Impact Of Workplace Stress On Nursing Performance In Makkah Healthcare Facilities

Roaa Abass Nassar[1], Salha D Althubaiti[2], Fatma Adel Al Harbi[3], Fatmah Kheder Al Ansari[4], Jawaher Mohammad Ahmed Housa[5], Bothaina Othman Fallata[6], Salma Basheer Mohammed Hawsswi[7,] Waad Edrees Tkroni[8], Ohood Ahmed Althekair[9], Halimah Abdallah Hassan Tukruni[10], Hibah Mohammed Malibari[11], Maryam Othman Hawsawi[12], Wadyan Abdullah Eidhah Badawi[13], Ahlam Masoud Almowallad[14], Ghuziel Wissel Alleyhani[15], Sanaa Ibrahim Fallattah[16], Maimanah Abdullah Al-Mwaled[17], Yusra Mohammed Z Qambu[18], Mardia Rajab Altakrooni[19], Safia Hassn Alhawswi[20]

[1] Nurse Technician in Infection Control Officer at King Faisal Hospital
[2] Nursing Specialist at King Abdulaziz Hospital in Makkah
[3] Nurse Specialist at King Faisal Hospital
[4] Nurse Specialist at King Faisal Hospital
[5] Nursing technician at King Abdul Aziz Hospital Makkah
[6] NURSING SPECIALIST at Maternity and Children's Hospital- Makkah
[7] Nursing Technician at king Faisal Hospital-Makkah
[8] Nursing Technician at king Faisal Hospital-makkah
[9] Nurse Technician at King Faisal hospital makkah
[10] Nurse Specialist at King Faisal hospital makkah
[11] Nurse Specialist at King Faisal hospital makkah
[12] Nurse Technician at King Faisal hospital makkah
[13] Nurse Technician at King Faisal complex hospital-Altaif
[14] Registered nurse at King Abdulaziz hospital makkah
[15] Nurse specialist at Al-Nawariya PHC
[16] Specialist nurse at King Faisal hospital
[17] Technician Nursing at King Abdullaziz Hospital in Makkah
[18] Specialist Nursing at King Abdullaziz Hospital in Makkah
[19] Technician nurse at king abdulaziz hospital makkah
[20] Nursing technican at King Abdulaziz Hospital

Abstract
Workplace stress remains a significant concern in the nursing profession, directly influencing the quality of patient care and the well-being of healthcare providers. This study explores the impact of work-related stress on nursing performance in Makkah healthcare settings. A standardized questionnaire was used on a sample of 120 registered nurses selected from three major health facilities in Makkah City. These critical were heavy patient-nurse workload, resource inadequacy, and interpersonal conflict that were found to exert such debilitating effects on task efficiency and patient communication. In reporting compromised ability to balance responsibilities and maintenance of performance standards, levels of stress had reached high levels. Coping mechanisms included peer support and mindfulness practices, which are relieving to a moderate extent; at a deeper level, however, the systemic

organizational issues remain unaddressed. This shows clearly the dire need for policy reform and supportive system intervention that could minimize stress and improve work conditions for nurses. These findings send an important message to healthcare administrators and policymakers, showing how organizational performance can be improved in response to high workload pressure without compromising the well-being of the staff.

INTRODUCTION

Nursing is a cornerstone of healthcare systems, encompassing responsibilities that demand physical endurance and emotional resilience. These stressors include demands to care for patients and administrative burdens, which add to burnout and low job satisfaction. These urban populations, with their diversity, rapid turnover, and resource constraints, often force hospitals to operate at total capacity, thereby increasing such stressors, as is the case in Makkah City. Whereas workplace stress has been widely studied across different industries, it is remarkably subtly influential in nursing performance within these high-pressure environments. It calls for more careful examination (Pandey, 2020). The paper, therefore, tries to fill this gap by investigating the sources of workplace stress, the mechanisms nurses adopt to cope with it, and the resultant effects on professional performance. The paper sheds light on organizational challenges concerning Makkah healthcare facilities and gives feasible recommendations that can promote a healthier work environment.

