Relationship between Job Stressors and Organizational Support among Jordanian Nurses

Manal Zeinhom Ahmed Higazee[1,*], Ahmad Rayan[2], Malek Khalil[2]

[1]Associate Professor of Nursing Management, Faculty of Nursing, Menofia University, Egypt Currently, Dean of the Faculty of Nursing, Zarqa University, Jordan
[2]Faculty of Nursing, Zarqa University, Jordan
*Corresponding author: mahmed215@yahoo.com

Abstract **Background**: Nursing is considered one of the most stressful health care professions. Literature revealed that stress could be diminished by organizational support, but the actual relationship between nurse's job's stress and organizational support has yet to be established. **Purpose**: The purpose of this study was to explore the relationship between nurse's job's stress and organizational support controlling for the nurses' characteristics. **Methods**: A descriptive correlational design using self-administered questionnaire was used**.** A convenience sample of 150 nurses completed the Perceived Stress Scale and the Survey of Perceived Organizational Support. Multiple hierarchical regression analyses were used to assess the relationship between nurse's job's stress and organizational support controlling for the nurses' characteristics. **Results:** The current study revealed that there was a negative relationship between nurses' job stress and organizational support. Although sample characteristics were associated with the levels of perceived stress, organizational support was the strongest correlate of perceived stress. **Conclusion:** Health care organizations must consider the development of organizational support policy for nurses. Close unit nurses in particular, should be subjected to stress management programs to help them cope with stress.

Keywords: job stress, organizational support, Jordanian nurses

Cite This Article: Manal Zeinhom Ahmed Higazee, Ahmad Rayan, and Malek Khalil, "Relationship between Job Stressors and Organizational Support among Jordanian Nurses." *American Journal of Nursing Research*, vol. 4, no. 3 (2016): 51-55. doi: 10.12691/ajnr-4-3-1.

1. Background

Nursing is considered one of the most stressful health care professions. Stress is highly subjective and every nurse perceives and responds differently to stress [12]. Nurses who are working in stressfully units such as Intensive care units (ICU), Critical care units (CCU) and Emergency Rooms (ER) are vulnerable to highly stressful events than nurses who are working in other units [4,14].

Work related stress is defined as the lack of steadiness between work demands and workers' skills which leads to emotional instability among nurses [4,19]. Studies have shown universally that stress in nursing is related to patient's needs and their sufferings, long shifts, work overload, work related conflicts, shortage of staff , conflicts with supervisors, bias and lack of organizational support, role ambiguity and job insecurity [13,14,18]. Furthermore, excessive work stress arises from extra work demands or extra work requirements and organizational support deprivation, which affect harmfully on staff performance and may result in high rate of staff turnover and burnout [2,21].

Mild occupational stress could positively affect nurses, while excessive occupational stress, pressure and uncomfortable working environment lead to physical and psychological health problems that negatively affect nurses [4]. Unsurprisingly, nursing stress has negative consequences on nurses, patients, and health care institutions. Excessive job stressors may result in insomnia, headache, peptic ulcer, increase susceptibility to infection, emotional disturbances and clashes between nurses [2]. Under high levels of stress, staff feels that the time is insufficient to complete work due to high work pressure [8]. These factors may lead to poor quality of care, patients' dissatisfaction, and underestimation of patients to these health care organizations for readmission [14,21].

It is uneasy to asses nursing profession stressors because of disparate and provocations of health care environment. However, the impact of organizational interventions to diminish level of stress could be investigated [12]. To prevent the negative consequences of stress, there is a need to investigate controllable factors that are significantly associated with work stress.

If the organization regards and concerns to the employee, the employee will show respect to the organization and show loyalty toward it. The employee looks at the organization as a source of emotional and social resource, which may empower them to meet their emotional needs like self-esteem, respect and belonging. Organizational support may include providing rewards, support, caring and respect which may achieve employees' socio- emotional needs, and elevates level of job satisfaction, performance and attitude of the staff [2]. In the nursing circumstances, staff needs organizational

support to keep them provoked and deliver best care for patients. Additionally, with organizational support the turnover ratio and burnout decrease, staff enjoy with their job, and deliver best care for patients [2].

