

Article

Comparative analysis of stressors on job performance of public and private health workers in Calabar, Nigeria

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This study investigated and compared the influence of stressor on the job performance of the health workers in the public and private sectors. The stressors investigated include interpersonal conflict, job security, poor remuneration, non-participation in decision-making, and inadequate skill acquisition. Five hypotheses were generated to serve as a guide to this study. A validated structured questionnaire was used to collect data from 400 subjects drawn from public and private health sectors. The data collected were analyzed using Pearson Product Moment Correlation Coefficient (r) and Fisher Z Statistics. The result of the study showed that interpersonal conflict, job insecurity and poor remuneration, did significantly influence the job performance of health workers in the public and private sectors, while non-participation in decision-making, and inadequate skill acquisition, were found not to have significant influence on the job performance of public and private sectors health workers. However, the degree of influence of job insecurity on the job performance of public health workers appeared much more pronounced than the private ones, while interpersonal conflicts affected the private health workers than the public ones. The following recommendations among others were proffered: Public awareness campaign on the deadly affect of stress on individuals health be carried out throughout the length and breadth of the state; Conflict management should become a part of training programme for people rising to managerial position; while employees should be taught stress coping techniques.

Key words: Comparative analysis, stressors, job, performance, public and private, health, workers, Nigeria.

INTRODUCTION

Studies by Selye (1974) and Luthans (1988), among other scholars revealed that stress weakens the human immune system. It thus paves the way for all sorts of diseases to invade the body of her victim with little or no resistance, depending on the severity of the stress. It is important to state that early identification of stress is important for employees at all level, especially in both the public and private health sectors work force. The Encyclopedia of Occupational Health and Safety reported the following as early warning sign of job stress viz: Head-ache, sleep disturbances, difficulty in concentrating, short temper, upset stomach, job dissatisfaction, and low morale (Geetzel et al., 1998). They further observed that stress can have the following impact on an employees' health: cardiovascular diseases, physiological disorder,

depression and burnout, work place injury, suicide, cancer, ulcer, and impaired immune function.

With stress lending her bid in the wreck of the human immune system, among others, it becomes extremely important for work organizations to seek way of effective management of human resources for maximum turn over, under the barest minimum stress. According to Denga and Ekpo (1994), when stress exceeds normal, job performance begins to decline and when it reaches a breaking point, performance may become zero. A person experiencing immense stress breaks down, and may become too sick to work further. Since stress inflicts a great deal of low productivity both quantitatively and qualitatively on organizations, it ought to be given a serious attention in contemporary work organizations.

As rightly observed by Luthans (1988), both public and private work organizations are increasingly becoming profit oriented now than ever. In the same vein, the costly impact of stress is increasingly becoming discernable to

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modern and contemporary societies. Most work organizations in both the public and private sectors are characterized by deplorable conditions, hostile environments, as well as poor working conditions. This has led to severe economic downturns and undue strain on the average employee. Mitchel (1985), Luthans (1988) and Stoner and Freeman (1989) noted that conditions that force employees to deviate from their normal functioning among others include the following: poor economic and financial condition, organizational policies, non-participation in decision making, conflict, poor working condition, job insecurity, changes within an organization, inadequate or lack of motivation, and poor skill acquisition. Job stress according to Siegrist (1996), can be regarded as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or need of the work, and can also lead to poor health and injury

Health caregivers are not exempted from this condition. The health organization is supposed to be the only haven for the ailing patient. It is expected to be a place where pains are assuaged and sufferings ameliorated. It should be a place where those whose souls and emotions have been battered by illness can get succor. It ought to be a place of reassurance for ailing patients whose hope of survival is sinking. The expectation of those who seek the attention of health caregivers (patients) is such that after they must have been taken care of by the hospital staff, they would definitely return home feeling better and fully recovered. This indicates that these health workers are expected to be at their best, exhibiting very high level of concentration, with minimal or no distractions and treating patients with careful attention. But on the contrary, findings from surveys carried out by the researchers such as Cole (1998) revealed that instead of getting better some patients have had their conditions aggravated or complicated. Some have suffered irreparable loss of limbs, eyes, and untimely death. Some had piece of dangerous items such as surgical blade left in their bodies after operation. Often times as a result of this unwholesome development, some private medical institutions according to Robbins (1999) have been closed down, many health care-givers have had their licenses withdrawn, and a lot of court cases instituted for redress on damages on patients' health. These unwholesome developments have often times been perceived to result from carelessness of health care givers, or an act of gross irresponsibility as it concerns the tenets of medical profession.