METHODOLOGY

Study design and setting
The research adopted a quantitative, cross-sectional design to study the relationship between workplace stress and nursing performance. This study was conducted in three major healthcare facilities in Makkah City, selected based on high patient turnover and a diverse population of nursing professionals. Sites included the emergency departments, ICUs, and general wards to ensure total coverage of nursing roles.

Participants and Sampling
The target population for this study was practicing registered nurses with at least one year of working experience. One hundred twenty participants were recruited using the stratified random sampling method to ensure that the department, shift of duty, and years of experience were representative. This model facilitated the research by including nurses in high-stress areas, such as emergency or ICU departments, and those employed in general wards.

Data Collection Tool
A structured questionnaire was designed to understand workplace stress, coping mechanisms, and performance outcomes of the staff nurses. The validation of the questionnaire, with relevance and reliability potentially considered, was made by a panel of nursing experts (Taherdoost, 2021). The structured questionnaire consisted of five sections: demographic information, workplace stress factors, coping strategies, performance ratings, and open-ended questions for qualitative insights (Appendix A).

Data Collection Procedure
The questionnaire was distributed among the participants at the departmental briefing, both in electronic and paper formats. Participation was strictly voluntary, and confidentiality was

maintained. Nurses were provided with a two-week window of opportunity to complete the survey, with periodic reminders to maximize response rates.

Ethical Considerations

Informed consent was obtained from participants whose data are part of this study. Personal identifiers were removed to maintain participant confidentiality, and ethical guidelines related to research on human participants were followed.

Findings

Demographic Overview

Out of the 120 nurses that comprised the sample, 75% were females and 25% were males. The age range was from 24 to 56 years, with a mean age of 38. Most had more than five years of nursing experience: 30% were in casualties, 25% were in the ICU, and 45% were working in general wards. Most respondents were doing rotational shift work, 60%, 30% were doing pure day work, and 10% were purely night work.

Stress Factors

The perceived level of workplace stress was measured on a scale ranging from 1=never to 5=always. In this context, high patient-to-nurse ratios were identified as one of the most prevalent work-related stressors, reported by 68% of respondents to occur "often" or "always." Emergency room and ICU nurses tended to show higher levels of such stress than those from general wards. For example, resource scarcity, such as medical supplies, was a common problem; 60% of nurses reported that they faced it "often" or "always," which, in a broad sense, pivoted on systemic inefficiencies in managing those resources correctly.

Interpersonal conflicts with colleagues were also identified, with 55% of participants reporting interpersonal conflict issues as frequent. Conflicts between professionals have risen in departments where responsibilities overlap, including emergency and ICU settings, where communication under pressure is critical. Besides, it was noted that additional administrative burdens, such as records and compliance, were noted as further burdens, with half of the respondents (50%) identifying them as stressors that sharply reduce their attention to patient care.

Coping Mechanisms

Most nurses used peer support as a coping mechanism because it created a sense of teamwork in the work atmosphere. Peer support works best regarding conflicts at the interpersonal level because sharing problems with colleagues may also provide solutions to the nurses. Mindfulness and meditation techniques were utilized by 40% of participants. Effectiveness varies depending on individual preferences as well as departmental cultures. While less implemented, physical exercise and professional counseling were quite effective for those who did apply them, highlighting an area where organizations should be promoting such strategies more.

Self-assessed performance outcomes

The selected performance outcomes were measured on a five-point scale on the ability to perform tasks, communicate effectively with the patients, and maintain record accuracy. For every increasing level of stress, poorer performance was reported, including in categories of:

• **Job Completion**: 40% of respondents said they completed their tasks on time only as "average" or worse. At this point, delays have been blamed on increasing administrative burdens and a general shortage of resources.

• **Patient Communication**: 35% rated communication with patients below "good." Stress induced a barrier to empathy and attention to the patients, which resulted in fatigue.

• **Emergency Response**: Of the total population of ICU and emergency room nurses, 30% reported that balancing multiple responsibilities in emergencies is not easy.