Perceived organizational support (POS) is the magnitude to which employees believe that their organization appraises their services and cares about their roles and the degree to which their needs are met by the organization. Organizational support reflects how much the organization acknowledges the employees and cares about their well-being. Receiving support from the organization makes the staffs more effective and more committed to the duty [2,9]. When organizational support provided to staff, it is expected to reach high level of work commitments, high energy, motivation, job satisfaction, and low level of work stress [15]. Organizational support is reflected for employee and employer in terms of better staff performance, job satisfaction, and quality of patients' care. In general, the perceived organizational support has a positive feedback on employees and the institution; employees tend to perform better with organizational support. Furthermore, there are many forms for organizational support such as emotional support, provision of opportunities, encourages being autonomous and encouraging making appropriate decision [15]. In addition, organizational support is necessary to achieve satisfactory level of coping with stressors.

Literature revealed that stress can be diminished by organizational support. However, to establish the actual relationship between the organizational support and occupational stress, there is a need to control for other demographic and clinical variables of the staff nurse which could be related to occupational stress in nurses. In fact, the actual role of organizational support in decreasing occupational stress, controlling for other demographic and clinical variables of the staff nurses is not well-known. Furthermore, studies that investigated the role of organizational support in decreasing occupational stress among working in acute inpatient settings are rare. Literature review revealed that there is no study conducted in Jordan focuses on the relationship between nurses' stressors and the organizational support.

Therefore, the purpose of this study was to explore the relationship between nurse's job's stress and organizational support controlling for the nurse's characteristics. The current study also assesses the differences in level of job stress between critical care units, wards and emergency departments. The current study hypothesized that; regardless of the staff characteristics, organizational support would be significantly and strongly correlated with perceived stress in nurses. This is one of the few studies that link nurse's job's stressors with organizational support. The results of this study could be used to design intervention programs utilizing the positive role of organizational support to decrease nurse's job stressors in closed and critical care units in particular.

2. Methodology

2.1. Research Design

A descriptive correlational design using self-administered questionnaire was used to assess the association between the organizational support and job stressors among nurses, controlling for other characteristics of nurses. The socio-demographic and clinical variables investigated in the current study were: gender, age, marital status, period of experiences, and level of education.

2.2. Data Collection

Data were collected from a large educational hospital, affiliated to a governmental university in Amman, Jordan. The hospital's capacity is about 550 beds with an annual occupancy rate of 70%. The hospital receives patients from all country's regions. Therefore, the nurses are dealing with many cases per day and usually they are overloaded.

2.3. Ethical Considerations

An approval about research proposal was obtained from Institutional Research Board (IRB) at Zarqa University. Approval for data collection was also obtained form IRB committee in the selected hospital. Consequently, data were collected from April to June, 2015. All nurses who met the inclusion criteria were invited to participate, voluntarily, in this study. The data were collected by the original researchers who provided a brief description about the study purpose to encourage participation. Anonymity and confidentiality of participants' information were totally assured. Consistency in data collection was insured. The questionnaires were explained clearly for each participant. The questionnaires took around twenty five minutes to be filled by each nurse.

2.4. Participants

A convenience sampling technique was used to recruit participants in the current study. Sample size was calculated by using G∗Power Software, with a power of 0.80, alpha of 0.05, and a medium effect size. The minimum sample size required for multiple regression analysis was 107 respondents. The total sample size of the current study was increased to one hundred and fifty nurses to avoid the negative impact of attrition. The inclusion criteria were including Jordanian nurse, and having an experience of at least one year in the selected unit. These inclusion criteria guarantee that the nurses had been exposed to job stressors and can express their perceptions about organizational support.

2.5. Instruments

Two instruments were used to study the association between nurses' job stressors and organizational support. First, the Perceived Stress Scale – 10 Items (PSS-10) which was developed by Kohen, Kamarck, and Mermelstein (1983) is one of the most widely used psychological instruments for measuring the perception of stress for individuals. The (PSS-10) consists of multiple choice questions which include choices on a 5-point likert scale (0= never to 4=very often). Items number 4, 5, 7, and 8 have a reverse score coding. The (PSS-10) is a reliable scale: for the original total scale, a cronbach alpha of .78 was reported (Cohen & Williamson, 1988). Total scores ranges from (0 to 40); (0-7) indicates very low stress, (8-11) indicates low stress, (12-15) indicates average stress level, (16-20) indicates high level of stress,

and (21 and over) indicates very high level of stress [7]. The second scale is the Survey of Perceived Organizational Support (SPOS) which was developed by refers to employees' perception concerning the extent to which the organization values their continued membership. It has 36 items, 15 of them have a reverse score coding. Responses for each item were indicated on a seven-point Likert-type scale ranging from "1 = Strongly Disagree" to "7 = Strongly Agree." This yields a total score between 36 and 252, with a middle cut point of 144. The higher scores indicate higher levels of perceived organizational support. Example items include: "The organization values my contribution to its well-being," and "Even if I did the best job possible, the organization would fail to notice." [10].

