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# The influence of occupational stress on the professional performance

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**Abstract**. No field of activity is free of stress, but it is known from the multitude of studies conducted that certain sectors are affected by stress well above average. This phenomenon is closely related to the appearance of nervousness, anxiety, anger, panic, tension, fears, physical and mental fatigue that modern man goes through. Stressors are related to the personality structure, the type of emotional reactivity, the behavioral and attitudinal characteristics, but also to the cognitive style and intellectual abilities of each individual, to his perceptions related to work situations. Studies on the effects of occupational stress on nurses are quite a few, maybe due to the assumption that this job is by its nature, very stressful. The closure of health facilities in our country as a result of government policy, has led to an increase in aggressive behaviors among medical staff as a result of stressors caused by the new situation created. The research aims to investigate occupational stress by looking at changes in personality structure in adulthood. We considered it necessary to study the stress factors and their effects on the majority of nurses, as their activity is particularly important for the quality of life of patients, and this would not be achieved satisfactorily, under the influence of the harmful effects of stress. Not all the nurses in the same work environment will show low job satisfaction, but only those whose traits are weak and make them susceptible to organizational stressors. Precisely for this reason, the main hypothesis of this research starts from the fact that a greater control over the sources of pressure determines the reduction of professional stress in adults.

**Keywords**. Influence, occupational, stress, performance

## 1. Theoretical aspects regarding occupational stress

Organizational stress is a major problem in most countries, and it affects the vast majority of adults around the world. In addition to being responsible for many diseases, it also causes suffering. We need to know what are the stressors that negatively affect our daily lives, as well as our mental and physical health, and how we can get rid of stress.

The European Commission defines stress at work as follows: "the emotional and psycho-physiological reaction to the aversive and harmful aspects of work, the work environment and work organization. It is a state characterized by a high level of excitement and suffering and often by the feeling of inability to manage the situation. "

Technium Social Sciences Journal
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According to Convention 72 of the World Health Organization, stress is defined as "a condition perceived as negative by employees, along with discomfort or dysfunction at the physical, mental and / or social level and which is the consequence of employees not being able to meet the requirements and the expectations that are imposed on them by their work environment".

According to the European Agency for Safety and Health at Work (2002) "in the European Union, stress is the second health problem related to work, after back pain, among the most common health problems at work. It affects 28% of EU employees. About a third of employees, or more than 40 million people, think that they are affected by stress at work. This risk factor is responsible for millions of unused working days each year. Although the numbers are significant high, many businesses do not realize how much stress can affect performance and productivity. "

"Stress is defined as any action or group of conditions in which an individual does not react properly or reacts only to the price of excessive wear and tear or fatigue of the body. A stressed body is in a state of imbalance. Stress being an unnatural and unpleasant state, the body tries to restore balance. "(Sîntion, 1999)

Occupational stress is defined as a multi-causal and multidimensional phenomenon reflected in the psycho-physiological responses of the individual in a certain work situation, manifested by the imbalance between the demands imposed by work environment and the objective or only the subjective ability of individuals to cope. (Derevenco, 1992)

## 2. Professional stress models

Studying the conceptual framework of occupational stress, the researchers realized that it can not be described by a single variable, but as a multiple, as a system of independent variables that correlates with each other.

For this reason, explanatory-interpretative models of organizational stress have been developed. Patterns differ among researchers. The most important models will be presented below.

### 2.1. Michigan model

The most general model of organizational stress is the one conducted at the Institute for Social Research (ISR) at the University of Michigan.

It contains four groups of variables, arranged in a causal sequence (Figure 1.)

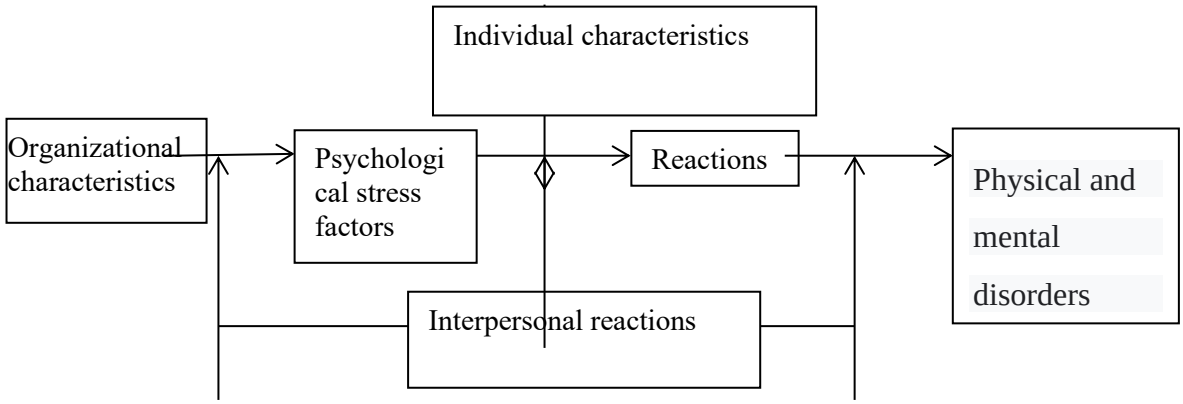


*Figura 1. Michigan model (Le Blanc et al, 2000, apud Copotescu 2006)*

Technium Social Sciences Journal
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ISSN: 2668-7798
www.techniumscience.com

