

Effect of Job Stress and Burnout on Staff Nurses' Performance at Al Dawadmi Hospital in the Kingdom of Saudi Arabia



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ABSTRACT

Background: The incidence of job stress among nurses has spread worldwide and is observed in multiple cultures. It frequently causes nurses to feel unsatisfied with their work, which increases missing work, intentions to quit the organization, staff turnover, stress, and the lack of nurses. **Method:** The study used a descriptive correlational design. Al Dawadmi General Hospital departments. **Subject:** A convenience sample 120 nurses was included at the time of data collection were included in the study. Three tools included in the study namely; The New Job Stress Scale, Maslach Burnout Inventory, and Nurses' Job Performance Six-Dimensional Scale. **Results:** 94% of studied nurses have a moderate level of job stress, 52.5% of the studied nurses don't perceive burnout, 54% of the studied nurses had a good level of total job performance. **Conclusion:** The majority of studied nurses have a moderate level of job stress, more than half of the studied nurses not perceive burnout, and more than half of the studied nurses had a good level of total job performance. There was no statistically significant correlation between total level of staff nurses perception of job stress and burnout and their job performance level. **Recommendations:** Encouraging a culture of open communication concerns can be freely expressed without fear of retribution, implementing time management skills can aid in balancing work responsibilities and personal life and ensuring that staffing levels are sufficient to meet patient needs

Keywords: Burnout, Job stress, Staff Nurses, Performance.

Introduction

Nursing as a very complex and stressful profession exposes nurses to a variety of circumstances that might affect their mental and physical health. A nurse's job involves a condensed curriculum, a complicated power structure, human health responsibilities, dealing with complex technology, and seeing the deaths of people. (Moyo, 2022).

Workplace stress is often recognized to "awareness or feeling of dysfunction as a result of perceived conditions or happenings in the work setting" (Hennekam, Richard, & Grima, 2020.) Another way to describe job stress is as an interaction between the environment of the workplace and the nurses, which alters the person's psychological and physical state and impairs their ability to function normally (Pragholapati, Yosef & Soemantri, 2020).

Four key categories were identified as the primary sources of stress experienced by nurses. The primary categories of job stress are organizational aspects, behavioral factors, social and demographic variables, and job-related variables (Al Maqbali, Al Sinani, and Al-Lenjawi, 2021).

The indicators of stress have been divided into many types. Individual and organizational symptoms were the two categories used to categorize stress symptoms. According to this classification, high turnover and increased absenteeism are organizational signs of stress, whereas individual indicators of stress include elevated blood pressure, feeling depressed, having headaches, and drowsiness (Tran et al., 2020).

Three major categories might be used to categorize the impacts of stress: effects on the person, effects on the organization, and effects on society. Individual impacts are directly tied to an individual's health, whereas social consequences are felt by the stressed individual's family and colleagues. The influence on organizations can also have an impact on productivity (Verma & Mishra, 2020)

Workplace stress has the potential to negatively impact job satisfaction and lead to burnout, which can then negatively impact job performance and satisfaction. Studying the relationship between occupational stress and burnout as well as performance is therefore crucial. Burnout is brought on by extended exposure to

stress, anger, chest aches, and drunkenness, according to a new research on nurses. Organizational stress signs include high turnover and increasing absenteeism (Yang, et al., 2022).

The term 'burnout' is defined as 'a sustained response to the chronic job stress comprising of three components: the experience of being emotionally exhausted (emotional exhaustion), negative feelings and attitudes towards the recipients of the service (depersonalization) and feelings of low accomplishment and professional failure (lack of personal accomplishment)' (Edú-Valsania, Lagua & Moriano, 2022).

Burnout among nurses may negatively affect all staff at a hospital. Burnout may be detrimental for collaborative engagement as it has a negative effect on workplace results. Thus, challenging interactions at work and an uncomfortable working environment may result from nursing burnout (Wu et al., 2020).

A nurse's performance will be affected by the workload or responsibility nurses feel especially burdened with. Burnout can also increase the risk of psychological damage. Nurses who experience burnout also exhibit decreased job satisfaction, increased rates of absences, higher risk of medical errors, and lesser dedication to their jobs (Zhang et al., 2021).