Recently, there is four versions of the tool (i.e, 36, 16, 8 and 3-items). The original survey with 36 items have never used in a single study aside from the original study in which the instrument was developed. POS has been found to have important consequences on employee performance and well-being. It reflects the employee volubility within the organization. For the original total scale, a cronbach alpha of .97 was reported [10].

2.6. Data Analyses

For the research purposes, Statistical Package for Social Sciences (SPSS) version 20 was used to generate descriptive and inferential statistics at a significance level of .05. Mean, median, SD, and minimum and maximum values were reported to estimate the levels of perceived stress and perceived organizational support among study participants. Pearson product-moment correlation was used to assess the relationship between the study variables. Multiple hierarchical regression analyses were used to assess the relationship between nurse's job's stress and organizational support controlling for the nurse's characteristics [16].

3. Results

The current study aimed to investigate the association between nurses' job stressors and organizational support. Table 1 presents demographic characteristics of the study sample. As shown in Table 1, the majority of the participants are females (60%). Most participants were between 20 and 30 years. More than half of the participants were married (56%). About 61% of the participants had a working experience ranged from 1-5 years. About 85% of the participants had Bachelor degree

or less in nursing. Furthermore, 60% of the participants were employed in open units.

Table 1. Sample characteristics

Variable	Category	Frequency	Percent
Age	20-30	91	60.7
	More than 30	59	39.3
Gender	Male	60	40.0
	Female	90	60.0
Marital status	Married	84	56.0
	Not married	66	44.0
Experience	1-5	92	61.3
	More than 5	58	38.7
Educational level	B.Sc degree in nursing or less	128	85.3
	Higher than BCS	22	14.7
Unit	Close unit	60	40.0
	Open unit	90	60.0

As indicated in Table 2, the nurses' mean scores and standard deviations for perceived stress were 23.85 (SD= 4.35). The nurses' mean scores and standard deviations for perceived organizational support were 100.64 (SD = 12.82). These scores indicated that nurses perceived very high level of stress and a relatively poor organizational support [10]. Data analysis indicated that the score of perceived stress and perceived organizational support among the study sample were normally distributed (Skewness values = -0.43 and -0.81) respectively.

Table 2. Mean Scores of Perceived Stress and Perceived Organizational Support among Study Participants

	N	Min	Max	Mean	SD
Stress	150	14	35	23.85	4.35
Organizational Support	150	37	122	100.64	12.82

Pearson's product-moment correlation was used to identify the relationship between the study variables. No two variables had a very strong correlation to be excluded from data analysis. Values of tolerance and variance inflation factors indicated no problems with multi-colinearity (Tolerance values were above 0.2 and the variance inflation factor values were below 10). The correlation between the perceived stress and perceived organizational support among the study sample was - 0.23, P < 0.01, which indicates that higher level of organizational support was associated with less stress among nurses who completed the study. Independent samples t-test was conducted to examine if there was a significant difference in perceived stress based on selected sample characteristics (Table 3). As indicated in Table 3, younger, male, married, and highly educated nurses reported relatively high levels of perceived stress.

Table 3. Independent Samples t-test for Differences in Perceived Stress Based on Sample Characteristics

Dependent Variable	Sample Characteristics	Category	Mean (SD)	t	Df	P value
Perceived Stress	Age	20-30	25.05 (3.7)	2.7	148	0.01
		> 30	23.08 (4.6)			
	Gender	Male	24.78 (4.0)	2.16	148	0.03
		Female	23.23 (4.5)			
	Marital Status	Married	24.74 (4.3)	2.88	148	0.01
		Not Married	22.73 (4.2)			
	Experience	1-5 years	23.74 (4.3)	0.40	148	0.70
		>5 years	24.03 (4.4)			
	Education	BCS Nursing	23.53 (4.2)	2.22	148	0.03
		Higher than BCS	25.73 (4.7)			
	Department	Closed Unit	24.27 (4.1)	0.95	148	0.34
		Open Unit	23.58 (4.5)			

Table 4 presents the results of hierarchical multiple regression analysis to explore the correlation between organizational support and perceived stress in the study sample, after controlling other predictor variables such as participants' age, gender, marital status, educational level, department, experience. The regression analysis was conducted in two steps. In the first step, all the predictor variables of perceived stress were included in the model except the organizational support. In the second step, the organizational support was added to the previous model. In the first step, the participants' age, gender, marital status, educational level, department, experience, had significantly correlated with perceived stress in nurses, $F_{(6, 143)} = 3.4$, $p < 0.01$. Together, these variables accounted for 9 % of the variance in perceived stress.

