Journal of Pharmaceutical Research International

Volume 35, Issue 30, Page 1-13, 2023; Article no.JPRI.109394
ISSN: 2456-9119
(Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

The Relationship between Nursing Burnout and Job Performance in Eradah Complex: A Cross-Sectional Study

Mahdi Hussain Al Ghubari [a*], Mazen Ali Al Faqeeh [a], Khalf Falah Alsulami [a], Fahad Falah Alsulami [a], Awad Falah Alsulami [a], Rashed Shakeer Alzahrani [b] and Ali Thabet Alawi [c]

[a] Eradah and Mental Health Complex, Saudi Arabia.
[b] Al-Azizia Hospital, Saudi Arabia.
[c] Crisis and Disaster Management, Saudi Arabia.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2023/v35i307456

Open Peer Review History:
This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/109394

Original Research Article

Received: 08/11/2023
Accepted: 14/11/2023
Published: 17/11/2023

ABSTRACT

Aims: This study aims to examine the relationship between job burnout and practical performance among nursing staff in the Eradah Complex in Jeddah Region.
Study Design: A cross-sectional study design.
Place and Duration of Study: Registered nurses for this research were randomly selected, and the data were collected for one year, starting from August 2022 till July 2023.

**Corresponding author: E-mail: Mahdiha2@Moh.Gov.Sa;*

Methodology: Data in this study were collected through the administration of the Maslach Burnout Inventory (MBI) as a standard inventory tool which was used to measure job burnout. as well as self-report questionnaire was used to measure practical performance. Questionnaires developed through MBI scale and self report survey forms were distributed among the participants to collect the data. Data reliability and statistical analyses using appropriate tests were done using the SPSS version 25.0 program.

Results: This study involved 219 registered nurses as participants from different age groups with a mean age of 37.23±11.23 years old and a predominantly male gender (72%); in this study, these study results showed that there was a significant difference between factors affecting nurses' job performance and feeling stressed and their monthly income (P-value 0.027), while there was no significant difference between age, gender, marital status, education level, job title, and experience years and actors affecting nurses' job performance and feeling stressed.

Conclusion: The existing evidence indicates that occupational fatigue might detrimentally affect practical performance. Job burnout can have a detrimental effect on practical performance as it can result in a decline in motivation and focus. A further manner in which job burnout can influence practical performance is through the manifestation of emotional tiredness. Nurses who are encountering job burnout may experience emotional exhaustion and a sense of being overwhelmed. This phenomenon has the potential to result in insufficiencies in personnel, hence exacerbating job burnout and diminishing practical performance.

Keywords: Burnout; exhausing; nurses job performance; Saudi Arabia.

1. INTRODUCTION

The World Health Organization (WHO) has recently classified burnout as a "occupational phenomenon" in the 11th revision of the International Classification of Diseases (ICD-11), thereby acknowledging burnout as a significant health concern. Within the healthcare profession, nurses are recognized as experiencing the highest prevalence of burnout symptoms. This phenomenon has significant implications for patients, as well as other healthcare professionals and organizations within the healthcare sector [1]. In Saudi Arabia, nurses represent the most significant category of regulated healthcare providers, accounting for more than 33% of the overall healthcare workforce [2]. Nevertheless, in light of the progressively advancing age of the labour force, it is imperative to emphasize the implementation of optimal working conditions that effectively foster the retention of individuals embarking on a career in nursing. Ensuring the long-term viability of the nursing workforce is crucial [3]. The establishment of conducive workplace settings that enable individuals to optimize their work performance has garnered significant recognition as a strategy to enhance employee well-being and foster staff retention. Burnout is a phenomenon characterized by emotional exhaustion, depersonalization, and reduced productivity experienced by individuals in the workplace [4]. The prevalence of stress among nurses can be attributed to the demanding nature of their profession, the extensive working hours they endure, and the complexities associated with managing the personalities of patients and their families. Job burnout can have a detrimental effect on the physical and mental well-being of nurses, as well as their productivity [5]. Burnout within the nursing profession has been found to be correlated with a heightened prevalence of fatigue, headaches, and various other health complications. Additionally, they exhibit a propensity for experiencing elevated levels of anxiety, despair, and irritability. Additionally, there is a correlation between occupational weariness and decreased productivity, increased occurrence of medical errors, and elevated rates of employee turnover (Labrague et al., 2021); [6,7]. The deleterious impact of mental health difficulties on nurses is evident since they have the potential to compromise the quality of care provided to patients. The adverse effects of burnout on the job performance of nurses and the safety of patients are of significant concern. Nurses experiencing mental and physical exhaustion are at an increased risk of committing errors in patient care, which may lead to significant ramifications [8,9]. The aspects being taken into account encompass nursing administration and leadership, the degree of autonomy afforded to nurses, staffing levels, opportunities for career progression [10], the implementation of care models, and professional growth through educational initiatives. Hospitals possessing the aforementioned characteristics are often recognized as Magnet Hospitals,

