectiveness and efficiency in the tasks assigned to them, and their ability to utilize the available resources to achieve their goals. The organization must ensure consistency with the work requirements to increase employees' level of satisfaction. By determining the personal and training needs of the staff and managing them in a way that leads to higher efficiency in work, the organization can thus realize its goals successfully.

In the field of health services, the employees' experience of work pressure may be higher than in other professions, considering that their occupation affects human life and health. Similarly, the impacts of work pressure on health service workers are more dangerous than in other careers. This pressure can have negative effects on the individual's mental and physical health, leading to many problems, including heart disease, high blood pressure, tension, frustration, and persecution. These symptoms undoubtedly contribute to low worker productivity, increased absence, leaving work early, changing professions, and endangering the safety of themselves and others (El Shikieri, 2012).

Quality assessment in healthcare has grown into a complex and exciting new science that plays a major role in the protection of patients. In particular, enhanced quality has a positive effect on the satisfaction of patients and staff (Whittaker et al., 2011).

According to Rowe (2014), stress is an integral part of most occupations. Excessive pressure, however, can worsen or compromise the quality of healthcare by creating a sense of employee dissatisfaction with their work. In turn, this dissatisfaction can lead to declining performance and increased occupational turnover ratios within the healthcare organization.

However, a growing group of researchers specializing in work stress has shown that it is possible to prevent pressure in the workplace. Accordingly, this reduction in occupational stress can lead to major improvements in public health as a result (LaMontagne&Keegel, 2012).

There are two main approaches to minimize occupational tension. There are instruction in stress management (which focuses on increasing the capacity of a person to cope with stress) and strategies in the organizational workplace. For both people and organizations, a holistic approach that incorporates both stress management preparation and organizational interventions appears to yield beneficial results (Chandola, 2010).

Theoretical Framework

Job stress, stressors, performance, and moderators are the key theoretical model of job stress (Ewles, 2019).

Job stress is characterized conceptually as a state, which occurs when job demands are perceived to exceed the abilities and resources of the person.

Stressors are defined conceptually as variables that can lead to stress perceptions (Ewles, 2019). The stressors are split into three main categories in this study:

Personal factors (age, education, tenure as an RN, and management position tenure);

Job/role variables (number of direct reports, level of organization, uncertainty of roles, excess of roles, conflict of roles, shortcomings of organization and interpersonal conflict); and

Patient considerations (magnet classification, status of nurse unionization, type of patient, and type of community).

Conceptually, *outcomes* are characterized as negative results resulting from stressors (Ewles, 2019). In this analysis, the findings include work satisfaction, organizational engagement, leaving plans, and symptoms of physical / mental health.

Finally, *moderators* are conceptually defined as variables influencing the effects of stressors on performance. In this research, moderators include autonomy and leadership style.

It is expected that this systematic assessment of stressors, effects, and moderators will provide a detailed picture of the factors that affect the perceptions of stress of nurse leaders, the effects they may encounter, and the moderating factors that may prevent negative results from nurse leaders.

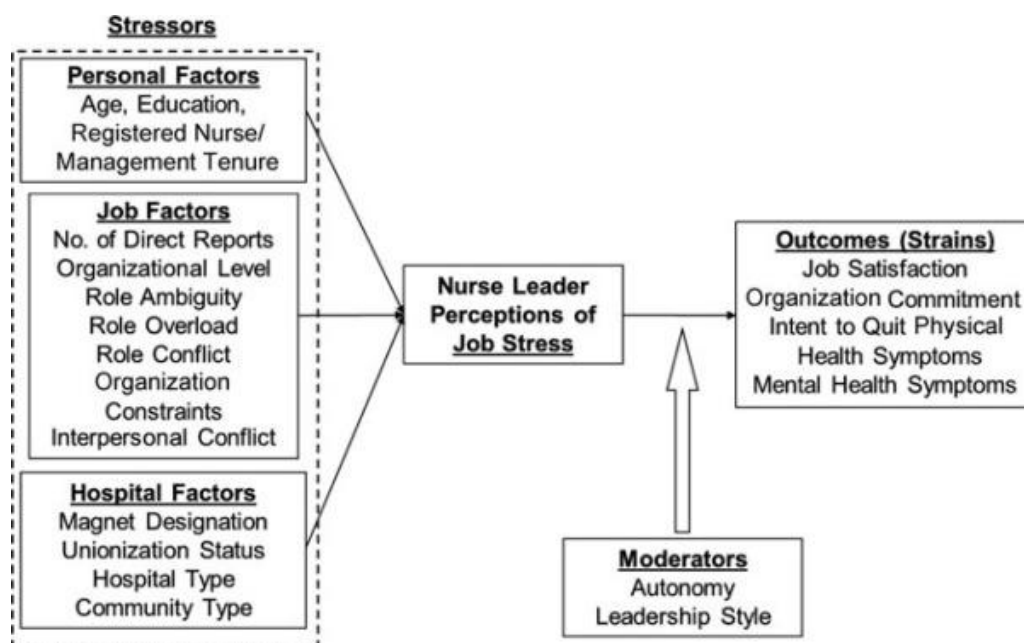


Figure 1. Job Stress Model

Conceptual Framework:

Figure 2 describes the conceptual model for the analysis. Stressors described in the literature review are included in this model and validated by the conceptual framework (i.e. role ambiguity, role overload, role conflict, organizational issues, and interpersonal conflict) as predictors of the perceptions of job stress by nurse leaders.

Employees usually have many positions, according to Olaniyan (2020). Nurse leaders, for example, play a part in supporting patient outcomes or staff satisfaction and another part in budget management. If these functions are not well defined (role ambiguity), are too challenging (role overload), or establish incompatible conditions (role conflict), they will impact the efficiency of the nurse leader in carrying out the tasks (organizational limitations). In addition, workers are more likely to feel overwhelmed if team members threaten to interfere with the mission objectives (interpersonal conflict).