This model refers to the causal relationship between the four major groups of variables, namely: organizational characteristics can lead to stressors such as role conflict, overwork, etc. These stressors, in turn, can lead to stress reactions (physiological, behavioral). Finally, the reactions can lead to physical and mental disorders.

The model also presents two other categories of variables that moderate relationships, namely the individual characteristics of employees (eg personality type) and interpersonal relationships (eg social support).

**2.2. Workload and control model**

This model was made by Karasek in 1979 (cited in Landy & Conte 2004, apud Pitariu). He suggests that two factors are important in creating stress, namely: job demands and control.

In this model, work demands are defined as workload or intellectual job requirements. Work control is defined as a combination of work autonomy and the ability to use different skills.

Karasek formulated the idea that a combination of high work demands and low control determine "strong reactions" that result in a variety of health problems.

The work at a higher pace was particularly difficult and shows that it has high demands and low responsabilities. Vice versa, work occupations that are characterized by high demands also require sufficient control to create an active, stimulating and healthy work situation.

Work occupations with low responsabilities and low physical demands (eg porter, night watchman) have been labeled as "passive" positions. Finally, work occupations with high responsabilities and low physical demands (eg architect, dentist) were particularly considered to cause low reactions.

**2.3. "Vitamin" model**

This model was designed by P. Warr, who developed a theoretical framework for mental health.

According to this model, mental health is affected by the environment characteristics, such as the job description, in an analog manner like the effects that vitamins are supposed to have on physical health.

Warr sets out nine job characteristics:

- money /financial gain;
- physical safety at work;
- capitalized social position;
- control opportunities;
- skills improvement opportunities;
- higher goals;
- variety;
- environment clarity;
- the opportunities of interpersonal contacts.

These characteristics act like vitamins: their optimal intake leads to a good work performance and avoid the work stress; their absence or excess generates activity disturbances and work stress. (Zlate, 2007).

Warr drew up a three axis scheme of well-being that shows the effects of work characteristics on mental health.

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
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www.techniumscience.com

According to this scheme, the meaning of the action of the nine characteristics is different.

Thus, the first three follow an ascending linear pattern at first, then steadily, at a higher level. In other words, the higher they are insured, the higher the level of mental health and the lower the risk of stress.

The following six characteristics follow a nonlinear pattern: lack or excess negatively affects mental health and increases the risk of stress.

**2.4. The model of effort imbalance – rewards**

This model was developed recently by Siegriest in 1996 and has a more sociological focus.

The model develops the relationship of balance or imbalance between effort and reward, as a source of well-being, or discomfort, distress.

Next, it focuses on the study of the variables involved in this model. Thus, he divides the variable effort into extrinsic effort (physical conditions, responsibilities, etc.) and intrinsic effort (self-employment ). Starting from the last type of effort, it introduces the concept of overload.

Figure 2. shows the relationships between the dimensions of the model:

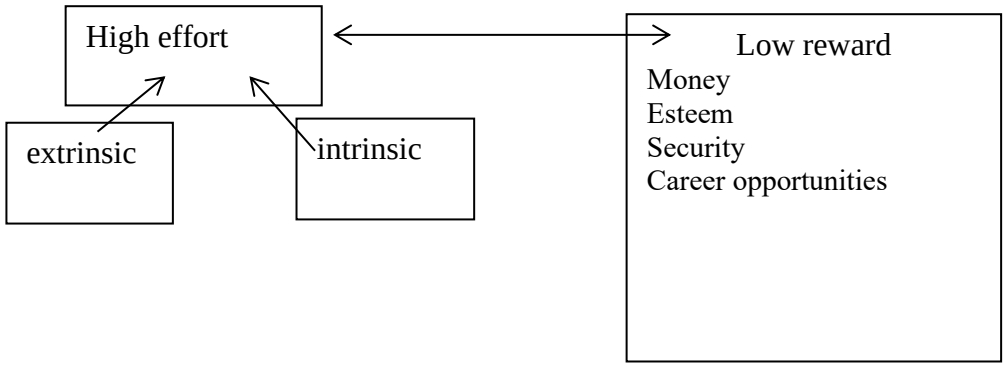


Figure 2. - The model of effort imbalance - rewards (Zlate, 2007)

**3. Professional stress sources**

Work becomes stressful due to stressors. These can be the mismatch between what we want and what we can have or what our environment offers us. We need a certain level of responsibility, but the work gives us too little, or too much. We need a certain amount of work, but we receive either too little (unemployment) or too much (overwork).