renowned for fostering a favourable and productive work environment9. In addition, the work environment within healthcare organizations, where nurses provide their services, encompasses various factors that contribute to the quality of healthcare, patient safety, and the well-being of both patients and healthcare professionals. This encompasses strategies implemented to prevent the occurrence of burnout syndrome [11]. There is a lack of clarity about the nature and extent of the connection between nurse burnout and their ability to do their jobs effectively. Job burnout has been linked to lower practical performance in some research, but in others, the two have been found to have no correlation at all [12,13]. The nurse's job satisfaction, the nurse's social support network, and other factors may all play a role in this. Emotional tiredness is a common symptom of nurse burnout, which can lead to a loss of drive, focus, and sound judgment on the job. Because of this, nurses may struggle to do their jobs properly. Depersonalization, a symptom of nurse burnout, has been linked to a loss of compassion and empathy [14,15]. This can make it challenging for nurses to offer safe, effective treatment.Reduced sense of personal success is associated with burnout in the nursing profession and has been linked to lower motivation and job satisfaction. This can also hinder nurses' ability to do their jobs properly [11].

2. REVIEW OF LITERATURE

A Cross-sectional research by Yosiana et al. [12] in an Indonesian hospital examined the connection between nurses' workloads, work environments, job stress, and job performance. Job stress was found to be linked to workload and work environment and to have mediated the effect of these two factors on nurses' output. This indicates that workplace stress is a contributing factor to the unfavourable effect that workload and work environment have on nurses' performance. Work-related stress, burnout, and job satisfaction were examined in a cross-sectional study by Almazan et al. [11] among nurses at a Saudi Arabian acute care hospital. The results showed that burnout was linked to stress on the job but that it had no effect on productivity. This shows that stress at work might cause burnout but that burnout itself does not always result in less productivity on the job. Pandey [16] reviewed the research on the link between workplace stress and productivity. The study concluded that worker productivity drops off when stress levels rise at the office. However, burnout was not accounted for in the review. As a result, it's plausible that burnout is responsible for the correlation between stress at work and poor productivity. As well as Kokoroko and Sanda [17] conducted a cross-sectional study with Ghanaian OPD nurses to examine the connection between workload, stress, and social support on the job. The workload was linked to stress at the office, although this association was tempered by having a supportive team. As a result, nurses who have strong social support at work experience less of the negative effects of increased workload. Kumar and Bhalla [18] reviewed the research on the topic of job stress and its effects on banking workers' productivity. The study concluded that worker productivity drops off as stress levels rise at work. However, burnout was not accounted for in the review. This suggests that burnout may be the cause of the correlation between workplace stress and work output. A cross-sectional study by Babapour et al. [19] examined the connection between job stress, quality of life, and caring behaviours among Iranian nurses. A lower quality of life and less compassionate conduct were found to go hand in hand with job stress. However, work productivity was not a focus of the research. Therefore, this study aims to Investigate the prevalence of job burnout among nursing staff in Eradah Complex in Jeddah Region, examine the relationship between job burnout and practical performance among nursing staff in Eradah Complex in Jeddah Region and identify factors that are associated with job burnout among nursing staff in Eradah Complex in Jeddah Region.

2.1 Research Questions

There are main three questions are set to be answered through this study:

- What is the prevalence of job burnout among nursing staff in Eradah Complex in Jeddah Region?
- What is the relationship between job burnout and practical performance among nursing staff in Eradah Complex in Jeddah Region?
- What are factors that are associated with job burnout among nursing staff in Eradah Complex in Jeddah Region?

2.2 Research Hypothesis

This study hypothesizes that there is a significant relationship between burnout and practical

performance among nursing staff in Eradah Complex in Jeddah Region

3. MATERIALS AND METHODS

3.1 Study Design

Descriptive research using a cross-sectional strategy as a cross-sectional survey design was conducted for achieveing these study's aims in registered nurses who are working in Eradah Complex in Jeddah Region.

3.2 Target Population

The target population for this study was 219 of nursing staff in Eradah complex in Jeddah region, which were randomly selected.