According to Supri, Rachmawaty, & Syahrul (2019), a nurse's performance is considered to be when they carry out an activity, accomplish a goal, or complete a task assigned to them. Giving patient care based on the professionalism of the nurses and all other relevant procedures and activities.

Performance is a multi-dimensional concept; task and contextual performance. Task performance is defined as "behaviors that contribute directly to the organization's technical core and includes those activities that are typically recognized as part of a nurse's job". Contextual performance refers to "those behaviors that maintain the broader social environment in which the technical core must function". It has other alternatives that help the hospital run smoothly. Task performance are characteristics, which should be discovered through job analysis (Yousaf, Shaukat & Umrani, 2021).

Patient safety is considered to be the most important component of healthcare. It is a global issue affecting countries at all levels of development (Chin, 2021). The nuclear installation safety advisory group created the description of a safety culture that is currently most commonly

utilized. An organization's loyalty to safety and health management, as well as its style and level of expertise in this area, are defined by the individual and group beliefs, attitudes, perceptions, abilities, and behavioral patterns that make up its safety culture (Duryan, Smyth, Roberts, Rowlinson, & Sherratt, 2020).

Cognitive, physical, and organizational aspects all affecting nursing performance. A heavy workload, a shortage of technology support, certain skills and competencies (such as problem-solving abilities and information technology capabilities), confidence in communication, commitment, a positive work environment, strain in the workplace, and motivation can all have a big impact on how well nurses perform. Interestingly, the majority of these elements fall under the umbrella of leadership management, which concentrates on resolving issues impacting nurses and offering assistance and training (Cummings et al., 2021).

Stressed-out nurses are more likely to be dissatisfied with their jobs, perform worse at work, respond negatively to patients they are responsible for, be absent more frequently, make more mistakes or accidents at work, be depressed, and engage in more disagreements with supervisors and coworkers (Wolfgang, 2020).

Significance of the Study

Job stress is becoming a prevalent, expensive, and widespread problem in the workplace, according to the World Health Organization. According to the American Institute of Stress, stress is a significant factor in 40% of workplace expenses and 80% of all work-related injuries (Babapour, Gahassab-Mozaffari & Fathnezhad-Kazemi, 2022). Nurses are important staff members who are held in high regard and acknowledged by everyone. It is unavoidable that nurses experience ongoing stress during the workday, which can lead to negative outcomes including workplace stress and even burnout. The negative effects of occupational stress and exhaustion on nurses' quality of life result in early retirement or absence, which lowers job satisfaction and increases mistakes, unsatisfactory care for patients, staff turnover, and poor performance (Jun, Ojemeni, Kalamani, Tong & Crecelius, 2021).

Aim of the Study

This study aims to determine the effect of job stress and burnout on staff nurses' performance at Al Dawadmi hospital in the Kingdom of Saudi Arabia.

Research Questions

1. What are staff nurses' levels of job stress, and burnout at Al Dawadmi hospital?
2. What is the level of performance of the staff nurses at Al Dawadmi hospital?
3. What is the relationship between job stress, burnout and staff nurses' performance at Al Dawadmi hospital?

Method**Design**

The study design used was a descriptive correlational design.

Setting

The study conducted at all the inpatient departments at Al Dawadmi General Hospital, which affiliated to ministry of health at Saudi Arabia. The hospital provides comprehensive range of health service at Al Dawadmi city and its neighboring villages at Riyadh region. The hospital had one main building includes different outpatient clinics and inpatient departments (intensive care unit, medical department (male & female), surgical department (male & female), pediatric department, emergency department, obstetric/gynecology department, dialysis unit).

Participants

A convenience sample of 120 nurses who meet the requirements of having at least one year of experience and who are in charge of patient care in the aforementioned units were included and asked to submit their opinions regarding the research variables.

Tools of Data Collection

The data of the present study was collected by using three tools namely; The New Job Stress Scale, Maslach Burnout Inventory– Human Services Survey (MBI-HSS), and Nurses' Job Performance Six-Dimensional Scale.

Tool (I): The New Job Stress Scale: This questionnaire consisted of two parts:

The first part: It included personal characteristics of the staff nurses as age, gender, educational qualification, years of experience, and unit of work.