Stoner and Freeman (1989), as well as Mitchel (1985) did observe that stress could have serious consequence for both employees' health and job performance. Stress can cause depression, irritation, anxiety, fatigue, lowered self-esteem, and reduced job satisfaction, among others. It is obvious that these aforementioned conditions can never allow any employee to put up his best in terms of job performance; be expected to exhibit any meaningful level of concentration at work. However, there seems to be relatively better incentive for workers in private

establishments, even though some of them may appear to be too profit-making inclined. Does this tendency to make profit at all cost without recourse to the feelings of employees constitute a stress factor? This study is therefore conducted to investigate and compare the influence of the following stressors: interpersonal conflict, job insecurity, poor remuneration, non-participation in decision making, and poor skill acquisition on job performance of health workers in both public and private sectors.

METHODS AND PROCEDURES

The research design adopted for this study is the ex-post facto design. In this study, the causes of poor job performance among health workers in the public and private sectors will be determined by examining the responses of health workers on identified stressors on their performance.

The subjects of the study were drawn from among public and private sectors health workers. Health workers used for this study are those who have had formal training in any aspect of health care delivery, such as medical doctors, pharmacists, nurses, and laboratory scientists. Four hundred subjects drawn from 37 health institutions were studied. Since subjects involved health workers from public and private health sectors, stratified random sampling was utilized. The researchers also ensured that the different levels of health care institution (primary, secondary and tertiary) were adequately represented. A structured and validated questionnaire was used for data collection. The instrument contained two sections - A and B. Section A consisted of 7 items designed to gather the demographic data of the respondents. Section B contained 30 items designed to measure the influence of identified job related stressors on job performance of health workers in the public and private sectors. The reliability of the instrument was ascertained using the test-retest procedure. A reliability coefficient (r) of 0.88 was obtained. Pearson Product Moment Correlation Coefficient was used in the data analysis. Fishers z statistics was further employed to compare the coefficient value (r_s) of both sectors, to measure the level of significant difference between the groups of workers.

RESULT

The data collected were subjected to statistical analysis using Pearson Product Moment Correlation and Fishers z statistics. The statistical tools used stemmed from the fact that they were most appropriate statistics for such comparative study. Each hypothesis was tested and either accepted or rejected at 0.05 level of significance. The findings were discussed in relation to the hypotheses set for the study Table 1.

Interpersonal conflict and job performance

The figures obtained for r are 0.03 for public health workers and -0.18 for private health workers. This shows that interpersonal conflict as a stressor impacts much more on the job performance of private health workers than on the public health workers. The relationship is stronger for the private sector. Further computation using the Fishers Z statistics gave a t -value of 2.12. At this

Table 1. Pearson Product Moment Correlation and Fishers Z statistics of Interpersonal Conflict and job performance of public and private health workers (N = 400).

	Variables	$\Sigma X/\Sigma Y$	$\Sigma X^2/\Sigma Y^2$	ΣXY	r	Zr	SE	Z
Public	Interpersonal conflict (x)	2714	38236					
	Job performance (y)	2906	47804	39524	0.03	0.030	0.1	2.12*
Private	Interpersonal conflict (x)	3054	47162					
	Job performance (y)	3020	46962	45964	-0.18	0.182	0.1	

*p < 0.05 df, 398; critical t-value, 1.96.

Table 2. Pearson Product Moment Correlation and Fishers Z statistics of job insecurity and performance of health workers in the public and private sectors (N = 400).

	Variables	$\Sigma X/\Sigma Y$	$\Sigma X^2/\Sigma Y^2$	ΣXY	r	Zr	SE	Z
Public	Job insecurity (x)	2808	40528					
	Job performance (y)	2906	47804	41434	0.27	0.28	0.1	2.10*
Private	Job insecurity (x)	2858	42342					
	Job performance(y)	3020	46962	43252	0.07	0.070	0.1	

* p < 0.05 df, 398; critical t-value, 1.96.