Nurse leaders also report role stressors when juggling several conflicting goals, operating with ambiguous expectations of roles, and autonomously making decisions with a wide span of authority and obligations (role overload) (Kath LM, 2013).

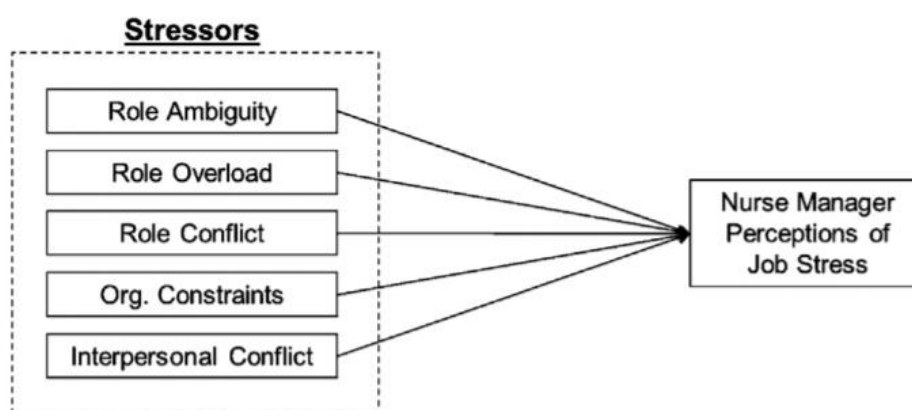


Figure 2. Conceptual Framework

Related studies:

Mosadeghrad (2013), Occupational Stress and its Consequences: Implications for Health Policy and Management

Among a group of hospital workers in Iran, this study established the status of occupational stress to expose the adverse effects of occupational stress on the health and well-being of employees. The study sample consisted of 740 personnel from nine hospitals in Iran: three Ministries of Health, two Ministries of Education and one Ministry of Non-Education, as well as one hospital associated with a social security agency and two private hospitals. The research found that job-related causes, the working environment, interpersonal relationships, and the organization contributed to work stress. Inadequate pay, discrimination at work, too much work, shortage of workers, inadequate recognition and promotion, time pressure, job dissatisfaction, and lack of support from management were the key causes of occupational stress. The study recommended that before generalizing the study results, further research was required in this field. In this way, more research involving hospital staff from other countries will enrich the literature on workplace stress among hospital staff, which in turn may generate strategies to enhance the global retention of hospital staff. The author also indicated that future research needs to investigate the impact of variables not assessed in this study that may also affect feelings of occupational stress, such as external environmental influences, directly or indirectly.

Rawal & Pardeshi (2014), Job Stress Causes Attrition among Nurses in Public and Private Hospitals

The study aimed to resolve the question of how government and hospital management boards can effectively handle, mitigate, or avoid stress at work to improve the health and work behavior of their nurses. There were 850 nurses, 500 physicians, roughly 300 patients, and 90 administrators / medical directors in the study. The study showed that job stress has a major adverse impact on nurses' work conduct. The authors suggested that reorganizing the work environment and removing as many stressors as possible is necessary. In addition, hospitals should train workers to handle work stress to encourage improved employee health and safety.

Hans &Sathyan (2015), A Study on Occupational Stress and Organizational Commitment among Nurses in Government Hospitals of Oman

The study aimed to classify among a total of 85 nurses in government hospitals in Oman the phenomena linked to occupational stress and dedication. The results showed an inverse and essential association between these two constructs; however, the findings indicated that the level of engagement of nurses was decreased accordingly with a rise in the level of stress in the working environment. The study recommended that research be done to explore more about stressors. As the study was focused on government hospitals, the authors stated that the government could use the data to improve nurses' working conditions and thus improve their commitment levels.

Abu Siam (2018) Job Stress and their Impact on Nursing Staff Performance of Al Bashir Public Hospital in Jordan

The study aimed to identify the scale and causes of job stress on the nursing staff at Al-Bashir Public Hospital in Jordan to determine its impact on staff performance. The study followed a descriptive and analytical approach, applied to a sample of 327 employees in different nursing positions. The study recorded job stress at a moderate level with a statistically significant impact of the combined job stress on the nursing staff performance. There was no statistically significant effect of role ambiguity on performance, but statistically significant differences were identified in the sample's responses to the level of work stress associated with demographic factors, such as gender and social status. The study highlighted the need to provide the departments with an adequate number of nursing staff according to the nature and size of the job.

V. Study Design

This research is focused on a descriptive, logical, and inferential methodology based on a quantitative, questionnaire-based system.

5.1 Method

Data were collected from January to February 2020. Online questionnaire-based survey study was distributed electronically to nursing leaders in Qassim Region Government Hospitals. A total of 250 questionnaires were collected, of which seven were excluded from further analysis due to incomplete data. Therefore, the final sample included 243 questionnaires. The data was collected through a self-report questionnaire, leaving the interpretation for the inquiries to the respondents. This study used a questionnaire as its primary study tool, which was adapted from the one by Abu Siam (2018). The questionnaire consisted of three parts: the first part included the cover letter, while the second part included the sample's demographic characteristics (age, education, and marital status). The third part included the statements measuring the independent variables of job stress (workload, conflict, and uncertainty), and the dependent variable of the nursing leaders' quality of care. Questionnaire taking from Dwamena, Mark A. (2012). Permission was obtained from the researcher before using the instrument. Since he conducted the study here in Saudi Arabia, the re-validation of the tool was not needed. The gathered data was analyzed using descriptive statistics and a five-point Likert scale to recognize the relationship among variables.