Bogathy (2004) identifies the following factor categories which can bring occupational stress:

a. Intrinsic factors to work performed (overwork, underwork, large number of hours at work, improper working conditions, etc.)

b. Factors affecting organizational structure and professional relations (lack of communication or inefficient communication, excessive bureaucracy, etc.)

c. Factors related to the work environment (job description ambiguity, hierarchy conflict, lack of participation in decision making, etc.)

d. Factors regarding workplace relationships (relationships with superiors, relationships with colleagues, etc.)

Technium Social Sciences Journal
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www.techniumscience.com

e. Career development factors (not promoting or promoting too fast, fear of being fired, etc.)

Derevenco (1992) classifies the following sources of occupational stress:

**a. Physical environment**

These are physical stressors, which act on the individual during the professional activity.

Particular attention was granted to noise. Uncontrolled noise is a major stressor, which leads to decreased performance and lack of motivation at work. Employees exposed to noise have seen an increase in work accidents, social conflicts, a negative attitude towards work and a state of nervousness.

Also, lighting, exposure to extreme temperatures, humidity and harmful gases at work environment, require the body to put extra effort into maintaining it, and intensify the stressful nature of work.

**b. Social environment of work**

This category is closely related to the workers health and influences their condition.

Studies show the share of non-professional social factors, namely living conditions, family life, distance from work to home, on the functional capacity and health of the worker.

Long distances to work and inadequate transit to work have negative effects on the worker, resulting in over production of catecholamine, compared to transit in optimal conditions. (Levi et al, 1981, in Dereveno, 1992).

**c. The character and work structure**

Workload is a major stressor at work. The activity becomes stressful when, due to the work volume, the employee is overworked, and this is carried out at an inappropriate pace to the one who performs it and is in contradiction with his normal way of functioning. An adequate level of demand is not only useful, but also necessary for the individual to adapt to the demands of everyday life.

- low degree of stress (under stress) - leads to monotony, apathy, lack of attention
- medium intensity of demand - has positive effects
- overwork - leads to fear, stress, fatigue, depression, nervous exhaustion

Extended working hours brings an intense adjustment effort that extends beyond the regular working day.

The level of responsibility brings also an important tense factor and occupational stress (medical staff, air traffic controllers, etc.).

The development of labor automation and robotics limits human activity to a simple supervision and control of machinery, frequently resulting in a lesser work load both physical and cognitive. This lack of sensory feelings creates a conflicting state between the needs of the nervous system in activating stimuli and the sensory deprivation imposed by work in a monotonous environment, a conflict that translates into disorders of the activity of the nervous system. (Floru, R., 1974 in Derevenco 1992).

Working in shifts is a common professional stressor. It has a strong influence on people who do it, and can cause stress-related illnesses.

Thierry and Meijman (1994, cited in Muchinsky, 2003) identified 11 adverse features of shift work that are shown in Table I.2. (Capotescu, 2006).

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
ISSN: 2668-7798
www.techniumscience.com

**Table 1. - Adversive characteristics of shift work** (Muchinsky, 2003 apud Capotescu, 2006)

| | | |
|---|---|---|
| Periodicity | The average week of night shifts plus half of the day shifts | Sleep problems, fatigue, intestinal charges |
| Workload in an exchange | The average number of working hours of a shift | Fatigue, workload |
| Workload within a week | The average number of working hours of a week | Fatigue, workload |
| The possibility of rest during the night | The average number of hours in which the employee does not work between 11PM and 7AM | Sleep problems, insomnia, fatigue |
| Predictability | Time cycles during the week | Planning/ coordination issues |
| The opportunity to get involved in household issues and family tasks | The average number of hours per week in which the employee does not work from Monday to Friday between 7AM and 7PM | Dissatisfaction with the limitation of domestic tasks |
| Constant opportunity for involvement in household issues and family tasks | Variation in the employee`s ability to perform household and family tasks | Lack of continuity in fulfilling the role of partner/ parent and household chores |
| The opportunity for recreation during the weekend | Half of the number of days per week in which the employee does not work during the weekend | Limiting social and recreational activities |
| Constant opportunity for recreation during the weekend | The variation in the number of days per week in which the employee does not work during the weekend | Lack of continuity in social and recreational activities |

Employees who work shifts experience a number of physiological and social adjustment problems. Thus, because shift work interrupts the cycle of feeding, sleep and work, employees report insufficient sleep, fatigue, irritability and loss of appetite.