3.3 Sample Size

The sample size was calculated using the Thomas-Thompson equation to report that the sample of 219 nursing staff in Eradah Complex in Jeddah Region was the final sample size that had been included in this study.

3.4 Inclusion and Exlusion Criteria

Inclusion Criteria:

- Registered nurses (RNs) employed in a hospital setting.
- At least one year of experience as an RN.

Exclusion Criteria:

- RNs who are currently on leave for sick reasons and absent from work.
- RNs who have a diagnosed mental illness, such as depression or anxiety.
- RNs who were not willing to participate in this study.

3.5 Study Variables

The following variables were measured in this study: as dependent Variable was the Practical performance among nursing staff, while the independent Variable was Job burnout.

3.6 Research Instrument

To collect data from a sample of 219 nursing staff in Eradah Complex in Jeddah Region. The Maslach Burnout Inventory (MBI) was used to measure job burnout. The MBI is a well-validated instrument that measures the three dimensions of job burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. As well as the self-report questionnaire was also used to measure practical performance. The questionnaire ~~will~~ included items on the nurse's ability to perform a variety of nursing tasks, such as administering medications, providing wound care, and communicating effectively with patients and families. Data were collected for one year, starting from August 2022 till July 2023.

The structures questionnaire was used as previously set and conducted by Mostafa Ahmen et al. [20]; this questionnaire contains three parts to evaluate the connection between burnout on the job and actual performance in the nursing profession as follows:

Part I: Socio-Demographic Information: Here, data were recorded about the nurses, including their ages, sexes, departments, marital statuses, levels of education, work schedules, titles, years of experience, salaries, and locations.

Part II: Work-related stresses scale: This measure assesses the work-related pressures that nurses endure. Workload, death and dying inappropriate experiences, lack of support from colleagues, uncertainty of treatment methods, conflict with physicians, conflict with other staff, job security, work requirements, contact with others, and working environment are just some of the 11 major domains covered by the 67 items that make up the survey. Each item is given a value between 1 (very mild) and 3 (very severe) on a Likert scale (Table 1).

Maslach Burnout Inventory (MBI): Human service and medical professionals, such as nurses, can be assessed for burnout using the MBI, a 22-item scale. Emotional fatigue, depersonalization, and a sense of accomplishment are its three components. A Likert scale from 0 (strongly disagree) to 6 (strongly agree) is used to rate each statement. Each subscale's total score is determined by adding the item scores together. A greater degree of burnout is reflected by a higher score on a given subscale.

3.7 Reliability and Internal Consistency

By reviewing the results shown in the previous table, it is clear that the correlation coefficients between the scores of each item of the axe (factors affect your performance and feeling stressed) and the total score of the axe are

Table 1. Mean range of the Likert scale

Mean range	Scale	Interpretation
1 – 1.66	1	Low
1.67 – 2.33	2	Moderate
2.34 – 3.00	3	High

Table 2. The internal consistency of the axe "factors affect your performance and feeling stressed"

Item number	Pearson correlation	Item number	Pearson correlation
1	0.688**	7	0.734**
2	0.670**	8	0.655**
3	0.688**	9	0.706**
4	0.706**	10	0.681**
5	0.676**	11	0.663**
6	0.700**		

*** Correlation is significant at α = 0.01 or less*

statistically significant at a significance level of 0.01. Additionally, all of these coefficients have positive values. This indicates a high level of internal consistency and a strong relationship between the axe and its items, thus demonstrating the overall validity of the items in the axe. The results of Cronbach's Alpha was 0.913 to indicate that the study's tool, the scale, exhibited High reliability (Table 2).

3.8 Statistical Analysis

SPSS (version 25) was used to do the statistical analysis of the data. The characteristics of the sample and the variables under investigation were described using descriptive statistics. The correlations between the independent and dependent variables were analyzed using bivariate and multivariate statistical methods.

4. RESULTS AND DISCUSSION

A total of 219 registered nurses in this study with various sociodemographic data and a mean age of 37.23±11.23 years, and the majority (67.6%) of age groups between 30 and 48 years old, with more than 80% of them were experts in their nursing profession, other demographic data were listed in the following Table 3 and Figs. 1 and 2.