The second part

The **New Job Stress Scale** was developed by (Shukla, & Srivastava, 2016). It aimed to assess job stress among staff nurses. It included 22 items. It was categorized under four dimensions: job stress scale (9 items), job expectation conflict (5 items), coworker support (4 items), and work-life balance (4 items).

Responses were assessed using five-point rating scale from [strongly disagree (1) to strongly agree (5)], except in coworker support that was obtained on a six- point likert scale ranging from [all the time (6) to never (1)].

Scoring System

Job stress maximum score was 45. A score of ≤ 15 33.3 indicated low levels of job stress, and score between $15 < 29.6$ 33.3- 66.6 were considered as moderate job stress, and the scores over 29.6 66.6 were of high-level job stress.

- Job expectation conflict maximum score was 25 , the score of < 8.30 indicated low level of job expectation, scores between of 8.30- 16.50 were considered as moderate levels of job expectation and a score over 16.50 was of a high-level of job expectation.
- Coworker support maximum score was 24. The score of < 8 indicated low level of coworker support, scores between of 8. -15.8 were considered as moderate levels of coworker support and a score over 15.8 was of a high-level of coworker support.
- Work-life balance maximum score was 20. The score of < 6.7 indicated low level of work-life balance, scores between of 6.7 < 13.1 were considered as moderate levels of work-life balance and a score ≤ 13.1 was of a high-level of work-life balance.

Tool II: Maslach Burnout Inventory– Human Services Survey (MBI-HSS):

It is adopted by **Maslach (1998)**. It had been used to measure the staff nurses' degree of burnout. There were twenty items in it. Three measures were examined: personal accomplishment (7 items), depersonalization (5 items), and emotional exhaustion (8 items). The ratings for the responses ranged from 0 (never) to 7 [6 (daily)].

Scoring system

Burnout can be categorized as low at 50% (less than 66), moderate at 50%-75% (66-99), or extreme at $> 75\%$ (more than 99). When it came to depersonalization, a score of < 6 or below suggested mild levels of burnout, a score of 7 to 12 showed moderate burnout, and a score of greater than 13 indicated significant levels of burnout. Finally, a personal accomplishment score of less than 31 suggested high burnout, a score of 38 to 32 showed moderate burnout, and a score of greater than 39 indicated mild burnout.

Tool III: Nurses' Job Performance Evaluation Observation Checklist:

It was developed by Kahya & Oral, (2018). It aimed to assess the staff nurses' job performance, and was adopted by the researcher. It consists of eight dimensions: contextual (11) items, professional skill (4 items), clinical skill (6 items), interpersonal communication (3 items), problem solving (3 items), professional ethic (3 items), teamwork (4 items), and leadership (4 items).

Scoring system

Items of the checklist were assessed according to the scale; always (3), sometimes (2), and never (1). The total score was given according to the performance of the staff nurses at a cut-off point (0.66) (Shlash, & Mohammed, 2022)

- Good: if the mean of score 2.34 and more.
- Fair: if the mean of score 1.67-2.33
- Poor: if the mean of score 1-1.66.

Reliability

Reliability of the data collection tools were tested via Cronbach's alpha test which revealed that $r = 0.83$ for the new job stress scale (tool I, part II), $r = 0.70$ for maslach burnout inventory– human services survey (tool II), but for nurses' job performance evaluation (observation checklist) (tool III), reliability analysis was 0.90 .

Validity

Five experts reviewed the tools after they had been translated into Arabic and evaluated for content validity. Five experts in the field of nursing administration from Mansoura University's Faculty of Nursing reviewed the tools for comprehensiveness, comprehension, relevance, and ease of use. Based on their feedback, changes were made to the instruments.

Pilot Study

In order to test the questions' simplicity, feasibility, and relevance and to identify potential obstacles and problems during data collection, a pilot study involving 12 staff nurses, or 10% of the total study subjects, was conducted. This helped the investigator make necessary modifications to the data collection tools. The main research sample did not include any of the pilot study participants. The appropriate adjustments were made in light of the pilot study's findings.