Table 3. Pearson Product Moment Correlation and Fishers Z statistics of remuneration and job performance of public and private health workers (N = 400).

	Variables	$\Sigma X/\Sigma Y$	$\Sigma X^2/\Sigma Y^2$	ΣXY	r	Zr	SE	Z
Public	Remuneration (x)	2400	29344					
	Job performance (y)	2906	47804	35866	0.56	0.65	0.1	2.10*
Private	Remuneration (x)	2720	37908					
	Job performance (y)	3020	46962	41520	0.40	0.42	0.1	

*p < 0.05 df, 398; critical t-value, 1.96.

point the significance level was tested against the critical t-value of 1.96 at .05 level of significance. Since the calculated t-value (2.12) is greater than the critical t-value (1.96), the null hypothesis was rejected. Thus, the relationship between interpersonal conflict and job performance of health workers in the public and private sectors does significantly differ.

Insecurity and job performance

Based on the r figures obtained for public sectors (0.27) and private sector (0.07) as shown in Table 2, one can infer that Job insecurity affects the job performance of the public sector health workers more than the private sector. Thus the relationship is stronger for the public sector. For

the Fisher's Z statistics, since the calculated t-value (2.1) is greater than the critical t-value (1.96) at .05 level of significance, the null hypothesis was rejected. This therefore means that there is a significant difference in the relationship between job insecurity and job performance of public and private health workers.

Remuneration and job performance

The correlation coefficient result presented in Table 3 shows that r for public health workers was 0.57 while private health workers had 0.40. Based on this, one can conclude that the relationship between poor remuneration and job performance is stronger for public health workers Than private health workers. To compare the two rs, the

Table 4. Pearson Product Moment Correlation and Fishers Z statistics of Non-participation and job performance of health workers in public and private sectors (N = 400).

	Variables	$\Sigma X/\Sigma Y$	$\Sigma X^2/\Sigma Y^2$	ΣXY	r	Zr	SE	Z
Public	Nonparticipation in decision (x)	2278	27474	33556	0.16	0.161	0.1	1.01*
	Job performance (y)	2906	47804					
Private	Non participation in decision (x)	2598	50152	39504	0.06	0.060	0.1	
	Job performance (y)	3020	46962					

* p > 0.05 df, 398; critical t-value, 1.96.

Table 5. Pearson Product Moment Correlation and Fishers Z statistics of poor skill acquisition and job performance of public and private sector health workers (N = 400).

	Variables	$\Sigma X/\Sigma Y$	$\Sigma X^2/\Sigma Y^2$	ΣXY	r	Zr	SE	Z
Public	Poor skill acquisition (x)	2922	44322	42654	0.07	0.70	0.1	-0.81*
	Job performance(y)	2906	47804					
Private	Poor skill acquisition (x)	2858	41720	43274	0.15	0.151	0.1	
	Job performance (y)	3020	46962					

*p > .05 df, 398; critical t-value, 1.96.

were subjected to further treatments using Fishers Z statistics, and the calculated t-value of 2.1 was obtained. The calculated t-value (2.1) was compared with the critical value of 1.96, at .05 significance level. The calculated t-value being greater than critical t-value led to the rejection of the null hypothesis. Based on this result, it was concluded that there is a significant difference in the relationship between remuneration and job performance of public and private sectors health workers.

Participation in decision making and job performance

As shown in Table 4, the figures obtained for the coefficient correlation (r) are 0.16 and 0.06 for public and private sector health workers, respectively. The figure reveals that non-participation in decision-making affects the job performance of public health workers more than the private health workers. Thus, the relationship is more for public health workers. Further comparison of the two rs using Fishers Z statistics gave a t-value of 1.01. To test for the level of significance, the calculated t-value (1.01) was compared with the critical t-value (1.96) at .05 significant level. It was observed that the critical t-value is greater than the calculated t-value. Based on the result, the null hypothesis was retained. It therefore implies that the relationship between non-participation in decision-making and job performance of public and private health workers does not significantly differ.

Skill acquisition and job performance

As shown in Table 5, public sector health workers had 0.07 while private sector health workers had 0.15 on the correlation coefficient (r). On the basis of the result, poor skill acquisition is said to be loosely related to job performance of health workers in the public sector than their counterparts in the private sector. The Fishers Z distribution result was -0.81. This is far less than the critical value of 1.96 at .05 significant level. From this, we can uphold that the relationship between poor skill acquisition and job performance of health workers in the public and private sectors does not significantly differ.