However, only Participants' educational level was significantly correlated with perceived stress (B= 0.22, P= 0.008).

In the second step, the regression examining whether organizational support was significantly correlated with perceived stress among nurses, after controlling participants' age, gender, marital status, educational level, department, and experience was found to be significant, $F_{(7, 142)} = 5.01$, $p < 0.001$. The organizational support added 16% additional variance above and beyond the 9% accounted for by all other predictors. In this model, only the age of participants and the perceived organizational support had a significant contribution to the model (for age, B= 0.28, P= 0.01; for perceived organizational support, B = 0.30, P< 0.001).

Table 4.

	b	SE (b)	Beta	Sig.	R square change
Step 1					0.09**
(Constant)	22.601	3.173		.000	
Participants' age	1.610	.999	.181	.109	
Participants' gender	-.698-	.736	-.079-	.345	
Participants' marital status	-1.404-	.889	-.161-	.117	
Participants' educational level	2.654	.982	.217**	.008	
Department	.200	.736	.023	.786	
Participants' experience	-.876-	.801	-.098-	.276	
Step 2					0.16***
(Constant)	33.002	4.199		.000	
Participants' age	2.470	.989	.278*	.014	
Participants' gender	-.915-	.710	-.103-	.200	
Participants' marital status	-1.011-	.861	-.116-	.242	
Participants' educational level	1.830	.970	.149	.061	
Department	-.102-	.712	-.011-	.887	
Participants' experience	-1.083-	.772	-.122-	.163	
Organizational support	-.100-	.028	-.296-***	.000	

* indicates that P < 0.05
** indicates that P < 0.01
***indicates that P < 0.001.

4. Discussion

The purpose of this study was to explore the relationship between nurses' job stress and organizational support controlling for the nurses' characteristics. The results indicated that there was a negative relationship between nurses' job stress and organizational support. Overall, nurses in the current study reported very high levels of perceived stress and relatively poor level of organizational support. Unsurprisingly, nursing is considered one of the high-pressure fields and reporting a high level of stress among nurses is expected [1]. Although perceived organizational support can vary significantly within employees working in the same organization [5], the results of the current study reported consistently poor perceived organizational support. This indicates that most of nurses in the current study consistently receive poor organizational support.

It is noteworthy to mention that younger, male, married, and highly educated nurses reported relatively high levels of perceived stress. Regarding the staff characteristics, the results of the current study were consistent with the study of Purcell, Kutash, and Cobb [17] who found a negative correlation between perceived stress and age of the nurse, as younger nurses had more nursing stress than did the older nurses. Unsurprisingly, younger nurses have different perspective regarding job satisfaction, career commitment, and emotional exhaustion than nurses in older generations [6]. Male nurse and married nurses might have more responsibilities outside working, which could increase their stress. Moreover, the well-educated nurses might feel dissatisfied due to the little recognition they receive which is inconsistent with their expectations.

The results of the current study highlighted the importance of organizational support to reduce stress in nurses. Although sample characteristics were associated with the levels of perceived stress, organizational support was the strongest correlate of perceived stress. Poor organizational support was associated with high perceived stress regardless of all sample characteristics. The same outcomes were reported by Rodwell and Demir (2012) who found that good workplace relationships and organizational support have positive impact on nurses' stress. Furthermore, Sørgaard, Ryan, Hill and Dawson [22] indicated that nurses reported high stress levels as a result of lacking of organizational support. Another study conducted in Saudi Arabia suggested that organizational support might decrease the negative consequences of job stress on nurses' performance [2]. Stress is not the only outcome of poor organizational support, previous research suggested that perceived organizational support increases work satisfaction and job performance [9]. A supportive

organization makes nurses feel good, and this in turn, enhances their psychological well-being, decreases their stress, and enhances the relationship between the nurse and the health care institution.

4.1. Limitations

As the study was conducted in only one hospital setting; generalization of study results was limited to the study sample.

5. Conclusions and Recommendations

The current study concluded that young, male, married, and highly educated nurses reported relatively very high levels of perceived stress. The study sample perceived relatively poor organizational support. There is a negative relationship between stress level and organizational support among nurses in the current study.

The current study recommends that nurses need an in-service stress reduction program such as: relaxation techniques, breathing exercises, or music therapy. High psychological stress is usually manifested by increasing heart rate, blood pressure, increasing in waist to hip ratio, increasing blood pressure, and suppressing immune function [20]. These are all important risk factors for cardiovascular disease and may negatively affect performance of nurses and quality of care provided for patients. Therefore, there is a need for developing specific practices to enhance organizational support for Jordanian nurses in particular. Hospitals should develop a policy that grantee nurses' support to increase their satisfaction at work and to decrease nurses' job stressors. Furthermore, quasi-experimental research designs are needed in the future to develop stress management programs that help nurses to cope with their job stressors.