5.1.1 Study Inclusion Criteria

250 nurse leaders participated in this study. Nurse leaders selected in this study includes: Currently working as a nursing leader in the role of nursing director, deputy nursing director, supervisor, head nurse and charge nurse; Nursing leaders who are currently working in a government hospital; And, nursing leaders, regardless of the assigned clinical area.

5.1.2 Ethical Consideration

Ethical approval was obtained from the Majmaah University and from the Health Affairs in the Qassim region to search only. To protect anonymity and confidentiality, the cover letter provided the information explaining the purpose of the study. It specified that all data would be processed for review on a personal computer without names or other identifying details. Lastly, the cover letter explained that the results would be for research purposes only.

5.1.3 Data Analysis

The data collected was coded and then analyzed using the Social Sciences Statistical Kit (SPSS). It used the following statistical techniques: Descriptive statistics: frequencies, percent, and means were used to describe the demographic variables. Moreover, means and standard deviations were used to determine the participants' attitudes towards questionnaire statements; Simple and multiple regressions were performed to test the research hypotheses.

VI. Results

6.1 Analysis of Demographic Characteristics

The majority of respondents were males (71.2%), with bachelor's degrees (63.4%) and aged between 30-40 years (44.9%) or younger (37.9%) (Table 1). Almost equal respondents were present in males with different years of experience; however, the females had a higher percentage with less than five years of experience (Table 1). Most of the respondents were Saudi nationals (65.8%) and unmarried (78.2%).

Table 1. Demographic characteristics of respondents enrolled in the present study

Gender	n	%				
Male	173	71.2				
Female	70	28.8				
	Male		Female		Total	
	N	%	N	%	n	%
Education						
Diploma	4	2.3	4	5.7	8	3.3
Master's Degree	35	20.2	26	37.1	61	25.1
Bachelor Degree	117	67.6	37	52.9	154	63.4
Doctorate	17	9.8	3	4.3	20	8.2
Experience						
Less than 5 Years	41	23.7	28	40	69	28.4
5-10 Years	39	22.5	26	37.1	65	26.7
11-15 Years	42	24.3	8	11.4	50	20.6
More than 15 Years	51	29.5	8	11.4	59	24.3
Age						
Less than 30 Years	54	31.2	38	54.3	92	37.9
30-40 Years	85	49.1	24	34.3	109	44.9
41-50 Years	31	17.9	6	8.6	37	15.2
More than 50 Years	3	1.7	2	2.9	5	2.1
Nationality						
Saudi	123	71.1	37	52.9	160	65.8
Non-Saudi	50	28.9	33	47.1	83	34.2
Marital Status						
Single	136	78.6	54	77.1	190	78.2
Married	37	21.4	16	22.9	53	21.8

Frequency is expressed as 'n' and Percentage as %

Table 1.2. Hospital and Departmental Workplace from where the nursing staff were selected

	N	%
Hospital		
Maternity & Children Hospital	51	21
King Saud Hospital	42	17.3
Qibah Hospital	25	10.3
AlRass General Hospital	22	9.1
Mental Health Hospital	22	9.1
UyounAlJawa Hospital	20	8.2
AlAsiyah Hospital	14	5.8
AlBadayah Hospital	11	4.5
King Fahd Specialist Hospital	10	4.1

Riyadh AlKhabra Hospital	8	3.3
AlQawwarah Hospital	5	2.1
AlMidnab Hospital	5	2.1
Buraydah Central Hospital	5	2.1
AlBukairyah Hospital	3	1.2
AnNabhaniya Hospital	1	0.3
Qusaybah Hospital	3	0.9
Dariya Hospital	1	0.3
AlShifa Hospital	1	0.3
Workplace		
Nursing Service Department	56	23
Pediatrics	41	16.9
Inpatient Department	25	10.3
Specialized Units (CCU, ICU, NICU, PICU)	22	9.1
Accident & Emergency Department	21	8.6
Department of Surgery	18	7.4
Out-Patient Department	17	7
Primary Health Care (PHC)	11	4.5
Hemodialysis Unit	10	4.1
OB-GYN	6	2.5
Psychiatric Department	6	2.5
Public Health	6	2.5
Operating Room	4	1.6

Frequency is expressed as 'n' and Percentage as %

6.2 Job Conflict

The job conflict that respondents reported was at a moderate to high level for each of the questionnaires. Most nurses indicated that the conflict was due to the tasks provided being unnecessary (37.4%) and being assigned to unrelated work (31.7%). The present study also found that most of the nurse respondents found that the tasks assigned to them were incompatible (44.9%) with their role and that the powers granted to them were inaccurate (40.3%). Furthermore, the present study found that higher nervousness was due to duties being given outside of the participants' specialty (42.8%).

Table 2. Components of Job Conflict

Job Conflict:	M	SD	Level
1. I do tasks that I feel are unnecessary.	3.12	1.31	Moderate
2. I am often assigned to do work that is not my job.	2.96	1.27	Moderate
3. Some of the tasks I am assigned to are incompatible with each other.	3.70	1.44	High
4. The powers granted to me at work are inaccurate.	3.70	1.28	High
5. There is an overlap in the administrative and nursing business policies.	3.10	1.43	Moderate
6. I receive contradictory orders and instructions from several bosses at work.	3.16	1.43	Moderate
7. I feel nervous because I am responsible for duties outside of my specialty.	3.70	1.39	High
8. I feel that I work under conflicting policies and guidelines.	3.19	1.44	Moderate
Total	3.33	1.37	Moderate