Table 3. The demographic characteristics of this study's participants

Variables	Categories	Mean ± S.D	
Age	From 22 to 29 years From 30 to 48 years More than 48 years	37.23±11.23	
		Frequency	**%**
Marital Status	Single	53	24.2
	Married	149	68
	Divorced	12	5.5
	Widowed	5	2.3
Level of Education	Nursing Institute	99	45.2
	Bachelor of Nursing	82	37.4
	Postgraduate	38	17.4
Job Title	Staff Nurse	158	72.1
	Supervisor	40	18.3
	Head Nurse	21	9.6
Experience	New graduate	42	19.2
	Experienced (more than one year)	177	80.8
Income	Not enough to meet basic needs	75	34.2
	Enough to meet basic needs	109	49.8
	Enough to meet basic needs and save money	35	16

The majority (68%) were married, 24.2% were single, 5.5% were divorced, and 2.3% were widowed. Regarding their education levels, 45.2% had received their education from a Nursing Institute, 37.4% held a Bachelor of Nursing degree, and 18.3% had a postgraduate degree. In terms of their roles, 72.1% were staff nurses, 18.3% were supervisors, and 9.6% were head nurses. When it came to their experience, the majority (80.8%) had more than one year of experience, while 19.2% were new graduates. In terms of income, 49.8% reported having enough to meet their basic needs, 34.2% did not have enough to meet their basic needs, and 16% had enough to meet their basic needs and save money.

There were 219 nurses. The majority (67.6%) were aged between 30 and 48 years, while 17.8% fell within the 22 to 29-year age group, and 14.6% were older than 48 years.

In terms of gender distribution, 72.1% were males, and 27.9% were females.