Fieldwork

Al Dawadmi General Hospital was utilized as the setting of data collection. The real fieldwork began in August 2023 and ran until January 2024. Every day, the researcher visited with staff nurses throughout their three distinct shifts—morning, afternoon, and night—and gave each participant a questionnaire at the conclusion of their shift. The researcher gave instructions on how to complete the tools and the goal of the study. Each staff nurse received a copy from the researcher, to fill it out. Also, gave 20 minutes to fill the questionnaire sheet, to ensure that all questions were addressed, the staff nurses completed the questionnaire sheet while the researcher was present. Observation checklist which utilized to assess nurses performance . Observation checklist done by the researcher and with assistance of unit managers at Al Dawadmi General Hospital through observing staff nurse individually at different days in morning ,afternoon and night shifts . Researcher observed every nurse one time and data being collected every days/week .

Ethical Considerations

Mansoura University Faculty of Nursing's Research Ethical Committee gave ethical permission. I got official approval from the Al Dawadmi Hospital's competent administrator to perform the study. Staff nurses who agreed to participate in the study after being informed about its purpose and nature provided their informed permission. Every participant was made aware of the study's voluntary nature and their freedom to withdraw from involvement at any moment. At every stage of the study, participants received guarantees about the privacy of the study sample and the confidentiality of the data that was gathered.

Data Collection:

Once official permission was obtained by using the proper channel of communication from the director of Al Dawadmi Hospital, the questionnaire sheet was distributed to nurses. The aim of the study and how to fill out the questionnaire sheets was explained by the researcher. It took 20:30 minutes to be completed, returning the questionnaires act as an indicator of acceptance of nurses to participate in the study, and nurses have had the right to withdraw at any time during the study.

Data Analysis

Using SPSS software (Statistical Package for the Social Sciences, version 22, SPSS Inc. Chicago, IL, USA), the gathered data were arranged, tabulated, and statistically examined. The range, mean, and standard deviation were computed for quantitative data. The Chi-square test was used to compare two groups and more for qualitative data, which characterize a categorical collection of data by frequency, percentage, or proportion of each category. For the purpose of interpreting the results of tests of significance, significance was defined as $p < 0.05$.

Results

Table 1 illustrates personal characteristics of the studied nurses. This table showed that the same percentage (49.2%) aged 20 > 30 years old and aged 30 > 40 years old with mean (29.58±3.90). More than half 57.5% of them were males and 42.5% of them were females. Regarding educational qualification, two third of them (65.8%) of the studied nurses had bachelor degree of nursing and (49.2%) of them had 5 > 10 years of experiences with mean score 5.48(3.51). Regarding department, (18.3%) of the studied staff nurses working at ICU followed by (17.5%), (15.8%) of them working at pediatric department.

Table 2 illustrates distribution of total levels of the new job stress dimensions as perceived by staff. The table revealed that that majority of studied nurses (80%) have a moderate level of job stress dimension followed by role expectation conflict (76.7%), and work-life balance dimensions (65%) respectively. Most of them (94.2%) have a moderate level of total new job stress.

Figure 1 Shows total level of perception of the job stress. According to this figure most of studied nurses (94.2%) have a moderate level of total job stress.

Table 3 illustrates distribution of total level of burnout dimensions as perceived by staff nurses at Al Dawadmi hospital in the Kingdom of Saudi Arabia. They showed that (53.4%) of the studied nurses had low level of personal accomplishment dimension of burnout followed by (47.5%) of them had low level of both emotional exhaustion and depersonalization dimensions.

Figure 2 illustrates distribution of total level of burnout as perceived by staff nurses at Al Dawadmi hospital in the Kingdom of Saudi Arabia. They showed that more than half (52.5%) of the studied nurses do not perceive burnout.

Table 4 illustrates distribution of total level of job performance dimensions as perceived by staff nurses at Al Dawadmi hospital in the Kingdom of Saudi Arabia. They showed that approximately half of studied nurses had a good level of all dimensions of job performance, (48.3%) of them except fair clinical skills and more than half of them (54.2%) had a good level of total job performance.

Figure 3 illustrates total level of job performance as perceived by staff nurses at Al Dawadmi hospital in the Kingdom of Saudi Arabia. This figure showed that (54%) of studied nurses had good level of total performance and (43%) of them had fair level of performance.