Table 2.1: Likert-scale Expression of Job Conflict

Job Conflict:	Levels	Never	Seldom	Sometimes	Often	Always
1. I do tasks that I feel are	N	34	37	91	27	54

unnecessary.	%	14.0%	15.2%	37.4%	11.1%	22.2%
2. I am often assigned to do work that is not my job.	N	32	61	77	31	42
	%	13.2%	25.1%	31.7%	12.8%	17.3%
3. Some of the tasks I am assigned to are incompatible with each other.	N	31	22	45	36	109
	%	12.8%	9.1%	18.5%	14.8%	44.9%
4. The powers granted to me at work are inaccurate.	N	16	28	67	34	98
	%	6.6%	11.5%	27.6%	14.0%	40.3%
5. There is an overlap in the administrative and nursing business policies.	N	41	48	66	22	66
	%	16.9%	19.8%	27.2%	9.1%	27.2%
6. I receive contradictory orders and instructions from several bosses at work.	N	43	38	62	36	64
	%	17.7%	15.6%	25.5%	14.8%	26.3%
7. I feel nervous because I am responsible for duties outside of my specialty.	N	28	21	52	38	104
	%	11.5%	8.6%	21.4%	15.6%	42.8%
8. I feel that I work under conflicting policies and guidelines.	N	43	37	62	33	68
	%	17.7%	15.2%	25.5%	13.6%	28.0%

6.3 Workload

The present study found a moderate to high-level workload for nurses on each of the questions. Most of the nurses attributed this to the tasks provided being outside of the job range, a waste of their time (42.4%), the number of responsibilities exceeding their capabilities (34.2%), and their allotted work time being insufficient (35.4%). The present study also found that most of the nurses felt that the workload was higher as they need to supervise others' work (30.9%). As such, the nurses expressed that they could not take a vacation because of the tasks entrusted to them (41.2%). Most of the nurses indicated moderate (30.5%) to high (38.7%) levels of workload because they felt it would be a burden to not attribute the rates of nursing to the patients.

Table 3. Components of Workload

Work Load	M	SD	Level
1. I am entrusted with a large number of responsibilities.	3.03	1.38	Moderate
2. The allotted work time does not allow me to do all that is required of me.	3.13	1.35	Moderate
3. I feel my time is wasted on things outside of the job range.	3.73	1.36	High
4. I feel confusion due to the lack of qualified auxiliary staff.	2.88	1.46	Moderate
5. The amount of responsibility I bear exceeds my capabilities.	3.72	1.2	High
6. I am asked to supervise the work of others.	3.16	1.39	Moderate
7. I find it difficult to take vacations due to the many tasks entrusted to me.	3.7	1.36	High
8. Visitors are greatly involved in the affairs of their patients.	2.61	1.23	Moderate
9. I feel a burden because I do not attribute the rates of nursing to patients.	3.7	1.27	High
Total	3.30	1.33	Moderate

Table 3.1: Likert-scale Expression of different components of workload

	Levels	Never	Seldom	Sometimes	Often	Always
1. I am entrusted with a large number of responsibilities.	N	43	44	72	31	53
	%	17.7%	18.1%	29.6%	12.8%	21.8%
2. The allotted work time does not allow me to do all that is required of me.	N	41	29	86	31	56
	%	16.9%	11.9%	35.4%	12.8%	23.0%
3. I feel my time is wasted on things outside of the job range.	N	25	23	48	44	103
	%	10.3%	9.5%	19.8%	18.1%	42.4%
4. I feel confusion due to the lack of qualified auxiliary staff.	N	58	45	60	27	53
	%	23.9%	18.5%	24.7%	11.1%	21.8%
5. The amount of responsibility I bear exceeds my capabilities.	N	17	17	66	60	83
	%	7.0%	7.0%	27.2%	24.7%	34.2%
6. I am asked to supervise the work of others.	N	41	33	75	33	61
	%	16.9%	13.6%	30.9%	13.6%	25.1%
7. I find it difficult to take vacations due to the many tasks entrusted to me.	N	26	20	56	41	100
	%	10.7%	8.2%	23.0%	16.9%	41.2%
8. Visitors are greatly involved in the affairs of their patients.	N	62	44	84	33	20
	%	25.5%	18.1%	34.6%	13.6%	8.2%
9. I feel a burden because I do not attribute the rates of nursing to patients.	N	18	20	74	37	94
	%	7.4%	8.2%	30.5%	15.2%	38.7%

6.4 Job Uncertainty

The present study found that the job uncertainty of nurses is similarly at a moderate to high level. Most nurses responded that the uncertainty in their job is due to being unsure of their job duties (45.7%), confusion over who is taking responsibility for the task that they are doing (39.9%), unclear hospital policies (40.3%), and a lack of clarity in the job description considering the nature of their duties (44.9%).

Table 4. Components of Job Uncertainty

Job Uncertainty	M	SD	Level
1. The tasks assigned to me lack clarity.	3.56	1.3	Moderate
2. I feel unsure of my job duties.	3.8	1.33	High
3. I feel a lack of employee knowledge of the nature of some of the work assigned to me.	3.52	1.29	Moderate
4. It is not entirely clear to me who is directly responsible for the task I am doing.	3.69	1.32	High
5. I feel overwhelmed at work due to the lack of staff in the departments.	2.65	1.31	Moderate
6. I feel that the hospital's policies are not clear.	3.64	1.38	Moderate
7. There is a lack of clarity in the job description of the nature of my duties.	3.68	1.42	High
Total	3.51	1.34	Moderate