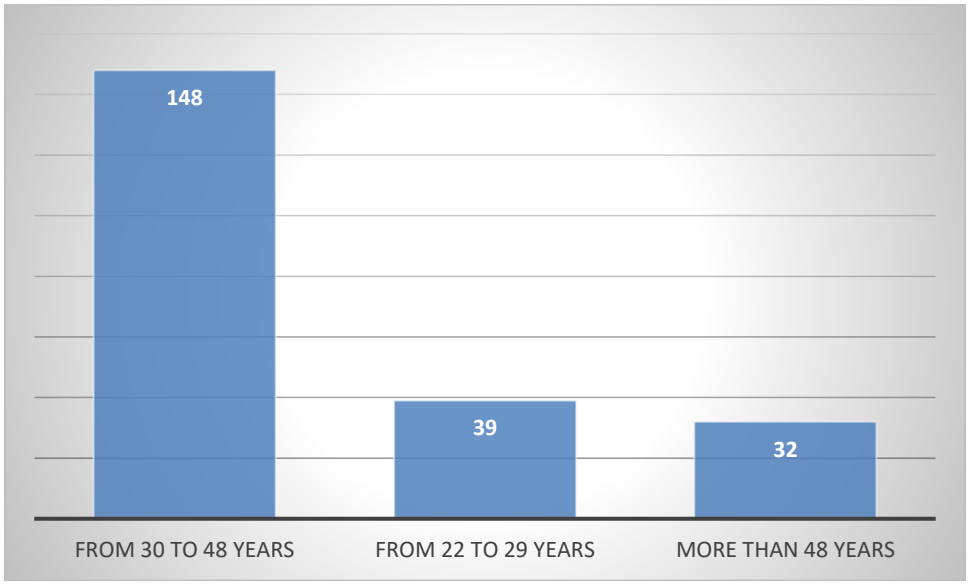

Fig. 1. Age distribution among participants in this study

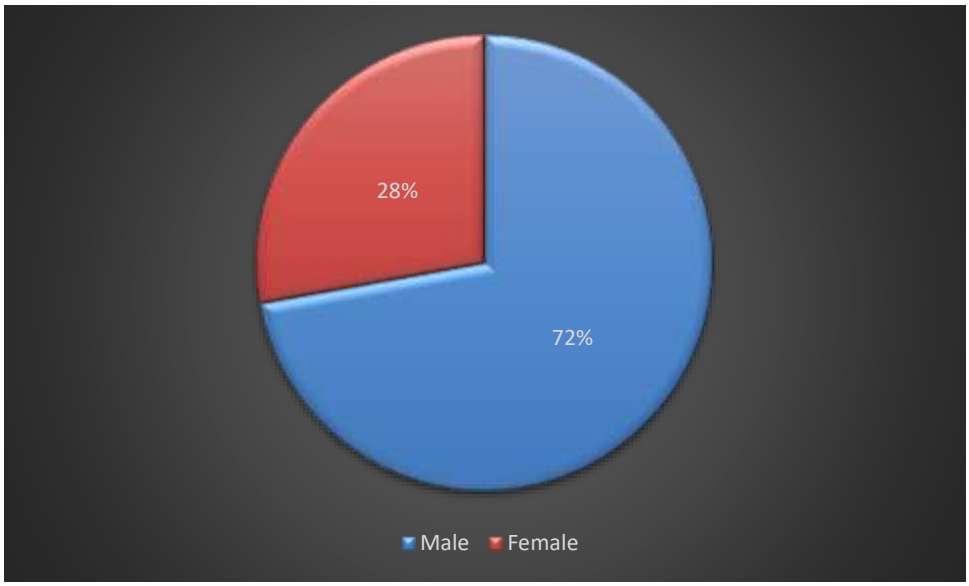

Fig. 2. Gender distribution among this study's participants

Regarding the responses of participants about the factors affect the nurses' pracctical performance and feeling stressed, the results showed the factors affect practical performance and feeling stressed overall was moderate with mean score 2.23, about the factors, the highest stress factor was (Work environment) with high level and mean 2.58, followed by (Job security) with high level and mean 2.47), followed by (Work requirements) with high level and mean 2.35, followed by (Work Load) with high level and mean 2.34, followed by (Contact with others) with moderate level and mean 2.23, followed by (Conflict between nursing staff and others), (Lack of support from my colleagues at work) with moderate level and mean 2.18, followed by (Inappropriate experience) with moderate level and mean 2.13, followed by (Death and dying) with moderate level and mean 2.11, followed by (The uncertainty of the treatment methods) with moderate level and mean 1.98, followed by (Conflict with physician) with moderate level and mean 1.97.

The results showed there was a significant difference in the level of the factors that affect nurses's performance and their feeling of stress due to income (F= 3.679, P-value 0.027). Still, there was no significant difference due to age, gender, marital status, education level, job title, and experience. The results showed the factors that affect your performance and feeling stressed

Table 4. All responses of participants about the factors that affect your performance and feeling stressed with S.D results and levels

Stress	SD	Level
Work Load	0.86	High
Death and dying	0.92	Moderate
Inappropriate experience	0.91	Moderate
Lack of support from my colleagues at work	0.90	Moderate
The uncertainty of the treatment methods	0.88	Moderate
Conflict with physician	0.91	Moderate
Conflict between nursing staff and others	0.91	Moderate
Job security	0.83	High
Work requirements	0.86	High
Contact with others	0.92	Moderate
Work environment	0.76	High
Total	2.23±0.60	Moderate

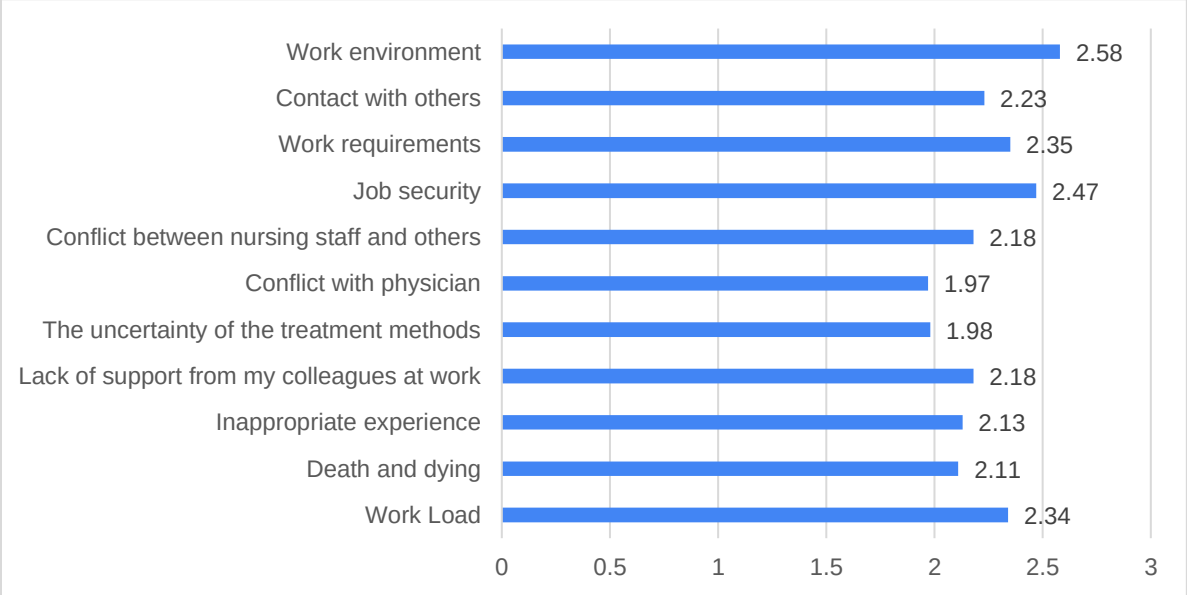

Fig. 3. All responses of participants about the factors affecting nurses' performance and feeling stressed with mean values