DISCUSSION OF FINDINGS

Findings from the study based on the hypothesis one testing showed that there is a significant difference between interpersonal conflict and job performance of health workers in the public and private sectors. Findings from the study prove that the relationship between interpersonal conflict and job performance of health workers in the public and private sectors does significantly differ. This implies that interpersonal conflict affects significantly the job performance of health workers in the public and private sectors. The above assertion is in consonance with the submission of Hodge and Anthony (1991) among other scholars, that conflict which involves strain between

two or more people, especially when it is not properly managed, is capable of impeding any organization's attempt at effective goal accomplishment. According to Robbins (1999), it retards communication, reduces group cohesiveness, and subordination of group goals to the primacy of infighting between and among members. Conflict is said to be unproductive at least, and possibly even destructive (Cole, 1999). Since conflict cannot be avoided, means of managing conflict effectively should be the concern of management.

Furthermore, a close perusal showed that conflict impacts more on the job performance of private health workers than that of public health workers. According to the researchers, this implies that there may be effective management of public sector health organizations compared to the private sector. The private sector being profit oriented institution, would seek to maximize all available material and human resources for the advancement of the organization, often times to the detriment of her employee. This invariably would also affect conflict management. The researchers reasoned that, there may be well structured and laid down conditions of service and means of seeking redress by employees on any area of their dissatisfactions in the public sector, while these may not be found in the private sector. There is also hierarchical structure, well laid out in the public sector that help to define job scope and working conditions which is known to be sources of major conflict in most work organizations. The situation in the private sector may be a far cry from this. This the researchers suggested may also be the reason why interpersonal conflict influence the job performance of health workers in the private sector more than those of the public sector.

With reference to hypothesis two testing, the result of the study in Table 2 established that there is a significant difference in the relationship between job insecurity and job performance of health workers in the public and private sectors. This means that job insecurity is a factor which negatively influences job performance of health workers generally. From reviewed literatures, it is acknowledged that job insecurity is a serious social issue that causes a lot of unrest in work organizations since in the 1990s. Cascio (1992) observed that this has led to the formation of employees union, which is primarily concerned, with opposing such acts that threatens job security. Cumming (1993) opined that job insecurity might take the form of termination of an employee's appointment, or lay-off. Lay-off has been observed to have negative impact on other employee's morale (Denga and Ekpo, 1994). The resulting effect of layoff as observed by the researchers is that clients who believe in an employee who is laid off could be lost; morale of other employees may be lowered, among other resultant effects. These will in no small measure affect the job performance of the entire workforce and output of the organization as confirmed in this study. Comparing the *r* figures, it is observed that job insecurity threatens the public

sector more than the private sector. According to the researchers, this may imply that there is more subordination to organization goals in the private sector than in the public sector. Furthermore, the private health workers may in the nature of the setting/or administrative structure of the private sector not be able to oppose management's directives and decisions in a situation where their counterparts in the public sector would. This could owe to the fact that most private health organizations do not have a well-defined condition of service that those in the public sector can fall back to, when they perceive a breach in condition of service. Cascio (1992) posited that lay-offs are often intended to reduce cost of running an organization. It is the opinion of the researchers that the private sector may not have much to grapple with in this regard, since it directly plans and spends her resources. It may not hire labor that is not essentially needed. Since it is also profit oriented, there may not be redundancy resulting from over staffing, as is often the case in most public organization in the public sector. Furthermore, such private ventures may not want to lose staff due to the experience gained over years, since this will also boost the effectiveness and performance of the organization. In this case, staff is likely to quit voluntarily for pursuance of other personal interests, than being lay-off.