Statistical overview of key stressors

Variable	High Frequency (%)	Moderate Frequency (%)	Low Frequency (%)
High patient-to-nurse ratios	68%	25%	7%
Resource Scarcity	60%	30%	10%
Interpersonal Conflicts	55%	30%	15%
Administrative Tasks	50%	35%	15%

Qualitative Insights

The open-ended responses provided additional depth to the findings. Participants described the emotional impact of poor patient outcomes, in addition to already high levels of stress. One nurse explained, "We often feel helpless because of resource shortages, and helplessness influences our ability to focus on patients' needs." However, another nurse said there is no administrative support: "The amount of paperwork that we handle makes us more clerks than caregivers." These stories speak to the multi-faceted nature of workplace stress and reveal its profound impact on professional and personal well-being.

DISCUSSION

The findings of this study highlight the pervasive impact of workplace stress on nursing performance, with workload and resource scarcity emerging as dominant stressors. These findings are consistent with previous research showing that an excessively high workload and a lack of resources impede nurses from providing quality care (Yosiana et al., 2020). The high number of stresses experienced in the emergency and ICU departments indicates that reforms in staffing and more resource allocation are urgently required to solve the systemic problems. If that is not the case, then nurses will further experience burnout associated with job dissatisfaction and poor patient outcomes.

Peer support and mindfulness offered moderate relief and may be helpful as interim strategies. In any case, these remain individual-level solutions and cannot replace systemic organizational changes. Here, hospitals may need to prioritize comprehensive stress management programs, including professional counseling, flexible scheduling, and administrative support (Pandey 2020). Additionally, team-building activities and supervisor training could enhance the work environment and minimize interpersonal conflicts. By addressing these complex issues, several healthcare organizations have recorded increased nursing performance and quality patient care amidst high demand in Makkah areas.

CONCLUSION

This study underscores the significant impact of workplace stress on nursing performance, particularly in Makkah healthcare facilities. Key stressors include high patient-to-nurse staffing ratios alone or coupled with deficiencies in resources, which significantly impact nurse effectiveness and communication with patients. Coping mechanisms bring partial relief, but systemic changes are needed for a sustainable work environment. Future studies need to look

into the longitudinal effects of organizational interventions so that workplace stress among nurses is better understood and diminished accordingly.

References

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Appendix A: Questionnaire: Workplace Stress and Performance in Nursing

Section	Questions	Response Options
Demographics	1. Age	_____ (Years)
	2. Gender	☐ Male ☐ Female)
	3. Years of nursing experience	☐ <1 year ☐ 1–3 years ☐ 4–6 years ☐ 7–10 years ☐ >10 years
	4. Primary Department	☐ Emergency Room ☐ ICU ☐ General Wards ☐ Pediatrics ☐ Other: _____
	5. Shift	☐ Day ☐ Night ☐ Rotational
Stress Factors	**How often do you experience the following stressors?**	**1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always**
	6. High patient-to-nurse ratios	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	7. Inadequate resources (e.g., medical supplies)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	8. Interpersonal conflicts with colleagues	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	9. Long working hours	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	10. Administrative tasks reducing patient interaction time	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	11. Lack of support from supervisors	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	12. Emotional challenges due to patient outcomes	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Coping Mechanisms	**Which strategies do you frequently use to manage stress?**	**Select all that apply.**
	13. Peer support (e.g., discussing issues with colleagues).	☐ Yes

	14. Mindfulness or meditation practices.	☐ Yes
	15. Physical exercise (e.g., gym, yoga).	☐ Yes
	16. Professional counseling or therapy.	☐ Yes
	17. Leisure activities (e.g., hobbies, family time).	☐ Yes
	18. Other (Specify: _____).	☐ Yes
Performance	**Rate your performance in the following areas over the past month.**	**1 = Very Poor, 2 = Poor, 3 = Average, 4 = Good, 5 = Excellent**
	19. Completing tasks within expected timeframes.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	20. Communicating effectively with patients.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	21. Maintaining accurate patient records.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	22. Responding to emergencies.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	23. Balancing multiple responsibilities simultaneously.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Open-ended	24. What is the most significant source of workplace stress for nurses?	[Open Text Response]
	25. What strategies or changes would you recommend to reduce workplace stress in your organization?	[Open Text Response]