Role conflict occurs when the person has to perform several roles at the same time. Role conflict generates negative emotional states, tension and physical symptoms.

### 2.5. The consequences of stress

The relationship between occupational stress and unhealthy outcomes has been documented in numerous studies. According to Pitariu, the consequences of chronic stress can be divided into three categories (Table 2.)

**Table 2. – Stress consequences ( Pitariu )**

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
ISSN: 2668-7798
www.techniumscience.com

| Fizice/Medicale/Fiziologice | Psihologice | Comportamentale |
|---|---|---|
| Cardiovascular disease and heart attack<br>Ulcer<br>Back pain and arthritis migraines<br>Increased blood pressure and heart rate<br>Hormonal diseases (adrenaline, norepinephrine, cortisone) | Burnout<br>Depresion<br>Anxiety<br>Family Problems<br>Insomnia<br>Job dissatisfaction | Absenteeism<br>Delays<br>Drug, alcohol and tobacco abuse<br>Sabotage / Violence<br>Decision making / processing of poor information<br>Work performance<br>Fluctuation |

In terms of behavior, there are changes in the productivity of the individual's activity depending on the intensity of stress, the optimal level being reached at an average degree of stress.

Behavioral manifestations include increased absenteeism and professional instability, in direct connection with the intensity of occupational stress and the degree of job dissatisfaction. Changing workplaces and absenteeism is in direct relation with the lack of prospect of promotion and salary increase, with the dissatisfaction in the workplace relationships, with monotonous activities, ambiguous job description position and inadequate working conditions. (Derevenco, 1992)

Excessive smoking is associated with nervous tension and anxiety. Alcoholism as a refuge is reported in cases of excessive or insufficient loading, in the conditions of improper use of the qualification, in the absence of professional security, etc. (Derevenco, 1992).

Processing information under stress has led to a large number of investigations. Chronic stress affects memory, reaction time, accuracy, and performance in a variety of tasks. In addition, people with stress often have difficulty concentrating. Stress leads to premature reactions to the work environment, irrelevant use of suggestions, and increased errors on cognitive tasks. Stress correlates with low creativity and poor decision-making ability, especially under time pressure. (Pitariu).

Work performance. Numerous studies have shown that stress at work, regardless of the level at which it is found, including at a moderate level, has a direct negative relationship with work performance. Stress leads to increased irritability, decreased emotional states, and tolerance toward patients, that translates in a number of components commonly described as interpersonal aspects of work performance.

A recent meta-analysis highlighted the fact that a fairly widespread stressor, role ambiguity, has a consistent negative relationship with job performance (Pitariu). The most reasonable explanation for these findings is related to the nature of the workload.

Of course, stress is just one of many factors that can affect performance. There are many influences that act directly or indirectly that affect work behavior. The effects of stress on performance depend on a number of factors, including the complexity of the task performed and the personality traits of the individual who is involved in that task.

### 2.5.2. Psychological consequences

The continuous or intermittent action of psychosocial stressors related to the performance of a professional activity which often exceeds the resources, the resistance of the

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
ISSN: 2668-7798
www.techniumscience.com

worker with the installation of psychosomatic disorders, such as nervous tension, irritability, cognitive impairment and reduced ability to perform quality work.

**2.5.3. Physiological consequences**

Physiological changes in the body occur when stressful situations cause an hyper activation of the sympathetic nervous system, which in turn stimulates some stress hormones.

They cause an increase in heart rate and heart output in preparation for increased physical and cognitive activity. Initially, these changes may result in an improved decision-making, judgment, and physical performance. However, chronic activation of the sympathetic nervous system leads to excess stress hormone in the bloodstream and brain. Stress also causes peripheral circulation disorders. All this facts lead to poor peripheral circulation, atherosclerosis and heart disease.

The physiological effects of stress can be divided into three types:

• Cardiovascular effects including: high blood pressure, tachycardia and cholesterol;

• Gastrointestinal effects including: digestive problems of various types;

• Biochemical effects that include: increased cortisone and catecholamine (stress hormones) (Pitariu ).

## 3. Research methodology

### 3.1. Research objectives

General research objectives: To identify the sources of professional stress in the activity of nurses, and to follow the reactions, manifestations and its effects on the professional performances of the studied medical assistant.

The specific objectives of the study are the following:

O1. Identify the level of stress in nurses chosen for the study.

O2. Identifying the causes of stress.

O3. Researching the role of moderating variables (seniority) and independent variables (sex, age) in correlation with the appearance of stress and its effects on professional performance.

### 3.2. Research hypothesis

The main hypothesis of this research is the following: It is assumed that greater control over sources of pressure reduces professional stress and improves professional performance.