There was also found a significant difference in the relationship between remuneration and job performance of health workers in the public and private sectors. This assertion is confirmed by out-come of the test of hypothesis three. The implication is that poor remuneration is a stressor in both the public and private sectors. As observed by Cascio (1992), formation of employees union has become a serious social issue that is causing a lot of unrest in our work place and among workforce. In resent times health workers unions seem to be on the lead in industrial actions for wage increment or improved remuneration. Such strike actions have led to untold complications on the health condition of patients, and loss of lives. Another dimension as observed by Hodge and Anthony (1991) is that when an employee perceives that the possibility of releasing or dispensing benefits that accrue to him or her is low, the fact will lessen the potency of the employers reward, regardless of the size of the reward. They further stated that this situation to a great extent lowers workers morale, kills initiative, and causes a lot of unrest in the workplace. This as observed by the researchers may be the reason why poor remuneration appears to be affecting the job performance of public health workers more than that of their counterparts in the private sector (as the *r* figures in Tables indicates), despite the fact that the former earns a better pay. Thus it may be important to state here that, good understanding of conditions of service and timely implementation of such, as it accrues to employees is very important in the use of improved pay or promotion as a tool for employee's motivation.

Further findings of this study showed that, the relationship between non-participation in decision-making and

Job performance of health workers in the public and private sectors did not differ significantly. It means that non-participation in decision-making was not a factor that could have serious influence on job performance of health workers in both private and public sectors. The health sector is to a great extent specialized. This may be an important factor according to the researchers influencing consultations in decision-making in health institutions. Clemen (1991) opined that a good decision is one that gives the best outcome. He further stated that if the best outcome is desired, it must only come after careful consultation with those who have a role to play in execution of such decisions. In the light of this, it is the opinion of the researchers that, in decision making for decision-making in-stance, the nurse may have little or no meaningful contribution to make in a matter affecting the job of the laboratory scientists. The same may be the case between a physician and pharmacist whose duty is to dose and dispense drugs while the former diagnoses and prescribes. The researchers suggested that consultation might be among health workers on the same level and specialty. This is often noticed in cases where a specialist needs to make consultation on matters bordering the task at hand. This may be the reason why participation in decision-making may not be a factor seriously influencing the job performance of health workers generally. That notwithstanding, the public sector seems to be affected more (though insignificantly) compared to the private health sector workers. The researchers suggest that this may be due to the difference in the administrative structure of public sector, compared to that of the private sector. The administrative structure of the public work organization is more complex.

The result of the test of hypothesis five affirmed that the relationship between inadequate skill acquisition and job performance of health workers in the public and private sector does not differ significantly. This in other words may imply that health workers in both the public and private sectors are not poorly skilled. It could also mean that poor skill acquisition is not a stress factor, which affects seriously/significantly the job performance of health workers in both public and private sectors. Mitchel (1985) noted that most workers receive salary or some sort of time based pay. And since the amount they earn is mostly dependent on the amount of time they work, money was not tied to performance. The pay structure of most work organizations in Nigeria including the health sector uses the time based pay system. This time based system the researchers reasoned might not lay serious emphasis on skill acquisition, which may be the reason behind the insignificant relationship between skill acquisition and job performance of health workers generally. Secondly, due to the unreliable nature of present day work organizations as observed by Burnes (1993), employees seems to be focused on developing themselves in a particular skill to enhance their chances of survival. Thus, pursuing their chosen course even at the expense of organizations

goals. Comparing the two r figures, it was observed that inadequate skill acquisition affects the job performance of private sector health workers more than the public sector, since the r figures compared, showed the tendency of poor skill acquisition to affect job performance of private sector health workers. The researchers suggest that the private sector in terms of facilities and equipment used do not have much that could help her employees develop skills already acquired.

Recommendations

Based on the research findings the following recommendations are proffered:

- i. Awareness on the deadly impact of stress on individual's health and job performance should be carried out through public lecture campaigns.
- ii. Conflict management should become a part of training programme especially for people using to managerial positions, especially in the public sector.
- iii. The government should enact policies that can protect workers generally, and health workers in particular from the menace of job insecurity, which seems to characterize modern day work organizations.
- iv. Employees in both public and private sectors should be taught stress coping techniques.
- v. Management of both public and private sector work organizations, especially those saddles with health care delivery services, should consciously seek out ways to reduce stress to the barest minimum within their work organizations. This will boost their job performance and minimize the risk patients are exposed to under a tensed atmosphere.
- vi. Generally, employers should also seek out the kind of needs employees bring into work organizations. This will help employers in understanding the needs of employees, thus promoting mutual relationship. Employees can also decipher whether the need of such employees is in consonance with the organizations goals. This may help reduce conflict that causes tension in work organizations.

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