Table 5. The factor affecting the overall level of factors affect your performance and feeling stressed

No		Categories	means	Test	Statistics	P-value
1	Age	From 22 to 29 years	2.26	ANOVA	1.419	0.244
		From 30 to 48 years	2.19			
		More than 48 years	2.38			
2	Gender	Male	2.19	Independent sample	-1.608	0.109
		Female	2.34			
3	Marital Status	Single	2.18	ANOVA	1.699	0.168
		Married	2.22			
		Divorced	2.3			
		Widowed	2.8			
4	Level of Education	Nursing Institute	2.18	ANOVA	0.802	0.450
		Bachelor of Nursing	2.29			
		Postgraduate	2.23			
5	Job Title	Staff Nurse	2.21	ANOVA	1.775	0.172
		Supervisor	2.38			
		Head Nurse	2.1			
6	Experience	New graduate	2.31	Independent sample	1.00	0.318
		Experienced (more than one year)	2.21			
7	Income	Not enough to meet basic needs	2.37	ANOVA	3.679	0.027
		Enough to meet basic needs	2.13			
		Enough to meet basic needs and save money	2.26			

overall were moderate, with a mean score of 2.23, about the factors; the highest stress factor was (Work environment), followed by (Job security), followed by (Work requirements), followed by (Work Load), followed by (Contact with others), followed by (Conflict between nursing staff and others), (Lack of support from my colleagues at work), followed by (Inappropriate experience), followed by (Death and dying), followed by (The uncertainty of the treatment methods), followed by (Conflict with physician) to report that there was a significant difference in the level of the factors affect your performance and feeling stressed due to income (F= 3.679, P-value 0.027). Still, there was no significant difference due to age, gender, marital status, education level, job title, and experience (Table 5).

4.1 Discussion

This study aims to examine the relationship between job burnout and practical performance among nursing staff in the Eradah Complex in Jeddah Region; in this study. Of the total registered nurses who were participating in this study, the majority of males were between 30 to 48 years old; this wide range of ages made the study age diversity extremely low [8]. The study findings reported that the factors that affect these nurses' job performance and feeling stressed overall were moderate, and the highest stress factor was related to work environment and job security. This is in contrast to Gandi et al. [21] study, which found that nurses in Nigeria exhibited moderate to high degrees of emotional weariness, moderate levels of depersonalization, and high levels of personal success, which the study revealed that both work-home interference (WHI) and home-work interference (HWI) have a mediating role in the association between work characteristics and burnout. There are variations in the meditational relationship based on gender. This study proposes the need for additional investigation on the relationship between gender and burnout within the caring professions, particularly in underdeveloped and developing nations worldwide [9], and in alignment with Yun et al. [22] study, which involved the participation of 160 nurses from 20 public hospitals in China. The findings of this research highlight the significance of workplace resilience for nurses in order to promote thriving at work. Additionally, it suggests that job burnout and stress among nurses can hurt their overall job performance, leading to ineffectiveness and a decline in the quality of health services provided [23].

In addition, these study results showed that there was a significant difference between factors affecting nurses' job performance and feeling stressed and their monthly income (P-value 0.027), which is in agreement with Abdullah and Yuen [2] study, who did a study that revealed noteworthy associations between emotional tiredness (p=0.006) for nurses who had high incomes, depersonalization (p=0.031) with same nurses, and job performance [9]. While this study's findings reported that there was no significant difference between age, gender, marital status, education level, job title, and experience years and actors affecting nurses' job performance and feeling stressed [24], it is in contrast to Bakhshi et al. [25], who reported that it was indicating with a significant association between the level of working conditions and the occurrence of job burnout as well as job performance. Hence, implementing measures such as facilitating ongoing education for employees, augmenting their remuneration and perks, and offering career advancement chances can be seen as pragmatic strategies that contribute to improving the overall quality of work life [17] and Rudman and Gustavsson [26], who obtained the findings from a longitudinal study with 1702 participants indicate that the development of burnout during higher education is a significant problem. It suggests that proactive strategies to avoid burnout may be crucial, particularly at the beginning of nursing education [1].