Table 4.1: Likert-scale Expression of different components of job uncertainty

Job uncertainty	Levels	Never	Seldom	Sometimes	Often	Always
1. The tasks assigned to me lack clarity.	N	18	37	63	40	85
	%	7.4%	15.2%	25.9%	16.5%	35.0%
2. I feel unsure of my job duties.	N	20	23	53	36	111
	%	8.2%	9.5%	21.8%	14.8%	45.7%
3. I feel a lack of employee knowledge of the nature of some of the work assigned to me.	N	22	26	78	37	80
	%	9.1%	10.7%	32.1%	15.2%	32.9%
4. It is not entirely clear to me who is directly responsible for the task I am doing.	N	23	19	65	39	97
	%	9.5%	7.8%	26.7%	16.0%	39.9%
5. I feel overwhelmed at work due to the lack of staff in the departments.	N	64	44	80	24	31
	%	26.3%	18.1%	32.9%	9.9%	12.8%
6. I feel that the hospital's policies are not clear.	N	27	24	56	38	98
	%	11.1%	9.9%	23.0%	15.6%	40.3%
7. There is a lack of clarity in the job description of the nature of my duties.	N	27	29	47	31	109
	%	11.1%	11.9%	19.3%	12.8%	44.9%

6.4.1 Quality Care

The nurses responded with a moderate to high level of quality care for each related question in the survey. The present study found a higher level of response to the accurate performance of nursing duties (42%), adherence to professional ethics (30.5%), adherence to rules and procedures (44.4%), keenness to use working time (39.5%), commitment to working times (45.7%), and a feeling of responsibility for their work (48.1%). Worryingly, a significant share of the nurses' responses indicated that they are never interested in the satisfaction of the patient (46.5%).

Table 5: Components of Quality of Care

Quality of Care	M	SD	Level
1. The performance of the nursing staff is accurate.	3.71	1.49	High
2. The performance of the nursing staff is fast in carrying out the tasks.	3.56	1.37	Moderate
3. The required tasks are carried out carefully.	3.56	1.37	Moderate
4. The nursing staff adheres to professional ethics.	3.52	1.35	Moderate
5. The nursing staff is very interested in patient satisfaction.	2.32	1.37	Low
6. The nursing staff is keen to use the working time.	3.69	1.44	High
7. The nursing staff is committed to work times.	3.79	1.49	High
8. The nursing staff adheres to work rules and procedures.	3.75	1.5	High
9. The nursing staff has the ability to solve exceptional problems.	3.3	1.45	Moderate
10. The nursing staff is responsible for their work.	3.75	1.56	High
	3.495	1.439	Moderate

Table 5.1 :Likert-scale Expression of different components of Quality of Care

Quality of care	Levels	Never	Seldom	Sometimes	Often	Always
1. The performance of the nursing staff is accurate.	N	46	4	26	65	102
	%	18.9%	1.6%	10.7%	26.7%	42.0%

2. The performance of the nursing staff is fast in carrying out the tasks.	N	37	11	49	71	75
	%	15.2%	4.5%	20.2%	29.2%	30.9%
3. The required tasks are carried out carefully.	N	38	9	50	72	74
	%	15.6%	3.7%	20.6%	29.6%	30.5%
4. The nursing staff adheres to professional ethics.	N	37	11	52	74	69
	%	15.2%	4.5%	21.4%	30.5%	28.4%
5. The nursing staff is very interested in patient satisfaction.	N	113	14	54	49	13
	%	46.5%	5.8%	22.2%	20.2%	5.3%
6. The nursing staff is keen to use the working time.	N	40	8	36	63	96
	%	16.5%	3.3%	14.8%	25.9%	39.5%
7. The nursing staff is committed to work times.	N	45	3	20	64	111
	%	18.5%	1.2%	8.2%	26.3%	45.7%
8. The nursing staff adheres to work rules and procedures.	N	46	3	25	61	108
	%	18.9%	1.2%	10.3%	25.1%	44.4%
9. The nursing staff has the ability to solve exceptional problems.	N	51	15	47	69	61
	%	21.0%	6.2%	19.3%	28.4%	25.1%
10. The nursing staff is responsible for their work.	N	50	3	22	51	117
	%	20.6%	1.2%	9.1%	21.0%	48.1%

6.4.2 Correlation study

The findings of the correlation analysis showed a clear positive correlation between job uncertainty and workload ($r = 0.669$, $p < 0.001$) and task uncertainty ($r = 0.841$, $p < 0.001$). In addition, it was also found that workload had a clear positive association with job uncertainty ($r = 0.656$, $p < 0.001$). However, a weak negative correlation with job conflict ($r = -0.127$, $p < 0.05$) and workload ($r = 0.222$, $p < 0.001$) was observed in years of experience.

Table 6. Correlation Matrix of the independent variables and dependent variable

	Quality of Care Average	Job Conflict Average	Work Load Average	Load	Job Uncertainty Average	Years of Experience
Quality of Care Average	—					
Job Conflict Average	0.002	—				
Work Load Average	-0.029	0.669***	—			
Job Uncertainty Average	-0.018	0.841***	0.656***	—		
Years of Experience	-0.001	-0.127*	-0.222***	-0.077	—	

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

6.4.3 Hypothesis Analysis

Main Hypothesis

H1: There is a significant relationship between job stress variables (workload, conflict, and uncertainty) and the quality of care of nursing leaders in Qassim Region Government Hospitals.

To test this hypothesis, multiple regression was used to determine if there is a statistically significant relationship between job stress variables (workload, conflict, and uncertainty) and the quality of care of nursing leaders in Qassim Region Government Hospitals.

Model Summary:

Table 7: Model Summary Main Hypothesis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.803 ^a	.646	.641	.41944

a. Predictors: (Constant), uncertainty, Conflict, loud

The value of the Regression coefficient (.803) between the independent and dependent variables is shown in Table No. 7, as shown. The value of the determination coefficient (R²) reached a value of 0.646, suggesting that independent variables caused 64.6 percent of the changes in the dependent variable.