Table 5 Illustrates correlation between total level of staff nurses' perception of job stress and burnout and their job performance level at Al Dawadmi hospital in the Kingdom of Saudi Arabia. This table showed that there is no statistically significant correlation between total level of staff nurses' perception of job stress and burnout and their job performance level.

Table 1 Personal Characteristics of the Studied Staff Nurses' at Al Dawadmi Hospital in the Kingdom of Saudi Arabia (n=120)

Items	Staff nurse	
	n	%
Age		
20 < 30	59	49.2
30 < 40	59	49.2
≥40	2	1.6
Mean (SD)	29.58±3.90	
Sex		
Male	69	57.5
Female	51	42.5
Educational level		
Diploma of secondary nursing school	7	5.8
Technical institute of nursing	31	25.8
Bachelor degree	79	65.8
Master degree	3	2.6
Years of work experience		
0 < 5	47	39.2
5 <10	59	49.2
10-<15	9	7.4
≥15	5	4.2
Mean(SD)	5.48±3.51	
Department		
ICU	22	18.3
Medical	14	11.7
Surgical	21	17.5
Pediatric	19	15.8
Emergency	17	14.2
Obstetric	11	9.2
Dialysis	16	13.3

Table 2 Levels of the New Job Stress Dimensions as Perceived by Studied Staff Nurses at Al Dawadmi Hospital (n=120)

Job stress dimensions	Staff nurses					
	Low		Moderate		high	
	n	%	n	%	n	%
Job stress	16	13.3	96	80	8	6.7
Role expectation conflict	13	10.8	92	76.7	15	12.5
Coworker support	1	0.8	48	40	71	59.2
Work-life balance	15	12.5	78	65	27	22.5
Total job stress	00	00	113	94.2	7	5.8

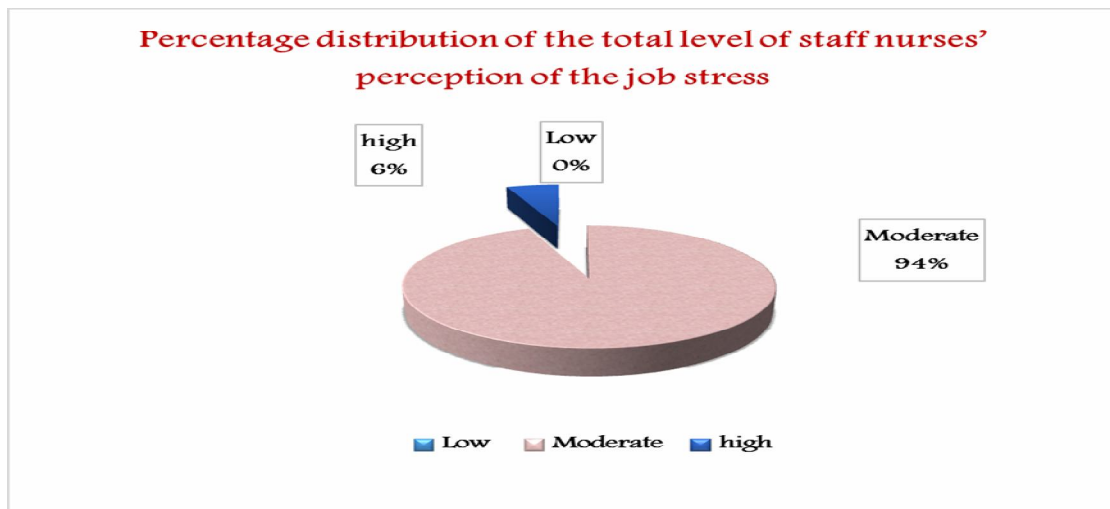


Figure 1 Levels of the Job Stress as Perceived by Studied staff Nurses at Al Dawadmi Hospital (n=120)

Table (3): Distribution of Total Level of Burnout Dimensions as Perceived by Staff Nurses at Al Dawadmi hospital in the Kingdom of Saudi Arabia (n=120)

Burnout dimensions	Staff Nurses					
	Low		Moderate		High	
	n	%	n	%	n	%
Emotional exhaustion	57	47.5	24	20	39	32.5
Depersonalization	57	47.5	36	30	27	22.5
Personal accomplishment	64	53.4	16	13.3	40	33.3