The importance of this hypothesis is supported and emphasized by the presentation of the following working hypotheses:

1. It is assumed that nurses working with patients who have severe health are presumed to have a higher level of stress than nurses working with patients who have stable health.

2. It is assumed that there is a negative correlation between seniority and the stress level of nurses.

3. It is assumed that there is a direct correlation between the level of professional stress and psychosocial integration disorders.

### 3.3. Research design

In this research we used the following variables: age, seniority, department, satisfaction, work motivation, stress level, psycho-social integration.

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
ISSN: 2668-7798
www.techniumscience.com

Variables: age, seniority, department are categorical variables, measured on a nominal scale. These are measured by a social survey, and the study wanted to see if there was a link between them and the level of stress.

Variables: satisfaction and work motivation are variables measured on an ordinal scale. These were measured by a social survey and the link between them and the stress level was verified.

### 3.4. Description of the group of participants

This research was performed on middle age nurses in Constanța County, which operates at Constanța County Hospital.

The sample consisted of 60 people (N = 60), all female and aged between 29 and 64 years.

**Table 1. Distribution of nurses by age groups**

| Age | | Frequency | Percentage % |
|---|---|---|---|
| | 29 - 40 | 30 | 50,0 |
| | 41 - 52 | 23 | 38,3 |
| | 53 - 64 | 7 | 11,7 |
| | Total | 60 | 100,0 |

The table and figure 1 show the distribution of the sample by the section to which it belongs as follows: Emergency Department - 28.3%, Recovery Department - 33.3%, Maternity Department - 16.7% and Operating Room Department - 21.7%.

The 4 departments can be divided according to the severity of the patients' condition into 2 categories: patients with serious health condition - Emergency Department and Operating Room (50%) and patients with stable health condition - Recovery Department and Maternity Department ( 50%).

**Table 2. Distribution of nurses by work section**

| DEPARTMENT | Frequency | Percentage % |
|---|---|---|
| Emergency | 17 | 28,3 |
| Recovery | 20 | 33,3 |
| Maternity | 10 | 16,7 |
| Operating | 13 | 21,7 |
| **Total** | 60 | 100,0 |

Medical assistant length of service varies between 1 year and 38 years. The nurses are categorized according to the length of service as follows: the largest share is occupied by nurses with a length of service between 1-10 years (46.7%), being followed by the nurses with the length of service between 11-20 years (21.7%), then 21-30 years (20%) and 31-40 years (11.7%).

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
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www.techniumscience.com

**Table 3. Distribution of nurses by seniority**

| | Frequency | Percentage % |
|---|---|---|
| 1 - 10 | 28 | 46,7 |
| 11- 20 | 13 | 21,7 |
| 21 - 30 | 12 | 20,0 |
| 31 - 40 | 7 | 11,7 |
| Total | 60 | 100,0 |

### 3.5. Research tools

In order to analyze the connection between the variables of this research, but also to demonstrate or not the hypotheses, the following research tools were used: Professional stress questionnaire, Behavioral scale for medical assistants, Social survey.

### 3.6. Stress factors in the activity of medical assistant from Constanța County Hospital

**Categories and number of stressors**

Data obtained from the social survey were the basis for classifying the sources of stress into five categories. Within these categories we find the stressors highlighted by the research of the participants. The five categories are as follows:

With the help of the social survey, we classified the sources of stress into 5 categories. In these we have centralized the stressors provided by the answers given by the social workers. The categories of stressors are as follows:

1. Physico-chemical environmental factors (hazardous chemical agents, improper working conditions, low temperatures);
2. The actual work (overwork, night shift work, insufficient technical and material tools, physical stress, high work speed, patients, etc.);
3. Role in professional activity (too much responsibility, diversity of opinions / contradictions, salary, etc.);
4. Organization and workplace ambience (negative factors related to the work environment (illness, death), conflicts with superiors, lack of organization, etc.);
5. Individual factors (helplessness, lack of free time, fear of making mistakes, etc.).

**Table 4. Medical assistants by categories of stressors**

| Stress factors | No. Of participants | No of medical assistants | Percentage |
|---|---|---|---|
| A. Physical-Chemical environment facts | 60 | 28 | 46,7 % |
| B. Workload | 60 | 58 | 96,7 % |
| C. Work atribution | 60 | 25 | 41,7 % |
| D. Organization and work ambience | 60 | 35 | 58,3 % |
| E. Individual factors | 60 | 14 | 23,3 % |

Technium Social Sciences Journal
Vol. 36, 360-376, October, 2022
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www.techniumscience.com

Analyzing the data obtained we can see that on the first place are the factors related to the actual work (96.7%). Consequently, we can say that special attention must be paid to this category.