Table 8 represents the results of the analysis between the independent variable of job stress and the quality of care of nursing leaders in Qassim Region Government Hospitals to test the significance of the regression model:

Table 8: ANOVA^a Job stress and Quality of Care of Nursing Leaders

Model	Sum of Squares	Df	Mean Square	F	Sig.
1					
Regression	76.562	3	25.521	145.065	.000 ^b
Residual	42.046	239	.176		
Total	118.608	242			

a. Dependent Variable: Quality

b. Predictors: (Constant), uncertainty, conflict, load

Table 8 depicts the analysis of variance, which aimed to identify the independent variable of job stress and the dependent variable, quality of care of nursing leaders. The F value was equal to 145.065, with a *p*-value of 0.00, showing that there is a significant relationship at a 95% Confidence Interval (CI).

Therefore, we can reject the null hypothesis and accept the alternative:

There is a significant relationship between job stress variables (workload, conflict, and uncertainty) and the quality of care of nursing leaders in Qassim Region Government Hospitals.

Thus, it can be said that at least one independent variable, the factors of workload, conflict, and uncertainty, could have a significant relationship with the dependent variable. This was determined by a significant multiple regression test.

6.4.4 Multiple Regression

Table 9 shows the values of the regression coefficients for the capabilities and statistical tests.

Table (9): Coefficients Multivariate Regression sub-variables

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.574	.161		3.573	.000
Job Conflict	.194	.060	.209	3.263	.001
Workload	.244	.062	.281	3.920	.000
Job uncertainty	.441	.053	.424	8.343	.000

SIGNIFICANT < 0.5

a. Dependent Variable: Quality

Sub-Hypotheses:

H1.1: There is a significant relationship between Job Conflict and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals.

Table 9 shows that there is a significant relationship between Job Conflict and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals, where the calculated *t*-value was 3.263, higher than its tabular value (1.984) at significance level (0.01).

H1.2: There is a significant relationship between workload and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals.

Table 9 also shows that there is a significant relationship between workload and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals. As can be seen in the table, the calculated *t*-value was 3.920. This value was higher than its tabular value (1.984) at a significance level of 0.01, indicating that this was statistically significant.

H1.3: There is a significant relationship between job uncertainty and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals.

Finally, Table 9 shows that there is a significant relationship between job uncertainty and the Quality of Care of Nursing Leaders in Qassim Region Government Hospitals. The calculated *t*-value was 8.343, which was higher than its tabular value (1.984) at a significance level of 0.01, and thus, was significant at the 95% CI.

VII. Discussion

The role of the nurse manager has expanded to satisfy the requirements of the staff and patients on the nursing units and is taken into account by some to be the foremost demanding role in health care (Johansson et al., 2013). Expanded roles and responsibilities together with broader spans of control contribute to increased job demands additionally as work stress. Understanding the work stress of nurse leaders is vital due to the influence that nurse leaders have on their clinical nurses and since it's increasingly difficult to recruit and retain nurse leaders. Thus, increased stress can cause disengagement, burnout, and ultimately, to nurse manager turnover. In this study, the questionnaire was distributed electronically to 18 government hospitals within the Qassim Region within which the target sample size is 250 respondents. After reviewing the answered questionnaires, a total of 243 respondents are counted as 7 questionnaires were rejected because they had missing information. Among the 243 respondents, the majority of respondents were males (71.2%), with bachelor's degrees (63.4%), and aged between 30-40 years (44.9%) or younger (37.9%). Almost equal respondents were present in males with different years of experience; however, the females had the next percentage with but five years of experience. Most of the respondents were Saudi nationals (65.8%) and unmarried (78.2%). Among the independent variables of job stress during this study: workload, job uncertainty, and job conflict, job uncertainty ($\beta = 0.424$) were the foremost significant influencing factors of job stress among nurse leaders of Qassim Region Government Hospitals. Most nurse leaders responded that the uncertainty in their job is because of being unsure of their job duties (45.7%) which ranks the highest. The nurses who are unaware of their objectives and goals are more at the risk of high stress. These findings confirm previous research. as an example, a study conducted by Idris showed that the role ambiguity that refers to the uncertainty, inadequate knowledge of employees about their responsibilities, authority, objectives, and goals of their organization increases the amount of stress among employees (Idris, 2011). It's therefore vitally important for healthcare policymakers and managers to style and implement standards, policies, procedures, and protocols like focused training, personnel development, work specification than on which help reduce job uncertainty among nurse leaders (Ejesi, 2018). Answering the research hypotheses of this study, job conflict, workload and job uncertainty which are the independent variables has a significant relationship with the dependent variable, quality of care of nursing leaders in Qassim Region Government Hospitals which corresponds to the subsequent *t*-value of 3.263, 3.920, 8.343 respectively. just like the study of Dasgupta (2012), stressors- role overload, conflict, and uncertainty are found to be a number of the many predictors of burnout which ends up in the draining of emotional resources and endorsing a negative attitude towards work. Also, those stressors cause impediments to the performance of the nurses which corresponds to the quality of care being rendered to patients. Sincere effort to boost the efficacy of the nurses will certainly yield results and enhanced coping ability with the stressors shall help the nurses to perform effectively. Generally, work stress and quality of care among nursing leaders in Qassim Region Government Hospitals were found to be at a moderate level of correlation in this study. There are only a few studies that have highlighted the job stress among nursing leaders and its effect on the quality of care which then requires further research.

VIII. Conclusions

Work stress among nursing leaders at Qassim region showed a moderate level generally, and similarly moderate for the job conflict, workload and Job uncertainty. However, the quality of care as reported by nursing leaders was at a moderate level. Although job uncertainty was the most significant influencing factor and independent predictor of the Quality of Care of Nursing Leaders, both job conflict and workload were also significant predictors and influencers for the care quality of the nursing leaders.