5. CONCLUSION

The correlation between job burnout and practical performance among nursing personnel at Eradah Complex in the Jeddah region is multifaceted, and there remains a significant knowledge gap in this area. Nevertheless, existing evidence indicates that occupational fatigue might detrimentally affect practical performance. Job burnout can harm practical performance as it can result in a decline in motivation and focus. Nurses who encounter job burnout may exhibit reduced motivation in doing their job responsibilities optimally, including potential challenges in sustaining focus on their work tasks. This phenomenon can potentially result in inaccuracies in decision-making and task execution. A further way job burnout can influence practical performance is through the manifestation of emotional tiredness. Nurses encountering job burnout may experience emotional exhaustion and a sense of being overwhelmed. This phenomenon can pose challenges for individuals in effectively managing the requirements of their occupation while concurrently diminishing their capacity for empathetic engagement with patients. The potential consequences can adversely affect the level of care rendered by nurses. Ultimately, the experience of job burnout can result in a notable decline in overall job satisfaction. Nurses who encounter job burnout may exhibit reduced job satisfaction and an increased propensity to depart. This phenomenon has the potential to result in insufficiencies in personnel, hence exacerbating job burnout and diminishing practical performance.

ETHICAL APPROVAL AND CONSENT

Ethical standards for research involving humans were followed throughout this project. Institutional review board approval was obtained for the study with an IRB number A01763 All participants were aware of the potential advantages and dangers of the study and given the option to discontinue participation at any time. The Saudi Ministry of Health was consulted for their stamp of approval to guarantee that everything is up to code. Participants gave their consent after being fully apprised of the study's potential benefits and dangers. Information is treated confidentially and securely. Participant safety and comfort are of utmost importance, and we took all necessary precautions. After the study was over, participants received a debriefing and data security measures put into place.

ACKNOWLEDGEMENTS

The authors acknowledge Eradah's complex healthcare professionals and overall staff for their support and cooperation.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization report about nurses' job burnout; 2020. Available:https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases
2. Ministry of Health. Statistical yearbook. Health Mo ed. Kingdom of Saudi Arabia; 2018.

Available:https://www.moh.gov.sa/en/Ministry/Statistics/book/Pages/default.aspx
3. Sharma J, Dhar RL. Factors influencing job performance of nursing staff: mediating role of affective commitment. Personnel Review. 2016 Feb 1;45(1):161-82.
4. Labrague LJ, Nwafor CE, Tsaras K. Influence of toxic and transformational leadership practices on nurses' job satisfaction, job stress, absenteeism and turnover intention: A cross-sectional study. Journal of Nursing Management. 2020 Jul;28(5):1104-13.
5. An M, Shin ES, Choi MY, Lee Y, Hwang YY, Kim M. Positive psychological capital mediates the association between burnout and nursing performance outcomes among hospital nurses. International Journal of Environmental Research and Public Health. 2020 Aug;17(16):5988.
6. Karkar A, Dammang ML, Bouhaha BM. Stress and burnout among hemodialysis nurses: A single-center, prospective survey study. Saudi J Kidney Dis Transpl. 2015 Jan 1;26(1):12-8.
7. Jeong YJ, Cho IS. The effect of nursing performance, job stress and resilience on nursing performance of nurses in general hospital. Journal of the Korean Applied Science and Technology. 2020;37(3):613-24.
8. Sarıköse S, Göktepe N. Effects of nurses' individual, professional and work environment characteristics on job performance. Journal of Clinical Nursing. 2022 Mar;31(5-6):633-41.
9. Shin YM, Cho HH. The effects of nursing work environment, job stress and knowledge sharing on nursing performance of nurses in a tertiary hospital. Journal of East-West Nursing Research. 2021;27(1):32-42.
10. Dyrbye LN, Shanafelt TD, Johnson PO, Johnson LA, Satele D, West CP. A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among American nurses. BMC nursing. 2019 Dec;18(1):1-8.
11. Almazan JU, Albougami AS, Alamri MS. Exploring nurses' work-related stress in an acute care hospital in KSA. Journal of Taibah University Medical Sciences. 2019 Aug 1;14(4):376-82.
12. Yosiana Y, Hermawati A, Mas'ud MH. The analysis of workload and work environment on nurse performance with job stress as mediation variable. Journal of Socioeconomics and Development. 2020 May 12;3(1):37-46.
13. Uchmanowicz I, Karniej P, Lisiak M, Chudiak A, Lomper K, Wiśnicka A, Wleklik M, Rosińczuk J. The relationship between burnout, job satisfaction and the rationing of nursing care—A cross-sectional study. Journal of nursing management. 2020 Nov;28(8):2185-95.
14. Dubale BW, Friedman LE, Chemali Z, Denninger JW, Mehta DH, Alem A, Fricchione GL, Dossett ML, Gelaye B. Systematic review of burnout among healthcare providers in sub-Saharan Africa. BMC public health. 2019 Dec;19(1):1-20.
15. Dousin O, Collins N, Kler BK. Work-life balance, employee job performance and satisfaction among doctors and nurses in Malaysia. International Journal of Human Resource Studies. 2019;9(4):306-19.
16. Pandey DL. Work life balance and employee commitment: Perceptions of banking employees. International Research Journal of Management and Commerce. 2020;7(4):7-18.
17. Kokoroko E, Sanda MA. Effect of workload on job stress of Ghanaian OPD nurses: The role of coworker support. Safety and health at work. 2019 Sep 1;10(3):341-6.
18. Kumar MY, Bhalla P. Stress among nursing staff in hospitals and its relation with job satisfaction, job performance and quality of nursing care: A literature review. Journal of Nursing and Care. 2019;8(3):129-36
19. Babapour AR, Gahassab-Mozaffari N, Fathnezhad-Kazemi A. Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. BMC nursing. 2022 Dec;21(1):1-0.
20. Mostafa Ahmed S, Mohamed Mourad G, Mahmoud Zaki M, EL-Sayed Mohamed R. Relationship between Occupational Stress, Burnout and Job Performance among Nurses Working in ICUs at Benha University Hospital. Journal of Nursing Science Benha University. 2022 Jul 1;3(2):1067-82.
21. Gandi JC, Wai PS, Karick H, Dagona ZK. The role of stress and level of burnout in job performance among nurses. Mental health in family medicine. 2011 Sep;8(3):181.
22. Yun Z, Zhou P, Zhang B. High-performance work systems, thriving at work, and job burnout among nurses in Chinese public hospitals: The role of