In relation to the percentages of the participants in each of the five categories, it can be seen that the factors related to the actual work are in the first place (96.7%). The importance to be given to this category of stressors is obvious.

Items in this category are found in the answers given by most research participants, having influences on their health. Attempting to prevent and combat these factors encounters several difficulties, as work itself involves mandatory activities that cannot be altered or eliminated without affecting work quality and the

In addition to the fact that stressors in this category are shown in almost all the medical staff, with possible effects on their health, most difficulties are encountered in preventing and combating them, as the work itself includes mandatory activities that cannot be changed or eliminated without affecting the work quality and the patient's health.

The next category of stressors to which a large number of medical assistants are submitted is the organization and work ambience (58.3). They are affected by the morbid work environment (with negative consequences for the staff mental health), by poor communication between the boss / manager and the assistant and the lack of recognition for work and involvement.

The loss of patients as well as the contact with their relatives, brings traumas on the psyche of the medical assistants. They sometimes feel these losses as personal failures. Sometimes, due to the lack of medical equipment or medicines, they also feel helpless in the face of human suffering, which is difficult to bear in the long run.

Next are environmental physical-chemical factors (46.7% of medical assistants), followed by factors in category C, which are related to the role of their own person in the activity (41.7%). It is important that most of these factors can be positively influenced by humans taking organizational and technical measures for each type of stressor.

### 3.7. Satisfaction of the activity performed and motivation at work of the medical assistants from Constanţa County Hospital

The economic crisis has led to changes in job satisfaction. Job satisfaction has been defined as “the positive and pleasant emotional state that results from the evaluation of one's job or one's work experience” (Locke, 1969). This is extremely important, especially in relation to professional performance, in the sense that a high job satisfaction leads to a higher performance, while a low satisfaction is associated with organizational problems.

Dissatisfaction with monthly income, working conditions and respect from management and colleagues have led to tensions, conflicts, frustrations, absenteeism and poor adjustment.

The satisfaction of the medical assistants, regarding various relationships and aspects of the work performed, as well as the factors that motivate them, were tested with the help of the following two items, on a scale from 1 to 5.

1. To what extent are you satisfied with the following: average monthly income, respect from colleagues, etc.

2. Which of the following are motivational factors for you at work? (salary, working conditions, etc.)

In the case of this criteria, one point is given when the respondent agrees with the statement "I am not satisfied at all" and five points translate into agreement with "I am fully

Technium Social Sciences Journal
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satisfied", and in the case of motivation, a point means " in most of cases ”and five points“ not at all ”.

**Table 5. Satisfaction of nurses at work**

| Itemi | Not satisfied At all | | In a lower cases | | In some cases | | In most of the cases | | Fully satisfied | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Average monthly income** | 23 | 38,3 | 18 | 30 | 14 | 23,3 | 6 | 6,7 | 1 | 1,7 |
| **Colleagues respect** | 1 | 1,7 | 10 | 16,7 | 15 | 25 | 20 | 33,3 | 14 | 23,3 |
| **Patient respect** | 2 | 3,3 | 9 | 15 | 18 | 30 | 19 | 31,7 | 12 | 19,7 |
| **Respect from superiors** | 4 | 6,7 | 4 | 6,7 | 19 | 31,7 | 14 | 23,3 | 19 | 31,7 |
| **Management respect** | 3 | 5 | 11 | 18,3 | 12 | 19,7 | 15 | 25 | 19 | 31,7 |

The table above shows that the major source of job dissatisfaction is the **average monthly income (38.3%)**.

**Table 6. Medical assistants work motivation.**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Income** | 26 | 42,6 | 13 | 21,3 | 7 | 11,5 | 9 | 14,8 | 5 | 8,2 |
| **Work conditions** | 13 | 21,3 | 22 | 36,1 | 17 | 27,9 | 6 | 9,8 | 2 | 3,3 |
| **Career development** | 23 | 37,7 | 11 | 18 | 13 | 21,3 | 5 | 8,2 | 8 | 13,1 |
| **Satisfaction of doing useful things for the community** | 20 | 32,8 | 20 | 32,8 | 14 | 23 | 3 | 4,9 | 3 | 4,9 |
| **Continuous competition** | 13 | 21,3 | 22 | 36,1 | 12 | 19,7 | 8 | 13,1 | 5 | 8,2 |
| **Team communication** | 29 | 47,5 | 20 | 32,8 | 5 | 8,2 | 3 | 4,9 | 3 | 4,9 |
| **Decisional freedom** | 32 | 52,5 | 12 | 19,7 | 14 | 23 | 0 | 0 | 2 | 3,3 |

Technium Social Sciences Journal
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The table above shows that the main sources that would motivate medical assistants are: decisional freedom (52.5%), team communication (47.5%), income (42.6%). %) and career development (37.7%).