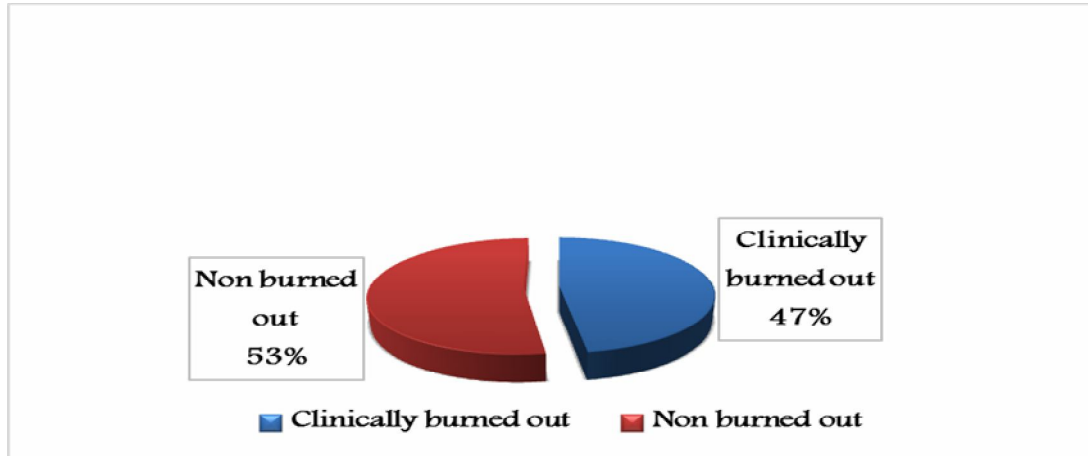


Figure 2 Total Levels of the Burnout as Perceived by Studied Staff nurses at Al Dawadmi Hospital (n=120)

Table 4 Total Level of Job Performance Dimensions as Perceived by Studied Staff Nurses at Al Dawadmi Hospital ($n=120$)

Job performance dimensions	Staff nurses					
	Poor		Fair		Good	
	n	%	n	%	n	%
Contextual	8	6.7	51	42.5	61	50.8
Professional skills	8	6.7	51	42.5	61	50.8
Clinical skills	5	4.2	58	48.3	57	47.5
Interpersonal communication	9	7.5	50	41.7	61	50.8
Problem solving	10	8.3	49	40.8	61	50.8
Professional ethics	7	5.8	53	44.2	60	50
Teamwork	8	6.7	52	43.3	60	50
Leadership	7	5.8	51	42.5	62	51.7
Total Job performance	4	3.3	51	42.5	65	54.2

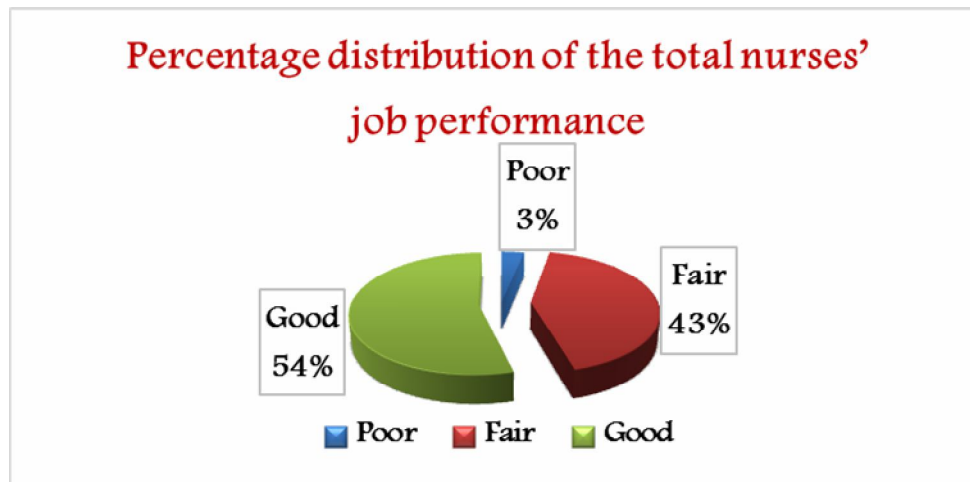


Figure 3 Total Level of Job Performance as Perceived by Studied Staff Nurses at Al Dawadmi Hospital ($n=120$)

Table (5) Correlation Between Total level of Staff Nurses' Perception of job Stress and Burnout and Their Job performance level at Al Dawadmi Hospital in the Kingdom of Saudi Arabia.