IX. Recommendations

The study reached the following conclusions: The results indicated that there is a moderate level of job pressure facing Nursing Leaders in Qassim Region Government Hospitals. To decrease this pressure on the nursing leaders, the Qassim Region Government Hospitals should focus on the following points: 1. Hospitals must clarify the importance of Nursing Leaders' tasks; 2. Hospitals must assign Nursing Leaders to do work that is within their job; 3. Nursing Leaders' job duties should be clear; 4. Hospitals should undergo educational and training courses to increase employee knowledge of the tasks they are assigned to perform; 5. Nursing Leaders should not be assigned to do things that are outside of the job range; 6. The responsibilities granted to Nursing Leaders should be accurate; 7. The researcher recommends further studies related to the factors that increase job

pressure in nursing day-night shifts. For study findings' generalizability, the researcher recommends further studies to cover other hospitals in a larger geographical area in Saudi Arabia and utilizing the random sampling technique to get a representative sample.

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References

- [1]. Abadi, M. B. H., Akbari, H., Akbari, H., Gholami-Fesharaki, M., &Ghasemi, M. (2017). The Association of Nursing Workloads, Organizational, and Individual Factors with Adverse Patient Outcome. *Iranian Red Crescent Medical Journal*, 19(4).
- [2]. Abu al-Husayn, M. (2010). Psychological pressures of government nurses and their relationship to self-efficacy. Master Thesis, Islamic University of Gaza.
- [3]. Abu Siam M. S. (2018). Job Stress and their Impact on Nursing Staff Performance of Al Bashir Public Hospital in Jordan, Master thesis, Al al-Bayt University, Jordan.
- [4]. Adomaitis, M. (2018). Environmental Stressors in the Workplace. Retrieved June 4, 2020, from https://stress.lovetoknow.com/Environmental_Stressors_in_the_Workplace
- [5]. Ahmed, A., &Ramzan, M. (2013). Effects of job stress on employees job performance a study on banking sector of Pakistan. *IOSR Journal of Business and Management*, 11(6), 61-68.
- [6]. Ajayi, S. (2018). Effect of stress on employee performance and job satisfaction: A case study of Nigerian banking industry. Available at SSRN 3160620.
- [7]. Al-Momani, I. (2019). The impact of work stress on job satisfaction among health workers in Ajloun governorate in Jordan. *Al-Quds Open University, Journal for Educational and Psychological Research and Studies* 9(26): 90-102.
- [8]. Amoako, E. P., Gyamfi, O. A., Emmanuel, A. K., &Batola, D. (2017). The Effect of Occupational stress on Job performance at ASPET A. Company Limited. *Global Journal of Arts, Humanities and Social Sciences*, 5(8), 1–17.
- [9]. Awadh, I. M., Gichinga, L., & Ahmed, A. H. (2015). Effects of workplace stress on employee performance in the county governments in Kenya: A case study of Kilifi County Government. *International Journal of Scientific and Research Publications*, 5(10), 1-8.
- [10]. Belli, G. (2016). 3 Types of Job Stress, and What to Do About Them. Retrieved from <https://www.payscale.com/career-news/2016/04/3-types-of-job-stress-and-what-to-do-about-them>
- [11]. Ben-Baz, N. (2018). Sources of work stress and methods of psychological resistance to doctors. MA Thesis, Naif Arab University for Security Sciences.
- [12]. Bersin, J. (2015). HR Changing Operating Models: A collection of thought pieces. CIPD.
- [13]. Bin-Hussein, A. (2018). The relationship of job satisfaction to the work pressures of officers and individuals working in prisons. *Arab Journal for Security Studies* 33(71): 75-108.
- [14]. Bouabbas, A. (2010). The impact of healthcare quality and communication on patient satisfaction: Analytical comparative study in al-Amiri government hospital and al-Salam international private hospital in Kuwait state. Retrieved April 6, 2020, from <https://search.emarefa.net/detail/BIM-692144>
- [15]. Chandola, T. (2010). Stress at work. *British Academy Policy Centre*.
- [16]. Conway, E., & Monks, K. (2011). Change from below: the role of middle managers in mediating paradoxical change. *Human Resource Management Journal*, 21(2), 190-203.
- [17]. Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self Efficacy. *Journal of Health Management*, 14(4), 513-534.
- [18]. Ejesi, I. (2018). Relationship Between Role Conflict, Role Ambiguity, and Interprofessional Team Collaboration Among Nurses Caring for Older Adults in the Intensive Care Unit (ICU).
- [19]. Dean Care, W. (2011). Nurse managers' work stressors and coping experiences: unravelling the evidence. *Nursing Leadership*, 24(3).
- [20]. Deif, A., Mowaffak, S. &Twal, H. (2019). Work pressure of the members of the administrative and academic staff at the University of Biskra - sources and its relationship to some personal and functional variables. *Journal of Economics and Administrative Sciences*,25(110), 96-96.
- [21]. Downey, M., Parslow, S., & Smart, M. (2011). The hidden treasure in nursing leadership: Informal leaders. *Journal of nursing management*, 19(4), 517-521.
- [22]. Duffield, C. M., Roche, M. A., Blay, N., &Stasa, H. (2011). Nursing unit managers, staff retention and the work environment. *Journal of clinical nursing*, 20(1-2), 23-33.
- [23]. Dwamena, M. A. (2012). Stress and its effects on employee's productivity—a case study of Ghana Ports and Harbours Authority, Takoradi (Doctoral dissertation).
- [24]. El Shikieri, A. B., & Musa, H. A. (2012). Factors associated with occupational stress and their effects on organizational performance in a Sudanese University. *Creative Education*, 3(01), 134.
- [25]. Ewles, G. (2019). Enhancing Organizational Support for Emergency First Responders and their Families: Examining the Role of Personal Support Networks after the Experience of Work-Related Trauma (Doctoral dissertation).
- [26]. Fonkeng, C. (2018). Effects of job-stress on employee performance in an enterprise: A microfinance institution in Cameroon.