**3. Analysis and data processing**

Hypothesis 1. It is assumed that nurses working with patients with severe health are presumed to have a higher level of stress than nurses working with patients with stable health.

In this case, we made a comparison between the two categories of work departments tested: departments with patients with severe health and departments of patients with stable health, in relation to the level of stress and anxiety, perceived by the medical assistants of the respective sections. In this hypothesis we used Criterion Z to compare the 2 independent samples.

Table 1. Stress level on the 2 categories of departments

| | Departments | N | Average | Standard deviation | Std. Error Mean |
|---|---|---|---|---|---|
| **Stres** | Severe health | 30 | 122,43 | 20,902 | 3,816 |
| | Stable health | 30 | 118,30 | 18,688 | 3,412 |

As Z = 3.7 it results that it is >2.58 and that p<0.01. This result indicates that there is a significant difference between the stress levels of the two work departments.

It has been observed that medical assistants who work in departments of severe health patients have a higher level of stress than medical assistants who work in departments of patients in stable condition. This is primarily due to the poor condition of the patients, the fact that they are unstable and almost inevitably have complications. Thus, medical assistants are burdened with a greater degree of responsibility and pressure, which leads to increased stress levels. Working under pressure, generates nervousness, tension, panic, irritability, lack of self-confidence, felt much more intensely to medical assistants in the departments with patients with severe health condition.

**Hypothesis 2.** ***It is assumed that there is a negative correlation between seniority and medical assistants stress level.***

In this case we used the Pearson correlation coefficient, because the variables have a normal distribution.

Table 2. Correlation between stress level and seniority

| | | Stress |
|---|---|---|
| Seniority | Pearson Correlation | **-,313*** |
| | Sig. (2-tailed) | ,015 |
| | N | 60 |

*. Correlation is significant at the 0.05 level (2-tailed).

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Vol. 36, 360-376, October, 2022
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From the table above, it is observed that the stress level is influenced by seniority, with a negative correlation between them, r = -0.313, at a threshold of 95% confidence (p = 0.05).

We can say that the relationship between the two variables is significant. Given the negative value of the correlation coefficient, we must mention that when seniority will increase, the intensity of professional stress will decrease.

Since the correlation between the two variables is significant, we can say that the hypothesis is accepted and the null hypothesis is rejected.

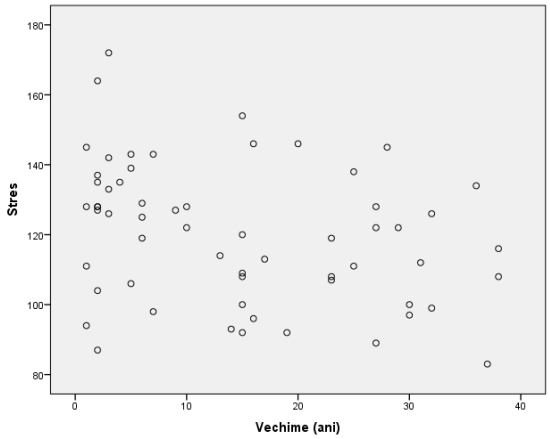


Fig.1.Graphic representation of the point cloud between seniority and stress

And from the graph above, it appears that this correlation is negative, the high values of one variable tend to correspond to the small values of the other variable.

We can say that the level of stress will decrease with the increase of seniority. It is observed that, in the first 5-10 years of work, the stress level reaches much higher levels, which decreases with higher seniority. This is due to the fact that, for young new employees, stress can arise from a lack of support and feedback, all the necessary information about the work environment, rules, culture, about its members and other aspects that are necessary for a new employee for an efficient integration. Also, medical activity can be very stressful at first, due to the morbid work environment, full of illness and sadness, overwork, the fear of making mistakes, being novice, and last but not least, the consequences and effects that this profession has on personal, family, individual life, and how it is affected.

***Hypothesis 3. It is assumed that there is a direct correlation between the level of professional stress and psychosocial integration disorders.***

We investigated the level of stress related to the psychosocial integration of medical assistants. Thus, in this case we used the Pearson Coefficient.

Table 3. Correlation between stress level and psychosocial integration.

| | | **Integration** |
|---|---|---|
| Stress | Pearson Correlation | **,627**** |
| | Sig. (2-tailed) | ,000 |
| | N | 60 |

**. Correlation is significant at the 0.01 level (2-tailed).

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From the table above, it is observed that the level of integration is influenced by the level of stress. Considering that high scores on psychosocial integration represent disorders in relationships and activity, there is a direct correlation between stress and integration, r = 0.627, at a threshold of 99% confidence (p = 0.09).

We can say that the relationship between the two variables is significant. Given the positive value of the correlation coefficient, we must mention that when the level of professional stress will increase, the disorders of psychosocial integration will also increase.