References

[1] AbuAlRub, R.F. (2004). Job stress, job performance, and social support among hospital nurses. *Journal of Nursing Scholarship, 36* (1), 73-78.

[2] Al-Homayan, A. M., Shamsudin, F. M., Subramaniam, C., & Islam, R. (2013). The moderating effects of organizational support on the relationship between job stress and nurses' performance in public sector hospitals in Saudi Arabia. *Advances in Environmental Biology*, 2606-2618.

[3] Al-homayan, A., Shamsudin, F., Subramaniam, C. & Islam, R. (2013). Effects of job stress and organizational support on the relationship between job demand resources and nurse's job performance in Saudi public hospitals. *Australian journal of basic and Applied Sciences*, 7(10), 7-19.

[4] Azzizollah, A., Zaman, A., Khaled, O., & Razieh, J. (2013). The relationship between Job stress and performance among the hospitals nurses. *World of sciences journal*, ISSN 2307-3071.

[5] Bashshur, M.R., Herna´ndez, A., and Gonza´lez-Roma´, V. (2011), 'When Managers and Their Teams Disagree: A Longitudinal Look at the Consequences of Differences in Perceptions of Organizational Support,' *Journal of Applied Psychology, 96*, 558-573.

[6] Blythe J., Baumann A., Zeytinoglu I.U. et al. (2008). Nursing generations in the contemporary workplace. *Public Personnel Management 37* (2), 137-159.

[7] Cohen, S., Kamarck, T., and Mermelstein, R. (1983). Aglobal measure of perceived stress. *Journal of Health and Social Behavior, 24,* 386-396.

[8] Drem, R., kubicek, B., Diestel, S., Korunka, C. (2016). Regulatory job stressors and their within-person relationships with ego depletion: The roles of state anxiety, self-control efforts, and job autonomy. *Journal of Vocational Behavior*,92, 22-32.

[9] Eisenberger R. &Stinglhamber F. (2011). *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees.* American Psychological Association Books, Washington.

[10] Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986).Perceived organizational support. *Journal of Applied Psychology, 71*, 500-507.

[11] Engagement" (2015). *Electronic Thesis and Dissertation Repository.* Paper 2967. Moustaka, E. & Constantinidis, T. (2015, April.28). Sources and effects of work-related stress in nursing. Health Science Journal.n.pag.

[12] Hamaideh et al, 2008. Jordanian nurses' job stressors and social support. *International Nursing Review 55*, 40-47.

[13] Higazee, M. Z. A. (2015). Types and Levels of Conflicts Experienced by Nurses in the Hospital Settings. *Health Science Journal*, 9 (6), 1-7.

[14] Izaquierdo, M., Risquez, M. (2012). The relationship between psychosocial job stress and burnout in emergency departments: An exploratory study. *Nursing Outlook*, *60*(3), 322-329.

[15] Peterson, A. (2015). *Organizational Support and Job Satisfaction of Frontline Clinical Managers: The Mediating Role of Work Engagement* (Doctoral dissertation, The University of Western Ontario).

[16] Polit, D. F., & Beck, C. T. (2013). *Essentials of nursing research: Appraising evidence for nursing practice*. Lippincott Williams & Wilkins.

[17] Purcell, S. R., Kutash, M., & Cobb, S. (2011). The relationship between nurses' stress and nurse staffing factors in a hospital setting. *Journal of Nursing Management*, *19*(6), 714-720.

[18] Rayan, A., Qurneh, A., Elayyan, R., & Baker, O. (2016). Developing a policy for workplace violence against nurses and health care professionals in Jordan: A plan of action. *American Journal of Public Health Research*, *4*(2), 47-55.

[19] Rodrigues, V., & Ferreira, A,. 2011. Stressors in nurses working in intensive care unit. *Revistalation-Americana de Enfermagem, 19*(4), 1025-1033.

[20] Sapolsky, R. M. (2004), Why zebras don't get ulcers (3rd ed.). New York: Henry Holt.

[21] 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.

[22] Sørgaard, K. W., Ryan, P., Hill, R., & Dawson, I. (2007). Sources of stress and burnout in acute psychiatric care: inpatient vs. community staff. *Social Psychiatry and Psychiatric Epidemiology, 42*(10), 794-802.