- [27]. Gonnelli, C., Raffagnino, R., &Puddu, L. (2016). The Nurse Manager Training for an Efficient Leadership. In INTED2016 Proceedings (pp. 543-551). IATED.
- [28]. Globenko, A., &Sianova, Z. (2012). Service quality in healthcare: quality improvement initiatives through the prism of patients' and providers' perspectives.
- [29]. Giurgiu, D. I., Jeoffrion, C., Roland-Lévy, C., Grasset, B., Dessomme, B. K., Moret, L., ... &Lombrail, P. (2016). Wellbeing and occupational risk perception among health care workers: a multicenter study in Morocco and France. *Journal of occupational medicine and toxicology*, 11(1), 20.
- [30]. Hans, A., &Sathyan, S. (2015). A Study on Occupational Stress and Organizational Commitment among Nurses in Government Hospitals of Oman.
- [31]. Idris, M. K. (2011). Over time effects of role stress on psychological strain among Malaysian public university academics. *International Journal of Business and Social Science*, 2(9), 154-161.
- [32]. Jalab, K. (2016). Health Service and Work Stress in the Hospital Foundation: A Field Study at the Hospital Foundation. Master Thesis, Arab Tebsi University in Tebessa, Algeria.
- [33]. Johansson, G., Sandahl, C., & Hasson, D. (2013). Role stress among first-line nurse managers and registered nurses—a comparative study. *Journal of Nursing Management*, 21(3), 449-458.
- [34]. Kath, L. M., Stichler, J. F., Ehrhart, M. G., &Schultze, T. A. (2013). Predictors and outcomes of nurse leader job stress experienced by AWHONN members. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 42(1), E12-E25.
- [35]. Labrague, L. J., McEnroe-Petite, D. M., Leocadio, M. C., Van Bogaert, P., & Cummings, G. G. (2018). Stress and ways of coping among nurse managers: An integrative review. *Journal of clinical nursing*, 27(7-8), 1346-1359.
- [36]. LaMontagne, A., &Keegel, T. (2012). Reducing stress in the workplace: an evidence review: full report.
- [37]. Leyk, D., Hoitz, J., Becker, C., Glitz, K. J., Nestler, K., &Piekarski, C. (2019). Health risks and interventions in exertional heat stress. *DeutschesArzteblatt International*, 116(31-32), 537.
- [38]. Mashala, F. (2018). Define Job pressure. From the website <https://mawdoo3.com/> (Retrieved in 6/4/2020).
- [39]. McSherry, R., Pearce, P., Grimwood, K., &McSherry, W. (2012). The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care. *Journal of Nursing Management*, 20(1), 7-19.
- [40]. Miller, C. (2020). Predictors and Buffers of Nurse Manager Turnover Intentions: A Quantitative Approach (Doctoral dissertation, Capella University).
- [41]. Mosadeghrad, A. (2013). Occupational Stress and Its Consequences: Implications for Health Policy and Management.
- [42]. Muraale, S., Basit, A., & Hassan, Z. (2017). Impact of job stress on employee performance. *International Journal of Accounting and Business Management*, 5(2), 13-33.
- [43]. Nekoranec, J., &Kmosena, M. (2015). Stress in the workplace-sources, effects and coping strategies. *Review of the Air Force Academy*, (1), 163.
- [44]. Olaniyan, O. A. (2020). The Relationship Between Practice Environment, Role Overload and Job Satisfaction of Nurses in Canada.
- [45]. Omoike, O., Stratton, K. M., Brooks, B. A., Ohlson, S., &Storjell, J. L. (2011). Advancing nursing leadership: A model for program implementation and measurement. *Nursing Administration Quarterly*, 35(4), 323-332.
- [46]. Rawal, C. N., &Pardeshi, S. (2014). Job stress causes attrition among nurses in public and private hospitals. *Journal of Nursing and Health Science*, 3(2), 42-47.
- [47]. Rowe, Chris (2014), Stress at Work, ACAS Organization.
- [48]. Sabina, S. (2019). Barriers to increasing nursing job satisfaction in emergency departments.
- [49]. Sabira, F. & Ismail, R. (2015). Sources of Occupational Psychological Stress among a sample of male and female nurses, "A field study at Al-Assad University Hospital in Lattakia Governorate". *Tishreen University Journal for Research and Scientific Studies* 37(1), 147-160.
- [50]. Sarah, B. (2019). Too smart to commit? Effects of personal characteristics on organisational commitment and job satisfaction: evidence from a high-IQ network.
- [51]. Sharma, P., Davey, A., Davey, S., Shukla, A., Shrivastava, K., & Bansal, R. (2014). Occupational stress among staff nurses: Controlling the risk to health. *Indian journal of occupational and environmental medicine*, 18(2), 52.
- [52]. Sultan, W. (2012). Dimensions of Quality of Health Services from the Point of View of Beneficiaries: An Applied Study in a Group of Private Hospitals in Basra Governorate. a bi-annual journal by Basra University, 5(10), 73-118.
- [53]. Tamassini, M. (2015). The relationship of work stress to job satisfaction: a field study in the city of SidiOmran, AlWady. MA Thesis, University of the martyr Hama Lakhdar, Algeria.
- [54]. Warshawsky, N. E., & Havens, D. S. (2014). Nurse manager job satisfaction and intent to leave. *Nursing economic*, 32(1), 32.
- [55]. Whittaker, S., Linegar, A., Shaw, C., & Spieker, N. (2011). Quality standards for healthcare establishments in South Africa. *South African health review*, 2011(1), 59-67.
- [56]. Williams, I. M., & Lewis, W. G. (2020). Stress in the workplace for healthcare professionals. *Physiological Reports*, 8(13).
- [57]. Younger, S. (2019). Exploring the Role of Climate for Innovation on the Relationship between Leadership Style and Nurses' Perception of Patient Safety (Doctoral dissertation, Arizona State University).