Since the correlation between the two variables is significant, we can say that the hypothesis is accepted and the null hypothesis is rejected.

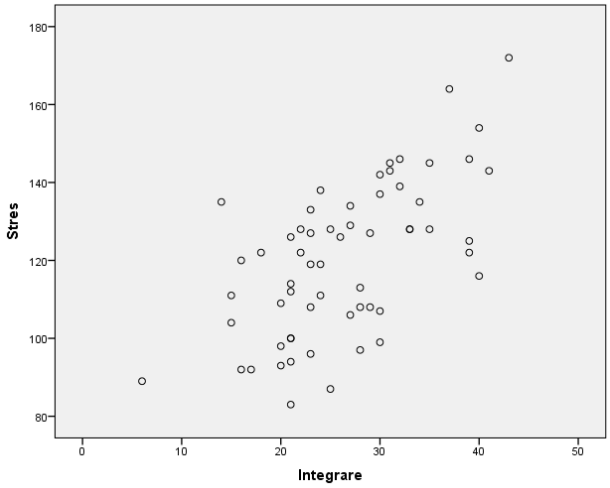


Figure 2. Point cloud of the stress-psychosocial integration correlation

We can say that the participants in the study face problems in assuming their role, mistakes in solving tasks, lack of personal initiative and effective communication. From the answers given by the participants in the social survey, it is observed that there are conflicts both between colleagues or between colleagues and management. Professional and social nature problems regarding the integration of the individual in an organization can lead to a divergence of the worker in that organization, to its norms, values and culture.

It should also be noted that the first months of employment, when the adjustment process takes place, are by their nature stressful due to the novelties that the newcomer has to face. If to the existing stress level is added the stress due to inefficient integration, the individual, in our case the medical assistant, will consider that he will not be able to meet the responsibilities and requirements of the organization, and in the worst case scenario he will leave it.

That`s why, it is necessary that within an organization must exist a clear integration program, which the employees can have the security of an adaptation, efficient accommodations, which will thus ensure an efficient integration.

**Conclusions**

The present research aimed to study the effects of occupational stress on professional performance. The research was carried out among medical assistants, who work in Constanța County Hospital, on the following two categories of departments: department of patients with serious health conditions (Emergency Departments and Operating Rooms) and department of

patients with stable health (Maternity and Recovery Departments). The study was conducted on a number of 60 medical assistants, divided equally into those two categories.

Starting from a theoretical-descriptive approach to explore the relationship between stress and its effects on medical assistants and professional performance, the results of the study lead to the following conclusions:

Based on the social survey, it is observed that there is a high level of stress in the studied department. The category of stressors, which affects 96.7% of medical assistants, is the actual work, namely: overwork, insufficient sanitary materials, the danger of illness, working in night shifts. The next category of stressors to which a large number of medical assistants are exposed is related to organization and ambiance (58.3%). They are affected by the morbid work environment, having negative consequences on their mental health, but also by poor communication between manager-assistant and the lack of recognition for work and involvement tendered.

From the testing of the hypotheses proposed by the study, the following conclusions emerge:

**Hypothesis 1**, according to which there are differences in the level of stress between the two categories of departments ( departments with patients with serious health and departments with patients in stable condition), is confirmed. It has been observed that medical assistants who work in departments of critically ill patients have a higher level of stress than medical assistants who work in departments of patients in stable health. This is primarily due to the poor condition of the patients, the fact that they are unstable and almost inevitably have complications. Medical assistants are burdened with a greater degree of responsibility and pressure, which leads to increased stress levels.

**Hypothesis 2**, according to which the increase of seniority in work decreases the level of stress, has also been confirmed. This is due to the fact that in the first 5-10 years of work, the stress level reaches much higher levels, because, in the case of young new employees, stress can occur due to lack of support and feedback, all the necessary information about the work environment, rules, culture, about its members and other aspects that are necessary for a new employee for an efficient integration. Also, medical activity can be very stressful at first, due to the morbid work environment, full of illness and sadness, overwork, the fear of making mistakes.

**Hypothesis 3**, according to which a high level of stress leads to psycho-social integration disorders, has been confirmed. Professional and social nature problems regarding the integration of the individual in an organization can lead to a divergence of the worker in that organization, to its norms, values and culture. Also the first months of employment, when the adjustment process takes place, are by their nature stressful due to the novelties that the newcomer has to face. If to this existing stress level is added the stress due to inefficient integration, the individual, in our case the medical assistants, will consider that he will not be able to meet the responsibilities and requirements of the organization, and in the worst case scenario he will leave it.

In conclusion, the investigation of organizational stress in nurses is an activity that must be continued at the level of each medical unit, because the employees quality of life, but also of patients, is influenced by this professional dimension.

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