resilience at work. In Healthcare. 2022 Oct 2;10(10):1935. MDPI.

23. Abdullah DN, Yuen FC. The impact of job burnout towards job performance among nurses. In 2011 IEEE Symposium on Business, Engineering and Industrial Applications (ISBEIA). 2011 Sep 25;351-356. IEEE.
24. Ward D. Sampling Bias: Explaining Variations in Age Distributions of COVID-19 Cases. Technical Report. Ward Environment; 2020.
DOI: 10.13140/RG. 2.2. 27321.19047/2.
25. Bakhshi E, Gharagozlou F, Moradi A, Naderi MR. Quality of work life and its association with job burnout and job performance among Iranian healthcare employees in Islamabad-e Gharb, 2016. Journal of Occupational Health and Epidemiology. 2019 Apr 10;8(2):94-101.
26. Rudman A, Gustavsson JP. Burnout during nursing education predicts lower occupational preparedness and future clinical performance: A longitudinal study. International journal of nursing studies. 2012 Aug 1;49(8):988-1001.

APPENDIX

Socio-demographic Data

Age:
1. Young (18-28)
2. Middle-aged (28-48)
3. Older (48+)

Sex:
- Male
- Female

Marital Status:
- Single
- Married
- Widowed
- Divorced

Level of Education:
1. Secondary Nursing
2. Nursing Institute
3. Bachelor of Nursing
4. Postgraduate

Work Hours per Week:
- Part-time (less than 36 hours)
- Full-time (36 hours or more)

Job Title:
1. Staff Nurse
2. Supervisor
3. Head Nurse

Number of Experience Years:
- New Graduate
- Experienced (more than one year)

Residence:
- Rural
- Urban

Income:
- Not enough to meet basic needs
- Enough to meet basic needs
- Enough to meet basic needs and save money

Relationship between Occupational Stress, Burnout and Job Performance among Nurses
Do the following factors affect your performance and feeling stressed?

Table 1. Work-related stressors domains

	Yes	No	Neutral
Work Load	Yes	No	Neutral
Death and dying	Yes	No	Neutral
Inappropriate experience	Yes	No	Neutral
Lack of support from my colleagues at work	Yes	No	Neutral
The uncertainty of the treatment methods	Yes	No	Neutral
Conflict with physician	Yes	No	Neutral
Conflict between nursing staff and others	Yes	No	Neutral
Job security	Yes	No	Neutral
Work requirements	Yes	No	Neutral
Contact with others	Yes	No	Neutral
Work environment	Yes	No	Neutral
Total work related stressors	Yes	No	Neutral

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/109394