Items	<i>r</i>	<i>P-value</i>
Job stress - job performance	0.035	0.707
Job stress - burnout	0.212*	0.013
Burnout - their job performance	0.180*	0.049

** A highly statistically significant difference ($P \leq 0.001$)

Discussion

Nursing care is commonly linked to stress and burnout. Stressful events arise in the everyday work environment for nurses. Burnout and work-related stress may be the cause of poor performance in nurses. The sort of duties and obligations necessary in these kinds of professions, which have a detrimental impact on nursing work performance, are connected to the high levels of stress and burnout (Yıldız, 2023).

According to the current study, most of studied nurses aged 20 - 40 years old. More than half of them were males. Regarding educational qualification, two third of them of the studied nurses had bachelor degree of nursing and about half of them had 5 >10 years of experiences with. Regarding department less than one quarter of the studied staff nurses working at ICU . These results may due to, the proportion of men entering the nursing profession has been growing, intensive care units are high risk units deals with very critical and dangerous cases that require high level nursing care by staff nurse that more liable to work related stress.

This finding is in line with the findings of Ning et al. (2023), who reported that half of the nurses in the study were between the ages of 31 and 45, and thirty percent of them were primary healthcare providers aged between 18 and 30 years, . Less than half of the respondents had a bachelor's degree or above, and the majority of participants were married. Of the participants, around half had worked for less than ten years. In addition, Lv et al. (2023) noted that male comprised the majority of the sample under study.

Conversely, Mostafa, Mohamed, Mahmoud, & EL-Sayed's (2022) findings revealed that about two thirds of the nurses under study were female, over half were between the ages of 18 and 28, and fewer than half were married. Less than half of the nurses in the study had nursing institute education. In terms of years of experience, every nurse in the study had more than one year of experience. As well as, Ibrahim, Zakaria, & Abdel-Ghani (2023) concluded that most of studied staff nurses were female. The majority were married. More than half indicated a technical degree. Also one quarter of studied staff nurses worked at Neonatal intensive care unit.

The current results indicated that most of studied nurses have a moderate level of total job stress. These results could be linked to, nursing is a challenging profession, and nurses are more likely than other healthcare workers to encounter stress-inducing situations.

This results come on the same line with study of Morsi, & Ebraheem, (2020) who assessed work- related stressors and coping strategies and its relation to job performance and perceived organizational support among critical care nurses and revealed that most of nurses perceived moderate level of work-related stress. Adding to, Ibrahim, Zakaria, & Abdel-Ghani (2023) found that the majority of studied staff nurses had moderate level of perception toward work related stress.

The present findings concluded that more than half of the studied nurses had low level of personal accomplishment dimension of burnout followed by less than half of them had low level of both emotional exhaustion and depersonalization dimensions. These results may due to, nurses had high morale and work enthusiasm, full of empathy for patients, and being able to think from the perspective of patients with empathy, using effective coping strategies for burnout so the sense of theirs personal accomplishment was low.

Consistent with the findings of the present study, Guixia & Hui (2020) examined the variables that influenced nurses' burnout during COVID-19 and discovered that the prevalence of burnout was 81.6%, primarily moderate. Furthermore, Alotni & Elgazzar (2020) discovered that, among nurses under 40, almost two-thirds reported mild to moderate levels of burnout. Furthermore, the majority of them had modest levels of burnout and were not Saudi nationals. Furthermore, researchers Borges et al. (2021) discovered that nurses in Brazil and Spain who worked shifts and those who were older overall had reduced burnout rates. On disagreement with, Vasconcelos, Martino ,França (2018) the researchers found that a significant portion of nurses in Portugal, Spain, and Brazil had moderate to high degrees of burnout. Furthermore, a research by Ashifa (2020) revealed that the nurses in the study had extremely high levels of burnout. Furthermore, Abbas et al. (2019) found that almost two-thirds of research participants had a moderate level of burnout.

The current findings indicated that approximately half of studied nurses had a good level of all dimensions of job performance. These results may due to managerial support and supervision and training programs contribute to job performance levels. In addition, factors such as interdependence , team structure , and the presence of social support can affect job performance.

Consistent with this, **Safarpour et al. (2018)** found that nurses performed at a high level on the job. Additionally, **Mahmoud Elsaid & Kamel (2020)** noted that the majority of nurses had a work performance score that was good. The vast majority of nurses stated that they used ink to record their work, gathered both subjective as well as objective data, and implemented safety procedures. But they also found that the lowest percentage was maintaining current technologies and creating new solutions. Moreover, **Ahmed, El Sayed, Mohamed & Elsaed, (2023)** reported that about two thirds of nurses at Tanta University Emergency Hospital had a satisfactory overall score for job performance.

Furthermore, **Al Badi, , Farouk, & Al Nahyan, (2023)** revealed that nurses in the public healthcare system of the United Arab Emirates performed well because they don't let the pressures of their jobs hinder them from doing their jobs.

On the other hand, according to **Mohamed & Ghalab's** research at 2022, about 50% of staff nurses performed at a moderate level overall performance. Moreover, these result contradicted the findings of **Morsi & Ebraheem (2020)**, who found that over half of nurses had poor performance.

The current findings indicated that there was no statistically significant co relation between total level of staff nurses perception of job stress , burnout and their job performance level. This may be the result of the nurses' awareness that they work in high-risk departments and that any failure or defect in their job performance will negatively impact the lives of patients and expose them to accountability and punishment; as a result, they don't permit external factors like stress to interfere with or affect their work.

This was in accordance with results **Deng, et al., (2019)** who revealed that job stress was not considerably correlated with job performance for Chinese healthcare workers' at public service in his study about how job stress influences job performance among . In addition, it was matched with a Saudi Arabian research by **Qattan (2017)**, who looked at the impact of burnout and work-

related stress on nursing job satisfaction and performance. She found that there was very little relationship between work-related stress and job performance among nurses.

On disagreement with this study **Honarbakhsh, Ahmadiyazad & Pashangpour (2020)** who conducted a study to investigate job stress and working pressures and their effect on the job performance of personnel in educational hospitals of Larestan University of Medical Sciences and illustrated that these two variables had a strong inverse association, meaning that job performance declined as job stress increased .As well as, **Al-Mutairi et al. (2022)** reported that job stress had a negative impact on work performance as stress is noted to have a negative effect on the psychological, behavioral, and physiological status of individuals.

Conclusion:

According to the study's findings, the majority of the nurses under investigation experience moderate levels of overall work stress. In terms of burnout, almost half of the nurses surveyed did not experience burnout. Furthermore, around half of the nurses under study performed their jobs successfully. Additionally, there was no statistically significant relationship found at Al Dawadmi Hospital in the Kingdom of Saudi Arabia between the overall level of staff nurses' perceptions of job stress and burnout and their level of job performance. However, all aspects of job burnout and job performance showed a strong statistically significant association.

Based on the findings recommended to:

• For nursing managers:

- 1 Encouraging a culture of open communication concerns can be freely expressed without fear of retribution..
- 2 Ensuring that staffing levels are sufficient to meet patient needs effectively without overburdening individual nurses.
- 3 Implementing flexible scheduling and hiring temporary staff during peak periods can alleviate undue pressure.
- 4 Investing in continuous education and training programs that empower nurses with updated skills and knowledge, thereby enhancing their confidence and reducing anxiety related to professional competency.

• For staff nurses

- 1 Implementing time management skills can aid in balancing work responsibilities and personal life. Prioritizing tasks and delegating when possible can alleviate undue pressure.
- 2 Ensuring regular engagement in self-care activities such as exercise, meditation, adequate sleep, and proper nutrition. These practices contribute significantly to overall mental health.
- 3 Providing continuous professional growth through education and training not only boosts confidence but also equips nurses with advanced skills that can ease job demands.
- 4 Incorporating mindfulness exercises into daily routines can enhance focus and reduce anxiety by fostering a present-moment awareness

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